FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

05-060/2 Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number STEARNS BUILDING CORP. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 5 SOUTH THIRTY-FIRST AVENUE CITY STATE ZIP CODE LONGPORT 08403 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10 BLOCK 72 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.##" or ##.####") □ NAD 1927 □ NAD 1983 USGS Quad Map Other: NA SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE LONGPORT 345302-0001 ATLANTIC NJ **B4. MAP AND PANEL B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 345302-0001 8-15-83 8-15-83 **A-8** 10 FT B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9 ☐ FIŞ Profile ☑ FIRM ☐ Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* ☐ Building Under 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 NGVD 29 Conversion/Comments NONE Elevation reference mark used PRVT Does the elevation reference mark used appear on the FIRM? Yes No o a) Top of bottom floor (including basement or enclosure) 7. 2 ft.(m) Embossed Seal, and Date o b) Top of next higher floor 11.0ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) NA . ft.(m) o d) Attached garage (top of slab) <u>NA</u>. __ft.(m) e) Lowest elevation of machinery and/or equipment nature, Number, servicing the building (Describe in a Comments area) 10.0ft.(m) o f) Lowest adjacent (finished) grade (LAG) 6.9ft.(m) o g) Highest adjacent (finished) grade (HAG) 7. 4 ft.(m) 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 C3.h *1,800 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. CERTIFIER'S NAME JAMES E. SCHWAB III LICENSE NUMBER GS 33.536 TITLE LAND SURVEYOR COMPANY NAME SCHWAB LAND SURVEYING AND PLANNING, LLC **ADDRESS** CITY STATE ZIP CODE 8 EAST 10TH STREE OCEAN CITY NJ 08226 SIGNATURE DATE **TELEPHONE** 609-398-0565

IMPORTANT: In these spaces, copy the corresponding information from Section A.				For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., U 5 SOUTH THIRTY-FIRST AVENUE	nit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BO	X NO.		Policy Number	
CITY LONGPORT	STATE NJ		ZIP CODE 08403	Company NAIC Number	
	ON D - SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFICATION			
Copy both sides of this Elevation Certificate f	or (1) community official, (2) insurance agent/co	mpany, and (3) building owr	ner.		
COMMENTS					
C3A IS CRAWLSPACE, C3B IS FIRST FLC BOTTOM OF DUCTWORK IN CRAWLSPA					
	ATED AS 200 SQ.IN. EACH AS PER MANUFA	ACTURERS DATA, THESE	VENTS MEASURE 8	BBY 16 INCHES EACH.	
SARAGE HAS 2 VENTS TOTALING 400 S	Q.IN. PER MANUFACTURER. EVATION INFORMATION (SURVEY NOT	T DECLIBED FOR 701	NE AO AND ZONE	Check here if attachments	
	ete Items E1 through E4. If the Elevation Certif				
ction C must be completed.	icie italis El tillough E4. Il tilo Elovation ochti	locate to interface for accept	oupporting information	ior a converse contact ;	
represents the building, provide a sketch of					
 The top of the bottom floor (including base) natural grade, if available). 	ment or enclosure) of the building is ft.(m) _	_in.(cm) above or	below (check one) the	highest adjacent grade. (Use	
	see page 7), the next higher floor or elevated floo front of form.	or (elevation b) of the buildin	ng isft.(m)in.(cr	m) above the highest adjacent	
	r equipment servicing the building isft.(m)_	_in.(cm) above or	below (check one) the	highest adjacent grade. (Use	
i. For Zone AO only: If no flood depth numb	er is available, is the top of the bottom floor eleva cal official must certify this information in Section		community's floodplair	n management ordinance?	
	ON F - PROPERTY OWNER (OR OWNER		CERTIFICATION		
	oresentative who completes Sections A, B, C (Ite re statements in Sections A, B, C, and E are con			t a FEMA-issued or community-	
PROPERTY OWNER'S OR OWNER'S AUT		edi to the best of my knowle	5uye.		
A CONTROL OF THE ACTOR ACTOR SEE AND THE SECOND SEC	SERVICES AND MODELLEY STATES IN STATES AND				
DDRESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE	TELEPHO	TELEPHONE	
COMMENTS					
		Acceptance of the second secon		Check here if attachments	
	SECTION G - COMMUNITY INF	ORMATION (OPTIONAL	L)	Crieck fiele ii attacriments	
e local official who is authorized by law or or		The second secon	CONTRACTOR OF THE PARTY OF THE	A, B, C (or E), and G of this Elevati	
rtificate. Complete the applicable item(s) an	d sign below.				
				r, or architect who is authorized by	
				0	
			ssued bit L) of Zorie A	0.	
4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	20 10	RTIFICATE OF COMPLIA	NCE/OCCUPANCY ISSUED	
. This permit has been issued for: New	Construction Substantial Improvement				
3. Elevation of as-built lowest floor (including	basement) of the building is:		ft.(m)	Datum:	
. BFE or (in Zone AO) depth of flooding at the	ne building site is:		ft.(m)	Datum:	
OCAL OFFICIAL'S NAME		TITLE			
COMMUNITY NAME		TELEPHONE			
SIGNATURE		DATE	4		
COMMENTS		Val.			
				Chack hara if attachments	
trificate. Complete the applicable item(s) an . The information in Section C was take or local law to certify elevation information. A community official completed Section. The following information (Items G4-G4. PERMIT NUMBER This permit has been issued for: New . Elevation of as-built lowest floor (including . BFE or (in Zone AO) depth of flooding at the OCAL OFFICIAL'S NAME OMMUNITY NAME	n from other documentation that has been signe stion. (Indicate the source and date of the elevat in E for a building located in Zone A (without a Ft 9) is provided for community floodplain manage. G5. DATE PERMIT ISSUED Construction Substantial Improvement basement) of the building is:	n management ordinance cased and embossed by a licensition data in the Comments at EMA-issued or community-isment purposes. G6. DATE CERTITLE TITLE	an complete Sections a sed surveyor, engineer area below.) ssued BFE) or Zone A RTIFICATE OF COMPLIA	r, or architect who is authoriz O. NCE/OCCUPANCY ISSUED Datum:	