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

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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	INFOR	MATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Na DAVID M. RAFALKO &		Ĉ.			Policy Num	ber:
A2. Building Street Addr Box No. 421 BAYVIEW PARKWA	ess (including Apt., Unit, Suite	, and/o	r Bldg. No.) or P.O.	Route and	Company N	AIC Number:
City NOKOMIS	•					
	n (Lot and Block Numbers, Tax ED PLAT OF BAYPOINT, TA)			scription, etc.)		
A4. Building Use (e.g., F	Residential, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
	A5. Latitude/Longitude: Lat. 27.11599° Long82.45924° Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983					
A6. Attach at least 2 pho	otographs of the building if the	Certific	ate is being used to		_	
A7. Building Diagram Nu				=		
	crawlspace or enclosure(s):					
a) Square footage o	of crawlspace or enclosure(s)		0 sq ft			
b) Number of perma	anent flood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adiacent gra	ade 0
	flood openings in A8.b 0		sq in			
d) Engineered flood						
A9. For a building with a		,				
a) Square footage of	of attached garage 818		sa ft			
	anent flood openings in the atta		i	o treatishe avode to	rade	5
		000 000	sq in	ot above aujacent g		3
			, sq III			1
d) Engineered flood	openings? X Yes No	5				
	SECTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
	me & Community Number		B2. County Name	·		B3. State
SARASOTA COUNTY -	125144		SARASOTA			Florida
Number	Suffix B6. FIRM Index Date	E1	IRM Panel fective/ evised Date	B8. Flood Zone(s)	(Zoi	e Flood Elevation(s) ne AO, use Base nd Depth)
125144-0327 E	09/03/1992	09/03	/1992	A12 & AE	1	11' & 12
B10 Indicate the source	of the Base Flood Elevation (I	DEE\ 4	oto or book flood de	-4h4		
	FIRM Community Determ			pur entered in item	Da:	
B11. Indicate elevation of	datum used for BFE in Item B9	: 🗵 N	GVD 1929 NA	.VD 1988	ner/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? \(\subseteq \) Yes \(\subseteq \) No						
Designation Date: CBRS OPA						
		DNO	☐ OPA			A

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding	information from Se	ction A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or 421 BAYVIEW PARKWAY	Bldg. No.) or P.O. Rou	ite and Box No.	Policy Number:	
City State ZIP Code NOKOMIS Florida 34275			Company NAIC Number	
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RI	EQUIRED)	
 C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when concern the complete Items C2.a—h below according to the build Benchmark Utilized: SARCO BM#127-B EL: 7.62' 	VE. V1-V30. V (with B	ng is complete. FE), AR, AR/A, AR/ in Item A7. In Puert	/AF AR/A1_A30 AR/AH AR/AO	
Indicate elevation datum used for the elevations in it				
⋈ NGVD 1929				
Datum used for building elevations must be the sam	e as that used for the E	BFE.	Charle the management of	
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor	12.9	Check the measurement used. X feet	
b) Top of the next higher floor		13 3		
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A	<u> </u>	
d) Attached garage (top of slab)	(v Zones only)	9 2	X feet meters	
e) Lowest elevation of machinery or equipment sen	doing the building	13.0	X feet meters	
(Describe type of equipment and location in Com	ments)		X feet meters	
f) Lowest adjacent (finished) grade next to building	(LAG)	<u> </u>	X feet meters	
g) Highest adjacent (finished) grade next to building	(HAG)	9.0	X feet meters	
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including	<u> </u>	X feet	
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	MV DAST ATTOMS TO INTAI	nrot the data availa	law to certify elevation information. ble. I understand that any false	
Were latitude and longitude in Section A provided by a lice	ensed land surveyor?	⊠Yes □ No	Check here if attachments.	
Certifier's Name	License Number			
B. GREGORY RIETH	5228		19 July 19 19 19 19 19 19 19 19 19 19 19 19 19	
Title PSM/CFM	9	. 33		
Company Name STRAYER SURVEYING & MAPPING, INC.			Place *	
Address 742 SHAMROCK BLVD		3	Place * Here O.	
City VENICE	State Florida	ZIP Code 34293		
Signature B G T	Date 10/11/2016	Telephone (941) 497-1290		
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community of	ficial, (2) insurance a	gent/company, and (3) building owner.	
Comments (including type of equipment and location, per FILE # 11-01-61. THE OUTSIDE A/C UNIT ON THE WEST DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST BEEN INSTALLED. STRUCTURE LIES IN ZONES A12 (SIGNATURE.	C2(e), if applicable) ST SIDE OF THE HOM FAPP - NO CONVERS	E WAS USED FOR	SECTION C2e. SECTION A5 WAS	

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

	ORTANT: In these spaces, copy the correspon				FOR INSURAN	ICE COMPANY USE
421	lding Street Address (including Apt., Unit, Suite, a BAYVIEW PARKWAY		r P.O. Route and Bo	ox No.	Policy Number	
City NO	KOMIS	State Florida	ZIP Code 34275		Company NAIC	Number
	SECTION E – BUILDING E FOR ZO	LEVATION INFO	ORMATION (SUR) NE A (WITHOUT B	/EY NOT (FE)	REQUIRED)	
con	Zones AO and A (without BFE), complete Items in plete Sections A, B,and C. For Items E1–E4, use er meters.	E1–E5. If the Certing natural grade, if a	ficate is intended to available. Check the	support a measurer	LOMA or LOMF	R-F request, uerto Rico only,
E1.	Provide elevation information for the following at the highest adjacent grade (HAG) and the lowes a) Top of bottom floor (including basement,	nd check the appro st adjacent grade (I	opriate boxes to sho LAG).	w whether	the elevation is	above or below
	crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet	meters	s 🔲 above or	below the HAG.
F2	crawlspace, or enclosure) is	Languinga provide		meter		below the LAG.
L .	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided		meters	<u> </u>	2 of Instructions),
	Attached garage (top of slab) is		feet	meters		below the HAG.
	Top of platform of machinery and/or equipment servicing the building is			meters		below the HAG.
E5.	Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	ble, is the top of th	ne bottom floor eleve own. The local offi	ated in acc cial must c	cordance with the ertify this inform	e community's ation in Section G.
	SECTION F - PROPERTY OF	WNER (OR OWNE	R'S REPRESENTA	TIVE) CE	RTIFICATION	
		tive who complete	e Sections A. B. an	d E for Zor	an A (without a l	EDMA issued on
COIT	property owner or owner's authorized representa munity-issued BFE) or Zone AO must sign here.	The statements in	Sections A, B, and	E are corr	ect to the best o	of my knowledge.
Pro	perty Owner or Owner's Authorized Representation	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Pro	munity-issued BFE) of Zone AO must sign here.	The statements in	Sections A, B, and	E are corr	ect to the best o	ZIP Code
Pro	perty Owner or Owner's Authorized Representation	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.
Prop Add Sign	perty Owner or Owner's Authorized Representativess	The statements in	Sections A, B, and	E are corr	ect to the best o	f my knowledge.

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., U 421 BAYVIEW PARKWAY	nit, Suite, and/or Bidg. No.)	or P.O. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	ZIP Code 34275	Company NAIC Number
	The second second	INFORMATION (OPTIONA	1)
The local official who is authorized by law			
Sections A, B, C (or E), and G of this Ele- used in Items G8–G10. In Puerto Rico or	vation Certificate. Complete	the community's noodplain the community's noodplain the applicable item(s) and s	management ordinance can complete sign below. Check the measurement
G1. The information in Section C was engineer, or architect who is au data in the Comments area below.	ithorized by law to certify el	entation that has been signe evation information. (Indicate	d and sealed by a licensed surveyor, e the source and date of the elevation
G2. A community official completed or Zone AO.	Section E for a building loo	cated in Zone A (without a Fi	EMA-issued or community-issued BFE)
G3. The following information (Items	s G4–G10) is provided for o	community floodplain manag	ement purposes.
G4. Permit Number	G5. Date Permit Iss	sued G6	6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction [Substantial Improvement	
G8. Elevation of as-built lowest floor (income of the building:	cluding basement)		eet meters
G9. BFE or (in Zone AO) depth of flooding	ng at the building site:		eet meters Datum
G10. Community's design flood elevation	: <u> </u>		eet meters Datum
Local Official's Name		Title	
Community Name	5 5	Telephone	
Signature		Date	
Comments (including type of equipment a	nd location, per C2(e), if ap	plicable)	- 20 4 1 2 2
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

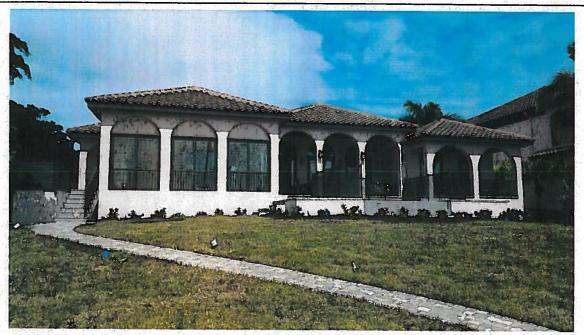
IMPORTANT: in these spaces, o	FOR INSURANCE COMPANY USE		
Building Street Address (including 421 BAYVIEW PARKWAY	g Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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 VEIW 10/11/16

Photo One Caption



REAR VIEW 10/11/16

Photo Two Caption

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, o	copy the corresponding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including 421 BAYVIEW PARKWAY	g Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City NOKOMIS	State Florida	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.



Photo One Caption



VENTS 10/11/16

Photo Two Caption



ICC-ES Evaluation Report

ESR-2074

Reissued February 2015

This report is subject to renewal February 2017.

www.icc-es.org | (800) 423-6587 | (562) 699-0543

A Subsidiary of the International Code Council®

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 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 #1540-524; SMARTVENT™ OVERHEAD DOOR MODEL #1540-514

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2009 and 2006 International Building Code® (IBC)
- 2009 and 2006 International Residential Code® (IRC)
- 2013 Abu Dhabi International Building Code (ADIBC)[†]

 †The ADIBC is based on the 2009 IBC. 2009 IBC code sections referenced in this report are the same sections in the ADIBC.

Properties evaluated:

- Physical operation
- Water flow

2.0 USES

The Smart Vent® units are automatic foundation flood vents (AFFVs) employed to equalize hydrostatic pressure on nonfire-resistance-rated foundation walls, rolling-type overhead doors and building walls subject to rising or falling flood waters. The Smart Vent® units are intended for use where flood hazard areas have been established in accordance with IBC Section 1612.3 or IRC Section R3222.1. Certain models also allow natural ventilation in accordance with Section 1203 of the IBC or Section 408.1 of the IRC.

3.0 DESCRIPTION

3.1 General:

When subjected to pressure from rising water, the Smart

Vent[®] AFFVs disengage, then pivot open to allow flow in either direction to equalize water level and hydrostatic pressure from one side of the foundation to the other. The AFFV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, the buoyant release device causes the unit to unlatch, allowing the plate to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. The SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 units each contain two vertically arranged openings per unit.

3.2 Engineered Opening:

The AFFVs comply with the design principle noted in Section 2.6.2.2 of ASCE/SEI 24 for a maximum rate of rise and fall of 5.0 feet per hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent AFFVs must be installed in accordance with Section 4.0.

3.3 Model Sizes:

The FloodVENT™ Model #1540-520, SmartVENT™ Model #1540-510, FloodVENT™ Overhead Door Model #1540-524, and SmartVENT™ Overhead Door Model #1540-514 units measure 15³/₄ inches wide by 7³/₄ inches high (400 by 196.9 mm). The Wood Wall Flood Model #1540-570 and Wood Wall Flood Overhead Door Model #1540-570 units measure 14 inches wide by 8³/₄ inches high (355.6 by 222.25 mm). The SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 units measure 16 inches wide by 16 inches high (406.4 by 406.4 mm).

3.4 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with ¹/₄-inch-by-¹/₄-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm²) of net free area to supply natural ventilation. The SmartVENT™ Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm²) of net free area to supply natural ventilation. Other AFFVs recognized in this report do not offer natural ventilation.

4.0 INSTALLATION

SmartVENT® and FloodVENT™ are designed to be installed into walls or overhead 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. The



mounting straps allow mounting in wood, masonry and concrete walls up to 12 inches (305 mm) thick. In order to comply with the engineered opening design principle noted in Section 2.6.2.2 of ASCE/SEI 24, the Smart Vent® AFFVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one AFFV for every 200 square feet (18.6 m²) of enclosed area, except that the SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 must be installed with a minimum of one AFFV for every 400 square feet (37.2 m²) of enclosed area.
- Below the base flood elevation.
- With the bottom of the AFFV located a maximum of 12 inches (305.4 mm) above grade.

5.0 CONDITIONS OF USE

The Smart Vent® AFFVs 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 Smart Vent[®] AFFVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.
- 5.2 The Smart Vent[®] AFFVs 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.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Automatic Foundation Flood Vents (AC364), dated October 2013 (editorially revised May 2014).

7.0 IDENTIFICATION

The Smart VENT® models recognized in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).