

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

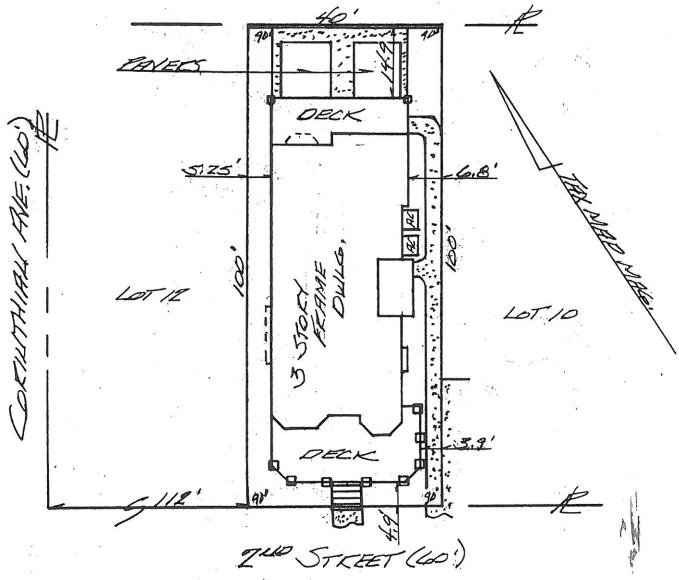
REPLACES ALL PREVIOUS EDITIONS

**ELEVATION CERTIFICATE** Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION BUILDING OWNER'S NAME CITY OF OCE For Insurance Company Use: BUILDING STREET ADDRESS (Including Ap) Policy Number July Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. -913 2nd Street Company NAIC Number CITY 2002 MAY 10 95ean, City ZIP CODE PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) NJ 08226 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Commenta area, if necessary.) Residential HORIZONTAL DATUM: LATITUDE LONGITUDE (OPTIONAL) ( ##° - ##' - ##.##" or ##.#####") SOURCE GPS (Type): \_ NAD 1927 L | NAD 1983 \_ USGS Quad Map \_ Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME Ocean City B3. STATE 345310 Cape May B4. MAP AND PANEL NJ B5. SUFFIX BE. FIRM INDEX BY. FIRM PANEL NUMBER **B8. FLOOD** B9. BASE FLOOD ELEVATION(S) DATE EFFECTIVE/REVISED DATE 345310 0001 ZONE(8) 7/15/92 (Zone AO, use depth of flooding) B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 9/5/84 A-710' \_| FIS Profile X FIRM L\_| Community Determined B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Building Under Construction\* "A new Elevation Certificate will be required when construction of the building is complete. X |Finished Construction 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 CMCMUA T-7 Does the elevation reference mark used appear on the FIRM? a) Top of bottom floor (including basement or enclosure) \_ft.(#A) } Yes X No □ b) Top of next higher floor 12 0 □ c) Bottom of lowest horizontal structural member (V zones only) ft.(74) n/a O d) Attached garage (top of slab) ft.(Ph) 8 7 e) Lowest elevation of machinery and/or equipment \_ ft.(20) Pu servicing the building (Describe in a Comments area.) 5 \_ft.(m) 🕹 11 O f) Lowest adjacent (finished) grade (LAG) O g) Highest adjacent (finished) grade (HAG) 6 O h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_ ft.(m) } 18 i) Total area of all permanent openings (flood vents) in C3.h 2880 sq. in x(sqxxxx) 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 UCENSE NUMBER Arthur W. Hood TITLE 19009 COMPANY NAME Surveyor Land Arthur W. ADDRESS Hood & Assoc. 306 STATE Arrowhead Harbor Eqc ZIP CODE Twp. SIGNATURE NJ 08234 TELEPHONE 5/3/02 (609)653-0010 FFMA Form 81-31 SEE REVERSE SIDE FOR CONTINUATION

IMPORTANT: In these spaces, co	opy the corresponding in	formation from	Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Include	ing Apt., Unit, Suite, and/or Blo	lg. No.) OR P.O. R	OUTE AND BOX NO.	Policy Number
OITY 9	11-913 2nd Str	eet MATE	ZIP CODE	Company NAIC Number
0	cean City	NJ	08226	
SECTION	D - SURVEYOR, ENGINEE	ER, OR ARCHIT	CT CERTIFICATION (CC	NTINUED)
Copy both sides of this Elevation Co	ertificate for (1) community	official, (2) insur-	ance agent/company, and	(3) building owner.
COMMENTS The air cond	itioner is the	.lowest e	quinment servi	cing the building
*		1011010	quipment belvi	cing the building.
				Check here if attachmen
SECTION E - BUILDING ELEV	ATION INFORMATION (S	URVEY NOT RE	QUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
or Zone AO and Zone A (without Bi	وينحفظ والمرابخ والمتعارض			
formation for a LOMA or LOMR-F,				and the second
1. Building Diagram Number			o the building for which thi	s certificate is being completed -
see pages 6 and 7. If no diagram				
2. The top of the bottom floor (inclu	iding basement or enclosus	re) of the building	is   _  ft.(m)   _	lin.(cm)    above or    belov
(check one) the highest adjacen				
3. For Building Diagrams 6-8 with o	ppenings (see page 7), the	next higher floor	or elevated floor (elevation	n b) of the building is
ft.(m) in.(cm) above				
4. For Zone AO only. If no flood de				
floodplain management ordinan	F - PROPERTY OWNER (			
The property owner or owner's auth				_
without a FEMA-issued or communities best of my knowledge.			. The statements in Secti	ons A, B, C, and E are correct to
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTA	ATIVE'S NAME		
ADDRESS	San	CITY	STATE	ZIP CODE
SIGNATURE	20.5	DATE	TELE	PHONE
COMMENTS				
	Hall San San			Check here if attachmen
	SECTION G - COM	AUNITY INFORM	IATION (OPTIONAL)	Check tidle is attacking to
he local official who is authorized by				ent ordinance can complete
ections A, B, C (or E), and G of this				
1.  _  The information in Section C	was taken from other doc	umentation that	nas been signed and embo	ssed by a licensed surveyor,
		al law to certify a	levation information. (Indi	cate the source and date of the
elevation data in the Comm				
2.  _   A community official comple	ted Section E for a building	g located in Zone	A (without a FEMA-issued	d or community-issued BFE) or
Zone AO,  3.    The following information (It	ome C4 CO) le povided fo	e community floo	dolain managamant numa	
G4. PERMIT NUMBER - 1035 + 01-1036	G5. DATE PERMIT ISSUED		G8. DATE CERTIFICATE     ISSUED	OF COMPLIANCE/OCCUPANCY
7. This permit has been issued for:			Improvement	
8. Elevation of as-built lowest floor	(including basement) of th	e building is:		ft.(m) Datum:
9. BFE or (in Zone AO) depth of flo	oding at the building site is	3:		ft.(m) Datum:
LOCAL OFFICIAL'S NAME		<u>YIT</u>	Œ	
COMMUNITY NAME	a.	TE	EPHONE	
SIGNATURE		DA	TE	
COMMENTS			<del></del>	
				Check here if attachmen

## 15' POBLIC ALLEY



UTER LINE EL. = 665' FLOOK EL. = 12.0' PEAK EL, = 45,9' BLOG. COV, = 39,0% IMP. COV. =54,1%

Not a survey for conveyance.

As Built Survey for:

Lot 11

Block 101

City of Ocean City

Cape May Co., N.J.

Date 8/16/01 Rev. 5/3/02

Scale 1" = 20'

#00-324

PROFESSIONAL LAND SURVEYOR ARTHUR W. HOOD

Offsets shown are for checking compliance with deed restrictions and zoning regulations. No liability will be accepted if used for any other purpose. This property is subject to documents of record. Undergrou purpose. This property is subject to documents of record. Underground improvements, easements or property line agreements unknown to the surveyor are not shown. No riparian lands or regulated wetlands, if any, are shown unless noted. WARNING: This document contains the raised seal of the Professional Land Surveyor and is an original docume if said raised seal is missing, this is a copy and may have been altered without the Surveyors consent and is voldable.



ARTHUR W. HOOD & ASSOC. LAND SURVEYING . PLANNING

306 Arrowhead Dr. • Egg Harbor Twp., NJ 08234 • (609) 653-0010 Ocean Cky, NJ • (609) 398-6331