



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077
Expires: June 1984

ELEVATION CERTIFICATE

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

Charles Kulp, P.O. Box 445, Ocean City, NJ 08226
BUILDING OWNER'S NAME ADDRESS

916 Palen Ave., Block 911, Portion of Lot 5.02 & Lot 5.03, Ocean City, NJ
PROPERTY LOCATION (Lot and Block numbers and address if available)

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.

SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

COMMUNITY NO	PANEL NO	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR	BASE FLOOD ELEV (In AO Zone, use depth)	BUILDING IS
345310	02	B	12/26/75	A6	1983	10 FT MSL	<input checked="" type="checkbox"/> New/Emergency <input type="checkbox"/> Pre-FIRM Reg <input type="checkbox"/> Post-FIRM Reg

YES NO It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation of _____ ft, NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.

YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means.
If NO is checked, attach copy of variance issued by the community.

YES-NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.

MOBILE HOME MAKE	MODEL	YR. OF MANUFACTURE	SERIAL NO.	DIMENSIONS
				X

(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)

NAME Michael W. Hyland ADDRESS 101 E. Eighth St.

TITLE P.E. & L.S. CITY Ocean City STATE NJ ZIP 08226

SIGNATURE Michael W. Hyland DATE 4/4/84 PHONE (609)39-84477

SECTION II ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

FIRM ZONE A1-A30: I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of 5.31* feet, NGVD (mean sea level) and the average grade at the building site is at an elevation of 5.25 feet, NGVD. Grade level storage room-150s.f.; Main Living Level - Elev. 11.75

FIRM ZONES V, V1-V30: I certify that the building at the property location described above has the bottom of the lowest floor beam at an elevation of _____ feet, NGVD (mean sea level), and the average grade at the building site is at an elevation of _____ feet, NGVD.

FIRM ZONES A, A99, AH and EMERGENCY PROGRAM: I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

FIRM ZONE AO: I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

SECTION III FLOODPROOFING CERTIFICATION (Certification by a Registered Professional Engineer or Architect)

I certify to the best of my knowledge, information, and belief, that the building is designed so that the building is watertight, with walls substantially impermeable to the passage of water and structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy that would be caused by the flood depths, pressures, velocities, impact and uplift forces associated with the base flood.

YES NO In the event of flooding, will this degree of floodproofing be achieved with human intervention?
(Human intervention means that water will enter the building when floods up to the base flood level occur unless measures are taken prior to the flood to prevent entry of water (e.g., bolting metal shields over doors and windows).

YES NO Will the building be occupied as a residence?

If the answer to both questions is YES, the floodproofing cannot be credited for rating purposes and the actual lowest floor must be completed and certified instead. Complete both the elevation and floodproofing certificates.

FIRM ZONES A, A1-A30, V1-V30, AO and AH: Certified Floodproofed Elevation is _____ feet, (NGVD).

THIS CERTIFICATION IS FOR SECTION II BOTH SECTIONS II AND III (Check One)

CERTIFIER'S NAME COMPANY NAME LICENSE NO. (or Affix Seal)

Michael W. Hyland Michael W. Hyland Assoc. 20509

TITLE ADDRESS ZIP

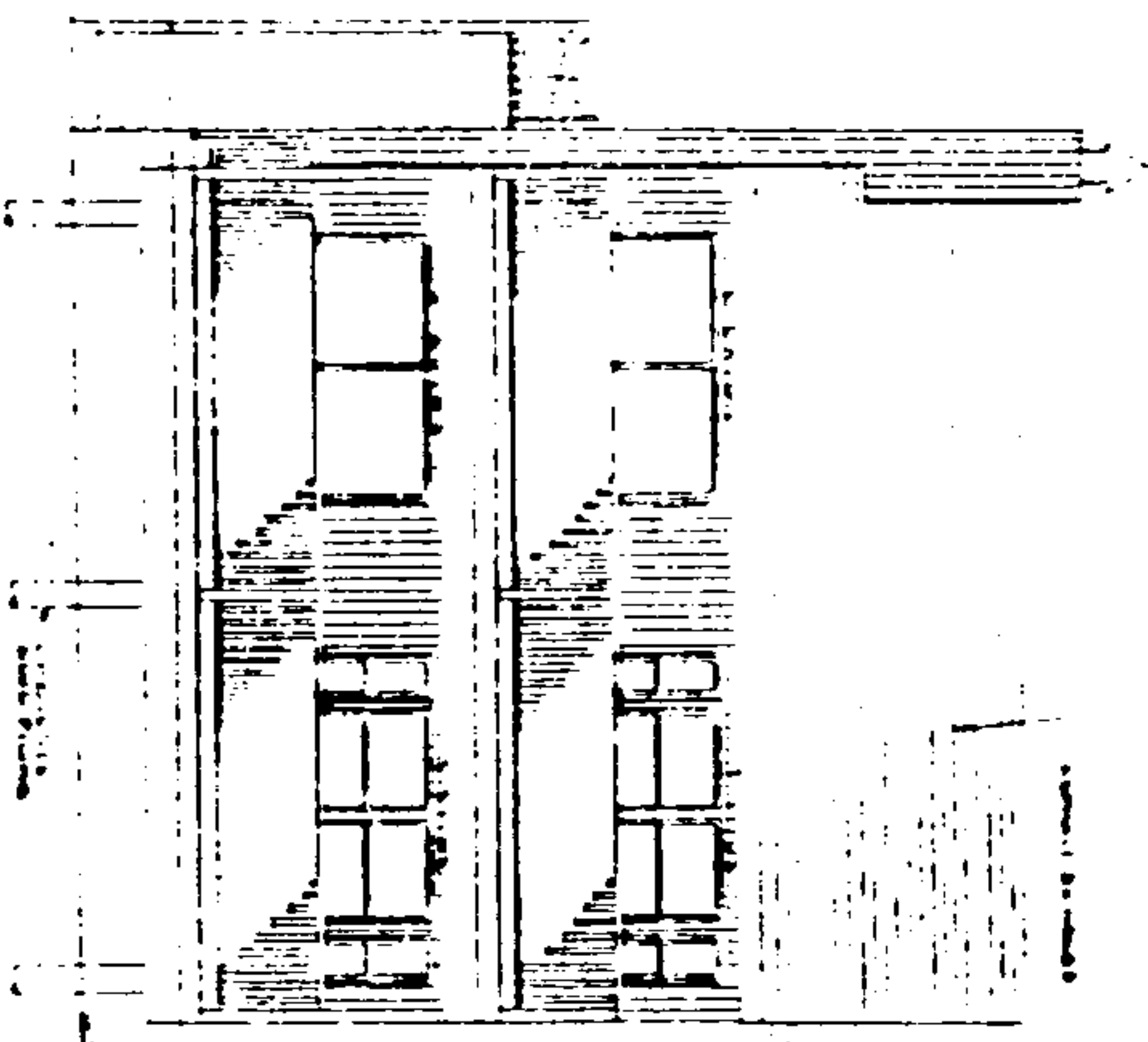
P.E. & L.S. 101 E. Eighth St. 08226

SIGNATURE DATE CITY STATE PHONE

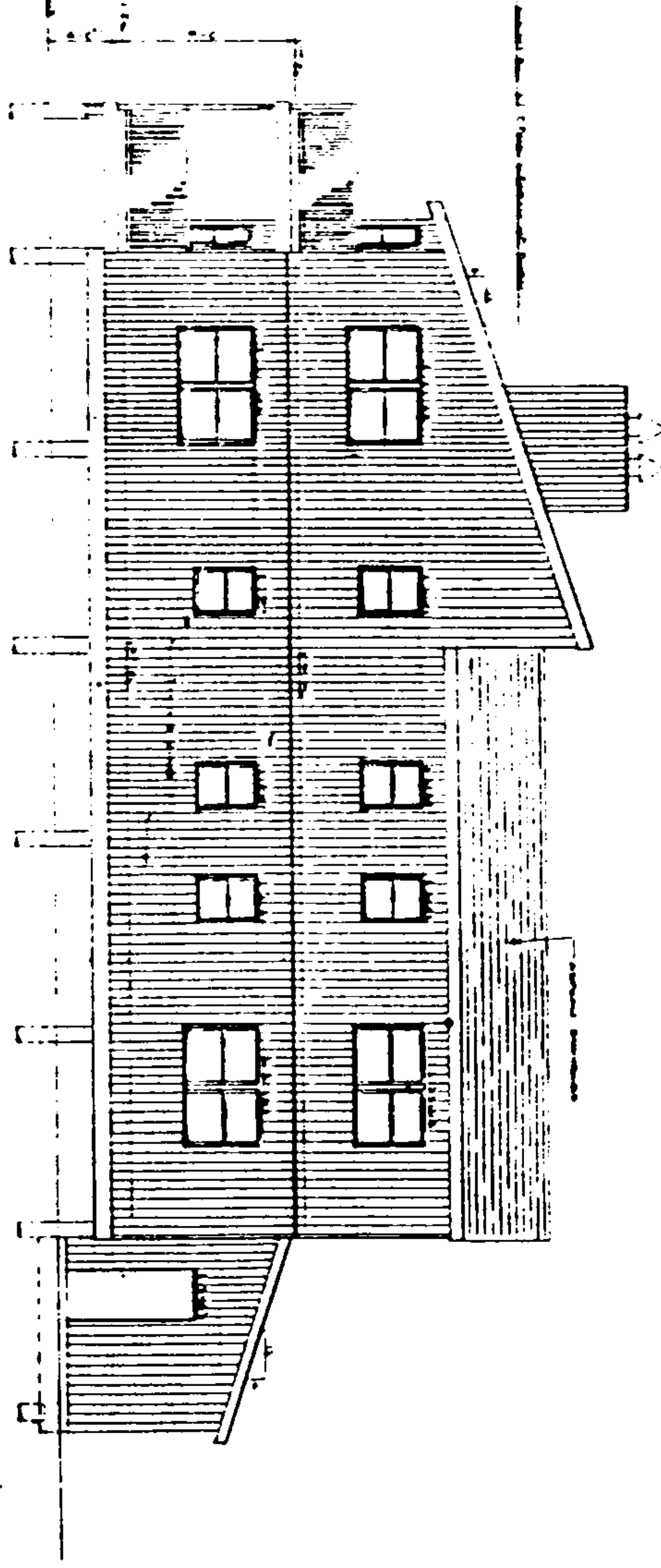
Michael W. Hyland 4/4/84 Ocean City NJ (609)398-4477

The insurance agent should attach the original copy of the completed form to the flood insurance policy application, the second copy should be supplied to the policyholder and the third copy retained by the agent

