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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

BUILDING OWNER'S NAME

Mark Goldstein

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
Pacific Ave. & 36th Ave.

CITY
Longport

STATE
NJ

ZIP CODE
08403

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

Block 105 lot 5

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

Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ###" or ##.####°)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): _____
 USGS Quad Map Other: _____

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
Borough of Longport 345302

B2. COUNTY NAME
Atlantic

B3. STATE
NJ

B4. MAP AND PANEL NUMBER
0001

B5. SUFFIX
B

B6. FIRM INDEX DATE

B7. FIRM PANEL EFFECTIVE/REVISED DATE
8/15/83

B8. FLOOD ZONE(S)
A8

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
10.0

10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile FIRM Community Determined Other (Describe): _____

11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

12. 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)

1. 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.

2. 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.)

3. 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 C3a-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 n/a Conversion/Comments n/a

Elevation reference mark used n/a Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 8. 10 ft.(m)
- b) Top of next higher floor 12. 20 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- d) Attached garage (top of slab) 8. 00 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
- f) Lowest adjacent grade (LAG) 7. 7 ft.(m)
- g) Highest adjacent grade (HAG) 7. 8 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 25
- i) Total area of all permanent openings (flood vents) in C3h 3200 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 PAUL H. KOELLING

LICENSE NUMBER 21771

TITLE Professional Land Surveyor

COMPANY NAME PAUL H. KOELLING & ASSOC.

ADDRESS
2161 Shore Road
SIGNATURE

Paul H. Koelling

CITY Linwood
STATE NJ
DATE October 11, 2002
TELEPHONE (609) 927-0279
ZIP CODE 08221