

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

CITY SECTION A - PROPERTY OWNER INFORMATION CODE ENFORCEMENT		For Insurance Company Use:
BUILDING OWNER'S NAME B.F. VENTURES		Policy Number
BUILDING STREET ADDRESS (Including Apartment, Suite, and/or Bldg. No.) 818 FIRST ST.		Company NAIC Number
CITY OCEAN CITY	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 102, LOT 9.02		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####°)	HORIZONTAL DATUM: <input checked="" 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 345310 0001 C		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) A 7		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9	

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 2 (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 1929 Conversion/Comments _____

Elevation reference mark used L Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 9.5 ft.(m)
- o b) Top of next higher floor 14.0 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) - ft.(m)
- o d) Attached garage (top of slab) 9.5 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 12.2 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 9.5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 9.8 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12
- o i) Total area of all permanent openings (flood vents) in C3.h 2592 sq. in. (sq. cm)

License Number, E
Signature, and



THOMAS N. TOLBERT
NJ LIC. 38608

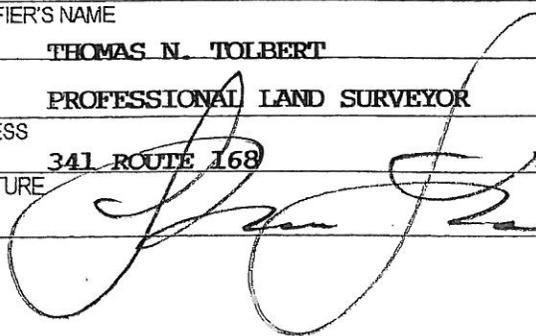
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 N. TOLBERT** LICENSE NUMBER **38608**

TITLE **PROFESSIONAL LAND SURVEYOR** COMPANY NAME **DESIGN LAND SURVEYING**

ADDRESS **341 ROUTE 168** CITY **TURNERSVILLE** STATE **NJ** ZIP CODE **08012**

SIGNATURE  DATE **4.13.04** TELEPHONE **856-374-1134**

REV: 6-29-04

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. 818 FIRST STREET	For Insurance Company Use: 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)

Check here if attachments

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 _____

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

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 04-6227/0228	G5. DATE PERMIT ISSUED 1/28/04	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/2/04
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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 _____

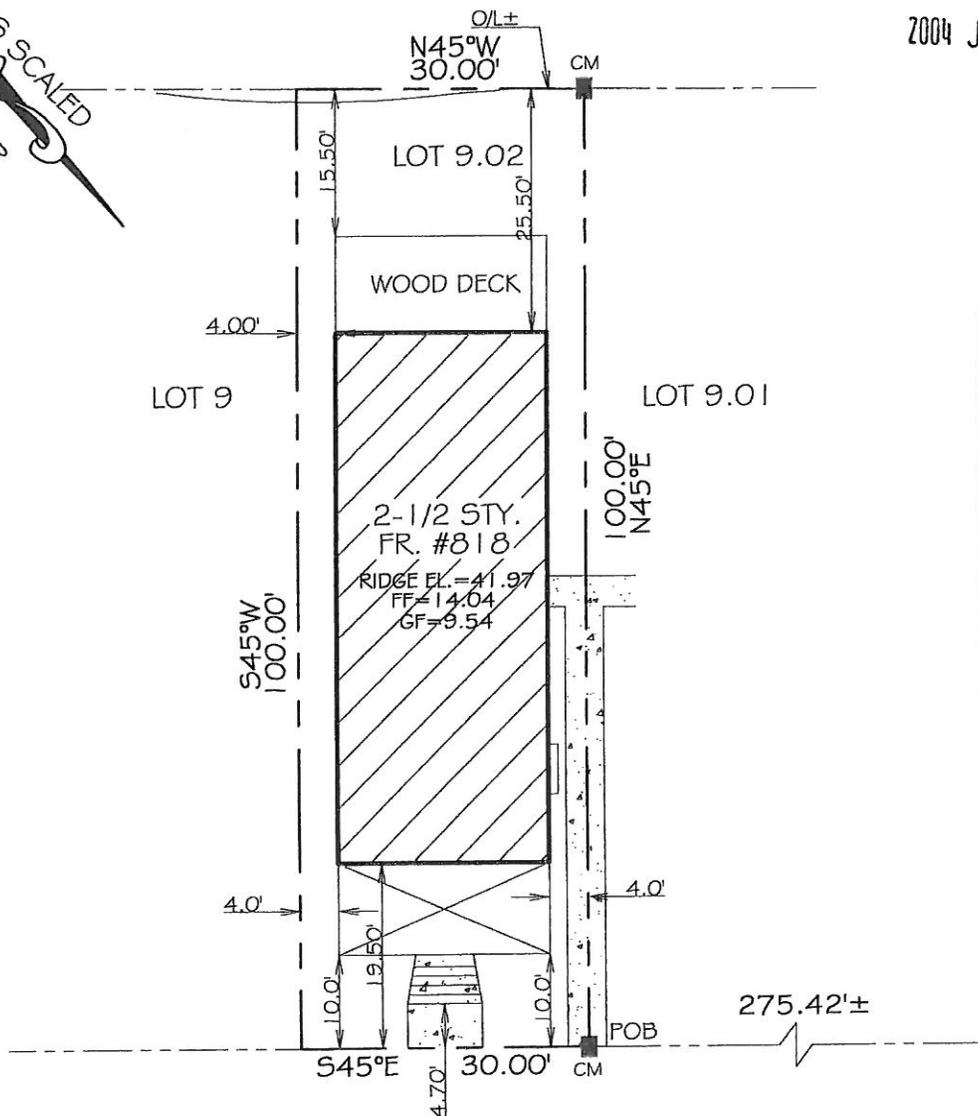
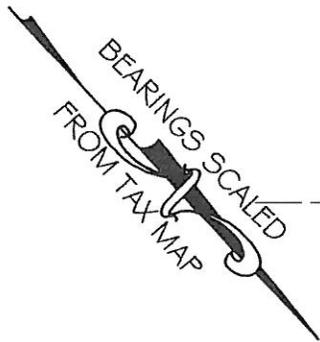
COMMENTS _____

Check here if attachments

BITUM ALLEY
15' WIDE

CITY OF OCEAN CITY
CODE ENFORCEMENT

2004 JUN 30 A 10:31



FIRST STREET (70' WIDE)

AS-BUILT FINAL

LOT AREA=3000 SQFT.±
LIMIT OF FND.= 37.8%
BLDG, PORCHES/CONC=21%
IMPERVIOUS COVERAGE = 58.8%
ROOF PEAK ELEV.=41.97
ROAD CENTERLINE ELEV.=8.06
(DIFF.=33.91)

- OUTBOUNDS BASED ON TAX MAP ONLY
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 9.02, BLOCK 102, TAX MAP OF THE CITY OF OCEAN CITY
- SURVEYOR RESERVES THE RIGHT TO REVISE THIS PLAN OF SURVEY UPON RECEIPT AND REVIEW OF AN ACCURATE TITLE REPORT AND AN ACCURATE ABSTRACT ON ALL LOTS AFFECTED BY, OR ADJOINING TO, THE PROPERTY IN QUESTION.
- NO ATTEMPT WAS MADE TO LOCATE THE UTILITIES WHICH MAY EXIST ON THIS PROPERTY. PRIOR TO ANY EXCAVATION, CONTRACTOR SHALL BE RESPONSIBLE TO DETERMINE THEIR EXACT LOCATION.
- SUBJECT TO BUILDING REGULATIONS, RESTRICTIONS, EASEMENTS, RIGHTS-OF-WAY, COVENANTS, RESERVATIONS AND AGREEMENTS OF RECORD, IF ANY.

Design Land Surveying P.A.

MEMBER OF:



341 RTE 168 Turnersville, N.J. 08012
Toll Free Phone 1-800-418-9373
Phone (856) 374-1134 - Fax (856) 374-1061



CHECKED: T.C.J.

DATE 10-21-03

SURVEY NO.

SCALE 1"=20'

0310056

DRN: JLG

SKETCH PLAT

818 FIRST STREET

SITUATE IN:

CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

REV 4-14-04 (AS-BUILT U.C.)

REV 6-22-04 (AS-BUILT FINAL)

TO: SCOTT HALLIDAY

In consideration of the fee paid for making this survey, I hereby declare that the said survey accurately depicts the land description furnished to me. No responsibility is assumed for (a) the location of easements that may be located below the surface of the lands, or (b) on the surface of the lands, and not (c) other interests not visible, or matters of title. This declaration is issued solely to the herein named purchaser for any transaction occurring within ninety (90) days of its date. The surveyor shall have no responsibility or liability for any reason unless the fee for the preparation of said survey is paid within (30) days of billing. Surveyor's liability for any reason shall not exceed the sum of ONE THOUSAND DOLLARS (1,000.00)

THOMAS N. TOLBERT
PROFESSIONAL LAND SURVEYOR
N.J. LIC. QS 38608