

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>JAY AND MARY TINGLE</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>2601 BROAD STREET</u>	Company NAIC Number: _____
City: <u>NOKOMIS</u> State: <u>FL</u> ZIP Code: <u>34275</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>PT. LOTS 5 & 6, BLOCK E, HAVANA HEIGHTS, PID#0161020050</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>27.159578</u> Long. (-) <u>82.473173</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>6</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>1,037</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" 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: <u>N/A</u> Engineered flood openings: <u>8</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>2000</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>SARASOTA COUNTY</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>12115C0236</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>10</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 INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2601 BROAD STREET	FOR INSURANCE COMPANY USE
City: <u>NOKOMIS</u> State: <u>FL</u> ZIP Code: <u>34275</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: NGS DATAPOINT P727 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>6.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>16.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>N/A</u> | <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): | <u>11.1</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>4.7</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>5.1</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>4.7</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: JAMES B AMBERGER License Number: PSM 6333

Title: PRESIDENT

Company Name: JIM AMBERGER LAND SURVEYING, LLC

Address: 1055 S. TAMIAMI TRAIL SUITE 110-B

City: SARASOTA State: FL ZIP Code: 34236

Telephone: (941) 955-6333 Ext.: _____ Email: bergertime@verizon.net

Signature: _____ Date: 11/22/2023



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):

A5: SCALED FROM LABINS WEBSITE.

C2e: ELECTRICAL SERVICE PANEL LOCATED ON SOUTH SIDE OF RESIDENCE.

A8(a/d): FREEDOM FLOOD VENT MODEL FFV-1608. THESE VENTS ARE RATED TO PROVIDE SUFFICIENT HYDROSTATIC PRESSURE FOR 250 SQUARE FEET EACH.

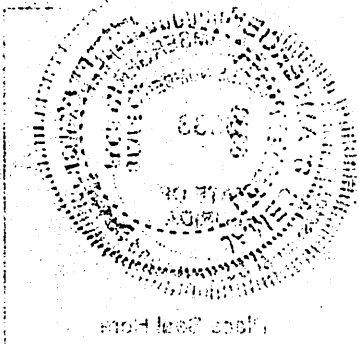
HYDROSTATIC PRESSURE FOR 200 SQUARE FEET FLOOR AREA FROM FLOOD VENT MODULAR FLOW-VENT. THESE MEASUREMENTS ARE RATED TO PROVIDE SUFFICIENT OVER ELECTRICAL SERVICE PANEL LOCATED ON SOUTH SIDE OF RESERVATION AS SCALD FROM LABS WEBSITE.

Comments (including number of conversion tests in CS, type of equipment and for whom the CS and a description of any equipment)

Copy all pages (including this) to the Florida Commission and all attach this to (1) company email (2) insurance agent/company and (3) building owner.

Signature

Date: 11/20/06



Company Name: JIM AMBERGER LAND SURVEYING, LLC

Address: 1088 E TAMAMI TRAIL SUITE 110-B

City: SARASOTA

State: FL Zip Code: 34236

Telephone: (941) 888-8333

Fax:

Email: jamberger@jamberger.com

Title: PRESIDENT

Company Name: JAMES B. AMBERGER

Florida License: 10003

Check here if attachments and details in the Comments field.

Other include and include in Section 7, provided by a licensed land surveyor. Yes No

These statements may be considered by the Commission in accordance with Section 100.02, Florida Statutes. This information is hereby being furnished to the Commission regarding the data provided in this statement that only this information is to be signed and sealed by a land surveyor, engineer or architect and used for a public elevation.

SECTION 10 - ALTERNATE CONSTRUCTION CERTIFICATION

(i) Finished LAG at lowest elevation of attached deck or area, including structural support.

(j) Highest Adjacent Grade (HAG) (not including building) finished unfinished

(k) Lowest Adjacent Grade (LAG) (not including building) finished unfinished

(l) Attached garage (top of slab)

(m) Top of the next higher floor (see instructions)

(n) Top of finished floor (including basement, crawlspace, or enclosed porch)

If Yes, describe the nature of the conversion factor in the Section 10 Comments field.

Factors used for building elevations must be the same as that used for the BE. Conversion factor needs Yes No

HAVE THIS HAVE THIS OTHER

Indicate elevation items used for the elevations in item 2, through 6, below.

Basement finished floor DATUM POINT Vertical Datum: NAVD 1983

AGA: Complete items 2.5-4 below according to the Building Elevation section of item 2A. In Florida, CGC only, elevation is based on Mean Sea Level (MSL) for ARK and E ARK and 100 ARK and ARK-AD.

A new elevation method will be required when construction of the building is complete. Construction Elevation Building Elevation Finished Construction

SECTION 9 - BUILDING ELEVATION INFORMATION (ALTERNATE CONSTRUCTION)

City: HOMOS

State: FL

Zip Code: 34236

Company NAIC Number

Year of Elevation

5011 BRAD STREET

Building Street Address (including Apt. Unit, 2nd address) (Use 000000 for no box top)

FOR INFORMATION COMPANY USE

ELEVATION CERTIFICATE

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

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.: 2601 BROAD STREET	FOR INSURANCE COMPANY USE
City: NOKOMIS State: FL ZIP Code: 34275	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.: 2601 BROAD STREET	FOR INSURANCE COMPANY USE
City: <u>NOKOMIS</u> State: <u>FL</u> ZIP Code: <u>34275</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: 22 111227 B1 G6. Date Permit Issued: 8/5/2022
- 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: Ember Dunn Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature:  Date: 11/22/2023

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.: 2601 BROAD STREET	FOR INSURANCE COMPANY USE
City: NOKOMIS State: FL ZIP Code: 34275	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 _____ feet meters above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

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.:
2601 BROAD STREET

FOR INSURANCE COMPANY USE

Policy Number: _____

City: NOKOMIS State: FL ZIP Code: 34275

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 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.:
2601 BROAD STREET

City: NOKOMIS State: FL ZIP Code: 34275

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: SIDE VIEW (SOUTH SIDE)

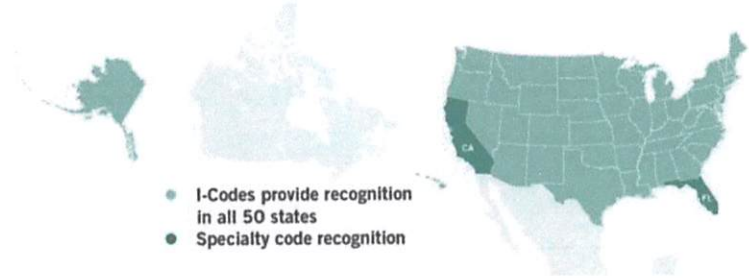
Clear Photo Three



Photo Four

Photo Four Caption: TYPICAL FLOW -THRU VENT

Clear Photo Four



ICC-ES Evaluation Report

Reissued March 2022

ESR-4332

This report is subject to renewal March 2024.

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents / Foundation Flood Vents

REPORT HOLDER:

SMART PRODUCT INNOVATIONS, INC.

EVALUATION SUBJECT:

**FREEDOM FLOOD VENT™ AUTOMATIC FOUNDATION
FLOOD VENT: MODEL FFV-1608**

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2021, 2018, 2015, 2012, 2009 and 2006 *International Building Code*® (IBC)
- 2021, 2018, 2015, 2012, 2009 and 2006 *International Residential Code*® (IRC)

Properties evaluated:

- Physical operation
- Water flow
- Weathering

2.0 USES

The model FFV-1608 Freedom Flood Vent™ is used to equalize hydrostatic pressure on walls of enclosures subject to rising or falling floodwaters. With the cover removed, the model FFV-1608 also provides natural air ventilation.

3.0 DESCRIPTION

3.1 General:

The model FFV-1608 Freedom Flood Vent™ is an engineered mechanically operated in-wall flood vent (FV) that automatically allows floodwater to enter an enclosed area and exit. The FV is comprised of a polycarbonate frame with mounting flange and a polycarbonate horizontally pivoting door. When subjected to rising water, the model FFV-1608 Freedom Flood Vent™ door is activated and pivots to allow water and debris to flow in either direction to equalize hydrostatic pressure from one side of the enclosure to the other. The FV features a removable polycarbonate cover. The FV door will activate and pivot when subjected to rising water with or without the polycarbonate cover installed.

3.2 Engineered Opening:

The FV complies with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/ SEI 24-14 (2021, 2018 and 2015 IBC and IRC) [Section 2.6.2.2 of ASCE/ SEI 24-05 (2012, 2009, 2006 IBC and IRC)] 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, Freedom Flood Vent™ FVs must be installed in accordance with Section 4.0 below. See Table 1 for vent size and maximum allowable area coverage for a single vent.

4.0 DESIGN AND INSTALLATION

The model FFV-1608 Freedom Flood Vent™ is designed to be installed into walls or overhead doors of existing or new construction. Installation of the vent 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 (2021, 2018 and 2015 IBC and IRC) [Section 2.6.2.2 of ASCE/ SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Freedom Flood Vent™ must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one FV for every 250 square feet (23.2 m²) of enclosed area.
- Below the base flood elevation.
- With the bottom of the vent located a maximum of 12 inches (305.4 mm) above the higher of the final interior grade or floor and the finished exterior grade immediately under each opening.

5.0 CONDITIONS OF USE

The Freedom Flood Vent™ described in this report complies with, or is a suitable alternative to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The model FFV-1608 Freedom Flood Vent™ unit 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 shall govern.
- 5.2 The model FFV-1608 Freedom Flood Vent™ unit must not be used in place of "breakaway walls" in coastal

high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

5.3 Use of the Freedom Flood Vent as under-floor space ventilation is outside the scope of this report.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised February 2021).

7.0 IDENTIFICATION

7.1 The Freedom Flood Vent™ model described in this report must be identified by a label bearing the manufacturer’s name (Smart Product Innovations, Inc.) and the evaluation report number (ESR-4332).

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

SMART PRODUCT INNOVATIONS, INC.
 430 ANDBRO DRIVE, UNIT 1
 PITMAN, NEW JERSEY 08071
 (800) 507-1527
www.freedomfloodvent.com
info@freedomfloodvent.co

TABLE 1—FREEDOM FLOOD VENT™

MODEL NAME	MODEL NUMBER	MODEL SIZE	COVERAGE (sq. ft.)
Freedom Flood Vent™	FFV-1608	15 ³ / ₄ " X 8 ¹ / ₁₆ "	250

