358/3/ED

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:
SENTILE BORDUSTION OFFICE	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 107 S. TWENTY-EIGHTH STREET	Company NAIC Number
CITY STATE ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers Tay Parcel Numbers Lord Description 1) 08403	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory etc. Use Comments section if necessory	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM	
(##° - ##′ - ##.##" or ##.#####°)	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2 COLINTY NAME	B3. STATE
345302 ATLANTIC	NJ
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD DATE EFFECTIVE/REVISED DATE ZONE(S)	B9. BASE FLOOD ELEVATION(S)
8/15/83 A-8	(Zone AO, use depth of flooding) 10.00'
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):	
☐ 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	a (OPA)? ☐ Yes ⊠ No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
21 Puilding elevations are board at D.O. v. v. b.	
*A new Elevation Certificate will be required when construction of the building is complete.	
uilding 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.)	
33. 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 Conversion/Comments	
Elevation reference mark usedDoes the elevation reference mark used appear on the FIRM? Yes No	
a a) Top of bottom floor (including become to the control of the c	res 🛮 No
o c) Bottom of lowest horizontal structural member (V zones only)ft.(m)	
o b) Top of next higher floor o c) Bottom of lowest horizontal structural member (V zones only) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment servicing the building	
o e) Lowest elevation of machinery and/or equipment	
servicing the building of) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 9	1.12
o f) Lowest adjacent grade (LAG) 8. 86ft.(m)	
o g) Highest adjacent grade (HAG) 8. 86ft.(m)	P /X_
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 9 o i) Total area of all permanent openings (flood vents) in C3h 1152 sq. in. (sq. cm)	1000
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 DANIEL J. PONZIO, SR. LICENSE NUMBER 37603	
TITLE LAND SURVEYOR COMPANY NAME ARTHUR W. PONZIO CO. & ASSOCIATES	
ESS CITY STATE 400 NORTH DOVER AVENUE ATLANTIC CITY NJ	ZIP CODE
ATLANTIC CITY N.J. DATE TELEPHON	08401E

609-344-8194