

HDG # **19702** BK/Pg **1016/73** SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **Jeff and Linda Macintyre** For Insurance Company Use:
 Policy Number _____

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
44 Station Road West Company NAIC Number _____

City **Ocean City** State **NJ** ZIP Code **08226**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 70.09, Lot 24

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **39°17'26.8"** Long. **74°33'54.0"** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **8**

A8. For a building with a crawl space or enclosure(s), provide
 a) Square footage of crawl space or enclosure(s) **1,596.5** sq ft
 b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade **8**
 c) Total net area of flood openings in A8.b **1600** sq in

A9. For a building with an attached garage, provide:
 a) Square footage of attached garage **272.4** sq ft
 b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade **2**
 c) Total net area of flood openings in A9.b **400** sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
Ocean City 345310

B2. County Name
Cape May

B3. State
NJ

B4. Map/Panel Number 0001	B5. Suffix C	B6. FIRM Index Date 7/15/1992	B7. FIRM Panel Effective/Revised Date 9/5/1984	B8. Flood Zone(s) A-7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.00'
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310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

311. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

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. 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 C2.a-g below according to the building diagram specified in Item A7.
 Benchmark Utilized _____ Vertical Datum _____
 Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) **6.86** feet meters (Puerto Rico only)

b) Top of the next higher floor **10.22** feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) **N/A** feet meters (Puerto Rico only)

d) Attached garage (top of slab) **7.44** feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) **10.22** feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) **6.85** feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) **6.92** feet meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

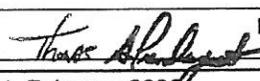
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

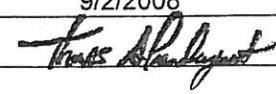
Certifier's Name **Thomas A. Prendergast, PLS** License Number **NJ 37604**

Title **P.L.S.** Company Name **Hyland Design Group**

Address **101 East Eighth Street** City **Ocean City** State **NJ** ZIP Code **08226**

Signature  Date **9/2/2008** Telephone **609.398.4477**

9/2/2008



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. 44 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
 C2.a Crawl Space Elev 6.86
 C2.b Main Floor Elev 10.22
 C2.e Mechanicals on Main Floor Elev 10.22

Signature  Date 9/2/2008 Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. 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, 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, 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. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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>20070391</i>	G5. Date Permit Issued <i>4/3/07</i>	G6. Date Certificate Of Compliance/Occupancy Issued <i>9/11/08</i>
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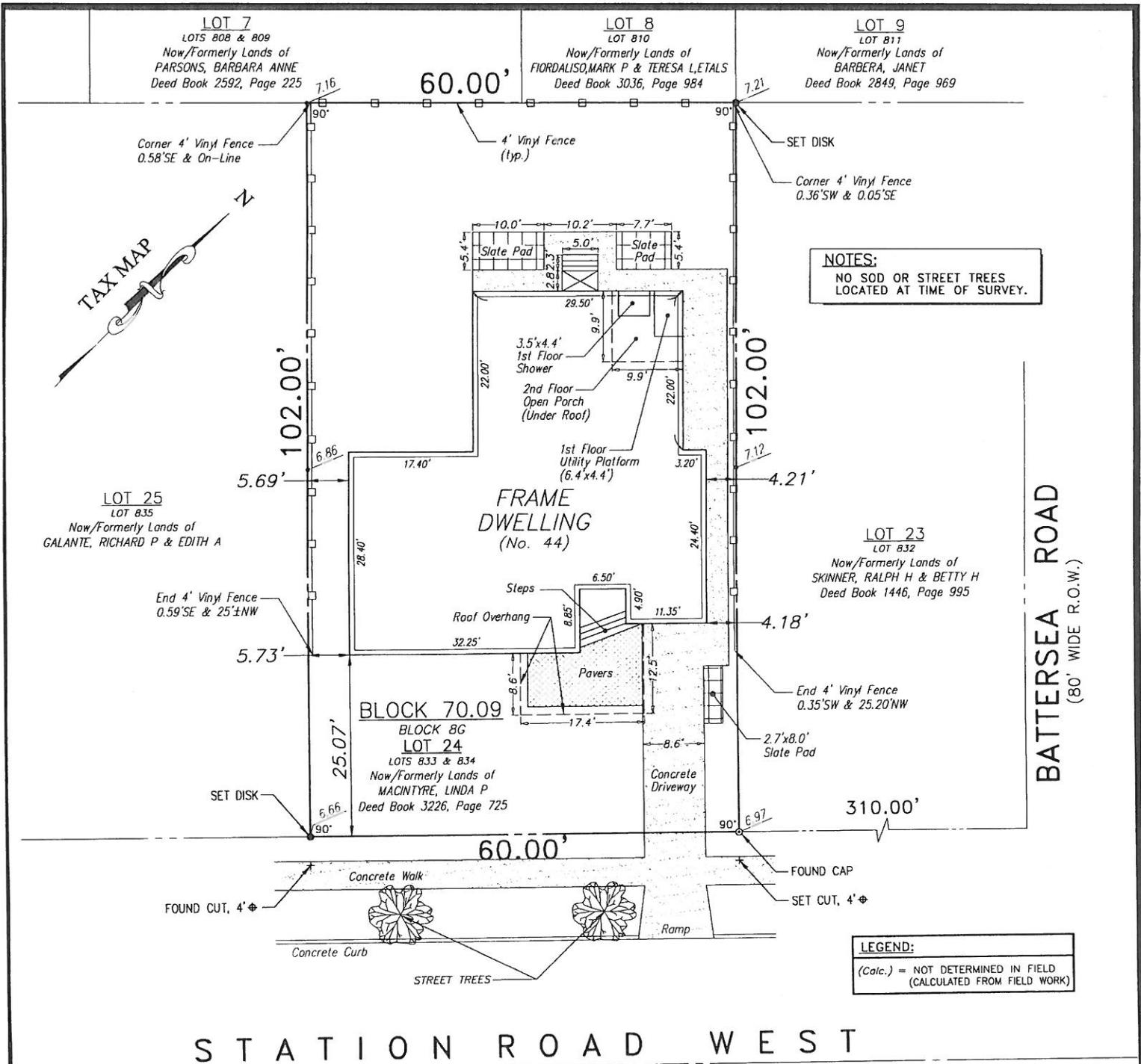
G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	

Check here if attachments



NOTES:
NO SOD OR STREET TREES LOCATED AT TIME OF SURVEY.

LEGEND:
(Calc.) = NOT DETERMINED IN FIELD (CALCULATED FROM FIELD WORK)

STATION ROAD WEST

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

ISSUED TO:

• JEFF & LINDA MACINTYRE

ZONING DISTRICT:

G/60/6000 (GARDENS R-1 NEIGHBORHOOD DISTRICT)
(DISCRETE NEIGHBORHOOD DISTRICT)

DESCRIPTION:

BEING KNOWN AND DESIGNATED AS TAX LOT 24, TAX BLOCK 70.09 AS SHOWN ON SHEET 8 OF THE CURRENT OFFICIAL TAX MAP OF THE CITY OF OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY, PREPARED BY JOHN R. WALKER & DATED NOVEMBER 1980.

ALSO, BEING KNOWN AS A PORTION OF LOT 833 & 834, BLOCK 8G AS SHOWN ON THE FORMER OFFICIAL TAX MAP OF OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY.

ALSO, BEING THE SAME LANDS AND PREMISES AS CONVEYED BY FRANK PROVENSON UNTO JAMES A. PROVENSON & ELSIE L. PROVENSON BY DEED DATED JULY 27, 1954 & RECORDED JULY 29, 1954 IN THE CAPE MAY COUNTY CLERK'S OFFICE IN DEED BOOK 832, PAGE 253.

GENERAL NOTES:

- FIELD WORK FOR SURVEY PERFORMED ON AUGUST 19, 2008.
- SURVEY PERFORMED WITHOUT THE BENEFIT OF A DEED OR CURRENT TITLE REPORT.
- BUILDING SETBACKS AND DIMENSIONS AS SHOWN HEREON WERE TAKEN TO/ALONG THE EXTERIOR APPLICATIONS OF THE BUILDING.
- THE INFORMATION SHOWN HEREON CORRECTLY REPRESENTS THE CONDITIONS FOUND AT, AND AS OF THE DATE OF THE FIELD WORK. THIS PROPERTY IS SUBJECT TO DOCUMENTS OF RECORD, UNDERGROUND IMPROVEMENTS, EASEMENTS, RIGHTS, RESTRICTIONS, RIGHT OF WAYS, EXCEPTIONS OR COVENANTS NOT VISIBLE OR UNKNOWN TO THE SURVEYOR ARE NOT SHOWN. THE ILLUSTRATION OF ANY MAPPED OR REGULATED ENVIRONMENTAL CONSTRAINTS THAT MAY BE WITHIN THE JURISDICTIONAL LIMITS OF FEDERAL, STATE AND/OR LOCAL REGULATORY AGENCIES AFFECTING THE SUBJECT PROPERTY ARE NOT INCLUDED AS PART OF CONTRACT WITH THE CLIENT UNLESS SPECIFICALLY SHOWN.
- THE SUBJECT LOT LIES IN FLOOD ZONE A7 (ELEV. 9) AS SHOWN ON FEMA FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 345310 0001 C, LAST REVISED SEPTEMBER 5, 1984.

COVERAGES:

LOT 24 AREA :	6,120.0 S.F.
BUILDING COVERAGE :	2,140.11 S.F. (34.97%) (1)
IMPERMEABLE COVERAGE :	2,940.3 S.F. (48.0%)

COVERAGE NOTES:

(1) Building coverage calculation represents building area at outermost sheathing of the As-Built building areas. And furthermore as calculated under definition "BUILDING COVERAGE" under section 25-107, page 100-15 of the Rev. Ord. Supp. 4/05, & last revised.

ELEVATION DATA:

REFERENCE DATUM:	SEA LEVEL DATUM 1929 (NGVD)
BENCHMARK:	SQUARE CUT, W. CORNER OF NORTH & HAVEN (REF. No. 5)
	ELEV. 6.08
© STATION RD. WEST at © LOT:	ELEV. 6.66
LOW ADJACENT GRADE:	ELEV. 6.85
HIGH ADJACENT GRADE:	ELEV. 6.92
CRAWL SPACE:	ELEV. 6.86
GARAGE:	ELEV. 7.44
MAIN BUILDING FLOOR:	ELEV. 10.22
ROOF PEAK:	ELEV. 32.77
ROOF CUPOLA:	ELEV. 36.71
(BUILDING HEIGHT= 26.11)	
Lowest Mechanicals ©	ELEV. 10.22

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.
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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".

Thomas A. Prendergast
Thomas A. Prendergast
NEW JERSEY PROFESSIONAL LAND SURVEYOR No. 37604

REVISIONS	DATE
DRAWN BY	SCALE
BSB	1"=20'
CHECKED BY	FIELD BOOK / PAGE
TAP	1016 / 71-74
DATE	PROJECT / W.O. #
9/02/2008	19702
DRAWING SET No.	
S-12607 Sheet 1 of 1 Sheets	

FINAL AS-BUILT SURVEY
44 STATION ROAD WEST
TAX LOT 24, TAX BLOCK 70.09
OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY