

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE**

O.M.I.D. NO. 3007-0077  
Expires December 31, 2005

**Important: Read the instructions on pages 1-7.**

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:	
BUILDING OWNER'S NAME			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>1126 Simpson Avenue</i>			Company NAIC Number	
CITY <i>Ocean City</i>	STATE <i>NJ</i>	ZIP CODE <i>08226</i>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Block 1108, Lot 26</i>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <i>Residential</i>				
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 <i>345310 0002 C</i>		B2. COUNTY NAME <i>Cape May Co.</i>		B3. STATE <i>NJ</i>	
B4. MAP AND PANEL NUMBER <i>345310 0002</i>	B5. SUFFIX <i>C</i>	B6. FIRM INDEX DATE <i>7-15-92</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>9-5-84</i>	B8. FLOOD ZONE(S) <i>A7</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>9</i>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929					
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 _____					

**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.

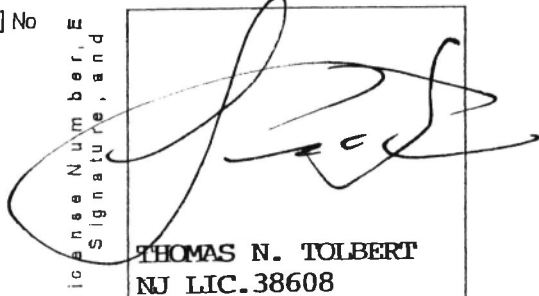
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, ARIA1-A30, ARIA/H, 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 1929 Conversion/Comments \_\_\_\_\_

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

o a) Top of bottom floor (including basement or enclosure)	<u>7.0</u> ft.(m)
o b) Top of next higher floor	<u>12.0</u> ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	<u>1</u> ft.(m)
o d) Attached garage (top of slab)	<u>7.3</u> ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>10.8</u> ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	<u>6.9</u> ft.(m)
o g) Highest adjacent (finished) grade (HAG)	<u>7.0</u> ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>10</u>
o i) Total area of all permanent openings (flood vents) in C3.h	<u>140</u> sq. in. (sq. cm)

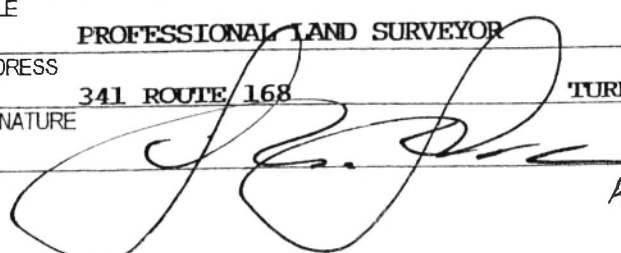
License Number, and Signature, and



**THOMAS N. TOLBERT**  
NJ LIC. 38608

**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 <b>THOMAS N. TOLBERT</b>		LICENSE NUMBER <b>38608</b>	
TITLE <b>PROFESSIONAL LAND SURVEYOR</b>		COMPANY NAME <b>DESIGN LAND SURVEYING</b>	
ADDRESS <b>341 ROUTE 168</b>	CITY <b>TURNERSVILLE</b>	STATE <b>NJ</b>	ZIP CODE <b>08012</b>
SIGNATURE 	DATE <b>8/3/05</b>	TELEPHONE <b>856-374-1134</b>	

REV: 10/27/05 (FINAL)