

2042/1.04

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

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

Important: Read the Instructions on pages 1-7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME		For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1 Woodgram Ave.		Policy Number	
CITY Somers Point		STATE NJ	ZIP CODE 08244
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 2042 lot 1.04			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-#### or ######)		HORIZONTAL DATUM SOURCE: <input type="checkbox"/> GPS (Type) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

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

B1. FIP COMMUNITY NAME & COUNTY NUMBER City of Somers Point 340017		B2. COUNTY NAME Atlantic	B3. STATE NJ
B4. MAP AND PANEL NUMBER 0002	B5. SUFFIX B	B6. FIRM VE	B7. FLOOD ZONE(S) AS
B8. BASE FLOOD ELEVATION (S) (Zone AO, use depth of loading) 9.0		B9. (Describe): VD 1963 <input type="checkbox"/> Other (Describe): rea (OPAY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date IN (SURVEY REQUIRED) <input checked="" type="checkbox"/> Finished Construction	

**SECTION C**

C1. Building elevations are based on:  Construction D  
\*A new Elevation Certificate will be required when construction of the building is completed.

C2. Building Diagram Number 2 (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, ARX, ARAE, ARX1-A30, ARXH, ARXO  
 Complete items C3-a) 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: \_\_\_\_\_ Conversion/Comments: \_\_\_\_\_

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

- a) Top of bottom floor (including basement or enclosure) 6.04 (m)
- b) Top of next higher floor 10.12 (m)
- c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ (m)
- d) Attached garage (top of slab) 7.32 (m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ (m)
- f) Lowest adjacent (finished) grade (LAG) 6.04 (m)
- g) Highest adjacent (finished) grade (HAG) 7.32 (m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (flood vents) in C3.h 0 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: NJ 24GS 02177100

TITLE: Professional Land Surveyor COMPANY NAME: PAUL H. KOELLING & ASSOCIATES

ADDRESS: 2161 Shore Road CITY: Linwood STATE: NJ ZIP CODE: 08221

SIGNATURE: *Paul H. Koelling* DATE: December 23, 2004 TELEPHONE: (609) 927-0279

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
1 Woodlawn Ave.

CITY

Somers Point

STATE

NJ

ZIP CODE

08244

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 2042 lot 1.04

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary)
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##-##-### or ###.###)

HORIZONTAL DATUM

[ ] NAD 1927 [ ] NAD 1983

SOURCE: [ ] GPS (Type) [ ] USGS Quad #

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Table with 6 columns: B1. FIRM PANEL NUMBER (0002), B6. SUFFIX (B), B6. FIRM INDEX DATE (11/17/82), B7. FIRM PANEL EFFECTIVE REVEYSED DATE (11/17/82), B8. FLOOD ZONE(S) (A5), B9. COUNTY NAME (Atlantic), B3. STA (NJ)

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

[ ] FIS Profile [x] FIRM [ ] Community Determined

[ ] Other (Describe): [ ] NAVD 1968 [ ] Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: [x] NGVD 1929

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [ ] Yes [x] No Des

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings [ ] Building Under Construction [x] Finished Construction
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and accurately represents the building, provide a sketch or photograph)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, VI-Y30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3-a) below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or Section D or Section G, as appropriate, to document the datum conversion.

Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? [ ] Yes [ ] No

- a) Top of bottom floor (including basement or enclosure) 6.0 ft(m)
b) Top of next higher floor 10.17 ft(m)
c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft(m)
d) Attached garage (top of slab) 7.32 ft(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft(m)
f) Lowest adjacent finished grade (LAG) 6.8 ft(m)
g) Highest adjacent finished grade (HAG) 7.3 ft(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
**ELEVATION CERTIFICATE**

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

Important: Read the Instructions on pages 1-7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNERS NAME	For Insurance Company Use:	
	Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1 Woodlawn Ave.	Company NAIC Number	
CITY Somers Point	STATE NJ	ZIP CODE 08244
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 2042 lot 1.04		
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**

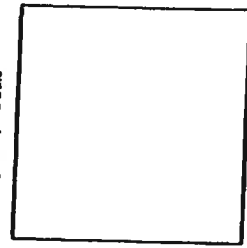
B1 FIRM COMMUNITY NAME & COMMUNITY NUMBER City of Somers Point 340017		B2 COUNTY NAME Atlantic	B3 STATE NJ
B4 MAP AND PANEL NUMBER 0002	B5 SUFFIX B	B6 FIRM INDEX DATE 11/17/82	B7 FIRM PANEL EFFECTIVE/REVISED DATE 11/17/82
B8 FLOOD ZONE(S) AS		B9 BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 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:  NGVD 1929  NAVD 1983  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 2 (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, ASA, ARAE, 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 \_\_\_\_\_ Conversion/Comments \_\_\_\_\_  
 Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No  
 a) Top of bottom floor (including basement or enclosure) 5.0 ft  
 b) Top of next higher floor 10.12 ft  
 c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft  
 d) Attached garage (top of slab) 7.32 ft  
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft  
 f) Lowest adjacent (finished) grade (LAG) 6.8 ft  
 g) Highest adjacent (finished) grade (HAG) 7.3 ft  
 h) No. of permanent openings (flood vents) within 1 ft above adjacent grade 0  
 i) Total area of all permanent openings (flood vents) in C3h 0 sq. ft. (sq. cm)

License Number, Embossed Seal, Signature, and Date



**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: NJ 2465 02177100

TITLE: Professional Land Surveyor COMPANY NAME: PAUL H. KOELLING & ASSOCIATES

ADDRESS: 2161 Shore Road CITY: Unwood STATE: NJ ZIP CODE: 08221

SIGNATURE: *Paul H. Koelling* DATE: October 23, 2004 TELEPHONE: (803) 927-0279