



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: **G & M Builders**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: **907-909 2nd Street**

CITY: **Ocean City** STATE: **NJ** ZIP CODE: **08226**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): **Lot 12, Block 101**

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): **Residential**

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####): _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: **City of Ocean City 345310**

B2. COUNTY NAME: **Cape May**

B3. STATE: **NJ**

B4. MAP AND PANEL NUMBER 3453100001	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 depth of flooding) 10 FT MSL
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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: 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 **8** (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 **NGVD** Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) **7.00'** ft.(m)
- b) Top of next higher floor **12.67'** ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) **N/A** ft.(m)
- d) Attached garage (top of slab) **8.00'** ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) **12.67'** ft.(m)
- f) Lowest adjacent (finished) grade (LAG) **6.63'** ft.(m)
- g) Highest adjacent (finished) grade (HAG) **6.83'** ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **18**
- i) Total area of all permanent openings (flood vents) in C3.h **2085.12** sq. in. (sq. cm)

NJ License No. 20509
5/21/02

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: **Michael W. Hyland** LICENSE NUMBER: **NJ 20509**

TITLE: **P.E. & L.S.** COMPANY NAME: **Michael W. Hyland Associates**

ADDRESS: **101 East Eighth Street** CITY: **Ocean City** STATE: **NJ** ZIP CODE: **08226**

SIGNATURE: DATE: **5/21/02** TELEPHONE: **(609) 398-4477**

FEMA Form 81-21 JUL 00

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS