

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.

SECTION A - PROPERTY OWNER INFORMATION

JLDING OWNER'S NAME Benjamin Brown	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P. O. ROUTE AND BOX NO. 14 East Franklin Ave	Company NAIC Number
CITY Pequanock	STATE NJ
ZIP CODE 07440	

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
~~Lot 3, Block 339~~ **400913**

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
 residential

LATITUDE/LONGITUDE (OPTIONAL) _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): _____
 (# #° - ## - ## #°# or ##.### ##°) USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFP COMMUNITY NAME & COMMUNITY NUMBER Pequanock Township - 345311	B2. COUNTY NAME Mons	B3. STATE NJ
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B4. MAP AND PANEL NUMBER 345311-0003	B5. SUFFIX C	B6. FIRM INDEX DATE 9/17/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/17/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 182
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

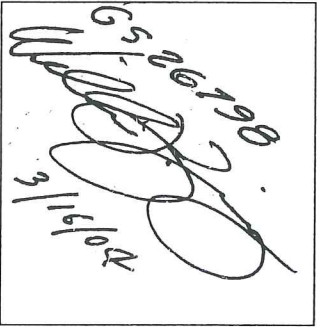
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, ARAE, ARA1-A30, ARAH, ARAO

Complete items C3-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD1929 Conversion/Comments _____

- Elevation reference mark used USGS Does the elevation reference mark used appear on the FIRM? Yes No
- ▶ a) Top of bottom floor (Including basement or enclosure) 180 6 ft.(m)
 - ▶ b) Top of next higher floor 187 9 ft.(m)
 - ▶ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 - ▶ d) Attached garage (top of slab) 184 8 ft.(m)
 - ▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____
 - ▶ f) Lowest adjacent (finished) grade (LAG) 180 8 ft.(m)
 - ▶ g) Highest adjacent (finished) grade (HAG) 182 9 ft.(m)
 - ▶ h) No. of permanent openings (food vents) within 1 ft. above adjacent grade 0 184 7 ft.(m)
 - ▶ i) Total area of all permanent openings (food vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date


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 in Sections A, B, and C 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.
 CERTIFIERS NAME William F. Zimmerly LICENSE NUMBER GS 26798

TITLE Land Surveyor COMPANY NAME Wm. F. Zimmerly, Inc.

DRESS _____ CITY Lincoln Park STATE NJ ZIP CODE 07035
23 Pine Brook Road SIGNATURE _____ DATE 3/16/04 TELEPHONE 973-694-5836

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. 14 East Franklin Ave			Policy Number
CITY Pequannock	STATE NJ	ZIP CODE 07440	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

by both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
Utilities consist of a heating system

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) Check here if attachments

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft.(m) ____ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft.(m) ____ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft.(m) ____ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.*

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVES NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

[Community letterhead]

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 <i>Brown</i>		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt. Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>142, PEARMAN AVE</i>		Company NAIC Number
City <i>PEARMAN</i>	State <i>MS</i>	ZIP Code <i>07443</i>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>PEARMANE MS 07443</i>		

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 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 <i>345311</i>	B2. County Name	B3. State
B4. Map/Panel Number <i>345311-0003</i>	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.

FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? CBRS OPA Yes No

Local Official's Name *Reagan Grant* Title *Construction Official*

Community Name *PEARMANE TWP* Telephone *121815*

Signature _____ Date _____

Comments *OPARD B4*