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

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

	FOR INSURANCE COMPANY USE						
A1. Building Owner's Name VERGIS, GEO	Policy Number:						
A2. Building Street Address (including Apt., 102 120 <sup>TH</sup> STREET	Company NAIG Number:						
City STONE HARBOR			le 08247	RECEIVED			
A3. Property Description (Lot and Block Nu BLOCK: 119.02 Lot: 109	mbers, Tax Parcel Number	r, Legal Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL  A5. Latitude/Longitude: Lat. 39.0369   Long74.7692   Horizontal Datum:							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community N BOROUGH OF STONE HARBOR 345323		ounty Name E MAY		B3. State NEW JERSEY			
B4. Map/Panel Number B5. Suffix E	B6. FIRM Index Date 1/8/1971	B7. FIRM Panel Effective/Revised Dat 7/15/1992	B8. Flood Zone(s) V-11				
B10. 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:  B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:  B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No Designation Date: N/A ☐ CBRS ☐ OPA							
	THE RESIDENCE OF THE PERSON NAMED IN THE PERSO						
SECTIO	N C – BUILDING ELEV	ATION INFORMATIO	N (SURVEY REQ	UIRED)			
	Construction Drawings red when construction of th (with BFE), VE, V1–V30, V specified in Item A7. In Pu I-50 Ver evations in items a) through	s* Building Une building Une building is complete.  If (with BFE), AR, AR/A, A lerto Rico only, enter met rical Datum: NGVD 29 and below. MIGVD 193	Inder Construction*  AR/AE, AR/A1-A30, ers.  29  NAVD 1988 [	☑ Finished Construction  AR/AH, AR/AO. Complete Items C2.a-h  □ Other/Source:			
C1. Building elevations are based on:  *A new Elevation Certificate will be requi C2. Elevations – Zones A1–A30, AE, AH, A below according to the building diagram Benchmark Utilized: CMCMUA DISC SIndicate elevation datum used for the elevation used for building elevations must	Construction Drawings red when construction of th (with BFE), VE, V1–V30, V specified in Item A7. In Pul-150 Verexations in items a) through be the same as that used	s* ☐ Building Une building I Green Building Une building is complete.  If (with BFE), AR, AR/A, A Greto Rico only, enter met rical Datum: NGVD 29 on h) below. ☒ NGVD 193 for the BFE.	Inder Construction*  R/AE, AR/A1–A30, ers.  29   NAVD 1988 [	Finished Construction  AR/AH, AR/AO. Complete Items C2.a-h  Other/Source:  neck the measurement used.			
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IMPORTANT: In these spaces, copy the corr	FOR INS	SURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a	Policy N			
102 120 <sup>TH</sup> STREET				
City STONE HARBOR	State NJ	ZIP Code 08247		y NAIC Number:
	YOR, ENGINEER, OR ARCH			ED)
Copy both sides of this Elevation Certificate for (1) co	ommunity official, (2) insurance a	gent/company, and (3) b	uilding owner.	
Comments				
Signature //	Date	e 01/14/16		
SECTION E - BUILDING ELEVATION INF	ORMATION (SURVEY NOT	REQUIRED) FOR ZO	NE AO AND Z	ONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Items and C. For Items E1–E4, use natural grade, if availa E1. Provide elevation information for the following grade (IAG) and the lowest adjacent grade (L. a) Top of bottom floor (including basement, crab) Top of platform of machinery and/or equipment E5. Zone AO only: If no flood depth number is available or crab and control of the c	able. Check the measurement use and check the appropriate boxes AG).  awlspace, or enclosure) is awlspace, or enclosure) is od openings provided in Section .  g is feet	ed. In Puerto Rico only, e to show whether the ele	wation is above on the series above on the series above on the series above on the series above or the ser	or below the highest adjacent or □ below the HAG. or □ below the LAG. ructions), the next higher floor □ below the HAG.
SECTION F - PROPE	RTY OWNER (OR OWNER'	S REPRESENTATIVE	) CERTIFICAT	ION
The property owner or owner's authorized represents or Zone AO must sign here. The statements in Section Property Owner's or Owner's Authorized Representation	ions A, B, and E are correct to the	B, and E for Zone A (with a best of my knowledge.	hout a FEMA-iss	ued or community-issued BFE)
Address	City		State	ZIP Code
Signature	Date	-	Telephone	
Comments				☐ Check here if attachments
SFCT	TION G - COMMUNITY INFO	RMATION (OPTIONA	\L)	
The local official who is authorized by law or ordinance of this Elevation Certificate. Complete the applicable ite G1.  The information in Section C was taken fror is authorized by law to certify elevation information.  A community official completed Section E for G3.  The following information (Items G4–G10) is	to administer the community's flor em(s) and sign below. Check the n m other documentation that has b rmation. (Indicate the source and for a building located in Zone A (w	odplain management ordi neasurement used in Item neen signed and sealed b d date of the elevation da vithout a FEMA-issued or	nance can complens G8–G10. In Puby a licensed survata in the Commer community-issue	veyor, engineer, or architect who ents area below.)
14-11296	Permit Issued	4	te Of Compliance	e/Occupancy Issued
G7. This permit has been issued for:	ement) of the building: 15.	Improvement  7	eters Datur	n <u>NG</u> VD 1929 n <u>NG</u> VD 1929 n <u>NA</u> VD 1988
Local Official's Name MCHAEL Ko	OCHENSERE	Title CONST	PUCTION	DEFICIAL
	STONE HARBOR	Telephone COG	i ·368· (	0814
Signature National Signature		Date 🚜 (	6	
Comments			· <del></del>	
				☐ Check here if attachments

## **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. 102 120<sup>TH</sup> STREET

City STONE HARBOR

State NJ

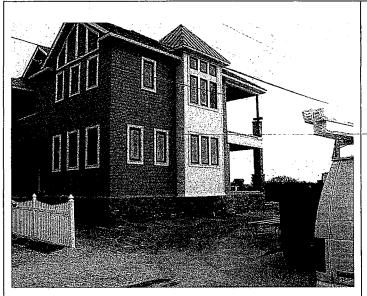
ZIP Code 08247

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 VIEW 01.07.16



WESTERLY VIEW 01.07.16



**REAR VIEW 01.07.16** 



EASTERLY VIEW 01.07.16