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 - PROP	ERTY OWNER INFORMAT	TON	For Insurance Company Use:				
BUILDING OWNER'S NAME JAMES & MARTHA KENNEDY	Policy Number							
BUILDING STREET ADDRESS (Including Apt. 28 COMPASS DRIVE	Company NAIC Number							
CITY , WARETOWN		STATE NJ	ZIP COD 08758	E				
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10 BLOCK 95.02, TMS#11, OCEAN TOWNSHIP, NJ								
BUILDING USE (e.g., Residential, Non-resident RESIDENTIAL		Use a Comments area, if no	ecessary.)					
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##' or ##.####*')	HORIZONTAL DA		DURCE: ☐ GPS (Type) ☐ USGS Qua): d Map				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Ocean Township - 340518			B3. STATE NJ					
340518 - 7 A	1/6/83	B7. FIRM PANEL FFECTIVE/REVISED DATE 1/6/83	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 7				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile								
SECTIO	N C - BUILDING ELEVATI	ON INFORMATION (SURV	EY REQUIRED)					
C2. Building Diagram Number 8 (Select the building dia accurately represents the building, provide a sketch C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), Complete Items C3a-i below according to the build Section B, convert the datum to that used for the B Section D or Section G, as appropriate, to docume Datum 1929 Conversion/Comments N/A Elevation reference mark used Does the election a) Top of bottom floor (including basement or end of b) Top of next higher floor oc) Bottom of lowest horizontal structural member	h or photograph.) VE, V1-V30, V (with BFE), AR Iding diagram specified in Item FE. Show field measurements int the datum conversion. evation reference mark used a iclosure)	AR/A, AR/AE, AR/A1-A30, AF C2. State the datum used. If the and datum conversion calculati opear on the FIRM? Yes 6. Oft.(m) 10.0 ft.(m)	WAH, ARVAO e datum is different from the on. Use the space provide	a datum wood for the DET in				
o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipm servicing the building (Describe in a Comme o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) within o i) Total area of all permanent openings (flood vents)	ent nts area) n 1 ft. above adjacent grade <u>10</u> nts) in C3.h <u>1360</u> sq. in. (sq. cn	n)	License Number, Emp Signature, and	PE 18058				
This certification is to be signed and sealed by a !	NU-SURVEYOR, ENGIN	EER, OR ARCHITECT CE	RTIFICATION					
I ceruly that the information in Sections A, B, and I understand that any false statement may be pur CERTIFIER'S NAME JOHN L. YODER TITLE	C on this certificate represe	nts my best efforts to interpre nent under 18 U.S. Code, Se LICE F	of the data available	tion.				
PRESIDENT ADDRESS	/		HORN, TYSON & YODER					
8510 LONG BEACH BLVD. SIGNATURE	81	BEACH HAVEN CREST	STATE NJ TELEPHON 609-492-505					
EMA Form 81-31, January 2003 (See reverse sid	e for continuation.	F	Replaces all previous editions				

MPORTANT: In these spaces, copy the corresponding information from Section A.					For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit,	Suile, and/or Bldg. No.) OR P.O. ROUTE AND B	OX NO.	بي	Polic	Number	
28 COMPASS DRÎVE	STATI		ZIP CODE	Com	oany NAIC Number	
CITY WARETOWN	NJ		08758	<u> </u>		
	ID - SURVEYOR, ENGINEER, OR AI			TINUED)		
Copy both sides of this Elevation Certificate for	(1) community official, (2) insurance agent/	company, and	(3) building owner.			
COMMENTS						
930 SF enclosed at grade	· <u>·</u> ······			-		
		<u>.</u>		· · · · · · · · · · · · · · · · · · ·		
					Check here if attachment	
	VATION INFORMATION (SURVEY N					
or Zone AO and Zone A (without BFE), comple	te Items E1 through E4. If the Elevation Ce	ertificate is inter	ided for use as supporting	information for a l	LOMA or LOMR-F,	
Section C must be completed.					15 If F	
E1. Building Diagram Number_(Select the build		which this cert	ficate is being completed -	-see pages 6 and	17. If no diagram accurate	
represents the building, provide a sketch or E2. The top of the bottom floor (including basem		n) in (cm) [l above or D below/cho	eck one) the high	est adiacent orade. (Use	
natural grade, if available).	and a consequence of a temporal failed in the first	7~\ ~ \~\\				
E3. For Building Diagrams 6-8 with openings (se	ee page 7), the next higher floor or elevated	floor (elevation	b) of the building is $_$ ft.	(m)in.(cm) ab	ove the highest adjacent	
grade, Complete items C3.h and C3.i on fr			lahamas Elektrist	and an extension	aladaant	
E4. The top of the platform of machinery and/or	equipment servicing the building is ft.(n	n)in.(cm)	l above or Lipelow (cha	eck one) the high	est adjacent grade. (Use	
natural grade, if available). 55. For Zone AO only: If no flood depth number	r is available, is the top of the hottom floor el	evated in acco	rdance with the community	/'s floodolain man	agement ordinance?	
	al official must certify this information in Sect			, - 11 september 111000	-g-1 », (
	F-PROPERTY OWNER (OR OWN		SENTATIVE) CERTIF	ICATION		
The property owner or owner's authorized repo	resentative who completes Sections A, B, C	(Items C3.h a	nd C3.i only), and E for Zor	ne A (without a FE	MA-issued or community-	
issued BFE) or Zone AO must sign here. The		correct to the b	est of my knowledge.			
PROPERTY OWNER'S OR OWNER'S AUT	HORIZED REPRESENTATIVE'S NAME					
ADDRESS		CITY		STATE	ZIP CODE	
SIGNATURE		DATE		TELEPHONE		
COMMENTS						
					,	
					Check here if attachmen	
	SECTION G - COMMUNITY I	NFORMATIC	N (OPTIONAL)	<u></u>	OTICOR TIOTO II CILLOS ETICS	
The local official who is authorized by law or ord				te Sections A. B.	C (or E), and G of this Elev	
Certificate. Complete the applicable item(s) and		·	•		, ,	
G1. 🔲 The information in Section C was taker					rchitect who is authorized l	
or local law to certify elevation informat G2. A community official completed Section	tion. (Indicate the source and date of the ele					
G3. The following information (Items G4-G9				.) di Zolie Ao.		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	3	G6. DATE CERTIFICATE	OF COMPLIANCE	OCCLIPANCY ISSUED	
C-F. I CRAMITACIANDET	CO. DATE LENGTH SOCIED	,	05. 5/112 02/13 10/112	0, 00,111,111,1101		
G7. This permit has been issued for. New 0	Construction Substantial Improvement					
G8. Elevation of as-built lowest floor (including I			,ft.(m	-	Datum:	
G9. BFE or (in Zone AO) depth of flooding at th	e building site is:	·	ft.(r	n) 	Datum:	
LOCAL OFFICIAL'S NAME		TN	îE			
COMMUNITY NAME	- · · · · · · · · · · · · · · · · · · ·	TE	LEPHONE			
SIGNATURE		DA	ATE	<u>-</u>		
COMMENTS						
					 	
					Check here if attachmer	