

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name ULICHNEY, ANDREW B & ANNIE B #5853		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9920 SUNSET DRIVE		Company NAIC Number
City STONE HARBOR State NJ ZIP Code 08247		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 158, 160 BLOCK: 99.05		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 39° 3' 12" Long. -74° 45' 59"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 g		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 1349 sq ft		a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade g		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b sect D sq in		c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number BOROUGH OF STONE HARBOR 345323		B2. County Name CAPE MAY		B3. State NEW JERSEY	
B4. Map/Panel Number 345323-0001	B5. Suffix C	B6. FIRM Index Date 7/15/92	B7. FIRM Panel Effective/Revised Date 7/15/92	B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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. Use the same datum as the BFE.
Benchmark Utilized **CMCMUA DISK SH-43 Vertical Datum 7.34'**
Conversion/Comments **N/A**

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 7.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor 12.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 11.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) 7.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 7.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name THOMAS R DENEKA		License Number 35828	
Title NJPLS	Company Name STONE HARBOR SURVEYORS		
Address PO BOX 511	City STONE HARBOR	State NJ	ZIP Code 08247
Signature <i>Thomas R Deneke</i>	Date 7/8/10	Telephone 609-368-7451	

**PLACE
SEAL
HERE**

Thomas R Deneke

IMPORTANT: In these spaces, 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. 9920 SUNSET DRIVE	Policy Number
City STONE HARBOR State NJ ZIP Code 08247	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
 Comments BUILDING HAS 9 SMART VENTS COVERING 200 SQUARE FEE EACH, MODEL #1540-510. C-2-A IS SLAB IN CRAWL SPACE. C-2-E IS EXTERIOR HVAC.

Signature Thomas R. Deul Date 7/8/10 Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

- For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.
- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG):
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.
 Property Owner's or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
 G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
 G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number <u>10-9333</u>	G5. Date Permit Issued <u>1/13/10</u>	G6. Date Certificate Of Compliance/Occupancy Issued <u>7/14/10</u>
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: 12.0 feet meters (PR) Datum NGVD-29
- G9. BFE or (in Zone AO) depth of flooding at the building site: 10.0 feet meters (PR) Datum NGVD-29
- G10. Community's design flood elevation: 10.0 feet meters (PR) Datum NGVD-29

Local Official's Name <u>MICHAEL KOACHENBERG</u>	Title <u>CONSTRUCTION OFFICIAL</u>
Community Name <u>STONE HARBOR</u>	Telephone <u>609-368-6814</u>
Signature <u>[Signature]</u>	Date <u>7/26/10</u>
Comments	

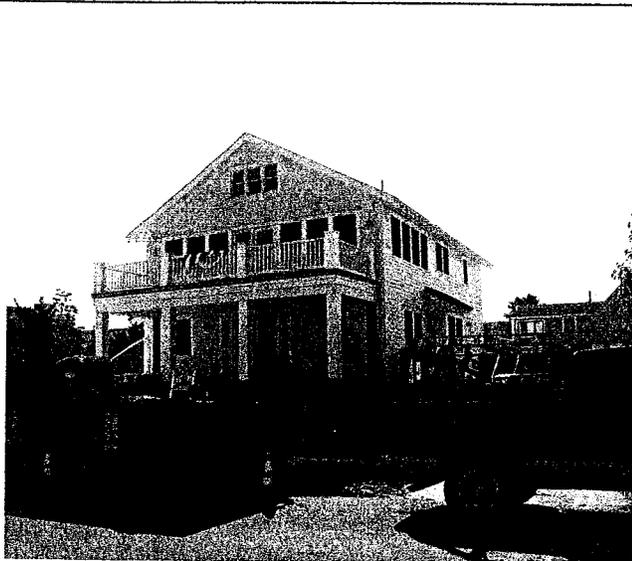
Check here if attachments

Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9920 SUNSET DRIVE	For Insurance Company Use: Policy Number
City STONE HARBOR State NJ ZIP Code 08247	Company NAIC Number

