

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number:
Company NAIC Number:

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

CITY

OCEAN CITY

STATE

NJ

ZIP CODE

08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

TAX MAP

Lot 14

Block 6

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##-##-#### or #####)

HORIZONTAL DATUM:

☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type):

☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

OCEAN CITY 345310

B2. COUNTY NAME

CAPE MAY

B3. STATE

N.J.

B4. MAP AND PANEL NUMBER
0001

B5. SUFFIX
C

B6. FIRM INDEX DATE
7-15-92

B7. FIRM PANEL EFFECTIVE/REVISED DATE
9/5/84

B8. FLOOD ZONE(S)
A7

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
NINE

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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:

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. Building Diagram Number 6 (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.)

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 C3.a-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 NGVD 29 Conversion/Comments NONE

Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

- ☐ a) Top of bottom floor (including basement or enclosure) 9.00 (m)
- ☐ b) Top of next higher floor 17.70 (m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- ☐ d) Attached garage (top of slab) 9.00 (m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 10.00 (m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 8.60 (m)
- ☐ g) Highest adjacent (finished) grade (HAG) 9.00 (m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10
- ☐ i) Total area of all permanent openings (flood vents) in C3.h 2160 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 Thomas P. KARR

KARR LAND SURVEYING

LICENSE NUMBER GS 31269

TITLE Prof. LAND SURVEYOR

COMPANY NAME

ADDRESS PO Box 89

CITY SEAVILLE

STATE NJ

ZIP CODE 08230

SIGNATURE Thomas P. Karr

DATE 6/3/01

TELEPHONE 609 390 7936

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. 826 St. James Place		Policy Number	
CITY CITROGORDA CITY	STATE NJ	ZIP CODE 08226	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 JUN 6 11 59 AM '01

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

For 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.

E1. 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.)

E2. 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. (Use natural grade, if available.)

E3. 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. Complete Items C3.h and C3.i on front of form.

E4. 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

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), 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, C, 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

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.

G1. 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.)

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 00-1455	G5. DATE PERMIT ISSUED 9/5/00	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 6/20/01
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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 is: ft.(m) Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is: ft.(m) Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

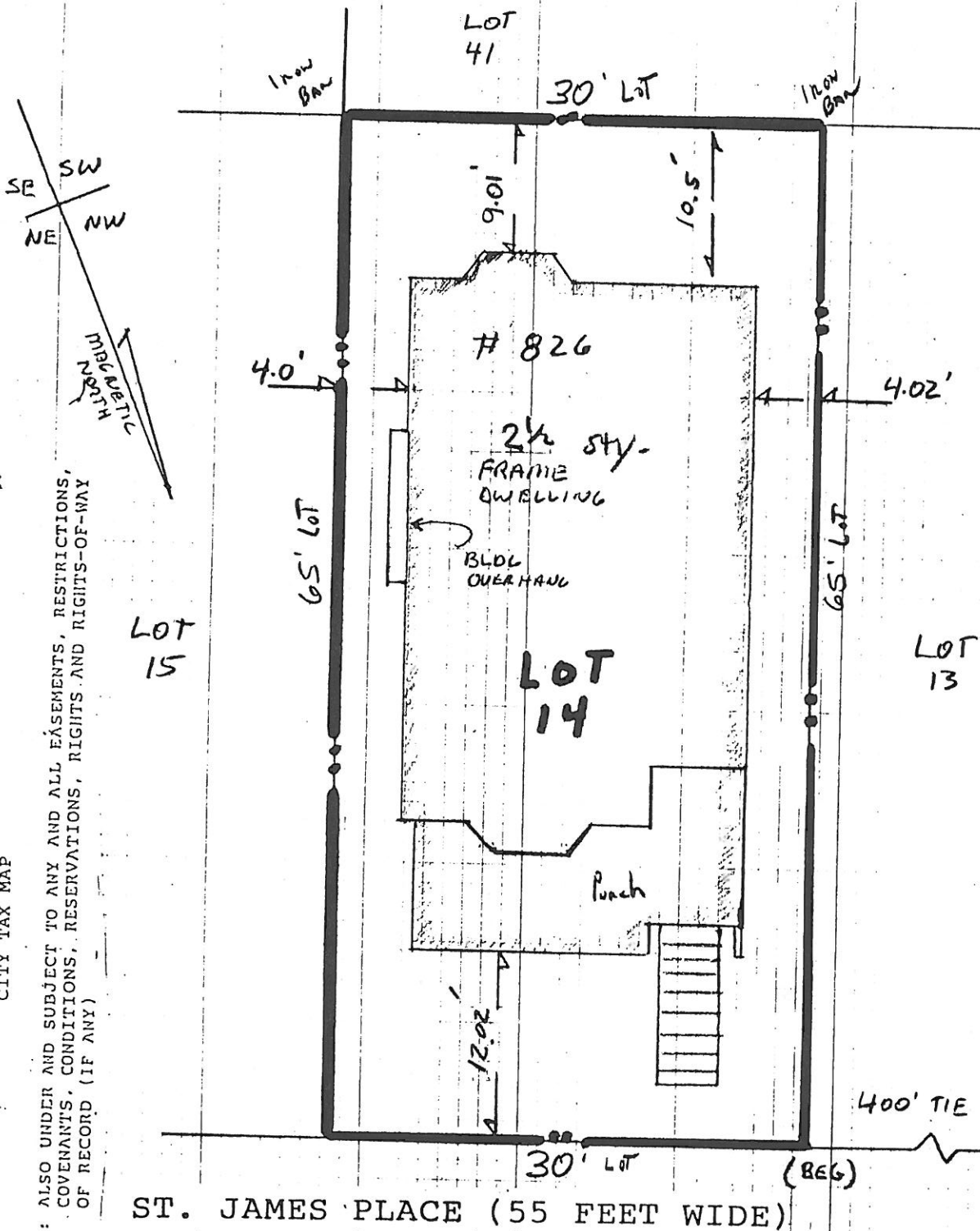
SIGNATURE DATE

COMMENTS

CONTAINING: 1,950 SQUARE FEET
IDENTIFIED AS BEING: LOT 14 BLOCK 6 ON THE CURRENT OCEAN
CITY TAX MAP

NOTE: ALSO UNDER AND SUBJECT TO ANY AND ALL EASEMENTS, RESTRICTIONS,
COVENANTS, CONDITIONS, RESERVATIONS, RIGHTS AND RIGHTS-OF-WAY
OF RECORD (IF ANY)

Issued To:
SCOTT MCCARTY FRANKIE MCCARTY
OCEAN ABSTRACT
PVC ADVISORS
(Their Successors are in Assign)



IN CONSIDERATION OF THE FEE PAID FOR MAKING
THIS SURVEY, I HEREBY CERTIFY TO ITS ACCUR-
ACY (EXCEPT SUCH EASEMENTS, IF ANY, THAT
MAY BE LOCATED BELOW THE SURFACE OF THE
LANDS OR ON THE SURFACE OF THE LANDS AND
NOT VISIBLE) AS AN INDUCEMENT FOR ANY IN-
SUROR OF TITLE TO INSURE THE TITLE TO THE
LANDS AND PREMISES SWORN THEREON.

ELEV ARE NAVD '29	
ROOF ELEV	47.27
ST JAMES PLACE	9.10'
DIFF	38.17 Feet

NOTE:
30' x 65' LOT
ALL LOT CORNERS
ARE 90°

TOTAL LOT AREA: 1950 SF
LIMIT OF FOUNDATION 37.8
BLDG PORCHES AND CONC 46.70

FINAL ASBUILT

KARR LAND SURVEYING mailing address → RQ BOX 89 OCEANVIEW, N.J. 08230 PHONE 609 390 7936 FAX 390 7937 THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269 location: route 9 MARMORA NJ		PLAN OF SURVEY BLOCK(s) 6 LOT(s) 14 OCEAN CITY COUNTY OF CAPR MAY NEW JERSEY TYPE THREE SURVEY THIS IS NOT AN ALTA STANDARD SURVEY REVISIONS DATE OF PLAN 6-1-01 DRAWN BY TK CHK'D BY TK SCALE 1" = 10' PROJECT NO. 99306	
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