

Township of Ocean



50 RAILROAD AVENUE
WARETOWN, NJ 08758

PHONE: (609) 693-3487
FAX: (609) 693-0478

Memo of Review for Accuracy and Completion

The attached FEMA Elevation Certification has been reviewed by this office. The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION

1. Building Owner's Name: Brummer
2. Building Street Address: 14 Beacon Dr
City: Waretown State NJ Zip code 08758
3. Property Description: Block and Lot Tax Parcel# or legal description: Block 96 Lot 7 Township of Ocean
4. Building Use (Residential, Non-Residential, Addition, Accessory, etc.): _____
5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 1983
6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
7. Building Diagram# _____
8. For a building with a crawlspace or enclosure:
 - a. Square footage of crawlspace or enclosure _____ sq.ft
 - b. # of permanent flood openings in the crawlspace or enclosure(s) within 1.0 ft above adjacent grade _____
 - c. Total net area of flood openings in AS.b _____ sq.in.
 - d. Engineered Flood Openings? YES ___ No ___
- For a building with an attached garage:
 - a. Square foot of attached garage _____ sq.ft
 - b. # of permanent flood openings in the crawlspace or enclosure(s) within 1.0 ft above adjacent grade _____
 - c. Total net area of flood openings in AS.b _____ sq.in.
 - d. Engineered Flood Openings? YES ___ No ___

FOR INSURANCE CO USE
Policy#
Co. NAIC#

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

1. NFIP COMMUNITY NAME & COMMUNITY # _____
2. COUNTY NAME: _____ 3. STATE: _____
4. Map/Panel# _____ 5. Suffix _____ 6. Firm Index Date _____
7. FIRM Panel Effective/Revised Date _____ 8. Flood Zone(s) _____
9. BFE - Base Flood Elevation(s) (Zone AO, use base flood depth) _____
10. Check the source of the Base Flood Foundation (BFE) data or base flood depth entered in item #9:
FIS Profile ___ FIRM ___ Community Determined ___ Other/Source _____
11. Check elevation datum used for BFE in item#9: NGVD 1929 ___ NAVD 1988 ___ Other/Source _____
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area OPA:
Yes ___ No ___ Designation date ___/___/___ CBRS ___ OPA ___

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

1. Building elevations are based on (check one):
____ Construction Drawings* ____ Building Under Construction* ____ Finished Constructions
- * A new Elevation Certificate will be required when construction of the building is complete.

Local Officials Name: Louis F Fischer Title: Construction Official / CFM
Community Name: Township of Ocean Telephone # 609-693-3478
Signature: Louis F Fischer Date: _____
Comments: C 2 A & B were reversed.

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Vigina Swigel and Linda Brummer</u>		FOR INSURANCE COMPANY USE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>14 Beacon Drive</u>		Policy Number:
City <u>Ocean Township</u>	State <u>NJ</u>	Company NAIC Number:
ZIP Code <u>08758</u>		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 7, Block 96, Ocean Township Tax Map Sheet 14

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 39° 36'28.53"N Long. 74° 12' 21.82"W Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 5

A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft	a) Square footage of attached garage _____ sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in	c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Ocean Township 340518</u>		B2. County Name <u>Ocean</u>		B3. State <u>New Jersey</u>	
B4. Map/Panel Number <u>34029C0416F</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>09-29-2006</u>	B7. FIRM Panel Effective/Revised Date <u>09-29-2006</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>6'</u>

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *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: Ocean County CORS Station Vertical Datum: NAVD 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 BFE.

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>11.00</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	_____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>11.46</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>3.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>3.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

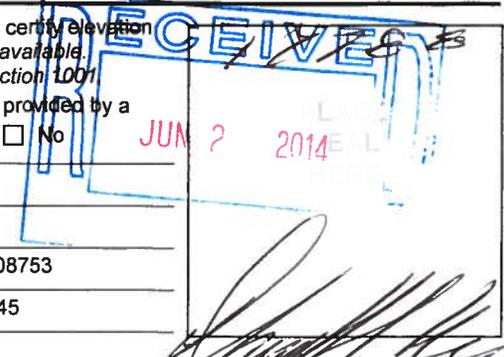
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name <u>Thomas M. Murphy</u>	License Number <u>17788</u>
Title <u>President</u>	Company Name <u>SBA Land Surveyors</u>
Address <u>1882 Monitor Drive</u>	City <u>Toms River</u> State <u>NJ</u> ZIP Code <u>08753</u>
Signature	Date <u>5-10-2014</u> Telephone <u>732-349-4545</u>



ELEVATION CERTIFICATE, page 2

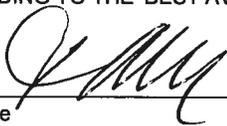
IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 Beacon Drive	Policy Number:
City Ocean Township State NJ ZIP Code 08758	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Air conditioner platform at elevation 11.46'.

ACCORDING TO THE 'BEST AVAILABLE FLOOD HAZARD DATA', THE FUTURE FLOOD ZONE FOR THIS SITE IS ZONE AE, ELEVATION =9', NAVD 88.

Signature 

Date 5-10-2014

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above 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 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____ Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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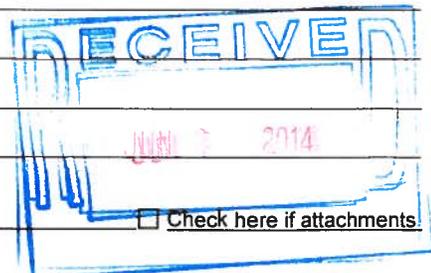
- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____ Check here if attachments.



Building Photographs

See Instructions for Item A6.

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 Box No.
14 Beacon Drive

Policy Number:

City Ocean Township

State NJ

ZIP Code 08758

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.

North side

All photographs taken on May 10, 2014



East side (back)



Building Photographs

Continuation Page

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.
14 Beacon Drive

City Ocean Township

State NJ

ZIP Code 08758

FOR INSURANCE COMPANY USE

Policy Number:

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.

South side



West side (front)

