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 INSURANCE COMPANY L	JSE
A1. Building Owner's Name Policy Number: JACK PLACKTER	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 SOUTH CLERMONT AVENUE Company NAIC Number:	
City State ZIP Code MARGATE New Jersey 08402	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 4.01 LOT 10	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	
A5. Latitude/Longitude: Lat. <u>39 19' 46.9"</u> Long. <u>74 29' 40.1"</u> Horizontal Datum: ☐ NAD 1927 ⊠ 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)1,205 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 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	
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	
MARGATE 345304 ATLANTIC New Jersey	
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) B9. Base Flood Elevation(s (Zone AO, use Base Flood Depth))
345304/0001 C 07/21/1974 Revised Date 10/28/1983 A-8 10.00	
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: 🗵 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 DPA	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Secti		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 104 SOUTH CLERMONT AVENUE		Policy Number:
City State ZIP Co MARGATE New Jersey 08402	1	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMATION	ON (SURVEY RE	EQUIRED)
C1. Building elevations are based on: Construction Drawings* Building *A new Elevation Certificate will be required when construction of the building	ng Under Constru	uction* X Finished Construction
*A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE)		'AE, AR/A1-A30, AR/AH, AR/AO
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE Complete Items C2.a–h below according to the building diagram specified in Benchmark Utilized: Vertical Datum: N	Item A7. In Puert	o Rico only, enter meters.
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source:		
Datum used for building elevations must be the same as that used for the BF	E.	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) -	9. 68	X feet meters
b) Top of the next higher floor	13 48	X feet meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	X feet meters
d) Attached garage (top of slab)	N/A,	X feet meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	¥ 13. 48	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8</u> . <u>93</u>	X feet meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>9</u> . <u>48</u>	X feet meters
b) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>8</u> . <u>98</u>	X feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARCH	HITECT CERTIF	ICATION
This certification is to be signed and sealed by a land surveyor, engineer, or archill certify that the information on this Certificate represents my best efforts to interpestatement may be punishable by fine or imprisonment under 18 U.S. Code, Section	tect authorized by	v law to certify elevation information.
Were latitude and longitude in Section A provided by a licensed land surveyor?		
Certifier's Name License Number DANIEL L PONZIO SR GS37603		
DANIEL 3: 1 ONZIO, ON:		-
Title LAND SURVEYOR		
Company Name ARTHUR W. PONZIO CO. & ASSOC., INC.		Place Seal Here
Address 400 NORTH DOVER AVENUE		пете
ATLANTIC CITY New Jersey	ZIP Code 08401	
12/13/2016	Telephone (609) 344-8194	
Copy all pages of this Elevation Certificate and all attachments for (1) community office	cial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable)		
PROJECT #32963 *HEATER GENERATOR ELEV = 18.23 SM	ART VENT MOD	EL #1540-510

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. 104 SOUTH CLERMONT AVENUE	Policy Number:
City State ZIP Code	Company NAIC Number
MARGATE New Jersey 08402	
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT FOR ZONE AO AND ZONE A (WITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurer enter meters.	ment used. In Puerto Rico only,
E1. Provide elevation information for the following and check the appropriate boxes to show whether the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,	r the elevation is above or below
crawlspace, or enclosure) is feet meter	s 🗌 above or 🔲 below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	rs 🔲 above or 🔲 below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or the next higher floor (elevation C2.b in	
the diagrams) of the building is feet meter	rs
E3. Attached garage (top of slab) is feet meter	rs
E4. Top of platform of machinery and/or equipment servicing the building is feet meter	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 ac floodplain management ordinance? Yes No Unknown. The local official must of the bottom floor elevated in accompanies.	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CE	ERTIFICATION
The property owner or owner's authorized representative who completes Sections A, B, and E for Zo community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are cor	one A (without a FEMA-issued or
Property Owner or Owner's Authorized Representative's Name	
Address City Sta	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 corre	sponding information fr	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St. 104 SOUTH CLERMONT AVENUE	ite, and/or Bldg. No.) or P	O. Route and Box No.	Policy Number:
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number
SECTIO	N G - COMMUNITY INFO	ORMATION (OPTIONAL)
The local official who is authorized by law or ord 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 mapplicable item(s) and si	nanagement ordinance can complete gn below. Check the measurement
G1. The information in Section C was take engineer, or architect who is authorized that in the Comments area below.)	ed by law to certify elevati	on information. (Indicate	the source and date of the elevation
or Zone AO.			MA-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided for comm	nunity floodplain manage	ement purposes.
G4. Permit Number	G5. Date Permit Issued	G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction S	ubstantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fe	eet 🗌 meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	eet meters Datum
G10. Community's design flood elevation:		fe	eet meters Datum
Local Official's Name	T.m bolantin	Γitle · · · · · · · · · · · · · · · · · · ·	EM .
Community Name	MARGAIL	Telephone	812-1914
Signature	At .	Date / /	15/2020
Comments (including type of equipment and loa	cation, per C2(e), if applic	able)	
			Check here if attachments.

BUILDING PHOTOGRAPHS

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. 104 SOUTH CLERMONT AVENUE		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.

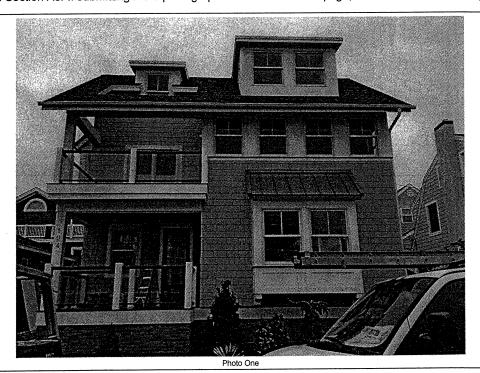


Photo One Caption

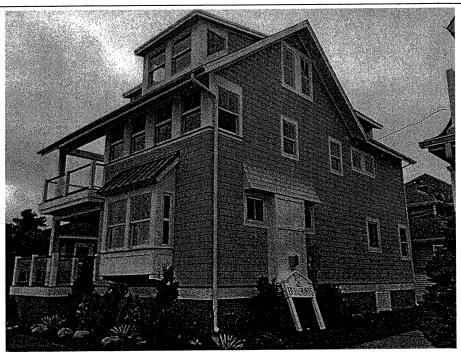


Photo Two

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.			FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 SOUTH CLERMONT 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.

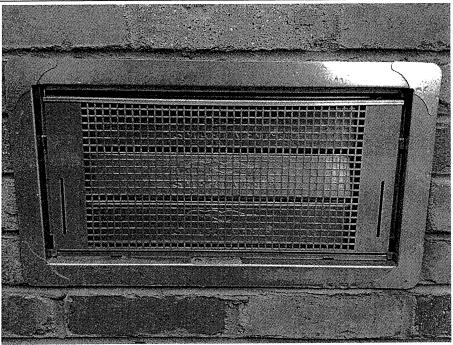


Photo One

Photo One Caption

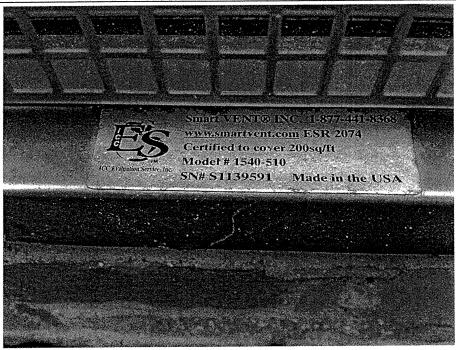


Photo Two



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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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 " 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

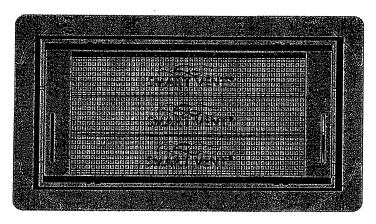


FIGURE 1-SMART VENT: MODEL 1540-510

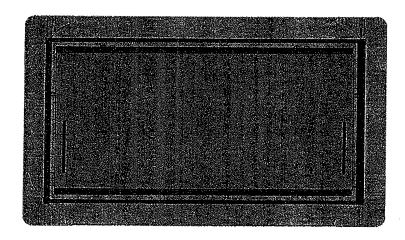


FIGURE 2-SMART VENT MODEL 1540-520

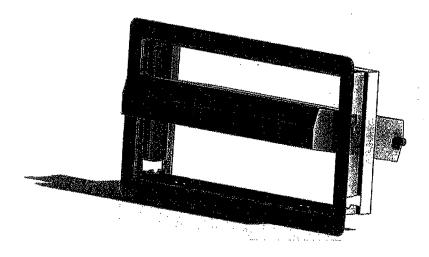


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN