Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

	For Insurance Company Use:						
A1. Building Owner's Name Carl C. and Susanne Snyd	Policy Number						
A2. Building Street Address (including A 2204 Commonwealth Aver	Company NAIC Number						
City	•	State	2	IP Code			
A3. Property Description (Lot and Block	Strathmere, Upper Township New Jersey 08248 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)						
Lot 25; Block 791							
A4. Building Use (e.g., Residential, Non	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 39* 11' 11.1" Long. 74* 39' 59.9" Horizontal Datum: NAD 1927 X NAD 1983							
A7. Building Diagram Number 5	A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 5						
A8. For a building with a crawl space or enclosure(s), provide: A9. For a building with an attached garage provide:							
a) Square footage of crawl space (or enclosure(s)	<u>N/A</u> sqft a) Sqt	Jare footage of attac	hed garage N/A sq ft			
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A							
c) Total net area of flood openings in A8.b $\frac{N/A}{N/A}$ sq in $\frac{N/A}{N/A}$ Total net area of flood openings in A9.b $\frac{N/A}{N/A}$ sq in							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Communi Township of Upper 340159	ty Number I	32. County Name Cape May		33. State			
B4. Map/Panel Number B5. Suffix	B6. FIRM Index	B7. FIRM Panel		New Jersey			
	Date	Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)			
340159 0020 B	July 15, 1992	June 1, 1984	V11	12			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.							
FIS Profile X FIRM Community Determined Other (Describe)							
B11. Indicate elevation datum used for BFE in Item 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)? Yes X No							
Designation Date	Julio Nesources System	CBRS OPA	xed Area (OPA)?	Yes X No			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Construction Drawings* X Building Under Construction* Finished Construction							
"A new Elevation Certificate will be required when construction of the building is complete.							
C2. 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-g below according to the building diagram specified in Item A7.							
Benchmark Utilized Local Control Vertical Datum NGVD 1929							
Conversion/Comments							
		C	heck the measurem	ent used.			
a) Top of bottom floor (including ba	rs (Puerto Rico only)						
b) Top of the next higher floor	rs (Puerto Rico only)						
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) N/A feet meters (Puerto Rico only)							
e) Lowest elevation of machinery or equipment servicing the building Not Installed feet meters (Puerto Rico only)							
(Describe type of equipment in Comments)							
f) Lowest adjacent (finished) grade				rs (Puerto Rico only)			
g) Highest adjacent (finished) grade (HAG) 7.4 x feet 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 understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.							
X Check here if comments are provided on back of form. Stephen C. Martinelli New Jersey 30089							
Certifier's Name		New Jersey 300 License Number	U87				
Professional Land Surveyor	Stephen C	C. Martinelli, Land Surveyi	ng, LLC				
1217 South Shore Road	Company Name Palermo	New Jersey	08230	NJ License 30089			
Address	City	State	ZIP Code				
Signature	Date	Telephone		Date			
December 12, 2007 609-390-9618							

WOORTANT: In these spaces, copy the corre	sponding information from Saut	na A	I Southerness C
Building Street Address (including Apt., Unit, Suite, and	For Insurance Company Use: Policy Number		
2204 Commonwealth Avenue		-	<u></u>
Strathmere, Upper Township	State New Jersey	ZIP Code 08248	Company NAIC Number
	OR, ENGINEER, OR ARCHITECT (
Copy both sides of this Elevation Certificate for (1) com-	munity official, (2) insurance agent/comp	pany, and (3) building ov	vner.
Comments No Machinery Installed as of this	date		
Signature	Date /2	1/12/22	
SECTION E - RUIII DING EL EVATION INCOM		7140)	X Check here if attachments
SECTION E - BUILDING ELEVATION INFOR			
For Zones AO and A (without BFE), complete Items E1 and C. For Items E1-E4, use natural grade, if available E1. Provide elevation information for the following and grade (HAG) and the lowest adjacent grade (HAG).	 Check the measurement used. In Put check the appropriate boxes to show a 	erto Rico only, enter me	lers.
grade (HAG) and the lowest adjacent grade (LAG a) Top of bottom floor (including basement, crawl b) Top of bottom floor (including basement, crawl	space, or enclosure) is	feet meters :	above or below the HAG.
E2. For Building Diagrams 6-8 with permanent flood o (elevation C2.b in the diagrams) of the building is	ppenings provided in Section A Items 8 a	ind/or 9 (see page 8 of I	above or below the LAG. nstructions), the next higher floor
E3. Attached garage (top of slab) is	☐ feet ☐ meters ☐ above or ☐ t	above or below to	ine MAG.
E4. Top of platform of machinery and/or equipment se	ervicing the building is	Tienet ☐ meters ☐ s	above or below the HAG.
E5. Zone AO only: If no flood depth number is available ordinance? Yes No Unknown. The	ne, is the top of the bottom floor elevated local official must certify this information	d in accordance with the n in Section G.	community's floodplain management
SECTION F - PROPERT	Y OWNER (OR OWNER'S REPRE	SENTATIVE) CERTI	FICATION
The property owner or owner's authorized representative	e who completes Sections A. B. and E.fr	or Zone A (without a EE)	MA-issued or community-issued BFE)
or Zone AO must sign here. The statements in Sections Property Owner's or Owner's Authorized Representative	s A, B, and E are correct to the best of m	iy knowledge.	
Address	City	State	ZIP Code
Signature	Date	Telepho	ne
Comments			
			Check here if attachments
SECTION The local official who is authorized by less or ordinance to	N G - COMMUNITY INFORMATION	(OPTIONAL)	
The local official who is authorized by law or ordinance to and G of this Elevation Certificate. Complete the applicab	administer the community's floodplain make item(s) and sign below. Check the m	nanagement ordinance o easurement used in Iter	can complete Sections A, B, C (or E), ns G8. and G9.
 The information in Section C was taken from oth 	her documentation that has been signed	and social by a linear	
The second of the second secon	TOTAL (INTERPRETATE SOUTCE BIND DATE OF THE	elevation data in the C	omments area below.)
 A community official completed Section E for a t The following information (Items G4G9.) is pro- 	vided for community floodolain manager	MA-ISSUED OF COMMUNIC MANT NUMBER	y-issued BFE) or Zone AO.
G4. Permit Number G5. Date Permi			oliance/Occupancy Issued
77. This permit has been issued for: New Construct	tion Substantial Improvement		
8. Elevation of as-built lowest floor (including basement)		feet meters (P	PD Detum
9. BFE or (in Zone AO) depth of flooding at the building s		feet meters (P	
Local Official's Name			
	Title		
Community Name	Telephone		
Signature	Date	**************************************	
Comments			
			F-1
			Check here if attachments