U.S. CEPARTMENT OF HOMELAND SECURITY Eederal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program Important: Read the instructions on pages 1-9.

	SECTION A D	ROPERTY INFOR	MATION	Design And Construction Control of the Control of t
A1. Building Owner's Name John & Davina W		NOFEKIN INFOR	MATION	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Un 2 Williams Avenue	Company NAIC Number			
City Upper Township State NJ ZIP C	ode 08248			A THE PERSON NAMED IN A CO. LANS.
A3. Property Description (Lot and Block Number Tax Lot 4, Block 851	ers, Tax Parcel Number, Lega	al Description, etc.)		
 A4. Building Use (e.g., Residential, Non-Residential) A5. Latitude/Longitude: Lat. 39°11'59" Long. A6. Attach at least 2 photographs of the building A7. Building Diagram Number 6 A8. For a building with a crawlspace or enclosural and Square footage of crawlspace or enclosural by No. of permanent flood openings in the enclosure(s) within 1.0 foot above adjactical control of the control of	74°39'15" g if the Certificate is being us ure(s): sure(s) 472 sq crawlspace or cent grade 3 0 600 sq	A9 For t a) b)	a building with an a Square footage of No. of permanent f within 1.0 foot above	attached garage: attached garage 298 sq ft bood openings in the attached garage re adjacent grade 2 bod openings in A9.b 400 sq in
	N B - FLOOD INSURANC	1	* All free land of the second of the second	androper form we will be a first the second
B1. NFIP Community Name & Community Num	and the second s	The state of the s	INII) INFORMAT	B3. State
Upper Township 340159	Cape May C			New Jersey
B4. Map/Panel Number B5. Suffix 0014 C		37. FIRM Panel ctive/Revised Date 07/15/1992	B8. Flood Zone(s) A 10	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
1. Building elevations are based on:	- BUILDING ELEVATION Construction Drawings*	□ Buildina Un		Transaction of the second
1. Building elevations are based on: *A new Elevation Certificate will be required to the Elevations – Zones A1-A30, AE, AH, A (with below according to the building diagram specifical Datum No. 100 Medical Datum No. 10	Construction Drawings* when construction of the build BFE), VE, V1-V30, V (with B cified in Item A7. Use the sar	☐ Building Unding is complete.	der Construction*	
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Building Street Address (including Apt	The transfer of the state of th	information from Section A.	
T AAMIGUID WAGIING	, Unit, Suite, and/or Bldg. No	o.) or P.O. Route and Box No.	For Insurance Company Use Policy Number
	Code 08248	200 M (16 N	Company NAIC Number
SECTION		EER, OR ARCHITECT CERTIFICAT	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Copy both sides of this Elevation Certi	ficate for (1) community offici	al, (2) Insurance agent/company, and (3)	ION (CONTINUED)
COMMENTS THE lowest machine virefe	renced in paction (* 2 a la 4b.	e heating/air conditioning unit. This eleva the FIRM BFE is 8.72 on the NAVD 1988	
Mela		1 2 2 1	
Signature Michael R. Vargo, PLS		Date 8-22-2013	50. Jan 198 198 198 198 198 198 198 198 198 198
SECTION E - BUILDING ELE	VATION INFORMATION	SURVEY NOT REQUIRED) FOR ZO	Check here if attachm ONE AO AND ZONE A (WITHOUT BFE)
E1. Provide elevation information for grade (HAG) and the lowest adja a) Top of bottom floor (including b) Top of platform of machinery and bottom floor flo	the following and check the a cent grade (LAG)	ppropriate boxes to show whether the electosure) is feet recourse) is feet recourse) is feet recourse) is feet meters above or meters above or below the HAI willding is feet meters of the bottom floor elevated in accordance must certify this information in Section G (OR OWNER'S REPRESENTATIVE	evation is above or below the highest adjacent meters above or below the HAG. meters above or below the LAG. rages 8-9 of instructions), the next higher floor below the HAG. G. above or below the HAG.
Property Owner's or Owner's Authorized Address	d Representative's Name	City	State ZIP Code
			Otate ZIP Code
Signature		D.A.	
		Date.	Telephone
Signature			Telephone
Comments	3000 S. C. C.		2.630.248
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comments e local official who is authorized by law	SECTION G - COMI	MUNITY INFORMATION (OPTIONAL	Check here if attachm
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Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number

City Upper Township State NJ ZIP Code 08248

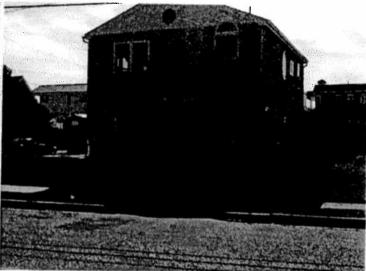
Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

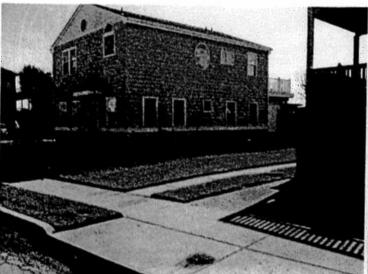
Builder



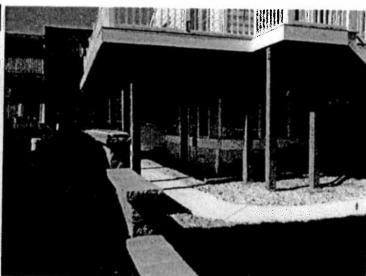
Northerly Side



Westerly Side



Southerly Side



Easterly Side