

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2012

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME		Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 833 St. James Place		Company NAIC Number	
CITY Ocean City	STATE New Jersey	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 40 Block 5			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##.####)		HORIZONTAL DATUM: SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other	
☐ NAD 1927 ☐ NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Ocean City 345310		B2. COUNTY NAME Cape May County		B3. STATE New Jersey	
B4. MAP AND PANEL NUMBER 345310 0001	B5. SUFFIX C	B6. FIRM INDEX DATE 7-15-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-1-74 / 9-5-84	B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION(S) (Zone A0. Use depth of flooding) 9
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9: ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):					
11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):					
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date:					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

1. 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

2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this certificate is being completed. See pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

3. 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.

Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	10	1	ft.(m)
☐ b) Top of next higher floor	19	2	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	Na		ft.(m)
☐ d) Attached garage (top of slab)	9	8	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	10	0	ft.(m)
☐ f) Lowest adjacent grade (LAG)	9	3	ft.(m)
☐ g) Highest adjacent grade (HAG)	9	4	ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	0		
☐ i) Total area of all permanent openings (flood vents) in C3h			sq. in. (sq. cm)

Mark G. DeVaul
P.L.S. #34844-
5-17-01

Mark G. DeVaul

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 Mark G. DeVaul	LICENSE NUMBER 34844
TITLE Land Surveyor	COMPANY NAME DeVaul Surveying
ADDRESS 20 DeVauls Lane	CITY Ocean View
SIGNATURE Mark G. DeVaul	STATE New Jersey
	ZIP CODE 08230
	TELEPHONE (609) 624-0572
	DATE 5-17-01

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.		For Insurance Company Use:
833 St. James Place		Policy Number
Ocean City	STATE CITY OF OCEAN CITY	Company NAIC Number
	ZIP CODE 08226	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

2002 JUL 18 P 1:30

MENTS

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

The top of the bottom floor (including basement or enclosure) of the building is ☐ ft.(m) ☐ in.(cm) ☐ above or ☐ below check one) the highest adjacent grade.

For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ☐ ft.(m) ☐ in.(cm) above the highest adjacent grade.

For 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

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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

MENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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.

☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 01-0022	G5. DATE PERMIT ISSUED 1/2/01	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/18/02
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7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

MENTS

☐ Check here if attachments

14

1:36

53

1st Fl. block
2nd Fl. Frame
(raised pre-existing const.)

32

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 FOR ANY
OTHER PURPOSE.

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