

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 PAGES 9-19

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>Paul Frederick</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u># 1490 Alamander Avenue</u>	Company NAIC Number: _____
City: <u>Englewood</u> State: <u>FL</u> ZIP Code: <u>34223</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 1, Block 46, Manasota Land & Timber Company, P.B. A, Pg. 27, Sarasota County, Florida (Tax Parcel 0476160003).</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Accessory</u>	
A5. Latitude/Longitude: Lat. <u>27°00'25.9" N.</u> Long. <u>82°24'09.7" W.</u> Horizontal 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 photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): _____ 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 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: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ 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 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: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Sarasota</u>	B1.b. NFIP Community Identification Number: <u>125144</u>		
B2. County Name: <u>Sarasota</u>	B3. State: <u>FL</u>	B4. Map/Panel No.: <u>12115 C 0344</u>	B5. Suffix: <u>F</u>
B6. FIRM Index Date: <u>11/04/2016</u>	B7. FIRM Panel Effective/Revised Date: <u>11/04/2016</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>11.00'</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: # 1490 Alamander Avenue	FOR INSURANCE COMPANY USE
City: <u>Englewood</u> State: <u>FL</u> ZIP Code: <u>34223</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: N.G.S. BM SAR24 Vertical Datum: NAVD 1988

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>10.10</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | _____ | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | _____ | <input checked="" 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): | _____ | <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>9.80</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>9.90</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | _____ | <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: Timothy A. Terhune License Number: LS 6060

Title: Professional Surveyor & Mapper

Company Name: TCTS, Inc.

Address: 1990 Allen Street

City: Englewood State: FL ZIP Code: 34223

Signature:  Date: 07/31/2023

Telephone: (941) 474-4300 Ext.: _____ Email: _____



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):

- Notes: 1) All Data Contained on this Form are to the Nearest One-Tenth (1/10) of One U.S. Foot.
2) Certification is for a 24' x 40' Free Standing Metal Frame Building.
3) Building Has Four (4) Engineered Flood Vents Rated at 305 Square Inches of Flow Per Vent, See Attached Engineering Report.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: # 1490 Alamander Avenue	FOR INSURANCE COMPANY USE
City: <u>Englewood</u> State: <u>FL</u> ZIP Code: <u>34223</u>	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: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: # 1490 Alamander Avenue	FOR INSURANCE COMPANY USE
City: <u>Englewood</u> State: <u>FL</u> ZIP Code: <u>34223</u>	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 PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: # 1490 Alamander Avenue	FOR INSURANCE COMPANY USE
City: Englewood State: FL ZIP Code: 34223	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 5–9. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with subgrade 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: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
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.:
 # 1490 Alamander Avenue

City: Englewood State: FL ZIP Code: 34223

FOR INSURANCE COMPANY USE

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:

Front View

Clear Photo One



Photo Two

Photo Two Caption:

Rear View

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1490 Alamander Avenue

City: Englewood State: FL ZIP Code: 34223

FOR INSURANCE COMPANY USE

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:

Typical Flood Vent

Clear Photo Three

Photo Four

Photo Four Caption:

Intentionally Blank

Clear Photo Four

DIVISION: 08 00 00—OPENINGS
Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

CRAWL SPACE DOOR SYSTEMS, INC.

EVALUATION SUBJECT:

**CRAWL SPACE DOOR SYSTEMS FLOOD VENT
 MODEL #CSBA816
 CRAWL SPACE STACKED MODELS: #ICCSTACKED2;
 #ICCSTACKED4
 FLOOD VENT INSULATED KIT #ICCINSULATED**

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2018 and 2015 *International Building Code*®
- 2018 and 2015 *International Residential Code*®

Properties evaluated:

- Physical operation
- Water flow
- Weathering

2.0 USES

Crawl Space Door Systems flood vents are used to provide for the equalization of hydrostatic flood forces on exterior walls.

3.0 DESCRIPTIONS

3.1 General:

Crawl Space Door Systems flood vents are engineered mechanically operated flood vents. Upon contact with flood water, the flood vents automatically open and allow flood water to enter and exit enclosed areas. The vents are constructed of general purpose ABS SP-9010 plastic. The Crawl Space Flood Vent Model #CSBA816 has a faux louver with either a solid plastic plate or wire mesh attached to the back of the louver. The louver is dislodged from the vent upon contact with flood waters. See Figure 1 for an illustration of the flood vent Model #CSBA816.

The Flood Vent Insulated Kit Model #ICCINSULATED is constructed of general purpose ABS SP-9010 plastic. The vent frame opening is filled with a 2-inch thick (51 mm) extruded polystyrene Styrofoam™ Brand Scoreboard Foam Insulation Board (ESR-2142). The insulation board is dislodged from the vent upon contact with flood waters,

allowing flood waters to enter and exit enclosed areas. See Figure 2 for an illustration of the Flood Vent Insulated Kit Model #ICCINSULATED.

The Crawl Space Stacked Model #ICCSTACKED2 contains two vertically arranged Crawl Space Flood Vents (Model #CSBA816) in one assembly. The Crawl Space Stacked Model #ICCSTACKED4 contains four Crawl Space Flood Vents (Model #CSBA816) in one assembly, with two sets of side by side flood vents vertically arranged.

3.2 Engineered Opening:

The Crawl Space Door Systems static flood vents comply with the design principle noted in Section 2.7.2.2 of ASCE/SEI 24 for a rate of rise and fall of 5 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24-14, the flood vents must be installed in accordance with Section 4.0 of this report.

3.3 Ventilation:

The Crawl Space Flood Vent Model #CSBA816 and Crawl Space Stacked Models #ICCSTACKED2 and #ICCSTACKED4 are available covered with metal wire mesh with 0.108 inch by 0.108 inch (2.74 mm by 2.74 mm) openings. The mesh is covered by a faux louver with 11/16 inch (17.5 mm) vertical clearance between each blade. The Crawl Space Flood Vent Model #CSBA816 provides 11 square inches (7097 mm²) of net free area to supply natural ventilation when equipped with wire mesh. The Crawl Space Stacked Models #ICCSTACKED2 and #ICCSTACKED4 supply 22 square inches (14,194 mm²) and 44 square inches (28,388 mm²), respectively, of net free area to supply natural ventilation when equipped with wire mesh. The Crawl Space Flood Vent Model #CSBA816 covered with a solid plastic plate, Crawl Space Stacked Models #ICCSTACKED2 and #ICCSTACKED4 covered with a solid plastic plate, and the Flood Vent Insulated Kit Model #ICCINSULATED do not offer natural ventilation.

4.0 DESIGN AND INSTALLATION

The Crawl Space Door Systems flood vents are designed to be installed into walls or doors of existing or new construction from the exterior side. Installation of the vents must be in accordance with the manufacturer's instructions, the applicable code and this report. In order to comply with the engineered opening design principle noted in Sections 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14, the vent must be installed as follows:

- With a minimum of two openings; one on different sides of each enclosed area.

- With a minimum of one vent for the square footage of enclosed area noted in Table 1.
- Below the base flood elevation.
- With the bottom of the vent located a maximum of 12 inches (305 mm) above grade.

5.0 CONDITIONS OF USE

The Crawl Space Door Systems flood vents described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The Crawl Space Door Systems flood vents must be installed in accordance with this report, the applicable code and the manufacturer’s published installation instructions. In the event of a conflict, the instructions in this report govern.
- 5.2 The Crawl Space Door Systems flood vents must not be used in the place of “breakaway walls” in coastal high hazard areas but are permitted for use in conjunction with breakaway walls in other areas.
- 5.3 The Crawl Space Door Systems flood vents are manufactured under a quality control system with inspections by ICC-ES.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (Editorially revised October 2017).

7.0 IDENTIFICATION

7.1 The Crawl Space Door Systems flood vents recognized in this report must be identified by a label bearing the manufacturer’s name (Crawl Space Door Systems), the model number, and the evaluation report number (ESR-3851).

7.2 The report holder’s contact information is the following:

CRAWL SPACE DOOR SYSTEMS, INC.
3669 SEA GULL BLUFF DRIVE
VIRGINIA BEACH, VIRGINIA 23455
(757) 363-0005
www.crawlspacedoors.com

TABLE 1—CRAWL SPACE DOOR SYSTEMS FLOOD VENTS

MODEL	OVERALL VENT SIZE (Width x Height x Depth) (in)	ROUGH OPENING SIZE (Width x Height) (in)	ENCLOSED AREA COVERAGE (ft ²)
CSBA816	18 ¹ / ₄ x 10 ¹ / ₂ x 1 ³ / ₄	16 x 8 ¹ / ₄	305
ICCINSULATED	18 ¹ / ₄ x 10 ¹ / ₂ x 1 ³ / ₄	15 ³ / ₄ x 8	300
ICCSTACKED2	30 x 30 x 2 ³ / ₄	24 x 24	610
ICCSTACKED4	40 ¹ / ₂ x 24 ³ / ₄ x 2 ³ / ₄	35 ¹ / ₄ x 19 ¹ / ₂	1,220

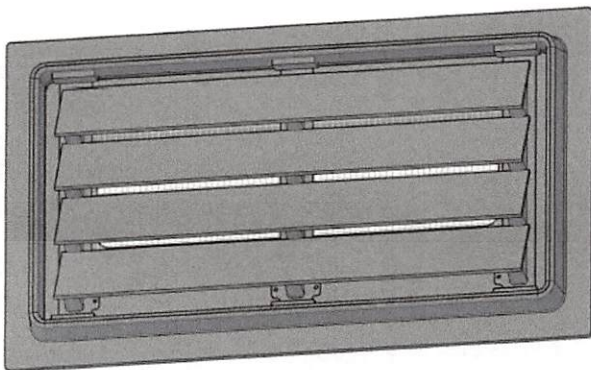


FIGURE 1—CRAWL SPACE DOOR SYSTEMS FLOOD VENT

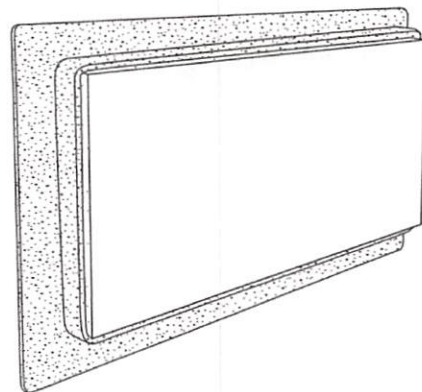


FIGURE 2—FLOOD VENT INSULATED KIT

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

CRAWL SPACE DOOR SYSTEMS, INC.

EVALUATION SUBJECT:

CRAWL SPACE DOOR SYSTEMS FLOOD VENT #CSBA816
CRAWL SPACE STACKED MODELS #ICCSTACKED2; #ICCSTACKED4
FLOOD VENT INSULATED KIT #ICCINSULATED

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Crawl Space Door Systems flood vents, described in ICC-ES evaluation report [ESR-3851](#), have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2019 California Building Code (CBC)

For evaluation of applicable chapters adopted by the California Office of Statewide Health Planning and Development (OSHPD) and Division of State Architect (DSA), see Sections 2.1.1 and 2.1.2 below.

- 2019 California Residential Code (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The Crawl Space Door Systems flood vents, described in Sections 2.0 through 7.0 of the evaluation report [ESR-3851](#), comply with CBC Chapter 12, provided the design and installation are in accordance with the 2018 *International Building Code*® (IBC) provisions noted in the evaluation report and the additional requirements of CBC Chapters 12 and 16, as applicable.

2.1.1 OSHPD:

The applicable OSHPD Sections of the CBC are beyond the scope of this supplement.

2.1.2 DSA:

The applicable DSA Sections of the CBC are beyond the scope of this supplement.

2.2 CRC:

The Crawl Space Door Systems flood vents, described in Sections 2.0 through 7.0 of the evaluation report [ESR-3851](#), comply with 2019 CRC, provided the design and installation are in accordance with the 2018 *International Residential Code*® (IRC) provisions noted in the evaluation report.

This supplement expires concurrently with the evaluation report, reissued September 2020 and revised January 2021.

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

CRAWL SPACE DOOR SYSTEMS, INC.

EVALUATION SUBJECT:

CRAWL SPACE DOOR SYSTEMS FLOOD VENT #CSBA816
CRAWL SPACE STACKED MODELS #ICCSTACKED2; #ICCSTACKED4
FLOOD VENT INSULATED KIT #ICCINSULATED

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Crawl Space Door Systems flood vents, described in ICC-ES evaluation report ESR-3851, have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2020 Florida Building Code—Building
- 2020 Florida Building Code—Residential

2.0 CONCLUSIONS

The Crawl Space Door Systems flood vents, described in Sections 2.0 through 7.0 of ICC-ES evaluation report ESR-3851, comply with the *Florida Building Code—Building* and *Florida Building Code—Residential*, provided the design requirements are determined in accordance with the *Florida Building Code—Building* and *Florida Building Code—Residential*, as applicable. The installation requirements noted in ICC-ES evaluation report ESR-3851 for the 2018 *International Building Code*® meet the requirements of the *Florida Building Code—Building* and *Florida Building Code—Residential*, as applicable.

Use of the Crawl Space Door Systems flood vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the 2020 *Florida Building Code—Building* and *Florida Building Code—Residential*.

For products falling under Florida Rule 61G20-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the evaluation report, reissued September 2020 and revised January 2021.