

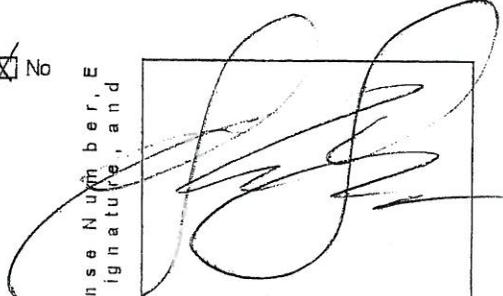
# ELEVATION CERTIFICATE

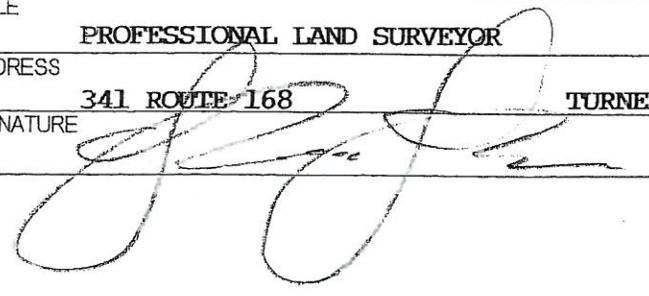
Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>215 ASBURY AVENUE</b>		Company NAIC Number
CITY <b>OCEAN CITY,</b>	STATE <b>NJ</b>	ZIP CODE <b>08226</b>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>BLOCK 210, LOT 11</b>		
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <b>RESIDENTIAL</b>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"##" or ##.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>345310 0001 C</b>		B2. COUNTY NAME <b>CAPE MAY</b>		B3. STATE <b>NJ</b>	
B4. MAP AND PANEL NUMBER <b>345310 0001</b>	B5. SUFFIX <b>C</b>	B6. FIRM INDEX DATE <b>7/15/92</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>9/5/84</b>	B8. FLOOD ZONE(S) <b>A7</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>10</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" 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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. 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.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA/H, ARIA/O 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: <b>1929</b> Conversion/Comments: _____ Elevation reference mark used: _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) Top of bottom floor (including basement or enclosure)	<b>5.2</b> ft.(m)
b) Top of next higher floor	<b>12.0</b> ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	<b>N/A</b> ft.(m)
d) Attached garage (top of slab)	<b>5.2</b> 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)	<b>6.6</b> ft.(m)
g) Highest adjacent (finished) grade (HAG)	<b>6.7</b> ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<b>15</b>
i) Total area of all permanent openings (flood vents) in C3.h	<b>3240</b> 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 <b>THOMAS N. TOLBERT</b>		LICENSE NUMBER <b>38608</b>	
TITLE <b>PROFESSIONAL LAND SURVEYOR</b>	COMPANY NAME <b>DESIGN LAND SURVEYING</b>		
ADDRESS <b>341 ROUTE 168</b>	CITY <b>TURNERSVILLE</b>	STATE <b>NJ</b>	ZIP CODE <b>08012</b>
SIGNATURE 	DATE <b>1-4-04</b>	TELEPHONE <b>856-374-1134</b>	

NOTE: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 215 ASBURY AVENUE		Policy Number
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 03-1911/1912	G5. DATE PERMIT ISSUED 10/3/03	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 4/14/04
-----------------------------------	-----------------------------------	--

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: \_\_\_\_\_

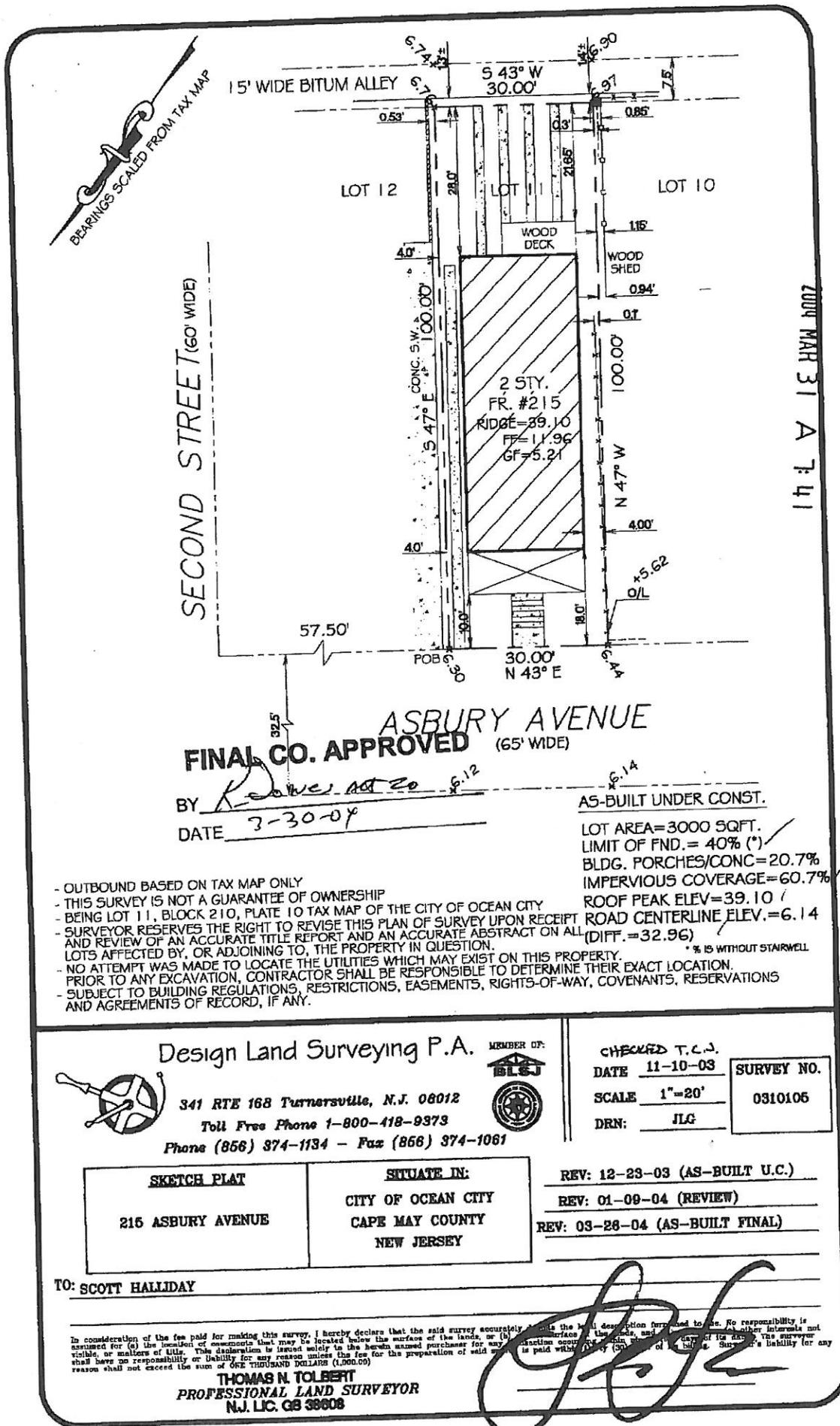
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments



CITY OF OCEAN CITY  
CODE ENFORCEMENT

2004 MAR 31 A 7:41

Design Land Surveying P.A.



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



CHECKED T.C.J.  
DATE 11-10-03  
SCALE 1"=20'  
DRN: JLG

SURVEY NO.  
0310106

<b>SKETCH PLAT</b>	<b>SITUATE IN:</b>
215 ASBURY AVENUE	CITY OF OCEAN CITY CAPE MAY COUNTY NEW JERSEY

REV: 12-23-03 (AS-BUILT U.C.)  
REV: 01-09-04 (REVIEW)  
REV: 03-28-04 (AS-BUILT FINAL)

TO: SCOTT HALLIDAY

In consideration of the fee paid for making this survey, I hereby declare that the said survey accurately depicts the land described herein and that the same is true to the best of my knowledge and belief. I am not responsible for (a) the location of monuments that may be located below the surface of the land, or (b) the location of monuments that may be located on the surface of the land, or (c) the location of monuments that may be located on the surface of the land, or (d) the location of monuments that may be located on the surface of the land. This declaration is issued solely to the herein named purchaser for any reason whatsoever. The fee for the preparation of said survey shall have no responsibility or liability for any reason unless the fee for the preparation of said survey shall not exceed the sum of ONE THOUSAND DOLLARS (1,000.00).

THOMAS N. TOLBERT  
PROFESSIONAL LAND SURVEYOR  
N.J. LIC. 08 38608