FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE Important: Read the instructions on pages 1 - 7.

For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME **BRUCE & ANDREA BROWNSTEIN** BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 8 S. TWENTY-EIGHTH AVENUE ZIP CODE STATE CITY 08403 LONGPORT PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 32 LOT 14 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL SOURCE: GPS (Type): HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) USGS Quad Map Other. ☐ NAD 1927 ☐ NAD 1983 (##° - ##' - ##.##" or ##.#####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** NJ ATLANTIC LONGPORT 345302 B9. BASE FLOOD ELEVATION(S) B7. FIRM PANEL B4, MAP AND PANEL B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) **B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B5. SUFFIX NUMBER 10.0 8-15-1983 8-15-1983 0001 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): ☐ Community Determined X FIRM NAVD 1988 Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Building Under Construction* X Finished Construction C1. Building elevations are based on: ☐ Construction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 2 (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 1929 Conversion/Comments NO CONVERSION Elevation reference mark used RM-1 Does the elevation reference mark used appear on the FIRM? X Yes \(\subseteq \text{No} \) a) Top of bottom floor (including basement or enclosure) 6.2 ft.(m) Sea 8.0 ft.(m) b) Top of next higher floor icense Number, Embossed Signature, and Date C) Bottom of lowest horizontal structural member (V zones only) NAft.(m) 7.3 ft (m) ☐ d) Attached garage (top of slab) ☐ e) Lowest elevation of machinery and/or equipment UKN.ft.(m) servicing the building (Describe in a Comments area) . 7.3 ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) 7.6 fL(m) a) Highest adjacent (finished) grade (HAG) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 2 i) Total area of all permanent openings (flood vents) in C3.h 50 sq. in. (sq. cm) 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. LICENSE NUMBER 24GS03353100 CERTIFIER'S NAME GORDON M. LUDWIG COMPANY NAME POINT TO POINT SURVEYING CO., L.L.C. TITLE LAND SURVEYOR ZIP CODE CITY STATE **ADDRESS** 08244 SOMERS POINT P.O. BOX 299 TELEPHONE DATE SIGNATURE 609-927-9295 8-21-06

MPORTANT: In these spaces	g Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX N		For Insurance Company Use: Policy Number
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CITY LONGPORT	STATE	ZIP CODE 08403	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CONTINU	JED)
Copy both sides of this Elevation Cer	tificate for (1) community official, (2) insurance agent/compa	any, and (3) building owner.	
OBTAINABLE. CRAWL SPACE A	S NOT GAINED. C3-A IS THE CRAWL SPACE (MORE C PPEARS TO BE BELOW GRADE ON ALL SIDES. (THIS FIS NOT TO BE USED FOR ANY DESIGN OR PERMITT	SHOULD BE VERIFIED). THIS ELEV.	
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represents the building, provide a s 2. The top of the bottom floor (includin natural grade, if available). 3. For Building Diagrams 6-8 with ope grade. Complete items C3.h and C	g basement or enclosure) of the building isft.(m)in.(nings (see page 7), the next higher floor or elevated floor (e	cm) above or below (check on levation b) of the building is ft.(m)	e) the highest adjacent grade. (Use _in.(cm) above the highest adjacent
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