FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

	For Insurance Company Use:
BUILDING OWNER'S NAME	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 140 108th Street	Company NAIC Number

CITY Stone Harbor	STATE NJ	ZIP CODE 08247

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block: 107.02 Lots: 43, 45

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.#####°)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Stone Harbor 345323	B2. COUNTY NAME Cape May	B3. STATE NJ

B4. MAP AND PANEL NUMBER 0001	B5. SUFFIX C	B6. FIRM INDEX DATE 07-15-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 07-15-92	B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile   ☒ FIRM   ☐ Community Determined   ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929   ☐ NAVD 1988   ☐ Other (Describe):

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

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. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929   Conversion/Comments N/A

Elevation reference mark used USGS Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	9.0 ft.(m)
☐ b) Top of next higher floor	12.5 ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A.__ ft.(m)
☐ d) Attached garage (top of slab)	N/A.__ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	11.9 ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	9.0 ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	9.3 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0	
☐ i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

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 in Sections A, B, and C 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.

CERTIFIER'S NAME Gary Lee Thomas	LICENSE NUMBER 23921

TITLE Professional Land Surveyor	COMPANY NAME THOMAS*AMEY*SHAW, Inc.

ADDRESS 2900 Dune Drive Suite 8	CITY Avalon	STATE NJ.	ZIP CODE 08202

SIGNATURE	DATE 4-12-02	TELEPHONE 609-967-3999