

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name:

For Insurance Company Use:

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
803 PENNLYN PLACE

Company NAIC Number

City **OCEAN CITY** State **NJ** ZIP Code

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 55, BLOCK 203

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 39-17'-49-15" N Long. 74-33'-31" W

Horizontal Datum: NAD 1927 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 1

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) n/a sq ft
- b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade n/a
- c) Total net area of flood openings in A8.b n/a sq. in.

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage 1304 sq ft
- b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 12
- c) Total net area of flood openings in A9.b 3,072 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
3453100001 C Ocean City

County Name **Cape May**

B3. State
NJ

B4. Map/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 base flood depth)
345310-0001	C	7/15/92	9/5/84	A-7	9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ CBRS OPA

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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized Local Vertical Datum 1929

Conversion/Comments N/A

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 9.9 X feet meters (Puerto Rico only)
- b) Top of the next higher floor 19.9 X feet meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A X feet meters (Puerto Rico only)
- d) Attached garage (top of slab) 9.9 X feet meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 10.2 X feet meters (Puerto Rico only)
- f) Lowest adjacent (finished) grade (LAG) 9.5 X feet meters (Puerto Rico only)
- g) Highest adjacent (finished) grade (HAG) 9.7 X feet meters (Puerto Rico only)

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.

Check here if comments are provided on back of form.

Certifier's Name **Thomas N. Tolbert**

License Number **38608**

Title **President**

Company Name **Design Land Surveying, P.A.**

Address **P.O. Box 667**

City **Turnersville**

State **NJ** ZIP Code **08012**

Signature

Date **03/15/10**

Telephone: **856-374-1134**

PLACE
SEAL
HERE