

# 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	B5. Suffix	B6. FIRM Index Date <i>10/16/2013</i>	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 <i>David Murphy</i>	Title <i>Building Official</i>
Community Name <i>Town of Westerly</i>	Telephone <i>(401) 348-2546</i>
Signature <i>David Murphy</i>	Date <i>10-20-17</i>
Comments _____	

**RECEIVED**  
**SEP 2 2016**  
**CODE ENFORCEMENT**

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

**SECTION A - PROPERTY INFORMATION**

A1. Building Owner's Name **Paul C. & Alexandria S. Dewey**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
**39 Grassland Way**

City **Westerly** State **RI** ZIP Code **02891**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**Tax Assessor's Map 150, Lot 36-19**

**FOR INSURANCE COMPANY USE**

Policy Number:

Company NAIC Number:

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

A5. Latitude/Longitude: Lat. **N41° - 19.828'** Long. **W071° - 49.958'** Horizontal Datum:  NAD 1927  NAD 1983 **Google Earth**

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): **2 Crawlspaces (see comments)**

a) Square footage of crawlspace or enclosure(s) **1,026 sq ft (Existing House)**

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **4 Total**

c) Total net area of flood openings in A8.b **512 (sq inches)**

d) Engineered flood openings?  Yes  No **See Comments**

A9. For a building with an attached garage: **n/a**

a) Square footage of attached garage **sq ft**

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

c) Total net area of flood openings in A9.b **sq in**

d) Engineered flood openings?  Yes  No

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number  
**Westerly, Town of 445410**

B2. County Name  
**Washington**

B3. State  
**RI**

B4. Map/Panel Number <b>44009C0254</b>	B5. Suffix <b>J</b>	B6. FIRM Index Date <b>07/28/1972</b>	B7. FIRM Panel Effective/Revised Date <b>October 16, 2013</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>12 FT</b>
---	------------------------	--	--	--------------------------------	---

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: **Previous FEMA/FIRM Reference Marks** Vertical Datum: **NGVD 1929 (Conversion Factor - 0.95 Ft)**

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) **7.2**  feet  meters

b) Top of the next higher floor **12.5**  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) **13.0**  feet  meters

f) Lowest adjacent (finished) grade next to building (LAG) **10.8**  feet  meters

g) Highest adjacent (finished) grade next to building (HAG) **11.0**  feet  meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **11.3**  feet  meters

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.

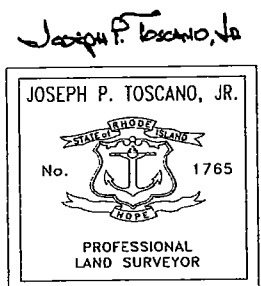
Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments.

Certifier's Name **Joseph P. Toscano, Jr.** License Number **RI PLS 1765**

Title **Professional Land Surveyor** Company Name **Sole - Proprietor**

Address **85 Beach Street, Unit B-3** City **Westerly** State **RI** ZIP Code **02891**



Signature **Joseph P. Toscano, Jr.** Date **August 29, 2016** Telephone **(401) 596-2824**

<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. 39 Grassland Way	Policy Number:
City Westerly State RI ZIP Code 02891	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

The lowest elevation of machinery or equipment is Elev.=13.0 ft with the exception of the exterior air conditioning condensers which are at Elev.=10.6 ft. The dwelling has 2 crawl spaces, one crawlspace for the existing portion of the dwelling having 1,026 sq. ft. of area with four 8"x16" grided grates (512 SF) on opposite sides. The crawlspace bottom for the existing dwelling is 3.4 ft. below grade. The second crawlspace is for the addition that was recently constructed having a total of 762 sq. ft., 244 sq. ft. of new area and 518 sq. ft. for the existing garage that was converted to living space with five engineered flood vents (Model #1540-520) that cover 1,000 SF of floor space. The finished floor elevation of the addition is 13.0. End of Comments.

Signature Joseph F. Escano, Jr Date August 29, 2016

**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.

Building Photos Page 3 of 5

**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.  
39 Grassland Way

City Westerly

State RI

ZIP Code 02891

FOR INSURANCE COMPANY USE

Policy Number:

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 Of Front View - Photo Taken 8-28-16

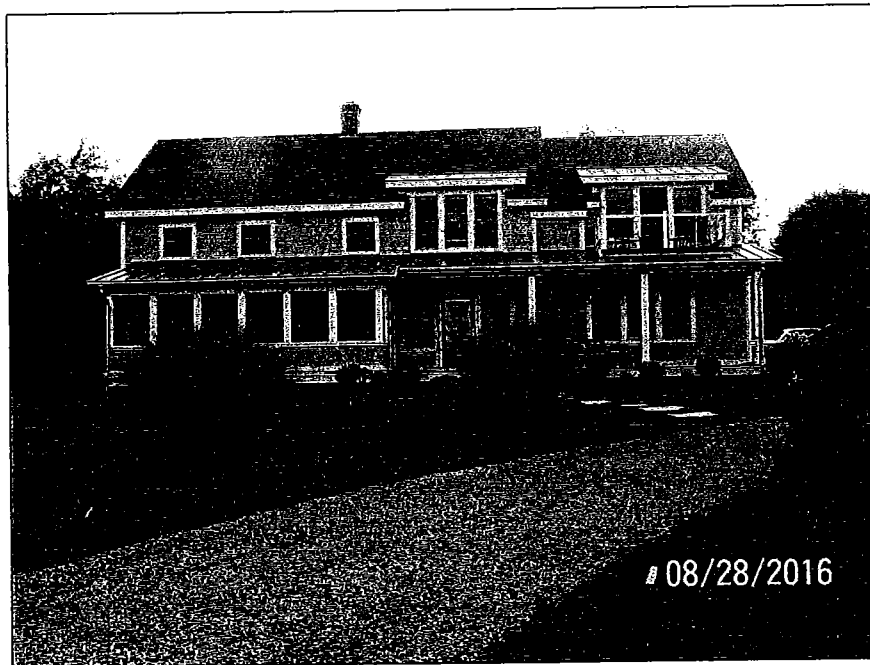


Photo Of Right Side View - Photo Taken 8-28-16



# Building Photographs

Continuation Page  
Building Photos Page 4 of 5

**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.  
39 Grassland Way

Policy Number:

City Westerly

State RI

ZIP Code 02891

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 Of Rear View - Photo Taken 8-28-16

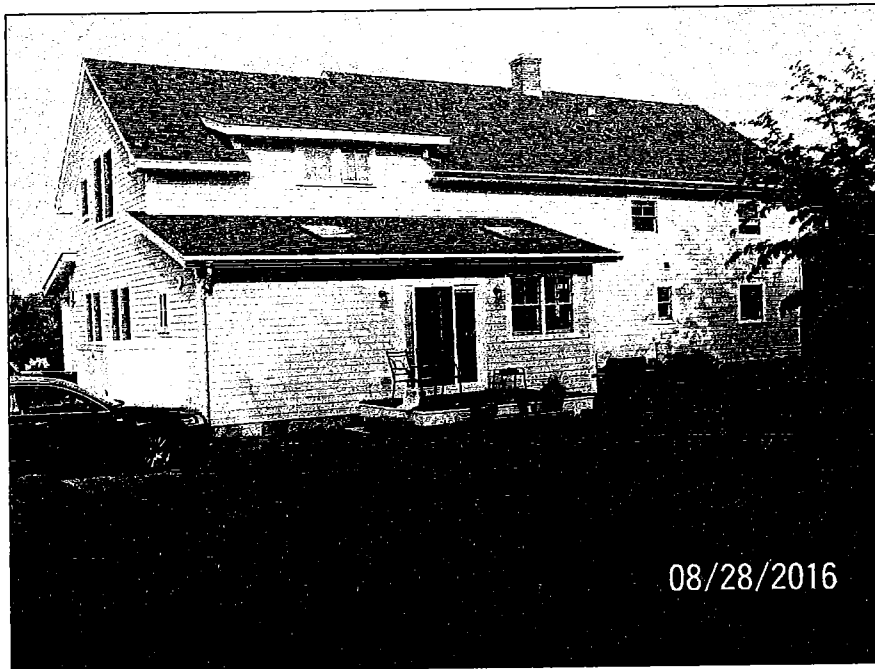


Photo Of Left Side View - Photo Taken 8-28-16



# Attachment

Accompanying Elevation Certificate – Page 5 of 5

**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.  
39 Grassland Way

City Westerly

State RI

ZIP Code 02891

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

**No Information to report.**