

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

BUILDING OWNER'S NAME	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number	
CITY	Company NAIC Number	
OCEAN CITY	NJ	08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
TAX MAP LOT 6 Block 200		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)	RESIDENTIAL	
LATITUDE/LONGITUDE (OPTIONAL)	HORIZONTAL DATUM:	SOURCE:
	<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	<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
OCEAN CITY 345310	CAPE MAY	NJ
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE
0001	C	1/5/92
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	NINE

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: 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 6 (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-l 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>8.0</u> ft(m)
<input type="checkbox"/> b) Top of next higher floor	<u>17.4</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>8.0</u> ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>13.2</u> ft(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>7.7</u> ft(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8.0</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>3024</u> sq. in. (sq. cm)

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 P. KARR LICENSE NUMBER G3 31269

TITLE LAND SURVEYOR (OWNER) COMPANY NAME KARR LAND SURVEYING

ADDRESS 35C S. Shore RD. CITY MARMORA STATE NJ ZIP CODE 08223

SIGNATURE Thomas P. Karr DATE 9/26/00 TELEPHONE 609-390-7936

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. 920-922 2nd 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 00-0328	G5. DATE PERMIT ISSUED 3/3/00	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 10/3/00
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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: _____

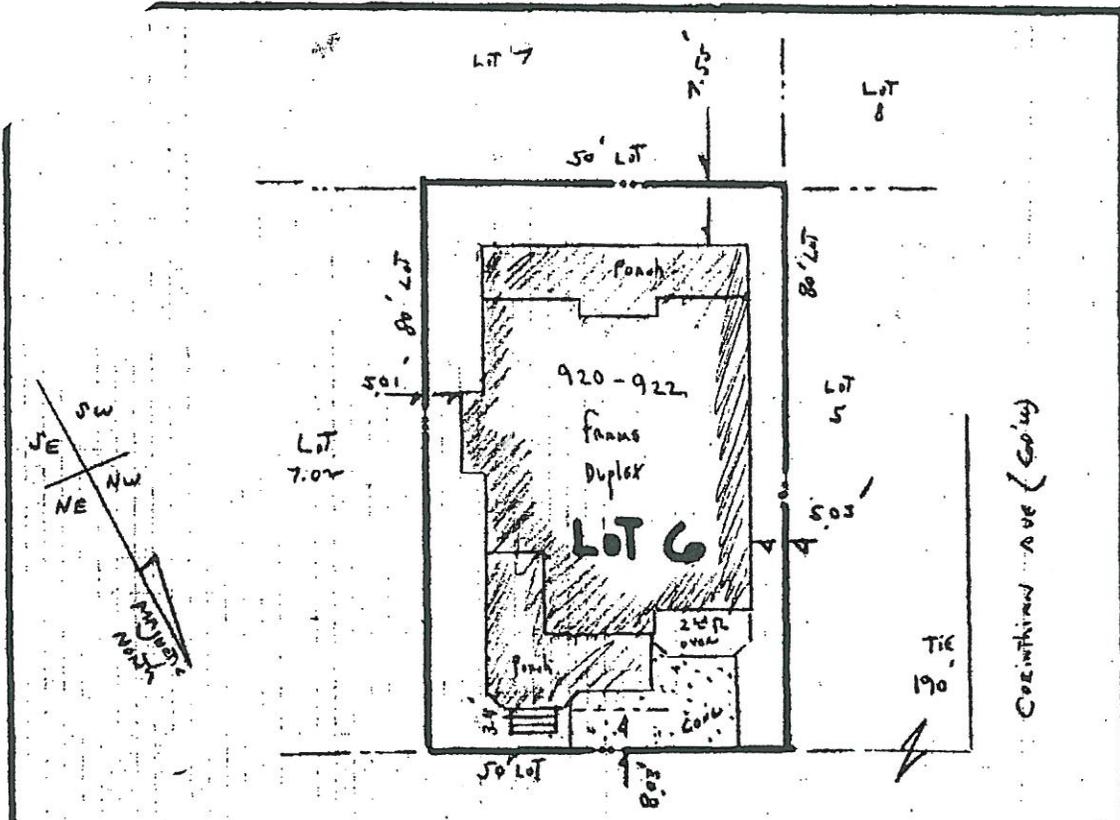
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments



Second St. (Colw)

Notes:
 50x 80' Lot
 All Lot Corners
 ARE 90°

TOTAL LOT AREA: 4000 SF
 LIMIT OF FOUNDATION 33.3
 BLDG PORCHES AND CONC 57.97

ELEV ARE NGVD

Roof Peak ELEV. 46.99
 E of 2nd ELEV. 6.23
 Diff 40.76 Feet

ZONING APPROVAL GRANTED
 BY: *[Signature]*
 DATE: 10-3-00

FINAL ASBUILT

KARR LAND SURVEYING R.G. BOX 89 OCEANVIEW, N.J. 08220 PHONE 609 390 7936 FAX 390 7937 <i>Thomas P. Karr</i> THOMAS P. KARR N.J. PROFESSIONAL LAND SURVEYOR N.J. SURVEYORS LICENSE # 31269 Location: route 9 MARCOA NJ	PLAN OF SURVEY BLOCK# <u>200</u> LOT# <u>6</u> <u>OCEAN CITY</u> COUNTY OF <u>CAPE MAY</u> NEW JERSEY	
	TYPE <u>THREE</u> SURVEY THIS IS NOT AN ALTA STANDARD SURVEY REVISIONS _____ DATE _____	DATE OF PLAN <u>7/12/00</u> SCALE <u>1" = 20'</u> PROJECT NO. <u>00117</u>