

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

# 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/cor

	CE/		-		ity official, (2) itisu	a series	y, and (3) building owner.
A1. Building Owr		CTION A - PROPERT	YINFO	RIMATION			RANCE COMPANY USE
ROBERT DANE					Policy Num	ber:	
A2. Building Stre	et Address (in	ncluding Apt., Unit, Su	ite, and/	or Bldg. No.)	or P.O. Route and	0	IAIO N
Box No. 11622 BLUF				,	Maria (1881 - 1986) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884) (1884)	Company N	IAIC Number:
City	I RaPAIVIA			State		ZIP Code	
GULFPOR	T				ISSIPPI	39507	16
		and Block Numbers, T					
LOT 2, BAYOU	BERNARD	VISTA SUBDIVISIO	N; TAX	PIDN: 0909	P-01-038.000		Δ
A4. Building Use	(e.g., Reside	ntial, Non-Residential	, Addition	n, Accessory,	etc.) <b>RESIDEN</b>	TIAL	
A5. Latitude/Long	itude: Lat	N30°24'51.061"	Long.	W89°02'17.:	334" Horizonta	I Datum: NAD 1	1927 X NAD 1983
A6. Attach at leas	st 2 photograp	ohs of the building if th	ne Certifi	cate is being	used to obtain floo	d insurance.	
A7. Building Diag	ram Number	6					
A8. For a building	with a crawls	space or enclosure(s)	:				
a) Square for	otage of craw	space or enclosure(s	)	299	sq ft		
b) Number of	permanent fl	ood openings in the c	rawlspac	e or enclosur	e(s) within 1.0 foot	above adjacent gra	ade <b>2</b>
		penings in A8.b	400				
d) Engineere	d flood openia	ngs? X Yes	No				
A9. For a building	with an attack						
-							
		ned garage	N/A	sq f			
		ood openings in the at	tached g	garage within	1.0 foot above adja	acent grade	V/A
c) Total net ar	ea of flood op	penings in A9.b	N/A	sq	in		
d) Engineered	flood openin	gs? ☐ Yes 🗵 I	No				
		COTION D. EL COD	INOLIDA	WOE DATE			***
B1. NFIP Commun		COMMUnity Number	INSURA			ORMATION	B0 0 4
CITY OF GULF				B2. County			B3. State
B4. Map/Panel	B5. Suffix	B6. FIRM Index	DZ EIF				MISSISSIPPI
Number	Do. Guilla	Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood El (Zone AO, use	evation(s) Base Flood Depth)
28047C0266	G	12/21/2017		vised Date	4=		
2007100200	u	12/21/2011	6/1	16/2009	AE	15	5 FEET
		Base Flood Elevation				in Item B9:	
☐ FIS Profile	∑ FIRM	Community Determined	mined [	Other/Sou	rce:		
B11. Indicate eleva	ition datum u	sed for BFE in Item B	9: 🔲 N	GVD 1929 [	☑ NAVD 1988 [	Other/Source:	
B12. Is the building	located in a	Coastal Barrier Reso	urces Sy	stem (CBRS)	area or Otherwise	Protected Area (O	PA)? ☐ Yes ☒ No
Designation [		2000		ПОРА			,
					The transmission of the second	and the same of th	

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding	g information from	Saction A	The state of the s	5 00145 110/1105
Building Street Address (including Apt., Unit, Suite, and/o			Policy Number:	E COMPANY USE
11622 BLUFF LANE			,	
City Sta		IP Code	Company NAIC N	lumber
		39507		
SECTION C – BUILDING EL		IATION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Construction		Building Under Constru	uction* X Finish	ed Construction
*A new Elevation Certificate will be required when c			/AE AB/A4 AGG A	<b>-</b>
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buil	ding diagram specific	ed in Item A7. In Puert	/AE, AR/A1–A30, A to Rico only, enter n	R/AH, AR/AO. neters.
Benchmark Utilized: CITY OF GPT BM#1325		m: <u>NAVD88</u>		
Indicate elevation datum used for the elevations in i  ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/		elow.		
Datum used for building elevations must be the sam		e BFE.	District Control of the Control of t	
			2 6 7 Page 19 19 19 19 19 19 19 19 19 19 19 19 19	asurement used.
Top of bottom floor (including basement, crawlsp	pace, or enclosure flo	oor)	12.1 × feet	meters
b) Top of the next higher floor			24.0 × feet	meters
c) Bottom of the lowest horizontal structural member	er (V Zones only)		N/A feet	meters
d) Attached garage (top of slab)		· · · · · · · · · · · · · · · · · · ·	N/A feet	meters
<ul> <li>e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com</li> </ul>	vicing the building nments)		23.3 X feet	meters
<ul> <li>f) Lowest adjacent (finished) grade next to building</li> </ul>	(LAG)		11.5 X feet	meters
<li>g) Highest adjacent (finished) grade next to building</li>	g (HAG)	-	12.0 X feet	meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	ck or stairs, including		11.5 × feet	meters
SECTION D – SURVEYOR,	ENGINEER, OR A	RCHITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	miv nest etterts to in	tarnrat tha data availa	law to certify eleva ble. I understand th	tion information. at any false
Were latitude and longitude in Section A provided by a lice			Check here	if attachments.
Certifier's Name	License Number		1988888	1818888800
PATRICK M. MARTINO Title	02838		- SEESES CKN	A. MAD
PROFESSIONAL LAND SURVEYOR			AND THE	58/0N
Company Name			2 2	TOREOF
PATRICK M. MARTINO, P.L.S. INC.		( )	A P.L.S.	2838
Address 13010 KAYLEIGH COVE		f	1/28	1/2021
City	State	ZIP Code	KIE S	URVE 598 S 488
BILOXI	MISSISSIPPI	<b>39532</b>	STREET OF	MISS
Signature A A	Date 1/28/2021	Telephone (228) 396-2283	Ext. 3 JOB# P211	08
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) community	official, (2) insurance a		
			T	
Comments (including type of equipment and location, per				
825 32 903	C2(e), if applicable)		AN ELEVATION A	DE 22 2 EEET
HE LOWEST MACHINERY SERVICING THE RESID	C2(e), if applicable) ENCE IS THE AIR	CONDITIONER AT	AN ELEVATION (	OF 23.3 FEET. MENTS.
HE LOWEST MACHINERY SERVICING THE RESID	C2(e), if applicable) ENCE IS THE AIR	CONDITIONER AT	AN ELEVATION ( EIGHT REQUIRES	OF 23.3 FEET. MENTS.
Comments (including type of equipment and location, per THE LOWEST MACHINERY SERVICING THE RESIDICATION OFFICIAL CONTACT CITY OF GULFPORT BUILDING OFFICIAL	C2(e), if applicable) ENCE IS THE AIR	CONDITIONER AT	AN ELEVATION ( EIGHT REQUIRER	OF 23.3 FEET. MENTS.

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the correspondi	ng Information from	n Section A.	FOR INSURANCE COMPANY USE
Bullding Street Address (including Apt., Unit, Suite, and 11622 BLUFF LANE	or Bldg. No.) or P.O	. Route and Box No.	Policy Number:
GULFPORT N	itate IISSISSIPPI	ZIP Code 39507	Company NAIC Number
SECTION E – BUILDING ELI FOR ZONE	EVATION INFORMA AO AND ZONE A	ATION (SURVEY NOT (WITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1- complete Sections A, B,and C. For Items E1–E4, use na enter meters.	-E5. If the Certificate atural grade, if availa	is intended to support a ble. Check the measure	a LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a	check the appropriated djacent grade (LAG)	e boxes to show whethe	r the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet meter	rs above or below the HAG.
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet  meter	s above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in S		9 (see pages 1-2 of instructions),
E3. Attached garage (top of slab) is		☐ feet ☐ meter ☐ feet ☐ meter	
E4. Top of platform of machinery and/or equipment servicing the building is		leet   meter	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	, is the top of the bot No Unknown.	tom floor elevated in ac	nordanae with the community to
SECTION F PROPERTY OWN	ER (OR OWNER'S F	REPRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sec statements in Secti	tions A, B, and E for Zo ons A, B, and E are con	ne A (without a FEMA-issued or
Property Owner or Owner's Authorized Representative's		, ,	The state of my fallowings.
Address	City	Sta	710 0-4-
	_		ite ZIP Code
Signature	Date	Tel	ephone
Comments			
•			
			,
		·	
			Check here if attachments.

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORT	ANT: In these spaces, copy the corre	esponding Information fro	m Section A.	FOR INSURANCE COMPANY USE
1162	Street Address (including Apt., Unit, St 22 BLUFF LANE		Route and Box No.	Policy Number:
City GULFF	PORT	State MISSISSIPPI	ZIP Code <b>39507</b>	Company NAIC Number
	SECTIO	ON G - COMMUNITY INFOI	RMATION (OPTIONAL)	
used in I	al official who is authorized by law or one A, B, C (or E), and G of this Elevation Items G8–G10. In Puerto Rico only, ent	i Certificate. Complete the apter meters.	pplicable item(s) and sign	n below. Check the measurement
G1. ∐ 	engineer, or architect who is authorize data in the Comments area below.)	ed by law to certify elevation	n information. (Indicate the	e source and date of the elevation
G2.	A community official completed Section Zone AO.			·
G3. 🗆	The following information (Items G4-	G10) is provided for commu	ınity floodplain manageme	ent purposes.
G4. Pem	nit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
	s permit has been issued for:	New Construction 🔲 Sub	stantial Improvement	
G8. Elev	vation of as-built lowest floor (including he building:	basement)	feet	meters Datum
	E or (in Zone AO) depth of flooding at th	he building site:	·	meters Datum
	nmunity's design flood elevation:	TH		meters Datum
	icial's Name	Title		
Communi			ephone	
Signature		Dat	е	
Comments	s (including type of equipment and loca	ation, per C2(e), if applicable	e)	
				·
				Check here if attachments.

# **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

GULFPORT	MISSISSIPPI	39507	The state of the s
	State	ZIP Code	Company NAIC Number
City	Ct-t-		
Building Street Address (including 11622 BLUFF LANE	Policy Number:		
Building Street Address (including	Ant Unit Crite - 1/ Did to -		FOR INSURANCE COMPANY USE
IMPORTANT: In these spaces, co	py the corresponding information fr	om Section A	EOD INCLIDANCE COMPANY LIGH
			Expiration bate. November 30, 2022

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.

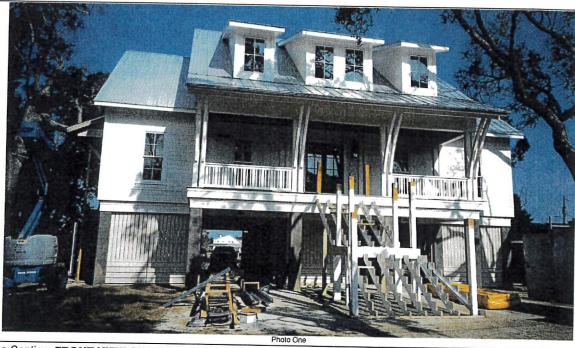


Photo One Caption FRONT VIEW OF RESIDENCE. THE PICTURE WAS TAKEN ON 1/26/2021.

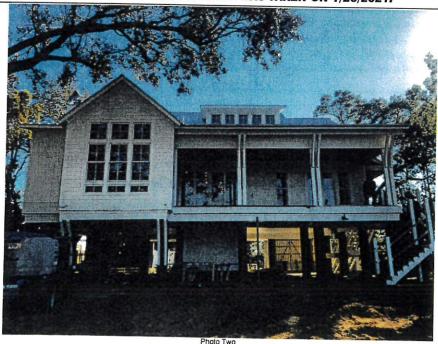


Photo Two Caption REAR VIEW OF RESIDENCE. THE PICTURE WAS TAKEN ON 1/26/2021.

# **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	py the corresponding information fro	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including a 11622 BLUFF LANE	Policy Number:		
City <b>GULFPORT</b>	State MISSISSIPPI	ZIP Code <b>39507</b>	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.

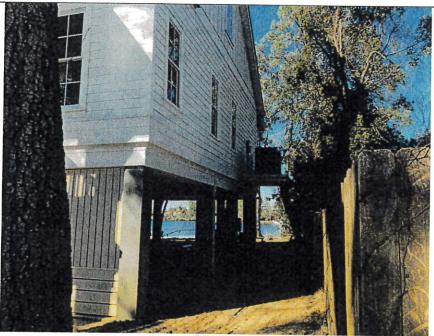


Photo Three

Photo Three Caption RIGHT SIDE VIEW OF RESIDENCE. THE PICTURE WAS TAKEN ON 1/26/2021.

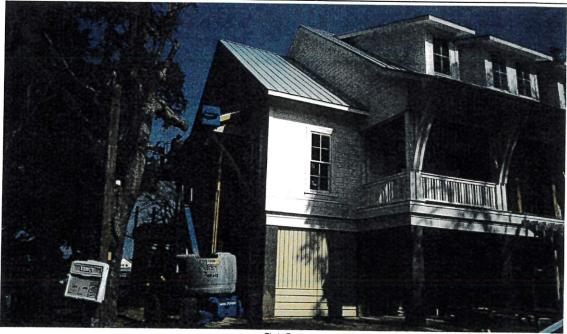


Photo Four

Photo Four Caption LEFT SIDE VIEW OF RESIDENCE. THE PICTURE WAS TAKEN ON 1/26/2021.

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

City GULFPORT	State <b>MS</b>	ZIP Code <b>39507</b>	Company NAIC Number
Building Street Address (including a 11622 BLUFF LANE	Policy Number:		
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
			Expiration Date: November 00, 2022

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.

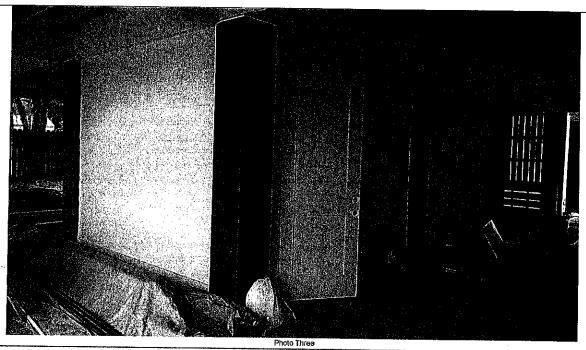
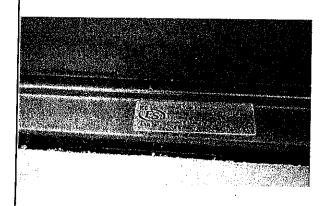


Photo Three Caption VIEW OF ENCLOSURE UNDER RESIDENCE. THE PICTURE WAS TAKEN ON 1/26/2021.



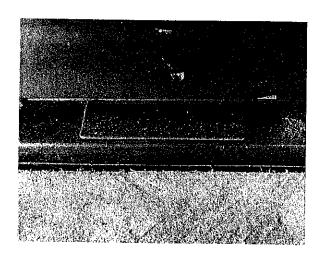


Photo Four

Photo Four Caption VIEW OF SMART FLOOD VENTS. THE PICTURE WAS TAKEN ON 1/26/2021.



Most Widely Accepted and Trusted

# **ICC-ES Evaluation Report**

**ESR-2074** 

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

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:**

# 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 Selsmic Policy Council (WSSPC) Award in Excellence"



ICC-ES Evaluation Reports are not to be construed as representing aesthetics or any other attributes not specifically addressed, nor are they to be construed as an endorsement of the subject of the report or a recommendation for its use. There is no warranty by ICC Evaluation Service, LLC, express or implied, as to any finding or other matter in this report, or as to any product covered by the report.



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<sup>®</sup> 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<sup>®</sup> 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

TAB	LE	1-	-MOI	DEL	SIZES
-----	----	----	------	-----	-------

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
SmartVENT <sup>®</sup>	1540-510	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200 .
FloodVENT® Overhead Door	1540-524	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
SmartVENT® Overhead Door	1540-514	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
Wood Wall FloodVENT®	1540-570	14" X 8 <sup>3</sup> / <sub>4</sub> "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 <sup>3</sup> / <sub>4</sub> "	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 = m<sup>2</sup>

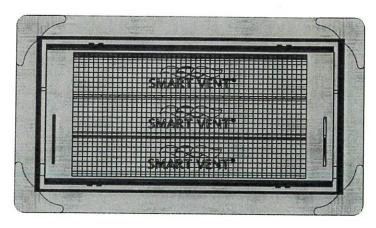


FIGURE 1-SMART VENT: MODEL 1540-510



Sheni Won Hibanies Ilite www.comenicomnies71/16 Confided to cover 200sq/fit Model #415410-570

SN#:S7088740 Neale in the top



Smant Ventilications, life www.smentvent.com/11-87/7/-4491-8/5368 Confited to cover 200kg/fit Mbale)#164104570

SNA S7083766 Medericine 1954