

ELEVATION CERTIFICATE

03-04

CITY OF OCEAN CITY, NJ
CODE ENFORCEMENT

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME JOSEPH SARAPPO	For Insurance Company Use:
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 829 THIRD STREET	Policy Number
CITY OCEAN CITY	Company NAIC Number

STATE
NJZIP CODE
08226PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 37 BLOCK 205BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIALLATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ###.###" or ###.####")HORIZONTAL DATUM:
☐ NAD 1927 ☐ NAD 1983SOURCE: ☐ GPS (Type):
☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 345310 OCEAN CITY	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) A-7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9 FT

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 SAME Conversion/Comments NONE

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

- | | |
|---|--------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | 9. 0 ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | 18. 2 ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | NA. _ ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | 8. 9 ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | 11. 4 ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | 8. 6 ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | 8. 8 ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0 | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm) | |

License Number, Embossed Seal,
Signature, and Date33536
6/28/04

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

JAMES E. SCHWAB III

LICENSE NUMBER 33,536

TITLE

LAND SURVEYOR

COMPANY NAME JAMES E. SCHWAB LAND SURVEYING

ADDRESS

8 EAST 10TH STREET

CITY

OCEAN CITY

STATE

NJ

ZIP CODE

08226

SIGNATURE

DATE

6/28/04

TELEPHONE

609-398-0565

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.			Policy Number
829 THIRD STREET			
CITY	STATE	ZIP CODE	Company NAIC Number
OCEAN CITY	NJ	08226	

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			
C3A IS GROUND FLOOR GARAGE AND STORE ROOM, C3B IS FIRST LIVING FLOOR.			
C3E IS ELEVATION OF FURNACE IN GARAGE. BUILDING HAS AN ELEVATOR SHAFT, BOTTOM OF SHAFT IS ELEVATION 8.5.			
<input type="checkbox"/> 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) <input type="checkbox"/> above or <input type="checkbox"/> 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. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) <input type="checkbox"/> above or <input type="checkbox"/> below (check one) the highest adjacent grade. (Use natural grade, if available).			
E5. 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.			

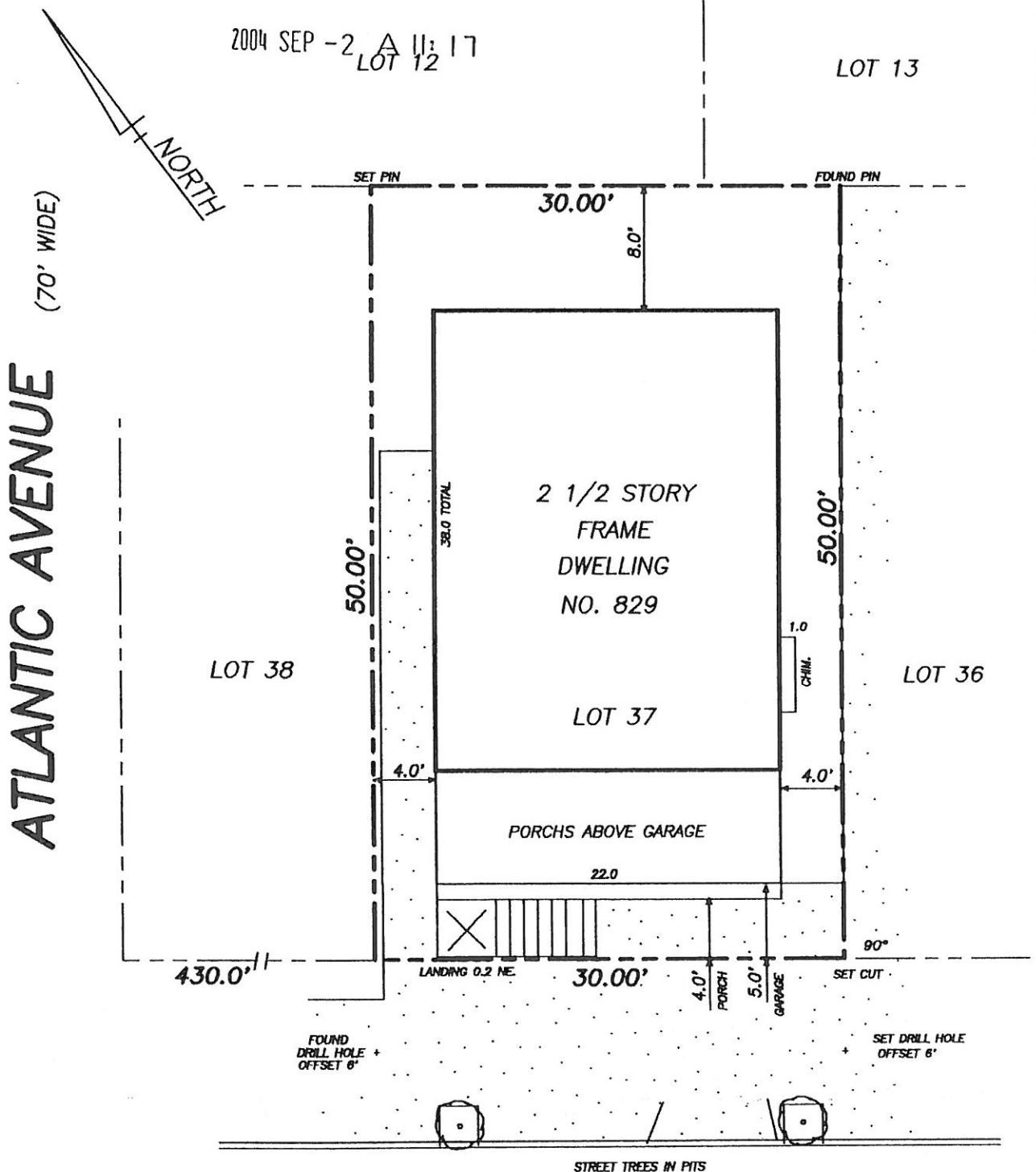
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION			
The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. <i>The statements in Sections A, B, C, and E are correct to the best of my knowledge.</i>			
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	STATE ZIP CODE
SIGNATURE		DATE	TELEPHONE
COMMENTS			
<input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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
021299	7/3/02	8/21/04 9/27/04
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> 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		
<input type="checkbox"/> Check here if attachments		

CITY OF OCEAN CITY
CODE ENFORCEMENT

2004 SEP -2 A 11:17
LOT 12

LOT 13



ISSUED TO:

JOSEPH SARAPPO

THIRD STREET (60' WIDE)

COVERAGE AND HEIGHT

LOT AREA- 1,500 SQ.FT.
BUILDING AREA- 660 SQ.FT., 0.44 %
PEAK ELEVATION- 48.6 FT.
CENTERLINE ELEVATION- 8.00 FT.
BASE FLOOD ELEVATION- 9 FT.
IMPERVIOUS AREA- 975 SQ.FT., 65%

CONCRETE RATED AS 50% IMPERVIOUS SURFACE AS
PER ALLOWANCE FOR PAVERS ON APPROVED PLANS.

**FINAL
CONSTRUCTION SURVEY**

**LOT 37 BLOCK 205
CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ**

DATE: JUNE 28, 2004 SCALE: 1"= 10' DWN. BY: JES

JAMES E. SCHWAB III
PROFESSIONAL LAND SURVEYOR
NEW JERSEY LICENSE NO. 33,536

JAMES E. SCHWAB III
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OCEAN CITY, NEW JERSEY 08226
TELE 609-398-0565 FAX 398-1861
FILE: 03-046 FIELD BOOK: NNN