41.S. DEPARTMENT OF HOMELAND SECU

ELEVATION CERTIFICAT

OMB No. 1660-0008

Federal Emergency Management Agency Expires February 28, 2009 National Flood Insurance Program Important: Read the instructions on pages 1-8. 06-09 SECTION A - PROPERTY INFORMATION For Insurance Company Use: A1. Building Owner's Name DOUGHERTY AND JOHNSON, BUILDERS Policy Number A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number 10 PRESCOTT AVENUE City STRATHMERE, UPPER TOWNSHIP State NJ ZIP Code 08248 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2 BLOCK 822 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. N 39D11'37.35" Long. W 74D39'33.27" Horizontal Datum: NAD 1927 NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance A7. Building Diagram Number 6 A8. For a building with a crawl space or enclosure(s), provide A9. For a bullding with an attached garage, provide: a) Square footage of crawl space or enclosure(s) 599 sq ft a) Square footage of attached garage 720 sq ft b) No. of permanent flood openings in the crawl space or b) No. of permanent flood openings in the attached garage enclosure(s) walls within 1.0 foot above adjacent grade walls within 1.0 foot above adjacent grade 6 c) Total net area of flood openings in A8,b Total net area of flood openings in A9.b 720 1.080 sq In sq in SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number TOWNSHIP OF UPPER 340159 B2. County Name CAPE MAY **NEW JERSEY** 84. Map/Panel Number 85. Suffix BE, FIRM Index 67. FIRM Panel B8. Flood B9. Base Flood Elevation(s) (Zone Date Effective/Revised Date Zone(s) AO, use base flood depth) 340159-0014 С 7-15-92 7-15-92 V-11 13 FT B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ⊠ FIRM ☐ Community Determined Other (Describe) B11. Indicate elevation datum used for BFE in Item B9: ☑ 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 ⊠No Designation Date CERS □ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* A new Elevation Certificate will be required when construction of the building is complets. 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/AQ. Complete Items C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized PRVT Vertical Datum 1929 Conversion/Comments NONE Chack the measurement used. Top of bottom floor (including basement, crawl space, or enclosure floor) ☑ feet ☐ meters (Puerto Rico only) 8.1 b) Top of the next higher floor ☑ feet ☐ meters (Puerto Rico only) 14.0 Bottom of the lowest horizontal structural member (V Zones only) C) ☑ feet ☐ meters (Puerto Rico only) 13.0 Attached garage (top of slab) 8.Z ☑ feet ☐ meters (Puerto Rico only) Lowest elevation of machinery or equipment servicing the building 13.6 ☑ feet ☐ meters (Puerto Rico only) (Describe type of equipment in Comments) Lowest adjacent (finished) grade (LAG) 8.0 ☑ feet ☐ meters (Puerto Alco only) Highest adjacent (finished) grade (HAG) ☑ feet ☐ meters (Puerto Rico only) 8,3 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, Check here if comments are provided on back of form. Certifier's Name JAMES E. SCHWAB III License Number GS 33,536 Title LAND SURVEYOR

FEMA Form 81-11, Fabruary 2006

8 EAST 10TH STREET

Date

Address

Signature

See reverse side for continuation.

State NJ

Telephone 609-398-0565

ZIP Code 08226

Replaces all previous editions

IMPORTANT: In these spaces, copy corresponding information from Section A.			n A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10 PRESCOTT AVENUE				Policy Number
City STRATHMERE, UPPER TWP. State NJ ZIP Code 08248				Company NAIC Number
SE	CTION D - SURVEYOR, ENGINEER	, OR ARCHITECT CE	RTIFICATION (CON	(INUED)
Copy both sides of this Elevation	on Certificate for (1) community official, (2) insurance agenVcompa	iny, and (3) building own	er,
	ELOW BUILDING, C2E IS FURNACE AN DD LOUVER TYPE 12"X 18" RATED AS 1			NUFACTURER.
		6/8/07		/
Signature		Date		Check here If attachments
SECTION E BUILDIN	G ELEVATION INFORMATION (SUF	RVEY NOT REQUIRE	D) FOR ZONE AO AN	ID ZONE A (WITHOUT BFE)
and C. For Items E1-E4, use it E1. Provide elevation informs grade (HAG) and the low a) Top of bottom floor (in b) Top of bottom floor (in b) Top of bottom floor (in E2. For Building Diagrams 6-(elevation C2.b in the dia E3. Attached garage (top of s E4. Top of platform of machine E5. Zone AO only: If no floor	BFE), complete Items E1-E5. If the Certifinatural grade, If available. Check the meastion for the following and check the appropers adjacent grade (LAG). cluding basement, crawl space, or enclosiculding basement, crawl space, or enclosiculding basement flood openings provided agrams) of the building is	surement used. In Puer priate boxes to show when ure) is	to Rico only, enter mater ether the elevation is about the feet meters at didn't get the maters at above or below the Hag. eet meters above in accordance with the c	s. bove or below the highest adjacent bove or below the HAG. bove or below the LAG. tructions), the next higher floor AG. e or below the HAG.
				CATION
	CTION F - PROPERTY OWNER (OR			
or Zone AO must sign here. Th	authorized representative who completes ne statements in Sections A, B, and E are uthorized Representative's Name	correct to the best of my	knowledge.	(Hisabed of Community Addition of C)
Address		City		ZIP Code
Signature		Date	Telephone	3
Comments				
			-	
	SECTION G - COMMUN	HTV INCODMATION	(ORTIONAL)	Check here if attachmen
The local official who is authorize	id by law or ordinance to administer the co	mmunity's floodplain ma	inagement ordinance car	n complete Sections A, B, C (or E),
and G of this Elevation Certificate	 c. Complete the applicable item(s) and sign 	in below. Check the me	asurement used in items	G8, and G9.
is authorized by law to	tion C was taken from other documentation certify elevation information. (Indicate the	source and date of the	elevation data in the Cor	nments area below.)
	empleted Section E for a building located in on (Items G4G9.) is provided for commu			ssued BFE) or Zone AQ,
G3. The following information G4. Permit Number	G5. Date Permit Issued		ate Certificate Of Compile	ance/Occupancy Issued
G4. Fallint follows	CO. Date Commission			
37. This permit has been issued 38. Elevation of as-built lowest flo 39. BFE or (in Zone AO) depth o	oor (including basement) of the building: _			
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments				
				Check here if attachment