

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

OMB No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION
CODE ENFORCEMENT

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 22

Block 7

BUILDING USE (e.g., Residential, Non-Residential, Addition, Accessory, etc. Use a Commercial 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

NJ

B4. MAP AND PANEL NUMBER

345310 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 A0; 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 8 (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/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3.a-f 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)

19.45 (m)

☐ b) Top of next higher floor

14.45 (m)

☐ c) Bottom of lowest horizontal structural member (V zones only)

N/A ft. (m)

☐ d) Attached garage (top of slab)

10.45 (m)

☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)

15.05 (m)

☐ f) Lowest adjacent (finished) grade (LAG)

9.3 (m)

☐ g) Highest adjacent (finished) grade (HAG)

9.6 (m)

☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 18

☐ i) Total area of all permanent openings (flood vents) in C3.h 4288 sq. ft. (sq. cm)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certificate 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

PROP. LAND SURVEYOR

COMPANY NAME

ADDRESS

PO Box 89

CITY

SEAYNE

STATE

NJ

ZIP CODE

08230

SIGNATURE

Thomas P. Karr

DATE

10/26/04

TELEPHONE

609 390 7936

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

UNAVAILABLE: If building appears, copy the corresponding information from Section A.
FLOOD STREET ADDRESS (including Apt. Unit, Suite, or Box No.) ON P.O. ROUTE AND BOX NO.
18 ATLANTIC AVE
OCEAN CITY NJ STATE 08226 ZIP CODE
For Insurance Company, Unit, Policy No., and Company Name Number

SECTION B - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)
By both kinds of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
House Height is 6'6" 15.05

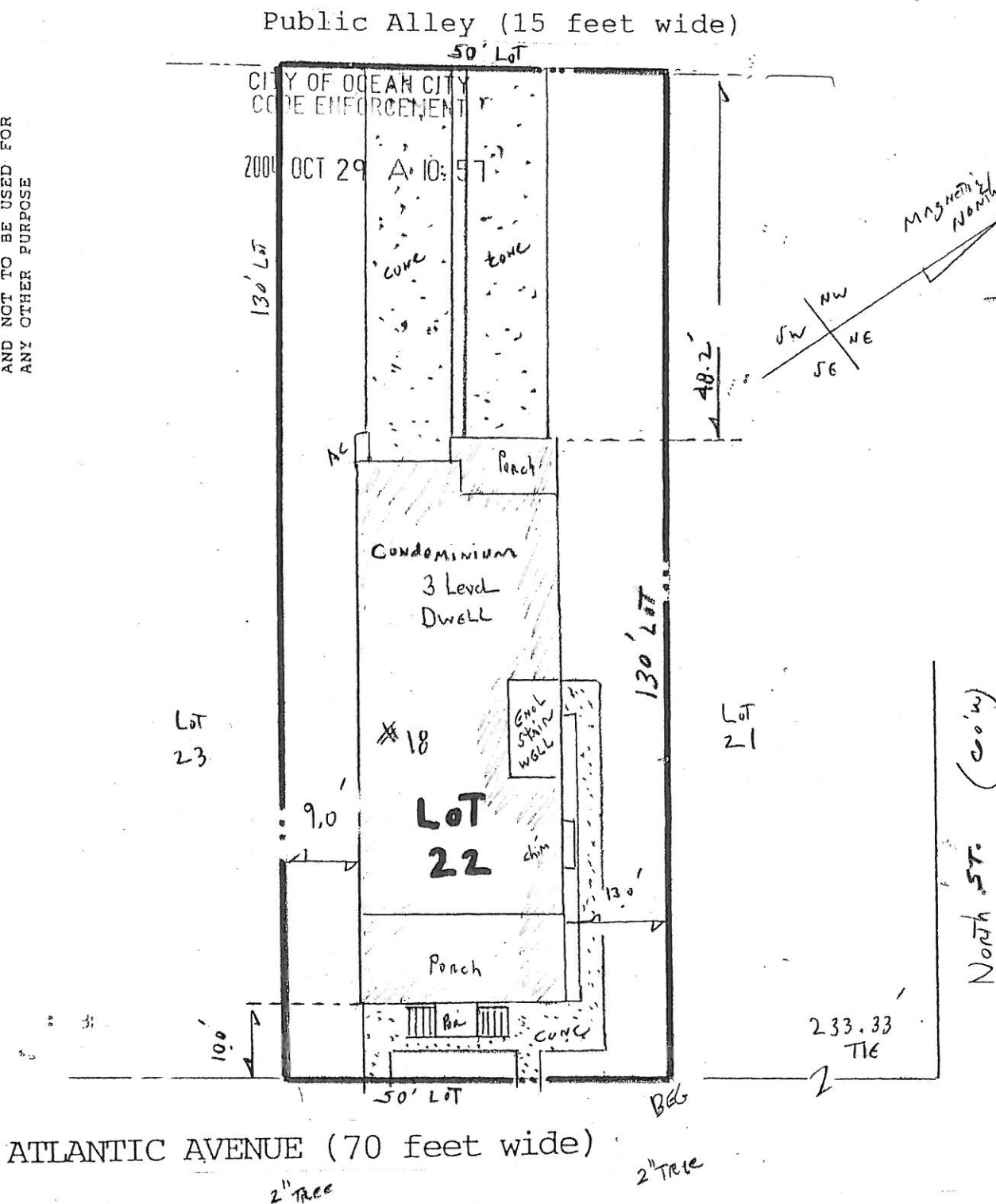
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)
Zone AO and Zone A (without BFE), complete items E1 through E7. If the Elevation Certificate is intended for use as supporting material for a LOMA or LOMR-P, Section C must be completed.
Building Diagram 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 (check one) the highest adjacent grade. (Use natural grade, if available.)
For Building Diagrams 0-8 with openings (see page 7), the next highest floor or elevated floor (elevation b) of the building is (check one) (a) above the highest adjacent grade. Complete items C3.1 and C3.2 on front of form.
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.
Check here if attachments

