

**NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

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

WO 18982.FF

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Clyde Lince			For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 305 North Street			Policy Number		
CITY Ocean City			STATE NJ		ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Block 70.06					
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 345310001	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 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) 5. 19 ft.(m)
 - o b) Top of next higher floor 8. 31 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) 8. 55 ft.(m)
 - o f) Lowest adjacent (finished) grade (LAG) 5. 49 ft.(m)
 - o g) Highest adjacent (finished) grade (HAG) 5. 69 ft.(m)
 - o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
 - o i) Total area of all permanent openings (flood vents) in C3.h 240 sq. in. (sq. cm)

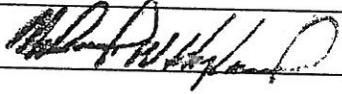
License Number, Embossed Seal, Signature, and Date

NJ License # 20509
September 10, 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 9/10/03	TELEPHONE (609) 398-4477	

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.

Policy Number

305 North Street

CITY STATE ZIP CODE
Ocean City NJ 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. Bottom Floor - Crawl Space - Elev 5.19 (Inadequate Venting)

C3b. Next Highest Floor - Enclosed Porch - Elev 8.31

C3e. Mechanicals Located on Main Floor - Elev 8.55

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

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 99-2148 G5. DATE PERMIT ISSUED 11/29/99 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 9/19/03

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

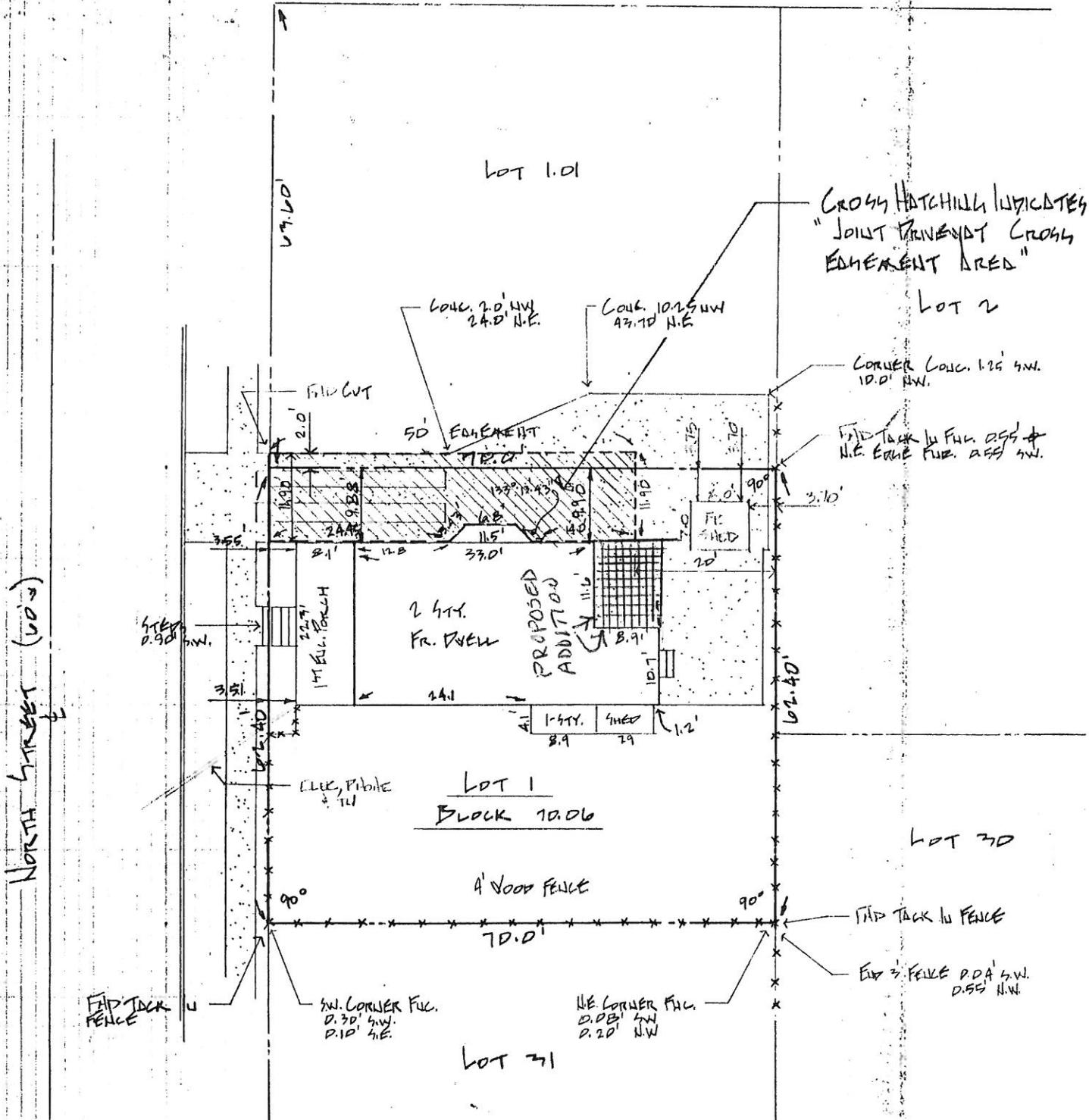
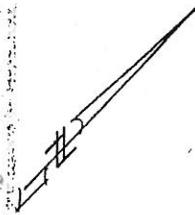
COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

STATION ROAD E&T (04 v)



AVERAGE GRADE ELEV. 5.33' S.L.D.
 LOWEST FLOOR ELEV. 3.76' S.L.D. (Exc. PORCH)

BEING KNOWN AS LOT 1, BLK 70.06 ON THE CURRENT TAX MAP
 SAID PREMISES TO BE SUBJECT TO A "JOINT DRIVEWAY CROSS EASEMENT" AS SHOWN HEREOF

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 encumbrances, if any, that may exist below the surface of the lands or on the surface of the lands and not visible) as 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 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, use of survey for survey, affidavits, resale of property, or to any other persons not listed in certification, either directly or indirectly.

MADE TO:
 CLYDE E. SHORE
 SHORE TITLE ASSOCIATES
 FIRST FLOOR
 1100 ...

REVISED 5/17/91 J.E.C.
 REVISED 5/14/91 J.E.C.

Michael W. Hyland Associates
 ENGINEERS/ARCHITECTS/SURVEYORS/PLANNERS
 DESIGN CONSULTANTS
 101 E. Eighth Street • Ocean City, N.J.
 08226 • 609-398-4477

DRAWN BY J.E.C.
 DATE 4/29/91
 CHECKED BY [Signature]
 DATE 4-30-91
 SCALE 1"=20'
 PROJ. NO. 903
 W.O. NO. _____

[Signature]
MICHAEL W. HYLAND
 N.J. P.E. & L.S. No. 20509
 N.J. R.A. NO. AI 09025

BK. 5A9 DWG. S-9396
 PG. 31-34 NO. _____

SURVEY OF PREMISES
 LOT 1, BLOCK 70.06
 CITY OF OCEAN CITY, CAPE MAY CO., N.J.

BRUNING 40-520 66032