

16-113402 00 01

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				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name VISION GROUP				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2408 NASSAU STREET				Company NAIC Number:	
City SARASOTA		State Florida		ZIP Code 34321	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 16 PHILLIPI COVE SUBDIVISION					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>27°17'18.6" N</u> Long. <u>82°31'16.4 W'</u> 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 <u>7</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1,639</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>9</u>					
c) Total net area of flood openings in A8.b <u>1,680</u> 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 <u>460</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>3</u>					
c) Total net area of flood openings in A9.b <u>600</u> 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 125144 SARASOTA			B2. County Name SARASOTA		B3. State Florida
B4. Map/Panel Number 12115C0142	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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. 2408 NASSAU STREET			Policy Number:
City SARASOTA	State Florida	ZIP Code 34321	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: SAR COUNTY BM Vertical Datum: 88 DATUM

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) | <u>10.94</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>7.6</u> | <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) | <u>10.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>6.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>6.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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 GERALD D. STROOP JR.	License Number 4679	<div style="font-size: 2em; font-family: cursive;">12/24/2016</div> Place Seal Here
Title PLS		
Company Name SCHAPPACHER SURVEYING LLC		
Address 5265 OFFICE PARK BLVD , SUITE 101		
City BRADENTON	State Florida	ZIP Code 34203
Signature 	Date 12/24/2016	Telephone (941) 748-8340

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)
 a.c. is mounted on the side of the house with metal brackets elev.= 10.55
 garage has 10 vents smart vents # 1540-510 200 sq
 2 craw space opening(20"x32"x2 1280.0 and 7 smart vents in craw space

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. 2408 NASSAU STREET			Policy Number:
City SARASOTA	State Florida	ZIP Code 34321	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 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

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. 2408 NASSAU STREET			Policy Number:
City SARASOTA	State Florida	ZIP Code 34321	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
-------------------	------------------------	---

- 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.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

ELEVATION CERTIFICATE

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. 2408 NASSAU STREET			Policy Number:
City SARASOTA	State Florida	ZIP Code 34321	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.

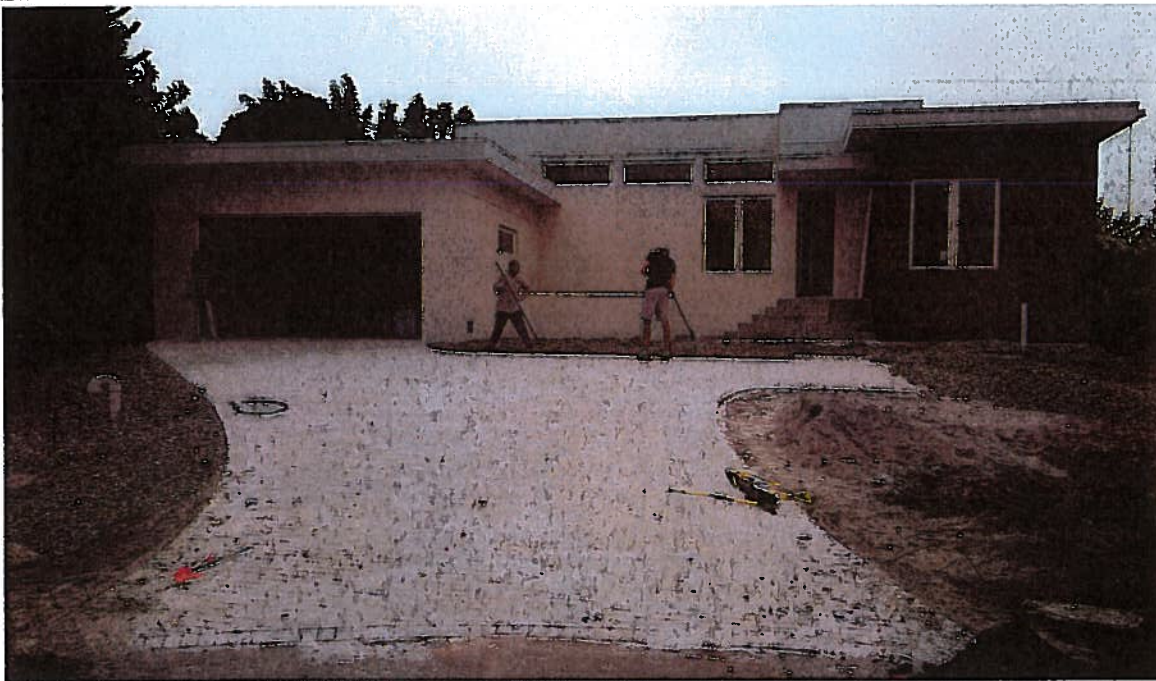


Photo One

Photo One Caption



Photo Two

Photo Two Caption VENTS BEING USED ARE SMART VENTS MODEL # 1540-510 200 sq "

BUILDING PHOTOGRAPHS

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

ELEVATION CERTIFICATE

Continuation Page

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. 2408 NASSAU STREET			Policy Number:
City SARASOTA	State Florida	ZIP Code 34321	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 One

Photo One Caption REAR OF HOUSE 12-24-2016



Photo Two

Photo Two Caption LEFT SIDE WITH AC MOUNTED 12-24-2016



Smart VENT

877-441-8368

www.smartvent.com

INSTALLATION INSTRUCTIONS

& DETAILS

MODEL 1540-510

DUAL FUNCTION FLOOD AND VENTILATION VENT

REV. 5-15-09

INSTALLATION INSTRUCTIONS

1. Remove vent door from vent frame. (Turn upside down, rotate bottom of door outward and slide out)
2. Prepare a CLEAN 16.25" wide by 8.25" high rough opening (approx. 1 block wide X 1 block high) for each vent. Ensure the bottom of the rough opening is no more than 12" above the finished grade.
3. Apply a bead of silicone or polyurethane adhesive around the back of the flange on the vent frame. (FIG. 2)
4. Bend the 4 steel straps to the thickness of the wall measuring from the end with the teeth (see STRAP DETAIL)
5. Insert the top straps into the top two strap slots about two clicks.
6. Insert the vent frame in the cut opening. The bent strap ends go in then up behind the inside of the wall. Push the frame tight against the face of the wall. Ensure the frame is flush and square in the opening. (FIG. 3)
7. Reach through the vent opening and click the two straps in while holding the front of the vent against the wall face. The sharp point of the straps should not extend past the front of the vent face. Install the two remaining bottom straps.
8. Re-check that frame is square and slots are clear of debris, and caulk.
9. Install the door into frame by grasping the bottom of door (with float pins down) and front (small screen in front). Slide door into frame and rotate until it is latched.
10. To open the door insert two credit cards into the float slots as shown in the diagram. This will unlatch the door for removal and cleaning.

DETAILED SPECIFICATIONS:

MATERIAL: STAINLESS STEEL
OPERATION FLOOD: AUTOMATIC NON-POWERED ACTIVATION AND OPERATION
VENT REMAINS CLOSED AND LOCKED UNTIL ACTIVATED

OPERATION AIR: AUTOMATIC LOUVERS FULLY OPEN AT 75 DEG. FULLY CLOSED AT 35 DEG. NO POWER REQUIRED

INSTALLATION:

SECURED W/ 4 STAINLESS STEEL STRAPS SUPPLIED

HYDROSTATIC RELIEF: 200 Sq. Ft per Vent

VENTILATION: 51 Sq. In. per Vent NOTE: VAPOR BARRIER ALLOWS FOR REDUCED VENTILATION

REQUIREMENTS FLOOD: MINIMUM OF 2 VENTS PER ENCLOSED AREA MOUNTED ON AT LEAST TWO DIFFERENT WALLS

COLORS: STAINLESS (STANDARD)

EXTERIOR POWDER COATED WHITE, WHEAT, GRAY, AND BLACK (AVAILABLE)

MEETS THE REQUIREMENTS FOR ENGINEERED OPENINGS AS SET FORTH BY:

FEMA, NFIP, ICC, & ASCE

SUPPORTIVE DOCUMENTS, TB 1-08, 44CFR 60.3(C)(5), ASCE 24-05

ICC EVALUATION # ESR-2074



Smart VENT
877-441-8368

www.smartvent.com

DETAIL DIAGRAM
MODEL 1540-510
DUAL FUNCTION FLOOD AND VENTILATION VENT

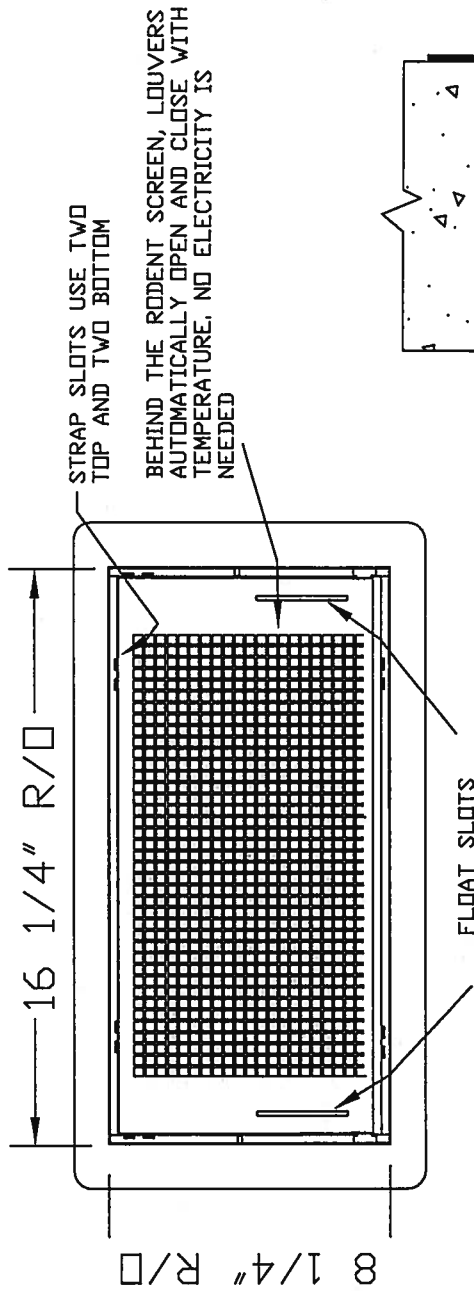


FIGURE 1
Front View

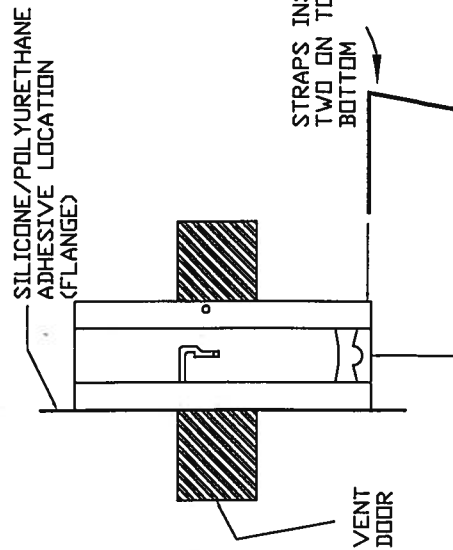


FIGURE 2
Side View

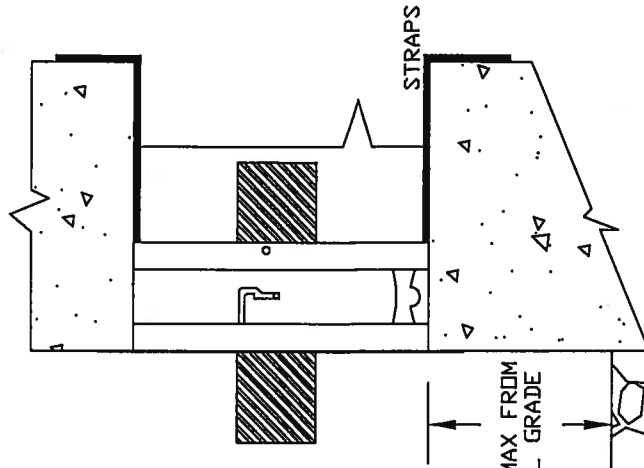
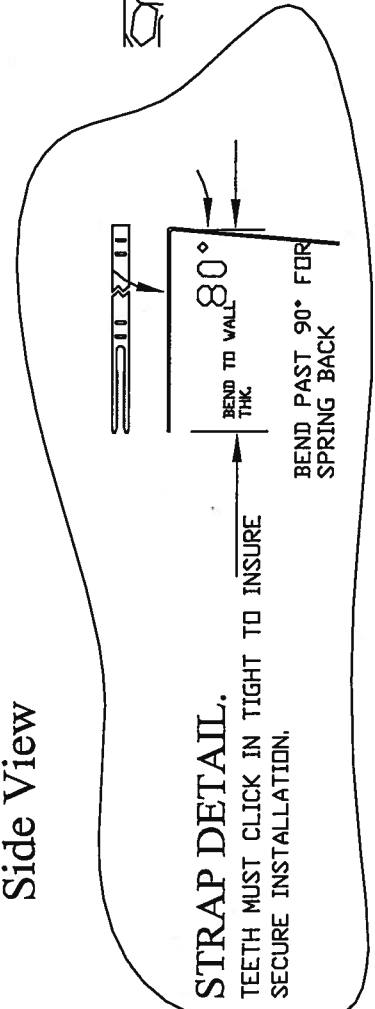


FIGURE 3 12' MAX FROM FINAL GRADE
Side View



STRAP DETAIL.
TEETH MUST CLICK IN TIGHT TO INSURE SECURE INSTALLATION.

<p>SMART VENT® 877-441-8368 WWW.SMARTVENT.COM</p>	<p>SMART VENT Foundation Flood Vents 450 AndBro Dr., Suite 2B Pittman NJ 08071</p>	
	<p>DUAL FUNCTION FLOOD AND VENTILATION VENT MODEL 1540-510</p>	<p>REV B</p>
<p>TOLERANCES UNLESS OTHERWISE SPECIFIED XX +/- .015 XXX +/- .013 XXXX +/- .005</p>	<p>DATE: 5-15-09</p>	<p>SHEET 1 OF 2</p>
<p>THE INFORMATION CONTAINED IN THIS DRAWING IS TO BE USED IN CONNECTION WITH THE PROJECT AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS WITHOUT THE WRITTEN PERMISSION OF SMART VENT, INC.</p>		