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CONSTRUCTION OFFICE

**FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
 ELEVATION CERTIFICATE**

**O.M.B. No. 2067-0077
 Expires July 31, 2003**

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use
 Policy Number _____
 Company FIRM Number _____

BUILDING OWNER'S NAME Integrity Staffing Solutions, Inc.
BUILDING STREET ADDRESS (including Apt., Box, Suite, and/or Box No.) OR P.O. ROUTE AND BOX NO. 32 S. BRIDGEMAN AVE.
CITY Strathearn (Upper Township) **STATE** New Jersey **ZIP CODE** 08261

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
LATITUDE/LONGITUDE (OPTIONAL) **HORIZONTAL DATUM** SOURCE: GRS (Type) UTM Grid Other
 NAD 1983 NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER Upper Township 30159 **COUNTY** Cape May County **STATE** New Jersey

BA MAP AND PANEL NUMBER	BB SUFFIX	BC FIRM INDEX DATE	BD FIRM PANEL EFFECTIVE/REVISED DATE	BE FLOOD ZONE(S)	BF BASE FLOOD ELEVATION(S) (Zone AG, use depth of flooding)
30159 0014	R	6-1-84	12-6-25 / 6-1-84	A10	10

10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B6.
 FIS Profile FIRM Community Determined Other (Describe): _____

11. Indicate the elevation datum used for the BFE in B6: NAVD 1988 NAVD 1985 Other (Describe): _____

12. 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)

21. 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.

22. 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.)

23. Elevations - Zones A1-A30, AE, AH, A (with BFE), V1-V30, V (with BFE), AX, AR, ARX, ARXAE, ARXAT-A30, ARXAH, ARXAO
 Complete items C3a-d 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 _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of basement floor (including basement of enclosure)	_____	_____	_____	_____	_____
<input type="checkbox"/> b) Top of next higher floor	_____	_____	_____	_____	_____
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____	_____	_____	_____
<input type="checkbox"/> d) Attached garage (top of slab)	_____	_____	_____	_____	_____
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	_____	_____	_____	_____
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	_____	_____	_____	_____
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	_____	_____	_____	_____
<input type="checkbox"/> h) No. of permanent openings (flood vents) with 1 ft. above adjacent grade	_____	_____	_____	_____	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in sq. ft. (sq. cm)	_____	_____	_____	_____	_____

Signature, Title, Date
 L.S.N. 34844 7/31/2001
 Mark G. DeVaul

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 accurately.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFICATE NAME Mark G. DeVaul **LICENSE NUMBER** 34844

TITLE Land Surveyor **COMPANY NAME** DeVaul Surveying
ADDRESS 20 DuVivier Lane **CITY** Ocean View **STATE** New Jersey **ZIP CODE** 08230
SIGNATURE Mark G. DeVaul **DATE** JULY 13 2001 **TELEPHONE** (609) 624-0372

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use	
BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or atlg. no.) OR P.O. ROUTE AND BOX NO.			Policy Number	
CITY			ZIP CODE	Company NAIC Number
Strathmere			New Jersey	08248

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 Permanent openings are the uncovered crawl space entrances on the east and west sides of the building.

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) above or below the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade.
- E4. For 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 verify the information in Section C.

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.

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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/ORDINANCE ISSUED
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of so-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments