



SHORELINE AND WATERWAY MANAGEMENT SECTION Coastal Construction Application

Public Notice No. WSS20260171 Date: 05/13/2026

Application Submitted: **04/19/2026**

To replace the existing cantilevered deck and steps on the south side and to construct skirting on the west side of the dwelling and to bring in sand to fill low area of lot **on Lot(s) 1, Block(s) 8, South Addition, in Sussex County, Delaware**

Tax Map # **134-20.08-191.00**

Applicant Information

Name: Chris Frey

Property Type: Residential: Single Family

Activities:

- Accessory structures
 - Decks : Seaward
 - Fences : Landward
 - Security gates : Seaward
 - Skirting : Seaward
 - Steps/Stairs : Seaward
- Earth work
 - Hauling sand/fill/gravel : Seaward

Site Work:

Will there be any lot clearing or excavation at the site?

Yes

Will any sand be removed from the site?

No

Will sand or fill be added to the site?

Yes

What will be the reason for placement of sand or fill?

Clear scrub brush from lot, bring in sand to dress/clean up the lot to create safe environment for people to enjoy

How much sand will be added?

90 Tons

What will be the source of the sand/fill?

Banks Farms

What method will be used to deposit the sand/fill?

Dump truck and loader or skid steer

Do you know who will be conducting the work?

Yes

Contractor Name

Darren Moore

Contractor Phone number

3027527294

Landscaping:

Will there be any landscaping?

Yes

Will you bring in topsoil or mulch?

Yes

Are there any structures including irrigation systems proposed in your landscape design?

No

What type of structures being proposed?

Other structure description:

Flood Zone Information:

In which NFIP Flood Zone(s) is the property located?

VE - Area of 100 -year flooding where wave action could reach above 3 feet

In which NFIP Flood Zone(s) is the proposed construction taking place?

VE - Area of 100 -year flooding where wave action could reach above 3 feet

What is the Base Flood Elevation (NAVD88)?

12

What is the effective/revised date of the FIRM panel used for flood zone determination?

06/19/2018

Will any enclosures, such as entrances, storage areas, elevators, showers, skirting, utilities etc., be constructed below the first living floor?

Yes

Will any concrete, brick or asphalt be used? This could be for flooring, driveways, sidewalks, patios etc.

No

Where will the concrete, brick or asphalt be used?

Dune Preservation Information:

What mitigating measures will be taken to prevent disturbance and damage to the dune during construction?

Keeping all equipment personnel and supplies off the dune

Other measure(s) description:

Wetlands:

Will any work be occurring on regulated wetlands located on this lot?

No

Septic:

Is there a septic system on the lot?

No

What is the Septic Permit # of the system (optional)?

Structural survey plan document

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

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Benser, Inc.</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>702 South Ocean Drive</u>		Company NAIC Number: _____
City: <u>South Bethany</u> State: <u>DE</u> ZIP Code: <u>19930</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot No. 1, Block No. 8, South Addition</u> Parcel Id. No: <u>1-34-20.08-191</u> <u>South Bethany Corporation</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential - Renovation & Rear Deck Addition</u>		
A5. Latitude/Longitude: Lat. <u>38°-30'-44"</u> Long. <u>-75°-03'-11"</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>Town of South Bethany</u>		B1.b. NFIP Community Identification Number: <u>100051</u>
B2. County Name: <u>Sussex County</u>	B3. State: <u>DE</u>	B4. Map/Panel No.: <u>10005C0518</u> B5. Suffix: <u>K</u>
B6. FIRM Index Date: <u>06/20/2018</u>		B7. FIRM Panel Effective/Revised Date: _____
B8. Flood Zone(s): <u>"VE"</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>12.0'</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
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/Source: _____		
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		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 702 South Ocean Drive	FOR INSURANCE COMPANY USE
City: <u>South Bethany</u> State: <u>DE</u> ZIP Code: <u>19930</u>	Policy Number: _____
	Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: PK Nail Vertical Datum: NAVD '88

Indicate elevation datum used for the elevations in items a) through h) below.

- NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No
If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | | |
|---|-------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>16.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>25.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>14.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>16.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>4.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>11.7</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>9.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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 and describe in the Comments area.

Certifier's Name: Gregory M. Hook License Number: P.L.S. 711

Title: Professional Land Surveyor

Company Name: Simpler Surveying and Associates, Inc.

Address: 32486 Powell Farm Road

City: Frankford State: DE ZIP Code: 19945

Telephone: (302) 539-7873 Ext.: _____ Email: simpler@delawaresurveyor.com

Signature:  Date: 07/08/2025



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

1. SECTION C2 (e) - Heat Pump, Right side of Dwelling

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
702 South Ocean Drive

City: South Bethany State: DE ZIP Code: 19930

FOR INSURANCE COMPANY USE

Policy Number: _____
Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
702 South Ocean Drive

City: South Bethany State: DE ZIP Code: 19930

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 702 South Ocean Drive	FOR INSURANCE COMPANY USE
City: <u>South Bethany</u> State: <u>DE</u> ZIP Code: <u>19930</u>	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–8.** Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
 702 South Ocean Drive

FOR INSURANCE COMPANY USE

City: South Bethany State: DE ZIP Code: 19930

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: DATE TAKEN: 07-08-2025

FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption: DATE TAKEN: 07-08-2025

REAR VIEW

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
 702 South Ocean Drive

FOR INSURANCE COMPANY USE

City: South Bethany State: DE ZIP Code: 19930

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: **LEFT VIEW**

DATE TAKEN: 07-08-2025

RIGHT VIEW

Clear Photo Three

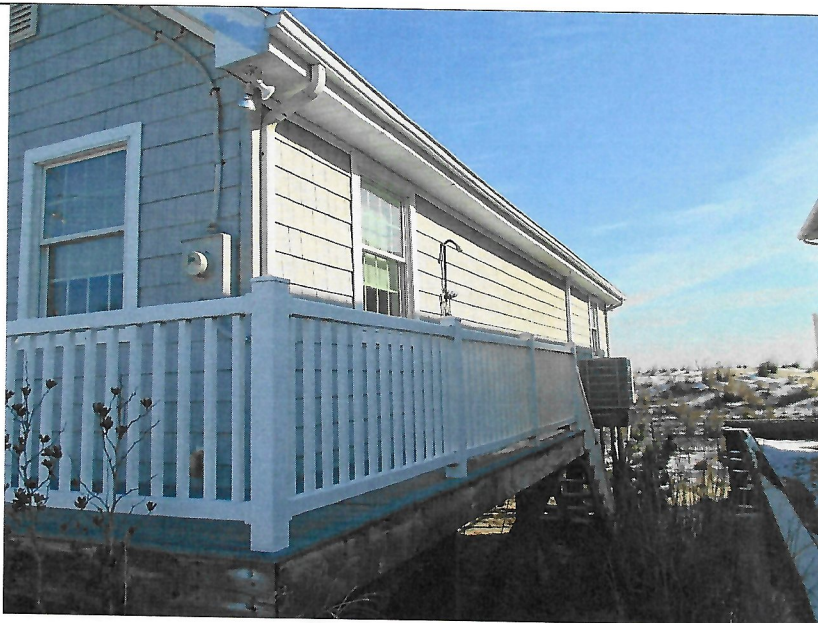


Photo Four

Photo Four Caption: **DATE TAKEN: 07-08-2025**

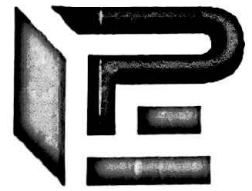
MECHANICAL VIEW

Clear Photo Four

Foundation Pile/Layout Plan

702 South Ocean Dr Deck Repair

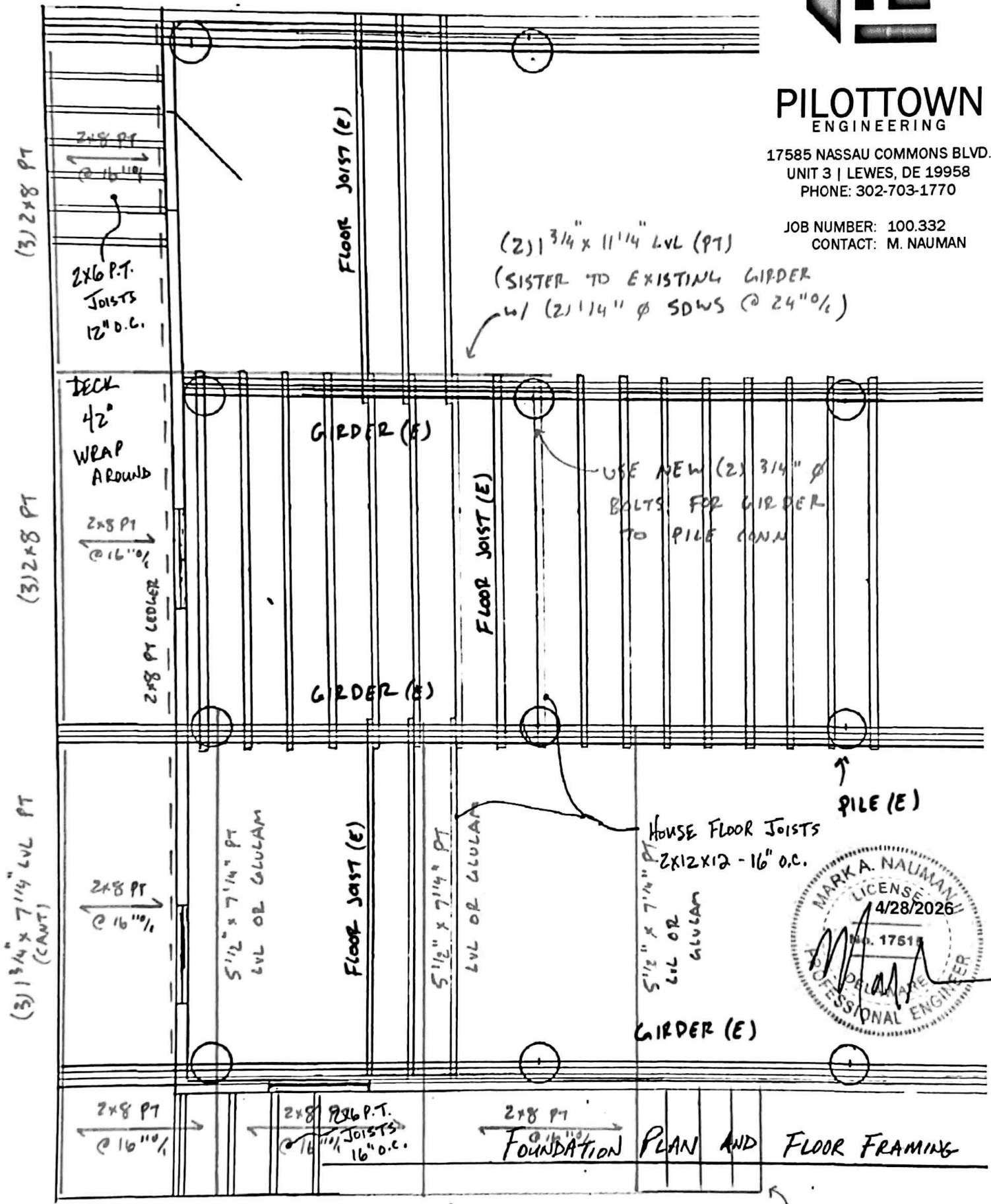
GIRDER (E)



PILOTTOWN
ENGINEERING

17585 NASSAU COMMONS BLVD.
UNIT 3 | LEWES, DE 19958
PHONE: 302-703-1770

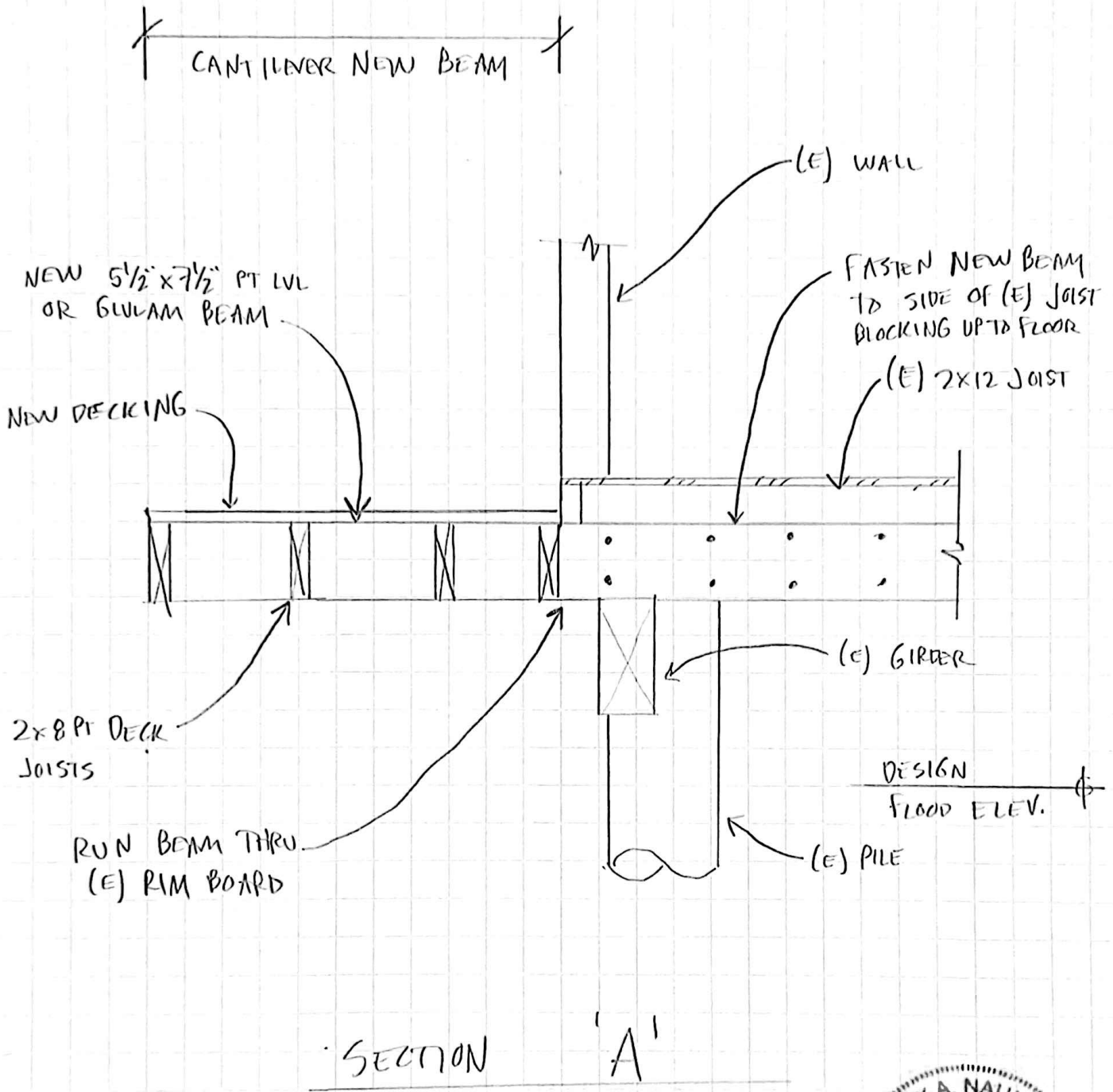
JOB NUMBER: 100.332
CONTACT: M. NAUMAN

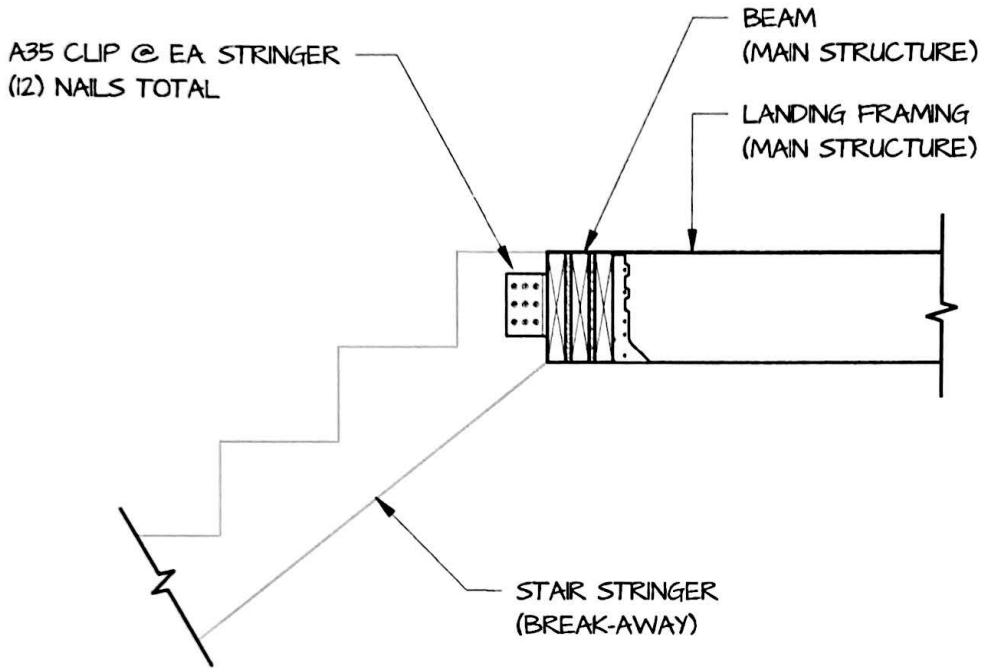


FIRST FLOOR FRAMING

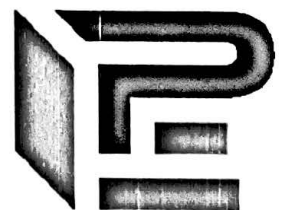


BREAK AWAY
STAIRS DOWN
TO GRADE





TYPICAL BREAKAWAY STAIR CONNECTION DETAIL



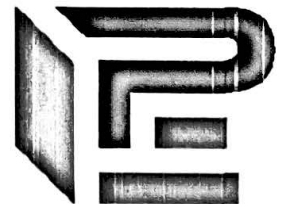
PILOTTOWN
ENGINEERING

17585 NASSAU COMMONS BLVD.
UNIT 3 | LEWES, DE 19958
PHONE: 302-703-1770

JOB NUMBER: 100.332
CONTACT: M. NAUMAN

STRUCTURAL NOTES

1. PILOTTOWN ENGINEERING HAS DESIGNED ONLY THE STRUCTURAL ELEMENTS REPRESENTED ON THESE DRAWINGS. ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH ALL DRAWINGS AND SPECIFICATIONS CONTAINED HEREIN. PILOTTOWN ENGINEERING ASSUMES NO RESPONSIBILITY FOR ANY UNAUTHORIZED CHANGES TO THESE DRAWINGS.
2. ALL STRUCTURAL INFORMATION HAS BEEN PREPARED IN ACCORDANCE WITH THE 2021 INTERNATIONAL BUILDING CODE AS WELL AS ALL REFERENCED STANDARDS CONTAINED THEREIN.
3. DESIGN LOADS FOR THE PROJECT ARE LISTED AS FOLLOWS:
 - a. DECK LIVE LOAD: 60 psf
 - b. DECK DEAD LOAD: 10 psf
4. SNOW LOAD DATA FOR THE PROJECT IS LISTED AS FOLLOWS:
 - a. $P_g = 20$ psf
 - b. $I = 1.0$
 - c. $C_t = 1.1$
 - d. $C_e = 1.0$
 - e. $P_f = 20$ psf
5. LATERAL WIND LOAD DATA FOR THE PROJECT IS LISTED AS FOLLOWS:
 - a. $V_{ult} = 130$ mph
 - b. $V_{ASD} = 101$ mph
 - c. Risk Category = II
 - d. Exposure Category = D
 - e. Internal Pressure Coefficient = ± 0.18
6. SEISMIC DESIGN CATEGORY = B



PILOTTOWN
ENGINEERING

17585 NASSAU COMMONS BLVD.
UNIT 3 | LEWES, DE 19958
PHONE: 302-703-1770

JOB NUMBER: 100.332
CONTACT: M. NAUMAN

Deed/Lease/Sales contract

D. STEPHEN PARSONS, P.A

Route 26 & West Avenue
 P.O. Box 480
 Ocean View, DE 19970

Phone: (302) 539-2220 Fax: (302) 539-4130

B. TYPE OF LOAN

1. FHA 2. FMHA 3. CONV. UNINS.
 4. VA 5. CONV. INS.
 6. FILE NUMBER: 12859 7. LOAN NUMBER:
 8. MORT. INS. CASE NO.:

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(p.o.c.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

D. NAME AND ADDRESS OF BORROWER: Benser, Inc. P.O. Box 208 Hagerstown, MD 21740	E. NAME AND ADDRESS OF SELLER: Nicholas S. Johnson Kristin N. Johnson c/o 10410 N. Kensington Kensington, MD 20895	F. NAME AND ADDRESS OF LENDER: N/A <i>430,289</i> <i>30,000 for furnishings included in purchase</i> <i>130,000 of purchase price is land</i> <i>270,289 - basis in building</i>
G. PROPERTY LOCATION: Lot 1 Block 8 702 S. Ocean Drive S. Bethany, DE 19930 SUSSEX County Tax Map 1-34-20.08-191	H. SETTLEMENT AGENT: D. Stephen Parsons, P.A. PLACE OF SETTLEMENT: P.O. Box 480 Ocean View DE 19970	I. SETTLEMENT DATE: 11/20/96

D = 430,289
 less Land 130,000
 300,289
 Total Basis

J. SUMMARY OF BORROWER'S TRANSACTION:		K. SUMMARY OF SELLER'S TRANSACTION:	
100. GROSS AMOUNT DUE FROM BORROWER		400. GROSS AMOUNT DUE TO SELLER	
101. Contract sales price	420000.00	401. Contract sales price	420000.00
102. Personal property		402. Personal property	
103. Settlement charges to borrower (line 1400)	10289.00	403.	
104.		404.	
105.		405.	
Adjustments for items paid by seller in advance		Adjustments for items paid by seller in advance	
106. City/Town tax 11/20/96 to 04/30/97	149.36	406. City/Town tax 11/20/96 to 04/30/97	149.36
107. County tax 11/20/96 to 04/30/97	403.80	407. County tax 11/20/96 to 04/30/97	403.80
108. Assessments to		408. Assessments to	
109. Sewer 11/20/96 to 12/31/96	559.43 6.27	409. Sewer 11/20/96 to 12/31/96	6.27
110. to		410. to	
111.		411.	
112.		412.	
120. GROSS AMOUNT DUE FROM BORROWER	430848.43	420. GROSS AMOUNT DUE TO SELLER	420559.43
200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER		500. REDUCTIONS IN AMOUNT DUE TO SELLER	
201. Deposit or earnest money	5000.00	501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)		502. Settlement charges to seller (line 1400)	31819.61
203. Existing loan(s) taken subject to		503. Existing loan(s) taken subject to	
204.		504. Payoff of First Mortgage Loan (11/22/96) First Shore Federal	223177.02
205.		505. Payoff of Second Mortgage Loan	
206. Credit for Repairs	200.00	506. Credit for Repairs	200.00
207.	359.43	507.	
208.		508.	
209.	W A T E -	509.	
Adjustments for items unpaid by seller		Adjustments for items unpaid by seller	
210. City/Town tax to		510. City/Town tax to	
211. County tax to		511. County tax to	
212. Assessments to		512. Assessments to	
213. Sewer to		513. Sewer to	
214.		514.	
215.		515.	
216.		516.	
217.		517.	
218.		518.	
219.		519.	
220. TOTAL PAID BY/FOR BORROWER	5200.00	520. TOTAL REDUCTION AMOUNT DUE SELLER	255196.63
300. CASH AT SETTLEMENT FROM OR TO BORROWER		600. CASH AT SETTLEMENT TO OR FROM SELLER	
301. Gross amount due from borrower (line 120)	430848.43	601. Gross amount due to seller (line 420)	420559.43
302. Less amount paid by/for borrower (line 220)	5200.00	602. Less reduction amount due seller (line 520)	255196.63
303. CASH (X) FROM () TO BORROWER	425648.43	603. CASH (X) TO () FROM SELLER	165362.80

[Signature]
 Buyer or Borrower's Signature

 Seller's Signature

L. SETTLEMENT CHARGES 12859		PAID FROM BORROWER'S FUNDS AT SETTLEMENT	PAID FROM SELLER'S FUNDS AT SETTLEMENT
700. TOTAL SALES/BROKER'S COMMISSION based on price \$	420000.00 6.0		
Division of Commission (line 700) as follows: Total: \$25,200.00			
701. \$ 12600.00 to	Long & Foster		
702. \$ 12600.00 to	Sandcastle Realty		
703. Commission paid at Settlement			25200.00
704.			
800. ITEMS PAYABLE IN CONNECTION WITH LOAN			
801. Loan Origination Fee	%		
802. Loan Discount	%		
803. Appraisal Fee to			
804. Credit Report to			
805. Lenders Inspection Fee			
806. Mortgage Insurance Application Fee to			
807. Assumption Fee			
808.			
809.			
810.			
811.			
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE			
901. Interest from 11/20/96 to 11/30/96 @ \$	/day		
902. Mortgage Insurance Premium for	mo. to		
903. Hazard Insurance Premium for	1yrs. to Evans Ins.	684.00	
904. Flood Ins	1yrs. to Evans Ins.	673.00	
905.			
1000. RESERVES DEPOSITED WITH LENDER FOR			
1001. Hazard Insurance	mo. @ \$ 57.00 /mo.		
1002. Mortgage Insurance	mo. @ \$ /mo.		
1003. City/Town tax	mo. @ \$ 28.29 /mo.		
1004. County tax	mo. @ \$ 76.50 /mo.		
1005. Assessments	mo. @ \$ /mo.		
1006.	mo. @ \$ 4.55 /mo.		
1007.	mo. @ \$ /mo.		
1008.	mo. @ \$ /mo.		
1100. TITLE CHARGES			
1101. Settlement or closing fee to	D. Stephen Parsons, P.A.	150.00	
1102. Abstract or title search to			
1103. Title examination to	D. Stephen Parsons, P.A.	900.00	
1104. Title insurance binder to			
1105. Document preparation to	D. Stephen Parsons, P.A.		200.00
1106. Notary fees to	(Prep. Deed & POA to Sat		
1107. Attorney's fees to	Mortgage)		
(includes above items No.)			
1108. Title Insurance to	Transnation Title	1310.00	
(includes above items No.)			
1109. Lender's coverage \$			
1110. Owner's coverage \$	420,000		
1111. Admin. Fee	D. Stephen Parsons, P.A.	30.00	
1112. Fed. Exp.	Federal Express		45.00
1113.			
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES			
1201. Recording fees: Deed \$	28.00 Mortgage \$	Misc. \$	28.00
1202. City/county tax/stamps: Deed \$	4200.00 Mortgage \$	Town of S. Bethany	2100.00 2100.00
1203. State tax/stamps: Deed \$	8400.00 Mortgage \$		4200.00 4200.00
1204.			
1205.			
1300. ADDITIONAL SETTLEMENT CHARGES			
1301. Survey to			
1302. Pest Inspection to	Accurate		20.00
1303. Sewer 10/1-12/31/96	Utility Division		54.61
1304. Payment (Home Inspection)	Fred Bryner	214.00	
1305.			
1400. TOTAL SETTLEMENT CHARGES (enter on lines 103 and 502, Sections J and K)		10289.00	31819.61

Parties agree that no liability is assumed by Settlement Agent for the accuracy of information furnished by others as shown on the HUD-1 Settlement Statement. Settlement Agent hereby expressly reserves the right to deposit any amounts collected for disbursement in an interest bearing account in a Federally insured institution and to credit any interest so earned to its own account as additional compensation for its services in this transaction.

HUD CERTIFICATION OF BUYERS AND SELLERS

I have carefully reviewed the HUD-1 Settlement Statement and to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements made on my account by me in this transaction. I further certify that I have received a copy of the HUD-1 Settlement Statement.

Buyer or Borrower's Signature
Buyer's Address & Phone:

Seller's Signature
Seller's New Address & Phone:

The HUD-1 Settlement Statement which I have prepared is a true and accurate account of this transaction. I have caused or will cause the funds to be disbursed in accordance with this statement

Settlement Agent

Date

November 20, 1996

WARNING: It is a crime to knowingly make false statements to the United States on this or any similar form. Penalties upon conviction can include a fine and imprisonment. For details, see...

Schedule K-1 (Form 1120-S)

2024

Final K-1 Amended K-1 OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

For calendar year 2024, or tax year beginning JUNE 1, 2024 ending MAY 31, 2025

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Corporation
A Corporation's employer identification number 52-1146436
B Corporation's name, address, city, state, and ZIP code BENSER, INC. 19515 BEAVER CREEK ROAD HAGERSTOWN, MD 21740
C IRS Center where corporation filed return E-FILE
D Corporation's total number of shares Beginning of tax year 5,000.00 End of tax year 5,000.00
Part II Information About the Shareholder
E Shareholder's identifying number ***-**-5171
F1 Shareholder's name, address, city, state, and ZIP code ALFRED S. BENDELL, III 19515 BEAVER CREEK RD HAGERSTOWN, MD 21740
F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting: TIN Name
F3 What type of entity is this shareholder? INDIVIDUAL
G Current year allocation percentage 100.000000%
H Shareholder's number of shares Beginning of tax year 5,000.00 End of tax year 5,000.00
I Loans from shareholder Beginning of tax year End of tax year
For IRS Use Only

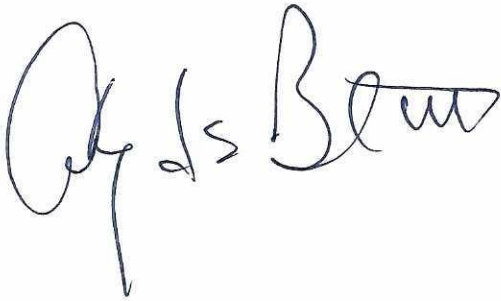
Table with 4 columns: Line number, Description, Code, and Amount/Information. Includes rows for Ordinary business income, Dividends, Royalties, Capital gains, and Deductions.

May 1, 2026

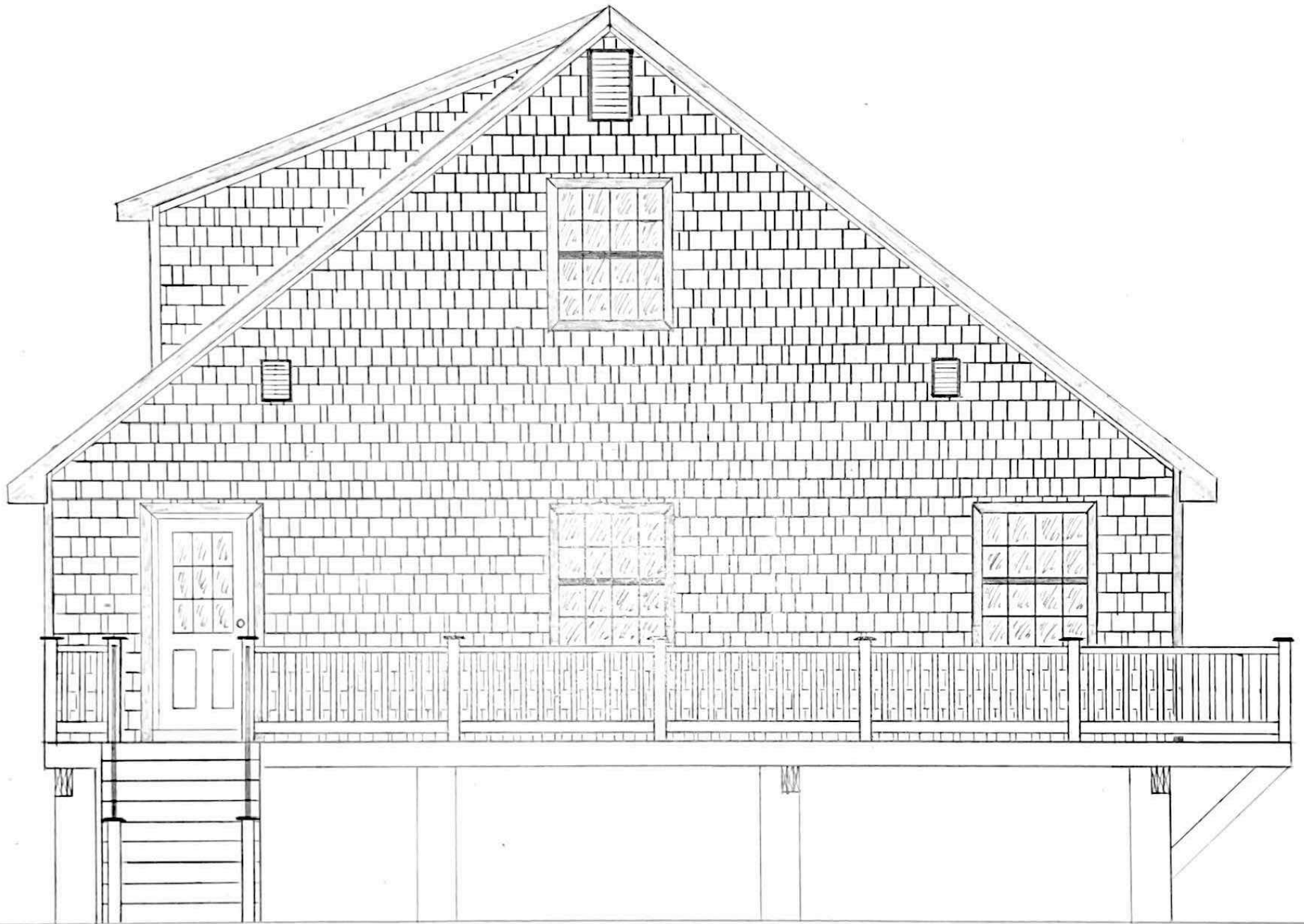
To Whom it may Concern,

I, Alfred S Bendell, IV have authority to act on behalf of my father, Alfred S Bendell, III for matters relating to and decisions regarding Benser Inc.

If there are any questions, please call me at 301-739-0743 or email at AS4@Hardellservices.com

A handwritten signature in black ink that reads "Alfred S Bendell". The signature is written in a cursive style with a large initial "A" and a long horizontal stroke at the end.

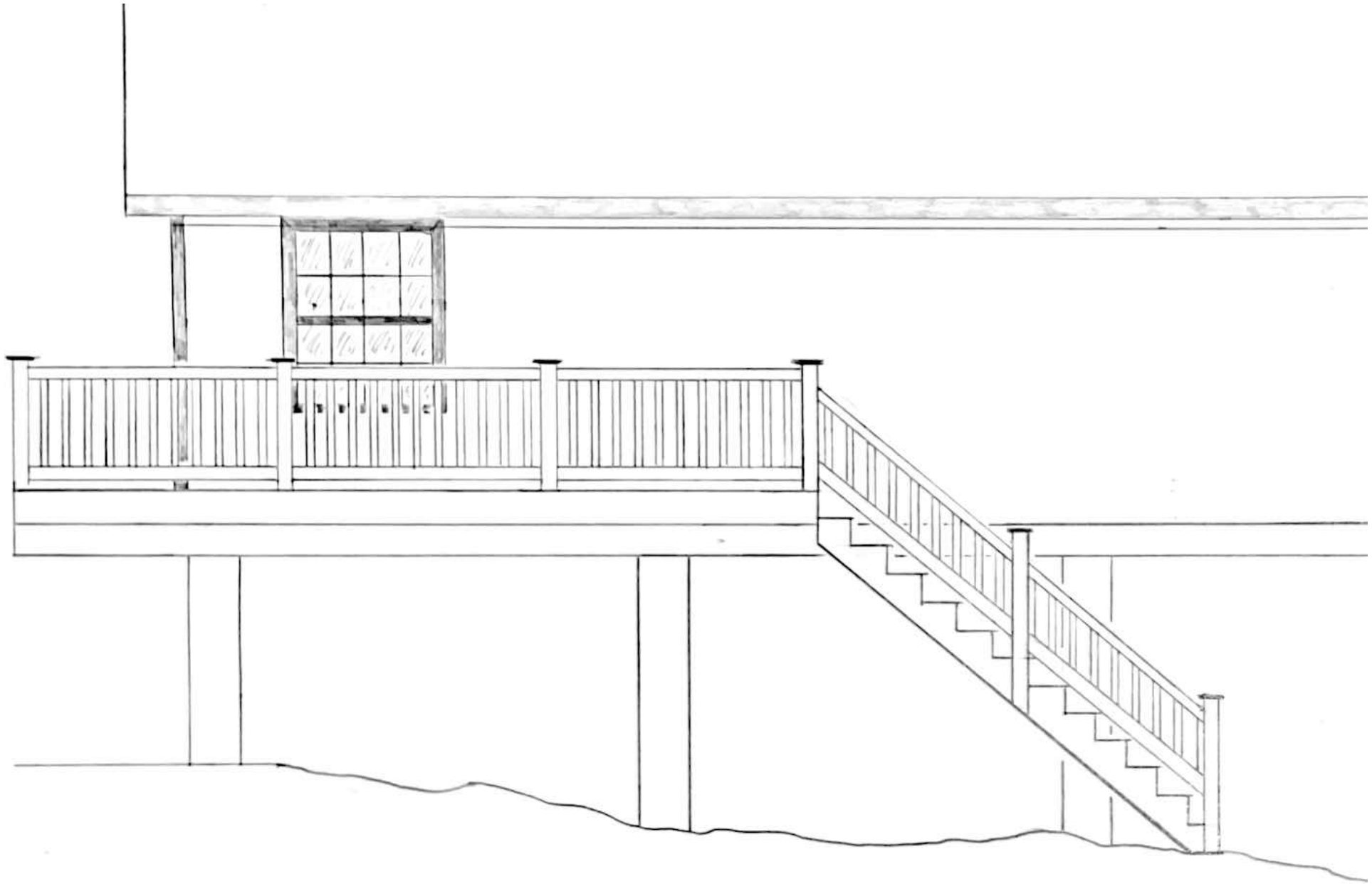
Structure profile view document



WEST ELEVATION - "FRONT" OF HOUSE (EXISTING)

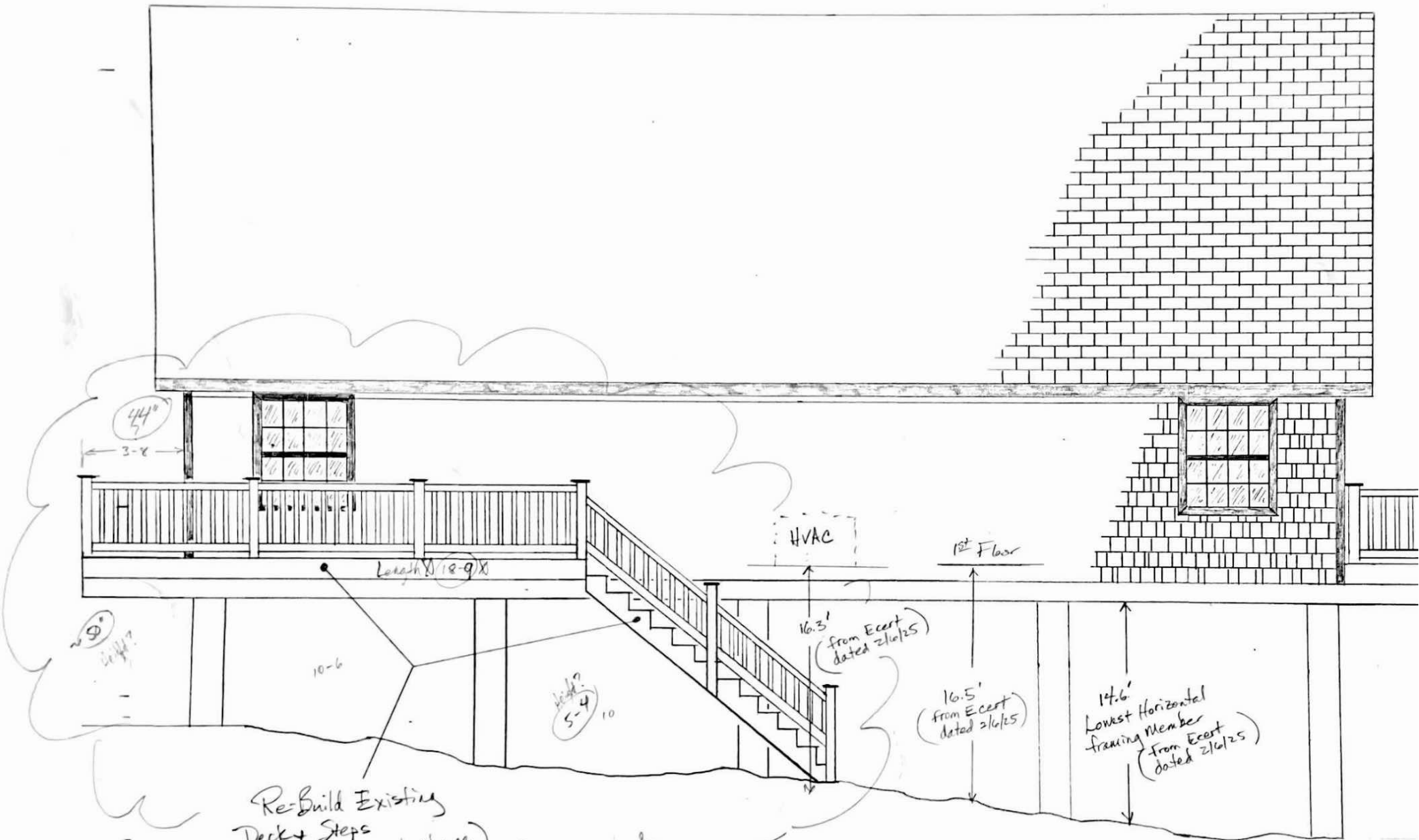
702 South Ocean Drive

PROJECT: PORCH + DECKS	CUSTOMER: ANNE
DWG #: 2024-20-EW1	DWG BY: OLD GLOB
SCALE: 1/4" = 1.0'	DATE: 11/6/24



SOUTH ELEVATION — "RIGHT" OF HOUSE (EXISTING)

702 South Ocean Drive



Re-Build Existing
Deck + Steps
(Same Footprint - No Change)
in size

SOUTH ELEVATION - "RIGHT" OF HOUSE (EXISTING)

742 SOUTH OCEAN DRIVE

PROJECT: PORCH + DECKS	CUS
DWG #: 2024-20-ES1	DWG #
SCALE: 1/4" = 1.0'	DATE

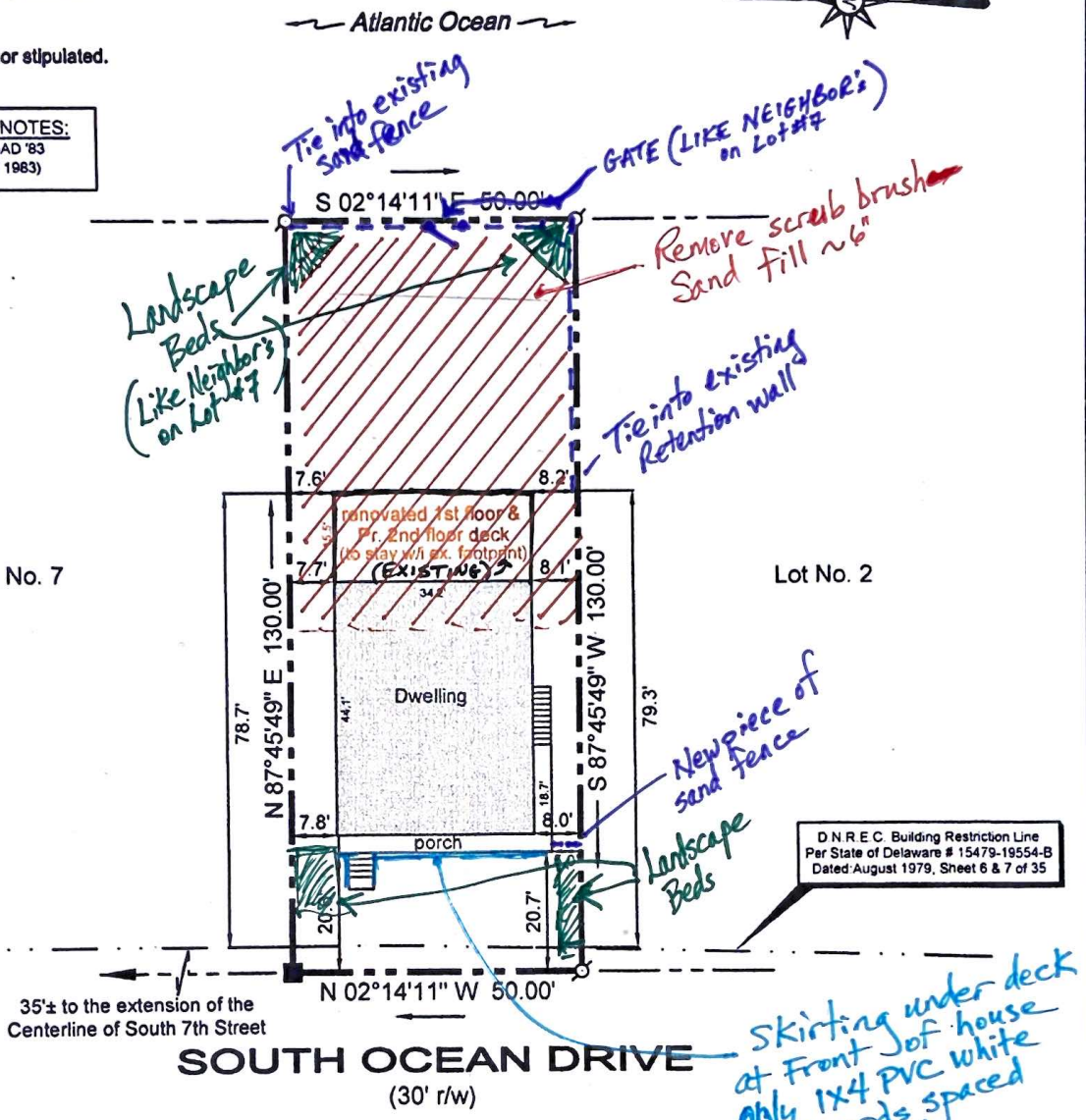
NOTES:

• Other than shown, this plat and survey does not verify the existence or nonexistence of right-of-ways and/or easements pertaining to this property. Including but not limited to Tax Ditch Easements.

• No title search provided or stipulated.



REFERENCE DATUM NOTES:
 1. HORIZONTAL DATUM: NAD '83
 (North American Datum of 1983)



D.N.R.E.C. Building Restriction Line
 Per State of Delaware # 15479-19554-B
 Dated August 1979, Sheet 6 & 7 of 35

35'± to the extension of the
 Centerline of South 7th Street
SOUTH OCEAN DRIVE
 (30' r/w)

*Skirting under deck
 at front of house
 only 1x4 PVC white
 boards spaced
 ~1" apart*

- CONC. MON. (FD)
- ⊘ 5/8" RE-BAR w/CAP (SET)
- SCALE: 1"= 30'
- AREA: 6,500 SQ. FT.
- PARCEL ID NO: 1-34-20.08-191

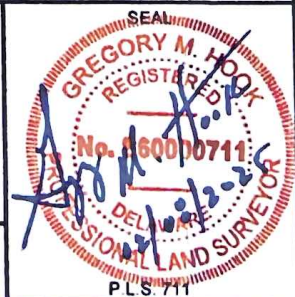
Lands of BENSER, INC. Being known as LOT NO. 1, BLOCK NO. 8, SOUTH ADDITION OF SOUTH BETHANY CORPORATION. Situated in the Town of South Bethany. Ref: Plat Book 2, Page 67.

FIRM INFORMATION:
 100051 - 0518 - K
 MARCH 16, 2015
 ZONE: "VE", B.F.E.= 12.0'
 CLASS "A" SURVEY

HUNDRED: BALTIMORE
COUNTY: SUSSEX
STATE OF DELAWARE
DATE OF ORIGINAL: 01/31/2025
DRAWN BY: MATT LEVESQUE
REVIEWED BY: MICHAEL LOVELAND

SIMPLER SURVEYING & ASSOCIATE, INC.

32486 POWELL FARM ROAD, FRANKFORD, DE 19945
 www.delawaresurveyor.com
 PHONE: (302) 539-7873



I, Gregory M. Hook, registered as a Professional Land Surveyor in the State of Delaware, hereby state that the information shown on this plan has been prepared under my supervision and meets the standards of practice as established by the State of Delaware Board of Professional Land Surveyors. Any changes to the property conditions, improvements, boundary or property corners after the date shown hereon shall necessitate a new review and certification for any official or legal use.





702



702



702

FOR RENT
Sandcastle
303.594.0525
1.800.234.4283
www.sandcastle.com

Adjacent property owners document

North Property

134-20.08-191.01

John F. Kearney

1720 Palomino Court

Olney, MD 20832

South Property

134-20.08-192.01

Sarah Holden-Mount

9614 Meadow Flowers Court

Laurel, MD 20723