U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

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 USE
A1. Building Owner's Name	Policy Number:
Bryan Dempsey	The second secon
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:
8 N. Huntington Avenue	
City	ZIP Code
Margate New Jersey	08402
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	
Lot 28, Block 210.01	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat. 39° 19' 45.9" N Long. 74° 30' 06.6" W Horizontal Dat	tum: 🔲 NAD 1927 🔀 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins	urance.
A7. Building Diagram Number8	
A8. For a building with a crawlspace or enclosure(s):	e da esta esta esta en esta en el
a) Square footage of crawlspace or enclosure(s) 1,662 sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abo	ove adjacent grade 10
c) Total net area of flood openings in A8.b 2,000 sq in	
d) Engineered flood openings? 🛛 Yes 🔲 No	
A9. For a building with an attached garage:	
a) Square footage of attached garage0 sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjaces	nt grade
c) Total net area of flood openings in A9.b o sq in	
d) Engineered flood openings?	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION
B1. NFIP Community Name & Community Number B2. County Name	B3. State
Margate City 345304 Atlantic	New Jersey
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone	e(s) B9. Base Flood Elevation(s)
Number Date Effective/ Revised Date	(Zone AO, use Base Flood Depth)
345304 0434 F 08/28/2018 08/28/2018 AE	9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in It	tem 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 Pr	rotected Area (OPA)? Tyes 🕅 No
Designation Date: CBRS OPA	

			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 8 N. Huntington Avenue	uite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
City , Margate		ZIP Code 08402	Company NAIC Number
SECTION C - BUIL	LDING ELEVATION INFOR	MATION (SURVEY R	EQUIRED)
C1. Building elevations are based on: *A new Elevation Certificate will be require C2. Elevations – Zones A1–A30, AE, AH, A (v	red when construction of the be	• .	
Complete Items C2.a–h below according Benchmark Utilized:		ied in Item A7. In Puert	
Indicate elevation datum used for the elev		**************************************	And the second s
☐ NGVD 1929 ☑ NAVD 1988 Datum used for building elevations must b	Other/Source:		
a) Top of bottom floor (including baseme	ent crawlenace or enclosure f	loor) 5.8	Check the measurement used. ———
b) Top of the next higher floor	ill, clawispace, or enclosure in	13 3	
c) Bottom of the lowest horizontal structu	iral member (V Zones only)	N/A	X feet
d) Attached garage (top of slab)	ndi member (v zones omy)	N/A	X feet meters
e) Lowest elevation of machinery or equi (Describe type of equipment and locat	pment servicing the building ion in Comments)	12. 9	X feet meters
f) Lowest adjacent (finished) grade next	to building (LAG)	<u> </u>	X feet meters
g) Highest adjacent (finished) grade next	to building (HAG)	6.6	x feet meters
h) Lowest adjacent grade at lowest eleval structural support		g <u>5</u> . 7	⊠ feet ☐ meters
SECTION D - SU	RVEYOR, ENGINEER, OR	ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or impris	represents my best efforts to i conment under 18 U.S. Code,	interpret the data availa Section 1001. 	able. I understand that any false
Were latitude and longitude in Section A provide	ded by a licensed land survey	or? WYes LINO	Check here if attachments.
Certifier's Name Mark G. Devaul	License Number 34844		Mn
Title Land Surveyor	# 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1 m	The second secon
Company Name Devaul Survey, L.L.C.			Place Seal Here
Address 20 Devauls Lane			
City Ocean View	State New Jersey	ZIP Code 08230	
Signature Dulant	Date 09/10/2019	Telephone (609) 624-0572	
Copy all pages of this Elevation Certificate and a	Il attachments for (1) communit	y official, (2) insurance a	agent/company, and (3) building owner.
Comments (including type of equipment and lo A8c) Refers to rated value, not actual net area. C2e) A/C platform in rear THE SURVEYOR ASSUMES RESPONSIBILIT REPRESENTATIVES THEREOF AS LISTED I RESPONSIBILTY TO ANY INSURERS OF TH CERTIFICATE.	. A8d) Smart Vents model # TY EXCLUSIVLY TO THE BUIN SECTION A1 OF THIS CEI	1540-510 ILDING OWNER (Bryal RTIFICATE. THE SURV	VEYOR WILL ASSUME NO

IMPOF	RTANT: In these spaces, co	opy the corresponding ir	nformation from S	Section A.	FOR INSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8 N. Huntington Avenue					Policy Number:	
City Marga	ite	State New J		IP Code 8402	Company NAIC N	Number
	SECTI	ON C - BUILDING ELEV	ATION INFORM	ATION (SURVEY R	EQUIRED)	
C1.	Building elevations are base	ed on: Construction	Drawings* 🔲 B	uilding Under Constr	uction* 🔀 Finish	ned Construction
	*A new Elevation Certificate					
C2.	Elevations – Zones A1–A30 Complete Items C2.a–h bel), AE, AH, A (with BFE), V ow according to the buildir	E, V1–V30, V (with ng diagram specific Vertical Datu	ed in Item A7. In Puer	NAE, AR/A1–A30, Anto Rico only, enter	AR/AH, AR/AO. meters.
	Benchmark Utilized:Indicate elevation datum us	ad for the elevations in ite				
		NAVD 1988 Other/So		51 0W .		
	Datum used for building ele			e BFE.		
				- 0		easurement used.
! 	a) Top of bottom floor (included)		ce, or enclosure 110	oor)3. <u></u> 13. 3		meters meters
	b) Top of the next higher flo			<u></u>		
	c) Bottom of the lowest hor		(V Zones only)	N/A	X feet	☐ meters
	d) Attached garage (top of				X feet	∐ meters
	 e) Lowest elevation of mac (Describe type of equipment) 	hinery or equipment servionent and location in Comm	cing the building nents)	13. 0	X feet	☐ meters
	f) Lowest adjacent (finishe	d) grade next to building (LAG)	5, 5	X feet	meters
	g) Highest adjacent (finishe	ed) grade next to building	(HAG)		X feet	meters
	h) Lowest adjacent grade a structural support	at lowest elevation of deck	or stairs, including	5.7	X feet	meters
	SEC	TION D - SURVEYOR, E	ENGINEER, OR A	RCHITECT CERTII	FICATION	
lica	certification is to be signed rtify that the information on to ement may be punishable by	his Certificate represents i	nv best efforts to if	nterpret the data avail	by law to certify elevice in the second in t	vation information. that any false
8	re latitude and longitude in S				Check her	re if attachments.
1 .	tifier's Name		License Number		m /	MAILO
	k G. Devaul		34844		Mark.	16-19
Title	e d Surveyor				7-	
L	npany Name		·	<u> </u>	3	ace
	aul Survey, L.L.C.	•				eal ere
Add	ress					ele
20	Devauls Lane					
City	an View	^	State New Jersey	ZIP Code 08230		
Sig	nature Mark (De la	Date 09/16/2019	Telephone (609) 624-0572		
Cop	y all pages of this Elevation (Certificate and all attachmen	nts for (1) communit	ty official, (2) insuranc	e agent/company, a	nd (3) building owner.
A80	nments (including type of eq) Refers to rated value, not a) A/C platform in rear	actual net area. A8d) Sr	nart Vents model #	<i>‡</i> 1540-510		
RE RE	E SURVEYOR ASSUMES R PRESENTATIVES THEREC SPONSIBILTY TO ANY INS RTIFICATE.	ハニ AS しいらてごわ はい タピクエバハ	N A1 OF THIS CH	RHEICATE: THE SU	KARLOK MILL VO	SOME INC

IMPORTANT: In these s	paces, copy the	corresponding informatio	n from Section A.	FOR INSUF	RANCE COMPANY USE
Building Street Address (8 N. Huntington Avenue	including Apt., U	nit, Suite, and/or Bldg. No.) o	or P.O. Route and Box	No. Policy Num	bër:
City Margate	er i dise	State New Jersey	ZIP Code 08402	Company N	AIC Number
S	SECTION E - B	UILDING ELEVATION INF FOR ZONE AO AND ZO)
For Zones AO and A (with complete Sections A, B, a enter meters.	hout BFE), comp ind C. For Items	elete Items E1–E5. If the Cer E1–E4, use natural grade, if	tificate is intended to su available. Check the m	upport a LOMA or LO neasurement used. In	DMR-F request, n Puerto Rico only,
the highest adjacent	grade (HAG) an	following and check the appr d the lowest adjacent grade		whether the elevatio	n is above or below
 a) Top of bottom flo crawlspace, or el 	nclosure) is	Marriage of the Control of the Contr	feet	meters above	e or
 b) Top of bottom flo- crawlspace, or el 		ement,	feet] meters	e or
the next higher floor	(elevation C2.b i	anent flood openings provid			
the diagrams) of the		•			e or below the HAG.
E3. Attached garage (top E4. Top of platform of m	•	equipment	L_l feet L	_ meters abov	e or
servicing the building	g is	Assertation and the second sec		7 (1987)	e or below the HAG.
floodplain managem		per is available, is the top of Yes No Unk	nown. The local officia	al must certify this inf	ormation in Section G.
SE	ECTION F - PRO	PERTY OWNER (OR OWN	IER'S REPRESENTAT	IVE) CERTIFICATIO	N
The property owner or ov community-issued BFE)	vner's authorized or Zone AO mus	I representative who complet t sign here. The statements i	tes Sections A, B, and I in Sections A, B, and E	E for Zone A (withou are correct to the be	t a FEMA-issued or est of my knowledge.
Property Owner or Owne	r's Authorized Re	epresentative's Name			
Address			City	State	ZIP Code
Signature			Date	Telephone	
Comments					
				un de la companya de La companya de la co	a jiri k
			•		
				Поъ	ck here if attachments.

IMPORTANT: In these spaces, copy the corresponding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 8 N. Huntington Avenue	or P.O. Route and Box No.	Policy Number:
City State New Jersey	ZIP Code 08402	Company NAIC Number
(CARIOLARI SECTION G COMMUNITY	INFORMATION (OPTIONAL)	Brain as
The local official who is authorized by law or ordinance to administer Sections A, B, C (or E), and G of this Elevation Certificate. Complete used in Items G8–G10. In Puerto Rico only, enter meters. G1. The information in Section C was taken from other docume engineer, or architect who is authorized by law to certify eledata in the Comments area below.) G2. A community official completed Section E for a building local completed.	the community's floodplain mathe applicable item(s) and signification that has been signed as evation information. (Indicate the	nd sealed by a licensed surveyor, e source and date of the elevation
or Zone AO. G3. The following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following information (Items G4–G10) is provided for contact the following		process recommendation of the comment of the commen
G4. Permit Number G5. Date Permit Issu		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (including basement) of the building: G9. BFE or (in Zone AO) depth of flooding at the building site: G10. Community's design flood elevation: Local Official's Name Community Name MACOSTE Signature Comments (including type of equipment and location, per C2(e), if approximately appr	Title C F M Telephone 609 822 Date	meters Datum meters Datum
processor sociolos (f. 1)		☐ 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 co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 8 N. Huntington Avenue	o. Policy Number:		
City and and could visit of	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 FRONT VIEW (date taken 09/10/2019)



Photo Two

Photo Two Caption REAR VIEW (date taken 09/10/2019)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

		-	the control of the co
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, 8 N. Huntington Avenue			
City Company of the C	State	ZIP Code	Company NAIC Number
Margate	New Jersey	08402	3 Gr. 85Å

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 VIEW (date taken 09/10/2019)



Photo Two

Photo Two Caption RIGHT VIEW (date taken 09/10/2019)



Most Widely Accepted and Trusted

ICC-ES Evaluation Report

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

ESR-2074

Reissued 02/2019
This report is subject to renewal 02/2021.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

mark G. Devaul NIDIS # 74844

SMART VENT PRODUCTS, INC.

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

FLOOD VENT SEALING KIT #1540-526



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

ICC INTERNATIONAL OF CODE COUNCIL

A Subsidiary of CODE COUNC

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ICC-ES Evaluation Report

ESR-2074

Reissued February 2019

This report is subject to renewal February 2021.

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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:

SMART VENT PRODUCTS, INC.

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 FLOOD VENT SEALING KIT #1540-526

1.0 EVALUATION SCOPE

Compliance with the following codes:

- 2018, 2015, 2012, 2009 and 2006 International Building Code[®] (IBC)
- 2018, 2015, 2012, 2009 and 2006 International Residential Code® (IRC)
- 2018 International Energy Conservation Code® (IECC)
- 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.

3.4 Flood Vent Sealing Kit:

The Flood Vent Sealing Kit Model #1540-526 is used with SmartVENT® Model #1540-520. It is a Homasote 440 Sound Barrier® (ESR-1374) insert with 21-2-inch-by-2-inch (51 mm x 51 mm) squares cut in it. See Figure 4.

4.0 DESIGN AND INSTALLATION

4.1 SmartVENT® and FloodVENT®:

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.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

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

- **6.1** Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised October 2017).
- 6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

- 7.1 The Smart VENT® models and the Flood Vent Sealing Kit 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).
- 7.2 The report holder's contact information is the following:

SMART VENT PRODUCTS, INC. 430 ANDBRO DRIVE, UNIT 1 PITMAN, NEW JERSEY 08071 (877) 441-8368 www.smartvent.com info@smartvent.com

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

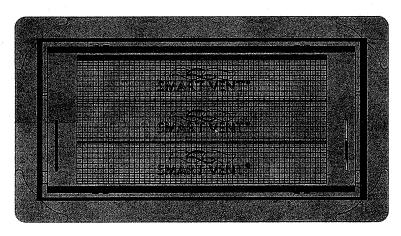


FIGURE 1-SMART VENT: MODEL 1540-510

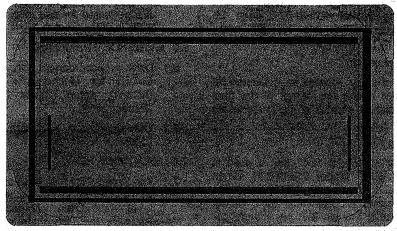


FIGURE 2—SMART VENT MODEL 1540-520

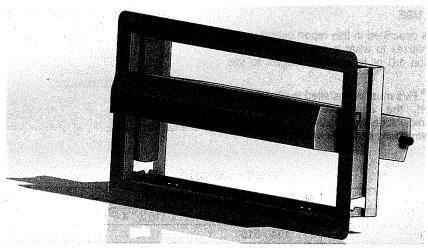


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

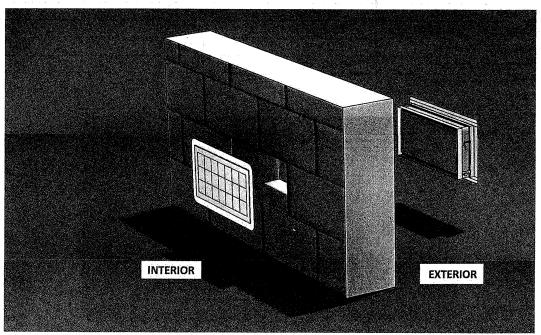


FIGURE 4—FLOOD VENT SEALING KIT