

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

BUILDING OWNER'S NAME: _____

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: # 5 16 B ST

CITY: OCEAN CITY STATE: NJ ZIP CODE: 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP Lot 19.01 Block 1510

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: OCEAN CITY 345310

B2. COUNTY NAME: CAPE MAY

B3. STATE: NJ

B4. MAP AND PANEL NUMBER: 345310 0002	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): NINE EIG
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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: 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 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: RM 2 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	6.30 @ (m)
<input type="checkbox"/> b) Top of next higher floor	15.15 @ (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA @ (m)
<input type="checkbox"/> d) Attached garage (top of slab)	6.30 @ (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	9.18 @ (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	6.0 @ (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	6.2 @ (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	13
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	292.5 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 KARR LAND SURVEYING LICENSE NUMBER: GS 31269

TITLE: Prof. Land Surveyor COMPANY NAME: _____

ADDRESS: PO BOX 89 CITY: SEAVILLE STATE: NJ ZIP CODE: 08230

SIGNATURE: Thomas P. KARR DATE: JUNE 17 2004 TELEPHONE: 609 390 7936

SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS