

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

4113/9

SECTION A - PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME
JOHNY & MICHELE NORRIS

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
85 PEQUANNOCK AVE

CITY **PEQUANNOCK** STATE **NJ** ZIP CODE **07440**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
BLOCK 4113, LOT 9

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

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.###" or ##.#####")

HORIZONTAL DATUM: NAD 1927 NAD 1983

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER PEQUANNOCK 345311		B2. COUNTY NAME MORRIS		B3. STATE NJ	
B4. MAP AND PANEL NUMBER 345311 0003	B5. SUFFIX C	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-17-1992	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use 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): _____

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, 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 **NGVD29** Conversion/Comments _____

Elevation reference mark used **NJGS MARK** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ 170.9 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ 177.9 ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ NA ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ NA ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____ 171.4 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	_____ 175.1 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ 176.6 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

33106
8/18/05

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 **GEORGE W. LATUS, P.L.S.** LICENSE NUMBER **33106**

TITLE **LAND SURVEYOR** COMPANY NAME **ALL COUNTY SURVEYING, PC**

ADDRESS **P.O. BOX 362** CITY **WAYNE** STATE **NJ** ZIP CODE **07474**

SIGNATURE _____ DATE **8-18-05** TELEPHONE **973 696 9787**