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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

## ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: JOSEPHINE A. CABRELLI & JAMES J. MULLIGAN	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 15 N. VENDOME AVENUE	Company NAIC Number:					
City: MARGATE State: NJ	ZIP Code: 08402					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel N LOT 1, BLOCK 222	umber:					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIA	\L					
A5. Latitude/Longitude: Lat. 39.325278 Long74.512222 Horiz. Datum:	] NAD 1927 ⊠ NAD 1983 [] WGS 84					
A6. Attach at least two and when possible four clear color photographs (one for each side) of the	building (see Form pages 7 and 8).					
A7. Building Diagram Number: 7						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): 1210 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area	a? ⊠ Yes □ No □ N/A					
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 for Non-engineered flood openings:	ot above adjacent grade: 5					
d) Total net open area of non-engineered flood openings in A8.c: 0 sq. in.						
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instruc	tions): 1250 sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 1250 sq. ft.						
A9. For a building with an attached garage:						
a) Square footage of attached garage: N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage	e? ☐ Yes ☐ No  ⊠ N/A					
<ul> <li>c) Enter number of permanent flood openings in the attached garage within 1.0 foot above as Non-engineered flood openings:</li> <li>N/A</li> <li>Engineered flood openings:</li> <li>N/A</li> </ul>	.1					
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.						
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruc	tions): <u>N/A</u> sq. ft.					
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFO	DRMATION 27-350					
B1.a. NFIP Community Name: CITY OF MARGATE CITY B1.b. NFIP Co	mmunity identification Number: 345304					
B2. County Name: ATLANTIC B3. State: NJ B4. Map/Panel No.	34001C0434 B5, Suffix: F					
B6. FIRM Index Date: 08/28/2018 B7. FIRM Panel Effective/Revised Date: 08/28/2	018					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use	Base Flood Depth): 9.0					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  FIS FIRM Community Determined Other:						
B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929  NAVD 1988  Other	er/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						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes	] No					

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IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction A new Elevation Certificate will be required when construction of the building is complete.  E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.  a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	Building Street Address (including Apt., Ur	it, Suite, and/or Bldg. No	.) or P.O. Route	and B	lox No.:		FOR INSURA	NCE COMPANY USE
SECTION E — BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE ARIAO, AND ZONE A (WITHOUT BFE)  FOR ZONE AO, ZONE ARIAO, AND ZONE A (WITHOUT BFE)  72 ZONES AO, ARIAO, and A (without BFE), complete Items E1—E5. For Items E1—E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.  Building measurements are based on:					—   F	Policy Number:		
FOR ZONE AC, ZONE AR/AO, AND ZONE A (WITHOUT BFE)  Por Zones AO, AR/AO, and A (without BFE), complete Items £1-£5. For Items £1-£4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.  Building measurements are based on:  Construction Drawings* Building Under Construction* Finished Construction have building is complete.  E1. Provide measurements (C 2 a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.  a) Top of bottom floor (including basement, crawlspace, or enclosure) is:    feet	City: MARGATE	State: NJ	ZIP Code:	0840	)2	c	Company NAI	C Number:
intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.  Building measurements are based on:	TOD TOUR AS TOUR ADMINISTRATION AND TOUR ASSETS A SAME AS A SAME A							
*A new Elevation Certificate will be required when construction of the building is complete.  E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.  a) Top of bottom floor (including basement, crawlspace, or enclosure) is:								
measurement is above or below the natural HAG and the LAG.  a) Top of bottom floor (including basement, crawlspace, or enclosure) is:						uction*	Finished	d Construction
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 (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION   The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge   Check here if attachments and describe in the Comments area.				ing ar	nd check t	he app	ropriate boxe	s to show whether the
crawlspace, or enclosure) is:		sement, 		feet	me	ters	above or	below the HAG.
next higher floor (C2.b in applicable Building Diagram) of the building is:		sement,		feet	me	ters	above or	below the LAG.
E3. Attached garage (top of slab) is:	next higher floor (C2.b in applicable	nanent flood openings p	provided in Sec					•
E4. Top of platform of machinery and/or equipment servicing the building is:	<del>-</del> -	***************************************	\_ 		_			Tamed
floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.  SECTION F — PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION  The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge  Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City: State: ZIP Code:  Telephone: Ext.: Email:  Signature: Date:	E4. Top of platform of machinery and/or	equipment	 					•
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge  Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  State:  ZIP Code:  Telephone:  Ext.:  Email:  Date:							Committee of the commit	
sign here. The statements in Sections A, B, and E are correct to the best of my knowledge  Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  State:  ZIP Code:  Telephone:  Ext.:  Email:  Date:	SECTION F - PROPERTY	OWNER (OR OWNE	R'S AUTHOR	IZED	REPRES	SENTA	ATIVE) CER	TIFICATION
Property Owner or Owner's Authorized Representative Name:           Address:	· · · -	•	•			or Zon	e A (without B	FE) or Zone AO must
Address:         State:         ZIP Code:           Telephone:         Ext.:         Email:           Signature:         Date:	Check here if attachments and descr	ibe in the Comments ar	ea.					
City:         State:         ZIP Code:           Telephone:         Ext.:         Email:           Signature:         Date:	Property Owner or Owner's Authorized F	epresentative Name:					<del></del>	
Telephone: Ext.: Email:	Address:							
Signature: Date:	City:				State:		ZIP Code:	
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	Signature:		Da	ite:				
	Comments:							

#### **ELEVATION CERTIFICATE**

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 22-350

City, MARGATE  Statis: NJ ZIP Code: 08402  Company NAIC Number: Company NAIC Number: SECTION H = BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)  The property owner owner's authorized representative, or local floodplein management official may complete Section H for all flood zone to determine the building first floor height for insurance purposes. Sections A, 8 and I must also be completed. Each religible to the nearest tenth of a floor (nearest tenth of a floor) in the floor (nearest tenth of a floor) in the floor (nearest tenth of a floor) in the floor of the floor (nearest tenth of a floor) in the floor of the floor (nearest tenth of a floor) in the floor of the bed of the building (sa listed in Item H2 instructions) elevated to or above the ILAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:  12. Is all Machinery and Equipment servicing the building (sa listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?  13. Is all Machinery and Equipment servicing the building (sa listed in Item H2 instructions) for the appropriate Building Diagram?  14. Is all Machinery and Equipment servicing the building floor in the Floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?  15. Is all Machinery and Equipment Servicing the building floor in the floor indicated by the floor indicated by th	VENIJUNE AVENI		, and/or Bldg. No.) or	r P.O. Route and Box	No.:	FOR INSURANCE COMPA	NY USE	
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a) For Building Diagrams 1A, 1B, 3, and 5-8. Top of bottom	o determine the building's f nearest tenth of a foot (near	irst floor height for ins rest tenth of a meter i	surance purposes. S in Puerto Rico). <i>Ref</i>	Sections A, B, and I in Sections A, and I in Sections A, and Sections A, and I in Sections A, and Sections A, and Sect	must also be <i>tion Type Di</i>	completed. Enter heights to the agrams (at the end of Section	he	
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higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:  H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?    Yes	floor (include above-gra	ade floors only for bui		[	feet	meters		
H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?  Yes No  SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION  The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. The statements in Sections A, B, and H are correct to the best of my knowledge. Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.  Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  State:  ZIP Code:  Felephone:  Ext.:  Email:  Date:  Date:	higher floor (i.e., the flo				feet	meters		
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Property Owner or Owner's Authorized Representative Name:  Address:  City: State: ZIP Code:  Felephone: Ext.: Email:  Date:	A, B, and H are correct to th	ne best of my knowled						
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City:         State:         ZIP Code:           Felephone:         Ext.:         Email:           Signature:         Date:	Check here if attachmer	its are provided (incit	ratua tedatrea bilora	os) and describe eac	h attachmen	t in the Comments area.		
City: State: ZIP Code:  Felephone: Ext.: Email: Date:				os) and describe eac	h attachmen	t in the Comments area.		
Signature: Date:	Property Owner or Owner's	Authorized Represer	ntative Name:		h attachmen	t in the Comments area.		
	Property Owner or Owner's	Authorized Represer	ntative Name:					
Comments:	Property Owner or Owner's Address: City:	Authorized Represer	ntative Name:					
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#### **ELEVATION CERTIFICATE**

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

	Continuation	raye	
Building Street Address (including Apt., Un 15 N. VENDOME AVENUE	it, Suite, and/or Bldg. No.) or P.O	. Route and Box No.:	FOR INSURANCE COMPANY USE
City: MARGATE	State: NJ ZIP	Code: 08402	Policy Number:
<u> </u>		<u> </u>	Company NAIC Number:
Insert the third and fourth photographs be View," or "Left Side View." When flood or vents, as indicated in Sections A8 and A9	penings are present, include at le	th the date taken and "Fron east one close-up photogra	t View," "Rear View," "Right Side ph of representative flood openings or
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171 <sub>6</sub>			
	Photo The	ee	
Photo Three Caption: REAR VIEW		77-35	Clear Photo Three
	Constant Constant		<u> </u>
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	Photo Fo	ur	
Photo Four Caption: FREEDOM FLOC	D VENT MODEL FFV 1608	TYPICAL OF 5	Clear Photo Four