

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

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| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME MC MABON | | Policy Number |
| BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 130 WEST ATLANTIC | | Company NAIC Number |
| CITY OCEAN CITY, | STATE NJ | ZIP CODE 08226 |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 70.12, LOTS 33 AND 34 | | |
| 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 345310 0001 C | | B2. COUNTY NAME CAPE MAY | | B3. STATE NJ | |
| B4. MAP AND PANEL NUMBER 345310 0001 | 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 |

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 _____

| | | |
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| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | CITY OF OCEAN CITY CODE ENGINEER 2000-5-11 1:10 |
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" 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: 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, ARIAE, ARIA1-A30, ARIA/1, ARIA/0 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: 1929 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 o a) Top of bottom floor (including basement or enclosure) 9 0 ft.(m) o b) Top of next higher floor 10 7 ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m) o d) Attached garage (top of slab) 0 4 ft.(m) o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 9 3 ft.(m) o f) Lowest adjacent (finished) grade (LAG) 8 2 ft.(m) o g) Highest adjacent (finished) grade (HAG) 8 6 ft.(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm) | | |

| | | | |
|---|--|----------------------------------|--------------------------|
| 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 THOMAS N. TOLBERT | | LICENSE NUMBER 38608 | |
| TITLE PROFESSIONAL LAND SURVEYOR | COMPANY NAME DESIGN LAND SURVEYING | | |
| ADDRESS 341 ROUTE 168 | CITY TURNERSVILLE | STATE NJ | ZIP CODE 08012 |
| SIGNATURE | DATE 12-10-03 | TELEPHONE 856-370-1134 | |

spaces, copy the corresponding information from Section A.

| | | | |
|--|-------------|-------------------|----------------------------|
| ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. WEST ATLANTIC | | | For Insurance Company Use: |
| | | | Policy Number |
| 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

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE) Check here if attachments

For Zone AO and Zone A (without BFE), complete Items E1 through E3. 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.
- E3. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

| | | | |
|--|------|-----------|----------|
| PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | DATE | TELEPHONE | |
| COMMENTS | | | |

SECTION G - COMMUNITY INFORMATION (OPTIONAL) Check here if attachments

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 200.31932 | G5. DATE PERMIT ISSUED | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|--------------------------------|------------------------|---|

- 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: _____

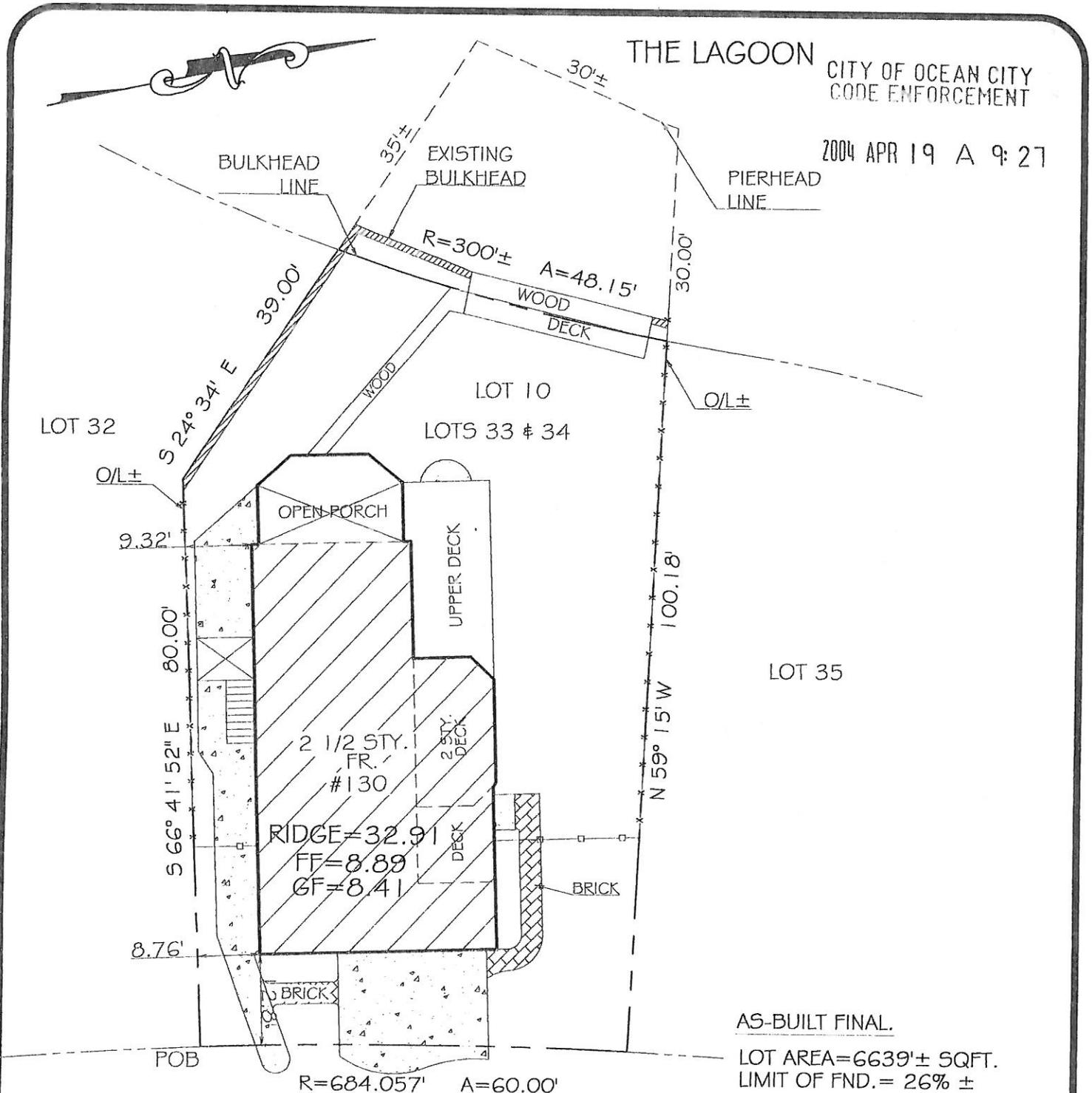
| | |
|-----------------------|-----------|
| LOCAL OFFICIAL'S NAME | TITLE |
| COMMUNITY NAME | TELEPHONE |
| SIGNATURE | DATE |
| COMMENTS | |

Check here if attachments

THE LAGOON

CITY OF OCEAN CITY
CODE ENFORCEMENT

2004 APR 19 A 9:27



AS-BUILT FINAL.

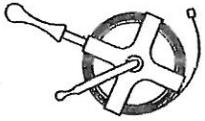
LOT AREA=6639± SQFT.
 LIMIT OF FND.= 26% ±
 BLDG. PORCHES/CONC=21% ±
 IMPERVIOUS COVERAGE=50% ±
 ROOF PEAK ELEV=32.91
 ROAD CENTERLINE ELEV.=8.65
 (DIFF.=24.26)

ATLANTIC BOULEVARD

(100' WIDE)

- OUTBOUNDS BASED ON TAX MAP ONLY
- THIS PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 33 & 34, BLOCK 70.12, TAX MAP OF THE CITY OF OCEAN CITY
- A.K.A. LOTS 1165 & 1166, BLOCK 11, PLAN NO.3, "OCEAN CITY GARDENS".
- NO ATTEMPT WAS MADE TO LOCATE THE UTILITIES WHICH MAY EXIST ON THIS PROPERTY.
- PRIOR TO ANY EXCAVATION, CONTRACTOR SHALL BE RESPONSIBLE TO DETERMINE THEIR EXACT LOCATION.
- SUBJECT TO BUILDING REGULATIONS, RESTRICTIONS, EASEMENTS, RIGHTS-OF-WAY, COVENANTS, RESERVATIONS AND AGREEMENTS OF RECORD, IF ANY.

Design Land Surveying



341 RTE 168 Turnersville, N.J. 08012

Toll Free Phone 1-800-418-9373

Phone (856) 374-1134 - Fax (856) 374-1061

MEMBER OF:



DATE 12-08-03

SCALE 1"=20'

DRN: JLG

SURVEY NO.

0312005

SURVEY OF PREMISES

130 ATLANTIC BOULEVARD

SITUATE IN:

CITY OF OCEAN CITY
 CAPE MAY COUNTY
 NEW JERSEY

REV: 04-08-04 (FINAL SURVEY)

TO: SCOTT HALLIDAY

In consideration of the fee paid for making this plan, I hereby declare that the said plan accurately depicts the tax map furnished to me. No responsibility is assumed for (a) the location of easements that may be located below the surface of the lands, or (b) on the surface of the lands, and not visible, or (c) other interests not visible, or matters of title. This declaration is issued solely to the herein named purchaser for any transaction being completed within ninety (90) days of its date. The surveyor shall have no responsibility or liability for any reason unless the fee for the preparation of said plan is paid within thirty (30) days of its date. Surveyor's liability for any reason shall not exceed the sum of ONE HUNDRED DOLLARS (100.00)

THOMAS N. TOLBERT
 PROFESSIONAL LAND SURVEYOR
 N.J. LIC. 08 38608