BLOCK 936 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 721 Princeton Ave PERMIT NO. 15-2438

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C15-001684

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 721 Princeton Ave Brick
2. Name of Owner in Fee: Charles Concrete
   Tel. [redacted] e-mail [redacted]
   Address 721 Princeton AVE (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Charles Concreting Tel. [redacted]
   Address 721 Princeton Ave e-mail
   Brick NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Charles Concreting
   Tel. [redacted]

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 222		
2. Electrical		10	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	18		
10. Subtotal	$		
11. Cert. of Occupancy	100		
12. Other			
TOTAL	$	100	

BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	3	
2. Height of Structure	33.51 ft.	
3. Area — Largest Floor	2692 sq. ft.	
4. New Building Area	413 sq. ft.	
5. Volume of New Structure	4,944 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☒ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		4/20/15		6/10/15	7/21/15	MW		7/2/15	
☐ Electrical				8/12/15					
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Greg	4/24/15	4/24/15	5/28/15	ECA/KGS			
TOTAL COST									

No Damage

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

FIRM A2-8.0

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. (X) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 4-10-2015

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/25/2016
Control Number C-15-001684
Permit Number 15-2438
Permit Issue Date 07/23/2015
Certificate Number 15-2438

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 721 PRINCETON AVE. Brick Township, NJ Block: 936 Lot: 18 Qual:

Owner in Fee: CONZENTINO FAMILY ENTERPRISES LLC

Owner Address: 225 RIVER ST #1807 HOBOKEN NJ 07030

Telephone: [redacted]

Contractor CONZENTINO FAMILY ENTERPRISES LLC

Address 225 RIVER ST #1807 HOBOKEN NJ 07030

Telephone: [redacted] Fax:

License Number or Builder's Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RESIDENTIAL ADDITION

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $100.00
Check Number: 8963
Collected By: Geradine Roldan

Date Printed: 06/25/2016

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Update

8/18/15

Date Received
Control #
Date Issued
Permit # 15-SR2438+A

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 936 Lot 18 Qualification Code

Work Site Location 721 PRINCETON AVE, BRICK NJ

Owner in Fee: CARLIE CONZENTINO

Tel. ([redacted]) e-mail

Address 721 PRINCETON AVE

Contractor: MACK ELECTRIC LLC (street / municipality) Tel. (908) 967-1457 (zip code)

Address 76 LEEDS DR. SO. PLAINFIELD N.J. 07080 e-mail

Contractor License No. 17151 Exp. Date 3/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 453329130 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as RESIDENCE Utility Co.

Est. Cost of Elec. Work $ 2,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 8 11 15 Approved by: TC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT *
Date: 8 11 15
Approved by: TC
AS NOTED

SUBCODE APPROVAL for CERTIFICATE *
[✓] CO [ ] CCO [ ] CA
Date: 4/30/16
Approved by: PC

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			8/24/15	PSC
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final *			4/30/16	PSC
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: JOHN MANFAN

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ROUGH ELECTRIC OF ROOM ADDITION

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
7		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP - fan	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		GFI ON Deck	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

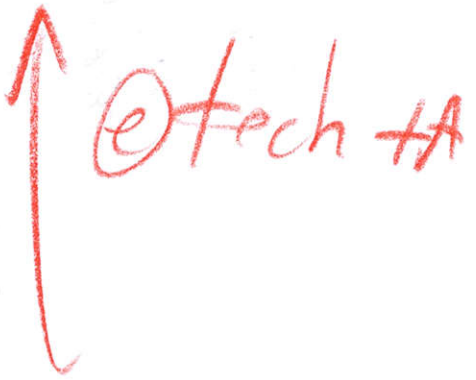
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)

UP DATES MAY be NEEDED RECEPTACLE ON DECK NEEDED.

* - 4/30/16 - PASS FINAL, PENDING FINAL BUILDING APPROVAL — NO STAIRS.

PJC



U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

RWP JOB NO. 110702

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A1. Building Owner's Name CONZENTINO FAMILY ENTERPRISES, LLC

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
721 PRINCETON AVENUE
City BRICK State NJ ZIP Code 08724

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOTS: 18 & 18.02 BLOCK: 936

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
A5. Latitude/Longitude: Lat. 40D 3' 29.2"N Long. 74D 4' 20.1"W 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) 1973 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4
c) Total net area of flood openings in A8.b 164 sq in
d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
a) Square footage of attached garage 711 sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A9.b 0 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
BRICK TOWNSHIP 345285	OCEAN	NJ

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)
34029 C 0212	F	09/29/2006	SEPT. 29, 2006	AE	5.0'

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/Source: _____
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: _____ ☐ CBRS ☐ OPA

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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: GEOMON CONK Vertical Datum: NAVD1988
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	CF 3.39	☒ feet	☐ meters
b) Top of the next higher floor	FF 8.85	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	☒ feet	☐ meters
d) Attached garage (top of slab)	7.06	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	AC 5.83	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	5.98	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	6.88	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.80	☒ feet	☐ meters

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 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.*

☒ Check here if comments are provided on back of form.
☒ Check here if attachments.
Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

PLACE SEAL HERE

Certifier's Name RONALD W. POST License Number 24GS02853400
Title LIC. LAND SURVEYOR Company Name RONALD W. POST SURVEYING, INC.
Address 1792 HINDS ROAD City TOMS RIVER State NJ ZIP Code 08753
Signature Ronald W. Post Date 09/10/2013 Telephone 732-255-9050

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. 721 PRINCETON AVENUE	Policy Number:
City BRICK State NJ ZIP Code 08724	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 PRELIMINARY WORK MAP FLOOD ZONE AE-8' AUGUST 28, 2013
LOWEST UTILITY SERVICING THE BUILDING AC ON PAD @ EL 5.83

Signature Date 09/10/2013

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 LAG.

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) or Zone 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

Comments

☐ Check here if attachments.

Building Photographs

See Instructions for Item A6.

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 721 PRINCETON AVENUE	FOR INSURANCE COMPANY USE Policy Number:
City BRICK State NJ ZIP Code 08724	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW – 09/10/2013

REAR VIEW – 09/10/2013

Building Photographs

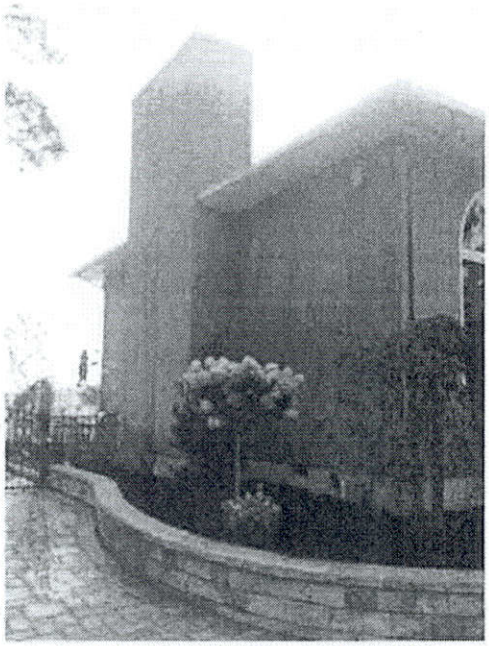
Continuation Page

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 721 PRINCETON AVENUE	FOR INSURANCE COMPANY USE Policy Number:
City BRICK State NJ ZIP Code 08724	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

RIGHT SIDE VIEW – 09/10/2013



LEFT SIDE VIEW – 09/10/2013

System 1 Room Load Summary

No	Room Name	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Run Duct Vel	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Air Sys CFM
---Zone 1---										
1	Rec Room	380	8,818	115	2-8	510	7,447	1,272	356	356
	AED Excursion						350			
	System 1 total	380	8,818	115			7,797	1,272	356	356

System 1 Main Trunk Size:	7x10	in.
Velocity:	787	ft./min
Loss per 100 ft.:	0.112	in.wg

Cooling System Summary

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	0.76	86% / 14%	7,797	1,272	9,069
Recommended:	0.87	75% / 25%	7,797	2,599	10,396

System 1 1st Floor Summary Loads

Component Description	Area Quan	Sen Loss	Lat Gain	Sen Gain	Total Gain
1D-cv-o: Glazing-Double pane, operable window, clear, vinyl frame, u-value 0.57	72	2,424	0	2,384	2,384
1D-hw-d: Glazing-Double pane, sliding glass door, heat-absorbing, wood frame, u-value 0.57	42	1,412	0	1,214	1,214
12B-2bw: Wall-Frame, R-11 insulation in 2 x 4 stud cavity, R-2 board insulation, brick finish, wood studs	510	2,588	0	702	702
16B-30: Roof/Ceiling-Under attic or knee wall, Vented Attic, No Radiant Barrier, Dark Asphalt Shingles or Dark Metal, Tar and Gravel or Membrane, R-30 insulation	380	717	0	657	657
Subtotals for structure:		7,141	0	4,957	4,957
People:	4		920	1,200	2,120
Equipment:			0	1,000	1,000
Lighting:	0			0	0
Ductwork:		0	0	0	0
Infiltration: Winter CFM: 26, Summer CFM: 14		1,677	352	290	642
Ventilation: Winter CFM: 0, Summer CFM: 0		0	0	0	0
AED Excursion:		0	0	350	350
System 1 1st Floor Load Totals:		8,818	1,272	7,797	9,069

Check Figures

Supply CFM:	356	CFM Per Square ft.:	0.937
Square ft. of Room Area:	380	Square ft. Per Ton:	439
Volume (ft³) of Cond. Space:	3,800	Air Turnover Rate (per hour):	5.6

System Loads

Total Heating Required With Outside Air:	8,818 Btuh	8.818 MBH	
Total Sensible Gain:	7,797 Btuh	86 %	
Total Latent Gain:	1,272 Btuh	14 %	
Total Cooling Required With Outside Air:	9,069 Btuh	0.76	Tons (Based On Sensible + Latent)
		0.87	Tons (Based On 75% Sensible Capacity)

Notes

Calculations are based on 8th edition of ACCA Manual J.
All computed results are estimates as building use and weather may vary.
Be sure to select a unit that meets both sensible and latent loads.