

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 Comments section if necessary.)		
LATITUDE/LONGITUDE (OPTIONAL)		
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
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	10.66V

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FS 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: NA

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

- | | |
|---|-----------------------|
| ☐ a) Top of bottom floor (including basement or enclosure) | 6.15 ft(m) |
| ☐ b) Top of next higher floor | 11.88 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 | 11.07 ft(m) |
| ☐ f) Lowest adjacent grade (LAG) | 6.1 ft(m) |
| ☐ g) Highest adjacent grade (HAG) | 6.3 ft(m) |
| ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | 18 |
| ☐ i) Total area of all permanent openings (flood vents) in C3h | 2592 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	LICENSE NUMBER
THOMAS P. KARR	G3 31269
TITLE	COMPANY NAME
LAND SURVEYOR (OWNER)	KARR LAND SURVEYING
ADDRESS	CITY
35 C S. SHORE RD.	MARMONA
SIGNATURE	STATE
Thomas P. Karr	NJ
DATE	ZIP CODE
12/3/00	08223
TELEPHONE	
609-390-7936	

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. 205 - 207 Bay Ave.		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

☐ 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 00-0154	G5. DATE PERMIT ISSUED 2/1/00	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 12/12/00
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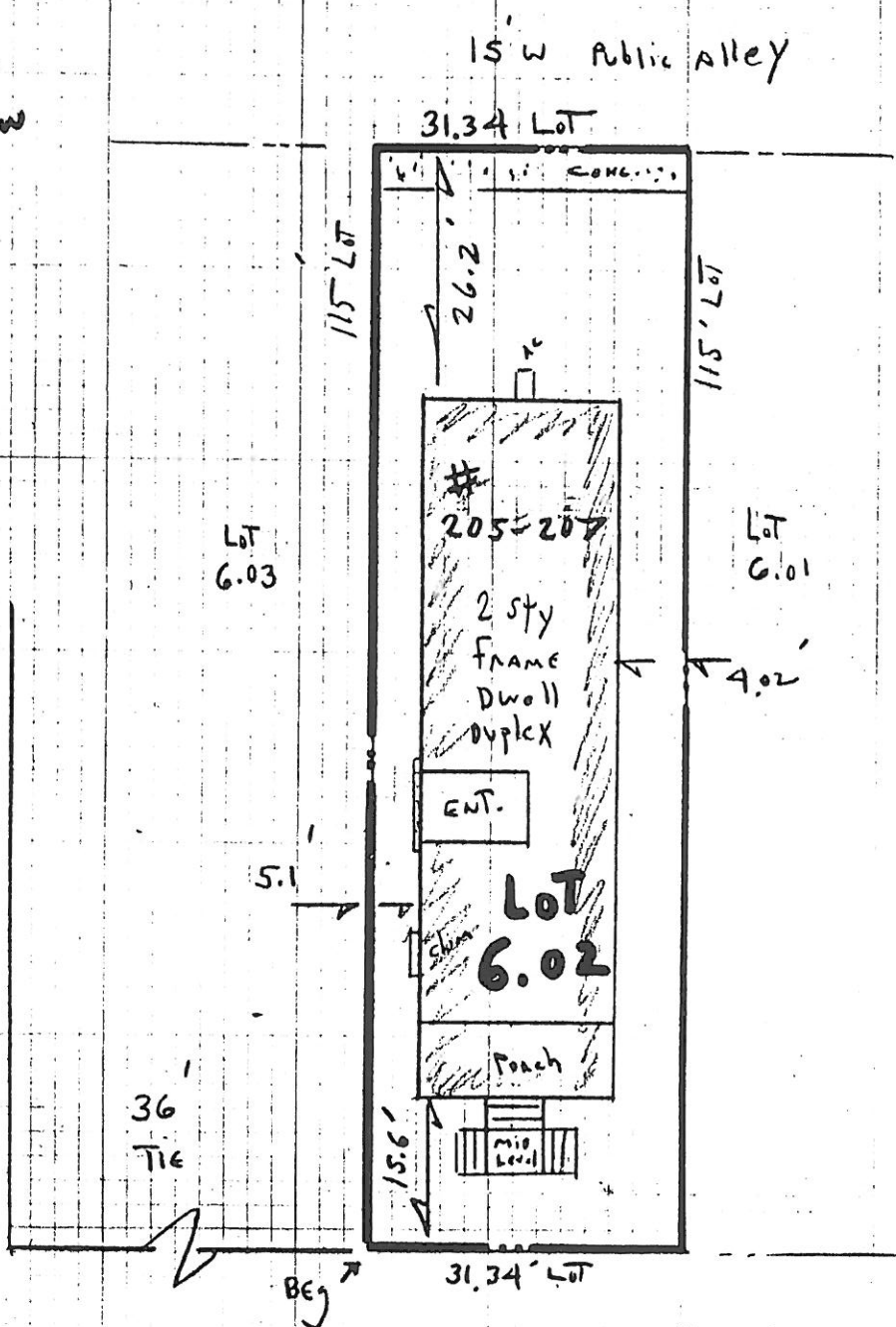
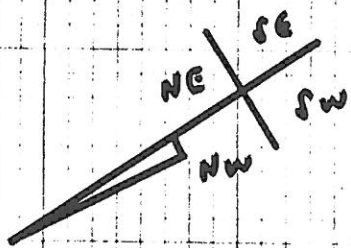
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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



NOTE:
31.34' X 115' LOT
ALL LOT CORNERS
ARE 90°

ELEV ARE NGVD '29
PEAK ELEV 42.31
± Bay ELEV 6.05
Diff 36.26 Feet

BAY AVE. (75' W)

TOTAL LOT AREA: 3604.10 SF
LIMIT OF FOUNDATION 37.67 %
BLDG PORCHES AND CONC 47.45 %

FINAL ASBUILT

KARR -EP- LAND SURVEYING mailing address → P.O. BOX 89 OCEANVIEW, N.J. 08230 PHONE 609 390 7936 FAX 390 7937 <i>Thomas P. Karr</i> THOMAS P. KARR NJ PROFESSIONAL LAND SURVEYOR NJ SURVEYORS LICENSE # 31269 location: route 9 MARMORA NJ		PLAN OF SURVEY BLOCK(s) <u>214</u> LOT <u>6.02</u> <u>OCEAN CITY</u> COUNTY OF <u>Cape May</u> <u>NEW JERSEY</u> TYPE THREE SURVEY THIS IS NOT AN ALTA STANDARD SURVEY REVISIONS _____ Date _____ DATE OF PLAN <u>12/04/00</u> Drawn by <u>JK</u> Chk'd by <u>JK</u> SCALE <u>1" = 20'</u> PROJECT NO. <u>00189</u>	
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