## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

**ELEVATION CERTIFICATE** 

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

Important: Read the instructions on pages 1 - 7.

SECTION	A - PROPERTY OWNER INFORMAT	ION	For Insurance Company Use:			
BUILDING OWNER'S NAME HOOVER, RAYMOND & DEBORAH	Policy Number					
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/ 309 109 TH STREET	#9000 for Bidg. No.) OR P.O. ROUTE AND BO	X NO.	Company NAIC Number			
CITY STONE HARBOR	STATE	ZIP CODE				
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parc	NJ el Number Tegal Description, etc.)	08247				
LOT: 88, 90.01, 91.01, 92.01 BLOCK: 109.04		·				
BUILDING USE (e.g., Residential, Non-residential, Addition, Acc RESIDENTIAL		cessary.)				
	ZONTAL DATUM: SO 927 □ NAD 1983	URCE: ☐ GPS (Type):_ ☐ USGS Quad	Map Other:			
SECTION B - FLOOR	O INSURANCE RATE MAP (FIRM) INF	FORMATION				
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. S	TATE			
BOROUGH OF STONE HARBOR 345323	CAPE MAY	NEW	JERSEY			
B4. MAP AND PANEL  NUMBER  B5. SUFFIX  B6. FIRM INDEX DAT  07/15/1992	07/15/1992	B8. FLOOD ZONE(S) A-7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 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: 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						
	ELEVATION INFORMATION (SURVI					
		nished Construction				
*A new Elevation Certificate will be required when construction of the		TIBLICA COTIBUACIOTI				
C2. Building Diagram Number $\underline{8}$ (Select the building diagram most similar		ng 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 (w Complete Items C3a-i below according to the building diagram spec Section B, convert the datum to that used for the BFE. Show field me Section D or Section G, as appropriate, to document the datum conv Datum NGVD29 Conversion/Comments	ified in Item C2. State the datum used. If the asurements and datum conversion calculation	datum is different from the	datum used for the BFE in or the Comments area of			
Elevation reference mark used LOCAL Does the elevation reference	mark used appear on the FIRM2 - Lives i	MNET				
o a) Top of bottom floor (including basement or enclosure)	6. 9 ft.(m) RECE	- CE. 14				
o b) Top of next higher floor	11 24 ft/m)	Seal				
o c) Bottom of lowest horizontal structural member (V zones only) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment	N/A(m) OCT 1 3	TONE HARBER	mos Dench			
servicing the building (Describe in a Comments area)	14.8ft.(m)	# # H				
o f) Lowest adjacent (finished) grade (LAG)	<u>6</u> . <u>7</u> ft.(m)	License Number Signature, a	NJPLS #25828			
o g) Highest adjacent (finished) grade (HAG)	<u>6</u> . <u>7</u> ft.(m)	suse	10/10/2006			
o h) No. of permanent openings (flood vents) within 1 ft. above adjace	ent grade 11	, Lig				
o i) Total area of all permanent openings (flood vents) in C3.h 660 sq	. in. (sq. cm)					
SECTION D - SURVEYO	OR, ENGINEER, OR ARCHITECT CER	RTIFICATION				
This certification is to be signed and sealed by a land surveyor, en	gineer, or architect authorized by law to	certify elevation informati	on.			
I certify that the information in Sections A, B, and C on this certific	ate represents my best efforts to interpre	t the data available.	,			
I understand that any false statement may be punishable by fine o						
CERTIFIER'S NAME THOMAS R. DENEKA	LIC .	CENSE NUMBER 35828				
ITLE LS COMPANY NAME STONE HARBOR SURVEYORS						
ADDRESS	OITO					
PO BQX 511	CITY STONE HARBOR	STATE	ZIP CODE			
SIGNATURE	DATE	NJ TELEPHONE	08247			
11 // 11. /		LLEFOUNE				

	copy the corresponding information from			For Insurance Company Use:
BUILDING STREET ADDRESS (Including 309 109TH STREET	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND	BOX NO.		Policy Number
CITY STONE HARBOR	STA' NJ	té	ZIP CODE 08247	Company NAIC Number
The state of the s	ECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT CER	TIFICATION (CONT	INUED)
Copy both sides of this Elevation Cert	ificate for (1) community official, (2) insurance agent	/company, and (3) b	uilding owner.	
COMMENTS VENTS NOT INSTALLED		and the second s		
		* · · · · · · · · · · · · · · · · · · ·		
		ing National		Check here if attachments
SECTION E - BUILDIN	IG ELEVATION INFORMATION (SURVEY N	IOT REQUIRED)	FOR ZONE AO AN	
For Zone AO and Zone A (without BFE)	, complete Items E1 through E4. If the Elevation Co			
represents the building, provide a s	the building diagram most similar to the building for ketch or photograph.) g basement or enclosure) of the building isft.(n			
natural grade, il available).	nings (see page 7), the next higher floor or elevated			
grade. Complete items C3.h and C	C3.I on front of form.			
	and/or equipment servicing the building isft(n	n)in.(cm) [] abo	ve or 🗌 below (chec	k one) the highest adjacent grade. (Use
natural grade, if available). E5. For Zone AO only: If no flood depth	number is available, is the top of the bottom floor el	levated in accordance	e with the community's	s floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown.	The local official must certify this information in Sect	ion G.		
the state of the s	ECTION F - PROPERTY OWNER (OR OWN	<del>`~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
	zed representative who completes Sections A, B, C ere. The statements in Sections A, B, C, and E are of			A (without a FEMA-issued or community-
	'S AUTHORIZED REPRESENTATIVE'S NAME		* * .	
		140		STATE ZIP CODE
ADDRESS		CITY		
SIGNATURE		DATE		TELEPHONE
COMMENTS	and the second s		· · · · · · · · · · · · · · · · · · ·	
		<del></del>		
				Check here if attachments
	SECTION G - COMMUNITY IN	FORMATION (O	PTIONAL)	- CHOOK HOLE II AKACI II IICHA
he local official who is authorized by la	w or ordinance to administer the community's floodp	<u></u>		Sections A, B, C (or E), and G of this Elevati
Certificate. Complete the applicable iter	n(s) and sign below.	· ·	•	
	as taken from other documentation that has been sign information. (Indicate the source and date of the ele			r, engineer, or architect who is authorized by
	nformation. (Indicate the source and date of the ele Section E for a building located in Zone A (without a		•	or Zone AO.
	s G4-G9) is provided for community floodplain mana		y	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED			COMPLIANCE/OCCUPANCY ISSUED
06.7223	4.27.06		10 31 PC	
37. This permit has been issued for. 38. Elevation of as-built lowest floor (inc	New Construction		11 . 71.4/m	Datum: <b>NGVD 29</b>
69. BFE or (in Zone AO) depth of floodi	ng at the building site is:	trus de la companya d	1 <u>1 · 24</u> ft.(m) 1 <u>0 · 0</u> ft.(m)	Datum: <u>NGV</u> 29
LOCAL OFFICIAL'S NAME MICH	AEL KOOCHEMBERE	TITLE	CONCTONC	TION OFFICIAL
CUMMUNITY NAME	and the second of the second o	TELEPH	ONE	
SIGNATURE ALIONAL	64 of Stone Harbo	DATE	609.36	8.6814
COMMENTS	2011		10/31/06	
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