

ELEVATION CERTIFICATE

Expires July 31, 2002

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>O'Shaughnessy</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>810 First St.</u>		Company NAIC Number
CITY <u>OCEAN CITY</u>	STATE <u>NJ</u>	ZIP CODE <u>08226</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Tax map Lot 5 Block 102</u>		
BUILDING USE (e.g., Residential, Non-residential, Accessory, etc. Use Comments section if necessary.) <u>Residential</u>		
LATITUDE/LONGITUDE (OPTIONAL) (<u>33°-35'-33.33"</u> or <u>33.3333°</u>)		
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

81. FIRM COMMUNITY NAME & COMMUNITY NUMBER <u>OCEAN CITY 345310</u>	82. COUNTY NAME <u>CAPE MAY</u>	83. STATE <u>NJ</u>
84. MAP AND PANEL NUMBER <u>0001</u>	85. SUFFIX <u>C</u>	86. FIRM INDEX DATE <u>7.15.92</u>
87. FIRM PANEL EFFECTIVE/REVISED DATE <u>9/5/84</u>	88. FLOOD ZONE(S) <u>A7</u>	89. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in 89.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in 89: ☒ 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: NA

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 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 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>10.06</u> ft(m)
<input type="checkbox"/> b) Top of next higher floor	<u>11.83</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>10.06</u> ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>11.83</u> ft(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>8.4</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>14</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>3492</u> 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 <u>THOMAS P. KARR</u>	LICENSE NUMBER <u>GS 31269</u>
TITLE <u>LAND SURVEYOR (OWNER)</u>	COMPANY NAME <u>KARR LAND SURVEYING</u>
ADDRESS <u>35C S. Shore Rd.</u>	CITY <u>MARMORA</u>
SIGNATURE <u>Thomas P. Karr</u>	STATE <u>NJ</u>
DATE <u>7/8/2000</u>	ZIP CODE <u>08223</u>
TELEPHONE <u>609-390-7936</u>	

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. 810 First Street			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 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			

☐ 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 99-0695	G5. DATE PERMIT ISSUED 4/20/99	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/20/00
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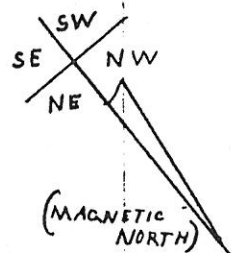
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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

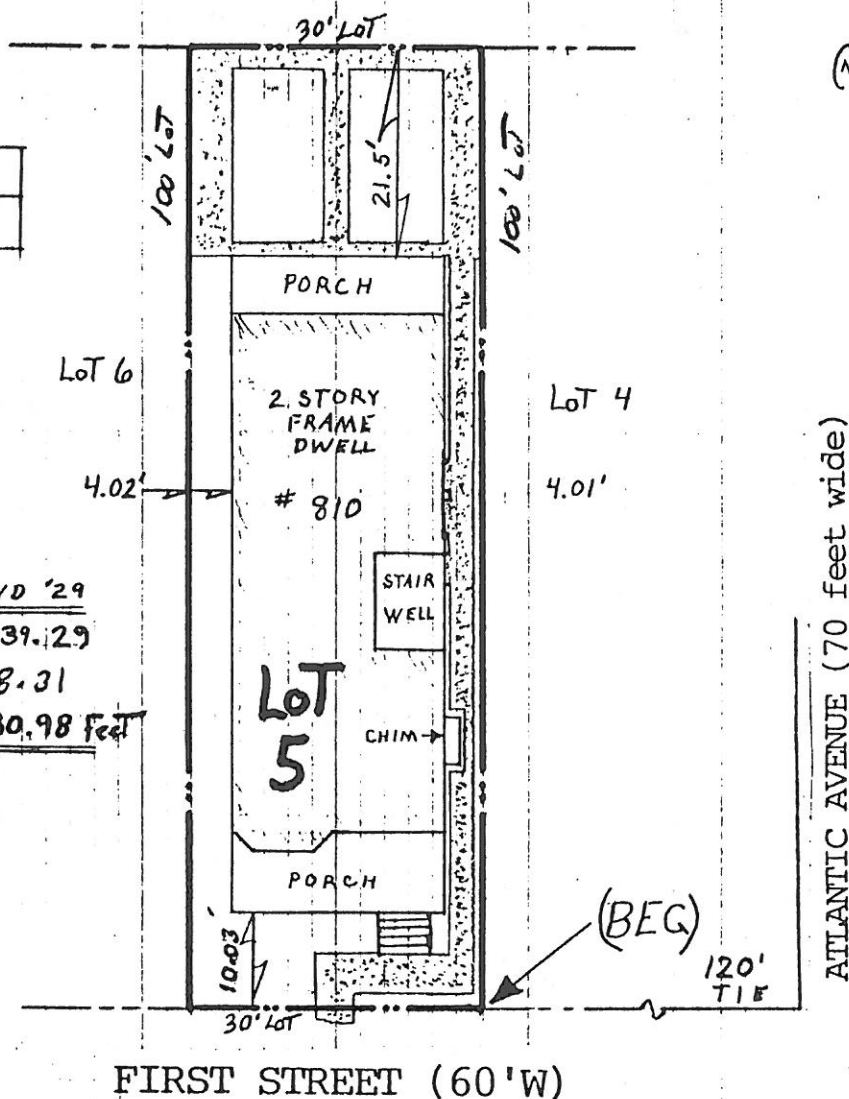


PUBLIC ALLEY (15'W)

NOTE:

30' x 100' Lot
ALL CORNERS ARE 90°

ALL ELEV'S ARE NGVD '29
ROOF PEAK ELEV 39.29
E of First ST. 8.31
DIFF 30.98 Feet



ATLANTIC AVENUE (70 feet wide)

TOTAL LOT AREA 3000 SF

Limit of Foundation (37.49%)

BLDG Porches And CONC (68.4%)

FINAL ASBUILT

KARR LAND SURVEYING mailing address R.O. BOX 09 OCEANVIEW, N.J. 08230 PHONE 609 390 7936 FAX 390 7937 THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269		PLAN OF SURVEY BLOCK# 102 LOT# 5 OCEAN CITY COUNTY OF CAPE MAY NEW JERSEY TYPE THREE SURVEY THIS IS NOT AN ALTA STANDARD SURVEY REVISIONS DATE DATE OF PLAN 7-8-99 DRAWN BY DL CHK'D BY TK SCALE 1" = 20' " PROJECT NO. 98620	
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