### 18-243FI-ADD\_FF086033-0292E\_795 ST JUDES DR N,\_11Feb2020

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

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# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: November 30, 2022

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| Copy all pages of this   | Elevation Ce  | ertificate and all attachn | nents for  | (1) communi           | ty official, (2) insur             | ance agent/compan   | y, and (3) building owner. |  |
|--|---|----------------------------|------------|-----------------------|------------------------------------|---------------------|----------------------------|--|
| SECTION A – PROPERTY INFORMATION   |   |                            |            |                       |                                    | RANCE COMPANY USE   |                            |  |
|  | A1. Building Owner's Name Policy Number: ROLLYSON INVESTMENTS INC   |                            |            |                       |                                    |                     | ber:                       |  |
| Box No.  | A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and<br>Box No.<br>795 ST JUDES DR N |                            |            |                       |                                    |                     |                            |  |
| City   |   |                            |            | State                 |                                    | ZIP Code            |                            |  |
|  |   |                            |            | Florida               |                                    | 34228               |                            |  |
| A3. Property Desc<br>PARCEL ID: 79641  | •   | and Block Numbers, Ta      | ix Parcei  | Number, Leç           | gal Description, en                | c.)                 |                            |  |
| A4. Building Use (   | e.g., Resider   | ntial, Non-Residential,    | Addition   | , Accessory, e        | etc.) ADDITION                     | N                   |                            |  |
| A5. Latitude/Longi   | tude: Lat.  | 27.4185179                 | Long8      | 32.6549051            | Horizonta                          | I Datum: NAD 1      | 1927 🗙 NAD 1983            |  |
| A6. Attach at least  | 2 photograp   | ohs of the building if the | a Certific | ate is being ι        | used to obtain flood               | d insurance.        |                            |  |
| A7. Building Diagra  | am Number   | 7                          |            |                       |                                    |                     |                            |  |
| A8. For a building   | with a crawls   | space or enclosure(s):     |            |                       |                                    |                     |                            |  |
| a) Square foot   | tage of crawl   | lspace or enclosure(s)     |            | 1                     | 1346.00 sq ft                      |                     |                            |  |
| b) Number of p   | permanent flo   | ood openings in the cra    | awlspace   | e or enclosure        | e(s) within 1.0 foot               | above adjacent gra  | ade 10                     |  |
| c) Total net are   | ea of flood o   | penings in A8.b            |            | 510.00 sq in          | 1                                  |                     |                            |  |
| d) Engineered  | flood openir  | ngs? 🛛 Yes 🗌 N             | 10         |                       |                                    |                     |                            |  |
| A9. For a building w   | vith an attach  | ned garage:                |            |                       |                                    |                     |                            |  |
| a) Square foot   | age of attach   | hed garage                 |            | N/A sq ft             |                                    |                     |                            |  |
| b) Number of p   | permanent flo   | ood openings in the att    | tached g   | arage within          | 1.0 foot above adj                 | acent grade N/A     |                            |  |
| c) Total net are   | ea of flood o   | penings in A9.b            |            | N/A sq                | in                                 |                     |                            |  |
| d) Engineered  | flood openin  | ngs? 🗌 Yes 🖂 N             | ło         |                       |                                    |                     |                            |  |
|  |   |                            |            |                       |                                    |                     |                            |  |
|  |   | ECTION B - FLOOD I         | NSURA      |                       |                                    | ORMATION            |                            |  |
| LONGBOAT KEY-1   |   | Community Number           |            | B2. County<br>MANATEE | Name                               |                     | B3. State<br>Florida       |  |
| B4. Map/Panel<br>Number         B5. Suffix         B6. FIRM Index<br>Date         B7. FIRM Panel<br>Effective/<br>Zone(s)         B8. Flood<br>Zone(s)         B9. Base Flood Elevation(s)<br>(Zone AO, use Base Flood D |   |                            |            |                       | levation(s)<br>e Base Flood Depth) |                     |                            |  |
| 12081C 0291  | 12081C 0291 E 03-17-2014 Revised Date 03-17-2014 AE 9 FEET  |                            |            |                       |                                    |                     |                            |  |
| The second se  |   | Base Flood Elevation       |            |                       | 0                                  | in Item B9:         |                            |  |
| B11. Indicate eleva  | ation datum ι   | used for BFE in Item B     | 9: 🗌 N(    | GVD 1929              | X NAVD 1988                        | Other/Source:       |                            |  |
| B12. Is the building<br>Designation D  |   |                            |            | /stem (CBRS)          | ) area or Otherwis                 | e Protected Area (C | DPA)? 🗌 Yes 🔀 No           |  |
|  |   |                            |            |                       |                                    |                     |                            |  |

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| ELEVATION CERTIFICATE   |   |  |  |                           | OMB No. 1660-0008<br>Expiration Date: November 30, 2022    |  |  |
|---|---|--|--|---------------------------|--|--|--|
| IMPORTANT: In these spaces, cop   | FOR   | FOR INSURANCE COMPANY USE  |  |                           |  |  |  |
| Building Street Address (including A<br>795 ST JUDES DR N   | pt., Unit, Suite, and/or E  | Bldg. No.) or P.O.   | Route and Box No.  | Policy                    | NSURANO<br>Number:   | LDG. PERMIT  |  |
| CityStateZIP CodeLONGBOAT KEYFlorida34228   |   |  |  |                           | any NAIC N   | Numberry OF Recom  |  |
| SECTIO  | N C – BUILDING ELE  | VATION INFOR   | MATION (SURVEY   |                           |  | 14   |  |
| <ul> <li>C1. Building elevations are based<br/>*A new Elevation Certificate w</li> <li>C2. Elevations – Zones A1–A30, /<br/>Complete Items C2.a–h below<br/>Benchmark Utilized: <u>NGS X-6</u><br/>Indicate elevation datum used</li> </ul> | vill be required when cor<br>AE, AH, A (with BFE), V<br>v according to the building<br>89 | nstruction of the b<br>E, V1–V30, V (with<br>ng diagram specif<br>Vertical Dat | th BFE), AR, AR/A, A<br>ied in Item A7. In Pue<br>um: <u>NAVD 88</u> | R/AE, AR                  | <br>X/A1_A30, A  |  |  |
| ☐ NGVD 1929 ⊠ N/<br>Datum used for building eleva<br>a) Top of bottom floor (includ<br>b) Top of the next higher floo   | ing basement, crawlspa  | as that used for t   |  | 4.0<br>15.1               | <ul><li>X feet</li><li>X feet</li></ul>                    | asurement used.  |  |
| <ul><li>c) Bottom of the lowest horizon</li><li>d) Attached garage (top of slate)</li><li>e) Lowest elevation of maching</li></ul>  | ab)   |  |  | N/A<br>N/A                | ⊠ feet<br>⊠ feet   | meters meters  |  |
| <ul> <li>(Describe type of equipme</li> <li>f) Lowest adjacent (finished)</li> <li>g) Highest adjacent (finished)</li> <li>h) Lowest adjacent grade at I</li> </ul>   | nt and location in Comm<br>grade next to building (<br>grade next to building (           | hents)<br>LAG)<br>HAG)   | g  | 10.5<br>3.3<br>3.8        | <ul> <li>X feet</li> <li>X feet</li> <li>X feet</li> </ul> | <ul> <li>meters</li> <li>meters</li> <li>meters</li> </ul>   |  |
| structural support  |   |  |  | N/A                       | i feet   |  |  |
| This certification is to be signed an<br>I certify that the information on this<br>statement may be punishable by fin<br>Were latitude and longitude in Sec   | Certificate represents n<br>ne or imprisonment und  | eyor, engineer, or<br>ny best efforts to i<br>er 18 U.S. Code,                 | architect authorized<br>Interpret the data avai<br>Section 1001.     | by law to<br>ilable. I ui | certify elevanderstand ti                                  | ation information.<br>hat any false<br>e if attachments.   |  |
| Certifier's Name<br>LELAND E. BEDWELL<br>Title  |   | License Number<br>PSM 5884   |  |                           | and s<br>a Di  | tem has been electronically signed<br>ealed by LELAND E. BEDWELL using<br>gital Signature and date.Printed<br>les of this document are not |  |
| REGISTERED SURVEYOR<br>Company Name<br>LELAND E. BEDWELL SURVEYING, INC.  |   |  |  |                           | CONST  | tores signed and sealed and the<br>the close to verified on any<br>sectoric copies.<br>Digitally signed<br>by celand e.                    |  |
| Address<br>3423 55TH DRIVE EAST<br>City<br>BRADENTON  |   | State<br>Florida   | ZIP Code<br>34203  | e.<br>                    | edwell   | Bedwell  |  |
| Bedwell   | n'  | Date<br>03-16-2020   | Telephone<br>(941) 753-9994  | Ext.<br>NA                |  |  |  |
| Copy all pages of this Elevation Cert<br>Comments (including type of equip<br>EQUIPMENT SERVICING THE BU<br>OF= 51 SQ INCH'S AND IS CAPAE<br>6.74 VENTS NEEDED, THERE AR  | ment and location, per C<br>ILDING BEING ELECT<br>BLE OF 200 SQ. FT. OF                   | 2(e), if applicable<br>RIC METER, SMA<br>BUILDING COV                          | e)<br>ART VENTS 1540-52<br>ERAGE, THE FORM                           | 0 AND H/<br>ULA WOI       | AS A NET F   |  |  |

| ELEVATION CERTIFICATE  |  |                               |  | OMB No. 1660-000<br>Expiration Date: No           |                              |
|--|--|-------------------------------|--|---|------------------------------|
| IMPORTANT: In these spaces, copy the c   | FOR INSURANCE  | COMPANY USE                   |  |   |                              |
| Building Street Address (including Apt., Unit<br>795 ST JUDES DR N                                       | t, Suite, and/or Bldg. No.) o                              | or P.O. Rou                   | ute and Box No.                            | Policy Number:                                    | LDG Pro                      |
| City<br>LONGBOAT KEY   | State<br>Florida   |                               |  | Company NAIC Nu                                   |                              |
| 1  |  | 10000                         |  |   | PL DI DI                     |
| SECTION E - BUI  | FOR ZONE AO AND ZO   | NE A (WI                      | THOUT BFE)                                 | REQUIRED)   | -00                          |
| For Zones AO and A (without BFE), complet<br>complete Sections A, B,and C. For Items E1<br>enter meters. | te Items E1–E5. If the Cert<br>I–E4, use natural grade, if | ificate is in<br>available. ( | tended to support<br>Check the measur      | a LOMA or LOMR-F r<br>ement used. In Puerto       | equest,<br>Rico only,        |
| E1. Provide elevation information for the fol<br>the highest adjacent grade (HAG) and t                  | the lowest adjacent grade                                  | opriate box<br>(LAG).         | kes to show wheth                          | er the elevation is abo                           | ve or below                  |
| <ul> <li>a) Top of bottom floor (including basen<br/>crawlspace, or enclosure) is</li> </ul>             |  | N/A                           | eet mete                                   | ers 🗌 above or 🗌                                  | below the HAG.               |
| <li>b) Top of bottom floor (including basen<br/>crawlspace, or enclosure) is</li>                        | nent,  | N/A                           | 🗌 feet 🗌 mete                              | ers 🗌 above or 🗌                                  | below the LAG.               |
| E2. For Building Diagrams 6-9 with permar  | nent flood openings provide                                | ed in Section                 | on A Items 8 and/o                         | r 9 (see pages 1–2 of                             | Instructions),               |
| the next higher floor (elevation C2.b in<br>the diagrams) of the building is                             |  | N/A                           | 🗌 feet 🗌 mete                              | ers 🗌 above or 🗌                                  | below the HAG.               |
| E3. Attached garage (top of slab) is   |  | N/A                           | 🗌 feet 🔲 mete                              | ers 🗌 above or 🗌                                  | below the HAG.               |
| E4. Top of platform of machinery and/or equiparties servicing the building is                            | uipment  | N/A                           | eet mete                                   | ers 🗌 above or 🗌                                  | below the HAG.               |
| E5. Zone AO only: If no flood depth number floodplain management ordinance?                              | r is available, is the top of t<br>] Yes _ No _ Unkr       | he bottom<br>lown. The        | floor elevated in a<br>local official must | ccordance with the co<br>certify this information | mmunity's<br>n in Section G. |
| SECTION F – PROP   | ERTY OWNER (OR OWN   | ER'S REPI                     | RESENTATIVE) C                             | ERTIFICATION                                      |                              |
| The property owner or owner's authorized re<br>community-issued BFE) or Zone AO must si                  | epresentative who complet<br>ign here. The statements in   | es Sections                   | s A, B, and E for Z<br>A, B, and E are co  | one A (without a FEM<br>rrect to the best of my   | A-issued or<br>knowledge.    |
| Property Owner or Owner's Authorized Rep   | resentative's Name   |                               |  |   |                              |
| Address  |  | City                          | S  | tate  | ZIP Code                     |
| Signature  |  | Date                          | т  | elephone  |                              |
| Comments   |  |                               |  |   |                              |
|  |  |                               |  |   |                              |
|  |  |                               |  |   |                              |
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| ELEVATION CERTIFICATE  |                    |  | OMB No. 1660-0008<br>Expiration Date: November 30, 2022                             |
|--|--------------------|--|---|
| IMPORTANT: In these spaces, copy the corre   | esponding infor    | mation from Section A.   | FOR INSURANCE COMPANY USE   |
| Building Street Address (including Apt., Unit, St<br>795 ST JUDES DR N   | uite, and/or Bldg. | No.) or P.O. Route and Box I                                     |   |
| City<br>LONGBOAT KEY   | State<br>Florida   | ZIP Code<br>34228  | Company NAIC Number   |
| SECTIO   | N G - COMMUN       | NITY INFORMATION (OPTIO  | NAL)  |
| The local official who is authorized by law or or<br>Sections A, B, C (or E), and G of this Elevation<br>used in Items G8–G10. In Puerto Rico only, en | Certificate. Com   | ister the community's floodpla<br>plete the applicable item(s) a | ain management ordinance can complete<br>nd sign below. Check the measurement       |
|  |                    |  | ned and sealed by a licensed surveyor,<br>cate the source and date of the elevation |
| G2. A community official completed Secti<br>or Zone AO.  | on E for a buildin | g located in Zone A (without a                                   | a FEMA-issued or community-issued BFE)  |
| G3. The following information (Items G4–   | G10) is provided   | for community floodplain man                                     | nagement purposes.  |
| G4. Permit Number  | G5. Date Perm      | it Issued  | G6. Date Certificate of<br>Compliance/Occupancy Issued                              |
| G7. This permit has been issued for:   | -                  | on 🗌 Substantial Improvem  | ent   |
| G8. Elevation of as-built lowest floor (including of the building:   | j basement)        |  | feet imeters Datum  |
| G9. BFE or (in Zone AO) depth of flooding at t   | he building site:  | [  | ] feet [] meters Datum  |
| G10. Community's design flood elevation:   |                    |  | feet meters Datum   |
| Local Official's Name  |                    | Title  |   |
| Community Name   |                    | Telephone  |   |
| Signature  |                    | Date   |   |
| Comments (including type of equipment and loc  | ation, per C2(e),  | if applicable)   |   |
|  |                    |  |   |
|  |                    |  |   |
|  |                    |  | BLDG. PERMIT PLANS<br>FILE Copy of Record   |
|  |                    |  | Check here if attachments.  |

### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008 Expiration Date: November 30, 2022

| ELEVATION CERTIFICATE  | See Instruction              | s for Item A6.    | Expiration Date: November 30, 2022 |   |
|--|------------------------------|-------------------|------------------------------------|---|
| IMPORTANT: In these spaces, copy                             | the corresponding informatio | n from Section A. | FOR INSURANCE COMPANY USE          | 2 |
| Building Street Address (including Apt.<br>795 ST JUDES DR N | Policy Number:               | 715               |                                    |   |
| City   | State                        | ZIP Code          | Company NAIC Number                |   |
| LONGBOAT KEY   | Florida                      | 34228             |                                    |   |

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 / SIDE

FRONT

03-16-2020 Photo One Caption

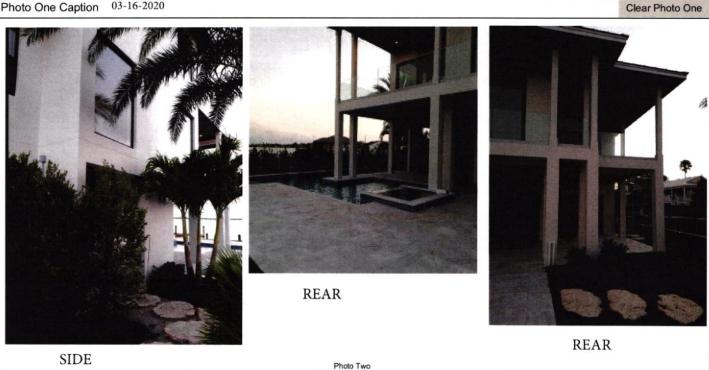


Photo One

Photo Two Caption 03-16-2020

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

**Clear Photo Two** 

### **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

**Continuation Page** 

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the corresponding information from Section A. |   |  |  |  |
|--|---|--|--|--|
| t., Unit, Suite, and/or Bldg. No.)   | or P.O. Route and Box No.                   | Policy Number:   |  |  |
| State<br>Florida   | ZIP Code<br>34228                           | Company NAIC Number  |  |  |
|  | t., Unit, Suite, and/or Bldg. No.)<br>State | t., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>State ZIP Code |  |  |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.





Photo Three Caption **Clear Photo Three** 03-16-2020 **ADDRESS** SMART VENT Photo Four Photo Four Caption 03-16-2020 **Clear Photo Four** 

Photo Three

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.



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# **ICC-ES Evaluation Report**

Most W dely Accepted and Trusted

ESR-2074\* Reissued December 2012

www.icc-es.org | (800) 423-6587 | (562) 699-0543

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 <u>www.smartvent.com</u> info@smartvent.com

### **EVALUATION SUBJECT:**

SMART VENT<sup>®</sup> AUTOMATIC FOUNDATION FLOOD VENTS: FLOODVENT<sup>™</sup> MODEL #1540-520; FLOODVENT<sup>™</sup> STACKING MODEL #1540-521; SMARTVENT<sup>™</sup> MODEL #1540-510; SMARTVENT<sup>™</sup> STACKING MODEL #1540-511; WOOD WALL FLOOD MODEL #1540-570; WOOD WALL FLOOD OVERHEAD DOOR MODEL #1540-574; FLOODVENT<sup>™</sup> OVERHEAD DOOR MODEL #1540-524; SMARTVENT<sup>™</sup> OVERHEAD DOOR MODEL #1540-514

### 1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2009 and 2006 International Building Code<sup>®</sup> (IBC)
- 2009 and 2006 International Residential Code<sup>®</sup> (IRC)

### Properties evaluated:

- Physical operation
- Water flow

### 2.0 USES

The Smart Vent<sup>®</sup> 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<sup>®</sup> 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

### 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

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This report is subject to renewal February 1, 2015.

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<sup>™</sup> Stacking Model #1540-511 and FloodVENT<sup>™</sup> 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<sup>™</sup> Model #1540-520, SmartVENT<sup>™</sup> Model #1540-510, FloodVENT<sup>™</sup> Overhead Door Model #1540-524, and SmartVENT<sup>™</sup> Overhead Door Model #1540-514 units measure 15<sup>3</sup>/<sub>4</sub> inches wide by 7<sup>3</sup>/<sub>4</sub> 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 8<sup>3</sup>/<sub>4</sub> inches high (355.6 by 222.25 mm). The SmartVENT<sup>™</sup> Stacking Model #1540-511 and FloodVENT<sup>™</sup> Stacking Model #1540-521 units measure 16 inches wide by 16 inches high (406.4 by 406.4 mm).

#### 3.4 Ventilation:

The SmartVENT<sup>®</sup> Model #1540-510 and SmartVENT<sup>®</sup> Overhead Door Model #1540-514 both have screen covers with <sup>1</sup>/<sub>4</sub>-inch-by-<sup>1</sup>/<sub>4</sub>-inch (6.35 by 6.35 mm) openings, yielding 51 square inches (32 903 mm<sup>2</sup>) of net free area to supply natural ventilation. The SmartVENT<sup>™</sup> Stacking Model #1540-511 consists of two Model #1540-510 units in one assembly, and provides 102 square inches (65 806 mm<sup>2</sup>) of net free area to supply natural ventilation. Other AFFVs recognized in this report do not offer natural ventilation.

### 4.0 INSTALLATION

SmartVENT<sup>®</sup> and FloodVENT<sup>™</sup> 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

\*Revised June 2014

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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<sup>®</sup> 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 m<sup>2</sup>) of enclosed area, except that the SmartVENT<sup>™</sup> Stacking Model #1540-511 and FloodVENT<sup>™</sup> Stacking Model #1540-521 must be installed with a minimum of one AFFV for every 400 square feet (37.2 m<sup>2</sup>) 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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).



# **ICC-ES Evaluation Report**

Most Widely Accepted and Trusted

## **ESR-2074 FBC Supplement**

Issued July 2013

This report is subject to renewal February 1, 2015.

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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 <u>www.smartvent.com</u> info@smartvent.com

**EVALUATION SUBJECT:** 

SMART VENT<sup>®</sup> AUTOMATIC FOUNDATION FLOOD VENTS: FLOODVENT<sup>™</sup> MODEL #1540-520; FLOODVENT<sup>™</sup> STACKING MODEL #1540-521; SMARTVENT<sup>™</sup> MODEL #1540-510; SMARTVENT<sup>™</sup> STACKING MODEL #1540-511; WOOD WALL FLOOD MODEL #1540-570; WOOD WALL FLOOD OVERHEAD DOOR MODEL #1540-574; FLOODVENT<sup>™</sup> 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<sup>®</sup> 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<sup>®</sup> 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*<sup>®</sup> provisions noted in the master report.

Use of the Smart Vent<sup>®</sup> 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 December 1, 2012, revised June 2014.

