#### 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.

SECTION A – PROPERTY INFORMATION				FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name  JJCC LONGPORT, L.L.C.					Policy Nun	nber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Comp. 201 N. DELAVAN AVENUE					Company I	NAIC Number:
City MARGATE		State New Je	rsey		ZIP Code 08402	
A3. Property Description (Lot and Block Numbers, LOT 1.01, BLOCK 404.02	Tax Parcel	Number, Le	gal Desc	ription, etc.)		
A4. Building Use (e.g., Residential, Non-Residentia	al, Addition,	Accessory,	etc.) F	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 39.33444	Long7	4.49944	1	Horizontal Datu	m: NAD	1927 × NAD 1983
A6. Attach at least 2 photographs of the building if	the Certifica	ate is being	used to o	btain flood insu	rance.	
A7. Building Diagram Number6						
A8. For a building with a crawlspace or enclosure(s	s):					
a) Square footage of crawlspace or enclosure(	(s)		293.25	sq ft		
b) Number of permanent flood openings in the	crawlspace	or enclosur	e(s) withi	n 1.0 foot above	e adjacent gra	ade 3
c) Total net area of flood openings in A8.b	(	on pa 00.006	ı			
d) Engineered flood openings? 🗵 Yes 🗌	No					
A9. For a building with an attached garage:						
a) Square footage of attached garage	a) Square footage of attached garage550.35 sq ft					
b) Number of permanent flood openings in the	attached ga	rage within	1.0 foot a	bove adjacent ç	grade 2	
c) Total net area of flood openings in A9.b	A 17	595.00 sq	in			
d) Engineered flood openings?	No					
SECTION B - FLOOD	INSURA	NCE RATE	MAP (FI	RM) INFORMA	TION	16-268
B1. NFIP Community Name & Community Number		B2. County				B3. State
CITY OF MARGATE CITY 345304		ATLANTIC				New Jersey
B4. Map/Panel B5. Suffix B6. FIRM Index Date		M Panel ctive/ sed Date	B8. Floo Zone(s)		Base Flood E Zone AO. use	levation(s) e Base Flood Depth)
34001C0453 F 05-30-2014	05-30-20	017	AE	8.0		
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: FIELD PRELIMINARY MAP						
B11. Indicate elevation datum used for BFE in Item	в9: 🗌 <b>N</b> G	VD 1929 [	× NAVD	1988	her/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No						
Designation Date: CBRS OPA						
-	<u>-</u>					-

# **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		
			Policy Number:		
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number		
SECTION C – BUILDING	ELEVATION INFOR	MATION (SURVEY R	EQUIRED)		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  C1. Building elevations are based on:					
<ul> <li>g) Highest adjacent (finished) grade next to build</li> <li>h) Lowest adjacent grade at lowest elevation of structural support</li> </ul>			10.92		
SECTION D – SURVEYO	OR ENGINEER OR	ARCHITECT CERTIFIC			
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment.  Were latitude and longitude in Section A provided by a	surveyor, engineer, or ents my best efforts to it under 18 U.S. Code,	architect authorized by interpret the data availal Section 1001.	law to certify elevation information		
Certifier's Name HOWARD A. TRANSUE	License Number GS33541				
Title PROFESSIONAL LAND SURVEYOR  Company Name SCHAEFFER NASSAR SCHEIDEGG, CE, LLC  Address 1425 CANTILLON BOULEVARD		2	G\$33541 Place Seal		
City MAYS LANDING	State New Jersey	ZIP Code 08330	6/20/2017		
Signature A.G. C	Date 06-20-2017	Telephone (609) 625-7400	Ext.		
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) ITEMS A8b AND A9b VENTS ARE SMART VENTS MODEL 1540-520 (4) RATED AT 200 SQ. IN. EACH AND CRAWL SPACE DOOR SYSTEMS FLOOD VENTS MODEL 1616CS RATED AT 395 SQ. IN. ITEM C2e IS THE A.C. PAD.					

# **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.) 0 201 N. DELAVAN AVENUE	or P.O. Route and Box No.	Policy Number:			
City State MARGATE New Jersey	ZIP Code . 08402	Company NAIC Number			
SECTION E – BUILDING ELEVATION INF FOR ZONE AO AND ZO		REQUIRED)			
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.					
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>					
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	feet meter	s above or below the HAG.			
crawlspace, or enclosure) is	feet meter	s above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood openings provide the next higher floor (elevation C2.b in the diagrams) of the building is	ed in Section A Items 8 and/or				
E3. Attached garage (top of slab) is	feet meter	s above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	feet  meter	s above or below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of t floodplain management ordinance?  Yes No Unkr		cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OWNER (OR OWN	ER'S REPRESENTATIVE) CE	RTIFICATION 16-268			
The property owner or owner's authorized representative who complete	es Sections A, B, and E for Zo	ne 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					
		ect to the best of my knowledge.			
	City Sta				
Property Owner or Owner's Authorized Representative's Name	City Sta				
Property Owner or Owner's Authorized Representative's Name  Address	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			
Property Owner or Owner's Authorized Representative's Name  Address  Signature	City Sta	ate ZIP Code			

# **ELEVATION CERTIFICATE**

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

IMP	ORTANT: In these spaces, copy the c	orresponding information	from Section A.	FOR INSURANCE COMPANY USE
201	ding Street Address (including Apt., Uni N. DELAVAN AVENUE	t. Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City MA	RGATE	State New Jersey	ZIP Code 08402	Company NAIC Number
	SEC	TION G - COMMUNITY IN	FORMATION (OPTIONAL)	16-248
	local official who is authorized by law o tions A, B, C (or E), and G of this Elevat d in Items G8–G10. In Puerto Rico only,	non Cermicale Complete to	e community's floodplain mar e applicable item(s) and sign	
G1.	The information in Section C was engineer, or architect who is authodata in the Comments area below.	nizeu by iaw to certify eleva	ation that has been signed an tion information. (Indicate the	d sealed by a licensed surveyor, source and date of the elevation
G2.	A community official completed Se or Zone AO.	ection E for a building locate	d in Zone A (without a FEMA	-issued or community-issued BFE)
G3.	The following information (Items G	4–G10) is provided for com	munity floodplain manageme	nt purposes.
G4.	Permit Number	G5. Date Permit Issued	OS. D.	ate Certificate of ompliance/Occupancy Issued
G7.	This permit has been issued for:	New Construction S	ubstantial Improvement	
G8.	Elevation of as-built lowest floor (including the building:	ng basement)	feet	meters
<b>G</b> 9.	BFE or (in Zone AO) depth of flooding a	t the building site:	feet [	meters Datum
	Community's design flood elevation:		feet [	meters Datum
	Official's Name	Т	itle	,
	nunity Name	T	elephone	
Signa			7/14/1)	
Comm	ents (including type of equipment and lo	ocation, per C2(e), if applica	ble)	
				a a
				Check here if attachments

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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. Policy Number: 201 N. DELAVAN AVENUE City State ZIP Code Company NAIC Number MARGATE New Jersey 08402

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.

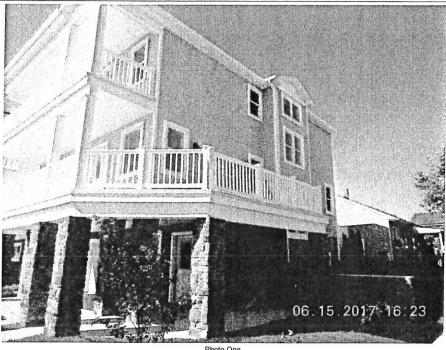


Photo One

Photo One Caption FRONT VIEW AND RIGHT SIDE VIEW 16-268

Clear Photo One

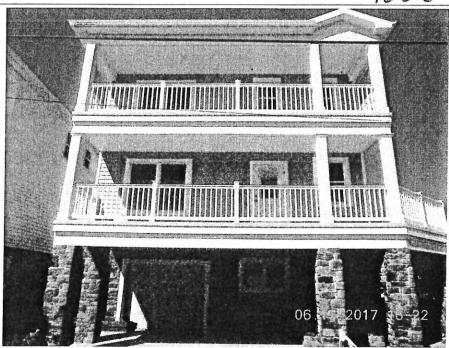


Photo Two

Continuation Page

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. Policy Number: 201 N. DELAVAN AVENUE City State ZIP Code Company NAIC Number MARGATE New Jersey 08402

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.

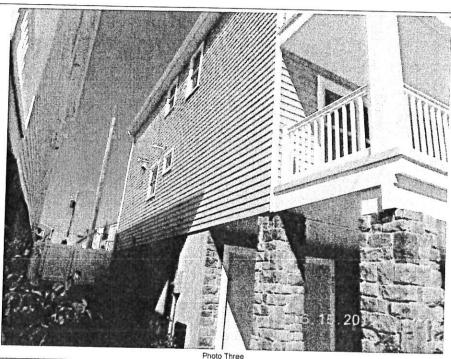


Photo Three Caption LEFT SIDE VIEW

**ELEVATION CERTIFICATE** 

16-248

Clear Photo Three

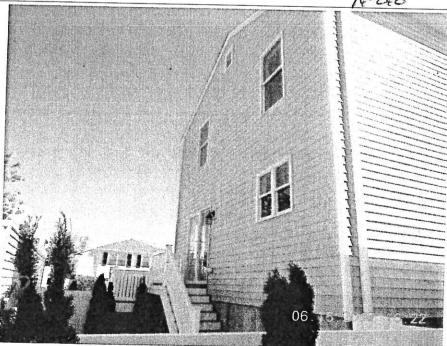


Photo Four Caption REAR VIEW

Clear Photo Four

Photo Four

OMB No. 1660-0008

See Instructions for Item A6. Expiration Date: November 30, 2018

			•
IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit. 201 N. DELAVAN AVENUE	Suite, and/or Bldg, No.) or	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
MARGATE	New Jersey	08402	

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.

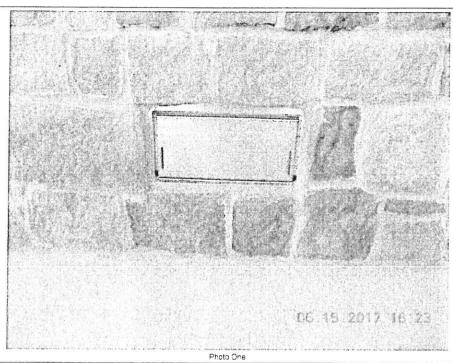


Photo One Caption SMART VENT MODEL 1540-520 TYPICAL OF 4

**ELEVATION CERTIFICATE** 

16-268

Clear Photo One

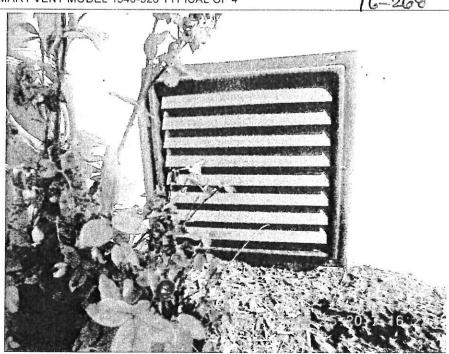


Photo Two Caption CRAWL SPACE DOOR SYSTEMS FLOOD VENT MODEL 1616CS TYPICAL OF 1

Clear Photo Two

ELEVATION CERTIFICATE	BUILDING PHO Continuation	on Page	OMB No. 166 Expiration Da	60-0008 ate: November 30, 201
IMPORTANT: In these spaces, copy the co	orresponding information	from Section A.		ANCE COMPANY US
Building Street Address (including Apt. Unit 201 N DELAVAN AVENUE	Suite, and/or Bidg. No.) or	r P.O. Route and Box No.	Policy Numb	er:
City MARGATE	State	ZIP Code	Company NA	VC Number
WANGATE	New Jersey	08402	Company 142	No Number
If submitting more photographs than will fi with: date taken; "Front View" and "Rea photographs must show the foundation with	t on the preceding page, a r View": and. if required, representative examples o	affix the additional photog "Right Side View" and of the flood openings or ve	graphs below. Ide "Left Side View nts. as indicated i	entify all photographs " When applicable, n Section A8
oto Three Caption	Photo Three			
oto Tinos Caption			16-268	Clear Photo Three
	w <u>w</u>	e .		
				9
	Photo Four			F

# ICC-ES Evaluation Report

Most Widely Accepted and Trusted

### ESR-2074

Reissued February 2015 Revised May 2016

This report is subject to renewal February 2017.

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<sup>®</sup> (IBC)
- 2015, 2012, 2009 and 2006 International Residential Code® (IRC)
- 2013 Abu Dhabi International Building Code (ADIBC)

#### Properties evaluated:

- Physical operation
- Water flow

#### '2.0 USES

The Smart Vent<sup>3</sup> 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<sup>®</sup> Stacking Model #1540-511 and FloodVENT<sup>®</sup> 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

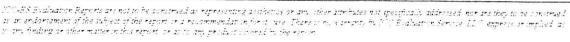
#### 3.3 Ventilation:

The SmartVENT<sup>5</sup> Model #1540-510 and SmartVENT<sup>5</sup> Overhead Door Model #1540-514 both have screen covers with  $\frac{1}{4}$ -inch-by- $\frac{1}{4}$ -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<sup>3</sup> and FloodVENT<sup>3</sup> 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<sup>8</sup> 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<sup>3</sup> Stacking Model #1540-511 and FloodVENT<sup>S</sup> Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m<sup>2</sup>) of enclosed area





<sup>\*</sup>The ADIBC is based on the 2009 IBC 2009 IBC code sections referenced in this report are the same sections in the ADIBO

- 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<sup>®</sup> 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<sup>5</sup> 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<sup>®</sup> 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<sup>S</sup> 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.)	COVERACE ( 51)
FloodVENT <sup>§</sup>	1540-520		COVERAGE (sq. ft.)
SmartVENT <sup>5</sup>		15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
	1540-510	$15^3/_4$ " X $7^3/_4$ "	200
FloodVENT <sup>®</sup> Overhead Door	1540-524	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	<del> </del>
SmartVENT <sup>®</sup> Overhead Door			200
	1540-514	$15^3/_4$ " $\times 7^3/_4$ "	200
Wood Wall FloodVENT <sup>®</sup>	1540-570	14" X 8 <sup>3</sup> / <sub>4</sub> "	
Wood Wall FloodVENT <sup>5</sup> Overhead Door	1540-574		200
SmartVENT <sup>5</sup> Stacker		14" X 8 <sup>3</sup> / <sub>4</sub> "	200
	1540-511	16" X 16"	400
FloodVent <sup>®</sup> Stacker	1540-521		400
For SI: 1 inch = 25 4 mm: 1 square foot = m2	1545-521	16" X 16"	400

# Certification of Engineered Flood Openings

In accordance with NFIP, FEMA TB 1-08, and ASCE/SEI 24-05

I hereby certify that the Crawl Space Door Systems flood vents 816CS, 122CCS, 123CCS, 1616CS, 1624CS, 1632CS, 2032CS, 2424CS, and 2436CS are designed in accordance with the requirements of the NFIP "Flood Insurance Manual" (2011) to provide automatic equalization of hydrostatic flood forces by allowing for the entry and exit of floodwaters, when properly installed and sized as set forth below. This certification follows the design requirements and specifications established in FEMA Technical Bulletin 1-08, "Openings in Foundation Walls and Walls of Enclosures Below Elevated Buildings in Special Flood Hazard Areas", and the ASCE Standard for "Flood Resistant Design and Construction" (ASCE/SEI 24-05).

#### Design Characteristics

Section 2.6.2.2 of ASCE 24 provides an equation to determine the required <u>net area</u> of engineered openings ( $A_o$ ) for a given <u>enclosed area</u> ( $A_e$ ). This equation is based on the hydraulic formula for the flow rate across sharp edged orifices. I have utilized this equation to calculate 1) the respected flow rate through the individual openings between louvers; 2) the flow rate through the main frame opening in case the louver is blown out during a flood event; and 3) the flow rate of water flowing through louver blades following hydraulic short tube theory. The ultimate maximum total enclosed area ( $A_e$ ) that can be serviced by a single vent has then been determined by utilizing the lowest flow rate of the three assessed scenarios for each vent and is listed in Table 1.

These values are based on the following assumptions:

- In absence of reliable data, the rates of rise and fall have been assumed with 5 feet/hour;
- The (maximum) difference between the exterior and interior floodwater levels has been assumed with 1 foot during base flood conditions;
- A factor of safety of 5 has been assumed, which is consistent with design practices related to protection of life and property;
- The net area of openings (A<sub>o</sub>) as provided by the manufacturer.

T4-11-4	Requirements	N	W * *,
Installation	Kenurements	200	2 MAISTERFE
WIND DALTING AT C. W.	THE WALL STRUCTURED	PO TE CO	THE PROPERTY OF THE PARTY OF TH

This certification will be voided if the following installation requirements and limitations are not enforced:

- There shall be a minimum of two openings on different sides of each enclosed area;
- The bottom of each required opening shall be no more than 1ft above the adjacent ground leve!;
- HxW  $A_o$   $[in^2]$  $A_e$ [ft<sup>2</sup>] \*) Model [in] 816CS 8 x 16 105 205 1220CS 12 x 20 235 500 1232CS 12 x 32 305 645 1616CS 16 x 16 180 395 1624CS 16 x 24 310 670 1632CS 16 x 32 405 835 2032CS 20 x 32 630 1240 2424CS 24 x 24 570 1230 2436CS 24 x 36 850 1765

Table 1 Maximal total <u>enclosed area</u> (A<sub>e</sub>) that can be served by each individual model based on the given <u>net area</u> of engineered openings (A<sub>n</sub>)

- No temporary (e.g. during cold weather) or permanent solid cover may be placed into or over the flood vent that would block the automatic entry or exit of floodwaters at any time;
- Where analysis indicates rates of rise and fall greater than 5 ft/hr, the total enclosed area as given in Table 1 shall be reduced accordingly to account for the higher rates of rise and fall.

Identification	of the Building and Installed Flood Vents	16-268
The flood vent n	nodels marked in Table 1*) are being installed at the following building:	
0.11-11 4-1-1	NO DELAVAN AVENUE, MARGATE, NJ 08402	
Certifying De	esign Professional	
Name	WILLIAM S. SWIDERSKI, P.E.	726.8
Title	ENGINEER	
Address	599 SHORE ROAD, SOMERS POINT, NJ 08244	3.46
Type of License	PROFESSIONAL ENGINEER	STATE OF THE STATE
License #	20482 Signature Signature	2 25
issuing State	NEW JERSEY	W 200 W