

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

B-35 L-6

O.M.B. No. 3087-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insured Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 28th Atlantic Ave,		Policy Number	
CITY Longport	STATE NJ	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 35 lot 6		ZIP CODE 08403	(sale)
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' - ##.##" or ##.####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER Municipality 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.

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.)

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>8.5</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>11.40</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>0</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>0.5</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>0.5</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>0.6</u> ft.(m)
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>18</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>2048</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

11.40

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 <u>28th Shore Road</u>	CITY <u>Linwood</u>	STATE <u>NJ</u>	ZIP CODE <u>08221</u>
SIGNATURE <u>Paul H. Koelling</u>	DATE <u>September 26, 2001</u>	TELEPHONE <u>(609) 927-0279</u>	