

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 _____ For Insurance Company Use: _____
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. _____ Policy Number: _____
 CITY OCEAN CITY STATE NJ ZIP CODE 08226
 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX MAP Lot 40 Block 205
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL
 LATITUDE/LONGITUDE (OPTIONAL) _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 (##-##-### or ###-###-###) NAD 1927 NAD 1983 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER OCEAN CITY 345310 B2. COUNTY NAME CAPE MAY B3. STATE N.J.
 B4. MAP AND PANEL NUMBER 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) NINE
 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 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-l 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 NAVD '29 Conversion/Comments NONE
 Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? Yes No
 a) Top of bottom floor (including basement or enclosure) 8.60 ft(m)
 b) Top of next higher floor 17.34 ft(m)
 c) Bottom of lowest horizontal structural member (V zones only) NA ft(m)
 d) Attached garage (top of slab) 8.60 ft(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 10.60 ft(m)
 f) Lowest adjacent (finished) grade (LAG) 8.6 ft(m)
 g) Highest adjacent (finished) grade (HAG) 8.9 ft(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 9
 i) Total area of all permanent openings (flood vents) in C3.h 2304 sq. in. (sq. cm)

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 31267
 TITLE Prof. LAND SURVEYOR COMPANY NAME _____
 ADDRESS PO BOX 89 CITY SEAVILLE STATE NJ ZIP CODE 08230
 SIGNATURE Thomas P. Karr DATE 11/25/02 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.

CITY: OCEAN CITY NJ STATE

817 3rd St ZIP CODE 08226

For Insurance Company Use
Policy Number
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 CITY OF OCEAN CITY CODE ENFORCEMENT

NOV 26 P 1:41

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 01-2540 + 01-2541	G5. DATE PERMIT ISSUED 12/24/01	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 12/5/02
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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

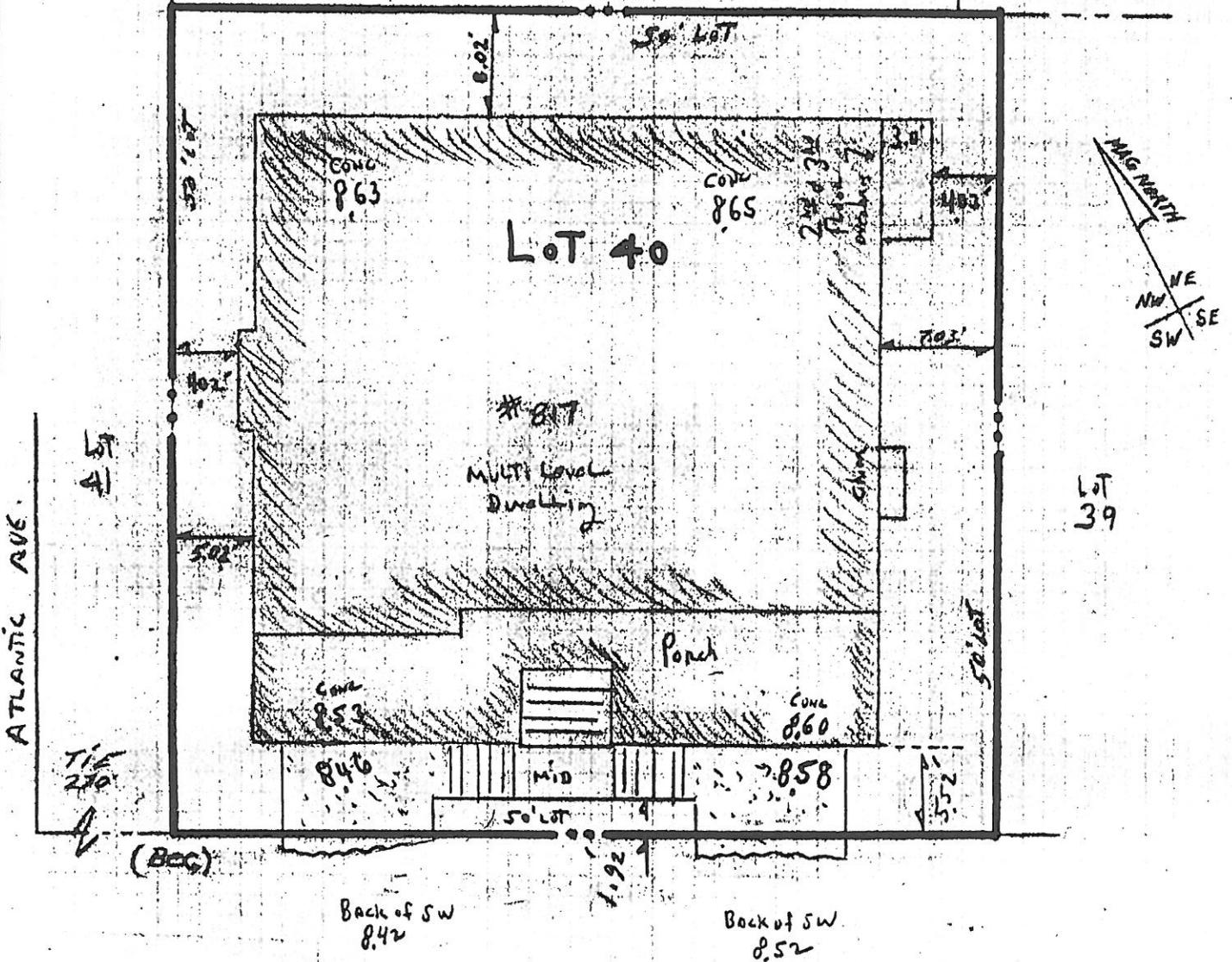
Check here if attachments

CITY OF OCEAN CITY
CODE ENFORCEMENT

LOT 9

LOT 10

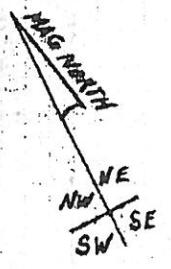
2002 NOV 26 P 1:41



ATLANTIC AVE.

LOT 38

LOT 39



PROPERTY SIZE
50' BY 50'

ALL LOT CORNERS
ARE 90 DEGREES

3RD ST. ELEV ALC NGVD 29

TOTAL LOT AREA: 2500 SF

LIMIT OF FOUNDATION 54.0' &
BLDG PORCHES AND CONC 64.9' &

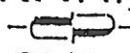
ROOF PEAK ELEV 48.45

CENTERLINE OF 8.35

DIFF. 40.1

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

FINAL AS-BUILT

KARR  LAND SURVEYING		PLAN OF SURVEY	
mailing address → P.O. BOX 89 OCEANVIEW, N.J. 08230		BLOCK 205 LOT 40 OCEAN CITY	
PHONE 609 390 7936 FAX 390 7937 <i>Thomas P. Karr</i>		COUNTY OF <u>CAPE MAY</u> NEW JERSEY	
THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269 location: route 9 MARMORA NJ		TYPE THREE SURVEY THIS IS NOT AN ALTA STANDARD SURVEY	DATE OF PLAN 11/25/02 DRAWN BY DM CHECKED BY TK SCALE 1" = 10' PROJECT NO. 00617
		REVISIONS Date	PROJECT NO. 00617