

app 10/16/16

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 National Flood Insurance Program
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008
 Expiration: 11/30/2018

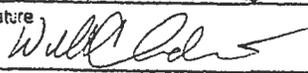
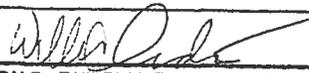
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <u>EDWIN + GAYLE FROEHLICH</u>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>40 CAPSTAN ROAD</u>				Company NAIC Number:	
City <u>WARETOWN</u>		State <u>NEW JERSEY</u>		Zip Code <u>08758</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Tax Map Lot 2 Block 91 OCEAN TOWNSHIP, OCEAN COUNTY, N.J</u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>39.8091°</u> Long. <u>-74.17907°</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 <u>6</u>					
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>1047</u> sq ft			a) Square footage of attached garage <u>N/A</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>6</u>			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A8.b <u>1200</u> sq in			c) Total net area of flood openings in A9.b <u>0</u> sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>TOWNSHIP of Ocean 340518</u>			B2. County Name <u>OCEAN COUNTY</u>		B3. State <u>N.J</u>
B4. Map/Panel Number <u>34029C046</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>9-29-2006</u>	B7. FIRM Panel Effective/ Revised Date <u>9-29-2006</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: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: <u>JU 2445</u> Vertical Datum: <u>NAVD 1988</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> 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>4</u>	<u>7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
b) Top of the next higher floor	<u>13</u>	<u>5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>2</u>	<u>1 A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters	
d) Attached garage (top of slab)	<u>2</u>	<u>1 A</u>	<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>10</u>	<u>0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4</u>	<u>2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<u>4</u>	<u>5</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</u>	<u>8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	

RECEIVED

ELEVATION CERTIFICATE, page 2

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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. <p style="text-align: center;">40 CAPSTAN ROAD</p>		Policy Number:	
City <p style="text-align: center;">WARETOWN</p>	State <p style="text-align: center;">NJ.</p>	Zip Code <p style="text-align: center;">08758</p>	Company NAIC Number:
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.			
<input checked="" type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name <p style="text-align: center;">William C. ENDRISS</p>		License Number <p style="text-align: center;">65 02748600</p>	
Title <p style="text-align: center;">LAND SURVEYOR</p>		Company Name <p style="text-align: center;">DOLAN- ENDRISS ASSOC. PA</p>	
Address <p style="text-align: center;">651 WEST LACEY ROAD</p>		City <p style="text-align: center;">FORKED RIVER</p>	State <p style="text-align: center;">NJ</p>
		Zip Code <p style="text-align: center;">08731</p>	
Signature 		Date <p style="text-align: center;">6-15-2017</p>	Telephone <p style="text-align: center;">609-693-6452</p>
WILLIAM C ENDRISS  6502748600 6-15-2017 REVISED ADD A-4 7-11-2017			
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) <p style="text-align: center;">① TWO STORY DWELLING ON AN ENCLOSURE</p> <p style="text-align: center;">② FLOOD VENTS ARE SMART VENTS MODEL 1540-570.</p> <p style="text-align: center;">③ FURNACE IN ENCLOSURE ELEV. 10.0, HOT WATER RAISED ON FIRST FLOOR ELEV. 17.5, OUTSIDE AIR CONDITIONERS ELEV 10.1.</p> <p style="text-align: center;">④ PER FEMA PRELIMINARY FLOOD MAP (DATED 1-30-2015) PROPERTY WILL BE IN ZONE AE ELEVATION 8'</p>			
Signature 		REvised 7-11-2017 Date ADD A-4 6-15-2017	
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 _____ . _____		<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____		<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.	
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____		<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E3. Attached garage (top of slab) is _____ . _____		<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____		<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 or Owner's Authorized Representative's Name			
Address		City	State
			ZIP Code
Signature		Date	Telephone
Comments			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE, page 3

OMB Control Number: 1680-0008
Expiration: 11/30/2018

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. <p style="font-size: 1.2em; margin: 0;">40 CAPSTAN ROAD</p>		Policy Number:	
City <p style="font-size: 1.2em; margin: 0;">WARSTOWN</p>	State <p style="font-size: 1.2em; margin: 0;">NJ</p>	Zip Code <p style="font-size: 1.2em; margin: 0;">08758</p>	Company NAIC Number:
SECTION G - COMMUNITY INFORMATION (OPTIONAL)			
<p>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.</p>			
<p>G1. <input type="checkbox"/> 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.)</p>			
<p>G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.</p>			
<p>G3. <input type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.</p>			
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued	
<p>G7. This permit has been issued for: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement</p>			
<p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____</p>			
<p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____</p>			
<p>G10. Community's design flood elevation: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____</p>			
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
<p>Comments (including type of equipment and location, per G2(e), if applicable)</p>			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE page 4

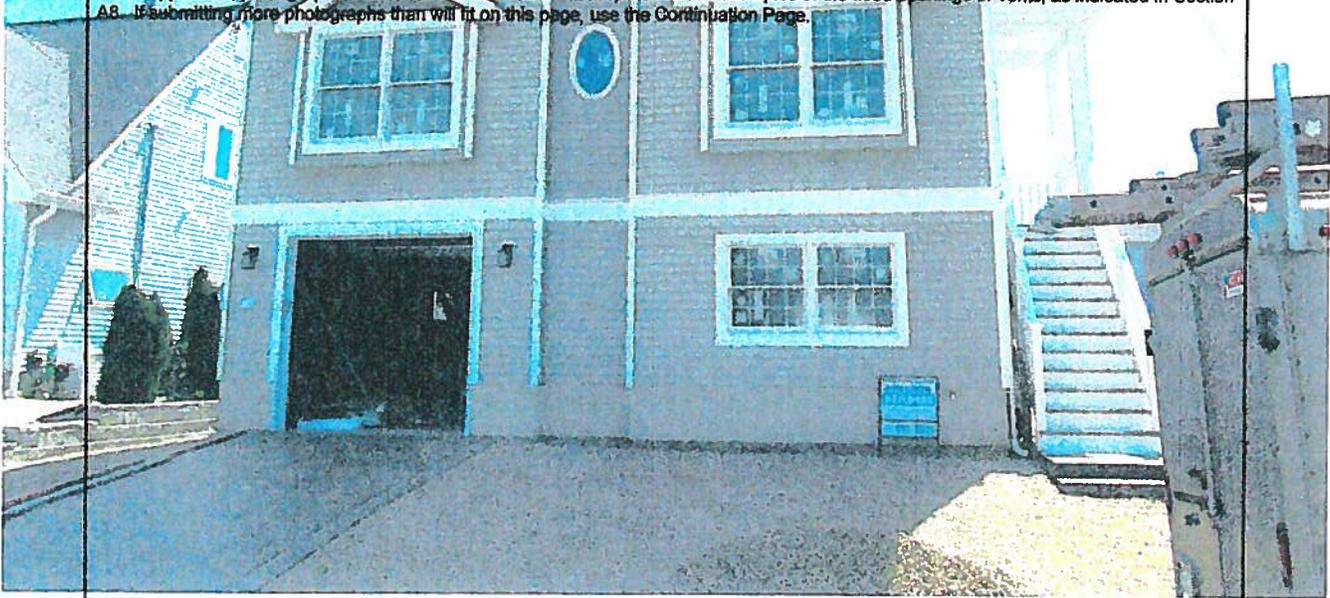
BUILDING PHOTOGRAPHS

See instructions for Item A6.

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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. 40 CARSTEN ROAD			Policy Number:
City WARG TOWN	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.



