

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number	
CITY	STATE	ZIP CODE
Ocean City	NJ	08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
Lot 14, Block 70.20		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)		
Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ##.###°)	HORIZONTAL DATUM:	SOURCE:
	<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	<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		B2. COUNTY NAME	B3. STATE
Ocean City 345310		Cape May	NJ
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE
345310 0001	C	7/15/92	9/5/84
B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S), (Zone AO, use depth of flooding)		
A-7	9'		
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: ☐ 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 C3a-l 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 '29 Conversion/Comments None

Elevation reference mark used CMCMUA T-9 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>10.7</u> ft. (x)
<input type="checkbox"/> b) Top of next higher floor	<u>13.6</u> ft. (x)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>n/a</u> ft. (x)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>n/a</u> ft. (x)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>13.0</u> ft. (x)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>10.7</u> ft. (x)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>11.0</u> ft. (x)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>0</u> sq. in. (x)

License Number, Embossed Seal, Signature, and Date

24GS01900900

1-30-03

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	Arthur W. Hood	LICENSE NUMBER	24GS01900900
TITLE	Land Surveyor	COMPANY NAME	Arthur W. Hood & Assoc.
ADDRESS	306 Arrowhead Dr.	CITY	Egg Harbor Twp.
		STATE	NJ
		ZIP CODE	08234
SIGNATURE	<u>Arthur W. Hood</u>	DATE	1/30/03
		TELEPHONE	(609) 653-0010

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 312 Wesley Rd.			For Insurance Company Use
CITY Ocean City	STATE NJ	ZIP CODE 08226	Policy Number
			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 The air conditioner is the lowest equipment servicing the building.
There are vents in the foundation that are for air ventilation.
The ground elevation is above the base flood elevation.

☐ 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.

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.

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, 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 _____

☐ 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 01-1987	G5. DATE PERMIT ISSUED 10/12/01	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 8/4/03
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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: _____

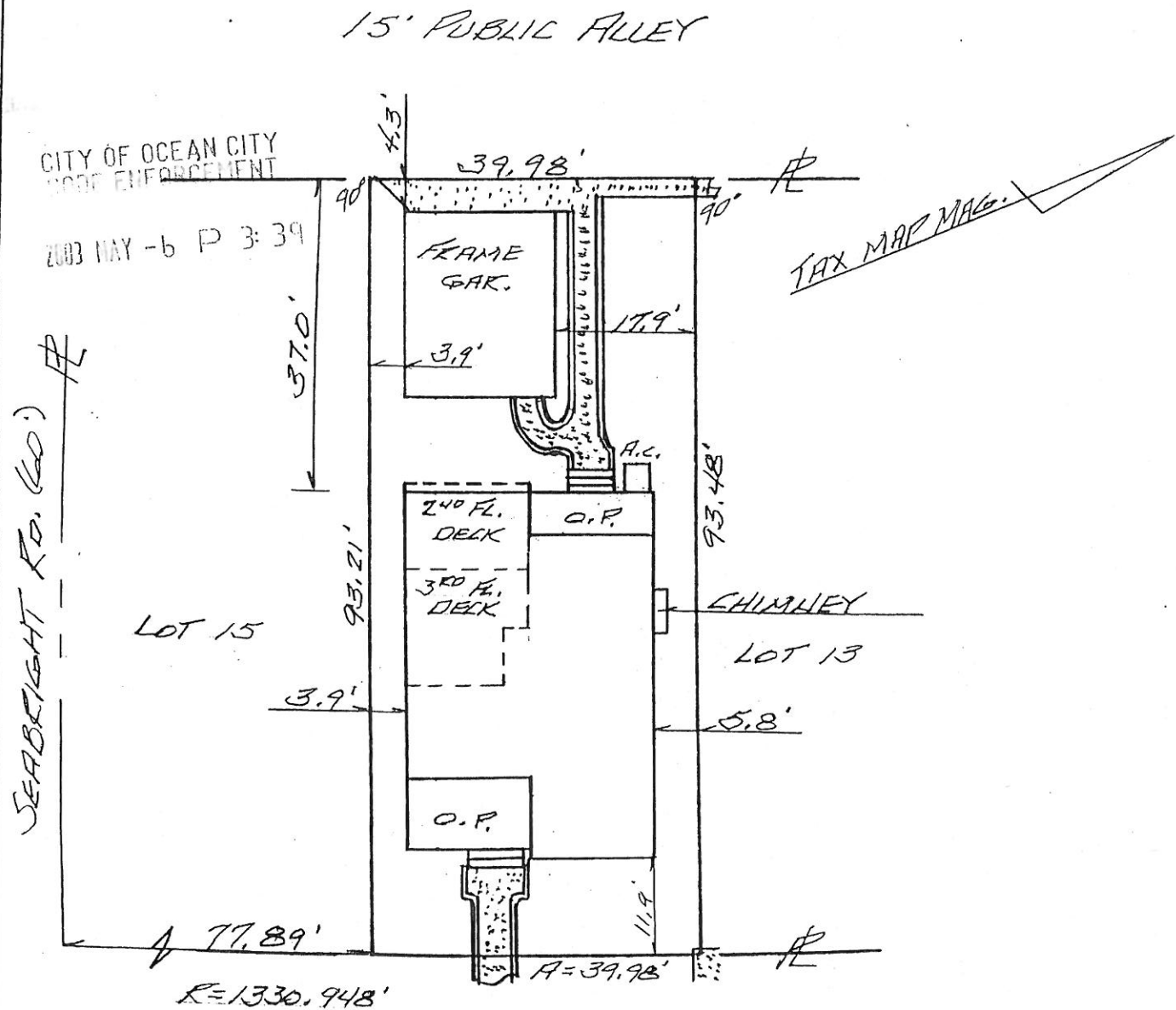
LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

☐ Check here if attachments




CENTERLINE EL. = 10.27'
 1ST FLOOR EL. = 13.16'
 ROOF PEAK EL. = 37.4'
 CUPOLA EL. = 42.5'
 BLDG. COV. = 40.0%
 IMP. COV. = 49.5%

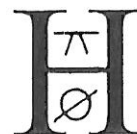
Not a survey for conveyance.

As Built Survey for:

Lot 14 Block 70.20
 City of Ocean City
 Cape May Co., N.J.
 Date 2/12/03 Scale 1" = 20'
 #00-327


 ARTHUR W. HOOD N.J. PROFESSIONAL LAND SURVEYOR
 License No. 24GS01900900

Offsets shown are for checking compliance with deed restrictions and zoning regulations. No liability will be accepted if used for any other purpose. This property is subject to documents of record. Underground improvements, easements or property line agreements unknown to the surveyor are not shown. No riparian lands or regulated wetlands, if any, are shown unless noted. **WARNING:** This document contains the embossed seal of the Professional Land Surveyor and is an original document. If said embossed seal is missing, this is a copy and may have been altered without the surveyors consent and is voidable.



ARTHUR W. HOOD & ASSOC.
 LAND SURVEYING • PLANNING

306 Arrowhead Dr. Egg Harbor Twp., NJ 08234 (609) 653-0010
 Ocean City, NJ (609) 398-6331

Arthur W. Hood New Jersey Professional Land Surveyor
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