

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME JEFFREY & CHRISTIANA FANTE		Policy Number	
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 47 W. FOURTEENTH STREET			Company NAIC Number
CITY OCEAN CITY	STATE NJ	ZIP CODE 08226	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 1310 LOT 3			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
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 OCEAN CITY 345310		B2. COUNTY NAME CAPE MAY		B3. STATE NJ
B4. MAP AND PANEL NUMBER 345310 0002	B5. SUFFIX C	B6. FIRM INDEX DATE 7-15-1992	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-5-1984	B8. FLOOD ZONE(S) A-7
				B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile **FIRM** Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: **NGVD 1929** NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes **No** Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number 7 (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, AR/AH, AR/AO 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 NO CONVERSION	
Elevation reference mark used CMCMUA 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)	6.1 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	15.3 ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA. ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	6.1 ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10.2 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	5.8 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	6.2 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 2700 SEE COMMENTS sq. in. (sq. cm)	

CITY OF OCEAN CITY CODE ENFORCEMENT

2008 APR 19 PM 1:18

License Number, Embossed Seal, Signature, and Date

210#33531

[Signature]

4-16-06

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 GORDON M. LUDWIG, SOLE MEMBER	LICENSE NUMBER 24GS03353100

TITLE LAND SURVEYOR	COMPANY NAME POINT TO POINT SURVEYING CO. L.L.C.
ADDRESS P.O. BOX 299	CITY SOMERS POINT
SIGNATURE <i>[Signature]</i>	STATE NJ
	ZIP CODE 08244
	DATE 4-10-06
	TELEPHONE 609-927-9295