

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name
DIANE KUBICEK

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
395 SEMINOLE WAY

City: **FT MYERS BEACH** State: **FL** ZIP Code: **33931**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
A PORTION OF LOTS 13-15, BLOCK "K", MCPHIE PARK UNIT 3

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **26°25'56.8"** Long. **-081°54'28.1"** 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 Number **6**

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) **3,934** sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **47**
 c) Total net area of flood openings in A8.b **4,024** sq in
 d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
 a) Square footage of attached garage **N/A** sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**
 c) Total net area of flood openings in A9.b **N/A** sq in
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
120673 FT MYERS BEACH

B2. County Name
LEE

B3. State
FLORIDA

B4. Map/Panel Number 12071C0566	B5. Suffix F	B6. FIRM Index Date 08/28/08	B7. FIRM Panel Effective/Revised Date 08/28/08	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0'
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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 OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: **COLLIER RTK NETWORK** Vertical Datum: **NAVD '88**

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 BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **6.7** feet meters

b) Top of the next higher floor **16.2** feet meters

c) Bottom of the lowest horizontal structural member (V Zones only) **13.9** feet meters

d) Attached garage (top of slab) **N/A** feet meters

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **15.9** feet meters

f) Lowest adjacent (finished) grade next to building (LAG) **4.8** feet meters

g) Highest adjacent (finished) grade next to building (HAG) **6.5** feet meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **5.0** feet meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

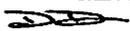
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

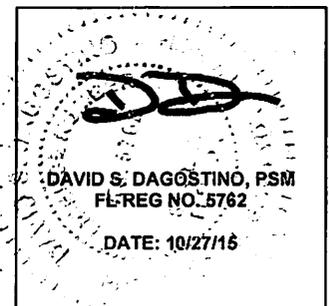
Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name: **DAVID S. DAGOSTINO** License Number: **FL PSM 5762**

Title: **VICE-PRESIDENT** Company Name: **DAGOSTINO & WOOD, INC**

Address: **610 18TH AVENUE NE** City: **NAPLES** State: **FL** ZIP Code: **34120**

Signature:  Date: **10/27/15** Telephone: **(239) 352-6085**



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. 390 SEMINOLE WAY		Policy Number:
City FT MYERS BEACH	State FL ZIP Code 33931	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments BUILDING HAS A COMBINATION OF SMART VENTS (MODEL 1540-510) AND REGULAR OPENINGS. LOWEST MACHINERY LOCATED WAS THE AIR CONDITIONER PAD. BUILDING HAS AN ENTRY FOYER AT ELEV 9.1' (NAVD '88). ALL VENTS USED IN VENTING CALCULATIONS ARE LOCATED WITHIN 12" OF THE INTERIOR FLOOR OF THE STRUCTURE.

Signature

Date 10/27/15

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-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.

- 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 _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters 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 accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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's or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	
Comments _____			

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

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 taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	

Check here if attachments.

Building Photographs

See Instructions for Item A6.

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.
390 SEMINOLE WAY

Policy Number:

City FT MYERS BEACH

State FL ZIP Code 33931

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.



FRONT VIEW
DATE TAKEN: 10/06/15



REAR VIEW
DATE TAKEN: 10/06/15

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
390 SEMINOLE WAY

City FT MYERS BEACH

State FL ZIP Code 33931

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

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RIGHT VIEW
DATE TAKEN: 10/06/15



LEFT VIEW
DATE TAKEN: 10/06/15



Smart VENT

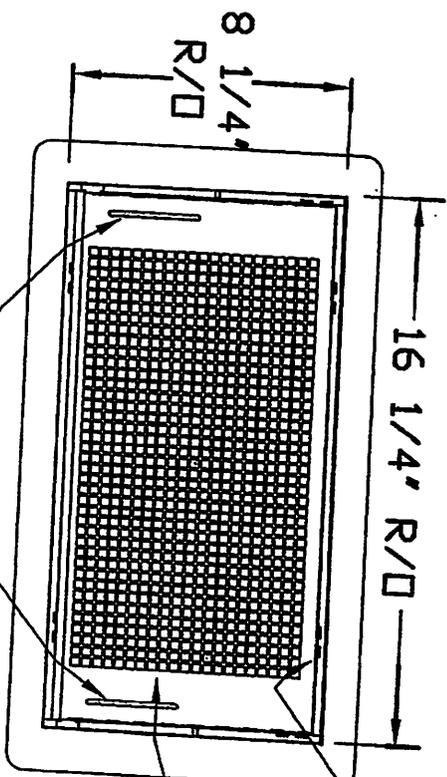
877-441-8368

www.smartvent.com

DETAIL DIAGRAM

MODEL 1540-510

DUAL FUNCTION FLOOD AND VENTILATION VENT



STRAP SLOTS USE TWO TOP AND TWO BOTTOM
BEHIND THE RODENT SCREEN, LIDERS AUTOMATICALLY OPEN AND CLOSE WITH TEMPERATURE. NO ELECTRICITY IS NEEDED

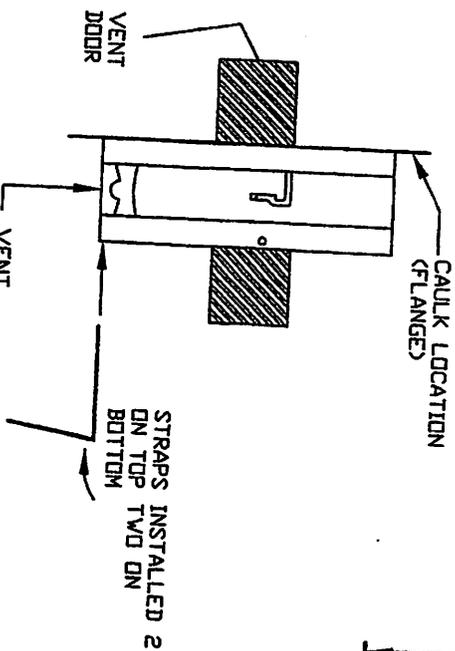


FIGURE 2

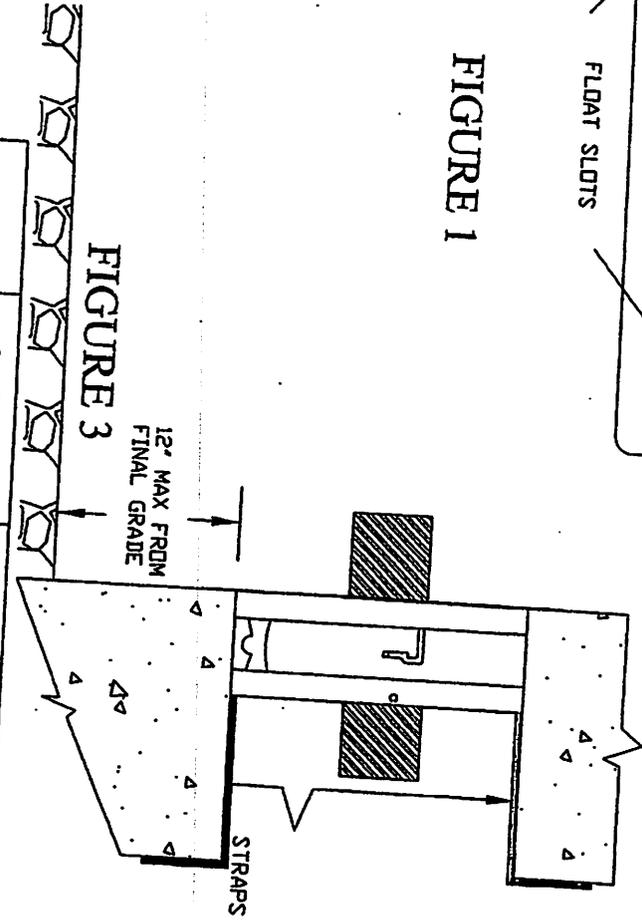
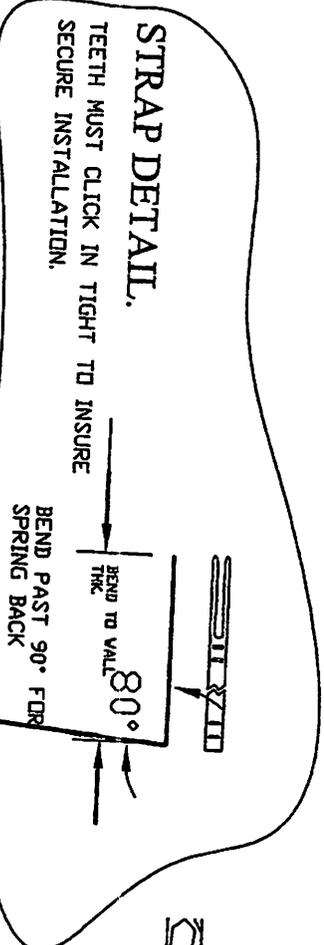


FIGURE 3



TOLERANCES UNLESS OTHERWISE SPECIFIED XX +/- .005 XXX +/- .003 XXXX +/- .0025		Smart VENT® 877-441-8368 WWW.SMARTVENT.COM	
THE INFORMATION CONTAINED IN THIS DRAWING IS THE PROPERTY OF SMART VENT INC. ANY REUSE OF THIS DRAWING WITHOUT THE WRITTEN PERMISSION OF SMART VENT, INC. IS PROHIBITED.			
Smart VENT Foundation Flood Vents 450 Andros Dr, Suite 2B Pittman NJ 08071	DUAL FUNCTION FLOOD AND VENTILATION VENT MODEL 1540-510	SIZE A	DWG NO. 1540-510
DATE: 1-18-06	SHEET 1 OF 2	REV A	



Smart VENT

877 - 441 - 8368

www.smartvent.com

INSTALLATION INSTRUCTIONS

& DETAILS

MODEL 1540-510

REV. 1-18-06

DUEL FUNCTION FLOOD AND VENTILATION VENT

INSTALLATION INSTRUCTIONS

1. Remove vent door from vent frame. (Turn upside down, rotate bottom of door outward and slide out)
2. Prepare a CLEAN 16.25" wide by 8.25" high rough opening (approx. 1 block wide X 1 block high) for each vent. Ensure the bottom of the rough opening is no more than 12" above the finished grade.
3. Apply a bead of polyurethane caulk around the back of the flange on the vent frame. (FIG. 2)
4. Bend the 4 steel straps to the thickness of the wall measuring from the end with the teeth see STRAP DETAIL
5. Insert the top straps into the top two strap slots about two clicks.
6. Insert the vent frame in the cut opening. The bent strap ends go in then up behind the inside of the wall. Push the frame tight against the face of the wall. Ensure the frame is flush and square in the opening. (FIG. 3)
7. Reach through the vent opening and click the two straps in while holding the front of the vent against the wall face. The sharp point of the straps should not extend past the front of the vent face. Install the two remaining bottom straps.
8. Re-check that frame is square and slots are clear of debris, and caulk.
9. Install the door into frame by grasping the bottom of door (with float pins down) and front (small screen in front). Slide door into frame and rotate until it is latched.
10. To open the door insert two credit cards into the float slots as shown in the diagram. This will unlatch the door for removal and cleaning.

DETAILED SPECIFICATIONS:

MATERIAL: STAINLESS STEEL

OPERATION FLOOD: AUTOMATIC NON-POWERED ACTIVATION AND OPERATION

VENT REMAINS CLOSED AND LOCKED UNTIL ACTIVATED

OPERATION AIR: AUTOMATIC LOUVERS FULLY OPEN AT 75 DEG. FULLY CLOSED AT 35 DEG. NO POWER REQUIRED

INSTALLATION:

SECURED W/ 4 STAINLESS STEEL STRAPS SUPPLIED

HYDROSTATIC RELIEF: 200 Sq. Ft per Vent

VENTILATION: 51 Sq. Ft per Vent NOTE: VAPOR BARRIER ALLOWS FOR REDUCED VENTILATION

REQUIREMENTS FLOOD: MINIMUM OF 2 VENTS PER ENCLOSED AREA MOUNTED ON AT LEAST TWO DIFFERENT WALLS

COLORS: STAINLESS (STANDARD)

EXTERIOR POWDER COATED WHITE, TAN, GRAY, AND RUST (AVAILABLE)

MEETS THE REQUIREMENTS FOR ENGINEERED OPENINGS AS SET FORTH BY:

FEMA, NFIP, ICC, & ASCE

SUPPORTIVE DOCUMENTS, TB 1-93, 44CFR 60.3(C)(5), ASCE 24-98

ICC EVALUATION # NER-624