

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>JOSEPH LAMONT</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>2803 BAYLARD DRIVE</u>		Company NAIC Number
CITY <u>CLEAN CTY</u>	STATE <u>NEW JERSEY</u>	ZIP CODE <u>08236</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 20 BLOCK 2807</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####°)	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other <u>NJPCS</u>
	<u>156106 2016511</u>	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>OCEAN CITY 345310</u>		B2. COUNTY NAME <u>CAMP MAY</u>		B3. STATE <u>NEW JERSEY</u>	
B4. MAP AND PANEL NUMBER <u>3453100002</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>JULY 15, 1992</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>SEPT 5, 1984</u>	B8. FLOOD ZONE(S) <u>A7</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>9 FT.</u>

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 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 1929 Conversion/Comments NONE REQUIRED

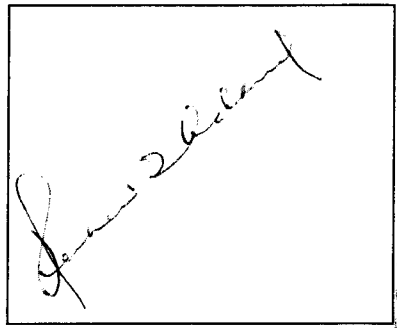
Elevation reference mark used R.M.3 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7.5</u> ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	<u>10.0</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>7.5</u> ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>9.2</u> ft.(m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>7.3</u> ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>7.3</u> ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>9</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>2025</u> sq. in. (sq. cm)	

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 <u>HERBERT T. ADAMS, JR</u>	LICENSE NUMBER <u>69 09849</u>
TITLE <u>PROFESSIONAL ENGINEER AND LAND SURVEYOR</u>	COMPANY NAME <u></u>
ADDRESS <u>1731 ROUTE 9 UNIT 26</u>	CITY <u>OCEAN VIEW</u>
	STATE <u>NEW JERSEY</u>
SIGNATURE <u>Herbert T. Adams, Jr.</u>	DATE <u>REV 7/28/05 July 27, 2005</u>
	TELEPHONE <u>609 390 0948</u>
	ZIP CODE <u>08230</u>



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. 2803 BAYLAND DRIVE			For Insurance Company Use:
CITY OCEAN CITY	STATE NEW JERSEY	ZIP CODE 08226	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

VENTS ARE CURRENTLY SEALED. On 7/28/05 Cover removed
10 VENTS SQUARE FOOT AREA = 1440

MECHANICAL EQUIPMENT - AIR CONDITIONAL COMPRESSOR

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 E5. 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. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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	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 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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>JOSEPH LAMONT</u>		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>2803 BAYLAUR DRIVE</u>		Policy Number
CITY <u>OCEAN CITY</u>		Company NAIC Number
STATE <u>NEW JERSEY</u>		ZIP CODE <u>08226</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 20 BLOCK 2807</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		
HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other <u>NJPGS</u>		
<u>156106 2016511</u>		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>OCEAN CITY 345310</u>		B2. COUNTY NAME <u>CAMP MAY</u>		B3. STATE <u>NEW JERSEY</u>	
B4. MAP AND PANEL NUMBER <u>3453100002</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>JULY 15, 1992</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>SEPT 5, 1984</u>	B8. FLOOD ZONE(S) <u>H7</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>9 FT.</u>

310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
311. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
312. 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)

31. 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.

32. 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.)

33. 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
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 Datum NAVD 1929 Conversion/Comments NONE REQUIRED

Elevation reference mark used RM 3 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>7.5</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>10.0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft.(m)
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<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>2025</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

James J. Adams, Jr.

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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
HAROLD T. ADAMS, JR.

TITLE
PROFESSIONAL ENGINEER AND LAND SURVEYOR

ADDRESS
731 ROUTE 9 UNIT 26

SIGNATURE
James J. Adams, Jr.

COMPANY NAME
OCEAN VIEW

CITY
OCEAN VIEW

STATE
NEW JERSEY

ZIP CODE
08230

DATE
JULY 27, 2005

TELEPHONE
609 390 0998

LICENSE NUMBER
6B 09899