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

OMB Control No. 1660-0008
Explration Date: 06/30/2026

## **ELEVATION CERTIFICATE**

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: Landmark 24 Homes	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.; 1 Lanier Court	Company NAIC Number:
City: Pooler State: GA	ZIP Code: 31322
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur Lot 5, Forest Lakes, Phase 5, 8th G.M. District, City of Pooler, Chatham County, Ga., PIN:	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. 32.143471 Long81.267997 Horiz. Datum:	NAD 1927 🔀 NAD 1983 🗌 WGS 84
A6. Attach at least two and when possible four clear color photographs (one for each side) of the b	
A7. Building Diagram Number:1A	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No N/A
<ul> <li>c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot</li> <li>Non-engineered flood openings: N/A Engineered flood openings: N/A</li> </ul>	
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instruction)	ons): N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	? ☐ Yes ☐ No      N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjated Non-engineered flood openings: N/A Engineered flood openings: N/A	acent grade:
d) Total net open area of non-engineered flood openings in A9.c:N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):N/A sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOF	RMATION
B1.a. NFIP Community Name: City of Pooler B1.b. NFIP Com	munity Identification Number: 130261
B2. County Name: Chatham County B3. State: GA B4. Map/Panel No.:	13051C0019 B5. Suffix: <u>H</u>
B6. FIRM Index Date: 08/16/2018 B7. FIRM Panel Effective/Revised Date: 07/07/20	14
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	Base Flood Depth): 20.0'
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:	
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 Proto Designation Date:	ected Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?   Yes	No

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR	INSUR	ANCE	COMPANY US
1 Lanier Court  City: Pooler State: GA ZIP Code: 31322		y Numbe		nber:
SECTION C - BUILDING ELEVATION INFORMATION (SURVE	Y REQU	IRED)	E SE	
C1. Building elevations are based on:  Construction Drawings*  Building Under Construction A new Elevation Certificate will be required when construction of the building is complete.	iction* [	☑ Finisl	ned Co	nstruction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Benchmark Utilized: Local Vertical Datum; NAVD 88	A, AR/AE n Puerto	, AR/A1- Rico onl	-A30, A y, enter	AR/AH, AR/AO, r meters.
Indicate elevation datum used for the elevations in items a) through h) below.  ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:				
Datum used for building elevations must be the same as that used for the BFE. Conversion factor If Yes, describe the source of the conversion factor in the Section D Comments area.	used?	☐ Ye		No easurement use
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure floor):</li> </ul>	19.0	⊠ fe		meters
b) Top of the next higher floor (see Instructions):	21.4	⊠ fe	et 🔲	meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	☐ fe	et 🔲	meters
d) Attached garage (top of slab):	N/A	⊠ fe	et 🔲	meters
<ul> <li>e) Lowest elevation of Machinery and Equipment (M&amp;E) servicing the building (describe type of M&amp;E and location in Section D Comments area);</li> </ul>	21.3	⊠ fe	et 🗍	meters
f) Lowest Adjacent Grade (LAG) next to building:   Natural  Finished	17.5	_	et 🔲	meters
g) Highest Adjacent Grade (HAG) next to building:   Natural  Finished	18.4	⊠ fe	et 🔲	meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A	☐ fe	et 🔲	meters
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CER	TIFICAT	TION	100	E SHOW
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized be information. I certify that the information on this Certificate represents my best efforts to interpret the false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	y state la ne data a	w to cer vailable.	tify elev	vation rstand that any
Were latitude and longitude in Section A provided by a licensed land surveyor?   ☐ Yes ☐ No				
☐ Check here if attachments and describe in the Comments area.				
Certifier's Name: Don E. Taylor License Number: 3417		_		
Title: Professional Land Surveyor		,	EO	Re
Company Name: Coleman Company, Inc.			100	
Address: 1480 Chatham Parkway, Suite 100		(* N	Y	003417
City: Savannah State: GA ZIP Code: 31405		181		
Telephone: (912) 200/3041 Ext. Email: DTAYLOR@CCI-SAV.COM		N	WARD	RVE TANK
Signature: Date: 05/06/2025		P	ace Se	er riere
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	agent/co	mpany,	and (3)	building owner.
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; a A9: Ist floor is vented by 3 Flood Flaps Model ESR-3560 Engineered Flood Vents. See a B9: A 1'(one foot) free board is required by the City of Pooler Flood Damage Prevention C2: Benchmark utilized was established using "EGPS" GPS base station network. Eleva C2a: Elevation is floor of the craw space.	attached Ordinan	ICC-ES	S Eval	uation Report
C2b:Elevation is top of finished floor for living space.				

