FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

# ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

**Important: Read the instructions on pages 1 - 7.**

## SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
228-230 Simpson Ave.

CITY: Ocean City | STATE: NJ | ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 12, Block 214

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

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) |
|---|---|---|---|---|---|
| 345310 0001 | C | 7/15/92 | 9/5/84 | A-7 | 10' |

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)? |_| Yes |X| No
Designation Date: _____

## 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 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 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'29 Conversion/Comments None
Elevation reference mark used CMCMUA T-10 Does the elevation reference mark used appear on the FIRM? |_| Yes |X| No

| | | |
|---|---|---|
| ☐ a) Top of bottom floor (including basement or enclosure) | 6.1 | ft.(m) |
| ☐ b) Top of next higher floor | 11.1 | ft.(m) |
| ☐ c) Bottom of lowest horizontal structural member (V zones only) | n/a | ft.(m) |
| ☐ d) Attached garage (top of slab) | 6.1 | ft.(m) |
| ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) | 10.0 | ft.(m) |
| ☐ f) Lowest adjacent (finished) grade (LAG) | 5.8 | ft.(m) |
| ☐ g) Highest adjacent (finished) grade (HAG) | 6.0 | ft.(m) |
| ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | 15 | |
| ☐ i) Total area of all permanent openings (flood vents) in C3.h | 2400 | sq. in.~~(sqcm)~~ |

License Number, Embossed Seal, Signature, and Date
19009
3-18-02

## 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: Arthur W. Hood | LICENSE NUMBER: 19009
TITLE: Land Surveyor | COMPANY NAME: Arthur W. Hood & Assoc.
ADDRESS: 306 Arrowhead Dr. | CITY: Egg Harbor Twp. | STATE: NJ | ZIP CODE: 08234
SIGNATURE: A. W. Hood | DATE: 3/18/02 | TELEPHONE: (609)653-0010

| 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.<br>328-330 Simpson Ave. | Policy Number |
| CITY STATE ZIP CODE<br>Ocean City NJ 08226 | Company NAIC Number |

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

CITY OF OCEAN CITY
CODE ENFORCEMENT

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS The air conditioners are the lowest equipment servicing the building.

2002 MAR 21 A 10:21

|__| 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 |
|---|---|---|
| 01-1372 + 01-1373 | 7/24/01 | 4/1/02 |

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: _____

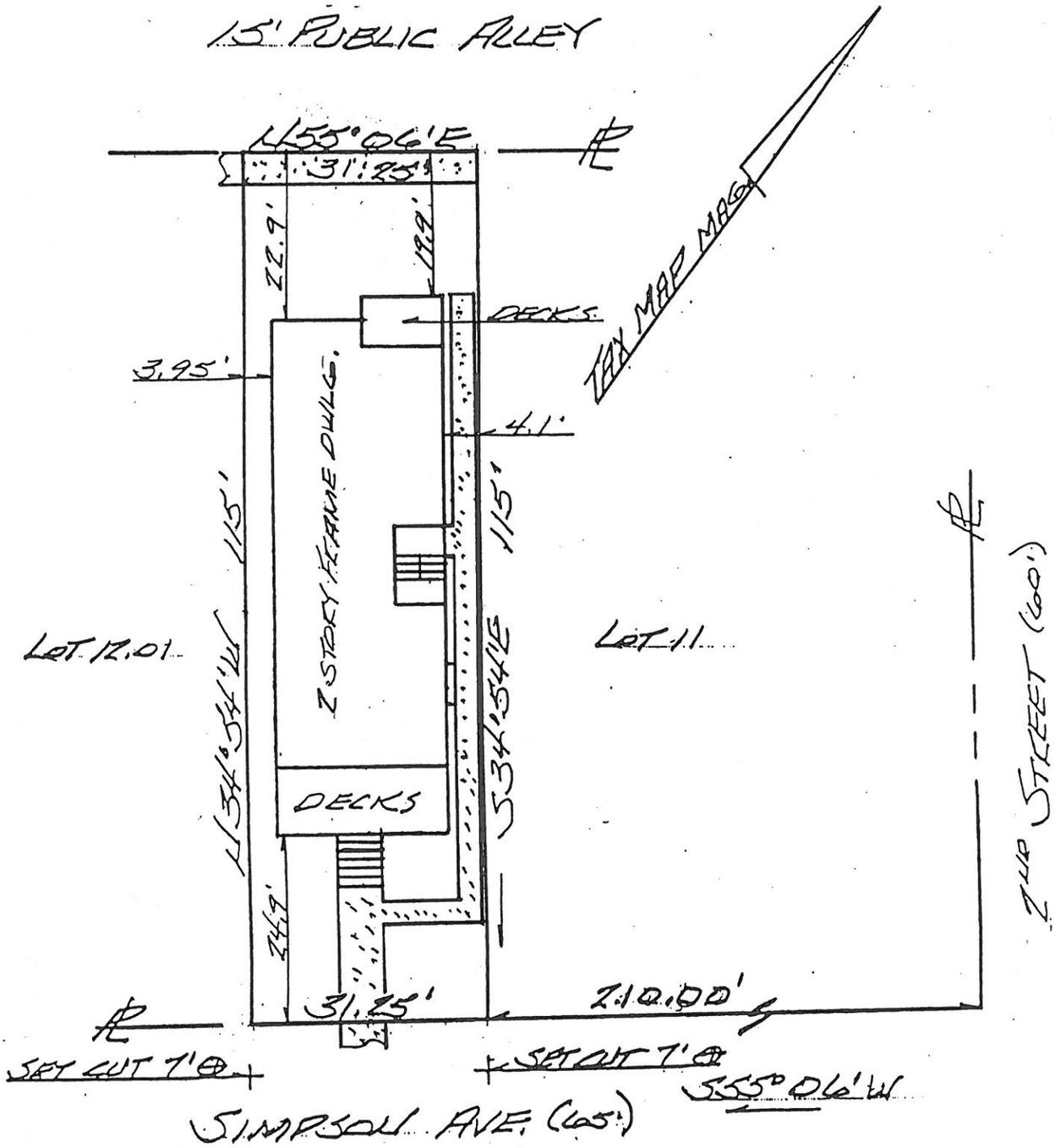
LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

|__| Check here if attachments




CENTERLINE EL. = 5.42'
1ST FLOOR EL. = 11.1'
TOP OF RIDGE BOARD EL. = 35.65'
BLDG. COV. = 34.6%
IMP. COV. = 50.9%

Not a survey for conveyance.

As Built Survey for:

Lot 12 Block 214

City of Ocean City

Cape May Co., N.J.

Date 1/3/02 Scale 1" = 20'
Rev. 3/18/02 #01-192

ARTHUR W. HOOD PROFESSIONAL LAND SURVEYOR 19009

Offsets shown are for checking compliance with deed restrictions and zoning regulations. No liability will be accepted if used for any other purpose. This property is subject to documents of record. Underground improvements, easements or property line agreements unknown to the surveyor are not shown. No riparian lands or regulated wetlands, if any, are shown unless noted. WARNING: This document contains the raised seal of the Professional Land Surveyor and is an original document. If said raised seal is missing, this is a copy and may have been altered without the Surveyors consent and is voidable.

ARTHUR W. HOOD & ASSOC.
LAND SURVEYING • PLANNING
308 Arrowhead Dr. • Egg Harbor Twp., NJ 08234 • (609) 653-0010
Ocean City, NJ • (609) 398-6331