

# ELEVATION CERTIFICATE

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 Bldg. No.) or P. O. Route and Box No.

6127 GNARLED OAK LANE

**FOR INSURANCE COMPANY USE**  
 Policy Number:

City  
 ENGLEWOOD

State  
 Florida

ZIP Code  
 34223

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 G6-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 <b>17-121328 BA</b>	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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- 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.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name LINDA B. PETERSEN		FOR INSURANCE COMPANY USE Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6127 GNARLED OAK LANE		Company NAIC Number:	
City ENGLEWOOD	State Florida	ZIP Code 34223	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9, GNARLED OAKS BAYSIDE, TAX ID #0502090009			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL			
A5. Latitude/Longitude: Lat 26.94896° Long. -82.37361°		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) 644 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 3 c) Total net area of flood openings in A8.b 384 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 0 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A9.b 0 sq in d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

B1. NFIP Community Name & Community Number SARASOTA COUNTY - 125144		B2. County Name SARASOTA		B3. State Florida	
B4. Map/Panel Number 12115C-0453	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:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_
- B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: \_\_\_\_\_  CBRS  OPA

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 6127 GNARLED OAK LANE

**FOR INSURANCE COMPANY USE**  
 Policy Number:

City: ENGLEWOOD State: Florida ZIP Code: 34223

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, 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: NGS BM #E799 EL: 6.04' Vertical Datum: NAVD 1988

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)  | 7.3 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |  |
| b) Top of the next higher floor  | N/A <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)   | N/A <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) | N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |  |
| f) Lowest adjacent (finished) grade next to building (LAG)   | 6.6 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |  |
| g) Highest adjacent (finished) grade next to building (HAG)  | 7.1 <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

Signature:  Date: 04-27-2018 Telephone: (941) 497-1290 Ext:

Place Seal Here  
 87-10-09

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)  
 FILE #18-04-77. SUBJECT STRUCTURE IS A 644 SQUARE FOOT DETACHED GARAGE WITH 3 ENGINEERED FLOOD VENTS (ENGINEERED FOR 756 SQUARE INCHES -TOTAL). 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

OMB No. 1680-0008  
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 Bldg. No.) or P. O. Route and Box No.

**FOR INSURANCE COMPANY USE**  
Policy Number:

8127 GNARLED OAK LANE

City  
ENGLEWOOD

State  
Florida

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## 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 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 (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**  
Policy Number:

City

ENGLEWOOD

State

Florida

ZIP Code

34223

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 04/27/2018**

Clear Photo One

Photo One Caption



**REAR VIEW 04/27/2018**

Clear Photo Two

Photo Two Caption



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**  
Continuation Page

OMB No. 1680-0008  
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6127 GNARLED OAK LANE

**FOR INSURANCE COMPANY USE**  
Policy Number:

City  
ENGLEWOOD

State  
Florida

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34223

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 A6.

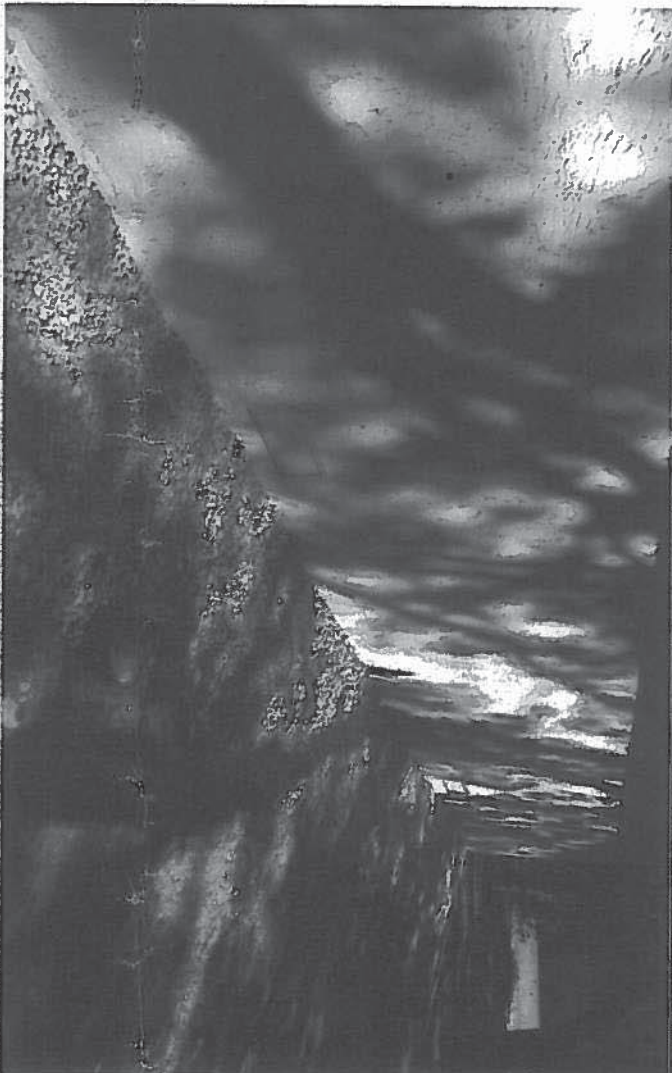


Photo Three Caption

Clear Photo Three



Photo Four Caption

Clear Photo Four

Valued Quality. Delivered.

Issue Date: 01-18-2017  
Renewal Date: 01-18-2018

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

USA Floodair Vents, LTD.  
63 Putnam Street, Suite 202  
Saratoga Springs, New York 12866  
(631) 269-1872  
[www.usafloodairvents.com](http://www.usafloodairvents.com)

**REPORT SUBJECT:**

*Model FOSS (Stainless steel flood vent)*  
*Model FASS (Stainless steel flood vent with ventilation)*  
*Model FOAL (Aluminum flood vent)*  
*Model FAAL (Aluminum flood vent with ventilation)*  
*Model ROAL (Retro-fit Aluminum flood vent)*

### 1.0 SCOPE OF EVALUATION

This research report addresses compliance with the following Codes:

- 2012 International Building Code (IBC)
- 2012 International Resident Code (IRC)
- 2014 Florida Building Code (FBC)

Foundation Flood Vents have been evaluated for the following properties:

- Physical Operation
- Water Flow
- Ventilation

### 2.0 USES

**2.1. USA Floodair Vents** units are flood vents that operate on hydrostatic pressure to equalize hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit for flood waters. These vents have been established in use where flood areas have been established in accordance with IBC Section 1612.3 or IRC Section R3222.1. Some USA Floodair Vents models have perforated doors to provide air ventilation in a crawl space in order to increase air flow

while still providing flood protection in accordance with Section 1203.3.1 of the IBC or Section 408.2 of the IRC. See Ventilation in the Description Section for clarification.

### 3.0 DESCRIPTION

**3.1. General:** The USA Floodair Vents units are engineered openings when subjected to a hydrostatic force to open to allow flood waters to flow through the vent in order to equalize hydrostatic flood forces on the exterior walls. The solid or perforated doors swing open, disengaging from the bottom of the frame, allowing flood waters to flow through the frame. Each unit is fabricated from either stainless steel or aluminum. USA Floodair Vents models consist of two parts, a frame and a vent door.

**3.2. Engineered Opening:** The USA Floodair Vents units 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 m/m/s). In order to comply with the engineered opening requirements of ASCE/SEI 24, the USA Floodair Vents units must be installed in accordance with Section 4.0 of this report.

