

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

13-6049

SECTION A - PROPERTY INFORMATION

| | |
|---|----------------------------|
| A1. Building Owner's Name: Tarpon Court, LLC | For Insurance Company Use: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 451 Renard Ct. | 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 11, Block 376, Marco Beach Unit 12, Plat Book 6, pages 87-91, City of Marco Island, Collier County, Florida | |

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Single Family Residential

A5. Latitude/Longitude: Lat. 25°57'40.1" Long. 81°44'28.3" Horizontal Datum: NAD 1927 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 1B

A8. For a building with a crawl space or enclosure(s), provide:

| | |
|--|---|
| a) Square footage of crawl space or enclosure(s) <u>NA</u> sq ft | A9. For a building with an attached garage, provide: |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>NA</u> | a) Square footage of attached garage <u>733</u> sq ft +/- |
| c) Total net area of flood openings in A8.b <u>NA</u> sq in | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>4</u> Smart Vents |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | c) Total net area of flood openings in A9.b <u>800</u> sq in |
| | d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" 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 FL | | | |
| B4. Map/Panel Number 12021C0828H | B5. Suffix H | B6. FIRM Index Date 05/16/2012 | B7. FIRM Panel Effective/Revised Date 05/16/2012 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 8.0 Map City Mandated 9.0 |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) 9.00 per City of Marco Island mandate

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS 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 NGS BM K-408 1992 Elev. = 4.64 Vertical Datum NAVD88

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

Check the measurement used.

| | | |
|---|-------------|--|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | <u>9.82</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>NA</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>NA</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>8.14</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | <u>9.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade (LAG) | <u>6.8</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade (HAG) | <u>8.0</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>8.0</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.

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 Lance T Miller | License Number LS#5627 |
| Title Professional Surveyor and Mapper | Company Name Stantec Consulting Services, Inc. |
| Address 3200 Bailey Lane, Suite 200 | City Naples State FL ZIP Code 34105 |
| Signature | Date 05/12/2015 Telephone 239-649-4040 |

Lance T Miller
 LS#5627
 05/12/2015

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. 451 Renard Ct. | | | Policy Number |
| City Marco Island | 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 C2. e) Is A/C Pads Ref. v/2156/active/215699999/N0558/Unit 12/Flood Certificates/new elevation final Lot 11, Blk 376, 3N-TCL, pg.1, FB N-2951/59. Project #215610604 L-3286, pg 10 final survey

Signature  Date
05/12/2015

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, crawl space, or enclosure) is _____, ___ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____, ___ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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, and G9.

- 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.-G9.) 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 (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site _____, ___ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____, ___ feet meters (PR) Datum _____

| | |
|---|----------------------|
| Local Official's Name CHRISTOPHER SPARACINO, CFM | Title PLANNER |
| Community Name _____ | Telephone _____ |
| Signature  | Date 6/3/15 |
| 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: |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 451 Renard Ct. | | | Policy Number: |
| City Marco Island | State Florida | 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.

FRONT VIEW (05/12/15)



REAR VIEW (05/12/15)



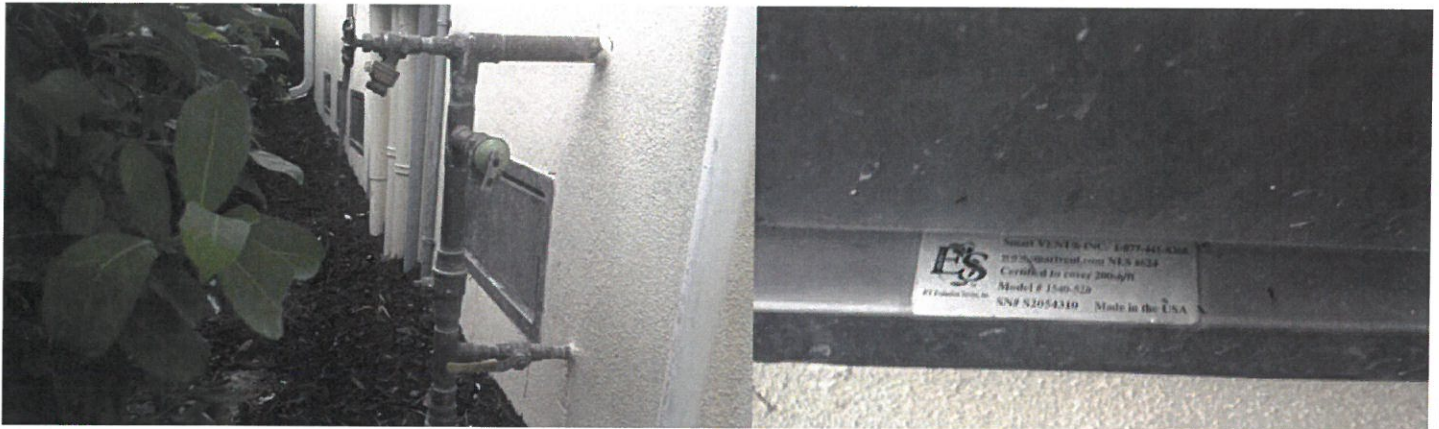
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

| | | | |
|---|-------------|-------------------|----------------------------|
| 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. 451 Renard Ct. | | | Policy Number: |
| 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.

RIGHT VIEW GARAGE VENTS (4)



LEFT VIEW FROM REAR





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ESR-2074

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Valid: 02/15 to 02/17

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: FLOODVENT™ MODEL #1540-520; FLOODVENT™ STACKING MODEL #1540-521; SMARTVENT™ MODEL #1540-510; SMARTVENT™ STACKING MODEL #1540-511; 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



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ICC-ES Evaluation Report

ESR-2074

Reissued February 2015

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:
FLOODVENT™ MODEL #1540-520; FLOODVENT™
STACKING MODEL #1540-521; SMARTVENT™ MODEL
#1540-510; SMARTVENT™ STACKING MODEL #1540-511;
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

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2009 and 2006 *International Building Code*® (IBC)
- 2009 and 2006 *International Residential Code*® (IRC)
- 2013 *Abu Dhabi International Building Code* (ADIBC)†

†The 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 automatic foundation flood vents (AFFVs) employed to equalize hydrostatic pressure on nonfire-resistance-rated foundation walls, rolling-type overhead doors and building walls subject to rising or falling flood waters. The Smart Vent® units are intended for use where flood hazard areas have been established in accordance with IBC Section 1612.3 or IRC Section R3222.1. Certain models also allow natural ventilation in accordance with Section 1203 of the IBC or Section 408.1 of the IRC.

3.0 DESCRIPTION

3.1 General:

When subjected to pressure from rising water, the Smart

Vent® AFFVs disengage, 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 AFFV 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 plate to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. 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 AFFVs comply with the design principle noted in Section 2.6.2.2 of ASCE/SEI 24 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 AFFVs must be installed in accordance with Section 4.0.

3.3 Model Sizes:

The FloodVENT™ Model #1540-520, SmartVENT™ Model #1540-510, FloodVENT™ Overhead Door Model #1540-524, and SmartVENT™ Overhead Door Model #1540-514 units measure 15¾ inches wide by 7¾ inches high (400 by 196.9 mm). The Wood Wall Flood Model #1540-570 and Wood Wall Flood Overhead Door Model #1540-574 units measure 14 inches wide by 8¾ inches high (355.6 by 222.25 mm). The SmartVENT™ Stacking Model #1540-511 and FloodVENT™ Stacking Model #1540-521 units measure 16 inches wide by 16 inches high (406.4 by 406.4 mm).

3.4 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with ¼-inch-by-¼-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 AFFVs recognized in this report do not offer natural ventilation.

4.0 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. The

mounting straps allow mounting in wood, masonry and concrete walls up to 12 inches (305 mm) thick. In order to comply with the engineered opening design principle noted in Section 2.6.2.2 of ASCE/SEI 24, the Smart Vent® AFFVs must be installed as follows:

- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one AFFV 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 AFFV for every 400 square feet (37.2 m²) of enclosed area.
- Below the base flood elevation.
- With the bottom of the AFFV located a maximum of 12 inches (305.4 mm) above grade.

5.0 CONDITIONS OF USE

The Smart Vent® AFFVs 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® AFFVs 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® AFFVs 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 Automatic Foundation Flood Vents (AC364), dated October 2013 (editorially revised May 2014).

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).

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: FLOODVENT™ MODEL #1540-520; FLOODVENT™ STACKING MODEL #1540-521; SMARTVENT™ MODEL #1540-510; SMARTVENT™ STACKING MODEL #1540-511; 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

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:

- 2010 *Florida Building Code—Building* (FBC)
- 2010 *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 structures not subject to FBC Section 2326.3.1 or FRC Section 4409.13.3.1, as applicable.

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.