

Michael G. Contino - Sales Associate
OCEAN CITY REALTY

3258 Asbury Ave.
Ocean City, NJ 08226



mikecontino.com
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To: Mike Belletieri

From: **Mike Contino - Sales Associate**
Cell: 609-335-9100

Re: 31 Central Rd.

Pages: 4 w/cover

Comments: _____

Attached please find

CO and elevation certificate -

Thank you

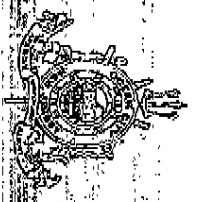
City of Ocean City
550 Asbury Ave
Ocean City NJ 08226
609-525-9179

CERTIFICATE

Date Issued: 09/04/2008

Control #: 51508

Permit #: 20071264



Work Site Location: 31 CENTRAL RD-1ST FLR
DELANCO CITY, NJ 08226

Home Warranty No: NJ108689
Type of Warranty Plan: Static Private

Owner in Fee: SCAPISI, INC.

Use Group: R-1
Maximum Live Load: 40

Address: 7 LONGWOOD DRIVE
OCEAN CITY NJ 08226

Construction Classification: 5A
Maximum Occupancy Load: _____
Certificate Exp Date: _____

Telephone: 856 304-6000

Description of Work/Use:
Two Family Dwelling

Agent/Contractor: SCAPISI, INC.

Address: 7 LONGWOOD DR.
SICKLERVILLE, NJ 08081

Update Desc. of Wk/Use:
Elevator Device

Telephone: 856 629-7476

Lic. No./Bldg. Reg. No.: 15730

Federal Emp. No.: 22-3286498

Social Security No.: _____

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

Total removal of lead-based paint hazards in scope of work
 Partial or limited time period (____ years); see file

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate.

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

Patrick W. Newton Jr.
Patrick W. Newton Jr., Construction Official

Fees: \$50.00

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Paid Check No. 3447
Collected by: _____



U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

08-000

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name SCAFISI, INC.		For Insurance Company Use:	
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 31-33 CENTRAL ROAD		Policy Number	
City OCEAN CITY State NJ ZIP Code 08226		Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8 BLOCK 70.04			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 39° 17' 18.99" Long. 74° 33' 43.98"		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 Z			
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide	
a) Square footage of crawl space or enclosure(s)	218 sq ft	a) Square footage of attached garage	1167 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	2	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	11
c) Total net area of flood openings in A8.b	312 sq in	c) Total net area of flood openings in A9.b	1320 sq in

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 345310-0001	B5. Suffix C	B6. FIRM Index Date 7-15-92	B7. FIRM Panel Effective/Revised Date 9-5-84	B8. Flood Zone(s) A-7	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. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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-g below according to the building diagram specified in Item A7.
Benchmark Utilized **PRVT** Vertical Datum **1929**
Conversion/Comments **NONE**


Check the measurement used.

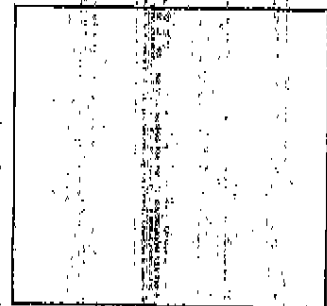
a) Top of bottom floor (including basement, crawl space, or enclosure floor),	8.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	17.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	8.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	10.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	8.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	8.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.

Check here if comments are provided on back of form.

Certifier's Name JAMES E. SCHWAB III	License Number 24GS03353600
Title LAND SURVEYOR	
Address 8 EAST 10TH STREET	
City OCEAN CITY State NJ ZIP Code 08226	Telephone 809-398-0565
Signature 	Date 8/13/08



IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 31-33 CENTRAL ROAD	Policy Number
City OCEAN CITY State NJ ZIP Code 08226	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 **THERE ARE TWO SHOWERS NOT INCLUDED IN THE ENCLOSED AREA AS THEY ARE ACCESSED FROM THE EXTERIOR OF THE BUILDING BY LOUVERED DOORS. C2A IS GROUND LEVEL SLAB, C2B IS FIRST FLOOR. C2E IS AC CONDENSOR. THERE ARE ELEVEN 16 X 16 IN. ALUMINUM LOUVER VENTS WITH AN ESTIMATED NET FREE AREA OF 112 SQ.IN EACH. ONE GARAGE AND ONE FOUNDATION VENT ARE "SMART VENT" BRAND MODEL 1640-610- 8 X 16 IN. RATED BY THE MANUFACTURER AS EQUIVALENT TO 200 SQ.IN.NET FREE AREA EACH (SEE ATTACHMENT).**

Signature

Date

8/13/08

Check here if attachments

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 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's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments

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, and G9.

- 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.-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: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments