BLOCK 210.21 LOT 24 QUALIFICATION CODE _____ ADDRESS (SITE) 43 Rialto Drive Brick PERMIT NO. 16-0032

CONSTRUCTION PERMIT APPLICATION

C-15-005764

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

I. IDENTIFICATION

1. Proposed Work Site at: 43 Rialto Drive Brick
2. Name: Denis and Carol Rorke
   Tel. [redacted] e-mail [redacted]
   Address 43 Rialto Drive (street) (municipality) 954-732-6217
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A Tru Builders Inc Tel. 908-783-1029
   Address 344-5 US Hwy 9 PMB223 e-mail attubuilders@gmail.com
   Lanoka Harbor NJ 08734
   License No. OR, if new home, Builder Reg. No. 45625 Exp. Date 3/16
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH07120800
   Federal Emp. ID No. 26-1537701 FAX: 877-887-2761
5. Architect or Engineer KBA Engineering Contact Joe 732-722-8555
   Address 2517 Rt 35 Bldg E Ste 203 e-mail KBAengineering@gmail.com
   Tel. _____ FAX: 732-722-8557
6. Responsible Person in Charge once Work has Begun Gary Olson (PM)
   Tel. 9087831029 FAX: 877-887-2761

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1780	+11	130 +D
2. Electrical	265		
3. Plumbing	220		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	91		
10.	$		
11. Cert. of Occupancy			
12. Other	150		
13. TOTAL	$ 2486		130

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	30 ft.	
3. Area — Largest Floor	900 sq. ft.	
4. New Building Area	0 sq. ft.	
5. Volume of New Structure	0 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	800 sq. ft.	
10. Flood Hazard Zone	AE	
11. Base Flood Elevation	7 ft.	
12. Wetlands yes ____ no X		

FLOOD ZONE NO ZONE

PFIRM AE-7

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair House Lift ☐ 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
X Building	34,000				12/10/15	DSA			
X Electrical	3,000	GJR	11-4-15		12/1/15	PE			
X Plumbing	5,000				11-25-15				
☐ Fire Protection									
☐ Elevator	42,000	EG	11/24/15		11/24/15	MM			
TOTAL COST									

2009

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Residential
2. Use Group, Proposed: R-5
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 5-B
Proposed 5-B

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

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

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

D. ( ) 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 _____

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 Gina Olson

Address 344-5 US Hwy 9 PMB223
Longka Harbor NJ 08734

Telephone 954-732-6217

Signature Gina Olson

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 12/16/2016
Control Number C-15-005764
Permit Number 16-0032
Permit Issue Date 01/05/2016
Certificate Number 16-0032

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 43 RIALTO DR. Brick Township, NJ Block: 210.21 Lot: 24 Qual:

Owner in Fee: RORKE, DENIS & CAROL

Owner Address: 43 RIALTO DR. BRICK NJ 08723

Telephone [redacted]

Contractor A TRUBUILDERS INC

Address 344-5 Route 9 LANOKA HARBOR NJ 08734

Telephone: (877) 287-9595 Fax: (877) 887-2761

License Number or Builders Registration Number: 13VH07120800 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: RAISE HOUSE

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: $0.00
Check Number:
Collected By:

Date Printed: 12/16/2016

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

BUILDING SUBCODE
TECHNICAL SECTION

General Contractor

Date Received 1/5/16
Control #
Date Issued
Permit # 16-0032

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

Block 210.21 Lot 24 Qualification Code

Work Site Location 43 Rialto Drive
Brick NJ 08723

Owner in Fee: Denis and Carol Rorke

T[redacted] e-mail [redacted]

Address 43 Rialto Drive Brick NJ 08723

Contractor: A Trubuilders, Inc 954-732-6217 Tel. (908) 783-1029

Address 344-5 US Hwy 9 PMB223 e-mail atrubuilders@gmail.com
Lanoka Harbor NJ 08734

Contractor License No. or Builder Registration No. 45625 Exp. Date 03/31/2016

Home Improvement Contractor Registration No. or Exemption Reason 13VH07120800

Federal Emp. ID No. 261537701 FAX: (877) 887-2761

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.

Sign here:

Print name here: Gary Olson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

House Raise and 1 bathroom being raised from slab.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 12/10/15 DSA
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 12/10/15
Approved by: DSA

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 12/07/16
Approved by: MH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing			4/28/16	DSA
Footing Bonding			4/28/16	DSA
Foundation 1 of 2			* 5-25-16 MW	
Slab				
Frame 2nd				
Truss Sys./Bracing				
Barrier-Free				
Insulation		* 8-4-16 DS	9-23-16 JSA	
Found 2 of 2 * 8-30-16 MW			9-23-16 JSA	
* 9-7-16 JSA * 9-22-16 JSA * See Attached				
Energy				
Mechanical				
TCO				
Deck stair footing			9/14/16 PM	
Final 9/12/16 PM * 10-14-16 MW			12-2-16 PM	
* Heat rebar for HOT			4/28/16 PM	

Dates (Month/Day)

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [X] Other Elevation w/Bathroom
- [ ] Demolition

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed Resid

Constr. Class Present 5-B Proposed 5-B

No. of Stories 2

Height of Structure 30 ft.

Area — Largest Floor 900 sq. ft.

New Bldg. Area/All Floors 0 sq. ft.

Volume of New Structure 0 cu. ft.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work: 30000 ~~42,000~~

1. New Bldg. $
2. Rehabilitation $ 4000
3. Total (1+ 2) $ 34,000 ~~42,000~~

FOUNDATION REHAB

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

x 4/30/16 PM - High lighted on plans Pair rebar that are ok
Rear filling not done After cribbing removed

5/25/16 MF- ~~Note~~ Found. 1 of 2 Appvd—
Note: at this time it is witnessed that the
interior center piers are not ~~in~~completed
+ Footings
at the Rear most ~~Ex~~ Existing slab area

8-4-16 - Insul. Fail 1) Need ~~Frame~~ Insp., Electric Rough, Plumbing Rough and Bld water tight; JGP

9-20-16 Strapping, Insulation and 2 of 2 fnd. fail 1) need to verify all Anchors in crawl space Insul is in the way must be pulled Back to verify All Insul. ok Exterior strapping ok. JGP-

10-12-16 PM Final- no Released Plans, missing vapor barrier in crawl for Rear and corner from Alley Door

(B) Tech

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/5/16

Date Issued / Permit # 16-0032

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

Block 210.21 Lot 24 Qualification Code

Work Site Location 43 Rialto Drive Brick NJ

Owner in Fee: Carol Rorke

Tel. [redacted] e-mail [redacted]

Address 43 Rialto Drive Brick NJ

Contractor: Bay Shore Plumbing and Heating (street / municipality) Tel. (732) 779-1731 (zip code)

Address 54 Bayshore Drive Toms River NJ e-mail bayshoreplumbingandheati

Contractor License No. 10224 Exp. Date 12/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223432029 FAX: (877) 887-2761

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4 Public Sewer ✓ Private Septic

Water Service Size 1 Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 5000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-25-15

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 10-12-16

Approved by: Jake

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	8-16-16		8-30-16	
Water			7-5-16	
Sewer			7-5-16	
Fixtures				
Gas Equipment				
Gas Piping	8-16-16		8-30-16	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			10-12-16	
			8-30-16	

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: JOR

Print name here: John Robinson

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water & Sewer & Piping-Gas

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
1	Other Drain	

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

U.C.C. F130 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

8-16-16 BJR

GAS Test Too Low ✓

PEX undersized

No toke & bring to 5' of crawl door

DWV Test OK.

