

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

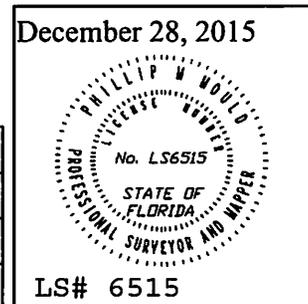
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Joe Orlandini		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 215 Palermo Circle		Company NAIC Number:
City Fort Myers Beach	State Fl.	ZIP Code 33931
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 13 Block G Venetian Gardens, Section 19, Township 46 South, Range 24 East		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 26° 27' 13.93" Long. 81° 57' 06.82" Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 1126 sq ft		a) Square footage of attached garage 552 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 6		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 5
c) Total net area of flood openings in A8.b 1200 sq in		c) Total net area of flood openings in A9.b 1000 sq in
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Town of Fort Myers Beach - 120673		B2. County Name Lee		B3. State Fl.	
B4. Map/Panel Number 12071C0554F/0554	B5. Suffix F	B6. FIRM Index Date 08/28/2008	B7. FIRM Panel Effective/Revised Date 08/28/2008	B8. Flood Zone(s) "AE"	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: ____ / ____ / ____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: CGS Benchmark Tidal 1 - BM 1 1965 Vertical Datum: N.G.V.D. 1929 Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) 4 . 9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor 15 . 7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) 4 . 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 15 . 6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 4 . 1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 5 . 3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 4 . 4	<input type="checkbox"/> feet <input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Phillip M. Mould		License Number LS# 6515	
Title Professional Surveyor & Mapper		Company Name Harris-Jorgensen, Inc.	
Address 3046 Del Prado Boulevard S., Unit 3-A		City Cape Coral	State Fl.
		ZIP Code 33904	
Signature <i>Phillip M. Mould</i>		Date 12/28/2015	Telephone (239) 257-2624



ELEVATION CERTIFICATE, page 2

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. 215 Palermo Circle			Policy Number:
City Fort 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 C-2 A Elevation = Storage Area / C-2 B Elevation = Next Higher Floor / C-2 E Elevation = A/C Pad

Benchmark Elevation = 3.44 N.G.V.D. Minus 1.20' Elevation = 2.24 N.A.V.D.

**** This Flood Elevation Certificate Supersedes all others.

Signature *Phillip M. Mould* LS# 6515 Date 12/28/2015

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 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–G9) 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 _____

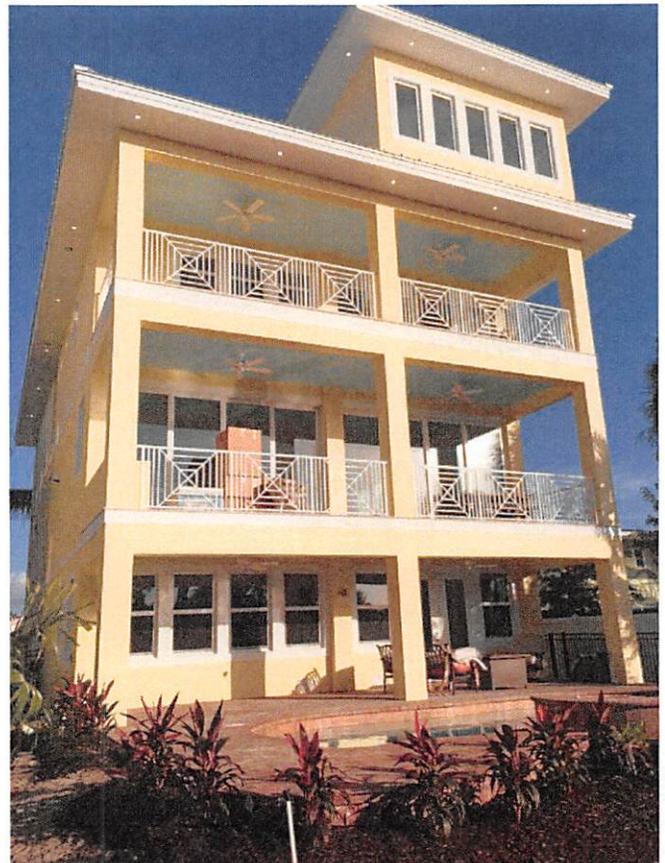
Comments _____

Check here if attachments.

See Instructions for Item A6.

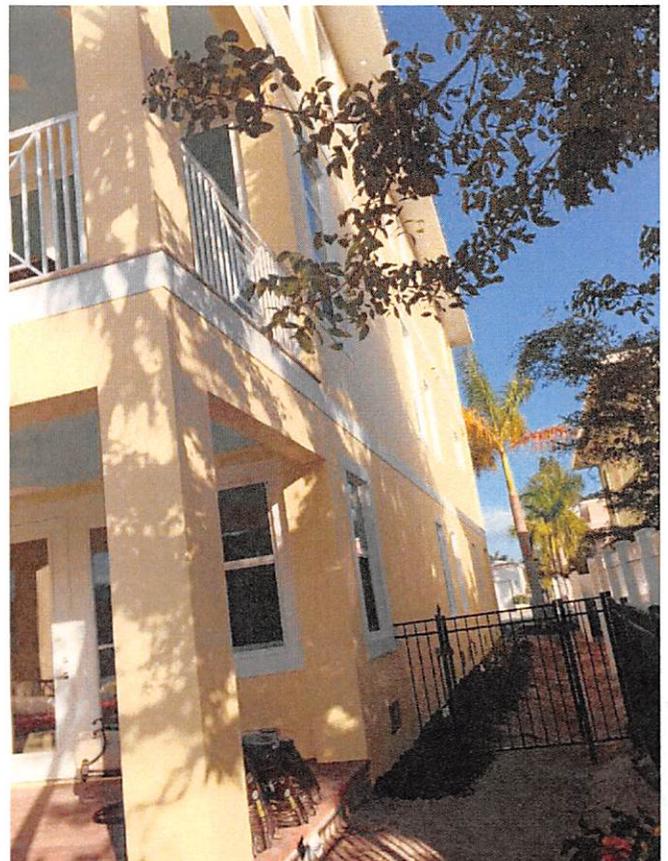
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 215 Palermo Circle			Policy Number:
City Fort Myers Beach	State Fl.	ZIP Code 33931	Company NAIC 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.



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. 215 Palermo Circle			Policy Number:
City Fort Myers Beach	State Fl.	ZIP Code 33931	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.





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DETAIL DIAGRAM
MODEL 1540-510
DUAL FUNCTION FLOOD AND VENTILATION VENT

