U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: Naomi A. Muselman & Roger Muselman	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4011 Gulf of Mexico Drive	Company NAIC Number:
City: Longboat Key State: FL	ZIP Code: 34228
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nu Metes & Bounds Section 06, Township 36S, Range 17E Manatee County PID# 0002050	mber: 002
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
	NAD 1927 NAD 1983 WGS 84
A6. Attach at least two and when possible four clear color photographs (one for each side) of the b	ouilding (see Form pages 7 and 8).
A7. Building Diagram Number:6	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): 993 sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area	? ⊠ Yes ☐ No ☐ N/A
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foo Non-engineered flood openings:0 Engineered flood openings:1	
d) Total net open area of non-engineered flood openings in A8.c:0 sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruct	ions): 2000 sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	RECEIVED
A9. For a building with an attached garage:	JAN 2 4 2024
a) Square footage of attached garage: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage	Planning, Zoning & Building
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above ad Non-engineered flood openings: N/A Engineered flood openings: N/A	
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruct	ions): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFO	RMATION
B1.a. NFIP Community Name: Town of Longboat Key B1.b. NFIP Cor	nmunity Identification Number: 125126
B2. County Name: Sarasota B3. State: FL B4. Map/Panel No.:	12115C0019 B5. Suffix: F
B6. FIRM Index Date: 11/04/2016 B7. FIRM Panel Effective/Revised Date: 11/04/2	016 /
B8. Flood Zone(s): AE & VE V B9. Base Flood Elevation(s) (BFE) (Zone AO, use	Base Flood Depth): 11' & 12'
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS FIRM Community Determined Other:	
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Othe	r/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Pro Designation Date: CBRS OPA	tected Area (OPA)? Yes No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?] No 🔨

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (8/23)

Form Page 2 of 8

OK NM 1-26-202+

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4011 Gulf of Mexico Drive	FOI	RINSURA	NCE CO	OMPANY USE
City: Longboat Key State: FL ZIP Code: 34228	1000	y Number		THE RESIDENCE
SECTION C - BUILDING ELEVATION INFORMATION (SUR	VEY REQ	UIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Con*A new Elevation Certificate will be required when construction of the building is complete.	The state of the s	Finish	ed Cons	truction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, A A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A Benchmark Utilized: NGS BE# GIS 086 Elev.= 5.04' Vertical Datum: NAVD 1	7. In Puerto			
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:				
Datum used for building elevations must be the same as that used for the BFE. Conversion factor if Yes, describe the source of the conversion factor in the Section D Comments area.	ctor used?	☐ Yes	_	lo surement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	✓ 9.4		_	meters
b) Top of the next higher floor (see Instructions):	22.0		t 🔲 1	meters
√ c) Bottom of the lowest horizontal structural member (see Instructions):	2 0.0		t 🗆 r	neters
d) Attached garage (top of slab):	✓ N/A		t 🔲 1	meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	✓ 13.4	∫ fee	t 🔲 1	meters
f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished	v 9.1		t 🗆 r	neters
g) Highest Adjacent Grade (HAG) next to building: Natural X Finished	9 .7	⊠ fee	t 🗆 r	meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	V 9.9	⊠ fee	t 🗆 r	meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT C	ERTIFICA	TION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorize information. I certify that the information on this Certificate represents my best efforts to interpretable statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	et the data	aw to certi	fy eleva	tion tand that any
Were latitude and longitude in Section A provided by a licensed land surveyor? X Yes N	lo		as 0 W	
Check here if attachments and describe in the Comments area.		JAN 2	4 202	4
Certifier's Name: Martin S Britt License Number: PSM 5538		OF LO		
Title: Professional Surveyor & Mapper	- Files	ining, Zon	HAIP!	uilding
Company Name: MSB Surveying, Inc.		MAR	TIFIC	O P
Address: 536 Interstate Court		A ST		R. I
City: Sarasota State: FL ZIP Code: 34240		REG ST	0.55	28 A SE
Telephone: (941) 341-9935 Ext.: Email: msb@msbsurveying.com		-0	OF F	OR W
Signature: Martin S Britt Digitally signed by Martin S Britt Date: 2024.01.22 05:48:02 -05'00' Date: 01/03/2024	4	Pia	SURVEY Ce Seal	mere (OK)
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insura	nce agent/c	ompany, a	nd (3) bu	ilding owner.
Comments (including source of conversion factor in C2; type of equipment and location per C2. 3 story structure on augar piles/caps with columns. Bottom floor= parking, storage & e by field survey in State Plane, converted to decimal degrees. A8.a-f) based on 3 enclovents. #2 entry/elevator- 284sq.ft., 2 Flood Vents. #3 storage- 68sq.ft., 2 Flood Vents. Model #1540-520 per ICC-ES Evaluation Report ESR-2074 (See attached), rated 200 C2.e) denotes bottom of Electric Meter Box (see Photo 4). Page 9 & 10 added for add	e; and descentry/eleva entry/eleva esures: #1 Flood Ver	cription of a tor only. A parking- ints used a	A5. dete 641sq.f are Sm	chments): ermined t, 4 Flood art Vent

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (8/23)

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite	e, and/or Bldg.	No.) or f	P.O. Route	and B	ox No.:	:	FOR INSURA	NCE COMPANY USE
4011 Gulf of Mexico Drive			715.6	2422			Policy Number	
City: Longboat Key	State:	FL	ZIP Code:	3422	8		Company NAI	C Number:
SECTION E – BUILDING FOR ZONE	MEASUREI AO, ZONE A							ED)
For Zones AO, AR/AO, and A (without BFE), co- intended to support a Letter of Map Change red enter meters.								
Building measurements are based on: Contact the Contact of Contact						struction	n* Finished	d Construction
E1. Provide measurements (C.2.a in applicable measurement is above or below the natura	The state of the s	The second second	r the followi	ng an	d chec	k the ap	propriate boxes	s to show whether the
 a) Top of bottom floor (including basement crawlspace, or enclosure) is: 	t, 			feet	m	neters	above or	below the HAG.
 b) Top of bottom floor (including basement crawlspace, or enclosure) is: 	i, 			feet	_ m	neters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permanent next higher floor (C2.b in applicable Building Diagram) of the building is:	flood opening	s provid	led in Section	on A I	_	and/or	9 (see pages 1-	−2 of Instructions), the
E3. Attached garage (top of slab) is:				feet		neters	above or	below the HAG.
E4. Top of platform of machinery and/or equipm servicing the building is:	nent			feet	_ m	neters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is a floodplain management ordinance?								ne community's ormation in Section G.
SECTION F - PROPERTY OWNE	R (OR OWN	IER'S A	UTHORIZ	ZED F	REPR	ESENT	ATIVE) CERT	TIFICATION
The property owner or owner's authorized represign here. The statements in Sections A, B, and						E for Zor	ne A (without B	FE) or Zone AO must
Check here if attachments and describe in the			est of my Ki	TOWIE	uge			
Property Owner or Owner's Authorized Represe	entative Name:		,					
Address:								
City:					State:		ZIP Code:	
Telephone: Ext.:	Email:							
Signatura								
Signature:	-		Date	e:			_	
Comments.								
						RE	CEIV	ED
						1.	AN 2 4 202	4
					TO			
						Plannin	F LONGBO	PATKEY uilding

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 4011 Gulf of Mexico Drive	P.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
	ZIP Code: 34228	Policy Number:		
		Company NAIC Number:		
SECTION G - COMMUNITY INFORMATION (RECOMM		AND AND DESCRIPTION OF THE PARTY OF THE PART		
The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a				
G1. The information in Section C was taken from other docume engineer, or architect who is authorized by state law to cert elevation data in the Comments area below.)				
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	n Zone A (without a BFE), Zon	ne AO, or Zone AR/AO, or when item		
G2.b. A local official completed Section H for insurance purposes	š.			
G3. In the Comments area of Section G, the local official descri	ibes specific corrections to the	e information in Sections A, B, E and H.		
G4. The following information (Items G5–G11) is provided for c	ommunity floodplain manager	ment purposes.		
G5. Permit Number: G6. Date Perm	nit Issued:			
G7. Date Certificate of Compliance/Occupancy Issued:				
G8. This permit has been issued for: New Construction St	ubstantial Improvement			
G9.a. Elevation of as-built lowest floor (including basement) of the building:	feet	meters Datum:		
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	☐ feet	meters Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	☐ feet	meters Datum:		
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	∏ feet ∫	meters Datum:		
G11. Variance issued? Yes No If yes, attach documenta				
The local official who provides information in Section G must sign here correct to the best of my knowledge. If applicable, I have also provided	. I have completed the informal specific corrections in the Co	ation in Section G and certify that it is mments area of this section.		
Local Official's Name:	Title:			
NFIP Community Name:				
Telephone: Ext.: Email:	****			
Address:				
City:	State:	ZIP Code:		
Signature:	Date:			
Comments (including type of equipment and location, per C2.e; descrip Sections A, B, D, E, or H):	otion of any attachments; and	corrections to specific information in		
		RECEIVED		
		JAN 2 4 2024		
		Flanning, Zoning & Building		