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2018

RWP-130492

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name
DENIS & CAROL RORKE

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
43 RIALTO DRIVE

Company NAIC Number:

City: BRICK | State: New Jersey | ZIP Code: 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT: 24 BLOCK: 210.21

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 40 1 27.4 Long. 74 5 36.3 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 8

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 1,878 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 8

c) Total net area of flood openings in A8.b 2,016 sq in

d) Engineered flood openings? ☒ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage N/A sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A 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	New Jersey

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 0214	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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 43 RIALTO DRIVE			Policy Number:
City BRICK	State NJ	ZIP Code 08723	Company NAIC Number

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: KV 6783 (EL 3.27') Vertical Datum: NAVD 1988

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 4.6	☒ feet	☐ meters
b) Top of the next higher floor	FF 9.2	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☒ feet	☐ meters
d) Attached garage (top of slab)	N/A	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	HWH 9.2	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	3.7	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	4.5	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	4.5	☒ 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.*

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name RONALD W. POST	License Number 24GS02853400	
Title LICENSED LAND SURVEYOR		
Company Name RONALD W. POST SURVEYING, INC.		
Address 1792 HINDS ROAD		
City TOMS RIVER	State New Jersey	ZIP Code 08753
Signature	Date 11/08/2016	Telephone 732-255-9050

Place Seal Here

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

Comments (including type of equipment and location, per C2(e), if applicable)

PRELIMINARY FIRM 1/30/2015 FLOOD ZONE AE 7'
ONE STORY FRAMED DWELLING ON CONCRETE BLOCK FOUNDATION WITH ABOVE GRADE CRAWL
(8) USA FLOOD VENTS MODEL NO. FASS @ 252 SI EACH TOTAL= 2016 SI
HOT WATER HEATER @ EL=9.2 \ FURNACE IN ATTIC
A/C ON PLATFORM @ EL=9.7 \ WOOD PLATFORM FOR METER READER @ EL=5.29
CENTERLINE GLOBE (ELEC METER) @ EL=10.6

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 43 RIALTO DRIVE			Policy Number:
City BRICK	State NJ	ZIP Code 08723	Company NAIC Number

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 1–2 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 or Owner's Authorized Representative's Name RONALD W. POST			
Address 1792 HINDS ROAD	City TOMS RIVER	State New Jersey	ZIP Code 08753
Signature	Date	Telephone 732-255-9050	

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 43 RIALTO DRIVE			Policy Number:
City BRICK	State NJ	ZIP Code 08723	Company NAIC Number

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 (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 43 RIALTO DRIVE			Policy Number:
City BRICK	State NJ	ZIP Code 08723	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.

Photo One

Photo One Caption FRONT VIEW 11/08/2016

Photo Two

Photo Two Caption REAR VIEW 11/08/2016

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS
Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 43 RIALTO DRIVE			Policy Number:
City BRICK	State NJ	ZIP Code 08723	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.

Photo One

Photo One Caption RIGHT SIDE VIEW 11/08/2016

Photo Two Caption LEFT SIDE VIEW 11/08/2016

ICC EVALUATION SERVICE

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ICC-ES Report

ESR-3907

ICC-ES | (800) 423-6587 | (562) 699-0543 | www.icc-es.org

Issued 10/2016
This report is subject to renewal 10/2017.

DIVISION: 08 00 00—OPENINGS
SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

USA FLOOD AIR VENTS, LTD.

63 PUTNAM STREET, SUITE 202
SARATOGA SPRINGS, NEW YORK 12866

EVALUATION SUBJECT:

USA FLOOD AIR VENTS: MODELS FOSS; FASS; FOAL; FAAL; ROAL

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ICC EVALUATION SERVICE

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ICC-ES Evaluation Report

ESR-3907

Issued October 2016

This report is subject to renewal October 2017.

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DIVISION: 08 00 00—OPENINGS
Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

USA FLOOD AIR VENTS, LTD.
63 PUTNAM STREET
SUITE 202
SARATOGA SPRINGS, NEW YORK 12866
(631) 269-1872
www.usafloodairvents.com
info@usafloodairvents.com

EVALUATION SUBJECT:

USA FLOOD AIR VENTS: MODELS FOSS; FASS; FOAL; FAAL; ROAL

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2015 and 2012 *International Building Code®* (IBC)
- 2015 and 2012 *International Residential Code®* (IRC)

Property evaluated:

- Physical operation
- Water flow
- Ventilation

2.0 USES

The USA Flood Air Vents are used to provide for the equalization of hydrostatic flood forces on exterior walls. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

USA Flood Air Vents are engineered mechanically operated flood vents that automatically allow flood waters to enter and exit enclosed areas. The vents are constructed of stainless steel or aluminum. On contact with rising flood water, the grill will disengage from its secured position, allowing flood water and debris to flow through in either direction. See Table 1 for vent sizes and Figure 1 for an illustration of the vents.

3.1.1 FOSS: The FOSS is constructed of stainless steel and has a solid flap to prevent the free flow of air into the under-floor space.

3.1.2 FASS: The FASS is constructed of stainless steel and has a flap with $^1/_4$ inch (6 mm) diameter holes to allow for the ventilation of under-floor spaces.

3.1.3 FOAL: The FOAL is constructed of aluminum and has a solid flap to prevent the free flow of air into the under-floor space.

3.1.4 FAAL: The FAAL is constructed of aluminum and has a flap with $^1/_4$ inch (6 mm) diameter holes to allow for the ventilation of under-floor spaces.

3.1.5 ROAL: The ROAL is constructed of aluminum and has a solid flap to prevent the free flow of air into the under-floor space. It is intended for retrofit applications.

3.2 Engineered Opening:

The USA Flood Air Vents flood vents comply with the design principle noted in Section 2.7.2.2 of ASCE/SEI 24-14 (Section 2.6.2.2 of ASCE/SEI 24-05) for a rate of rise and fall of 5 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, USA Flood Air Vents flood vents must be installed in accordance with Section 4.0.

3.3 Ventilation:

USA Flood Air Vents models FASS and FAAL have $^1/_4$ inch (6 mm) diameter holes in the flap to supply natural ventilation for under-floor ventilation. See Table 1 for the net free area provided for under-floor ventilation.

4.0 DESIGN AND INSTALLATION

USA Flood Air Vents flood vents are designed to be installed into walls or doors of existing or new construction. Installation of the flood vents must be in accordance with the manufacturer's instructions, the applicable code and this report. USA Flood Air Vents flood vents can be installed in wood, masonry and concrete walls. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 of ASCE/SEI 24-14 (Section 2.6.2.2 of ASCE/SEI 24-05), the USA Flood Air Vents flood vents must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one flood vent per the amount of enclosed area coverage noted in Table 1.
- Below the base flood elevation.
- With the bottom of the flood vent located a maximum of 12 inches (305 mm) above grade.

5.0 CONDITIONS OF USE

The USA Flood Air Vents described in this report complies with, or is a suitable alternative to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

5.1 The USA Flood Air Vents flood vents must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.

5.2 The USA Flood Air Vents flood vents must not be used in place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015.

7.0 IDENTIFICATION

The USA Flood Air Vents models recognized in this report are identified by a label bearing the manufacturer's name, the model designation, and the evaluation report number (ESR-3907).

TABLE 1—USA FLOOD AIR VENTS

MODEL DESIGNATION	VENT SIZE (Width x Height) (in)	ROUGH OPENING SIZE (Width x Height) (in)	ENCLOSED AREA COVERAGE (ft^2)	FLAP NET FREE AREA[1] (in^2)
FOSS	18 x 10	15 1/2 x 7 1/2	252	None
FASS	18 x 10	15 1/2 x 7 1/2	252	28
FOAL	18 x 10	15 1/2 x 7 1/2	252	None
FAAL	18 x 10	15 1/2 x 7 1/2	252	37
ROAL	16 7/8 x 10	13 7/8 x 7 1/2	224	None

For **SI:** 1 inch = 25.4 mm

[1]Net free area in the vent flap for under-floor space ventilation.

