

U.S. DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 National Flood Insurance Program

ELEVATION CERTIFICATE

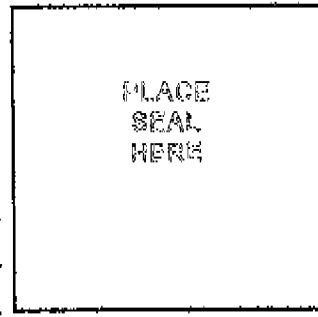
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name Thomas and Donna Strunk		Policy Number
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #10 Sweetwater Court		Company NAIC Number
City Ocean City State NJ ZIP Code 08226		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 3009 LOT 16		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 39°15'31" Long. 74°36'40"		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 1		
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) 622.4 sq ft		a) Square footage of attached garage 362.5 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 0 sq in		c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Ocean City		B2. County Name Cape May		B3. State New Jersey	
B4. Map/Panel Number 345310 002	B5. Suffix C	B6. FIRM Index Date September 5, 1984	B7. FIRM Panel Effective/Revised Date September 5, 1984	B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9
B10. 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) _____					
B11. 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) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. 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.	
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 <u>WPHA Control Loop</u> Vertical Datum <u>NGVD 29</u> Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	8.9 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	10.9 <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N.A. <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	7.9 <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)	8.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	7.8 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	7.7 <input checked="" type="checkbox"/> feet <input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name ROBERT FARRAR, PLS	License Number 24GS03583600
Title CHIEF OF SURVEY	Company Name WALKER, PREVITI, HOLMES & ASSOCIATES
Address 156 STAGECOACH ROAD	City MARMORA State NJ ZIP Code 08223
Signature <i>Robert Farrar</i>	Date 9/12/09 Telephone (609) 390-1927



IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
 #10 Sweetwater Court
 City Ocean City State NJ ZIP Code 08226

For Insurance Company Use:
 Policy Number
 Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments Firmette and tax map attached, street shows on one panel-property on another per search - Air Conditioner on Blocks

Signature Robert L. Larran

Date 9/17/08

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____
 Address _____ City _____ State _____ ZIP Code _____
 Signature _____ Date _____ Telephone _____
 Comments _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE (or in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____
 Community Name _____ Telephone _____
 Signature _____ Date _____
 Comments _____

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #10 Sweetwater Court	For Insurance Company Use: Policy Number
City Ocean City State NJ ZIP Code 08226	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.</p>	

FRONT VIEW



REAR VIEW

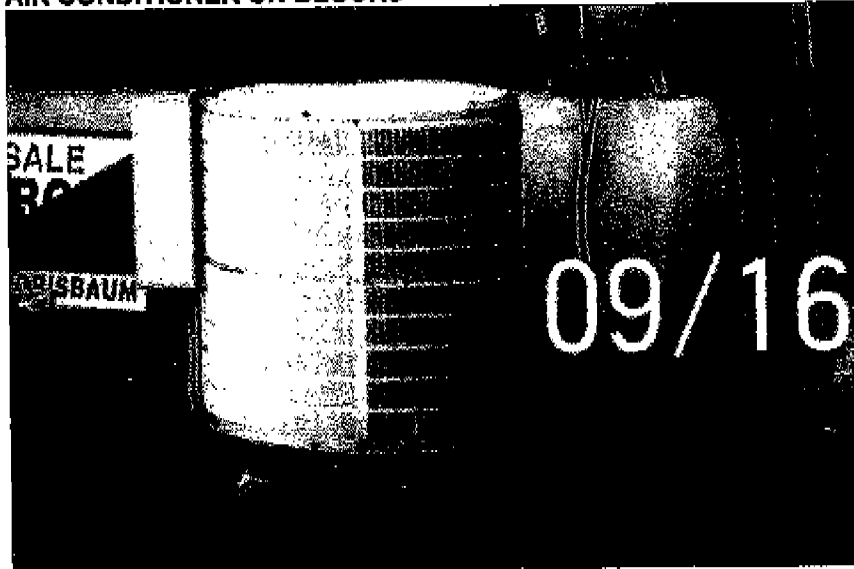


Building Photographs

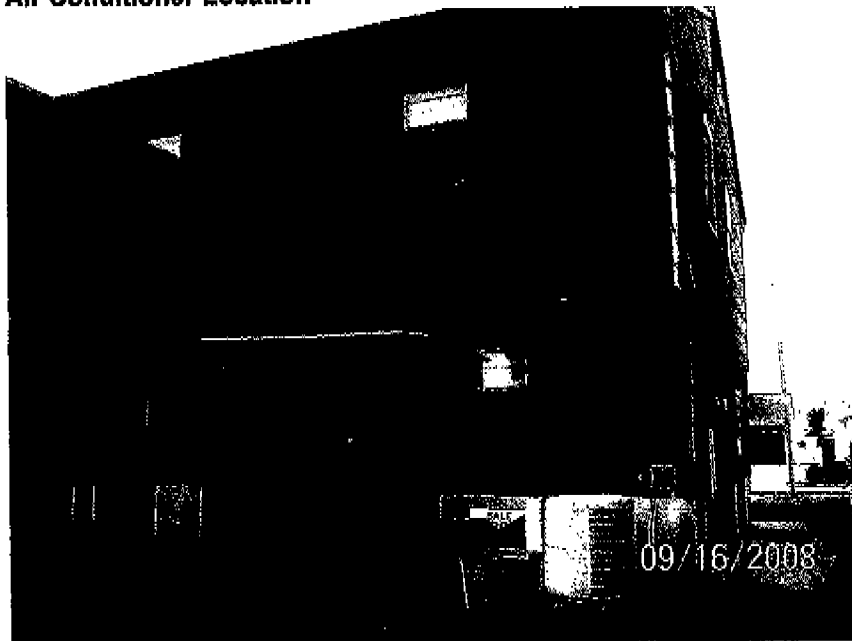
Continuation Page

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #10 Sweetwater Court	For Insurance Company Use: Policy Number
City Ocean City State NJ ZIP Code 08226	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

AIR CONDITIONER ON BLOCKS

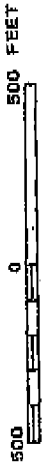


Air Conditioner Location





APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

CITY OF
OCEAN CITY,
NEW JERSEY
CAPE MAY COUNTY

PANEL 3 OF 4
SEE MAP INDEX FOR PANELS (NOT PRINTED)

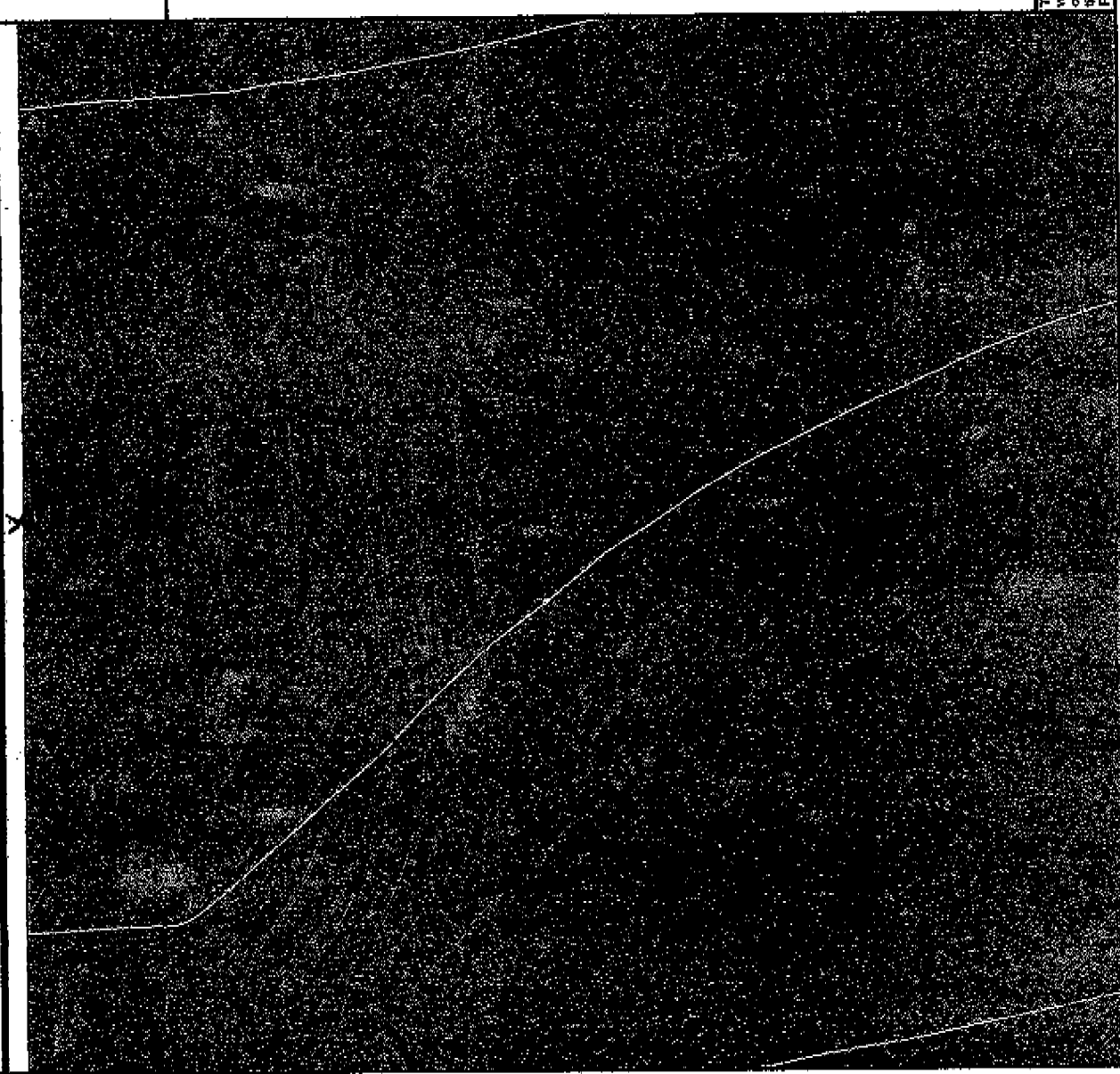
COMMUNITY-PANEL NUMBER
345310 0003 C

MAP REVISED:
SEPTEMBER 5, 1984



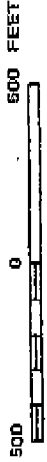
Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-Map On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps, check the FEMA Flood Map Store at www.msc.fema.gov





APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

CITY OF
OCEAN CITY,
NEW JERSEY
CAPE MAY COUNTY

PANEL 2 OF 4
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY-PANEL NUMBER
3453 10 0002 C

MAP REVISED:
SEPTEMBER 5, 1984



Federal Emergency Management Agency

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