

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

| | | |
|---|--|---|
| A1. Building Owner's Name | | For Insurance Company Use: |
| | | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 826 2nd STREET | | Company NAIC Number |
| City OCEAN CITY State NJ ZIP Code 08226 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 11, BLOCK 203 | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u> | | |
| A5. Latitude/Longitude: Lat. <u>39-16'-59" N</u> Long. <u>74-33'-44" W</u> | | Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | |
| A7. Building Diagram Number <u>1</u> | | |
| A8. For a building with a crawlspace or enclosure(s): | | A9. For a building with an attached garage: |
| a) Square footage of crawlspace or enclosure(s) <u>450</u> sq ft | | a) Square footage of attached garage <u>940</u> sq ft |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>6</u> | | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>8</u> |
| c) Total net area of flood openings in A8.b <u>768</u> sq in | | c) Total net area of flood openings in A9.b <u>1024</u> sq in |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | |
|--|-----------------|--------------------------------|--|
| B1. NFIP Community Name & Community Number 3453100001 C | | B2. County Name CAPE MAY | B3. State NJ |
| B4. Map/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 base flood depth) 9 |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ CBRS OPA

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. 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 C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
 Benchmark Utilized LOCAL Vertical Datum 1929
 Conversion/Comments N/A

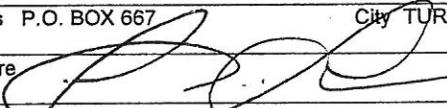
Check the measurement used.

| | |
|--|---|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>9.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor <u>17.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) <u>8.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>11.2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG) <u>8.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG) <u>8.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>8.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

| | |
|---|---|
| Certifier's Name THOMAS N. TOLBERT | License Number 38608 |
| Title PRESIDENT | Company Name DESIGN LAND SURVEYING, P.A. |
| Address P.O. BOX 667 | City TURNERSVILLE State NJ ZIP Code 08012 |
| Signature  | Date 04/18/11 Telephone 856-374-1134 |

| | |
|---|----------------------------|
| WARNING: 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. 826 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 _____

Signature _____ Date _____ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. 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. *The statements in Sections A, B, 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. Check the measurement used in Items G8 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 <u>20101051/1052</u> | G5. Date Permit Issued <u>9/10/10</u> | G6. Date Certificate Of Compliance/Occupancy Issued <u>5/3/11</u> |
|---|--|--|

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

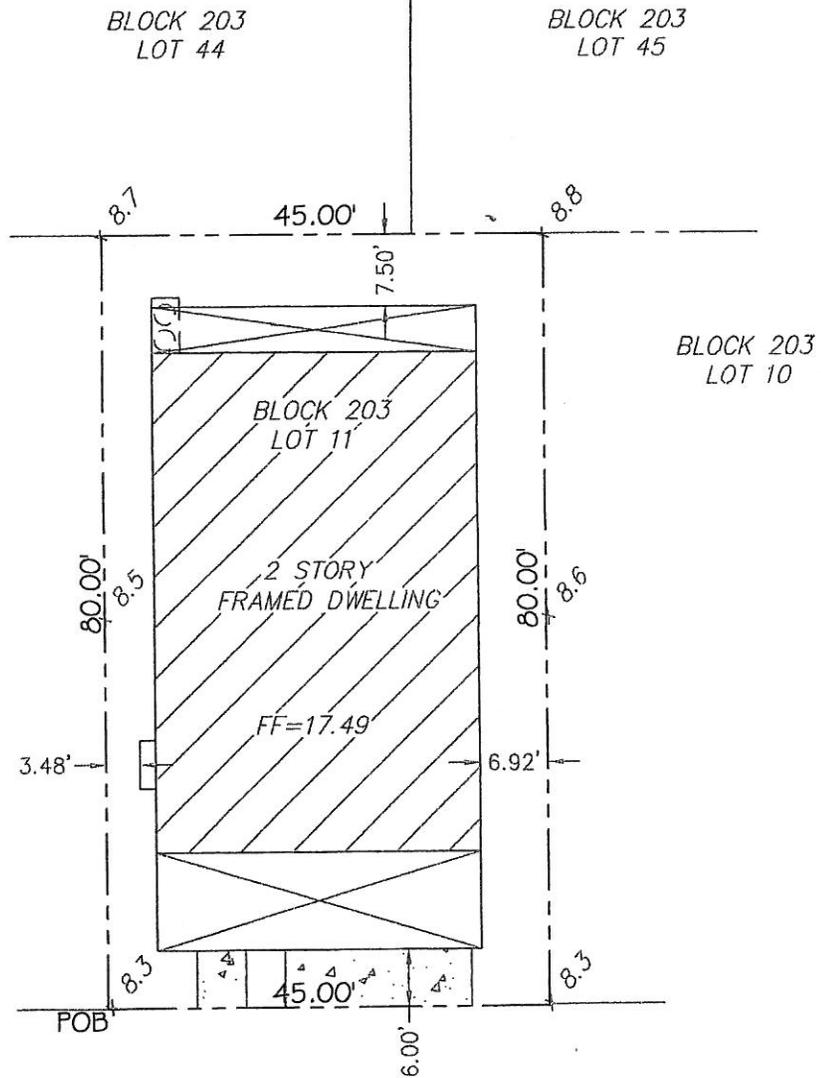
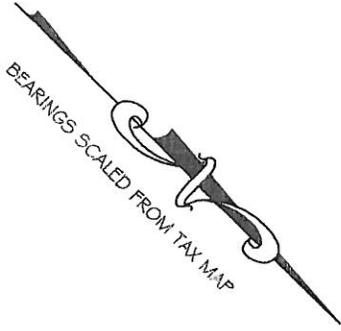
Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments



AS-BUILT FINAL

LOT AREA=3600 SQFT.±
 BLDG. COVERAGE= 45%
 IMPERVIOUS COVERAGE = 65%
 ROOF PEAK ELEV=44.59
 ROAD CENTERLINE ELEV.=7.97
 (DIFF.=36.62)
 PERCENTAGE OF HALF STORY=56%

SECOND STREET (60' WIDE)

- THIS SURVEY PLAN IS BASED ON TAX MAP INFORMATION ONLY
- THIS SURVEY PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 11, BLOCK 203, 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:



P.O. Box 667 Turnersville, N.J. 08012

Toll Free Phone 1-800-418-9373

Phone (856) 374-1134 - Fax (856) 589-0246

DATE 07/18/10

SURVEY NO.

SCALE 1"=20'

1007005

DRN: TNT

SKETCH PLAT

826 SECOND STREET

SITUATE IN:

CITY OF OCEAN CITY
 CAPE MAY COUNTY
 NEW JERSEY

REV: 12/03/10 (ASBUILT UC)

REV: 04/06/11 (FINAL)

TO: HALLIDAY & LEONARD

In consideration of the fee paid for making this survey, I hereby declare that the said survey accurately depicts the legal descriptions 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 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 the 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