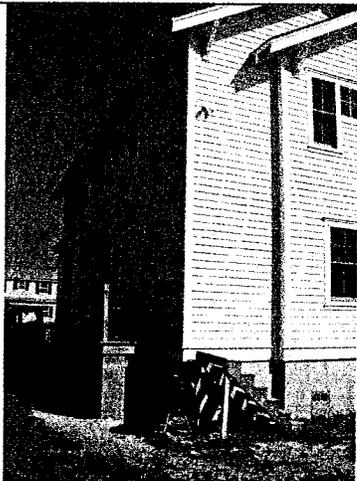
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



FRONT, RIGHT SIDE VIEW 7/6/10



FRONT, LEFT SIDE VIEW 7/6/10



REAR VIEW 7/6/10

Engineered Flood Openings Certificate

To satisfy requirements of the National Flood Insurance Program

This certification must be submitted to, and kept on file by, the local jurisdiction's permit authority. A copy should be retained by the owner to demonstrate compliance in order to receive the best flood insurance rating.

The Smart VENT® and Flood VENT™ Foundation Flood Vent is certified as meeting the flood opening requirements for engineered openings as set forth in the Federal Emergency Management Agency's National Flood Insurance Program regulations (44 CFR 60.3(c)(5)) and ASCE 24-98, provided it is installed according to the those references, as summarized below. Flood openings are required in enclosures below elevated buildings, attached and detached garages, and accessory structures that meet the required limitations. For a copy of the report documenting this certification dated June 21, 2002, and a copy of the National Evaluation Service report NER 624, contact Smart VENT, Inc., at 877/441-8368 or visit:

www.smartvent.com

I do hereby certify that the Smart VENT® Louvered Foundation Flood Vent and the FloodVENT™ Insulated Foundation Flood Vent opening (s) is designed for installation in buildings, will allow for the automatic equalizing of hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit of floodwater during floods up to and including the base (100-year) flood. One Smart VENT® or one FloodVENT™ for every 200 Sq.Ft. of enclosed area will provide sufficient hydrostatic pressure equalization during a flood provided the installation limitations and instructions are followed as listed below. To Calculate the required number of Smart VENTS® or FloodVENTS™ divide the Square Feet of enclosed area by 200.

Example: A 2000 Sq.Ft. enclosed area requires 10 vents. $2000 \text{ Sq.Ft} / 200 = 10 \text{ Vents}$

Signature 
Title Professional Engineer
Type of License Professional Engineering
License Number NJ PE GE26637



*Project Name _____
*Project Address _____
*Date Submitted _____
* Required Fields*

Professional Seal

Installation Limitations and Instructions

1. The Smart VENT® or FloodVENT™ unit provides sufficient automatic equalization of hydrostatic pressure on walls and foundations of buildings located in flood hazard areas where the rate of rise is expected to be less than or approximately 5 feet per hour.
2. Enclosed areas below otherwise elevated buildings, non-elevated attached and detached garages, and certain non-elevated accessory structures located in flood hazard areas are to be used solely for parking of vehicles, building access, or storage.
3. Each enclosed area shall have at least two flood openings, installed on different sides of the enclosed area.
4. The bottom of the flood openings shall be no more than one foot above the adjacent finished ground level.
5. Installation must be in accordance with manufacturer's instructions.

"REFERENCE ONLY" From FEMA TB 1-93

Guidance for Engineered Openings Openings in Foundation Walls

National Flood Insurance Program (NFIP) Technical Bulletin TB 1-93

"In situations where it is not feasible or desirable to meet the openings criteria stated previously, a design professional (registered engineer or architect) may design and certify openings. This section provides guidance for such engineered designs. For openings not meeting all four requirements for non-engineered openings listed on page 2 and 3 of TB 1-93, certification by a registered professional engineer or architect is required. Such certification must be submitted to, and kept on file by, the community. These certifications must assure community officials that the openings are designed in accordance with accepted standards of practice. A certification may be affixed to the design drawings or submitted separately. It must include appropriate certification language, and the name, title, address, signature, type of license, license number, and professional seal of the certifier." (TB 1-93 is available through Smart VENT® or online at www.fema.gov)

Form: SMRT100 Rev.A July 2002

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