

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

|   |                    |  |  |
|---|--------------------|--|--|
| <b>SECTION A - PROPERTY OWNER INFORMATION</b>   |                    |  | For Insurance Company Use:   |
| BUILDING OWNER'S NAME<br><b>ALEX S. &amp; ANGELA J. MILLER</b>  |                    |  | Policy Number  |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br><b>140 ASBURY AVENUE</b>         |                    |  | Company NAIC Number  |
| CITY<br><b>OCEAN CITY</b>   | STATE<br><b>NJ</b> | ZIP CODE<br><b>08226</b>   |  |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>BLOCK 108 LOT 28</b>                   |                    |  |  |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)<br><b>RESIDENTIAL</b> |                    |  |  |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(##° - ##' - ##.###" or ###.####")   |                    | HORIZONTAL DATUM:<br><input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____<br><input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |

|  |                        |   |  |                                 |  |
|--|------------------------|---|--|---------------------------------|--|
| <b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>   |                        |   |  |                                 |  |
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER<br><b>OCEAN CITY 345310</b>   |                        | B2. COUNTY NAME<br><b>CAPE MAY</b>      |  | B3. STATE<br><b>NJ</b>          |  |
| B4. MAP AND PANEL NUMBER<br><b>345310 0001</b>   | B5. SUFFIX<br><b>C</b> | B6. FIRM INDEX DATE<br><b>7-15-1992</b> | B7. FIRM PANEL EFFECTIVE/REVISED DATE<br><b>9-5-1984</b> | B8. FLOOD ZONE(S)<br><b>A-7</b> | B9. BASE FLOOD ELEVATION(S) (Zone AD, use depth of flooding)<br><b>9.0</b> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ |                        |   |  |                                 |  |
| B11. Indicate the elevation datum used for the BFE in 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____   |                        |   |  |                                 |  |

|  |                    |
|--|--------------------|
| <b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>  |                    |
| C1. Building elevations are based on: Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction*<br>*A new Elevation Certificate will be required when construction of the building is complete.  |                    |
| C2. Building Diagram Number <b>3</b> (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, ARIA, AR/AE, ARIA1-A30, ARIA/H, AR/AO<br>Complete items C3.-a) 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.<br>Datum <b>1929</b> Conversion/Comments <b>NO CONVERSION</b><br>Elevation reference mark used <b>CNCMUA</b> . Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                    |
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)  | <b>6.0</b> ft.(m)  |
| <input type="checkbox"/> b) Top of next higher floor   | <b>10.0</b> ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)   | <b>NA</b> ft.(m)   |
| <input type="checkbox"/> d) Attached garage (top of slab)  | <b>NA</b> ft.(m)   |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)  | <b>9.5</b> ft.(m)  |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)   | <b>6.0</b> ft.(m)  |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)  | <b>6.7</b> ft.(m)  |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <b>5 SEE COMMENTS</b>  |                    |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <b>640 SEE COMMENTS</b> sq. in. (sq. cm)  |                    |

License Number, Embossed Seal, Signature, and Date

**LIC# 33531**  
*[Signature]*  
**4-26-06**

|   |   |                                    |                          |
|---|---|------------------------------------|--------------------------|
| <b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>   |   |                                    |                          |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.<br>I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.<br>I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. |   |                                    |                          |
| CERTIFIER'S NAME <b>GORDON M. LUDWIG, SOLE MEMBER</b>   |   | LICENSE NUMBER <b>24GS03353100</b> |                          |
| TITLE <b>LAND SURVEYOR</b>  | COMPANY NAME <b>POINT TO POINT SURVEYING CO. LLC.</b> |                                    |                          |
| ADDRESS<br><b>P.O. BOX 299</b>  | CITY<br><b>SOMERS POINT</b>                           | STATE<br><b>NJ</b>                 | ZIP CODE<br><b>08244</b> |
| SIGNATURE<br><i>[Signature]</i>   | DATE<br><b>4-26-06</b>                                | TELEPHONE<br><b>609-927-9295</b>   |                          |