

Township of Woodbridge

John E. McCormac, C.P.A., Mayor

Department of Public Works
Division of Engineering
One Main Street, Woodbridge, New Jersey 07095
www.twp.woodbridge.nj.us, Tel: (732) 602-6047, Fax: (732) 602-6048

"Ten Towns, One Community"



Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.
The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name			For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number	
City	State	ZIP Code	Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____				
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 _____				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)	N/A	sq ft	A9. For a building with an attached garage:	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	N/A		a) Square footage of attached garage	N/A sq ft
c) Total net area of flood openings in A8.b	N/A	sq in	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	N/A
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			c) Total net area of flood openings in A9.b	N/A 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		B2. County Name		B3. State	
B4. Map/Panel Number 34023C0059	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) AE/ X Shaded/ X Unshaded	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

Local Official's Name Thomas C. Flynn

Title Floodplain Manager

Community Name Township of Woodbridge

Telephone 732-602-6057

Signature

Date 08/23/2018

Comments A 8. a) - d) and A9. a) - d) have been revised, as per the building design of the structure. B4.has been revised to reflect the correct Map/Panel Number.

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 IDEAL MOBILE HOME PARK						Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 62 FREDDIE AVENUE						Company NAIC Number:
City WOODBIDGE		State New Jersey		ZIP Code 07001		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) MOBILE HOME WITHIN LOT 1, BLOCK 1015						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>						
A5. Latitude/Longitude: Lat. <u>40-34-22.13</u> Long. <u>74-16-02.40</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>5</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) _____ sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A8.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage _____ sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A9.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number TOWNSHIP OF WOODBRIDGE COMM. #345331			B2. County Name MIDDLESEX COUNTY		B3. State New Jersey	
B4. Map/Panel Number 345331/0059	B5. Suffix F	B6. FIRM Index Date 07-06-2010	B7. FIRM Panel Effective/ Revised Date 07-06-2010	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9.0	
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 type="checkbox"/> NGVD 1929 <input checked="" 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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	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: GPS CONTROL POINTS Vertical Datum: NAVD'88

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) | 13.07 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | | <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) | 13.48 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 7.08 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 7.33 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | | <input 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 JUAN J. RODRIGUEZ, P.L.S.	License Number 24GS04323000	Place Seal Here	
Title SURVEY MANAGER			
Company Name AMERTECH ENGINEERING, INC.			
Address 757 RIDGEWOOD AVENUE			
City NORTH BRUNSWICK	State New Jersey		ZIP Code 08902
Signature 	Date 10-17-2017	Telephone (732) 828-3535	Ext.

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)
 BASE FLOOD ELEVATION ON THE CURRENT ADVISORY FEMA MAP IS 12.0. THE BUILDING IN QUESTION IS A MOBILE HOME UNDER CONSTRUCTION; A VINYL OR ALUMINUM SKIRTING FOR SOLELY DECORATIVE PURPOSES HAS BEEN INSTALLED BELOW THE ELEVATED FLOOR AREA. AIR CONDINIONONG COMPRESSOR INSTALLED ON A RAISED WOOD DECK, OTHER EQUIPMENT SERVICING THE UNIT LOCATED ON FIRST FLOOR.

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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	Company NAIC Number

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 pages 1–2 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.

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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

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.

- G1. 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.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
-----------------------	-------

Community Name	Telephone
----------------	-----------

Signature	Date
-----------	------

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

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	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.

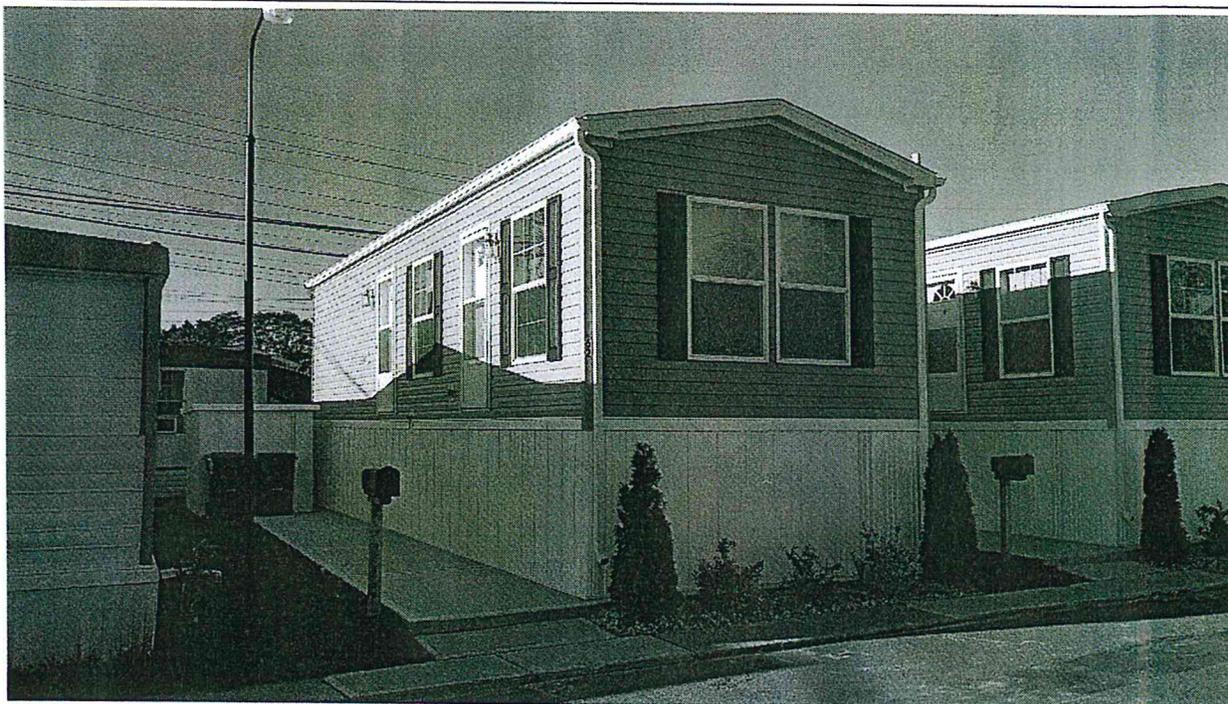


Photo One

Photo One Caption FRONT VIEW

Clear Photo One

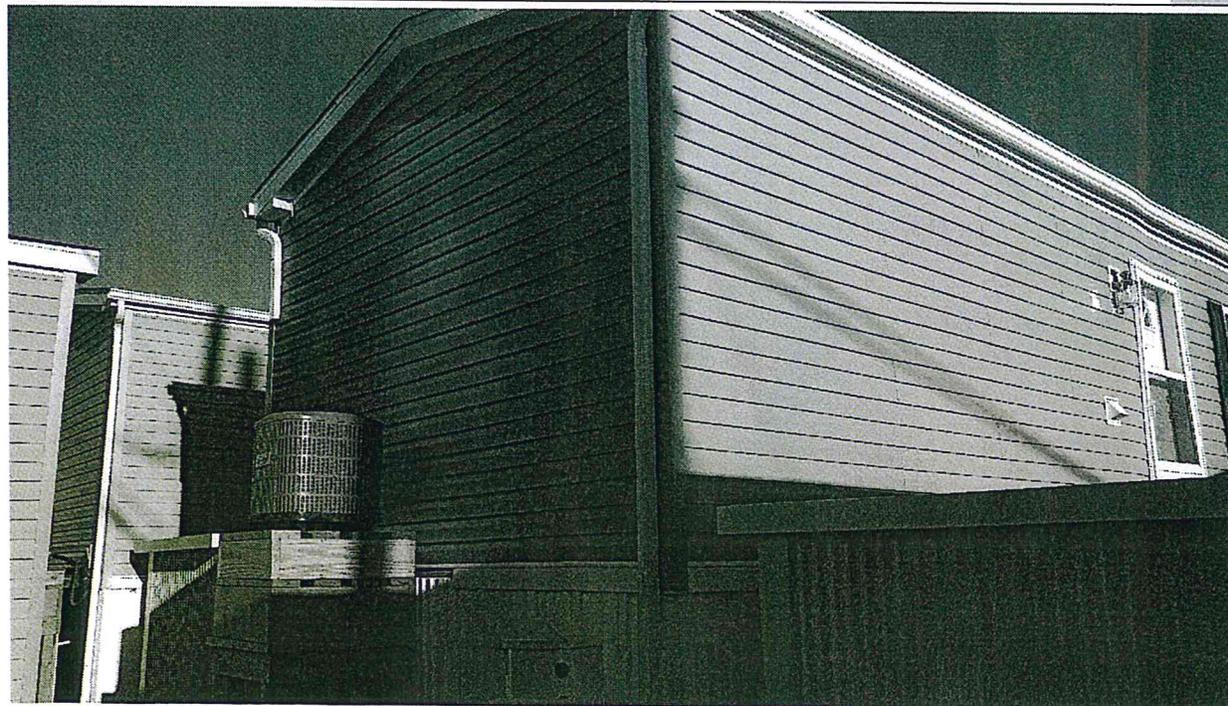


Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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. 62 FREDDIE AVENUE			Policy Number:	
City WOODBIDGE	State New Jersey	ZIP Code 07001	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.

Photo Three

Photo Three

Photo Three Caption

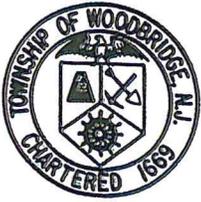
Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

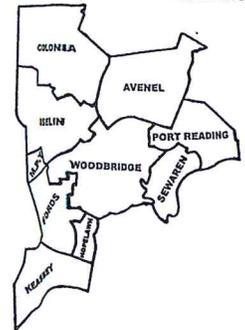


Township of Woodbridge

John E. McComac, C.P.A., Mayor

Department of Public Works
Division of Engineering
One Main Street, Woodbridge, New Jersey 07095.
www.twp.woodbridge.nj.us, Tel: (732) 602-6047, Fax: (732) 602-6048

"Ten Towns, One Community"



October 20, 2017
Mr. Mathew Zullo
900 Rahway Ave., Avenel, 07001

Dear Mr. Zullo:

In accordance with all applicable state, local, and federal requirements, it has been determined that the proposed structures located at Block 1015 Lot 1; 60 Freddie Avenue and 62 Freddie Avenue are located within a FEMA delineated Special Flood Hazard Area. Both structures are situated within an AE flood zone on the 2014 Preliminary Flood Insurance Rate Map (FIRM), and the 2010 Effective FIRM.

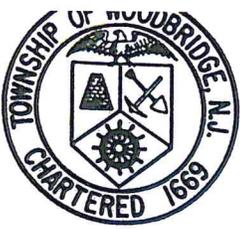
Currently New Jersey is using the 2014 Preliminary Flood Insurance Rate Map as the basis for statewide floodplain development standards (when the 2014 Preliminary FIRM denotes a more stringent base flood elevation). Therefore, we are happy to inform you that the Elevation Certificates for both aforementioned structures are in compliance with building elevation information during construction. We kindly request that you submit As-Built Elevations for Block 1015 Lot 1; 60 Freddie Avenue and 62 Freddie Avenue in order to determine precise dimensions and location of all project components upon finished construction.

Thank you for your kind attention to this request, and please contact me if you should have any questions regarding this matter.

Sincerely,

Thomas C. Flynn, M.P.A., CFM
Floodplain Manager

c.c. Michael Gelin, Municipal Engineer, PE, CME, CPWM
c.c. Thomas Kelly, Construction Official

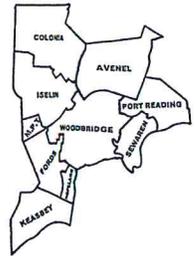


Township of Woodbridge

John E. McCormac, C.P.A., Mayor

Department of Public Works
Division of Engineering
One Main Street, Woodbridge, New Jersey 07095
www.twp.woodbridge.nj.us, Tel: (732) 602-6047, Fax: (732) 602-6048

"Ten Towns, One Community"



Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.
The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name			For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number	
City	State	ZIP Code	Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____				
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 _____				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) _____ sq ft		A9. For a building with an attached garage:		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		a) Square footage of attached garage _____ sq ft		
c) Total net area of flood openings in A8.b _____ sq in		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		c) Total net area of flood openings in A9.b _____ sq in		
		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name			B3. State	
B4. Map/Panel Number 34023C0059	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)	
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No						

Local Official's Name	Thomas C. Flynn	Title	Floodplain Manager
Community Name	Township of Woodbridge	Telephone	732-602-6057
Signature		Date	02/20/2017
Comments			

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 IDEAL MOBILE HOME PARK				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 62 FREDDIE AVENUE				Company NAIC Number:	
City WOODBIDGE		State New Jersey		ZIP Code 07001	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) MOBILE HOME WITHIN LOT 1, BLOCK 1015					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>40-34-22.13</u> Long. <u>74-16-02.40</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>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number TOWNSHIP OF WOODBRIDGE COMM. #345331			B2. County Name MIDDLESEX COUNTY		B3. State New Jersey
B4. Map/Panel Number 345331/0059	B5. Suffix F	B6. FIRM Index Date 07-06-2010	B7. FIRM Panel Effective/ Revised Date 07-06-2010	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9.0
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 type="checkbox"/> NGVD 1929 <input checked="" 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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	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: GPS CONTROL POINTS Vertical Datum: NAVD'88

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) | <u>13.07</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <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>13.48</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>7.08</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>7.33</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <input 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 JUAN J. RODRIGUEZ, P.L.S.	License Number 24GS04323000
Title SURVEY MANAGER	
Company Name AMERTECH ENGINEERING, INC.	
Address 757 RIDGEWOOD AVENUE	
City NORTH BRUNSWICK	State New Jersey
	ZIP Code 08902

Place
Seal
Here

Signature  Date 11-15-2017 Telephone (732) 828-3535 Ext.

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)
BASE FLOOD ELEVATION ON THE CURRENT ADVISORY FEMA MAP IS 12.0. THE BUILDING IN QUESTION IS A MOBILE HOME; A VINYL OR ALUMINUM SKIRTING FOR SOLELY DECORATIVE PURPOSES HAS BEEN INSTALLED BELOW THE ELEVATED FLOOR AREA. AIR CONDINIONONG COMPRESSOR INSTALLED ON A RAISED WOOD DECK, OTHER EQUIPMENT SERVICING THE UNIT LOCATED ON FIRST FLOOR.

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. 62 FREDDIE AVENUE			Policy Number:	
City WOODBIDGE	State New Jersey	ZIP Code 07001	Company NAIC Number	

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 pages 1–2 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 No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	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.

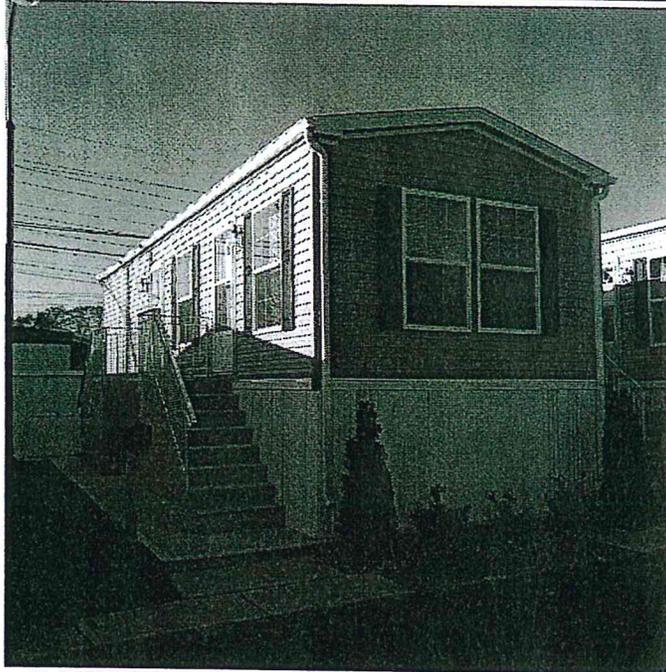


Photo One

Photo One Caption FRONT VIEW

Clear Photo One

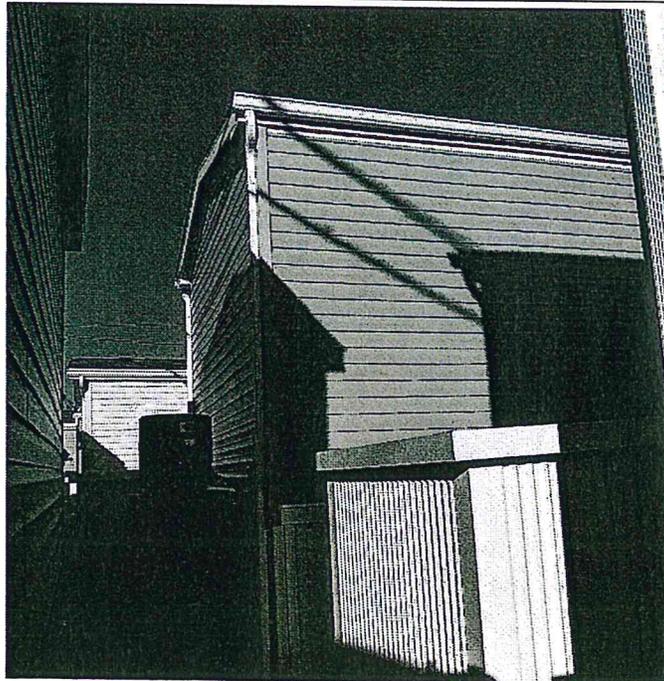


Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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. 62 FREDDIE AVENUE			Policy Number:
City WOODBIDGE	State New Jersey	ZIP Code 07001	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.

Photo Three

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four