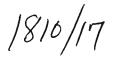
U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program



OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Flevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTI	FO	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name 820 Bay LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 820 Bay Ave.				Company NAIC Number:	
City	<u></u>	State	ZIF	² Code	
Somers Point		New Jersey	083	244	
A3. Property Description (Lot and Block 1810 lot 17	d Block Numbers, Tax Parcel	Number, Legal Des	scription, etc.)		
A4. Building Use (e.g., Residenti	al, Non-Residential, Addition,	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. N 3	9.3108 Long. <u>W</u>	/ 074.5944	Horizontal Datum: [NAD 1927 ⊠ NA	D 1983
A6. Attach at least 2 photographs	s of the building if the Certific	ate is being used to	obtain flood insuranc	e.	
A7. Building Diagram Number	2B				
A8. For a building with a crawlsp	ace or enclosure(s):				1
a) Square footage of crawls	pace or enclosure(s)	688 sq ft		190	
b) Number of permanent floo	od openings in the crawlspac	e or enclosure(s) w	thin 1.0 foot above ad	ljacent grade	0
c) Total net area of flood ope	enings in A8.b 0 s	sq in			
d) Engineered flood opening	s? ☐ Yes ☒ No				
AO. For a building with an attach					
A9. For a building with an attache		B			11
	ed garage 0				
 b) Number of permanent flo 					
b) Rambol of politication flo	od openings in the attached o	garage within 1.0 to	ot above adjacent grad	de <u>0</u>	- 11
c) Total net area of flood op		garage within 1.0 to _ sq in -	ot above adjacent grad	de0	
,	enings in A9.b0	_	ot above adjacent grad	de <u>0</u>	
c) Total net area of flood opening	enings in A9.b0	sq in			e e
c) Total net area of flood opening	enings in A9.b 0 gs? Yes No CTION B - FLOOD INSURA	sq in	(FIRM) INFORMATI		11
c) Total net area of flood opening d) Engineered flood opening SEG B1. NFIP Community Name & Co	enings in A9.b 0 gs? Yes No CTION B – FLOOD INSURA Dommunity Number B6. FIRM Index Date B7. F	SQ in ANCE RATE MAP B2. County Name Atlantic County FIRM Panel Effective/	(FIRM) INFORMATI	B3. State New Jersey B9. Base Flood Elev (Zone AO, use E	ration(s)
c) Total net area of flood opening d) Engineered flood opening SEC B1. NFIP Community Name & Co City of Somers Point 340017 B4. Map/Panel B5. Suffix	enings in A9.b 0 gs? Yes No CTION B – FLOOD INSURA Dommunity Number B6. FIRM Index Date B7. F	SQ in ANCE RATE MAP B2. County Name Atlantic County FIRM Panel	(FIRM) INFORMATI	B3. State New Jersey B9. Base Flood Elev	ration(s)
c) Total net area of flood opening d) Engineered flood opening SEC B1. NFIP Community Name & Co City of Somers Point 340017 B4. Map/Panel Number 340017/0001 B B10. Indicate the source of the B	enings in A9.b 0 gs? Yes No CTION B – FLOOD INSURA Date 11/17/1982 O D D D D D D D D D D D D	SQ in ANCE RATE MAP B2. County Name Atlantic County FIRM Panel Effective/ Revised Date 7/1982	(FIRM) INFORMATION B8. Flood Zone(s) A-5**	B3. State New Jersey B9. Base Flood Elev (Zone AO, use E Flood Depth) 9***	ration(s)
c) Total net area of flood opening d) Engineered flood opening SEC B1. NFIP Community Name & Co City of Somers Point 340017 B4. Map/Panel Number 340017/0001 B B10. Indicate the source of the B	enings in A9.b 0 gs? Yes No CTION B – FLOOD INSURA Date B6. FIRM Index B7. F R 11/17/1982 11/17 Base Flood Elevation (BFE) d Community Determined	B2. County Name Atlantic County FIRM Panel iffective/ Revised Date 7/1982 Idata or base flood do	B8. Flood Zone(s) A-5** epth entered in Item B	B3. State New Jersey B9. Base Flood Elev (Zone AO, use E Flood Depth) 9***	ration(s)
c) Total net area of flood opening d) Engineered flood opening SEC B1. NFIP Community Name & Co City of Somers Point 340017 B4. Map/Panel Number 340017/0001 B5. Suffix B10. Indicate the source of the E FIS Profile X FIRM	enings in A9.b 0 gs? Yes No CTION B – FLOOD INSURA Dammunity Number B6. FIRM Index B7. F	Sq in ANCE RATE MAP B2. County Name Atlantic County FIRM Panel Effective/ Revised Date 7/1982 data or base flood do Other/Source:	B8. Flood Zone(s) A-5** epth entered in Item B	B3. State New Jersey B9. Base Flood Elev (Zone AO, use E Flood Depth) 9**	ration(s)
c) Total net area of flood opening d) Engineered flood opening SEC B1. NFIP Community Name & Co City of Somers Point 340017 B4. Map/Panel Number 340017/0001 B B10. Indicate the source of the E FIS Profile X FIRM B11. Indicate elevation datum uses the source of the E B12. Is the building located in a	enings in A9.b 0 gs? Yes No CTION B – FLOOD INSURA Dammunity Number B6. FIRM Index B7. F	Sq in ANCE RATE MAP B2. County Name Atlantic County FIRM Panel Effective/ Revised Date 7/1982 data or base flood do Other/Source: NGVD 1929 NA Bystem (CBRS) area	B8. Flood Zone(s) A-5** epth entered in Item B	B3. State New Jersey B9. Base Flood Elev (Zone AO, use E Flood Depth) 9**	ration(s)

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. **Policy Number:** 820 Bay Ave. Company NAIC Number City State ZIP Code 08244 Somers Point **New Jersey** SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Construction Drawings* ☐ Building Under Construction* C1. Building elevations are based on: *A new Elevation Certificate will be required when construction of the building is complete. C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: private Vertical Datum: NGVD29 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 3 0 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ |X | feet meters 11 3 b) Top of the next higher floor X feet meters N/A c) Bottom of the lowest horizontal structural member (V Zones only) x feet meters N/A d) Attached garage (top of slab) X feet meters 5 6 e) Lowest elevation of machinery or equipment servicing the building X feet meters (Describe type of equipment and location in Comments) 3.7 f) Lowest adjacent (finished) grade next to building (LAG) X feet meters 6.1 g) Highest adjacent (finished) grade next to building (HAG) X feet meters N/A._ h) Lowest adjacent grade at lowest elevation of deck or stairs, including X feet meters structural support 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 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. Were latitude and longitude in Section A provided by a licensed land surveyor? 🗵 Yes 🗌 No Check here if attachments. Certifier's Name License Number NJ24GS 04328800 Paul M. Koelling, PLS, CFM Licensed Land Surveyor

Company Name Paul Koelling & Associates, LLC NJ C.O.A		Place Seal Here		
Address				
2161 Shore Road				
City	State	ZIP Code		
Linwood	New Jersey	08221		
Signature	, Date	Telephone		
/ful/m/	12/05/2016	(609) 927-0279		
Copy all pages of this Elevation Certificate and	d all attachments for (1) communi	ty official, (2) insurance agent/	company, and (3) building c	wner.

Copy an pages of this Elevation Schindard and an attachments for (1) community smooth, (2) modulates agent company, and (5) banding smooth

Comments (including type of equipment and location, per C2(e), if applicable)

B8 & B9.) Dwelling is located in the FEMA Pre-FIRM Zone "AE"...Base Flood Elevation 10.0 ft. (NAVD88) converted =11.3 (NGVD 29) (portion of the property is located in in FEMA Pre-Zone "VE" ...Base Flood Elevation 12.0 ft. (NAVD88) converted =13.3 (NGVD 29) *C2a.) crawlspace enclosure

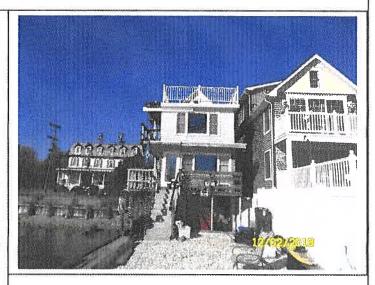
****C2e.) water heater (elev 5.6).....furnace and ductwork (elev 7.6).....exterior air unit (elev 10.8)

Building Photographs

•	See Instructions for Item A6.		For Insurance Company Use:	
Building Street Address (including 820 Bay Ave.	Policy Number			
City Somers Point	State NJ	ZIP Code 08244	Company NAIC Number	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.





Rear View - Date of Photograph: (See Photo Stamp)





Right Side View - Date of Photograph: (See Photo Stamp)

Left Side View - Date of Photograph: (See Photo Stamp)