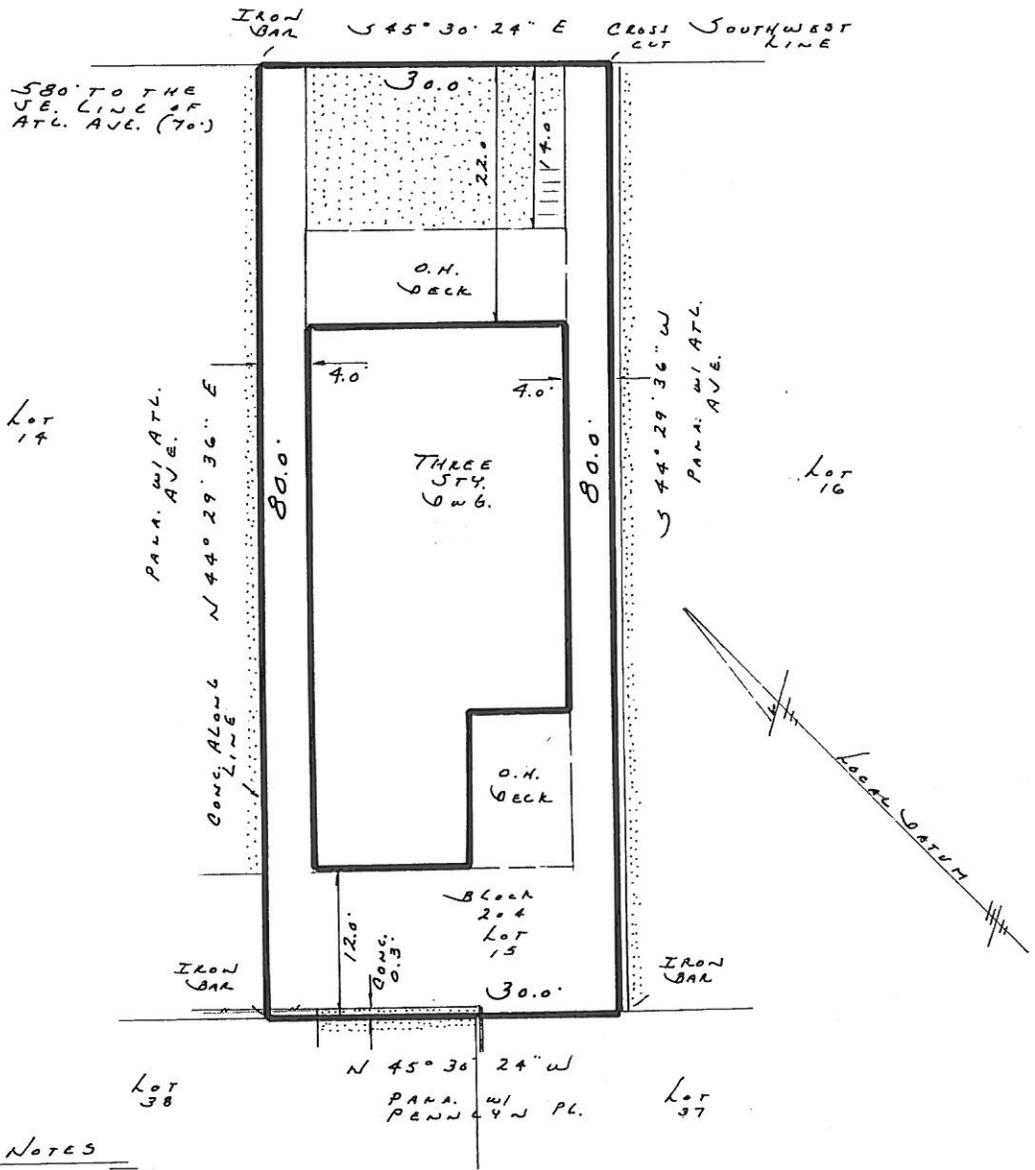


ELEV.
8.00
+)

PENNYLN PLACE

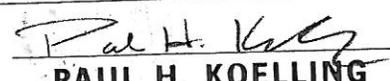
(60')



NOTES

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

UPDATE - 9/23/03 - FINAL SURVEY

<p>GENERAL NOTES:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 subdivisions, or for use by any other person or entity not specifically named, for any reasons other than as intended.</p>	<p style="text-align: center;">THE TANG'S,</p> <p>In consideration of the mutual covenants and promises contained in the agreement between above named parties and the underlined, 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.</p> <p>(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;</p> <p>(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.</p> <p>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.</p> <div style="text-align: center; margin-top: 20px;">  PAUL H. KOELLING PROFESSIONAL LAND SURVEYOR NEW JERSEY LICENSE NO. 21771 </div>	<p style="text-align: center;">SURVEY OF PREMISES</p> <p style="text-align: center;">SITUATE IN CITY OF OCEAN CITY CAPE MAY COUNTY, N.J.</p> <p style="text-align: center;">Block 204 Lot 15</p> <hr/> <p style="text-align: center;">PAUL H. KOELLING & ASSOC SURVEYING - PLANNING 2161 SHORE ROAD LINWOOD, N.J. 08221 (609) 927-0279</p> <hr/> <p style="text-align: center;">MAY 13, 2003 BY: <i>JOKALSK.</i> SCALE 1" = 10' PROJ. NO.: 5981</p>
---	--	---



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

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. 840 Pennlyn Place		Company NAIC Number	
CITY Ocean City	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 204 lot 15			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###.###" or ###.#####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Ocean City		B2. COUNTY NAME Cape May		B3. STATE NJ	
B4. MAP AND PANEL NUMBER 0001	B5. SUFFIX C	B6. FIRM INDEX DATE 07/15/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09/05/84	B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 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 2161 Shore Road	CITY Linwood	STATE NJ	ZIP CODE 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.

- 1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- 2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 03-0216	G5. DATE PERMIT ISSUED 1/29/03	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 10/20/03
------------------------------	-----------------------------------	---

- 7. This permit has been issued for: New Construction Substantial Improvement
- 8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- 9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments