

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNERS NAME
 Roy & Michele Beghuis
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 154 Hillview Road

For Insurance Company Use:

Policy Number

Company NAIC Number

CITY Pequanmock STATE NJ ZIP CODE 07440

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lot 89, Block 503

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

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE
 Pequanmock Twp., 345311 Meris NJ

B4. MAP AND PANEL NUMBER 0003	B5. SUFFIX B	B6. FIRM INDEX DATE 7/3/86	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7/3/86	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone A.O. use depth of flooding) 182.5
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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 1 (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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

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) 183 ft.(m) Yes No
 - b) Top of next higher floor 187 ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) 184 ft.(m)
 - d) Attached garage (top of slab) 184 ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)
 - f) Lowest adjacent (finished) grade (LAG) 184 0ft.(m)
 - g) Highest adjacent (finished) grade (HAG) 183 2ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 184 1ft.(m)
 - i) Total area of all permanent openings (flood vents) in C3h 184 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

CS 061905
William F. Zimmerly
 2015/11/11

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.
 CERTIFIER'S NAME William F. Zimmerly LICENSE NUMBER GS 26798

TITLE Land Surveyor COMPANY NAME Wm. F. Zimmerly & Associates

ADDRESS 628 Dino Brock Road CITY Lynch Park STATE NJ ZIP CODE 07035
 SIGNATURE DATE 07/15/09 TELEPHONE 973.594.5835

ATTN: In these spaces, copy the corresponding information from Section A

MAILING STREET ADDRESS (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
Hillview Road

For Insurance Company Use:
Policy Number

CITY STATE ZIP CODE
Pequannock NJ 07440

Company NAIC Number

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

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

COMMENTS
Utilities consist of heating equipment.

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. 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 REPRESENTATIVE'S 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 | |
|-------------------|------------------------|---|--|

- 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

TOWNSHIP OF PEQUANNOCK

CONSTRUCTION DEPARTMENT
 Tel: (973) 835-5700 ext 181
 Fax: (973) 835-9396

530 Newark Pompton Turnpike
 Pompton Plains, N.J. 07444-1799

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	Beckuis		For Insurance Company Use
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	1514 Lakeside Rd		Policy Number
City	State	ZIP Code	Company/NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	Pondok Plains NJ 07444 503 CG		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

B1. NFIP Community Name & Community Number _____ B2. County Name _____ B3. State _____

B4. Map/Panel Number	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)
345 311 - 0083					

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
 Designation Date _____

Local Official's Name: Peasart Gans Title: Construction Director

Community Name: Pequannock Twp. Telephone: 973-835-5700

Signature: [Signature] Date: 12/8/15

Comments: UPDATING B4.