

FROM : DeVaul Surveying

FAX NO. : 609 624 0551

Sep. 16 2003 03:01PM P2

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
BUILDING OWNER'S NAME: JOSEPH MARLEY
BUILDING STREET ADDRESS: #1604 Commonwealth Avenue
CITY: Strathmere, STATE: New Jersey, ZIP CODE: 08248
PROPERTY DESCRIPTION: Lots 3 and 4, Block 794
LATITUDE/LONGITUDE (OPTIONAL) and HORIZONTAL DATUM: NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
B1. NFP COMMUNITY NAME & COMMUNITY NUMBER: Township of Upper, 340159
B2. COUNTY NAME: Cape May County
B3. STATE: New Jersey
B4. MAP AND PANEL NUMBER: 340159 0020
B5. SUFFIX: B
B6. FIRM INDEX DATE: 6-1-1984
B7. FIRM PANEL EFFECTIVE/REVISED DATE: 12-10-1976/6-1-1984
B8. FLOOD ZONE(S): V 11
B9. BASE FLOOD ELEVATION(S): 12
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
B11. Indicate the elevation datum used for the BFE in B9: [X] NGVD 1929
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [X] No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
C1. Building elevations are based on: [X] Finished Construction
C2. Building Diagram Number: 6
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
Datum: NGVD Conversion/Comments:
Elevation reference mark used: Does the elevation reference mark used appear on the FIRM? [ ] Yes [X] No
a) Top of bottom floor (including basement or enclosure) 6.6 ft(m)
b) Top of next higher floor 15.2 ft(m)
c) Bottom of lowest horizontal structural member (V zones only) 13.2 ft(m)
d) Attached garage (top of slab) . ft(m)
e) Lowest elevation of machinery and/or equipment servicing the building 15.2 ft(m)
f) Lowest adjacent grade (LAG) 6.0 ft(m)
g) Highest adjacent grade (HAG) 6.2 ft(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
i) Total area of all permanent openings (flood vents) in C3h sq. in.

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: Clarence DeVaul, LICENSE NUMBER: 6352
TITLE: Land Surveyor, COMPANY NAME: Clarence DeVaul Surveying, STATE: New Jersey, ZIP CODE: 08230
ADDRESS: 20 DeVaul's Lane, Ocean View, New Jersey
SIGNATURE: [Signature], DATE: Sept. 16, 2003, TELEPHONE: (609) 624-0572

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<b>IMPORTANT:</b> In these spaces, copy the corresponding information from Section A.		For Insurance Company Use
BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or bldg. No.) OR P.O. ROUTE AND BOX NO. #1604 Commonwealth Avenue		Policy Number
CITY Strathmere	STATE Upper Township	ZIP CODE New Jersey 08248
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)		Company NAIC Number

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

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 (check one) 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 certify this information in Section G

**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/OCCUPANCY ISSUED _____
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-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

REPLACES ALL PREVIOUS EDITIONS