For SI: 1 inch = 25.4 mm

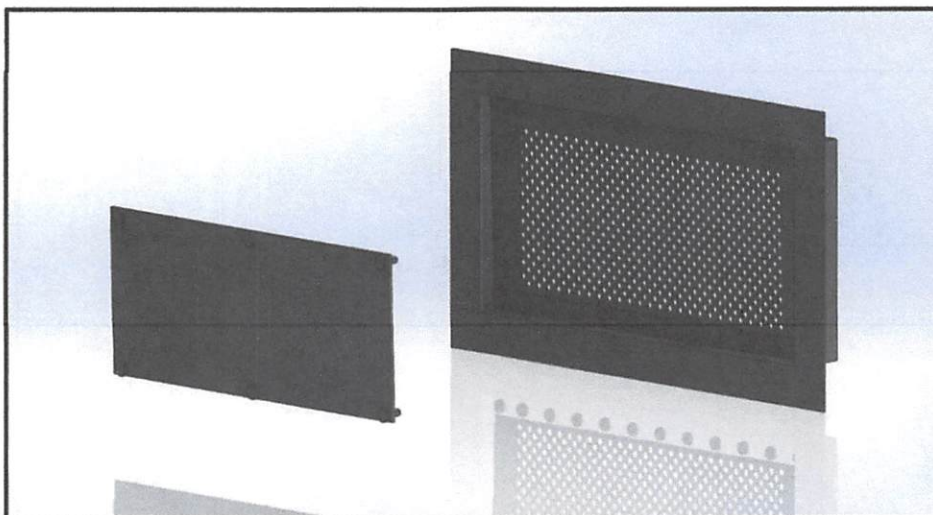


FIGURE 1—MODEL FFV-1608 FREEDOM FLOOD VENT™: SHOWN WITH COVER REMOVED

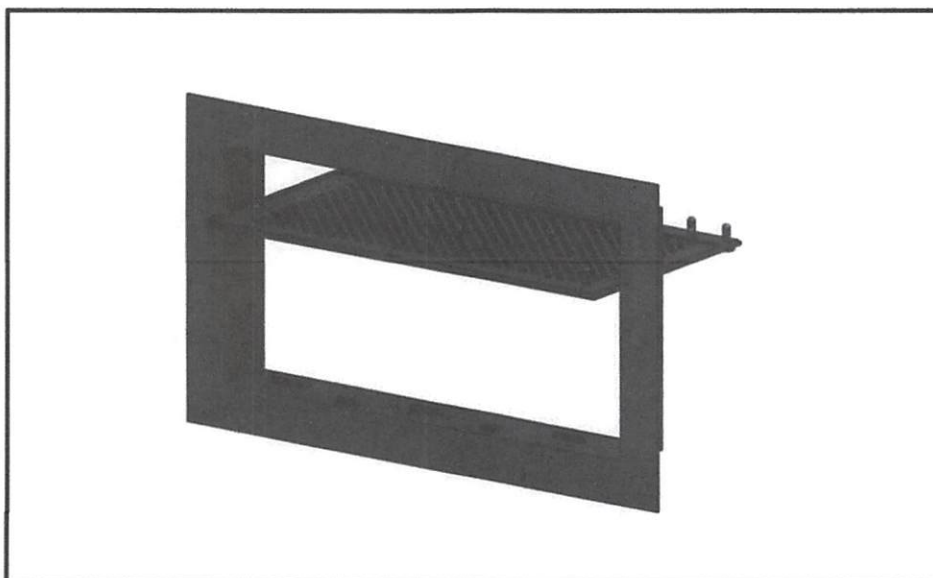


FIGURE 2—MODEL FFV-1608 FREEDOM FLOOD VENT™: SHOWN WITH FLOOD DOOR PIVOTED OPEN

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents / Foundation Flood Vents

REPORT HOLDER:

SMART PRODUCT INNOVATIONS, INC.

EVALUATION SUBJECT:

FREEDOM FLOOD VENT™ AUTOMATIC FOUNDATION FLOOD VENT: MODEL FFV-1608

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that the Freedom Flood Vent™ Automatic Foundation Flood Vent: Model FFV-1608, described in ICC-ES evaluation report ESR-4332, has also been evaluated for compliance with codes noted below.

Applicable code editions:

- 2019 California Building Code (CBC)

For evaluation of applicable chapters adopted by the California Office of Statewide 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 Freedom Flood Vent™ Automatic Foundation Flood Vent: Model FFV-1608, described in Sections 2.0 through 7.0 of the evaluation report ESR-4332, complies 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 and Chapters of the CBC are beyond the scope of this supplement.

2.1.2 DSA: The applicable DSA Sections and Chapters of the CBC are beyond the scope of this supplement.

2.2 CRC:

The Freedom Flood Vent™ Automatic Foundation Flood Vent: Model FFV-1608, described in Sections 2.0 through 7.0 of the evaluation report ESR-4332, complies with the 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 March 2022.

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents / Foundation Flood Vents

REPORT HOLDER:

SMART PRODUCT INNOVATIONS, INC.

EVALUATION SUBJECT:

FREEDOM FLOOD VENT™ AUTOMATIC FOUNDATION FLOOD VENT: MODEL FFV-1608

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Freedom Flood Vent™ Automatic Foundation Flood Vent: Model FFV-1608, described in ICC-ES evaluation report ESR-4332, has 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 Freedom Flood Vent™ Automatic Foundation Flood Vent: Model FFV-1608, described in Sections 2.0 through 7.0 of the evaluation report ESR-4332, complies with the *Florida Building Code—Building* and the *Florida Building Code—Residential*, provided the design requirements are determined in accordance with the *Florida Building Code—Building* and the *Florida Building Code—Residential*, as applicable. The installation requirements noted in ICC-ES evaluation report ESR-4332 for the 2018 *International Building Code*® (IBC) meet the requirements of *Florida Building Code—Building* and the *Florida Building Code—Residential*, as applicable.

Use of the Freedom Flood Vent™ Automatic Foundation Flood Vent: Model FFV-1608 has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the *Florida Building Code—Building* and the *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 March 2022.