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

☐ Check here if attachments.	
ä	
2	
AND RESIDENCE OF THE PROPERTY	
. I	
	A second district to the second district to t
	Comments (including type of equipment and location per C2(e) if anniholds)
	Signature
THE PROPERTY OF THE PROPERTY O	Community Name Telephone
THE PROPERTY OF THE PROPERTY O	Local Official's Name Title
meters Datum	G10. Community's design flood elevation:
meters Datum	G9. BFE or (in Zone AO) depth of flooding at the building site:
meters Datum	of the building:
	CB Elevation of an huit lawest floor (including become)
	G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
The state of the s	
Date Certificate of Compliance/Occupancy Issued	G4. Permit Number G5. Date Permit Issued G6. D
	[
	C3 The following information (Items G4_G10) is provided for community floodylain management supports
4-issued or community-issued BFE)	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.
	data in the Comments area below.)
nd sealed by a licensed surveyor, e source and date of the elevation	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 law to certify elevation information. (Indicate the source and date of the elevation
nagement ordinance can complete below. Check the measurement	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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.
	SECTION G - COMMUNITY INFORMATION (OPTIONAL)
Company NAIC Number	City State ZIP Code Nokomis Florida 34275
	1900 Casey Key Road - Pavillion
Policy Number:	Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
Expiration Date November 30, 2010	IMPORTANT: In those spaces converts or the company that is a second of the converts of the con

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.

	SEC	SECTION A - PROPERTY INFORMATION	VINFORMATION		FOR INSURA	FOR INSURANCE COMPANY USE
A1. Building Owner's Name Daniel J. and Shannon M. Connors	r's Name non M. Conr	9701			Policy Number	ä
A2. Building Street Address (incl Box No. 1900 Casey Key Road - Pavillion	Address (in ad - Pavillio	cluding Apt., Unit, Sui n	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. D Casey Key Road - Pavillion	P.O. Route and	Company NAIC Number:	IC Number:
City Nokomis	1		State Florida		ZIP Code 34275	
A3. Property Description (Lot and Parcel ID #0166050003_Pavillion	iption (Lot a)003_Pavillic	nd Block Numbers, Ta on	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID #0166050003_Pavillion	al Description, etc.)		
A4. Building Use (g., Resider	itial, Non-Residential,	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	tc.) ACCESSORY		
A5. Latitude/Longitude: Lat. 27"09'00.4625"N	ude: Lat 2	7°09'00.4625"N	Long. 82°28'46.6311"W	W Horizontal Datum:	um: 🗌 NAD 1927	27 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if th	Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	sed to obtain flood ins	urance.	V-,
A7. Building Diagram Number	m Number	6				
A8. For a building v	vith a crawls	For a building with a crawlspace or enclosure(s):				
a) Square foot	age of crawl	a) Square footage of crawlspace or enclosure(s)		2316.00 sq ft		
b) Number of p	ermanent fic	ood openings in the cr	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	(s) within 1.0 foot abov	ve adjacent grad	e 12
c) Total net area of flood openings in A8.b	a of flood of	penings in A8.b	1536.00 sq in			
d) Engineered	Engineered flood openings?	X Yes □	No			
A9. For a building with an attached garage:	ith an attach	ed garage:				
 a) Square footage of attached garage 	age of attach	ed garage	0.00 sq ft			
b) Number of p	ermanent flo	ood openings in the at	 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 	.0 foot above adjacen	t grade 0	
c) Total net area of flood openings in A9.b	a of flood or	enings in A9.b	0.00 sq in	5		
d) Engineered flood openings?	flood openin	☐ Yes ☐	No.			8 -
	SE	CTION B - FLOOD	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	MAP (FIRM) INFORM	ATION	
B1. NFIP Community Name & Community Number Sarasota County, FI 125144	ly Name & C 125144	community Number	B2. County Name Sarasota	lame		B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/	B8. Flood B9 Zone(s)	Base Flood Elev (Zone AO, use I	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
12115C0238	П	11-04-2016	11-04-2016	AE 10		
B10. Indicate the so	ource of the	Base Flood Elevation (BFE)	Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:	od depth entered in Its	am 89:	
B11. Indicate eleva	tion datum u	B11. Indicate elevation datum used for BFE in Item B9: [] NGVD 1929		X NAVD 1988 □	Other/Source:	
B12. Is the building	located in a	Coastal Barrier Resc	Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [] Yes	area or Otherwise Pro	otected Area (OF	A)? ☐ Yes ☒ No
Designation Date:	ate:		CBRS OPA			

OMB No. 1660-0008
Expiration Date: Novemb

based on FDNR Benchmark #R101, elevation= Field data collected 02-14-2018. The equipment rents listed in A9 are engineered flood vents; the 200 sq.ft.; therefore the 12 vents in the Pavillion 0.	Comments (including type of equipment and location, per C2(e), if applicable) The purpose of this certificate is to reflect the Finished Construction elevations. Site BM based on FDNR Benchmark #R101, elevation= 13.71 feet (NAVD 1988), Site TBM, a Iron rod no id, elevation=11.67 feet (NAVD 1988). Field data collected 02-14-2018. The equipment referenced in C2.e) is the AC unit(s), located on the south face of the house. The flood vents listed in A9 are engineered flood vents; the square footage listed is the actual openings in the wall. Each vent is capable of venting 200 sq.ft.; therefore the 12 vents in the Pavillion will vent 2400 sq.ft. Please see attached ICC-ES Report for SmartVent Models 1540-510.	Comments The purpos 13.71 feet (referenced square foot will vent 24
gent/company, and (3) building owner,	s of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner	Copy all pages
Ext. C		Signature
N. M. M. 18	State ZIP Code Florida 34205	City Bradenton
Here		Address 518 13th St. East
IFICORID ORID	and Mapping LLC	Company Name OMC Surveying
TO STATE OF THE ST		Title PROF SURVEYOR
IIII. THE STATE	License Number PLS #4807	Certifier's Name Walter J. Smith
aw to certify elevation information. ile. I understand that any false X Check here if attachments.	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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No X Check here if attachments.	This certific to certify that I certify that I certify that I certify that I certify the I certify that I certify
ATION	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	A STATE OF THE STA
feet meters	Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	h) Lo
5.00 X feet meters	Highest adjacent (finished) grade next to building (HAG)	g) Hig
2.64 X feet meters		f) Lo
10.02 X feet meters	Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	e) [5
☐ feet ☐		
	Bottom of the lowest horizontal structural member (V Zones only)	c) Bo
2.64 X feet meters	ng basement, crawispace, or enclosure floor)	
Check the measurement used.	Datum used for building elevations must be the same as that used for the BFE.	Datum
	Indicate elevation datum used for the elevations in items a) through h) below.	Indica
IE, AR/A1-A30, AR/AH, AR/AO. Rico only, enter meters.	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: FDNR BM #R-101 EL=13.71 FEET Vertical Datum: NAVD 1988	C2. Eleva Comp Bench
tion* X Finished Construction	Building elevations are based on: Construction Drawings* Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete.	C1. Buildi *A nev
QUIRED)	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
Company NAIC Number	State ZIP Code C Florida 34275	City Nokomis
Policy Number:	Box No.	Building Str 1900 Casey
FOR INSURANCE COMPANY USE	IMPORTANT: In these spaces, copy the corresponding information from Section A.	IMPORTAN
expiration pate: November 30, 2018		

