

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<br>Michael and Elizabeth Cavanaugh                                                                       |             | For Insurance Company Use:<br>Policy Number                                                                                                                                                                  |  |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br>1 Nassau Road             |             | 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 1, Block 70.40                 |             |                                                                                                                                                                                                              |  |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)<br>residential |             |                                                                                                                                                                                                              |  |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(##°-##'-###" or ###.####°)                                                                   |             | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type):<br><input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <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>A7 | B9. BASE FLOOD ELEVATION(S)<br>(Zone AO, use depth of flooding)<br>10' |

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 C3a-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/Comments

Elevation reference mark used Tidal No. 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)                     | <u>9.2</u> ft.(m)             | License Number, Embossed Seal, Signature, and Date |
| <input type="checkbox"/> b) Top of next higher floor                                                  | <u>17.8</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>9.2</u> ft.(m)             |                                                    |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building     | <u>11.0</u> ft.(m)            |                                                    |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG)                                               | <u>9.0</u> ft.(m)             |                                                    |
| <input type="checkbox"/> g) Highest adjacent grade (HAG)                                              | <u>9.1</u> ft.(m)             |                                                    |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | <u>14</u>                     |                                                    |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h                 | <u>1,764</u> 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<br>David C. Kruger |  | LICENSE NUMBER<br>NJ Lic. 30406            |                             |
| TITLE<br>Professional Land Surveyor |  | COMPANY NAME<br>David C. Kruger Associates |                             |
| ADDRESS<br>3323 Simpson Avenue      |  | CITY<br>Ocean City                         | STATE<br>NJ                 |
| SIGNATURE                           |  | DATE<br>8/28/01                            | TELEPHONE<br>(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.<br>1 Nassau Road |             |                   | Policy Number              |
| CITY<br>Ocean City                                                                                                 | STATE<br>NJ | ZIP CODE<br>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

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.

1. 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.)

2. 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.

3. 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.

4. 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.

31. ☐ 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.)

32. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

33. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

|                              |                                   |                                                                |
|------------------------------|-----------------------------------|----------------------------------------------------------------|
| G4. PERMIT NUMBER<br>01-0722 | G5. DATE PERMIT ISSUED<br>4/12/01 | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED<br>9/14/01 |
|------------------------------|-----------------------------------|----------------------------------------------------------------|

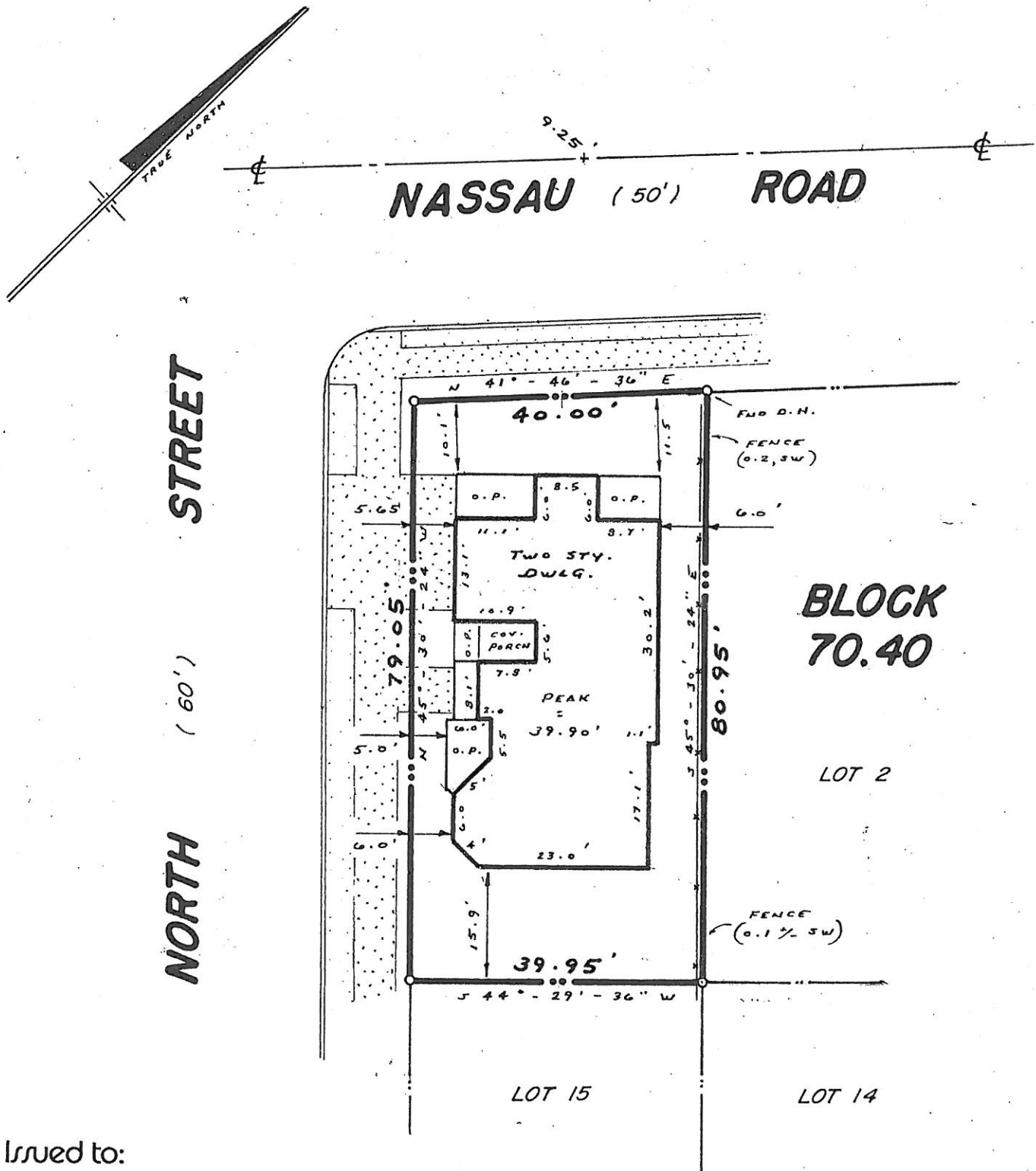
37. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

38. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

39. 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



#### Issued to:

- MICHAEL and ELIZABETH CAVANAUGH
- STEPHEN and JOY CARTER
- EN-JOY PROPERTIES

BUILDING COVERAGE = 40.7 %  
IMPERVIOUS COVERAGE = 49.6 %

Any insuror of title relying hereon and any other party in interest:

In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easements, if any, that may exist below the surface of the land or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises as shown therein. This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including but not limited to use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

*[Signature]*

**DAVID C. KRUGER**

N.J.P.L.S. License No. 30406

#### PLAN OF SURVEY

**LOT 1 ~ BLOCK 70.40**

CITY OF OCEAN CITY  
CAPE MAY COUNTY, N.J.

**DAVID C. KRUGER ASSOCIATES**

Land Surveying • Planning

3323 Simpson Avenue, Suite 6 • Ocean City, NJ

|                     |         |                |              |
|---------------------|---------|----------------|--------------|
| FINAL<br>CONSTRUCT. | 8.28.01 | date 6.5.2001  | drawn P.T.   |
|                     |         | scale 1" = 20' | checked D.K. |
| revision            | date    | book - pg. -   | Proj. 8024   |