U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expires February 28, 2009 Federal Emergency Management Agency National Flood Insurance Program important: Read the instructions on pages 1-8. **SECTION A - PROPERTY INFORMATION** For Insurance Company Use: A1. Building Owner's Name: Stephen Bell Policy Number A2. Building Street Address (Including Apt., Unit, Suits, and/or Bidg. No.) or P.O. Route and Box No. Company NAIC Number 101 Bayview Drive City: Strethmere State: NJ ZIP Code: 08248 A3. Property Description (Lot and Block Numbers, Tax Percel Number, Legal Description, etc.) Block: 843 Lot: 2 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. 39° 11' 57" Long. 74° 39' 21" Horizontal Datum: 🔯 NAD 1927 NAD 1983 A5. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 2 AB. 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) 1469 sq ft a) Square footage of attached garage 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 c) Total net area of flood openings in A8.b c) Total net area of flood openings in A9.b eq in SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP Community Name & Community Number B2. County Name B3. State** Township of Upper 340159 Cape May New Jersey 84. Map/Panel Number 85. Suffix **B6. FIRM Index** 87. FIRM Panel 88. Flood B9. Base Flood Elevation(a) (Zone 340159 0014 C Date Effective/Revised Date AO, use base flood depth) Zone(s) 07-15-92 07-15-92 A10 10' B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. FIS Profile **⊠** 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 Burrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes ⊠No Designation Date CBRS 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 complete. 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 _Vertical Datum <u>1927</u> Conversion/Comments N/A Check the measurement used. Top of bottom floor (including basement, crawl space, or enclosure floor)_ 6.9 **⊠** feet meters (Puerto Rico only) b) Top of the next higher floor ⊠ feet 14.9 __ meters (Puerto Rico only) Bottom of the lowest horizontal structural member (V Zones only) C) N/A ⊠ feet meters (Puerto Rico only) d) Attached garage (top of slab) _N/A_.___ ⊠ feet ___ meters (Puerto Rico only) Lowest elevation of machinery or equipment servicing the building 8) N/A . ⊠ feet meters (Puerto Rico only) (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) 7.3 **⊠** feet meters (Puerto Rico only) g) Highest adjacent (finished) grade (HAG) ⊠ 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 Cartificate represents my best efforts to interpret the data available. 1392 2392 J 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 License Number Gary Lee Thomas Title: Professional Land Surveyor 23921 Company Name: THOMAS*AMEY*SHAW, Inc. Address: 2900 Dune Drive, Ste. 5 City: Avaion State: NJ ZIP Code: 08202 Siggeture

Telephone (609) 967-3999

4.17.06

IMP	OPTANT: In these	snaces convibe come	sponding information fro	un Section A	For Insurance Company Use:	
			/or Bidg. No.) or P.O. Route a		Policy Number	
*	01 Bayview Drive Strathmere	State: NJ	ZIP Code: 0824		Company NAIC Number	
		Oldic, 113	2.IF 0000, V02-F	•	Company 14/10 realises	
		SECTION D - SURVEYO	OR, ENGINEER, OR ARCH	HITECT CERTIFICATION	CONTINUED)	
Cop	y both sides of this Elec	vation Certificate for (1) com	munity official, (2) insurance a	gent/company, and (3) building	g owner.	
Com	imenta:					
					A 400	
Sign	ature / / 7	10 0h	Dat	4.17.06		
			MATION (BURVEY NOT		Check here if attachment AO AND ZONE A (WITHOUT BFE)	
				-		
and C	. FOR ILEM 18 21-24, US	e natural grade, it available.	Check the measurement use	d. In Puerto Rico only, enter i	R-F request, complete Sections A, B, meters.	
	(INO) alle die lowest	adacent flage (FVC).			is above or below the highest adjacent grad	
	a) Top of bottom floor ((including basement, crawl se	pace, or anciosure) is		above or Delow the HAG.	
F2.	D) top or bottom floor (For Building Clearance	(including basement, crawl sp	pace, or enclosure) is	feet meters	above or below the LAG.	
	(elevation C2.b in the	diagrams) of the building is _	rentings provided in Section A	neters and/or 9 (see page 8 in	of Instructions), the next higher floor	
E3.	Attached garage (top o			ive or below the HAG.	will ind.	
E4.	Top of platform of machinery and/or equipment servicing the building is feet meters above or below the HAG.					
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor slevated in accordance with the ordinance? Yes No Unknown. The local official must certify this information in Section G.					the community's floodplain management	
	ordinarioe Tas	U NO U UNKNOWN.	he local official must certify th	ls information in Section G.		
		SECTION F - PROPERT	Y OWNER (OR OWNER'S	REPRESENTATIVE) CE	RTIFICATION	
The	property owner or owne	er's authorized representative	e who completes Sections A	R and F for Zone & /without	FEMA-issued or community-issued BFE)	
w	THE ACTION AUGIT HEIS.	. The statements in Sections	s A, B, and E are correct to the	best of my knowledge.	The state of the s	
гтор	erry Owner's or Owner 	's Authorized Representative	s's Name			
Address			City	Sta	te ZIP Code	
Signi	ature		Date	Tek	phone	
Com	ments					

					Check here if attachmen	
ba la		SECTION	N G - COMMUNITY INFO	RMATION (OPTIONAL)		
		rized by law or ordinance to cate. Complete the applicab	administer the community's floor is its second to the second seco	oodplain management ordinar neck the measurement used in	nce can complete Sections A, B, C (or E), n Items GB. and G9.	
i1. [The information in S	Section C was taken from oth	her documentation that has he	en signed and seeled by a lic	annod surrouns analyses, as embles, the	
2.	•	. To parmy dicadition (Informati	non. (indicate the source and	date of the elevation data in ti	he Comments area below.)	
3. <u> </u>		nation (Items G4 -G9) is now	outding located in Zone A (with a located in	mout a FEMA-Issued or comm	nunity-issued BFE) or Zone AO.	
G4. F	ermit Number	G5. Date Perm				
			ik idenad	G5. Date Certificate Of C	Compliance/Occupancy Issued	
	is permit has been Issu			mprovement		
8. Ele	wation of as-built lower	st floor (including basement)	of the building:	feet meters (PR) Da	atum	
9. BF	E or (in Zone AO) dept	h of flooding at the building s	ska:	feet meters (PR) Di	atum	
Local	Official's Name		Т	itie		
Comn	nunity Name			elephone		
Signature				Date		
Comn	nents					
					Chack here if attachment	