

45/6

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

For Insurance Company Use:

BUILDING OWNER'S NAME
MARLENE SERVIS

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
45 NORTH OVERBROOK AVENUE

Company NAIC Number

CITY STATE ZIP CODE
LONGPORT NJ 08403

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

BLOCK 45 LOT 6

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

RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.###" or ##.#####°)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): _____
 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
345302

B2. COUNTY NAME
ATLANTIC

B3. STATE
N.J.

B4. MAP AND PANEL NUMBER
0001

B5. SUFFIX
B

B6. FIRM INDEX DATE
8/15/83

B7. FIRM PANEL EFFECTIVE/REVISED DATE

B8. FLOOD ZONE(S)
A-8

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 _____

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 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 _____ 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) 6.38 ft.(m)
- b) Top of next higher floor 11.03 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- d) Attached garage (top of slab) _____ ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
- f) Lowest adjacent grade (LAG) 5.28 ft.(m)
- g) Highest adjacent grade (HAG) 6.58 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
- i) Total area of all permanent openings (flood vents) in C3h 1024 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Daniel J. Ponzio
July 12, 2001

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 DANIEL J. PONZIO, SR.

LICENSE NUMBER 37603

TITLE LAND SURVEYOR

COMPANY NAME Arthur W. Ponzio Co. & Associates, Inc.

ADDRESS
400 N. DOVER AVENUE

CITY STATE ZIP CODE
ATLANTIC CITY NJ 08401

SIGNATURE

DATE TELEPHONE
07/12/01 609-344-8194