## U.S. DEPARTMENT OF HOMELAND SECURITY **ELEVATION CERTIFICATE** OMB No. 1660-0008 Federal Emergency Management Agency Expires February 28, 2009 National Flood Insurance Program Important: Read the instructions on pages 1-8 **SECTION A - PROPERTY INFORMATION** For Insurance Company Use: A1. Building Owner's Name J.D. HAMILTON CONSTRUCTION, LLC Policy Number A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number 102 SOUTH TWENTY-SECOND AVENUE City LONGPORT State NJ ZIP Code 08403 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 10 AND 10.01 BLOCK 17 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. N 39° 18' 38.34" Long. W 74° 31' 42.92" BOROHorizontal Datum: NAD 1927 NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. STRUCTION OFFICE A7. Building Diagram Number 8 A8. For a building with a crawl space or enclosure(s), provide A9. For a building with an attached garage, provide: a) Square footage of crawl space or enclosure(s) a) Square footage of attached garage 2,109 sq ft sa ft No. of permanent flood openings in the crawl space or No. of permanent flood openings in the attached garage enclosure(s) walls within 1.0 foot above adjacent grade walls within 1.0 foot above adjacent grade 4. Total net area of flood openings in A8.b 2,128 Total net area of flood openings in A9.b 800 sq in sq in SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number **B2. County Name** B3. State LONGPORT 345302-0001 ATLANTIC **NEW JERSEY** B4. Map/Panel Number B5. Suffix B6. FIRM Index **B7. FIRM Panel** B9. Base Flood Elevation(s) (Zone B8. Flood Date Effective/Revised Date Zone(s) AO, use base flood depth) 345302-0001 B 8-15-83 8-15-83 10 FT B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ FIS Profile ☐ Community Determined Other (Describe) B11. Indicate elevation datum used for BFE in Item B9: **⊠ NGVD 1929** ☐ Other (Describe) □ NAVD 1988 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\* \*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-g below according to the building diagram specified in Item A7. Benchmark Utilized PRVT Vertical Datum 1929 Conversion/Comments NONE Check the measurement used. Top of bottom floor (including basement, crawl space, or enclosure floor) ☐ feet ☐ meters (Puerto Rico only) 8.6 b) Top of the next higher floor 12.1 ☐ feet ☐ meters (Puerto Rico only) Bottom of the lowest horizontal structural member (V Zones only) C) ☐ feet ☐ meters (Puerto Rico only) NA. d) Attached garage (top of slab) 8.1 ☐ feet ☐ meters (Puerto Rico only) Lowest elevation of machinery or equipment servicing the building e) 10.4 (Describe type of equipment in Comments) Lowest adjacent (finished) grade (LAG) f) 7.6 g) Highest adjacent (finished) grade (HAG) 8.0 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 comments are provided on back of form. Certifier's Name JAMES E. SCHWAB III License Number 24GS03353600 Title LAND SURVEYOR

City OCEAN CITY

Date

State NJ

Telephone 609-398-0565

**ZIP Code 08226** 

, aress

Signature

8 EAST 10TH STREET

tuil	ding Street Address (including	s, copy the corresponding information from	n Section A.	For Insurance Company Use:	
102	SOUTH TWENTY-SECOND A		d Box No.	Policy Number	
City	LONGPORT State NJ ZIP C	ode 08403		Company NAIC Number	
-	SECTION	ON D - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CO	NTINUED)	
Cop	y both sides of this Elevation Ce	rtificate for (1) community official, (2) insurance age	nunity official, (2) insurance agent/company, and (3) building owner.		
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E1.	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, crawl space, or enclosure) is   feet meters above or below the HAG.  b) Top of bottom floor (including basement, crawl space, or enclosure) is   feet meters above or below the LAG.				
E2.	i or banding bladiants 0-0 Will	permanent flood openings provided in Section A It	ems 8 and/or 9 (see page 8 of	Instructions) the next higher floor	
E3.	Attached garage (top of slab) i	integration in the control of the c	or Delow the HAC	e HAG.	
E4.	Top of platform of machinery a	nd/or equipment servicing the building is	☐ feet ☐ meters ☐ ab	ove or D below the HAG	
		#10 NO. 10 TO THE TO SHEET TO		e community's floodplain managemen	
<b>E</b> 5.	Zone AC only. If no nood dept	n number is available, is the top of the bottom floor	elevated in accordance with the	- Industrial in incompletion	
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## Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 102 SOUTH TWENTY-SECOND AVENUE	For Insurance Company Use: Policy Number
City LONGPORT State NJ ZIP Code 08403	
State No 211 Code 06403	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

**REAR 8-21-08** 



## Building Photographs See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 102 SOUTH TWENTY-SECOND AVENUE	For Insurance Company Use: Policy Number
City LONGPORT State NJ ZIP Code 08403	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT 8-21-08

