

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 306 -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 QUIRINAMACCIOCCA Policy Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number CITY STATE LONGPORT ZIP CODE PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 40 LOT 3 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: TGPS ( ##° - ##' - ##.##" OF ##.####°) ype): MAD 1927 ☐ NAD 1983 Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** 345302 B3. STATE ATLANTIC NJ B4, MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL NUMBER B8. FLOOD B9. BASE FLOOD ELEVATION(S) DATE EFFECTIVE/REVISED DATE ZONE(S) 0001 (Zone AO, use depth of flooding) 8/15/83 A-8 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 10.00 FIS Profile ☐ FIRM 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 Ano SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Suilding elevations are based on: ☐ Construction Drawlings\* ☐ 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 ☐ a) Top of bottom floor (including basement or enclosure) 11. 23 ft.(m) D b) Top of next higher floor 20 . 2 ft.(m) c) Bottom of lowest horizontal structural member (V zones only) Embossed and Date ft.(m) d) Attached garage (top of slab) 7. 50ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building If Blank week License Number, Signature, ft(m) (LAG) NA 7.60ft.(m) g) Highest adjacent grade (HAG) 7. 60ft.(m) Q h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 8 ☐ i) Total area of all permanent openings (flood vents) in C3h 1024 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 statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME TO PONZIO LICENSE NUMBER 37603 COMPANY NAME Arthur W. Ponzio Co. & Associates, Inc. RESS CITY STATE 400 N. DOVER AVENUE SIGNATURE ZIP CODE ATLANTIC CITY NJ TELEPHONE 08401 3/29/00

FFMA Form 81-31 AUG 99

609-344-8194

IMPORTANT: In	these spaçes,	copy the corresponding	information from	n Section A.	For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite 2901 ATLANTIC AVENUE			and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number
Y	2 MAEINOE	~~~	STATE	ZIP CODE	Company NAIC Number
3/401.0((1	SECTIO	N D - SURVEYOR, ENGI	NEED OD ABOU	08403	
Conv both elder			The same of the sa	And the second s	
COMMENTS	JI GIIS Elevadori	Certificate for (1) commu	nity official, (2) insi	urance agent/company, a	nd (3) building owner.
COMMICITIO					
	i				
			****	2000 - 10	
			and a should be a seen as a should	The state of the s	The state of the s
SECTION E -	BITTE DING FLE	VATION INFORMATION	(SHOVEY NOT D	FOURDED) FOR TONE A	Check here if attachments O AND ZONE A (WITHOUT BFE)
					tended for use as supporting
information for a LC	OMA or LOMR-I	F, Section C must be com	bleted.	Elevation Certificate is int	######################################
E1. Building Dlagra	m Number _(S	elect the building diagram	most similar to th	e building for which this co	ertificate is being completed - see
pages 6 and 7.	. If no diagram	accurately represents the	building, provide a	sketch or photograph.)	
E2. The top of the I	bottom floor (inc	luding basement or enclo	sure) of the buildir	g isft.(m)in.(cm)	above or below (check one)
the highest adj					
E3. FOI BUILDING DE	(cra) above the	openings (see page 7), this highest adjacent grade.	ne next nigher floo	r or elevated floor (elevati	on b) of the building is
			is the top of the h	oftom floor elevated in ac	cordance with the community's
					is information in Section G.
	and the same of th	F - PROPERTY OWNER			
			ho completes Sect	ions A, B, and E for Zone	A (without a FEMA-issued or
community-issued	BEE) or Zone	NO must sign here.			
DDODEDTY OWNER	BIS OB OWNERS	S AUTHORIZED REPRESEN	STATILIZE ALABAE		•
·	A & OR OWNER	AUTHORIZED REPRESEN	TATIVE S NAME		
RESS	ı		CITY	STA	TE ZIP CODE
SIGNATURE	<del></del>		DATE	TELI	EPHONE
COMMENTS	· · · · · · · · · · · · · · · · · · ·			h	<del></del>
					*
	.				Check here if attachments
		SECTION G - COI	MMUNITY INFORM	MATION (OPTIONAL)	
he local official who	o is authorized l	A STATE OF THE PARTY OF THE PAR			ment ordinance can complete
		is Elevation Certificate. C			
					ossed by a licensed surveyor,
			cal law to certify el	evation information. (Indi	cate the source and date of the
		ents area below.)	a located in Zone	A (without a CCMA issuer	d or community-issued BFE) or
Zone AO.	/ Official Corriple	ted dection E for a ballain	ig located in Zone	M (WILLIOUS & FEIVIM-155GES	TO COMMUNICY-ISSUED DEED OF
	g information (It	ems G4-G9) is provided fo	or community flood	plain management purpo	ses.
G4. PERMIT NUMBE	-1	G5. DATE PERMIT ISSUE			OF COMPLIANCE/OCCUPANCY
OT. I ERWIN HOUSE	· ```	CO. DATE LEMMI 1000		ISSUED	Of Commentation
7. This permit has	been issued for	New Construction	☐ Substantial Im	provement	
	10	r (including basement) of t		ft.(m)	Datum:
89. BFE or (in Zone	AO) depth of fle	ooding at the building site	is:	ft_(m)	Datum:
LOCAL OFFICIAL'S	NAME		TIT	LE	
COMMUNITY NAME	i i		TE	LEPHONE	
SIGNATURE	<del>:</del>		DA	TE	
COMMENTS					
`.		<del></del>			
*	*				☐ Check here if attachments