

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Herman	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 72 Arkansas Avenue	Company NAIC Number:	
City City of Ocean City	State New Jersey	ZIP Code 08226
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4 in Block 1818		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 39°16'30.1" Long. -74°35'54.4"	Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 8		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) 1919.00 sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 11		
c) Total net area of flood openings in A8.b 2200.00 sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage 758.00 sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 5		
c) Total net area of flood openings in A9.b 2186.00 sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP Community Name & Community Number City of Ocean City 345310	B2. County Name Cape May County	B3. State New Jersey
B4. Map/Panel Number 34009C0088	B5. Suffix F	B6. FIRM Index Date 10-05-2017
	B7. FIRM Panel Effective/ Revised Date 10-05-2017	B8. Flood Zone(s) AE
		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/Source: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 72 Arkansas Avenue	
FOR INSURANCE COMPANY USE	
Policy Number:	
City City of Ocean City	State New Jersey
ZIP Code 08226	Company NAIC Number

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, ARIA, ARIAE, ARIA1–A30, ARI/AH, ARI/AO. Complete Items C2.a–h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: NJTCM-Ref 0333 Vertical Datum: N.A.V.D 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source:


Datum used for building elevations must be the same as that used for the BFE.

- Check the measurement used.
- | | | | |
|--|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>7.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>12.20</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>7.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>14.20</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>6.90</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>7.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>6.30</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Stephen C. Martinelli	License Number 30089		
Title Professional Land Surveyor	Place Seal Here		
Company Name The Martinelli Group LLC			
Address 1217 S. Shore Road Suite 106			
City Ocean View	State New Jersey	ZIP Code 08230	
Signature 	Date 06-19-2018	Telephone (609) 390-9618	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

There are (1) type Vents Model #1540-520 located in the foundation of the building. There are (4) Smart Vents Model #1540-510 and (1) 33"x 42" opening in the Garage. (See Attached). There is a non-vented 35sq foot elevator enclosure located between the crawl space and the garage with an elevation of 7.0. Lowest machinery is the A/C units located on a raised platform outside the Building. CK by:SCM(fjs)

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City	ZIP Code
City of Ocean City	08226
State	Company NAIC Number
New Jersey	
FOR INSURANCE COMPANY USE	
Policy Number:	

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, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 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 or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
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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. 72 Arkansas Avenue		Policy Number:
City City of Ocean City	State New Jersey	Company NAIC Number
	ZIP Code 08226	

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–G10. In Puerto Rico only, enter meters.

- 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–G10) is provided for community floodplain management purposes.

G4. Permit Number <i>20170875</i>	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
--------------------------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
 feet meters Datum _____
- G8. Elevation of as-built lowest floor (including basement) of the building: feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters Datum _____
- G10. Community's design flood elevation: feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

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

FOR INSURANCE COMPANY USE

Policy Number:

City

City of Ocean City

State

New Jersey

ZIP Code

08226

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front View 6-14-18

Clear Photo One



Photo Two

Photo Two Caption Rear View 6-14-18

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

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IMPORTANT: In these spaces, copy the corresponding information from Section A.	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 72 Arkansas Avenue	
City City of Ocean City	State New Jersey
ZIP Code 08226	Company NAIC Number
FOR INSURANCE COMPANY USE	
Policy Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption A/C Units 6-14-18

Clear Photo Three

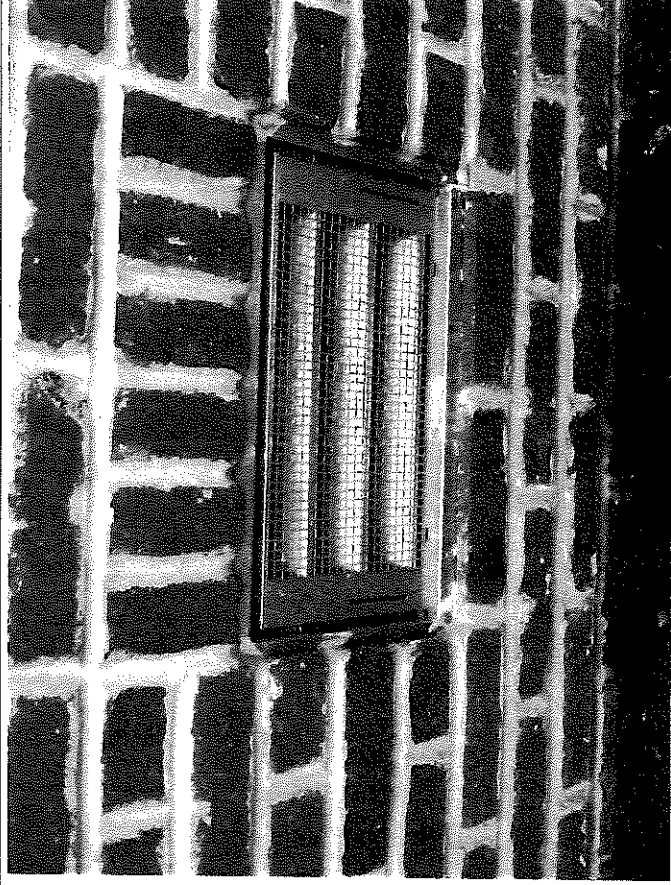


Photo Four

Photo Four Caption Smart Vent 6-14-18

Clear Photo Four

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
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IMPORTANT: In these spaces, copy the corresponding information from Section A.

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72 Arkansas Avenue

FOR INSURANCE COMPANY USE
Policy Number:

City
City of Ocean City

State
New Jersey

ZIP Code
08226

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

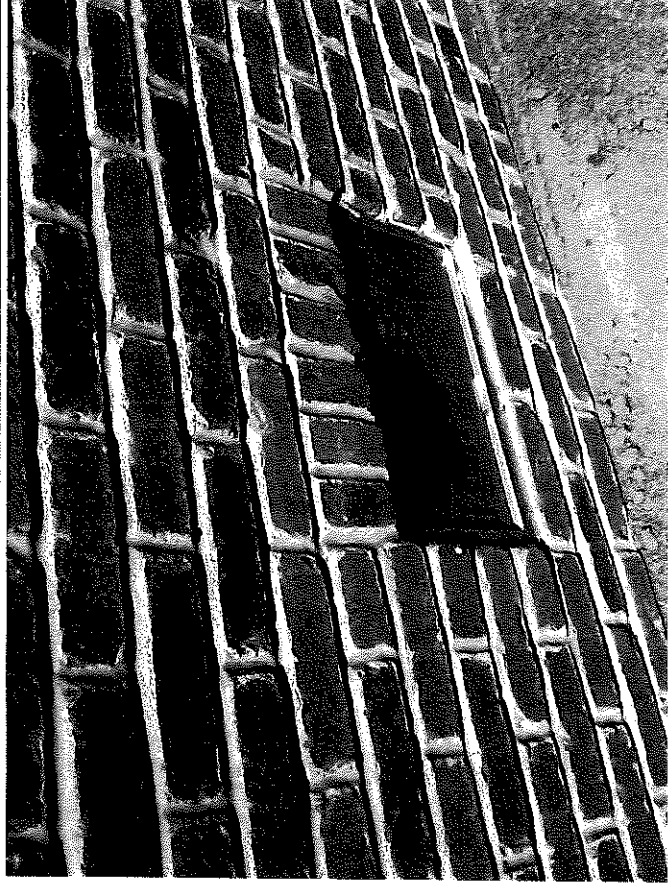


Photo One

Photo One Caption Smart Vent 6-14-18

Clear Photo One

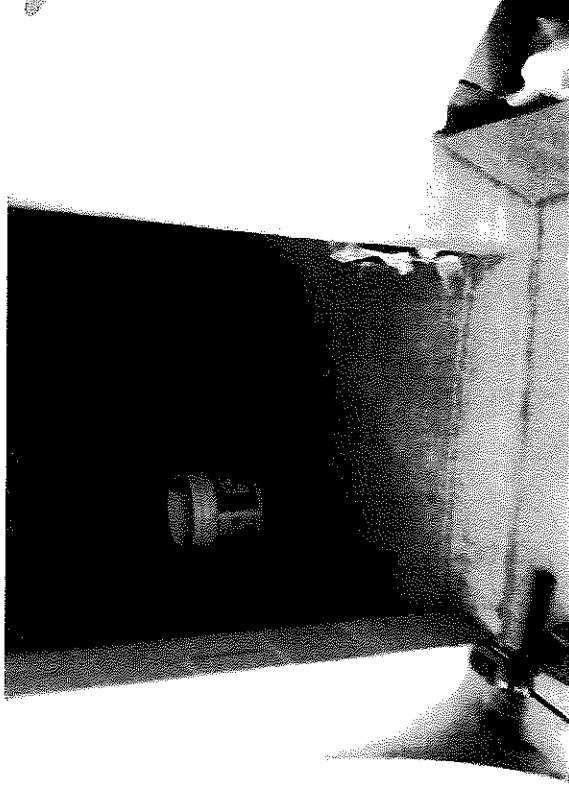


Photo Two

Photo Two Caption 33"x42" opening 6-14-18

Clear Photo Two

BUILDING DESCRIPTION:

- Property Address: 72 Arkansas Avenue
- Building Coverage = 32%
- Total Stories = 2.38
- 1/2 Story = 38% at 5' Ceiling Height
- Floor Area Ratio = 56%
- Finished Floor Elevation = 12.2' N.A.V.D. 1988
- Building Height = 31.5' Above Zone Flood Elevation 12'.
- Impervious Coverage = 65%

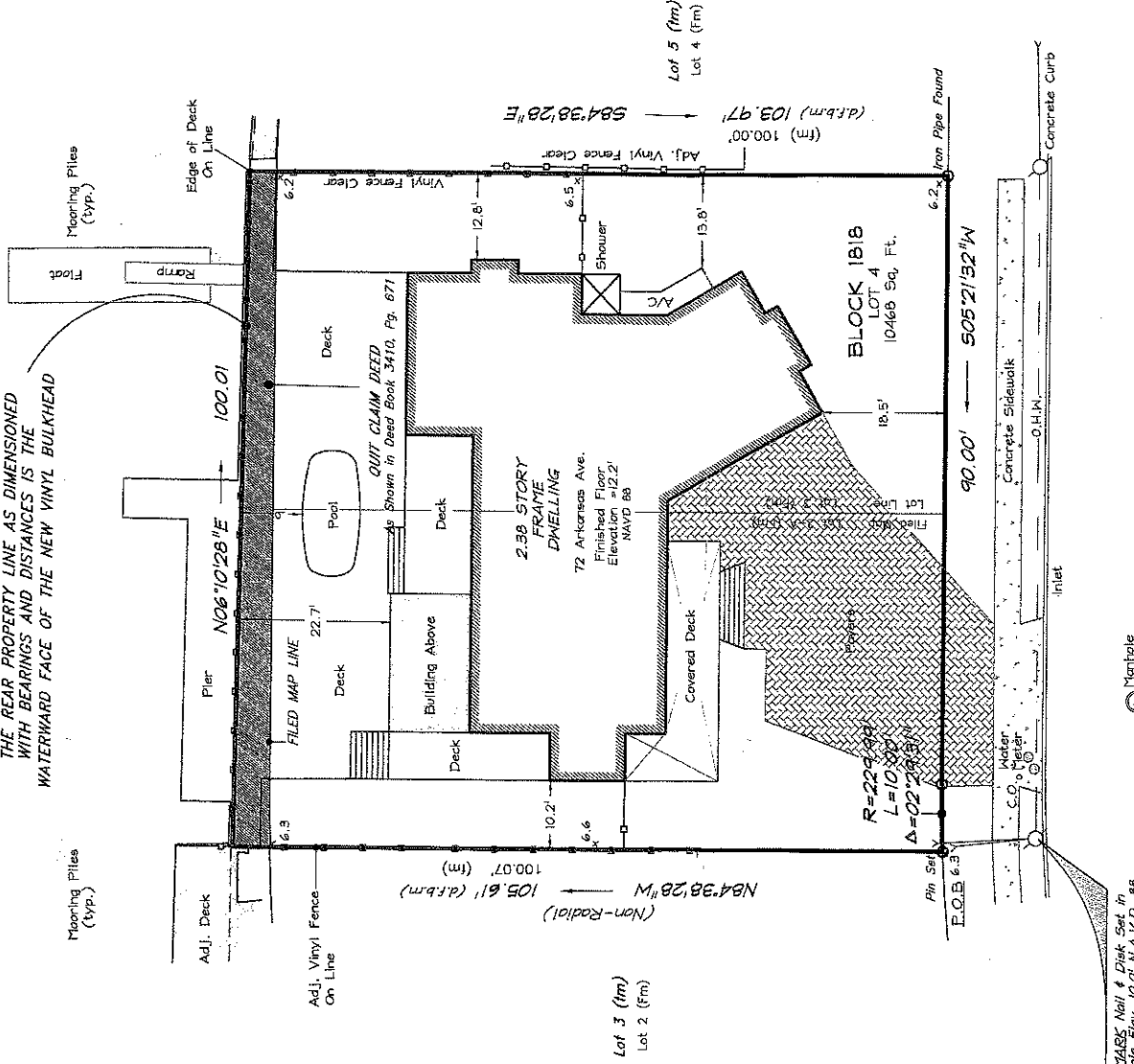
LEGEND
(d.f.b.m.) =DISTANCE TO FACE OF BULKHEAD MEASURED



SUNNY HARBOR

(Man-Made)

THE REAR PROPERTY LINE AS DIMENSIONED WITH BEARINGS AND DISTANCES IS THE WATERWARD FACE OF THE NEW VINYL BULKHEAD



REFERENCE:
-DEED BOOK 3100, Pg. 979

GENERAL NOTES:
-SERVICED BY UNDERGROUND UTILITIES
-THE MARTINELLI GROUP, LLC RESERVES THE RIGHT TO AMEND THIS SURVEY UPON RECEIPT OF A CURRENT, ACCURATE TITLE REPORT.
-ALL ELEVATIONS ARE IN FEET AND ARE BASED ON NAVD 1988.
-THIS SURVEY WAS PREPARED FOR THE PURPOSE OF OBTAINING A C.O. ONLY.
-THIS IS NOT A CONVEYANCE SURVEY.

REVISED: 6-15-18 ... FINAL SURVEY
REVISED: 9-19-17 ... MID-TERM SURVEY

SCALE:	1" = 20'
DATE:	10-13-15
DRAWN BY:	DCF-gs
PROJNO:	15036

FINAL SURVEY

SITUATE IN
BLOCK 1818
LOT 4
CITY OF OCEAN CITY
CAPE MAY CO., NJ

ARKANSAS AVENUE

(60' WIDE)

BEING LOT 2-A and LOT 3, IN BLOCK 1818 AS SHOWN ON "PLAN OF A RE-PLOTTING OF LOT'S No. 7 and 8 TAX BLOCK 1818" DATED DECEMBER 12, 1987 AND FILED IN THE CAPE MAY COUNTY CLERK'S OFFICE ON JUNE 16, 1988 AS FILED MAP No. 680

-THE ORIGINAL OF THIS DRAWING IS THE PROPERTY OF THE MARTINELLI GROUP, LLC.
-ONLY COPIES FROM THE ORIGINAL MAP OF THIS PLAT, CLEARLY MARKED WITH THE LAND SURVEYOR'S EMBOSSED SEAL, SHALL BE CONSIDERED TO BE VALID.

THE MARTINELLI GROUP LLC

PROFESSIONAL LAND SURVEYING
CERTIFICATE OF AUTHORIZATION NUMBER 24GA2B16700
PHONE : (609) 390-9618 FAX : (609) 390-9534
1217 S. SHORE ROAD SUITE 106
OCEAN VIEW, NEW JERSEY 08230

STEPHEN C. MARTINELLI
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 3089
PROFESSIONAL PLANNER
N.J. LICENSE # 04653