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.

| | | TION A - PROPERTY | INFO | RMATION | | FOR INSU | RANCE COMPANY USE |
|---|----------------------------|---------------------------|----------|------------------------|-----------------------|-------------------|--|
| A1. Building Own | | | | | | Policy Num | nber: |
| A2. Building Stree Box No. 30 NORTH GLADS | | cluding Apt., Unit, Suite | e, and/ | or Bldg. No.) or P.O | . Route and | Company I | NAIC Number: |
| City MARGATE | | 102 | | State New Jersey | | ZIP Code 08402 | |
| A3. Property Desc BLOCK 208 LOT | | nd Block Numbers, Ta | x Parce | el Number, Legal De | escription, etc.) | | |
| A4. Building Use (| e.g., Residen | itial, Non-Residential, A | Addition | n, Accessory, etc.) | RESIDENTIAL | | |
| A5. Latitude/Longi | tude: Lat. 39 | 9.33116 | Long. 7 | 4.50076 | - | : NAD | 1927 X NAD 1983 |
| A6. Attach at least | 2 photograpl | hs of the building if the | Certifi | cate is being used to | | | |
| A7. Building Diagra | | 7 | | | | | |
| A8. For a building | with a crawls _i | pace or enclosure(s): | | | | | |
| a) Square foo | tage of crawls | space or enclosure(s) | | 1,139 sq ft | | | |
| b) Number of | permanent flo | ood openings in the cra | wlspac | ce or enclosure(s) w | rithin 1.0 foot above | adjacent gr | ade 6 |
| | | penings in A8.b 1,2 | | sq in | | _ | |
| d) Engineered | flood openin | gs? 🗵 Yes 🗌 N | | | | | |
| A9. For a building v | with an attach | ned garage: | | | | | • |
| a) Square foot | age of attach | ed garage0 | | sq ft | | | |
| b) Number of | permanent flo | ood openings in the att | ached (| garage within 1.0 fo | ot above adjacent g | rade | 0 |
| | | enings in A9.b | | | | | |
| | | gs? | | | | • | |
| | SF | CTION B - FLOOD IN | ISURA | NCE RATE MAD | (EIDM) INEODMA | TION | |
| B1. NFIP Communi | | | 1301 | B2. County Name | | HON | B3. State |
| | TE 345304 | , | | ATLANTIC | | | New Jersey |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | E | IRM Panel ffective/ | B8. Flood Zone(s) | (Zoi | se Flood Elevation(s) ne AO, use Base |
| 34001C0434 | F | 08/28/2018 | | evised Date 3/2018 | AE | 9.00' | od Depth) |
| | | Base Flood Elevation (I | | | epth entered in Item | B9: | |
| B11. Indicate eleva | tion datum us | sed for BFE in Item B9 | : 🔲 N | GVD 1929 🗵 NA | .VD 1988 | er/Source: | |
| B12. Is the building | located in a | Coastal Barrier Resou | rces Sy | /stem (CBRS) area | or Otherwise Protect | cted Area (C | PPA)? ☐ Yes ☒ No |
| Designation D | | | | □ ОРА | | | , |
| | | | | | | | |
| | | | | | • | | |

ELEVATION CERTIFICATE

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

| IMPORTANT: In these spaces, copy the corresponding information fro | m Section A | EOD INSTIDANCE COMPANY LIGHT |
|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.0 30 NORTH GLADSTONE AVENUE | O. Route and Box No. | FOR INSURANCE COMPANY USE Policy Number: |
| City State MARGATE New Jersey | ZIP Code 08402 | Company NAIC Number |
| SECTION C – BUILDING ELEVATION INFO | RMATION (SURVEY R | EQUIRED) |
| C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (Complete Items C2.a–h below according to the building diagram spec | Building Under Construct building is complete. With BFE), AR, AR/A, AR/Ciffied in Item A7. In Puert leatum: NAVD 1988) below. the BFE. floor) 6. 33 12. 41 N/A N/A | uction* Finished Construction |
| b) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | | X feet meters X feet meters |
| SECTION D – SURVEYOR, ENGINEER, OR This certification is to be signed and sealed by a land surveyor, engineer, of a linear certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code, Were latitude and longitude in Section A provided by a licensed land survey | or architect authorized by interpret the data availate Section 1001. | |
| Certifier's Name DANIEL J. PONZIO, SR. Title PROFESSIONAL LAND SURVEYOR | | |
| Company Name ARTHUR W. PONZH CO. & ASSOC., INC. Address 400 NORTH POVER AVENUE City ATLANTIC CITY State New Jersey | ZIP Code 08401 | Place Seal Here |
| Copy all pages of this Elevation Certificate and all attachments for (1) communication. Comments (including type of equipment and location, per C2(e), if applicable PROJECT # 34433 AIR CONDENSER = 15.13' HEATER = 12.41' D | Telephone (609) 344-8194 ty official, (2) insurance ac e) | gent/company, and (3) building owner. |
| SMART VENTS MODEL 1540-510 | | |

ELEVATION CERTIFICATE

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

| INFORTANT: III | these spaces, copy the corre | sponding informatio | n from Section A. | FOR INSURANCE COMPANY US |
|-------------------------------------|---|---|---|--|
| 30 NORTH GLAI | ddress (including Apt., Unit, Su DSTONE AVENUE | ite, and/or Bldg. No.) o | or P.O. Route and Box No. | Policy Number: |
| City MARGATE | | State New Jersey | ZIP Code 08402 | Company NAIC Number |
| | SECTION E – BUILDII FOR | NG ELEVATION INFO | ORMATION (SURVEY NO NE A (WITHOUT BFE) | T REQUIRED) |
| enter meters. | nd A (without BFE), complete Itens A, B,and C. For Items E1–E4 | ems E1–E5. If the Cert , use natural grade, if | ificate is intended to support available. Check the measur | ement used. In Puerto Rico only, |
| li le riigilest a | ation information for the following adjacent grade (HAG) and the low tom floor (including basement, | ng and check the appro owest adjacent grade (| opriate boxes to show wheth LAG). | er the elevation is above or below |
| crawlspa b) Top of bo | ce, or enclosure) is ottom floor (including basement. | | feet | ers |
| | ce, or enclosure) is | | feet mete | |
| ule liext ligh | Diagrams 6–9 with permanent f ier floor (elevation C2.b in s) of the building is | lood openings provide | ed in Section A Items 8 and/c | or 9 (see pages 1–2 of Instructions), ers □ above or □ below the HAG. |
| E3. Attached gar | age (top of slab) is | | feet mete | <u> </u> |
| E4. Top of platfor servicing the | rm of machinery and/or equipmo building is | ent | feet | _ |
| E5. Zone AO only floodplain ma | y: If no flood depth number is avanagement ordinance? | vailable, is the top of th s | ne bottom floor elevated in a | ccordance with the community's certify this information in Section G. |
| | SECTION F - PROPERTY | OWNER (OR OWNE | R'S REPRESENTATIVE) C | ERTIFICATION |
| | | | | |
| | r Owner's Authorized Represen | ere. The statements in | es Sections A, B, and E for Z Sections A, B, and E are co | one Á (without a FEMA-issued or rrect to the best of my knowledge. |
| | - Bi E) of Zone AO must sign he | tative's Name | Sections A, B, and E are co | one A (without a FEMA-issued or rect to the best of my knowledge. |
| Property Owner or | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |
| Property Owner or Address Signature | - Bi E) of Zone AO must sign he | tative's Name | City S | rrect to the best of my knowledge. ZIP Code |

ELEVATION CERTIFICATE

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

| IMPORTANT: In these spaces, copy the corre | | | FOR INSURANCE COMPANY USE |
|--|--|---|---|
| Building Street Address (including Apt., Unit, St 30 NORTH GLADSTONE AVENUE | uite, and/or Bldg. No.) | or P.O. Route and Box No. | Policy Number: |
| City | 01.1 | | |
| MARGATE | State New Jersey | ZIP Code 08402 | Company NAIC Number |
| SECTIO | N 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 | Certificate. Complete | the community's floodplain ma the applicable item(s) and sign | nagement ordinance can complete below. Check the measurement |
| G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.) | en from other docume ed by law to certify ele | entation that has been signed an evation information. (Indicate th | nd sealed by a licensed surveyor, e source and date of the elevation |
| G2. A community official completed Section or Zone AO. | on E for a building loc | ated in Zone A (without a FEM/ | A-issued or community-issued BFE) |
| G3. The following information (Items G4–0 | G10) is provided for co | ommunity floodplain manageme | ent purposes. |
| G4. Permit Number | G5. Date Permit Issu | | Pate Certificate of compliance/Occupancy Issued |
| G7. This permit has been issued for: | New Construction | Substantial Improvement | |
| G8. Elevation of as-built lowest floor (including of the building: | basement) | feet | meters Datum |
| G9. BFE or (in Zone AO) depth of flooding at the | ne building site: | feet | meters Datum |
| G10. Community's design flood elevation: | | feet | meters Datum |
| Local Official's Name | lant. w | Title CFM | |
| Community Name | RGATE, | Telephone | 2-1974 |
| oignature | all | Date | 1/24/19 |
| Comments (including type of equipment and loca | tiøn, per C2(e), if app | licable) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Check here if attachments. |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

