

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Jeff Frost		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 176-180 Bay Road		Company NAIC Number
CITY Ocean City	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 10, Block 70.12		
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 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) 10 FT MSL
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <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: <input type="checkbox"/> Construction Drawings <input type="checkbox"/> Building Under Construction <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	12.23' ft.(m)
<input type="checkbox"/> b) Top of next higher floor	N/A ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	8.05' ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	14.90' ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	7.85' ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	10.85' ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	22
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	4,566.67 sq. in. (sq. cm)

NJ License No. 20509
7/18/02

[Signature]

License Number, Embossed Seal, Signature, and Date

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	
ADDRESS 101 East Eighth Street		CITY Ocean City	STATE NJ
SIGNATURE <i>[Signature]</i>		DATE 7/18/02	ZIP CODE 08226
		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	
176-180 Bay Road				
CITY	STATE	ZIP CODE	Company NAIC Number	
Ocean City	NJ	08226		

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

All Mechanicals on Utility Platform in Garage

☐ 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. 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 00-1864	G5. DATE PERMIT ISSUED 9/21/00	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 11/13/02
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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:

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

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

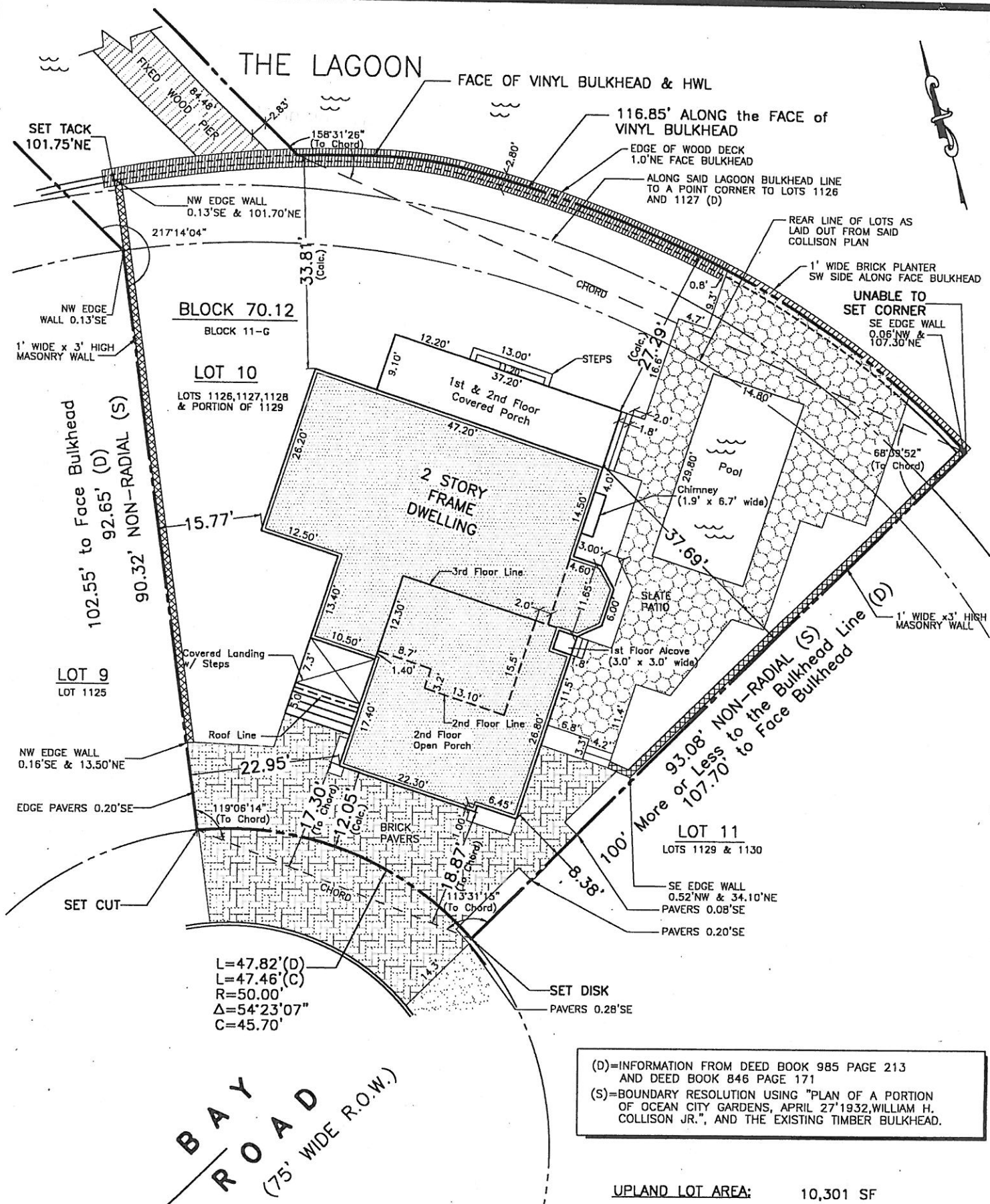
TELEPHONE

SIGNATURE

DATE

COMMENTS

☐ Check here if attachments



ISSUED TO:
JEFF FROST

DESCRIPTION:

BEING KNOWN AS LOTS 1126, 1127, 1128 AND THE NORTHWEST PART OF 1129, PLAN 3, OCEAN CITY GARDENS. ALSO BEING KNOWN AS LOTS 1126, 1127, 1128, AND THE NORTHWEST PART OF LOT 1129, BLOCK 11-G, ON THE FORMER OCEAN CITY TAX MAP.

ALSO BEING KNOWN AS LOT 10, BLOCK 70-G, ON THE CURRENT OFFICIAL TAX MAP OF THE CITY OF OCEAN CITY.

LOT AND BLOCK DESIGNATIONS

Underlined Tax Lot and Block numbers are shown on the Official Tax Map of the City of Ocean City, prepared by John R. Walker, dated November, 1980. Non-Underlined Tax Lot and Block numbers refer to the former Official Tax Map of the City of Ocean City, prepared by J.F. Hyland, dated June 1, 1960.

(D)=INFORMATION FROM DEED BOOK 985 PAGE 213 AND DEED BOOK 846 PAGE 171
(S)=BOUNDARY RESOLUTION USING "PLAN OF A PORTION OF OCEAN CITY GARDENS, APRIL 27, 1932, WILLIAM H. COLLISON JR.", AND THE EXISTING TIMBER BULKHEAD.

UPLAND LOT AREA: 10,301 SF
BUILDING COVERAGE: 2,770 SF (26.9%)
IMPERVIOUS COVERAGE: 6,177 SF (59.9%)

ELEVATION DATA:

REFERENCE DATUM: SEA LEVEL DATUM 1929 (NGVD)
BENCHMARK: P.K. NAIL IN UTILITY POLE AT LOTS 15 & 16, BLOCK 70.12.
ELEV. 10.00

© CUL-DE-SAC
BAY ROAD: ELEV. 7.31
LOW AVERAGE GRADE: ELEV. 7.85
HIGH AVERAGE GRADE: ELEV. 10.35
GARAGE: ELEV. 8.05
MAIN BUILDING FLOOR: ELEV. 12.23
(Lowest Floor, adequate venting)
MECHANICALS: ELEV. 14.90
ROOF PEAK: ELEV. 41.63
CUPOLA PEAK: ELEV. 50.67



Michael W. Hyland Associates, P.A.
ENGINEERS/ARCHITECTS/DESIGN CONSULTANTS/PLANNERS/SURVEYORS
101 EAST EIGHTH STREET OCEAN CITY, NEW JERSEY 08226
PHONE: (609) 398-4477 FAX: (609) 398-7366

FINAL AS-BUILT SURVEY
TAX LOT 10 TAX BLOCK 70.12
OCEAN CITY, CAPE MAY COUNTY, N.J.

DRAWN BY RSS/BRP

DATE 7/17/02

CHECKED BY SBG

DATE 7/17/02

SCALE 1"=20'

PROJ. No. 3991.1

W.O. No.

Michael W. Hyland
MICHAEL W. HYLAND
N.J.P.E. & L.S. No. 20509
N.J.R.A. No. AI 09025

BK. 801
PG. 69

DWG. No. S-11284