

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number	
CITY	Company NAIC Number	
STATE	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
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 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 (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 NONE

Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>8.99</u> ft (m)
<input type="checkbox"/> b) Top of next higher floor	<u>13.34</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>8.99</u> ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>10.49</u> ft (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>8.9</u> ft (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>9.1</u> ft (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>17</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>4352</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 THOMAS P. KARR	LICENSE NUMBER GS 31269
TITLE owner - Prof. Land Surveyor	COMPANY NAME KARR LAND SURVEYING
ADDRESS 35 C Route 9	CITY MARMORA
SIGNATURE Thomas P. Karr	STATE NJ
DATE 12/28/05	ZIP CODE 08223
TELEPHONE 609 390 7936	

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. 908 St. Charles Pl		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

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 E5. 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			

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.

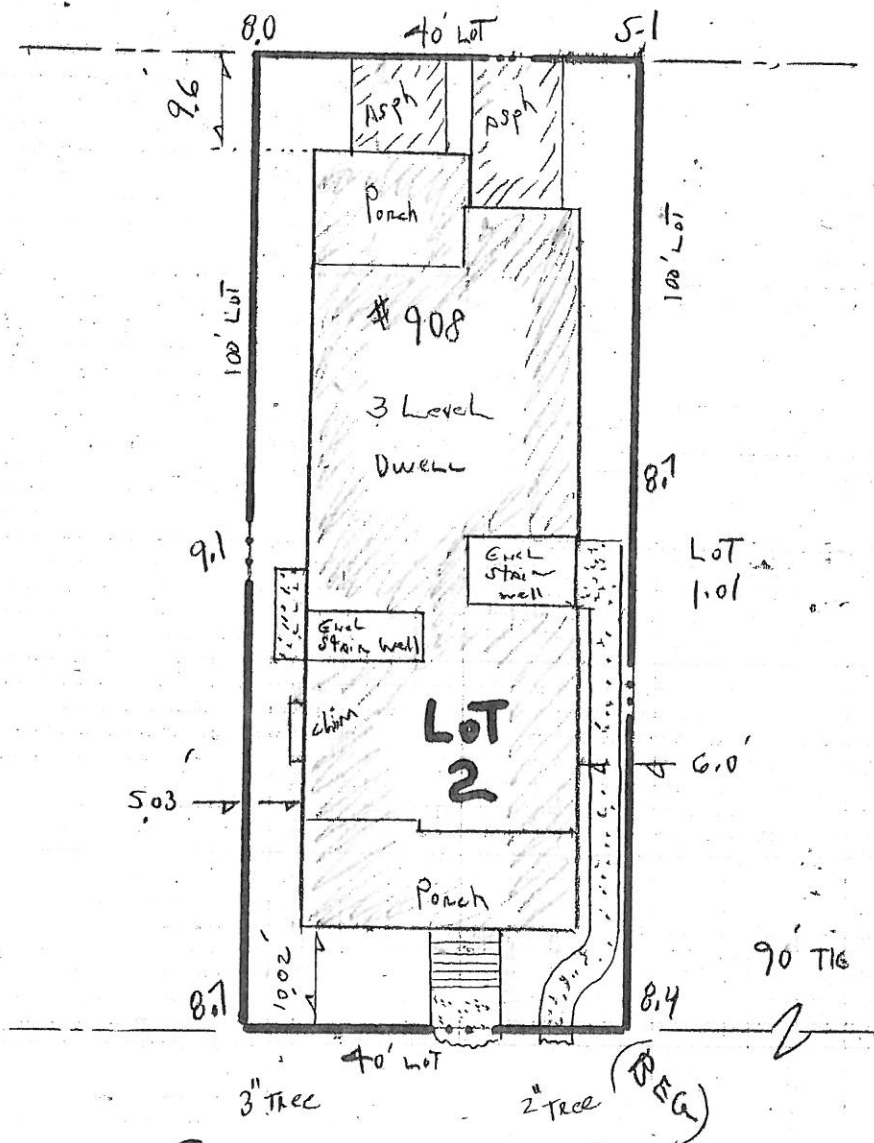
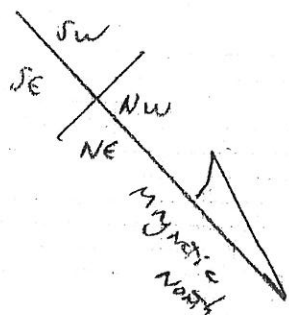
- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- 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 04-100011201	G5. DATE PERMIT ISSUED 8/9/07	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 3/20/06
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> 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	

BUILDING-TIES TO PROPERTY LINE  
ARE TO BE USED FOR CHECKING  
COMPLIANCE WITH ZONING REGULATIONS  
AND NOT TO BE USED FOR  
ANY OTHER PURPOSE

Public Alley (15 feet wide)



**ST. CHARLES PL.**  
(70'w)

ELEV ARE NGVD '29

PROPERTY SIZE  
40' BY 100'  
ALL LOT CORNERS  
ARE 90 DEGREES

FINAL ASBUILT

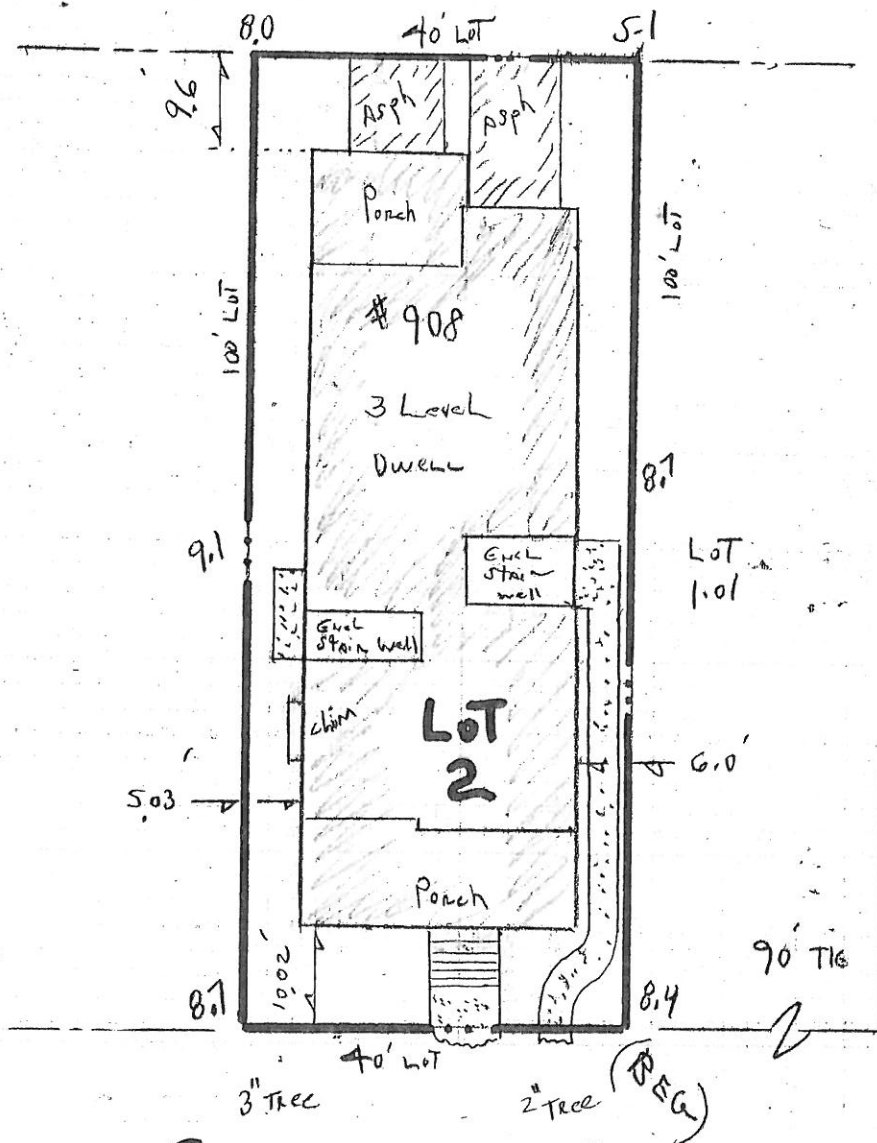
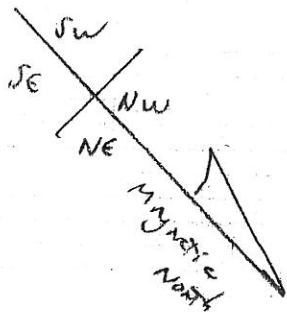
TOTAL LOT AREA: 4000 SF  
LIMIT OF HABITABLE AREA 40.6 %  
IMPERVIOUS COVERAGE 65 %  
ROOF PEAK ELEV 44.4  
CENTERLINE OF St. char. 8.36  
DIFF. 36.08 feet

<p><b>KARR</b> -CP- <b>LAND SURVEYING</b></p> <p>mailing address P.O. BOX 89 OCEANVIEW, N.J. 08230</p> <p>PHONE 609 390 7936 FAX 390 7937</p> <p><i>Thomas P. Karr</i> <b>THOMAS P. KARR</b> NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269</p> <p>location: route 9 MARION NJ</p>		<p><b>PLAN OF SURVEY</b></p> <p>BLOCK# 101 LOT# 2</p> <p>OCEAN CITY</p> <p>COUNTY OF CAPE MAY</p> <p>NEW JERSEY</p> <table border="1"> <tr> <td>TYPE THREE SURVEY</td> <td>DATE OF PLAN 12.6.04</td> <td>DESIGNED BY</td> </tr> <tr> <td>THIS IS NOT AN ALTA REITAMANN SURVEY</td> <td>SCALE 1"=20'</td> <td>CHK'D BY</td> </tr> <tr> <td>REVISIONS</td> <td>DATE</td> <td>PROJECT NO. 03303</td> </tr> </table>		TYPE THREE SURVEY	DATE OF PLAN 12.6.04	DESIGNED BY	THIS IS NOT AN ALTA REITAMANN SURVEY	SCALE 1"=20'	CHK'D BY	REVISIONS	DATE	PROJECT NO. 03303
TYPE THREE SURVEY	DATE OF PLAN 12.6.04	DESIGNED BY										
THIS IS NOT AN ALTA REITAMANN SURVEY	SCALE 1"=20'	CHK'D BY										
REVISIONS	DATE	PROJECT NO. 03303										



BUILDING TIES TO PROPERTY LINE  
ARE TO BE USED FOR CHECKING  
COMPLIANCE WITH ZONING REGULATIONS  
AND NOT TO BE USED FOR  
ANY OTHER PURPOSE

Public Alley (15 feet wide)



**ST. CHARLES PL.**  
(70'w)

ELEV ARE NGVD 29

PROPERTY SIZE  
40' BY 100'  
ALL LOT CORNERS  
ARE 90 DEGREES

FINAL ASBUILT

TOTAL LOT AREA: 4000 SF  
LIMIT OF HABITABLE AREA 40.6 %  
IMPERVIOUS COVERAGE 65 %  
ROOF PEAK ELEV 44.4  
CENTERLINE OF ST. CHAR. 8.36  
DIFF. 36.08 FEET

<p><b>KARR</b> -CP- <b>LAND SURVEYING</b></p> <p>mailing address: P.O. BOX 89 OCEANVIEW, N.J. 08230</p> <p>PHONE 609 390 7936 FAX 390 7937</p> <p><i>Thomas P. Karr</i> <b>THOMAS P. KARR</b> NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269</p> <p>location: route 9 MARION NJ</p>		<p><b>PLAN OF SURVEY</b></p> <p>BLOCK(s) <u>101</u> LOT(s) <u>2</u></p> <p><u>OCEAN CITY</u></p> <p>COUNTY OF <u>CAPE MAY</u></p> <p>NEW JERSEY</p> <table border="1"> <tr> <td>TYPE THREE SURVEY</td> <td>DATE OF PLAN</td> <td>Drawn By</td> </tr> <tr> <td>THIS IS NOT AN ALTA STANDARD SURVEY</td> <td>12.6.04</td> <td>Chk'd By</td> </tr> <tr> <td>REVISIONS</td> <td>SCALE</td> <td>PROJECT NO.</td> </tr> <tr> <td></td> <td>1" = 20'</td> <td>03303</td> </tr> </table>		TYPE THREE SURVEY	DATE OF PLAN	Drawn By	THIS IS NOT AN ALTA STANDARD SURVEY	12.6.04	Chk'd By	REVISIONS	SCALE	PROJECT NO.		1" = 20'	03303
TYPE THREE SURVEY	DATE OF PLAN	Drawn By													
THIS IS NOT AN ALTA STANDARD SURVEY	12.6.04	Chk'd By													
REVISIONS	SCALE	PROJECT NO.													
	1" = 20'	03303													