

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires December 31, 2005

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

CITY OF OCEAN CITY
 For Insurance Company Use:
 Policy Number
 Company NAIC Number 2

BUILDING OWNER'S NAME
Edward & Kathleen Johnson

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
904 Seaview Road

CITY Ocean City STATE NJ ZIP CODE 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 70.51, Lot 8

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

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 <u>345310 0001</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>7-15-92</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>9-5-84</u>	B8. FLOOD ZONE(S) <u>A7</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10</u>
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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.

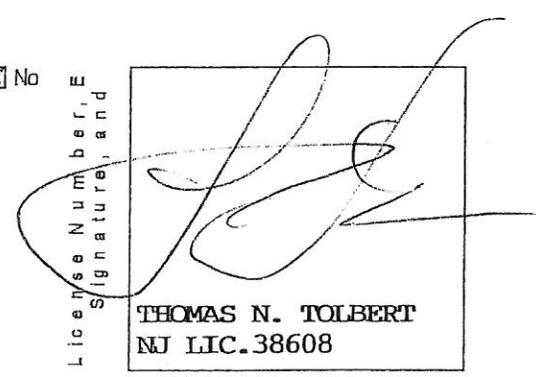
C2. Building Diagram Number 0 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O
 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

- o a) Top of bottom floor (including basement or enclosure) 10.1 ft(m)
- o b) Top of next higher floor 12.6 ft(m)
- o c) Bottom of lowest horizontal structural member (V zones only) ft(m)
- o d) Attached garage (top of slab) 9.7 ft(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.2 ft(m)
- o f) Lowest adjacent (finished) grade (LAG) 10.1 ft(m)
- o g) Highest adjacent (finished) grade (HAG) 10.2 ft(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
- o i) Total area of all permanent openings (flood vents) in C3.h 2304 sq. ft. (sq. cm)

License Number, and Signature



THOMAS N. TOLBERT
 NJ LIC. 38608

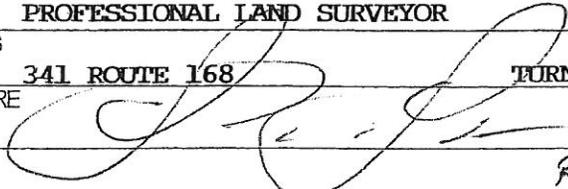
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 8/4/15 TELEPHONE 856-374-1134

REV: 9/27/10 (Faulk)

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. <u>904 Seaview Road</u>	For Insurance Company Use:
CITY <u>Ocean City</u>	Policy Number
STATE <u>NJ</u>	Company NAIG Number
ZIP CODE <u>08226</u>	

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) Check here if attachments

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) Check here if attachments

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.

G4. PERMIT NUMBER <u>20051148</u>	G5. DATE PERMIT ISSUED <u>6/1/05</u>	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED <u>12/12/06</u>
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- 4. This permit has been issued for: New Construction Substantial Improvement
- 5. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- 6. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

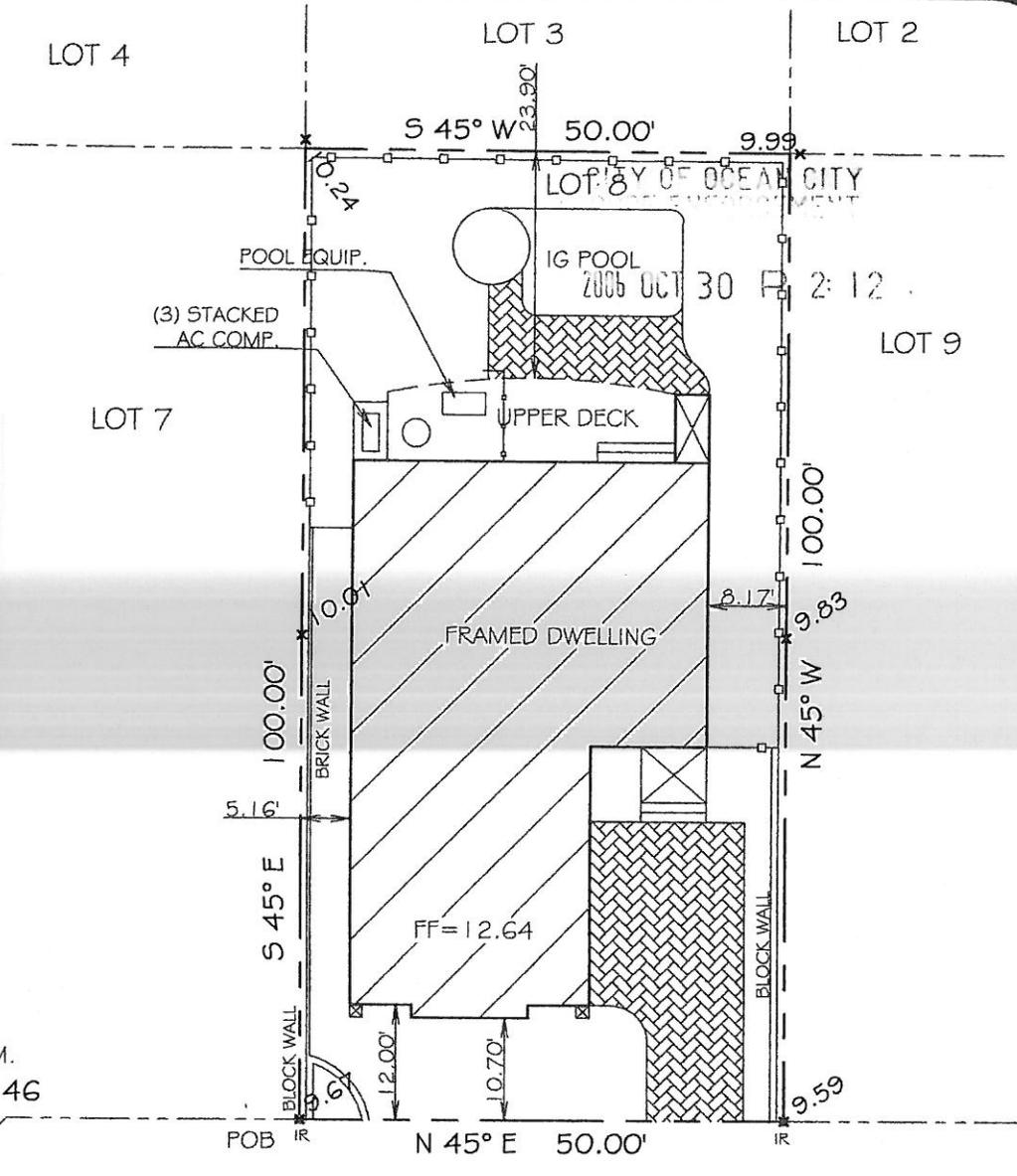
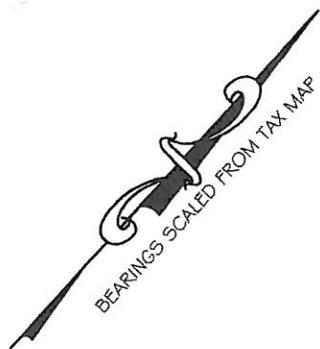
LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments



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

WAVERLY BOULEVARD
(60' WIDE)

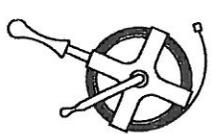
T.M.
416.46

SEAVIEW ROAD (60' WIDE)

- AREA = 5000 S.F. ±
- OUTBOUNDS BASED ON TAX MAP ONLY.
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 8, BLOCK 70.51, PLATE 5 TAX MAP OF THE CITY OF OCEAN CITY
- SURVEYOR RESERVES THE RIGHT TO REVISE THIS PLAN OF SURVEY UPON RECEIPT AND REVIEW OF AN ACCURATE TITLE REPORT AND AN ACCURATE ABSTRACT ON ALL LOTS AFFECTED BY, OR ADJOINING TO, THE PROPERTY IN QUESTION.
- 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.

AS-BUILT FINISH
 LOT AREA = 5000 SQFT. ±
 BUILDING COVERAGE = 35%
 IMPERVIOUS COVERAGE = 60%
 ROOF PEAK ELEV = 41.89
 ROAD CENTERLINE ELEV. = 8.99
 (DIFF. = 32.90)
 1/2 STORY PER. =:
 60% OF SECOND FLOOR

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	10-26-04	SURVEY NO.
SCALE	1"=20'	0410099
DRN:	JLG	

SKETCH PLAT	SITUATE IN:
904 SEAVIEW ROAD	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

REV: 5/09/05 (PIN FOOTING)
REV: 8/04/05 (AS-BUILT U.C.)
REV: 9/27/06 (FINAL)

TO: EDWARD AND KATHLEEN JOHNSON - OCEAN ABSTRACT

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 its 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 its billing. 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

