

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8

06-103 48/57

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name GLENN WAGNER

For Insurance Company Use:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
126 OCEAN ROAD

Policy Number

Company NAIC Number

City OCEAN CITY State NJ ZIP Code 08226

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 40 BLOCK 70.32

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. N 39° 17' 15.89" Long. W 74° 33' 29.43"

Horizontal Datum: ☒ NAD 1927 ☐ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 2

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) 1,177 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 0 sq in

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage 640 sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
OCEAN CITY 345310

B2. County Name
CAPE MAY

B3. State
NEW JERSEY

B4. Map/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)
A-7

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
9 FT

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ ☐ CBRS ☐ OPA

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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized PRVT Vertical Datum 1929

Conversion/Comments NONE

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 10.0 ☒ feet ☐ meters (Puerto Rico only)
b) Top of the next higher floor 13.0 ☒ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) NA ☒ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab) 11.0 ☒ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 13.0 ☒ feet ☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) 10.4 ☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) 10.9 ☒ feet ☐ meters (Puerto Rico only)

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 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.

☒ Check here if comments are provided on back of form.

Certifier's Name

JAMES E. SCHWAB III

License Number 24GS03353600

Title

LAND SURVEYOR

Address

8 EAST 10TH STREET

City OCEAN CITY

State NJ

ZIP Code 08226

Signature

Date

12/17/07


Telephone 609-398-0565

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. 126 OCEAN ROAD		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 C2A IS CRAWLSPACE, C2B AND C2E IS FIRST FLOOR. ALL CRAWLSPACE VENTS ARE SLIDING GRILL TYPE 8 X 16 IN. NONE ARE PERMANENTLY OPEN.

Signature		Date	12/17/07
<input checked="" type="checkbox"/> Check here if attachments			

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. 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. *The statements in Sections A, B, 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			
<input type="checkbox"/> 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. Check the measurement used in Items G8. and G9.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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.

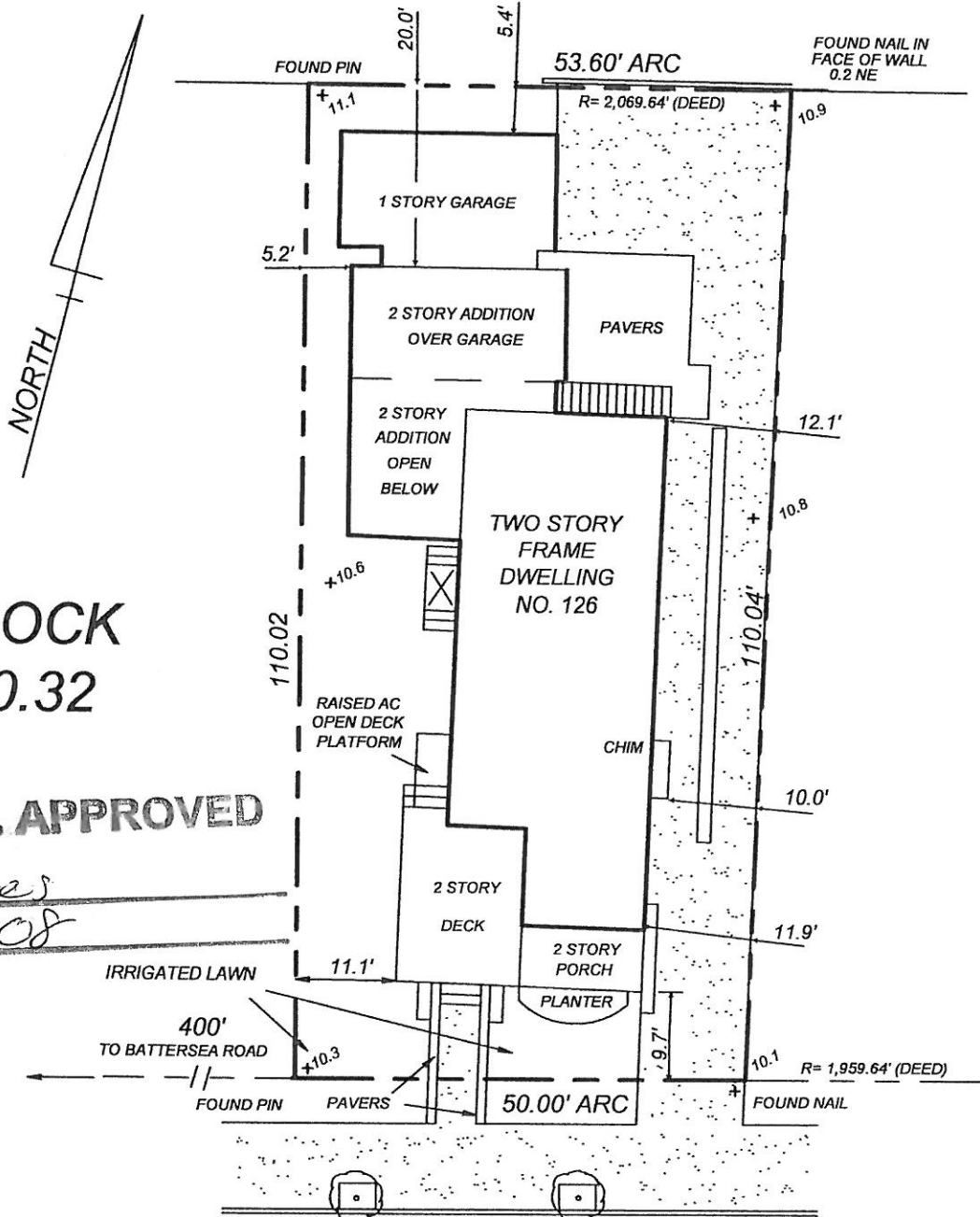
G4. Permit Number 20042475	G5. Date Permit Issued 10/26/07	G6. Date Certificate Of Compliance/Occupancy Issued 3/7/08
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	



**BLOCK
70.32**

FINAL CO. APPROVED

BY K. Cowles
DATE 3-5-08

COVERAGE AND HEIGHT

LOT AREA- 5,697 SF.

BUILDING AREA W/ GARAGE
AND PORCHS- 2,002 SF, 38.6%

BUILDING AREA W/O 1 STORY GARAGE-
1,730 SF, 32.6%

BUILDING AREA W/O GARAGE AND
PORCHS- 1,730 SF, 30.4%

IMPERVIOUS AREA- 4,236 SQ.FT., 74.3%

CENTERLINE ELEVATION- 9.9 FT.

ADDITION PEAK EL- 41.9 FT.

ADDITION HEIGHT- 32.0 FT.

+ X.X = EXISTING NGVD 1929 ELEVATION

THIS SURVEY IS FOR USE IN APPLYING FOR MUNICIPAL
APPROVAL OF NEW CONSTRUCTION. THE SURVEYOR WILL
ACCEPT NO RESPONSIBILITY FOR ITS USE FOR ANY OTHER
PURPOSE.

OCEAN ROAD (60' WIDE)

ISSUED TO: GLENN WAGNER

FINAL CONSTRUCTION SURVEY
~~~NOT FOR CONVEYANCE~~~

**LOT 40 BLOCK 70.32  
CITY OF OCEAN CITY  
CAPE MAY COUNTY, NJ**

DATE : DEC. 15, 2007 SCALE : 1" = 20' DWN.BY : JES

**SCHWAB LAND SURVEYING  
AND PLANNING, LLC**

8 EAST 10TH STREET  
OCEAN CITY, NJ 08226

TELE 609-398-0565

FAX 398-1861

CERTIFICATE OF AUTHORIZATION NO. 24GA28101600

FILE : 06-103

FIELD BOOK : ~~~~~

**JAMES E. SCHWAB III**  
PROFESSIONAL LAND SURVEYOR  
NEW JERSEY LIC. 24GS03353600  
PROFESSIONAL PLANNER  
NEW JERSEY LIC. 33LI00408600

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                                                                                         |             | For Insurance Company Use: |
|--------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| BUILDING OWNER'S NAME<br>WAGNER                                                                                                |             | Policy Number              |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br>126 Ocean Rd.             |             | Company NAIC Number        |
| CITY<br>Ocean City                                                                                                             | STATE<br>NJ | ZIP CODE<br>08226          |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Lot 40, Block 70.32                |             |                            |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)<br>Residential |             |                            |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(##° - ##' - ###" or ###.####")                                                               |             |                            |
| HORIZONTAL DATUM:<br><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<br>Ocean City 345310 |                 | B2. COUNTY NAME<br>Cape May    |                                                 | B3. STATE<br>NJ          |                                                                       |
| B4. MAP AND PANEL NUMBER<br>345310 0001                         | B5. SUFFIX<br>C | B6. FIRM INDEX DATE<br>7/15/92 | B7. FIRM PANEL EFFECTIVE/REVISED DATE<br>9/5/84 | B8. FLOOD ZONE(S)<br>A-7 | B9. BASE FLOOD ELEVATION(S)<br>(Zone AO, use depth of flooding)<br>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:

## 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 '2.9 Conversion/Comments None
- Elevation reference mark used CMCMUA T-8 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>10.0</u> ft. (m)                  |
| <input type="checkbox"/> b) Top of next higher floor                                                                             | <u>13.1</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>n/a</u> ft. (m)                   |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) | <u>unk.</u> ft. (m)                  |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)                                                               | <u>10.0</u> ft. (m)                  |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)                                                              | <u>11.0</u> ft. (m)                  |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade                            | <u>6</u>                             |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h                                           | <u>462</u> sq. in. <del>64,000</del> |

License Number, Embossed Seal, Signature, and Date

24GS01900900

*Arthur W. Hood*

4-22-03

## 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<br>Arthur W. Hood | LICENSE NUMBER<br>24GS01900900          |
| TITLE<br>Land Surveyor             | COMPANY NAME<br>Arthur W. Hood & Assoc. |
| ADDRESS<br>306 Arrowhead Dr.       | CITY<br>Egg Harbor Twp.                 |
|                                    | STATE<br>NJ                             |
| SIGNATURE<br><i>Arthur W. Hood</i> | DATE<br>4/22/03                         |
|                                    | TELEPHONE<br>(609) 653-0010             |
|                                    | ZIP CODE<br>08234                       |



|                                                                                                                    |       |          |                            |  |
|--------------------------------------------------------------------------------------------------------------------|-------|----------|----------------------------|--|
| 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.<br>126 Ocean Rd. |       |          | Policy Number              |  |
| 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 No access to the building at time of survey. There is no equipment servicing the building on the outside.

☐ 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 E5. 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. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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<br>00-2245                                                                                                    | G5. DATE PERMIT ISSUED<br>12/18/00 | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED<br>3/9/04 |
| G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> 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