6-15-2017

FRONT VIEW



6-15-2017

LEFT SIDE VIEW

BUILDING PHOTOGRAPHS

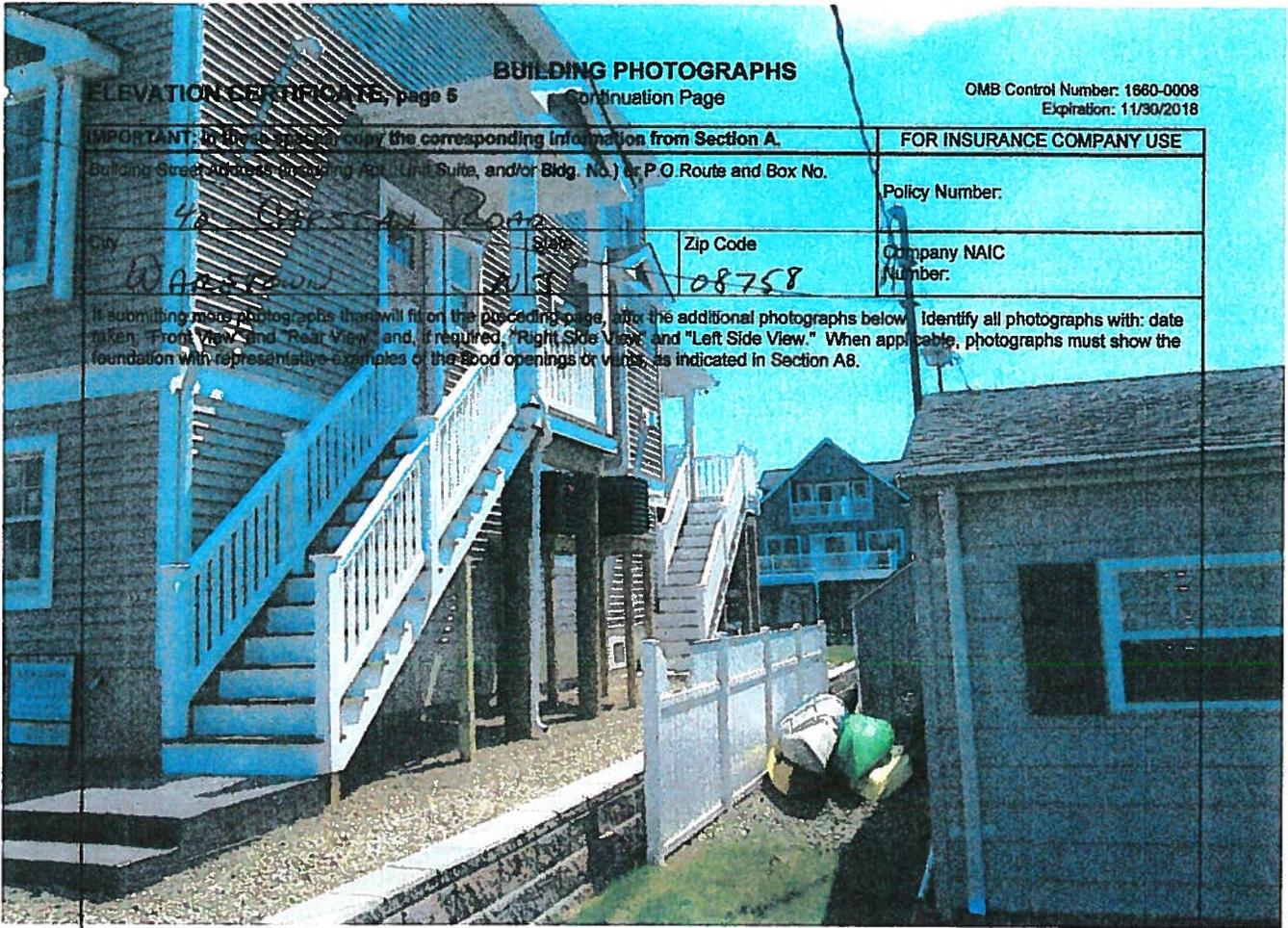
ELEVATION CERTIFICATE, page 5

Continuation Page

OMB Control Number: 1660-0008
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IMPORTANT: In this space 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. <i>42 Chestnut Road</i>		Policy Number:	
City <i>Walden</i>	State <i>NH</i>	Zip Code <i>08758</i>	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, use 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.



6-15-2017

RIGHT SIDE VIEW

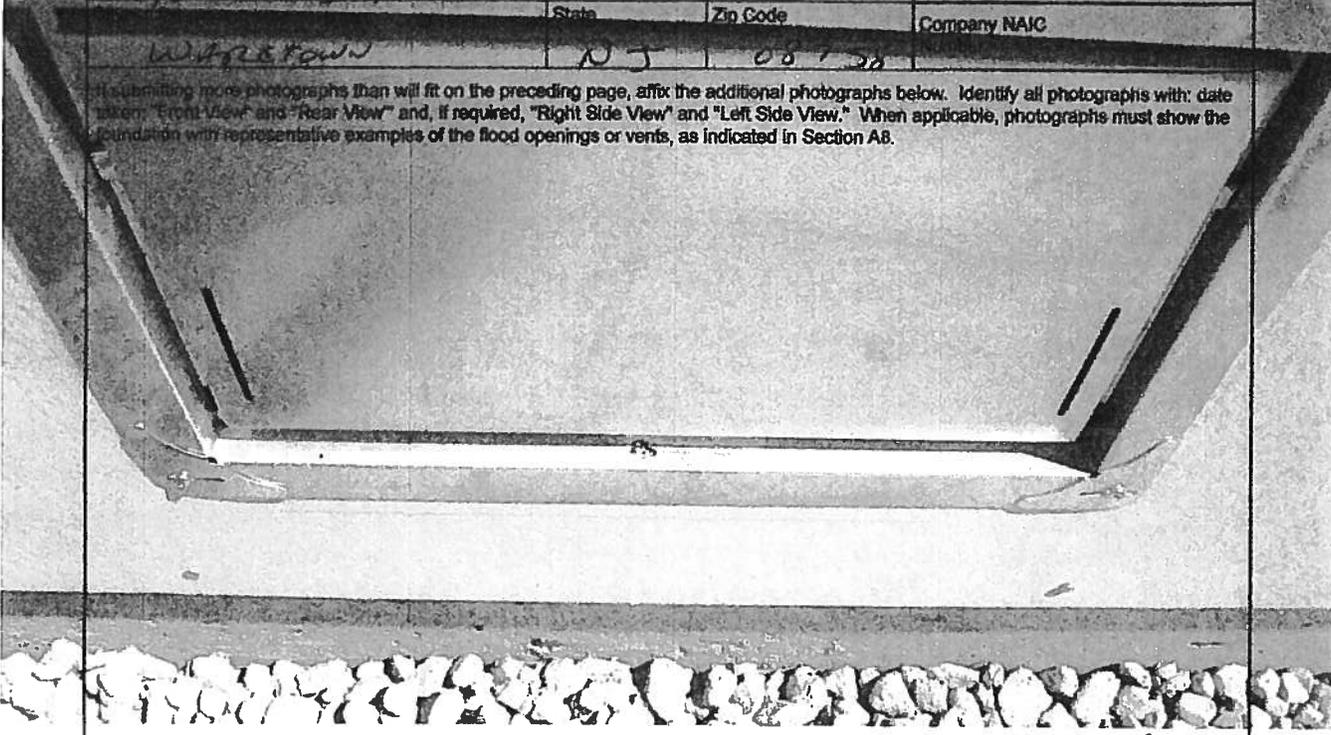


6-15-2017

Rear View

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. <i>40 CAPSCAW ROAD</i>	Policy Number:
State <i>WATERLOO</i>	Company NAIC <i>05100</i>

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.



6-15-2017

VIEW OF Flood Vent