

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

ELEVATION CERTIFICATE

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

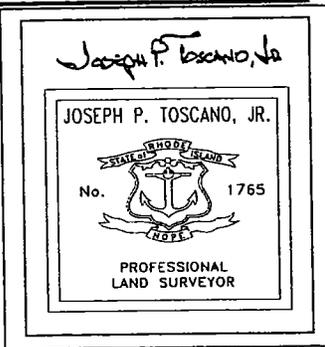
Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION			For Insurance Company Use:
A1. Building Owner's Name ELIAS H. TREFES & THE ESTATE OF CHARLES H. TREFES			Policy Number
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 338 Atlantic Avenue			Company NAIC Number
City Westerly	State Rhode Island	ZIP Code 02891	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Assessors Map 167 - Lot No.43			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. N41°-19.550' Long. W71°-47.595' 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 No. 6			
A8. For a building with a crawl space or enclosure(s),		A9. For a building with an attached garage, provide: n/a	
a) Square footage of crawl space or enclosure(s)	812 sq ft	a) Square footage of attached garage	_____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	0	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	_____
c) Total net area of flood openings in A8.b	n/a sq in	c) Total net area of flood openings in A9.b	_____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" 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 Town of Westerly, RI 445410		B2. County Name Washington		B3. State Rhode Island	
B4. Map/Panel Number 44009C0258	B5. Suffix J	B6. FIRM Index Date 07/28/1972	B7. FIRM Panel Effective/Revised Date October 16, 2013	B8. Flood Zone(s) Zone AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) (EL 14')
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 (Describe) _____					
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 *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. <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, crawl space, or enclosure floor)	4.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	19.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) (see comments)	17.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	n/a	<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)	19.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	3.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	4.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.9	<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 checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a	
<input type="checkbox"/> Check here if attachments.		Licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certifier's Name Joseph P. Toscano, Jr.		License Number RI PLS License No. 1765	
Title Professional Land Surveyor		Company Name	
Address 85 Beach Street	City Westerly	State RI	ZIP Code 02891
Signature <u><i>Joseph P. Toscano, Jr.</i></u>		Date 08/05/16	Telephone 401-596-2824



ELEVATION CERTIFICATE, page 2

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. 338 Atlantic Avenue	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 Per the Town of Westerly's GIS database, the Subject Property is located in a coastal A Zone with the lowest structure member at elevation 17.0. The foundation type is concrete piers. Enclosure type is infill panels, breakaway construction. At the time of the elevation survey, the siding was currently being installed on the exterior of the dwelling. End of Comments

Signature Joseph P. Luciano, Jr Date 08/05/16 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. 338 Atlantic Avenue			For Insurance Company Use: Policy Number
City Westerly	State Rhode Island	ZIP Code 02891	Company NAIC Number
<p>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.</p>			

PHOTO 1: Taken 08/03/2016, From the street, looking at the "REAR & LEFT SIDE" house views.

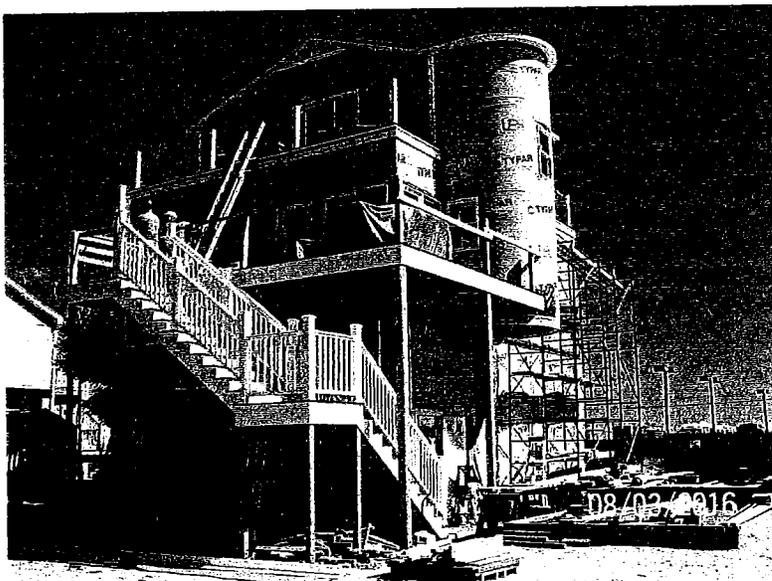
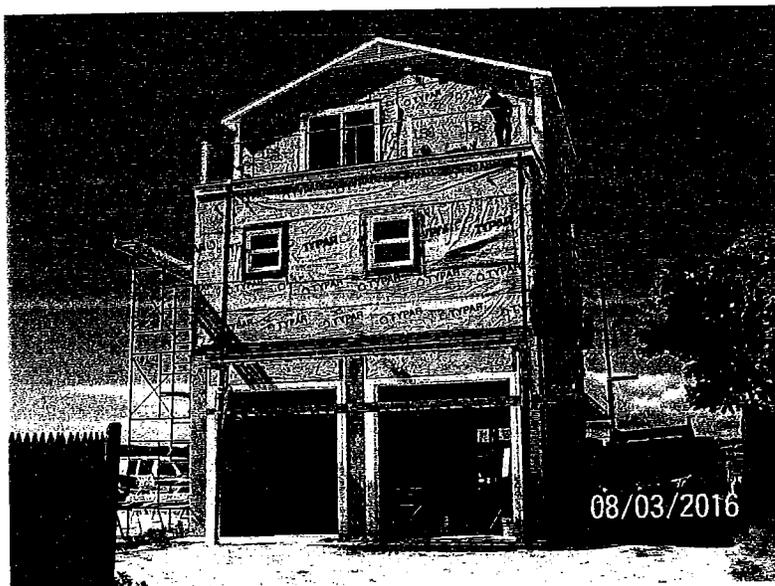


PHOTO 2: Taken 08/03/2016, From the street, looking at the "FRONT" house view.



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 338 Atlantic Avenue			For Insurance Company Use: Policy Number
City Westerly	State Rhode Island	ZIP Code 02891	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 08/03/2016 - View Of FRONT AND RIGHT SIDE House Views



PHOTO 4: Taken 08/03/2016 - View Of LEFT SIDE Of House

