

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

**ELEVATION CERTIFICATE** 

O.M.B. No. 3067-0077 Expires December 31, 2005

|  |  | The second secon |          | me instructions on pages 1  | THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N |   |      |
|--|--|--|----------|---|--|---|------|
| BUILDING OWNER'S NA  | ME   | SECTION  | A-P      | ROPERTY OWNER INFORMA   | TION   | For Insurance Company L                             | Jse: |
| 17 Ocean Avenue C  | Condominium /  |  |          |   |  | Policy Number                                       |      |
| BUILDING STREET ADD  | ORESS (Including   | Apt., Unit, Suite, and   | or Bldo  | g. No.) OR P.O. ROUTE AND E   | OX NO.   | Company NAIC Num                                    | ber  |
| 17 Ocean Avenue  |  |  |          |   |  |   |      |
| Ocean City   |  |  |          | STATE<br>NJ   | ZIP<br>082   | CODE<br>26  |      |
| PROPERTY DESCRIPT  | ON (Lot and Block  | k Numbers, Tax Parc  | el Num   | nber, Legal Description, etc.)  |  |   |      |
| Lot 9, Block 7   | sidential Non-resi   | dential Addition Acc   | oeeon/   | , etc. Use a Comments area, if  | noogoogn()   |   |      |
| residential  | orderida, Norrica  | acriadi, Addition, ACC   | COOUI Y  | , etc. Ose a Comments area, if  | recessary.)  |   |      |
| LATITUDE/LONGITUDE<br>(##°-##'-##.##" or ##                                    |  |  |          | AL DATUM: 5   | SOURCE: GPS (  | Type):<br>Quad Map                                  | -    |
| ( an an ansar of an  |  | LINAD I  | JZ1      |   |  | Quad Map 🔲 Other                                    | •    |
|  | 5  | SECTION B - FLOO   | DINSU    | URANCE RATE MAP (FIRM)  | NFORMATION   |   | 1    |
| B1. NFIP COMMUNITY NAME  |  | 1BER   |          | OUNTY NAME  |  | B3. STATE   |      |
| Ocean City 3   | 345310<br>   |  | Cape     | : May   |  | NJ  |      |
| B4. MAP AND PANEL<br>NUMBER<br>345310 0001                                     | B5. SUFFIX<br>C  | B6. FIRM INDEX DAT<br>7/15/92  | E        | B7. FIRM PANEL<br>EFFECTIVE/REVISED DATE<br>9/5/84                      | B8. FLOOD ZONE(S   | B9. BASE FLOOD ELEVAT<br>(Zone AO, use depth of flo |      |
| B10. Indicate the source of the  | Base Flood Elevat  | ion (BFE) data or base   | flood d  |   |  |   |      |
|  | ⊠ FIRM   | ☐ Community D  |          |   | ibe):  |   |      |
| B11. Indicate the elevation da   |  |  |          |   | Other (Describe)   |   |      |
| B12. Is the building located in  | And the second s | The second secon | -        | a or Otherwise Protected Area (OP                                       |  | o Designation Date                                  |      |
| 01 8 7 7   |  |  |          | VATION INFORMATION (SUF   |  |   |      |
| C1. Building elevations are ba   |  |  |          |   | Finished Construction  |   |      |
| *A new Elevation Certifica   | 집하는 사람이 느꼈다고 하다 하나요? 바로 가게 되었다.  |  |          |   | noing normalated acco  | nagoo 6 and 7. If no diamer                         |      |
| <ul> <li>c.z. Building Diagram Number<br/>accurately represents the</li> </ul> |  | and the state of t | i w me   | building for which this certificate is                                  | being completed - see  | µayesoanu ≀. II no dagram                           |      |
|  |  |  | vith REE | E), AR, AR/A, AR/AE, AR/A1-A30,   | AR/AH AR/AO  |   |      |
|  |  |  |          | tem C2. State the datum used. If  |  | om the datum used for the RFF                       | in   |
|  |  |  |          | ments and datum conversion calcu  |  |   |      |
| Section D or Section G, a  |  |  |          |   |  | <del>-1</del>                                       |      |
| Datum NGVD 29 Conv   |  |  |          | 2   |  |   |      |
|  |  | elevation reference ma   | rk used  | dappear on the FIRM? Yes  | ⊠ No   |   |      |
| o a) Top of bottom floor (   |  |  |          | <u>10</u> . <u>5</u> ft.(m)   |  |   |      |
| o b) Top of next higher fl   | oor  |  |          | <u>15</u> . <u>0</u> ft.(m)   | Š.   |   |      |
| o c) Bottom of lowest ho   |  | ember (V zones only)   |          | <u>N/A</u> fL(m)  | osse   |   |      |
| o d) Attached garage (to   |  |  |          | <u>10</u> . <u>8</u> ft.(m)   | dm:  |   |      |
| o e) Lowest elevation of   |  |  |          | المساعرين   | License Number, Embossed Seal<br>Signature, and Date   | 1   |      |
| •  | ng (Describe in a Co   | omments area)  |          | 10.8ft.(m)  | umb<br>natu  |   | ر    |
| o f) Lowest adjacent (fini   |  |  |          | 10.3fL(m)   | S is   | 1   |      |
| o g) Highest adjacent (fir   |  |  |          | <u>10</u> . <u>4</u> ft(m)  | cens   |   |      |
| o h) No. of permanent or   |  |  |          |   | Ĭ  |   |      |
| o i) Total area of all perm  |  |  |          |   | PEDTIEICATION  |   |      |
| This   |  |  |          | ENGINEER, OR ARCHITECT  |  | nformation  |      |
| I nestify that the information   | signed and sealed<br>on in Sections A. F   | by a land surveyor, e  | icate re | er, or architect authorized by law<br>epresents my best efforts to inte | roret the data availah   | nionnauon.<br>Ne.                                   |      |
| I understand that any fals   | e statement mav l  | be punishable by fine  | or imp   | orisonment under 18 U.S. Code,  | Section 1001.  |   |      |
|  | David C. Kruger  | ,  |          |   | LICENSE NUMBER   | NJ Lic. No. 30406                                   |      |
| TITLE F  | Professional Land S  | Surveyor   |          | COMPANY NAME  | David C. Kruger A  | ssociates   |      |
| ADDRESS  |  |  |          | CITY  | STA  | TE ZIP CODE   |      |
|  | 323 Simpson Ave  | nue  |          | Ocean City  | NJ   | 08226   |      |
| SIGNATURE  | 1  | _>   |          | DATE  |  | PHONE   |      |
|  |  |  |          | 02-01-2006  | (609   | 1) 391 - 9393                                       |      |
|  |  |  |          |   |  |   |      |

