

**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 OWNER'S NAME Daniel McGurk	For Insurance Company Use:	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 16 Mead Place	Policy Number	
CITY Pompton Plains	Company NAIC Number	
STATE New Jersey	ZIP CODE 07444	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3.01, Block 155		
BUILDING USE (e.g. Residential, Non-Residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (###-##-### or ###.####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: NGVD 1929

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Pequannock Township 345311	B2. COUNTY NAME Morris	B3. STATE New Jersey
B4. MAP AND PANEL NUMBER 3453110001	B5. SUFFIX C	B6. FIRM INDEX DATE 5/21/71
	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/17/92	B8. FLOOD ZONE(S) AE
B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 196.00		

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), AR, ARA, ARAE, 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 NGVD 1929 Conversion/Comments _____

Elevation reference mark used	Local Benchmark	Does the elevation reference mark used appear on the FIRM?	Yes	No
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	199.58 ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> b) Top of next higher floor	201.08 ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> d) Attached garage (top of slab)	198.45 ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	N/A ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	197.65 ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	198.75 ft.(m)			<input checked="" type="checkbox"/>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A			<input checked="" type="checkbox"/>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	N/A sq. in. (sq. cm)			<input checked="" type="checkbox"/>

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
Paul P. Diamond

TITLE
President

ADDRESS
86 Newark Pompton Turnpike

CITY
Riverdale

STATE
NJ

ZIP CODE
07457

DATE
12/27/02

TELEPHONE
973-235-8300

LICENSE NUMBER
GE 24743

License Number, Embossed Seal, Signature, and Date

Paul P. Diamond
Lic# 24743
12/27/02

FEDERAL EMERGENCY MANAGEMENT AGENCY
**COMMUNITY ACKNOWLEDGEMENT
 OF REQUESTS INVOLVING FILL**

OMB No. 3067-0147
 Expires April 30, 2002

PAPERWORK REDUCTION ACT

Public reporting burden for this form is estimated to average .88 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (3067-0147).

Community Name: Township of Pequannock

Property Name or Address:

16 Mead Place, Pompton Plains, NJ

We hereby acknowledge receipt and review of this Letter of Map Revision (Based on Fill) request and have found that the completed or proposed project meets or is designed to meet all of the community's applicable floodplain management regulations, including the requirement that no fill be placed in the regulatory floodway. We understand that this request is being forwarded to FEMA for a possible map revision. For proposed projects, we understand that FEMA is being asked to provide comments on the potential effects of this project on the flood hazards of our community.

Community comments on the project:

The above noted property received Township approval in 1987 to fill in the property and construct a single family residential dwelling. As per provided data, the approved plan appears to have been satisfied.

Community Official's Name (please print or type):

Charles J. McKearnin, P.E.

Address (please print or type):

Township of Pequannock, 530 Newark Pompton Turnpike
 Pompton Plains, NJ 07444

Daytime Telephone Number:

(973) 835-9001

Community Official's Signature

Date

PLEASE REFER TO THE INSTRUCTIONS FOR THE APPROPRIATE MAILING ADDRESS

ATT: In these spaces, copy the corresponding information from Section A. For Insurance Company Use:
POLICY NUMBER

..JING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
16 Mead Place

CITY Pompton Plains STATE New Jersey ZIP CODE 07444 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.

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 OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME Paul P. Darmofalski, P.E.
ADDRESS 86 Newark Pompton Turnpike CITY Riverdale STATE NJ ZIP CODE 07457
SIGNATURE Paul P. Darmofalski DATE 12/22/00 TELEPHONE (973) 835-8300
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 _____ ft.(m) Datum: _____
- 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: _____

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

Check here if attachments