13.3592

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL ENERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

						FOR I	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name Wesley D. Tate					Policy Number:				
A2. Building Street Addres 825 Arcadia Court	s (including Apt.,	Unit, Suite, and/or B	ldg. No.) or	r P.O. Route	and Box N	No.	Comp	pany NAIC Number:	
City Marco Island			Stat	e FL	ZIP Code	34145			
A3. Property Description (I Lot 6, Block 318, Marco Be									
 A4. Building Use (e.g., Ret A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) Number of perman or enclosure(s) with c) Total net area of flod d) Engineered flood of 	t. N25°54'58.9" graphs of the builder 1B rawlspace or encorawlspace or enent flood opening in 1.0 foot above od openings?	Long. W81°42'44.6" Iding if the Certificate losure(s): closure(s) gs in the crawlspace e adjacent grade losure losure(s) yes No	e is being us 0 so 0 so 0 so	sed to obtain	A9. For a a) So b) No wi c) To d) Ei	building with an atta quare footage of atta umber of permanent ithin 1.0 foot above a otal net area of flood ngineered flood ope	ached gached got flood cadjacen lopenings?	parage <u>889</u> sq ft openings in the attached garag at grade <u>5</u> ngs in A9.b <u>1000</u> sq in	je
	SECI	TION B – FLOOD I	NSURAN	CE RATE	MAP (FIR	RM) INFORMATIO	N		_
B1. NFIP Community Name CITY OF MARCO ISLAND	& Community N 120426		B2. County COLLIER	Name			B3. St FLOR		
B4. Map/Panel Number 12021C0837	B5. Suffix H	B6. FIRM Index Da 5/16/2012		B7. FIRM F fective/Revis 5/16/20	ed Date	B8. Flood Zone(s) AE	В9	Base Flood Elevation(s) (Zor AO, use base flood depth) 10	пе
10. 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: 11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: 12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No Designation Date:									
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)									
1. 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. 2. 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: AC 3264 Vertical Datum: NAVD88 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.									
a) Top of bottom floor (ii	ncluding baseme	nt crawlspace or en	closure floc	or)	10.0		K the m	easurement used. t	
b) Top of the next highe		m, oramopado, or one	orodaro mod	,	23.		⊠ fee		
c) Bottom of the lowest		ral member (V Zones	s only)		<u>N.A</u>		⊠ fee		
d) Attached garage (tope) Lowest elevation of m(Describe type of equ	nachinery or equi		ouilding		<u>8.3</u> <u>10.</u> 2		☐ fee		
f) Lowest adjacent (finisg) Highest adjacent (finish) Lowest adjacent grad	shed) grade next	to building (HAG)	including s	structural su	6.1 10.2 port N.A	2	☐ fee	t meters	
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION									
This certification is to be signiformation. I certify that the I understand that any false Check here if commen Check here if attachmen	ned and sealed to information on to statement may be ts are provided o	oy a land surveyor, er his Certificate represe e punishable by fine o n back of form.	ngineer, or ents my be or imprison Were latitud	architect au st efforts to ment under	horized by interpret the 18 U.S. Co tude in Sec	r law to certify eleva e data available. ode, Section 1001. ction A provided by	tion	PLACE	
Certifier's Name John P. Pa	acetti, PSM				Number			N HERE "	-
Title P.S.M.		Company Name M	larco Surve				l-w	S PRINTE OF	7
Address 950 N. Collier Blv	d., #412	City Marco Island		State	-	Code 34145		S. MONDY	
Signature Allaba	æ.	Date 11/21/2014		Teleph	one 239-3	389-0026		Sal Same of	

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPAN USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 825 Arcadia Court	Policy Number:
City Marco Island State FL ZIP Code 34145	Company NAIC Number:
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICA	ATION (CONTINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3	3) building owner.
Comments A9a Square footage was derived from field measurements. A9a Smartvent Model 1540-510, is the front door threshold as there was no access to the structure. C2e is the A/C pad (N.W. side).	were on-site but not installed at time of survey. C2a
John Pasette	
Signature // Date 11/21/2014	
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 LOM and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico onl	
	meters above or below the HAG. meters above or below the LAG. ee pages 8–9 of Instructions), the next higher floor below the HAG. HAG. neters above or below the HAG. lance with the community's floodplain management
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATI	
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (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 attachment
SECTION G – COMMUNITY INFORMATION (OPTIO	
The local official who is authorized by law or ordinance to administer the community's floodplain management o of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in H	ordinance can complete Sections A, B, C (or E), and 0 ems G8–G10. In Puerto Rico only, enter meters.
The information in Section C was taken from other documentation that has been signed and seale is authorized by law to certify elevation information. (Indicate the source and date of the elevation	data in the Comments area below.)
32. A community official completed Section E for a building located in Zone A (without a FEMA-issued	
G3. The following information (Items G4–G10) is provided for community floodplain management purp	
G4. Permit Number G5. Date Permit Issued G6. Date Certifi	icate Of Compliance/Occupancy Issued
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement	
, , , , , , , , , , , , , , , , , , , ,	meters Datum
	meters Datum
G10. Community's design flood elevation:	meters Datum
Local Official's Name CHRISTOPHER SPARACING CFM Title PLANNER	
Community Name Telephone	
Signature C. Sparaco Date 12/3/14	
Comments	
	☐ Check here if attachmen

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

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. 825 Arcadia Court City Marco Island State FL ZIP Code 34145 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.









Field book: 72, Page: 53, 11/08/2013, WO# 13/534 Field book: 102, Page: 9, 11/21/2014, WO# 14/529

ELEVATION CERTIFICATE, page 4

Building Photographs Continuation Page

		3-	
IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg 825 Arcadia Court	j. No.) or P.O. Route a	and Box No.	Policy Number:
City Marco Island	State FL	ZIP Code 34145	Company NAIC Number:
If submitting more photographs than will fit on the pre- with: date taken; "Front View" and "Rear View"; an photographs must show the foundation with representat	d, if required, "Rig	ght Side View" and "Left	Side View." When applicable,

Surveyor's Note:		
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*		
- No.		
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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

Contents:

Evaluation Report

Pages 1-3

NO 68101

**
PROSTATE OF WARREN STATE OF WARRE

ALEX SPYROU 2011.12.14 21:11:53 -05'00'

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			9		



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.

		* ,



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.
- See Installation Instructions for size and design pressure limitations. 5.
- Wall construction shall meet requirements of Section 1612 and Appendix G of the FBC as 6. 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

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