FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 3067-0077 Expires July 31, 2002

NATIONAL FLOOD INSURANCE PROGRAM **ELEVATION CERTIFICATE** Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: **BUILDING OWNER'S NAME** Policy Number STATE ZIP CODE NJ 08247 HORIZONTAL DATUM: SOURCE: GPS (Type):

SZYMKOWSKI, Vincent J. & Donna BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 218 109th Street CITY STONE HARBOR PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 108.03 LOT 17.01, 19.01 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ##.#####") ☐ NAD 1927 □ NAD 1983 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE BOROUGH OF STONE HARBOR CAPE MAY B4. MAP AND PANEL B5. SUFFIX B7. FIRM PANEL B9. BASE FLOOD ELEVATION(S) NUMBER **B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 0001 C 1/8/71 7/15/92 A7 10 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile **⊠** FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X 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 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* ☐ Building Under Construction* □ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 8 (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.-a-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 NGVD29 Conversion/Comments Elevation reference mark used LOCAL Does the elevation reference mark used appear on the FIRM? Yes No o a) Top of bottom floor (including basement or endosure) 8. 57 ft.(m) Seal, o b) Top of next higher floor 11.63ft(m) Embossed and Date Thomas R. Dansh o c) Bottom of lowest horizontal structural member (V zones only) <u>NA</u>.__ft(m) o d) Attached garage (top of slab) NA. __ft(m) o e) Lowest elevation of machinery and/or equipment License Number, Signature, servicing the building (Describe in a Comments area) 10.94fL(m) o f) Lowest adjacent (finished) grade (LAG) 8.36ft(m) o g) Highest adjacent (finished) grade (HAG) #35828 8. 77 ft(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 14 11/1/2000 o i) Total area of all permanent openings (flood vents) in C3.h 840 sq. in. (sq. cm) 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.

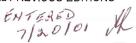
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME THOMAS R DENEKA

LICENSE NUMBER 35828

TITLE PE/LS COMPANY NAME STONE HARBOR SURVEYORS & ENGINEERS **ADDRESS** CITY STATE ZIP CODE PO BOX 511 STONE HARBOR 08247 SIGNATURE TELEPHONE DATE omas 11/1/00 609-368-7451



| IMPORTANT: In these spaces, copy the corresponding information from | | | For Insurance Company Use: |
|--|----------------------------------|--|--|
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROL | JTE AND BOX NO. | | Policy Number |
| CITY | STATE | ZIP CODE | Company NAIC Number |
| SECTION D - SURVEYOR, ENGIN | EER, OR ARCHITECT CE | RTIFICATION (CONTINUED) | ,! |
| copy both sides of this Elevation Certificate for (1) community official, (2) insurance | | | |
| COMMENTS | | | |
| | | | |
| | | | |
| | | | |
| | | | Check here if attachment |
| SECTION E - BUILDING ELEVATION INFORMATION (| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| r Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Ele | evation Certificate is intende | d for use as supporting information | for a LOMA or LOMR-F, |
| ction C must be completed. . Building Diagram Number_(Select the building diagram most similar to the bu | uilding for which this partition | to in being completed and page | 6 and 7. If no disagram assumbly |
| represents the building, provide a sketch or photograph.) | unding for which this certific | ate is being completed – see pages | o and 7. If no diagram accurately |
| . The top of the bottom floor (including basement or endosure) of the building is | ft (m) in (cm) | above or below (check one) the | na historia adiamentamba. A lea |
| . The top of the bottom floor (including basement of encosone) of the building is natural grade, if available). | _ ic(iii) _ in:(an) [_] | annow or Therow (check one) to | ie nignestaujacent grade, (USE |
| . For Building Diagrams 6-8 with openings (see page 7), the next higher floor or | elevated floor (elevation h) | of the building is fl(m) in (on | 1) above the hinhest adiacent |
| grade. Complete items C3.h and C3.i on front of form. | SOURCE (CICYGOUTTU) | Orano buttoning toic(iii)iii(O) | iy aware the highest adjacent |
| For Zone AO only: If no flood depth number is available, is the top of the botto | m floor elevated in accorda | nce with the community's floodolain | management ordinance? |
| Yes No Unknown. The local official must certify this information | | with the second of | ······································ |
| SECTION F - PROPERTY OWNER | | ENTATIVE) CERTIFICATION | |
| ne property owner or owner's authorized representative who completes Section | ns A, B, C (Items C3.h and | C3.i only), and E for Zone A (withou | t a FEMA-issued or community- |
| sued BFE) or Zone AO must sign here. The statements in Sections A, B, C, ar | nd E are correct to the best | of my knowledge. | and the second second second second |
| ROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME | | separate and the second | the second secon |
| DDRESS | СПҮ | STATE | ZIP CODE |
| | | | |
| IGNATURE | DATE | TELEP | PHONE |
| COMMENTS | | **** | |
| | | | Check here if attachment |
| SECTION G - COM | IMUNITY INFORMATION | (OPTIONAL) | |
| e local official who is authorized by law or ordinance to administer the communit | y's floodplain managemen | ordinance can complete Sections A | A, B, C (or E), and G of this Elevation |
| rtificate. Complete the applicable item(s) and sign below. | | | |
| . \square The information in Section C was taken from other documentation that has | s been signed and emboss | ed by a licensed surveyor, engineer | r, or architect who is authorized by |
| state or local law to certify elevation information. (Indicate the source and | | | |
| A community official completed Section E for a building located in Zone A | • | • | O |
| . The following information (Items G4-G9) is provided for community floodpl | ain management purposes | , | |
| 4 PERMIT NUMBER C5. DATE PERMIT ISSUED | 100 | G6. DATE CERTIFICATE OF COMP | LIANCE/OCCUPANCY ISSUED |
| | 199 | 11/4/00 | |
| This permit has been issued for. New Construction Substantial Imp | provement | | |
| Elevation of as-built lowest floor (including basement) of the building is: | | 8 57ft(m) | Datum: NGV 0 2 |
| BFE or (in Zone AO) depth of flooding at the building site is: | | <u>/O</u> . <u>O</u> ft(m) | Datum: NGVD 25 |
| OCAL OFFICIALS NAME ALAN LOJEGROVE | TILL | C PINSTRUCTION | IN DEFICIAL |
| OMMUNITY NAME BOOK OF CANAL | /12 = A TEL | CDHONE | · V |
| IGNATURE OF STONE H | ARBORDAT | 368-6 E 11/100 | 011 |
| OMMENTS AMON A SECTION OF THE SECTIO | | 11/6/00 | <u> </u> |
| OIVAVELIVIO | | | *** |
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| | 6 1 | | |
| | | | Check here if attachmen |