

**ELEVATION CERTIFICATE**

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:		1069 DELACROIX CIRCLE	
City	State	ZIP Code	
NOKOMIS	Florida	34275	
Company NAIC Number			

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

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.

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 data in the Comments area below.)

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.

G3. The following information (items G4-G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
15-128348 B1		

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building:

\_\_\_\_\_ feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site:

\_\_\_\_\_ feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation:

\_\_\_\_\_ feet  meters Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

# 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.

<b>SECTION A - PROPERTY INFORMATION</b>	
A1. Building Owner's Name MARC C & MARK THOMPSON	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1069 DELACROIX CIRCLE	Company NAIC Number:
City NOKOMIS	State Florida
ZIP Code 34275	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 16, BLOCK F, SORRENTO WOODS UNIT # 3, TAX ID #0382080040	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	
A5. Latitude/Longitude: Lat. 27.08563° Long. -82.26014°	
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 1B	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s) 0 sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0	
c) Total net area of flood openings in A8.b 0 sq in	
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A9. For a building with an attached garage:	
a) Square footage of attached garage 480 sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 4	
c) Total net area of flood openings in A9.b 512 sq in	
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>			
B1. NFIP Community Name & Community Number SARASOTA COUNTY - 125144		B2. County Name SARASOTA	
B3. State Florida			
B4. Map/Panel Number 12115C-0243	B5. Suffix F	B6. FIRM Index Date 11-04-2016	B7. FIRM Panel Effective/Revised Date 11-04-2016
B8. Flood Zone(s) AE		B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10'	

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	

**ELEVATION CERTIFICATE**

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**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. 1069 DELACROIX CIRCLE
Policy Number:	City NOKOMIS
Company NAIC Number	State Florida
	ZIP Code 34275

**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: PLAT BM# TRACT 4 EL:6.62' Vertical Datum: NGVD 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)	10.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	22.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	8.3	<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)	10.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	7.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	8.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name B. GREGORY RIETH	License Number 5228
Title PSM/CFM	
Company Name STRAYER SURVEYING AND MAPPING, INC.	
Address 742 SHAMROCK BLVD	
City VENICE	State Florida
ZIP Code 34293	Telephone (941) 497-1290
Date 03-30-2017	Ext. 5228

Comments (including type of equipment and location, per C2(e), if applicable)  
 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

FILE # 15-04-122. THE OUTSIDE A/C UNIT ON THE WEST SIDE OF THE BUILDING WAS USED FOR SECTION C2e. 4  
 ENGINEERED SMART VENTS HAVE BEEN INSTALLED, FOR A TOTAL OF 800 SQUARE INCHES OF FLOW THROUGH. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). CERTIFICATE VALID ONLY WITH RAISED SEAL & SIGNATURE.

**ELEVATION CERTIFICATE**

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Policy Number:		1069 DELACROIX CIRCLE	
City	State	ZIP Code	
NOKOMIS	Florida	34275	
Company NAIC Number			

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

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.

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, 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 HAG.

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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION**

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.

Property Owner or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

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FOR INSURANCE COMPANY USE

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

1069 DELACROIX CIRCLE

Policy Number:

City

NOKOMIS

State

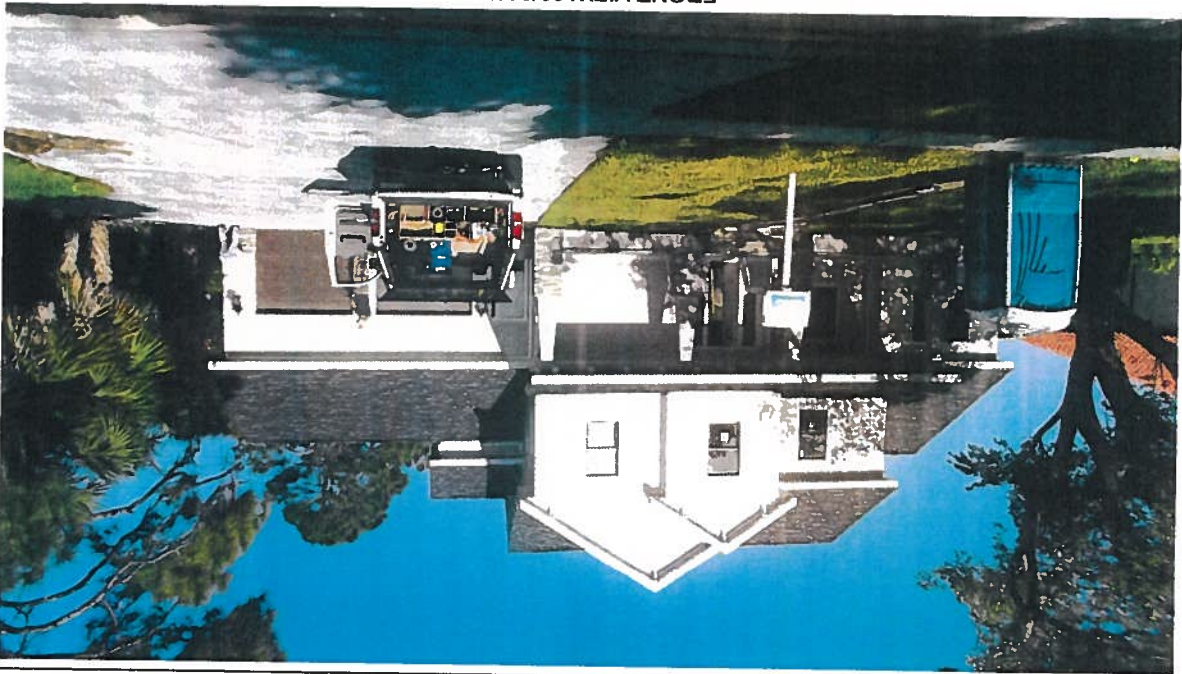
Florida

ZIP Code

34275

Company NAIC Number

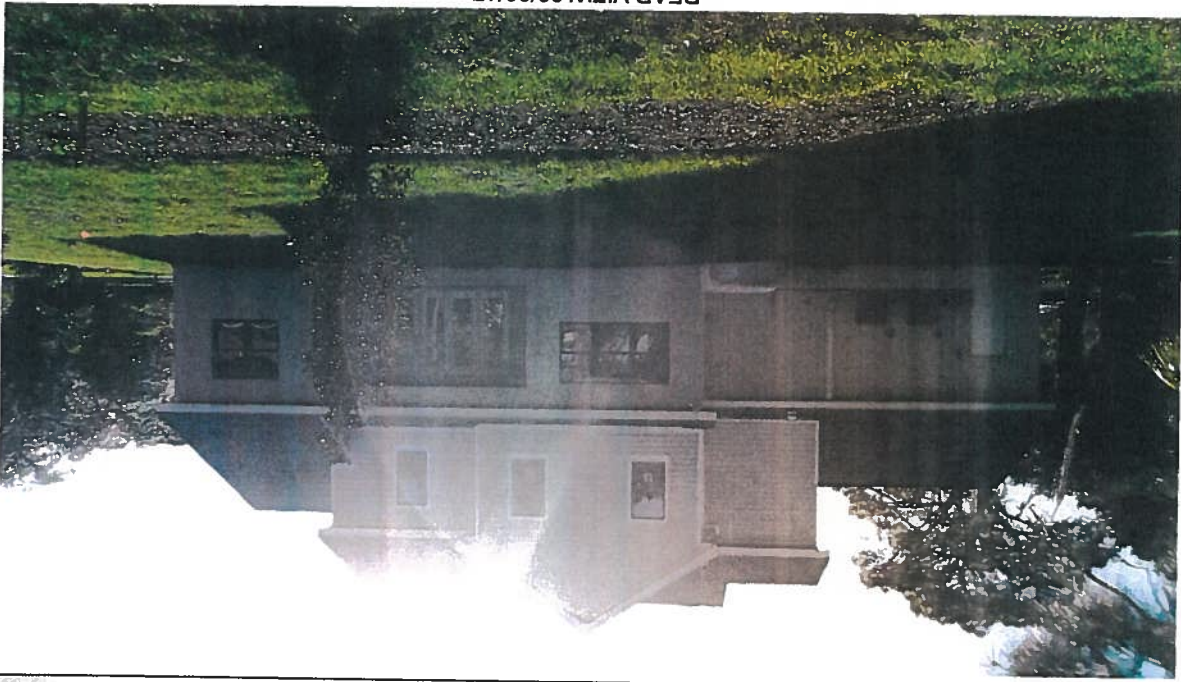
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, 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 03/30/17

Photo One Caption

Clear Photo One



REAR VIEW 03/30/17

Photo Two Caption

Clear Photo Two

Replaces all previous editions.



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

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FOR INSURANCE COMPANY USE

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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.

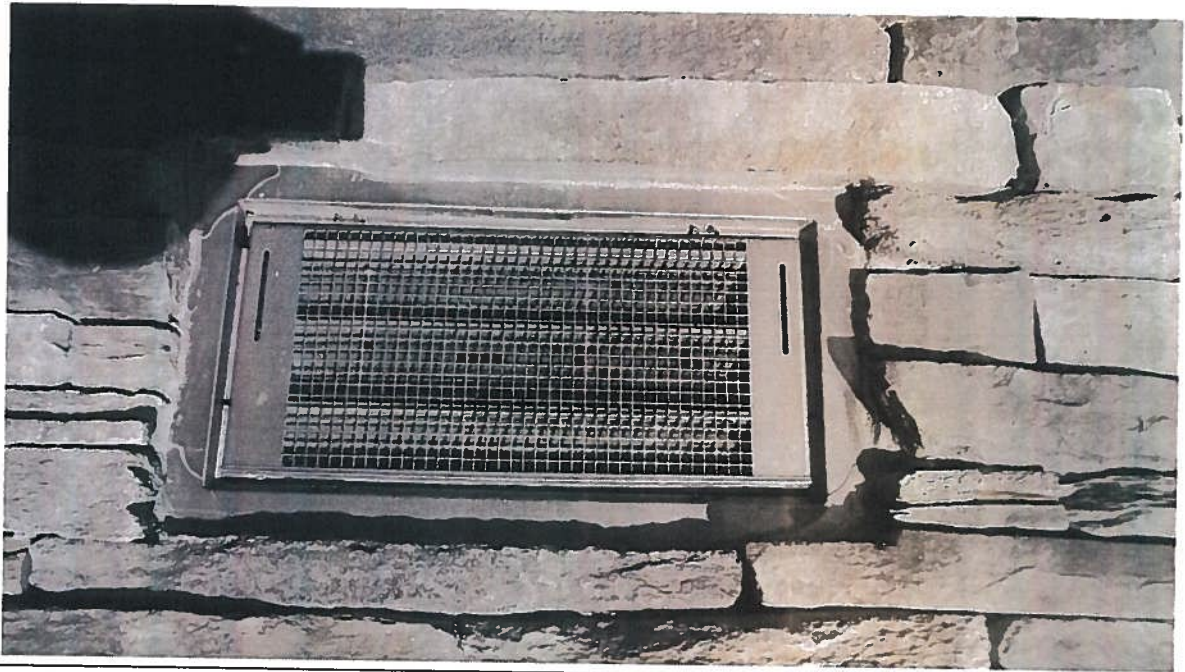


Photo Three Caption

Clear Photo Three



Photo Four Caption

VENTS 03/30/17

Clear Photo Four



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

EVALUATION SUBJECT:

**SMARTVENT PRODUCTS, INC.  
430 ANDRO DRIVE, UNIT 1  
PITMAN, NEW JERSEY 08071**

REPORT HOLDER:

DIVISION: 08 00 00—OPENINGS  
SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

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**ICC-ES Report**



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

**ESR-2074**

*Most Widely Accepted and Trusted*



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:  
 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, 2012, 2009 and 2006 International Building Code (IBC)
- 2015, 2012, 2009 and 2006 International Residential Code (IRC)
- 2013 Abu Dhabi International Building Code (ADIBC)<sup>†</sup>

<sup>†</sup>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 engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

When subjected to rising water, the Smart Vent® FVs internal floats are activated, 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 FV 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,

4.0 DESIGN AND 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. Installation clips allow mounting in masonry and concrete 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:

- 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 m<sup>2</sup>) 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 FV for every 400 square feet (37.2 m<sup>2</sup>) of enclosed area.

3.3 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 mm<sup>2</sup>) 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 mm<sup>2</sup>) of net free area to supply natural ventilation. Other FVs recognized in this report do not offer natural ventilation.

3.2 Engineered Opening:

allowing the door to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. Smart Vent® Automatic Foundation Flood Vents are available in 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.

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 IRC)] for a maximum rate of rise and fall of 5.0 feet per hour (0.423 m/s). In order to comply with the engineered opening requirement of ASCE/SEI 24, Smart Vent FVs must be installed in accordance with Section 4.0.





ICC-ES Evaluation Report

ESR-2074 FBC Supplement

Reissued February 2015

Revised March 2016

This report is subject to renewal February 2017.

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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

info@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 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:

- 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.

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 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 February 2015 and revised May 2016.