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.

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.	Company NAIC Number

2006 AUG 22 A 9:04

820 Pennlyn Place

CITY: Ocean City | STATE: NJ | ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 204, Lot 8.01

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## or ##.#####°) | HORIZONTAL DATUM: ☒ NAD 1927 ☐ NAD 1983 | SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
345310 0001 C	Cape May	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7-15-92	9-5-84	A7	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 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, 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 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) 8.6 ft.(m)
- o b) Top of next higher floor 17.6 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) — ft.(m)
- o d) Attached garage (top of slab) 8.7 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 9.5 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 8.5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 8.6 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12
- o i) Total area of all permanent openings (flood vents) in C3.h 172 sq. in. (sq. cm)

License Number, Signature, and Seal
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		LICENSE NUMBER
THOMAS N. TOLBERT		38608
TITLE	COMPANY NAME	
PROFESSIONAL LAND SURVEYOR	DESIGN LAND SURVEYING	
ADDRESS	CITY	STATE / ZIP CODE
341 ROUTE 168	TURNERSVILLE	NJ 08012
SIGNATURE	DATE	TELEPHONE
	3/7/06	856-374-1134

REV 8/14/06 (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.: 820 Pennlyn Place

For Insurance Company Use:

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
20060047 / 0048	11/5/06	11/17/07

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

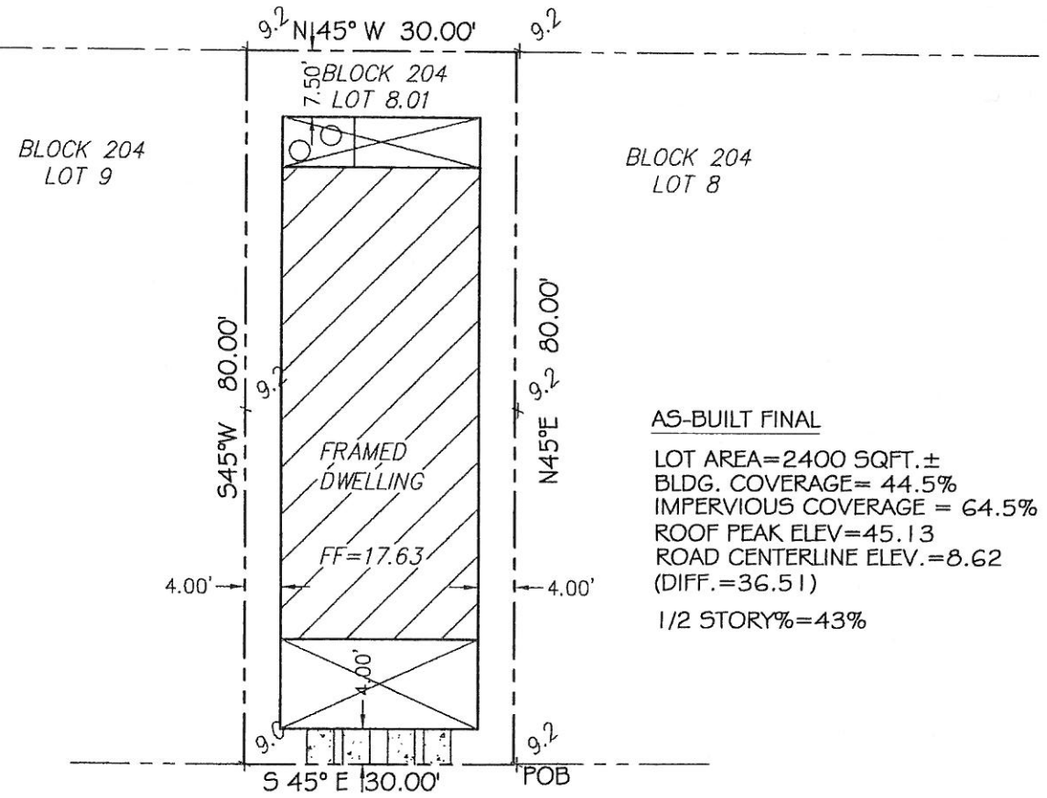
☐ Check here if attachments

CITY OF OCEAN CITY
CODE ENFORCEMENT

2006 AUG 22 A 9:04

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.



PENNLYN PLACE (60' WIDE)

℄

AS-BUILT FINAL

LOT AREA=2400 SQFT.±
BLDG. COVERAGE= 44.5%
IMPERVIOUS COVERAGE = 64.5%
ROOF PEAK ELEV=45.13
ROAD CENTERLINE ELEV.=8.62
(DIFF.=36.51)

1/2 STORY%=43%

- THIS SURVEY PLAN IS BASED ON TAX MAP INFORMATION ONLY
- THIS SURVEY PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 8.01, BLOCK 204, 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: BLSJ

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

DATE	03/07/06
SCALE	1"=20'
DRN:	TNT

SURVEY NO. 0512003

SKETCH PLAT	SITUATE IN:
820 PENNLYN PLACE	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

REV: 3/15/06 (ASBUILT U.C.)
REV: 8/14/06 (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 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, and not visible, 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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name

A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
830 Pennlyn Place
City Ocean City State NJ ZIP Code 08226

2006 NOV 1

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 204, Lot 12

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: [X] NAD 1927 [ ] 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 7
A8. For a building with a crawl space or enclosure(s), provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 10
c) Total net area of flood openings in A8.b 2160 sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
345310 0001 C	Cape May	NJ

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
345310 0001	C	7-15-92	9-5-84	A7	9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
[ ] FIS Profile [X] FIRM [ ] Community Determined [ ] Other (Describe) _____
B11. Indicate elevation datum used for BFE in Item B9: [X] 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 [X] No
Designation Date _____ [ ] CBRS [ ] OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings* [ ] Building Under Construction* [X] 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-g below according to the building diagram specified in Item A7.
Benchmark Utilized LOCAL Vertical Datum 1929
Conversion/Comments _____

		Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	9.2	[X] feet	[ ] meters (Puerto Rico only)
b) Top of the next higher floor	18.3	[X] feet	[ ] meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	-	[ ] feet	[ ] meters (Puerto Rico only)
d) Attached garage (top of slab)	9.2	[X] feet	[ ] meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	11.7	[X] feet	[ ] meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	9.1	[X] feet	[ ] meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	9.2	[X] feet	[ ] 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.

PLACE SEAL HERE

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 11/10/06 Telephone 856-374-1134

FEMA Form 81-31, February 2006 See reverse side for continuation. Replaces all previous editions

REV: 9/20/06 (VENTS)
REV: 11/1/06 (FINAL)

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. 830 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

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, crawl space, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawl space, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
20060117/0118	1/13/06	1/4/2007

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

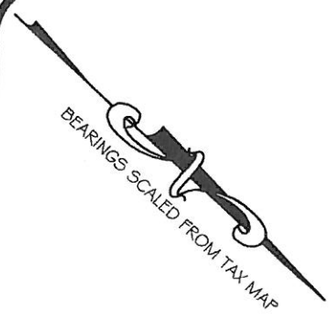
Local Official's Name — Title

Community Name — Telephone

Signature — Date

Comments

☐ Check here if attachments



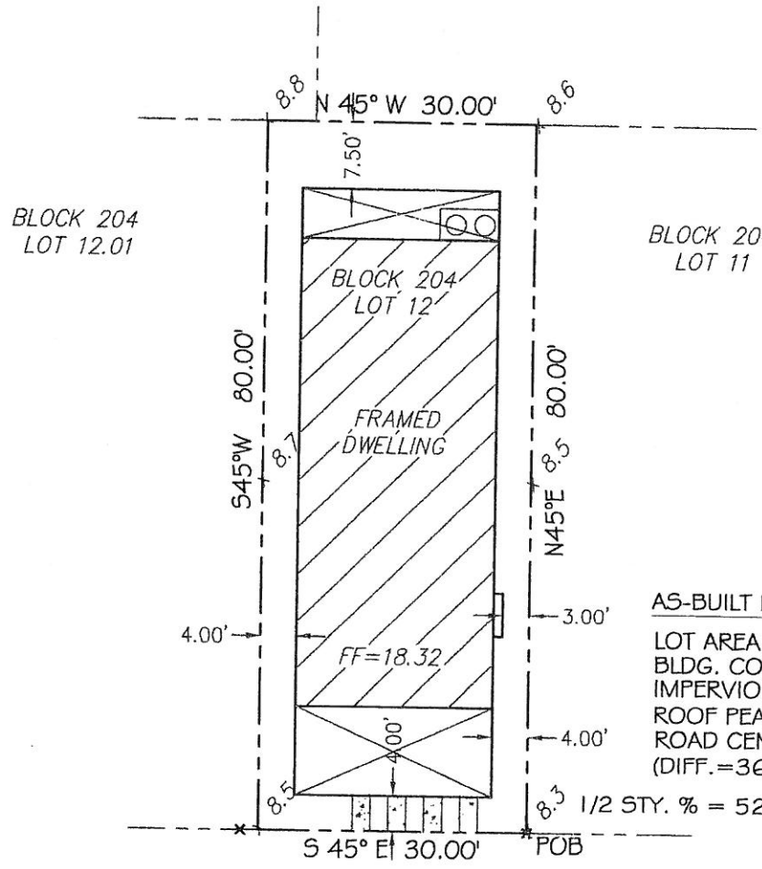
CITY OF OCEAN CITY

2005 NOV 14 A 8:51

BLOCK 204
LOT 39

BLOCK 204
LOT 40

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=2400 SQFT.±
BLDG. COVERAGE= 44.5%
IMPERVIOUS COVERAGE = 64.5%
ROOF PEAK ELEV=45.32
ROAD CENTERLINE ELEV.=8.35
(DIFF.=36.97)
1/2 STY. % = 52.5% OF SECOND FLOOR

PENNLYN PLACE (60' WIDE)

- THIS SURVEY PLAN IS BASED ON TAX MAP INFORMATION ONLY
- THIS SURVEY PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 12, BLOCK 204, 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: BLSJ

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

DATE 08/10/05
SCALE 1"=20'
DRN: TNT

SURVEY NO. 0508007

SKETCH PLAT	SITUATE IN:
832 PENNLYN PLACE	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

REV: 8/25/05 (EXIST. COND. ELEV.)
REV: 04/10/06 (ASBUILT U.C.)
REV: 11/01/06 (FINAL)

TO: HALLIDAY

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, and not visibles 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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

For Insurance Company Use
Policy Number
Company NAIC Number

A1. Building Owner's Name

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
632 Pennlyn Place
City Ocean City State N.J. ZIP Code 08226

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 204, Lot 12.01

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 39-16-57 N Long. 74-33-47 W Horizontal Datum: ☒ NAD 1927 ☐ 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 7

A8. For a building with a crawl space or enclosure(s), provide:
a) Square footage of crawl space or enclosure(s) 92 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 2
c) Total net area of flood openings in A8.b 432 sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage 828 sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 7
c) Total net area of flood openings in A9.b 1512 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
345310 0001 C	CAPE MAY	N.J.

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
345310 0001	C	7-15-92	9-5-84	A-7	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-g below according to the building diagram specified in Item A7.
Benchmark Utilized Local Vertical Datum 1929
Conversion/Comments

		Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	9.2	☒ feet	☐ meters (Puerto Rico only)
b) Top of the next higher floor	18.2	☒ feet	☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	-	☐ feet	☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	9.2	☒ feet	☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	11.9	☒ feet	☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	9.1	☒ feet	☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	9.3	☒ feet	☐ 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.

PLACE SEAL HERE

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 10/14/10 Telephone 856-374-1134

FEMA Form 81-31, February 2006

See reverse side for continuation.

REV 3/27/07 (FINAL)

Replaces all previous editions

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.	For Insurance Company Use:
832 PENNLYN PLACE	Policy Number
City: OCEAN CITY State: N.J. 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, crawl space, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
   b) Top of bottom floor (including basement, crawl space, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
2006 1000 1030	6/9/06	9/20/07

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

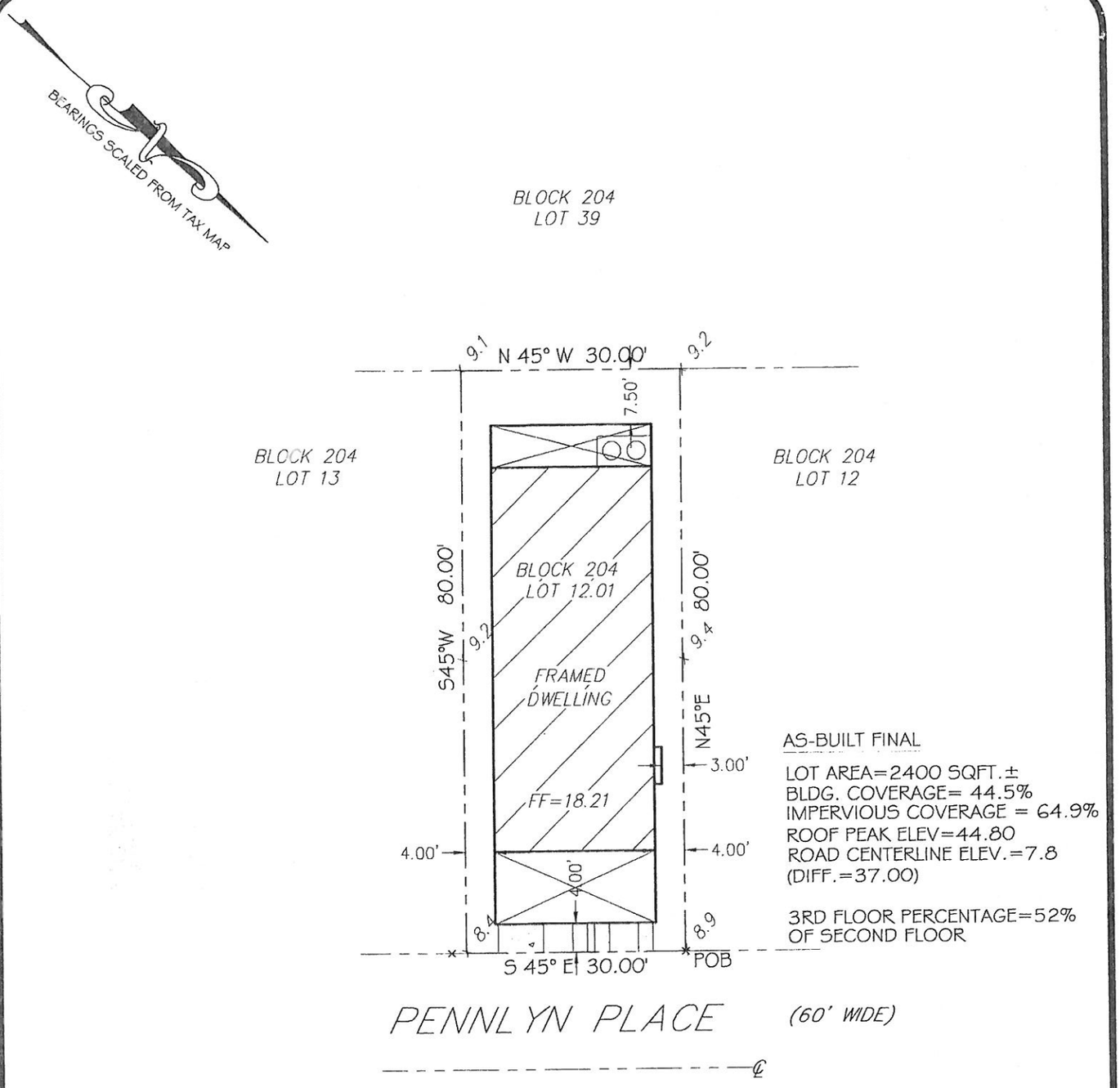
Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments



AS-BUILT FINAL

LOT AREA=2400 SQFT.±
BLDG. COVERAGE= 44.5%
IMPERVIOUS COVERAGE = 64.9%
ROOF PEAK ELEV=44.80
ROAD CENTERLINE ELEV.=7.8
(DIFF.=37.00)

3RD FLOOR PERCENTAGE=52%
OF SECOND FLOOR

- THIS SURVEY PLAN IS BASED ON TAX MAP INFORMATION ONLY
- THIS SURVEY PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 12.01, BLOCK 204, 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: BLSJ

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

DATE 08/10/05
SCALE 1"=20'
DRN: TNT

SURVEY NO. 0508008

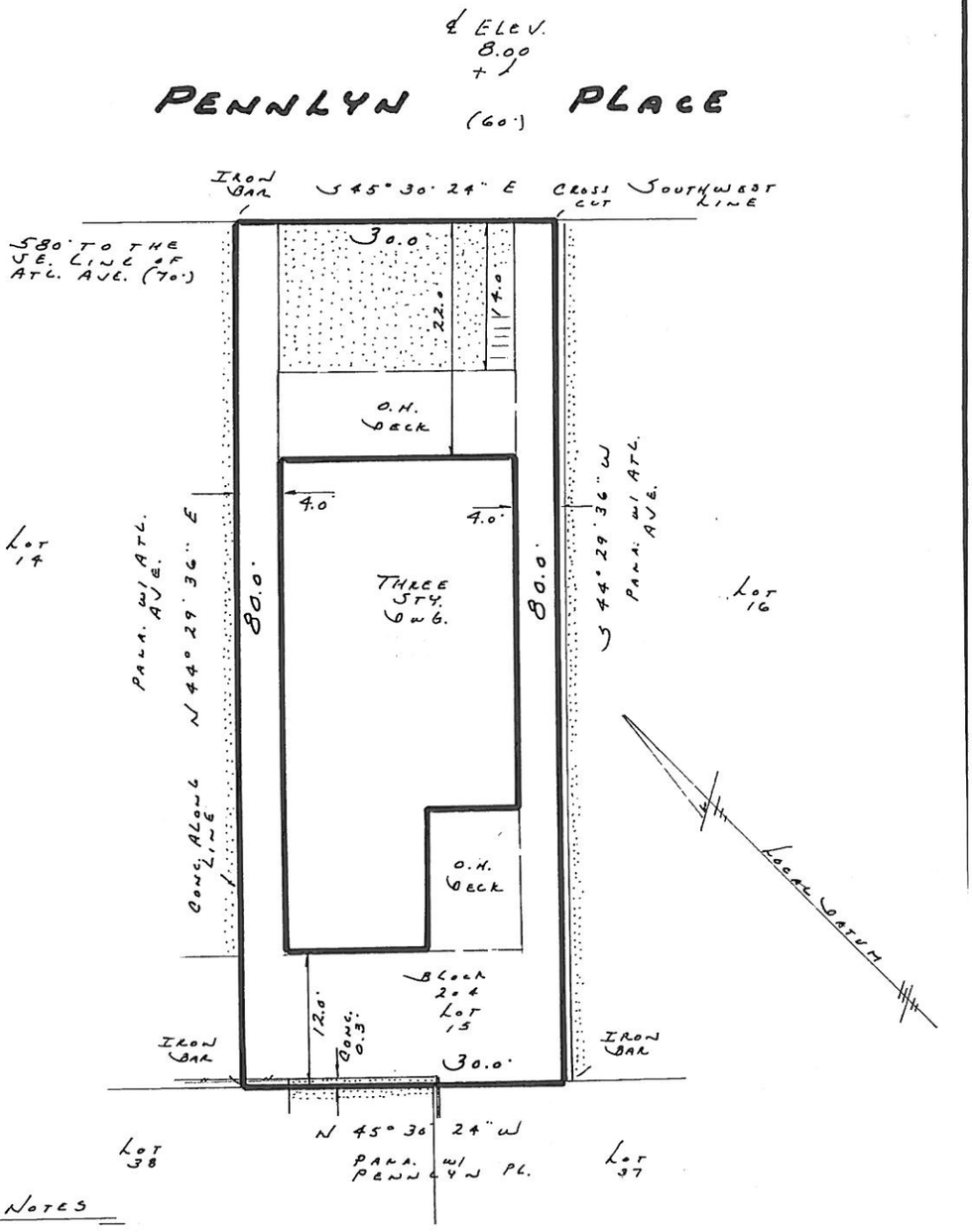
SKETCH PLAT	SITUATE IN:
832 PENNLYN PLACE	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

REV: 8/25/05 (EXIST. COND. ELEV.)
REV: 05/08/06 (MID POINT ELEV.)
REV: 05/09/06 (ADDRESS)
REV: 10/04/06 (ASBUILT UC)
REV: 08/27/07 (FINAL)

TO: HALLIDAY

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, and not visible, 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



NOTES

ROOF ELEV. = 42.75
BLDG. COVER = 38%
LOT AREA = 2400 S.F.

UPDATED - 9/23/03 - FINAL SURVEY

GENERAL NOTES:

Offsets are shown only for checking compliance with deed restrictions and zoning regulations. Offsets shall not be used for any other purposes. Surveyor shall not have any responsibility or liability if the offsets shown are used other than as intended.

This property is subject to any documents of record, either recorded or unrecorded. Underground improvements, easements, property line agreements or other conditions unknown to the surveyor are not shown. Surveyor reserves the right to modify this survey should any such information become available.

Surveyor's signature and embossed seal signify that this survey was prepared in accordance with the current regulations adopted by the New Jersey State Board of Professional Engineers and Land Surveyors. Only signed and sealed copies of this survey shall be considered as true copies.

The illustration of riparian claims of regulated wetlands affecting subject property, if any, are not included as a part of surveyor's contract. Surveyor reserves the right to modify this survey should client specifically request these additional services.

This survey has been prepared only for the use of the named parties. Surveyor shall not have any responsibility or liability should this survey be used for resale of property, for use with survey affidavit, or for use by any other person or entity not specifically named, for any reasons other than as intended.

THE TANG'S,

In consideration of the mutual covenants and promises contained in the agreement between above named parties and the undersigned, the provisions of which are incorporated herein by reference, I declare that this plan is based on a field survey made on by me or under my immediate supervision in accordance with N.J.A.C. 13: 40-5.1, and to the best of my professional knowledge, information and belief.

(a) correctly represents the conditions found at and as of the date of the field survey, except such easements, if any, below the surface of the lands or on the surface of the lands and not visible;

(b) except as shown on the plan, there are no discrepancies between the boundary lines of the subject property as shown on the plan and as described in the legal description of record

This plan is made to provide information to the title insurer so that it may insure title to the lands shown herein and for the mortgage holder named above. This declaration is given solely to the above named parties for this transaction only and is not transferable, except as provided herein.

Paul H. Koelling

PAUL H. KOELLING

PROFESSIONAL LAND SURVEYOR NEW JERSEY LICENSE NO. 21771

SURVEY OF PREMISES

SITUATE IN

CITY OF OCEAN CITY

CAPE MAY COUNTY, N.J.

BLOCK 204 LOT 15

PAUL H. KOELLING & ASSOC

SURVEYING - PLANNING

2161 SHORE ROAD
LINWOOD, N.J. 08221
(609) 927-0279

MAY 13, 2003 BY: JOKALSK

SCALE 1" = 10' PROJ. NO.: 5981

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.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
840 Pennlyn Place

CITY: **Ocean City** | STATE: **NJ** | ZIP CODE: **08226**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 204 lot 15

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## " or ##.#####°) | HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 | SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
City of Ocean City	Cape May	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0001	C	07/15/92	09/05/84	A7	9.00

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 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, 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 ____ Conversion/Comments ____
Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No

o a) Top of bottom floor (including basement or enclosure)	9. 73 ft.(m)
o b) Top of next higher floor	18 . 00 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	____. __ ft.(m)
o d) Attached garage (top of slab)	9. 00 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	11 . 70 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	9 . 0 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	9. 1 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade n/a	
o i) Total area of all permanent openings (flood vents) in C3.h n/a sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

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 **PAUL H. KOELLING** LICENSE NUMBER **NJ 24GS 02177100**

TITLE Professional Land Surveyor | COMPANY NAME PAUL H. KOELLING & ASSOCIATES

ADDRESS	CITY	STATE	ZIP CODE
2161 Shore Road	Linwood	NJ	08221

SIGNATURE | DATE October 1, 2003 | TELEPHONE (609) 927-0279

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. 840 Pennlyn Place	Policy Number
CITY Ocean City STATE N.J. 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 E4. *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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is |__|__| ft.(m) |__|__|in.(cm) above the highest adjacent grade.

E4. 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
03-0216	1/29/03	10/20/03

G7. This permit has been issued for: |__| New Construction |X| 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

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME	For Insurance Company Use:
	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
828 Pennlyn Place	

CITY: Ocean City | STATE: NJ | ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 204 Lot 11

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## " or ##.#####°) | HORIZONTAL DATUM: ☒ NAD 1927 ☐ NAD 1983 | SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other:____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
345310 0001 C	Cape May	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7-15-92	9-5-84	A7	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 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) 9.3 ft.(m)
- o b) Top of next higher floor 17.8 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) ___ ft.(m)
- o d) Attached garage (top of slab) 9.4 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 12.1 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 9.2 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 9.3 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12
- o i) Total area of all permanent openings (flood vents) in C3.h 2592 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	LICENSE NUMBER
THOMAS N. TOLBERT	38608

TITLE	COMPANY NAME
PROFESSIONAL LAND SURVEYOR	DESIGN LAND SURVEYING

ADDRESS	CITY	STATE	ZIP CODE
341 ROUTE 168	TURNERSVILLE	NJ	08012

SIGNATURE	DATE	TELEPHONE
	8/22/5	856-374-1134

REV: 1/19/06 (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.			For Insurance Company Use:
828 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
20051001/1002	5/2/05	2/9/06

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: _____

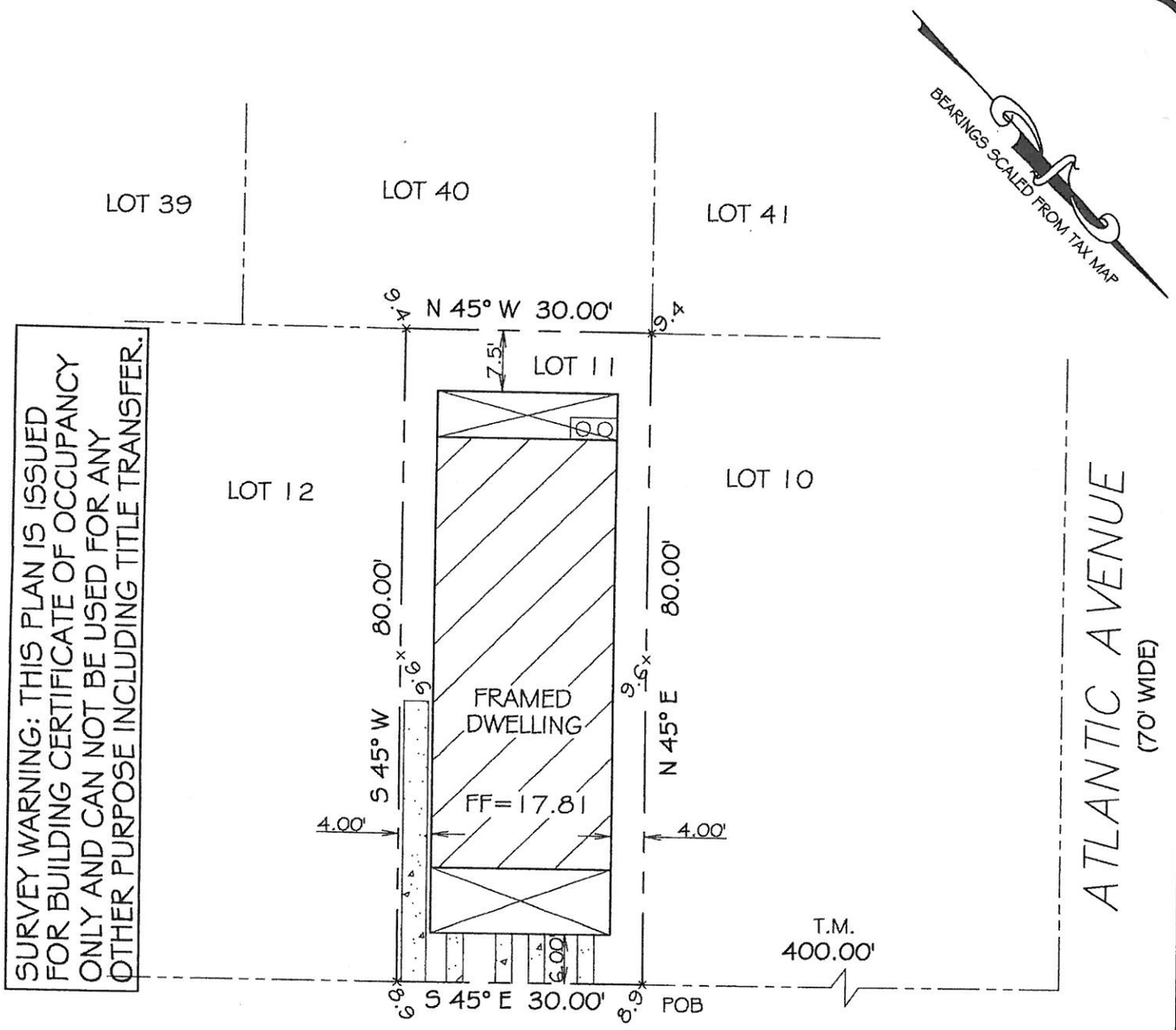
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



PENNLYN PLACE
(60' WIDE)

8.42 ℄ 8.46

AS-BUILT FINAL

LOT AREA=2400 SQFT.±
BUILDING AREA= 44.5%
IMPERVIOUS COVERAGE = 64.5%
ROOF PEAK ELEV=45.11
ROAD CENTERLINE ELEV.=8.44
(DIFF.=36.67)
1/2 STORY = 49% OF SECOND FLR.

- LOT AREA= 2400 S.F.±
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 11, 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.

MEMBER OF: BLSJ

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

DATE	12-01-04
SCALE	1"=20'
DRN:	JLG

SURVEY NO. 0411082

SKETCH PLAT	SITUATE IN:
828 PENNLYN PLACE	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

REV: 12-03-04 (ADDRESS)
REV: 05-20-05 (HOUSE S/O)
REV: 08-22-05 (ASBUILT U.C.)
REV: 09-19-05 (1/2 STY. %)
REV: 01-19-06 (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 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, and not visible, 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 [illegible] of its issuance. 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 issuance, and 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

CITY OF OCEAN CITY
CODE ENFORCEMENT

2002 DEC 31 A 10:11

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

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
844 PENNLYN PL.

CITY: OCEAN CITY | STATE: NJ | ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX MAP LOT 17 Block 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## or ##.#######°)
HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983
SOURCE: |__| GPS (Type): |__| USGS Quad Map |__| 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	N.J.

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7.15.92	9/5/84	A7	NINE ELEV.

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
|__| FIS Profile |X| 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 |X| No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |__| Construction Drawings* |__| Building Under Construction* |X| 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 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 NGVD 29 Conversion/Comments NONE

Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? |X| Yes |__| No

☐ a) Top of bottom floor (including basement or enclosure)	8.96	(ft)(m)
☐ b) Top of next higher floor	18.43	(ft)(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	NA	ft.(m)
☐ d) Attached garage (top of slab)	8.96	(ft)(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	11.63	(ft)(m)
☐ f) Lowest adjacent (finished) grade (LAG)	8.6	(ft)(m)
☐ g) Highest adjacent (finished) grade (HAG)	8.8	(ft)(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	12	
☐ i) Total area of all permanent openings (flood vents) in C3.h	2592	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 GS 31269
TITLE Prof. LAND SURVEYOR | COMPANY NAME KARR LAND SURVEYING
ADDRESS PO BOX 89 | CITY SEAVILLE | STATE NJ | ZIP CODE 08230
SIGNATURE Thomas P. Karr | DATE 12/16/02 | TELEPHONE 609 390 7936

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.	For Insurance Company Use:
844 PENNLYN PL.	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 E4. 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. (Use natural grade, if available.)

E3. For Building Diagrams 6–8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ☐☐☐ ft.(m) ☐☐☐ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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.

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
02-136+021360	7/15/02	1/2/03

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

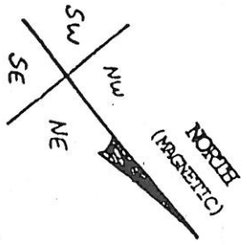
SIGNATURE DATE

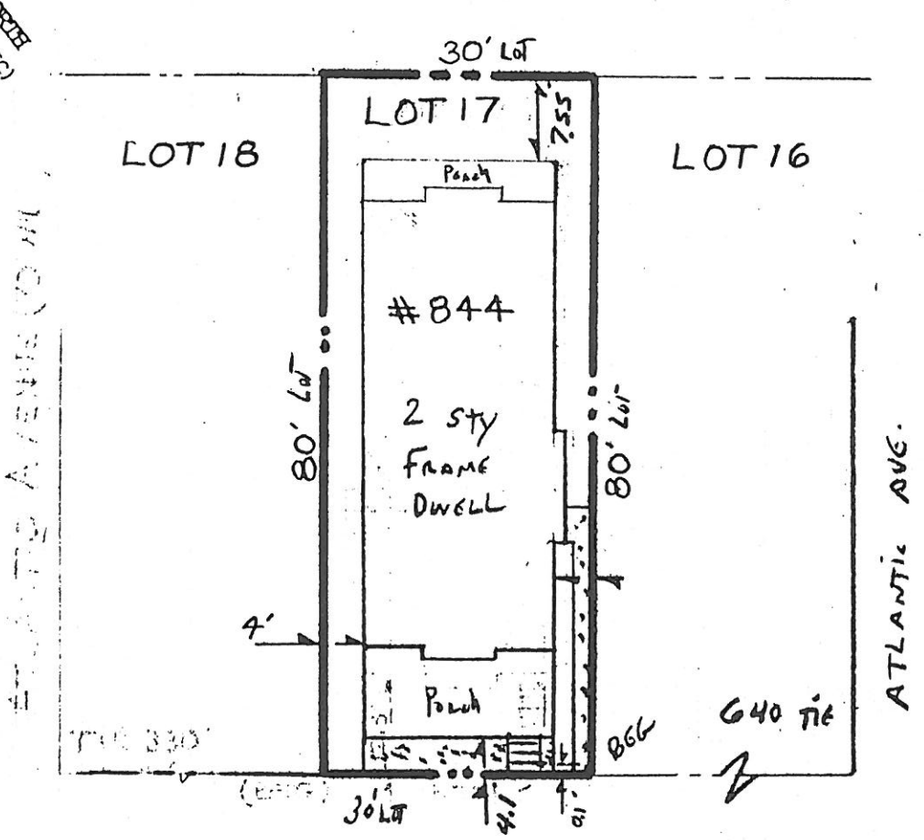
COMMENTS

☐ Check here if attachments

CITY OF OCEAN CITY
CODE ENFORCEMENT

2002 DEC 31 A 10:14





PROPERTY SIZE
30' BY 80'

ALL LOT CORNERS
ARE 90 DEGREES

FINAL ASBUILT

TOTAL LOT AREA: 2400 SF

LIMIT OF FOUNDATION 36.12 %
BLDG PORCHES AND CONC 69.5 %

ROOF PEAK ELEV 45.81

CENTERLINE OF PENNLYN PLACE 7.91'

DIFF. 37.9'

KARR
LAND SURVEYING
mailing address P.O. BOX 89 OCEANVIEW, N.J. 08230
PHONE 609 390 7936 FAX 390 7937
THOMAS P. KARR
NJ PROFESSIONAL LAND SURVEYOR
NJ SURVEYORS LICENSE # 31269
location: route 9 MARMORA NJ

PLAN OF SURVEY

BLOCK(s) 204 LOT(s) 17

OCEAN CITY

COUNTY OF CAPE MAY

NEW JERSEY

TYPE THREE SURVEY	DATE OF PLAN 12/17/02	Drawn By
THIS IS NOT AN ALTA STANDARDS SURVEY		Chk'd By
REVISIONS Date.	SCALE 1" = 20'	
	PROJECT NO. 02193	

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

For Insurance Company Use:

BUILDING OWNER'S NAME
846 Pennlyn Place Condominium Association

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
846 Pennlyn Place

Company NAIC Number

CITY	STATE	ZIP CODE
Ocean City	NJ	08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 18, Block 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## " or ##.######°)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ 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	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7/15/92	9/5/84	A7	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 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, 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 NGVD 29 Conversion/Comments

Elevation reference mark used T-2 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	8. 6 ft.(m)
☐ b) Top of next higher floor	17. 4 ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A. ft.(m)
☐ d) Attached garage (top of slab)	8. 6 ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10. 7 ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	8. 5 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	8. 6 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 13	
☐ i) Total area of all permanent openings (flood vents) in C3.h 4,160 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

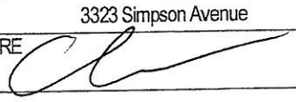
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 David C. Kruger — LICENSE NUMBER NJ Lic. No. 30406

TITLE Professional Land Surveyor — COMPANY NAME David C. Kruger Associates

ADDRESS	CITY	STATE	ZIP CODE
3323 Simpson Avenue	Ocean City	NJ	08226

SIGNATURE	DATE	TELEPHONE
	11/17/03	(609) 391-9393

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. 846 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 E4. 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. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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.

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
03 1213/1214	6/13/03	11/25/03

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:

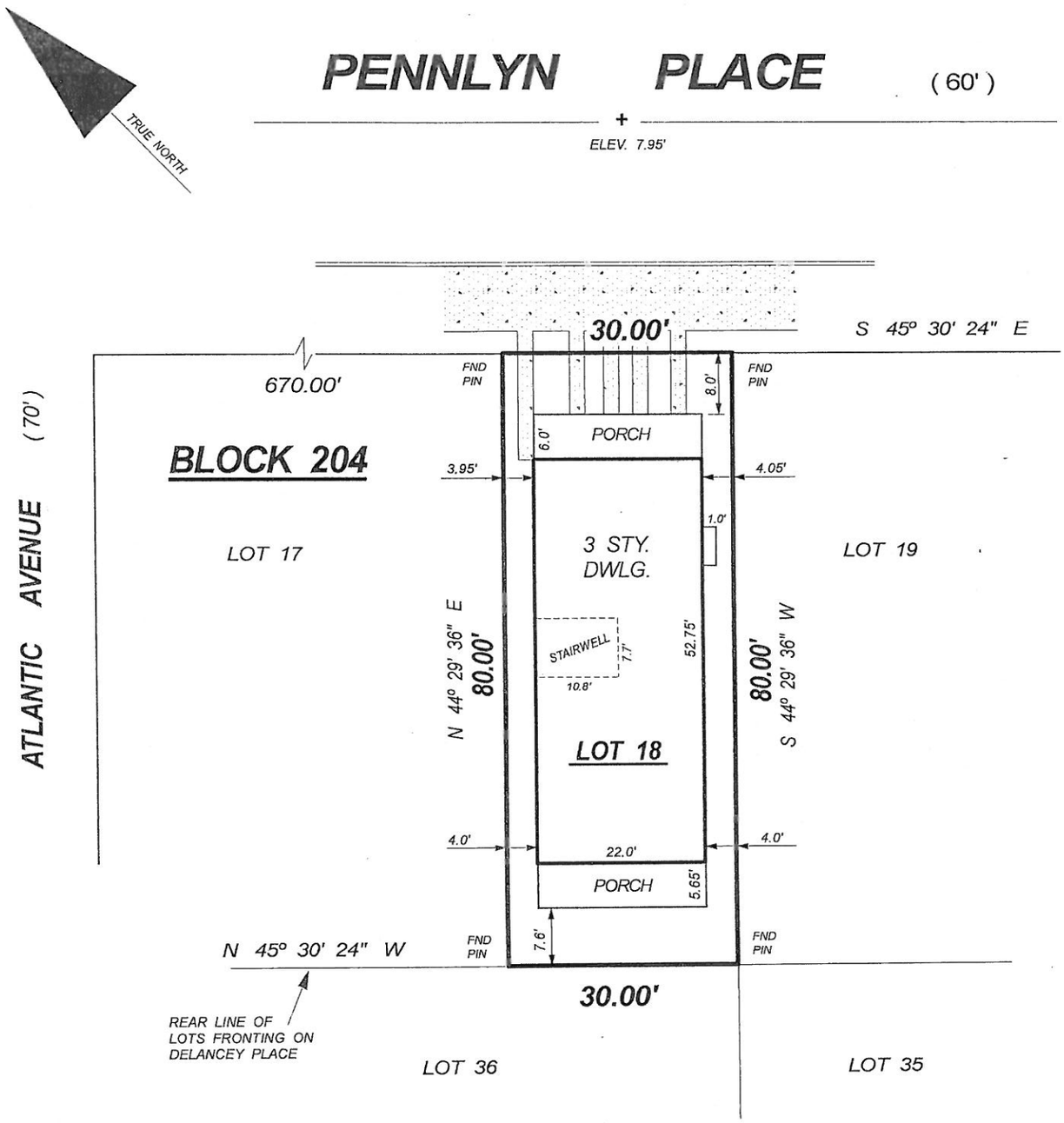
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



BUILDING ELEVATIONS (NGVD 29) / COVERAGE

ROOF PEAK	= 44.70'
BUILDING COVERAGE	= 44.9 %
IMPERVIOUS COVERAGE	= 62.9 %

Issued to:
- JOSEPH RANIERI

In consideration of the fee paid for making this survey, I declare that this plan is based on a field survey made by me or under my immediate supervision and to the best of my professional knowledge and belief correctly represents the conditions found as of the date of the field survey shown hereon; except such easements and or structures, if any, that may exist below, on, or above the surface of the lands and not visible.

This declaration is given soley to the above named parties for this transaction only and is not transferable. Surveyor assumes no liability or responsibility for the unauthorized use of this survey for any other purpose, including, but not limited to use of this survey for survey affidavit or resale of property to any party not named herein, either directly or indirectly.

Only signed and sealed copies of this survey shall be considered to be valid. If this survey does not contain a raised seal, it is not an authorized document and may have been altered.

I hereby declare that these plans constitute a correct representation of the improvements erected.

DAVID C. KRUGER
NJ Professional Land Surveyor License No. 30406
NJ Professional Planner License No. 3246

PLAN OF SURVEY

LOT 18 BLOCK 204

CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ

DAVID C. KRUGER ASSOCIATES
Land Surveying — Planning
3323 Simpson Avenue Ocean City, New Jersey

		date 11 - 17 - 03	drawn dk
		scale 1" = 20'	checked pt
revision	date		PROJ. # 8269

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

	For Insurance Company Use:
A1. Building Owner's Name HELENA HAMILTON	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. # 848 PENNLYN PLACE City OCEAN CITY State NJ ZIP Code 08226	Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 19 / BLOCK 204

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: ☐ NAD 1927 ☐ 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 7
A8. For a building with a crawl space or enclosure(s), provide
a) Square footage of crawl space or enclosure(s) NA sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade NA
c) Total net area of flood openings in A8.b NA sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage 1162 sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 6
c) Total net area of flood openings in A9.b 768 sq in

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/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
345310 0001	C	7/15/92	9/5/84	A 7	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-g below according to the building diagram specified in Item A7.
Benchmark Utilized _____ Vertical Datum NGVD 1929
Conversion/Comments _____

			Check the measurement used.
a)	Top of bottom floor (including basement, crawl space, or enclosure floor)	8.6	☐ feet ☐ meters (Puerto Rico only)
b)	Top of the next higher floor	17.64	☐ feet ☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	NA	☐ feet ☐ meters (Puerto Rico only)
d)	Attached garage (top of slab)	8.6	☐ feet ☐ meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	10.6	☐ feet ☐ meters (Puerto Rico only)
f)	Lowest adjacent (finished) grade (LAG)	8.3	☐ feet ☐ meters (Puerto Rico only)
g)	Highest adjacent (finished) grade (HAG)	8.3	☐ feet ☐ 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.

PLACE SEAL HERE

Certifier's Name MARK G. DEVAUL License Number 34844
Title PROFESSIONAL LAND SURVEYOR Company Name DEVAUL SURVEY
Address 20 DEVAULS LANE City OCEAN VIEW State NJ ZIP Code 08230
Signature Mark G. DeVaul Date 1/31/07 Telephone (609) 624 -0572

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. 848 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 BUILDING SERVICED WITH SMARTVENTS (RATED @ 200s.f. / VENT) 6 x 200 =1200
GROUND FLOOR IS USED FOR STORAGE, PARKING AND MECHINERY
LOWEST HABITABLE FLOOR ELEVATION = 17.64

Signature Mark DeVaul Date 1/31/07

☐ 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, crawl space, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
b) Top of bottom floor (including basement, crawl space, or enclosure) is _____.____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
20060148/0149	11/8/06	2/12/07

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 _____

Local Official's Name Title

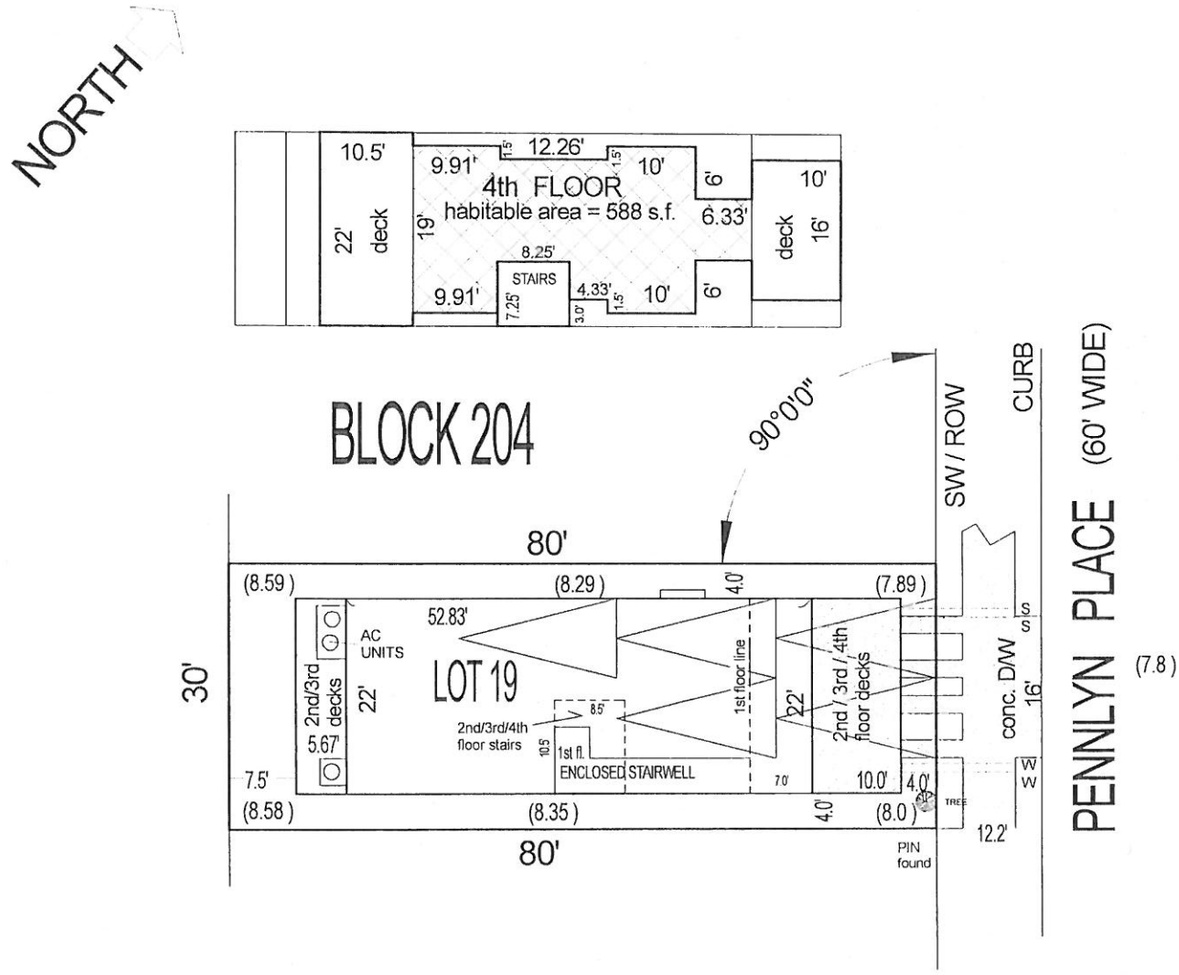
Community Name Telephone

Signature Date

Comments

2007 JAN 32 A CITY OF OCEAN

☐ Check here if attachments



BUILDING DESCRIPTION

FOUR STORY FRAME BUILDING
ground floor non-habitable
848 PENNYN PLACE
LOT AREA = 2,400 s.f.
LOT COVERAGE = 1,162s.f. = 48.4%
HABITABLE BUILDING AREA = 1,075.6 s.f. = 44.8%
CENTER LINE EL. = 7.8
GROUND FLOOR EL. = 8.6
RIDGE EL. = 44.54 = 36.74 FEET ABOVE CENTER LINE EL.
IMPERVIOUS COVERAGE = 1,543.7 s.f. = 64.43%
3rd FLOOR HABITABLE AREA = 1,075.6 s.f
4th FLOOR HABITABLE AREA = 588 (54.6%)

THE ORIGINAL OF THIS DRAWING IS THE PROPERTY OF MARK G. DEVAUL N.J.P.L.S.

ONLY COPIES FROM THE ORIGINAL OF THIS PLAT , CLEARLY MARKED WITH THE LAND SURVEYORS EMBOSSED SEAL ,SHALL BE CONSIDERED TO BE VALID

0 10 20 30 40

FINAL CONSTRUCTION SURVEY

PLAN OF SURVEY

LOT 19 BLOCK 204

CITY OF OCEAN CITY , CAPE MAY COUNTY , NEW JERSEY

SCALE 1" = 20' FEET DECEMBER 12 , 2006

DEVAUL SURVEY **LAND SURVEYORS**
20 DEVAULS LANE OCEAN VIEW , N.J. 08230

MARK G. DEVAUL
New Jersey Professional Land Survey Lic. # 34844

REV. 1/30/07

TO:
VERMONT BUILDING COMPANY

THIS PLAN IS ONLY INTENDED FOR USE FOR THE MUNICIPAL CONSTRUCTION OFFICE BY THE ABOVE NAMED PARTY.
NO RESPONSIBILITY OR LIABILTY IS ASSUMED BY THE SURVEYOR FOR USE OF THIS SURVEY FOR ANY OTHER PURPOSE INCLUDING , BUT NOT LIMITED TO , TRANSFER OF TITLE , SURVEY AFFIDAVIT OR MORTGAGE ACQUISITION.

21,287

O.M.B. NO. 3067-0077
Expires May 31, 1996

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

CITY OF OCEAN CITY
DEPARTMENT

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR).
Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER # 850 Pennlyn	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) Tax Map Lot 20 Block 204	
CITY Ocean City STATE NJ ZIP CODE	

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
345310	0001	C	9/5/84	A7	10 Elev

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): [X] NGVD '29 [ ] Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: [ ][ ][ ][ ][ ].[ ] feet NGVD (or other FIRM datum–see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 8 .
2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of [ ][ ][ ][1][8].[0] feet NGVD (or other FIRM datum–see Section B, Item 7).
(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of [ ][ ][ ][ ][ ].[ ] feet NGVD (or other FIRM datum–see Section B, Item 7).
(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is [ ][ ].[ ] feet above [ ] or below [ ] (check one) the highest grade adjacent to the building.
(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is [ ][ ].[ ] feet above [ ] or below [ ] (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? [ ] Yes [ ] No [ ] Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: [X] NGVD '29 [ ] Other (describe under Comments on Page 2). *(NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)*
4. Elevation reference mark used appears on FIRM: [X] Yes [ ] No (See Instructions on Page 4)
5. The reference level elevation is based on: [X] actual construction [ ] construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: [ ][ ][ ][8].[3] feet NGVD (or other FIRM datum-see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: [ ][ ][ ][ ][ ].[ ] feet NGVD (or other FIRM datum–see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____ .

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

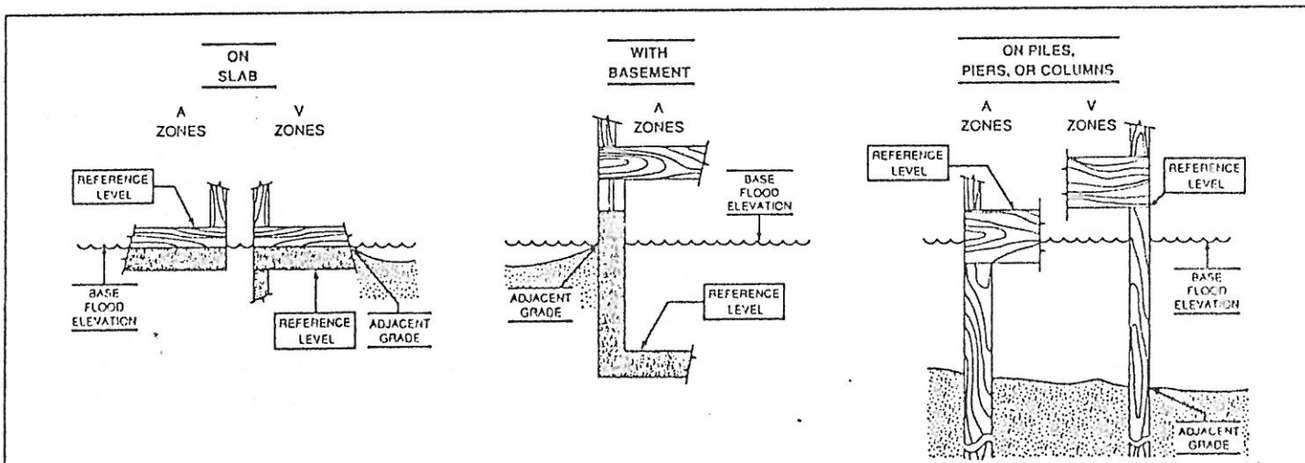
Reference level diagrams 6, 7 and 8 - Distinguishing Features–If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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 (or Affix Seal): 31269
TITLE: PROFESSIONAL LAND SURVEYOR
COMPANY NAME: KARR LAND SURVEYING
ADDRESS: P.O. BOX 89
CITY: SEAVILLE
STATE: N.J.
ZIP: 08230
SIGNATURE: Thomas P. Karr
DATE: 6/14/99
PHONE: 609-390-7936

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:

