

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 910 Seaclyff Road	Policy Number
City OCEAN CITY State NJ ZIP Code 08226	Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 70.50 lot 13

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

A5. Latitude/Longitude: Lat. N 39° 17' 39.2" Long. W 074° 33' 13.4"

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

Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A7. Building Diagram Number 8

A8. For a building with a crawl space or enclosure(s), provide
a) Square footage of crawl space or enclosure(s) 2000 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 10
c) Total net area of flood openings in A8.b 2000 sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage n/a sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade n/a
c) Total net area of flood openings in A9.b n/a sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Ocean City 345310		B2. County Name Cape May		B3. State NJ	
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) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0

0. 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) _____

1. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) _____

2. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
Designation Date _____ ☐ CBRS ☐ OPA ☐ Yes ☒ No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.
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 n/a Vertical Datum NGVD29
Conversion/Comments _____

Top of bottom floor (including basement, crawl space, or enclosure floor) 10.2 Check the measurement used.
b) Top of the next higher floor 14.1 ☒ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) n/a ☒ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab) n/a ☒ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building ** ** ☒ feet ☐ meters (Puerto Rico only)
(Describe type of equipment in Comments)
f) Lowest adjacent (finished) grade (LAG) 10.2 ☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) 10.4 ☒ 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 Paul H. Koelling, PLS License Number NJ 24GS 02177100
Professional Land Surveyor Company Name PAUL H. KOELLING & ASSOCIATES, LLC
Address 2161 Shore Road City Linwood State NJ ZIP Code 08221
Signature [Signature] Date 7/21/2008 Telephone (609) 927-0279

PLACE
SEAL
HERE


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. 910 Seacliff Road		Policy Number
City Ocean City StateNJZIP 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 C2e= Air unit elev. 10.8, duct work elev. 11.4, hot water heater and furnace elev. is 11.0

Utility room elevation is 10.6

Signature: 	Date 7/21/2008	<input type="checkbox"/> Check here if attachments
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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 _____			

☐ 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 <u>20071258</u>	G5. Date Permit Issued <u>9/21/07</u>	G6. Date Certificate Of Compliance/Occupancy Issued <u>7/30/09</u>
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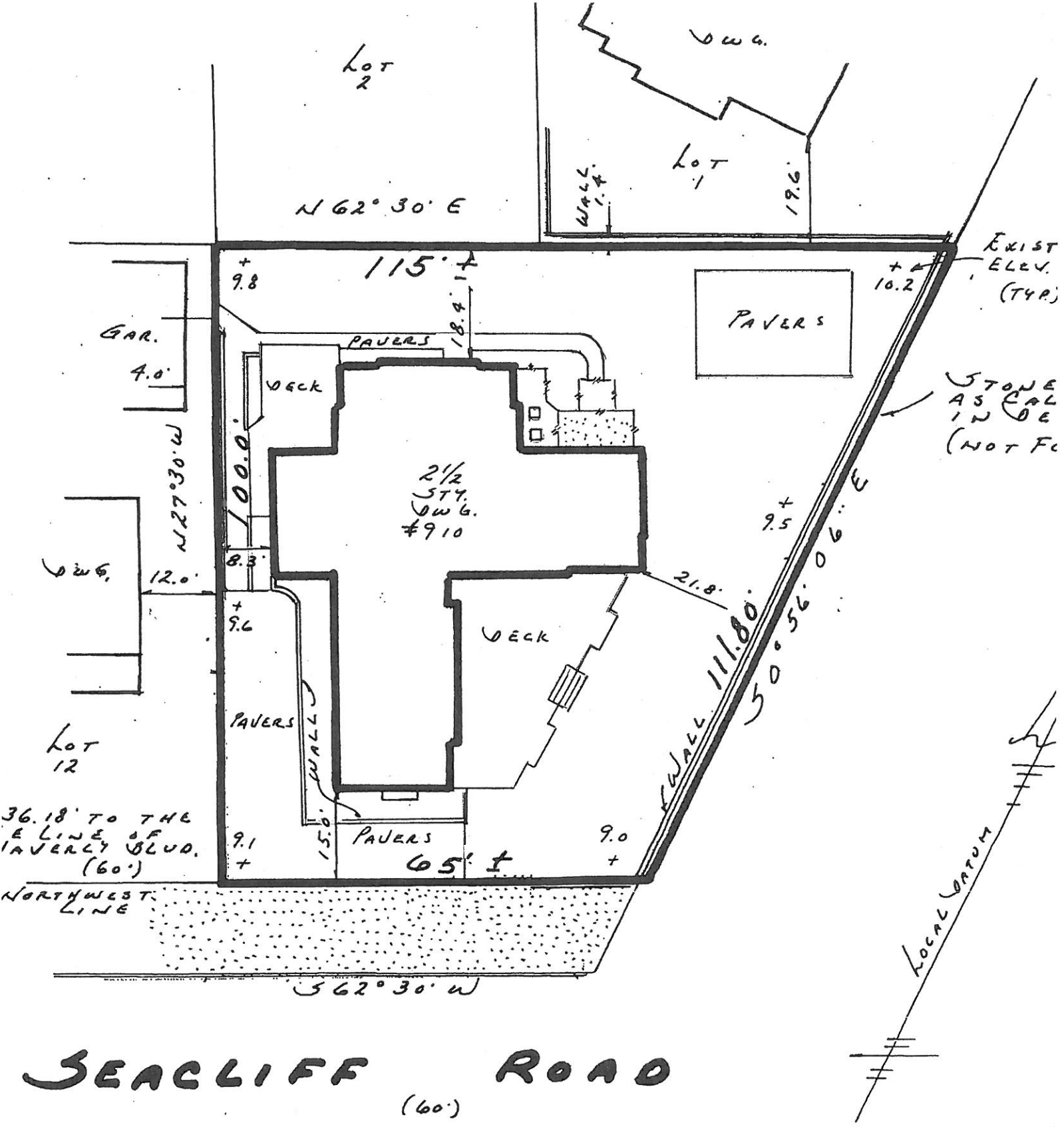
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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 _____	

☐ Check here if attachments



NOTE: PEAK OF ROOF IS 32.60' ABOVE E OF SEACLIFF ROAD

NOTES
BLOCK COVER = 34.1
TOTAL SITE COVER :

UPDATED 7/8/09.

GENERAL NOTES:

shown only for checking compliance with deed restrictions and zoning. Offsets shall not be used for any other purposes. Surveyor shall not be responsible or liable if the offsets shown are used other than as intended.

This survey is subject to any documents of record, either recorded or unrecorded, including but not limited to, improvements, easements, property line agreements or other conditions the surveyor are not shown. Surveyor reserves the right to modify this survey if any such information become available.

Signature and embossed seal signify that this survey was prepared in accordance with the current regulations adopted by the New Jersey State Board of Professional Engineers and Land Surveyors. Only signed and sealed copies of this survey shall be considered as true copies.

This survey is not a statement of riparian claims or regulated wetlands affecting subject property. If it is included as a part of a surveyor's contract, Surveyor reserves the right to modify this survey if any such information become available.

This survey has been prepared only for the use of the named parties. Surveyor shall not be responsible or liable should this survey be used for resale or for use with survey affidavit, or for use by any other person or entity not named, for any reasons other than as intended.

In consideration of the mutual covenants and promises contained in the agreement between the above named parties and the undersigned, the provisions of which are incorporated herein by reference, I declare that this plan is based on a field survey made on the date of the field survey, except such easements, if any, below the surface of the lands or on the surface of the lands and not visible,

a) correctly represents the conditions found at and as of the date of the field survey, except such easements, if any, below the surface of the lands or on the surface of the lands and not visible,

b) except as shown on the plan, there are no discrepancies between the boundary lines of the subject property as shown on the plan and as described in the legal description of record.

This plan is made to provide information to the title insurer so that it may insure title to the lands shown herein and for the mortgage holder named above. This declaration is given solely to the above named parties for this transaction only and is not transferable, except as provided herein.

SURVEY OF

SITUATE
CITY OF OCEA
COUNTY OF CAPI

BLOCK 70.50

PAUL H. K & ASSOCIA

SURVEYING