

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
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		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number	
CITY	STATE	ZIP CODE	
OCEAN CITY	NJ	08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
TAX MAP Lot 18 Block 102			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)			
RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL)		HORIZONTAL DATUM: SOURCE:	
(##° - ##' - ##.### or ##.###N ##.###W)		☐ GPS (Type): ☐ NAD 1927 ☐ NAD 1983 ☐ USGS Quad Map ☐ Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
OCEAN CITY 345310		CAPE MAY		N.J.	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0001	C	7-15-92	9/5/04	A7	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 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 NAVD 1929 Conversion/Comments NONE

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

☐ a) Top of bottom floor (including basement or enclosure)	<u>9.37</u> ft.(m)
☐ b) Top of next higher floor	<u>13.77</u> ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft.(m)
☐ d) Attached garage (top of slab)	<u>9.37</u> ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>13.9</u> ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	<u>8.9</u> ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	<u>9.3</u> ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>6</u>
☐ i) Total area of all permanent openings (flood vents) in C3.h	<u>1728</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		LICENSE NUMBER	
Thomas P. KARR		GS 31269	
TITLE		COMPANY NAME	
Prof. Land Surveyor		KARR LAND SURVEYING	
ADDRESS		CITY	STATE
PO BOX 89		SEAVILLE	NJ
SIGNATURE		DATE	ZIP CODE
Thomas P. Karr		9/5/02	08230
		TELEPHONE	
		609 390 7936	

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.

CITY: OCEAN CITY STATE: MD

08226 ZIP CODE

For Insurance Company Use:

Policy Number

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 8-8 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. 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 02-6711 + 02-0713 G5. DATE PERMIT ISSUED 4/11/02 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 9/9/02

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

10/10/10



KARR  LAND SURVEYING mailing address → RQ BOX 89 OCEANVIEW, N.J. 08230 PHONE 609 390 7936 FAX 390 7937 <i>Thomas P. Karr</i> THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269 location: route 9 MARHORA NJ		PLAN OF SURVEY BLOCK# <u>102</u> LOT# <u>18</u> <u>OCEAN CITY</u> COUNTY OF <u>Cape May</u> <u>NEW JERSEY</u> <table border="1"><tr><td>TYPE THREE SURVEY</td><td>DATE OF PLAN <u>9.5/02</u></td><td>Drawn By</td></tr><tr><td>THIS IS NOT AN ALTA STANDARDS SURVEY</td><td>SCALE <u>1" = 20'</u></td><td>Ch'd By</td></tr><tr><td>REVISIONS</td><td>Date</td><td>PROJECT NO. <u>02108</u></td></tr></table>		TYPE THREE SURVEY	DATE OF PLAN <u>9.5/02</u>	Drawn By	THIS IS NOT AN ALTA STANDARDS SURVEY	SCALE <u>1" = 20'</u>	Ch'd By	REVISIONS	Date	PROJECT NO. <u>02108</u>
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