SECTION D - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION
I, property owner or owner's authorized representative who completes Sections A, B, C (Items C3.1 and C3.2 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 OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME
ADDRESS CITY STATE ZIP CODE
DATE TELEPHONE

SECTION E - COMMUNITY INFORMATION (OPTIONAL)
Check here if attachments
Local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete items A, B, C (or E), and G of this Elevation Certificate. Complete the applicable items 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 information 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 E1-G9) is provided for community floodplain management purposes.

PERMIT NUMBER 04-0239/240 OR DATE PERMIT ISSUED 11/29/04 OR DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 11/4/04
This permit has been issued for New Construction Substantial Improvement
Elevation of next highest floor (including basement) of the building is: (ft) Datum: (ft) Datum:
BFE or (in Zone AO) depth of flooding at the building site is:
LOCAL OFFICIAL'S NAME TITLE
COMMUNITY NAME TELEPHONE
SIGNATURE DATE
COMMENTS

BUILDING TIES TO PROPERTY LINE
ARE TO BE USED FOR CHECKING
COMPLIANCE WITH ZONING REGULATIONS
AND NOT TO BE USED FOR
ANY OTHER PURPOSE



FINAL ASBUILT

TOTAL LOT AREA: 6,500 SF

LIMIT OF FOUNDATION 23.38 %
BLDG PORCHES AND CONC 47.53 %

ROOF PEAK ELEV 46.25

CENTERLINE OF ATLANTIC AVE 9.66

DIFF. 36.59 feet

PROPERTY SIZE
50' BY 130'
ALL LOT CORNERS
ARE 90 DEGREES

KARR LAND SURVEYING P.O. BOX 89 OCEANVIEW, N.J. 08230 PHONE 609 390 7936 FAX 390 7937 THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE 1 31269 Location: route 9 MARION NJ		PLAN OF SURVEY BLOCK(s) <u>7</u> LOT(s) <u>22</u> <u>OCEAN CITY</u> COUNTY OF <u>CAPE MAY</u> NEW JERSEY	
TYPE THREE SURVEY THIS IS NOT AN ALTA STANARDUS SURVEY		DATE OF PLAN <u>10 29 04</u> Drawn By SCALE <u>1" = 20'</u> Chk'd By PROJECT NO. <u>03371</u>	