

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8

SECTION A - PROPERTY INFORMATION		For Insurance Company Use
A1. Building Owner's Name		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 843 PENNSYLVANIA PLACE		Company NAIC Number
City OCEAN CITY	State NJ	ZIP Code 08226
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX Map LOT 38 Block 203		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 39° 16.291 Long. 074° 31.083 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 6		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) 926 sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 12 c) Total net area of flood openings in A8.b 2100 sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage SAME sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A9.b sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number OCEAN CITY 345 310		B2. County Name CAPE MAY		B3. State NJ	
B4. Map/Panel Number 345310-041	B5. Suffix C	B6. FIRM Index Date 7 15 92	B7. FIRM Panel Effective/Revised Date 9/5/84	B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9
10. 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 (Describe)					
11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
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 NONE	Vertical Datum NGVD 29
Conversion/Comments	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) GAL 8.55 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor 17.06 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
c) Bottom of the lowest horizontal structural member (V Zones only) 17 <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
d) Attached garage (top of slab) 8.55 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 10.05 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade (LAG) 8.3 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade (HAG) 8.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
is 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 and 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.	
Surveyor's Name THOMAS P KARR	License Number 31269
Profession LAND SURVEYOR	Company Name KARR LAND SURVEYING
Address PO BOX 89	City OCEANVIEW
State NJ	ZIP Code 08230
Date 7/28/07	Telephone 1-877-390-7936