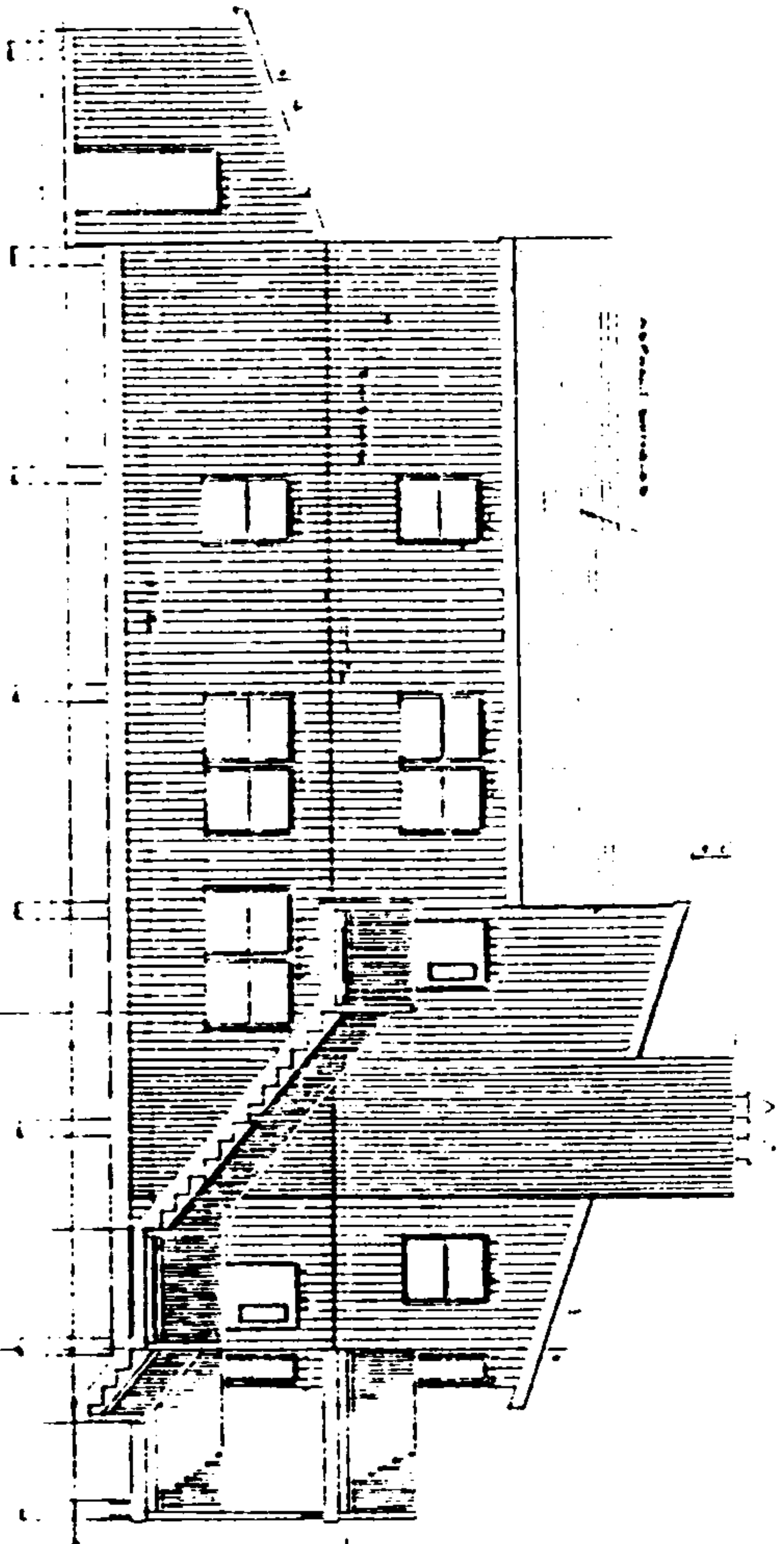
INSURANCE AGENTS MAY ORDER THIS FORM



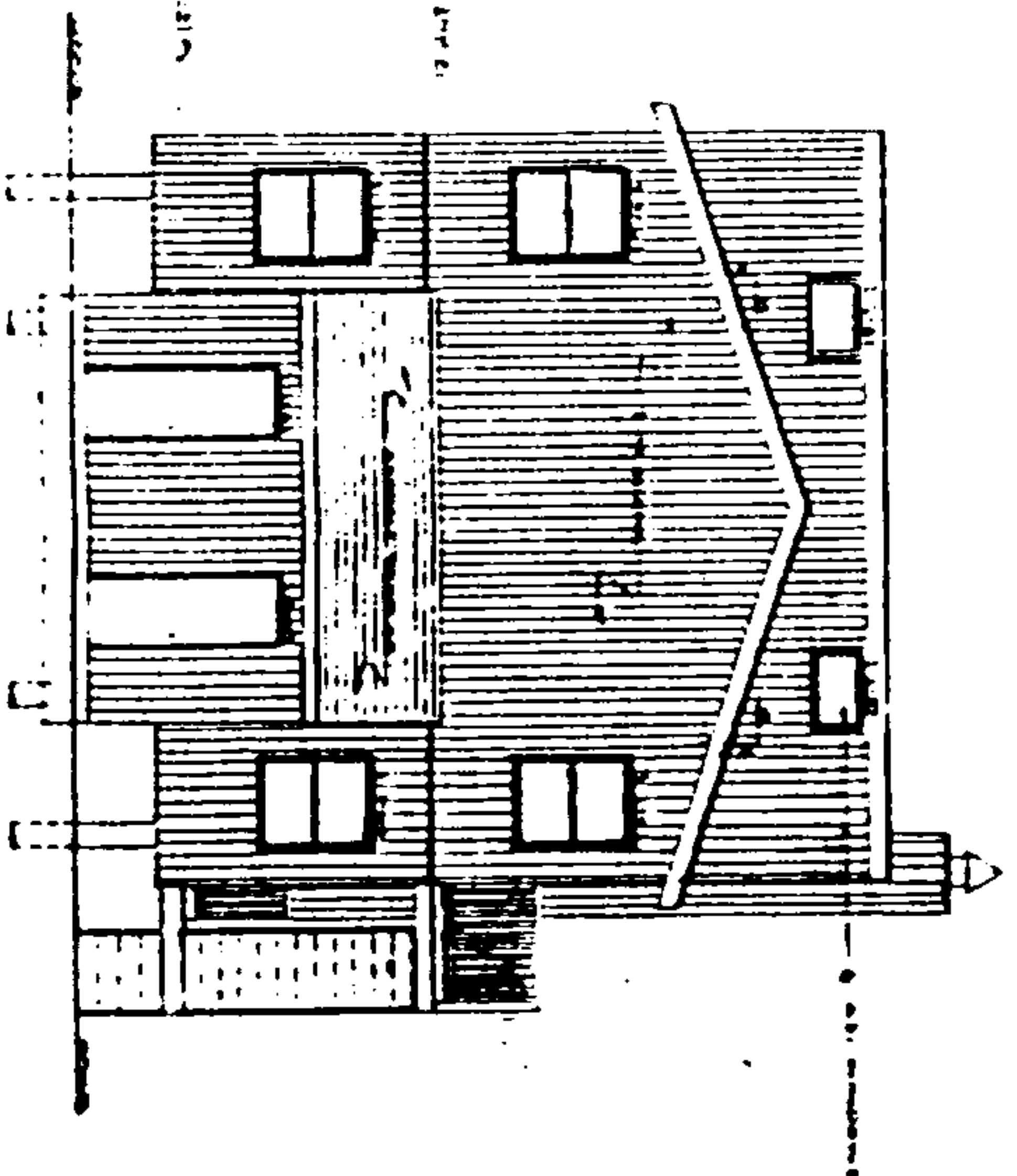
FRONT ELEVATION



REAR ELEVATION



LEFT SIDE ELEVATION



RIGHT SIDE ELEVATION

GEORGE M NORTH '18138
 PROFESSIONAL ENGINEER
 EAST - 400 S. 10TH ST. S.E.
 OMAHA, NEB.
 TWO STORY DUPLEX
 1500 BR 220
 GEORGE M NORTH '18138
 PROFESSIONAL ENGINEER
 EAST - 400 S. 10TH ST. S.E.
 OMAHA, NEB.

Scale 1/4" = 1'-0"

A2 of 3

**SPECIFIC RATING
VARIANCE INFORMATION:**

Property Address: 916 Palen Avenue
Ocean City, NJ 08226

A copy of the variance issued by the local participating community, stating that permission was granted to construct the buildings lowest floor/reference level, including any enclosure, below the floodplain management requirements is attached for the property address listed above. This includes buildings with enclosures (including craw space areas) with non-compliant venting.

To the best of my knowledge, I certify that no variance was granted or obtained for the above property address to construct the building's lowest floor/reference level, including any enclosure, below the base flood requirement. This includes, non-elevated buildings and buildings with enclosures (including crawl space areas) with non-compliant venting.

To the best of my knowledge, I certify that no variance information is available to me for the above property address.

Signature of applicant or applicant's representative (agent):

Robert B. Schaefer

Date: 3/4/02

National Flood Insurance Program
Elevated Building Determination
ZONES A, A1-A30, AE

Policy Number: _____
Property Address: New
916 Palen Avenue
Ocean City, NJ 08226

To: Insurance Company

My building located at the above property address, in Zone A6, was constructed to have the lowest elevated floor elevated off the ground by the means of piles, posts, piers, columns, solid perimeter walls, or parallel shear walls.

My building has an enclosure below the lowest elevated floor with an area of 156 square feet.

I understand that my policy is being issued based on your reliance upon the accuracy of information and statements that I have furnished to you herein, and on and with my application for insurance. I understand that my building is being classified as an elevated building subject to and under the terms and conditions of the Standard Flood Insurance Policy and that, in consideration of the reduced premium rate that will apply for my policy, coverage limitations (as specified in the policy) apply to the enclosed area below the lowest elevated floor of my building and to the contents and personal property located in this enclosed area. I understand and agree that this Elevated Building Determination is a part of my flood insurance policy.

Robert B. Schaefer
Signature of Insured

3/4/02
Date

Attachment 2-1. Elevated Building Determination Form (Zones A, A1-A30, AE)