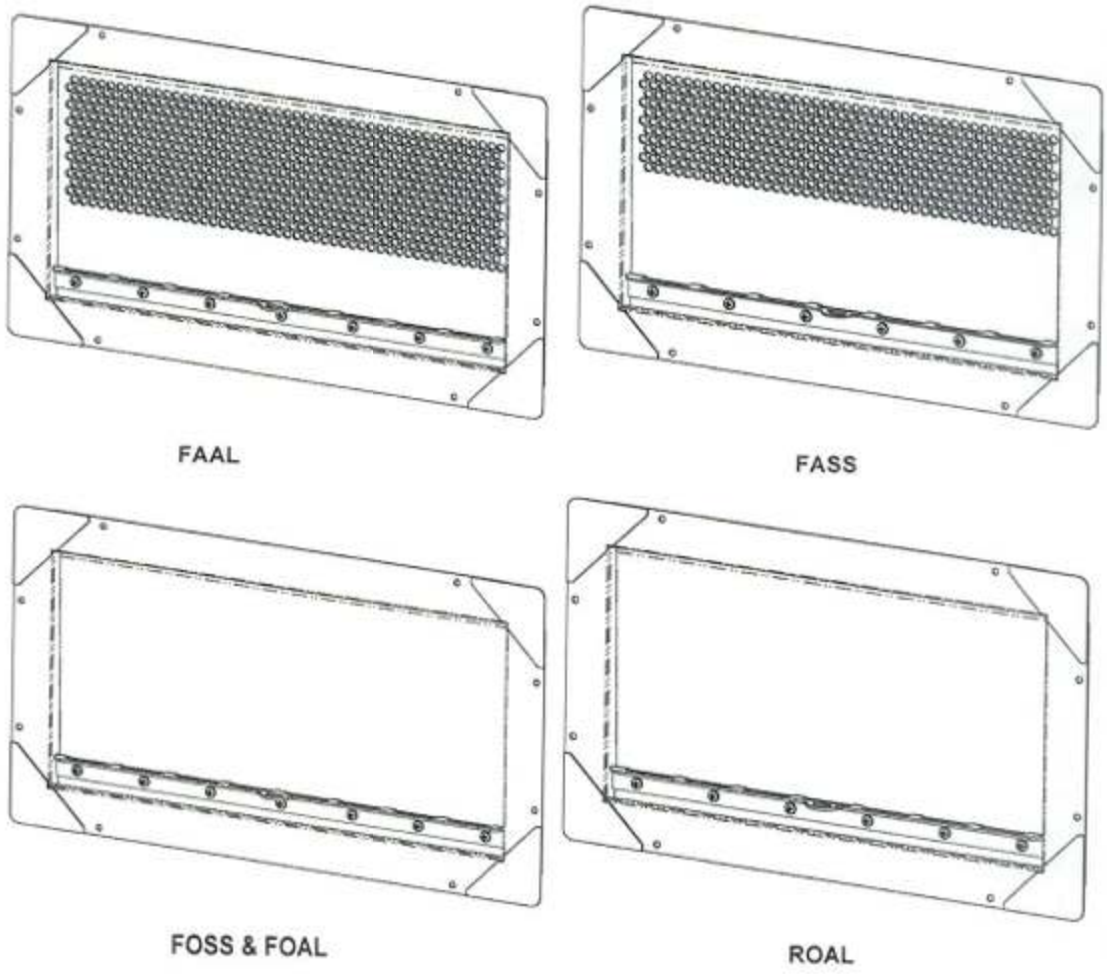

FIGURE 1—USA FLOOD AIR VENTS

ICC-ES Evaluation Report

ESR-3907 CBC and CRC Supplement

Issued October 2016
This report is subject to renewal October 2017.

www.icc-es.org | (800) 423-6587 | (562) 699-0543 *A Subsidiary of the International Code Council®*

DIVISION: 08 00 00—OPENINGS
Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

USA FLOOD AIR VENTS, LTD.
63 PUTNAM STREET, SUITE 202
SARATOGA SPRINGS, NEW YORK 12866
(631) 269-1872
www.usafloodairvents.com
info@usafloodairvents.com

EVALUATION SUBJECT:

USA FLOOD AIR VENTS: MODELS FOSS; FASS; FOAL; FAAL; ROAL

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that USA Flood Air Vents, recognized in ICC-ES master evaluation report ESR-3907, have also been evaluated for compliance with flood vent provisions of ASCE 24 referenced in CBC Chapters 16 and 16A and CRC Section R322; and ventilation provisions of CBC Section 1203.3 and CRC Section R408.2.

Applicable code editions:

- 2013 *California Building Code* (CBC)
- 2013 *California Residential Code* (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The USA Flood Air Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-3907, comply with flood vent provisions of ASCE 24 referenced in CBC Chapters 16 and 16A and ventilation provisions of CBC Section 1203.3, provided the applicable vents are designed and installed in accordance with the 2012 *International Building Code®* (IBC) provisions noted in the master report and the additional requirements of CBC Chapters 16 and 16A and CBC Section 1203.3, as applicable.

2.2 CRC:

The USA Flood Air Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-3907, comply with flood vent provisions of ASCE 24 referenced in CRC Section R322; and ventilation provisions of CRC Section R408.2, provided the applicable vents are designed and installed in accordance with the 2012 *International Residential Code®* (IRC) provisions noted in the master report and the additional requirements of CRC Sections R408.2 and R322, as applicable.

This supplement expires concurrently with the master report, issued October 2016.

ICC-ES Evaluation Report

ESR-3907 FBC Supplement

Issued October 2016
This report is subject to renewal October 2017.

www.icc-es.org | (800) 423-6587 | (562) 699-0543 *A Subsidiary of the International Code Council®*

DIVISION: 08 00 00—OPENINGS
Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

USA FLOOD AIR VENTS, LTD.
63 PUTNAM STREET, SUITE 202
SARATOGA SPRINGS, NEW YORK 12866
(631) 269-1872
www.usafloodairvents.com
info@usafloodairvents.com

EVALUATION SUBJECT:

USA FLOOD AIR VENTS: MODELS FOSS; FASS; FOAL; FAAL; ROAL

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that USA Flood Air Vents, recognized in ICC-ES master evaluation report ESR-3907, has also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2014 *Florida Building Code—Building*
- 2014 *Florida Building Code—Residential*

2.0 CONCLUSIONS

The USA Flood Air Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-3907, complies with the *Florida Building Code—Building* and *Florida Building Code—Residential*, provided the design and installation are in accordance with the 2012 *International Building Code®* provisions noted in the master report.

Use of the USA Flood Air Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code—Building* and *Florida Building Code—Residential*.

For products falling under Florida Rule 9N-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the master report, issued October 2016.

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

BAYSHORE PLUMBING & HEATING
John Robinson
54 Bay Shore Dr
Toms River NJ 08753-6244

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/26/2015 TO 03/31/2016
VALID

13VH01200700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
BAYSHORE PLUMBING & HEATING
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE

03/26/2015 TO 03/31/2016
VALID

SIGNATURE

ACTING DIRECTOR

13VH01200700
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PreConst KSS 11/21/13

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. 130492

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A1. Building Owner's Name DENIS RORKE & CAROL RORKE

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
43 RIALTO DRIVE
City BRICK State NJ ZIP Code 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT: 24 BLOCK: 210.21

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 40D 1' 27.3"N Long. 74D 5' 36.3"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 9

A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s) 906 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2
- c) Total net area of flood openings in A8.b 84 sq in
- d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
- a) Square footage of attached garage NA sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
- c) Total net area of flood openings in A9.b NA 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 0214	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: MON 15 R 2 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 2.21	☒ feet	☐ meters
b) Top of the next higher floor	FF 7.05	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	☒ feet	☐ meters
d) Attached garage (top of slab)	NA	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	HW 7.05	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	4.31	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	4.96	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	4.80	☒ 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

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 04/15/2013 Telephone 732-255-9050

See reverse side for continuation.

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy th. .orresponding information from Section A.

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
43 RIALTO DRIVE

City BRICK State NJ ZIP Code 08723

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 ABFE A-9'
HOT WATER HEATER ON FF @ELEV: 7.05'
HOUSE ON CRAWL AND SLAB. SLAB ELEV: 5.04/6.92'

Signature Date 04/15/2013

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. 43 RIALTO DRIVE	FOR INSURANCE COMPANY USE Policy Number:
City BRICK State NJ ZIP Code 08723	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 – 04/15/2013

REAR VIEW – 04/15/2013

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. 43 RIALTO DRIVE	FOR INSURANCE COMPANY USE Policy Number:
City BRICK State NJ ZIP Code 08723	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 – 04/15/2013

LEFT SIDE VIEW – 04/15/2013