

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

05-380

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME HART INVESTMENT PROPERTIES, LLC		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 23 BAY AVENUE		Company NAIC Number	
CITY OCEAN CITY	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4 BLOCK 14			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####") NA	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 345310 OCEAN CITY		B2. COUNTY NAME CAPE MAY	B3. STATE NEW JERSEY
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) A-7		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10 FT	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" 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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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 SAME Conversion/Comments NONE Elevation reference mark used PRVT Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	7. 6 ft.(m)
o b) Top of next higher floor	11. 8 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	NA. ft.(m)
o d) Attached garage (top of slab)	7. 9 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	11. 3 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	7. 1 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	7. 6 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	17
o i) Total area of all permanent openings (flood vents) in C3.h	*4,352 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date
5/24/06
GS33536

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 JAMES E. SCHWAB III		LICENSE NUMBER GS 33,536	
TITLE LAND SURVEYOR	COMPANY NAME SCHWAB LAND SURVEYING AND PLANNING, LLC		
ADDRESS 8 EAST 10TH STREET	CITY OCEAN CITY	STATE NJ	ZIP CODE 08226
SIGNATURE	DATE 5/24/06	TELEPHONE 609-398-0565	

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. 23 BAY 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 IS CRAWLSPACE, C3B IS FIRST FLOOR, C3E IS HVAC PLATFORM.

*C3I IS GROSS VENT AREA. 2 VENTS ARE IN THE GARAGE WITH A GROSS AREA OF 512 SQ.IN.

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				2006 JUN 16 P 2 CITY OF OCEAN CITY CODE ENFORCEMENT
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE	DATE	TELEPHONE		
COMMENTS				

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.

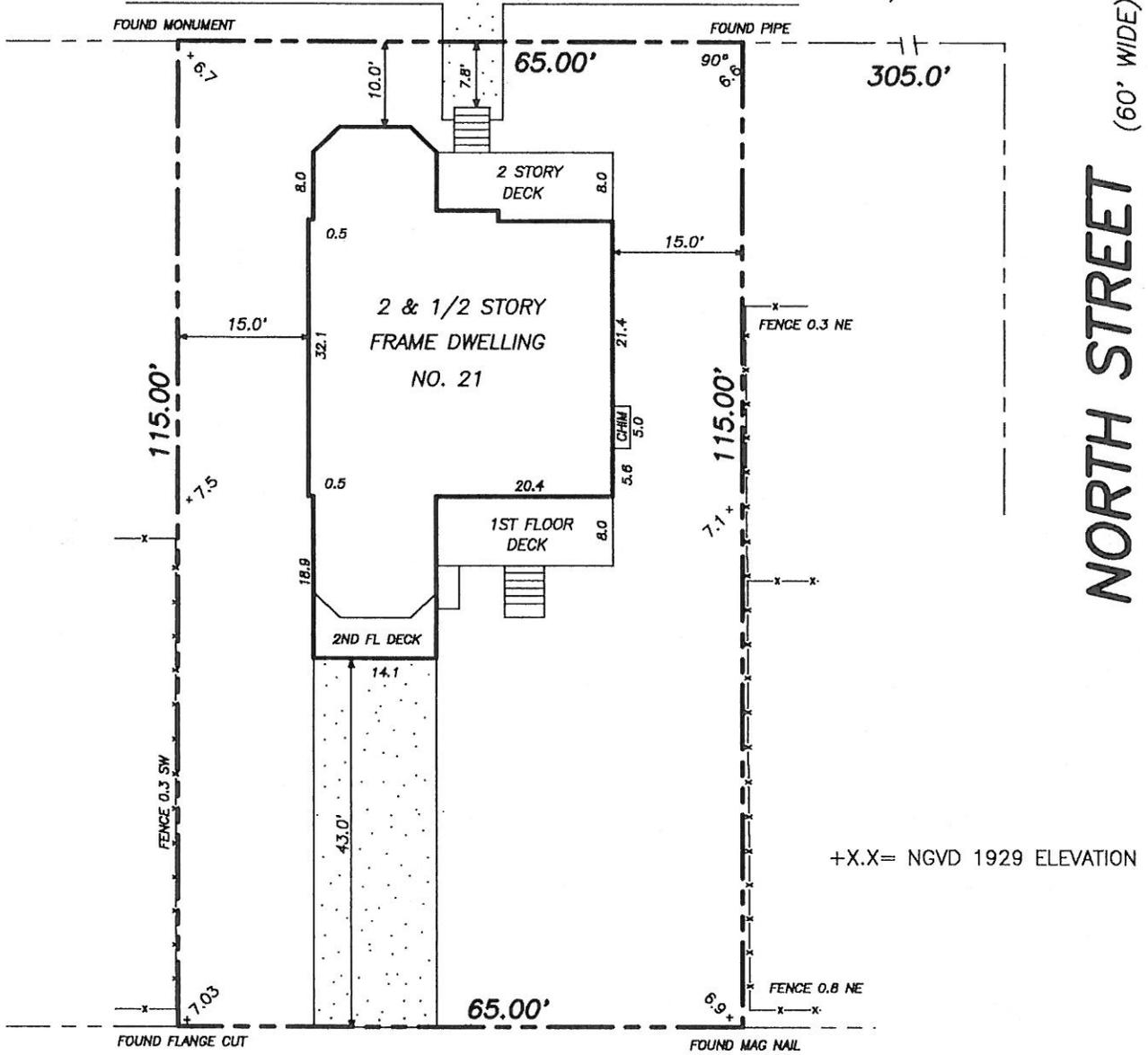
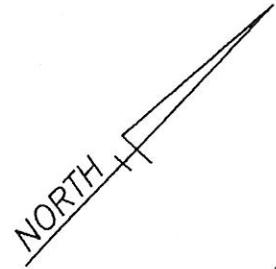
G4. PERMIT NUMBER <i>20052022</i>	G5. DATE PERMIT ISSUED <i>10/7/05</i>	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED <i>6/16/06</i>
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest 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	

Check here if attachments

BAY AVENUE (75' WIDE)



15 FEET WIDE PUBLIC ALLEY

COVERAGE AND HEIGHT

LOT AREA-	7,475 SF.
BUILDING AREA-	1,545 SF., 20.1%
3RD FLOOR AREA-	515 SF., 33.3% OF 2ND FLOOR AREA
IMPERVIOUS AREA-	2,592 SF, 34.7%
CENTERLINE ELEVATION-	6.68 FT
PEAK ELEVATION-	39.4 FT.
BUILDING HEIGHT-	32.8 FT.

THIS SURVEY IS FOR USE IN APPLYING FOR MUNICIPAL APPROVAL OF NEW CONSTRUCTION. THE SURVEYOR WILL NOT ACCEPT RESPONSIBILITY FOR ITS USE FOR ANY OTHER PURPOSE.

ISSUED TO:

J D HAMILTON CONSTRUCTION, LLC.

FINAL CONSTRUCTION SURVEY

NOT FOR CONVEYANCE

**LOT 4 BLOCK 14
CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ**

DATE: MAY 10, 2006 SCALE: 1"= 20' DWN. BY: JES

**SCHWAB LAND SURVEYING
AND PLANNING, LLC.**

8 EAST 10TH STREET

OCEAN CITY, NEW JERSEY 08226

TELE 609-398-0565

FAX 398-1861

CERTIFICATE OF AUTHORIZATION NO. 24GA28101600

FILE: 05-380

FIELD BOOK: ~~~

JES 5/15/06
JAMES E SCHWAB III
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NUMBER 33,536