

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNERS NAME: Tower Willow Shores, LLC
 BUILDING STREET ADDRESS (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 5153 - 5164 Harbour Drive
 CITY: Patuxent
 STATE: NJ
 ZIP CODE: 08065

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Block 155.04 Lots 5153 - 5164
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): Residential

LATITUDE/LONGITUDE (OPTIONAL):
 HORIZONTAL DATUM: NAD 1927 NAD 1983
 SOURCE: GPS (Type): USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: Borough of Patuxent 34011
 B2. COUNTY NAME: Burlington
 B3. STATE: NJ

B4. MAP AND PANEL NUMBER: 340110001	B5. SUFFIX: C	B6. FIRM INDEX DATE: 5/4/92	B7. FIRM PANEL EFFECTIVE/REVISOR DATE: 5/4/92	B8. FLOOD ZONE(S): AE	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding): 10.0
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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
 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 1 (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, AP/AE, AP/A1-A30, AP/AH, AP/AO
 Complete items C3-a-f 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 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 R.M.# Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure)
 - b) Top of next higher floor
 - c) Bottom of lowest horizontal structural member (V-zones only)
 - d) Attached garage (top of slab)
 - e) Lowest elevation of machinery and/or equipment
 - f) Lowest elevation of building (Describe in a Comments area)
 - g) Lowest adjacent (finished) grade (LAG)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
 - i) Total area of all permanent openings (flood vents) in C3.h _____ sq. ft. (sq. cm)

License Number, Embossed Seal, Signature, and Date

1013d/00 PELS # 21816

Signature: [Handwritten Signature]

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. CERTIFIER'S NAME: James V. DeMarco
 LICENSE NUMBER: N.J.S. 17:26

TITLE: President
 COMPANY NAME: Derruno Associates
 ADDRESS: 2A West Chest Street
 SIGNATURE: [Handwritten Signature]
 CITY: Somerville
 STATE: NJ
 ZIP CODE: 08876
 TELEPHONE: (908) 725-1930
 DATE: 10/31/02