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.

	SECT	ON A - PROPERTY I	NFORI	MATION		FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name					Policy Num	ber:	
James E. Boyd and							
A2. Building Street Box No. 18080 Wooden Skif	•	uding Apt., Unit, Suite,	and/o	r Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
City Nokomis				State Florida		ZIP Code 34275	
A3. Property Descr Lot 9, Cottages Of 0		d Block Numbers, Tax	Parcel	Number, Legal Des	scription, etc.)		
A4. Building Use (e	.g., Resident	al, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longito	ude: Lat. <u>N2</u>	7.118442 L	.ong. <u>V</u>	/82.438059	Horizontal Datum	ı: 🔲 NAD 1	1927 🔀 NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	o obtain flood insura	ance.	
A7. Building Diagra	m Number _	1B					
A8. For a building v	vith a crawlsp	ace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	ermanent flo	od openings in the crav	wispac	e or enclosure(s) wi	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net are	ea of flood op	enings in A8.b 0	s	q in			
d) Engineered	flood opening	gs? ☐ Yes ☐ No	ı				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage 570		sa ft			
		od openings in the atta		arage within 1.0 foo	ot above adiacent o	ırade	3
		enings in A9.b 38		sq in			
		gs? ⊠ Yes ∏ No					
d) Eligineered	nood opening	ga: ⊠ tea □ IAC	,				
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi Sarasota 125144	ty Name & Co	ommunity Number		B2. County Name Sarasota			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
12115C0327	F	11/04/2016		/2016	AE	10	
B10. Indicate the s	ource of the E	Base Flood Elevation (I	SFE) d	ata or base flood de	epth entered in Item	n B9:	
		Community Determ					
B11. Indicate eleva	ation datum u	sed for BFE in Item B9	: 🔲 N	IGVD 1929 🗵 NA	NVD 1988 ☐ Ot	her/Source:	ii II
B12. Is the building	located in a	Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Prote	ected Area (OPA)? ☐ Yes ☒ No
Designation [Date:		BRS	☐ OPA			
		Et .					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding in	nformation from Sect	ion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or E 18080 Wooden Skiff Court			Policy Number:
City State Nokomis Florid			Company NAIC Number
SECTION C – BUILDING ELE	VATION INFORMATI	ON (SURVEY RE	EQUIRED)
	Drawings*		
*A new Elevation Certificate will be required when cor	-		English and the desired added
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the building	E, V1–V30, V (with BF ng diagram specified in	E), AR, AR/A, AR/ Item A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.
Benchmark Utilized: Sara County BM 5048	Vertical Datum: _		
Indicate elevation datum used for the elevations in ite		<i>.</i>	a contract of the contract of
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/So Datum used for building elevations must be the same		=	
		40.0	Check the measurement used.
 a) Top of bottom floor (including basement, crawlspa 	ce, or enclosure floor)		
b) Top of the next higher floor		N/A.	
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A	X feet meters
d) Attached garage (top of slab)		8. 5	ifeet meters
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comn	cing the building nents)	10, 2	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7</u> . <u>4</u>	X feet meters
g) Highest adjacent (finished) grade next to building	(HAG)	8.6	ifeet meters
h) Lowest adjacent grade at lowest elevation of deck structural support	or stairs, including	<u>7</u> . <u>4</u>	X feet meters
SECTION D – SURVEYOR, I	ENGINEER, OR ARC	HITECT CERTIF	ICATION
This certification is to be signed and sealed by a land surv I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und	my best efforts to interc	oret the data availa	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A provided by a lice		⊠Yes □ No	Check here if attachments.
Certifier's Name	License Number LS 5701		10 BBuchett
James Burchett Title	LG 0/U1		TO SETAL
President			LS-5701
Company Name			- 10/2a3e/17
Sampey, Burchett and Knight, Inc.			Seal Here
Address 1570 Global Court			Heie
City Sarasota	State Florida	ZIP Code 34240	
Signature Burchett	Date 10/23/2017	Telephone (941) 342-0349	
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) community off	icial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per A9.d) 3 Flood vents Model #1540-520, 200 sq. in. per ven C2. Bench Mark 5048 NGVD 1929 Elevation = 14.01, Cor C2.e) Air Conditioner is On the North Side of Residence.	t for a total of 600 sq. i		
8 -			