| MPORTANT: In these spaces, copy the corresponding in   | nformation from Section A.   |   | For Insurance Company Use:  |
|--|--|---|---|
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) C<br>17 Ocean Avenue   | OR P.O. ROUTE AND BOX NO.  |   | Policy Number   |
| CITY   | STATE  | ZIP CODE<br>08226   | Company NAIC Number   |
| Ocean City   | NJ   |   | 1   |
|  | NGINEER, OR ARCHITECT C  |   | OF OCEAN CITY   |
| Copy both sides of this Elevation Certificate for (1) community official,  | (2) insurance agent/company, and (   | 3) building owner.  | F ENFORCEMENT   |
| COMMENTS<br>* AREA OF FLOOD VENTS ON REVERSE SIDE IS GROSS /   | area of vents  | 2006  | FEB 28 P 12: 15   |
|  |  |   | Check here if attachment  |
| SECTION E - BUILDING ELEVATION INFORMA   | TION (CLIDNEY NOT DECLIDE  | D) FOR ZONE AO AND ZON  |   |
| SECTION E - BUILDING ELEVATION INFORMA   | 1 If the Claustice Configuration in intens   | lod for use as supporting informat  | on for a LOMA or LOMR-F   |
| or Zone AO and Zone A (without BFE), complete Items E1 through E4 ection C must be completed.  | 4. II the Elevation Certificate is ment  | ted for use as supporting informati   | official constructions of the construction of |
| ection C must be completed.<br>:1. Building Diagram Number _(Select the building diagram most simil  | ilar to the building for which this certifi  | cate is being completed – see pag   | ges 6 and 7. If no diagram accurate   |
| represents the building, provide a sketch or photograph.)  |  |   |   |
| <ol> <li>The top of the bottom floor (including basement or enclosure) of the<br/>natural grade, if available).</li> </ol>   | e building isft.(m)in.(cm) [   | above or Delow (check one)  | the highest adjacent grade. (Use  |
| 3. For Building Diagrams 6-8 with openings (see page 7), the next hig  | gher floor or elevated floor (elevation l  | o) of the building isft.(m)in   | .(cm) above the highest adjacent  |
| grade. Complete items C3.h and C3.i on front of form.<br>4. The top of the platform of machinery and/or equipment servicing the  |  |   |   |
| natural grade, if available).  |  |   |   |
| 5. For Zone AO only: If no flood depth number is available, is the top   |  | cance with the community's flood;   | iain management ordinance?  |
| Yes No Unknown. The local official must certify thi  | WNER (OR OWNER'S REPRE   | CENTATIVE CERTIFICATIO  | N   |
|  | AAIAEK (OK OAAIAEK 9 VELKE   | PEIGLIAL OFICE INVOICE  | IV.   |
| The same of the sa | otos Sections A. B. C. (Itams C3 h.an  | dC3 i only) and E for Zone A (wit   | out a FEMA-issued or community-   |
| The property owner or owner's authorized representative who completely on Zone AO must stop here. The statements in Sections   | etes Sections A, B, C (Items C3.h and<br>s A. B. C. and E are correct to the be  | d C3.i only), and E for Zone A (with  | nout a FEMA-issued or community-  |
| issued BFE) or Zone AO must sign here. The statements in Sections  | s A, B, C, and E are correct to the be   | d C3.i only), and E for Zone A (wit<br>st of my knowledge.  | nout a FEMA-issued or community-  |
| The property owner or owner's authorized representative who completissued BFE) or Zone AO must sign here. The statements in Sections PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATION.  | s A, B, C, and E are correct to the be<br>NTATIVE'S NAME   | st of my knowledge.   |   |
| issued BFE) or Zone AO must sign here. The statements in Sections PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESEN  | s A, B, C, and E are correct to the be   | d C3.i only), and E for Zone A (wit<br>st of my knowledge.<br>STAT  |   |
| issued BFE) or Zone AO must sign here. The statements in Sections PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESEN ADDRESS  | s A, B, C, and E are correct to the be<br>NTATIVE'S NAME<br>CITY   | st of my knowledge.   |   |
| issued BFE) or Zone AO must sign here. The statements in Sections PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESEN ADDRESS SIGNATURE  | s A, B, C, and E are correct to the be<br>NTATIVE'S NAME   | st of my knowledge.   | E ZIP CODE  |
| issued BFE) or Zone AO must sign here. The statements in Sections PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESEN ADDRESS  | s A, B, C, and E are correct to the be<br>NTATIVE'S NAME<br>CITY   | st of my knowledge.   | E ZIP CODE  |
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