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

T i

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

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

| Copy all pages of this Elevation | Certificate and all attachments fo | r (1) | communit | official. | (2) insurance | agent/company | and (3 |) building owner. |
|----------------------------------|------------------------------------|---------|----------|-----------|---------------|----------------|----------|---------------------|
| | | · 、 · / | | | 1 | a gone company | , and to | / building officer. |

| | | | MATION | | | | |
|--|--|---------------------|-------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|
| A1 Building Owner's Name | | | | | | ANCE COMPANT USE | |
| BORIS ALEXANDER | BORIS ALEXANDER MIKSIC & INES PETRA TENDLER | | | | | | |
| A2. Building Street Ac Box No. 640 HALYARD LANE | A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 640 HALYARD LANE | | | | | | |
| City | | | State | | ZIP Code | | |
| LONGBOAT KEY | | | Florida | | 34228 | | |
| A3. Property Descript LOT 3 & N 1/2 LOT 4, | ion (Lot and Block Numbers, Ta Country Club Shores Unit 4, P | ax Parce B17, PG | I Number, Leg 16, PID #000 | gal Description, et 09160039 | c.) | | |
| A4. Building Use (e.g. | ., Residential, Non-Residential, | Addition | , Accessory, | etc.) Residentia | al | | |
| A5. Latitude/Longitude | e: Lat. 27°20'48.51" N | Long. 0 | 82°35'51.40" | W Horizonta | I Datum: 🔲 NAD 1 | 1927 🖂 NAD 1983 | |
| A6. Attach at least 2 p | photographs of the building if th | e Certific | ate is being u | used to obtain floor | d insurance. | | |
| A7. Building Diagram | Number 1B | | | | | | |
| A8. For a building with | n a crawlspace or enclosure(s): | | | | | | |
| a) Square footage | e of crawlspace or enclosure(s) |) | | N/A sq ft | | | |
| b) Number of perr | manent flood openings in the cr | awlspac | e or enclosure | e(s) within 1.0 foot | above adjacent gra | ade N/A | |
| c) Total net area | of flood openings in A8.b | | N/A sq in | 1 | DECE | | |
| d) Engineered flo | od openings? Yes 🛛 | No | | | REUE | IVED | |
| A9. For a building with | an attached garage: | | | | MAY 1 | 1 2020 | |
| a) Square footage | of attached garage | | 995.00 sq ft | | TOWN OF LC Planning, Zor | NGBOAT KEY | |
| b) Number of perr | manent flood openings in the at | tached g | arage within | 1.0 foot above adj | acent grade 6 | | |
| c) Total net area o | of flood openings in A9.b | | 732.38 sq | in | | | |
| d) Engineered floo | od openings? 🛛 Yes 🗌 N | No | | | | | |
| | | | | | | | |
| | SECTION B - FLOOD | INSURA | NCE RATE | MAP (FIRM) INF | ORMATION | | |
| B1. NFIP Community N | Name & Community Number | | B2. County | Name | | B3. State | |
| Town of Longboat Key | 125126 | | Sarasota | | | Florida | |
| B4. Map/Panel B5 Number | 5. Suffix B6. FIRM Index Date | B7. FIF | RM Panel ective/ | B8. Flood Zone(s) | B9. Base Flood E (Zone AO, use | levation(s) e Base Flood Depth) | |
| 12115C0126 F 11-04-2016 11-04-2016 AE 10 | | | | | | | |
| 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/Source: | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🗵 NAVD 1988 🔲 Other/Source: | | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔀 No | | | | | | | |
| Designation Date | e: | CBRS | | | | | |
| | | | | | | | |
| | | | | | | | |

| ELEVATION CERTIFICATE | OMB No. 1660-0008 Expiration Date: November 30, 2022 | | |
|--|--|---|--|
| IMPORTANT: In these spaces, copy | the corresponding information f | from Section A. | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt 640 HALYARD LANE | ., Unit, Suite, and/or Bldg. No.) or | P.O. Route and Box No. | Policy Number: |
| City LONGBOAT KEY | Company NAIC Number | | |
| SECTION | C – BUILDING ELEVATION INF | ORMATION (SURVEY | REQUIRED) |
| C1. Building elevations are based or *A new Elevation Certificate will C2. Elevations – Zones A1–A30, AE Complete Items C2.a–h below a Benchmark Utilized: NGS BM #/ Indicate elevation datum used fo | n: Construction Drawings* be required when construction of t , AH, A (with BFE), VE, V1–V30, V ccording to the building diagram s A-715, ELEV=7.44' Vertica r the elevations in items a) through | Building Under Const he building is complete. / (with BFE), AR, AR/A, Al pecified in Item A7. In Pue I Datum: <u>NAVD 1988</u> h h) below. | rruction* |
| □ NGVD 1929 × NAV | D 1988 Other/Source: | | |
| a) Top of bottom floor (including b) Top of the next higher floor c) Bottom of the lowest horizonta d) Attached garage (top of slab) | al structural member (V Zones onl | y) for the BFE. | Check the measurement used. <u>11.7</u> × feet meters <u>23.7</u> × feet meters <u>N/A</u> feet meters 7.7 × feet meters |
| e) Lowest elevation of machiner (Describe type of equipment a | y or equipment servicing the build and location in Comments) | ing | 11.7 × feet meters |
| f) Lowest adjacent (finished) gra | ade next to building (LAG) | | 6.1 X feet meters |
| g) Highest adjacent (finished) gr | ade next to building (HAG) | | 7.9 X feet meters |
| h) Lowest adjacent grade at low structural support | est elevation of deck or stairs, incl | uding | ☐ feet ☐ meters |
| SECTION | D - SURVEYOR, ENGINEER | | |
| This certification is to be signed and s I certify that the information on this Ce statement may be punishable by fine Were latitude and longitude in Section | ealed by a land surveyor, enginee ertificate represents my best efforts or imprisonment under 18 U.S. Co n A provided by a licensed land su | er, or architect authorized t s to interpret the data avai ode, Section 1001. rveyor? XYes No | by law to certify elevation information. lable. I understand that any false Check here if attachments. |
| Certifier's Name Walter J. Smith | License Num PSM #4807 | ber | 117- 25 |
| Title Professional Surveyor and Mapper | | | Place |
| Company Name ESP Associates FL, INC. | | | Seal |
| Address 518 13TH ST. W. | | | Here |
| City Bradenton | State Florida | ZIP Code 34205 | Almor 5/5/2020 |
| Signature | Date 05-05-2020 | Telephone (941) 345-5451 | Ext. |
| Copy all pages of this Elevation Certifica | ate and all attachments for (1) comm | nunity official, (2) insurance | agent/company, and (3) building owner. |
| Comments (including type of equipment The purpose of this certificate is to refl with a published elevation of 7.44' NAV with an elevation of 3.44' NAVD 1988. storage, elevator and step. A9 c) The r installed in the six openings. Each sma ESR-2074 Report. The equipment lister | nt and location, per C2(e), if applic ect the finished constructed finished /D 1988. With a site benchmark o Field data collected 04/22/2020. A number shown is the net opening f art vent rated at 200 square feet (6 ed in C2(e) is air conditioner unit o | able) ed floor elevation. Site BM f a MAGNAIL LB #7202 lo A9 a) The number shown i for the six openings. Smar 5x200 = 1200 square feet f n elevated concrete pad, e | based on NGS benchmark #A 715 cated on the North East property line s the gross area for the garage, t vent model number 1540-520 were total of coverage). See attached ISS- elevation=11.7' NAVD 1988. |

