

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.

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. <u>309 Inlet Road</u>		Policy Number	
CITY <u>Ocean City</u>	STATE <u>NJ</u>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Block 70.24, Lot 6</u>		ZIP CODE <u>08226</u>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>			
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 <u>345310-0001 C</u>		B2. COUNTY NAME <u>Cape May</u>		B3. STATE <u>NJ</u>	
B4. MAP AND PANEL NUMBER <u>345310 0001</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>7-15-92</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>9-5-84</u>	B8. FLOOD ZONE(S) <u>A7</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10</u>

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-j 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 L Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

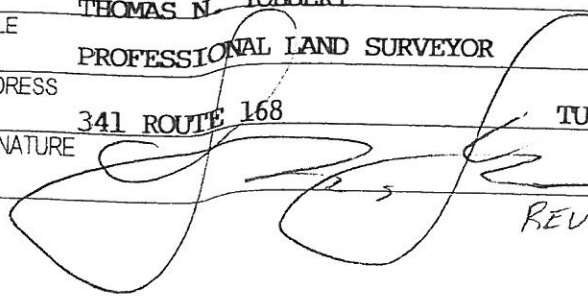
a) Top of bottom floor (including basement or enclosure)	<u>9.4</u> ft.(m)
b) Top of next higher floor	<u>12.8</u> ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	<u>-</u> ft.(m)
d) Attached garage (top of slab)	<u>9.4</u> ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>11.9</u> ft.(m)
f) Lowest adjacent (finished) grade (LAG)	<u>9.3</u> ft.(m)
g) Highest adjacent (finished) grade (HAG)	<u>9.4</u> ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>8</u>	
i) Total area of all permanent openings (flood vents) in C3.h <u>2048</u> sq. in. (sq. cm)	

License Number, and Signature, and

THOMAS N. TOLBERT
NJ LIC. 38608

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 <u>THOMAS N. TOLBERT</u>		LICENSE NUMBER <u>38608</u>	
TITLE <u>PROFESSIONAL LAND SURVEYOR</u>	COMPANY NAME <u>DESIGN LAND SURVEYING</u>		
ADDRESS <u>341 ROUTE 168</u>	CITY <u>TURNERSVILLE</u>	STATE <u>NJ</u>	ZIP CODE <u>08012</u>
SIGNATURE 	DATE <u>6-7-5</u>	TELEPHONE <u>856-374-1134</u>	

REV: 1/11/06 (FINAL)

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

For Insurance Company Use:

Policy Number

Company NAIC Number

CITY Ocean City

STATE NJ

ZIP CODE 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

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

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



City of Ocean City
550 ASBURY AVE
OCEAN CITY, NJ 08226
609 - 525-9179

Permit Number: 20050354
Permit Date: 2/22/2005
Update Number:
Control Number: 44616
Application Date: 12/22/04

CONSTRUCTION PERMIT

OWNER/PROPERTY DETAILS

Block : 70.24	Lot : 6	Qualifier :		
Work site Location:	309 E. INLET RD. OCEAN CITY		Contractor:	PANSINI CUSTOM DESIGN LLC
Owner In Fee:	ENGELSBE, GREGORY		Address:	19 RIDGEVIEW DR.
Address:	5 ROCK CREEK WAY			NEWTOWN SQUARE PA 19073
	MT. LAUREL NJ 08054		Telephone:	(610) - 325-7170
Telephone:	(856) - 793-1415		Lic. No. / Bldrs. Reg. No.:	025708
Use Group(s):	R-3		Federal Emp. No.:	22-3427037

is hereby granted permission to perform the following work :

- | | | |
|--|---|-------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION |
| <input checked="" type="checkbox"/> ELECTRICAL | <input checked="" type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> MECHANICAL | |
| <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

Single Family Dwellings

ESTIMATED COST OF WORK:

Cost of Construction: \$329,900.00
Cost of Alteration: \$0.00
Cost of Demolition: \$0.00

Total Cost: \$329,900.00

If construction does not commence within one year of date of issuance,
or if construction ceases for a period of six months, this permit is void.

Patrick W. Newton Jr.

2-17-05
Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times.

Note:

PAYMENTS (Office Use Only)

Building	\$1,190.00
Electrical	\$301.00
Plumbing	\$603.00
Fire Protection	\$141.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$166.00
AltFee (DCA)	
Other Fees	
CO Fee	\$50.00
CCO Fee	
Minimum Fee	
Total	\$2,451.00
All Fees Waived :	No

Amount to be Paid: \$ 2,451.00

Check Number: 7591
Check amount: \$2,451.00

Collected by: sr
Receipt No:
Total Cash Amount
Total Check Amount \$2,451.00
Total CC Amount
Grand Total \$2,451.00

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION						For Insurance Company Use:	
BUILDING OWNER'S NAME					Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.					Company NAIC Number		
CITY		STATE		ZIP CODE			
Ocean City		NJ		08226			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
Block 70.24, Lot 6							
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		B2. COUNTY NAME		B3. STATE			
345310-0001 C		Cape May		NJ			
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)		
345310 0001	C	7-15-92	9-5-84	A7	10		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input 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) 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 L 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) 9.4 ft.(m)							
o b) Top of next higher floor 12.8 ft.(m)							
o c) Bottom of lowest horizontal structural member (V zones only) - ft.(m)							
o d) Attached garage (top of slab) 9.6 ft.(m)							
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 11.9 ft.(m)							
o f) Lowest adjacent (finished) grade (LAG) 9.3 ft.(m)							
o g) Highest adjacent (finished) grade (HAG) 9.4 ft.(m)							
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 8							
o i) Total area of all permanent openings (flood vents) in C3.h 2048 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			LICENSE NUMBER				
THOMAS N. TOLBERT			38608				
TITLE		COMPANY NAME					
PROFESSIONAL LAND SURVEYOR		DESIGN LAND SURVEYING					
ADDRESS		CITY		STATE	ZIP CODE		
341 ROUTE 168		TURNERSVILLE		NJ	08012		
SIGNATURE		DATE		TELEPHONE			
		6-7-5		856-374-1134			
REV: 1/11/16 (FINAL)							

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

309 Inlet Road

CITY

Ocean City

STATE

NJ

ZIP CODE

08226

For Insurance Company Use:

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

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 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)

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

205 0354

G5. DATE PERMIT ISSUED

2/22/05

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

3/14/06

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

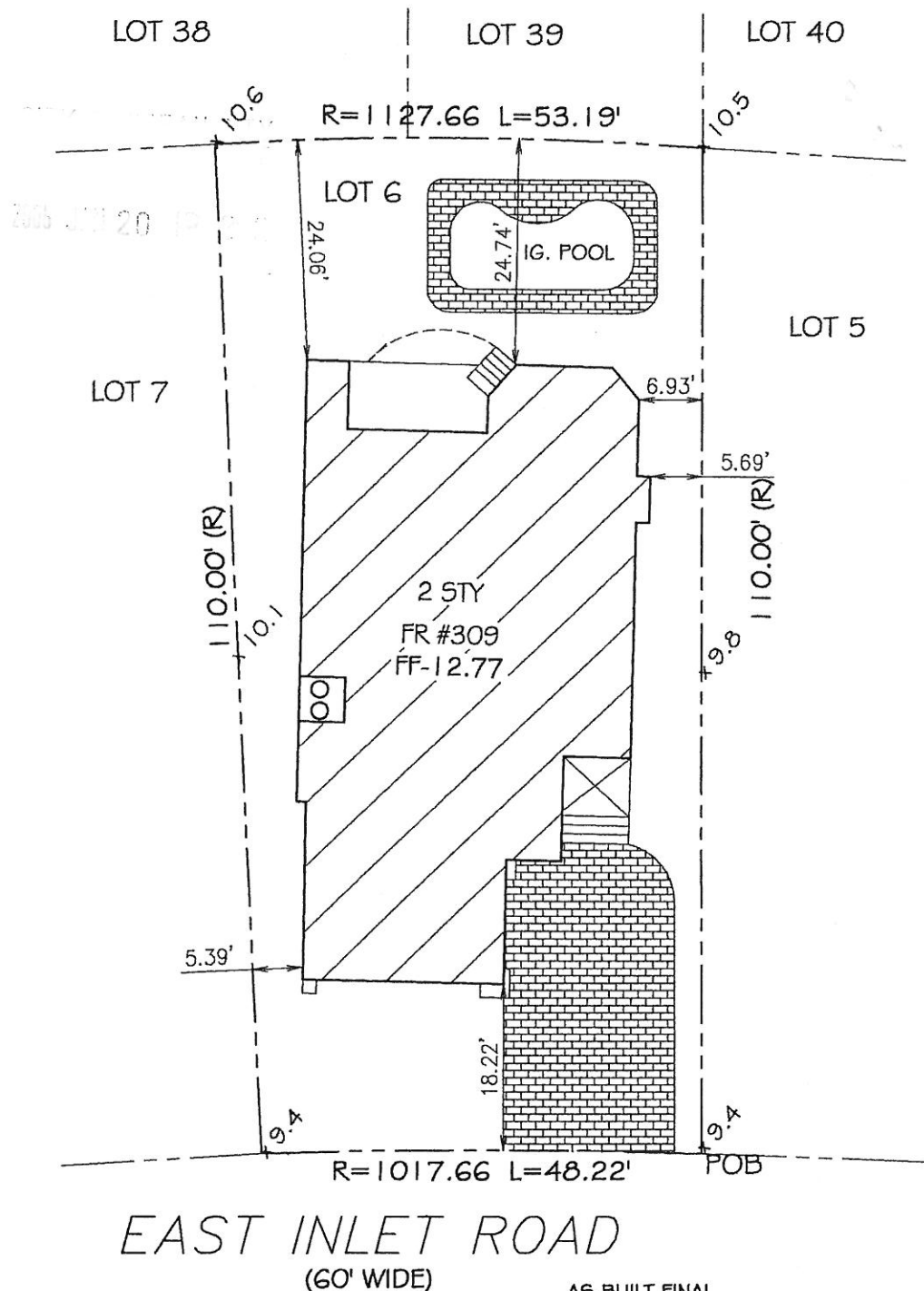
SIGNATURE

DATE

COMMENTS

BEARINGS SCALED FROM TAX MAP

SURVEY WARNING: THIS PLAN IS ISSUED FOR BUILDING CERTIFICATE OF OCCUPANCY ONLY AND CAN NOT BE USED FOR ANY OTHER PURPOSE INCLUDING TITLE TRANSFER.



AS-BUILT FINAL

LOT AREA=5585 SQFT.±
BUILD. COVERAGE=35%
IMPERVIOUS COVERAGE=59%
ROOF PEAK ELEV.=42.22
ROAD CENTERLINE ELEV.=9.32
(DIFF.=32.90)
3RD FLOOR AREA = 51%+/-
OF 2ND FLOOR AREA

- OUTBOUNDS BASED ON PRIOR SURVEY PROVIDED BY OWNER
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 6, BLOCK 70.47, PLATE 7 TAX MAP OF THE CITY OF OCEAN CITY
- SURVEYOR RESERVES THE RIGHT TO REVISE THIS PLAN OF SURVEY UPON RECEIPT AND REVIEW OF AN ACCURATE TITLE REPORT AND AN ACCURATE ABSTRACT ON ALL LOTS AFFECTED BY, OR ADJOINING TO, THE PROPERTY IN QUESTION.
- 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 P.A. MEMBER OF:



341 RTE 168 Turnersville, N.J. 08012

Toll Free Phone 1-800-418-9373

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



DATE 02-18-05

SCALE 1"=20'

DRN: TNT

SURVEY NO.

0412068

SURVEY OF PREMISES

309 EAST INLET ROAD

SITUATE IN:

CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

REV: 03-02-05 (PIN FOOTING)

REV: 06-07-05 (AS BUILT UC)

REV: 06-17-05 (3RD FL. %)

REV: 01-11-06 (FINAL)

TO: PANSINI CONSTRUCTION

In consideration of the fee paid for making this survey, I hereby declare that the said survey accurately depicts the legal description 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 occurring within ninety (90) days of the date of the survey. The surveyor shall have no responsibility or liability for any reason unless the fee for the preparation of said survey is not less than the fee for the preparation of said survey. The surveyor's liability for any reason shall not exceed the sum of ONE THOUSAND DOLLARS (\$1,000.00).

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