

**NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE**

U.M.B. NO. 3007-0011  
Expires December 31, 2005

Important: Read the instructions on pages 1-7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:
BUILDING OWNER'S NAME <i>Island Developers</i>	PROPERTY IDENTIFICATION	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>810 Pennlyn Place</i>		Company NAIC Number
CITY <i>Ocean City</i>	STATE <i>NJ</i>	ZIP CODE <i>08226</i>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Block 204, Lot 5</i>		
BUILDING USE (e.g., Residential, non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <i>Residential</i>		
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 <i>345310 0001 C</i>		B2. COUNTY NAME <i>Cape May</i>		B3. STATE <i>NJ</i>	
B4. MAP AND PANEL NUMBER <i>345310 0001</i>	B5. SUFFIX <i>C</i>	B6. FIRM INDEX DATE <i>7-15-92</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>9-5-84</i>	B8. FLOOD ZONE(S) <i>A7</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>9</i>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

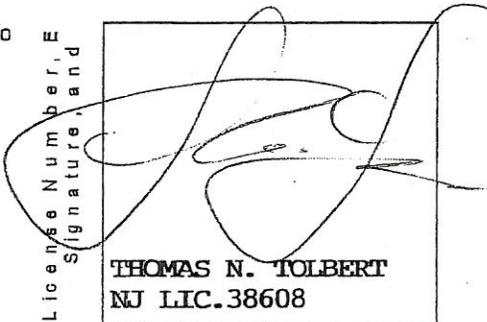
C2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA/1, ARIA/2  
 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

o a) Top of bottom floor (including basement or enclosure)	<u>9.7</u> ft.(m)
o b) Top of next higher floor	<u>18.7</u> ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
o d) Attached garage (top of slab)	<u>9.7</u> ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>12.6</u> ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	<u>9.6</u> ft.(m)
o g) Highest adjacent (finished) grade (HAG)	<u>9.7</u> ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>11</u>
o i) Total area of all permanent openings (flood vents) in C3.h	<u>237</u> sq. in. (sq. cm)

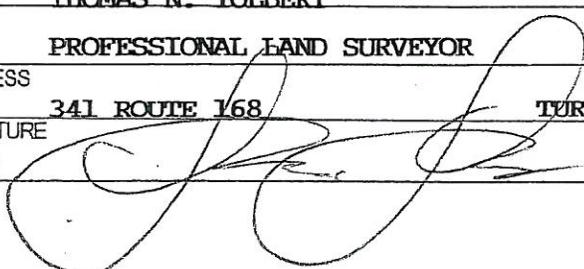
License Number and Signature



**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 <b>THOMAS N. TOLBERT</b>		LICENSE NUMBER <b>38608</b>	
TITLE <b>PROFESSIONAL LAND SURVEYOR</b>	COMPANY NAME <b>DESIGN LAND SURVEYING</b>		
ADDRESS <b>341 ROUTE 168</b>	CITY <b>TURNERSVILLE</b>	STATE <b>NJ</b>	ZIP CODE <b>08012</b>
SIGNATURE 	DATE <b>4-1-05</b>	TELEPHONE <b>856-374-1134</b>	

REV: 4-11-05 (VENTS)  
 REV: 4-19-05 (SQFT VENTS)  
 REV: 6-21-05 (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. 810 Pennlyn Place			For Insurance Company Use
CITY Ocean City	STATE NJ	ZIP CODE 08226	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.

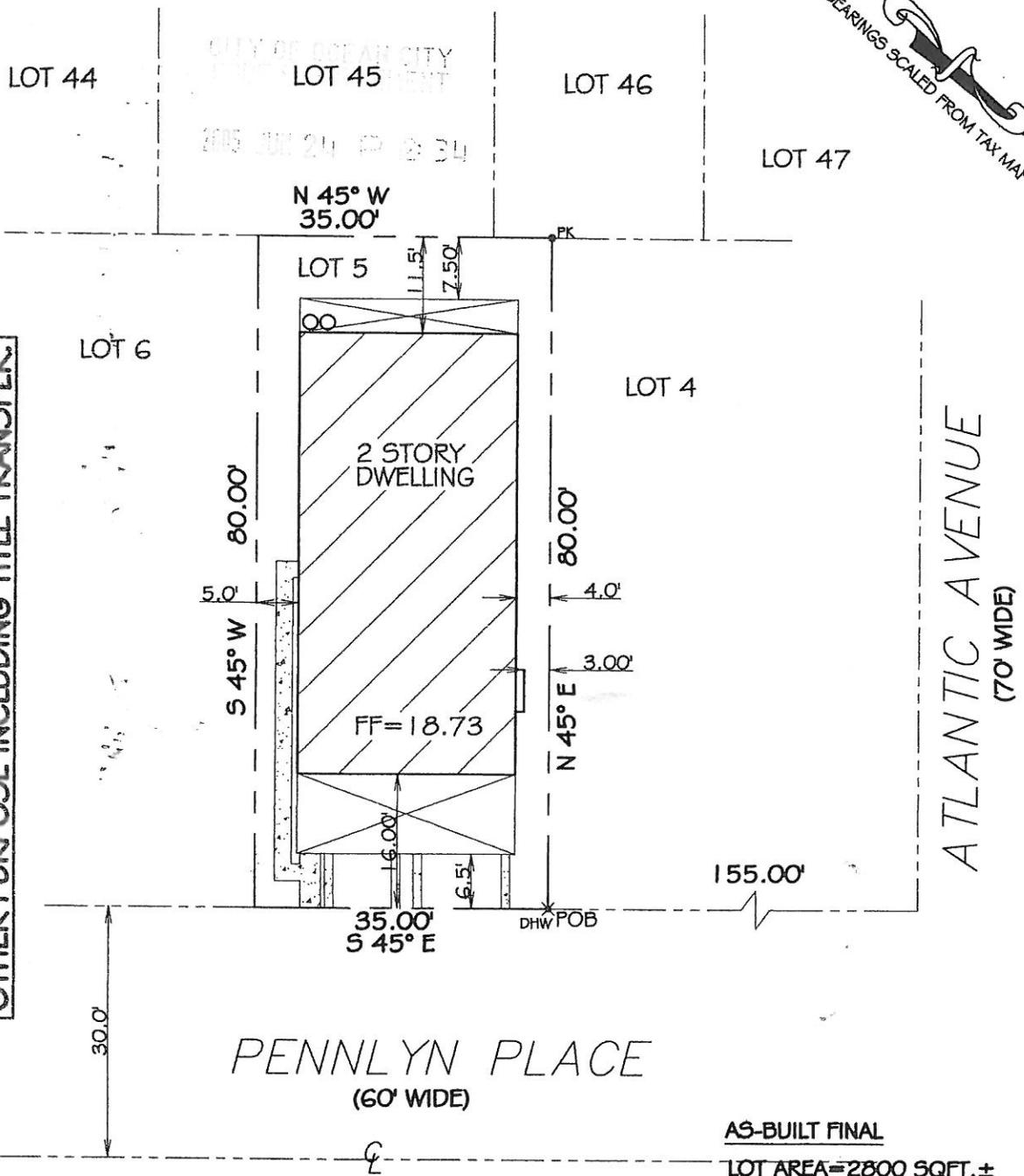
G4. PERMIT NUMBER 20042797 + 2798	G5. DATE PERMIT ISSUED 12/3/04	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 6/27/05
--------------------------------------	-----------------------------------	--

- 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

BEARINGS SCALED FROM TAX MAP



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

**AS-BUILT FINAL**

LOT AREA=2800 SQFT.±  
 LIMIT OF FND.= 45%  
 BLDG. PORCHES/CONC.=20%  
 IMPERVIOUS COVERAGE = 65%  
 ROOF PEAK ELEV=45.53  
 ROAD CENTERLINE ELEV.=9.00  
 (DIFF.=36.53)

- LOT AREA= 2800 S.F.±
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 5, BLOCK 204, 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.**



341 RTE 168 Turnersville, N.J. 08012  
 Toll Free Phone 1-800-418-9373  
 Phone (856) 374-1134 - Fax (856) 374-1061



DATE	05-06-04	SURVEY NO. 0404120
SCALE	1"=20'	
DRN:	JLG	

<b>SKETCH PLAT</b>  810 PENNLIN PLACE	<b>SITUATE IN:</b> CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY
---	---

- REV: 12-21-04 (BLDG. S/O)
- REV: 03-31-05 (ASBUILT UC)
- REV: 06-23-05 (FINAL)

TO: ISLAND DEVELOPERS - TRIDENT TITLE

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, 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