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

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

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	Expiration	Date:	July 31	2015

	FOR INSURANCE COMPANY USE										
A1. Building Owner's Name 18 Sunset Av	Policy Number:										
A2. Building Street Address (including Apt 18 Sunset Avenue	Company	NAIC Number:									
City East Quogue		State NY	ZIP Cod	e 11942							
A3. Property Description (Lot and Block N tax lot 900 - 360 - 02 - 44	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) tax lot 900 - 360 - 02 - 44										
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) residential  A5. Latitude/Longitude: Lat. N 40 50 07 Long. W 72 34 59 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):  A9. For a building with an attached garage:  a) Square footage of crawlspace or enclosure(s)  b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0 within 1.0 foot above adjacent grade 0 sq in  c) Total net area of flood openings? Yes No  d) Engineered flood openings? Yes No											
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION											
B1. NFIP Community Name & Community town of Southampton 365342	B2. County Name Suffolk			B3. State NY							
B4. Map/Panel Number B5. Suffix H	B6. FIRM Index E Sept. 25 2009		IRM Panel /Revised Date NA	B8. Flood Zone(s) AE		ase Flood Elevation(s) (Zone D, use base flood depth) EL 9					
310. 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:  311. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929   ☑ NAVD 1988 ☐ Other/Source:  312. 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:											
<ul> <li>c) Bottom of the lowest horizontal struct</li> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or equ (Describe type of equipment and loca</li> <li>f) Lowest adjacent (finished) grade next</li> <li>g) Highest adjacent (finished) grade next</li> <li>h) Lowest adjacent grade at lowest elevations</li> </ul>	ipment servicing the tion in Comments) to building (LAG) t to building (HAG)	building	<u>N</u> 2 6 7	IA IA . <u>3</u> . <u>3</u> .6	☐ feet	meters meters meters meters meters meters meters meters 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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No  Certifier's Name David H. Fox  License Number 50234											
Title Land Surveyor Company Name Fox Land Surveying											
Address 64 Surfact Avenue City Westhampton Beach State NY ZIP Code 11978											
Signature	Date 05/07/15		elephone 63			-					