

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME	For Insurance Company Use:	
	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.)		
Block 103 Lot 4		
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	B2. COUNTY NAME	B3. STATE
345310 0001 C	Cape May	NJ
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE
345310-0001	C	7-15-92
B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
9-5-84	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 (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

- a) Top of bottom floor (including basement or enclosure) 10.1 ft(m)
- b) Top of next higher floor 13.4 ft(m)
- c) Bottom of lowest horizontal structural member (V zones only) - ft(m)
- d) Attached garage (top of slab) 10.3 ft(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.8 ft(m)
- f) Lowest adjacent (finished) grade (LAG) 10.0 ft(m)
- g) Highest adjacent (finished) grade (HAG) 10.1 ft(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 6
- i) Total area of all permanent openings (flood vents) in C3.h 126 sq. in. (sq. cm)

License Number, 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	LICENSE NUMBER
THOMAS N. TOLBERT	38608
TITLE	COMPANY NAME
PROFESSIONAL LAND SURVEYOR	DESIGN LAND SURVEYING
ADDRESS	CITY
341 ROUTE 168	TURNERSVILLE
SIGNATURE	STATE
	NJ
	ZIP CODE
	08012
	TELEPHONE
	856-374-1134
	DATE
	6/28/05

REV: 7/18/05 (C3 h, i)
REV: 10/27/05 (FINAL)

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. 806 St. Charles Place		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)
or 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.

1. 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.)
2. 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.
3. 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)

A 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.

- ☐ 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.)
- ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 20050210/0211	G5. DATE PERMIT ISSUED 11/28/05	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 11/3/05
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This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

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	

BEARINGS SCALED FROM TAX MAP

15' WIDE ALLEY

CITY OF OCEAN CITY
PLATE 9 TAX MAP

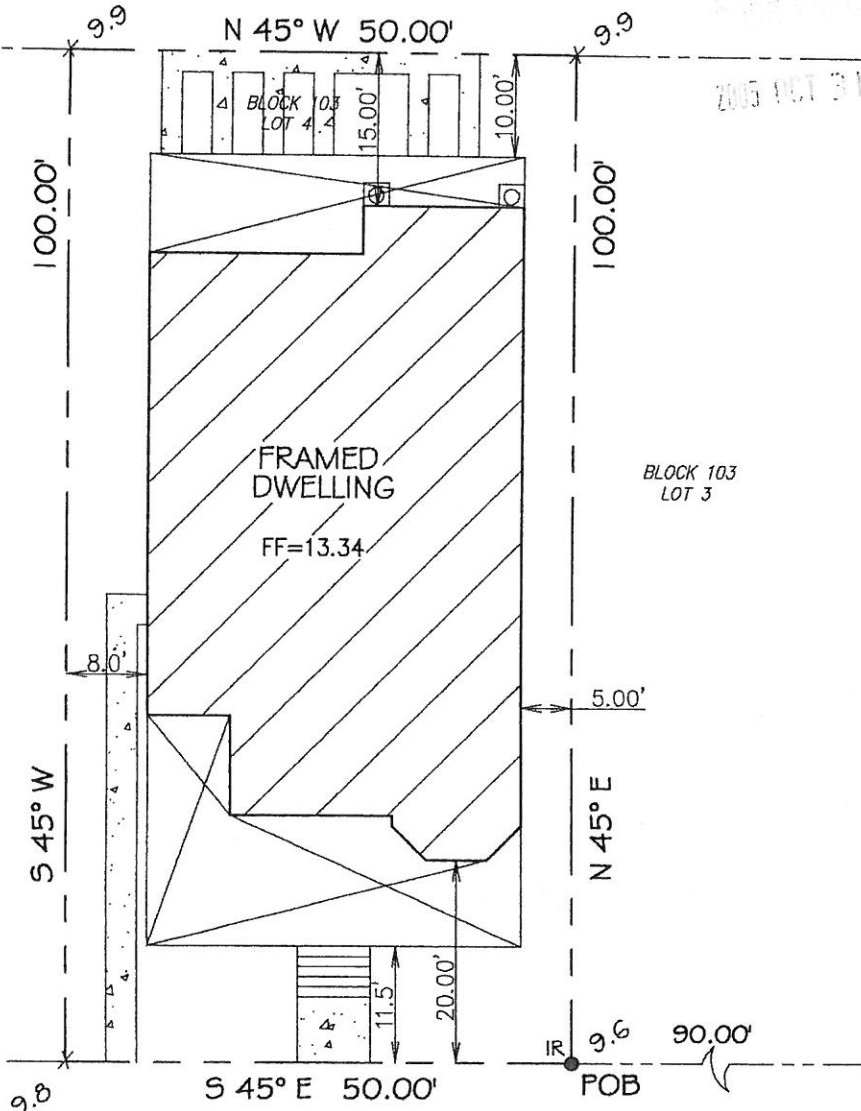
2005 OCT 31 A 10:17

BLOCK 103
LOT 5

BLOCK 103
LOT 3

ATLANTIC AVENUE
(60' WIDE)

SURVEY WARNING: THIS PLAN IS ISSUED
FOR BUILDING CERTIFICATE OF OCCUPANCY
ONLY AND CAN NOT BE USED FOR ANY
OTHER PURPOSE INCLUDING TITLE TRANSFER.



ST. CHARLES PLACE
(70' WIDE)

AS-BUILT FINAL

LOT AREA=5000 SQFT.±
BUILD. COVERAGE= 39.8%
IMPERVIOUS COVERAGE = 64.2%
ROOF PEAK ELEV=46.11
ROAD CENTERLINE ELEV.=9.31
(DIFF.=36.8)
1/2 STORY =29.6% OF 2ND FLOOR

- LOT AREA= 5,000 S.F.±
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 4, BLOCK 103, PLATE 9 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



DATE 10-19-04

SURVEY NO.

SCALE 1"=20'

0410043

DRN: CDH

REV: 12-14-04 (BLDG. S/O)

REV: 6-26-05 (ASBUILT UC)

REV: 07-21-05 (3RD FL. %)

REV: 07-25-05 (REVIEW)

REV: 07-27-05 (REVIEW)

REV: 10-27-05 (FINAL)

SKETCH PLAT

806 ST. CHARLES PLACE

SITUATE IN:

CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

TO: HALLIDAY-LEONARD

In consideration of the fee paid for making this survey, I hereby declare that the said survey accurately depicts the legal 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 visible, or (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 thirty (30) days of its 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. GS 38608