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

Check here if attachments.				22				
381								
							** ₂ ,	
	-							
			N					Z =
								11 gi
								Comments
	Telephone		Date			- > D		Signature
ZIP Code	State		City					Address
				ive's Name	Representat	Authorized	Property Owner or Owner's Authorized Representative's Name	Property Ov
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. The statements in Sections A, B, and E are correct to the best of my knowledge.	Zone A (with orrect to the	, B, and E for a B, and E are c	letes Sections A s in Sections A,	ative who comp . The statement	ed represent ist sign here	er's authoriza Zone AO mu	y owner or own ssued BFE) or	The propert community-
FION	CERTIFICAT	SENTATIVE)	SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION	WNER (OR OV	ROPERTY C	TION F - PI	SEC	
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 Duknown. The local official must certify this information in Section G.	accordance v	or elevated in a cal official mus	of the bottom flo nknown. The lo	able, is the top	mber is avail ☐ Yes	od depth nui it ordinance/	O only: If no flo ain managemen	E5. Zone A floodpl
above or below the HAG.	_	☐ feet ☐ meters			r equipment	hinery and/o	Top of platform of machinery and/or equipment servicing the building is	E4. Top of servici
above or below the HAG.	_	☐ feet ☐ meters				of slab) is	Attached garage (top of slab) is	E3. Attach
above or below the HAG.	ers ab	☐ feet ☐ meters			'n	levation C2.	the next higher floor (elevation C2.b in the diagrams) of the building is	the nex
10	or 9 (see pa	A Items 8 and/	For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9	d openings prov	manent floo	6-9 with per	lding Diagrams	E2. For Bu
above or below the HAG. above or below the LAG.		feet meters			asement,	(including backer) is	Crawispace, or enclosure) is Top of bottom floor (including basement, crawispace, or enclosure) is	b) Top
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement,	ner the eleva	to show wheth	ppropriate boxes de (LAG).	ind check the a st adjacent grad	e following a and the lowe asement,	mation for th rade (HAG) ; (including b	Provide elevation information for the following the highest adjacent grade (HAG) and the loan Top of bottom floor (including basement,	E1. Provid the hig a) Top
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.	t a LOMA or rement used	nded to support eck the measu	ertificate is inter , if available. Ch	E1-E5. If the C e natural grade	nplete Items is E1-E4, us	ut BFE), cor	NO and A (witho ections A, B,ands.	For Zones A(complete Sec enter meters.
ED)	TREQUIR	(SURVEY NO	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)	ELEVATION I	BUILDING FOR ZO	CTION E -	SE	
Company NAIC Number	Company	хdе	ZIP Code 34275	State Florida				City Nokomis
umber	Policy Number:	and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1900 Casey Key Road - Pavillion	and/or Bldg. No	Unit, Suite,	cluding Apt., willion	Building Street Address (including 1900 Casey Key Road - Pavillion	Building St 1900 Case
FOR INSURANCE COMPANY USE	FOR INS	on A.	IMPORTANT: In these spaces, copy the corresponding information from Section A.	nding informa	ne correspo	ces, copy t	T: In these spa	IMPORTAN

ELEVATION CERTIFICATE BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

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

Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. Nokomis 1900 Casey Key Road - Pavillion Florida State 34275 ZIP Code Policy Number Company NAIC Number FOR INSURANCE COMPANY USE

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.

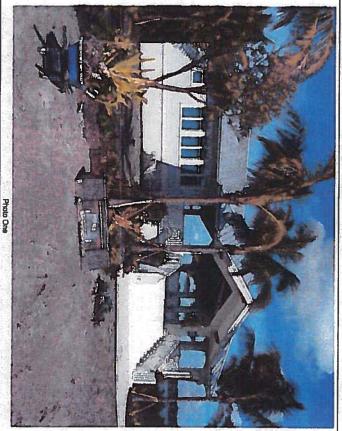


Photo One Caption **PAVILLION FRONT**

Clear Photo One

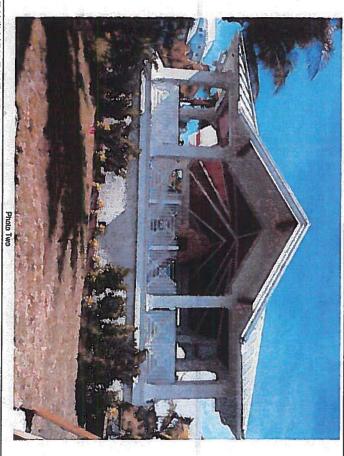


Photo Two Caption PAVILLION EAST VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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

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

Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. Nokomis 1900 Casey Key Road - Pavillion Florida State ZIP Code Policy Number: Company NAIC Number FOR INSURANCE COMPANY USE

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.

34275

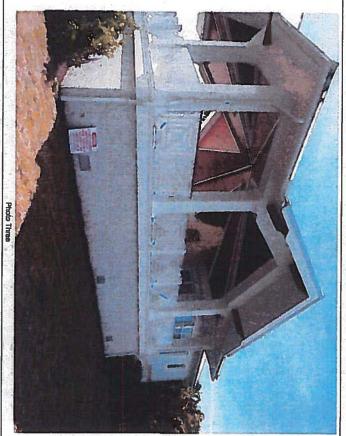
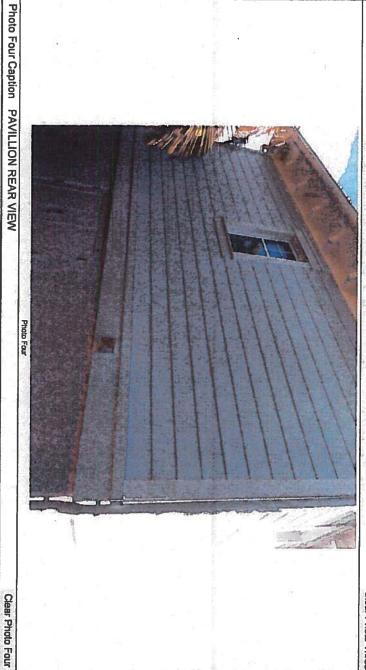


Photo Three Caption PAVILLION NORTH VIEW

Clear Photo Three



FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

Form Page 6 of 6

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A. **Nokomis** Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 1900 Casey Key Road - Pavillion Florida State 34275 ZIP Code Company NAIC Number Policy Number FOR INSURANCE COMPANY USE

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.

