

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1561 BAY AVENUE		Company NAIC Number:
City OCEAN CITY	State New Jersey	ZIP Code 08226
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1.02, BLOCK 1507		

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 39-15-43 N Long. -74-36-10 W Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 7

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 1,280 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 7

c) Total net area of flood openings in A8.b 1,400 sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage 0 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A9.b 0 sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number OCEAN CITY 345310		B2. County Name CAPE MAY	B3. State New Jersey
B4. Map/Panel Number 34009C0089	B5. Suffix F	B6. FIRM Index Date 10/05/2017	B7. FIRM Panel Effective/ Revised Date 10/05/2017
		B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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.
1561 BAY AVENUE

FOR INSURANCE COMPANY USE
Policy Number:

City
OCEAN CITY

State
New Jersey

ZIP Code
08226

Company NAIC Number

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. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: LOCAL

Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	15.4 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	5.3 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	11.3 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	5.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	5.6 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	5.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name
THOMAS N. TOLBERT

Title
PRESIDENT

Company Name
DESIGN LAND SURVEYING, P.A.

Address
P.O BOX 667

City
TURNERSVILLE


State
New Jersey

ZIP Code
08012

License Number
38608

Date
07/05/2018

Telephone
(856) 374-1134

Signature


Place Seal Here

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

Comments (including type of equipment and location, per C2(e), if applicable)
 LOWEST MECHANICAL USED AC COMPRESSOR. ENGINEERED VENTS USED ARE SMART VENTS MODEL #1540-510/520

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IMPORTANT: In these spaces, copy the corresponding information from Section A.	
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City OCEAN CITY	State New Jersey
ZIP Code 08226	Company NAIC Number
FOR INSURANCE COMPANY USE Policy Number:	

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. 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, 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, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1561 BAY AVENUE	
City OCEAN CITY	State New Jersey
	ZIP Code 08226
FOR INSURANCE COMPANY USE	
Policy Number.	
Company NAIC Number	

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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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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: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
Expiration Date: November 30, 2018

See Instructions for Item A6.

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.
1561 BAY AVENUE

City
OCEAN CITY

State
New Jersey

ZIP Code
08226

FOR INSURANCE COMPANY USE
Policy Number:

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

ATTACHED

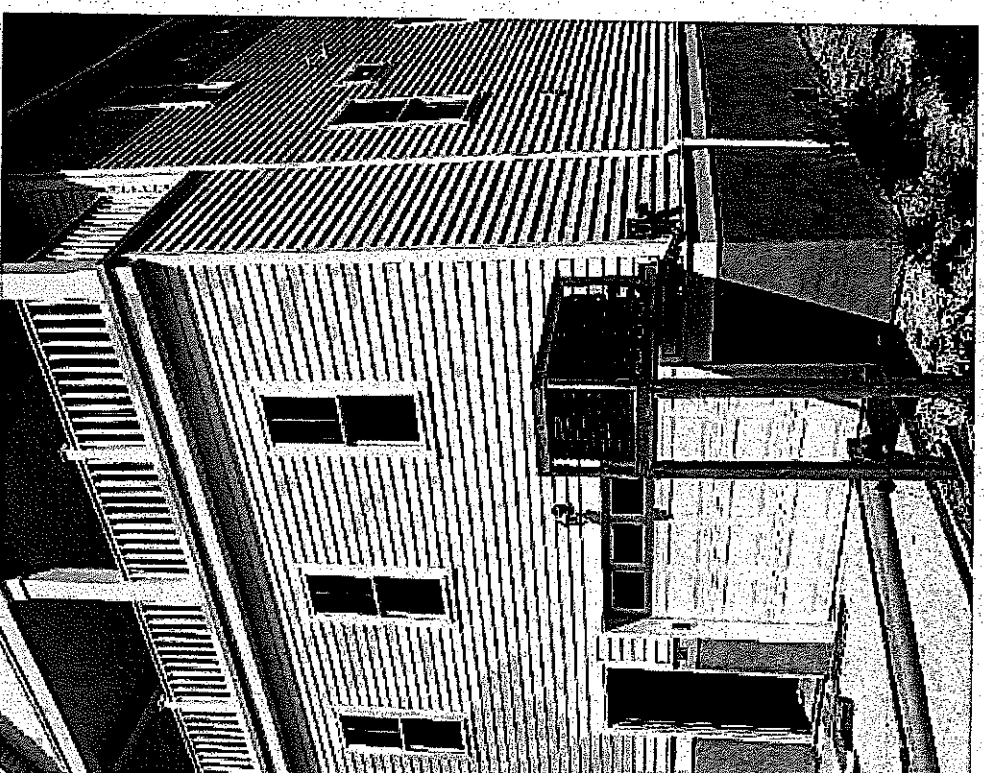
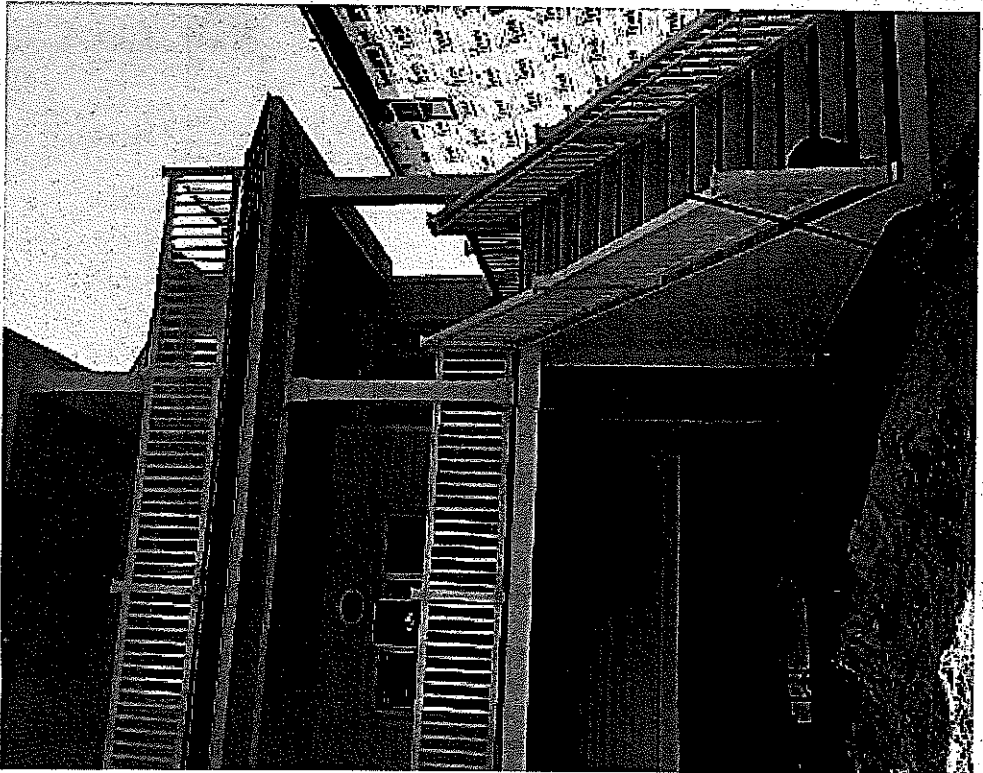
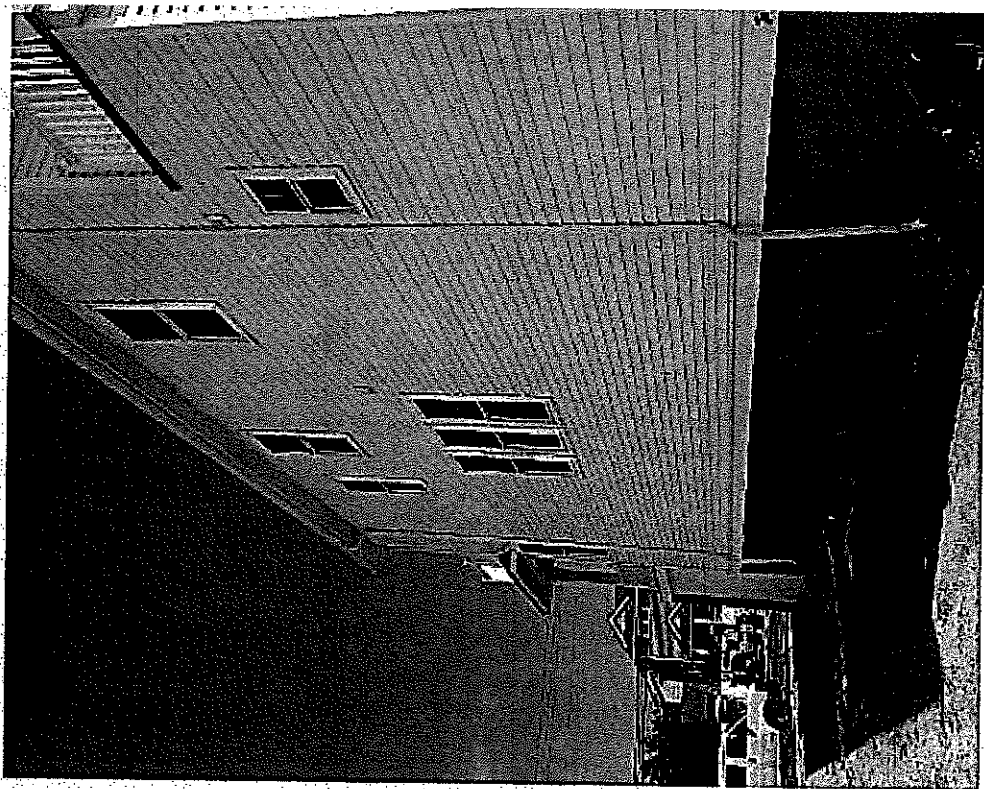
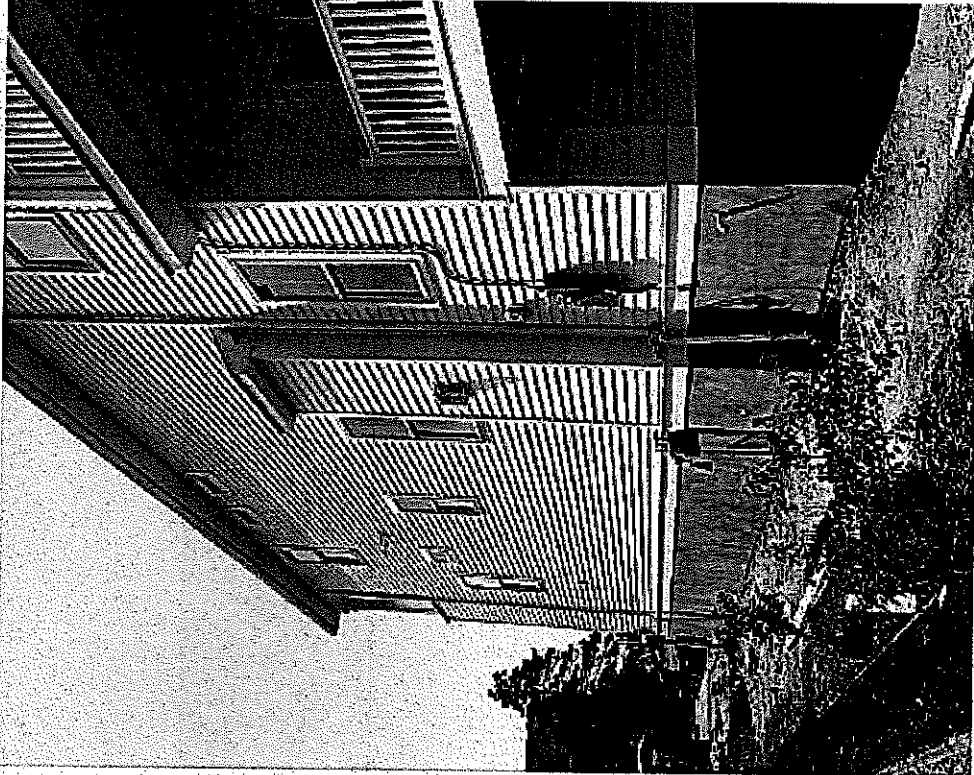
Photo One Caption

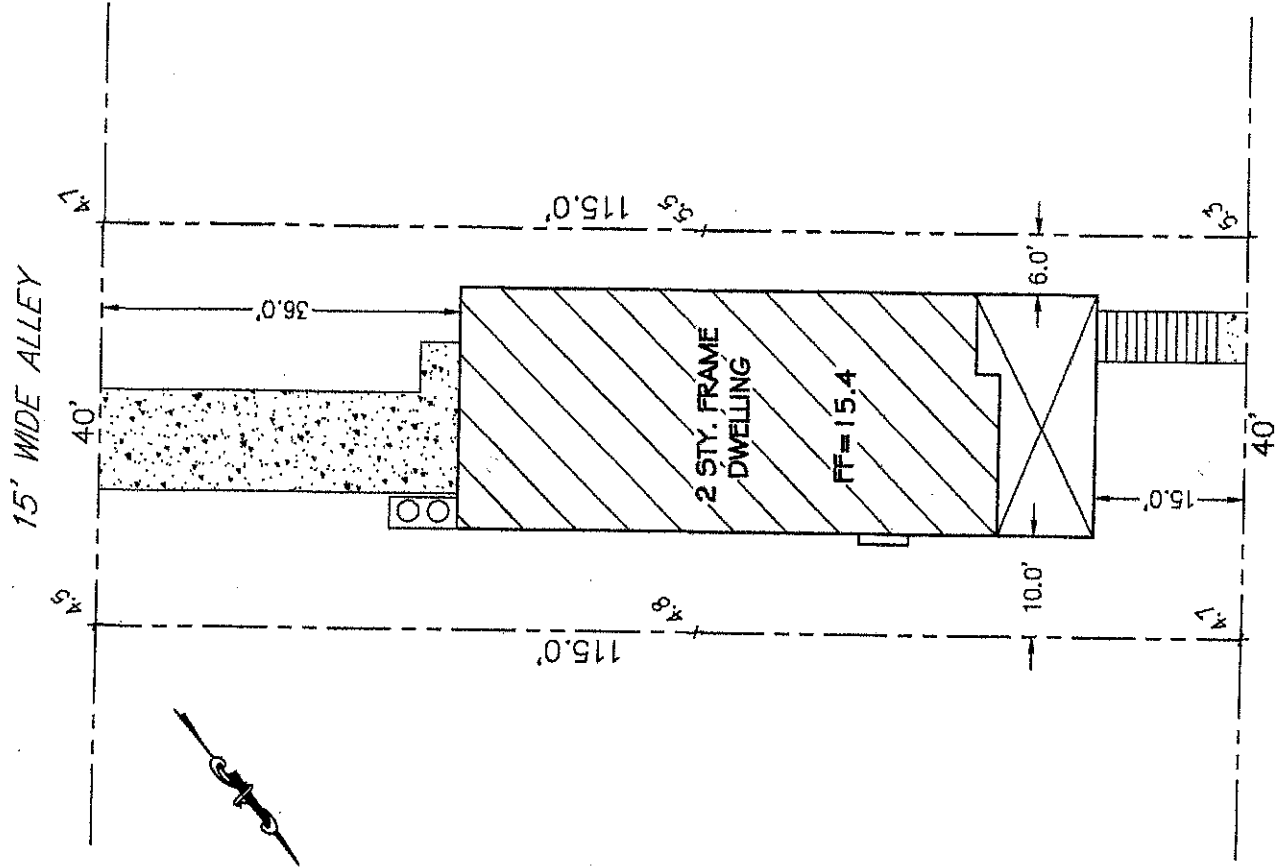
Photo One

Photo Two

Photo Two Caption

Photo Two





BAY AVENUE

ORDINANCE 12-19 REQUIREMENTS
 BASE FLOOD ELEV. = 9.0 (NAVD 88)
 FF ELEV. = 15.4 (+6.4 ABOVE BFE)
 RIDGE ELEV. = 40.6 (+25.2' ABOVE FF EL.)
 RIDGE ELEV. = 40.6 (+28.6' ABOVE ZFE (12))

AS-BUILT FINAL
 LOT AREA=4600 SQFT +/-
 BLDG. COVERAGE= 27.8%
 IMPERVIOUS COVERAGE = 44%
 ROOF PEAK ELEV.=40.6
 HALF STORY=16% (ATTIC)
 FAR=53.4%

THIS IS NOT A PLAN OF SURVEY. USE OF THIS PLAN BY ANY OTHER PERSON (ENTRY) OTHER THAN LISTED BELOW AS "ISSUED TO" OR USE OF THIS PLAN FOR ANY OTHER REASON THAN BUILDING PERMIT, SHALL VOID PLAN.
 THIS PLAN IS NOT A GUARANTEE OF OWNERSHIP.
 BEING LOT 102, BLOCK 1507, TAX MAP OF THE CITY OF OCEAN CITY (FOR INFORMATION PURPOSES ONLY).
 SURVEYOR RESERVES THE RIGHT TO REVISE THIS PLAN OF SURVEY UPON RECEIPT AND REVIEW OF AN ACCURATE TITLE REPORT AND AN ACCURATE ABSTRACT ON ALL LOTS AFFECTED BY, OR ADJOINING TO, THE PROPERTY IN QUESTION.
 NO ATTEMPT WAS MADE TO LOCATE THE UTILITIES WHICH MAY EXIST ON THIS PROPERTY PRIOR TO ANY EXCAVATION. CONTRACTOR SHALL BE RESPONSIBLE TO DETERMINE THEIR EXACT LOCATION.
 SUBJECT TO BUILDING REGULATIONS, RESTRICTIONS, EASEMENTS, RIGHTS-OF-WAY, COVENANTS, RESERVATIONS AND AGREEMENTS OF RECORD, IF ANY.

ISSUED FOR PERMIT USE ONLY



Design Land Surveying P.A.

P.O. Box 667 Turnersville, N.J. 08012
 Toll Free Phone 1-800-418-9373
 Phone (856) 374-1134 - Fax (856) 589-0246



DATE	03/14/18	SURVEY NO.	1801001
SCALE	1"=20'		
DRN:	TNT		

SKETCH PLAT

1561 BAY AVENUE

SITUATE IN:

CITY OF OCEAN CITY
 CAPE MAY COUNTY
 NEW JERSEY

REV: 03/20/18 (LOT #)

REV: 03/23/18 (H.S. %, FAR)

REV: 06/18/18 (FINAL)

REV: 07/05/18 (FINAL UPDATED)

ISSUED TO: CITY OF OCEAN CITY

THOMAS N. TOLBERT
 PROFESSIONAL LAND SURVEYOR
 N.J. LIC. GS 38608