

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No.: 3067-0077
 Expires December 31, 2005

410518

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Robert Cook	For Insurance Company Use Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 43 Garrow Avenue	Company NAIC Number
CITY Pequannock	STATE N. J.
ZIP CODE 07440	

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lot 8, Block 350 4105

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

LATITUDE/LONGITUDE (OPTIONAL)
 (###.##-###.## or ###.####?) N/A

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): _____
 USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 FIRM COMMUNITY NAME & COMMUNITY NUMBER Pequannock - 345311	B2 COUNTY NAME Morris	B3 STATE N. J.
--	--------------------------	-------------------

B4 MAP AND PANEL NUMBER 345311 0003	B5 SUFFIX C	B6 FIRM INDEX DATE 9/17/92	B7 FIRM PANEL EFFECTIVE/REVISED DATE N/A	B8 FLOOD ZONE(S) AE	B9 BASE FLOOD ELEVATION(S) (Zone A0 uses depth of flooding) 182
--	----------------	-------------------------------	---	------------------------	---

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): _____
 NAVD 1988 Other (Describe): _____

B11: Indicate the elevation datum used for the BFE in B9: NGVD 1929 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: (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-a1 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 _____ Conversion/Comments _____
- Elevation reference mark used: RM4 Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) 173.4 ft.(m)
 - b) Top of next higher floor 177.9 ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) n/a ft.(m)
 - d) Attached garage (top of slab) n/a ft.(m)
 - e) Lowest elevation of machinery and/or equipment serving the building (Describe in a Comments area) n/a ft.(m)
 - f) Lowest adjacent (finished) grade (LAG) 174.4 ft.(m)
 - g) Highest adjacent (finished) grade (HAG) 174.7 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade n/a
 - i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm) n/a

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, understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME
 William J. Darmstatter, PE & IS LICENSE NUMBER
 NJ 25796

TITLE President	COMPANY NAME Darmstatter
ADDRESS PO Box 4787	CITY Wayne,
STATE N. J.	ZIP CODE 07474
DATE 5/24/05	TELEPHONE 973-696-8077

ELEVATION CERTIFICATE, page 2

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. 9 VOORHIS PLACE	Policy Number:
/ PEQUANNOCK	Company NAIC Number:
State NJ ZIP Code 07444	

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 MECHANICAL EQUIPMENT AND HOT WATER HEATER IN BASEMENT

Signature *Robert M. ...* Date FEB 13, 2014

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 HAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A items 8 and/or 9 (see pages 8-9 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) "One AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.
 Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____
 Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

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 _____

Check here if attachments.

TOWNSHIP OF PEQUANNOCK

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

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

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 <u>Cesle</u>		For Insurance Company Use	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>43 Gannon Ave</u>		Policy Number	
City <u>Pequannock NJ</u>	State <u>NJ</u>	ZIP Code <u>07940</u>	Company/NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>lot 8</u>			

- 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 2
 A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) _____ sq ft
 b) No. 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? Yes No
 A9. For a building with an attached garage:
 a) Square footage of attached garage _____ sq ft
 b) No. 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? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number <u>345311-0003</u>	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
 Designation Date _____

Local Official's Name Richard Grant Title Construction Official
 Community Name Pequannock Twp Telephone 973-835-5700
 Signature [Signature] Date _____
 Comments UPDATER A7 134