

FEMA Form \$1-31, AUG 99

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

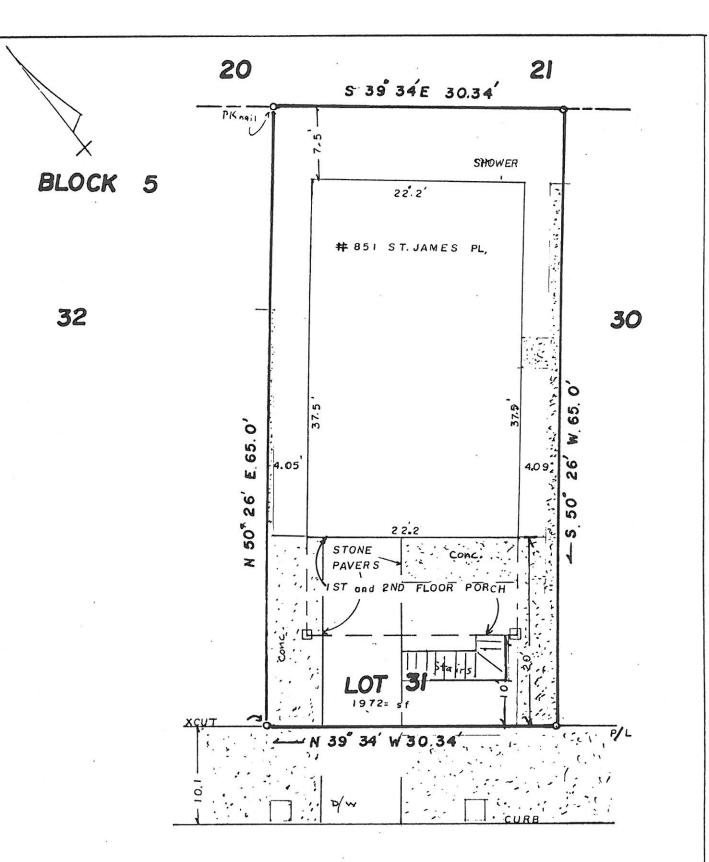
REPLACES ALL PREVIOUS EDITIONS

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. For Insurance Company Use. SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number James ZIP CODE Ocean City PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block Lot BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) L GPS (Type): HORIZONTAL DATUM: SOURCE: LATITUDE/LONGITUDE (OPTIONAL) LLI NAD 1983 USGS Quad Map (##° - ## - ##,## or ##.####°) NAD 1927 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Ocean City 345310 B2. COUNTY NAME New Jersey Cape County 345310 B9. BASE FLOOD ELEVATION(S) B8. FLOOD B7. FIRM PANEL 86. FIRM INDEX 84. MAP AND PANEL B5. SUFFIX (Zone AO. use depth of figoring) EFFECTIVE/REVISED DATE ZONE(S) DATE NUMBER 7-15-92 A7 7-1-74 / 9-5-84 345310 0001 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. U Other (Describe): Community Determined X FIRM J FIS Profile B11. Indicate the elevation datum used for the BFE in B9: X | 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) [X]Finished Construction | _Building Under Construction® C1, Building elevations are based on: Construction Drawings* A new Elevation Certificate will be required when construction of the building is complete. 2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this cartificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Conversion/Comments Does the elevation reference mark used appear on the FIRM? L__ Yes Datum Elevation reference mark used_ 05 fL(m) Mark G.DeVaul 10 Seal a) Top of bottom floor (including basement or enclosure) 0_fL(m) 19 P.L.S. #34844 D b) Top of next higher floor ft.(m) C c) Bottom of lowest horizontal structural member (V zones only) 7-12 -01 1L(m) □ d) Attached garage (top of slab) and D e) Lowest elevation of machinery and/or equipment 05 ft.(m) 10 servicing the building ft.(m) 1) Lowest adjacent grade (LAG) tr (ui) g) Highest adjacent grade (HAG) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade sq. in. (sq. cm) (i) Total area of all permanent openings (flood vents) in C3h 388 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 in Sections A, B, and C 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. CERTIFIER'S NAME DeVaul Mark G. COMPANY NAME DeVaul Surveying TITLE Land Surveyor STATE CITY New Jerse TELEPHONE ADDRESS 20 DeVauls Lane (609) 624-0572 7-12-01

