

8702508211-2005

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

WO 19347

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

Greg Webster
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 510 24th Street
 Company NAIC Number

CITY STATE ZIP CODE
 Ocean City NJ 08226

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Tax lot 11, Tax Block 240

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

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME AND COMMUNITY NUMBER B2. COUNTY NAME B3. STATE
 City of Ocean City 345310 Cape May NJ

B4. MAP AND PANEL NUMBER 345310 0002	B5. SURTICA C	B6. FIRM EFFECTIVE DATE 7/15/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/5/84	B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION(S) (Zone(s), user depth of flooding) 10/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: 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, A2, A3, A4, A5, A6 (with BFE), VE, V1, V2, V3 (with BFE), AR, AR1, AR2, AR3, AR4, AR5, AR6, AR7, AR8, AR9, AR10
 Complete Items C3-a-f 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) 9.12 ft.(m)
- b) Top of next higher floor 11.32 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A. ft.(m)
- d) Attached garage (top of slab) 9.83 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.00 ft.(m)
- f) Lowest adjacent finished grade (LAG) 9.59 ft.(m)
- g) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 2
- h) Total area of all permanent openings (flood vents) in C3.h 154.54 sq. in. (sq. cm)

NJ License #20509
 October 24, 2005

Michael Hyland

License Number, Embossed Seal, Signature, and Date

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 Hyland LICENSE NUMBER NJ 20509

TITLE P.E. & L.S. COMPANY NAME Hyland Design Group, Inc.

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

SIGNATURE DATE TELEPHONE
Michael Hyland 10/24/05 (609) 398-4477

See reverse side for continuation.

Replaces all previous editions