

# ELEVATION CERTIFICATE

W018948.FP

Important: Read the instructions on pages 1 - 7.

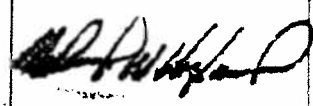
SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use	
BUILDING OWNER'S NAME Kitty Wolf			Policy Number	
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 504 Bayview Drive			Company NAIC Number	
CITY Strathmere, Upper Township	STATE NJ	ZIP CODE 08248		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 9, Block 628				
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" ##" or ##.#####)		HORIZONTAL DATUM <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

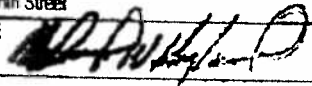
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER Strathmere, Upper Township 340159		B2. COUNTY NAME Cape May		B3. STATE NJ
B4. MAP AND PANEL NUMBER 3401590014	B5. SUFFIX C	B6. FIRM INDEX DATE 7/15/82	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7/15/82	B8. FLOOD ZONE(S) A10
				B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10MSL
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____				
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____				

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. 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.)	
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 C3 -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. Datum <u>NGVD</u> Conversion/Comments _____ Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	5. 02 ft.(m)
o b) Top of next higher floor	14. 04 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	N/A. _____ ft.(m)
o d) Attached garage (top of slab)	N/A. _____ ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	9. 35 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	5. 25 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	5. 45 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade §	
o i) Total area of all permanent openings (flood vents) in C3.h 2,004.48 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

NJ License # 20509  
July 16, 2003



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 Michael W. Hyland		LICENSE NUMBER NJ 20509	
TITLE PE & LS.	COMPANY NAME Michael W. Hyland Associates, PA		
ADDRESS 101 East Eighth Street	CITY Ocean City	STATE NJ	ZIP CODE 08226
SIGNATURE 	DATE 7/16/03	TELEPHONE (609) 398-4477	

IN THESE SPACES, COPY THE CORRESPONDING INFORMATION FROM SECTION A.

BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO 504 Bayview Drive		For Insurance Company Use: Policy Number
CITY Strathmere, Upper Township	STATE NJ	ZIP CODE 08248
		Company NAIC Number

**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**

C3a. Bottom Floor - Storage - Elev 5.02 (Adequate Venting)  
C3b. Next Highest Floor - Main Floor - Elev 14.04

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

Check here if attachments

or 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

- 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.)
- 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. (Use natural grade, if available).
- 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. Complete items C3.h and C3.i on front of form.
- The top of the platform of machinery and/or equipment servicing the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).
- 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

COMMENTS \_\_\_\_\_

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

Check here if attachments

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.

- 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.)
- A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 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
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This permit has been issued for:  New Construction  Substantial Improvement

Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m)

BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m)

Datum: \_\_\_\_\_  
Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

Check here if attachments

Replaces all previous editions