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NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

U.M.D. NO. 5001-0011
Expires December 31, 2005

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Island Developers

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 845 Third Street

CITY: Ocean City STATE: NJ ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Block 205, Lot 30

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: 345310 0001 C

B2. COUNTY NAME: Cape May

B3. STATE: NJ

B4. MAP AND PANEL NUMBER: 345310 0001

B5. SUFFIX: C

B6. FIRM INDEX DATE: 7-15-92

B7. FIRM PANEL EFFECTIVE/REVISED DATE: 9-5-84

B8. FLOOD ZONE(S): A7

B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 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

- a) Top of bottom floor (including basement or enclosure) 8.2 ft.(m)
- b) Top of next higher floor 10.8 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) 8.3 ft.(m)
- d) Attached garage (top of slab) _____ ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 8.0 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 9.2 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, E
Signature, and



THOMAS N. TOLBERT
NJ LIC. 38608

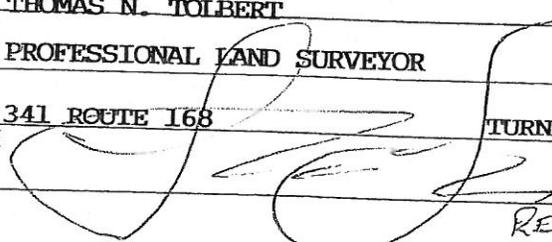
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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: 11/22/05 TELEPHONE: 856-374-1134

REV: 7/19/15 (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. 845 Third Street			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 20042683/2684	G5. DATE PERMIT ISSUED 11/17/04	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/25/05
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G7. This permit has been issued for: New Construction Substantial Improvement

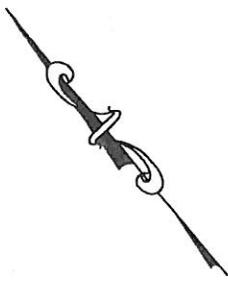
G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

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



LOT 16

LOT 17

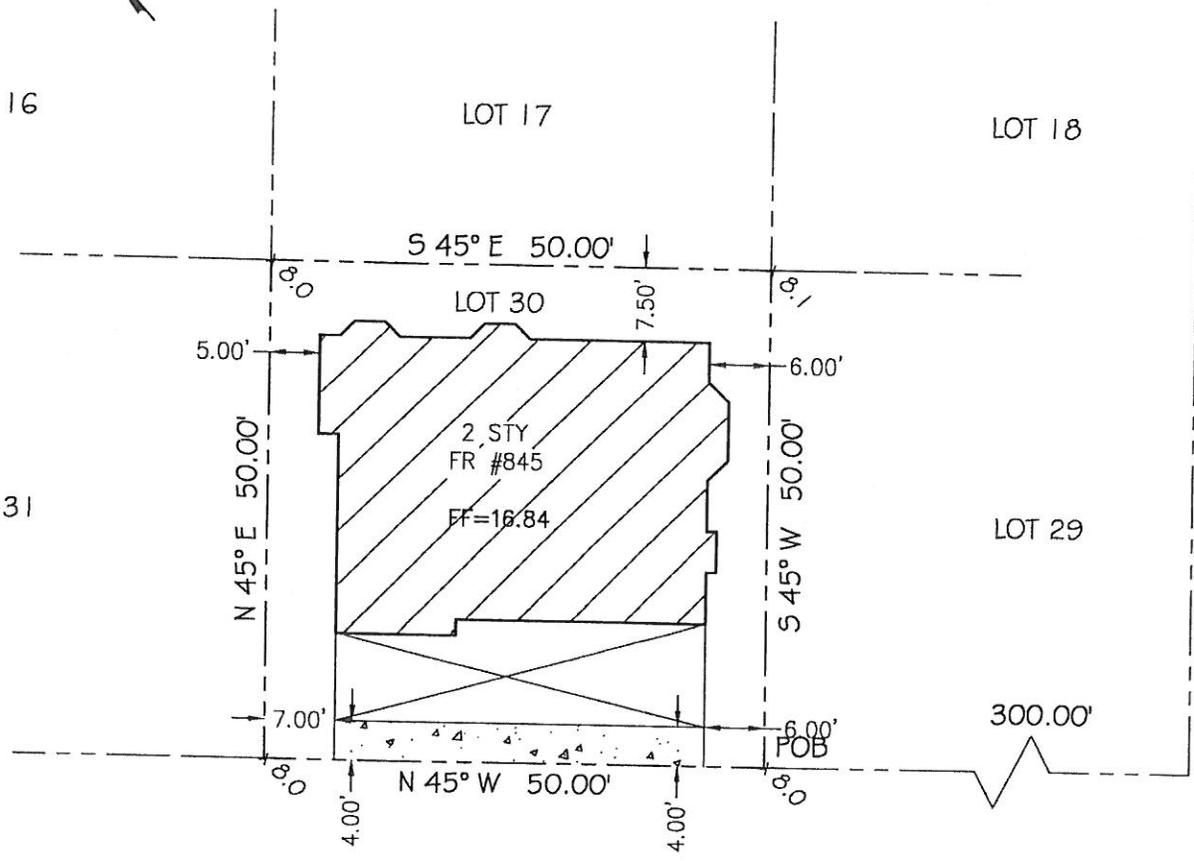
LOT 18

LOT 31

LOT 30

LOT 29

CORINTHIAN AVENUE
(60' WIDE)



3RD STREET (60' WIDE)

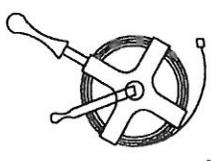
SURVEY WARNING: THIS PLAN IS ISSUED FOR BUILDING CERTIFICATE OF OCCUPANCY ONLY AND CAN NOT BE USED FOR ANY OTHER PURPOSE INCLUDING TITLE TRANSFER.

AS-BUILT FINAL

LOT AREA=2500 SQFT.±
 LIMIT OF FND.= 41%
 BLDG. PORCHES/CONC=20.4%
 IMPERVIOUS COVERAGE = 61.4%
 ROOF PEAK ELEV=43.84
 ROAD CENTERLINE ELEV.=7.57
 (DIFF.=36.27)

- OUTBOUNDS BASED ON TAX MAP ONLY
- THIS SURVEY PLAN IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 30, BLOCK 205, 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



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



DATE	10-27-04	SURVEY NO.
SCALE	1"=20'	0309105-01
DRN:	CDH	

SKETCH PLAT
845 3RD STREET

SITUATE IN:
CITY OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

REV: 04-25-05 (AS-BUILT UC)
 REV: 07-19-05 (FINAL)

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 in full. The 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