

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 10/16/2013	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 David Murphy	Title Building Official
Community Name Town of Westerly	Telephone (401) 348-2546
Signature	Date 10-20-17
Comments	

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name **Jan M. & Elizabeth Lukasik**
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
399 Atlantic Avenue

Policy Number:
 Company NAIC Number:

Westerly State RI ZIP Code 02891

Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Assessor's Map 167, Lot 29

Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**
 Latitude/Longitude: Lat. **N41° - 19.561'** Long. **W071° - 47.273'** Horizontal Datum: NAD 1927 NAD 1983 **Google Earth 07-11-14**
 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

Building Diagram Number **5**
 Attached building with a crawlspace or enclosure(s): **n/a** Attached garage: **n/a**
 Square footage of crawlspace or enclosure(s): **n/a** sq ft Attached garage: **n/a** sq ft
 Number of permanent flood openings in the crawlspace enclosure(s) within 1.0 foot above adjacent grade: **n/a** Flood openings in the attached garage adjacent grade: **0**
 Total net area of flood openings in A8.b: **n/a** (sq inches) c) Total net area of flood openings in A9.b: **0** sq in
 Engineered flood openings? Yes No d) Engineered flood openings? Yes No

Should we fill in enclosed space?

1008' Enclosure

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
44009C0258

B5. Suffix
J

B6. FIRM Index Date
July 28, 1972

B7. FIRM Panel Effective/Revised Date
October 16, 2013

B8. Flood Zone(s)
VE

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
15'

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: **Previously published FEMA/FIRM data** 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)	19.2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	29.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	18.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	n/a	<input checked="" 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)	16.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	8.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	8.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	8.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

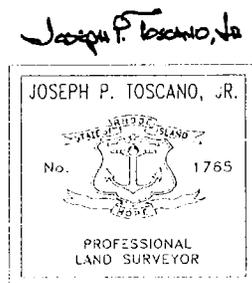
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable 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 **July 11, 2014** Telephone **(401) 596-2824**



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. 399 Atlantic Avenue	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

Foundation is concrete columns with in-fill breakaway panels. No electrical or mechanical equipment within ground level. Elevated HVAC equipment at elevation 16.1. End of Comments.

1008 Sq Ft D.O. m.

Signature Jaques F. Escano, Jr. Date July 11, 2014

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 _____
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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.

Building Photos Page 3 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.
399 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.

**Photo Of Front & Right Side View
Photo Taken July 11, 2014**



**Photo Of Front View
Photo Taken July 11, 2014**



Building Photographs

Continuation Page
Building Photos Page 4 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. 399 Atlantic Avenue			FOR INSURANCE COMPANY USE
City Westerly	State RI	ZIP Code 02891	Policy Number:
			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.			

**Photos Of Rear and Left Side
Photos Taken July 11, 2014**



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. 399 Atlantic Avenue	FOR INSURANCE COMPANY USE Policy Number:
City Westerly State RI ZIP Code 02891	Company NAIC Number:

No Information to report.