

ELEVATION CERTIFICATE

WO 18913 Revised

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Chet Asher		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 214 West Avenue		Company NAIC Number	
CITY Ocean City	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 13, Block 212			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.#####")		HORIZONTAL DATUM: <input 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 City of Ocean City 345310		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) 10'MSL

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 1 (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 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 7. 01 ft.(m)
- b) Top of next higher floor 8. 20 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A. ft.(m)
- d) Attached garage (top of slab) 6. 70 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 11. 50 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 5. 29 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 6. 59 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10
- i) Total area of all permanent openings (flood vents) in C3.h 450 sq. in. (sq. cm)

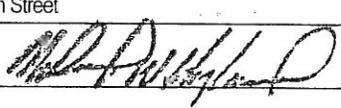
License Number, Embossed Seal, Signature, and Date

NJ License # 20509
December 18, 2003



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 Michael W. Hyland		LICENSE NUMBER NJ 20509	
TITLE P.E. & L.S.	COMPANY NAME Hyland Design Group		
ADDRESS 101 East Eighth Street	CITY Ocean City	STATE NJ	ZIP CODE 08226
SIGNATURE 	DATE 12/18/03	TELEPHONE (609) 398-4477	

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. 214 West 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

C3a. Bottom Floor - Entrance Foyer - Elev 7.01

C3b. Next Highest Floor - Main Floor - Elev 8.20

C3d. Garage - Lowest Floor - Elev 6.70 (Inadequate Venting)

C3e. Mechanicals - Elev 11.50 - Shelf in Garage 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. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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 03-1400/01/	G5. DATE PERMIT ISSUED 7/22/03	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 1/4/04
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G7. This permit has been issued for: New Construction Substantial Improvement

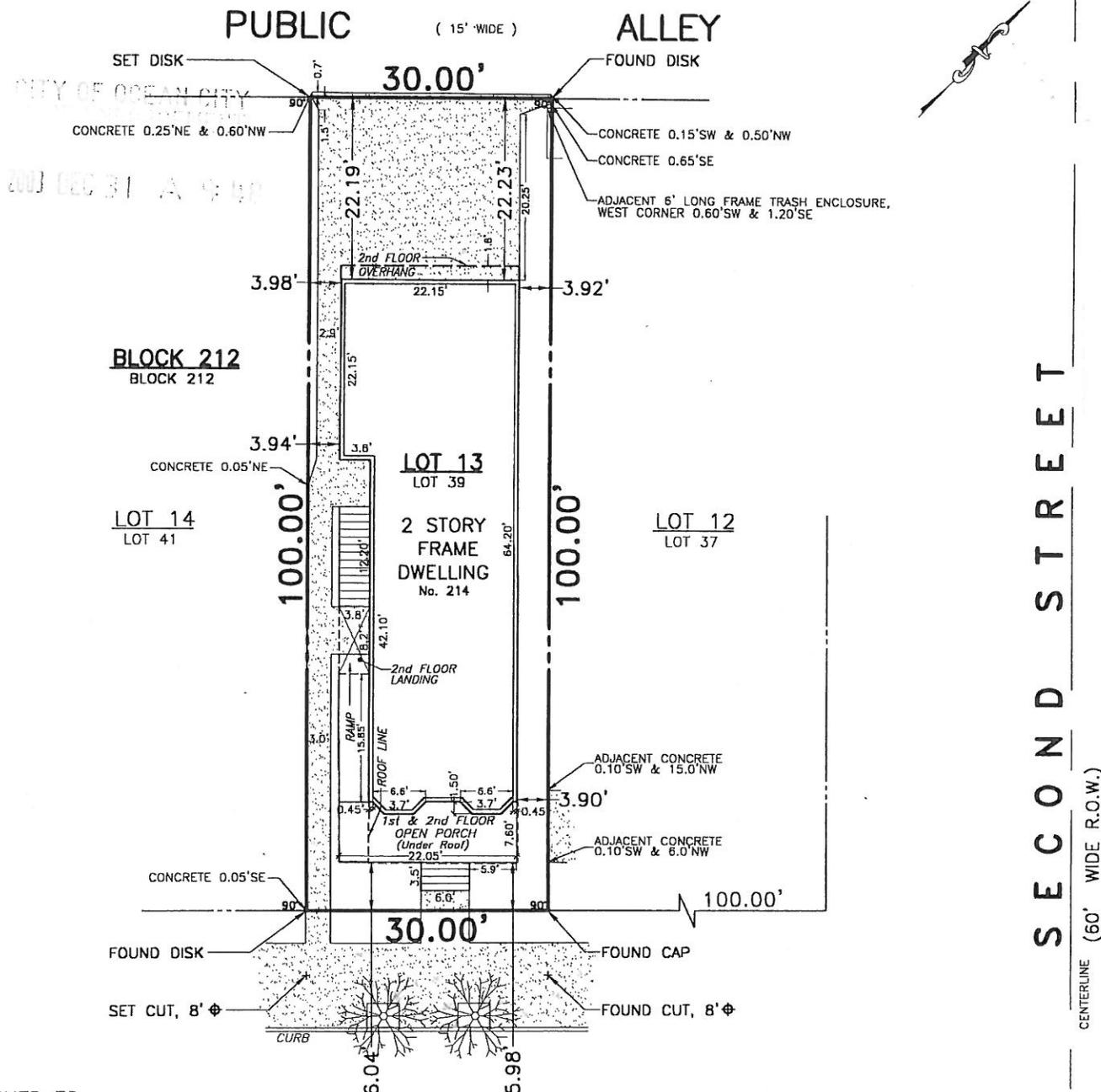
G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

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



ISSUED TO:
 • CHET ASHER

ZONING DISTRICT:
 NB-1, NEIGHBORHOOD BUSINESS
 (BUSINESS DISTRICT)

WEST AVENUE

CENTERLINE (100' WIDE R.O.W.)

COVERAGE:

LOT AREA:	3,000.0 S.F.
BUILDING COVERAGE:	1,263.8 S.F. (42.1%)
PORCH UNDER ROOF:	123.5 S.F.
CONCRETE:	861.3 S.F.
IMPERMEABLE COVERAGE:	2,248.6 S.F. (75.0%)

NOTE: Building Coverage Represents Dwelling Foundation, Excluding the Open Porch Under Roof and any Interior stairwells and elevator shafts that may or may not be Present.

Impervious Coverage does not include 163.8 S.F. of Non Roofed Portions of Ramp, Stairs and Porch, As Shown on Site Plan Prepared by Mark Asher (Asher Associates Architects) which Received Site Plan Approval by the Ocean City Planning Board on May 7, 2003.

LOT AND BLOCK DESIGNATIONS

Underlined Tax Lot and Block numbers are shown on the Official Tax Map of the City of Ocean City, prepared by John R. Walker, dated November, 1980. Non-Underlined Tax Lot and Block numbers refer to the former Official Tax Map of the City of Ocean City, prepared by J.F. Hyland, dated June 1, 1960.

Any Insurer of Title relying hereon and any other party in interest:
 In consideration of the fee paid for making this survey, I hereby certify to its accuracy, (except such easements, if any, that may exist below the surface of the lands and not visible) as an inducement for any insurer of title to insure the title to the lands and premises as shown hereon.
 This certification is made only to the above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility or liability is assumed by Surveyor for use of survey for any other purpose including, but not limited to, affidavit, resale of property, or to any other purpose not listed in certification, either directly or indirectly.

DESCRIPTION

BEING KNOWN AS LOT 39, SECTION A, ON PLAN OF OCEAN CITY ASSOCIATION.
 ALSO BEING KNOWN AS LOT 39, BLOCK 212, ON THE FORMER OFFICIAL TAX MAP OF OCEAN CITY.
 ALSO BEING KNOWN AS LOT 13, BLOCK 212, ON THE CURRENT OFFICIAL TAX MAP OF OCEAN CITY.

ELEVATION DATA:

REFERENCE DATUM:	SEA LEVEL DATUM 1929 (NGVD)
BENCHMARK:	PK IN UTILITY POLE AT LOT 13 ELEV. 10.00
WEST AVENUE AT LOT:	ELEV. 5.48
LOWEST ADJACENT GRADE:	ELEV. 5.29
HIGHEST ADJACENT GRADE:	ELEV. 6.59
GARAGE:	ELEV. 6.70
(Lowest Floor, Inadequate Venting)	
ENTRANCE FOYER:	ELEV. 7.01
(Side Door SW)	
MAIN BUILDING FLOOR:	ELEV. 8.20
TOP BLOCK WALL:	ELEV. 10.47
UTILITIES:	ELEV. 11.50 *
(Shelf in Garage)	
ROOF PEAK:	ELEV. 35.00
* NOTE: MECHANICALS AT ELEV. 11.50	
BASE FLOOD ELEVATION:	FLOOD ZONE A7 (EL 10.00) FIRM MAP PANEL 345310-0001-C

