

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Mark and Karen Casale		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 21 E. Belfast Road		Company NAIC Number
CITY Ocean City	STATE NJ	ZIP CODE 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
Lot 5, Block 70.58BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)  
residentialLATITUDE/LONGITUDE (OPTIONAL)  
(##° - ##' - ###" or #####")HORIZONTAL DATUM:  
☐ NAD 1927 ☐ NAD 1983SOURCE: ☐ GPS (Type): \_\_\_\_\_  
☐ USGS Quad Map ☐ Other: \_\_\_\_\_

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Ocean City 345310		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 AO, 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 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.)

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 NGVD 29 Conversion/Comments \_\_\_\_\_

Elevation reference mark used T-2 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- o a) Top of bottom floor (including basement or enclosure) 9. 1 ft.(m)
- o b) Top of next higher floor 11. 5 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A. \_\_\_\_ ft.(m)
- o d) Attached garage (top of slab) N/A. \_\_\_\_ ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10. 5 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 8. 8 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 9. 1 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 9
- o i) Total area of all permanent openings (flood vents) in C3.h 2,700 sq. in. (sq. cm)

License Number, Embossed Seal,  
Signature, and Date

## 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 David C. Kruger

LICENSE NUMBER NJ Lic. No. 30406

TITLE Professional Land Surveyor

COMPANY NAME David C. Kruger Associates

ADDRESS 3323 Simpson Avenue

CITY Ocean City

STATE NJ

ZIP CODE 08226

SIGNATURE

DATE 4-20-05

TELEPHONE (609) 391-9393

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 21 E. Belfast Road			Policy Number
CITY Ocean City	STATE NJ	ZIP 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

☐ 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. (Use natural grade, if available).

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. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is \_\_ ft.(m) \_\_ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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, C (Items C3.h and C3.i only), 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, C, 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.

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 04-1855 04-1917	G5. DATE PERMIT ISSUED 8/17/04	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 4/29/05
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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: \_\_\_\_

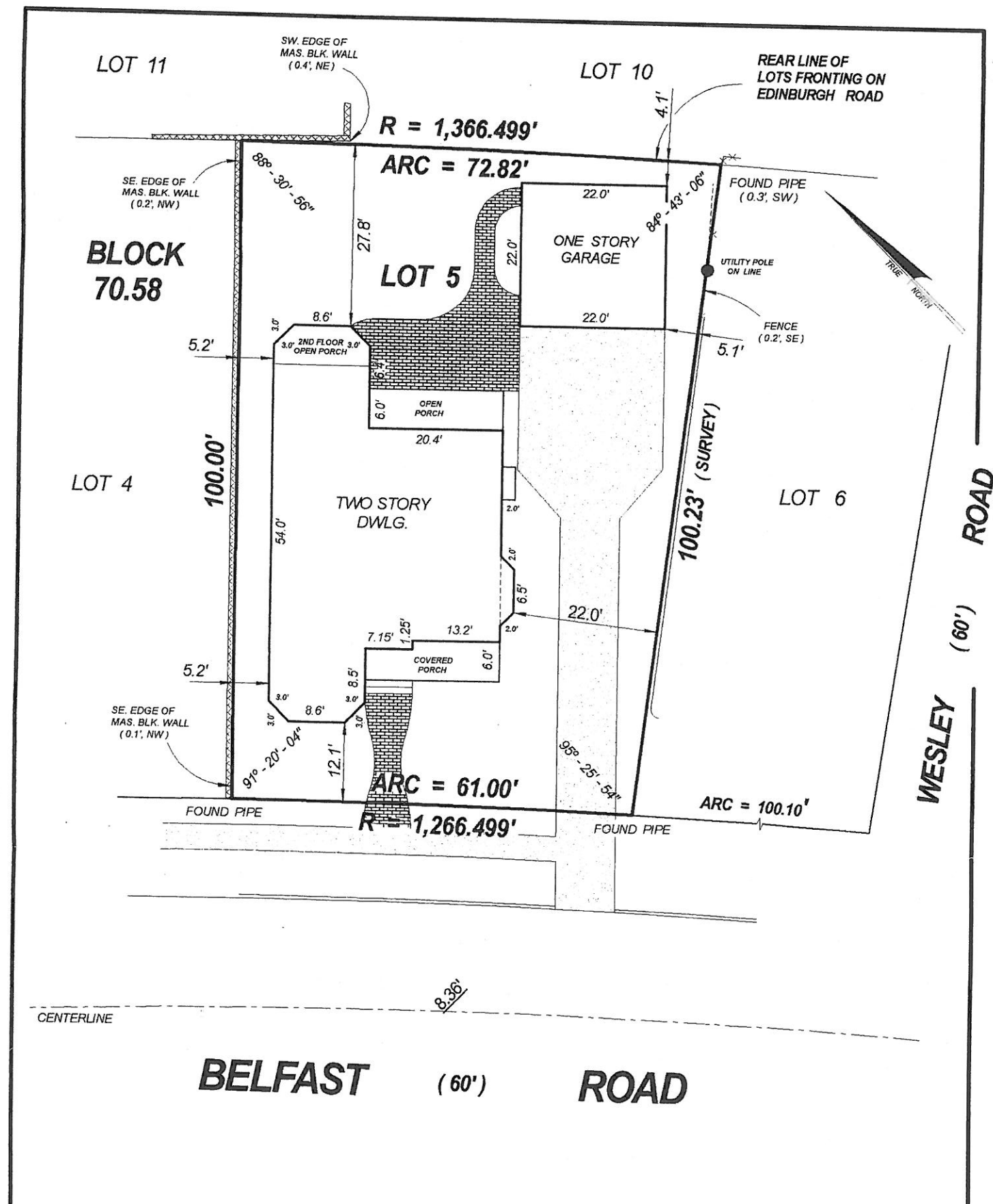
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



**Issued to:**

- MARK AND KAREN CASALE

In consideration of the fee paid for making this survey, I declare that this plan is based on a field survey made by me or under my immediate supervision and to the best of my professional knowledge and belief correctly represents the conditions found as of the date of the field survey shown hereon; except such easements and or structures, if any, that may exist below, on, or above the surface of the lands and not visible.

This declaration is given solely to the above named parties for this transaction only and is not transferable. Surveyor assumes no liability or responsibility for the unauthorized use of this survey for any other purpose, including, but not limited to use of this survey for survey affidavit or resale of property to any party not named herein, either directly or indirectly.

Only signed and sealed copies of this survey shall be considered to be valid. If this survey does not contain a raised seal, it is not an authorized document and may have been altered.

**DAVID C. KRUGER**

NJ Professional Land Surveyor License No. 30406  
NJ Professional Planner License No. 3246

**BUILDING ELEVATIONS (NGVD '29) / COVERAGE**

ROOF PEAK = 41.12'  
BUILDING COVERAGE = 23.0%  
IMPERVIOUS COVERAGE = 53.3%

**PLAN OF SURVEY**

**LOT 5**



**BLOCK 70.58**

CITY OF OCEAN CITY  
CAPE MAY COUNTY, NJ

**DAVID C. KRUGER ASSOCIATES**

Land Surveying — Planning

3323 Simpron Avenue

Ocean City, New Jersey

SIDE YARD SETBACK

4-27-05

revision

date

date **04 - 20 - 05**

drawn **PT**

scale **1" = 20'**

checked **DK**

PROJ. # **8381**