ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces,	copy the corresponding info	mation from Continu		Expiration Date: November 30, 201
Building Street Address (including	Apt., Unit, Suite, and/or Bldg.	No.) or P.O. Route at	A.	FOR INSURANCE COMPANY US
1189 KINGS WAY DRIVE		No., or 1.0. Noute a	IU DOX IVO.	Policy Number:
City	State	ZIP Code	9	Company NAIC Number
NOKOMIS	Florida	34275		Company NAIC Number
	SECTION G - COMMUN	VITY INFORMATION	OPTIONAL)	
The local official who is authorize Sections A, B, C (or E), and G of used in Items G8–G10. In Puerto	d by law or ordinance to admin	1-1	2 1 2 2 2 2	nagement ordinance can complete n below. Check the measurement
G1. The information in Sect engineer, or architect w data in the Comments a	on C was taken from other doc ho is authorized by law to certi rea below.)	cumentation that has b fy elevation information	een signed and and and and and and and and and an	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official cor or Zone AO.	npleted Section E for a building	g located in Zone A (w	rithout a FEM	A-issued or community-issued BFE)
	n (Items G4–G10) is provided	for community floodple	ain managem	ent purposes.
G4. Permit Number	G5. Date Permi	t Issued	G6. D	Pate Certificate of
15-159537	BI		527 AL	ompliance/Occupancy Issued
G7. This permit has been issued	for: New Construction	on Substantial Impr	ovement	
G8. Elevation of as-built lowest floof the building:			feet	meters Datum
39. BFE or (in Zone AO) depth or	flooding at the building site.		[] foot	
310. Community's design flood ele			feet	— Datum
	<i>D</i> (c)			
ocal Official's Name		Title	= 87 N g	
Community Name	*			
ommunity Name		Telephone	- "	
ignature		DR	-	
ignature		Date	<u> </u>	
	3			
omments (including type of equipr	nent and location, per C2(e), if	applicable)	1 / C A	
			8	
				120
				n = = =
				, ora
*				Check here if attachments.

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.

er:
IAD 1983
IAD 1983
IAD 1983
IAD 198:
3. V
- "ši" - "
1.0
52.9
Depth)
- Marin
——— s ⊠ No

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:** 1189 KINGS WAY DRIVE City State **ZIP Code** Company NAIC Number **NOKOMIS** Florida 34275 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* X 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: LAUREL LANDING ESTATES PLAT BM380-C Vertical Datum: EL:6.10' 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) 10.4 X feet meters b) Top of the next higher floor N/A X feet meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A X feet meters d) Attached garage (top of slab) 9.3 × feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 10.2 X feet meters f) Lowest adjacent (finished) grade next to building (LAG) 9.0 X feet meters g) Highest adjacent (finished) grade next to building (HAG) 9.2 X feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A X feet □ 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? X Check here if attachments. Certifier's Name License Number **B. GREGORY RIETH** 5228 Title PSM/CFM Company Name STRAYER SURVEYING AND MAPPING, INC. Address 742 SHAMROCK BLVD City State **ZIP Code** VENICE Florida 34293 Signature Date Telephone Ext. 11-29-2017 (941) 497-1290 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 # 15-05-125. THE OUTSIDE A/C UNIT ON THE EAST SIDE OF THE HOME WAS USED FOR SECTION C2e. SECTION A5 WAS DERIVED FROM A HAND HELD G.P.S. UNIT (GPSTEST APP - NO CONVERSION). STRUCTURE HAS 8 SMART VENTS, ENGINEERED FOR 1600 SQUARE INCHES (TOTAL). ELEVATIONS SHOWN IN SECTION "C" WERE CONVERTED FROM N.G.V.D. 1929 DATUM TO N.A.V.D. 1988 DATUM USING VERTCON CONVERSION PROGRAM. LANAI ELEVATION 7.6'. CERTIFICATE VALID ONLY WITH RAISED SEAL & SIGNATURE.

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: City State ZIP Code	MPORTANT: In these sp	aces, copy the correspo	anding information	n from Section A.		OR INSURAN	NCE COMPANY US
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) FOR ZONE AO AND ZONE A (WITHOUT BFE) FOR ZONE SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) FOR ZONE AO AD ZONE A (WITHOUT BFE) FOR ZONE AO AD ZONE A (WITHOUT BE ZONE A (WITHOUT BE ZONE A) END ZONE A (WITHOUT BE ZONE A) END ZONE A ZONE	Building Street Address (ir 1189 KINGS WAY DRIVE	ncluding Apt., Unit, Suite.	and/or Bldg. No.) o	or P.O. Route and Bo			
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. 1. 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	City NOKOMIS		Florida	34275			C Number
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, inter 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	SE	ECTION E - BUILDING FOR ZO	ELEVATION INFO	ORMATION (SURV	EY NOT R	EQUIRED)	
a) Top of bottom floor (Including basement, crawispace, or enclosure) is	or Zones AO and A (without complete Sections A, B, and enter meters.	out BFF) complete items	E1 E5 If the Conti	Garde to total design	30,	OMA or LOMF ent used. In Pu	R-F request, uerto Rico only,
crawispace, or enclosure) is b) Top of bottom floor (including basement, crawispace, or enclosure) is 2. 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 3. Attached garage (top of slab) is 4. Top of platform of machinery and/or equipment servicing the building is 5. 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 mmunity-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. City State ZIP Code	0	(to) dild lile lowe:	nd check the approst st adjacent grade (opriate boxes to show LAG).	whether the	ne elevation is	above or below
2. 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	crawlspace, or end b) Top of bottom floor	closure) is (including basement.	A Sec	feet	meters	above or	☐ below the HAC
the diagrams) of the building is						above or	below the LAG
Attached garage (top of slab) is	For Building Diagrams the next higher floor (e the diagrams) of the bu	6–9 with permanent flood elevation C2.b in uilding is	f openings provided				
4. Top of platform of machinery and/or equipment servicing the building is	3. Attached garage (top o	of slab) is	2 44				
5. 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 promounity-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. The statements of the community owner or Owner's Authorized Representative's Name Sidness City State ZIP Code Granture Date Telephone	Top of platform of mac servicing the building is	hinery and/or equipment	W E	<u> </u>	- T		eta turi ya iyi
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 owner's such or zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. The statements in Sections A, B, and E are correct to the best of my knowledge. The statements in Sections A, B, and E are correct to the best of my knowledge. The statements in Sections A, B, and E are correct to the best of my knowledge. The statements in Sections A, B, and E are correct to the best of my knowledge. The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name) The statements in Sections A, B, and E for Zone A (without a FEMA-issued or owner's Authorized Representative's Name)	5. Zone AO only: If no floo	od depth number is availa	ble, is the top of th	e bottom floor elevat	ed in accor	dance with the	. community do
perty owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or mmunity-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Operty Owner or Owner's Authorized Representative's Name City State ZIP Code Quature Date Telephone	noodplain managemen	itorumance? Yes	No Unkno	wn. The local officia	al must cert	ify this informa	ation in Section G.
Date l'elephone	ne property owner or owner mmunity-issued BFE) or 2	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE tive who completes The statements in	0		W-W	EMA-issued or my knowledge.
imments	ne property owner or owner or owner or owner or owner or owner's	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	W-W	my knowledge.
	e property owner or owner mmunity-issued BFE) or a perty Owner or Owner's dress	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	e property owner or owner mmunity-issued BFE) or a perty Owner or Owner's dress	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE.	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a operty Owner or Owner's idress	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE.	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE.	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	e property owner or owner mmunity-issued BFE) or a perty Owner or Owner's dress	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE.	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a operty Owner or Owner's idress	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE.	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a operty Owner or Owner's idress	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.
	ne property owner or owner mmunity-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE) or a community-issued BFE.	TION F - PROPERTY OV er's authorized representa Zone AO must sign here.	WNER (OR OWNE) tive who completes The statements in se's Name	s Sections A, B, and Sections A, B, and E	E for Zone are correct	A (without a Fi to the best of	my knowledge.

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 informati	on 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. 1189 KINGS WAY DRIVE			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 11/29/17

Photo One Caption

Clear Photo One



REAR VIEW 11/29/17

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c Building Street Address (including 1189 KINGS WAY DRIVE	opy the corresponding informati Apt., Unit, Suite, and/or Bldg. No.)	on from Section A. or P.O. Route and Box No.	FOR INSURANCE COMPANY USE Policy Number:
City	State	ZIP Code	Company NAIC Number
NOKOMIS	Florida	34275	

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.

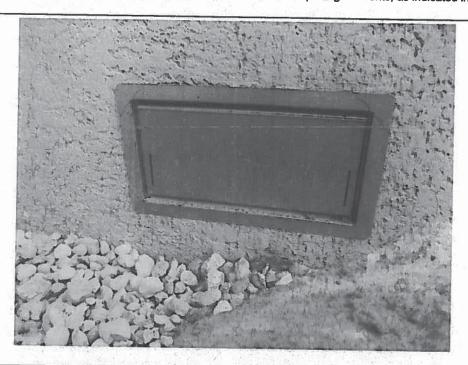
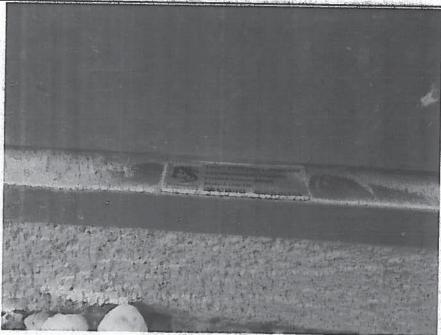


Photo Three Caption

Clear Photo Three



VENTS 11/29/17

Photo Four Caption

Clear Photo Four



ICC-ES Evaluation Report

ESR-2074

Reissued February 2017

This report is subject to renewal February 2019.

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

A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

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

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: 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)†

¹The 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, 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.

3.2 Engineered Opening:

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 mm/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.

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 mm²) of net free area to supply natural ventilation. The SmartVENT® Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm²) of net free area to supply natural ventilation. Other FVs recognized in this report do not offer natural ventilation.

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 m²) of enclosed area, except that the SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m²) of enclosed area.
- 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 = m²

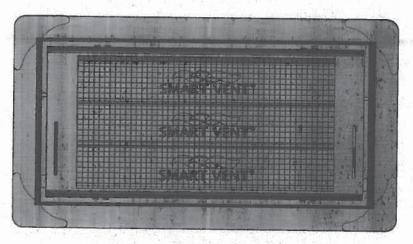


FIGURE 1—SMART VENT: MODEL 1540-510

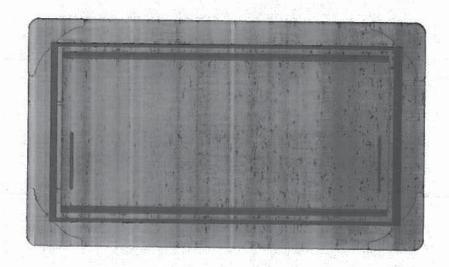


FIGURE 2—SMART VENT MODEL 1540-520

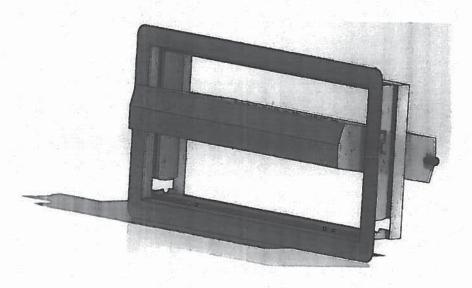


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN