### U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

# Appl 12/29/16

## **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 A – PROPERTY INFORMATION FOR INSURANCE C					RANCE COMPANY USE		
A1. Building Owner's Name Policy Number:					ber:		
	Rocco Petruzzelli and Roseanna Petruzzelli						
Box No.	Address (inc	Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:					IAIC Number:
231 Biscayne Road	ne Road						
City				State	-	ZIP Code	
Barnegat New Jersey 08005							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Lot 39, Block 208.01; Township of Barnegat; Ocean County; New Jersey							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longit	A5. Latitude/Longitude: Lat. <u>39-45-39.5 N</u> Long. <u>74-11-36.1 W</u> Horizontal Datum: NAD 1927 × NAD 1983						
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insur	ance.	
A7. Building Diagra	m Number	6					
A8. For a building v	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		993 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 6
c) Total net are	<ul> <li>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade6</li> <li>c) Total net area of flood openings in A8.b 1,200 sq in</li> </ul>						
d) Engineered	flood opening	gs? ⊠ Yes □ No	)				
A9. For a building v	A9. For a building with an attached garage:						
a) Square foot				sq ft			
		od openings in the atta		•	ot above adjacent o	arade	N/A
			/A		or above adjacent (		IV/A
				sq in			
d) Liigiileered	d) Engineered flood openings?   Yes   No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi		•		B2. County Name			B3. State
Township of Barneg	at; 340396			Ocean			New Jersey
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	IRM Panel ffective/	B8. Flood Zone(s	(Zoi	se Flood Elevation(s) ne AO, use Base
34029C0414	F	09/29/2006		evised Date /2006	AE .	6	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 Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS OPA							

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MPORTANT: In these spaces, copy the correspond		OR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 231 Biscayne Road				olicy Number:
3		ZIP Code 08005	, C	ompany NAIC Number
SECTION C - BUILDING	ELEVATION INFOR	MATION (SURVI	EY REQ	UIRED)
C1. Building elevations are based on: Constru	ction Drawings*	Building Under Co	onstructi	on*  X  Finished Construction
*A new Elevation Certificate will be required when	• _	_		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFI Complete Items C2.a–h below according to the b	ouilding diagram speci	fied in Item A7. In		
Benchmark Utilized: JU0067		tum: <u>NAVD1988</u>		
Indicate elevation datum used for the elevations i  ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other		below.		
Datum used for building elevations must be the s	A	the BFE.		
		_		Check the measurement used.
<ul> <li>a) Top of bottom floor (including basement, craw</li> </ul>	vlspace, or enclosure	•	2	X feet
<ul><li>b) Top of the next higher floor</li></ul>		14.	6	X feet
<ul> <li>c) Bottom of the lowest horizontal structural men</li> </ul>	mber (V Zones only)	N/A		X feet  meters
d) Attached garage (top of slab)	*	N/A		X feet meters
<ul> <li>e) Lowest elevation of machinery or equipment so (Describe type of equipment and location in C</li> </ul>	servicing the building comments)	14.	7	X feet meters
f) Lowest adjacent (finished) grade next to build	ling (LAG)	<u> </u>	3	X feet  meters
g) Highest adjacent (finished) grade next to build	ding (HAG)	<u> </u>	6	x feet meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of structural support</li> </ul>	deck or stairs, includir	ng <u>5</u> .	3	X feet meters
SECTION D - SURVEYO	OR, ENGINEER, OR	ARCHITECT CE	RTIFIC	ATION
This certification is to be signed and sealed by a land I certify that the information on this Certificate representatement may be punishable by fine or imprisonment	ents my best efforts to	interpret the data	zed by la available	w to certify elevation information.  J. I understand that any false
Were latitude and longitude in Section A provided by			No No	Check here if attachments.
Certifier's Name	License Number	1		
HARRY J. WIDDIS	26384			
Title PROFESSIONAL LAND SURVEYOR				
Company Name T.O. NAJARIAN ASSOCIATES				Place Seal
Address				Here
One Industrial Way West				*
City Eatontown	State New Jersey	ZIP Code 07724		
Signature,	Date	Telephone		<b>-</b>
Colour Manie	05/16/2017	(732) 389-0	220	
Copy all pages of this Elevation Certificate and all attach	nments for (1) commun	ity official, (2) insur	rance ag	ent/company, and (3) building owner.
Comments (including type of equipment and location,  1) Flood vents installed for Section A8 are "Smart Ver Foyer area 92sf / flood vent 200sf, 1 fire damper  2) Lowest elevation for machinery in Section C2e is for 3) Property located within F.E.M.A. Preliminary F.I.R.	nt" model 1540-570 ra r vent 128sf = 328sf), or the A/C condenser i	ted at 200sf. Enc Garage/storage 9	01sf (5 v terior pla	rents X 200sf = 1,000sf).
*	¥			

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	IMPORTANT: In these spaces, copy the corresponding information from Section A.					
Building Street Address (including Apt., Unit, Suite, and/o 231 Biscayne Road	or Bldg. No.) or P.O. Route	and Box No. Po	olicy Number:			
	ate ZIP Co ew Jersey 08005	de Co	ompany NAIC Number			
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WITH		QUIRED)			
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.						
<ul> <li>E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest act a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> <li>E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in the diagrams) of the building is</li> <li>E3. Attached garage (top of slab) is</li> </ul>	ljacent grade (LAG)	feet meters	☐ above or ☐ below the HAG. ☐ above or ☐ below the LAG.			
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 OWN	ER (OR OWNER'S REPRE	SENTATIVE) CERT	TIFICATION			
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						
		B, and E are correc	t to the best of my knowledge.			
		State	ZIP Code			
Property Owner or Owner's Authorized Representative's	Name		ZIP Code			
Property Owner or Owner's Authorized Representative's Address	Name	State	ZIP Code			
Property Owner or Owner's Authorized Representative's  Address  Signature	Name	State	ZIP Code			
Property Owner or Owner's Authorized Representative's  Address  Signature	Name	State	ZIP Code			
Property Owner or Owner's Authorized Representative's  Address  Signature	Name	State	ZIP Code			
Property Owner or Owner's Authorized Representative's  Address  Signature	Name	State	ZIP Code			
Property Owner or Owner's Authorized Representative's  Address  Signature	Name	State	ZIP Code			

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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 Bo 231 Biscayne Road	x No. Policy Number:					
City State ZIP Code Barnegat New Jersey 08005	Company NAIC Number					
SECTION G - COMMUNITY INFORMATION (OPT	ONAL)					
The local official who is authorized by law or ordinance to administer the community's flood Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) used in Items G8–G10. In Puerto Rico only, enter meters.	plain management ordinance can complete and sign below. Check the measurement					
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 or Zone AO.	t a FEMA-issued or community-issued BFE)					
G3. The following information (Items G4–G10) is provided for community floodplain m	anagement purposes.					
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:  New Construction Substantial Improvement						
G8. Elevation of as-built lowest floor (including basement) of the building:	feet meters Datum					
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet meters Datum					
G10. Community's design flood elevation:	feet meters Datum					
Local Official's Name Title						
Community Name Telephone						
Signature Date						
Comments (including type of equipment and location, per C2(e), if applicable)						
v **	Check here if attachments.					

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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231 Biscayne Road			
City	State	ZIP Code	Company NAIC Number
Barnegat	New Jersey	08005	

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 (TAKEN ON 5/15/17)

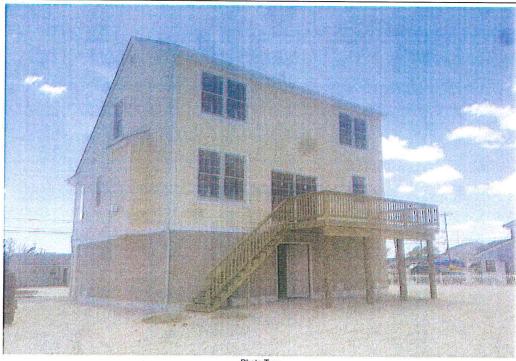


Photo Two

Photo Two Caption REAR VIEW (TAKEN ON 5/15/17)

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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State	ZIP Code	Company NAIC Number		
New Jersey	08005			
	Unit, Suite, and/or Bldg. No.) or State	Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  State ZIP Code		

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.

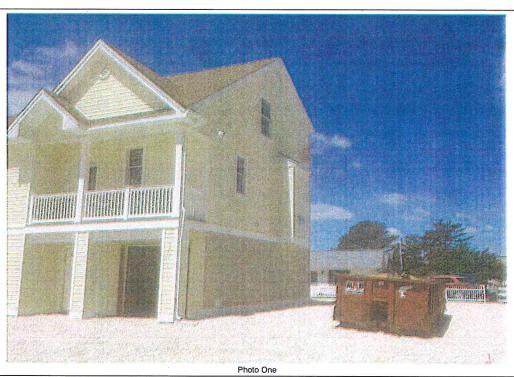


Photo One Caption RIGHT SIDE VIEW (TAKEN ON 5/15/17)

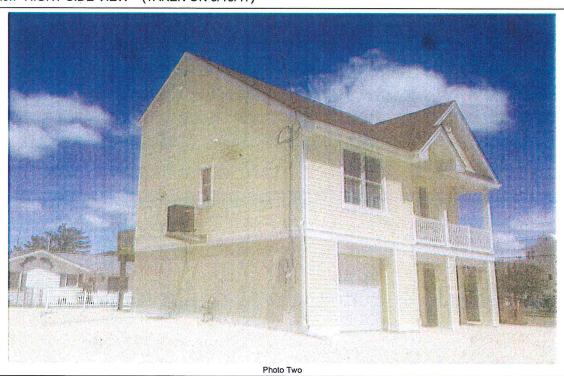


Photo Two Caption TAKEN ON (5/15/17)