| IMPODTANT, I. Ale | | | |
|---|-------------------------------------|------------------------|---------------------------|
| IMPORTANT: In these spaces, copy | the corresponding information | from Section A. | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt. 30 NORTH GLADSTONE AVENUE | , Unit, Suite, and/or Bldg. No.) or | P.O. Route and Box No. | Policy Number: |
| City MARGATE | State New Jersey | 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.

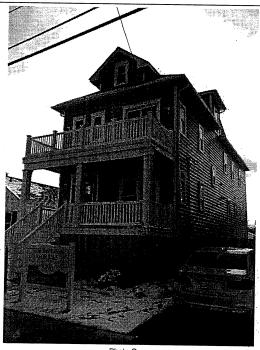


Photo One

Photo One Caption FRONT 12/12/18

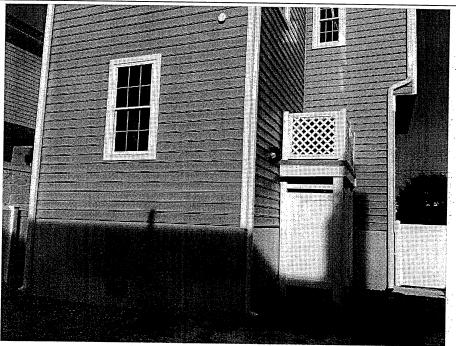


Photo Two

Photo Two Caption REAR 12/12/18

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

| | ppy the corresponding information | | FOR INSURANCE COMPANY USE |
|---|--|------------------------|---------------------------|
| Building Street Address (including 30 NORTH GLADSTONE AVENU | Apt., Unit, Suite, and/or Bldg. No.) or E | P.O. Route and Box No. | 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.

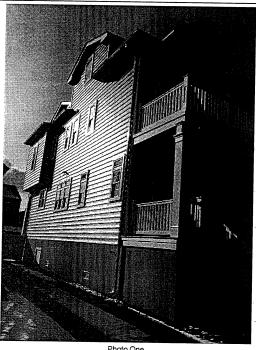


Photo One

Photo One Caption LEFT SIDE 12/12/18

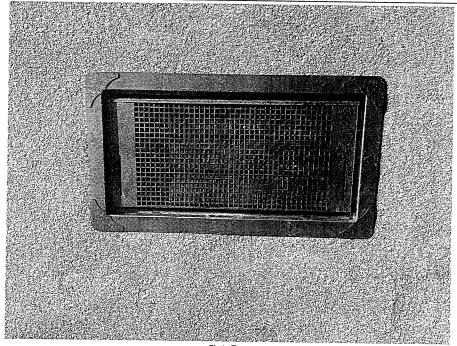


Photo Two Caption SMART VENT 1540-510 12/12/18



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



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ICC-ES Evaluation Report

ESK-20/4

Reissued February 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)[†]

 $^{\dagger}\text{The ADIBC}$ 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.

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 | $15^3/_4" \times 7^3/_4"$ | 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 = m^2

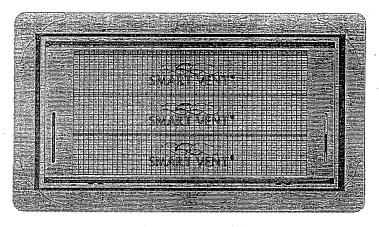


FIGURE 1—SMART VENT: MODEL 1540-510

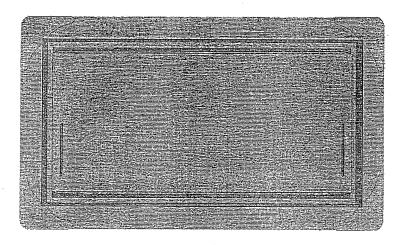


FIGURE 2—SMART VENT MODEL 1540-520

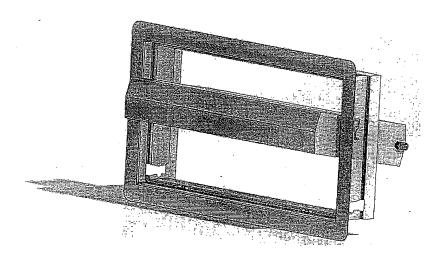


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN