OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name PARKS, NORMAN W. & MARGARET						Policy Num	oer:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 379 96 TH STREET					Route and	Company N	IAIC Number:
City STONE HA	ARBOR			State NEW JE	RSEY	ZIP Code 0	8247
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK: 96.04 LOT: 171							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitu	ude: Lat. <u>39</u>	.0558	Long	74.7636	Horizontal Datun	n: 🗌 NAD 1	1927 🛛 NAD1983
A6. Attach at least 2	2 photographs	s of the building if the	Cerțifica	ate is being used to	obtain flood insura	nce.	
A7. Building Diagra	m Number 🛚 🛚	7					
A8. For a building v	vith a crawlsp	ace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)	1148	sq ft			
		od openings in the cra			ithin 1.0 foot above	adjacent gra	ade <u>7</u>
		enings in A8.b 1764		q in			
d) Engineered	flood opening	js? LXl _{Yes} ∐ _{No})				
A9. For a building with an attached garage:							
a) Square footage of attached garage N/A sq ft							
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 A9.b sq in							
d) Engineered flood openings? Yes No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number BOROUGH OF STONE HARBOR - 345323			B2. County Name CAPE MAY	2. County Name		B3. State NJ	
B4. Map/Panel	B5. Suffix	B6. FIRM Index		IRM Panel	B8. Flood Zone(s) B9. Bas	se Flood Elevation(s) ne AO, use Base
Number 345323-0001	С	Date 01/08/1971	R	evised Date 7/15/1992	A7	Floo	od Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile X FIRM Community Determined Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Ves No							

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corr	esponding information from S	ection A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 379 96TH STREET	Policy Number:				
City STONE HARBOR	State NJ ZI	Code 08247	Company NAIC Number		
SECTION C – BUI	LDING ELEVATION INFORM	ATION (SURVEY RE	QUIRED)		
*A new Elevation Certificate will be requi C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below according Benchmark Utilized: <u>CMCMUA DISK SH</u> Indicate elevation datum used for the ele	(with BFE), VE, V1–V30, V (with to the building diagram specified 1-46 Vertical Datum: vations in items a) through h) bel	ding is complete. BFE), AR, AR/A, AR/ I in Item A7. In Puerto NGVD 29	AE, AR/A1–A30, AR/AH, AR/AO.		
		BFE.			
a) Top of bottom floor (including basement)b) Top of the next higher floor		r) <u>6</u> .5 <u>14</u> .6	Check the measurement used.		
c) Bottom of the lowest horizontal struct	ural member (V Zones only)	<u>N/A</u>	X feet ☐ meters X feet ☐ meters		
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equ (Describe type of equipment and local 	ipment servicing the building tion in Comments)	6.5 18.6			
f) Lowest adjacent (finished) grade nex	t to building (LAG)	<u> </u>	🗓 feet 🗌 meters		
g) Highest adjacent (finished) grade nex	t to building (HAG)	<u>6</u> .4	x feet meters		
h) Lowest adjacent grade at lowest elevent structural support	ation of deck or stairs, including	<u>N/A</u>	🗓 feet 🗌 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.					
Were latitude and longitude in Section A prov	ided by a licensed land surveyor	Y x Yes No	☐ Check here if attachments.		
Certifier's Name THOMAS R. DENEKA	License Number 35828				
Title PLS					
Company Name HYLAND DESIGN GROUP			Place Seal		
Address 701 WEST AVENUE SUITE 301			Here homos R Vent		
City OCEAN CITY	State NEW JERSEY	ZIP Code 08226	Mas C 2011		
Signature Of Rent	Date 08/10/17	Telephone 609-398-4477			
Copy all pages of this Elevation Certificate and	all attachments for (1) community o	official, (2) insurance ag	gent/company, and (3) building owner.		
Comments (including type of equipment and I C-2-E IS EXTERIOR HVAC AT EAST SIDE OF EXTERIOR HVAC AT WEST SIDE OF BUILI A-8-C EQUALS (7) USA FOUNDATION FLO THE CONVERSION FROM NGVD29 TO NA	OF BUILDING DING AT ELEVATION 19.1' OD AIR VENTS MODEL FASS (OVERING 252 SQ F	T OF VENT SPACE EACH		

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, an 379 96TH STREET			Policy Number:				
City STONE HARBOR	State NJ	ZIP Code 08247	Company NAIC Number				
SECTION E – BUILDING E FOR ZON	LEVATION INFOR IE AO AND ZONE	MATION (SURVEY NOT A (WITHOUT BFE)	REQUIRED)				
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-Frequest, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.							
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement,							
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	•		ers above or below the HAG.				
crawlspace, or enclosure) is	·		rs above or below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	openings provided in						
the diagrams) of the building is			above or below the HAG.				
E3. Attached garage (top of slab) is			ers above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is			ers \square above or \square below the HAG.				
E5. 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 OV	VNER (OR OWNER	'S REPRESENTATIVE) C	ERTIFICATION				
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes The statements in S	Sections A, B, and E for Zo Sections A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.				
Property Owner or Owner's Authorized Representativ							
Address	C	ity S	tate ZIP Code				
Signature	D	Pate T	elephone				
Comments							
			Check here if attachments.				

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	esponding information	from Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 379 96TH STREET	iite, and/or Bldg. No.) o				
City STONE HARBOR	State NJ	ZIP Code 08247	Company NAIC Number		
SECTIO	N G - COMMUNITY IN	IFORMATION (OPTIO	NAL)		
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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
or Zone AO.			FEMA-issued or community-issuedBFE)		
G3. The following information (Items G4–	G10) is provided for co	mmunity floodplain mar			
G4. Permit Number (6 - 120 67	G5. Date Permit Issu	_	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for: New Construction Substantial Improvement G8. Elevation of as-built lowest floor (including basement) of the building: G9. BFE or (in Zone AO) depth of flooding at the building site: 9					
Local Official's Name Title					
Community Name	BELLE	Telephone			
BEROUGH OF STONS	z HARBOR		368.6814		
Signature Date 9 R 17					
Comments (including type of equipment and location, per C2(e), if applicable)					
			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

Part (Transfer of the transfe				
IMPORTANT: In these spaces, copy the	corresponding information	n from Section A.		
Building Street Address (including Apt., U 379 96 TH STREET	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 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

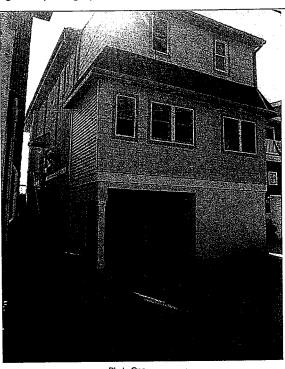


Photo One

Photo One Caption FRONT VIEW 9.15.17

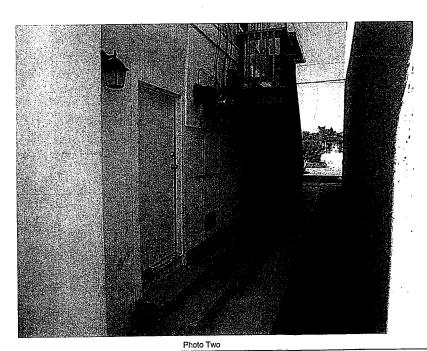


Photo Two Caption LEFT SIDE VIEW 9.15.17

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 379 96TH STREET	Policy Number:		
City STONE HARBOR	State NJ	ZIP Code 08247	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

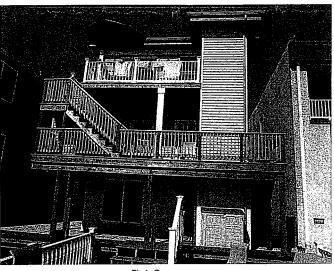


Photo One

Photo One Caption REAR VIEW 9.15.17

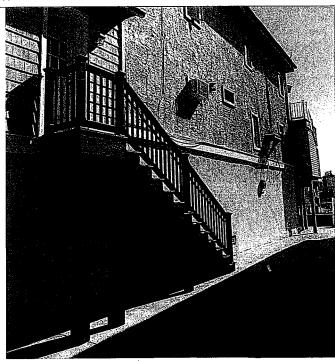


Photo Two

Photo Two Caption RIGHT SIDE VIEW 9.15.17