

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Expires December 31, 2005

Important: Read the instructions on pages 1-7.

| | | | |
|---|--------------------|---|--|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME B.F. Ventures | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 233 Asbury Avenue | | Company NAIC Number | |
| CITY Ocean City | STATE NJ | ZIP CODE 08226 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 210 Lot 6 | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or ###.###) | | HORIZONTAL DATUM: <input checked="" 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 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. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____ B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ | | | |

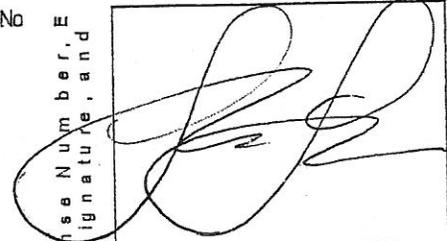
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 **2** (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.)

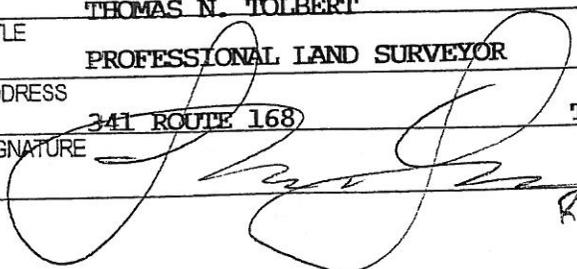
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA, ARIA/AO
 Complete Items C3-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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

| | |
|---|--------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | 6.5 ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | 11.9 ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | - ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | 6.9 ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | 10.5 ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | 6.3 ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | 6.5 ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 16 | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 3456 sq. in. (sq. cm) | |

License Number, 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 |
| SIGNATURE  | ZIP CODE 08012 |
| | TELEPHONE 856-374-1134 |
| | DATE 3-22-05 |

REV: 6-16-5 (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. 233 Asbury Avenue | | | 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.

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.)

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G4-G9) is provided for community floodplain management purposes.

| | | |
|------------------------------------|-----------------------------------|--|
| G4. PERMIT NUMBER 20042170/2171 | G5. DATE PERMIT ISSUED 9/28/04 | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 6/23/05 |
|------------------------------------|-----------------------------------|--|

This permit has been issued for: New Construction Substantial Improvement

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

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

BITUM. ALLEY

N 45° E 30.00'

LOT 6

25.00'

4.00'

4.00'

LOT 7

100.00'

LOT 5

100.00'

2 STY
FR #233

FF=11.88
RIDGE=38.88

3.00'

S 45° E

4.00'

4.00'

250.00'

POB S 45° W 30.00'

SECOND STREET (60' WIDE)

ASBURY AVENUE
(65' WIDE)

AS-BUILT FINAL

LOT AREA=3000 SQFT.±
LIMIT OF FND.= 40.0%
BLDG. PORCHES/CONC=27.4%
IMPERVIOUS COVERAGE = 67.4%
ROOF PEAK ELEV.=38.88
ROAD CENTERLINE ELEV.=6.27
(DIFF.=32.61)

- LOT AREA= 3000 S.F.±
- THIS SURVEY IS NOT A GUARANTEE OF OWNERSHIP
- BEING LOT 6, BLOCK 210, PLATE 10 TAX MAP OF THE CITY OF OCEAN CITY
- A.K.A. LOT 274, SECTION "A", PLAN OF OCEAN CITY ASSOCIATION.
- 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.

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

BRANNING SCALING FROM TAX MAP

Design Land Surveying P.A.

MEMBER OF:



341 RTE 168 Turnersville, N.J. 08012

Toll Free Phone 1-800-418-9373

Phone (856) 374-1134 - Fax (856) 374-1061

DATE 07-07-04

SURVEY NO.

SCALE 1"=20'

0406093A

DRN: JLG

SURVEY OF PREMISES

233 ASBURY AVENUE

SITUATE IN:

CITY OF OCEAN CITY
CAPE MAY COUNTY
NEW JERSEY

REV. 12-14-04 (BLDG S/O)

REV. 03-22-05 (AS BUILT UC)

REV. 06-15-05 (FINAL)

TO: B.F. VENTURES, LLC - TRIDENT LAND TRANSFER

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 within thirty (30) days of its billing. 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