

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2006

ELEVATION CERTIFICATE

P. 4921

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Philomeno & Salamone		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5 Marshall Lane		Policy Number	
CITY Ocean City		STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot 14, Tax Block 2214		Company NAIC Number	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
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 City of 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) 9MSL

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 Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

- o a) Top of bottom floor (including basement or enclosure) 8. 63 ft.(m)
- o b) Top of next higher floor 11. 88 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) 8. 71 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 11. 88 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 8. 36 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 8. 89 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 20
- o i) Total area of all permanent openings (flood vents) in C3.h 4,500.00 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

NJ License #20509  
July 18, 2006



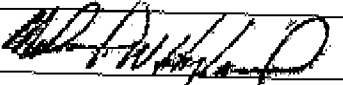
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 Michael W. Hyland LICENSE NUMBER NJ 20509

TITLE P.E. & L.S. COMPANY NAME Hyland Design Group, Inc.

ADDRESS 101 East Eighth Street CITY Ocean City STATE NJ ZIP CODE 08226

SIGNATURE  DATE 7/18/06 TELEPHONE (609) 398-4477