

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <b>Rosalee Copeland</b>			For Insurance Company Use		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>48 Gulph Mill Road</b>			Policy Number		
CITY <b>Somers Point</b>			Company NAIC Number		
STATE <b>NJ</b>		ZIP CODE <b>08244</b>			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>Block 1937 lot 24</b>					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <b>Residential</b>					
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>City of Somers Point 340017</b>		B2. COUNTY NAME <b>Atlantic</b>		B3. STATE <b>NJ</b>	
B4. MAP AND PANEL NUMBER <b>0001</b>	B5. SUFFIX <b>B</b>	B6. FIRM INDEX DATE <b>11/17/82</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>11/17/82</b>	B8. FLOOD ZONE(S) <b>A5</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>9.0</b>

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.

2. Building Diagram Number **3** (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)	<b>8.60</b> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<b>12.25</b> 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)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<b>7.0</b> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<b>7.1</b> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <b>0</b>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <b>0</b> 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.

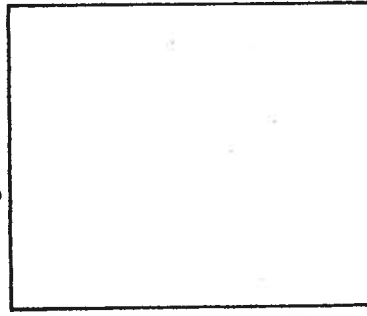
CERTIFIER'S NAME **PAUL H. KOELLING** LICENSE NUMBER **21771**

TITLE **Professional Land Surveyor** COMPANY NAME **PAUL H. KOELLING & ASSOC.**

ADDRESS <b>2161 Shore Road</b>	CITY <b>Linwood</b>	STATE <b>NJ</b>	ZIP CODE <b>08221</b>
SIGNATURE <i>Paul H. Koelling</i>	DATE <b>September 9, 2002</b>	TELEPHONE <b>(609) 927-0279</b>	

1937/24

License Number, Embossed Seal, Signature, and Date



# ELEVATION CERTIFICATE 1513/19

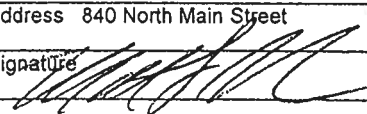
OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name Catherine Carber		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 78 Gibbs Avenue  City Somers Point State NJ ZIP Code 08244		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 19 Block 1513		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>39°18'45"N</u> Long. <u>74°35'35"W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>g</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>1000</u> sq ft		a) Square footage of attached garage <u>420</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>
c) Total net area of flood openings in A8.b <u>0</u> sq in		c) Total net area of flood openings in A9.b <u>0</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Somers Point 340017		B2. County Name Atlantic County		B3. State New Jersey	
B4. Map/Panel Number 0001	B5. Suffix B	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date 11/17/1982	B8. Flood Zone(s) A5	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. 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 C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized <u>LOCAL</u> Vertical Datum <u>NGVD 1929</u> Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>9.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>10.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>9.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>9.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>9.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>9.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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 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. <input type="checkbox"/>			
Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name Matthew F. Doran		License Number 26273	
Title Professional Engineer	Company Name Doran Engineering		
Address 840 North Main Street	City Pleasantville	State NJ	ZIP Code 08232
Signature 	Date 4/4/11	Telephone 609-646-3111	

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Cindy J Baen Esq

609 601 1981

P. 2

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

Form section for SECTION A containing fields for Building Owner's Name (Cindy Baen), Building Street Address (719 Bay Ave.), City (Somers Point), State (NJ), ZIP Code (08244), and Property Description (Block 1512 lot 19.02).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Form section for SECTION B containing fields for NFIP Community Name & Number (City of Somers Point, 340017), County Name (Atlantic), State (NJ), Map and Panel Number (0001), Suffix (B), Firm Index Date (11/17/82), Firm Panel Effective/Revised Date (11/17/82), Flood Zone (A5), and Base Flood Elevation (9.0).

- 10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
11. Indicate the elevation datum used for the BFE in B9.
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Form section for SECTION C containing questions about building elevations based on construction drawings, diagrams, and zones, along with a table for elevation reference marks (a-i) and a signature box.

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.

Form section for SECTION D containing fields for Certifier's Name (Paul H. Koelling), License Number (21771), Title (Professional Land Surveyor), Company Name (Paul H. Koelling & Assoc.), Address (2161 Shore Road), City (Linwood), State (NJ), ZIP Code (08221), Date (May 30, 2001), and Telephone (609) 927-0279.

**ELEVATION CERTIFICATE** 1510/10  
 Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

**SECTION A - PROPERTY INFORMATION**

A1. Building Owner's Name MIKE CASERTA		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 138 DECATUR AVENUE		Policy Number	Company NAIC Number
City SOMERS POINT	State NJ	ZIP Code 08244	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 1510 LOT 10			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>39°18'43.1</u> Long. <u>74°35'25.4"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <u>8</u>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <u>1186</u> sq ft	a) Square footage of attached garage <u>N/A</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>**6</u>	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>		
c) Total net area of flood openings in A8.b <u>1200</u> sq in	c) Total net area of flood openings in A9.b <u>N/A</u> sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number SOMERS POINT 3400170001		B2. County Name ATLANTIC COUNTY		B3. State NEW JERSEY	
B4. Map/Panel Number 340017	B5. Suffix B	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date 11/17/82	B8. Flood Zone(s) A-5	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

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.

C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
 Benchmark Utilized: \_\_\_\_\_ Vertical Datum: \_\_\_\_\_  
 Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>5.56</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>14.56</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>*</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4.96</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>5.23</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>5.13</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

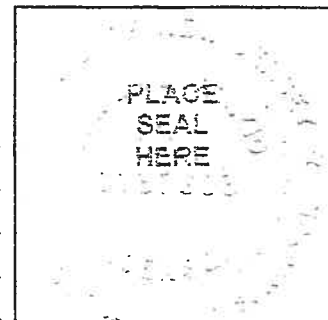
**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments.

Certifier's Name DANIEL J. PONZIO SR.	License Number GS37603
Title LAND SURVEYOR	Company Name ARTHUR W. PONZIO CO. & ASSOC. INC.
Address 400 NO DOVER AVENUE	City ATLANTIC CITY State NJ ZIP Code 08401
Signature	Date 12/30/14 Telephone 609-344-8194



# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

## SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE	
Policy Number	
Company NAIC Number	

A1. Building Owner's Name MIKE CASERTA

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
 136 DECATUR AVENUE

City SOMERS POINT

State NJ

ZIP Code 08244

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
 BLOCK 1510 LOT 12

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 39°18'44.4 Long. 74°35'27.3" Horizontal Datum:  NAD 1927  NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 8

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) 989 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade \*5
- c) Total net area of flood openings in A8.b 1000 sq in
- d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

- a) Square footage of attached garage N/A sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
- c) Total net area of flood openings in A9.b N/A sq in
- d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number SOMERS POINT 3400170001		B2. County Name ATLANTIC COUNTY		B3. State NEW JERSEY	
B4. Map/Panel Number 340017	B5. Suffix B	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date 11/17/82	B8. Flood Zone(s) A-5	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.00

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: \_\_\_\_\_  CBRS  OPA

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- 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.
- C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: \_\_\_\_\_ Vertical Datum: \_\_\_\_\_

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

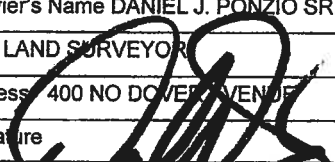
Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 5.79  feet  meters
- b) Top of the next higher floor 14.79  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A  feet  meters
- d) Attached garage (top of slab) N/A  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 14.79  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) 4.90  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) 5.46  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 4.91  feet  meters

## 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 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.

- Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No
- Check here if attachments.

Certifier's Name DANIEL J. PONZIO SR.	License Number GS37603
Title LAND SURVEYOR	Company Name ARTHUR W. PONZIO CO. & ASSOC. INC.
Address 400 NO DOVER AVENUE	City ATLANTIC CITY State NJ ZIP Code 08401
Signature 	Date 4/13/15 Telephone 609-344-8194

