

P.4143

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Dave Filarski	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 212 W. Atlantic Blvd.	Policy Number	
CITY Ocean City	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, Block 70.14		
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 City of Ocean City	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) 9 FT MSL

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.

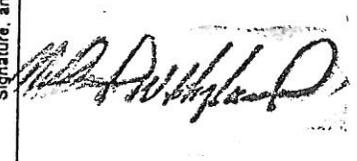
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>6.09</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>7.09</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>7.09</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>9.20</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>6.57</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>6.77</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>20</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>1,927.00</u> in. (sq. cm)

NJ License No. 20509
6/1/01



License Number, Embossed Seal, Signature, and Date

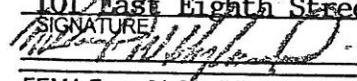
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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, P.A.**

ADDRESS: **101 East Eighth Street** CITY: **Ocean City** STATE: **NJ** ZIP CODE: **08226**

SIGNATURE:  DATE: **6/1/01** 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. 212 W. Atlantic Blvd.			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 **Lowest Mechanical: Utility Pad, Elevation 9.20'**
Bottom Floor: Crawl Space Floor, Inadequate Venting
Main House Floor: 9.01'

two access panels converted to flood vents

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 00-0018	G5. DATE PERMIT ISSUED 2/16/01	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 6/8/01
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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: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

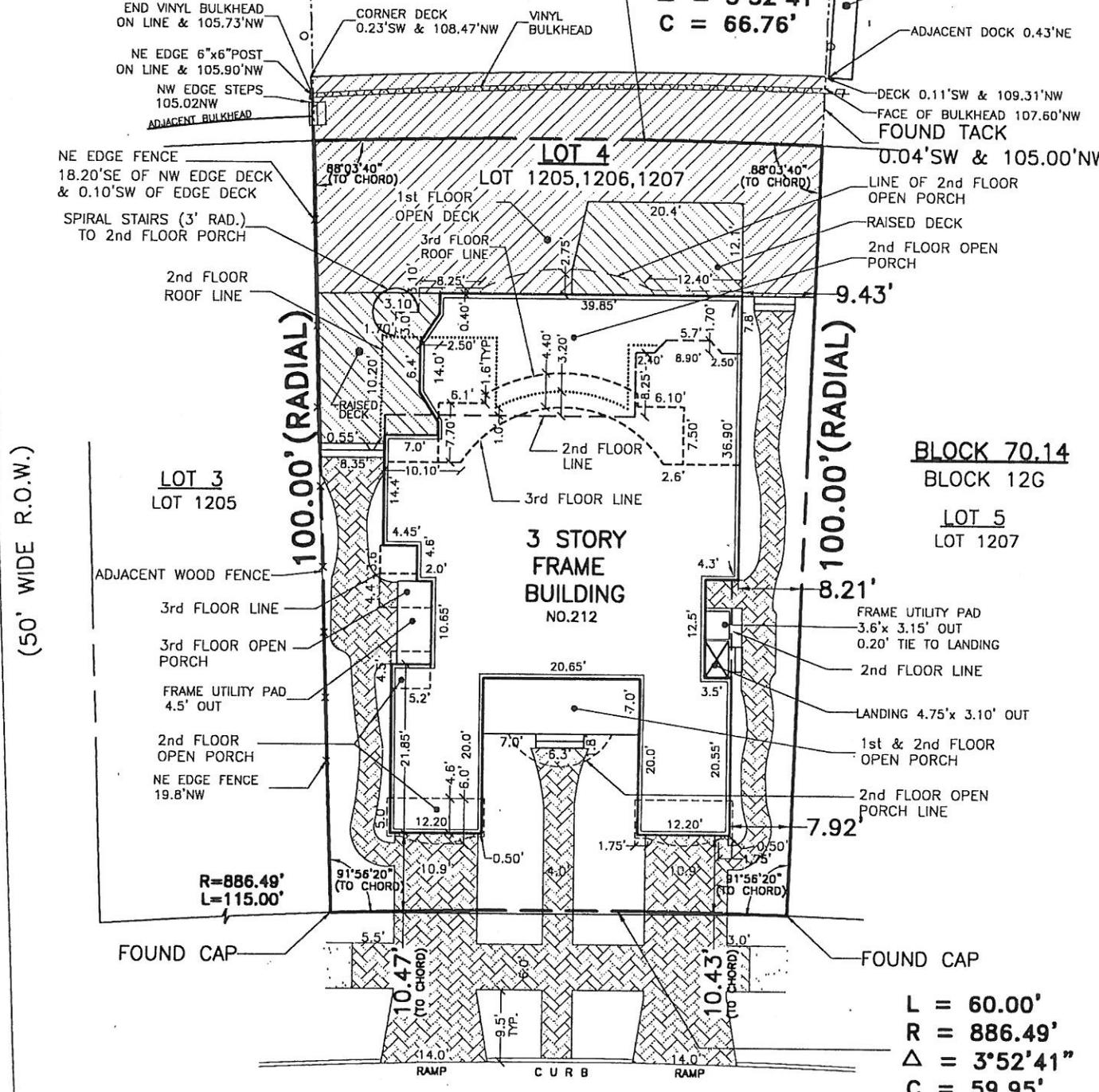
LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

THE LAGOON

ADJACENT DOCK 1.13'NE
ADJACENT 3' WIDE DOCK
ADJACENT DOCK 0.43'NE

$L = 66.77'$
 $R = 986.49'$
 $\Delta = 3^{\circ}52'41''$
 $C = 66.76'$



BLOCK 70.14
BLOCK 12G

LOT 5
LOT 1207

3 STORY
FRAME
BUILDING
NO.212

$L = 60.00'$
 $R = 886.49'$
 $\Delta = 3^{\circ}52'41''$
 $C = 59.95'$

ATLANTIC BOULEVARD

(100' WIDE R.O.W.)

ISSUED TO
DAVE FILARSKI

COVERAGES
LOT AREA: 6,338 S.F.
BUILDING COVERAGE: 2,560 S.F. (40%)
IMPERVIOUS COVERAGE: 2,854 S.F. (45%)

DESCRIPTION:
BEING KNOWN AS LOT 1206 AND A PORTION OF LOTS 1205 AND 1207, BLOCK 12, PLAN 3, OCEAN CITY GARDENS COMPANY;
ALSO BEING KNOWN AS LOT 1206 AND A PORTION OF LOTS 1205 AND 1207, BLOCK 12G, ON THE FORMER OFFICIAL TAX MAP OF OCEAN CITY;
ALSO BEING KNOWN AS LOT 4, BLOCK 70.14, ON THE CURRENT OFFICIAL TAX MAP OF OCEAN CITY;

ELEVATION DATA:
REFERENCE DATUM: SEA LEVEL DATUM 1929 (NGVD)
BENCHMARK: 13-G.01 HYDRANT SE CORNER LANDING ROAD & ATLANTIC BOULEVARD ("R" IN COREY)
EL. 8.17

ATLANTIC BOULEVARD
@ LOT:
LOW AVERAGE GRADE: EL. 6.82
HIGH AVERAGE GRADE: EL. 6.57
ROOF PEAK: EL. 6.77
CRAWL SPACE FLOOR: EL. 39.65
(Lowest Floor, Inadequate Venting)
MAIN FLOOR: EL. 6.09
GARAGE: EL. 9.01
CUPOLA: EL. 7.09
LOWEST MECHANICAL: EL. 47.56
EL. 9.20

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 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.

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

DRAWN BY BRP
DATE 6/01/01
CHECKED BY SBG
DATE 6/01/01
SCALE 1"=20'

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

FINAL AS-BUILT SURVEY
TAX LOT 4, TAX BLOCK 70.14
OCEAN CITY, CAPE MAY COUNTY, N.J.

PROJ. No. _____ **BK.** 795 **DWG. No.** S-11003
W.O. No. 4143 **PG.** 59-71