

# 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 <b>10/16/2013</b>	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.  
 FIS Profile     FIRM     Community Determined     Other (Describe) \_\_\_\_\_
- B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929     NAVD 1988     Other (Describe) \_\_\_\_\_
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  
 Yes  
 No  
 Designation Date \_\_\_\_\_     CBRS     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

OMB No. 1660-008  
Expiration Date: July 31, 2015

**Important: Read the instructions on pages 1-9.**

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>Sue Abernathy Melvin</b>			For Insurance Company Use:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>18 Brightman Way</b>			Policy Number		
City <b>Westerly</b>			State <b>Rhode Island</b>		ZIP Code <b>02891</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>Assessors Map 141 - Lot No.159</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>Residential</b>					
A5. Latitude/Longitude: Lat. <b>N41°-20.100'</b> Long. <b>W71°-47.268'</b> Google Earth 2015 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 <b>No. 2</b>					
A8. For a building with a crawl space or enclosure(s),			A9. For a building with an attached garage, provide:		
a) Square footage of crawl space or enclosure(s) <b>712</b> sq ft			a) Square footage of attached garage <b>420</b> sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <b>4</b>			b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <b>0</b>		
c) Total net area of flood openings in A8.b <b>800</b> sq in (see comments)			c) Total net area of flood openings in A9.b <b>0</b> sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input 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>Town of Westerly, RI 445410</b>		B2. County Name <b>Washington</b>		B3. State <b>Rhode Island</b>	
B4. Map/Panel Number <b>44009C0258</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>Zone AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) (EL 13')

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 (Describe) \_\_\_\_\_

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 FIRM 445410-0020-E, RM No. 7 (Converted NGVD1929 to NAVD 1988 (-0.95 FT))** Vertical Datum: **NGVD 1929**  
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.

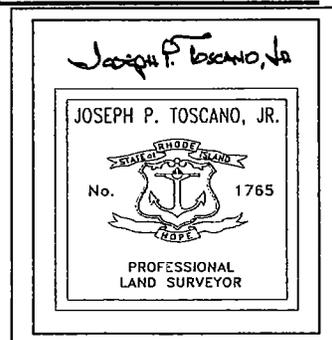
		Check the measurement used.
a) Top of bottom floor (including basement, crawl space, or enclosure floor),	<b>5.0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<b>13.2</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>n/a</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<b>11.2</b>	<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)	<b>5.0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<b>10.6</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<b>11.1</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>10.5</b>	<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.

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

Certifier's Name <b>Joseph P. Toscano, Jr.</b>		License Number <b>RI PLS License No. 1765</b>	
Title <b>Professional Land Surveyor</b>		Company Name	
Address <b>85 Beach Street</b>	City <b>Westerly</b>	State <b>RI</b>	ZIP Code <b>02891</b>
Signature <b>Joseph P. Toscano, Jr.</b>		Date <b>06/24/16</b>	Telephone <b>401-596-2824</b>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>18 Brightman Way</b>	Policy Number
City State ZIP Code Westerly, RI 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 An addition was recently constructed on the north side of the existing dwelling. The addition was built on a crawl space with the crawl space elevation being 10.2 There are a total of 4 "Smart Vents", Model No. 1540-520 installed at opposing sides of the enclosed area rated for 200 sq. ft. of floor area per unit. The finished floor of the addition is elevation 14.0. The AC condensers servicing the addition are located on a platform at elevation 13.4. The existing dwelling has mechanical equipment (i.e. boiler) within the basement level at elevation 5.0.  
End Comments. 4 SMART VENTS = 1000 sq ft OK R.O.

Signature Jaqueline F. Rosano, Jr Date 06/24/16  Check here if attachments

**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, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawl space, 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 - G9. 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.-G9.) 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 Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>18 Brightman Way</b>			For Insurance Company Use: Policy Number
City <b>Westerly</b>	State <b>Rhode Island</b>	ZIP Code <b>02891</b>	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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 1: Taken 06/10/2016, From the street, looking at the "FRONT RIGHT" house view.



PHOTO 2: Taken 06/10/2016, From the street, looking at the "FRONT" house view.



# Building Photographs

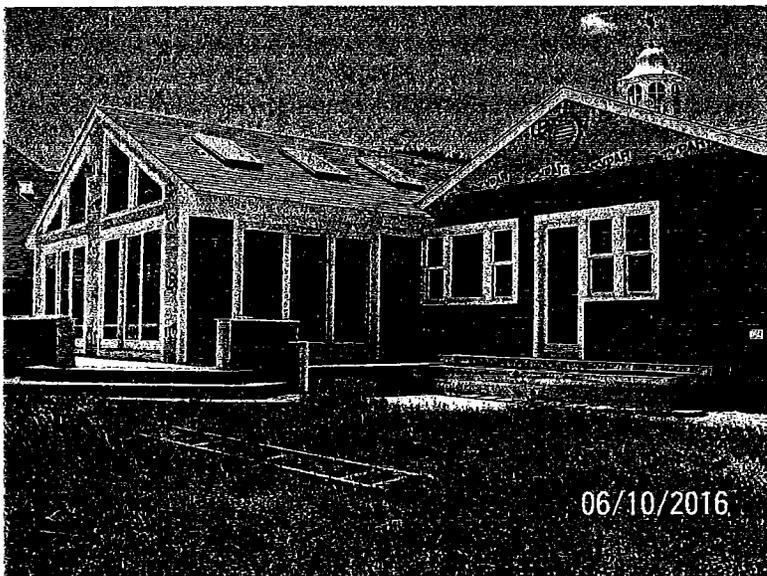
Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>18 Brightman Way</b>			For Insurance Company Use: Policy Number
City <b>Westerly</b>	State <b>Rhode Island</b>	ZIP Code <b>02891</b>	Company NAIC Number
<p>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.</p>			

PHOTO 3: Taken 06/10/2016 - View Of REAR RIGHT SIDE House View



PHOTO 4: Taken 06/10/2016 - View Of REAR Of Existing House



# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>18 Brightman Way</b>			For Insurance Company Use: Policy Number
City <b>Westerly</b>	State <b>Rhode Island</b>	ZIP Code <b>02891</b>	Company NAIC Number
<p>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.</p>			

PHOTO 5: Taken 06/10/2016 - View Of REAR of Addition

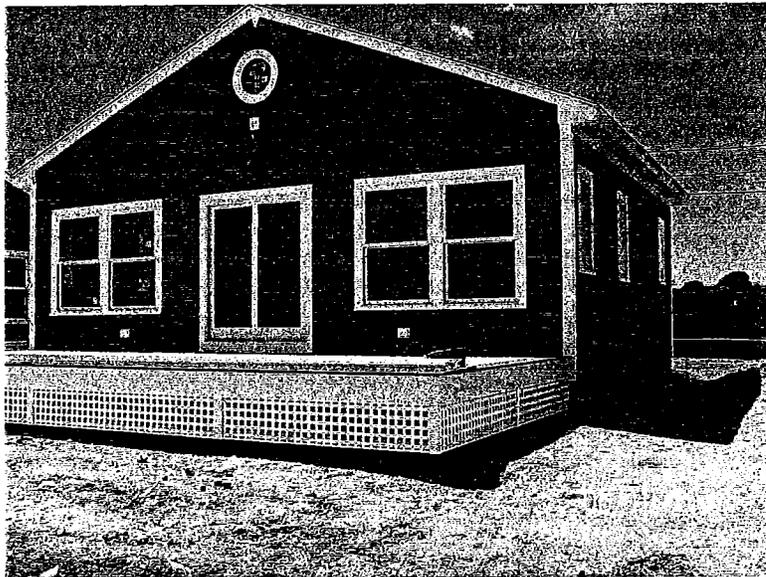
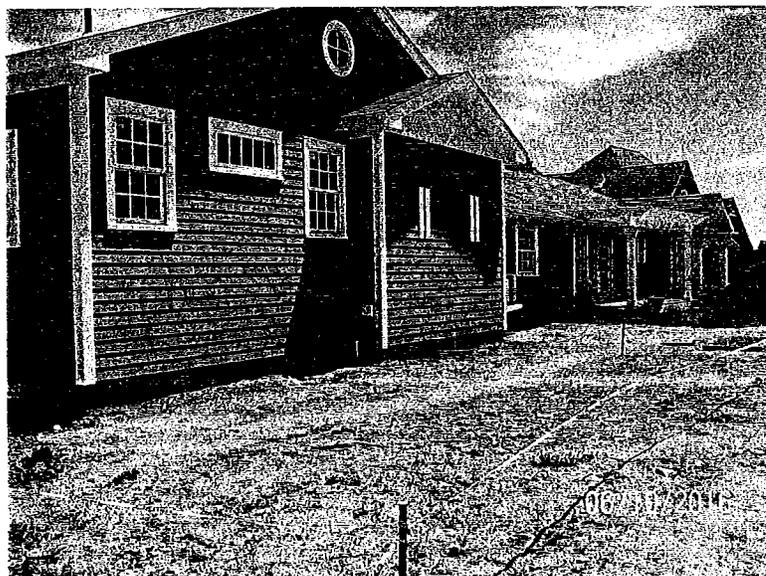


PHOTO 6: Taken 06/10/2016 - View Of FRONT Of Addition



# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>18 Brightman Way</b>			For Insurance Company Use: Policy Number
City <b>Westerly</b>	State <b>Rhode Island</b>	ZIP Code <b>02891</b>	Company NAIC Number
<p>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.</p>			

PHOTO 7: Taken 06/10/2016 - View Of FRONT House View with AC Condensers



Building Conservation Technology LLC

Testing Sheet

Rater: Bill O'Keefe

RTIN: 3324510

Signature: Will O'Keefe

Date of Test: 7/13/16

Builder: Chris Clarke

Builder Contact: Chris Clarke

Address of Test: 18 Brightman Rd Westerly, RI

SFBE      Total Heated Space: 3621 Volume: 30372

Source of Area and Volume Calculations: Rorter

Blower Door Test

Date	Pa Outside	Ring	Fan Pressure	Fan Flow	ACH50	PASS/FAIL	NOTES
7/13/16	-	A1	50 Pa	2448 cfm	4.84	pass	

Duct Blaster Test

Air Handler Location: Basement Floor Served: 2183

Area Served:      Rough In or Post Construction:

Date	Total or Outside	Ring	Fan Pressure	Fan Flow	Leakage	Pass or Fail	NOTES
7/13/16	Outside	B2	25 Pa	166 cfm	7.670	pass	Compliance 870

Duct Blaster Test

Air Handler Location: Basement Floor Served: 576

Area Served:      Rough In or Post Construction:

Date	Total or Outside	Ring	Fan Pressure	Fan Flow	Leakage	Pass or Fail	NOTES
7/13/16	Outside	C3	25 Pa	c fm	7.870	pass	Compliance 870

Attic System in Conditioned Space