U.S. DEPARTMENT OF HOMELAND SECURITY FEGERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9

	OMB No. 1660-0008
ı	Expiration Date: July 31, 2015
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SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE						
A1. Building Owner's Name Thomas Welsh Builders	Policy Number:						
2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10912 Second Avenue	Company NAIC Number:						
City Stone Harbor State NJ ZIP Code 08247							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 109.02 Lots 43.02 & 44.02							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. N 39°02'38.78" Long. W 074°45'55.82" Horizontal Datum: □ NAD 1927 ☑ 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 1 B A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1479 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings? □ Yes ☑ No d) Engineered flood openings? □ Yes ☑ No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM							
B1. NFIP Community Name & Community Number Borough of Stone Harbor #345323 B2. County Name Cape May	B3. State NJ						
B4. Map/Panel Number 345323/0001 B5. Suffix C B6. FIRM Index Date Effective/Revised Date 02/02/1983 B8. FIC Zone((s) AO, use base flood depth)						
310. 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: 311. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: 312. 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 R	An inches to the second of the						
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished 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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: Local Vertical Datum: NGVD 29 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.							
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 11.4							
b) Top of the next higher floor 22.4							
c) Bottom of the lowest horizontal structural member (V Zones only)	☐ feet ☐ meters						
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	feet meters feet meters						
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) N/A. 11.2 9.3	☐ feet ☐ meters ☐ feet ☐ meters ☐ feet ☐ meters						
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	feet meters feet meters						
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c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	feet meters feet heters feet meters ICATION y elevation ble. 1001. ded by a PLACE						
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IMPORTANT: In these spaces, copy the corresponding information fr	The second secon	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 10912 Second Avenue	and Box No.	Policy Number:
City Stone Harbor State NJ	ZIP Code 08247	Company NAIC Number:
SECTION D – SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFICATION	(CONTINUED)
opy both sides of this Elevation Certificate for (1) community official, (2) insurance	agent/company, and (3) buildin	g owner.
Comments The property is located in PRELIMINARY F.I.R.M. Shaded Zone X (NO to NAVD88 subtract 1.3 feet. The lowest equipment visible at the time of the Survey footprint area=162 sf. Cabana floor EL=10.1. Cabana top of block EL=11.0.	DBFE 0.2% annual chance of flow were HVAC units. The Cabana	ood). To convert the elevations on page 1 has two Smart Vents #1540-510. Cabana
Signature Distriction District	ate 12/17/2014	
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZONE A	AO AND ZONE A (WITHOUT BFE)
	sed. In Puerto Rico only, enter rest to show whether the elevation feet	meters. In is above or below the highest adjacent is above or below the HAG. In above or below the HAG. In above or below the LAG. In above or below the LAG. In above or below the HAG. In above or below the HAG.
SECTION F - PROPERTY OWNER (OR OWNER		RTIFICATION
The property owner or owner's authorized representative who completes Sections A or Zone AO must sign here. The statements in Sections A, B, and E are correct to the Property Owner's or Owner's Authorized Representative's Name	ne best of my knowledge.	
'dress City	Stat	The second secon
Signature Date	1816	ephone
Comments		
		Check here if attachmen
SECTION G - COMMUNITY INFO	ORMATION (OPTIONAL)	«Уул» (1964—1944—1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 1944 — 19
ne local official who is authorized by law or ordinance to administer the community's flo this Elevation Certificate. Complete the applicable item(s) and sign below. Check the i	odplain management ordinance	can complete Sections A, B, C (or E), and C
The information in Section C was taken from other documentation that has is authorized by law to certify elevation information. (Indicate the source an A community official completed Section E for a building located in Zone A (v	been signed and sealed by a lice d date of the elevation data in the	ensed surveyor, engineer, or architect who ne Comments area below.)
3. The following information (Items G4–G10) is provided for community floodpi		
G4. Permit Number G5. Date Permit Issued (1) 15 13	G6. Date Certificate Of C	Compliance/Occupancy Issued
7. This permit has been issued for: May New Construction Substantial	<u>f</u>	Datum <u>NGVD</u> 1929 Datum <u>NGVD</u> 1929 Datum <u>NAVD</u> 1988
Local Official's Name MICHAEL KOOCHENSIERE	Title CONSTRUCT	TON OFFICIAL
	Talanhana	8.6814
Signature	Date 7/22/15	
	DESIGN FLOOR	> ELEVATION
MET DEE PRIOR		Check here if attachment

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10912 Second Avenue

City Stone Harbor

State NJ

ZIP Code 08247

FOR INSURANCE COMPANY USE

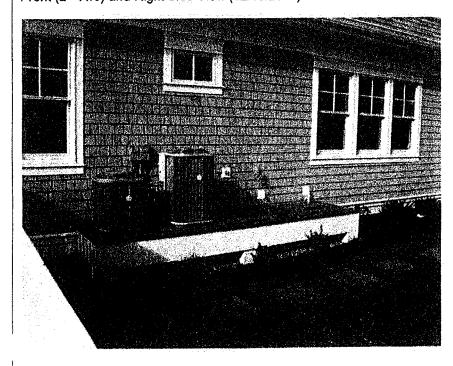
Policy Number:

Company NAIC Number:

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.



Front (2^{hd} Ave) and Right Side View (12/16/2014)



Rear HVAC (12/16/2014)

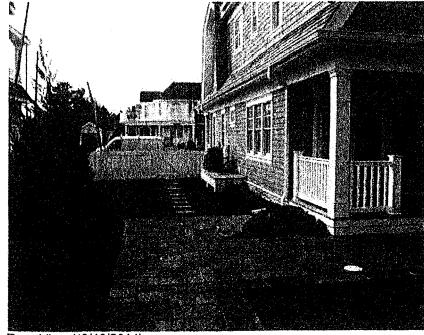
Building Photographs Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Blo 10912 Second Avenue	Policy Number:		
City Stone Harbor	State NJ	ZIP Code 08247	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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Left Side View with Cabana (12/16/2014)



Rear View (12/16/2014)