# **ELEVATION CERTIFICATE** 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.

SECTION						
A1. Building Owner's Name				FOR INSURANCE COMPANY USE Policy Number:		
Judy Creuz				Undy Harm		
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li> <li>12 S. Bayview Drive</li> </ul>				Company NAIC Number:		
City		State	L	ZIP Code		
Strathmere, Upper Twp		New Jersey	(	8248		
A3. Property Description (Lot and Block 849, Lot 2	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 849, Lot 2					
A4. Building Use (e.g., Residentia						
A5. Latitude/Longitude: Lat. N39					927 🗙 NAD 1983	
A6. Attach at least 2 photographs		rtificate is being used to	obtain flood insurar	ice.		
A7. Building Diagram Number	5					
A8. For a building with a crawlspa						
<ul> <li>a) Square footage of crawlsp</li> </ul>		·				
b) Number of permanent floo		pace or enclosure(s) wi	thin 1.0 foot above a	adjacent gra	ade 0	
<ul><li>c) Total net area of flood ope</li></ul>	enings in A8.b 0	sq in				
d) Engineered flood openings	s? 🗌 Yes 🗵 No					
A9. For a building with an attache	d garage:					
a) Square footage of attache	d garage 0	sq ft				
b) Number of permanent floo	od openings in the attach	ed garage within 1.0 for	ot above adjacent gr	ade	0	
c) Total net area of flood ope	nings in A9.b0	sq in				
d) Engineered flood openings?  Yes X No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Co		B2. County Name	<u> </u>		B3. State	
Township of Upper 340159		Cape May			New Jersey	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index B7 Date B7	Effective/ (Z		(Zor	se Flood Elevation(s) one AO, use Base	
34009C0159 F	10/05/2017 10	Revised Date 0/05/2017	AE	Floc 10.00	od Depth)	
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 C	Coastal Barrier Resource	s System (CBRS) area	or Otherwise Protect	ted Area (C	DPA)? 🗌 Yes 🖂 No	
Designation Date:		RS 🗌 OPA				

#### **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Policy Number: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 12 S. Bayview Drive Citv State ZIP Code Company NAIC Number Strathmere, Upper Twp 08248 New Jersey SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Construction Drawings\* Building Under Construction\* ▼ Finished Construction C1. Building elevations are based on: \*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: GPS Vertical Datum: NAVD '88 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 4.9 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) \_ ⊠ feet meters 7.70 **I** Feet b) Top of the next higher floor meters N/A c) Bottom of the lowest horizontal structural member (V Zones only) **X** feet meters N/A d) Attached garage (top of slab) **x** feet meters 7 70 e) Lowest elevation of machinery or equipment servicing the building **x** feet | meters (Describe type of equipment and location in Comments) 4<sub>.</sub>9 f) Lowest adjacent (finished) grade next to building (LAG) **x** feet meters 5.5 g) Highest adjacent (finished) grade next to building (HAG) **I** Feet meters 4.9 h) Lowest adjacent grade at lowest elevation of deck or stairs, including **X** feet meters structural support 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. Were latitude and longitude in Section A provided by a licensed land surveyor? $\bowtie$ Yes $\Box$ No $\times$ Check here if attachments. License Number Certifier's Name 31264 James R. Boney, PLS Title Professional Land Surveyor Place **Company Name** Seal James R. Boney & Associates, LLC Here Address 13 Stone Mill Court City State ZIP Code Egg Harbor Twp 08234 New Jersey Signature Date Telephone 10/11/2017 (609) 788-8013 Copy all pages of this Evention Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) Building is a one and a half story frame dwelling on piles with lattice. There is no A/C unit outside. All other mechanicals servicing the building are assumed inside and at or above the finished floor.

OMB No. 1660-0008

OMB No.	1660-0008
Expiratior	Date: November 30, 2018

ELEVATION CERTIFICATE			Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the correspor	nding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 12 S. Bayview Drive	Ind/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City Strathmere, Upper Twp	State New Jersey	ZIP Code 08248	Company NAIC Number
SECTION E – BUILDING E FOR ZO	ELEVATION INFO	RMATION (SURVEY NO E A (WITHOUT BFE)	OT REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, use enter meters.	e natural grade, if a	vailable. Check the measure	urement used. In Puerto Rico only,
<ul> <li>E1. Provide elevation information for the following at the highest adjacent grade (HAG) and the lowes</li> <li>a) Top of bottom floor (including basement,</li> </ul>			ther the elevation is above or below
crawlspace, or enclosure) is		feet 🗌 me	eters above or below the HAG.
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet 🗌 me	eters above or below the LAG.
E2. For Building Diagrams 6–9 with permanent floor	d openings provided	d in Section A Items 8 and	/or 9 (see pages 1–2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is	·	feet 🗌 me	eters above or below the HAG.
E3. Attached garage (top of slab) is		feet 🗌 me	eters above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		[] feet [] me	eters 🔲 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?  Yes			accordance with the community's st certify this information in Section G.
SECTION F – PROPERTY O	WNER (OR OWNE	R'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	ative who completes The statements in	s Sections A, B, and E for Sections A, B, and E are	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representativ	ve's Name		
Address		City	State ZIP Code
Signature	]	Date	Telephone
Comments			
			Check here if attachments.

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
City Strathmere, Upper Twp	State New Jersey	ZIP Code 08248	Company NAIC Number
SECTIC	ON G – COMMUNITY INFOR	RMATION (OPTION/	<b></b>
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	Certificate. Complete the ap		
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 or Zone AO.	on E for a building located ir	ו Zone A (without a F	EMA-issued or community-issued BFE)
G3. The following information (Items G4–	-G10) is provided for commu	nity floodplain manag	gement purposes.
G4. Permit Number	G5. Date Permit Issued	G	<ol> <li>Date Certificate of Compliance/Occupancy Issued</li> </ol>
G7. This permit has been issued for:	New Construction 🗌 Sub	stantial Improvement	t
G8. Elevation of as-built lowest floor (including of the building:	g basement)	□	feet 🗌 meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	□	feet 🗌 meters Datum
G10. Community's design flood elevation:		□	feet 🗌 meters Datum
Local Official's Name	Titl	e	
Community Name	Tel	ephone	
Signature	Dat	te	
Comments (including type of equipment and loc	cation, per C2(e), if applicab	le)	
			Check here if attachments.

### **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 12 S. Bayview Drive			Policy Number:
City	State	ZIP Code	Company NAIC Number
Strathmere, Upper Twp	New Jersey	08248	

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 10-10-17



Photo Two Caption Rear 10-10-17

#### **ELEVATION CERTIFICATE**

#### BUILDING PHOTOGRAPHS Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

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IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 12 S. Bayview Drive			Policy Number:
City	State	ZIP Code	Company NAIC Number
Strathmere, Upper Twp	New Jersey	08248	

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 One Caption Side view showing lattice around piles. 10-10-17

Photo Two

Photo Two Caption

Photo Two