

# ELEVATION CERTIFICATE

WO 18993.FF

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Steven and Carol Longo		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5 Central Road		Policy Number	
CITY Ocean City	STATE NJ	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3.01, Block 70.04		ZIP CODE 08226	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####")		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 City of 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 AO, use depth of flooding) 9'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 1 (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

a) Top of bottom floor (including basement or enclosure) 8. 84 ft.(m)

b) Top of next higher floor 9. 15 ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) N/A. \_\_\_\_ ft.(m)

d) Attached garage (top of slab) 8. 84 ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 9. 15 ft.(m)

f) Lowest adjacent (finished) grade (LAG) 8. 54 ft.(m)

g) Highest adjacent (finished) grade (HAG) 8. 74 ft.(m)

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

i) Total area of all permanent openings (flood vents) in C3.h 40.32 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

NJ License # 20509  
September 30, 2003



## 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 Michael W. Hyland Associates, PA

ADDRESS  
101 East Eighth Street

CITY  
Ocean City

STATE  
NJ

ZIP CODE  
08226

SIGNATURE 

DATE  
9/30/03

TELEPHONE  
(609) 398-4477



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5 Central Road			Policy Number	
CITY Ocean City	STATE NJ	ZIP CODE 08226	Company NAIC Number	

<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)</b>				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
COMMENTS				
C3a. Bottom Floor - Garage - Elev 8.84 (Inadequate Venting)				
C3b. Next Higher Floor - Main Floor - Elev 9.15				

<input type="checkbox"/> Check here if attachments				
<b>SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>				

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.

<b>SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>				
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. <i>The statements in Sections A, B, C, and E are correct to the best of my knowledge.</i>				
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME				
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE	DATE	TELEPHONE		
COMMENTS				

<input type="checkbox"/> Check here if attachments				
<b>SECTION G - COMMUNITY INFORMATION (OPTIONAL)</b>				

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.)

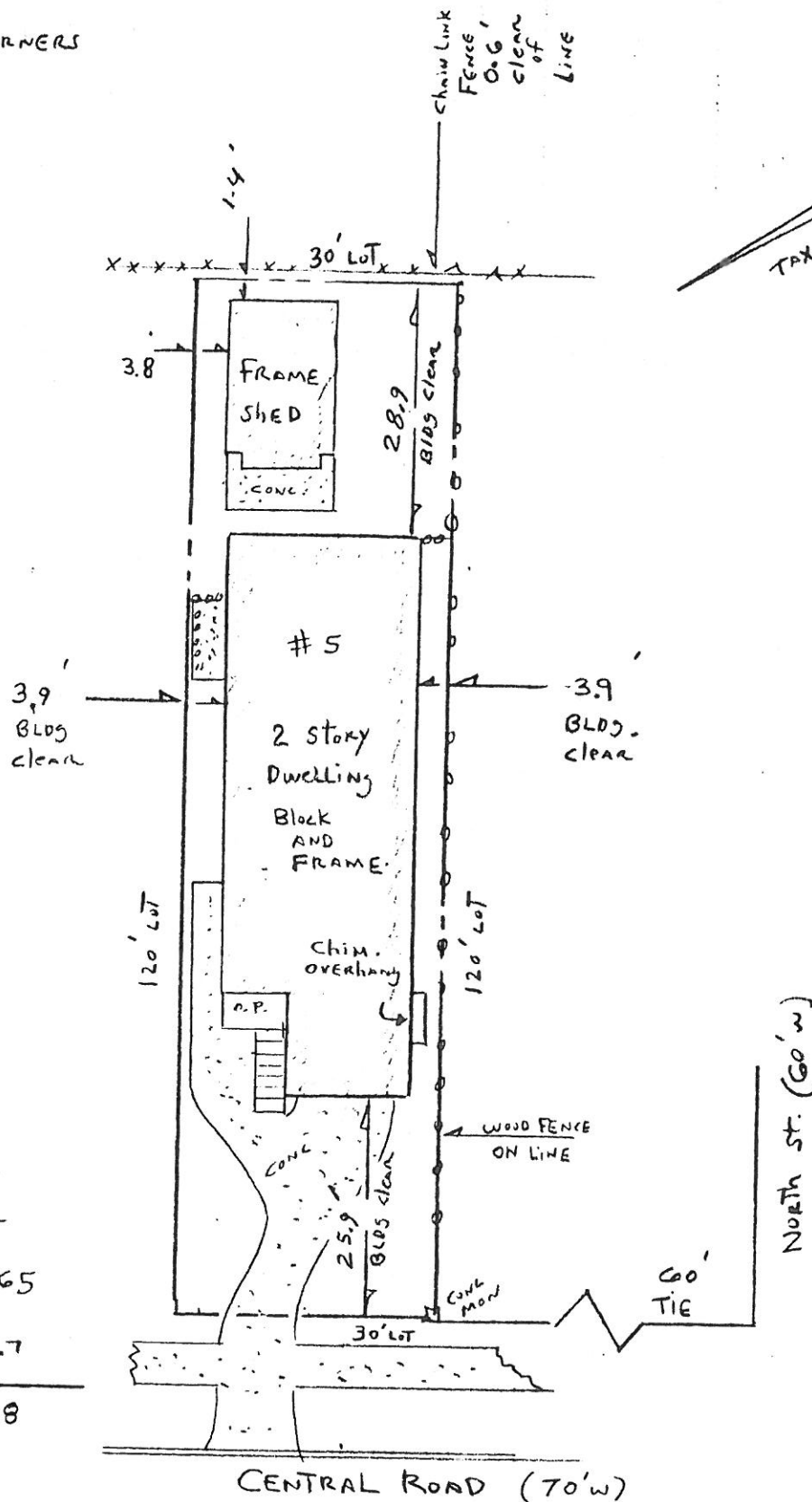
G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 01-2566	G5. DATE PERMIT ISSUED 12/28/01	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/29/04
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> 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		

30' X 120' LOT

ALL LOT CORNERS  
ARE 90°



ISSUED TO:  
WAYNE CHISM

ELEV ARE NGVD

Roof PEAK  
(RIDGE BOARD) 34.65

¢ CENTRAL RD 6.67

Diff 27.98

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS  
SURVEY, I HEREBY CERTIFY TO ITS ACCURACY. (EXCEPT  
SUCHEASEMENTS IF ANY THAT MAY BE LOCATED BELOW  
THE SURFACE OF THE LANDS OR ON THE SURFACE OF  
THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR  
ANY IN SUROR OF TITLE TO ACQUIRE THE TITLE TO THE  
LANDS AND PREMISES SWORN THEREON. BUILDING TIES  
TO BE USED FOR COMPLIANCE WITH ZONING  
REGULATIONS ONLY, AND NO OTHER PURPOSE.

# KARR LAND SURVEYING

5 CAMBRIDGE SUITE 103B  
SEAVILLE, NJ 08230

609-390-7936 FAX • 609-390-7937

*Thomas P. Karr*  
**THOMAS P. KARR**

P.L.S. LICENSE NO. 31269

FINAL - ASBUILT

## PLAN OF SURVEY

BLOCK(s) 70.04 LOT(s) 3.01

OCEAN CITY

COUNTY OF CAPE MAY

NEW JERSEY

TYPE THREE

Date 5-1-91

Drawn By JK

Scale 1" = 20'

Chk'd By JK

REVISIONS

Date

PROJECT NO. 91008