HYLAND DESIGN GROUP, Inc.
 101 East Eighth Street, Ocean City, New Jersey 08226
 Phone: (609) 398-4477 Fax: (609) 398-7366
 www.HylandDesignGroup.com
 Bd. of Engineers and Surveyors Certificate of Authorization No. 123456789
 Board of Architects Certificate of Authorization No. 123456789
 ENGINEERS • ARCHITECTS • SURVEYORS • PLANNERS • ENVIRONMENTAL CONSULTANTS

Michael W. Hyland
 Michael W. Hyland
 N.J.P.E. & L.S. No. 20509
 N.J.R.A. No. 09025

DRAWN BY: RSS
 CHECKED BY: SBG
 DATE: 12/15/03
 DRAWING SET No. S-11514

SCALE: 1"=20'
 FIELD BOOK / PAGE: 877, 37-39
 PROJECT / W.O. #: 18913
 Sheet 1 of 1 Sheets

FINAL AS-BUILT SURVEY
 TAX LOT 13 TAX BLOCK 212
 OCEAN CITY, CAPE MAY COUNTY, NEW JERSEY

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
FLOODPROOFING CERTIFICATE
FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or effect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME CHESTER A. ASHER		FOR INSURANCE COMPANY USE	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 214 WEST AVE.		POLICY NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) Block 212 Lot 13		COMPANY NAIC NUMBER	
CITY OCEAN CITY NJ 08226	STATE	ZIP CODE	

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (in AO Zones, use dash)
06-345 310	0001	C	7-15-92	A-7	10.00

SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

Floodproofing Design Elevation Information:

Building is floodproofed to an elevation of **111.015** feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the lowest adjacent grade is **15.12** feet.

(NOTE: for insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By a Registered Professional Engineer or Architect)

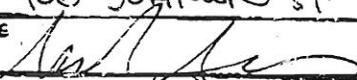
Non-Residential Floodproofed Construction Certification:

I certify that based upon development and/or review of structural design, specifications, and plans for construction that the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

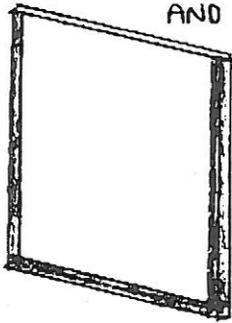
I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME MARK ASHER	LICENSE NUMBER (or Affix Seal) NJ 11774
TITLE ARCHITECT	COMPANY NAME ASHER ASSOCIATES, LLC
ADDRESS 406 JOHNSON ST.	CITY JENKINTOWN
SIGNATURE 	STATE PA
	ZIP 19046
	DATE 1.5.04
	PHONE 215.576.1413

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

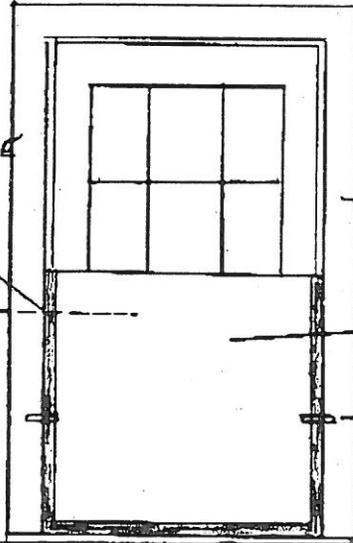
3/4" PLYWOOD PANELS - CUT TO FIT SNUGGLY
AGAINST DOOR CASING AND SILL

CONTINUOUS NEOPRENE
GASKET GLUED TO EDGE
AND INSIDE FACE



INTERIOR

BFE



PVC TRIM - CAULK TO
DOOR JAMBS

3/4" ACX PLYWOOD

BARREL BOLTS

EXTERIOR

1

FLOOD GATE DETAIL

SCALE: NONE

Sheet Title: FLOOD GATE	Project: PROFESSIONAL BUILDING	 ASHER ASSOCIATES ARCHITECTS
Date: January 6, 2004	#214 WEST AVENUE OCEAN CITY, NJ LOT 13 BLOCK 212	406 JOHNSON STREET, JENKINTOWN, PA. 19046 TEL. 215-576-1413 FAX. 215-576-0879 9723 SECOND AVENUE, STONE HARBOR, NJ. 08247 TEL. 609-368-1411 FAX. 609-368-0099