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.

JUN 28 2017

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name Policy Number: **FISHMAN** A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 107 SOUTH BARCLAY AVENUE City State ZIP Code MARGATE New Jersey 08402 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 39 19'50.0" Long. 74 29'34.7" 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 Number A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1.042 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b 1,400 sq in d) Engineered flood openings? X Yes No A9. For a building with an attached garage: a) Square footage of attached garage 0 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade c) Total net area of flood openings in A9.b 0 d) Engineered flood openings? Yes X No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State MARGATE 345304 **ATLANTIC** New Jersey B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s) B9. Base Flood Elevation(s) Number Date Effective/ (Zone AO, use Base Revised Date Flood Depth) 345304/0001 C 07/21/1974 10/28/1983 B 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: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

Yes

No Designation Date: ☐ CBRS ☐ OPA

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 107 SOUTH BARCLAY AVENUE				Policy Nun	nber:		
City Sta MARGATE New	te w Jersey	ZIP Co 08402	ode		Company	NAIC I	Number
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when concentrations - Zones A1-A30, AE, AH, A (with BFE), Complete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2 Indicate elevation datum used for the elevations in incomplete Items C2.a—h below according to the build Benchmark Utilized: RM-2	onstruction of the VE, V1–V30, V (ding diagram spe Vertical Etems a) through h	e building with BFE ccified in I Datum: NO), AR, AR// tem A7. In GVD 1929	e. 4, AR/	AE, AR/A1-	-A30, <i>F</i>	ned Construction AR/AH, AR/AO: meters.
Datum used for building elevations must be the sam	e as that used fo	r the BFE			Check t	the me	asurement used.
a) Top of bottom floor (including basement, crawlspb) Top of the next higher floor	pace, or enclosure	e floor) _	13.	1000		feet feet	meters meters
c) Bottom of the lowest horizontal structural member	er (V Zones only)	-	N/A N/A		×	feet	meters
d) Attached garage (top of slab)e) Lowest elevation of machinery or equipment ser	vicina the building	_	12.	83		feet feet	☐ meters
(Describe type of equipment and location in Com	nments)	-					
 f) Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building 	10 10 10 10 10 10 10 10 10 10 10 10 10 1	-	<u>9</u> . 10.	34	17	feet	meters
h) Lowest adjacent grade at lowest elevation of dec		ding _		44	×	feet feet	meters meters
structural support							
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 licensed land surveyor? Yes No Check here if attachments.							
Certifier's Name DANIEL J. PONZIO, SR.	License Number	er					
Title PROFESSIONAL LAND SURVEYOR			-				
Company Name ARTHUR W. PONZIO CO. & ASSOC., INC.					Pla Se	al	
Address 400 NORTH DOVER AVENUE		ű.				He	re
City ATLANTIC CITY	State New Jersey		IP Code 8401				
Signature / Ms	Date 06/19/2017		elephone 609) 344-8	194			
Copy all pages of this Elevation Certificate and air 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)							
PROJECT # 33237 HEATER ELEVATION = 13.49' BOTTOM OF DUCT ELEVATION = 12.83' A/C UNIT ELEVATION = 20.63' SMART VENT MODEL # 1540-510							
							-

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
107 SOUTH BARCLAY AVENUE). F	Policy Number:	
City MARGATE		ZIP Code 08402	C	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 E complete Sections A, B, and C. For Items E1–E4, use enter meters.	natural grade, if availab	le. Check the mea	asurem	ent used. In Puerto Rico only,	
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowesta) Top of bottom floor (including basement,		boxes to snow wr	ietner t	ne elevation is above of below	
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet r		above or below the HAG.	
crawlspace, or enclosure) is	anonings provided in C		meters	above or below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	pperiings provided in Si		meters	above or below the HAG.	
E3. Attached garage (top of slab) is		feet r	meters	above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		feet r	meters	above or below the HAG.	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes				rdance with the community's rtify this information in Section G.	
SECTION F - PROPERTY OW	NER (OR OWNER'S F	EPRESENTATIV	E) CER	TIFICATION	
The property owner or owner's authorized representat community-issued BFE) or Zone AO must sign here. T	ive who completes Sec the statements in Secti	tions A, B, and E fons A, B, and E ar	or Zone e corre	e A (without a FEMA-issued or ct to the best of my knowledge.	
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Property Owner	he statements in Secti	tions A, B, and E f ons A, B, and E ar	or Zone e corre	e A (without a FEMA-issued or ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. T	he statements in Secti	tions A, B, and E f ons A, B, and E ar	or Zone e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative	The statements in Sections's Name	tions A, B, and E f	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. T Property Owner or Owner's Authorized Representative Address	'he statements in Secti e's Name City	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	'he statements in Secti e's Name City	tions A, B, and E f	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	'he statements in Secti e's Name City	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	'he statements in Secti e's Name City	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E f	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	'he statements in Secti e's Name City	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E f	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	's Name City Date	tions A, B, and E fons A, B, and E ar	e corre	ct to the best of my knowledge.	

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 107 SBARCLAY AVENUE	Policy Number:					
	State ZIP Code New Jersey 08402		Company NAIC Number			
SECTION G -	COMMUNITY INFORMATION (OPTIC	ONAL)				
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 fo or Zone AO.	r a building located in Zone A (without	a FEMA	a-issued or community-issued BFE)			
G3. The following information (Items G4–G10) is	provided for community floodplain ma	anageme	ent purposes.			
G4. Permit Number G5. D	Date Permit Issued		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	Construction Substantial Improven	nent	3			
G8. Elevation of as-built lowest floor (including basen of the building:	nent)	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the build	ding site:	feet	meters Datum			
G10. Community's design flood elevation:		feet	meters Datum			
Local Official's Name JIM GALANTINO	Title CFM					
Community Name	Telephone					
CITY OF MARGATE//	609-822-19	74				
Signature	Date 6/29/201	7				
Comments (including type of equipment and location, per C2(e), if applicable)						
•						
			5			
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 107 SOUTH BARCLAY AVENUE			Policy Number:
City MARGATE	State New Jersey	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 Caption RIGHT SIDE VIEW

6/19/17

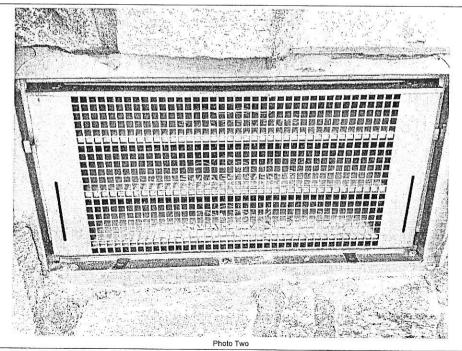


Photo Two Caption SMART VENT MODEL #1540-510 6/19/17

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy ti	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 107 SOUTH BARCLAY AVENUE			Policy Number:
City	State	ZIP Code	Company NAIC Number
MARGATE	New Jersey	08402	20 50

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.

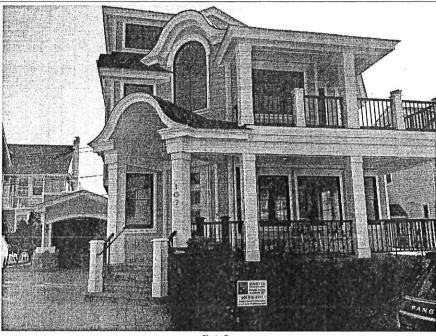


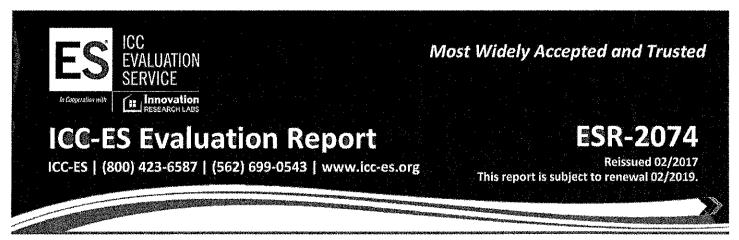
Photo One

Photo One Caption FRONT VIEW 6/19/17



Photo Two

Photo Two Caption FRONT/LEFT SIDE 6/19/17



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



Look for the trusted marks of Conformity!

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



as Solice 1708s
Product Cartification Body



ICC-ES Evaluation Reports are not to be construed as representing aesthetics or any other attributes not specifically addressed, nor are they to be construed as an endorsement of the subject of the report or a recommendation for its use. There is no warranty by ICC Evaluation Service, LLC, express or implied, as to any finding or other matter in this report, or as to any product covered by the report.



ICC-ES Evaluation Report

ESR-2074

Reissued February 2017 Revised November 2017

This report is subject to renewal February 2019.

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

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

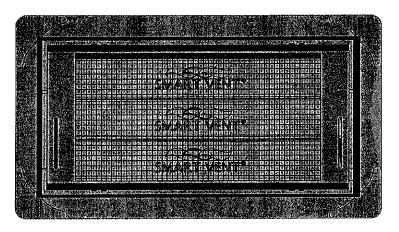


FIGURE 1—SMART VENT: MODEL 1540-510

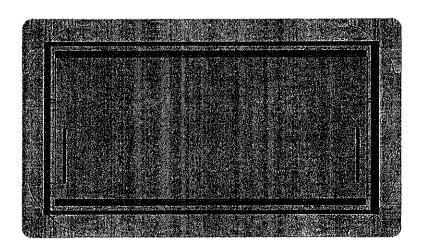


FIGURE 2-SMART VENT MODEL 1540-520

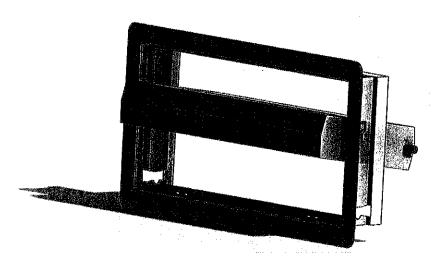


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN