

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME ARTHUR & CHERYL McGUIGAN		For Insurance Company User Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 69 BUCKNELL ROAD		Company NAIC Number
CITY SOMERS POINT	STATE NJ	ZIP CODE 08244
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 1230.01 LOT 21		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
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. FIRM COMMUNITY NAME & COMMUNITY NUMBER SOMERS POINT 340017		B2. COUNTY NAME ATLANTIC	B3. STATE NJ
B4. MAP AND PANEL NUMBER 340017 0001	B5. SUFFIX B	B6. FIRM INDEX DATE 11-17-1982	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11-17-1982
B8. FLOOD ZONE(S) A-5		B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 9.0	

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: NAVD 1986 Other (Describe): _____

B12. 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)

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. Building Diagram Number **3 SEE COMMENTS** (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/AD
 Complete items C3-a-f 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 **1929** Conversion/Comments **NO CONVERSION**

Elevation reference mark used USGS Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	7.8 ft(m)
<input type="checkbox"/> b) Top of next higher floor	11.4 ft(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA ft(m)
<input type="checkbox"/> d) Attached garage (top of slab)	7.5 ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	UNKNOWN ft(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	7.3 ft(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	8.2 ft(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 0 sq. ft. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

1107249503757100

[Signature]

3-12-03

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 **GORDON M. LUDWIG** LICENSE NUMBER **246803333100**

TITLE **LAND SURVEYOR** COMPANY NAME **POINT TO POINT SURVEYING CO. LLC.**

ADDRESS P.O. BOX 289	CITY SOMERS POINT	STATE NJ	ZIP CODE 08244
SIGNATURE <i>[Signature]</i>	DATE 3-12-03	TELEPHONE 609-927-9295	

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