

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE
 Important: Read the instructions on pages 1 - 7.

O.M.B. No. 3067-0077
 Expires December 31, 2006

HDG # 5151 Bk/Pg 981/22-25

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Harry & Joan Kilpatrick		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 62 Station Road West		Company NAIC Number	
CITY Ocean City	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot(s) 20, Tax Block 70.09			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input 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 City of Ocean City 345310		B2. COUNTY NAME Cape May	B3. STATE NJ
B4. MAP AND PANEL NUMBER 3453100001	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) 9MSL	

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) 7. 32 ft.(m)
- o b) Top of next higher floor 10. 06 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A. ft.(m)
- o d) Attached garage (top of slab) 6. 80 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10. 06 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 6. 80 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 7. 30 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 5
- o i) Total area of all permanent openings (flood vents) in C3.h 1000 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

NJ License # 20509 September 25, 2006 

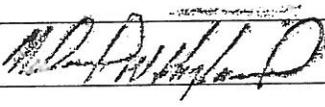
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 NJ20509

TITLE P.E. & L.S.	COMPANY NAME Hyland Design Group, Inc.		
ADDRESS 101 East Eighth Street	CITY Ocean City	STATE NJ	ZIP CODE 08226
SIGNATURE 	DATE 9/25/06	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. 62 Station Road West			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- Crawlspace- Elev 7.32
 C3b. Next Highest Floor- Main Floor- Elev. 10.06
 C3e. Lowest Mechanicals- on Main Floor- Elev 10.06

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 2006 0515	G5. DATE PERMIT ISSUED 3/20/06	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 10/25/06
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G7. This permit has been issued for: New Construction Substantial Improvement

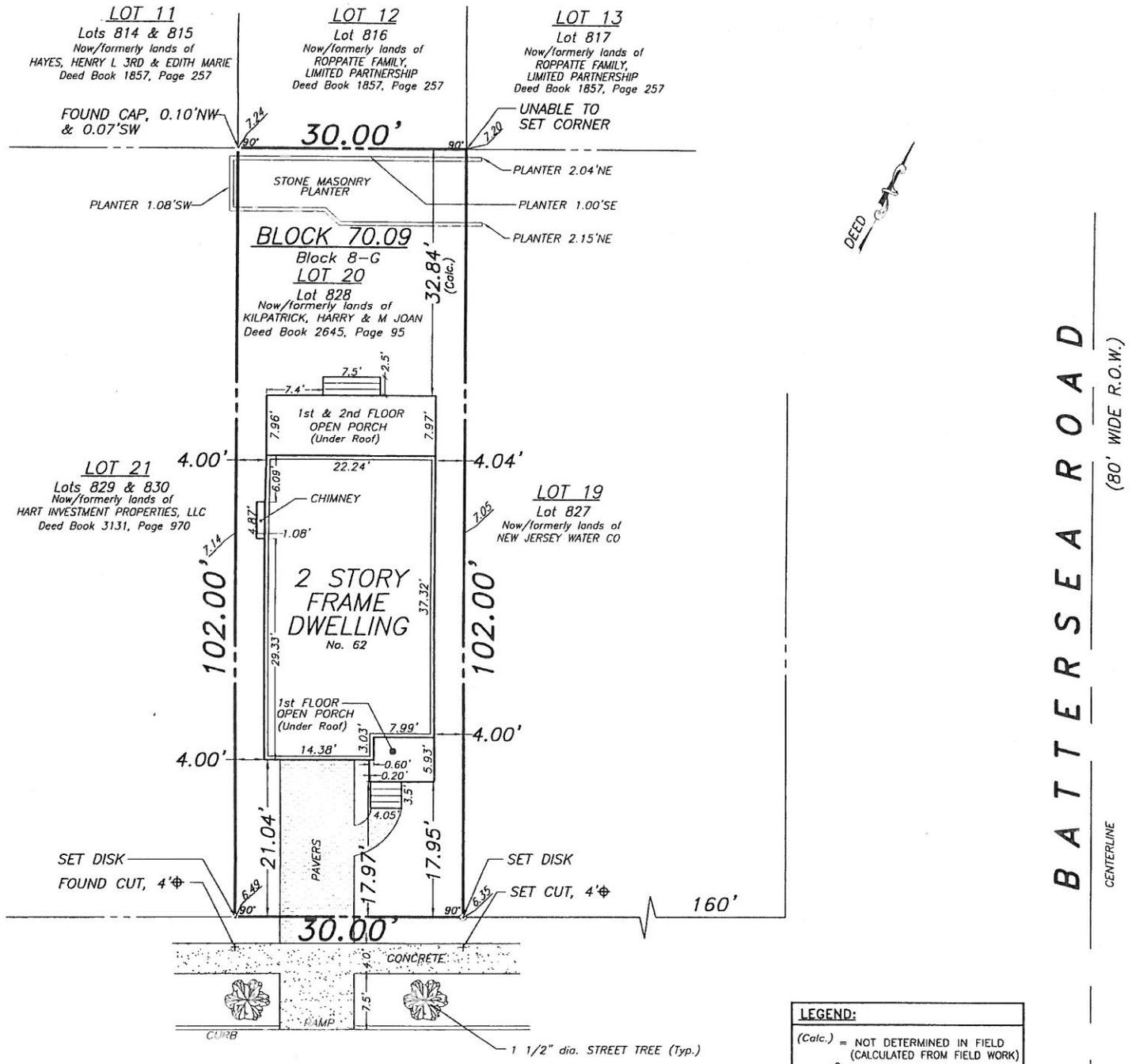
G8. Elevation of as-built lowest floor (including basement) of the building is:

____ ft.(m) Datum: ____
 ____ ft.(m) Datum: ____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments



STATION ROAD WEST

CENTERLINE (65' WIDE R.O.W.)

ELEVATION DATA:

REFERENCE DATUM: SEA LEVEL DATUM 1929 (NGVD)
 BENCHMARK: P.K. NAIL IN UTILITY POLE AT LOT 19, BLOCK 70.09
 ELEV. 10.00

☉ STATION ROAD x ☉ LOT: ELEV. 6.24
 LOW ADJACENT GRADE: ELEV. 6.80
 HIGH ADJACENT GRADE: ELEV. 7.30
 GARAGE FLOOR: ELEV. 6.80
 CRAWL SPACE: ELEV. 7.32
 MAIN BUILDING FLOOR: ELEV. 10.06
 ROOF PEAK: ELEV. 35.42
 CUPOLA PEAK: ELEV. 40.38

Note: Lowest Mechanicals at Elev. 10.06

ISSUED TO:
 • MICHAEL DONLEVIE

ZONING DISTRICT:

G-60/6000, GARDENS NEIGHBORHOOD (DISCRETE RESIDENTIAL DISTRICT)

COVERAGES:

LOT AREA :	3,060.0 S.F. (0.070 Acres)
BUILDING :	868.7 S.F.
REAR PORCH AREA :	177.0 S.F.
BUILDING COVERAGE :	1,045.7 S.F. (34.2%) (1)
STEPS, CHIMNEY :	38.2 S.F.
PAVERS :	226.1 S.F.
FRONT PORCH AREA :	49.1 S.F. (2)
IMPERMEABLE COVERAGE :	1,359.1 S.F. (44.4%)

COVERAGE NOTES:

- (1) Building coverage calculation represents area at foundation of building, excluding 5.3 s.f. chimney area.
- (2) An allowable 2% of lot area (3,060.0 x 0.02 = 61.2 s.f.) can be designated for a roofed porch not to be calculated in building coverage, Existing roofed front porch area 49.1 s.f. not used in building coverage calculation.

SURVEY NOTE:

Building setbacks as shown hereon were taken to foundation of building (excluding those setbacks taken to porch), while building dimensions were measured along exterior applications of building.

DESCRIPTION:

BEING KNOWN AS LOT 828, BLOCK 8-G, ON THE FORMER OFFICIAL TAX MAP OF THE CITY OF OCEAN CITY.

ALSO, BEING KNOWN AS LOT 20, BLOCK 70.09 ON SHEET B OF THE CURRENT OFFICIAL TAX MAP OF THE CITY OF OCEAN CITY.

BEING THE SAME LAND AND PREMISES CONVEYED UNTO HARRY KILPATRICK AND M. JOAN KILPATRICK, HUSBAND AND WIFE, BY DEED FROM FLORENCE PARSELS DRAIN, WIDOW, IN DEED BOOK 1299, PAGE 548 DATED 01/26/73 AND FILED 01/30/73 IN THE CAPE MAY COUNTY CLERK'S OFFICE

CAUTION: If this document does not contain a raised impression seal of the professional, it is not an authorized original document and increases the possibility that it may have been altered.

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

I declare that, to the best of my professional knowledge and belief, this map or plan is the result of a field survey made on the date shown below, by me or under my direct supervision, in accordance with the rules and regulations promulgated by the State Board of Professional Engineers and Land Surveyors.

Michael W. Hyland
 Michael W. Hyland
 NEW JERSEY PROFESSIONAL ENGINEER No. 20509
 NEW JERSEY PROFESSIONAL LAND SURVEYOR No. 20509
 NEW JERSEY REGISTERED ARCHITECT No. 09025

REVISIONS	DATE
DRAWN BY	SCALE
NAF/RSS	1" = 20'
CHECKED BY	FIELD BOOK / PAGE
RSS	981, 22-25
DATE	PROJECT / W.O. #
09/21/06	5151
DRAWING SET No.	
S-12159	Sheet 1 of 1 Sheets

FINAL AS-BUILT SURVEY
 62 STATION ROAD WEST
 TAX LOT 20 TAX BLOCK 70.09
 OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY