

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>JM COMMUNITIES LAND LLC</b>		FOR INSURANCE COMPANY USE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>1001 BAYVIEW DR</b>		Policy Number:
City <b>NOKOMIS</b> State <b>FL</b> ZIP Code <b>34275</b>		Company NAIC Number:
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>M&amp;B PID# 0383-01-0010</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>		
A5. Latitude/Longitude: Lat. <b>27°08'13"N</b> Long. <b>82°26'12"W</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <b>1A</b>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <b>NA</b> sq ft		a) Square footage of attached garage <b>744</b> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>NA</b>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>4</b>
c) Total net area of flood openings in A8.b <b>0</b> sq in		c) Total net area of flood openings in A9.b <b>800</b> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>SARASOTA COUNTY 125144</b>		B2. County Name <b>SARASOTA</b>		B3. State <b>FLORIDA</b>	
B4. Map/Panel Number <b>125144 0254</b>	B5. Suffix <b>D</b>	B6. FIRM Index Date <b>9/3/92</b>	B7. FIRM Panel Effective/Revised Date <b>05/01/1984</b>	B8. Flood Zone(s) <b>A12</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>11</b>
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/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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					

## 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
 Benchmark Utilized: **SAR BM 383-H** Vertical Datum: **NVGD 1929**  
 Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

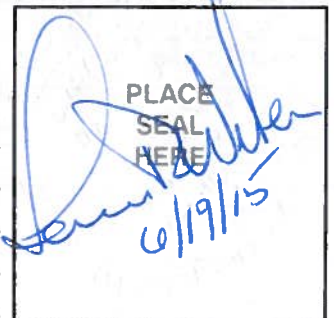
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<b>12.09</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<b>NA</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>NA</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<b>10.4</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<b>10.37</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<b>10.35</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<b>10.9</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>10.6</b>	<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 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. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  
 Check here if attachments.

Certifier's Name <b>LAWRENCE R. WEBER</b>	License Number <b>3868</b>
Title <b>PROF SURVYR &amp; MAPR</b>	Company Name <b>WEBER ENGINEERING &amp; SURVEYING INC</b>
Address <b>4596 ASHTON RD</b>	City <b>SARASOTA</b> State <b>FL</b> ZIP Code <b>34233</b>
Signature <i>Lawrence R. Weber</i>	Date <b>6/9/15</b> Telephone <b>941/921-3914</b>



# Building Photographs

See Instructions for Item A6.

**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.  
1001 BAYVIEW DR

Policy Number:

City NOKOMIS

State FL

ZIP Code 34275

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW 6/16/15



REAR VIEW 6/16/15



LEFT SIDE VIEW 6/16/15



RIGHT SIDE VIEW 6/16/15





# Building Photographs

Continuation Page

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

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1001 BAYVIEW DR

Policy Number:

City NOKOMIS

State FL

ZIP Code 34275

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

6/16/15  
VENTS #1540-520



**ICC-ES Evaluation Report****ESR-2074 FBC Supplement**

Issued July 1, 2013

*This report is subject to renewal February 1, 2015.*[www.icc-es.org](http://www.icc-es.org) | (800) 423-6587 | (562) 699-0543

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**DIVISION: 08 00 00—OPENINGS****Section: 08 95 43—Vents/Foundation Flood Vents****REPORT HOLDER:****SMARTVENT PRODUCTS, INC.**  
430 ANDBRO DRIVE, UNIT 1  
PITMAN, NEW JERSEY 08071  
(877) 441-8368[www.smartvent.com](http://www.smartvent.com)  
[info@smartvent.com](mailto:info@smartvent.com)**EVALUATION SUBJECT:****SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: FLOODVENT™ MODEL #1540-520; FLOODVENT™ STACKING MODEL #1540-521; SMARTVENT™ MODEL #1540-510; SMARTVENT™ STACKING MODEL #1540-511; WOOD WALL FLOOD MODEL #1540-570; WOOD WALL FLOOD OVERHEAD DOOR MODEL #1540-574; FLOODVENT™ OVERHEAD DOOR MODEL #1540-524; SMARTVENT™ OVERHEAD DOOR MODEL #1540-514****1.0 REPORT PURPOSE AND SCOPE****Purpose:**

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, recognized in ICC-ES master report ESR-2074, have also been evaluated for compliance with the codes noted below.

**Applicable code editions:**

- 2010 Florida Building Code—Building (FBC)
- 2010 Florida Building Code—Residential (FRC)

**2.0 CONCLUSIONS**

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the master evaluation report ESR-2074, comply with the FBC and the FRC, provided the design and installation are in accordance with the *International Building Code*® provisions noted in the master report.

Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the FBC and the FRC for structures not subject to FBC Section 2326.3.1 or FRC Section 4409.13.3.1, as applicable.

For products falling under Florida Rule 9N-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 master report, reissued December 1, 2012, revised July 2013.