

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3067-0077  
Expires December 31, 2005CITY OF OCEAN CITY  
CODE ENFORCEMENT

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| SECTION A - PROPERTY OWNER INFORMATION                                                                                         |                                                                                                     |                                                                                                                                               | For Insurance Company Use: |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| BUILDING OWNER'S NAME<br>The Mastropieri's                                                                                     |                                                                                                     |                                                                                                                                               | Policy Number              |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br>29 Bay Road               |                                                                                                     |                                                                                                                                               | Company NAIC Number        |
| CITY<br>Ocean City                                                                                                             | STATE<br>NJ                                                                                         | ZIP CODE<br>08226                                                                                                                             |                            |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Block 70.10 lot 6                  |                                                                                                     |                                                                                                                                               |                            |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)<br>Residential |                                                                                                     |                                                                                                                                               |                            |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(##° - ##' - ###" or ###.####°)                                                               | HORIZONTAL DATUM:<br><input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____<br><input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |                            |

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

|                                                                                                                                                                                                                                                                                    |                 |                                 |                                                   |                         |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------|---------------------------------------------------|-------------------------|-------------------------------------------------------------------------|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER<br>City of Ocean City 345310                                                                                                                                                                                                            |                 | B2. COUNTY NAME<br>Cape May     |                                                   | B3. STATE<br>NJ         |                                                                         |
| B4. MAP AND PANEL NUMBER<br>0001/345310                                                                                                                                                                                                                                            | B5. SUFFIX<br>C | B6. FIRM INDEX DATE<br>07/15/92 | B7. FIRM PANEL EFFECTIVE/REVISED DATE<br>09/05/84 | B8. FLOOD ZONE(S)<br>A7 | B9. BASE FLOOD ELEVATION(S)<br>(Zone AO, use depth of flooding)<br>10.0 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.<br><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: ☐ 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, ARIA, 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 NGVD29 Conversion/Comments Same as datum used for BFE  
Elevation reference mark used N/A Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

|                                                                                                          |                     |
|----------------------------------------------------------------------------------------------------------|---------------------|
| o a) Top of bottom floor (including basement or enclosure)                                               | <u>7.5</u> ft.(m)   |
| o b) Top of next higher floor                                                                            | <u>11.20</u> ft.(m) |
| o c) Bottom of lowest horizontal structural member (V zones only)                                        | <u>n/a.</u> ft.(m)  |
| o d) Attached garage (top of slab)                                                                       | <u>n/a.</u> ft.(m)  |
| o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | <u>**.</u> ft.(m)   |
| o f) Lowest adjacent (finished) grade (LAG)                                                              | <u>7.5</u> ft.(m)   |
| o g) Highest adjacent (finished) grade (HAG)                                                             | <u>7.7</u> ft.(m)   |
| o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>9</u>                  |                     |
| o i) Total area of all permanent openings (flood vents) in C3.h <u>1800</u> sq. in. (sq. cm)             |                     |

License Number, Embossed Seal,  
Signature, and DateProfessional Land Surveyor  
NJ License # GS02177100

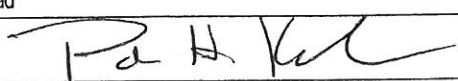
February 24, 2006

## 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 PAUL H. KOELLING

LICENSE NUMBER NJ 24GS 02177100

|                                                                                                  |                                            |                             |                   |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------|-------------------|
| TITLE Professional Land Surveyor                                                                 | COMPANY NAME PAUL H. KOELLING & ASSOCIATES |                             |                   |
| ADDRESS<br>2161 Shore Road                                                                       | CITY<br>Linwood                            | STATE<br>NJ                 | ZIP CODE<br>08221 |
| SIGNATURE<br> | DATE<br>February 24, 2006                  | TELEPHONE<br>(609) 927-0279 |                   |

|                                                                                                                  |             |          |                            |
|------------------------------------------------------------------------------------------------------------------|-------------|----------|----------------------------|
| <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.<br>29 Bay Road |             |          | Policy Number              |
| CITY<br>Ocean City                                                                                               | STATE<br>NJ | ZIP CODE | 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  
C3e= Duct work elevation is 10.00, Air unit elevation is 11.20

☐ 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<br>20050758 | G5. DATE PERMIT ISSUED<br>4/19/05 | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED<br>3/20/06 |
|-------------------------------|-----------------------------------|----------------------------------------------------------------|

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

ELEV.  
+ 7.21

BAY ROAD

(75')

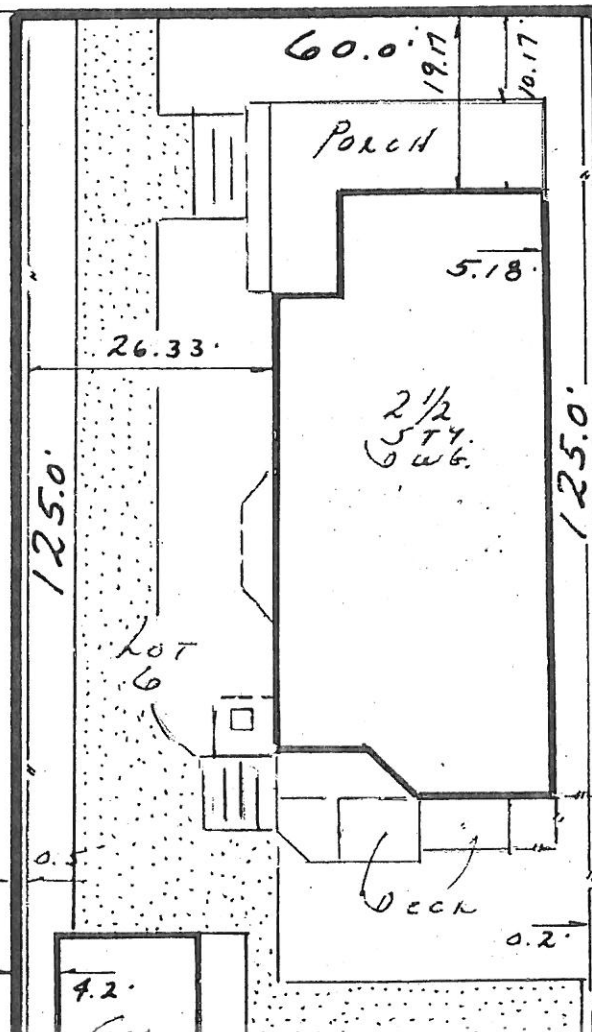
N 40° 30' E

SOUTHEAST  
LINE

190' TO THE  
N.E. LINE OF  
NORTH ST.  
(60')

PANA. W/ NORTH  
ST.  
N 49° 30' W

Lot  
5



S 49° 30' E  
PANA. W/ NORTH  
ST.

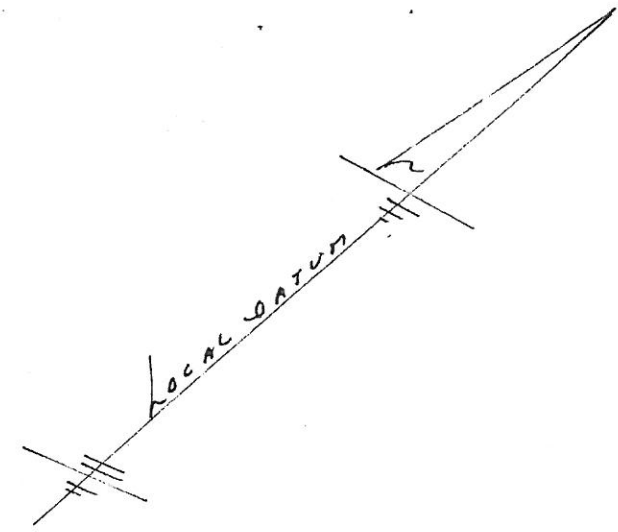
Lot  
7

S 40° 30' W  
PANAMA BAY  
RD.

COVERAGE AND HEIGHT

|                                     |                     |
|-------------------------------------|---------------------|
| Lot Area                            | 7500 sq. ft.        |
| Building Area                       | 2669 sq. ft. 35 %   |
| Impervious Area                     | 4500 sq. ft. / 60 % |
| 3 <sup>rd</sup> Floor Area above 5' | 605 sq. ft.         |
| 40 % of 2 <sup>nd</sup> Floor Area  |                     |
| Centerline Elevation                | 7.21 ft.            |
| Peak Elevation                      | 40.20 ft.           |
| Building Height                     | 32.99 ft.           |

+X.X = Existing NGVD 29 Elevation



UPDATED 2/24/06 - FINAL SURVEY  
UPDATED 8/30/05 - ADDED COVERAGE

GENERAL NOTES:

Offsets are shown only for checking compliance with deed restrictions and zoning regulations. Offsets shall not be used for any other purposes. Surveyor shall not have any responsibility or liability if the offsets shown are used other than as intended.

This property is subject to any documents of record, either recorded or unrecorded. Underground improvements, easements, property line agreements or other conditions unknown to the surveyor are not shown. Surveyor reserves the right to modify this survey should any such information become available.

Surveyor's signature and embossed seal signify that this survey was prepared in accordance with the current regulations adopted by the New Jersey State Board of Professional Engineers and Land Surveyors. Only signed and sealed copies of this survey shall be considered as true copies.

The illustration of riparian claims of regulated wetlands affecting subject property, if any, are not included as a part of surveyor's contract. Surveyor reserves the right to modify this survey should client specifically request these additional services.

This survey has been prepared only for the use of the named parties. Surveyor shall not have any responsibility or liability should this survey be used for resale of property, for use with survey affidavit, or for use by any other person or entity not specifically named, for any reason, other than as intended.


THE MASTROPIERI'S

In consideration of the mutual covenants and promises contained in the agreement between above named parties and the undersigned, the provisions of which are incorporated herein by reference, I declare that this plan is based on a field survey made on \_\_\_\_\_ by me or under my immediate supervision in accordance with N.J.A.C. 13: 40-5.1, and to the best of my professional knowledge, information and belief,

(a) correctly represents the conditions found at and as of the date of the field survey, except such easements, if any, below the surface of the lands or on the surface of the lands and not visible;

(b) except as shown on the plan, there are no discrepancies between the boundary lines of the subject property as shown on the plan and as described in the legal description of record.

This plan is made to provide information to the title insurer so that it may insure title to the lands shown herein and for the mortgage holder named above. This declaration is given solely to the above named parties for this transaction only and is not transferable, except as provided herein.

  
**PAUL H. KOELLING**  
PROFESSIONAL LAND SURVEYOR NEW JERSEY LICENSE NO. 21771

SURVEY OF PREMISES

SITUATE IN  
CITY OF OCEAN CITY  
CAPE MAY COUNTY, N.J.

Block 70.10 Lot 6

**PAUL H. KOELLING & ASSOC.**  
SURVEYING - PLANNING  
2161 SHORE ROAD  
LINWOOD, N.J. 08221  
(609) 927-0279

AUG. 12, 2005 BY: SOKALSKI  
SCALE 1" = 20' PROJ. NO.: 14992