

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

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|---|-------------|--|---|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME GORDON, ROGER B. | | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 104-113 TH STREET | | | Company NAIC Number |
| CITY STONE HARBOR | STATE NJ | ZIP CODE 08247 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 23 BLOCK 112.02 | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.####") | | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: LOCAL |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|-----------------|---------------------------------|---|-------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER BOROUGH OF STONE HARBOR - 345323 | | B2. COUNTY NAME CAPE MAY | | B3. STATE NJ | |
| B4. MAP AND PANEL NUMBER 0001 | B5. SUFFIX C | B6. FIRM INDEX DATE 07/15/92 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 02/02/83 | B8. FLOOD ZONE(S) A7 | 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 _____

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 C3a-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 NGVD 29 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 enclosure) 9. 20 ft.(m)
- o b) Top of next higher floor 12. 60 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A. ft.(m)
- o d) Attached garage (top of slab) N/A. ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building N/A. ft.(m)
- o f) Lowest adjacent grade (LAG) 9. 20ft.(m)
- o g) Highest adjacent grade (HAG) 9. 20ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 9
- o i) Total area of all permanent openings (flood vents) in C3h 540 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Sam Deneke
#12659
7/7/2000

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 SAM DENEKA | | LICENSE NUMBER 12659 | |
| TITLE PE, LS | COMPANY NAME STONE HARBOR SURVEYORS & ENGINEERS | | |
| ADDRESS PO BOX 511 | CITY STONE HARBOR | STATE NJ | ZIP CODE 08247 |
| SIGNATURE <i>Sam Deneke</i> | DATE 7/7/2000 | TELEPHONE 609-368-7451 | |

ENTERED
 7/24/01 *dh*

| | | | |
|---|-------|----------|---------------------|
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. | | | Policy Number |
| CITY | STATE | ZIP CODE | Company NAIC Number |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
2.5 x 1.20 CLOSED CRAWL SPACE DOOR

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

| | | | |
|--|------|-----------|----------|
| PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | DATE | TELEPHONE | |
| COMMENTS | | | |

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

| | | |
|-------------------------------------|--|---|
| G4. PERMIT NUMBER <u>00-4273</u> | G5. DATE PERMIT ISSUED <u>2/28/00</u> | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED <u>7/11/00</u> |
|-------------------------------------|--|---|

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: 9.20 ft.(m) Datum: NGVD 29
- G9. BFE or (in Zone AO) depth of flooding at the building site is: 10.0 ft.(m) Datum: NGVD 29

| | |
|---|---------------------------------------|
| LOCAL OFFICIAL'S NAME <u>ALAN LOVEGROVE</u> | TITLE <u>CONSTRUCTION DEFICINL</u> |
| COMMUNITY NAME <u>TOWNSHIP OF STONE HARBOR</u> | TELEPHONE <u>609-368-6814</u> |
| SIGNATURE <u>[Signature]</u> | DATE <u>7/11/00</u> |
| COMMENTS | |

Check here if attachments