

RECEIVED

891

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077  
Expires July 31, 2002

JAN 28 2002

Important: Read the instructions on pages 1 - 7.

CITY OF LONGPORT INSTRUCTION OFFICE BUILDING OWNER'S NAME Domenic Rudi		SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3219 Ventnor Avenue				Policy Number	
CITY LONGPORT		STATE NJ		ZIP CODE 08403	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 84 Lot 1					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential two story masonry and frame split level with detached masonry garage garage=7.01'					
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####")		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> N/A/D 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: <u>NGVD benchmark</u>	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 345302		B2. COUNTY NAME Atlantic		B3. STATE NJ	
B4. MAP AND PANEL NUMBER 0001	B5. SUFFIX B	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/15/83	B8. FLOOD ZONE(S) a8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0

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 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)

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 (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)    7.48 ft.(m)  
 b) Top of next higher floor    9.8 ft.(m)  
 c) Bottom of lowest horizontal structural member (V zones only) N/A . \_\_ft.(m)  
 d) Attached garage (top of slab)    \_\_\_\_\_ ft.(m)  
 e) Lowest elevation of machinery and/or equipment servicing the building    N/A . \_\_ft.(m)  
 f) Lowest adjacent grade (LAG)    6.7 ft.(m)  
 g) Highest adjacent grade (HAG)    6.7 ft.(m)  
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_  
 i) Total area of all permanent openings (flood vents) in C3h \_\_\_\_\_ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

*[Signature]* LS18612

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 Robert J. Catalano    LICENSE NUMBER 18612

TITLE Licensed Land Surveyor--Professional Planner    COMPANY NAME Robert J. Catalano and Associates, P.A.

ADDRESS 1020 Atlantic Avenue <a href="http://www.rcslsurveys.com">www.rcslsurveys.com</a>	CITY Atlantic City	STATE NJ	ZIP CODE 08401
SIGNATURE <i>[Signature]</i> LS18612	DATE 1/22/02	TELEPHONE 345-1887	