

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

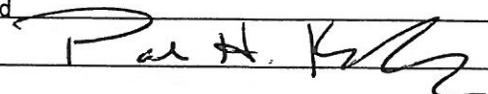
O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use
BUILDING OWNER'S NAME			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 422 Waverly Road			Company NAIC Number
CITY Ocean City	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 70.53 lot 11			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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: _____	

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 AND PANEL NUMBER 0001	B5. SUFFIX C	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/5/84	B8. FLOOD ZONE(S) A-7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0
110. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
111. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
112. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
2. Building Diagram Number 8 (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.)					
3. 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 <u>n/a</u> Conversion/Comments <u>n/a</u>					
Elevation reference mark used <u>n/a</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)			<u>8. 52</u> ft.(m)	License Number, Embossed Seal, Signature, and Date 	
<input type="checkbox"/> b) Top of next higher floor			<u>10. 22</u> ft.(m)		
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)			<u>na.</u> ft.(m)		
<input type="checkbox"/> d) Attached garage (top of slab)			<u>8. 60</u> ft.(m)		
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building			<u>10. 20</u> ft.(m)		
<input type="checkbox"/> f) Lowest adjacent grade (LAG)			<u>8. 5</u> ft.(m)		
<input type="checkbox"/> g) Highest adjacent grade (HAG)			<u>8. 7</u> ft.(m)		
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			<u>13</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h			<u>1664</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 PAUL H. KOELLING		LICENSE NUMBER 21771	
TITLE Professional Land Surveyor	COMPANY NAME PAUL H. KOELLING & ASSOC.		
ADDRESS 2161 Shore Road	CITY Linwood	STATE NJ	ZIP CODE 08221
SIGNATURE	DATE December 10, 2001	TELEPHONE (609) 927-0279	

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.	For Insurance Company Use
CITY	Policy Number
STATE	Company NAIC Number
ZIP CODE	

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.

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.

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, 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

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 01-0714	G5. DATE PERMIT ISSUED 4/11/01	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 12/21/01
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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

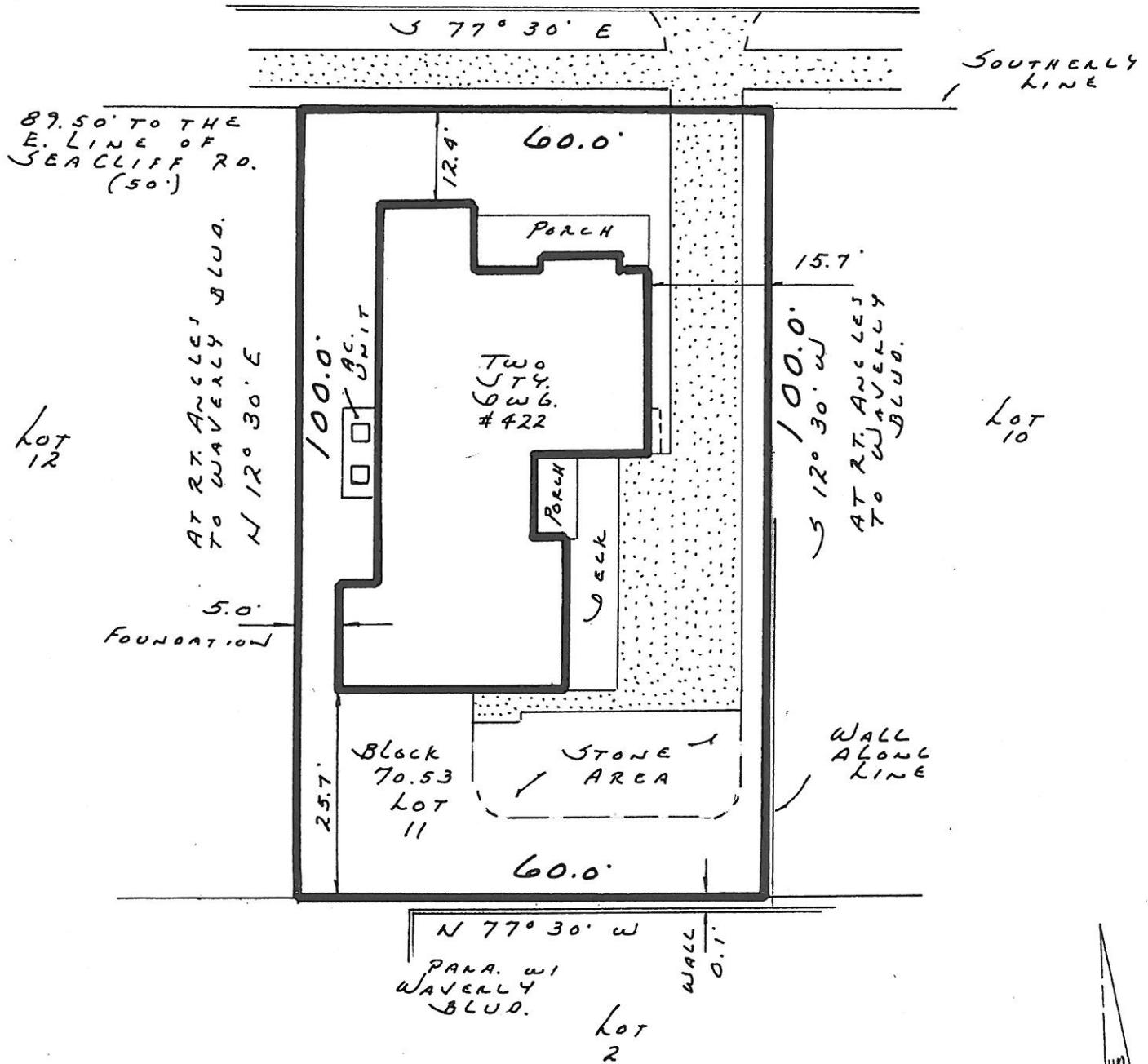
COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

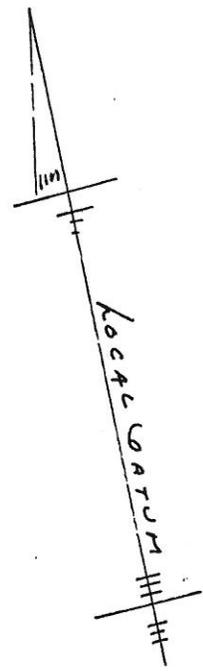
WAVERLY (60') BLVD.



NOTE: CORNER MARKERS SET AS PER AGREEMENT WITH CLIENT.

THIS PROPERTY IS CATED IN FIRM ZONE 7" BASE ELEV. 9.00

PEAK OF ROOF IS 0 ABOVE E OF WAVERLY BLVD.



AL NOTES:

for checking compliance with deed conditions. Offsets shall not be used for any wall not have any responsibility or liability other than as intended.

ny documents of record, either recorded improvements, easements, property lines or easements unknown to the surveyor are not be right to modify this survey should any liability.

bossed seal signify that this survey was made in accordance with the current regulations adopted by the Board of Professional Engineers and Land Surveyors. Sealed copies of this survey shall be available.

In consideration of the mutual covenants and promises contained in the agreement between 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 [] by me or under my immediate supervision in accordance with N.J.A.C. 13: 40-5.1, and to the best of my professional knowledge, information and belief.

(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 PREMIS

SITUATE IN

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

Block 70.53 Lot

PAUL H. KOELLING & ASSOCIATES

SURVEYING - PLANNING

1001 SHORE ROAD