

ELEVATION CERTIFICATE



Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

1. Building Owner's Name <u>Chris Campbell</u>	For Insurance Company Use: Policy Number
2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>9 BAYVIEW DRIVE</u>	Company NAIC Number

City STRATHMERE State NJ ZIP Code

3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1.01, BLOCK 843

4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
 5. Latitude/Longitude: Lat. 39-11'-57" Long. 74-39'-24" Horizontal Datum: NAD 1927 NAD 1983

6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

7. Building Diagram Number 7

8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) 1100 sq ft
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 6
 c) Total net area of flood openings in A8.b 1200 sq in
 d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
 a) Square footage of attached garage 500 sq ft
 b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 4
 c) Total net area of flood openings in A9.b 600 sq in
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. ZIP Community Name & Community Number <u>0850014C</u>		B2. County Name <u>CAPE MAY</u>		B3. State <u>NJ</u>	
B4. Map/Panel Number <u>340159-0014</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>07/15/92</u>	B7. FIRM Panel Effective/Revised Date <u>07/15/92</u>	B8. Flood Zone(s) <u>A-10</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>10</u>

Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other (Describe) _____

Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No

Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *New Elevation Certificate will be required when construction of the building is complete.
 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-h
 according to the building diagram specified in Item A7. Use the same datum as the BFE.

Vertical Datum Utilized LOCAL Vertical Datum 1929

Conversion/Comments N/A

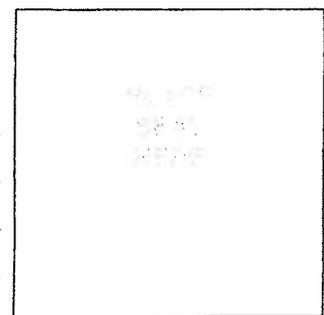
Check the measurement used.

Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>7.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Top of the next higher floor <u>16.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Bottom of the lowest horizontal structural member (V Zones only) <u>15.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Attached garage (top of slab) <u>6.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>10.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Lowest adjacent (finished) grade next to building (LAG) <u>6.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Highest adjacent (finished) grade next to building (HAG) <u>6.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>6.9</u>	<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 warrant that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. I am a licensed land surveyor. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Surveyor's Name <u>THOMAS N. TOLBERT</u>	License Number <u>38608</u>
Occupation <u>RESIDENT</u>	Company Name <u>DESIGN LAND SURVEYING, P.A.</u>
Address <u>P.O. BOX 667</u>	City <u>TURNERSVILLE</u> State <u>NJ</u> ZIP Code <u>08012</u>
Date <u>03/21/11</u>	Telephone <u>856-374-1134</u>



TANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use
Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. VIEW DRIVE	Policy Number
ATHMERE State NJ ZIP Code	Company NAIC Number

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

sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
 s Vents indicated are smart vents. Area used for each vent is based on manufacturers specifications of 200 sqin per unit.

Date _____

Check here if attachments

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

s 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, or Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

vide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent te (HAG) and the lowest adjacent grade (LAG).

Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.

Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.

Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

Attached garage (top of slab) is _____ feet meters above or below the HAG.

Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

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

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) must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Owner's or Owner's Authorized Representative's Name _____

City _____

State _____

ZIP Code _____

Date _____

Telephone _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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 D of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

If 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.)

If the community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G4-G9) is provided for community floodplain management purposes.

Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
---------------------	------------------------------	---

Permit has been issued for: New Construction Substantial Improvement

Foundation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

Depth of flooding (in Zone AO) at the building site: _____ feet meters (PR) Datum _____

Community's design flood elevation: _____ feet meters (PR) Datum _____

Official's Name _____

Title _____

Official's Name _____

Telephone _____

Date _____

Check here if attachments

Building Photographs

See Instructions for Item A6.

Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	For Insurance Company Use:
NEW DRIVE	Policy Number
RATHMERE State NJ ZIP Code	Company NAIC Number

On the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to 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, if applicable.

SEE ATTACHED

