#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

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

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 A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name GEORGE ELENIS	Policy Number:		
<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>106 CLIFTON AVENUE</li></ul>	Company NAIC Number:		
City State	ZIP Code		
BARNEGAT New Jersey	08005		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 199 LOT 64			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 39 45 50 Long74 11 37 Horizontal Datur	m: ☐ NAD 1927 🗵 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	ance.		
A7. Building Diagram Number6	•		
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade5		
c) Total net area of flood openings in A8.b1,000 sq in			
d) Engineered flood openings? ⊠ Yes □ No			
A9. For a building with an attached garage:			
a) Square footage of attached garage312 sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent	grade2		
c) Total net area of flood openings in A9.b 400 sq in			
d) Engineered flood openings?     Yes   No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM			
B1. NFIP Community Name & Community Number  BARNEGAT 340396  B2. County Name  OCEAN	B3. State New Jersey		
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
34029C0414 F 09/29/2006 09/29/2006 AE	6		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:			
☐ FIS Profile 区 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			
B12. Is the building located in a Coastal Barrier Resources System (CBRO) area or Otherwise Fre			
Designation Date: CBRS DPA			

# **ELEVATION CERTIFICATE**

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

EVAILOR CERTIFICATE Secree pending information from Section	n A.	FOR INSURANCE COMPANY USE	
PORTANT: In these spaces, copy the corresponding information from Section A. uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number:	
uilding Street Address (including Apt., Offit, Suite, and/or blog. No.) of the street			
06 CLIFTON AVENUE State ZIP Cod	de	Company NAIC Number	
Now Jersey 08005			
SECTION C – BUILDING ELEVATION INFORMATIO	N (SURVEY R	EQUIRED)	
SECTION C – BUILDING ELEVATION INFORMATIO	N (CC) Compton	uction* X Finished Construction	
C1. Building elevations are based on:   Construction Drawings*   Building	g Under Constitu	Iction	
in the pulling of the pulling	is complete.	VAE ARIA1_A30 ARIAH ARIAO.	
*A new Elevation Certificate will be required when construction of the building of the building of the building diagram specified in I Complete Items C2.a—h below according to the building diagram specified in I	tem A7. In Puer	to Rico only, enter meters.	
Benchmark Utilized: GPS Vertical Datum: N	AVD 88		
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 BFI	Ξ.	Check the measurement used.	
	. 75	X feet meters	
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure floor)</li> </ul>			
b) Top of the next higher floor	13. 61		
c) Bottom of the lowest horizontal structural member (V Zones only)		X feet meters	
d) Attached garage (top of slab)	<u>4</u> . <u>75</u>	x feet meters	
to the state of machinery or equipment servicing the building	<u>12</u> . <u>47</u>	x feet meters	
(Describe type of equipment and location in Comments)	4.0	x feet meters	
f) Lowest adjacent (finished) grade next to building (LAG)	4.6	X feet meters	
g) Highest adjacent (finished) grade next to building (HAG)	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>			
SECTION D. SUBVEYOR ENGINEER, OR ARC	HITECT CERT	IFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interpretation of the project of the	itect authorized oret the data ava ion 1001.	by law to certify elevation information ailable. I understand that any false	
Were latitude and longitude in Section A provided by a licensed land surveyor?	⊠Yes □ No		
License Number			
Certifier's Name WILLIAM J. FIORE, P.L.S. GS # 35362			
Title PRESIDENT		51	
	Place Seal		
Company Name WILLIAM J. FIORE, INC.		—— Here	
Address			
263 BRICK BOULEVARD, UNIT 5			
City State	ZIP Code 08723		
BRICK New dollar,	Telephone		
Signature / / / / / / / 06/23/2016	(732) 920-510		
Copy all pages of this Elevation Certificate and all attachments for (1) community o	fficial, (2) insurar	nce agent/company, and (3) building ov	
Comments (including type of equipment and location, per C2(e), if applicable)			
VENTS ARE SMART VENT MODEL 1540-570.			
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## **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corresp	onding information	from Section A.		INCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 106 CLIFTON AVENUE	e, and/or Bldg. No.) or	P.O. Route and Box	No. Policy Number	er:
1. Mil. 200 100 NOVE (I	State	ZIP Code	Company NA	IC Number
City	.—	08005	30,,,,,,,,,	
BARNEGAT	New Jersey			
	ZONE AO AND ZON	E A (WITHOUT BE	E)	
For Zones AO and A (without BFE), complete Iter complete Sections A, B,and C. For Items E1–E4, enter meters.	use natural grade, il a	available. Check the h	leasurement about in	doite ruse sun,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low	g and check the appro west adjacent grade (	opriate boxes to show LAG).	whether the elevation	is above or below
Top of bottom floor (including basement, crawlspace, or enclosure) is			meters above	or
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>				or
E2. For Building Diagrams 6–9 with permanent fl the next higher floor (elevation C2.b in	lood openings provide	ed in Section A Items		
the diagrams) of the building is		feet [		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 equipme servicing the building is				or below the HAG.
E5. Zone AO only: If no flood depth number is a floodplain management ordinance? Ye	vailable, is the top of t s	the bottom floor elevat nown. The local offici	ted in accordance with ial must certify this info	the community's rmation in Section G.
SECTION F - PROPERTY	Y OWNER (OR OWN	ER'S REPRESENTA	TIVE) CERTIFICATIO	N
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 or Owner's Authorized Representative's Name				
Address		City	State	ZIP Code
		Data	Telephone	
Signature		Date	Тетернопе	
Comments				*
				w
	,			
		*		
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ų .			v	'y
			*	
	.81		Che	ck here if attachments.

### **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Su 106 CLIFTON AVENUE	ite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:
City BARNEGAT	State New Jersey	ZIP Code 08005	Company NAIC Number
SECTIO	N G - COMMUNITY INFO	RMATION (OPTIONAL)	
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent	Certificate. Complete the a er meters.	applicable item(s) and sig	Tipelow. Check the measurement
G1. The information in Section C was take engineer, or architect who is authorize data in the Comments area below.)	ed by law to certify elevatio	on information. (Indicate ti	ne source and date of the elevation
G2. A community official completed Section or Zone AO.		1 3	4
G3. The following information (Items G4–	G10) is provided for comm		*
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction  Su	bstantial Improvement	. 24
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fee	et meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	[ fee	
G10. Community's design flood elevation:		[] fee	et meters Datum
Local Official's Name	Т	itle	
Community Name	. Т	elephone	
Signature		Pate	
Comments (including type of equipment and lo	cation, per C2(e), if applica	able)	
	# # # T		, .
			,
			-
*			
,			
\$			☐ Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces on	ny the common will it is a		Expiration bate. November 30, 2016
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.  106 CLIFTON AVENUE			FOR INSURANCE COMPANY USE Policy Number:
City BARNEGAT	State New Jersey	ZIP Code 08005	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.



Photo One Caption FRONT VIEW---PICTURES TAKEN 6-21-2016



Photo Two

Photo Two Caption REAR VIEW---PICTURES TAKEN 6-21-2016

## **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: Nove

IMPORTANT: In these spaces com	. 41-		Expiration Date. November 30, 2018
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.  106 CLIFTON AVENUE			FOR INSURANCE COMPANY USE Policy Number:
City BARNEGAT	State New Jersey	ZIP Code 08005	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.



Photo One Caption SIDE VIEW---PICTURES TAKEN 6-21-2016

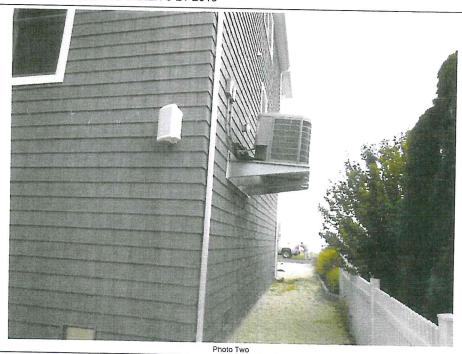


Photo Two Caption SIDE VIEW---PICTURES TAKEN 6-21-2016

# ADDITIANAL PHOTOS TAKEN 6-21-2016