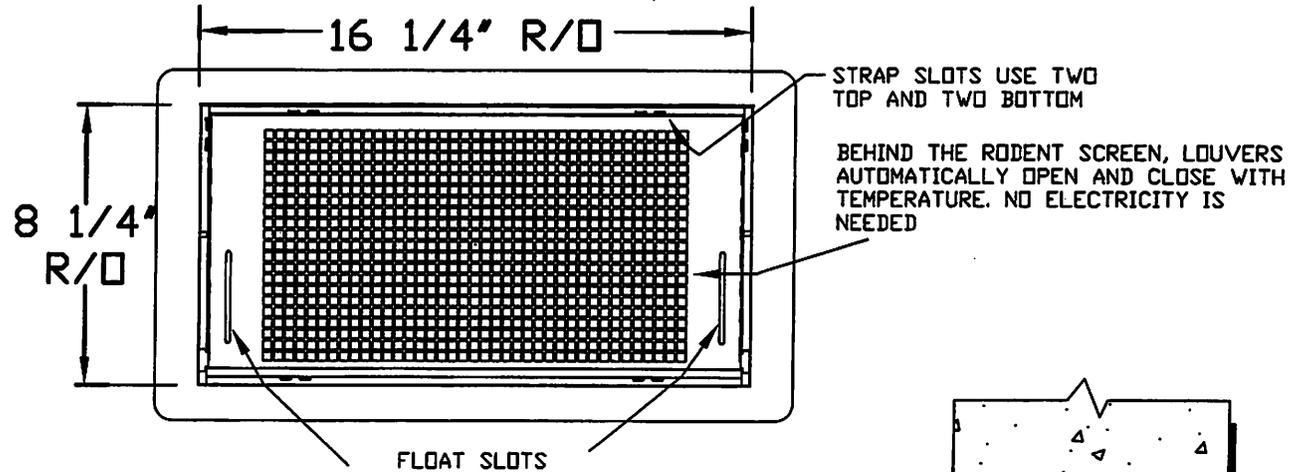


FIGURE 1

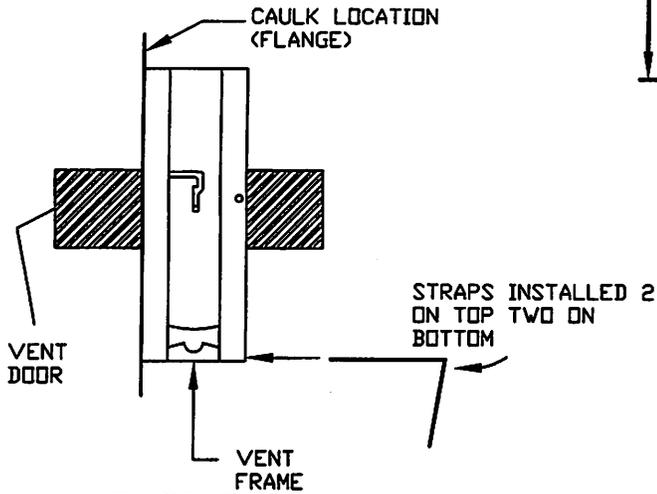


FIGURE 2

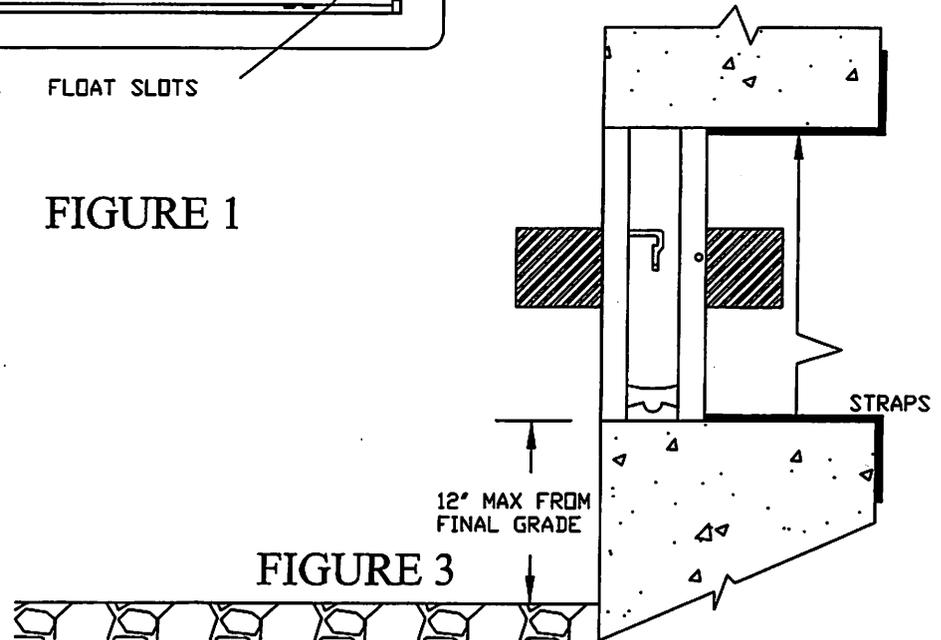
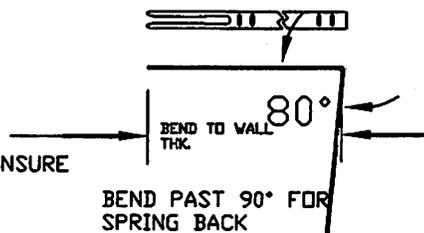


FIGURE 3

STRAP DETAIL.

TEETH MUST CLICK IN TIGHT TO INSURE SECURE INSTALLATION.



TOLERANCES UNLESS OTHERWISE SPECIFIED XX +/-0.06 XXX +/-0.03 XXXX +/-0.005	 Smart VENT® 877-441 8368 WWW.SMARTVENT.COM		Smart VENT Foundation Flood Vents 450 AndBro Dr. Suite 2B Pitman NJ 08071	
	DUAL FUNTION FLOOD AND VENTILATION VENT MODEL 1540-510		SIZE A	DWG NO. 1540-510
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF SMART VENT INC. ANY REPRODUCTION OR USE OF THIS INFORMATION WITHOUT THE WRITTEN PERMISSION OF SMART VENT, INC. IS PROHIBITED.			DATE: 1-18-08	SHEET 1 OF 2



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INSTALLATION INSTRUCTIONS & DETAILS

MODEL 1540-510

DUEL FUNCTION FLOOD AND VENTILATION VENT

REV. 1-18-06

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