

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 NATIONAL FLOOD INSURANCE PROGRAM  
**ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077  
 Expires December 31, 2005

Important: Read the instructions on pages 1-7.

CITY OF OCEAN CITY 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. 840 Second Street		Company NAIC Number
CITY Ocean City	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 203, Lot 17		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####")	HORIZONTAL DATUM: <input 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 345310 0001 C		B2. COUNTY NAME Cape May		B3. STATE NJ	
B4. MAP AND 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) A7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 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.

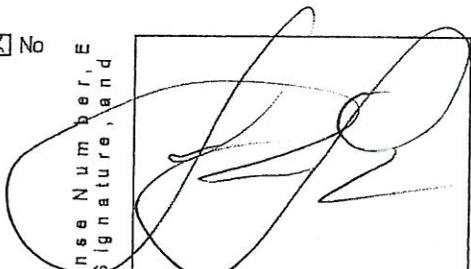
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 1928 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) 8.2 ft.(m)
- b) Top of next higher floor 16.3 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) - ft.(m)
- d) Attached garage (top of slab) 8.2 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)
- f) Lowest adjacent (finished) grade (LAG) 8.1 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 8.2 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10
- i) Total area of all permanent openings (flood vents) in C3.h 2100 sq. in. (sq. cm)

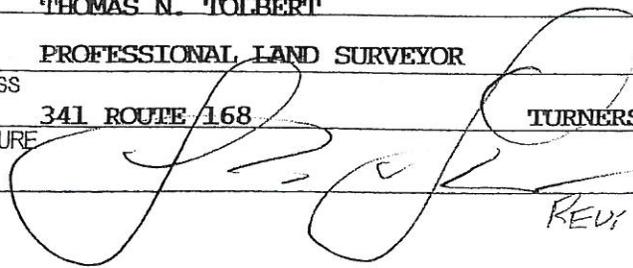
License Number, Signature, and



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 THOMAS N. TOLBERT		LICENSE NUMBER 38608	
TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME DESIGN LAND SURVEYING		
ADDRESS 341 ROUTE 168	CITY TURNERSVILLE	STATE NJ	ZIP CODE 08012
SIGNATURE 	DATE 10/5/15	TELEPHONE 856-374-1134	

REV: 2/2010 (FINAL)

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.  
840 Second Street

CITY  
Ocean City

STATE  
NJ

ZIP CODE  
08226

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

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE).  Check here if attachments

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

SECTION G - COMMUNITY INFORMATION (OPTIONAL)  Check here if attachments

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.

- 1.  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.)
- 2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 20051742/1743	G5. DATE PERMIT ISSUED 9/8/05	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 3/2/06
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- 7. This permit has been issued for:  New Construction  Substantial Improvement
- 8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_
- 9. 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