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| ELEVATION CERTIFICATE | | | OMB No. 1660-0008 Expiration Date: November 30, 2022 | | | | |
|---|--|--|---|--|--|--|--|
| IMPORTANT: In these spaces, copy the correspon | nding information | on from Section A. | FOR INSURANCE COMPANY USE | | | | |
| Building Street Address (including Apt., Unit, Suite, a 640 HALYARD LANE | and/or Bldg. No.) | or P.O. Route and Box No. | Policy Number: | | | | |
| City LONGBOAT KEY | State Florida | ZIP Code 34228 | Company NAIC Number | | | | |
| 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 complete Sections A, B,and C. For Items E1–E4, use enter meters. | E1–E5. If the Ce e natural grade, i | rtificate is intended to support f available. Check the measure | a LOMA or LOMR-F request, ement used. In Puerto Rico only, | | | | |
| E1. Provide elevation information for the following at the highest adjacent grade (HAG) and the lowes a). Top of bottom floor (including basement | nd check the app st adjacent grade | propriate boxes to show wheth (LAG). | er the elevation is above or below | | | | |
| crawlspace, or enclosure) isb) Top of bottom floor (including basement, | | feet mete | ers above or below the HAG. | | | | |
| crawlspace, or enclosure) is | | feet meter | ers above or below the LAG. | | | | |
| the next higher floor (elevation C2.b in the diagrams) of the building is | | | ers \square above or \square below the HAG. | | | | |
| E3. Attached garage (top of slab) is | | feet 🗌 mete | ers above or below the HAG. | | | | |
| E4. Top of platform of machinery and/or equipment servicing the building is | | feet 🗌 mete | ers above or below the HAG. | | | | |
| E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? | able, is the top of | the bottom floor elevated in a nown. The local official must | ccordance with the community's tertify this information in Section G. | | | | |
| SECTION F - PROPERTY O | WNER (OR OW | NER'S REPRESENTATIVE) C | ERTIFICATION | | | | |
| The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here. | ative who comple The statements | etes Sections A, B, and E for Z in Sections A, B, and E are co | one A (without a FEMA-issued or rrect to the best of my knowledge. | | | | |
| Property Owner or Owner's Authorized Representativ | ve's Name | | | | | | |
| Address | | City S | tate ZIP Code | | | | |
| Signature | | Date T | elephone | | | | |
| Comments | | | | | | | |
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| | | | Check here if attachments. | | | | |

| ELEVATION CERTIFICATE | | | OMB No. 1660-0008 Expiration Date: November 30, 2022 | | | | | |
|--|--|---|--|--|--|--|--|--|
| IMPORTANT: In these spaces, copy the corr | esponding informa | tion from Section A. | FOR INSURANCE COMPANY USE | | | | | |
| Building Street Address (including Apt., Unit, S 640 HALYARD LANE | No. Policy Number: | | | | | | | |
| City LONGBOAT KEY | State Florida | ZIP Code 34228 | Company NAIC Number | | | | | |
| SECTIO | SECTION G – COMMUNITY INFORMATION (OPTIONAL) | | | | | | | |
| The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en | The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. | | | | | | | |
| G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.) | en from other docun ed by law to certify e | nentation that has been sig elevation information. (Indi | ned and sealed by a licensed surveyor, cate the source and date of the elevation | | | | | |
| G2. A community official completed Section or Zone AO. | ion E for a building lo | ocated in Zone A (without a | a FEMA-issued or community-issued BFE) | | | | | |
| G3. The following information (Items G4- | G10) is provided for | community floodplain mar | agement purposes. | | | | | |
| G4. Permit Number | G5. Date Permit Is | ssued | G6. Date Certificate of Compliance/Occupancy Issued | | | | | |
| G7. This permit has been issued for: |] New Construction | Substantial Improveme | ent | | | | | |
| G8. Elevation of as-built lowest floor (including of the building: | g basement) — | [| feet imeters Datum | | | | | |
| G9. BFE or (in Zone AO) depth of flooding at | the building site: | [| feet meters Datum | | | | | |
| G10. Community's design flood elevation: | | |] feet [] meters Datum | | | | | |
| Local Official's Name | | Title | | | | | | |
| Community Name | | Telephone | | | | | | |
| Signature | | Date | | | | | | |
| Comments (including type of equipment and loc | cation, per C2(e), if a | pplicable) | | | | | | |
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| | | | Check here if attachments. | | | | | |

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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, copy the o | FOR INSURANCE COMPANY USE | | |
|---|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., Un 640 HALYARD LANE | Policy Number: | | |
| City LONGBOAT KEY | State Florida | ZIP Code 34228 | 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.



Photo One Caption Front View 04/22/2020



Photo Two Caption Rear View 04/22/2020

Photo Two

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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

| IMPORTANT: In these spaces, copy t | FOR INSURANCE COMPANY USE | | |
|---|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt. 640 HALYARD LANE | Policy Number: | | |
| City LONGBOAT KEY | State Florida | ZIP Code 34228 | Company NAIC Number |

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 Right View from Rear 04/22/2020

Clear Photo Three



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

Replaces all previous editions.

Clear Photo Four

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, copy the c | FOR INSURANCE COMPANY USE | | |
|--|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Uni | Policy Number: | | |
| 640 HALYARD LANE | | | |
| 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.



Photo One Caption Flood Vent #1 04/22/2020

Clear Photo One



Photo Two Caption Flood Vents #2 and #3 04/22/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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

| IMPORTANT: In these spaces, copy the co | FOR INSURANCE COMPANY USE | | |
|--|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., Unit 640 HALYARD LANE | Policy Number: | | |
| City LONGBOAT KEY | State Florida | ZIP Code 34228 | Company NAIC Number |

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 Flood Vent #4 04/22/2020



Photo Four Caption Flood Vent #5 04/22/2020

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, copy the co | FOR INSURANCE COMPANY USE | | |
|--|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., Unit, 3 640 HALYARD LANE | Policy Number: | | |
| City LONGBOAT KEY | State Florida | ZIP Code 34228 | 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.



Photo One Caption Flood Vent #6 05/04/2020

Clear Photo One

Photo Two Caption

Photo Two

Clear Photo Two



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ESR-2074

Reissued 02/2017 This report is subject to renewal 02/2019.

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: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514



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ICC-ES Evaluation Report

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ESR-2074

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 www.smartvent.com info@smartvent.com

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

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2015, 2012, 2009 and 2006 *International Building Code*[®] (IBC)
- 2015, 2012, 2009 and 2006 International Residential Code[®] (IRC)
- 2013 Abu Dhabi International Building Code (ADIBC)[†]

 $^{\dagger} \text{The ADIBC}$ 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 the door to rotate out of the way and allow flow.

Reissued February 2017 This report is subject to renewal February 2019.

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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 recognized in this report do not offer natural ventilation.

4.0 DESIGN AND 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. 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.

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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.

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

Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015.

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).

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

TABLE 1-MODEL SIZES

For SI: 1 inch = 25.4 mm; 1 square foot = m²



FIGURE 1-SMART VENT: MODEL 1540-510



FIGURE 2-SMART VENT MODEL 1540-520



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



ICC-ES Evaluation Report

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ESR-2074 CBC and CRC Supplement

Issued January 2017 This report is subject to renewal February 2019.

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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 www.smartvent.com info@smartvent.com

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

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 evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

Applicable code edition:

- 2016 California Building Code (CBC)
- 2016 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 master evaluation report ESR-2074, comply with 2016 CBC Chapter 12, provided the design and installation are in accordance with the 2015 *International Building Code*[®] (IBC) provisions noted in the master report and the additional requirements of CBC Chapters 12, 16 and 16A, as applicable.

The products recognized in this supplement have not been evaluated under CBC Chapter 7A for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

2.2 CRC:

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 2016 CRC, provided the design and installation are in accordance with the 2015 *International Residential Code*[®] (IRC) provisions noted in the master report.

The products recognized in this supplement have not been evaluated under 2016 CRC Chapter R337, for use in the exterior design and construction of new buildings located in any Fire Hazard Severity Zone within State Responsibility Areas or any Wildland-Urban Interface Fire Area.

The products recognized in this supplement have not been evaluated for compliance with the International Wildland–Urban Interface Code®.

This supplement expires concurrently with the master report, reissued February 2017.

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ICC-ES Evaluation Report

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ESR-2074 FBC Supplement

Reissued February 2017 This report is subject to renewal February 2019.

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DIVISION: 08 00 00—OPENINGS Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

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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

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:

- 2014 Florida Building Code—Building (FBC)
- 2014 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 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).

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