

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.

BUILDING OWNER'S NAME		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or P.O. Box No.)		Policy Number	
CITY		Company NAIC Number	
STATE		ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)			
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		B2. COUNTY NAME		B3. STATE	
345310 0001 C		Cape May		NJ	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
345310 0001	C	7-15-92	9-5-84	A7	9
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): _____					
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 _____					

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 2 (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, ARI/AE, 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)	6.7 ft(m)
o b) Top of next higher floor	11.4 ft(m)
o c) Bottom of lowest horizontal structural member (V zones only)	_____ ft(m)
o d) Attached garage (top of slab)	6.9 ft(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10.7 ft(m)
o f) Lowest adjacent (finished) grade (LAG)	6.0 ft(m)
o g) Highest adjacent (finished) grade (HAG)	6.7 ft(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	1
o i) Total area of all permanent openings (flood vents) in C3.h	584 sq. in. (sq. cm)

License Number, 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	LICENSE NUMBER
THOMAS N. TOLBERT	38608
TITLE	COMPANY NAME
PROFESSIONAL LAND SURVEYOR	DESIGN LAND SURVEYING
ADDRESS	CITY STATE ZIP CODE
341 ROUTE 168	TURNERSVILLE NJ 08012
SIGNATURE	DATE TELEPHONE
	2/20/10 856-374-1134

REV: 4/18/10 (FINAL)