

FEDERAL EMERGENCY MANAGEMENT AGENCY  
CITY OF OCEAN CITY NATIONAL FLOOD INSURANCE PROGRAM  
CODE ENFORCEMENT ELEVATION CERTIFICATE

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

Aug 1 12 21 PM Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use
BUILDING OWNER'S NAME Augustine and Kathryn Martinez		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 517 Waverly Boulevard		Company NAIC Number
CITY Ocean City	STATE NJ	ZIP CODE 08226
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, Block 70.48		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##-##-## or #####) N/A		
HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Ocean City 345310		B2. COUNTY NAME Cape May		B3. STATE NJ	
B4. MAP AND PANEL NUMBER 0001	B5. SUFFIX C	B6. FIRM INDEX DATE 7/15/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/5/84	B8. FLOOD ZONE(S) A7	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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:					

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 8 (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 NGVD1929 Conversion/Comments

Elevation reference mark used Local Control Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>8</u> . <u>0</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>11</u> . <u>2</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> . <u>   </u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> . <u>   </u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>10</u> . <u>1</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>8</u> . <u>0</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8</u> . <u>7</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>17</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>2176</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 Stephen C. Martinelli	LICENSE NUMBER NJ 30089		
TITLE Land Surveyor	COMPANY NAME Stephen C. Martinelli, L.S. LLC		
ADDRESS 127 Route 50	CITY Ocean View	STATE NJ	ZIP CODE 08230
SIGNATURE 	DATE 8/1/01	TELEPHONE 609-390-9618	

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. 517 Waverly Boulevard			Policy Number
CITY City of Ocean City	STATE NJ	ZIP CODE 08226	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

Detached garage Finish Floor Elevation 8.0

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) above the highest adjacent grade.
- E4. For 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 REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 01-0406	G5. DATE PERMIT ISSUED 01-0406	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 8/1/01
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

\_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_  
\_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is:

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

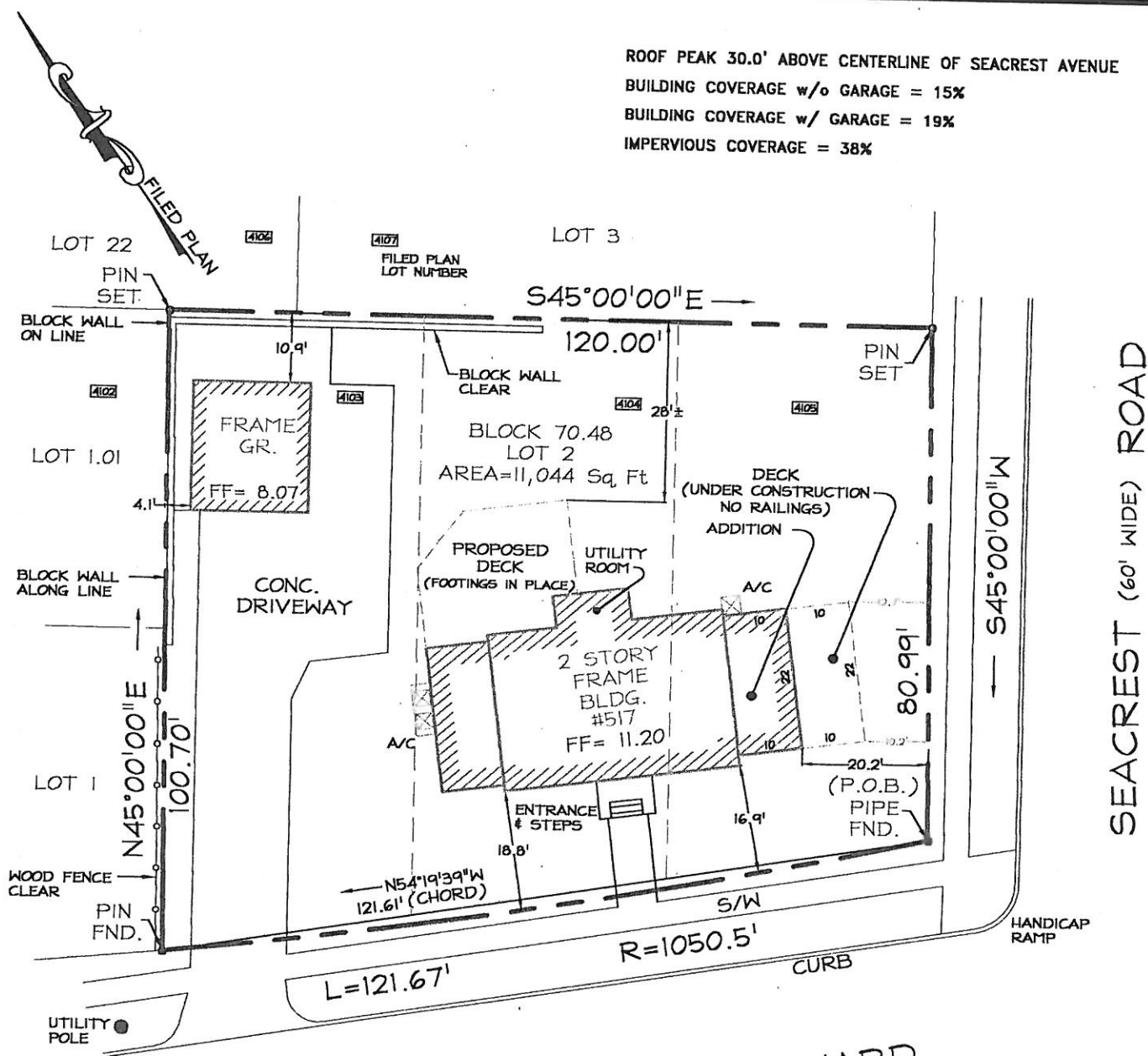
DATE

COMMENTS

☐ Check here if attachments



ROOF PEAK 30.0' ABOVE CENTERLINE OF SEACREST AVENUE  
BUILDING COVERAGE w/o GARAGE = 15%  
BUILDING COVERAGE w/ GARAGE = 19%  
IMPERVIOUS COVERAGE = 38%



WAVERLY (60' WIDE) BOULEVARD

30 Day J.C.O.  
ZONING APPROVAL GRANTED  
BY: *John Young*  
DATE: 7-31-01

TO: AUGSTINE MARTINEZ AND KATHRYN MARTINEZ  
COMMONWEALTH LAND INSURANCE COMPANY AND,  
COMMERCE BANK, N.A., AND/OR ITS SUCCESSORS  
AND ASSIGNS AS THEIR INTEREST MAY APPEAR.  
IN CONSIDERATION OF THE FEE PAID FOR MAKING THIS  
SURVEY, I DECLARE THAT THIS PLAN IS BASED ON A  
FIELD SURVEY MADE ON 6-30-00 BY ME OR UNDER  
MY IMMEDIATE SUPERVISION, AND TO THE BEST OF MY  
PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF,  
CORRECTLY REPRESENTS THE CONDITIONS FOUND AS  
OF THE DATE OF THE FIELD SURVEY, EXCEPT SUCH  
EASEMENTS AND STRUCTURES, IF ANY, BELOW THE  
SURFACE OF THE LANDS OR ON THE SURFACE OF THE  
LANDS AND NOT VISIBLE; THIS DECLARATION IS GIVEN  
SOLELY TO THE ABOVE NAMED PARTIES FOR THIS  
TRANSACTION ONLY AND IS NOT TRANSFERABLE,  
EXCEPT AS PROVIDED HEREIN

REFERENCE: COMMONWEALTH LAND TITLE  
INSURANCE COMPANY COMMITMENT NO. L000660

THIS DWELLING IS SERVICED WITH  
UNDERGROUND UTILITIES.

BEING LOTS NOS. 4103, 4104 AND  
4105, BLOCK 41-G, ON PLAN NO. 4  
REVISED PLAN NOS. 41-G, 42-G, 43-G  
AND 44-G, MCLAUGHLIN CONOVER TRACT,  
OCEAN CITY NEW JERSEY, WILLIAM H.  
COLLISON, JR. ENGINEER, DECEMBER 5,  
1936, AND FILED DECEMBER 18, 1930

THE ORIGINAL OF THIS DRAWING IS  
THE PROPERTY OF STEPHEN C.  
MARTINELLI, LS, LLC.

ONLY COPIES FROM THE ORIGINAL MAP OF  
THIS PLAT, CLEARLY MARKED WITH THE  
LAND SURVEYOR'S EMBOSSED SEAL, SHALL  
BE CONSIDERED TO BE VALID

UPDATE SURVEY 7-27-01

SCALE: 1" = 20'	PLAN OF SURVEY
DATE: 7-3-00	SITUATE IN
DRAWN BY: DCF/RM	BLOCK 70.48, LOT 2
PROJ NO: 9298	CITY OF OCEAN CITY
	CAPE MAY CO., NJ

**STEPHEN C. MARTINELLI**  
LAND SURVEYING  
PLANNING  
L.S., L.L.C.

PHONE : (609) 390-9618 FAX : (609) 390-9534  
127 NJ STATE HIGHWAY ROUTE 50  
OCEAN VIEW, NEW JERSEY 08230

**STEPHEN C. MARTINELLI**  
PROFESSIONAL LAND SURVEYOR  
N.J. LICENSE 30089  
PROFESSIONAL PLANNER  
N.J. LICENSE 04653