

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2008

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION				For Insurance Company Use:
BUILDING OWNER'S NAME				Policy Number
ALLEN/MAXWELL CUSTOM HOMES BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.				Company NAIC Number
12 NORTH 34 TH AVENUE				
CITY LONGPORT		STATE NJ	ZIP	CODE
PROPERTY DESCRIPTION (Lot and Block BLOCK 96 LOT 4	Numbers, Tax Parcel	Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-resid	ential, Addition, Acces	sory, etc. Use a Comments area,	if necessary.)	
RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL)	HODIZO	AUTAL DATIBA	COURSE FIGURE	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: ☐ GPS (Type): (##° - ##′ - ##.##″ or ##.####°) NAD 1927 ☒ NAD 1983 ☒ USGS Quad Map ☐ Other:				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP COMMUNITY NAME & COMMUNITY NUME LONGPORT 345302	(market)	32. COUNTY NAME TLANTIC		B3. STATE NJ
B4. MAP AND PANEL NUMBER B5. SUFFIX 0001 B	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/15/83	B8. FLOOD ZONE(S	B9. BASE FLOOD ELEVATION(S) (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): 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				
		LEVATION INFORMATION (SU		Boolghallon Balo_
C1. 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.				
22. 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 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 NGVD 29 Conversion/Comments N/A				
Elevation reference mark used ** Does the elevation reference mark used appear on the FIRM? Yes No				
o a) Top of bottom floor (including basement or		<u>6</u> . <u>79</u> ft.(m)	- T	
o b) Top of next higher floor	11 . 14 ft.(m)	0		
o c) Bottom of lowest horizontal structural member (V zones only)				
o d) Attached garage (top of slab)				
servicing the building (Describe in a Comr	ments area)	ft.(m)	nbel ature	
of) Lowest adjacent (finished) grade (LAG)	1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6.72ft(m)	Na ign	
o g) Highest adjacent (finished) grade (HAG)		6. 72 ft.(m)	8 8 N	
o h) No. of permanent openings (flood vents) wi	thin 1 ft. above adjacent		License Number, Signature,	
o i) Total area of all permanent openings (flood	vents) in C3.h 3616 sq. i	n. (sq. cm)	\	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by				ormation.
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 ARTHUR W. PONZIO	JR.		LICENSE NUMBER 28	314
TITLE LAND'SURVEYOR		COMPANY NAME	ARTHUR W. PONZIO	CO. & ASSOCIATES, INC.
ADDRESS /		CITY	STATE	ZIP CODE
400 NORTH DOVER AVENUE		ATLANTIC CITY	NJ	08401
SIGNATURE		DATE	TELEPH	
		12/27/04	609-344	-8194