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 BUILDING OWNER'S NAME Paul A. Canton For:Insurance Company Use: Policy Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 125 Harbor Road (Northwest Building) Company NAIC Number CITY Beesleys Point STATE New Jersey ZIP CODE 08227-182 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 12 & 13, Block 735 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: (##° - ##' - ##.##" or ##,####°) SOURCE: I I GPS (Type): NAD 1927 L NAD 1983 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE New Jersey Upper Township 340159 Cape May B4. MAP AND PANEL **B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL** B8. FLOOD NUMBER B9. BASE FLOOD ELEVATION(S) DATE EFFECTIVE/REVISED DATE ZONE(S) 340159-002 (Zone AO, use depth of flooding) R 06/01/84 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. __ FIS Profile LXI FIRM __ Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: LConstruction Drawings* L_IBuilding Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. X Finished Construction C2. Building Diagram Number __1__ (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. Elevation reference mark used USGS Monument Does the elevation reference mark used appear on the FIRM? a) Top of bottom floor (including basement or enclosure) 6_ ft.(m) ☐ b) Top of next higher floor 5± ft.(m) 15 c) Bottom of lowest horizontal structural member (V zones only) N/ fL(m) ☐ d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment servicing the building N/A ft.(m) ☐ f) Lowest adjacent grade (LAG) 6 ft.(m) g) Highest adjacent grade (HAG) 6 ft.(m) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A \Box i) Total area of all permanent openings (flood vents) in C3h $\underline{\hspace{1em}}$ N/A ENSES PAGFEESIDION LO 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 William F. Seaman LICENSE NUMBER TITLE Professional Land Surveyor COMPANY NAME Gibson Associates, P.A. **ADDRESS** 4211 Landis Avenue STATE NJ Sea Isle City ZIP CODE 08243-1921 SIGNATURE DATE June 10, 2002 TELEPHONE (609)263-3178

FEMA Form 81-31, AUG 99

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ORTANT: In these spaces,	copy the corresponding information	P.O. POLITE AND BOX NO	For Insurance Company Use Policy Number
	uding Apt., Unit, Suite, and/or Bldg. No.) OR thwest Building)	ZIP CODE	Company NAIC Number
Y seesleys Point		New Jersey 08227-1827	
SECTIO	N D - SURVEYOR, ENGINEER, OR A	RCHITECT CERTIFICATION (CO	NTINUED)
• •	n Certificate for (1) community official, (2	2) insurance agent/company, and ((3) building owner.
MMENTS tructure is a detac	hed 2 story masonry block	garage with 2nd floor	deck and living
quarters. Enclosed	garage area below the base	e flood elevation compr	ises 672 <u>±</u> sq. ft.
	·	*	Check here if attachments
SECTION E - BUILDING EI	LEVATION INFORMATION (SURVEY I	NOT REQUIRED) FOR ZONE AO	<u> </u>
Building Diagram Number see pages 6 and 7. If no diagram floor (check one) the highest adjagrams 6-8 was a light of the floor (management or see pages 1 and	with openings (see page 7), the next hig above the highest adjacent grade. od depth number is available, is the top linance? Yes No Unknown CONF-PROPERTY OWNER (OR OW) authorized representative who comple	g, provide a sketch or photograph. b building is ft.(m) ther floor or elevated floor (elevation of the bottom floor elevated in account. The local official must certify NER'S REPRESENTATIVE) CER) _lin.(cm) above or below in b) of the building is ordance with the community's this information in Section G. TIFICATION
community-issued BFE) or Zo	ne AO must sign here. IER'S AUTHORIZED REPRESENTATIVE'S	NAME	
		CITY STA	TE ZIP CODE
ADDRESS SIGNATURE			EPHONE
COMMENTS			
		Y INFORMATION (OPTIONAL)	Check here if attachmen
Sections A, B, C (or E), and G G1. The Information in Se engineer, or architec elevation data in the G2. A community official Zone AO.	rized by law or ordinance to administer to of this Elevation Certificate. Complete ection C was taken from other document to who is authorized by state or local law Comments area below.) completed Section E for a building locat attion (Items G4-G9) is provided for completed.	the community's floodplain manage the applicable Item(s) and sign be ation that has been signed and em to certify elevation information. (In the din Zone A (without a FEMA-issu	low. abossed by a licensed surveyor, adicate the source and date of the ued or community-issued BFE) or
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATÉ CERTIFICA ISSUED	TE OF COMPLIANCE/OCCUPANCY
G8. Elevation of as-built lower	ued for: New Construction est floor (including basement) of the buildorth of flooding at the building site is:	Substantial Improvement ding is:	ft.(m) Datum: ft.(m) Datum:
LOCAL OFFICIAL'S NAME		TITLE	
		TELEPHONE	
COMMUNITY NAME			
COMMUNITY NAME SIGNATURE		DATE	-
		DATE	

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