

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

SAle

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 THE SCIOLLA'S | | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #110 SOUTH 18TH AVENUE | | Company NAIC Number: |
| City BOROUGH OF LONGPORT | State New Jersey | ZIP Code 08403 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 13 Lot 16 | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u> | | |
| A5. Latitude/Longitude: Lat. <u>39.30814</u> Long. <u>-74.53117</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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>9</u> | | |
| A8. For a building with a crawlspace or enclosure(s): | | |
| a) Square footage of crawlspace or enclosure(s) <u>1,196</u> sq ft | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>4</u> | | |
| c) Total net area of flood openings in A8.b <u>0</u> sq in | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| A9. For a building with an attached garage: | | |
| a) Square footage of attached garage <u>0</u> sq ft | | |
| 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 A9.b <u>0</u> sq in | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|-----------------|------------------------------------|--|---------------------------|---|
| B1. NFIP Community Name & Community Number BOROUGH OF LONGPORT & 345302 | | B2. County Name ATLANTIC COUNTY | | B3. State New Jersey | |
| B4. Map/Panel Number 345302/0001 | B5. Suffix B | B6. FIRM Index Date 08/15/1983 | B7. FIRM Panel Effective/ Revised Date 08/15/1983 | 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="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 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. #110 SOUTH 18TH AVENUE | | | Policy Number: |
| City BOROUGH OF LONGPORT | State New Jersey | ZIP Code 08403 | Company NAIC Number |

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: private Vertical Datum: NGVD29

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) | 6.9 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| b) Top of the next higher floor | 10.6 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| d) Attached garage (top of slab) | N/A | <input checked="" 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) | N/A | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 7.9 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 8.3 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <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.

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

| | | |
|--|-----------------------------------|-----------------------------|
| Certifier's Name Paul M. Koelling, PLS, CFM | License Number NJ24GS 04328800 | Place Seal Here |
| Title Licensed Land Surveyor | | |
| Company Name Paul Koelling & Associates, LLC NJ C.O.A. No. 24GA28256300 | | |
| Address 2161 Shore Road | | |
| City Linwood | State New Jersey | |
| Signature | Date 10-19-17 | Telephone (609) 927-0279 |

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

Comments (including type of equipment and location, per C2(e), if applicable)

*A8b.) air vents (not flood vents)

**B8 & B9.) FEMA Pre-FIRM Zone "AE".....Base Flood Elevation 9 ft. (NAVD88) converted = 10.3 ft. (NGVD29)

***C2a.) crawlspace enclosure

****C2e.) none seen (assumed to be on next higher floor)

Building Photographs

See Instructions for Item A6.

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg.) No. or P.O. Route and Box No.

#110 SOUTH 18TH 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 two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.



Front View – Date of Photograph: (See Photo Stamp)



Rear View – Date of Photograph: (See Photo Stamp)



Right Side View – Date of Photograph: (See Photo Stamp)



Left Side View – Date of Photograph: (See Photo Stamp)