FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

		SECTION	A - PROPERTY OWN	ER INFORMAT	ION	For Insurance Company Use:
BUILDING OWNER'S NAME						Policy Number
SEASHORE HOME BUILDERS #91						
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No 8514 2 ^{NO} AVENUE				ROUTE AND BO	X NO.	Company NAIC Number
CITY STONE HARBOR			STA	TE		CODE
PROPERTY DESCRIPTI	ON (I of and Block	Number Tay Par	NJ	inting of a	0824	.1
LOT: 63.01, 64.01, 65.01	, 66.01 BLOCK:	85.21	cei Number, Legai Descr	iption, etc.)		
BUILDING USE (e.g., Re			essory, etc. Use a Com	ments area, if ne	ecessary.)	
RESIDENTIAL		v s				
LATITUDE/LONGITUDE (##°-##'-##.##" or ##	(OPTIONAL) :#####°)		ZONTAL DATUM: 927	SO	OURCE: GPS (T USGS)	ype): Quad Map
	S	ECTION B - FLOO	D INSURANCE RATE	MAP (FIRM) INF	FORMATION	
B1. NFIP COMMUNITY NAME BOROUGH OF STONE HARB		BER	B2. COUNTY NAME CAPE MAY			B3. STATE NEW JERSEY
B4. MAP AND PANEL			B7. FIRM	PANEL	A Maria Cara Maria	B9. BASE FLOOD ELEVATION(S)
NUMBER 345323-0001	B5. SUFFIX C	B6. FIRM INDEX DA			B8. FLOOD ZONE(S) A-7	
B10. Indicate the source of the	Base Flood Elevati	on (BFE) data or base	flood depth entered in B9.	7 1 1		nage - no control of the control of the
☐ FIS Profile	⊠ FIRM	☐ Community D		Other (Describe		
B11. Indicate the elevation dat					Other (Describe):	
B12. Is the building located in	a Coastal Barrier Re	sources System (CBF	RS) area or Otherwise Prot	ected Area (OPA)	? ☐ Yes ☒ No	Designation Date
	SEC	TION C - BUILDING	G ELEVATION INFORM	MATION (SURV	EY REQUIRED)	
C1. Building elevations are ba	sed on: Constru	ction Drawings*	☐ Building Under Const	ruction* 🛛 F	inished Construction	
*A new Elevation Certifica	te wii be required w					
*A new Elevation Certifica C2 Building Diagram Number			The state of the s	hie cortificato ie hoi	ing completed see a	sacce 6 and 7. If no disarram accurately
C2. Building Diagram Number	$\underline{8}$ (Select the building	g diagram most simila	The state of the s	his certificate is bei	ing completed - see p	pages 6 and 7. If no diagram accurately
C2. Building Diagram Number represents the building, pr	8 (Select the building ovide a sketch or ph	ig diagram most simila notograph.)	ar to the building for which t			pages 6 and 7. If no diagram accurately
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Renlaces all previous editions

ENTERES 5/25/05

	the corresponding information from			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., L	Jnit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND	D BOX NO.		Policy Number
CITY	STA	ATE	ZIP CODE	Company NAIC Number
SECTI	ON D - SURVEYOR, ENGINEER, OR A	ARCHITECT CERTIFIC	ATION (CONTINUED)	
	for (1) community official, (2) insurance ager	nt/company, and (3) building	owner.	
COMMENTS	IN EQUALING 990 SQ IN OF VENT SPACE	C AND 4 OPENCE COANS	COACE	
	PACE FOR THE TOTAL SHOWN IN C-3-1	E AND TOPENED CRAWL	SPACE	
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SCATIAL F. BUT DATA FI				Check here if attachment
	EVATION INFORMATION (SURVEY			
ction C must be completed.	plete Items E1 through E4. If the Elevation C	Jerinicate is intended for use	e as supporting information	TOT A LOWA OF LOWIR+,
. Building Diagram Number _(Select the bo	uilding diagram most similar to the building fo	or which this certificate is bei	ng completed - see pages	6 and 7. If no diagram accurately
represents the building, provide a sketch	. •	ml in (am) [7] about at	Tholay (abod and) the	highest ediscent ands. /i les
natural grade, if available).	ement or enclosure) of the building isft.(i	m) _in.(cm) above or	below (check one) the	nignest adjacent grade. (Use
. For Building Diagrams 6-8 with openings ((see page 7), the next higher floor or elevated	d floor (elevation 5) of the b	ailding isft.(m)in.(cr	n) above the highest adjacent
grade. Complete items C3.h and C3.i on		m) in (am) [at access	Thology (about and the	highest adjacent and a 111-
 The top of the platform of machinery and/onatural grade, if available). 	or equipment servicing the building isft.(i	(iii) _in.(cm) [_] above of	T" I netow (cueck oue) rue	riignest adjacent grade. (USE
	per is available, is the top of the bottom floor e	elevated in accordance with	the community's floodplain	management ordinance?
	cal official must certify this information in Sec			
	ON F - PROPERTY OWNER (OR OWN			
	presentative who completes Sections A, B, C he statements in Sections A, B, C, and E are	•		t a FEMA-issued or community-
ROPERTY OWNER'S OR OWNER'S AU		conea to the best of my kin	Owieuge.	
	(INVESTO INT VEORITIME O INVAL			
DDRESS		CITY	STATE	ZIP CODE
IGNATURE		DATE	TELEPHO	WE
OMMENTS				
				
	SECTION G - COMMUNITY I	NEODUATION (ODTIO	IAL)	Check here if attachments
local official who is sufficiently law or or	rdinance to administer the community's flood			B C (or E) and G of this Flowa
rtificate: Complete the applicable item(s) ar	-	man managanan aranak	o car compose coccaso r	1, D, O (G L), GRO O G 183 LICYO
	en from other documentation that has been si	•	• -	, or architect who is authorized by
	ation: (Indicate the source and date of the ele		•	
	on E for a building located in Zone A (without is) is provided for community floodplain mana		ity-issued briti) of Zone Af	J.
4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		CERTIFICATE OF COMPLIA	NCE/CCC PANCY ISSUED
04·6997	9/24/04	GU. LIME	5/19/05	TOWOOD PITOT NODEU
. This permit has been issued for: 🗹 New	Construction Substantial Improvement			
. Elevation of as-built lowest floor (including	· ·		7 3 ft.(m)	Datum: NGVD Datum: NGVD
. BFE or (in Zone AO) depth of flooding at the	re building site is:	1:	<u>O O_ft.(m)</u>	Datum: NGVD
OCAL OFFICIAL'S NAME	COCHEMBIRE	TITLE CO.	STEUCTION	PEGAL
OMMUNITY NAME		TELEPHONE	209. 36g.	
IGNATURE / I O V) O	F CTONE HAREON	DATE	101=	ORIT
OMMENTS	<u> </u>	5, 5	112102	
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