## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires March 31, 2012

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

							For Insurance Company Use:
							Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  10604 CORINTHIAN DRIVE							Company NAIC Number
City STONE HARBO	R State NJ	ZIP Code 08247					
A3. Property Description ( LOT 30, 31 BLOCK 202	Lot and Block Nu	mbers, Tax Parcel N	lumber, Legal D	escription, etc.	)		
A4. Building Use (e.g., Re A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) No. of permanent enclosure(s) withir c) Total net area of fl d) Engineered flood of	t. 39.0486 Long graphs of the builder 8 rawlspace or encorawlspace or encorawlspace or endod openings in 1.0 foot above a pood openings?	74.7686 Iding if the Certificat losure(s): closure(s) the crawlspace or djacent grade A8.b	e is being used  1783 sq ft  11  SECT D sq in	to obtain flood  A9. Fo a) b)	Horninsurance.  or a building Square for No. of perwithin 1.0  Total net Engineer	g with an attace octage of attace rmanent flood of foot above at area of flood ed flood open	thed garage:  ched garage <u>N/A</u> sq ft  openings in the attached garage djacent grade <u>N/A</u> openings in A9.b <u>N/A</u> sq in  ings?
, responsible to the contract of the contract	CONTRACTOR OF STREET,	TION B - FLOOD I	CALIFORNIA CONTRACTOR IN THE PROPERTY OF	September Scholler and State Control of the State C	FIKIVI) INI		
B1. NFIP Community Name BOROUGH OF STONE HA	e & Community N ARBOR 345323	umber	B2. County Na CAPE MAY	me			B3. State NEW JERSEY
B4. Map/Panel Number 345323-0001	B5. Suffix C	B6. FIRM Index Date 7/15/92	Effectiv	FIRM Panel e/Revised Date 7/15/92		B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0'
FIS Profile  B11. Indicate elevation datu  B12. Is the building located  Designation Date	im used for BFE in a Coastal Barr	☐ Community Dete  In Item B9: ☐ NGV  ier Resources Syste  N C - BUILDING I	D 1929 m (CBRS) area	LI OI'M	8 DC Protected A		☐ Yes     No
below according to the Benchmark Utilized <u>CN</u>	cate will be requi A30, AE, AH, A ( building diagram ICMUA DISK SH	with BFE), VE, V1-V specified in Item A7.	on of the buildin 30, V (with BFE Use the same	:), AR, ARVA, AI	RVAE, ARVA		☐ Finished Construction  H, AR/AO. Complete Items C2.a-h
b) Top of the next hig c) Bottom of the lowe d) Attached garage ( e) Lowest elevation of (Describe type of	(including baser ther floor est horizontal stru- top of slab) of machinery or ec- equipment and loo	nent, crawlspace, or ctural member (V Zo quipment servicing the cation in Comments) ext to building (LAG)	nes only)	12.0 N/A. [ N/A. ] 14.0	feet	the measurer meters (Puer meters (Puer meters (Puer meters (Puer meters (Puer meters (Puer	to Rico only)
f) Lowest adjacent (find the find the f	) airs, including	9.4					
tion of difference in a found or which against distribution in the conference of the	SECTION	ON D - SURVEYO	R, ENGINEE	R, OR ARCH	ITECT CE	RTIFICATIO	)N
This certification is to be si information. I certify that to I understand that any false   Check here if commen	ne information on statement may b	e punishable by fine	or imprisonme	nt under 18 U.S and longitude in	S. Code, Se	ection 1001.	
Certifier's Name THOMAS	R DENEKA			License Num	ber 35828		
Title NJPLS		Company Name	STONE HARBO	OR SURVEYOR	RS	· ·	Jan Wen
Address PO BOX 511		City STONE HAR	BOR	State NJ		Code 08247	1000
Signature	2/2/	Date	10/3/2012	Telephone (	609-368-74	151	

neck here if attachments (WITHOUT BFE)  Delete Sections A, B, the highest adjacent elow the HAG. the next higher floor
neck here if attachments (WITHOUT BFE)  Dete Sections A, B, the highest adjacent elow the HAG, nelow the LAG.
neck here if attachments (WITHOUT BFE)  Dete Sections A, B, the highest adjacent elow the HAG.
neck here if attachments (WITHOUT BFE)  Dete Sections A, B, the highest adjacent elow the HAG, below the LAG.
(WITHOUT BFE)  blete Sections A, B,  the highest adjacent  elow the HAG. below the LAG.
(WITHOUT BFE)  blete Sections A, B,  the highest adjacent  elow the HAG. below the LAG.
(WITHOUT BFE)  blete Sections A, B,  the highest adjacent  elow the HAG. below the LAG.
(WITHOUT BFE)  blete Sections A, B,  the highest adjacent  elow the HAG. below the LAG.
the highest adjacent elow the HAG.
r the HAG. oodplain management
TO CONTRACTOR
ommunity-issued BFE)
de
Check here if attachmen
ections A, B, C (or E),
gineer, or architect who below.) or Zone AO.
ncy Issued
Z9 29 29
CUAL
theck here if attachment

## Building Photographs See Instructions for Item A6.

	For insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10604 CORINTHIAN DRIVE	Policy Number
City STONE HARBOR State NJ ZIP Code 08247	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.



FRONT VIEW 10/2/2012



**REAR VIEW 10/2/2012**