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HALLIDAY LEONARD

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FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 5067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5509 - 5511 SIMPSON AVE		Policy Number	Company NAIC Number
CITY OCEAN CITY	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX MAP LOT 10 Block 5505			
BUILDING USE (e.g., Residential, Non-residential, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (36° - 39° - $00''$ or W)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type); <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER OCEAN CITY 345310		B2. COUNTY NAME CAPE MAY	B3. STATE N.J.
B4. MAP AND PANEL NUMBER 0004	B5. SUFFIX D	B6. FIRM INDEX DATE 7-15-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7/15/92
B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION (BFE) (Zone AD: use depth of flooding) NONE?		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9: <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 type="checkbox"/> NGVD 1829 <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 Data:			

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 6 (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, ARIA, ARIA/O
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 NAVD 29 Conversion/Comments NONE

Elevation reference mark used RM 5 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>7.3</u> (m)
<input type="checkbox"/> b) Top of next high or floor	<u>12.7</u> (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>7.3</u> (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>12.3</u> (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>7.1</u> (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>7.3</u> (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>6</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>1728</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 Thomas P. KARR KARR LAND SURVEYING LICENSE NUMBER G5 31249

TITLE Prof. Land Surveyor COMPANY NAME

ADDRESS PO Box 89 CITY Seaville STATE NJ ZIP CODE 08230

SIGNATURE Thomas P. Karr DATE 4/2/01 TELEPHONE 609 390 7936