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (include	ling Apt., Unit, Suite,	and/or Bldg. No.) o	or P.O. Route and Bo	ox No.:	FOR IN	SURANCE COMPANY USE
4011 Gulf of Mexico Drive)				Policy N	umber:
City: Longboat Key		State: FL	ZIP Code: 3422	8	Compan	y NAIC Number:
SECTIO	N H - BUILDING (SURVEY NOT I					ZONES
The property owner, owner's to determine the building's fire nearest tenth of a foot (neare Instructions) and the appro	st floor height for ins st tenth of a meter in	surance purposes. n Puerto Rico). Re	Sections A, B, and ference the Found	I must also lation Typ	o be complete e Diagrams	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the	top of the floor (as i	indicated in Found	ation Type Diagran	ns) above	the Lowest A	djacent Grade (LAG):
 a) For Building Diagram floor (include above-grad crawlspaces or enclosure 	le floors only for buil			feet	meters meters	above the LAG
 b) For Building Diagram higher floor (i.e., the floor enclosure floor) is: 				feet	meters meters	above the LAG
H2. Is all Machinery and Equ H2 arrow (shown in the F	aipment servicing the Foundation Type Dia	e building (as listed agrams at end of S	d in Item H2 instruction	tions) eleves) for the a	ated to or ab appropriate B	ove the floor indicated by the uilding Diagram?
SECTION I - PR	OPERTY OWNER	(OR OWNER'S	AUTHORIZED F	REPRESE	NTATIVE)	CERTIFICATION
The property owner or owner	s authorized represe	entative who comp	letes Sections A. E	and H m	ust sign nere	THE Statements in Sections
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments	best of my knowled in Section G. s are provided (include	dge. Note: If the loading required phot	os) and describe ea	gement of	ficial complet	ed Section H, they should omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A	best of my knowled in Section G. s are provided (includent authorized Represen	dge. Note: If the loading required photostative Name:	cal floodplain mana	gement of	ficial complet	ed Section H, they should omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address:	best of my knowled in Section G. is are provided (includent authorized Represen	dge. Note: If the loading required photostative Name:	cal floodplain mana	gement of	ficial complet	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address: City:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	ed Section H, they should omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	cal floodplain mana	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address: City:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of	ment in the C	ed Section H, they should omments area. Code:
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of	ment in the C	omments area.
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of	RECE	ed Section H, they should omments area. Code:
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	RECE JAN 2 WN OF LO	ed Section H, they should omments area. Code:
A, B, and H are correct to the indicate in Item G2.b and sign Check here if attachments Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	RECE JAN 2 WN OF LO	ed Section H, they should omments area. Code:
A, B, and H are correct to the indicate in Item G2.b and sign. Check here if attachments. Property Owner or Owner's A Address: City: Telephone: Signature:	best of my knowled in Section G. s are provided (include authorized Represen	dge. Note: If the loading required photostative Name:	os) and describe ea	gement of ach attach	RECE JAN 2 WN OF LO	ed Section H, they should omments area. Code:

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, a	and/or Blo	ig. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
4011 Gulf of Mexico Drive City: Longboat Key	State:	FL	ZIP Code: <u>34228</u>	Policy Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: (01/03/2024) Front View

Clear Photo One

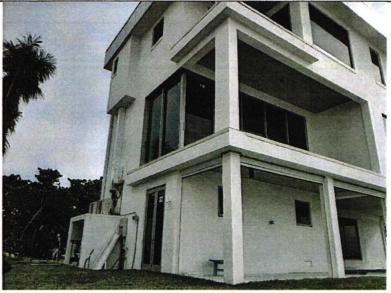


Photo Two

Photo Two Caption: (01/03/2024) Right Side & Partial Rear View

Clear Photo Two

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suit	te, and/or Blo	dg. No.)	or P.O. Route	and Box No.:	FOR INSURANCE COMPANY USE
4011 Gulf of Mexico Drive City: Longboat Key	State:_	FL	_ ZIP Code:	34228	Policy Number: Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: (01/03/2024) Left Side & Rear View

Clear Photo Three



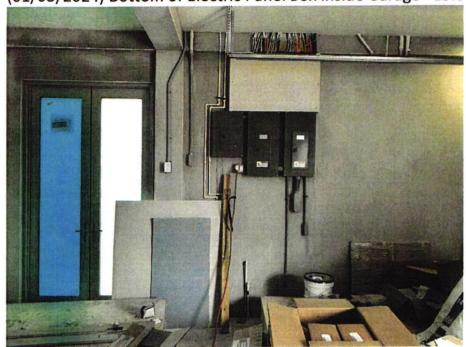
Photo Four

Photo Four Caption: (01/03/2024) Elevated AC=16.1, Tankless Water Heater=20.9', Pool Eq.=9.5'

Clear Photo Four

ADDITIONAL SHEET FOR PHOTOS

(01/03/2024) Bottom of Electric Panel Box inside Garage= 15.0'

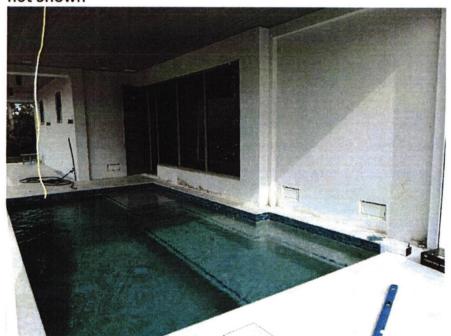


(01/03/2024) 4 Smart Vents Model #1540-520 in Front View of Entry/Elevator Area



JAN 2 4 2024
TOWN OF LONGBOAT KE

(01/03/2024) 5 Smart Vents Model #1540-520 in Rear View. 1 in Storage, 1 in Entry/elevator, 3 Parking. NOTE: 1 in Parking on NW Wall Under Elevated AC Pad not Shown



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JAN 2 4 2024 TOWN OF LONGBOAT KEY Planning, Zoning & Building



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ICC-ES Evaluation Report

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ESR-2074

Reissued 02/2023 This report is subject to renewal 02/2025.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

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 FLOOD VENT SEALING KIT #1540-526



RECEIVED

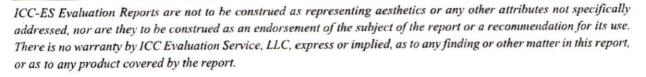
JAN 2 4 2024

TOWN OF LONGBOAT KEY Planning, Zoning & Building

"2014 Recipient of Prestigious Western States Seismic Policy Council (WSSPC) Award in Excellence"

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ICC-ES Evaluation Report ESR-2074

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMART VENT PRODUCTS, INC.

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 FLOOD VENT SEALING KIT #1540-526

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2021, 2018, 2015, 2012, 2009 and 2006 International Building Code® (IBC)
- 2021, 2018, 2015, 2012, 2009 and 2006 International Residential Code® (IRC)
- 2021 and 2018 International Energy Conservation Code[®] (IECC)
- 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 engineered mechanically operated flood vents (FVs) employed to equalize hydrostatic pressure on walls of enclosures subject to rising or falling flood waters. Certain models also allow natural ventilation.

3.0 DESCRIPTION

3.1 General:

When subjected to rising water, the Smart Vent® FVs internal floats are activated, 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 FV 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

Reissued February 2023

This report is subject to renewal February 2025.

the door to rotate out of the way and allow flow. The water level stabilizes, equalizing the lateral forces. Each unit is fabricated from stainless steel. Smart Vent® Automatic Foundation Flood Vents are available in various models and sizes as described in Table 1. 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 FVs comply with the design principle noted in Section 2.7.2.2 and Section 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)] 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 FVs must be installed in accordance with Section 4.0.

3.3 Ventilation:

The SmartVENT® Model #1540-510 and SmartVENT® Overhead Door Model #1540-514 both have screen covers with ¹/₄-inch-by-¹/₄-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 FVs described in this report do not offer natural ventilation.

3.4 Flood Vent Sealing Kit:

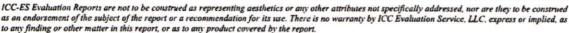
The Flood Vent Sealing Kit Model #1540-526 is used with SmartVENT® Model #1540-520. It is a Homasote 440 Sound Barrier® (ESR-1374) insert with 21 – 2-inch-by-2-inch (51 mm x 51 mm) squares cut in it. See Figure 4.

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

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. Installation clips allow mounting in masonry and concrete walls of any thickness. In order to comply with the engineered opening design principle noted in Section 2.7.2.2 and 2.7.3 of ASCE/SEI 24-14 [Section 2.6.2.2 of ASCE/SEI 24-05 (2012, 2009, 2006 IBC and IRC)], the Smart Vent® FVs must be installed as follows:





- With a minimum of two openings on different sides of each enclosed area.
- With a minimum of one FV 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 FV for every 400 square feet (37.2 m²) of enclosed area.
- 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.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

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

- 6.1 Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised February 2021).
- 6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

- 7.1 The Smart VENT® models and the Flood Vent Sealing Kit described 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).
- 7.2 The report holder's contact information is the following:

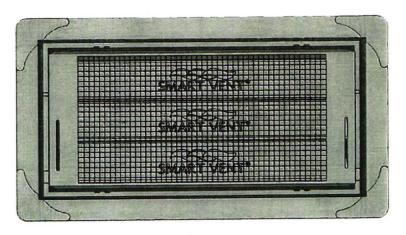
SMART VENT PRODUCTS, INC. 19 MANTUA ROAD MOUNT ROYAL, NEW JERSEY 08061 (877) 441-8368

www.smartvent.com info@smartvent.com

TABLE 1—MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520 V	15 ³ / ₄ " X 7 ³ / ₄ " V	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 " X 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



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FIGURE 1-SMART VENT: MODEL 1540-510

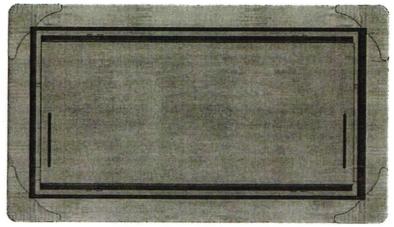


FIGURE 2—SMART VENT MODEL 1540-520

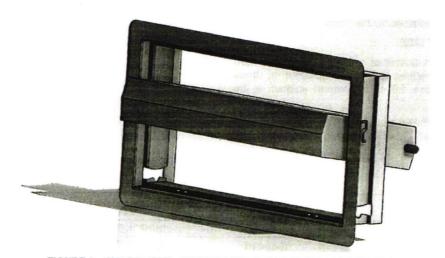


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

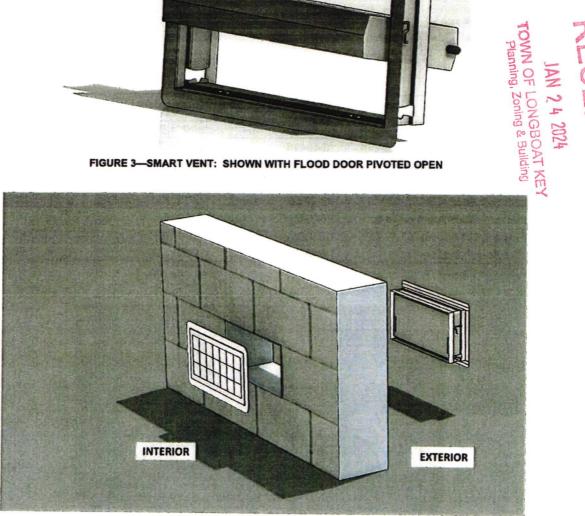


FIGURE 4—FLOOD VENT SEALING KIT



ICC-ES Evaluation Report

ESR-2074 CBC and CRC Supplement

Reissued February 2023

This report is subject to renewal February 2025.

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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:

SMART VENT PRODUCTS, INC.

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
FLOOD VENT SEALING KIT #1540-526

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, described in ICC-ES evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

Applicable code editions:

■ 2019 California Building Code (CBC)

For evaluation of applicable chapters adopted by the California Office of Statewide Health Planning and Development (OSHPD) AKA: California Department of Health Care Access and Information (HCAI) and the Division of State Architect (DSA), see Sections 2.1.1 and 2.1.2 below.

■ 2019 California Residential Code (CRC)

2.0 CONCLUSIONS

2.1 CBC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with 2019 CBC Chapter 12, provided the design and installation are in accordance with the 2018 *International Building Code*® (IBC) provisions noted in the evaluation report and the additional requirements of CBC Chapters 12 and 16, as applicable.

2.1.1 OSHPD:

The applicable OSHPD Sections and Chapters of the CBC are beyond the scope of this supplement.

2.1.2 DSA:

The applicable DSA Sections and Chapters of the CBC are beyond the scope of this supplement.

2.2 CRC

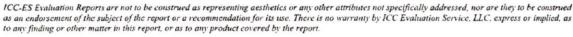
The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with the 2019 CRC, provided the design and installation are in accordance with the 2018 *International Residential Code*® (IRC) provisions noted in the evaluation report.

This supplement expires concurrently with the evaluation report, reissued February 2023.

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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:

SMART VENT PRODUCTS, INC.

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 FLOOD VENT SEALING KIT #1540-526

1.0 REPORT PURPOSE AND SCOPE

Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, described in ICC-ES evaluation report ESR-2074, have also been evaluated for compliance with the codes noted below.

Applicable code editions:

- 2020 Florida Building Code—Building
- √ 2020 Florida Building Code—Residential

2.0 CONCLUSIONS

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with the Florida Building Code—Building and the Florida Building Code—Residential, provided the design requirements are determined in accordance with the Florida Building Code-Building or the Florida Building Code-Residential, as applicable. The installation requirements noted in ICC-ES evaluation report ESR-2074 for 2018 International Building Code® meet the requirements of the Florida Building Code—Building or the Florida Building Code—Residential, as applicable.

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 Florida Building Code—Building and the Florida Building Code—Residential.

For products falling under Florida Rule 61G20-3, 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 evaluation report, reissued February 2023.

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to any finding or other matter in this report, or as to any product covered by the report.

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, Lowest Floor Elevation), which is required to certify as-built elevations needed for flood insurance rating.

V ∨ ZO	ONE DESIGN (CERTIFICAT	E			
Name Roger and Naomi Muselman	Pc	olicy Number (Insu	rance Co.	Use)		
Building Address of Other Description 4011 Gulf of	of Mexico Dr					
Permit No. PB-21-1191 City I	Longboat Key		State_FL_	_Zip Code_34228		
SECTION I: Flood	l Insurance Ra	ite Map (FIR	M) Info	rmation		
	115C0019 Suffix F	• .	5			
SECTION II:						
[NOTE: This section documents the elevations/d	epths used or spec	ified in the design	– it does	not document surve	eyed elev	ations
and is not equivalent to the as-built elevations red				-	40	
FIRM Base Flood Elevation (BFE)					Marine San Company	_feet*
2. Community's Design Flood Elevation (DFE)						_feet*
S. Elevation of the Bottom of Lowest Horizontal States						_feet* V
4. Elevation of Lowest Adjacent Grade						_feet*
5. Depth of Anticipated Scour/Erosion used for F						_feet _feet
6. Embedment Depth of Pilings of Foundation Be	-					_ieet
* Indicate elevation datum used in 1-4: N	GVD29 ☑ NAVD	D88 LI Other				
SECTION III:	V Zone Design	n Certification	n Staten	ient		
I certify that: (1) I have developed or reviewed referenced building and (2) that the design and standards of practice** for meeting the following p • The bottom of the lowest horizontal structural the BFE. • The pile and column foundation and structure to the effects of the wind and water loads acting	methods of constructions: member of the lower attached thereto is a gimultaneously on	est floor (excluding anchored to resist all building comp	be used g piles and flotation, conents. Wa	are in accordance columns) is elevate ollapse, and lateral is ater loading values is	with accord to or a movement used are	bove at due those
associated with the base flood***. Wind loading potential for scour and erosion at the foundation wave action.						
SECTION IV: Brea	kaway Wall D	esign Certific	cation St	tatement		
[NOTE. This section must be certified by a reresistance of more than 20 psf (0.96 kN/m2) determined to the certified by a resistance of more than 20 psf (0.96 kN/m2).	gistered engineer mined using allowa	or architect when ble stress design]	n breakawa	ay walls are desig	ned to h	ave a
I certify that: (1) I have developed or reviewed the be constructed under the above-referenced buildir accordance with accepted standards of practice**	ng and (2) that the d	lesign and method				
 Breakaway wall collapse shall result from a wa 			•			
 The elevated portion of the building and supp structural damage due to the effects of wind and 						
SECT	ION V: Certif	ication and S	eal			
This certification is to be signed and sealed be structural designs. I certify the V Zone Design Certification Statement (Section IV, check if applic	Certification Stater					
				SSE	ARCHIT TO	
Certifier's Name ROBERT ROKOP	License Nur	mber AR 11049		- Sine	RT F. Ro	No.
Title ARCHITECT OF RECORD	Company N	ame_Robert Rokop	Architect, L	LC C	Q.	200
Address 400 Madison Drive, Suite 200					STATE	6
City Sarasota	State_FLZ	Zip Code_34236		Wag	LORIDA	
MAR	Date 01/23/2024	Telephone	REC	EIVE	NESO NO.	

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CCCL ELEVATION CERTIFICATE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

This certificate is required by section 3109 of the Florida Building Code for habitable structures built seaward of a coastal construction control line to ensure the lowest horizontal structural member of such structures is located above the local one-hundred-year storm elevation as published in the Florida Department of Environmental Protection's document titled, "One-Hundred-Year Storm Elevation Requirements for Habitable Structures Located Seaward of a Coastal Construction Control Line". The elevation of the lowest horizontal structural member is to be shown in relation to National Geodetic Vertical Datum (N.G.V.D., 1929).

NOTICE: This certificate shall be completed as part of the permitting process and submitted to the building official who will note any deficiencies and notify the permit holder of any actions necessary to bring the structure into compliance with the elevation requirement. Any deficiencies found by the building official shall be corrected by the permit holder immediately and prior to proceeding with work. Any work undertaken prior to submission of this certification shall be at the property owner's risk.

	SECTION A Property Information			
1	PROPERTY OWNER'S NAME		7.77	
	Roger & Naomi Muselman			
1	STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. BOX NUMBER			
1	4011 Gulf of Mexico Drive			
١	OTHER DESCRIPTION (Lot and Block Numbers, etc.)			
	PID 0002050002			
	CITY	STATE	ZIP CODE	
	Longboat Key	FL	34228	

/	SE	CTION B One-Hundred-Year Storm Elevation Information
	1.	Pursuant to the above document, the bottom of the lowest horizontal structural member must be located at or above
		19.4' feet N.G.V.D. (18.37' NAVD)

2. The bottom of the lowest horizontal structural member of the building is (20.0' NAVD) 21.03' feet N.G.V.D.

Please refer to the diagrams on page 2 of this document for information regarding the location of the bottom of the lowest horizontal structural member.

157/31A BM elevation:

SECTION C Certification

3. Control elevation reference mark used: Benchmark ID

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information and be submitted to and approved by the building official prior to commencing any additional work.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

CERTIFIER'S NAME: LICENSE NUMBER: ROBERT ROKOP AR 11049 COMPANY NAME ROBERT ROKOP AIA ARCHITECT, LLC ARCHITECT OF RECORD STATE ZIP CODE: 400 MADISON DRIVE #200 **SARASOTA** FL 34236 DATE: TELEPHONE COMMENTS

STATE FLORIDA

9.37'

feet N.D.V.D.

DEP Form 73-501

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OKNH 1.26-2024 V