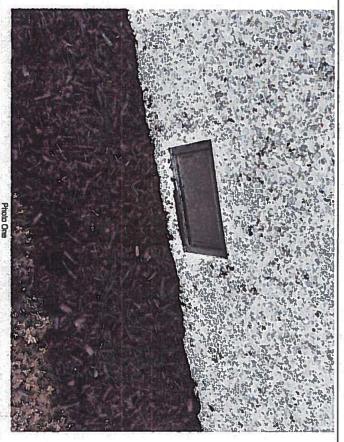


Photo One Caption **PAVILLION VENT 1**

Clear Photo One



Photo Two Caption PAVILLION VENT 2

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Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

Company NAIC Number	ZIP Code 34275	State	City
Policy Number:	or P.O. Route and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number 1900 Casey Key Road - Pavillion	Building Street Address (including 1900 Casey Key Road - Pavillion
FOR INSURANCE COMPANY USE	n from Section A.	ppy the corresponding informatio	IMPORTANT: In these spaces, copy the corresponding information from Section A.

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.

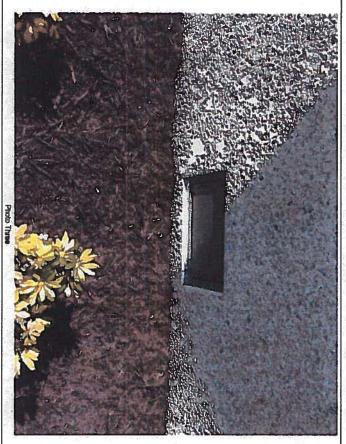


Photo Three Caption PAVILLION VENT 3

Clear Photo Three

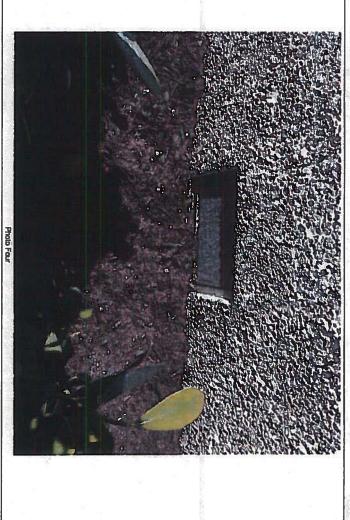


Photo Four Caption PAVILLION VENT 4

Replaces all previous editions.

Form Page 6 of 6 Clear Photo Four

ELEVATION CERTIFICATE BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

	nda 34275	Nokomis
Company NAIC Number	ZIP Code	City State
		1900 Casey Key Road - Pavillion
Policy Number:	Bldg. No.) or P.O. Route and Box No.	Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. Policy Number.
FOR INSURANCE COMPANY US		IMPORTANT: In these spaces, copy the corresponding information from Section A.

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.

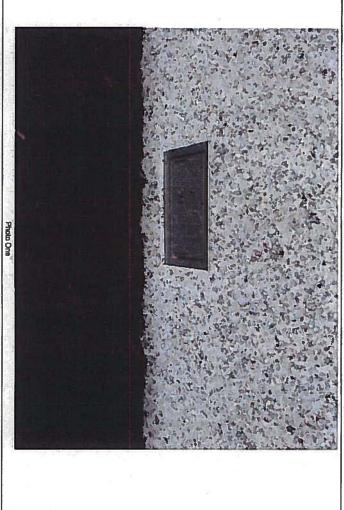
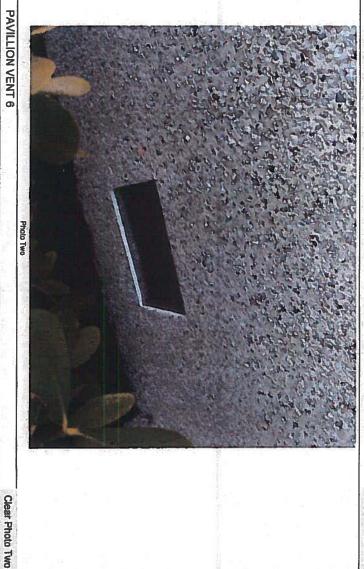


Photo One Caption

PAVILLION VENT 5

Clear Photo One



FEMA Form 086-0-33 (7/15) Photo Two Caption

Replaces all previous editions.

Form Page 5 of 6

BUILDING PHOTOGRAPHS

Continuation Page

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

Company NAIC Number	ZIP Code 34275	State	Nokomis Nokomis
Policy Number:	or P.O. Route and Box No.	nr, Suite, and/or Bidg. No.)	1900 Casey Key Road - Pavillion

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 Three Caption PAVILLION VENT 7

Clear Photo Three

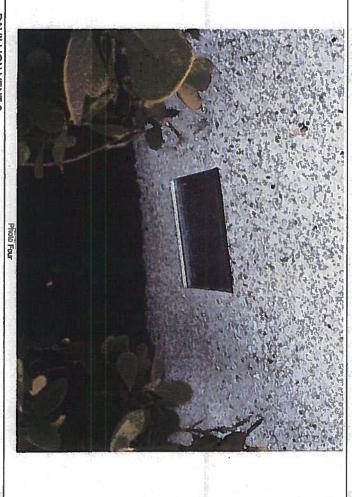


Photo Four Caption PAVILLION VENT 8

Clear Photo Four

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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. Policy Number 1900 Casey Key Road - Pavillion	Policy Number
City State ZIP Code Nokomis Florida 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.

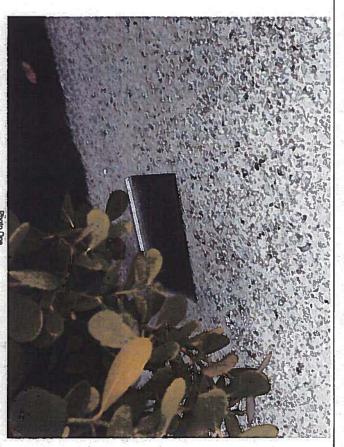


Photo One Caption **PAVILLION VENT 9**

Clear Photo One

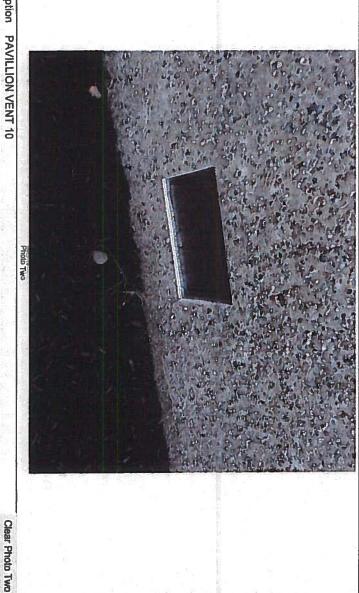


Photo Two Caption PAVILLION VENT 10

FEMA Form 086-0-33 (7/15)

Replaces all previous editions

Form Page 5 of 6

BUILDING PHOTOGRAPHS

Continuation Page

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

		x No. Policy Number:) or P.O. Route and Bo	nit, Suite, and/or Bldg. No.	Building Street Address (including Apt., United Street Road - Pavillion
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number. 1900 Casey Key Road - Pavillion	g Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number:	Company NAIC Number	ZIP Code 34275	State Florida	City

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.

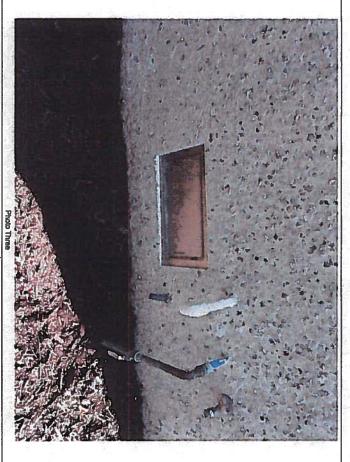


Photo Three Caption PAVILLION VENT 11

Clear Photo Three



Photo Four Caption PAVILLION VENT 12



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ESR-2074

Reissued 02/2015 This report is subject to renewal 02/2017.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

SMARTVENT PRODUCTS, INC.

PITMAN, NEW JERSEY 08071 **430 ANDBRO DRIVE, UNIT 1**

EVALUATION SUBJECT:

#1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514 SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520;



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ICC-ES Evaluation Report

ESR-2074

Reissued February 2015

Revised May 2016

This report is subject to renewal February 2017.

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A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

REPORT HOLDER: Section: 08 95 43—Vents/Foundation Flood Vents

(877) 441-8368 PITMAN, NEW JERSEY 08071 SMARTVENT PRODUCTS, INC. 430 ANDBRO DRIVE, UNIT 1 into@smartvent.com www.smartvent.com

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514

1.0 EVALUATION SCOPE

Compliance with the following codes:

- **2015** Code® (IBC) 2012 2009 and 2006 International Building
- 2015, 2012, 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

hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow The Smart Vent[®] units are engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to natural ventilation.

3.0 DESCRIPTION

General:

FV pivoting door is normally held in the closed position by a buoyant release device. When subjected to rising water, pressure from one side of the foundation to the other. The either direction to equalize water level and hydrostatic When subjected to rising water, the Smart Vent® FVs internal floats are activated, then pivot open to allow flow in buoyant release device causes the unit to unlatch,

> various models and sizes as described in Table 1. The SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 units each contain two vertically arranged openings per unit. Automatic Each unit is fabricated from stainless steel. Smart Vent® allowing the door to rotate out of the way and allow flow The water level stabilizes, equalizing the lateral forces Foundation Flood units each Vents are available

3.2 Engineered Opening:

hour (0.423 mm/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent FVs The FVs comply with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and must be installed in accordance with Section 4.0. IRC)] for a maximum rate of rise and fall of 5.0 feet per

3.3 Ventilation:

in one assembly, and provides 102 square inches (65 806 mm²) of net free area to supply natural ventilation. Other FVs recognized in this report do not offer natura 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 ventilation. The SmartVENT® Model #1540-510 and SmartVENT® inches

4.0 DESIGN AND INSTALLATION

walls of any thickness. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Smart Vent® FVs must be installed as follows: installed into walls or overhead doors of existing or new construction from the exterior side. Installation of the Installation clips allow mounting in masonry and concrete vents must be in accordance with SmartVENT® instructions, ₹ and FloodVENT® applicable code are and the manufacturer's designed Sin report

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one FV for every 200 square feet (18.6 m²) SmartVENT® (SmartVENT® Stacking Model #1540-FloodVENT® Stacking Model #1540-521 installed with a minimum of one FV 400 square feet (37.2 m²) of enclosed area. of enclosed area, except that the #1540-511 g must ечегу and

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- Below the base flood elevation.
- With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening

5.0 CONDITIONS OF USE

The Smart Vent FVs 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® FVs 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® FVs 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 Mechanically Operated Flood Vents (AC364), dated August 2015.

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).

TABLE 1-MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT®	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200
FloodVENT® Overhead Door	1540-524	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT® Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	200
Wood Wall FloodVENT®	1540-570	14" X 8 ³ / ₄ "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	200
SmartVENT® Stacker	1540-511	16" X 16"	400
FloodVent® Stacker	1540-521	16" X 16"	400

For SI: 1 inch = 25.4 mm; 1 square foot = m^2

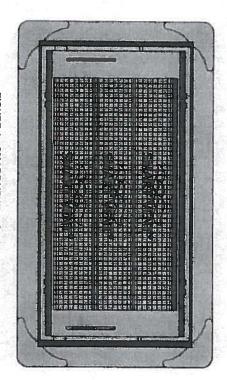


FIGURE 1—SMART VENT: MODEL 1540-510

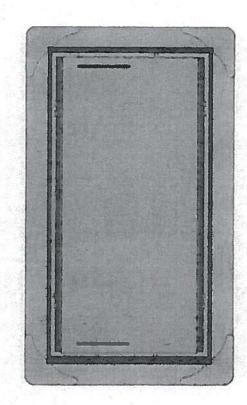


FIGURE 2—SMART VENT MODEL 1540-520

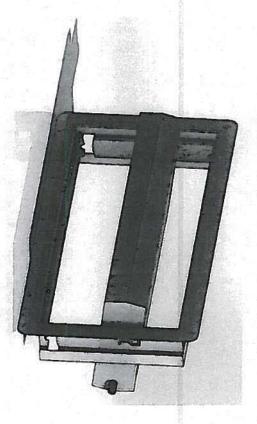


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN



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ICC-ES Evaluation Report

ESR-2074 FBC Supplement

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

REPORT HOLDER:

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EVALUATION SUBJECT:

SMART VENT[®] AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514

1.0 REPORT PURPOSE AND SCOPE

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:

- 2014 Florida Building Code--Building (FBC)
- 2014 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.

Hurricane Zone provisions of the FBC and the FRC. Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity

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 the Commission). responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by

This supplement expires concurrently with the master report, reissued February 2015 and revised May 2016

