

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use	
BUILDING OWNER'S NAME VERONICA AURILIA			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 8 LANDSEND LANE			Company NAIC Number	
CITY SOUTHAMPTON	STATE NY	ZIP CODE 11968		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SUFFOLK COUNTY TAX # 0900-155-02-009.000				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (N ^{00°} - N ^{00'} - 00.00" or N ⁰⁰ 00' 00")		HORIZONTAL DATUM ☐ NAD 1927 ☐ NAD 1983		SOURCE: ☐ GPS (Type) _____ ☐ USGS Quad Map ☐ Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER TOWN OF SOUTHAMPTON 385342		B2. COUNTY NAME SUFFOLK		B3. STATE NY	
B4. MAP AND PANEL NUMBER 3810300513	B5. SUFFIX G	B6. FIRM INDEX DATE 5-4-95	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5-4-95	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AE, use depth of flooding) EL. +5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1986 ☐ Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings ☐ Building Under Construction ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR1, AR1AE, AR1A1-A30, AR1AH, AR1AD

Complete items C3-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments: _____

Elevation reference mark used RM 228 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

- a) Top of bottom floor (including basement or enclosure) 4. 5 ft (m)
- b) Top of next higher floor 2. 3 ft (m)
- c) Bottom of lowest horizontal structural member (V zones only) _____ ft (m)
- d) Attached garage (top of slab) _____ ft (m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 6. 3 ft (m)
- f) Lowest adjacent (finished) grade (LAG) 5. 1 ft (m)
- g) Highest adjacent (finished) grade (HAG) 6. 8 ft (m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3
- i) Total area of all permanent openings (flood vents) in C3.h 1236 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME KARL W. WEISENBACHER

LICENSE NUMBER LS 36155

TITLE LAND SURVEYOR

COMPANY NAME SQUIRES, HOLDEN, WEISENBACHER & SMITH

ADDRESS
46 JAGGER LANE, PO BOX 1013

CITY
SOUTHAMPTON

STATE
NY

ZIP CODE
11969

SIGNATURE *Karl W. Weisenbacher*

DATE
5-18-05

TELEPHONE
631-283-0412

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.

8 LANDSEND LANE

CITY
SOUTHAMPTON

STATE
NY

ZIP CODE
11968

For Insurance Company User

Policy Number

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

THERE ARE 3 OPENINGS IN CRAWL SPACE HAVING 1,296 SQ. INCHES OF AREA

THE CRAWL SPACE HAS AN AREA OF 1,200 SQ. FT.

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available.)

E5. For 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, C (items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

KARL W. WEISENBACHER

ADDRESS
46 JAGGER LANE, PO BOX 1013

CITY
SOUTHAMPTON

STATE
NY

ZIP CODE
11968

SIGNATURE

Karl W. Weisenbacher

DATE
5-19-05

TELEPHONE
631-283-0412

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.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G8) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is

___ ft.(m)

Datum: ___

G9. BFE or (in Zone AO) depth of flooding at the building site is:

___ ft.(m)

Datum: ___

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS