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

OMB No. 1660-0008

Expiration Date: November 30, 2018

FEB 0 0 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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					OR INSU	RANCE COMPANY USE
A1. Building Owner's Name SCHIEBER, CHERYLANN Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5 S SUMNER AVE					NAIC Number:	
City MARGAT	ΓE		State NEW J	ERSEY Z	IP Code (08402
A3. Property Desc BLOCK: 119 L		nd Block Numbers, Tax	Parcel Number, Legal De	escription, etc.)	lā	
A4. Building Use (e.g., Residen	tial, Non-Residential, A	ddition, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. 3	9.3244	Long74.75083	Horizontal Datum:	☐ NAD 1	1927 X NAD1983
A6. Attach at least	2 photograph	ns of the building if the	Certificate is being used to	o obtain flood insuranc	e.	
A7. Building Diagr	am Number	8				
A8. For a building	with a crawls	pace or enclosure(s):				
a) Square foo	tage of crawl	space or enclosure(s)	1934 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspace or enclosure(s) w	vithin 1.0 foot above a	djacent gra	ade <u>10</u>
c) Total net ar	ea of flood op	penings in A8.b (2000	sq in	4		
d) Engineered	l flood openin	gs? ∑yes □No		7		
A9. For a building	with an attach	ied garage:		·		
a) Square footage of attached garage N/A sq ft						
b) Number of	permanent flo	ood openings in the atta	ached garage within 1.0 fo	ot above adjacent gra	de N/A	
c) Total net are	ea of flood op	enings in A9.b N/A	sq in			
d) Engineered	flood openin	gs? Yes X N	No			
	SE	CTION B – FLOOD IN	ISURANCE RATE MAP	(FIRM) INFORMATION	ON	
B1. NFIP Communi CITY OF MARGAT		ommunity Number	B2. County Name ATLANTIC			B3. State NJ
B4. Map/Panel Number 345304-0001	B5. Suffix	B6. FIRM Index Date 07/01/1974	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	(Zon	e Flood Elevation(s) ne AO, use Base d Depth)
			10/18/1983	Ao		10'
	Access and the second s		FE) data or base flood de ned	pth entered in Item B9	i .	
B11. Indicate eleva	tion datum us	sed for BFE in Item B9:	X NGVD 1929 ☐ NA	VD 1988 Other	/Source: _	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?						
Designation D	ate:	□ с	BRS OPA			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from S	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. R 5 South Sumner Avenue	Route and BoxNo.	Policy Number:			
City MARGATE State NJ ZI	IP Code 08402	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORM	ATION (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* B *A new Elevation Certificate will be required when construction of the building elevation of the building elevation.	_	ction* Finished Construction			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specified	*A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS				
Indicate elevation datum used for the elevations in items a) through h) bel	low.				
X NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:		-,			
Datum used for building elevations must be the same as that used for the	BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor	or) <u>8</u> .8	feet			
b) Top of the next higher floor	<u>13</u> .3	x feet meters			
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	X feet			
d) Attached garage (top of slab)	<u>N/A</u>	x feet meters			
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 	<u>11</u> .9	X feet			
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8</u> .5	X feet meters			
g) Highest adjacent (finished) grade next to building(HAG)	<u>8</u> .7	x feet meters			
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	<u> 8</u> .5	x feet			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or a l certify that the information on this Certificate represents my best efforts to intestatement may be punishable by fine or imprisonment under 18 U.S. Code, Se	rchitect authorized by erpret the data availat ection 1001.	law to certify elevation information. ole. I understand that any false			
Were latitude and longitude in Section A provided by a licensed land surveyor?		Check here if attachments.			
Certifier's Name THOMAS R. DENEKA License Number 35828					
Title PLS					
Company Name HYLAND DESIGN GROUP		Place Seal			
Address 701 WEST AVENUE SUITE 301		Here			
City State OCEAN CITY NEW JERSEY	ZIP Code 08226	Momas Venska			
Signature Date 12/14/2017	Telephone 609-398-4477				
Copy all pages of this Elevation Certificate and all attachments for (1) community of	fficial, (2) insurance ag	ent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) C-2-E IS EXTERIOR HVAC A-8-C CONSISTS OF (10) SMART VENTS MODEL #1540-510 COVERING 20	00 SQ FT OF VENT S	PACE EACH			
THE CONVERSION FROM NGVD29 TO NAVD 88 IS -1.3'					

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) o SCHIEBER, CHERYLANN	r P.O. Route and Box No.	Policy Number:		
City MARGATE State NJ	ZIP Code 08402	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 E1–E5. If the Certificate is intended to support a LOMA or LOMR-Frequest, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.				
 E1. Provide elevation information for the following and check the approtune the highest adjacent grade (HAG) and the lowest adjacent grade (La) Top of bottom floor (including basement, 	_AG).			
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is	3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	s □ above or □ below the HAG. s □ above or □ below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood openings provided the next higher floor (elevation C2.b in the diagrams) of the building is	d in Section A Items 8 and/or 9			
E3. Attached garage (top of slab) is	feet meter	above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		s above or below the HAG.		
E5. Zone AO only: If no flood depth number is available, is the top of the floodplain management ordinance? Yes No Unknown	e bottom floor elevated in account. The local official must c	ordance with the community's ertify this information in Section G.		
SECTION F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATIVE) CE	RTIFICATION		
The property owner or owner's authorized representative who complete community-issued BFE) or Zone AO must sign here. The statements in	s Sections A, B, and E for Zor Sections A, B, and E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's Name				
Address	City Sta	te ZIP Code		
Signature	Date Tel	ephone		
Comments	TO CONTRACT OF THE PROPERTY OF			
		•		
		THE STATE OF THE S		
		Check here if attachments.		

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	esponding information	from Section	ı A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St SCHIEBER, CHERYLANN	Policy Number:						
City MARGATE	State NJ	ZIP Cod	e 08402	Company NAIC Number			
SECTIO	N G - COMMUNITY INF	ORMATION	(OPTIONAL)				
Sections A, B, C (or E), and G of this Elevation	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 take engineer, or architect who is authorized data in the Comments area below.)							
G2. A community official completed Section or Zone AO.	on E for a building located	d in Zone A (without a FEMA	issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for com	munity floodp	lain manageme	nt purposes.			
G4. Permit Number	G5. Date Permit Issued	I		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (including of the building:	New Construction S basement)	ubstantial lm	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		lfeet	meters Datum			
G10. Community's design flood elevation:	-		feet	meters Datum			
Local Official's Name Jim Galantino		Fitle CFM					
Community Name MANGA		Telephone	609-822-1974	,			
Signature	2/,	Date 7 / / /					
Comments (including type of equipment and local	ation, per C2(e), if aøplica	kle)					
				=			
				Check here if attachments.			

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Street Address (including Apt., Unit, 5 South Sumner Avenue	Suite, and/or Bldg. No.) or P.O. F	Route and Box No.	Policy Number:
City MARGATE	State NJ	ZIP Code 08402	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.

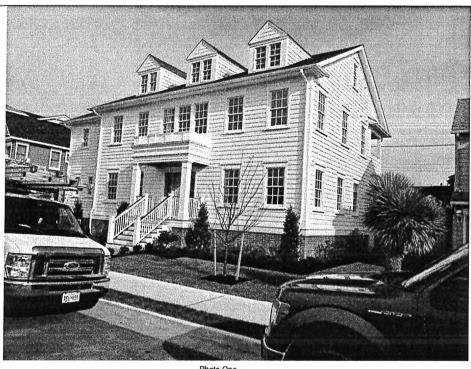


Photo One

Photo One Caption FRONT VIEW 12.12.17

ELEVATION CERTIFICATE

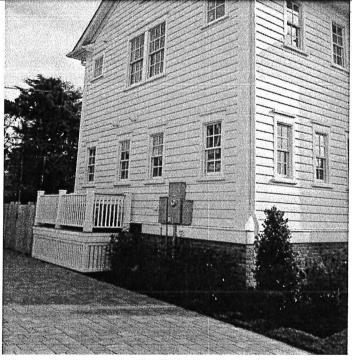


Photo Two

Photo Two Caption LEFT SIDE VIEW 12.12.17

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building FOR INSURANCE COMPANY USE Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number:

5 South Sumner Avenue City MARGATE State NJ ZIP Code 08402 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 One

Photo One Caption REAR VIEW 12.12.17

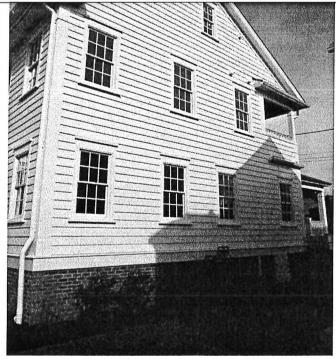
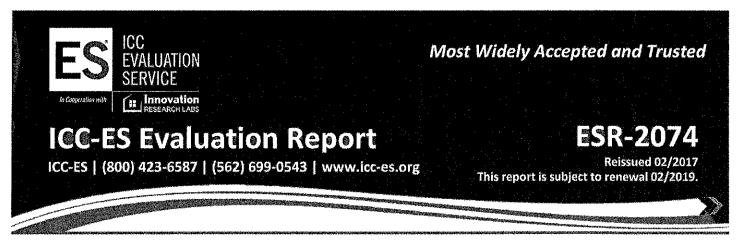


Photo Two

Photo Two Caption RIGHT SIDE VIEW 12.12.17



DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

SMARTVENT PRODUCTS, INC.

430 ANDBRO DRIVE, UNIT 1 PITMAN, NEW JERSEY 08071

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: MODELS #1540-520; #1540-521; #1540-510; #1540-511; #1540-570; #1540-574; #1540-524; #1540-514



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Product Cartification Body



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ICC-ES Evaluation Report

ESR-2074

Reissued February 2017 Revised November 2017

This report is subject to renewal February 2019.

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A Subsidiary of the International Code Council®

DIVISION: 08 00 00—OPENINGS

Section: 08 95 43—Vents/Foundation Flood Vents

REPORT HOLDER:

SMARTVENT PRODUCTS, INC. 430 ANDBRO DRIVE, UNIT 1 PITMAN, NEW JERSEY 08071 (877) 441-8368 www.smartvent.com info@smartvent.com

EVALUATION SUBJECT:

SMART VENT® AUTOMATIC FOUNDATION FLOOD VENTS: 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)[†]

[†]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. 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 $400 \text{ square feet } (37.2 \text{ m}^2) \text{ of enclosed area.}$

- 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.

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).

TABLE 1—MODEL SIZES

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	

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

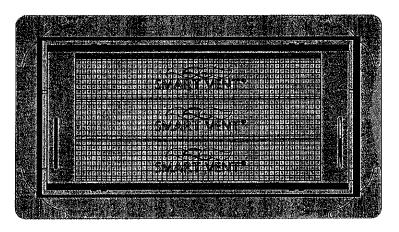


FIGURE 1—SMART VENT: MODEL 1540-510

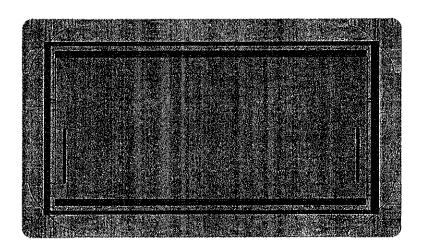


FIGURE 2-SMART VENT MODEL 1540-520

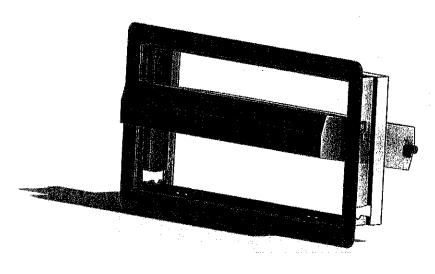


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN