

NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

|   |                    |   |  |
|---|--------------------|---|--|
| BUILDING OWNER'S NAME<br><b>CITY OF OCEAN CITY</b>  |                    | For Insurance Company Use:  |  |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br><b>20 Atlantic Avenue</b>        |                    | Policy Number   |  |
| CITY<br><b>Ocean City</b>   | STATE<br><b>NJ</b> | ZIP CODE<br><b>08226</b>  |  |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>Block 7, Lot 23</b>                    |                    |   |  |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)<br><b>Residential</b> |                    |   |  |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(##°-##'-###" or ##.#####°)  |                    | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____<br><input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |  |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

|   |                        |                                       |  |                                |   |
|---|------------------------|---------------------------------------|--|--------------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER<br><b>345310 0001 C</b>  |                        | B2. COUNTY NAME<br><b>Cape May</b>    |  | B3. STATE<br><b>NJ</b>         |   |
| B4. MAP AND PANEL NUMBER<br><b>345310 0001</b>  | B5. SUFFIX<br><b>C</b> | B6. FIRM INDEX DATE<br><b>7-15-92</b> | B7. FIRM PANEL EFFECTIVE/REVISED DATE<br><b>9-5-84</b> | B8. FLOOD ZONE(S)<br><b>A7</b> | B9. BASE FLOOD ELEVATION(S)<br>(Zone AO, use depth of flooding)<br><b>9</b> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ |                        |                                       |  |                                |   |
| B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____   |                        |                                       |  |                                |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **3** (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, ARIA, AR/AE, ARIA1-A30, ARIA/H, 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 **1929** Conversion/Comments \_\_\_\_\_

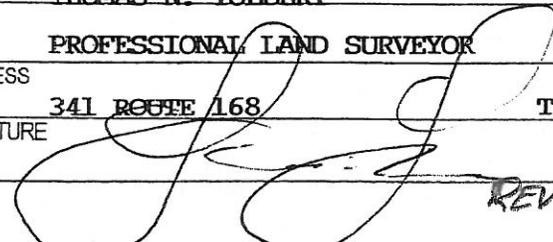
Elevation reference mark used **L** Does the elevation reference mark used appear on the FIRM?  Yes  No

- a) Top of bottom floor (including basement or enclosure) **9.5** ft.(m)
- b) Top of next higher floor **14.1** ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)
- d) Attached garage (top of slab) **9.6** ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **12.7** ft.(m)
- f) Lowest adjacent (finished) grade (LAG) **9.7** ft.(m)
- g) Highest adjacent (finished) grade (HAG) **9.5** ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_
- i) Total area of all permanent openings (flood vents) in C3.h. **372** sq. in. (sq. cm)

License Number, E  
Signature, and  
**THOMAS N. TOLBERT**  
NJ LIC. 38608

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<br><b>THOMAS N. TOLBERT</b>   |  | LICENSE NUMBER<br><b>38608</b>   |                          |
| TITLE<br><b>PROFESSIONAL LAND SURVEYOR</b>   | COMPANY NAME<br><b>DESIGN LAND SURVEYING</b> |                                  |                          |
| ADDRESS<br><b>341 ROUTE 168</b>  | CITY<br><b>TURNERSVILLE</b>                  | STATE<br><b>NJ</b>               | ZIP CODE<br><b>08012</b> |
| SIGNATURE<br> | DATE<br><b>10/30/05</b>                      | TELEPHONE<br><b>856-374-1134</b> |                          |

REV: 10/20/05 (FINAL)

**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.<br><u>20 Atlantic Avenue</u> | For Insurance Company Use:<br>Policy Number |
| CITY<br><u>Ocean City</u>  | Company NAIC Number                         |
| STATE<br><u>NJ</u>   | ZIP CODE<br><u>08226</u>                    |

**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

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**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)**  Check here if attachments

- For Zone AO and Zone A (without BFE), complete Items E1 through E3. 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.
  - E3. 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, 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 \_\_\_\_\_

COMMENTS \_\_\_\_\_

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**  Check here if attachments

- 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.
- 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<br><u>20050176</u> | G5. DATE PERMIT ISSUED<br><u>1/25/05</u> | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED<br><u>11/14/05</u> |
|--------------------------------------|--|--|

This permit has been issued for:  New Construction  Substantial Improvement

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

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

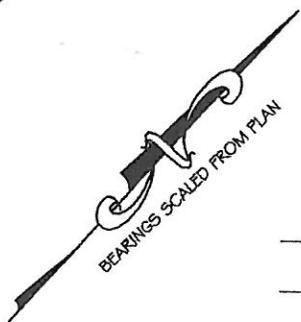
LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

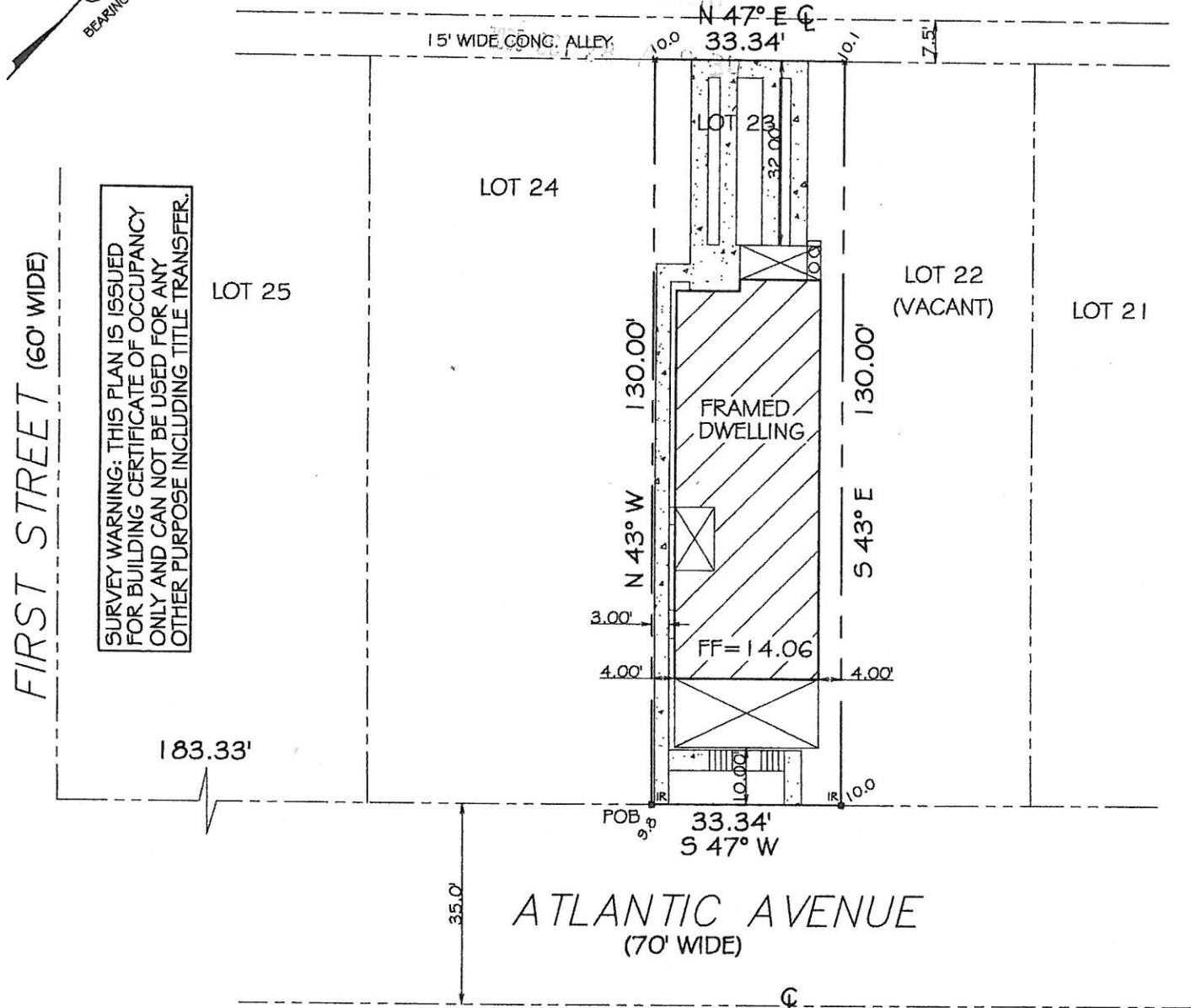
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

Check here if attachments



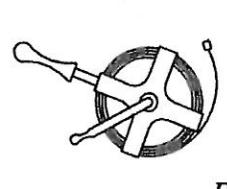
CITY OF OCEAN CITY  
CAPE MAY COUNTY



SURVEY WARNING: THIS PLAN IS ISSUED FOR BUILDING CERTIFICATE OF OCCUPANCY ONLY AND CAN NOT BE USED FOR ANY OTHER PURPOSE INCLUDING TITLE TRANSFER.

AS-BUILT UNDER FINAL  
 LOT AREA=4,334 SQFT.±  
 BUILD. COVERAGE= 38.5%  
 IMPERVIOUS COVERAGE = 65%  
 ROOF PEAK ELEV=41.94  
 ROAD CENTERLINE ELEV.=9.63  
 (DIFF.=32.31)

- OUTBOUNDS BASED ON TAX MAP ONLY
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 23, BLOCK 7, PLATE 10 TAX MAP OF THE CITY OF OCEAN CITY
- SURVEYOR RESERVES THE RIGHT TO REVISE THIS PLAN OF SURVEY UPON RECEIPT AND REVIEW OF AN ACCURATE TITLE REPORT AND AN ACCURATE ABSTRACT ON ALL LOTS AFFECTED BY, OR ADJOINING TO, THE PROPERTY IN QUESTION.
- NO ATTEMPT WAS MADE TO LOCATE THE UTILITIES WHICH MAY EXIST ON THIS PROPERTY. PRIOR TO ANY EXCAVATION, CONTRACTOR SHALL BE RESPONSIBLE TO DETERMINE THEIR EXACT LOCATION.
- SUBJECT TO BUILDING REGULATIONS, RESTRICTIONS, EASEMENTS, RIGHTS-OF-WAY, COVENANTS, RESERVATIONS AND AGREEMENTS OF RECORD, IF ANY.



Design Land Surveying P.A.

341 RTE 168 Turnersville, N.J. 08012  
 Toll Free Phone 1-800-418-9373  
 Phone (856) 374-1134 - Fax (856) 374-1061



|       |          |                           |
|-------|----------|---------------------------|
| DATE  | 02-10-04 | SURVEY NO.<br><br>0401032 |
| SCALE | 1"=30'   |                           |
| DRN:  | JLG      |                           |

|                    |   |
|--------------------|---|
| <u>SKETCH PLAT</u> | <u>SITUATE IN:</u>                                  |
| 20 ATLANTIC AVENUE | CITY OF OCEAN CITY<br>CAPE MAY COUNTY<br>NEW JERSEY |

- REV: 02-12-04 (REVIEW)
- REV: 08-23-04 (CERTS)
- REV: 09-15-04 (SURVEY)
- REV: 02-24-05 (BLDG S/O)
- REV: 06-30-05 (ASBUILT UC)
- REV: 10-20-05 (FINAL)

TO:

In consideration of the fee paid for making this survey, I hereby declare that the said survey accurately depicts the legal description furnished to me. No responsibility is assumed for (a) the location of easements that may be located below the surface of the lands, or (b) on the surface of the lands, and not visible, or (c) other interests not visible, or matters of title. This declaration is issued solely to the herein named purchaser for any transaction occurring within ninety (90) days of its date. The surveyor shall have no responsibility or liability for any reason unless the fee for the preparation of said survey is paid within thirty (30) days of billing. Surveyor's liability for any reason shall not exceed the sum of ONE THOUSAND DOLLARS (1,000.00)

THOMAS N. TOLBERT  
 PROFESSIONAL LAND SURVEYOR  
 N.J. LIC. GS 38608

