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.
900 Second Street

Company NAIC Number

CITY: Ocean City | STATE: New Jersey | ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 1, Block 200

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) | HORIZONTAL DATUM: | NAD 1927 | NAD 1983 | SOURCE: | GPS (Type): | USGS Quad Map | Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
City of Ocean City 345310	Cape May County	New Jersey

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)
345310 0001	C	7/15/1992	7-1-1974/9-5-1984	A7	10'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
| | FIS Profile | [X] FIRM | | Community Determined | | Other (Describe):

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)? | | Yes [X] No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: | | Construction Drawings* | | Building Under Construction* [X] Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 7 (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

Elevation reference mark used Does the elevation reference mark used appear on the FIRM? | | Yes [XX] No

a) Top of bottom floor (including basement or enclosure)	7.9	ft.(m)
b) Top of next higher floor	16.3	ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A	ft.(m)
d) Attached garage (top of slab)	7.9	ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building	10.0	ft.(m)
f) Lowest adjacent grade (LAG)	7.4	ft.(m)
g) Highest adjacent grade (HAG)	7.4	ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	12	
i) Total area of all permanent openings (flood vents) in C3h	2,592	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

L.S.N°: 34844 1/5/2001
Mark G. DeVaul

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 Mark G. DeVaul | LICENSE NUMBER 34844

TITLE Land Surveyor | COMPANY NAME DeVaul Surveying

ADDRESS 20 DeVauls Lane | CITY Ocean View | STATE New Jersey | ZIP CODE 08230

SIGNATURE Mark G DeVaul | DATE Jan. 5, 2001 | TELEPHONE (609) 624-0572

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.
900 Second Street

Policy Number

CITY: Ocean City STATE: New Jersey 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 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.

E3. For Building Diagrams 6-8 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.

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, 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
99-0921	5/25/99	4/25/01

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: _____

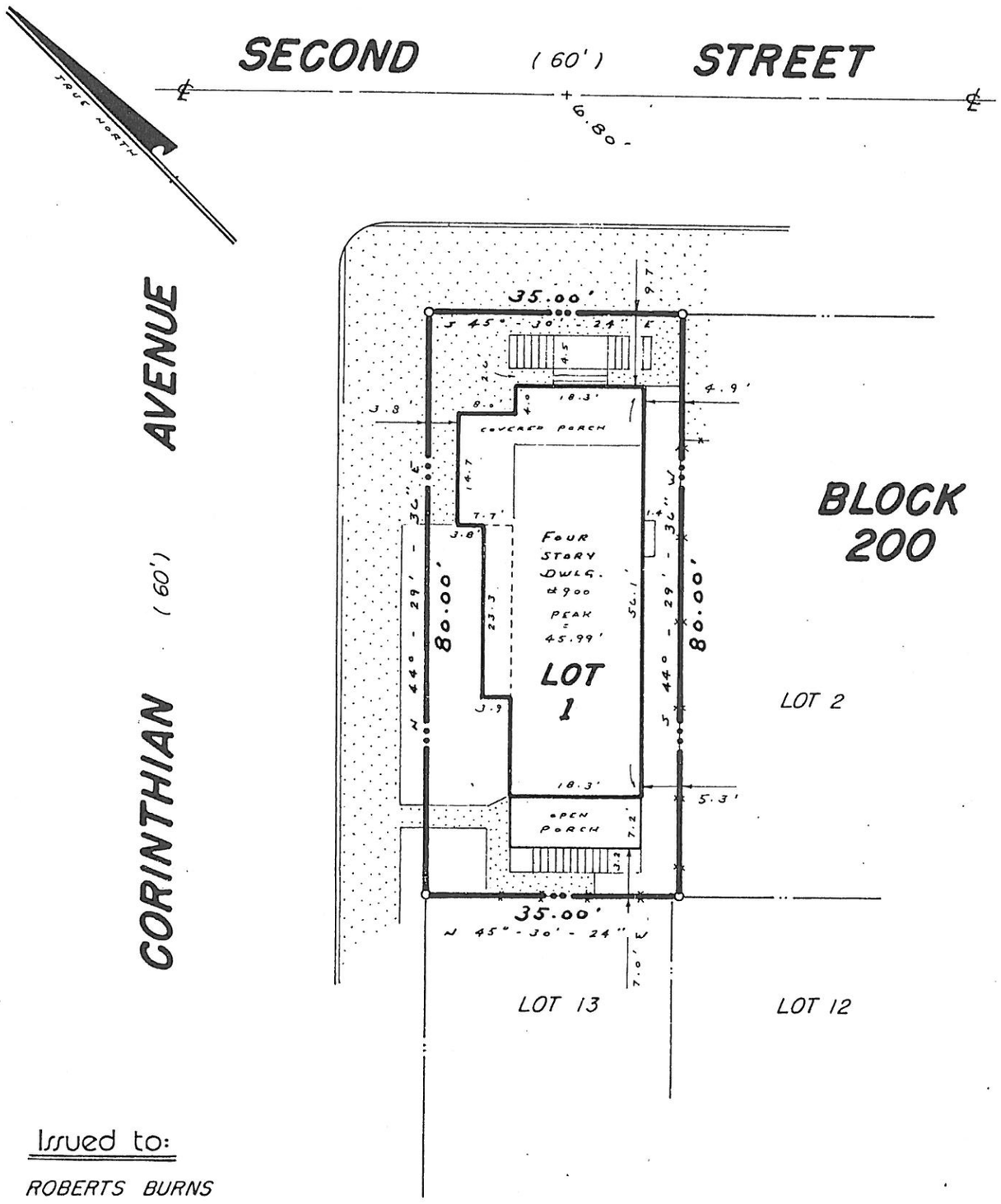
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

|__| Check here if attachments



Issued to:

ROBERTS BURNS

NOTE: This survey is made subject to any rights, restrictions, easements, rights-of-way exceptions or covenants that an accurate and current title report may disclose.

Any insuror of title relying hereon and any other party in interest:

In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easements, if any, that may exist below the surface of the land or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises as shown therein. This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including but not limited to use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

DAVID C. KRUGER
N.J.P.L.S. License No. 30406

Not valid unless seal embossed

PLAN OF SURVEY

LOT 1 — BLOCK 200

CITY OF OCEAN CITY
CAPE MAY COUNTY, N.J.

DAVID C. KRUGER ASSOCIATES
Land Surveying • Planning
3323 Simpson Avenue, Suite 6 • Ocean City, NJ

			date 7-13-2000	drawn P.T.
			scale 1" = 20'	checked D.K.
revision	date	by	book - pg. -	Proj. 7934