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

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.
209 - 211 BAY AVE.

Company NAIC Number

CITY OCEAN CITY STATE NJ ZIP CODE 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX MAP LOT 6.01 Block 214

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTAL

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 | B7. FIRM PANEL EFFECTIVE/REVISED DATE | B8. FLOOD ZONE(S) | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) |
|---|---|---|---|---|---|
| 0001 | C | 7/15/92 | 9/5/84 | A7 | 10 ELEV |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
[ ] FIS Profile [X] FIRM [ ] Community Determined [ ] Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: [X] NGVD 1929 [ ] NAVD 1988 [ ] Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [X] Yes [ ] No
Designation Date: NA

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings* [ ] Building Under Construction* [X] Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 6 (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 NGVD '29 Conversion/Comments NONE
Elevation reference mark used RM 1 Does the elevation reference mark used appear on the FIRM? [X] Yes [ ] No

- ☐ a) Top of bottom floor (including basement or enclosure) 6.15 ft.(m)
- ☐ b) Top of next higher floor 11.90 ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- ☐ d) Attached garage (top of slab) 6.15 ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building 10.7 ft.(m)
- ☐ f) Lowest adjacent grade (LAG) 5.8 ft.(m)
- ☐ g) Highest adjacent grade (HAG) 6.15 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 16
- ☐ i) Total area of all permanent openings (flood vents) in C3h 2304 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

## 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 THOMAS P. KARR LICENSE NUMBER GS 31269

TITLE LAND SURVEYOR (OWNER) COMPANY NAME KARR LAND SURVEYING

ADDRESS 35 C S. SHORE RD. CITY MARMORA STATE NJ ZIP CODE 08223

SIGNATURE Thomas P. Karr DATE 12/3/00 TELEPHONE 609-390-7936

IMPORTANT: 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. | | | For Insurance Company Use: |
|---|---|---|---|
| 209 - 211 Bay Ave. | | | Policy Number |
| 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 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

☐ 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 | G5. DATE PERMIT ISSUED | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|---|---|---|
| 00-0153 | 8/1/00 | 12/12/00 |

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: _____

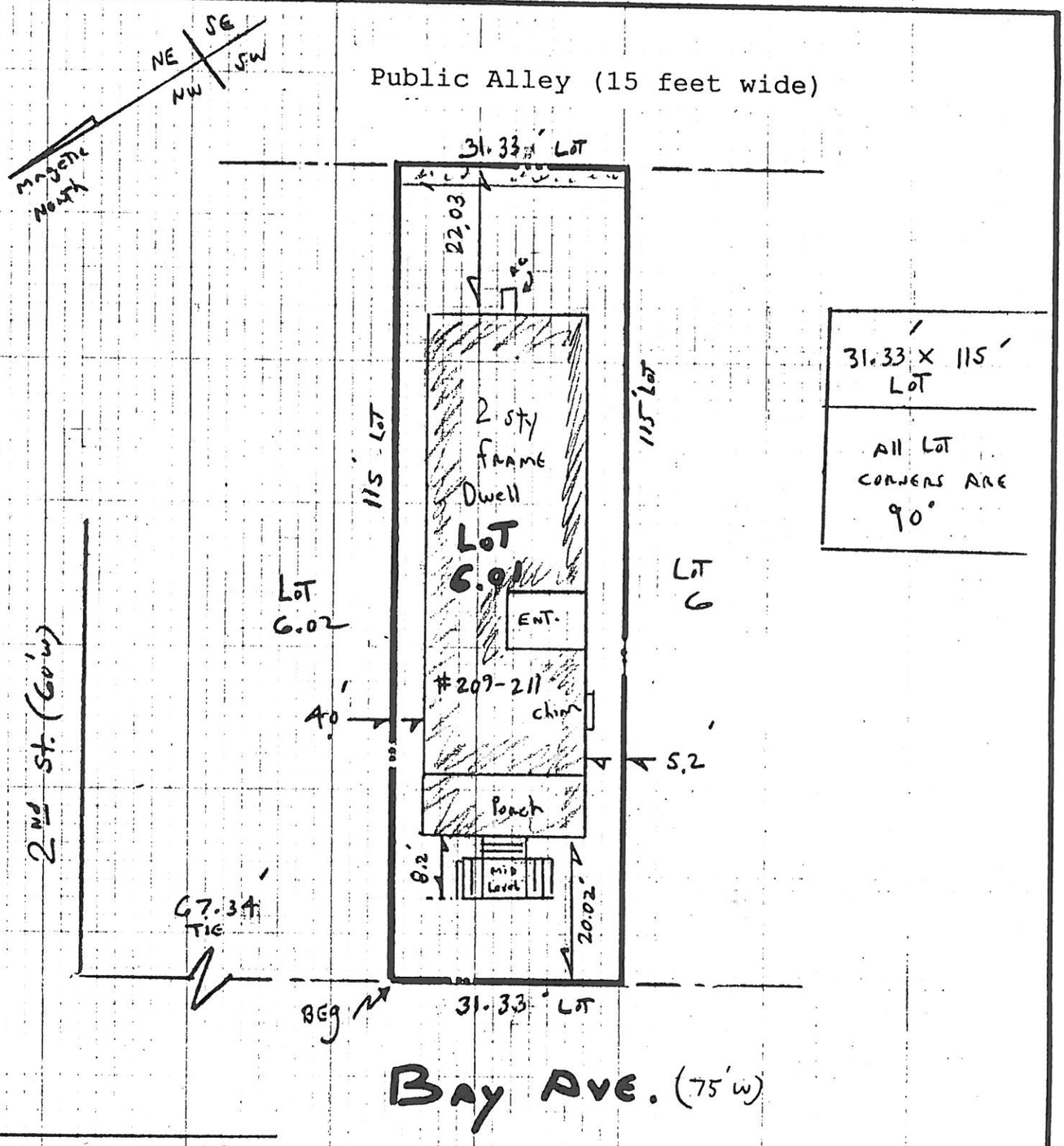
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments




31.33' X 115' LOT

All LOT CORNERS ARE 90°

ELEV ARE NGVD 29

Roof Peak ELEV 40.16
℄ of Bay AVG 6.15
Diff 34.01 feet

TOTAL LOT AREA: 3602.95 SF
LIMIT OF FOUNDATION 37.44 %
BLDG PORCHES AND CONC 49.51 %

FINAL ASBUILT


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


PLAN OF SURVEY

BLOCK(s) 214 LOT(s) 6.01
OCEAN CITY
COUNTY OF Cape May
NEW JERSEY

TYPE THREE SURVEY
THIS IS NOT AN ALTA STANDARDS SURVEY

DATE OF PLAN 12/4/00 Drawn By TK Chk'd By JK
SCALE 1" = 20'
PROJECT NO. 00188

REVISIONS Date.