## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

BUILDING OWNER'S NAME SUZANNE DAY  BUILDING STREET ADDRESS (In 164 LIGHTHOUSE DRIVE  CITY WARETOWN  PROPERTY DESCRIPTION (Lot at LOT 3, BLOCK 100, TMS#15, OCE  BUILDING USE (e.g., Residential, N RESIDENTIAL  LATITUDE/LONGITUDE (OPTION/ ( ##° - ##' - ## ##" or ## ####")  B1. NFIP COMMUNITY NAME & COMUNITY NAME & COMMUNITY NAME & COMMUNITY NAME & COMMUNITY NAME &	and Block NEAN TOW Non-reside NAL)  SE JNITY NUMBI  SUFFIX A  cod Elevation for the BFE Barrier Res SECT Construct required wh the building provide a sk H, A (with BF) ording to the	Numbers, Tax Parcel (NSHIP, OCEAN CO) ential, Addition, Acces HORIZO NAD 192 CTION B - FLOOD  ER  B6. FIRM INDEX DATE 1/6/63 on (BFE) data or base fix Community Data in B9: NGVD 1923 cources System (CBRS TON C - BUILDING tion Drawings* teach or photograph.)  E), VE, V1-V30, V (with building diagram speci	STANJ  Number, Legal Descriptory, NJ ssory, etc. Use a Condition  NAD 1983  INSURANCE RATE  B2 COUNTY NAME OCEAN COUNTY  B7. FIRM EFFECTIVE/RE 1/8/ lood depth entered in B1 demined  9 B3 area or Otherwise Pro ELEVATION INFOR Building Under Considering is complete, to the building for which th BFE), AR, AR/A, AR/A, iffied in Item C2. State the	PANEL EVISED DATE 83  Other (Describe Detected Area (OPA): MATION (SURVIsitudion* STREET)  It is certificate is being the street of the street	ZIP CC 08758  Cessary.)  URCE:	pe): uad Map		
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certify that the information in Secti understand that any false stateme								
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JOHN L. YODER				LIC	PE 18058			
TITLE		<del></del>		COMPANY NAME				
PRESIDENT			,	501	HORN, TYSON & YO	ODER INC.		
ADDRESS			// CIT	<del>y -</del>	STATE			
8540LONG BEACH BLVD.					OIAII	- 21PCODE 08008		
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		. GIXIII			TELEF	PHONE 92-5050		

IMPORTANT: In these spaces, copy	are corresponding information from sect			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt. I 164 LIGHTHOUSE DRIVE	Init, Suite, and/or Bidg, No.) OR P.O. ROUTE AND BOX I	NO,		Policy Number
CITY WARETOWN	STATE NJ		ZIP CODE 08758	Company NAIC Number
SECTI	ON D - SURVEYOR, ENGINEER, OR ARCH	ITECT CERTIFICATION	ON (CONTINUE	D)
	for (1) community official, (2) insurance agent/comp	cany, and (3) building own	er.	· · · · · · · · · · · · · · · · · · ·
COMMENTS 857 SF enclosed at grade				
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		······································		Check here if attachments
SECTION E - BUILDING EI	EVATION INFORMATION (SURVEY NOT I	REQUIRED) FOR ZON	IE AO AND ZOI	
For Zone AO and Zone A (without BFE), com	plete Items E1 through E4. If the Elevation Certifica			
Section C must be completed.				
E1. Building Diagram Number _(Select the bi represents the building, provide a sketch	uilding diagram most similar to the building for which	n this certificate is being co	ompleted – see pa	ges 6 and 7. If no diagram accurately
	or priolograph.) ment or enclosure) of the building is ft.(m)i	n (cm) 🗆 above or 🗀	halow (chack one)	the birthert arisacet amaio. (Una
natural grade, if available).		infant El represent El	SCON (GISCINO)	includiest adacetit glade. (058
E3. For Building Diagrams 6-8 with openings	(see page 7), the next higher floor or elevated floor	(elevation b) of the buildin	gisf.(m)i	n.(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on	front of form.			•
	or equipment servicing the building isf.(m)i	n.(cm) 🗌 above or 📋	below (check one)	the highest adjacent grade. (Use
natural grade, if available). E5. For Zone AO only: If no flood death purel	per is available, is the top of the bottom floor elevate	ed in accordance with the	~mmunihe'e flo~÷	resignment entire reso
Yes No Unknown. The k	cal official must certify this information in Section G	Call coopy	/	ventuman rafer tier in oktrikal tre t
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