

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	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) (##°-##'-###" or ##.####")	HORIZONTAL DATUM: ☒ NAD 1927 ☐ NAD 1983	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	NJ
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE
345310 0001	C	7/15/92
B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
9/5/84	A7	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 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-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 NGVD 29 Conversion/Comments NONE

Elevation reference mark used: B.M. 1 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

☐ a) Top of bottom floor (including basement or enclosure)	<u>6.42</u> ft.(m)
☐ b) Top of next higher floor	<u>11.42</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>6.42</u> ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>11.4</u> ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	<u>6.0</u> ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	<u>6.3</u> ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>13</u>
☐ i) Total area of all permanent openings (flood vents) in C3.h	<u>2304</u> 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	LICENSE NUMBER
THOMAS P. KARR	GS 31269
TITLE	COMPANY NAME
PROF. LAND SURVEYOR	
ADDRESS	CITY
PO BOX 89	SEAYNE
SIGNATURE	STATE
Thomas P. Karr	NJ
	ZIP CODE
	08230
	TELEPHONE
	609 390 7936
	DATE
	July 15/04

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

OPTIONAL: In blank 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.
248 ASBURY 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

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 OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME
ADDRESS CITY STATE ZIP CODE
DATE TELEPHONE

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.

PERMIT NUMBER 24-016470165 G4. DATE PERMIT ISSUED 7/21/04 G5. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/20/04

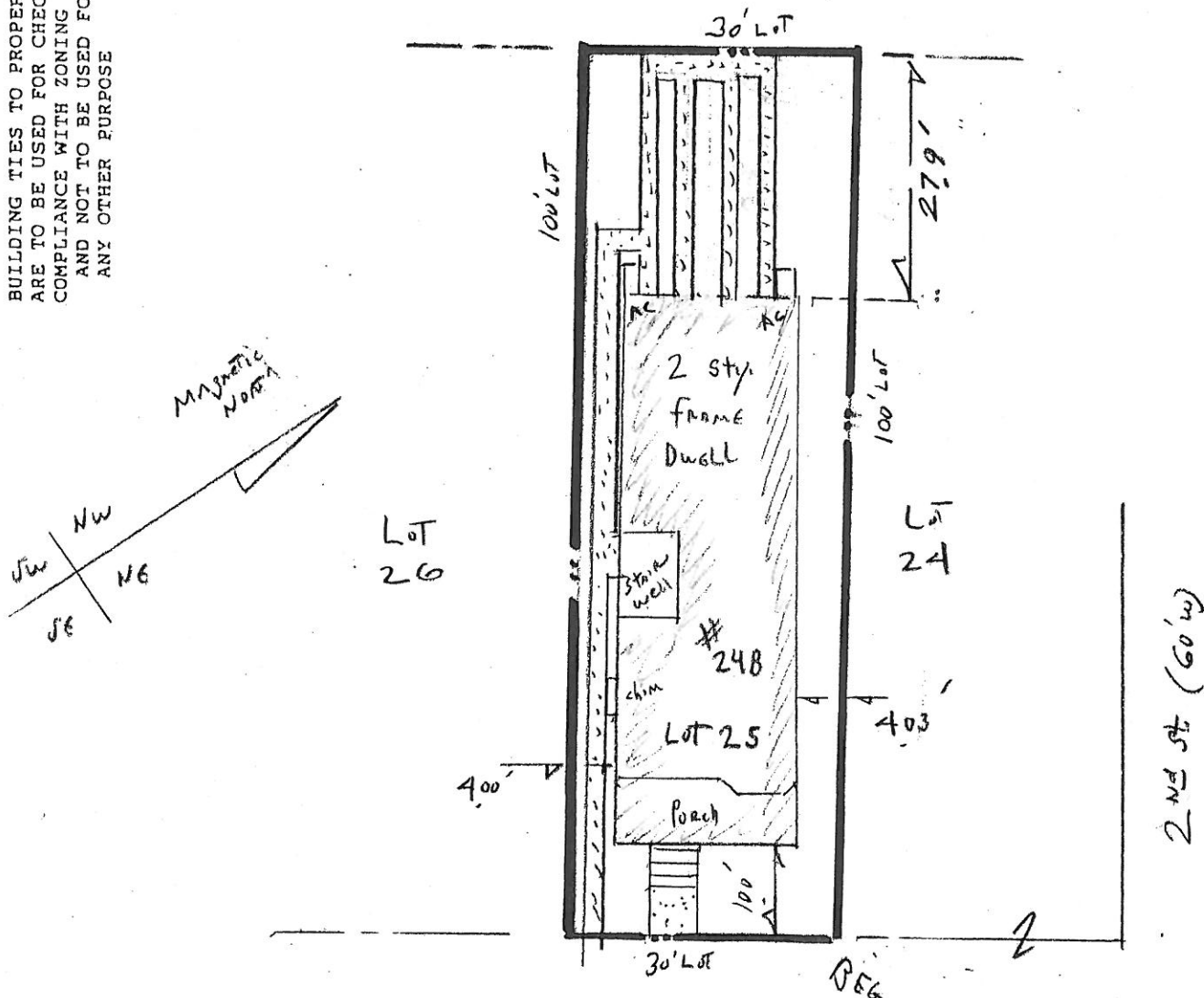
- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of 2nd built lowest floor (including basement) of the building is: _____ ft (m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft (m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE
COMMUNITY NAME TELEPHONE
SIGNATURE DATE
Comments

2004 JUL 15 P 1:48

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

Public Alley (15 feet wide)



ASBURY AVENUE (65 feet wide)

FINAL ASBUILT

TOTAL LOT AREA: 3,000 SF

LIMIT OF FOUNDATION 37.20 %
BLDG PORCHES AND CONC 59.97 %

ROOF PEAK ELEV 37.7

CENTERLINE OF ASBURY AVE 6.12

DIFF. 31.50 FEET

PROPERTY SIZE
30' BY 100'
ALL LOT CORNERS
ARE 90 DEGREES

KARR LAND SURVEYING		PLAN OF SURVEY	
mailing address	P.O. BOX 89 OCEANVIEW, N.J. 08230	BLOCK	211
PHONE 609 390 7936	FAX 390 7937	LOT	25
THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE 1 31269 location: route 9 MARMORA NJ		OCEAN CITY COUNTY OF CAPE MAY NEW JERSEY	
TYPE THREE SURVEY THIS IS NOT AN ALTA STANUARIUS SURVEY		DATE OF PLAN	7/15/04
REVISIONS		Drawn By	Chk'd By
DATE		SCALE 1" = 20'	
		PROJECT NO.	
		03348	