

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME PSSG PARTNERSHIP			For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 236 & 238A - 238B BAY AVENUE			Policy Number		
CITY OCEAN CITY			STATE NJ		ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1.05 BLOCK 215					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL ABOVE COMMERCIAL					
LATITUDE/LONGITUDE (OPTIONAL) (###-##-### or ###.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> 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 345-310-1	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 FT.

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 1 (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 SAME Conversion/Comments NONEElevation reference mark used PRIVATE Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- | | |
|---|--------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | 10. 2 ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | 19. 0 ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | N/A. ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | N/A. ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | 14. 7 ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | 6. 7 ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | 7. 3 ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0 | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 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 JAMES E. SCHWAB III

LICENSE NUMBER 33,536

TITLELAND SURVEYOR

COMPANY NAME SAME

ADDRESS
8 EAST 10TH STREETCITY
OCEAN CITYSTATE
NJZIP CODE
08226

SIGNATURE

DATE

TELEPHONE
(609) 398-0565

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.
236 & 238A - 238B BAY AVENUE

CITY
OCEAN CITY

STATE
NJ

ZIP CODE
08226

For Insurance Company Use:

Policy Number

Company NAIC Number

CITY OF 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
C3e - IS ELEVATION OF EXTERIOR OR EVAC PLATFORM. THE INTERIOR OF THE BUILDING WAS NOT INSPECTED.

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
01-0440+0441+0442

G5. DATE PERMIT ISSUED
3/1/01

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
11/1/02

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

BEACH THOROFARE

BEACH THOROFARE

CITY OF OCEAN CITY
CODE ENFORCEMENT

2002 JUL 29 P 3:43

NORTH

BLOCK
215

SECOND STREET
(60' WIDE)

BAY AVENUE (75' WIDE)

ISSUED TO:

PSSG PARTNERSHIP
COMMERCE BANK, NA

I certify that, to the best of my knowledge and belief, this
this map or plan is the result of a field survey made
by me or under my direct supervision, in accordance
with the rules and regulations promulgated by the "State
Board of Professional Engineers and Land Surveyors"

The information shown hereon correctly represents
the conditions found as of the date shown hereon,
except such improvements or easements, if any, below
the surface and not visible.

The certification is given solely to the parties named
hereon except as follows:

- To the title insurer so that it may insure
title to the premises shown hereon.
- To the mortgage holder, the certification shall
survive to its successors or assigns

CAUTION: If this document does not contain a raised
impression seal of the surveyor it is not an authorized
original and may have been altered.

JAMES E SCHWAB III
PROFESSIONAL LAND SURVEYOR

NEW JERSEY LICENSE NUMBER 33.536

PROPERTY SURVEY

LOTS 1.04-1.07 BLOCK 215
CITY OF OCEAN CITY
CAPE MAY COUNTY, NJ.

DATE: NOV. 22, 2001 SCALE: 1"= 30' DWN. BY: JES

JAMES E. SCHWAB III
PROFESSIONAL LAND SURVEYOR AND PLANNER
8 EAST 10TH STREET
OCEAN CITY, NEW JERSEY 08226
TELE 609-398-0565 FAX 398-1861

FILE: 00-0318P11 01-078 FIELD BOOK: BK 2 DC 70