

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires December 31, 2001

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME BF VENTURES		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 814 PENNLIN PLACE		Company NAIC Number
CITY OCEAN CITY,	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 204, LOT 7		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
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 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. <input type="checkbox"/> FIS Profile <input checked="" 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 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.)

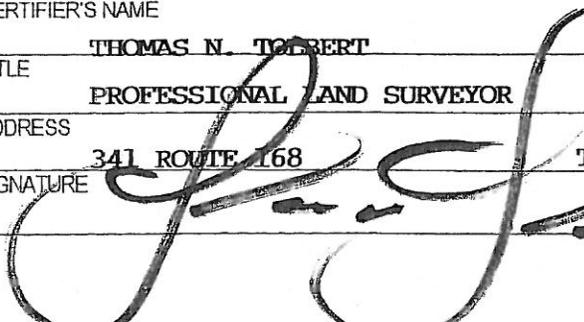
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA, ARIA/O
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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

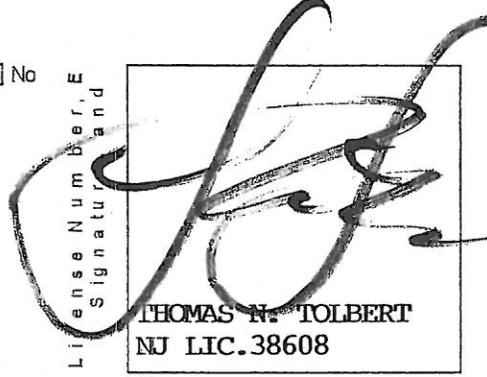
- o a) Top of bottom floor (including basement or enclosure) **9.7 ft(m)**
- o b) Top of next higher floor **10.5 ft(m)**
- o c) Bottom of lowest horizontal structural member (V zones only) **1.0 ft(m)**
- o d) Attached garage (top of slab) **9.7 ft(m)**
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **9.7 ft(m)***
- o f) Lowest adjacent (finished) grade (LAG) **9.6 ft(m)**
- o g) Highest adjacent (finished) grade (HAG) **9.7 ft(m)**
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **17**
- o i) Total area of all permanent openings (flood vents) in C3.h **3672 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 N. TOLBERT	LICENSE NUMBER 38608
TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME DESIGN LAND SURVEYING
ADDRESS 341 ROUTE 168	CITY STATE ZIP CODE TURNERSVILLE NJ 08012
SIGNATURE 	DATE TELEPHONE 2-23-04 856-374-1134

REC: 5/7/04 FINAL

License Number and
 Signature

THOMAS N. TOLBERT
NJ LIC. 38608

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. 814 PENNLYN PLACE		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.

