

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE
A1. Building Owner's Name <u>MARC AND HEUNESSY</u>					Policy Number: <u>JUL 11 2018</u>	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>107 DELAWARE AVENUE</u>					Company NAIC Number: <u>CONSTRUCTION DEPARTMENT</u>	
City <u>WORTH WILLOWOOD</u>		State <u>NJ</u>		ZIP Code <u>00260</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Block 157, Lot 3</u>						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>						
A5. Latitude/Longitude: Lat. <u>39° 00' 40"</u> Long. <u>74° 47' 45"</u> Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number <u>8</u>						
A8. For a building with a crawlspace or enclosure(s): If there is no crawlspace, or enclosure, or garage, you may leave the fields blank or enter "0" if that's the correct value.						
a) Square footage of crawlspace or enclosure(s) <u>1540</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>8</u>						
c) Total net area of flood openings in A8.b <u>1600</u> sq in						
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If there are engineered flood openings, attach the certification from the engineer or the ICC Evaluation Service						
A9. For a building with an attached garage: If there is no garage, you may leave the fields blank or enter "0" if that's the correct value.						
a) Square footage of attached garage <u>N/A</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A9.b <u>0</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If there are engineered flood openings, attach the certification from the engineer or the ICC Evaluation Service						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number <u>WORTH WILLOWOOD 345-308</u>			B2. County Name <u>CARE NJ</u>		B3. State <u>NJ</u>	
B4. Map/Panel Number <u>345-308 0001</u>	B5. Suffix <u>E</u>	B6. FIRM Index Date <u>3/71</u>	B7. FIRM Panel Effective/Revised Date <u>7-20-98</u>	B8. Flood Zone(s) <u>A2</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>10'0"</u>	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in item B9: <input checked="" type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 107 DELAWARE AVENUE		Policy Number:
City NORTH WILLOWOOD	State NJ	ZIP Code 08260
		Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: S.P.C. - D.L. 10.0 Vertical Datum: _____
 Indicates elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.
 Items a), f) and g) must always have a number. If items b) - e) are not relevant, enter "N/A" Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>10.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>19.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>9.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>9.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>9.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name WILLIAM P. SWEENEY	License Number U.J. 15881	Place Seal Here 07-05-18
Title LICENSED LAND SURVEYOR		
Company Name SWEENEY SURVEYING		
Address P.O. Box 768, 3410 BAYVIEW RD.		
City NORTH CAPE MAY	State N.J.	
	ZIP Code 08204	
Signature 	Date 07 05 18	Telephone 609 986 8255

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Comments (including type of equipment and location, per C2(e), if applicable)

PROPOSED FINISH FLOOR ELEVATION 10.22 FT (1988)