

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

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		Company NAIC Number	
STATE		ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL)		HORIZONTAL DATUM:	
(##° - ##' - ##" or ##° ##' ##")		SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
OCEAN CITY 345310		CAPE MAY		N.J.	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 001	C	7.15.92	9/5/84	A7	NINE 616V

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 8 (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 NGVD 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)	<u>7.02</u> ft.(m)
☐ b) Top of next higher floor	<u>10.02</u> ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft.(m)
☐ d) Attached garage (top of slab)	<u>7.02</u> ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>10.02</u> ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	<u>6.7</u> ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	<u>7.0</u> ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. of adjacent grade	<u>12</u>
☐ i) Total area of all permanent openings (flood vents) within 1 ft. of adjacent grade	<u>2592</u> sq. in. (sq. cm)

SECTION D - SURVEYOR

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 law under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	THOMAS P. KARR	KARR LAND SURVEYING	LICENSE NUMBER	GS 31267
TITLE	PROP. LAND SURVEYOR	COMPANY NAME		
ADDRESS	PO BOX 89	CITY	SEAVILLE	STATE
SIGNATURE	Thomas P. Karr	DATE	10/21/02	TELEPHONE
				609 390 7936

OPTIONAL: 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.
205-207 ARBURY AVE

CITY: OCEAN CITY NJ STATE

08226 ZIP CODE

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

2002 OCT 22 P 3:35

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) ☐ Check here if attachments

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

SECTION G - COMMUNITY INFORMATION (OPTIONAL) ☐ Check here if attachments

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

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

02-0748 + 02-0749

4/17/02

10/31/02

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of 2d-built lowest floor (including basement) of the building is:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____ ft.(m) Datum: _____

_____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

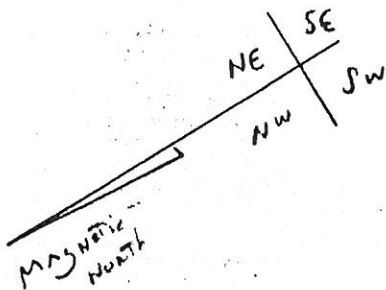
COMMUNITY NAME

TELEPHONE

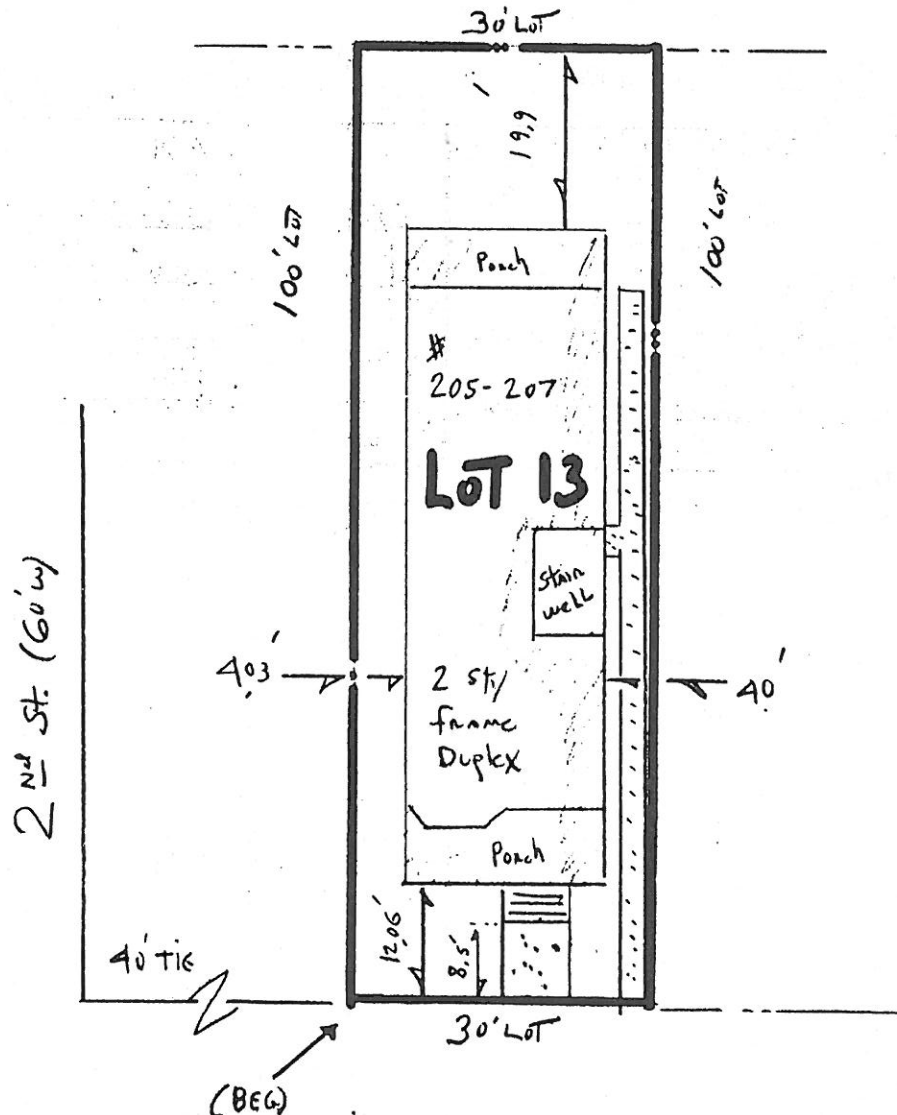
SIGNATURE

DATE

COMMENTS



Public Alley (15 feet wide)



ASBURY AVENUE (65 feet wide)

TOTAL LOT AREA: 300 SF

LIMIT OF FOUNDATION 37.21 %
BLDG PORCHES AND CONC 58.97 %

IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY CERTIFY TO ITS ACCURACY, (EXCEPT SUCH EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LANDS OR ON THE SURFACE OF THE LANDS AND NOT VISIBLE) AS AN INDUCEMENT FOR ANY INSUROR OF TITLE TO INSURE THE TITLE TO THE LANDS AND PREMISES SWORN THEREON.

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 ASBUILT

ROOF PEAK ELEV 36.20
CENTERLINE OF ASBURY AVE 6.25
DIFF. 29.95 feet

PROPERTY SIZE
30' BY 100'

ALL LOT CORNERS
ARE 90 DEGREES

KARR -CP- LAND SURVEYING	
mailing address	P.O. BOX 89 OCEANVIEW, N.J. 08230
PHONE 609 390 7936	FAX 390 7937
THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269	
location: route 9 MARION NJ	

PLAN OF SURVEY	
BLOCK is 210	LOT is 13
OCEAN CITY	
COUNTY OF CAPE MAY NEW JERSEY	
TYPE THREE SURVEY	DATE OF PLAN 10.21.02
THIS IS NOT AN ALTA STANDARD SURVEY	Drawn by Ch'd by
REVISIONS	SCALE 1" = 20'
Date	PROJECT NO. 01089