

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>Thomas Welsh Builders</b>			FOR INSURANCE COMPANY USE		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>314 94th Street</b>			Policy Number		
City <b>Stone Harbor</b> State <b>NJ</b> ZIP Code <b>08247</b>			Company NAIC Number		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>Block: 93.04 Lots: 129, 131.01</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>Residential</b>					
A5. Latitude/Longitude: Lat. <b>39° 03' 22"</b> Long. <b>74° 45' 37"</b> Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <b>1B</b>					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) _____ sq ft			a) Square footage of attached garage _____ sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____		
c) Total net area of flood openings in A8.b _____ sq in			c) Total net area of flood openings in A9.b _____ sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>Borough of Stone Harbor 345323</b>			B2. County Name <b>Cape May</b>		B3. State <b>New Jersey</b>
B4. Map/Panel Number <b>345323 0001</b>	B5. Suffix <b>C</b>	B6. FIRM Index Date <b>07/15/1992</b>	B7. FIRM Panel Effective/ Revised Date <b>07/15/1992</b>	B8. Flood Zone(s) <b>A7</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>10'</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  CBRS  OPA

## 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. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: \_\_\_\_\_ Vertical Datum: **1988**

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

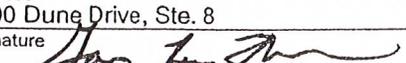
Check the measurement used.

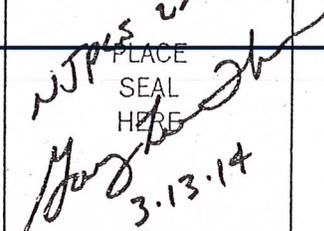
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>11 . 0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>21 . 2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>9 . 8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7 . 3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>7 . 6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>6 . 9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

## 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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  
 Check here if attachments.

Certifier's Name <b>Gary Lee Thomas</b>		License Number <b>23921</b>	
Title <b>Professional Land Surveyor</b>		Company Name <b>Thomas*Amey*Shaw, Inc.</b>	
Address <b>2900 Dune Drive, Ste. 8</b>		City <b>Avalon</b>	State <b>NJ</b>
Signature 		ZIP Code <b>08202</b>	Telephone <b>(609) 967-3999</b>
Date <b>3.13.14</b>			

NJPLS 23921  
 PLACE  
 SEAL  
 HERE  
  
**3.13.14**

# Building Photographs

See Instructions for Item A6

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 314 94 <sup>th</sup> Street			For Insurance Company Use: Policy Number
City Stone Harbor	State NJ	ZIP Code 08247	

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, following.



DATE: March 13, 2014, Front View of House



DATE: March 13, 2014, Rear View of House