

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use
BUILDING OWNER'S NAME MARCOLE LLC		Policy Number
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 217 SIMPSON AVE		Company NAIC Number
CITY OCEAN CITY	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 213 LOT 8.01		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)		

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.####°)

HORIZONTAL DATUM:
| | NAD 1927 | | NAD 1983

SOURCE: ☐ GPS (Type):
☐ USGS Quad

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER OCEAN CITY 345310		B2. COUNTY NAME CAPE MAY		B3. STATE N.J.	
B4: MAP AND PANEL NUMBER 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

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 C3a-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 _____ Conversion/Comments _____

Elevation reference mark used Lo cre Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- | | | |
|--|-------|-----------------|
| <input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | _____ | 25.9 ft (m) |
| <input checked="" type="checkbox"/> b) Top of next higher floor | _____ | 11.18 ft (m) |
| <input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | _____ | N/A ft (m) |
| <input checked="" type="checkbox"/> d) Attached garage (top of slab) | _____ | 06.43 ft (m) |
| <input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | _____ | 10.08 ft (m) |
| <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) | _____ | 5.5 ft (m) |
| <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) | _____ | 5.7 ft (m) |
| <input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | _____ | 17 |
| <input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | 4428 | sq. in (sq. cm) |

License Number, Embossed Seal,
Signature, and Date


 7/14/02
 NJ LIC. 37936
 REVISED 10-4-02
 10/28/02
 10/29/02

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	DAVID R. BERNARD	LICENSE NUMBER	37936
TITLE	LAND SURVEYOR	COMPANY NAME	BERNARD SURVEYING
ADDRESS	1068 E. LANDIS AVE	CITY	INDIANAPOLIS
SIGNATURE	DAVID R. BERNARD	STATE	IN
		ZIP CODE	46202
		DATE	7/16/02
		TELEPHONE	856 6911982

REVISED 10-4-02 REVISED 10/26/02
11/14/02 12/27/02

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.		Policy Number	
217 SIMPSON AVE			
CITY	STATE	ZIP CODE	Company NAIC Number
OCEAN CITY	NJ	08226	

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 5 (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.

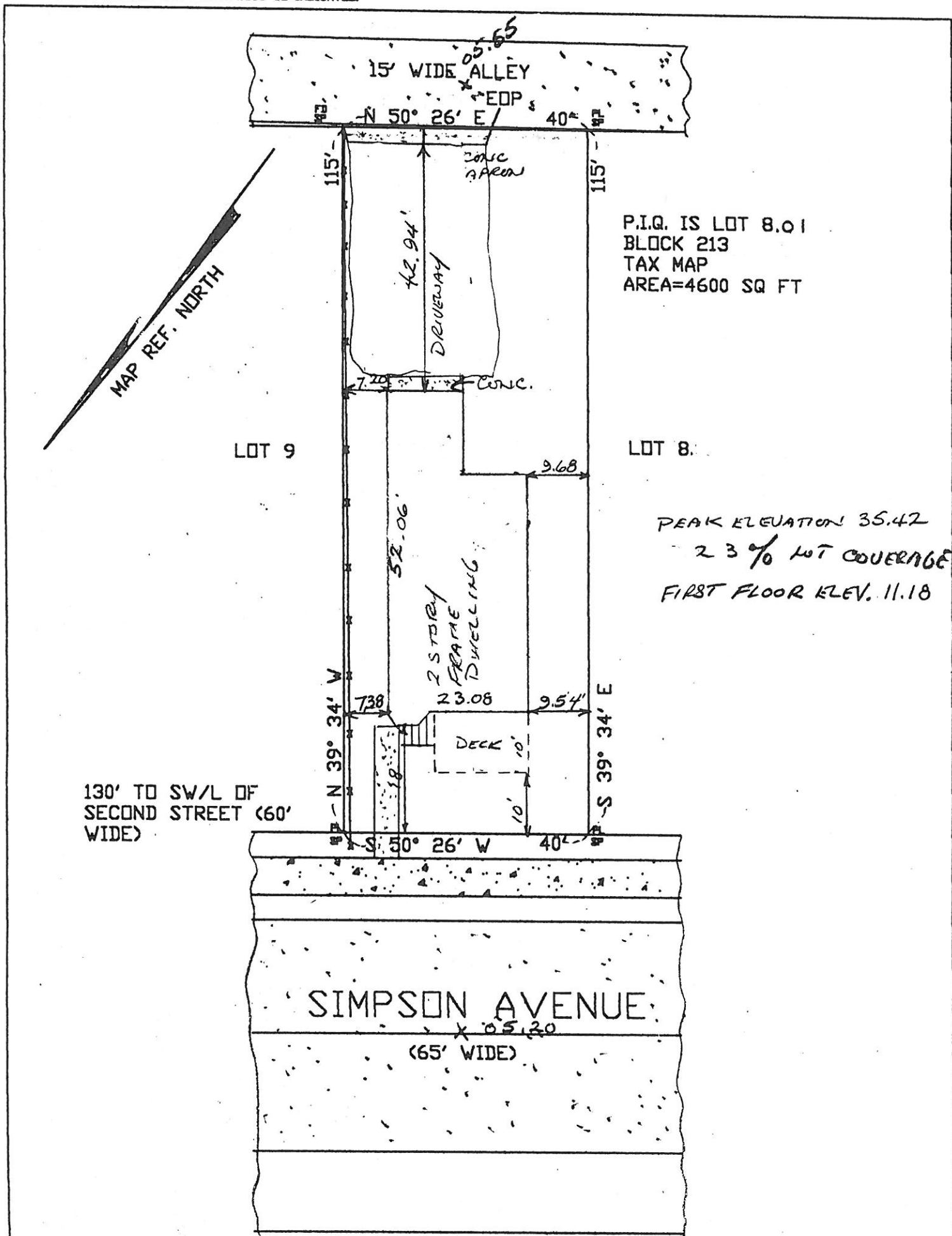
G4. PERMIT NUMBER 02-0811	G5. DATE PERMIT ISSUED 4/23/2002	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 12/3/02
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is: <u> </u> ft.(m) Datum: <u> </u>		
G9. BFE or (in Zone AO) depth of flooding at the building site is: <u> </u> ft.(m) Datum: <u> </u>		

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

☐ Check here if attachments

BUILDING OFFSET DISTANCES SHOWN ARE FOR THE PURPOSE OF CHECKING COMPLIANCE WITH ZONING & DEED RESTRICTIONS ONLY. NO LIABILITY WILL BE ACCEPTED IF THESE DISTANCES ARE USED FOR ANY OTHER PURPOSE. PROPERTY CORNERS NOT SET, UNLESS SO INDICATED.

DAVID R. BERNARD P.L.S.



NOTE: BEARINGS TAKEN FROM AREA SURVEYS

STATE OF NEW JERSEY }
COUNTY OF CUMBERLAND }

To HARCOLE LLC.

and

SOUTHERN COUNTIES TITLE AGENCY

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 be located below the surface of the lands or on 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 shown hereon.

[Signature]

LICENSED LAND SURVEYOR
LICENSE #GS37936

DAVID R. BERNARD

PROFESSIONAL LAND SURVEYOR

P.O. BOX 823 VINELAND N.J. 08362

SURVEY OF PREMISES

AS BUILT

FOR

HARCOLE LLC.

SIMPSON AVENUE

CITY OF OCEAN CITY

COUNTY OF CAPE MAY

N.J. FINAL 9/18/02

REV 7/6/02

DATE 1/8/02

SCALE 1"=20'

DWG BY

BLB

PLOT PLAN 3/13/02 ASBUILT 6/3/02