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

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

A1. Building Owner's Name Scott L. Brown A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9103 Amherst Ave. City State Policy Number: Company NAIC Number:						
Box No. 9103 Amherst Ave.						
City State ZIP Code						
OTT/ OF MADOATE						
CITY OF MARGATE New Jersey 08402						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 524.01 lot 5						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. N 39.3266 Long. W 074.5157 Horizontal Datum: NAD 1927 X NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number8_						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)1,350 sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade7						
c) Total net area of flood openings in A8.b1,400 sq in						
d) Engineered flood openings? 🗵 Yes 🗌 No						
A9. For a building with an attached garage:						
a) Square footage of attached garage o sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net area of flood openings in A9.b 0 sq in						
d) Engineered flood openings? Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name B3. State						
CITY OF MARGATE & 345304 ATLANTIC COUNTY New Jersey						
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base						
Revised Date Flood Depth) 345304/0001 C 10/18/1983 A8** 10**						
34334/0001 C 10/10/1903 No 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: X NGVD 1929 NAVD 1988 Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:						

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 9103 Amherst Ave.	Policy Number:					
City State CITY OF MARGATE Nev	te ZIP v Jersey 0840	Code 02	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction	on Drawings* Build	ding Under Constru	uction* Finished Construction			
*A new Elevation Certificate will be required when co	550.0					
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: private Vertical Datum: NGVD29						
Indicate elevation datum used for the elevations in it						
☑ NGVD 1929 ☐ NAVD 1988 ☐ Other/S						
Datum used for building elevations must be the sam	e as that used for the B	FE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)	7.9				
b) Top of the next higher floor	•	13 1				
c) Bottom of the lowest horizontal structural membe	er (V Zones only)	N/A	🔀 feet 🗌 meters			
d) Attached garage (top of slab)	`	N/A	X feet meters			
e) Lowest elevation of machinery or equipment services (Describe type of equipment and location in Com	vicing the building iments)	9.2	feet meters			
f) Lowest adjacent (finished) grade next to building	(LAG)	7.2	x feet meters			
g) Highest adjacent (finished) grade next to building	(HAG)	7 _. 9	x feet meters			
Lowest adjacent grade at lowest elevation of dec structural support	k or stairs, including	N/A	feet meters			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a lice			★ Check here if attachments.			
Certifier's Name	License Number					
Paul M. Koelling, PLS, CFM	NJ24GS 04328800					
Title Licensed Land Surveyor						
Company Name			Place			
Paul Koelling & Associates, LLC NJ C.O.A. No. 24GA2	8256300		Seal			
Address 2161 Shore Road			Here			
City Linwood	State New Jersey	ZIP Code 08221				
Signature	Date 09/28/2017	Telephone (609) 927-0279				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner						
Comments (including type of equipment and location, per C2(e), if applicable) *A8b.) Smart Vents Model #1540-510 engineered for 200 square inches of net area each **B8 & B9.) FEMA Pre-FIRM Zone "AE"Base Flood Elevation 9 ft. (NAVD88) converted = 10.3 ft. (NGVD29) ***C2a.) crawlspace ****C2e.) exterior air unit elev. 12.4ductwork elev. 9.2furnace elev 13.1water heater elev. 17.4 utility room elev. 13.1						

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and 9103 Amherst Ave.	d/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:				
9	State New Jersey	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-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.							
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).							
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet mete	rs above or below the HAG.				
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	3	feetmete	rs 🔲 above or 🔲 below the LAG.				
 E2. For Building Diagrams 6–9 with permanent flood o	openings provided in S	Section A Items 8 and/or	9 (see pages 1–2 of Instructions),				
the next higher floor (elevation C2.b in the diagrams) of the building is		feet mete	rs 🗌 above or 🗌 below the HAG.				
E3. Attached garage (top of slab) is		feet mete	rs above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is		feet mete	rs above or below the HAG.				
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.							
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION							
The property owner or owner's authorized representative who completes Sections A. B. and E for Zone A (without a FEMA-issued or							
community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner or Owner's Authorized Representative's Name							
Address	City		ate ZIP Code				
Signature	Date	Te	elephone				
Comments							
	÷						
*							
			Check here if attachments.				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding	ng information from Section A.	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/9103 Amherst Ave.	or Bldg. No.) or P.O. Route and Box N	o. Policy Number:					
	State ZIP Code lew Jersey 08402	Company NAIC Number					
SECTION G - COMMUNITY INFORMATION (OPTIONAL)							
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2. A community official completed Section E for or Zone AO.	a building located in Zone A (without a	FEMA-issued or community-issued BFE)					
G3. The following information (Items G4–G10) is p	provided for community floodplain man	agement purposes.					
G4. Permit Number G5. Da	ate Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:	onstruction Substantial Improveme	nt					
G8. Elevation of as-built lowest floor (including baseme of the building:	ent)	feet meters Datum					
G9. BFE or (in Zone AO) depth of flooding at the buildi	ng site:	feet meters Datum					
G10. Community's design flood elevation:		feet meters Datum					
Local Official's Name JIM GALANTINO	Title CFM						
Community Name	Telephone 609-822-1974	4					
Signature	Date /2 / 2 /	/2					
Comments (including type of equipment and location, pe							
		:#.					
		Check here if attachments.					

Building Photographs See Instructions for Item A6.

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg.) No. or P.O. Route and Box No. 9103 Amherst Ave.

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 two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the





Front View - Date of Photograph: (See Photo Stamp)

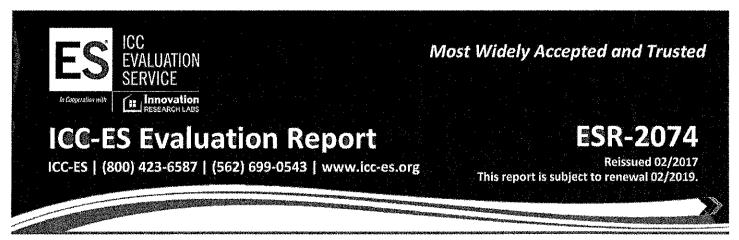
Rear View - Date of Photograph: (See Photo Stamp)





Right Side View - Date of Photograph: (See Photo Stamp)

Vent View - Date of Photograph: (See Photo Stamp)



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

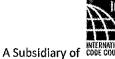
EVALUATION SUBJECT:

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

ESR-2074

Reissued February 2017 Revised November 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 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 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.

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

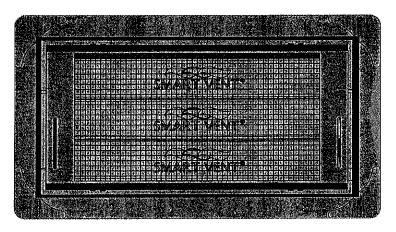


FIGURE 1—SMART VENT: MODEL 1540-510

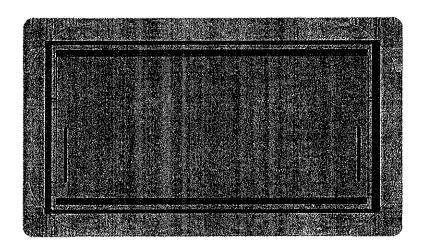


FIGURE 2-SMART VENT MODEL 1540-520

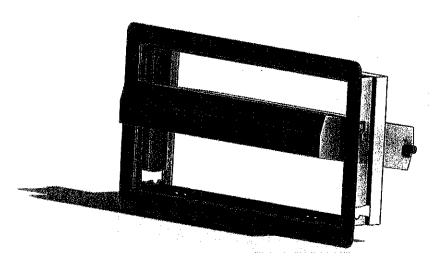


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN