FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number ISRAEL ROIZMAN BUILDING STREET ADDRESS (Including Apl., Unil, Suite, and/or Bidg, No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 113 NORTH ELEVENTH STREET STATE CITY ZIP CODE LONGPORT NJ 08403 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 2 LOT 7 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.##" or ##.####") □ NAD 1927 ☒ NAD 1983 ☑ USGS Quad Map ☐ Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME B3. STATE** 345302 ATLANTIC NJ **B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX** B7 FIRM PANEL BB. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER 302 0001 DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 8/15/83 10.00 A-8 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ FIS Profile ☐ Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🖾 No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* M Finished Construction ☐ Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used, if the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Conversion/Comments Elevation reference mark used Does the elevation reference mark used appear on the FIRM? Yes No o a) Top of bottom floor (including basement or enclosure) 7. 33 ft.(m) o b) Top of next higher floor 11 . 47 ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) . fl.(m) o d) Allached garage (top of slab) 8. 77ft.(m) o e) Lowest elevation of machinery and/or equipment Libense Number, Signature, servicing the building *12 . 47ft.(m) o f) Lowest adjacent grade (LAG) 8. 09ft.(m) o g) Highest adjacent grade (HAG) 8. 09ft.(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 19 o I) Total area of all permanent openings (flood vents) in C3h 2432 sq. in. (sq. cm) 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 in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false stalement may be punishable by fine or Imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME ARTHUR W. PONZIO, JR. LICENSE NUMBER 28314 TITLE LAND SURVEYOR COMPANY NAME ARTHUR W. PONZIO CO. & ASSOCIATES ADDRESS ZIP CODE STATE ATI ANTIC CITY 08401 NJ TELEPHONE 1/25/02 609-344-8194

	copy the corresponding information from		For Insurance Company Use:
113 NORTH ELEVENTH STR	ding Apt., Unit, Suite, and/or Bidg. No.) OR P.O. I EET	., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.	
CITY LONGPORT	STATE NJ	ZIP CODE 08403	Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER, OR ARCHIT	ECT CERTIFICATION (CON	TINUED)
Copy both sides of this Elevation (Certificate for (1) community official, (2) insu	rance agenl/company, and (3) building owner.
	ELEVATION DISK		
* AIR CONDITIONING UNIT ELEV	/ATION		
.max.com.com.com.com.com.com.com.com.com.com			
SECTION E DUILDING FLE	VATION INCODE ATION (OUR) (R) (NOT B)		Check here if attachments
	VATION INFORMATION (SURVEY NOT RE		
information for a LOMA or LOMR-F	BFE), complete Items E1 through E4. If the Section C must be completed	⊏ievation Certificate is intend	ed for use as supporting
	elect the building diagram most similar to the	building for which this certific	ate is being completed - see
pages 6 and 7. If no diagram a	accurately represents the building, provide a	sketch or photograph.)	
E2. The top of the bottom floor (incl the highest adjacent grade.	uding basement or enclosure) of the building	g isft.(m)in.(cm) 🗌 al	oove or 📋 below (check one)
	openings (see page 7), the next higher floor	or elevated floor (elevation b	of the building is
ft.(m)in.(cm) above the h	nighest adjacent grade.		
E4. For Zone AO only: If no flood d	lepth number is available, is the top of the bo	oltom floor elevated in accorda	ance with the community's
	ICO? YOS NO Unknown. The lo		
	horized representative who completes Secti		
community-issued BFE) or Zone A	O must sign here.	one A, b, and E for Zone A (w	illiout a FEIWA-1850e0 01
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVE'S NAME		
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHO	NE
COMMENTS			<i>***</i>
			Check here if attachments
	SECTION G - COMMUNITY INFORM	•	
The local official who is authorized by Sections A, B, C (or E), and G of this	y law or ordinance to administer the commus Elevation Certificate. Complete the applica	nity's floodplain management	ordinance can complete
31. 🖺 The Information in Section C	was taken from other documentation that ha	is been signed and embossed	l by a licensed surveyor,
engineer, or architect who is	authorized by state or local law to certify ele	evalion information. (Indicate	the source and date of the
elevation data in the Comme	nts area below.) ed Section E for a building located in Zone A	without a EEMA issued or c	ommunity issued BEE\ or
Zone AO.	A GOOD L TOT a building tocated in Zone F	(willout a FEMA-1880Ed of C	ommunity-issued bire) of
33. The following information (Iter	ms G4-G9) is provided for community floodp	olain management purposes.	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF C	OMPLIANCE/OCCUPANCY
7. This permit has been issued for:		rovement	
	(including basement) of the building is:	ft.(m)	Datum:
69. BFE or (in Zone AO) depth of floo		ft.(m)	Datum:
LÓCAL OFFICIAL'S NAME	TITL		antonia antika (1871 – 1818).
COMMUNITY NAME		EPHONE	
SIGNATURE	DAT	E	
COMMENTS			9
			200 22 22 23 24
		Г	Check here if attachments

	, 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. 104 S. Woodcrest Ave.		Policy Number.
ity Longport State NJ ZIP Code	Company NAIC Number	
SECTIO	ON D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICA	CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR OF T
opy both sides of this Elevation Cer	rtificate for (1) community official, (2) insurance agent/company, and (3)	building owner.
omments C2e= Air unit elevation		
ignature	Date 6/24/11	☐ Check here if attachment
SECTION E - BUILDING ELI	EVATION INFORMATION (SURVEY NOT REQUIRED) FOR Z	
and C. For Items E1-E4, use natura E1. Provide elevation information f grade (HAG) and the lowest ac a) Top of bottom floor (includin b) Top of bottom floor (includin E2. For Building Diagrams 6-9 with (elevation C2.b in the diagrams E3. Attached garage (top of slab) is E4. Top of platform of machinery a	ng basement, crawlspace, or enclosure) is feet meters above or below the H and/or equipment servicing the building is feet feet meters feet feet meters feet feet meters feet	y, enter meters. levation is above or below the highest adjacent meters above or below the HAG. meters below the LAG. pages 8-9 of Instructions), the next higher floor below the HAG. AG. eters below the CAG. nce with the community's floodplain management
ordinance? Yes No	Unknown. The local official must certify this information in Section	G.
SECTIO	Unknown. The local official must certify this information in Section ON F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE orized representative who completes Sections A, B, and E for Zone A (v. 2018).	/E) CERTIFICATION
SECTIO The property owner or owner's author or Zone AO must sign here. The sta Property Owner's or Owner's Authori	ON F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE orized representative who completes Sections A, B, and E for Zone A (valements in Sections A, B, and E are correct to the best of my knowledge)	(E) CERTIFICATION vithout a FEMA-issued BFE)
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Building Photographs

	See Instructions for Item A6.		For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg.) No. or P.O. Route and Box No. 104 S. Woodcrest Ave.			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 on the reverse.





Front View - Date of Photograph: (See Photo Stamp)

Rear View - Date of Photograph: (See Photo Stamp)





Right Side View - Date of Photograph: (See Photo Stamp)

Left Side View - Date of Photograph: (See Photo Stamp)