

NATIONAL FLOOD INSURANCE PROGRAM

Expires December 31, 2003

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
 Policy Number
 Company NAIC Number

BUILDING OWNER'S NAME
 JOSEPH J. AGOZZINO, HOPE HALLIDAY, HAW, & KIM AGOZZINO

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 #11 THIRTY-FOURTH AVENUE

CITY STATE ZIP CODE
 BOROUGH OF LONGPORT NJ 08403

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 LOT 7 - BLOCK 107

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

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

HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER BOROUGH OF LONGPORT 346302

B2. COUNTY NAME ATLANTIC

B3. STATE NJ

B4. MAP AND PANEL NUMBER 346302/0001	B5. SUFFIX B	B6. FIRM INDEX DATE 8/15/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/15/83	B8. FLOOD ZONE(S) A-8	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 10
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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 4 (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, ARIA, ARIAE, ARIA1-A30, ARIA1, ARIA0

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 NGVD-1929 Conversion/Comments _____

Elevation reference mark used RM-1. Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 8. 8 ft(m)
- b) Top of next higher floor 12. 1 ft(m)
- c) Bottom of lowest horizontal structural member (V zones only) NA ft(m)
- d) Attached garage (top of slab) 7. 1 ft(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 7. 2 ft(m)
- f) Lowest adjacent (finished) grade (LAG) 7. 1 ft(m)
- g) Highest adjacent (finished) grade (HAG) 7. 5 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)

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 John R. Walker LICENSE NUMBER 10,294

TITLE Professional Engineer and Land Surveyor COMPANY NAME Walker, Previtt, Holmes & Associates

ADDRESS 156 Stagecoach Road CITY Marmora STATE NJ ZIP CODE 08223

SIGNATURE DATE 4/18/03 TELEPHONE 609-390-1927

N.J. LICENSE #10,294
 April 16, 2003

License Number, Embossed Seal, Signature, and Date

