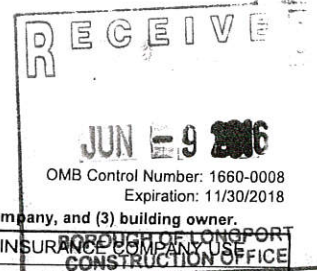


37/6.01



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6.01

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

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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 PURPOSES CONSTRUCTION OFFICE
A1. Building Owner's Name MARY C. MIRRA, C/O CERINO		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2808 SUNSET AVENUE		Company NAIC Number:
City LONGPORT	State NJ	Zip Code 08403
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 6.01, BLOCK 37		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 39° 18' 56.22" N Long. 74° 31' 34.13" W 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 5		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <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>N/A</u>		
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>N/A</u> sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>		
c) Total net area of flood openings in A9.b <u>N/A</u> sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number BOROUGH OF LONGPORT 34502		B2. County Name ATLANTIC COUNTY		B3. State NJ	
B4. Map/Panel Number 3453020001	B5. Suffix B	B6. FIRM Index Date AUGUST 12, 1970	B7. FIRM Panel Effective/ Revised Date AUGUST 15, 1983	B8. Flood Zone(s) A8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth 10*)
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 checked="" type="radio"/> NGVD 1929 <input 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>SMART NET NORTH AMERICA RT</u> Vertical Datum: <u>NAVD 1988 ***</u>		
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input 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>14</u> . <u>35</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	<u>24</u> . <u>04</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> . _____	<input type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	<u>N/A</u> . _____	<input type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>14</u> . <u>1**</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5</u> . <u>4</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6</u> . <u>1</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>5</u> . <u>5</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters

ELEVATION CERTIFICATE, page 2

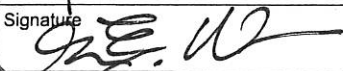
OMB Control Number: 1660-0008
Expiration: 11/30/2018

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. 2808 SUNSET AVENUE		Policy Number:	
City LONGPORT	State NJ	Zip Code 08403	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.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Check here if attachments. Yes No

Certifier's Name SUZANNE WARREN		License Number 24GS03897900	
Title LAND SURVEYOR	Company Name MIDATLANTIC ENGINEERING PARTNERS		
Address 5 COMMERCE WAY, SUITE 200	City HAMILTON	State NJ	Zip Code 08691
Signature 	Date 6/6/2016	Telephone (609) 910-4450	

[Handwritten Signature]
 PLACE SEAL HERE

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)
 *PROPERTY IS LOCATED IN FLOOD ZONE A8 (EL 10 NGVD 29) PER PREVIOUSLY REFERENCED FIRM IN SECTION B OF THIS FORM. THIS PROPERTY IS ALSO LOCATED IN ZONE AE (EL 9 NAVD 88) ACCORDING TO FEMA'S PRELIMINARY FIRM NUMBERED 34001C0434F (PANEL 434 OF 457) HAVING AN EFFECTIVE DATE OF JANUARY 30, 2015.
 ** LOWEST MECHANICAL EQUIPMENT IS A/C LOCATED AL EL 14.1. ELECTRIC METER IS AT EL 17.9.
 *** ELEVATIONS IN C2 CONVERTED FROM MEASUREMENTS TAKEN IN NAVD 88 TO NGVD 29 BY DATUM SHIFT OF 1.286'.

Signature  Date 6/6/2016

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 page 8 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 or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

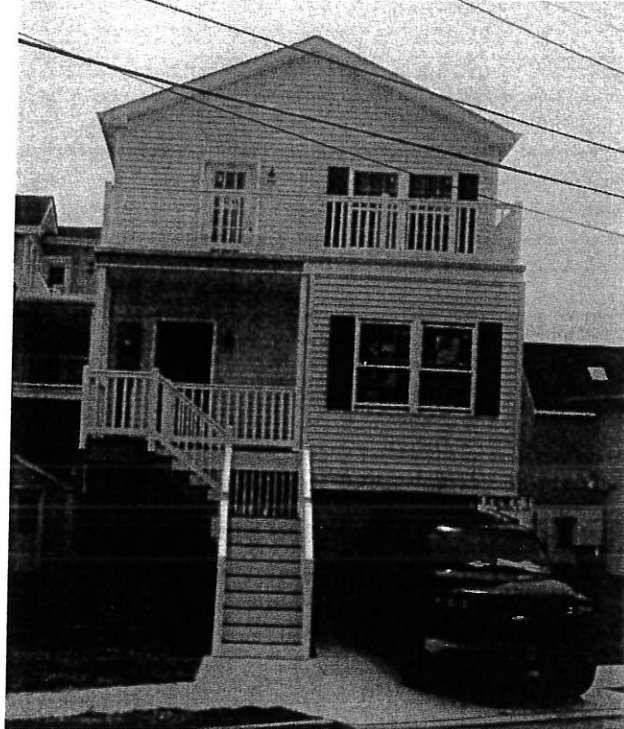
BUILDING PHOTOGRAPHS

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. 2808 SUNSET AVENUE			Policy Number:
City LONGPORT	State NJ	Zip Code 08403	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.



6/2/2016; FRONT VIEW



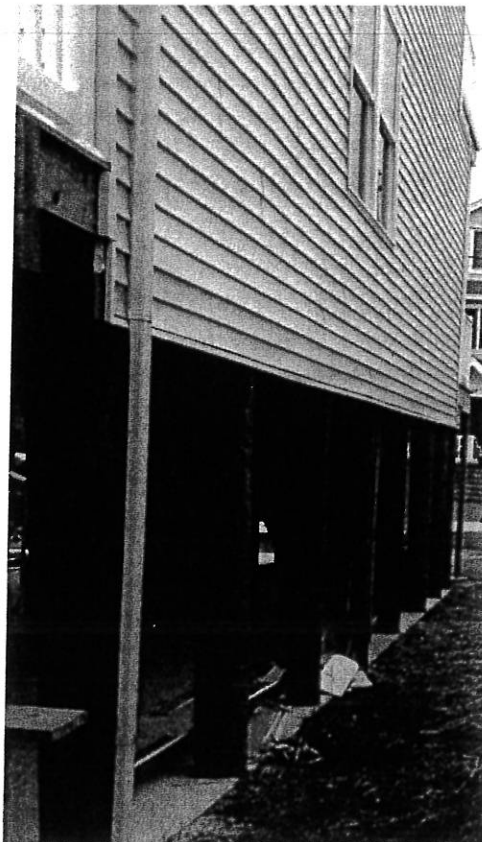
6/2/2016; RIGHT SIDE VIEW

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. 2808 SUNSET AVENUE			Policy Number:
City LONGPORT	State NJ	Zip Code 08403	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.



6/2/2016; REAR VIEW



6/2/2016; LEFT SIDE VIEW