

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 Ocean City	STATE NJ	ZIP CODE 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: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Ocean City 345310		B2. COUNTY NAME Cape May		B3. STATE New Jersey	
B4. MAP AND PANEL NUMBER 345310 0001	B5. SUFFIX C	B6. FIRM INDEX DATE 7/15/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/5/84	B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9 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.

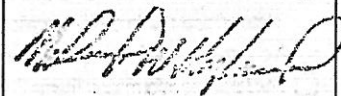
Datum NGVD Conversion/Comments

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

- a) Top of bottom floor (including basement or enclosure) 9. 31 ft.(m)
- b) Top of next higher floor 18. 26 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) ft.(m)
- d) Attached garage (top of slab) 9. 31 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10. 91 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 9. 21 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 9. 31 ft.(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 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
101 East Eighth Street

CITY
Ocean City

STATE
NJ

ZIP CODE
08226

SIGNATURE

DATE
3/5/03

TELEPHONE
(609) 398-4477

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. 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

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

☐ Check here if attachments

For Zone AO and Zone A (without BFE), complete Items E1 through 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

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

☐ Check here if attachments

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

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 02-1083 02-1084	G5. DATE PERMIT ISSUED 5/28/02	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 3/17/03
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

____ ft.(m)

Datum: ____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

____ ft.(m)

Datum: ____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

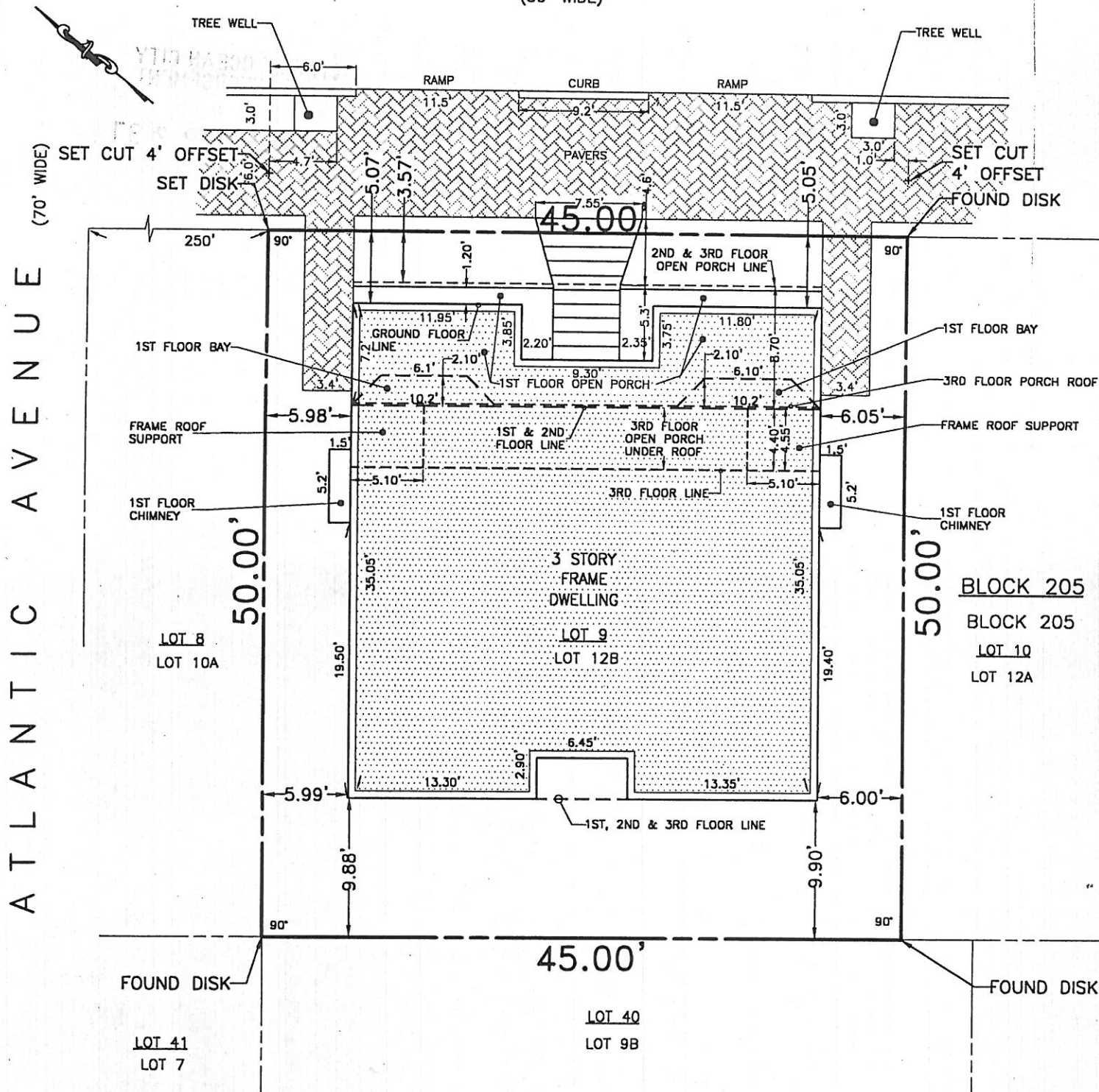
DATE

COMMENTS

☐ Check here if attachments

DELANCEY PLACE

(50' WIDE)



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
C DELANCEY PLACE & C LOT: ELEV. 8.78
LOW AVERAGE GRADE: ELEV. 9.21
HIGH AVERAGE GRADE: ELEV. 9.31
GARAGE FLOOR: ELEV. 9.31
(Lowest floor, inadequate venting)
* 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 SBC
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. AI 09025
BK. 875 DWG. S- 11381
PG. 1 No.