SEE REVERSE SIDE FOR CONTINUATION

OKIANI: In these spaces, o	opy the corresponding information from Sec	tion A.	For Insurance Company Use:
DING STREET ADDRESS (Included ASS)	ding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUT	E AND BOX NO.	Policy Number
851 St. Ja	nes Place STATE	ZIP CODE	Company NAIC Number
Ocean City	New Jersey	08226	
SECTION	D - SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICATION (CON	TINUED)
both sides of this Elevation C	ertificate for (1) community official, (2) insurance	agent/company, and (3)) building owner.
MENTS			
ECTION E - BUILDING ELEV	ATION INCORNATION (SUBVEY NOT DECUM	1	Check here if attachmer
	ATION INFORMATION (SURVEY NOT REQUIR		
one AO and Zone A (without B	FE), complete Items E1 through E4. If the Eleva	tion Certificate is intende	ed for use as supporting
	Section C must be completed.	No. 14th - April 18th 18th 18th	
e nages 6 and 7. If no disora	_(Select the building diagram most similar to the m accurately represents the building, provide a s	building for which this ca	eruticate is being completed =
te top of the bottom floor (incli	iding basement or enclosure) of the building is	L ft.(m) l lin.	(cm) [labove or lbeion
heck one) the highest adjacer			(Cit) Labore C Labor
	openings (see page 7), the next higher floor or ele	evated floor (elevation b)	of the building is
ft.(m) lin.(cm) abo	ve the highest adjacent grade.		
or Zone AO only: If no flood de	epth number is available, is the top of the bottom		The second secon
odplain management ordinan			information in Section G.
	F - PROPERTY OWNER (OR OWNER'S REPR		
	norized representative who completes Sections A	, B, and E for Zone A (w	ithout a FEMA-issued or
nunity-issued_BFE or Zone A	D must sign here.		
PERTY OWNER'S	AUTHORIZED REPRESENTATIVE'S NAME		
ZE CEDVINERS	AOTHORIZED REFRESENTATIVES IVANIE		
RESS 32 3	CITY	STATE	ZIP CODE
17.005 OF O	DATE	TELEPHO	NF
ATURE LE	#11E	1232.110	
MENTS - 9			/.
1000 Ja			I Charle boss if all a base
3 .	CONTRACTOR OF THE COMMETIC	IN (ODTIONAL)	Check here if attachment
	SECTION G - COMMUNITY INFORMATIO		
cal official who is authorized b	law or ordinance to administer the community's	floodplain management	ordinance can complete
ns A, B, C (or E), and G of this	Elevation Certificate. Complete the applicable it	em(s) and sign below.	d by a licensed surveyor
The information in Section C	was taken from other documentation that has be a authorized by state or local law to certify elevati	on information. (Indicate	the source and date of the
elevation data in the Comm	ents area below)	on montagen (mais-	
A community official comple	ted Section E for a building located in Zone A (wi	ithout a FEMA-issued or	community-issued BFE) or
Zone AO.			
_ The following information (It	ems G4-G9) is provided for community floodplain		
ERMIT NUMBER			COMPLIANCE/OCCUPANCY
01-0143	1/22/01 1881	UED 7/18/01	
nis permit has been issued for:	New Construction Substantial Impl	rovement	
evation of as-built lowest floor	(including basement) of the building is:		ft.(m) Datum:
E or (in Zone AO) depth of flo	oding at the building site is:		ft.(m) Datum:
L OFFICIAL'S NAME	TITLE		
	TELEPHO	ONE	
MUNITY NAME	TEEL TIC	J.112	
ATURE	DATE		
MENTS			
			Check here if attachmen
		REPLAC	ES ALL PREVIOUS EDITION
A Form 81-31, AUG 99			4.



ST. JAMES PLACE (55' WIDE)

BUILDING DESCRIPTION:

Three Story Block and Frame Dwelling -:
First Floor Elevation = 10.05 feet
Center Line Elevation = 8.46 feet
Ground Floor Lot Coverage = 825 S.F. = 41.8%
Ridge Elevation = 36.64 feet above center line elevation
Impervious Coverage = 1133 S.F. = 57.4%

THIS SURVEY IS INTENDED FOR USE BY THE MUNICIPAL ZONING PLANNING/CONSTRUCTION OFFICE AND NOT TO BE USED FOR CONVEYANCE. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FUR ANY OTHER PURPOSE.

Final Survey

LOT 31 BLOCK 5

CITY OF OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY

SCALE 1 INCH = 10 FEET

July 12, 2001

DEVAUL SURVEYING LAND SURVEYORS 20 DEVAULS LANE, OCEAN VIEW, N.J. 08230

Mark G. DeVaul N.J. Lic. No. 34844