U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE
Important: Follow the instructions on pages 1–9.

OMB No. 1660-0008 Expiration Date: November 30, 2022

JUN 29 2020

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	······································					TO TO THE TOTAL
	ECTION A PROPERTY	INFOR	VIATION			RANCE COMPANY USE
A1. Building Owner's Name POWERS, THOMAS A. & W	ENDI L.			•	Policy Numb	ber:
A2. Building Street Address Box No. 307 86TH STREET	(including Apt., Unit, Suite	e, and/or	Bldg. No.) or	P.O. Route and	Company N	AIC Number:
City			State		ZIP Code	
STONE HARBOR			New Jers	sey	08247	
A3. Property Description (Lo BLOCK:86.04 LOT:122 & 12		x Parcel	Number, Leg	al Description, etc	:.)	
A4. Building Use (e.g., Resi	dential, Non-Residential, /	Addition,	Accessory, e	etc.) RESIDEN	ΓIAL	
A5. Latitude/Longitude: La	t. <u>39.0609</u>	Long7	4.7557	Horizontal	Datum: NAD 1	927 X NAD 1983
A6. Attach at least 2 photog	raphs of the building if the	Certific	ate is being u	sed to obtain flood	insurance.	
A7. Building Diagram Numb	er 6					
A8. For a building with a cra	wlspace or enclosure(s):					
a) Square footage of cr	awlspace or enclosure(s)		1	485.00 sq ft		
b) Number of permanen	t flood openings in the cra	awlspace	e or enclosure	(s) within 1.0 foot	above adjacent gra	ide 8
c) Total net area of floor	d openings in A8.b	1	600.00 sq in			
	enings? 🛛 Yes 🗌 N					
A9. For a building with an att	ached garage:					
a) Square footage of att	ached garage		N/A sq ft			
b) Number of permaner	it flood openings in the att	ached g	arage within 1	1.0 foot above adja	cent grade N/A	
c) Total net area of floor	d openings in A9.b		N/A sq	in		
	enings? Yes 🛛 Y		•			
ay Engineered need ope	imigo. [] reo [Z] re					
	SECTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name	& Community Number		B2. County	Name		B3. State
BOROUGH OF STONE HAI	RBOR-345323		CAPE MAY			New Jersey
B4. Map/Panel B5. Suf	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
34009C0242 F	10-05-2017	10-05-2		AE	9'	
B10. Indicate the source of ☐ FIS Profile ☒ FIR	the Base Flood Elevation				in Item B9:	
B11. Indicate elevation datu	ım used for BFE in Item B	9: 🗌 N	IGVD 1929	NAVD 1988	Other/Source:	Andreas
B12. Is the building located Designation Date:	in a Coastal Barrier Reso	ources Sy CBRS	ystem (CBRS) area or Otherwis	e Protected Area (0	OPA)? ☐ Yes ☒ No

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPO	RTANT: In these spaces, copy the corresponding inf	ormation from Sect	tion A.	FOR INS	URANC	E COMPANY USE
307 86TH STREET				Policy Number:		
City	State	ZIP (Code	Compan	NAIC N	lumber
OTS	JE HARBOR New Je	ersey 0824	7	***	***	
	SECTION C - BUILDING ELEV	ATION INFORMAT	ION (SURVEY RE	QUIRED)	
C1.	Building elevations are based on: Construction D	-	ling Under Constru	ction* [ズ Finish	ned Construction
	*A new Elevation Certificate will be required when cons		•		4 400 4	DIALL ADIAG
C2.	Elevations – Zones A1-A30, AE, AH, A (with BFE), VE Complete Items C2.a-h below according to the building Benchmark Utilized: GPS	, V1–V30, V (with BF g diagram specified in Vertical Datum: _	n Item A7. In Puerto	AE, AR/A o Rico onl	ı–A30, A y, enter⊩	meters.
	Indicate elevation datum used for the elevations in item	s a) through h) below	√ .			
	☐ NGVD 1929 ⊠ NAVD 1988 ☐ Other/Sou	• • • • • • • • • • • • • • • • • • • •				
	Datum used for building elevations must be the same a	s that used for the B	FE.	Chec	k the me	asurement used.
	a) Top of bottom floor (including basement, crawlspace	e, or enclosure floor)		5.1	√ feet	meters meters
	b) Top of the next higher floor			14.1	√ feet	☐ meters
	c) Bottom of the lowest horizontal structural member (\	/ Zones only)		N/A	₹ feet	meters
	d) Attached garage (top of slab)			N/A	√ feet	meters meters
	e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Comme	ng the building ents)		13.4	 feet	meters
	f) Lowest adjacent (finished) grade next to building (La	AG)		4.8	√ feet	meters
	g) Highest adjacent (finished) grade next to building (H	BAG)		5.0	₹) feet	meters
	Lowest adjacent grade at lowest elevation of deck of structural support	r stairs, including		4.8	⋌ feet	☐ meters
	SECTION D - SURVEYOR, EN	IGINEER, OR ARC	HITECT CERTIFI	CATION		
This I cer	certification is to be signed and sealed by a land surver tify that the information on this Certificate represents my ement may be punishable by fine or imprisonment under	vor engineer or arch	nitect authorized by	law to ce	rtify elev erstand t	ation information. That any false
	e latitude and longitude in Section A provided by a licen					e if attachments.
		icense Number				
		55828 		_		
Title PLS					F9	lace
	pany Name					1031
	HYLAND GROUP			_		
Add 701	WEST AVENUE SUITE 301				C	lere
City OCI		State New Jersey	ZIP Code 08226			
	Moras Clinea	Date 06-15-2020	Telephone (609) 398-4477	Ext.		
Сор	all pages of this Elevation Certificate and all attachments	s for (1) community of	ficial, (2) insurance	agent/com	ipany, ar	nd (3) building owner.
C-2- A-8-	ments (including type of equipment and location, per C E IS EXTERIOR HVAC C CONSISTS OF 8 SMART VENTS MODEL #1540-57 DING IS RAISED ON CONCRETE PIER AND ENCLO	0 COVERING 200 S	QUARE FEET OF	VENT SP	ACE EA	СН

ELEVATION CERTIFICATE

DMB No. 1660-0008	,
xpiration Date: Novemb	
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FOR INCHEANOR COM	DANIVILLE

MPORTANT: In these spaces, copy the corre	sponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 307 86TH STREET	iite, and/or Bldg. No.) oi	r P.O. Route and Box No.	Policy Number:
City STONE HARBOR	State New Jersey	ZIP Code 08247	Company NAIC Number
	<u> </u>	IFORMATION (OPTIONAL)
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	dinance to administer the Certificate. Complete the	ne community's floodplain m	nanagement ordinance can complete
G1. The information in Section C was takengineer, or architect who is authorized that in the Comments area below.)	en from other document ed by law to certify elev	tation that has been signed ation information. (Indicate	and sealed by a licensed surveyor, the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building locat	ted in Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for cor	mmunity floodplain manage	ment purposes.
G4. Permit Number	G5. Date Permit Issue 8 29 301		Date Certificate of Compliance/Occupancy Issued
14-1577/	8 001	9	1/2/2000
G7. This permit has been issued for:	New Construction 🔀	Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement) 14	. ⊠ fe	et [] meters Datum <u>NAVD (**</u>
G9. BFE or (in Zone AO) depth of flooding at t	the building site: A	<u>E</u> 9	et 🗌 meters Datum <u>NAVD 88</u>
G10. Community's design flood elevation:	Higher BF	E + 2 ° ° ⊠ fe	eet 🗌 meters Datum <i>NAVD 87</i>
Local Official's Name Raymond Poudrier	Construction	Title 5. Official / Flood	Plain Manager
Borough of Stone Harbor	· / .	Telephone 367-6814	
Signature M.	7/	Date 2/2000	
Comments (including type of equipment and loc			,
			•
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, cop	y the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including A 307 86TH STREET	pt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
STONE HARBOR	New Jersey	08247	,

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.

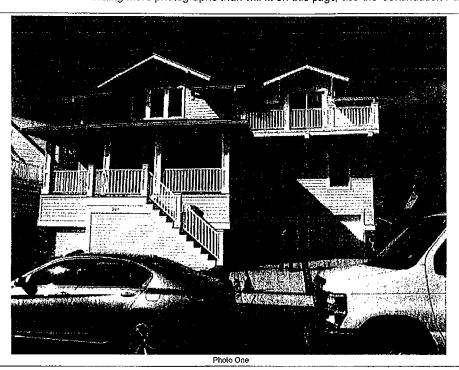


Photo One Caption FRONT VIEW 6-5-20

Clear Photo One

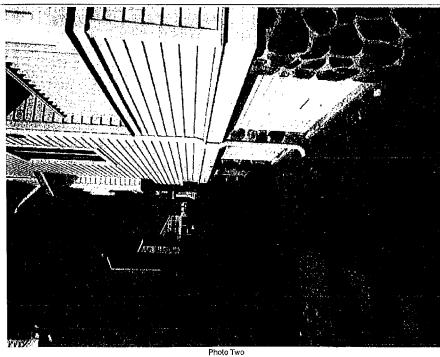


Photo Two Caption LEFT SIDE VIEW 6-5-20

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

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.

307 86TH STREET

City State ZIP Code Company NAIC Number

STONE HARBOR New Jersey 08247

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.

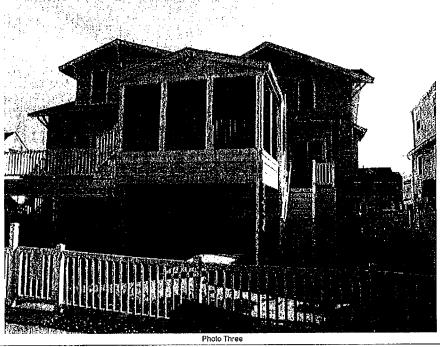


Photo Three Caption REAR VIEW 6-5-20

Clear Photo Three

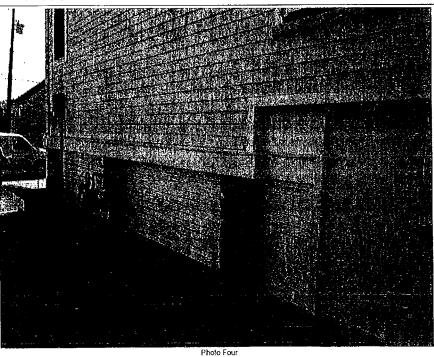


Photo Four Caption RIGHT SIDE VIEW 6-5-20

Clear Photo Four Form Page 6 of 6

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the correspo	nding information	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 307 86TH STREET	and/or Bidg. No.) c	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
STONE HARBOR	New Jersey	08247	1
SECTION E – BUILDING FOR ZO		ORMATION (SURVEY NO NE A (WITHOUT BFE)	T REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, use enter meters.	E1–E5. If the Cert e natural grade, if	ificate is intended to suppor available. Check the measu	i a LOMA or LOMR-F request, rement used. In Puerto Rico only,
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,	nd check the appr st adjacent grade (opriate boxes to show whetl (LAG).	ner the elevation is above or below
crawlspace, or enclosure) is		feet met	ers above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet mel	ers above or below the LAG.
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in	d openings provide	ed in Section A Items 8 and/	or 9 (see pages 1-2 of Instructions),
the diagrams) of the building is		feet mel	ers above or below the HAG.
E3. Attached garage (top of slab) is		feet mel	ers above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet mel	ers above or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?	able, is the top of t	he bottom floor elevated in a nown. The local official mus	accordance with the community's st certify this information in Section G.
SECTION F PROPERTY O	WNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represent	ative who complet	es Sections A. B. and E for I	Zone A (without a FEMA-issued or
community-issued BFE) or Zone AO must sign here.	The statements in	n Sections A, B, and E are c	orrect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representati	The statements in	n Sections A, B, and E are c	orrect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here.	The statements in	n Sections A, B, and E are c	orrect to the best of my knowledge. State ZIP Code
community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representati	The statements in	n Sections A, B, and E are c	orrect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representati Address	The statements in	n Sections A, B, and E are c	orrect to the best of my knowledge. State ZIP Code
community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representati Address Signature	The statements in	n Sections A, B, and E are c	orrect to the best of my knowledge. State ZIP Code
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