

1008/9.01

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Jamie P. Moscony				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 553 Launch Ave.				Company NAIC Number:	
City Somers Point		State New Jersey		ZIP Code 08244	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 1008 Lot 9.01					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N 39.3163</u> Long. <u>W 074.5865</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>7</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1,112</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>9</u>					
c) Total net area of flood openings in A8.b <u>2,928</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 City of Somers Point & 340017			B2. County Name Atlantic		B3. State New Jersey
B4. Map/Panel Number 340017/0001	B5. Suffix B	B6. FIRM Index Date 11/17/1982	B7. FIRM Panel Effective/ Revised Date 11/17/1982	B8. Flood Zone(s) A-5	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9
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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
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City Somers Point	State New Jersey	ZIP Code 08244	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) _____   | 7.3  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____   | 16.5 | <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<br>(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) _____  | 5.0  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____   | 6.4  | <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 07/18/2016	Telephone (609) 927-0279

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

- \*A8b.) Foundation openings only
- \*\*B8 & B9.) FEMA Pre-FIRM Zone "AE".....Base Flood Elevation 10 ft. (NAVD88) converted = 11.3 ft. (NGVD29)
- \*\*\*C2a.) enclosure
- \*\*\*\*C2e.) None seen

# 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.  
**553 Launch Ave.**

Policy Number

City  
**Somers Point**

State  
**NJ**

ZIP Code  
**08244**

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.



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

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

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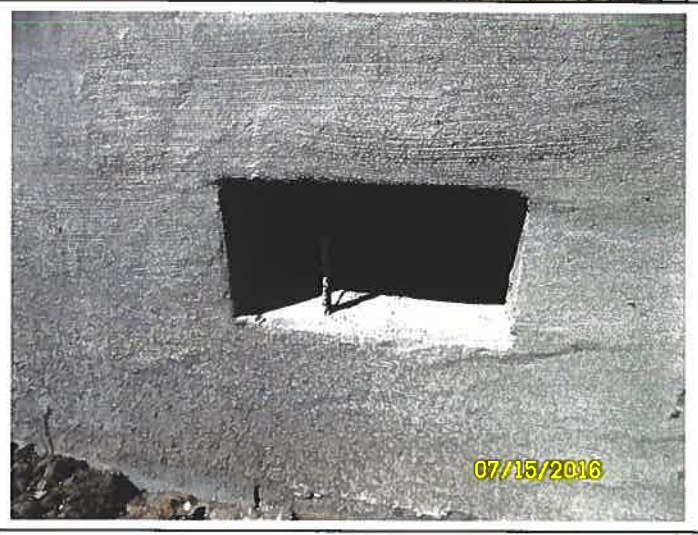
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THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

**State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE  
**Board of Prof. Engineers & Land Surveyors**

HAS LICENSED

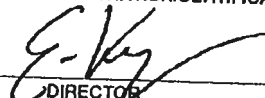
**Paul M. Koelling  
2161 Shore Road  
Linwood NJ 08221**

**FOR PRACTICE IN NEW JERSEY AS A(N): Professional Land Surveyor**

**03/31/2014 TO 04/30/2016**  
VALID

  
Signature of Licensee/Registrant/Certificate Holder

**24GS04328800**  
LICENSE/REGISTRATION/CERTIFICATION #

  
DIRECTOR