

ELEVATION CERTIFICATE

SF 12-4919

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name VADIM GULIANTS		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1435 HONEYSUCKLE AVENUE		Policy Number:	
City MARCO ISLAND State FL ZIP Code 34145		Company NAIC Number:	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4, BLOCK 294, MARCO BEACH UNIT EIGHT			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL ADDITION</u>			
A5. Latitude/Longitude: Lat. <u>25° 55' 43.01"N</u> Long. <u>81° 42' 37.26"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>1B</u>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		a) Square footage of attached garage <u>434</u> sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		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 A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>600</u> sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 CITY OF MARCO ISLAND 120426		B2. County Name COLLIER		B3. State FLORIDA	
B4. Map/Panel Number 12021 C 0837	B5. Suffix H	B6. FIRM Index Date 5/16/2012	B7. FIRM Panel Effective/Revised Date 5/16/2012	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 8.0'
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					

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: SITE Vertical Datum: NAVD 88
 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>9.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>7.4</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>9.0</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>7.5</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 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.

- Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
- Check here if attachments.

Certifier's Name ANTONIO TRIGO (12.0227)	License Number PLS 2982
Title LAND SURVEYOR	Company Name A. TRIGO & ASSOCIATES, INC.
Address 2223 TRADE CENTER WAY	City NAPLES State FL ZIP Code 34109
Signature	Date 5/9/2013 Telephone 239-594-8448

A. TRIGO
 PLS No. 2982

5/9/13

ELEVATION CERTIFICATE, page 2

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. 1435 HONEYSUCKLE AVENUE			Policy Number:	
City NAPLES	State FL	ZIP Code 34145	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments A9b = THE VENTS ARE SMART VENTS MODEL 1540-520 CERTIFIED FOR 200 SQUARE INCHES EACH.
C2e = A/C PAD

Signature _____ Date 5/9/2013

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 8–9 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

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 _____
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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 CHRISTOPHER SPARACINO, CFM Title PLANNER

Community Name _____ Telephone _____

Signature C. Sparacino Date 5/21/13

Comments _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE	
Policy Number:	
Company NAIC Number:	

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1435 HONEYSUCKLE AVENUE		
City MARCO ISLAND	State FL	ZIP Code 34145

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 5/9/2013



REAR VIEW 5/9/2013



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A Perfect Solution in Every Drop

Certificate of Authorization: 29578

127 W. Fairbanks Ave.
Suite 438
Winter Park, FL 32789
407.644.6957 PH
407.644.2366 FX
contact@buildingdrops.com

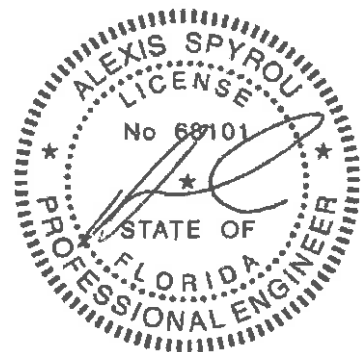
Product Evaluation Report
of
Smart Vent Products, Inc.
“FloodVent Model #1540-520”
“SmartVent Model #1540-510”
“Wood Wall Flood Model #1540-570”
“Wood Wall Flood Overhead Door Model #1540-574”
“FloodVent Overhead Door Model #1540-524”
“SmartVent Overhead Door Model #1540-514”
for
Florida Product Approval
FL# FL5822-R2
Report No. 1550
Florida Building Code 2007 & 2010
Per Rule 9N-3

Method: 2 – B (Engineering Evaluation)
Category: Structural Components
Sub – Category: Products Introduced as a Result of New Technology
Other Sub-Category: Ventilation
Product: Automatic Foundation Flood Vents (AFFV)
Material: Stainless Steel
Product Dimensions: *Foundation Dimensions-15 3/4" x 7 3/4"*
Wood Wall Dimensions- 14" x 8 3/4"

Prepared For:
Smart Vent Products, Inc.
430 Andbro Drive, Unit 1
Pitman, NJ 08071

Prepared by:
Alexis Spyrou, P.E.
Florida Professional Engineer # 68101
Date: 11/28/2011

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ALEX SPYROU
2011.12.14
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Alexis Spyrou, P.E.
Florida No. 68101



BUILDING DROPS

A Perfect Solution in Every Drop

Certificate of Authorization: 29578

FL#: FL5822-R2
Date: 11/28/2011
Report No: 1550

Manufacturer: Smart Vent Products, Inc.

Product Category: Structural Components

Product Sub-Category: Other

Other Sub-Category: Ventilation

Compliance Method: State Product Approval Rule 9N-3.005 (2)(b)

Product Name: FloodVent Model #1540-520
SmartVent Model #1540-510
Wood Wall Flood Model #1540-570
Wood Wall Flood Overhead Door Model #1540-574
FloodVent Overhead Door Model #1540-524
SmartVent Overhead Door Model #1540-514
Foundation Dimensions-15 3/4" x 7 3/4"
Wood Wall Dimensions- 14" x 8 3/4"

Scope:

This is a Product Evaluation Report issued by Alexis Spyrou, P.E. (FL # 68101) for **Smart Vent Products, Inc.** based on Rule Chapter No. 9N-3.005, Method 2b of the State of Florida Product Approval, Department of Community Affairs - Florida Building Commission.

Alexis Spyrou, P.E. does not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

This product has been evaluated for use in locations adhering to the 2007 & 2010 Florida Building Code.

See Installation Instructions provided by Smart Vent Products, Inc., verified by Alexis Spyrou, P.E. (FL # 68101) for specific use parameters.

Limits of Use:

1. This product has been evaluated and is in compliance with the 2007 & 2010 Florida Building Code, including the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment into substrate material shall be beyond wall dressing or stucco.
3. When used in areas requiring wind borne debris protection this product complies with Section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering.



BUILDING DROPS

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Certificate of Authorization: 29578

FL#: FL5822-R2
Date: 11/28/2011
Report No: 1550

Limits of Use (cont.):

4. Site conditions that deviate from the details of the drawings require further engineering analysis by a licensed engineer or registered architect.
5. See Installation Instructions for size and design pressure limitations.
6. Wall construction shall meet requirements of Section 1612 and Appendix G of the FBC as deemed technically relevant due to site conditions.

Quality Assurance:

The manufacturer has demonstrated compliance of ventilation products in Accordance with the Florida Building Code and Rule 9N-3 for manufacturing under a quality assurance program audited by an approved quality assurance entity through **Architectural Testing, Inc.** (FBC Organization #: QUA 1844)

Performance Standards:

The product described herein has been tested per:

- ASTM E 330-02
- ASCE 24-05
- TAS 202-94

Code Compliance:

The product described herein complies with 2010 FBC Section 1714.2 and the intent of 2010 FBC Section 1612.5(1)(1.2).

Referenced Data:

1. Product Testing performed by Architectural Testing, Inc. (FBC Organization # TST1558)
Report #: 01-42966.01, Report Date: 11/15/02
Report #: 38957.102-122-44, Report Date: 11/16/05
Report #: 60619.01-122-47, Report Date: 11/16/05
Report #: 61877.01-122-44, Report Date: 01/06/06
Report#: 94135.01-109-18, Report Date: 08/31/09
2. Quality Assurance
Architectural Testing, Inc.
(FBC Organization #: QUA 1844)
3. ICC Evaluation Service
ESR-2074: Meets requirements of AC364
Reissued February 1, 2011

Installation: Refer to Installation Instructions by Manufacturer for installation requirements.

Design Pressure:

Design Pressures
+100/-100 PSF

Alexis Spyrou, P.E.
Florida No. 68101
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