## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

**ELEVATION CERTIFICATE** 

O.M.B. No. 3067-0077 Expires December 31, 2005

	Important: Re	ead the instructi	ons on page	es 1 - 7.		
	SECTION A - F	PROPERTY OWNE	R INFORMAT	TION	For Insurance Company Use:	
BUILDING OWNER'S NAME	ino D. Corr				Policy Number	
BUILDING STREET ADDRESS (Including A	ine D. Carr		ROLITE AND	ROY NO	Company NAIC Number	
33 Webster Avenue	p., om, oute, and	or Didg. 140.) ON P.O.	NOUTE AND E	JOX 140.	Company revio rumber	
CITY	77 50	1 .	STATE	New Jersey	ZIP CODE 002/8	
Strathmere	Upper To		<del></del>	New Jersey	08248	
PROPERTY DESCRIPTION (Lot and Block Lot 18, Block 845	Numbers, Tax Parce	el Number, Legal Des	спртюп, етс.)			
BUILDING USE (e.g., Residential, Non-resid	lential, Addition, A∞	essory, etc. Use a C	omments area,	if necessary.)		
LATITUDE!! ONGITUDE (ODTIONAL)						
LATITUDE/LONGITUDE (OPTIONAL) ( ##° - ##' - ##.##" or ##.####")	HORIZONT		SOURCE:  _			
,		1	<u></u>	USGS Quad Mar	Other	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP COMMUNITY NAME & COMMUN		B2. COUNTY NAME			B3. STATE	
l .	40159	DZ. COOITT INAINE		y County	New Jersey	
B4. MAP AND PANEL B5. SUFFIX	B6. FIRM INDEX	B7. FIRM		B8. FLOOD	B9. BASE FLOOD ELEVATION(S)	
NUMBER	DATE	EFFECTIVE/RE	VISED DATE	ZONE(S)	(Zone AO, use depth of flooding)	
340159 0014 B	6-1-1984	12-10-1976/	6-1-1984	A10	10	
B10. Indicate the source of the Base Flo	od Elevation (BFE	e) data or base floo	d depth entere	ed in B9.		
FIS Profile X FIRM		ty Determined				
B11. Indicate the elevation datum used f		,				
B12. Is the building located in a Coastal	Barrier Resources	s System (CBRS) a	rea or Otherw	ise Protected Ar	ea (OPA)?    Yes   <u>X</u>   No	
Designation Date:						
SECTIO	N C - BUILDING	<b>ELEVATION INFO</b>	RMATION (S	URVEY REQUIR	RED)	
C1. Building elevations are based on:	_ Construction Dr	rawings*  E	Building Under	Construction*	X Finished Construction	
*A new Elevation Certificate will be	•		_			
C2. Building Diagram Number5(S	_	_		-	certificate is being completed - see	
pages 6 and 7. If no diagram accur						
C3. Elevations – Zones A1-A30, AE, AH						
Complete Items C3.a-i below accord						
the datum used for the BFE in Section						
		is area or Section L	or Section G	, as appropriate,	to document the datum conversion.	
Datum <u>NGVD</u> Conversion.  Elevation reference mark used	/Comments	Does the eleva	tion reference	mark used app	ear on the FIRM?    Yes  X  No	
a) Top of bottom floor (including	basement or encl			OF 6		
☐ b) Top of next higher floor				E &	L.S.N. 635 10/13/2006	
c) Bottom of lowest horizontal st	ructural member (	(V zones only)	N/A.	<b>*</b> •	1 Xua	
d) Attached garage (top of slab)	· · · · · · · · · · · · · · · · · · ·		N/A	tr. fr. sad Dak		
<ul> <li>e) Lowest elevation of machiner</li> </ul>		nt		<u></u>		
servicing the building (Descri	be in a Comments	s area.)	11	05 ft. 'sequen Number of the ft. 'sequen Number of the ft. 'sequent's square of the ft. 'sequent's squa		
<ul><li>f) Lowest adjacent (finished) gra</li></ul>	ide (LAG)			0 ft. 25	'	
<ul><li>g) Highest adjacent (finished) gr</li></ul>				. <u>65</u> ft. 🐉 "		
☐ h) No. of permanent openings (f				<u> </u>		
<ul><li>i) Total area of all permanent op</li></ul>	enings (flood ven	ts) in C3.h <u>N/A</u>	sq. in.			
SECT	ION D - SURVEY	OR, ENGINEER, O	OR ARCHITE	CT CERTIFICAT	TON	
This certification is to be signed and s						
I certify that the information in Section	s A, B, and C on t	this certificate repre	esent <mark>s</mark> my b <del>e</del> s	t efforts to interp	ret the data available.	
I understand that any false statement	may be punishab	le by fine or impriso	onment under	18 U.S. Code, S	Section 1001.	
CERTIFIER'S NAME Clarence D	eVaul		LIC	ENSE NUMBER	6352	
TITLE Prof. Land Surveyor		COMP	ANY NAME	Clarence De	Vaul Surveying	
ADDRESS		CITY		STATE	ZIP CODE 08230	
20 Devauls Lane	/		Ocean Vi	ew TELEP	N.J. 08230	
SIGNATURE		DATE	October 1		(609) 624-0572	

BILLI DING STREET ASSES	s, copy the corresponding information from So	ection A.	For Insurance Company Use:
33 Webster Avenue	cluding Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROI	JTE AND BOX NO.	Policy Number
CITY Strathmere	STATE W. T.	ZIP CODE	Company NAIO N
	Upper Township New Jers	08270	Company NAIC Number
Copy both sides of this Floratio	ON D - SURVEYOR, ENGINEER, OR ARCHITEC	CT CERTIFICATION (CON	TINUED)
COMMENTS A11	n Certificate for (1) community official, (2) insuran	ce agent/company, and (3	) building owner.
All machin	nery/equipment is at elevation l	1.05 feet.	
			Check here if attachments
SECTION E - BUILDING EL	EVATION INFORMATION (SURVEY NOT REQ	UIRED) FOR ZONE AO A	ND ZONE A (WITHOUT REE)
i Zone AO and Zone A (Withou	I(BFE), complete items F1 through F5 If the Fi	evation Certificate is intend	ded for use as supporting
ALLIAGOU TOLA FOMIX OF FOMIX	-F. Section C must be completed		
see pages 6 and 7. If no dia	(Select the building diagram most similar to t gram accurately represents the building, provide	the building for which this	ertificate is being completed –
2. The top of the pottom hoor (ii	ncluding basement or enclosure) of the building is	a sketch of photograph.)	(cm) Labove or Libelow
(oncor one) the highest adja-	cent grade. (Use natural grade if available )		
). For Building Diagrams 6-8 w	ith openings (see page 7), the next higher floor or	elevated floor (elevation t	o) of the building is
1. The top of the platform of ma	above the highest adjacent grade. Complete Iter schinery and/or equipment servicing the building i	ms C3.h and C3.i on front	of form.
(oneck one) the highest adja	cent grade. (Use natural grade, if available.)		
<ol><li>For Zone AO only: If no floor</li></ol>	d depth number is available, is the top of the botto	om floor elevated in accord	lance with the community's
noodplain management ordin	hance? Yes No Unknown. The k	ocal official must certify thi	s information in Section G.
he property guran as aura-d	ON F - PROPERTY OWNER (OR OWNER'S RE	PRESENTATIVE) CERTIF	ICATION
without a FEMA-issued or com	authorized representative who completes Section munity-issued BFE) or Zone AO must sign here.	s A, B, C (Items C3.h and	C3.i only), and E for Zone A
ie best of my knowleage.		The statements in Section	s A, B, C, and E are correct to
ROPERTY OWNER'S OR OWNE	R'S AUTHORIZED REPRESENTATIVE'S NAME		
	CITY	STATE	ZIP CODE
ADDRESS	CITY		
ADDRESS SIGNATURE		STATE	
DDRESS	CITY		
DDRESS	DATE	TELEPH	IONE
DDRESS SIGNATURE COMMENTS	CITY  DATE  SECTION G - COMMUNITY INFORMA	TELEPH	IONE    Check here if attachmen
DDRESS SIGNATURE COMMENTS The local official who is authorize	CITY  DATE  SECTION G - COMMUNITY INFORMA  ed by law or ordinance to administer the commun	TELEPH ATION (OPTIONAL) ity's floodplain manageme	IONE     Check here if attachmen  nt ordinance can complete
DDRESS IGNATURE COMMENTS  THE local official who is authorized ections A, B, C (or E), and G of	DATE  SECTION G - COMMUNITY INFORMA  ed by law or ordinance to administer the commun this Elevation Certificate. Complete the applicate	TELEPH ATION (OPTIONAL) ity's floodplain manageme ble item(s) and sign below.	Check here if attachmen
DDRESS  IGNATURE  COMMENTS  THE local official who is authorize ections A, B, C (or E), and G of the information in Sections engineer, or architect we	SECTION G - COMMUNITY INFORMATE  SECTION G - COMMUNITY INFORMATE  and by law or ordinance to administer the community in the Elevation Certificate. Complete the application C was taken from other documentation that has the is authorized by state or local law to certify elections.	TELEPH ATION (OPTIONAL) ity's floodplain manageme ble item(s) and sign below as been signed and embos	Check here if attachment ordinance can complete seed by a licensed surveyor,
DDRESS  IGNATURE  COMMENTS  THE local official who is authorize ections A, B, C (or E), and G of the information in Section engineer, or architect welevation data in the Co	SECTION G - COMMUNITY INFORMATE  SECTION G - COMMUNITY INFORMATE  and by law or ordinance to administer the communithis Elevation Certificate. Complete the application C was taken from other documentation that has ho is authorized by state or local law to certify elements area below.)	TELEPH ATION (OPTIONAL) ity's floodplain manageme ple item(s) and sign below as been signed and embos evation information. (Indic	IONE     Check here if attachment int ordinance can complete issed by a licensed surveyor, ate the source and date of the
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NATIONAL FLOOD INSURANCE PROGRAM

## FIRM FLOOD INSURANCE RATE MAP

TOWNSHIP OF UPPER, NEW JERSEY CAPE MAY COUNTY

**PANEL 14 OF 20** 

(SEE MAP INDEX FOR PANELS NOT PRINTED)

Stratherin

COMMUNITY-PANEL NUMBER 340159 0014 B

MAP REVISED: JUNE 1, 1984



Federal Emergency Management Agency

