

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. 201-203 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 6.03 Block 214

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

LATITUDE/LONGITUDE (OPTIONAL) _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER OCEAN CITY 345310 B2. COUNTY NAME CAPE MAY B3. STATE NJ

B4. MAP AND PANEL NUMBER <u>0001</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>7/15/92</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>9/5/84</u>	B8. FLOOD ZONE(S) <u>A7</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10.66V</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 RS 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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>5.52</u> ft (m)
<input type="checkbox"/> b) Top of next higher floor	<u>11.94</u> ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>5.52</u> ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>10.8</u> ft (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5.1</u> ft (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5.5</u> ft (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>24</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>3456</u> 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 G3 31269

TITLE LAND SURVEYOR (OWNER) COMPANY NAME KARR LAND SURVEYING

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

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

FFMA Form 81-71 AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

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.
201-203 Bay 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) Check here if attachments

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

SECTION G - COMMUNITY INFORMATION (OPTIONAL) Check here if attachments

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

00-0155

G5. DATE PERMIT ISSUED

2/1/00

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

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

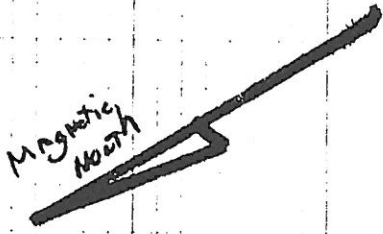
TELEPHONE

SIGNATURE

DATE

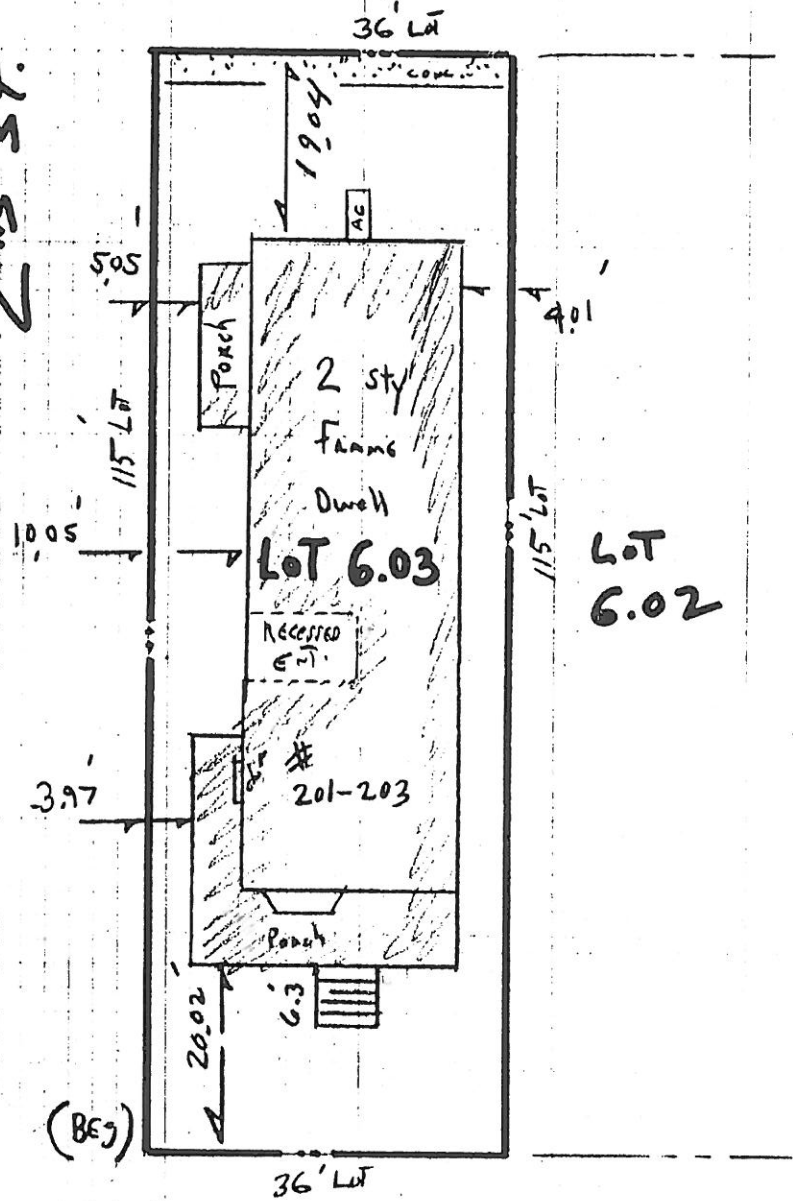
COMMENTS

Check here if attachments



Public Alley (15 feet wide)

2nd St.



NOTE:

36' x 115' Lot

ALL LOT CORNERS ARE 90°

ELEV ARE: N6VD 29

Roof Peak EL 39.01

☐ of Bay Ave 60.6 EL

Diff 32.95 feet

TOTAL LOT AREA: 4140 SF

LIMIT OF FOUNDATION 34.23 %

BLDG PORCHES AND CONC 49.46 %

Bay Ave.

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) 6.03

OCEAN CITY

COUNTY OF CAPE MAY

NEW JERSEY

TYPE THREE SURVEY

THIS IS NOT AN ALTA STANDARD SURVEY

REVISIONS

Date

DATE OF PLAN

12/03/00

Drawn By JK

Chk'd By JK

SCALE 1"=20'

PROJECT NO.

00235