

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use
BUILDING OWNER'S NAME 46-48 Morningside Road Condominium Association		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 46-48 Morningside Road		Company NAIC Number

CITY Ocean City	STATE NJ	ZIP CODE 08226
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PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 15, Block 70.35BUILDING 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:
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SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Ocean City 345310		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

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 7 (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 29 Conversion/CommentsElevation reference mark used T-2 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- | | |
|---|---------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | 10. 3 ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | 18. 8 ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | N/A. _ ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | 9. 9 ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | 10. 3 ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | 9. 8 ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | 10. 1 ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3 | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 768 sq. in. (sq. cm) | |

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 David C. Kruger

LICENSE NUMBER NJ Lic. No. 30406

TITLE Professional Land Surveyor	COMPANY NAME David C. Kruger Associates		
ADDRESS 3323 Simpson Avenue	CITY Ocean City	STATE NJ	ZIP CODE 08226
SIGNATURE 	DATE 7/24/03	TELEPHONE (609) 391-9393	

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. 46-48 Morningside 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

☐ 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 02-2325/2326	G5. DATE PERMIT ISSUED 12/2/02	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 8/1/03
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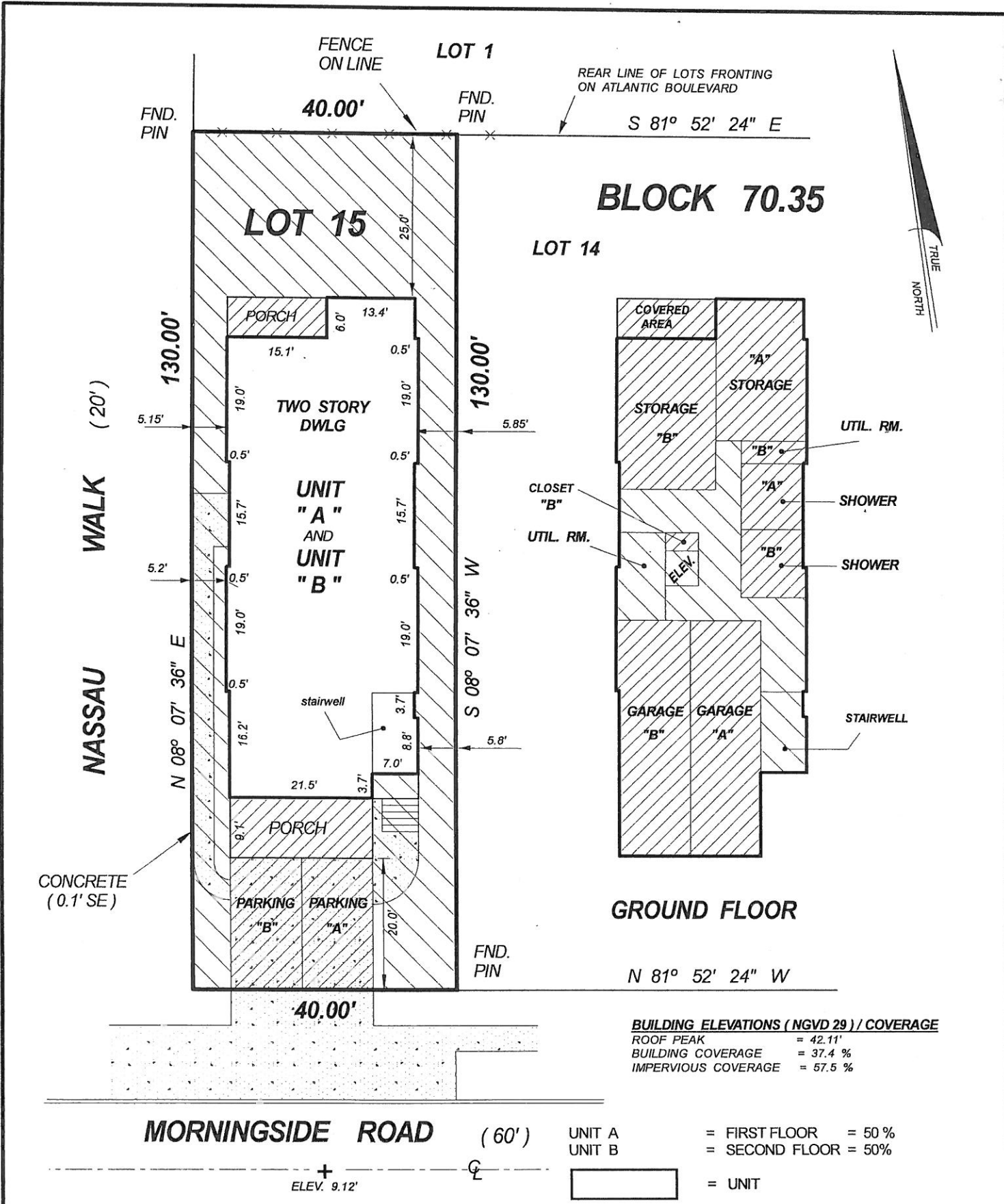
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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



Issued to:

JACK OSHURA BUILDER, LLC

In consideration of the fee paid for making this survey, I declare that this plan is based on a field survey made by me or under my immediate supervision and to the best of my professional knowledge and belief correctly represents the conditions found as of the date of the field survey shown hereon; except such easements and or structures, if any, that may exist below, on, or above the surface of the lands and not visible.

This declaration is given solely to the above named parties for this transaction only and is not transferable. Surveyor assumes no liability or responsibility for the unauthorized use of this survey for any other purpose, including, but not limited to use of this survey for survey affidavit or resale of property to any party not named herein, either directly or indirectly.

Only signed and sealed copies of this survey shall be considered to be valid. If this survey does not contain a raised seal, it is not an authorized document and may have been altered.

I hereby declare that these plans constitute a correct representation of the improvements erected.

[Signature]

DAVID C. KRUGER

NJ Professional Land Surveyor License No. 30406
NJ Professional Planner License No. 3246

DAVID C. KRUGER ASSOCIATES

Land Surveying — Planning

3323 Simpson Avenue

Ocean City, New Jersey

date 7 - 24 - 03

drawn P.T.

scale 1" = 20'

checked D.K.

revision

date

PROJ. # 8213