Lanier Court	Building Street Address (including Apt.,	Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE) For Zones AO, AR/AO, and A (without BFE), complete Items E1-E5. For Items E1-E4, use natural grade, if available, if the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.  Building measurements are based on:				Policy Number:
FOR ZONE AO, 2ONE ARAO, AND ZONE A (WITHOUT SFE).  For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.  Building measurements are based on:   Construction Drawings* Building Duard Construction* Finished Construction A new Elevation Certificate will be required when construction of the building is complete.  E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.  a) Top of bottom floor (including basement, crawlspace, or enclosure) is:  b) Top of bottom floor (including basement, crawlspace, or enclosure) is:  crawlspace, or enclosure) is:  crawlspace, or enclosure) is:  b) Top of bottom floor (including basement, crawlspace, or enclosure) is:  crawlspace, or enclosure) is:  crawlspace, or enclosure) is:  det	City: Pooler	State: GA	ZIP Code: 31322	Company NAIC Number:
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.  Building measurements are based on:	SECTION E - B	UILDING MEASUREMENT R ZONE AO, ZONE AR/AC	I INFORMATION (SURVE ), AND ZONE A (WITHOU	Y NOT REQUIRED) T BFE)
*A new Elevation Certificate will be required when construction of the building is complete.  E1. Provide measurements (C. 2. a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.  a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	For Zones AO, AR/AO, and A (without intended to support a Letter of Map Cl	BEE) complete Items E1-E5	5. For Items E1–E4, use natur	al grade, if available. If the Certificate is
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:    Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of bottom floor (including basement, crawlspace, or enclosure) is:   Top of below the HAG.   Top of platform of platform of below the HAG.   Top of platform of platfo	*A new Elevation Certificate will be re-	quired when construction of th	ne building is complete.	
crawlspace, or enclosure) is:	E1. Provide measurements (C.2.a in measurement is above or below t	applicable Building Diagram) the natural HAG and the LAG.	for the following and check the	e appropriate boxes to show whether the
crawlspace, or enclosure) is:    feet		basement,	feet mete	rs 🔲 above or 🔲 below the HAG.
next higher floor (C2.b in applicable Building Diagram) of the building is:		basement,	feet mete	rs 🔲 above or 🔲 below the LAG.
E4. Top of platform of machinery and/or equipment servicing the building is:    feet	next higher floor (C2.b in applicat	ole		rs 🔲 above or 📋 below the HAG.
servicing the building is:    Geet	E3. Attached garage (top of slab) is:		feet 🗌 mete	rs  above or  below the HAG.
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION  The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge  Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  State:  ZIP Code:  Signature:  Date:  Comments:	E4. Top of platform of machinery and servicing the building is:	/or equipment		rs 🔲 above or 🔲 below the HAG.
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge  Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  State:  ZIP Code:  Telephone:  Signature:  Date:  Comments:	E5. Zone AO only: If no flood depth n floodplain management ordinance	umber is available, is the top e?	of the bottom floor elevated in Unknown The local official	accordance with the community's must certify this information in Section G.
sign here. The statements in Sections A, B, and E are correct to the best of my knowledge  Check here if attachments and describe in the Comments area.  Property Owner or Owner's Authorized Representative Name:  Address:  City:  State:  Email:  Signature:  Comments:	SECTION F - PROPERT	Y OWNER (OR OWNER'S	S AUTHORIZED REPRES	ENTATIVE) CERTIFICATION
Property Owner or Owner's Authorized Representative Name:  Address:  City:  Telephone:  Ext.:  Email:  Date:  Comments:	The property owner or owner's author sign here. The statements in Sections	ized representative who comp A, B, and E are correct to the	oletes Sections A, B, and E fo e best of my knowledge	r Zone A (without BFE) or Zone AO must
Address:	☐ Check here if attachments and de	scribe in the Comments area.		
City:	Property Owner or Owner's Authorize	d Representative Name:		
Telephone: Ext.: Email:	Address:			
Signature: Date: Comments:	City: Tree! Tutted at the part and at	hattil 54	State:	ZIP Code:
Signature: Date: Comments:	Telephone:	Ext.: Email:	and the grace	
Comments:	·	War For wylfi	มี เกล	Pare Are es
	Signature:		Date:	
	Comments:	100		
		2 [1].	of do	Joult

Building Street Address (including Apt., Un Lanier Court	it, Suite, and/or Bldg. No	.) or P.O. Route and Bo	x No.:	FOR INS	URANCE COMPANY USE
City: Pooler	State: GA	ZIP Code: <u>31322</u>		Policy Nu Company	mber:
SECTION G - COMMUNITY I	NFORMATION (REC	OMMENDED FOR C	OMMUN	ITY OFFICE	AL COMPLETION)
he local official who is authorized by law Section A, B, C, E, G, or H of this Elevati	or ordinance to admini	ster the community's flo	oodplain r	nanagement o	
The information in Section C engineer, or architect who is a elevation data in the Commer	was taken from other do authorized by state law	cumentation that has b	een signe	ed and sealed	by a licensed surveyor, ource and date of the
62.a. A local official completed Sec E5 is completed for a building	tion E for a building loca located in Zone AO.	ited in Zone A (without	a BFE), Z	Zone AO, or Z	one AR/AO, or when item
62.b. 🔲 A local official completed Sec	tion H for insurance pur	poses.			
3.	tion G, the local official	describes specific corre	ections to	the informatio	n in Sections A, B, E and H
4.					
5. Permit Number:	G6. Date	Permit Issued:			
7. Date Certificate of Compliance/Oc	ccupancy Issued:				
8. This permit has been issued for:	Wew Construction	Substantial Improve	ement		
9.a. Elevation of as-built lowest floor (i building:	ncluding basement) of t	he	☐ feet	☐ meters	Datum:
9.b. Elevation of bottom of as-built low member:	est horizontal structural		☐ feet	meters	Datum:
10.a. BFE (or depth in Zone AO) of floo	ding at the building site:		☐ feet	☐ meters	Datum:
10.b. Community's minimum elevation ( requirement for the lowest floor or	or depth in Zone AO) lowest horizontal struct	ural			
member:			feet	meters	Datum:
11. Variance issued? Tyes	o If yes, attach docu	mentation and describe	e in the C	omments area	
ne local official who provides information prect to the best of my knowledge. If ap	n in Section G must sign plicable, I have also pro	here. I have complete vided specific correctio	d the info	mation in Sec Comments ar	ction G and certify that it is ea of this section.
ocal Official's Name: Nicole	Johnson, AICH	GM Title: 1	irector	& Plann	True & Description t
FIP Community Name:	City of Poole			0	The state of the s
elephone: 912-748-7261 Ex	t.: 300 Email:	njohnsone	noole	v-aa.90	
ddress: 150 Sw Have	80	0		9-0	
ty: Poder (			State: 6	A ZIP C	ode: 3/222
gnature:	Johann	Date:	alsola	5	
omments (including type of equipment a ections A, B, D, E, or H):	nd location, per C2.e; d	escription of any attach	iments; ai	nd corrections	to specific information in

Building Street Address (includ 1 Lanier Court	ing Apt., Unit, Suite, and/or Bldg. No.) or P.	O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: Pooler	State: GA Z	IP Code: 31322	Policy Number: Company NAIC Number:
SECTIO	N H - BUILDING'S FIRST FLOOR H		FOR ALL ZONES
	(SURVEY NOT REQUIRED) (FOR I		
to determine the building's firs nearest tenth of a foot (neares	authorized representative, or local floodple t floor height for insurance purposes. Sec st tenth of a meter in Puerto Rico). <b>Refere</b> oriate Building Diagrams (at the end of	tions A, B, and I must also bence the Foundation Type	pe completed. Enter heights to the  Diagrams (at the end of Section H
H1. Provide the height of the	top of the floor (as indicated in Foundatio	n Type Diagrams) above the	e Lowest Adjacent Grade (LAG):
	ns 1A, 1B, 3, and 5–8. Top of bottom e floors only for buildings with floors) is:		meters above the LAG
	ns 2A, 2B, 4, and 6–9. Top of next above basement, crawlspace, or		☐ meters ☐ above the LAG
	pment servicing the building (as listed in oundation Type Diagrams at end of Section		
SECTION I - PRO	PERTY OWNER (OR OWNER'S AL	ITHORIZED REPRESEN	ITATIVE) CERTIFICATION
The property owner or owner's A, B, and H are correct to the I indicate in Item G2.b and sign	authorized representative who complete best of my knowledge. <b>Note:</b> If the local f Section G.	s Sections A, B, and H mus loodplain management offici	t sign here. <i>The statements in Sections</i> ial completed Section H, they should
☐ Check here if attachments	are provided (including required photos)	and describe each attachme	ent in the Comments area.
Property Owner or Owner's Au	thorized Representative Name:		
Address:	<del>-</del>		
City:		State:	ZIP Code:
Telephone:	Ext.: Email:		
Signature:		Date:	
Comments:			

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1 Lanier Court				FOR INSURANCE COMPANY USE
City: Pooler	State:	GA	ZIP Code: <u>31322</u>	Policy Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front View (05/06/2025)

Clear Photo One



Photo Two

Photo Two Caption: Rear View (05/06/2025)

Clear Photo Two

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
1 Lanier Court City: Pooler	State: GA	ZIP Code: 31322	Policy Number:  Company NAIC Number:	

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



**Photo Three** 

Photo Three Caption: Right View (05/06/2025)

Clear Photo Three



Photo Four

Photo Four Caption: Left View (05/06/2025)

Clear Photo Four



Most Widely Accepted and Trusted

## **ICC-ES Evaluation Report**

**ESR-2074** 

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

Reissued 02/2021 This report is subject to renewal 02/2023.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 45— 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 Seismic Policy Council (WSSPC) Award in Excellence"



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## **ICC-ES Evaluation Report**

**ESR-2074** 

Reissued February 2021

This report is subject to renewal February 2023.

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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

#### 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-2inch (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<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

#### TABLE 1-MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 <sup>3</sup> / <sub>4</sub> " × 7 <sup>3</sup> / <sub>4</sub> "	200
SmartVENT®	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 <sup>®</sup> Stacker	1540-521	16" X 16"	400

For Si: 1 inch = 25.4 mm; 1 square foot = m<sup>2</sup>

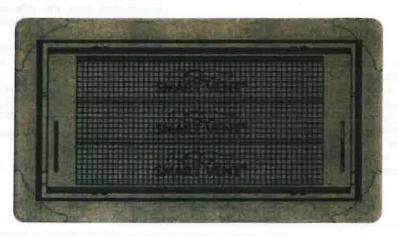


FIGURE 1-SMART VENT: MODEL 1540-510

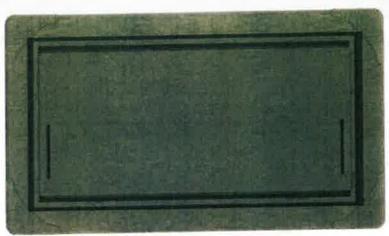


FIGURE 2-SMART VENT MODEL 1540-520



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

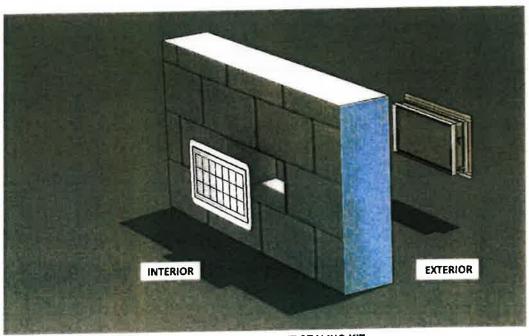


FIGURE 4-FLOOD VENT SEALING KIT



## **ICC-ES Evaluation Report**

## **ESR-2074 CBC and CRC Supplement**

Reissued February 2021

This report is subject to renewal February 2023.

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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 REPORT PURPOSE AND SCOPE

#### Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, described in ICC-ES evaluation report ESR-2074, have also been evaluated for compliance with codes noted below.

#### Applicable code edition:

- 2016 California Building Code (CBC)
- 2016 California Residential Code (CRC)

#### 2.0 CONCLUSIONS

#### 2.1 CBC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with 2016 CBC Chapter 12, provided the design and installation are in accordance with the 2015 *International Building Code*® (IBC) provisions noted in the evaluation report and the additional requirements of CBC Chapters 12, 16 and 16A, as applicable.

#### 2.2 CRC:

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with the 2016 CRC, provided the design and installation are in accordance with the 2015 *International Residential Code*® (IRC) provisions noted in the evaluation report.

This supplement expires concurrently with the evaluation report, reissued February 2021.





## **ICC-ES Evaluation Report**

## **ESR-2074 FBC Supplement**

Reissued February 2021

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**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 REPORT PURPOSE AND SCOPE

#### Purpose:

The purpose of this evaluation report supplement is to indicate that Smart Vent® Automatic Foundation Flood Vents, described in ICC-ES evaluation report ESR-2074, have also been evaluated for compliance with the codes noted below.

#### Applicable code editions:

- 2017 Florida Building Code—Building
- 2017 Florida Building Code—Residential

#### 2.0 CONCLUSIONS

The Smart Vent® Automatic Foundation Flood Vents, described in Sections 2.0 through 7.0 of the evaluation report ESR-2074, comply with the Florida Building Code-Building and the FRC, provided the design and installation are in accordance with the 2015 International Building Code® provisions noted in the evaluation report.

Use of the Smart Vent® Automatic Foundation Flood Vents has also been found to be in compliance with the High-Velocity Hurricane Zone provisions of the Florida Building Code—Building and the Florida Building Code—Residential .

For products falling under Florida Rule 9N-3, verification that the report holder's quality assurance program is audited by a quality assurance entity approved by the Florida Building Commission for the type of inspections being conducted is the responsibility of an approved validation entity (or the code official when the report holder does not possess an approval by the Commission).

This supplement expires concurrently with the evaluation report, reissued February 2021.



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