J.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

B-63 L-10 OMB No. 1660-0008 Expires March 31, 2012

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-9.

SECTION A - PROPE	For insurance Company Use			
1. Building Owner's Name Walter M. & Bridget Malin		Rollicy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. F 2 S. 31 st Ave.	Route and Box No.	Company, NAIC Númber		
City LONGPORT State NJ ZIP Code 08403				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Described 63 lot 10	cription, etc.)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Re A5. Latitude/Longitude: Lat. N 39.3169 Long. W 074.5225	Horizontal Datum:	☐ NAD 1927 ⊠ NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to A7. Building Diagram Number $\underline{8}$				
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1150 sq ft	A9. For a building with an attact a) Square footage of attact	hed garage <u>n/a</u> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0	 b) No. of permanent flood within 1.0 foot above ac 	openings in the attached garage ljacent grade <u>n/a</u>		
c) Total net area of flood openings in A8.b <u>0</u> sq in	 c) Total net area of flood of d) Engineered flood openi 	penings in A9.b <u>n/a</u> sq in		
d) Engineered flood openings? ☐ Yes ☒ No SECTION B - FLOOD INSURANCE RA				
B1. NFIP Community Name & Community Number B2. County Name		B3. State		
Borough of Longport 345302 Atlantic	- 1	NJ		
345302 / 0001 B Date Effective/I	RM Panel B8. Flood Revised Date Zone(s) '15/83 A8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood dep	th entered in Item B9.			
	Other (Describe)	i.		
B11. Indicate elevation datum used for BFE in Item B9: 🗵 NGVD 1929 🔲 NAVD 1988 🔲 Other (Describè) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🗵 No				
Designation Date CBRS	☐ OPA			
		G.		
SECTION C - BUILDING ELEVATION IN	FORMATION (SURVEY REQUIR	ED)		
C1. Building elevations are based on: Construction Drawings*	☐ Building Under Construction*	ED) Sinished Construction		
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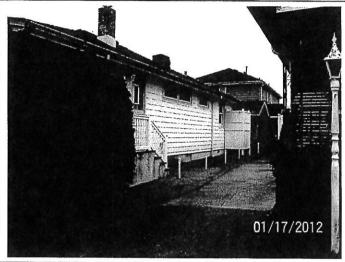
MPORTANT: In these spaces, o	copy the corresponding info	rmation from Section A.	For Insurance Company Use
Building Street Address (including Apt. 2 S. 31st Ave.	, Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number
City Longport State NJ ZIP Code	08403		. Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER	R, OR ARCHITECT CERTIFICAT	TION (CONTINUED)
) insurance agent/company, and (3)	
Comments Dwelling has 4 air vents (, insurance agent/company, and (5)	building owner.
	,		
Signature 12014		Date 1/19/12	☐ Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SUI	RVEY NOT REQUIRED) FOR ZO	ONE AO AND ZONE A (WITHOUT BFE)
 E1. Provide elevation information for grade (HAG) and the lowest adjate a) Top of bottom floor (including b) Top of bottom floor floo	grade, if available. Check the mean the following and check the approacent grade (LAG). basement, crawlspace, or enclose basement, crawlspace, or enclose basement flood openings provide of the building is feet mean the following mumber is available, is the top of Unknown. The local official mumber is available.	asurement used. In Puerto Rico only opriate boxes to show whether the elure) is feet ure) is feet din Section A Items 8 and/or 9 (see feet meters above or _ eters above or below the H/ing is feet meters bettom floor elevated in accordants to certify this information in Section O	meters above or below the highest adjacent meters above or below the HAG. meters above or below the LAG. pages 8-9 of Instructions), the next higher floor below the HAG. AG. ters above or below the HAG. nce with the community's floodplain management G.
		R OWNER'S REPRESENTATIV	
or Zone AO must sign here. The state	ments in Sections A, B, and E are	s Sections A, B, and E for Zone A (we e correct to the best of my knowledge	ithout a FEMA-issued or community-issued BFE)
Property Owner's or Owner's Authorize	ed Representative's Name		
A rss		City	State ZIP Code
Signature		Date	Telephone
Comments			
			☐ Check here if attachment
ha local official who is suith it at his L	SECTION G - COMMU	NITY INFORMATION (OPTION	AL)
The information in Section C visauthorized by law to certify A community official complete	plete the applicable item(s) and s was taken from other documentati elevation information. (Indicate the decident of the content of the conte	ign below. Check the measurement on that has been signed and sealed he source and date of the elevation d	by a licensed surveyor, engineer, or architect who lata in the Comments area below.) or community-issued BFE) or Zone AO.
G4. Permit Number	G5. Date Permit Issued		ate Of Compliance/Occupancy Issued
 7. This permit has been issued for: 8. Elevation of as-built lowest floor (ir 9. BFE or (in Zone AO) depth of floor 10. Community's design flood elevation 	ncluding basement) of the building ling at the building site:	feet meters	(PR) Datum (PR) Datum (PR) Datum
Local Official's Name	2	Title	
Community Name	<u> </u>	Telephone	
Signature		Date	
Co ints			7
	···		
Alexander and a second a second and a second a second and			☐ Check here if attachment

Building Photographs

	See Instructions for	For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg.) No. or P.O. Route and Box No. 2 S. 31 st Ave.			Policy Number
City Longport	State NJ	ZIP Code 08403	Company NAIC Number

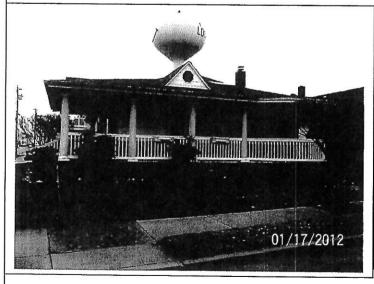
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

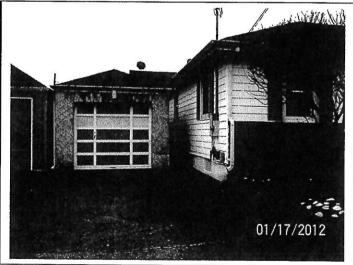




Front View - Date of Photograph: (See Photo Stamp)

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)