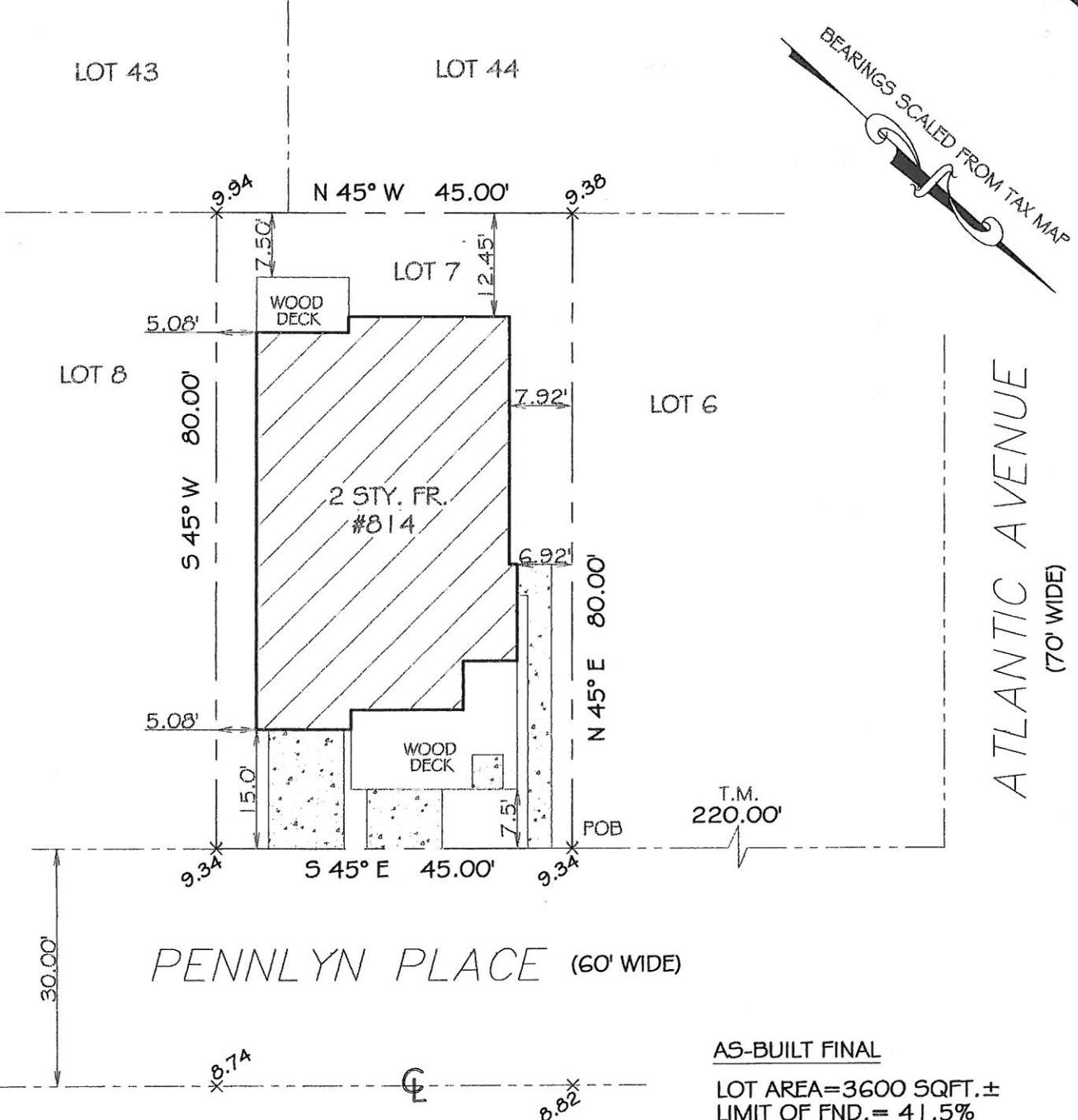
- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- 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 03-1853/1854	G5. DATE PERMIT ISSUED 9/29/03	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 6/10/04
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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

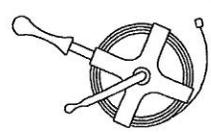


AS-BUILT FINAL

LOT AREA=3600 SQFT. ±
 LIMIT OF FND.= 41.5%
 BLDG. PORCHES/CONC= 18%
 IMPERVIOUS COVERAGE= 59.5%
 ROOF PEAK ELEV.=45.55
 ROAD CENTERLINE ELEV.=8.82
 (DIFF.=36.73)
 (*)STAIRWELL EXCLUDED

- THIS PLAN IS BASED ON TAX MAP INFORMATION ONLY.
- THIS PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 7, BLOCK 204, PLATE 9 TAX MAP OF THE CITY OF OCEAN CITY
- SURVEYOR RESERVES THE RIGHT TO REVISE THIS PLAN 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



CHECKED: T.C.J.	
DATE 03-21-03	SURVEY NO.
SCALE 1"=20'	0303116
DRN: JLG	

SKETCH PLAT
 814 PENNLYN PLACE

SITUATE IN:
 CITY OF OCEAN CITY
 CAPE MAY COUNTY
 NEW JERSEY

REV: 11-24-03 (S/O)
 REV: 02-19-04 (AS-BUILT U.C.)
 REV: 04-29-04 (AS-BUILT FINAL)

TO: SCOTT HALLIDAY

In consideration of the fee paid for making this plan, I hereby declare that the said plan accurately depicts the tax map furnished to me, and the responsibility is assumed for (a) the location of easements that may be located below the surface of the lands, and (b) on the surface of the lands, and (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 plan is paid within thirty (30) days of its date. The surveyor's liability for any reason shall not exceed the sum of ONE HUNDRED DOLLARS (100.00)

THOMAS N. TOLBERT
 PROFESSIONAL LAND SURVEYOR
 N.J. LIC. GS 38608