

# Town of Westerly Rhode Island

Department of  
Development Services  
Planning Office



Town Hall  
45 Broad Street  
Westerly, RI 02891

## Memo of Review for Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.  
The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION						For Insurance Company Use:	
A1. Building Owner's Name						Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Company NAIC Number	
City		State		ZIP Code			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____							
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 _____							
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) _____ sq ft				a) Square footage of attached garage _____ sq ft			
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____				b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____			
c) Total net area of flood openings in A8.b _____ sq in				c) Total net area of flood openings in A9.b _____ sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No				d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number			B2. County Name			B3. State	
B4. Map/Panel Number <b>44009 C0254</b>	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)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____							
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA							
Local Official's Name <b>David Murphy</b>				Title <b>Building Official</b>			
Community Name <b>Town of Westerly</b>				Telephone <b>(401) 348-2546</b>			
Signature <i>David Murphy</i>				Date <b>10-20-17</b>			
Comments							

# ELEVATION CERTIFICATE

**IMPORTANT:** Follow the instructions on pages 1-9.

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

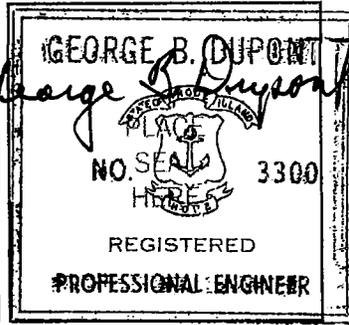
*PRE Sandy*

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name <b>Patricia Woods &amp; Carol Pelczar</b>		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>35 Atlantic Avenue</b>		Company NAIC Number:
City <b>Westerly</b>	State <b>RI</b>	ZIP Code <b>02891</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>Assessor's Plat 175 Lot 14 Westerly, RI</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>N41 19' 11.11"</u> Long. <u>W71 49' 13.69"</u>		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 <u>5</u>		
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) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <b>Westerly, RI 445410</b>			B2. County Name <b>Washington County</b>		B3. State <b>RI</b>
B4. Map/Panel Number <b>254</b>	B5. Suffix <b>J</b>	B6. FIRM Index Date <b>10/16/2013</b>	B7. FIRM Panel Effective/Revised Date <b>10/16/2013</b>	B8. Flood Zone(s) <b>VE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>VE 14.00</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <b>PRIOR TO DEMOLITION (SEE PHOTOS)</b> *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: <u>LWO 816 26.37'</u> Vertical Datum: <u>NAVD 1988</u>	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) <u>11 . 95</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) <u>10 . 77</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) <u>4 . 97</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) <u>6 . 35</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>5 . 39</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> 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.			
<input type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name <b>George B. Dupont</b>		License Number <b>PE3300, PLS1563</b>	
Title <b>P.E. &amp; P.L.S.</b>		Company Name <b>A.R.M. Engineering, Inc.</b>	
Address <b>PO Box 507</b>		City <b>Ashaway</b>	State <b>RI</b>
Signature <i>George B. Dupont, P.E., P.L.S.</i>		Date <b>9/3/15</b>	Telephone <b>(401) 484-4811</b>
		ZIP Code <b>02804</b>	



**ELEVATION CERTIFICATE, page 2**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>35 Atlantic Avenue</b>			Policy Number:	
City <b>Westerly</b>	State <b>RI</b>	ZIP Code <b>02891</b>	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

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Signature *George B. Dupont, P.E., PLS* Date *9/3/15*

**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 LOMRF 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 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 _____
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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: \_\_\_\_\_ . \_\_\_\_\_  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**

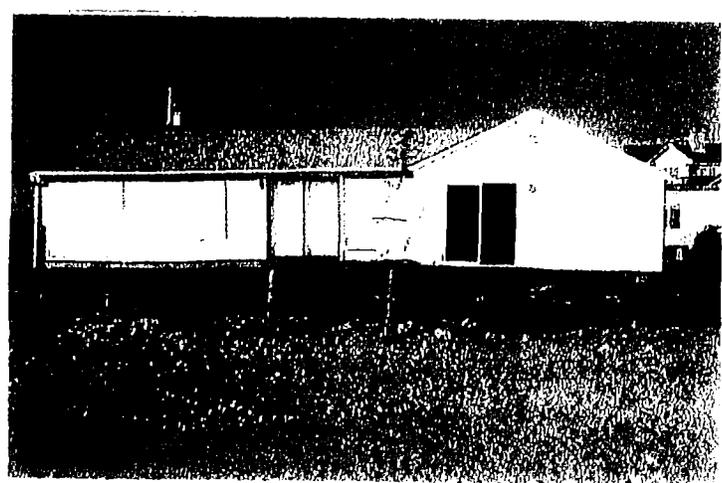
See Instructions for Item A6.

<b>IMPORTANT:</b> In these spaces, copy the corresponding information from Section A.			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. 35 Atlantic Avenue			Policy Number:	
City Westerly	State RI	ZIP Code 02891	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.



NORTH SIDE PRIOR TO SANDY STORM



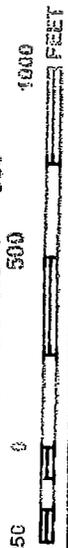
SOUTH SIDE 12/13/12



NORTH EAST CORNER 12/13/12



MAP SCALE 1" = 500'



# NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0254J

## FIRM FLOOD INSURANCE RATE MAP WASHINGTON COUNTY, RHODE ISLAND (ALL JURISDICTIONS)

PANEL 254 OF 368  
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:  
COMMUNITY NUMBER 485416  
TOWN OF WESTERN  
PANEL 0254  
SUFFIX J

NOTE:  
THIS MAP INCLUDES BOUNDARIES OF THE COASTAL BARRIER RESOURCES SYSTEM ESTABLISHED UNDER THE COASTAL BARRIER RESOURCES ACT OF 1982 AND/OR SUBSEQUENT ENABLING LEGISLATION.

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER  
44009C0254J  
MAP REVISED  
OCTOBER 16, 2013

Federal Emergency Management Agency

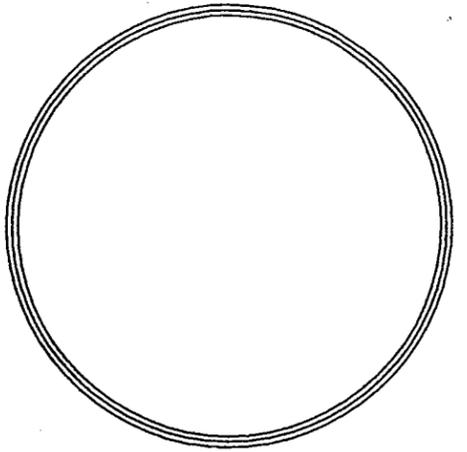
This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps, check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)



LITTLE MASCHAUG POND

ZONING DATA  
 ZONING DISTRICT HDR-10  
 SINGLE FAMILY DWELLING  
 FRONT YARD SETBACK 30'  
 SIDE YARD SETBACK 15'  
 REAR YARD SETBACK 30'

MAPLE WOOD AVENUE



LOCATION MAP

BENCH MARK  
 DRILL HOLE IN CURB  
 ELEVATION 5.33  
 NAVD 1988

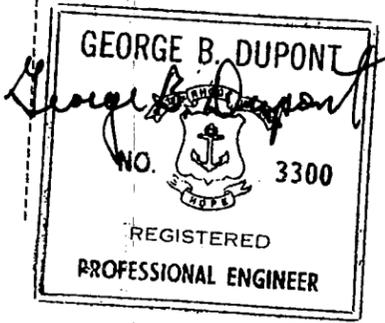
**SITE PLAN**  
**EXISTING CONDITIONS**

FIELD DATA GATHERED AS OF 11/15/2012

PREPARED FOR

PATRICIA WOODS  
 ASSESSOR'S PLAT 175 LOT 114  
 ATLANTIC AVENUE  
 WESTERLY, RI

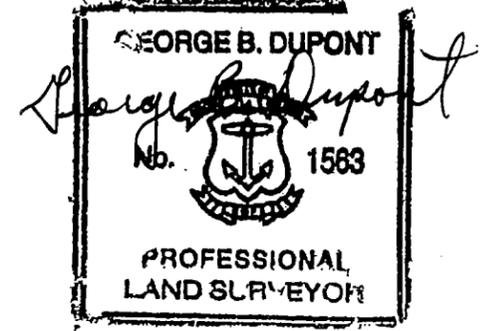
A.R.M. ENGINEERING INC.  
 211 MAIN STREET  
 ASHAWAY, R.I. 02804  
 (401) 377-8789



LEGEND	
EXISTING CONTOUR LINES	--- 100 ---
PROPOSED CONTOUR LINES	—— 100 ——
RETAINING WALL	⊖
TEST HOLE LOCATION	⊕
IRON PIN	⊙
UTILITY POLE	⊗
EXISTING WATER GATE	● WC
EXISTING FIRE HYDRANT	□ FH

**REFERENCES:**

R.I. SUPERIOR COURT CASE WC89- 255  
 ADMINISTRATIVE SUBDIVISION PLAN  
 PREPARED FOR THERESA D. BELL  
 ATLANTIC AVENUE, PLAT 176, LOTS 25&26  
 WESTERLY, R.I. NOV. 14, 2000 BY  
 CHERENZIA AND ASSOCIATES LTD  
 WESTERLY, R.I.



ATLANTIC

ATLANTIC AVENUE

BLOCK ISLAND SOUND

AP 175  
 LOT 17  
 N/F WILLIAM & MARIE  
 SCOLA

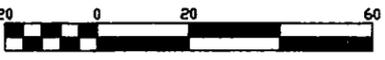
AP 176  
 LOT 16  
 N/F ANTHONY  
 BOTICELLO

AP 176  
 LOT 16

AP 175  
 LOT 14  
 PATRICIA WOODS

AP 175  
 LOT 13

AP 176  
 LOT 12



Scale 1" = 20 ft  
 PRINTED 1/2 SIZE