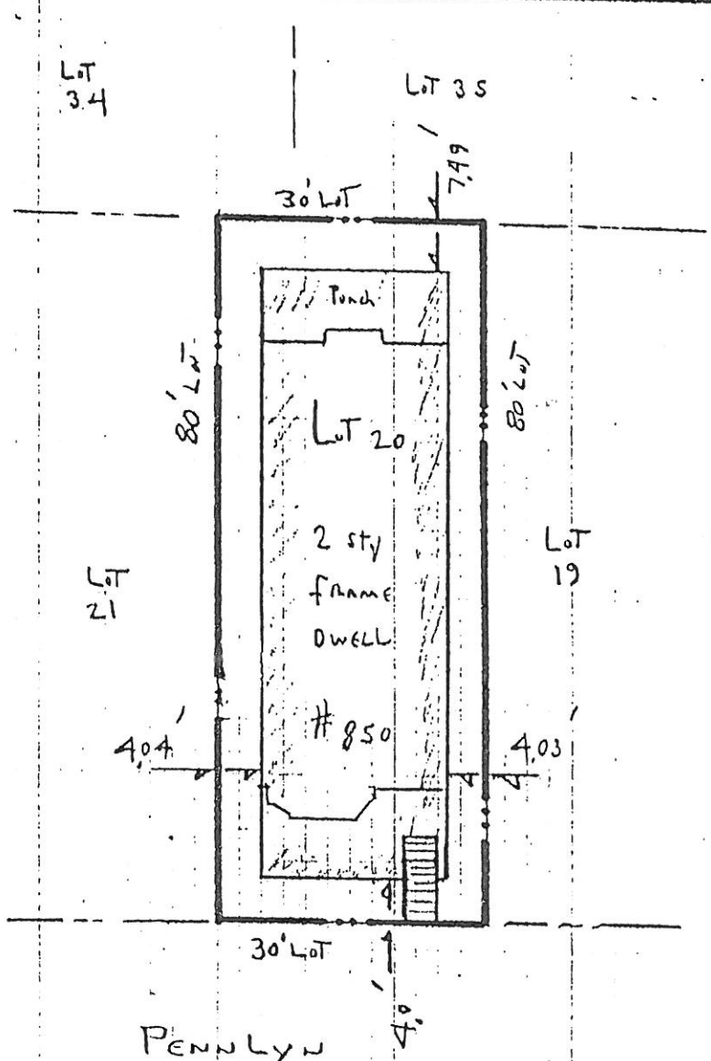


The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

CITY OF OCEAN CITY
CODE ENFORCEMENT
JUN 23 12 38 PM '09



TOTAL LOT AREA
2400 sf

Limit of foundation
46.3 %

BLDG Porches And Conc.
61 %

NOTE:
30 X 80 LOT

ALL LOT CORNERS ARE 90°

ELEV. ARE NGVD 29

Roof Peak ELEV 44.55

℄ PENNLYN ELEV 7.85

Diff 36.70 feet

Approved Final
6-29-99

final. ASBUILT

KARR
LAND SURVEYING
mailing address P.O. BOX 09
OCEANVIEW, N.J. 08230
PHONE 609 390 7936 FAX 390 7937
Thomas P. Karr
THOMAS P. KARR
NJ PROFESSIONAL LAND SURVEYOR
NJ SURVEYORS LICENSE # 31269
location 108 ROUTE 50 SEAVILLE NJ

PLAN OF SURVEY
BLOCK(s) 204 LOT(s) 20
OCEAN CITY
COUNTY OF CAPE MAY
NEW JERSEY

TYPE THREE SURVEY	DATE OF PLAN 6-1-99	Drawn By TK
THIS IS NOT AN ALTA STANDARDS SURVEY		Ck'd By JK
REVISIONS / Date.	SCALE 1" = 20'	
	PROJECT NO. 98-537	

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

For Insurance Company Use:
Policy Number:
Company NAIC Number:

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
854 PONNLYN PL.

CITY: OCEAN CITY STATE: NJ ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX MAP LOT 22 Block 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°) HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983 SOURCE: |__| GPS (Type): |__| USGS Quad Map |__| 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	N.J.

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0001	C	7.15.92	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 |X| 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 |X| No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |__| Construction Drawings* |__| Building Under Construction* |X| 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 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 NGVD '29 Conversion/Comments NONE
Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? |X| Yes |__| No

- ☐ a) Top of bottom floor (including basement or enclosure) 8.67 ft (m)
- ☐ b) Top of next higher floor 17.67 ft (m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) NA ft (m)
- ☐ d) Attached garage (top of slab) 8.67 ft (m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 10.7 ft (m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 8.6 ft (m)
- ☐ g) Highest adjacent (finished) grade (HAG) 8.4 ft (m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 11
- ☐ i) Total area of all permanent openings (flood vents) in C3.h 2376 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 KARR LAND SURVEYING LICENSE NUMBER GS 31269
TITLE Prof. LAND SURVEYOR COMPANY NAME
ADDRESS PO BOX 89 CITY SEAVILLE STATE NJ ZIP CODE 08230
SIGNATURE Thomas P. Karr DATE 5/8/01 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. 854 Fenwyn Pl.	Policy Number
CITY Ocean City STATE NJ ZIP CODE 08226	Company NAIC Number

CITY OF OCEAN CITY CODE ENFORCEMENT

MAY 3 9 39 AM '01

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 E4. 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. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ☐☐ ft.(m) ☐☐ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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.

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
01-0186 & 0188	1/25/01	5/18/01

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: _____

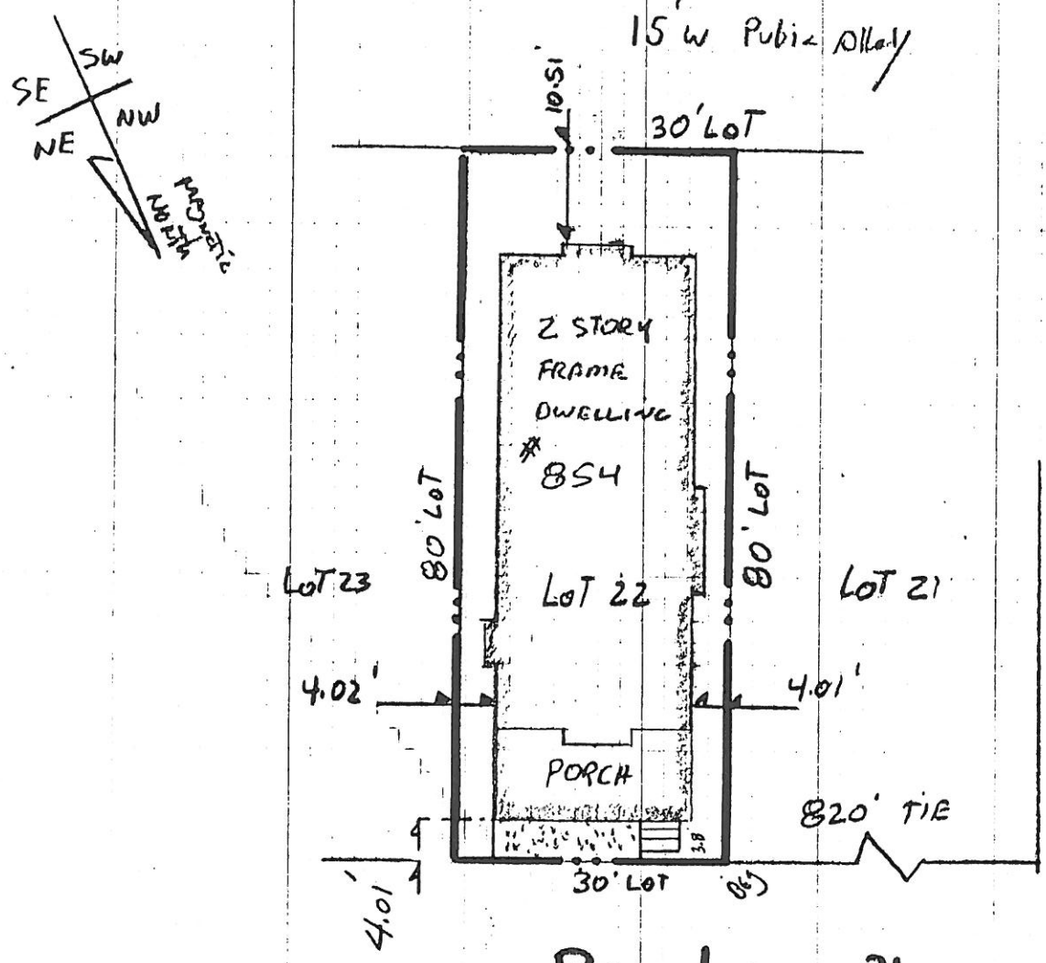
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



NOTE:
30' x 80' LOT

ALL LOT CORNERS ARE 90°

ELEV ARE NGVD '29

ROOF ELEV 43.47

E PENNLYN ELEV 7.68

DIFF 35.79 feet

TOTAL LOT AREA: 2400 SF

LIMIT OF FOUNDATION 49.54 %
BLDG PORCHES AND CONC 63.02 %

FINAL ASBUILT

KARR
LAND SURVEYING
mailing address: P.O. BOX 89, OCEANVIEW, N.J. 08230
PHONE 609 390 7936 FAX 390 7937
THOMAS P. KARR
NJ PROFESSIONAL LAND SURVEYOR
NJ SURVEYORS LICENSE # 31269
location: route 9 MARMORA NJ

PLAN OF SURVEY

BLOCK(s) 204 LOT(s) 22

OCEAN CITY

COUNTY OF CAPE MAY

NEW JERSEY

TYPE THREE SURVEY

THIS IS NOT AN ALTA STANDARDS SURVEY

REVISIONS | Date.

DATE OF PLAN 5/8/01 | Drawn By JK | Chk'd By | SCALE 1" = 20' | PROJECT NO. 00114

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name Meade Rudasill

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
858 Pennlyn Place
City Ocean City State NJ ZIP Code 08226

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lots 24 & 25, Block 204

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential
A5. Latitude/Longitude: Lat. 39° 16' 54.6" Long. 074° 33' 41.9" Horizontal Datum: ☐ NAD 1927 ☒ 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 7
A8. For a building with a crawl space or enclosure(s), provide
a) Square footage of crawl space or enclosure(s) 793 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 4
c) Total net area of flood openings in A8.b 800 sq in
A9. For a building with an attached garage, provide:
a) Square footage of attached garage 1,309 sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 8
c) Total net area of flood openings in A9.b 1,600 sq in

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/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
345310 0001	C	07/15/92	09/05/84	A7	10'

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)

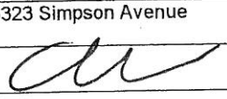
C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized Ocean City Primary Vertical Datum NGVD 1929
Conversion/Comments _____

			Check the measurement used.
a)	Top of bottom floor (including basement, crawl space, or enclosure floor)	8.6	☒ feet ☐ meters (Puerto Rico only)
b)	Top of the next higher floor	17.2	☒ feet ☐ meters (Puerto Rico only)
c)	Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet ☐ meters (Puerto Rico only)
d)	Attached garage (top of slab)	8.6	☒ feet ☐ meters (Puerto Rico only)
e)	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	10.1	☒ feet ☐ meters (Puerto Rico only)
f)	Lowest adjacent (finished) grade (LAG)	8.2	☒ feet ☐ meters (Puerto Rico only)
g)	Highest adjacent (finished) grade (HAG)	8.5	☒ feet ☐ 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.

Certifier's Name David C. Kruger License Number NJ Lic. No. 30406
Title Professional Land Surveyor Company Name David C. Kruger Associates, LLC
Address 3323 Simpson Avenue City Ocean City State NJ ZIP Code 08226
Signature  Date 05-02-2008 Telephone (609) 391-9393

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. 858 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 FLOOD VENTS UTILIZED ARE "SMART VENTS" (SEE ATTACHED CERTIFICATION FOR NET VENT AREA). ELEVATION C2.e) ON REVERSE SIDE REFERS TO BOTTOM OF HOT WATER HEATER.

Signature Date 05-02-2008

☒ 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, crawl space, or enclosure) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
   b) Top of bottom floor (including basement, crawl space, or enclosure) is _____._____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
20070407	4/9/07	6/3/08

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 _____

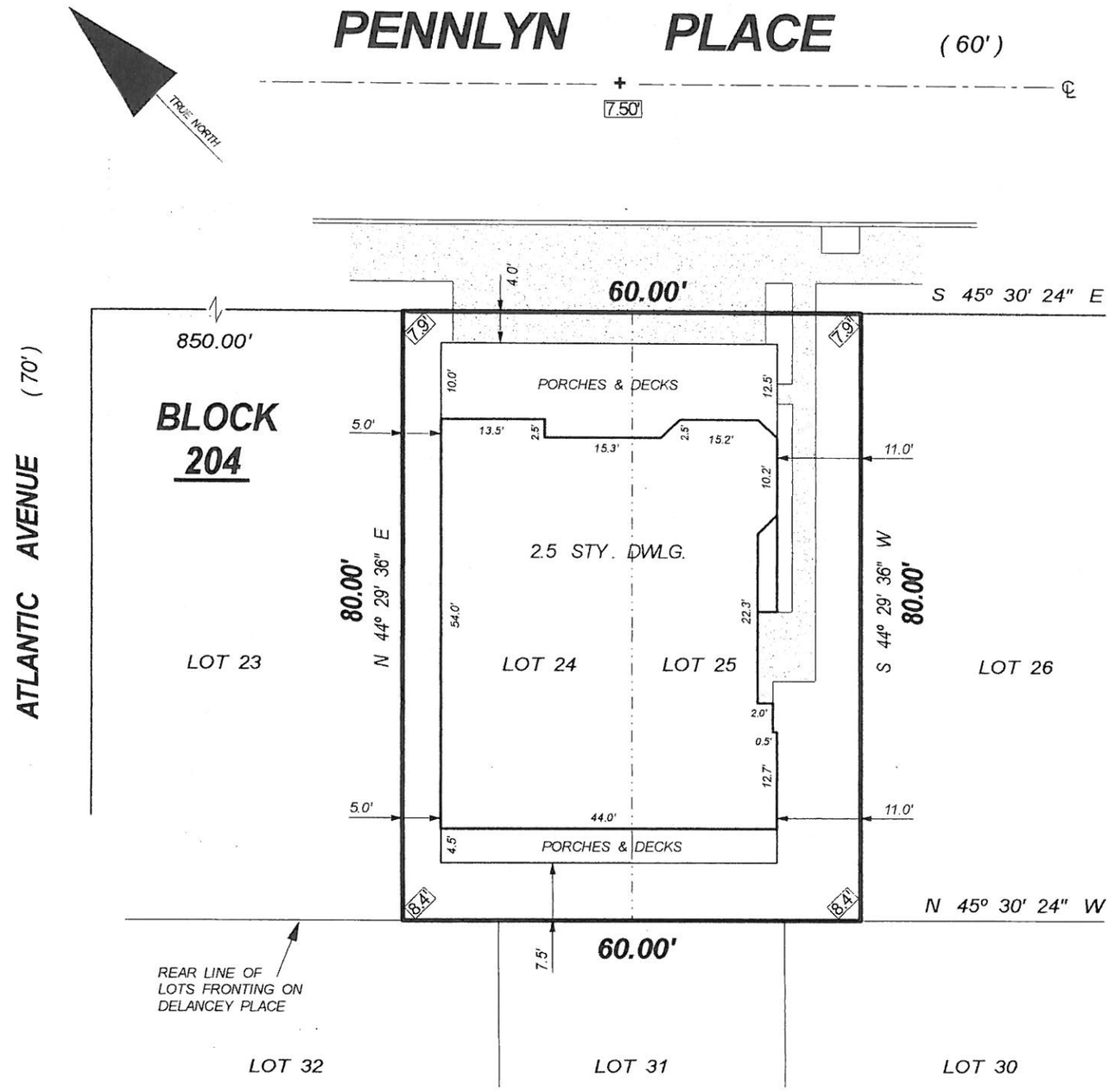
Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments



BUILDING ELEVATIONS (NGVD 29) / COVERAGE

ROOF PEAK	= 47.77'
CUPOLA PEAK	= 47.95'
BUILDING COVERAGE (EXCLUDING PORCHES, DECKS, ELEVATOR AND STAIRWELL)	= 44.9 %
HALF STORY RATIO	= 47.6 %
IMPERVIOUS COVERAGE	= 67.9 %

7.50' = EXISTING SPOT ELEVATION

Issued to:
- MEADE RUDASILL

In consideration of the fee paid for making this survey, I declare that this plan is based on a field survey made by me or under my immediate supervision and to the best of my professional knowledge and belief correctly represents the conditions found as of the date of the field survey shown hereon; except such easements and or structures, if any, that may exist below, on, or above the surface of the lands and not visible.

THIS DECLARATION IS GIVEN SOLEY TO THE ABOVE NAMED PARTY FOR THIS TRANSACTION ONLY AND IS NOT TRANSFERABLE.

Surveyor assumes no liability or responsibility for the unauthorized use of this survey for any other purpose, including, but not limited to use of this survey for survey affidavit or resale of property to any party not named herein, either directly or indirectly.

Only signed and sealed copies of this survey shall be considered to be valid. If this survey does not contain a raised seal, it is not an authorized document and may have been altered.

DAVID C. KRUGER
NJ Professional Land Surveyor License No. 30406
NJ Professional Planner License No. 3246

PLAN OF SURVEY

LOTS 24 and 25 BLOCK 204
CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ

DAVID C. KRUGER ASSOCIATES, LLC
Land Surveying — Planning
3323 Simpson Avenue Ocean City, New Jersey
NJ CERTIF. OF AUTHORIZATION NO. 24GA28113600

		date 04 - 22 - 2008	drawn dk
		scale 1" = 20'	checked pt
revision	date		PROJ. # 8610

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

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.
862 PENNLYN PL.

Company NAIC Number

CITY: OCEAN CITY STATE: NJ ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX MAP LOT 26 BLOCK 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.## or ##.######)
HORIZONTAL DATUM: [ ] NAD 1927 [ ] NAD 1983
SOURCE: [ ] GPS (Type): [ ] USGS Quad Map [ ] 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	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0001	C	7/15/92	9/5/84	A7	NINE ELEV

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

B11. Indicate the elevation datum used for the BFE in B9: [X] 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 [X] No
Designation Date: NA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings* [ ] Building Under Construction* [X] 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-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 NGVD '29 Conversion/Comments NONE
Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? [X] Yes [ ] No

a) Top of bottom floor (including basement or enclosure)	8.05	(ft)(m)
b) Top of next higher floor	16.55	(ft)(m)
c) Bottom of lowest horizontal structural member (V zones only)	NA	(ft)(m)
d) Attached garage (top of slab)	8.05	(ft)(m)
e) Lowest elevation of machinery and/or equipment servicing the building	NA	(ft)(m)
f) Lowest adjacent grade (LAG)	7.6	(ft)(m)
g) Highest adjacent grade (HAG)	8.0	(ft)(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	14	
i) Total area of all permanent openings (flood vents) in C3h	3584	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 GS 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 5/30/01 TELEPHONE 609-390-7936

BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number:
862 PENNLYN PL.	
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 E4. 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. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ☐☐☐ ft.(m) ☐☐☐ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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

JUN 5 09 3 09 AM

CITY OF OCEAN CITY CODE ENFORCEMENT

☐ 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
00-1833 & 1834	10/27/00	6/11/01

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: _____

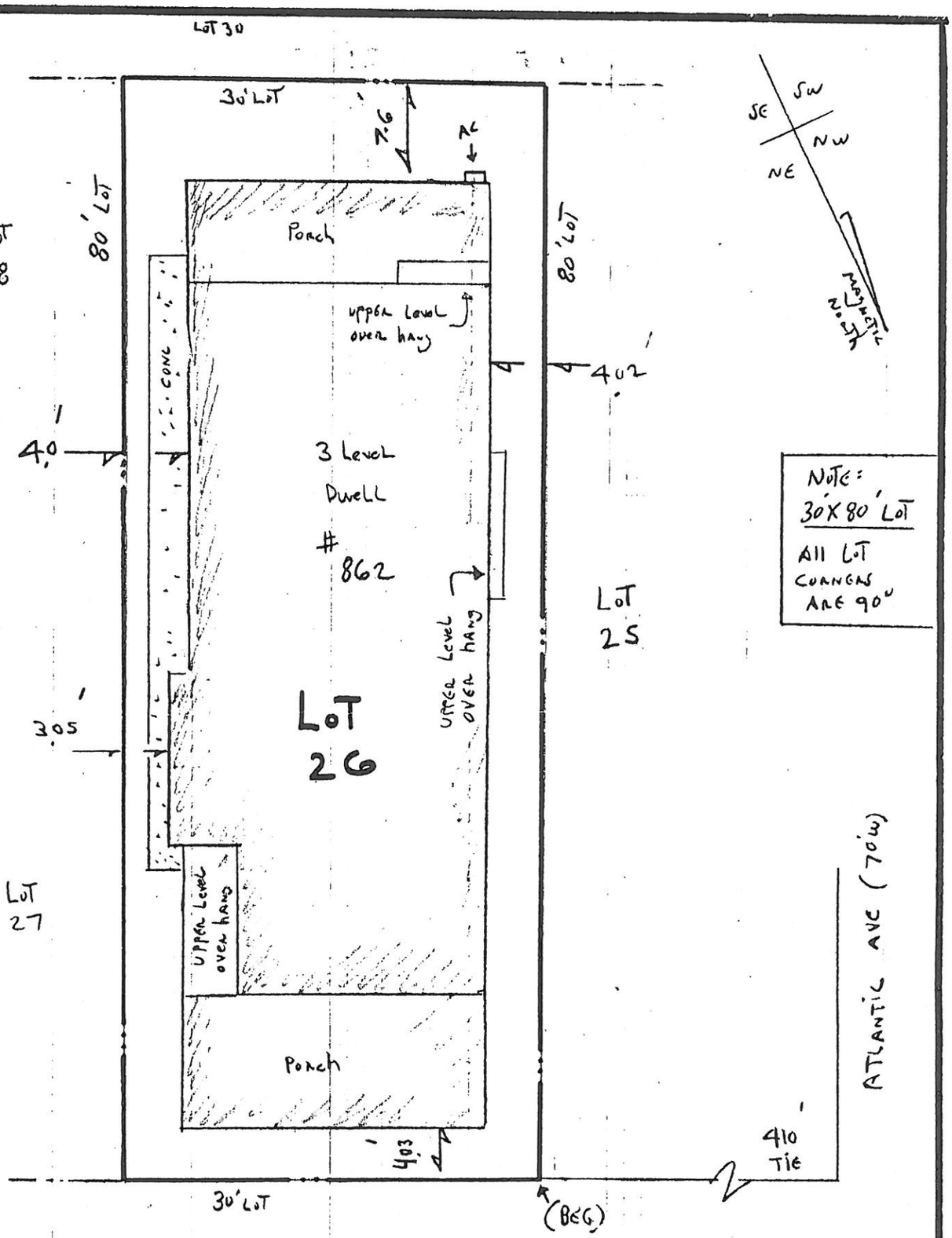
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



TOTAL LOT AREA: 2,400 SF

LIMIT OF FOUNDATION 44.4 %

BLDG PORCHES AND CONC 68.9 %

FINAL ASBUILT

ELEV ARE NGVD '29

Roof Peak Elev 46.95

℄ Pennlyn Pl. Elev 7.40

Diff 39.55 Feet

Note: Lot Grade Elev 7.6

KARR
LAND SURVEYING
mailing address: P.O. BOX 89, OCEANVIEW, N.J. 08230
PHONE 609 390 7936 FAX 390 7937
Thomas P. Karr
THOMAS P. KARR
NJ PROFESSIONAL LAND SURVEYOR
NJ SURVEYORS LICENSE # 31269
location: route 9 MARMORA NJ

PLAN OF SURVEY

BLOCK(s) 204 LOT(s) 26

OCEAN CITY

COUNTY OF CAPE MAY

NEW JERSEY

TYPE THREE SURVEY

THIS IS NOT AN ALTA STANDARDS SURVEY

DATE OF PLAN 5/30/01

Drawn By TK

Chk'd By

SCALE 1" = 10'

REVISIONS Date.

PROJECT NO. 00284

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

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 866 PENNLYN PLACE

CITY: OCEAN CITY STATE: NJ ZIP CODE: 08226

For Insurance Company Use:
Policy Number
Company NAIC Number

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP LOT 27 Block 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983 SOURCE: |__| GPS (Type): |__| USGS Quad Map |__| 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	N.J.

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7.15.92	9/5/84	A7	10

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

B11. Indicate the elevation datum used for the BFE in B9: |X| 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 |X| No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |__| Construction Drawings* |__| Building Under Construction* |X| 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 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 NGVD '29 Conversion/Comments NONE
Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? |X| Yes |__| No

a) Top of bottom floor (including basement or enclosure)	8.17 (V)	(m)
b) Top of next higher floor	17.09 (V)	(m)
c) Bottom of lowest horizontal structural member (V zones only)	NA	ft. (m)
d) Attached garage (top of slab)	8.17 (V)	(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	10.47 (V)	(m)
f) Lowest adjacent (finished) grade (LAG)	7.9 (V)	(m)
g) Highest adjacent (finished) grade (HAG)	8.1 (V)	(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	8	
i) Total area of all permanent openings (flood vents) in C3.h	1152	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 GS 31269
TITLE Prof. Land Surveyor COMPANY NAME Karr Land Surveying
ADDRESS PO Box 89 CITY Seaville STATE NJ ZIP CODE 08230
SIGNATURE Thomas P. Karr DATE 9/3/03 TELEPHONE 609 390 7936

... in this Section, 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.	For Insurance Company Use:
866 PENNLYN PL.	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 E4. 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. (Use natural grade, if available.)

E3. For Building Diagrams 6–8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ☐☐ ft.(m) ☐☐ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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.

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
02-2203 02-2264	11/14/02	TCO 9/19/03

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: _____

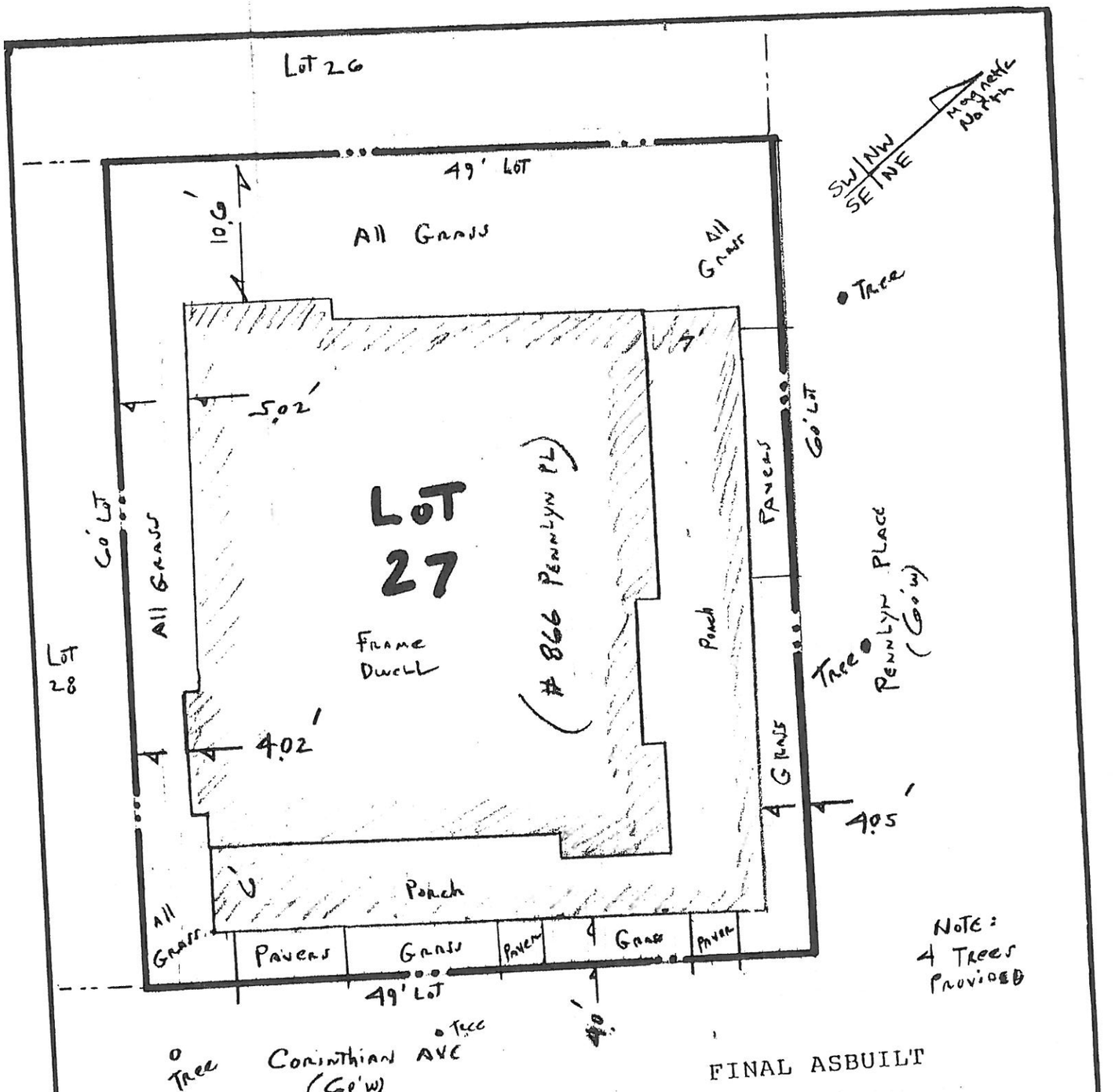
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



FINAL ASBUILT

TOTAL LOT AREA: 2940.0SF

LIMIT OF FOUNDATION 43.18 %
BLDG PORCHES AND CONC 61.4 %

ROOF PEAK ELEV 42.99

CENTERLINE OF PENNLYN PL 7.33

DIFF. 35.66 Feet

PROPERTY SIZE
49' BY 60'
ALL LOT CORNERS
ARE 90 DEGREES

KARR
LAND SURVEYING
mailing address
P.O. BOX 89
OCEANVIEW, N.J. 08230
PHONE 609 390 7936 FAX 390 7937
Thomas P. Karr
THOMAS P. KARR
NJ PROFESSIONAL LAND SURVEYOR
NJ SURVEYORS LICENSE # 31269
location: route 9 MARMORA NJ

PLAN OF SURVEY

BLOCK(s) 204 LOT(s) 27

OCEAN CITY

COUNTY OF CAPE MAY

NEW JERSEY

TYPE THREE SURVEY	DATE OF PLAN 9/3/03
THIS IS NOT AN ALTA STANDARDS SURVEY	Drawn By
REVISIONS / Date	Chk'd By
	SCALE 1" = 10'
	PROJECT NO. 01181

CITY OF OCEAN CITY
CODE ENFORCEMENT

2003 SEP -9 P 1:43

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.

CITY OF OCEAN CITY
CODE ENFORCEMENT

SECTION A - PROPERTY OWNER INFORMATION

	For Insurance Company Use:
BUILDING OWNER'S NAME Edward R. and Christine C. Shubert	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 857-59 Delancey Place	Company NAIC Number

CITY	STATE	ZIP CODE
Ocean City	NJ	08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 35, Block 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## ' or ##.######°)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ 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	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7/15/92	9/5/84	A7	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 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, 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 NGVD 29 Conversion/Comments
Elevation reference mark used T-2 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	8.7 ft.(m)
☐ b) Top of next higher floor	17.1 ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)
☐ d) Attached garage (top of slab)	8.4 ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	9.6 ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	8.3 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	8.5 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	16
☐ i) Total area of all permanent openings (flood vents) in C3.h	3,234 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 David C. Kruger LICENSE NUMBER NJ Lic. No. 30406

TITLE	Professional Land Surveyor	COMPANY NAME	David C. Kruger Associates
ADDRESS	3323 Simpson Avenue	CITY Ocean City	STATE NJ ZIP CODE 08226
SIGNATURE		DATE 5/8/02	TELEPHONE (609) 391-9393

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.			For Insurance Company Use:
857-59 Delancey 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 E4. 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. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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.

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
01-2088 + 2089	10/23/01	5/20/02

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:

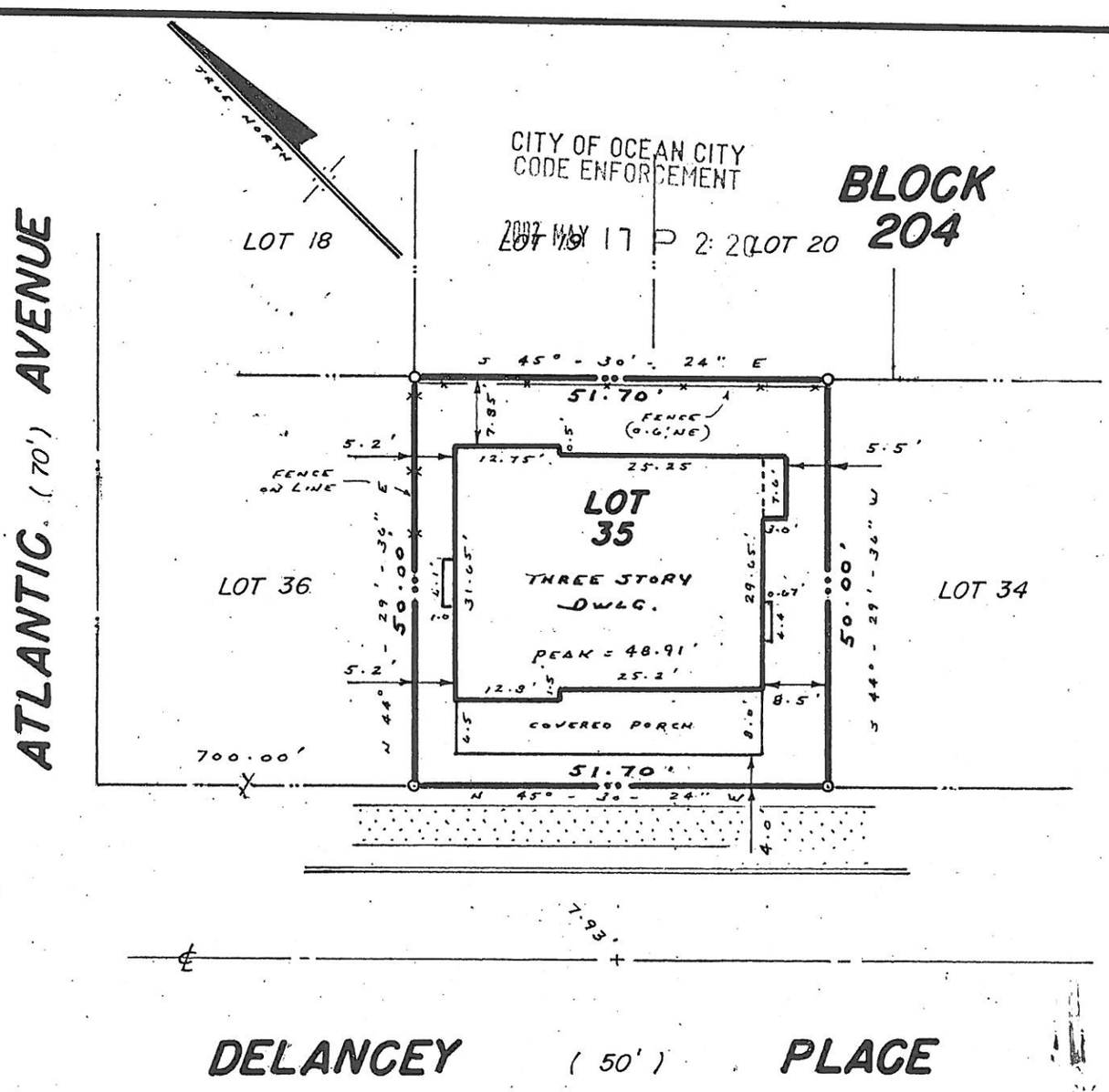
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



Issued to:
EDWARD R. SHUBERT
CHRISTINE C. SHUBERT

BUILDING COVERAGE = 57.2%
IMPERVIOUS COVERAGE = 57.2%

Any insuror of title relying hereon and any other party in interest:

In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easements, if any, that may exist below the surface of the land or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises as shown thereon. This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including but not limited to use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

DAVID C. KRUGER
N.J.P.L.S. License No. 30406

Not valid unless seal embossed

PLAN OF SURVEY

LOT 35 — BLOCK 204

CITY OF OCEAN CITY
CAPE MAY COUNTY, N.J.

DAVID C. KRUGER ASSOCIATES
Land Surveying • Planning
3323 Simpson Avenue, Suite 6 • Ocean City, NJ

		date 2-15-02	drawn P.T.
FINAL CONST.	5-8-2002	scale 1" = 20'	checked D.K.
revision	date	book - pg. -	Proj. 8105

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

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
845-847 Delancey Place Condominium

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
845-847 Delancey Place

CITY: Ocean City | STATE: NJ | ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 37, Block 204

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) | HORIZONTAL DATUM: |_| NAD 1927 |_| NAD 1983 | SOURCE: |_| GPS (Type): _____ |_| USGS Quad Map |_| 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	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7/15/92	9/5/84	A7	9'

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

B11. Indicate the elevation datum used for the BFE in B9: |X| 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 |X| No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |_| Construction Drawings* |_| Building Under Construction* |X| Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

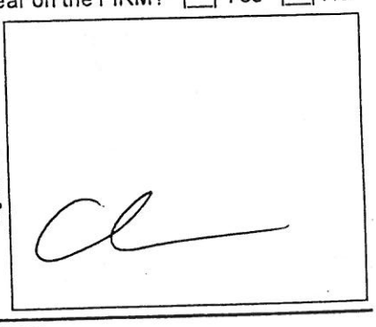
C2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-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 NGVD 29 Conversion/Comments _____
Elevation reference mark used Tidal No. 2 Does the elevation reference mark used appear on the FIRM? |_| Yes |X| No

☐ a) Top of bottom floor (including basement or enclosure)	9.0	ft.(m)
☐ b) Top of next higher floor	17.5	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A	ft.(m)
☐ d) Attached garage (top of slab)	8.7	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	10.8	ft.(m)
☐ f) Lowest adjacent grade (LAG)	8.3	ft.(m)
☐ g) Highest adjacent grade (HAG)	8.6	ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	14	
☐ i) Total area of all permanent openings (flood vents) in C3h	3,150	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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: David C. Kruger | LICENSE NUMBER: NJ Lic. 30406
TITLE: Professional Land Surveyor | COMPANY NAME: David C. Kruger Associates
ADDRESS: 3323 Simpson Avenue | CITY: Ocean City | STATE: NJ | ZIP CODE: 08226
SIGNATURE: | DATE: 6/27/01 | TELEPHONE: (609) 391-9393

IPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
UILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 845-847 Delancey Place	Policy Number
TY Ocean City STATE ZIP CODE 08226	Company NAIC Number

CITY OF OCEAN CITY
CODE ENFORCEMENT
JAN 27 1 40 PM '01

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

opy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

OMMENTS

|__| Check here if attachments

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

Zone AO and Zone A (without BFE), complete Items E1 through E4. *If the Elevation Certificate is intended for use as supporting rmation for a LOMA or LOMR-F, Section C must be completed.*

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.)

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.

For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is |__|__| ft.(m) |__|__|in.(cm) above the highest adjacent grade.

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

e property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or nmunity-issued BFE) or Zone AO must sign here.

OPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

DRESS CITY STATE ZIP CODE

GNATURE DATE TELEPHONE

MMENTS

|__| Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete tions A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

|__| 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.)

|__| A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

|__| The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
01-0153 + 01-0156	1/23/01	7/2/01

This permit has been issued for: |__| New Construction |__| Substantial Improvement

Elevation of as-built lowest floor (including basement) of the building is: _____ . ___ ft.(m) Datum: _____

BFE or (in Zone AO) depth of flooding at the building site is: _____ . ___ ft.(m) Datum: _____

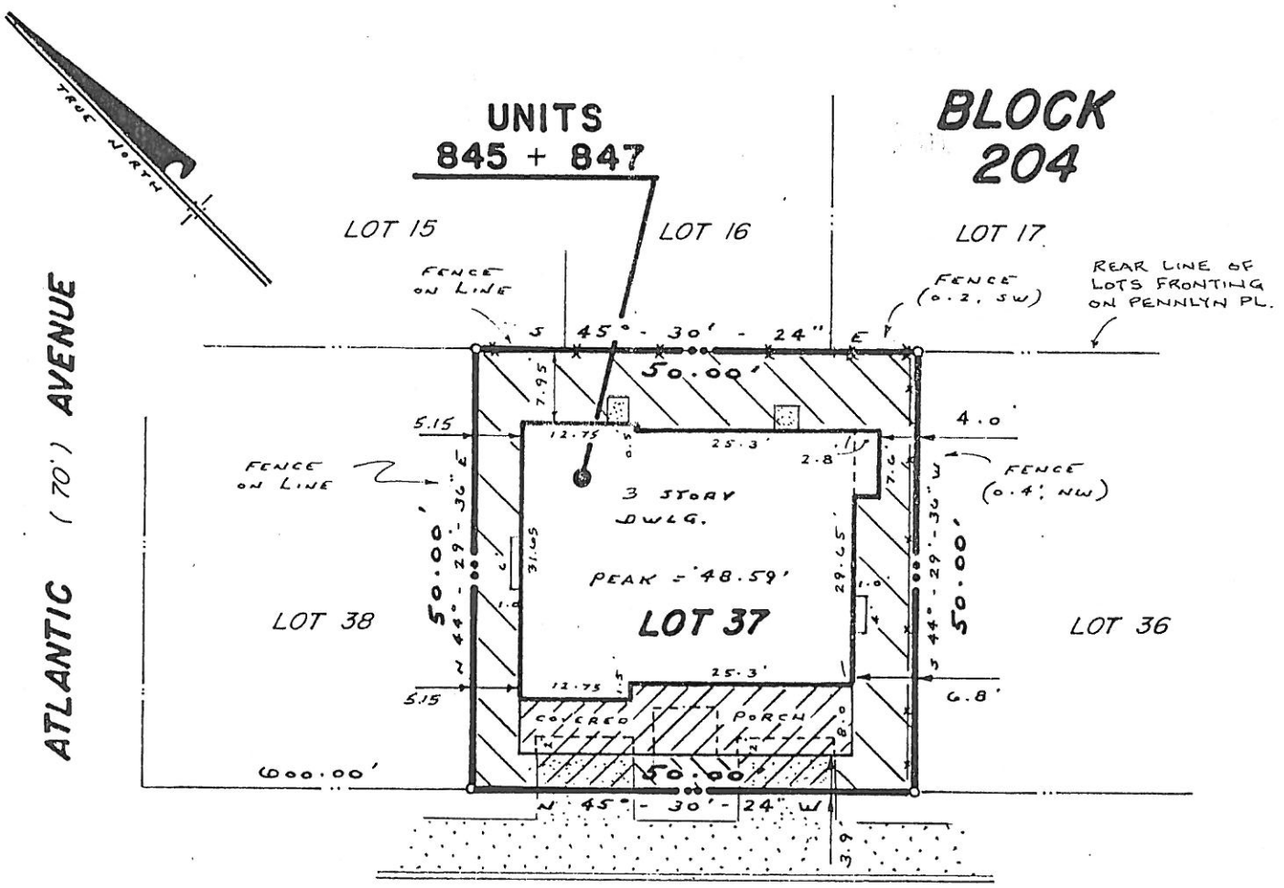
CAL OFFICIAL'S NAME TITLE

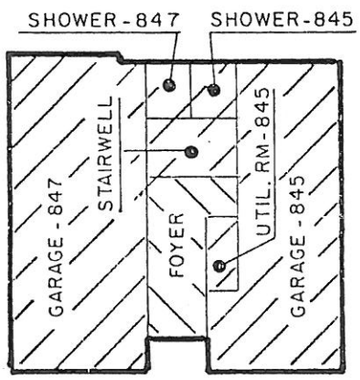
MMUNITY NAME TELEPHONE

GNATURE DATE

MMENTS

|__| Check here if attachments





GROUND FLOOR

DELANCEY (50') PLACE

ELEV. 8.05'

BUILDING COVERAGE = 58.4 %
IMPERVIOUS COVERAGE = 62.6 %

Issued to:

- GARY and MARIA SANTO
- DENNIS and PATRICIA HIGMAN
- CARDAMONE HOMES

UNIT 845 = FIRST FL. = 1,103 SQ. FT.
UNIT 847 = SECOND and THIRD FL. = 1,491 SQ. FT.

= UNIT

= COMMON ELEMENT

= LIMITED COMMON ELEMENT

845 - 847 DELANCEY PLACE CONDOMINIUM

Any insuror of title relying hereon and any other party in interest:
In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easements, if any, that may exist below the surface of the land or on the surface of the lands and not visible) as an inducement for any insuror of title to insure the title to the lands and premises as shown thereon. This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including but not limited to use of survey for survey affidavit, resale of property, or to any other person not listed in certification, either directly or indirectly.

I hereby certify that these plans constitute a correct representation of the improvements erected.

DAVID C. KRUGER
N.J.P.L.S. License No. 30406

Not valid unless seal embossed

PLAN OF SURVEY

LOT 37 ~ BLOCK 204

CITY OF OCEAN CITY
CAPE MAY COUNTY, N.J.

DAVID C. KRUGER ASSOCIATES
Land Surveying • Planning
3323 Simpson Avenue, Suite 6 • Ocean City, NJ

			date 6.22.01	drawn P.T.
			scale 1" = 20'	checked D.K.
revision.	date	by	book - pg. -	Proj. 8009

P.4518
Revised 3/14/03

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 James and Nancy Kelly	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 820 Delancey Place	Company NAIC Number

CITY	STATE	ZIP CODE
Ocean City	NJ	08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 9, Block 205

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
City of Ocean City 345310	Cape May	New Jersey

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7/15/92	9/5/84	A7	9 ft M

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 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, 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.

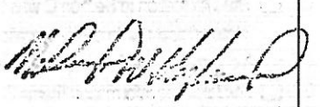
Datum NGVD Conversion/Comments ____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

o a) Top of bottom floor (including basement or enclosure)	9. 31 ft.(m)
o b) Top of next higher floor	18. 26 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	____.__ ft.(m)
o d) Attached garage (top of slab)	9. 31 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10. 91 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	9. 21 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	9. 31 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 8	
o i) Total area of all permanent openings (flood vents) in C3.h 2937.60 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

NJ License No. 20509
March 14, 2003



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.

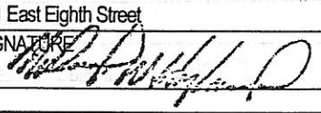
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Michael W. Hyland LICENSE NUMBER NJ 20509

TITLE P.E. & L.S. COMPANY NAME Michael W. Hyland Associates

ADDRESS	CITY	STATE	ZIP CODE
101 East Eighth Street	Ocean City	NJ	08226

SIGNATURE  DATE 3/5/03 TELEPHONE (609) 398-4477

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.			For Insurance Company Use:
820 Delancey 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
Garge Floor Lowest Floor
Lowest Mechanicals on Utility Platform: Elev 10.91

☐ 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 E4. 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. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, 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.

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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
02-1083 02-1084	5/28/02	3/17/03

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: ____

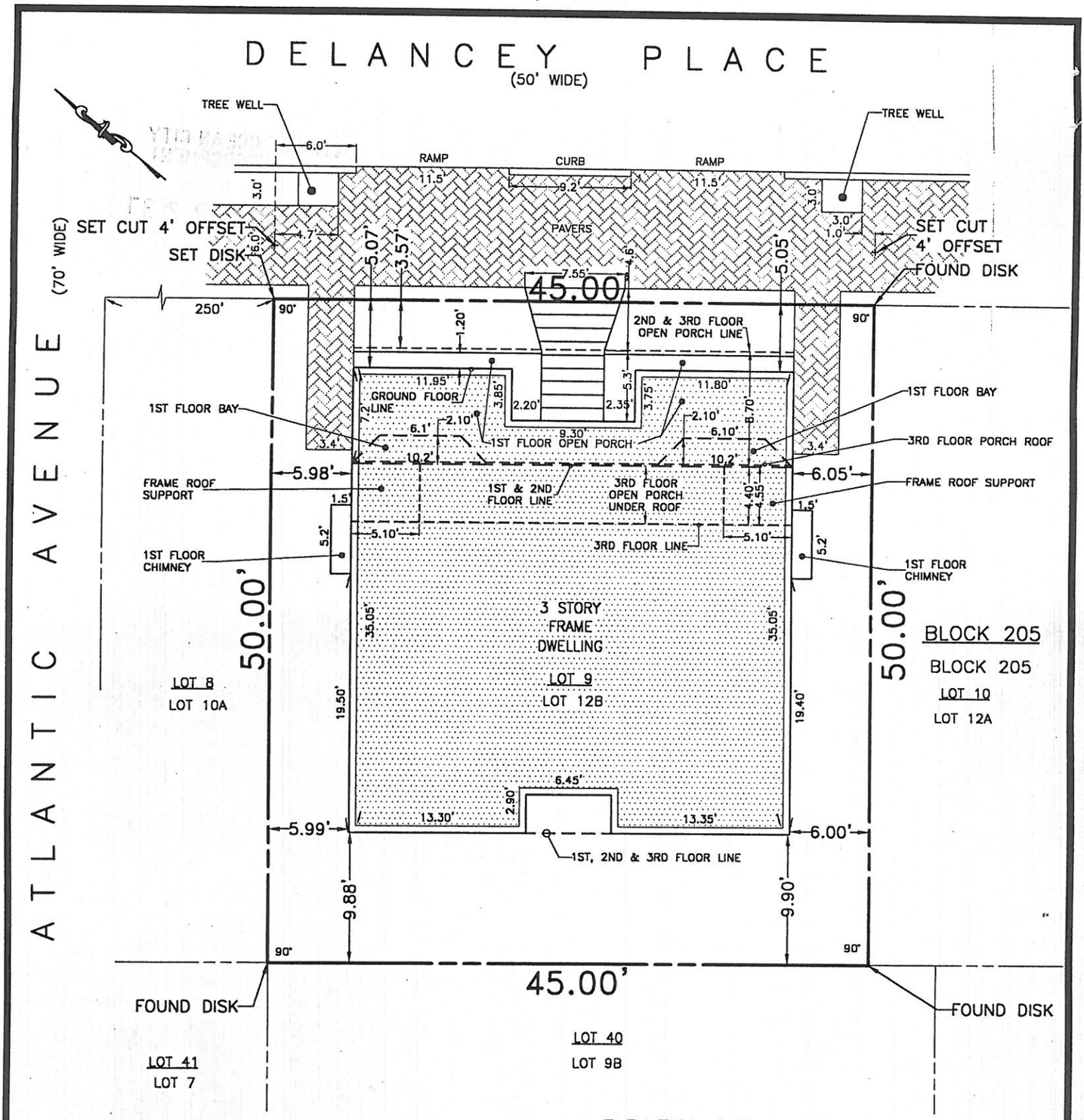
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments



ISSUED TO:

JAMES AND NANCY KELLY
TITLE COMPANY OF JERSEY
SOVEREIGN BANK, ITS SUCCESSORS AND/OR ASSIGNS

COVERAGES:

LOT AREA:	2,250 S.F.
BUILDING COVERAGE:	1,124 S.F. (50.0%)
IMPERVIOUS COVERAGE:	1,323 S.F. (58.7%)

DESCRIPTION:

BEING THE NORTHWESTERLY 45 FEET OF LOT 12, OF THE PLAN OF DELANCEY REALTY COMPANY.

BEING KNOWN AS LOT 12B, BLOCK 205 ON THE FORMER OFFICIAL TAX MAP OF OCEAN CITY.

ALSO, BEING KNOWN AS LOT 9, BLOCK 205 ON THE CURRENT OFFICIAL TAX MAP OF OCEAN CITY.

BEING THE LANDS AND PREMISES AS CONVEYED IN DEED FROM ALEXANDER McARTHUR, JR. AND GLADYS EDNA McARTHUR TO JAMES ANTHONY KELLY AND NANCY JANE KELLY, DATED MAY 24, 1984, AND RECORDED IN DEED BOOK 1559, PAGE 506.

ELEVATION DATA:

REFERENCE DATUM :	SEA LEVEL DATUM (N.G.V.D.,1929)
BENCHMARK :	PK IN UTILITY POLE AT LOT 9. ELEV. 10.00
℄ DELANCEY PLACE & ℄ LOT:	ELEV. 8.78
LOW AVERAGE GRADE:	ELEV. 9.21
HIGH AVERAGE GRADE:	ELEV. 9.31
GARAGE FLOOR: (Lowest floor, inadequate venting)	ELEV. 9.31
*UTILITY PLATFORM:	ELEV. 10.91
MAIN FLOOR:	ELEV. 18.26
ROOF PEAK:	ELEV. 38.53

* LOWEST MECHANICALS ON UTILITY PLATFORM

LOT AND BLOCK DESIGNATIONS

Underlined Tax Lot and Block numbers are shown on the Official Tax Map of the City of Ocean City, prepared by John R. Walker, dated November, 1980. Non-Underlined Tax Lot and Block numbers refer to the former Official Tax Map of the City of Ocean City, prepared by J.F. Hyland, dated June 1, 1960.

Any Insurer of Title relying hereon and any other party in interest:
In consideration of the fee paid for making this survey, I hereby certify to its accuracy, (except such easements, if any, that may exist below the surface of the lands and not visible) an inducement for any insurer of title to insure the title to the lands and premises as shown hereon.
This certification is made only to the above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including, but not limited to, affidavit, resale of property, or to any other purpose not listed in certification, either directly or indirectly.

Michael W. Hyland Associates, P.A.
ENGINEERS/ARCHITECTS/DESIGN CONSULTANTS/PLANNERS/SURVEYORS
101 EAST EIGHTH STREET OCEAN CITY, NEW JERSEY 08226
PHONE: (609) 398-4477 FAX: (609) 398-7366

FINAL AS-BUILT SURVEY

LOT 9 BLOCK 205
OCEAN CITY, CAPE MAY COUNTY, N.J.

DRAWN BY	BRP
DATE	3/04/03
CHECKED BY	SBG
DATE	3/04/03
SCALE	1"=10'
PROJ. No.	4518
W.O. No.	–

MICHAEL W. HYLAND
N.J.P.E. & L.S. No. 20509
N.J.R.A. No. A1 09025

BK. 875 PG. 1 DWG. No. S- 11381

CITY OF OCEAN CITY
CODE ENFORCEMENT

Apr 6 11 12 PM

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use:
BUILDING OWNER'S NAME **924-26 DELANCEY PL. CONDO ASSN.** Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
ADDRESS 824-26 DELANCEY PLACE Company NAIC Number
CITY STATE ZIP CODE **OCEAN CITY, NEW JERSEY 08226**
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.**BLOCK 205 LOT 10**
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
(RESIDENTIAL)
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type):
(##o - ##' - ##.##" or ##.#####o) NAD 1927 NAD 1983 USGS Quad Map
Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **OCEAN CITY, NJ 345310**
B2. COUNTY NAME **CAPE MAY** B3. STATE **NEW JERSEY**

B4. MAP AND PANEL NUMBER **345310 0001** B5. SUFFIX **C** B6. FIRM INDEX DATE **7-15-1992** B7. FIRM PANEL **0001**
EFFECTIVE/REVISED DATE **9-5-1984** B8. FLOOD ZONE(S) **A-7**
B9. **BASE FLOOD ELEVATION(S)** (Zone AO, use depth of flooding) **9.0**
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 **(FINISHED CONSTRUCTION)**
*A new Elevation Certificate will be required when construction of the building is complete.
C2. **BUILDING DIAGRAM NUMBER 7 SEE COMMENTS** (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-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 **(NGVD 1929)** Conversion/Comments **NO CONVERSION**
Elevation reference mark used **TIDAL 3 10.33** Does the elevation reference mark used appear on the FIRM? **NO**

a) Top of bottom floor (including basement or enclosure)	**9.0 & 9.5** ft.
b) Top of next higher floor	**19.1** ft.
c) Bottom of lowest horizontal structural member (V zones only)	**N.A.** ft.
d) Attached garage (top of slab)	**9.0.** ft.
e) Lowest elevation of machinery and/or equipment servicing the building **(HEATER)**	**11.0** ft.
f) Lowest adjacent finished grade (LAG)	**8.7** ft.
g) Highest adjacent finished grade (HAG)	**8.8** ft.
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	**12**
i) Total area of all permanent openings (flood vents) in C3h _sq. in.	**4000**

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 **GORDON M. LUDWIG P.L.S.** **N.J. LICENSE NUMBER 33531**
TITLE **LAND SURVEYOR** COMPANY NAME **POINT TO POINT SURVEYING CO., INC.**
ADDRESS CITY STATE ZIP CODE **P.O. BOX 299 SOMERS POINT, NEW JERSEY 08244**
SIGNATURE **MAR. 2001** **609-927-9295**

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.
ADDRESS **824-26 DELANCEY PLACE** Policy Number
CITY STATE ZIP CODE **OCEAN CITY, NJ 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 **C3-A IS THE GARAGES & STORAGE AREAS. C3-B IS THE LOWEST LIVING SPACE FLOOR. SIDE WALLS ABOVE ELEV 10.0+/- ARE FRAME.**

Check here if attachments

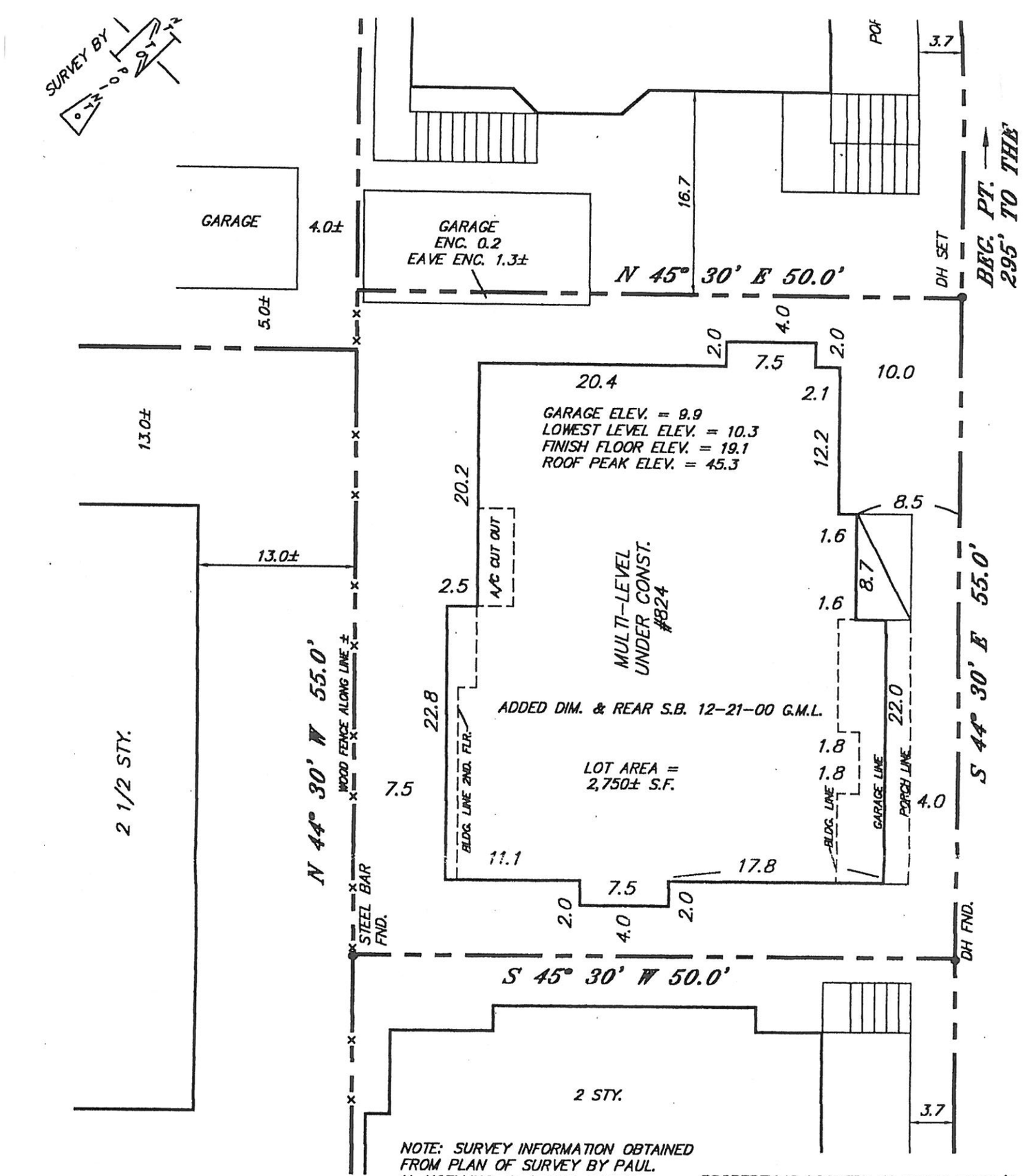
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)
For Zone AO and Zone A (without BFE), complete Items E1 through E4. *If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.* E1. 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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) _in.(cm) above the highest adjacent grade. E4. 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 00-1261 G5. Date Permit Issued 8/3/00 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 4/11/01
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



NOTE: SURVEY INFORMATION OBTAINED FROM PLAN OF SURVEY BY PAUL. H. KOELLING, & ASSOC. DATED JULY 13, 1995.

PROPERTY IS LOCATED IN FLOOD ZONE 'A-

BLOCK AND LOT NUMBERS REFER TO THE THE CITY OF OCEAN CITY.

GENERAL NOTES:

TITLE SEARCH:
THIS SURVEY HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE SEARCH AND IS SUBJECT TO EASEMENTS, VALIDITY OF CHAIN OF TITLE, ETC., THAT A SUBSEQUENT SEARCH MAY DISCLOSE.

WETLANDS: (UNLESS OTHERWISE NOTED HEREON)
NO FRESHWATER WETLANDS, RIGHTS OR INTERESTS OF THE UNITED STATES OF AMERICA OR THE STATE OF NEW JERSEY OVER LANDS NOW OR FORMERLY FLOWED BY TIDE WATERS BUT NO LONGER VISIBLE ARE PHYSICALLY EVIDENT OR LANDS CONTAINING OR AFFECTED BY ANY ANIMAL, MARINE OR BOTANICAL SPECIES REGULATED, PROTECTED BY OR UNDER THE JURISDICTION OF ANY FEDERAL, STATE, OR LOCAL AGENCY HAVE BEEN LOCATED OR DELINEATED AS PART OF THIS PROJECT.

UTILITIES:
NO ATTEMPT WAS MADE TO LOCATE THE UNDERGROUND UTILITIES WHICH MAY EXIST ON THIS PROPERTY. PRIOR TO ANY EXCAVATION, CONTRACTOR SHALL BE RESPONSIBLE TO DETERMINE THEIR EXACT LOCATION.

HAZARDOUS SUBSTANCE:
WE ARE NOT EXPERTS IN THE DETECTION AND IDENTIFICATION OF POTENTIALLY HAZARDOUS SUBSTANCES, NOR DOES THIS PLAN PURPORT TO REVEAL THE PRESENCE OF SUCH SUBSTANCES.

BUILDING OFFSETS:
ALL BUILDING OFFSETS ARE TO THE FACE OF SIDING UNLESS OTHERWISE NOTED, AND ARE SHOWN FOR THE PURPOSE OF CHECKING ZONING AND DEED RESTRICTIONS. NO RESPONSIBILITY OR LIABILITY SHALL BE ASSUMED BY THIS SURVEYOR IF THEY ARE USED FOR ANY OTHER PURPOSES.

IN CONSIDERATION OF A FEE

I DECLARE THAT TO THE BEST OF MY PROFESSIONAL KNO AND BELIEF, THIS MAP OR PLAN IS A RESULT OF A FIELD OR UNDER MY DIRECT SUPERVISION, IN ACCORDANCE WITH AND REGULATIONS OF THE "STATE BOARD OF PROFESSION SURVEYORS, N.J.A.C. 13:40-5.1 LAND SURVEYORS , PREPAR THE INFORMATION SHOWN HEREON CORRECTLY REPRESENT AS OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH M "OF RECORD" IF ANY BELOW THE SURFACE AND NOT VISI THIS DECLARATION IS GIVEN SOLELY TO THE ABOVE NAME TRANSACTION ONLY AND IS NOT TRANSFERABLE EXCEPT A. TO THE TITLE INSURER SO IT MAY INSURE TITLE TO TH B. TO THE MORTGAGE HOLDER THE DECLARATION SHALL AND/OR ASSIGN(S).

CAUTION: IF THIS DOCUMENT DOES NOT CO IMPRESSION SEAL OF THE PROFES APPEARS HEREON, IT IS NOT AN DOCUMENT AND MAY HAVE BEEN

LOCATION PLAN

BLOCK 205 LOT 10

CITY OF OCEAN CITY

POINT TO POINT SURVEYIN
P.O. BOX 299 SOMERS POINT, NJ
609-927-9295
FAX 609-653-8404

GORDON M. LUDW
LICENSED LAND SURVEYO

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.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: CITY OF OCEAN CITY CODE ENFORCEMENT

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
834 DELANCY PLACE

2004 MAY 27 P 12:06

CITY: OCEAN CITY, NJ STATE: 08226 ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
BLOCK 205, LOT 12

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
345310 0001 C	CAPE MAY	NJ

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7/15/92	9/5/84	A7	10

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 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, 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 1929 Conversion/Comments ____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- o a) Top of bottom floor (including basement or enclosure) 9.3 ft.(m)
- o b) Top of next higher floor 18.1 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) 9.3 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.3 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 9.2 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 9.3 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12
- o i) Total area of all permanent openings (flood vents) in C3.h 3931 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: 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: 1-12-04
TELEPHONE: 856-374-1134

REV: 2-2-04 (VENTS)
REV: 4-30-04 (FINAL)
REV: 5-10-04 (C-2)

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.			For Insurance Company Use:
834 DELANCY 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
03/5011502	8/5/03	6/1/04

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

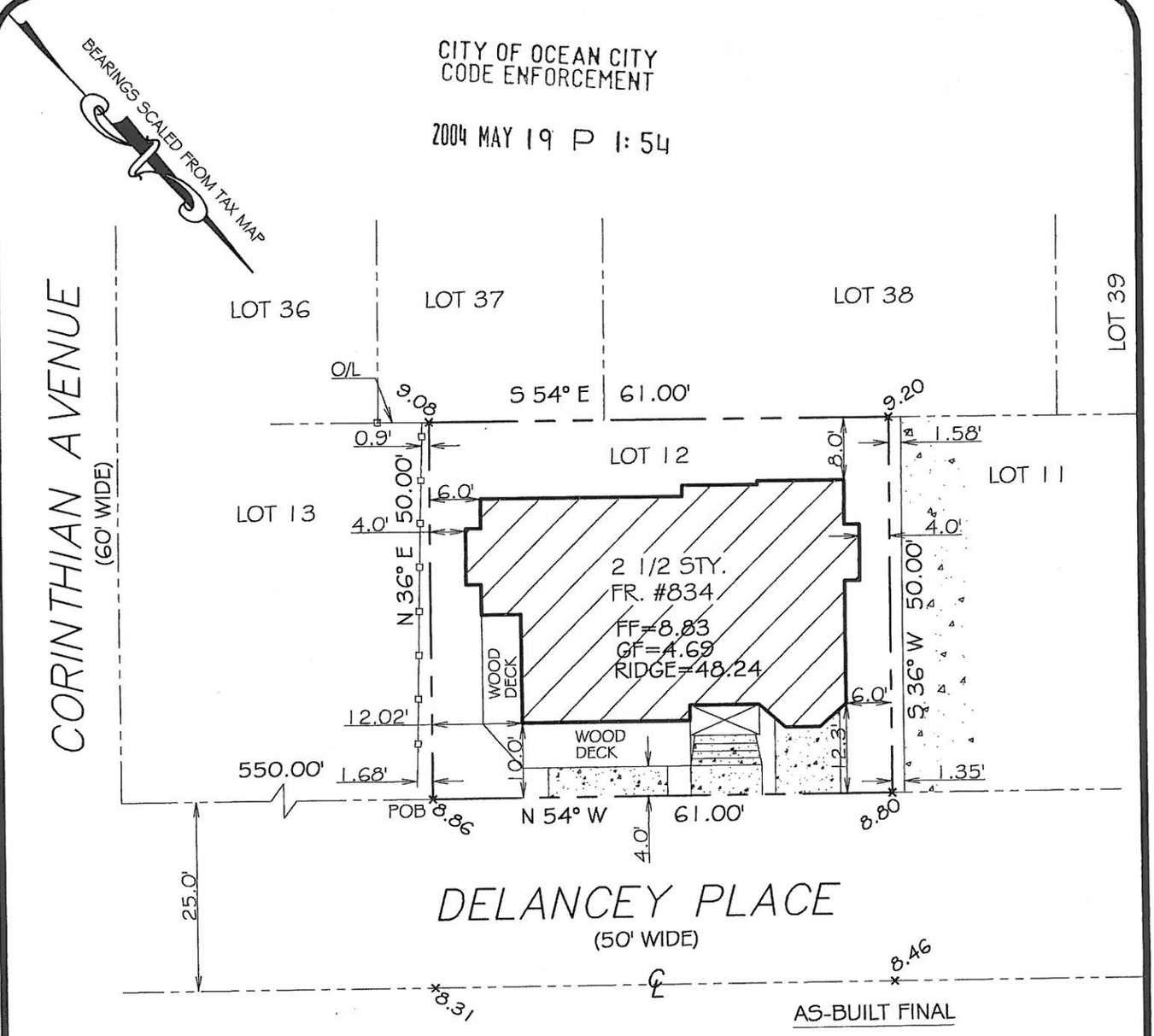
SIGNATURE | DATE

COMMENTS

☐ Check here if attachments

CITY OF OCEAN CITY
CODE ENFORCEMENT

2004 MAY 19 P 1:54



AS-BUILT FINAL

LOT AREA=3050 SQFT.
LIMIT OF FND.= 46%
BLDG. PORCHES/CONC=15%
IMPERVIOUS COVERAGE=61%
ROOF PEAK ELEV=48.24
ROAD CENTERLINE ELEV.=8.46
(DIFF.=39.78)

- OUTBOUNDS BASED ON TAX MAP ONLY
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 12, BLOCK 205, 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: BLSJ

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

DATE	10-08-03
SCALE	1"=20'
DRN:	JLG

SURVEY NO. 0309120

REV: 10-15-03 (REVIEW)
REV: 10-23-03 (PIN FOOTING)
REV: 12-30-03 (AS-BUILT U.C.)
REV: 04-30-04 (AS-BUILT FINAL)
REV: 05-05-04 (DIM)

SURVEY OF PREMISES	SITUATE IN:
834 DELANCY PLACE	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

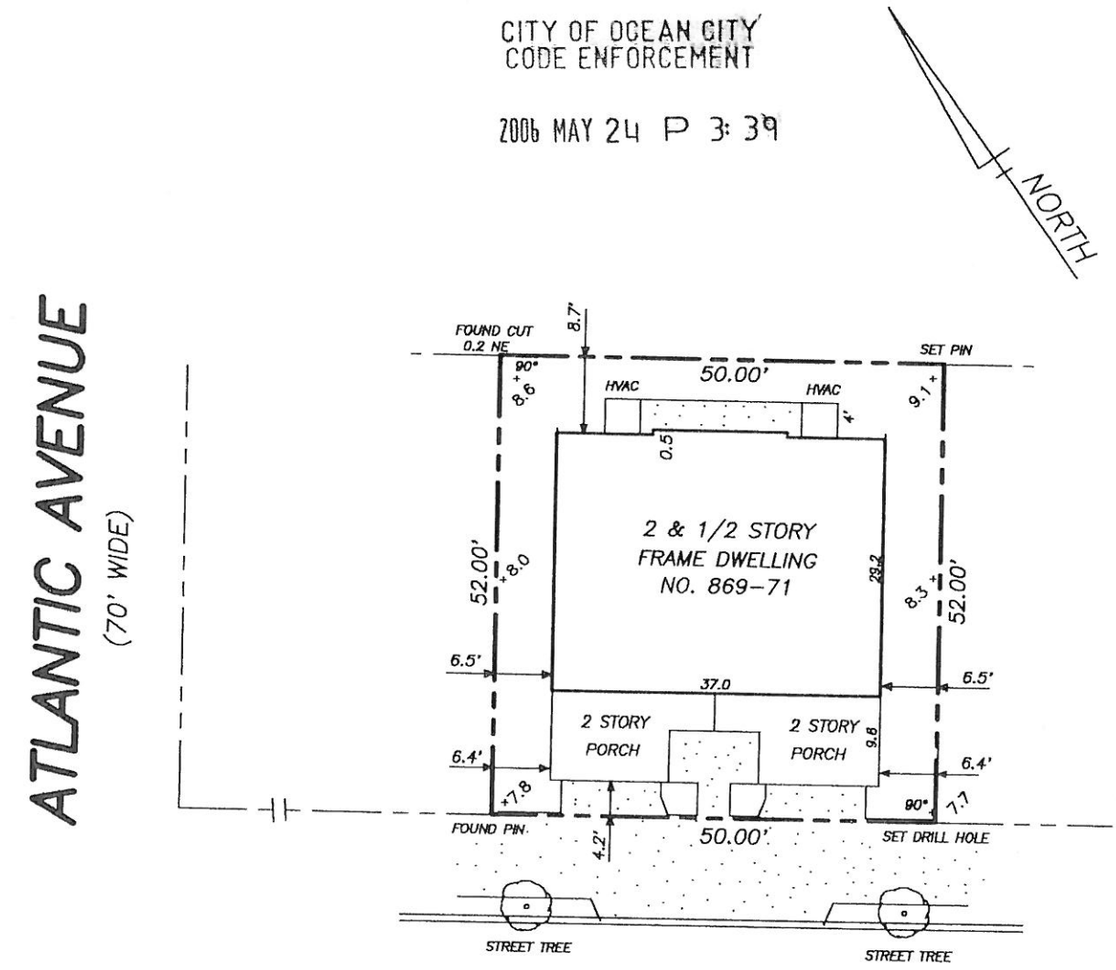
TO: SCOTT HALLIDAY

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, and not visible, 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 38606

CITY OF OCEAN CITY
CODE ENFORCEMENT

2006 MAY 24 P 3:39



+ X.X= NGVD 1929 ELEVATION

COVERAGE AND HEIGHT

LOT AREA– 2,600 SF.
BUILDING AREA– 1,090 SF., 41.9%
1/2 STORY, 576 SF., 52.8% OF 2ND FL
IMPERVIOUS AREA– 1,650 SF, 63.5%
CENTERLINE ELEVATION– 7.24 FT.
PEAK ELEVATION– 44.2 FT.
BUILDING HEIGHT– 36.7 FT.

ISSUED TO:

MITCO CONSTRUCTION, INC.

FINAL CONSTRUCTION SURVEY

~~~NOT FOR CONVEYANCE ~~~

LOT 26 BLOCK 205
CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ

DATE: MARCH 1, 2006 SCALE: 1"= 20' DWN. BY: JES

THIS SURVEY IS FOR USE IN APPLYING FOR MUNICIPAL APPROVAL OF NEW CONSTRUCTION. THE SURVEYOR WILL NOT ACCEPT RESPONSIBILTY FOR ITS USE FOR ANY OTHER PURPOSE.

5/4/06

JAMES E SCHWAB III
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NUMBER 33,536

SCHWAB LAND SURVEYING AND PLANNING, LLC.
8 EAST 10TH STREET
OCEAN CITY, NEW JERSEY 08226
TELE 609-398-0565 FAX 398-1861
CERTIFICATE OF AUTHORIZATION NO. 24GA28101600

FILE: 05-220 FIELD BOOK: ~~~
~~~

CITY OF OCEAN CITY
CODE ENFORCEMENT

JUL 7 11 34 AM '00

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use:
BUILDING OWNER'S NAME **FRANK & BERNICE GIERSTORFER** Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
ADDRESS **865-67 THIRD STREET** Company NAIC Number
CITY STATE ZIP CODE **OCEAN CITY, NEW JERSEY 08226**
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **BLOCK 205 LOT 27**
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) **(RESIDENTIAL)**
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (
##o - ##' - ##.##" or ##.#####o) NAD 1927 NAD 1983 USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **OCEAN CITY, NJ 345310**
B2. COUNTY NAME **CAPE MAY** B3. STATE **NEW JERSEY**
B4. MAP AND PANEL NUMBER **345310 0001** B5. SUFFIX **C** B6. FIRM INDEX DATE **7-15-1992** B7. FIRM PANEL **0001**
EFFECTIVE/REVISED DATE **9-5-1984** B8. FLOOD ZONE(S) **A-7**
B9. **BASE FLOOD ELEVATION(S)** (Zone AO, use depth of flooding) **10.0**
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 1 (SEE COMMENTS)** (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-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 **(NGVD 1929)** Conversion/Comments **NO CONVERSION**
Elevation reference mark used **CMCMUA T-9 EL 4.34** Does the elevation reference mark used appear on the FIRM? **NO**

a) Top of bottom floor (including basement or enclosure)	**GARAGE 8.3** ft.
b) Top of next higher floor	**18.0** ft.
c) Bottom of lowest horizontal structural member (V zones only)	**N.A.** ft.
d) Attached garage (top of slab)	**8.3** ft.
e) Lowest elevation of machinery and/or equipment servicing the building	**UKN** ft.
f) Lowest adjacent grade (LAG)	**7.5** ft.
g) Highest adjacent grade (HAG)	**8.3** ft.
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	**16**
i) Total area of all permanent openings (flood vents) in C3h	**3450** sq. in.

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 **GORDON M. LUDWIG P.L.S.** **N.J. LICENSE NUMBER 33531**
TITLE **LAND SURVEYOR** COMPANY NAME **POINT TO POINT SURVEYING CO., INC.**
ADDRESS CITY STATE ZIP CODE **P.O. BOX 299 SOMERS POINT, NEW JERSEY 08244**
SIGNATURE **JULY. 2000** **609-927-9295**

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.
ADDRESS **865-67 THIRD STREET** Policy Number
CITY STATE ZIP CODE **OCEAN CITY, NJ 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 **GOUND FLOOR IS GARAGE AND ENTRY FOYER THAT IS VENTED AS STATED. LEVELS 2 & 3 ARE LIVING SPACE.**

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 E4. *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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) _in.(cm) above the highest adjacent grade. E4. 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

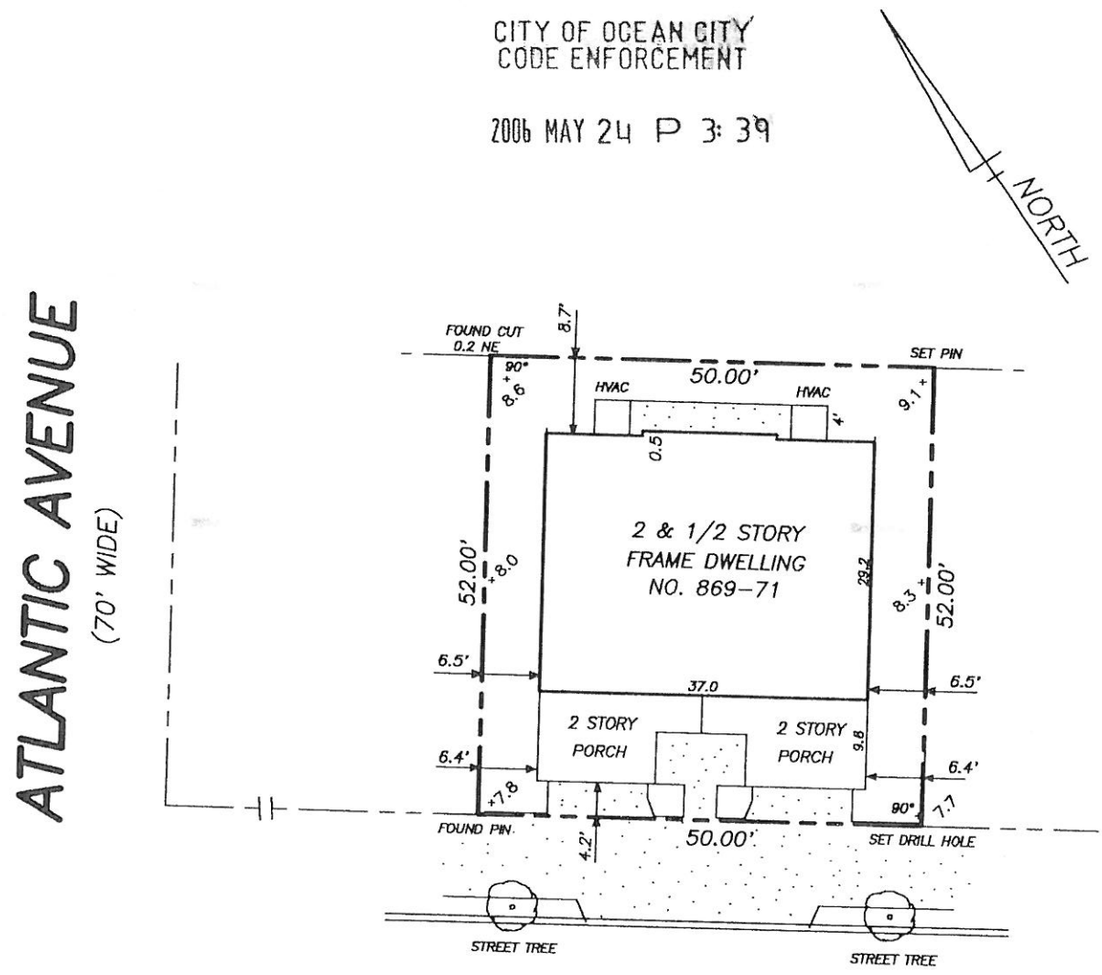
SECTION G - COMMUNITY INFORMATION (OPTIONAL)
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.
G1. The information 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 G5. Date Permit Issued G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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

CITY OF OCEAN CITY
CODE ENFORCEMENT

2006 MAY 24 P 3:39



THIRD STREET

(60' WIDE)

+ X.X= NGVD 1929 ELEVATION

COVERAGE AND HEIGHT

LOT AREA– 2,600 SF.
BUILDING AREA– 1,090 SF., 41.9%
1/2 STORY, 576 SF., 52.8% OF 2ND FL
IMPERVIOUS AREA– 1,650 SF, 63.5%
CENTERLINE ELEVATION– 7.24 FT.
PEAK ELEVATION– 44.2 FT.
BUILDING HEIGHT– 36.7 FT.

ISSUED TO:

MITCO CONSTRUCTION, INC.

FINAL CONSTRUCTION SURVEY

~~~NOT FOR CONVEYANCE ~~~

LOT 26 BLOCK 205
CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ

DATE: MARCH 1, 2006 SCALE: 1"= 20' DWN. BY: JES

THIS SURVEY IS FOR USE IN APPLYING FOR MUNICIPAL APPROVAL OF NEW CONSTRUCTION. THE SURVEYOR WILL NOT ACCEPT RESPONSIBILTY FOR ITS USE FOR ANY OTHER PURPOSE.

5/4/06

JAMES E SCHWAB III
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NUMBER 33,536

SCHWAB LAND SURVEYING AND PLANNING, LLC.
8 EAST 10TH STREET
OCEAN CITY, NEW JERSEY 08226
TELE 609-398-0565 FAX 398-1861
CERTIFICATE OF AUTHORIZATION NO. 24GA28101600

FILE: 05-220 FIELD BOOK: ~~~
~~~

National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expires March 31, 2012

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 873 - 875 Third St
City OCEAN CITY State NJ ZIP Code 08226

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX MAP Block 205 LOT 25

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 039° 16.857' Long. 074° 33.731' Horizontal Datum: ☒ NAD 1927 ☐ 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 7

A8. For a building with a crawlspace or enclosure(s):
a) Square footage of crawlspace or enclosure(s) 230 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4
c) Total net area of flood openings in A8.b 1296 sq in
d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
a) Square footage of attached garage 584.6 sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 6
c) Total net area of flood openings in A9.b 1944 sq in
d) Engineered flood openings? ☐ Yes ☒ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B2. County Name	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B3. State	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
OCEAN CITY 345316	345316 0001	C	7 15 92	CAPE MAY	9 5 07	A7	NJ	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)

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.
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 Vertical Datum NGVD 29
Conversion/Comments

		Check the measurement used
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.7	☒ feet ☐ meters (Puerto Rico only)
b) Top of the next higher floor	12.9	☒ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	8.5	☒ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10.1	☒ feet ☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	8.1	☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	8.3	☒ feet ☐ meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	8.3	☒ feet ☐ 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 P KARR License Number 31269
Title LAND SURVEYOR Company Name KARR LAND SURVEYING
Address PO BOX 89 City OCEANVIEW State NJ ZIP Code 08230
Signature Thomas P. Karr Date 3/6/09 Telephone 1-877-390-7936 609 561 4903

Replaces all previous editions

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.: 873 - 875 THIRD ST.

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	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
20081489 + 1490	11/25/08	8/7/09

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 _____

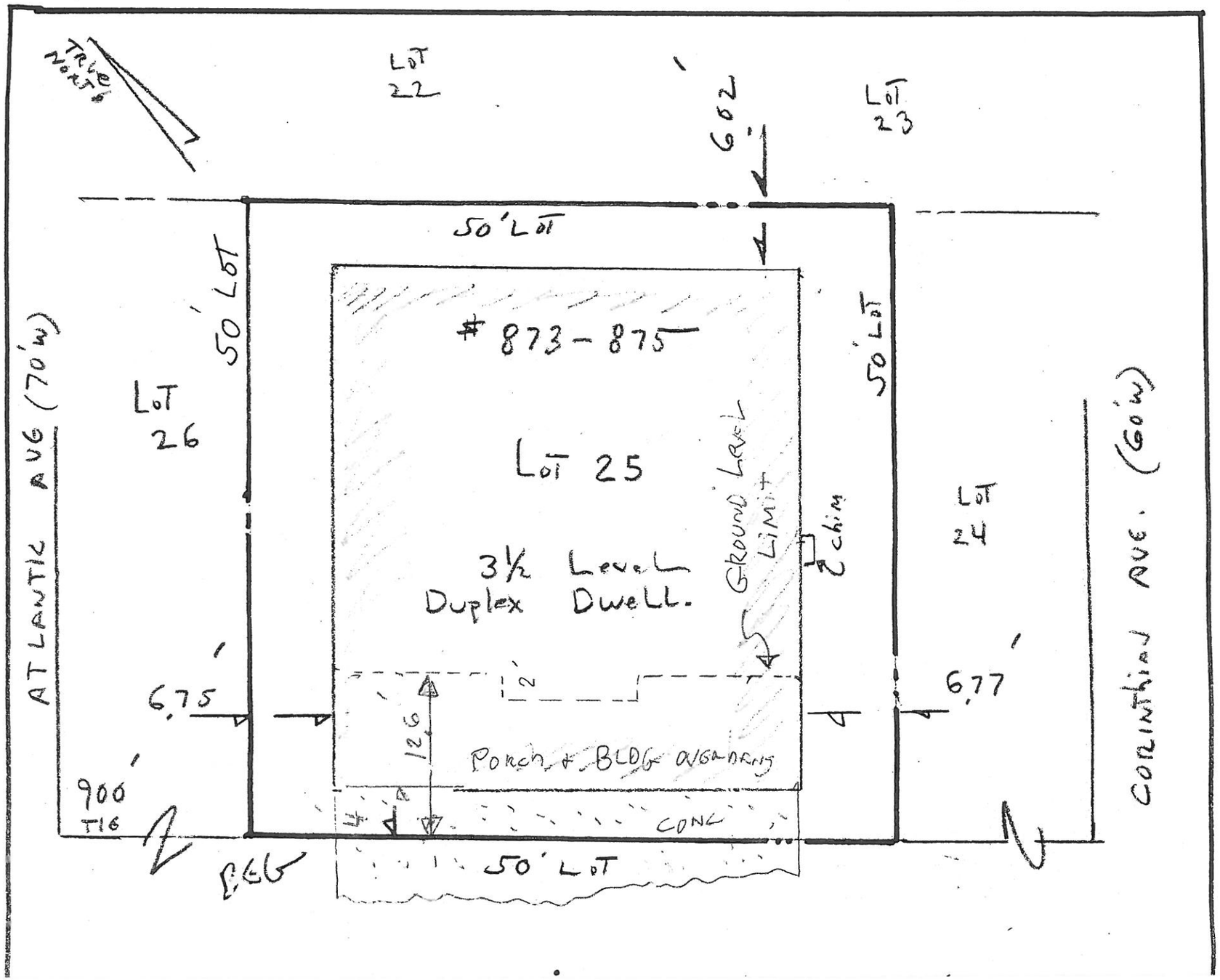
Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments



TRUE NORTH
LOT 22
LOT 23
602'
50' LOT
50' LOT
50' LOT
50' LOT
873 - 875
LOT 26
LOT 25
3½ Level Duplex Dwell.
GROUND LEVEL LIMIT
chim
LOT 24
ATLANTIC AVE (70'W)
CORINTHIAN AVE. (60'W)
6.75'
6.77'
12.6'
2'
Porch + BLDG overhang
CONC
900' TIE
BEG
50' LOT

THIRD St. (60'w)

ELEV ARE NGVD 29

℄ 3RD St. ELEV 7.20

ELEV of cupola 48.10 40.9' above ℄
ELEV of Roof 44.10 36.9 above ℄

7.29.09
FINAL ASBUILT

TOTAL BLDG COV.
42 %

IMPERVIOUS COV
64.64 %

THIS IS NOT A TITLE SURVEY

THIS SURVEY IS MADE SUBJECT TO ANY RIGHTS, RESTRICTIONS, EASEMENTS, RIGHT OF WAY, EXCEPTIONS, OR COVENANTS THAT AN ACCURATE AND CURRENT TITLE REPORT MAY DISCLOSE.

BUILDING TIES TO PROPERTY LINE ARE TO BE USED FOR CHECKING COMPLIANCE WITH ZONING REGULATIONS AND NOT TO BE USED FOR ANY OTHER PURPOSE

KARR
-℄-
LAND SURVEYING
mailing address P.O. BOX 89 OCEANVIEW, N.J. 08230
PHONE 609 390 7936 · FAX 340 7937
Thom P. Karr
THOMAS P KARR
NJ PROFESSIONAL LAND SURVEYOR
NJ SURVEYORS LICENSE # 33269
111 DELWYN LANE COLLINGS LAKES, NJ 08094

PLAN OF SURVEY

BLOCK(s) 205 LOT(s) 25
OCEAN CITY
COUNTY OF CAPE MAY
NEW JERSEY

TYPE THREE SURVEY
THIS IS NOT AN ALTA STANDARDS SURVEY
REVISIONS Date.
DATE OF PLAT 7 29 09 Drawn By Chk'd By
SCALE 1" = 10'
PROJECT NO. 94241

PROPERTY SIZE
56' BY 50'
ALL LOT CORNERS ARE 90 DEGREES
CONT: 2500 SF

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expires March 31, 2012

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 873 - 875 THIRD ST
City OCEAN CITY State NJ ZIP Code 08226

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX MAP Block 205 LOT 25

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 039° 16.857' Long. 074° 33.731' Horizontal Datum: ☒ NAD 1927 ☐ 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 7

A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s) 230 sq ft
- b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4
- c) Total net area of flood openings in A8.b 1296 sq in
- d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
- a) Square footage of attached garage 584.6 sq ft
- b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 6
- c) Total net area of flood openings in A9.b 1944 sq in
- d) Engineered flood openings? ☐ Yes ☑ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
OCEAN CITY 345316	CAPE MAY	NJ

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
345316 0001	C	7 NS 92	9 5 04	A7	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 Vertical Datum NGVD 29
Conversion/Comments

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.7	☒ feet	☐ meters (Puerto Rico only)
b) Top of the next higher floor	17.9	☒ feet	☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	☐ feet	☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	8.5	☒ feet	☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10.1	☒ feet	☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	8.1	☒ feet	☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	8.3	☒ feet	☐ meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	8.3	☒ feet	☐ 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 P KARR License Number 31269
Title LAND SURVEYOR Company Name KARR LAND SURVEYING
Address PO BOX 89 City OCEANVIEW State NJ ZIP Code 08230
Signature Thomas P. Karr Date 3/6/09 Telephone 1-877-390-7936
609 561 4403

Replaces all previous editions

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.	For Insurance Company Use:
873 - 875 THIRD ST.	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	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
20081489 + 1490	11/25/08	8/7/09

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