

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

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| A1. Building Owner's Name TODD M. COHAN | | For Insurance Company Use: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1511 Seaview Avenue City Barnegat Light State NJ ZIP Code 08006 | | Policy Number |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 21, Block 29, TMS#3, Borough of Barnegat Light, Ocean County, NJ | | Company NAIC Number |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u> | | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 |
| A5. Latitude/Longitude: Lat. <u>N 39° 45.064'</u> Long. <u>W 074° 06.492'</u> | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | |
| A7. Building Diagram Number <u>1</u> | | |
| A8. For a building with a crawl space or enclosure(s), provide | | A9. For a building with an attached garage, provide: |
| a) Square footage of crawl space or enclosure(s) _____ sq ft | | a) Square footage of attached garage <u>427</u> sq ft |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ sq in | | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>2</u> |
| c) Total net area of flood openings in A8.b _____ sq in | | c) Total net area of flood openings in A9.b <u>500</u> sq in |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|---------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|
| B1. NFIP Community Name & Community Number Borough of Barnegat Light - 345280 | | B2. County Name Ocean | | B3. State NJ | |
| B4. Map/Panel Number 34029C0438 | B5. Suffix F | B6. FIRM Index Date 9/29/06 | B7. FIRM Panel Effective/Revised Date 9/29/06 | B8. Flood Zone(s) AO | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____ | | | | | |
| B11. Indicate elevation datum used for BFE in item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

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. 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-g below according to the building diagram specified in Item A7.
Benchmark Utilized JU0178 Vertical Datum 1988
Conversion/Comments _____

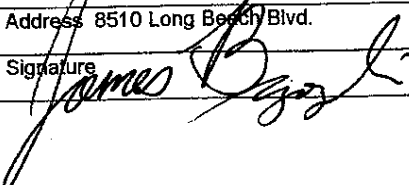
Check the measurement used.

| | | |
|---------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | <u>9.2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor | <u>10.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N.A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) | <u>9.2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | <u>10.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG) | <u>9.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) | <u>9.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

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.

Check here if comments are provided on back of form.

| | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Certifier's Name James Brzozowski | License Number GE 44223 |
| Title President | Company Name Horn, Tyson & Yoder, Inc. |
| Address 8510 Long Beach Blvd. | City Long Beach Township State NJ ZIP Code 08008-3424 |
| Signature  | Date 7/1/2008 Telephone 609-292-5050 |

