

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME James B. and Margaret A. Coe		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. # 826 St. Charles Place		Company NAIC Number
CITY Ocean City	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 12, Block 103		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.#####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> 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 345310 0001	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) 9'

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 C3a-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 29 Conversion/Comments _____

Elevation reference mark used USCGS DISK "TIDAL" Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ 9.8 ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____ 12.7 ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ N/A ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____ 9.8 ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ 10.3 ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ 9.5 ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ 9.6 ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____ 17	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ 2,448 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 David C. Kruger	LICENSE NUMBER NJ Lic. 30406
TITLE Professional Land Surveyor	COMPANY NAME David C. Kruger Associates
ADDRESS 3223 Simpson Avenue	CITY Ocean City
	STATE NJ
	ZIP CODE 08226
SIGNATURE 	DATE 5/3/00
	TELEPHONE (609) 391-9393