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding in	ormation from Section A	١.	FOR INSURANCE COMPANY L	JSE
Building Street Address (including Apt., Unit, Suite, and/or Blo 18080 Wooden Skiff Court	lg. No.) or P.O. Route and	Box No.	Policy Number:	
City State	ZIP Code		Company NAIC Number	
Nokomis Florida	34275	- 1	· -	
SECTION E – BUILDING ELEVAT FOR ZONE AO	ION INFORMATION (SU AND ZONE A (WITHOU		REQUIRED)	
For Zones AO and A (without BFE), complete Items E1–E5. I complete Sections A, B,and C. For Items E1–E4, use natural enter meters.	the Certificate is intender grade, if available. Check	I to support a the measuren	LOMA or LOMR-F request, nent used. In Puerto Rico only,	
E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjace a) Top of bottom floor (including basement,		show whether	the elevation is above or below	
crawlspace, or enclosure) is	fe	et 🔲 meters	above or Delow the H	AG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	fe	et meters	above or ☐ below the L	AG.
E2. For Building Diagrams 6-9 with permanent flood opening	s provided in Section A It	ems 8 and/or 9	(see pages 1–2 of Instructions)	۱. ا
the next higher floor (elevation C2.b in the diagrams) of the building is	<u>_</u>	eet		
E3. Attached garage (top of slab) is	fe	et 🗌 meters	above or below the H	AG.
E4. Top of platform of machinery and/or equipment servicing the building is	fe	et meters	s ☐ above or ☐ below the H	AG.
E5. Zone AO only: If no flood depth number is available, is the floodplain management ordinance?	ne top of the bottom floor e	levated in acconficial must c	ordance with the community's ertify this information in Section	G.
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESE	NTATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative who	Cootions A. D.	and E for Zor	ne A (without a FEMA-issued or	
community-issued BFE) or Zone AO must sign here. The star	ements in Sections A, B,	and E are corr	ect to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The star Property Owner or Owner's Authorized Representative's Nan	ements in Sections A, B,	and E are corr	ect to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The star	ements in Sections A, B,	and E are corr	ect to the best of my knowledge.	
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community-issued BFE) or Zone AO must sign here. The star Property Owner or Owner's Authorized Representative's Nan Address Signature	ements in Sections A, B,	and E are corr	ect to the best of my knowledge. Ite ZIP Code	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corre				NCE COMPANY USE
Building Street Address (including Apt., Unit, Su 18080 Wooden Skiff Court	ite, and/or Bldg. No.)	or P.O. Route and Box No	o. Policy Numbe	
City	State	ZIP Code	Company NAI	C Number
Nokomis	Florida	34275		
		NFORMATION (OPTION	AL)	
				anae aan aal-t-
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent	Certificate. Complete	the applicable item(s) and	n management ordin d sign below. Check t	ance can complete the measurement
G1. The information in Section C was take engineer, or architect who is authorize data in the Comments area below.)				
G2. A community official completed Section or Zone AO.	on E for a building loca	ated in Zone A (without a	FEMA-issued or com	nmunity-issued BFE)
G3. The following information (Items G4-	G10) is provided for co	ommunity floodplain mana	agement purposes.	
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate Compliance/Occ	
G7. This permit has been issued for:	New Construction] Substantial Improvemen	nt	
G8. Elevation of as-built lowest floor (including of the building:	basement)	□	feet meters	Datum
G9. BFE or (in Zone AO) depth of flooding at t	the building site:		feet meters	Patum
G10. Community's design flood elevation:] feet	Datum
Local Official's Name		Title		11
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and loc	cation, per C2(e), if ap	plicable)	<u></u>	
· · · ·				
Sark.				
1				
_				
-			☐ Ched	k here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces,	FOR INSURANCE COMPANY USE		
Building Street Address (includin 18080 Wooden Skiff Court	g Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Nokomis	Florida	34275	

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

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces	FOR INSURANCE COMPANY USE		
Building Street Address (includ 18080 Wooden Skiff Court	ling Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City Nokomis	State Florida	ZIP Code	Company NAIC Number
Nokomis	FIORIDA	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 One

Photo One Caption





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ICC-ES Report

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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.

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

EVALUATION SUBJECT:

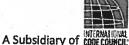
SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514



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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.

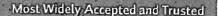
7.0 IDENTIFICATION

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 " × 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





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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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 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.



