## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE
Important: Follow the instructions on pages 1–9.

OMDE GODINE D Expiration Date: November 30, 2018

AUG 2 2017

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agenticompany, and (3) huilding owner.

SECTION A - PROPERTY INFORMATION				FOR INSUR	ANCE COMPANY USE		
A1. Building Owner's Name FRANZ, KEVIN					Policy Numb	per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 330 87 <sup>TH</sup> STREET					Company N	AIC Number:	
City STONE HA	ARBOR			State NEW JE	RSEY	ZIP Code 0	8247
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK: 86.04 LOT: 121, 123, 125.01							
A4. Building Use (e.	g., Residentia	al, Non-Residential, Ad	ldition,	Accessory, etc.)	RESIDENTIAL	4	
A5. Latitude/Longitu	ıde: Lat. <u>39</u>	.0606 L	ong	74.7562	Horizontal Datur	n: 🗌 NAD 1	927 🛛 NAD1983
A6. Attach at least 2	photographs	of the building if the C	Certifica	ate is being used to	obtain flood insura	ance.	
A7. Building Diagra	m Number 8	\ <u></u>					
A8. For a building w	ith a crawlsp	ace or enclosure(s):					
a) Square foota	age of crawls	pace or enclosure(s)	2331	sq ft			
b) Number of p	ermanent flo	od openings in the cra	wlspac	e or enclosure(s) wi	thin 1.0 foot above	e adjacent gra	ade 12
c) Total net are	a of flood op	enings in A8.b 2400	s	q in			
d) Engineered	flood opening	s? ⊠ <sub>Yes</sub> □ <sub>No</sub>					
A9. For a building w	A9. For a building with an attached garage:						
a) Square footage of attached garage <u>N/A</u> sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade							
c) Total net are	c) Total net area of flood openings in A9.b sq in						
d) Engineered	flood opening	s?	No				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  B1. NFIP Community Name & Community Number B2. County Name B3. State						B3. State	
BOROUGH OF STO	•	•		B2. County Name CAPE MAY			NJ
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index		IRM Panel ffective/	B8. Flood Zone(s		se Flood Elevation(s) ne AO, use Base
345323-0001	С	Date 01/08/1971	R	evised Date	A7	Flo	od Depth)
		- 26 - 27 - 27 - 27 - 27 - 27 - 27 - 27	U	7/15/1992 			10'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
FIS Profile X 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							

IMPORTANT: In these spaces, copy the corresponding information from S	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro	Policy Number:					
		Company NAIC Number				
City STONE HARBOR State NJ ZI	P Code 08247	Company NAIC Number				
SECTION C – BUILDING ELEVATION INFORMA	ATION (SURVEY R	EQUIRED)				
C1. Building elevations are based on: Construction Drawings* B	uilding Under Constru	uction* XFinished Construction				
*A new Elevation Certificate will be required when construction of the buil	•					
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specified Benchmark Utilized: <a href="Mailto:CMCMUA DISK SH-46">CMCMUA DISK SH-46</a> Vertical Datum:	d in Item A7. In Puert	/AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.				
Indicate elevation datum used for the elevations in items a) through h) bel	ow.					
X NGVD 1929 NAVD 1988 Other/Source:						
Datum used for building elevations must be the same as that used for the	BFE.	Check the measurement used.				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor	or) <u>6</u> .0	x feet meters				
b) Top of the next higher floor	12.3	x feet  meters				
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	X feet  meters				
d) Attached garage (top of slab)	<u>N/A</u>	X feet  meters				
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	11.3	X feet  meters				
f) Lowest adjacent (finished) grade next to building (LAG)	<u>6</u> .0	X feet  meters				
g) Highest adjacent (finished) grade next to building (HAG)	<u>6</u> .0	x feet  meters				
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	X feet meters				
SECTION D - SURVEYOR, ENGINEER, OR A	SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or a l certify that the information on this Certificate represents my best efforts to int statement may be punishable by fine or imprisonment under 18 U.S. Code, Se	rchitect authorized berpret the data availa	y law to certify elevation information. able. I understand that any false				
Were latitude and longitude in Section A provided by a licensed land surveyor?      X Yes   No   X Check here if attachments.						
Certifier's Name License Number						
THOMAS R. DENEKA 35828						
Title PLS						
Company Name		Place				
HYLAND DESIGN GROUP		Seal — Here				
Address 701 WEST AVENUE SUITE 301		- Thomas R Denh				
City State OCEAN CITY NEW JERSEY	ZIP Code 08226	Thomas Klenh				
Signature Date 07/25/17	Telephone 609-398-4477					
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) C-2-E IS EXTERIOR HVAC A-8-B ARE SMART VENTS MODEL #1540-510 COVERING 200 SQ FT OF Y POOL EQUIPMENT AT ELEVATION 10.3' THE CONVERSION FROM NGVD29 TO NAVD88 IS -1.30'	VENT SPACE EACH	I				

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 330 87TH STREET	d/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:			
City STONE HARBOR	State NJ	ZIP Code 08247	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 E1–E5. If the Certificate is intended to support a LOMA or LOMR-Frequest, 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.						
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).  a) Top of bottom floor (including basement,						
crawlspace, or enclosure) is	·	Geet Inete	rs 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 of the next higher floor (elevation C2.b in	penings provided in S					
the diagrams) of the building is			rs above or below the HAG.			
E3. Attached garage (top of slab) is		Geet mete	rs above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ mete	rs 🔲 above or 🔲 below the HAG.			
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bot No Unknown.	om floor elevated in ac The local official must	cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OW	NER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION			
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone 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					
Address	City	Si	tate ZIP Code			
Signature	Date	To	elephone			
Comments						
			Check here if attachments.			

IMPORTANT: In these spaces, copy the corre	esponding information	n from Section A.	FOR INSURA	NCE COMPANY USE		
Building Street Address (including Apt., Unit, State 330 87TH STREET	uite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number	er:		
City STONE HARBOR	State NJ	ZIP Code 08247	Company NA	IC Number		
SECTION	ON G - COMMUNITY I	NFORMATION (OPTIONA	L)			
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 tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documen ed by law to certify elev	tation that has been signe ation information. (Indicate	d and sealed by a l e the source and da	icensed surveyor, ate of the elevation		
G2. A community official completed Sect or Zone AO.				nmunity-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for co	mmunity floodplain manaq	gement purposes.			
G4. Permit Number	G5. Date Permit Issu		6. Date Certificate Compliance/Oc	cupancy Issued		
(0 (200)	.0(17		9/13/1	. (		
G7. This permit has been issued for:	New Construction	Substantial Improvement	:			
G8. Elevation of as-built lowest floor (includin						
of the building:	1,3	3 X	feet meters	Datum NSVD 1929		
G9. BFE or (in Zone AO) depth of flooding at	the building site:	<u> </u>	eet 🗌 meters	Datum <b>NEVD 1927</b>		
G10. Community's design flood elevation:	_1		feet meters	Datum NAVD 488		
Local Official's Name  North	en Bere	Title	L'I'M E	FFICIAL		
Community Name		Telephone				
BOROUGH OF STONE	e harbor		3 CE. PSI	4		
Signature		Date 9/17				
Comments (including type of equipment and lo	cation, per C2(e), if app					
			☐ Che	eck 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	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 330 87 <sup>TH</sup> STREET	Policy Number:		
City STONE HARBOR	State NJ	ZIP Code 08247	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 VIEW 8.1.17

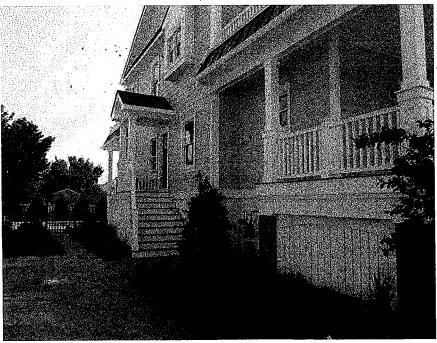


Photo Two

Photo Two Caption LEFT SIDE VIEW 8.1.17

## **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

Continuation Page

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., 330 87 <sup>TH</sup> STREET			
City STONE HARBOR	State NJ	ZIP Code 08247	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.

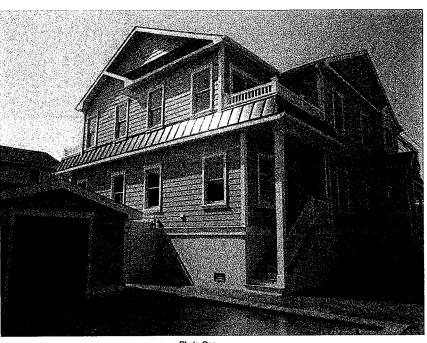


Photo One

Photo One Caption REAR VIEW 8.1.17

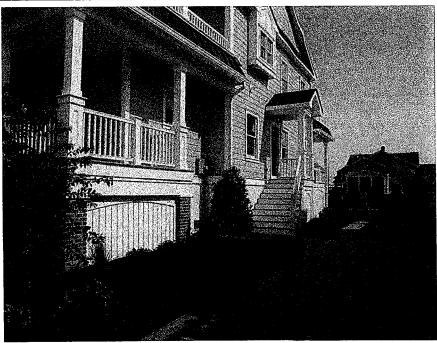


Photo Two

Photo Two Caption RIGHT SIDE VIEW 8.1.17

# **BUILDING PHOTOGRAPHS**

Continuation Page



# **ICC-ES Evaluation Report**

## ESR-2074\*

Reissued February 2015

This report is subject to renewal February 2017.

<u>www.lcc-es.org</u> | (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:

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

 $^{\rm t}$  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<sup>®</sup> 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 2.6.2.2 of ASCE/SEI 24 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. The mounting straps allow mounting in masonry and concrete walls up to 12 inches (305 mm) thick. In order to comply with the engineered opening design principle noted in Section 2.6.2.2 of ASCE/SEI 24, 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

\*Revised July 2015