**3.3. Model Sizes:** Model FOSS, a stainless steel flood vent with no ventilation, measures 18 inches wide by 10 inches high (See Figure 1). Model FASS, a stainless steel flood vent with ventilation, measures 18 inches wide by 10 inches high (See Figure 2). Model FOAL, an aluminum flood vent with no ventilation, measures 18 inches wide by 10 inches high (See Figure 3). Model FAAL, an aluminum flood vent with ventilation, measures 18 inches wide by 10 inch high (See Figure 4). Model ROAL, an aluminum flood vent used for retrofitting with no ventilation, measures 16.37 inches wide by 10 inches high (See Figure 5).

**3.4. Ventilation:** The USA Floodair Vents models FASS and FAAL have ¼ inch diameter openings on the vent doors to provide air ventilation. Model FASS provides 28 square inches of net free area. Model FAAL provides 37 square inches of net free area. All other models in this report do not provide ventilation.



#### 4.0 INSTALLATION AND PERFORMANCE

4.1. *USA Floodair Vents* units are to be installed in exterior walls in new and existing construction. Model ROAL is to be used for existing construction. Flood vents shall be installed in accordance with the manufacturer's instructions, the applicable code and this report. To meet the engineered opening design requirements found in Section 2.6.2.2 of ASCE/SEI 24, the *USA Floodair Vents* units must be installed as follows:

- 4.1.1. A minimum of two bi-directional flood vents are required for enclosed flood exposed areas and to be installed on opposite or adjacent walls.
- 4.1.2. Below the base flood elevation.
- 4.1.3. With the bottom of the *USA Floodair Vents* unit located at a maximum of 12 inches above grade.
- 4.1.4. With a minimum of one *USA Floodair Vents* unit for every 252 square feet for Models FOSS, FASS, FOAL, and FAAL and for every 224 square feet for Model ROAL.

#### 5.0 SUPPORTING EVIDENCE

- 5.1. Manufacturer's drawings and installation instructions.
- 5.2. Reports of testing in accordance with ICC-ES AC3084, Acceptance Criteria for Mechanically Operated Flood Vents, approved August 2015. The reports of testing and engineering analysis demonstrating compliance with the performance requirements of AC3084 and ASCE/SEI 24-05.
- 5.3. Documentation of an Intertek approved quality control system for the manufacturing of products recognized in this report.

#### 6.0 CONDITION OF USE

The *USA Floodair Vents* units applications identified in this report are deemed to comply with the intent of the provisions of the referenced building codes subject to the following conditions:

- 6.1. Installation shall be in accordance with the manufacturer's installation instructions and this report. Where the difference occur between this report and the manufacturer's installation instructions, this report shall govern.
- 6.2. The *USA Floodair Vents* units 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.

6.3. All products are manufactured in West Columbia, South Carolina by *USA Floodair Vents, LTD* in accordance with the manufacturer's approved quality control system with inspections by Intertek (IAS AA-676).

#### 7.0 IDENTIFICATION

*USA Floodair Vents* units produced in accordance with this report shall be identified with labeling on the individual vents and/or packaging that includes the following information:

- 7.1. Name and/or trademark of manufacturer;
- 7.2. The Intertek Code Compliance Research Report mark and number (CCRR-0239).

CODE  
COMPLIANCEIntertek  
CCRR-0239

This Code Compliance Research Report ("Report") is for the exclusive use of Intertek's Client and is provided pursuant to the agreement between Intertek and its Client. Intertek's responsibility and liability are limited to the terms and conditions of the agreement. Intertek assumes no liability to any party, other than to the Client in accordance with the agreement, for any loss, expense or damage occasioned by the use of this Report. Only the Client is authorized to permit copying or distribution of this Report and then only in its entirety, and the Client shall not use the Report in a misleading manner. Client further agrees and understands that reliance upon the Report is limited to the representations made therein. The Report is not an endorsement or recommendation for use of the subject and/or product described herein. This Report is not the Intertek Listing Report covering the subject product and utilized for Intertek Certification and this Report does not represent authorization for the use of any Intertek certification marks. Any use of the Intertek name or one of its marks for the sale or advertisement of the tested material, product or service must first be approved in writing by Intertek.