

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME K + E Enterprises, LLC	For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 830 Seacrest Road	Company NAIC Number	
CITY Ocean City	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Residential		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ###.###" or ###.####")

HORIZONTAL DATUM:
☒ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 345310 0001 C	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 A0, use depth of flooding) 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 **2** (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 **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) **9.7** ft.(m)
- b) Top of next higher floor **12.3** ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) **-** ft.(m)
- d) Attached garage (top of slab) **9.8** ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **10.1** ft.(m)
- f) Lowest adjacent (finished) grade (LAG) **9.6** ft.(m)
- g) Highest adjacent (finished) grade (HAG) **9.7** ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **9**
- i) Total area of all permanent openings (flood vents) in C3.h **2304** sq. in. (sq. cm)

License Number, and Signature

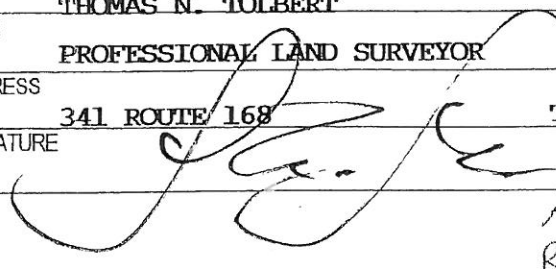
THOMAS N. TOLBERT
NJ LIC. 38608

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 THOMAS N. TOLBERT	LICENSE NUMBER 38608		
TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME DESIGN LAND SURVEYING		
ADDRESS 341 ROUTE 168	CITY TURNERSVILLE	STATE NJ	ZIP CODE 08012
SIGNATURE 	DATE 9-19-05	TELEPHONE 856-374-1134	

REV: 8-8-06 (FINAL)
REV: 8/24/06 (VENTS)

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.

830 Seacrest 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.

1. ☐ 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.)
2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

4. PERMIT NUMBER

20051217

5. DATE PERMIT ISSUED

6/9/05

6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

10/12/06

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

Elevation of as-built lowest floor (including basement) of the building is:

BFE or (in Zone AO) depth of flooding at the building site is:

_____ ft.(m) Datum: _____

_____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

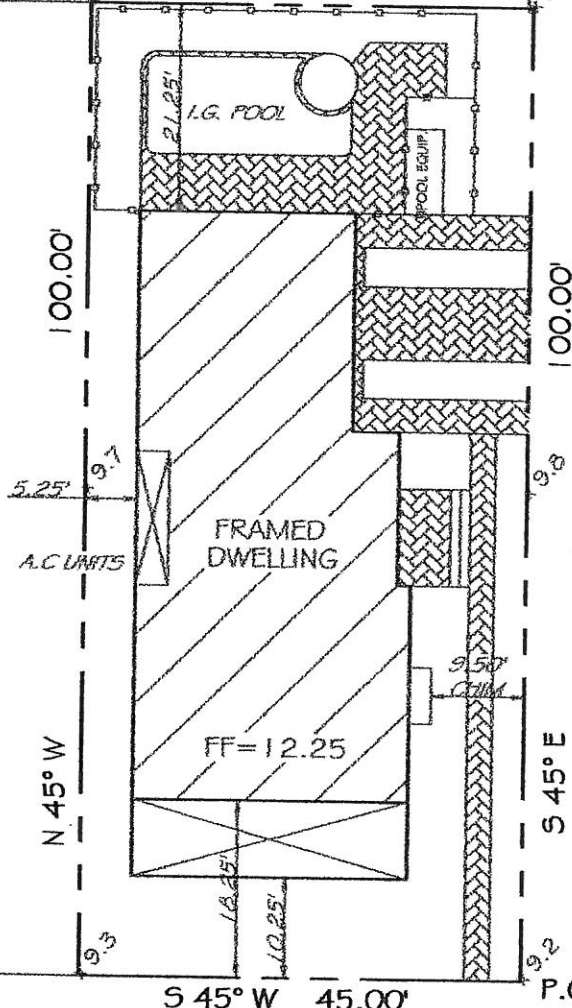
COMMENTS

Check here if attachments

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

CITY OF OCEAN CITY
CODE ENFORCEMENT

2006 AUG 28 450008



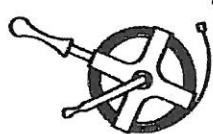
BITUM. ALLEY

SEACREST ROAD
(60' WIDE)

AS-BUILT FINAL
LOT AREA=4500 SQFT.±
BUILD. COVERAGE= 35%
IMPERVIOUS COVERAGE = 59%
ROOF PEAK ELEV.=41.70
ROAD CENTERLINE ELEV.= 8.87
(DIFF.=32.83)
1/2 STY.=51% OF 2ND FLOOR

- LOT AREA= 4500 S.F.±
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 12, BLOCK 70.48, PLATE 7 TAX MAP OF THE CITY OF OCEAN CITY
- 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.



341 RTE 168 Turnersville, N.J. 08012

Toll Free Phone 1-800-418-9373

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



DATE 10-11-04

SCALE 1"=20'

DRN: CDH

SURVEY NO.

0410025

SKETCH PLAT

830 SEACREST ROAD

SITUATE IN:

CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

REV: 10-14-04 (ELEV.)

REV: 08-09-05 (PIN FOOTING)

REV: 09-19-05 (ASBUILT U.C)

REV: 10-12-05 (PORCH TIE)

REV: 08-08-06 (FINAL)

TO: K & E ENTERPRISES, LLC - OCEAN ABSSRACT

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. The surveyor shall have no responsibility or liability for any reason unless the fee for the preparation of said survey is paid within thirty (30) days of the date. 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