

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

For Insurance Company Use:
 BUILDING OWNER'S NAME: _____ Policy Number: _____
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: # 7 11th St Company NAIC Number: _____
 CITY: OCEAN CITY STATE: NJ ZIP CODE: 08226
 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP Lot 2 Block 100P
 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: OCEAN CITY 345310
 B2. COUNTY NAME: CAPE MAY
 B3. STATE: NJ
 B4. MAP AND PANEL NUMBER: 0002
 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

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: 6 (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-l 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 29 Conversion/Comments: None
 Elevation reference mark used: RM 2 Does the elevation reference mark used appear on the FIRM? Yes No
 a) Top of bottom floor (including basement or enclosure) _____ 5.41 @ (m)
 b) Top of next higher floor _____ 14.31 @ (m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ NA ft. (m)
 d) Attached garage (top of slab) _____ 5.41 @ (m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ 14.31 @ (m)
 f) Lowest adjacent (finished) grade (LAG) _____ 5.0 @ (m)
 g) Highest adjacent (finished) grade (HAG) _____ 5.3 @ (m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ 15
 i) Total area of all permanent openings (flood vents) in C3.h _____ 3240 sq. in. (sq. cm)

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: Thomas P. KARR COMPANY NAME: KARR LAND SURVEYING LICENSE NUMBER: GS 31269
 TITLE: Prof. Land Surveyor
 ADDRESS: PO Box 89 CITY: Seaside STATE: NJ ZIP CODE: 08230
 SIGNATURE: Thomas P. Karr DATE: 5/28/02 TELEPHONE: 609 390 7936