

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

8/2 2014

RECEIVED  
MAY 5 2016

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** FORM INSURANCE COMPANY USE

A1. Building Owner's Name SALEM SHUCHMAN & BARBARA KLOCK		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1407 BEACH TERRACE		Company NAIC Number:	
City LONGPORT	State NJ	Zip Code 08403	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 8 LOT 2			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 39 18'22.0" Long. 74 31' 58.7" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 6			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) 1624. sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4	a) Square footage of attached garage 607 sq ft	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 2
c) Total net area of flood openings in A8.b 7761. sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	c) Total net area of flood openings in A9.b 1848. sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number LONGPORT 345302		B2. County Name ATLANTIC		B3. State NJ	
B4. Map/Panel Number 345302/0001	B5. Suffix B	B6. FIRM Index Date Aug 12, 1970	B7. FIRM Panel Effective/ Revised Date 8/15/93	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.00'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date:  CBRS  OPA

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

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.  
\* A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: RM-4 Vertical Datum: NGVD 1929

Indicate 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. Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	9	-	98	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	12	-	26	<input checked="" type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N.A	-		<input checked="" type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	9	-	98	<input checked="" type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	*13	-	38	<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	9	-	40	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	9	-	63	<input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		-		<input checked="" type="radio"/> feet <input type="radio"/> meters

# ELEVATION CERTIFICATE

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1407 BEACH TERRACE

LONGPORT

NJ

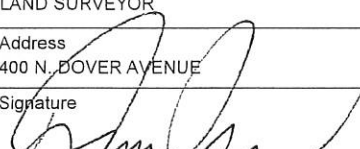
08403

## 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.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Yes     No


Certifier's Name DANIEL J. PONZIO, SR.		License Number GS37603	
Title LAND SURVEYOR	Company Name ARTHUR W. PONZIO CO. & ASSOC. INC		
Address 400 N. DOVER AVENUE	City ATLANTIC CITY	State NJ	Zip Code 08401
Signature 	Date APRIL 27, 2016	Telephone +1 (609) 344-8194	

PLACE  
SEAL  
HERE

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

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

PROJECT #30880    DUCT WORK ELEVATION= 10.98' \* HEATER    PRELIMINARY MAP AE-9



Signature \_\_\_\_\_ Date APRIL 27, 2016

## SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1 -E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1 -E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ - \_\_\_\_\_     feet     meters     above or     below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ - \_\_\_\_\_     feet     meters     above or     below the LAG.
- E2. For Building Diagrams 6 -9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ - \_\_\_\_\_     feet     meters     above or     below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ - \_\_\_\_\_     feet     meters     above or     below the HAG.
- E4. Top of platform of machinery and /or equipment servicing the building is \_\_\_\_\_ - \_\_\_\_\_     feet     meters     above or     below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?     Yes     No     Unknown. The local official must certify this information in Section G.

## SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name: \_\_\_\_\_

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.



**BUILDING PHOTOGRAPHS**

See instructions for Item A6

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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1407 BEACH TERRACE			Policy Number:			
City	LONGPORT	State	NJ	Zip Code	08403	Company NAIC Number:
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front view" and "Rear view"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.</p> <p>PHOTOS TAKEN ON 4/18/16 SEE ATTACHED</p>						

**1407 BEACH TERRACE, LONGPORT, NEW JERSEY**

**PHOTOS TAKEN ON 4/18/16**

