

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name: Thomas J. Welsh Jr.

Policy Number

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
 130 56th Street

Company NAIC Number

City: Sea Isle City State: NJ ZIP Code: 08202

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Block: 56.03 Lot: 1449

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

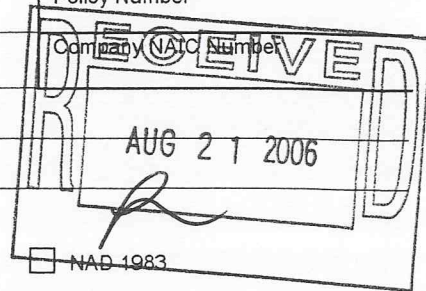
A5. Latitude/Longitude: Lat. 39° 08' 45" Long. 74° 41' 59" Horizontal Datum: NAD 1927 NAD 1983

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

A7. Building Diagram Number 8

A8. For a building with a crawl space or enclosure(s), provide
 a) Square footage of crawl space or enclosure(s) 1094 sq ft
 b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 21
 c) Total net area of flood openings in A8.b 1260 sq in

A9. For a building with an attached garage, provide:
 a) Square footage of attached garage 676 sq ft
 b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 10
 c) Total net area of flood openings in A9.b 600 sq in



SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
 City of Sea Isle City 345318

B2. County Name
 Cape May

B3. State
 New Jersey

B4. Map/Panel Number 345318 0001	B5. Suffix C	B6. FIRM Index Date 01-06-83	B7. FIRM Panel Effective/Revised Date 01-06-83	B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10'
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310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other (Describe) _____

311. Indicate elevation datum used for BFE in Item 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 _____ CBRS OPA

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 _____ Vertical Datum 1929

Conversion/Comments N/A Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>6.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>12.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>6.6</u>	<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)	<u>11.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>6.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>6.3</u>	<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: Thomas J. Welsh Jr. License Number: 23921
 Title: Professional Land Surveyor Company Name: THOMAS*AMEY*SHAW, Inc.
 Address: 2900 Dune Drive, Ste. 8 City: Avalon State: NJ ZIP Code: 08202

Signature: _____ Date: 8.16.06 Telephone: (609) 967-3999

Handwritten signature and date: Thomas J. Welsh Jr. 8.16.06

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

100 56th Street

Sea Isle City

State:
NJ

ZIP Code:
08243

For Insurance Company Use:

Policy Number

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



DATE: August 16, 2006, FRONT VIEW OF RESIDENCE



DATE: August 16, 2006, REAR VIEW OF RESIDENCE