# existing Home - NO WORK

						OMB No. 1660-0008 Expiration Date: July 31, 2015		
<i>A</i>								
A1. Building Owner's Nam	a IOVCE M E		A - PROPE	RTY INFORM	IATION	Policy N	SURANCE COMPANY USE	
A1. Building Owner's Nam	ie JOTOLIVI. EX	COCIARO						
A2. Building Street Address 227 MONTCLAIR ROAD S		, Unit, Suite, and/or Bldg	. No.) or P.O. R	oute and Box N	lo.	Compan	ny NAIC Number:	
City BARNEGAT			State NJ	ZIP Code (	08005			
A3. Property Description ( BLOCK 208.01 LOT 77		ımbers, Tax Parcel Numl	oer, Legal Desc	ription, etc.)				
A4. Building Use (e.g., Re	NAME AND ADDRESS OF THE OWNER OWNER.	The state of the s	Charles and the second of the					
A5. Latitude/Longitude: La								
A6. Attach at least 2 photo	The second secon	ilding if the Certificate is	being used to o	btain flood insu	irance.			
A7. Building Diagram Num A8. For a building with a c		cloeuro(e).		A9 For a	building with an atta	ched gara	age.	
a) Square footage of			sq ft		quare footage of atta		The state of the s	
b) Number of perman		No. 14		b) Nu	umber of permanent	flood ope	enings in the attached garag	је
or enclosure(s) with		State of the state			thin 1.0 foot above			
<ul> <li>c) Total net area of flo</li> <li>d) Engineered flood of</li> </ul>		A8.b <u>N/A</u> ☑ Yes ☑ No	sq in		otal net area of flood ngineered flood ope		s in A9.b <u>0</u> sq in ☐ Yes ☐ No	
STATE TO STATE OF THE STATE OF		TION B - FLOOD INS	URANCE RA	TE MAP (FIR	M) INFORMATIO	N		
DI NEID O			0			B3. State	-	
B1. NFIP Community Name BARNEGAT TOWNSHIP	340396		County Name EAN COUNTY			NEW JERSEY		
B4. Map/Panel Number 34029C 0414	B5. Suffix F	B6. FIRM Index Date 9/29/06	Effective/F	RM Panel Revised Date	B8. Flood Zone(s) AE		Base Flood Elevation(s) (Zo AO, use base flood depth) 6'	ne
10. Indicate the source of	the Base Flood I	levation (BEE) data or b	1		The second secon			
FIS Profile	☐ FIRM	Community Determi		Other/Source:				
11. Indicate elevation datu				NAVD 1988	Other/Source:			
Is the building located Designation Date:		rier Resources System (0	-31-40; I.Deve-11		A CONTRACTOR OF THE PROPERTY O		☐ Yes   ☑ No	
	SECTIO	N C – BUILDING ELE	VATION INFO	ORMATION (	SURVEY REQUI	RED)		
Building elevations are l		☐ Construction Drawin			er Construction*	ATTENDED TO STANK	nished Construction	
*A new Elevation Certific					(existing		0 0 - Lu II 00 - h	
<ol><li>Elevations – Zones A1– below according to the I</li></ol>						/AH, AR/A	O. Complete Items C2.a-n	
Benchmark Utilized: Z6	200		ertical Datum:					
Indicate elevation datun					⊠ NAVD 1988 □ 0	Other/Sour	rce:	
Datum used for building	elevations must	be the same as that use	d for the BFE.	11012 1020				
					Chec	k the mea	surement used.	
a) Top of bottom floor (in	ncluding baseme	nt, crawlspace, or enclos	sure floor)	<u>4.9</u>			meters meters	
b) Top of the next highe				N/A		☐ feet	meters	
c) Bottom of the lowest horizontal structural member (V Zones only)  d) Attached garage (top of slab)  4.8						feet	☐ meters	
d) Attached garage (top of slab)							meters	
e) Lowest elevation of machinery or equipment servicing the building  (Describe type of equipment and location in Comments)							meters	
in the analysis and a series of the base of the series that		double well to a presentate measure professional and any		4.8			meters	
f) Lowest adjacent (finished) grade next to building (LAG)  g) Highest adjacent (finished) grade next to building (HAG)  5.0						⊠ feet	☐ meters	
h) Lowest adjacent grad	luding structura		•	☐ feet	☐ meters			
	SECTIO	N D - SURVEYOR, E	NGINEER, O	R ARCHITEC	CT CERTIFICATION	ON		
This certification is to be sig								_
nformation. I certify that the	information on	this Certificate represents	my best efforts	s to interpret the	e data available.			
understand that any false								
Check here if commen					ction A provided by	a	PLACE	
Check here if attachme	ents.	lice	nsed land surve	yor? 🛛 Y	′es ☐ No			
Certifier's Name JOHN M. L	IS		Lic	ense Number :	35378			
TITLE LAND SURVEYOR		Company Name   ANI	LINE SURVE	YORS				

Signature

Address 703 MILL CREEK ROAD

State NJ

Telephone

ZIP Code 08050 (609) 978-0073

City MANAHAWKIN

Date 2/3/2014

227 MONTCLAIR ROAD SOUTH		m Section A.	THE RESERVE OF THE PROPERTY OF			
	pt., Unit, Suite, and/or Bldg. No.) or P.O. Route a	and Box No.	Policy Number:			
City BARNEGAT	State NJ	ZIP Code 08005	Company NAIC Number:			
SECTIO	N D - SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFICATION	ON (CONTINUED)			
Copy both sides of this Elevation Ce	rtificate for (1) community official, (2) insurance	agent/company, and (3) bu	uilding owner.			
Comments UTILITIES INSIDE DWI ELEV. 7'. LAT/LONG BY GO	ELLING ARE LOWEST EQUIPMENT SERVICIN DOGLE EARTH.	G DWELLING. PRELIN	MINARY WORK MAP FLOOD ZONE "AE",			
Signature	Date Date	e 2/3/2014				
SECTION E - BUILDING EL	EVATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZON	NE AO AND ZONE A (WITHOUT BFE)			
	complete Items E1–E5. If the Certificate is intended in grade, if available. Check the measurement us					
	or the following and check the appropriate boxes	The state of the s				
grade (HAG) and the lowest ac a) Top of bottom floor (including		feet   m	eters  above or below the HAG. eters above or below the HAG.			
E2. For Building Diagrams 6–9 with	n permanent flood openings provided in Section (s) of the building is	A Items 8 and/or 9 (see pa	ages 8-9 of Instructions), the next higher floor			
E3. Attached garage (top of slab) is						
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						
	Unknown. The local official must certify this i		with the community's hoodplain managemen			
SECTION	N F – PROPERTY OWNER (OR OWNER'S	REPRESENTATIVE)	CERTIFICATION			
	rized representative who completes Sections A, ements in Sections A, B, and E are correct to the		out a FEMA-issued or community-issued BFE			
Property Owner's or Owner's Authorize	zed Representative's Name					
Address	City		State ZIP Code			
Signature	Date		Telephone			
Comments	2	90.00.00.00.00.00.00.00.00.00.00.00.00.0				
			Check here if attachmen			
	CECTION C. COMMUNITY INFO	DMATION (OPTIONAL				
e local official who is authorized by la	SECTION G – COMMUNITY INFO w or ordinance to administer the community's floo					
this Elevation Certificate. Complete th	e applicable item(s) and sign below. Check the m	easurement used in Items	G8–G10. In Puerto Rico only, enter meters.			
is authorized by law to certify	was taken from other documentation that has be elevation information. (Indicate the source and	date of the elevation data	in the Comments area below.)			
	ed Section E for a building located in Zone A (wi ms G4–G10) is provided for community floodpla					
A SACRET STATE OF THE SACR	Street S					
4. Permit Number	G5. Date Permit Issued	G6. Date Certificate	Of Compliance/Occupancy Issued			
	☐ New Construction ☐ Substantial I	mprovement				
. This permit has been issued for:		Diest Dwater	rs Datum			
	ncluding basement) of the building:	feet meter	Datain			
. Elevation of as-built lowest floor (i		reet   meter				
Elevation of as-built lowest floor (i BFE or (in Zone AO) depth of floo	ding at the building site:	and and service of the service of th	rs Datum			
Elevation of as-built lowest floor (i     BFE or (in Zone AO) depth of floo     Community's design flood elevation	ding at the building site: on:	feet meter	rs Datum			
	ding at the building site: on: T	feet meter	rs Datum			
Elevation of as-built lowest floor (i     BFE or (in Zone AO) depth of floo     Community's design flood elevation     Control of the co	ding at the building site: on:		rs Datum			

#### **ELEVATION CERTIFICATE**, page 4

## **Building Photographs**

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/gr Bldg. No.) of P.O. Route and Box No.

FOR INSURANCE COMPANY USE

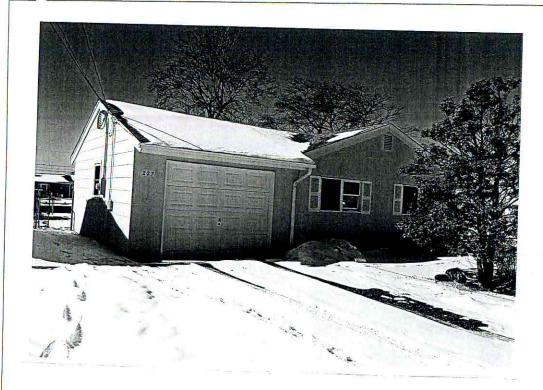
Policy Number:

City

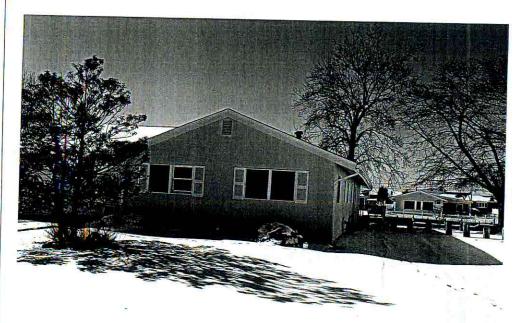
ZIP Code 08005

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.



FRONT LEFT



FRONT RIGHT

### ELEVATION CERTIFICATE, page 3

# **Building Photographs**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (Rolluding Apt., Unit, Suite, and/or Bidg. No.) or F.O. Route and Box No.

FOR INSURANCE COMPANY USE

Policy Number:

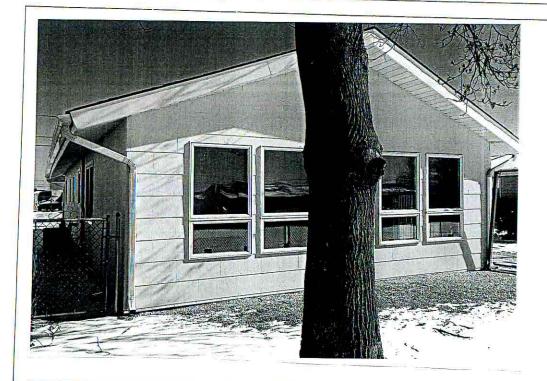
City

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.

State



Rear Left



Rear RIGHT