Alagyin Lasanat	64/2.01
ING OWNER'S NAME	POUCY NUMBER
105 S. Thirty First Avenue	<u> </u>
STREET ADDRESS	
AptA/Unrt-U Suite-S/BidgB NO. ROUTE	BÓX NUMBÉR
Block 69 Lot 2.01	g - H
OTHER DESCRIPTION (Block and lot numbers., etc.)	
Longport	New Jersey 0840
CITY	STATE ZIP CODE
This form is to be completed by a land surveyor, engineer, or architect who is authorized by state law to cerb information for zones A1-A30, AE, AH, A(with BFE), V1-V30, VE, and V(with BFE) is required. In the case of a owner, or the owner's representative should complete the information in Section I and may also complete the authorized by local law or ordinance to provide floodplain management information may also complete this for	zone AO, the building official, the property certification. Community officials who are
SECTION I BUILDING ELEVATION INFORMATION	
4 feet X above below (check one) the highest grade.	mber of the reference level floor from above highest natural grade next to cod depth number listed below. If no accordance with the community's NGVD Other (describe on back) Other (describe on back) The FIRM, then the elevations provided The first in the elevation based on construction only for buildings in the course of elevation certificate will be required for
SECTION II FLOOD INSURANCE RATE MAP INFORMAT	TION
Provide the following from the proper FIRM (see Instructions on back-Date of FIRM) and accom-	
COMMUNITY NO. PANEL NO. SUFFIX DATE OF FIRM FIRM ZONE BASE FLOOD ELECTION (In A0 Zone, use dep	th) ELEVATION ESTABLISHED FOR ZONE A
345302 0001 B 10/18/83 A-8 10.00 MSL	OR ZONE V, IF AVAILABLE
Elevation reference mark used appears on FIRM Yes No. (N.G.V.D. LEVELS FRO	DM U.S.C.&G.S. BENCH MARKS)
SECTION III CERTIFICATION	
This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state law to elevation information for zones A1-A30, AE, AH, A(with BFE), V1-V30, VE, and V(with BFE) is required. In the property owner, or the owner's representative can sign the certification. Community officials who are authorial floodplain management information, may also sign the certification. I certify that the information on this certification are authorially also sign the data available. I understand that any false statement may be punishable by fine or imprisonment under	ne case of zone AO, the building official, the ized by local law or ordinance to provide ficate represents my best efforts to interpret
NOTE THIS FORM NOT VALID UNLESS RAISED SEAL AFFIXED ATOP SURVEYORS SIGNAT	
Robert J. Catalano #18612	
Land Surveyor / Robert J. Catalano and Associates	
1020 Atlantic Ave. Room 202 Atlantic City	N. J. 08401
ADDRESS LS.18612 10/20/89	STATE ZIP 609-345-1887
	TE PHONE
The insurance agent should attach the original copy of the completed form to the flood insurance policy application	n. The second copy should be supplied to the

This form is to be used for: 1) Post-FIRM construction only when the base food information is available for the building site; and 2) Pre-FIRM buildings rated using Post-FIRM rules.

Instructions for completing this form can be found on the reverse side.

policyholder and the third copy retained by the spent. The fourth copy is for the local community permit office, if required.

THIS FORM MAY BE REPRODUCED.