FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instru		the state of the last of the l				rance Company Use:	
	SECTION A - PROPERTY OWNER INFORMATION						
BUILDING CWNER'S NAME Robert & Susan Sandman			· · · · · · · · · · · · · · · · · · ·		Policy	Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR 341 96th Street	P.O. ROI	UTE AND BO	X NO.			any NAIC Number	
CITY STATE ZIP COD Stone Harbor NJ 08247							
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Lega	l Descripti	on, etc.)					
Block 95 N. J. of 152 8 153 1 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use RESIDENTIAL		100					
ATITUDE/LONGITUDE (OPTIONAL) ##° - ##' - ## ###" or ## #####" NAD 1927 NAD 1927 NAD 1927 NAD 1927		so	OURCE: C		/pe): Quad Map	Other:	
SECTION B - FLOOD INSURANCE	RATE M	AP (FIRM) IN	FORMATIO	١			
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NA	ME				B3. STATE		
Stone Harbor 345323 Cape May			HE TOTAL		NJ		
NUMBER B5. SUFFIX B6. FIRM INDEX DATE EFFECT	7. FIRM PAI TIVE/REVIS	ED DATE,	B8. FLOOD 2			E FLOOD ELEVATION(S) O, use depth of flooding)	
		37/15/92	A-7			10	
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered ☐ FIS Profile ☐ FIRM ☐ Community Determined 11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929		Other (Describ NAVD 1988	Other (De		Decimation	Det.	
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherv			The second second second second second		Designation	ı Dale	
SECTION C - BUILDING ELEVATION I				-			
 Building elevations are based on: Construction Drawings* Building Under 	er Construc	ction* 🖂 F	Finished Cons	ruction			
*A new Elevation Certificate will be required when construction of the building is compl	ete.						
2. Building Diagram Number 8 (Select the building diagram most similar to the building fo	r which this	certificate is be	ing completed	- see pa	ages 6 and 7.	If no diagram	
accurately represents the building, provide a sketch or photograph.)			5 1		•	9	
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Complete Items C3a-i below according to the building diagram specified in Item C2.	State the da	atum used. If the	e datum is diff				
	State the da	atum used. If the	e datum is diff				
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BUILDING STREET ADDRESS (Including A	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BC	DXNO.	Policy Number
341 96 th Street	STATE		Company NAIC Number
Stone Harbor	NJ ECTION D - SURVEYOR, ENGINEER, OR AR	08247	TAILED
COMMENTS	ficate for (1) community official, (2) insurance agent/co	oripany, and (3) building owns.	
COMMENTS C3e: Outside A/C Unit			
Field Book 1298A / 74			☐ Check here if attachments
	G ELEVATION INFORMATION (SURVEY NO		
•	, complete Items E1 through E4. If the Elevation Cert	ificate is intended for use as supporting in	nformation for a LOMA or LOMR-F,
Section C must be completed.		11.1.41	and the second s
E1. Building Diagram Number _(Select represents the building, provide a sl	the building diagram most similar to the building for w	nich this certificate is being completed —	see pages 6 and 7. If no diagram accurately
	g basement or enclosure) of the building isft.(m)	in (cm) \square above or \square below (chec	ck one) the highest adjacent grade. (Use
natural grade, if available).	graduation of discours of the railing 2in(ii)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E3. For Building Diagrams 6-8 with oper	nings (see page 7), the next higher floor or elevated flo	oor (elevation b) of the building isft.(r	m)in.(cm) above the highest adjacent
grade. Complete items C3.h and C	3.i on front of form.		
	and/or equipment servicing the building isft.(m)	_in.(cm) above or below (chec	ck one) the highest adjacent grade. (Use
natural grade, if available).	number is available, is the top of the bottom floor elec	rated in accordance with the community	o floodolain management erdinance?
The state of the s	The local official must certify this information in Sectio		s lloooplastittiatiagattattoi oli latice:
Bernard Britanian and State Control of the Control	ECTION F - PROPERTY OWNER (OR OWNE		CATION
	zed representative who completes Sections A, B, C (I		
	are. The statements in Sections A, B, C, and E are co		
PROPERTY OWNER'S OR OWNER	'S AUTHORIZED REPRESENTATIVE'S NAME		
ADDOCCO		CITY	STATE ZIP CODE
ADDRESS		CITY	STATE ZIP CODE
SIGNATURE		DATE	TELEPHONE
COMMENTS			
OOWINELITO			
			Check here if attachments
	SECTION G - COMMUNITY IN		
	w or ordinance to administer the community's floodpla	ain management ordinance can complete	e Sections A, B, C (or E), and G of this Elevation
Certificate. Complete the applicable iter		and and embassed by a licensed sum on the	or ancineer or embitestube is sufficiently
	as taken from other documentation that has been sign information. (Indicate the source and date of the elev		
	Section E for a building located in Zone A (without a l		
	s G4-G9) is provided for community floodplain manag		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE C	OF COMPLIANCE/OCCUPANCY ISSUED
04.6634	1.15.04	7. 28,00	+
G7. This permit has been issued for: [V	New Construction Substantial Improvement		
G8. Elevation of as-built lowest floor (inc		5_9 ft(m)	Datum: NGVD ZO
G9. BFE or (in Zone A0) depth of flood	ing at the building site is:	10 ft.(m)	Datum: NGVD 20
LOCAL OFFICIAL'S NAME	C II TARONTO	TITLE	OFFICIAL
COMMUNITY NAME		TELEPHONE TELEPHONE	3
BOROVGH OF	STONE HARBOR	DATE / 368.	6814
SIGNATURE /	22/	UAIE 7/28/00	1
COMMENTS		3	
			Пол. п. т. п. т.
			Check here if attachments