FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

P. 4729

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

	For Insurance Company Use:
BUILDING OWNER'S NAME Patricia and Kathleen Horne	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 23 Warwick Avenue	Company NAIC Number

CITY	STATE	ZIP CODE
Ocean City	NJ	08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Tax Lot 16, Tax Block 13

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	B2. COUNTY NAME	B3. STATE
City of Ocean City 345310	Cape May	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7/15/92	9/5/84	A7	10'MSL

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

o a) Top of bottom floor (including basement or enclosure)	8. 34 ft.(m)
o b) Top of next higher floor	16. 24 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	N/A. __ ft.(m)
o d) Attached garage (top of slab)	N/A. __ ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10. 88 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	8. 14 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	8. 34 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12	
o i) Total area of all permanent openings (flood vents) in C3.h 1,411.50 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

NJ License # 20509
April 19, 2005

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 Michael W. Hyland LICENSE NUMBER NJ 20509

TITLE P.E. & L.S. COMPANY NAME Hyland Design Group, Inc.

ADDRESS	CITY	STATE	ZIP CODE
101 East Eighth Street	Ocean City	NJ	08226

SIGNATURE  DATE 4/19/05 TELEPHONE (609) 398-4477

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:
23 Warwick Avenue			Policy Number
CITY Ocean 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

C3a. Lowest Floor - Ground Floor - Elev 8.34

C3b. Next Highest Floor - Main Floor - Elev 16.24

C3e. Lowest Mechanicals Located on Utility Platform - Elev 10.88

☐ Check here if attachments

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. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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

CITY OF OCEAN CITY
CODE ENFORCEMENT
2005 MAY 20 P 5:

☐ Check here if attachments

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
04-1579	7/2/04	5/20/05

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

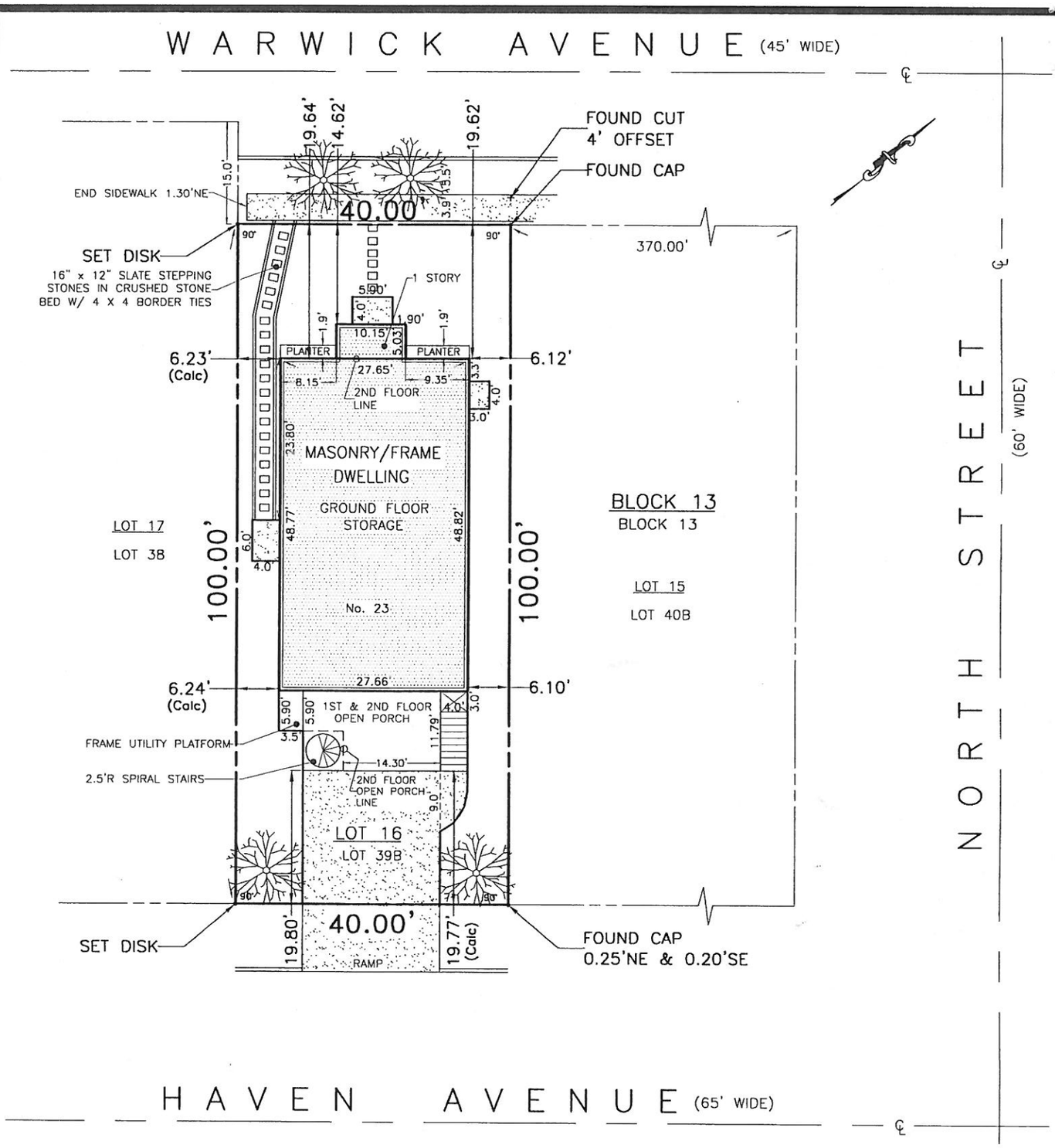
G8. Elevation of as-built lowest floor (including basement) of the building: ___._ ft.(m) Datum: ____

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

☐ Check here if attachments



ISSUED TO:

PATRICIA AND KATHLEEN HORNE

COVERAGES:

LOT AREA:	4,000 S.F.
BUILDING COVERAGE:	1,400 S.F. (35.0%)
IMPERVIOUS COVERAGE:	2,180.3 S.F. (54.50%)
	(NOT INCL. 26 STEPPING STONES @ 35 SF)

ELEVATION DATA:

REFERENCE DATUM : SEA LEVEL DATUM (N.G.V.D.,1929)

BENCHMARK : PK IN UTILITY POLE ON NORTHWESTERLY SIDE OF WARWICK AVENUE AT LOTS 4/5.

ELEV. 10.00

LOW AVERAGE GRADE:	ELEV. 8.14
HIGH AVERAGE GRADE:	ELEV. 8.34
℄ WARWICK AVENUE & ℄ LOT:	ELEV. 7.03
GROUND FLOOR:	ELEV. 8.34
UTILITY PLATFORM:	ELEV. 10.88
MAIN FLOOR:	ELEV. 16.24
ROOF PEAK:	ELEV. 40.17

DESCRIPTION:

BEING KNOWN AS LOT 39B, "THE NORTH POINT SECTION" ON PLAN OF OCEAN CITY ASSOCIATION.

BEING KNOWN AS LOT 39B, BLOCK 13 AS SHOWN ON THE FORMER OFFICIAL TAX MAP OF THE CITY OF OCEAN CITY.

ALSO, BEING KNOWN AS LOT 16, BLOCK 13 AS SHOWN ON THE CURRENT OFFICIAL TAX MAP OF THE CITY OF OCEAN CITY.

NOTES: 1. Setback measurements taken to ground floor brick. Frame building is 0.30' inside brick.
2. (Calc) = Dimension calculated, not determined in field.

LOT AND BLOCK DESIGNATIONS

Underlined Tax Lot and Block numbers are shown on the Official Tax Map of the City of Ocean City, prepared by John R. Walker, dated November, 1980. Non-Underlined Tax Lot and Block numbers refer to the former Official Tax Map of the City of Ocean City, prepared by J.F. Hyland, dated June 1, 1960.

Any Insurer of Title relying hereon and any other party in interest:
In consideration of the fee paid for making this survey, I hereby certify to its accuracy, (except such easements, if any, that may exist below the surface of the lands and not visible) an inducement for any insurer of title to insure the title to the lands and premises as shown hereon.
This certification is made only to the above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including, but not limited to, affidavit, resale of property, or to any other purpose not listed in certification, either directly or indirectly.

HYLAND DESIGN GROUP

HYLAND DESIGN GROUP, Inc.
101 East Eighth Street, Ocean City, New Jersey 08226
Phone: (609) 398-4477 Fax: (609) 398-7366
www.HylandDesignGroup.com
Bd. of Engineers and Surveyors Certificate of Authorization No. 24GA280887300
ENGINEERS ○ ARCHITECTS ○ SURVEYORS ○ PLANNERS ○ ENVIRONMENTAL CONSULTANTS

FINAL AS-BUILT SURVEY

23 WARWICK AVENUE
TAX LOT 16 TAX BLOCK 13
OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY

Michael W. Hyland
N.J.P.E. & L.S. No. 20509
N.J.R.A. No. 09025

DRAWN BY	BRP/JEM
CHECKED BY	SBG
DATE	April 12, 2005
SCALE	1"=20'
FIELD BOOK / PAGE	919/37
PROJECT / W.O. #	4726
DRAWING SET No.	S-11771

Sheet 1 of 1 Sheets