

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name Phillips, Glenn		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5255 N. Pomona		Company NAIC Number
City Tucson	State AZ	ZIP Code 85704
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Code 104-02-0410 Township 13S Range 13E Section 15 Riverside Terrace, Lot 50		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Accessory: Detached Garage		
A5. Latitude/Longitude: Lat. 32.3026 Long. -111.0003 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 1		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) N/A sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in		A9. For a building with an attached garage, provide: a) Square footage of attached garage 1,200 sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 6 c) Total net area of flood openings in A9.b 672 sq in SEE COMMENTS IN SECTION D

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Pima County / 040073		B2. County Name Pima County		B3. State AZ	
B4. Map/Panel Number 04019C 1636	B5. Suffix K	B6. FIRM Index Date 2/8/99	B7. FIRM Panel Effective/Revised Date 7-25-2002/2-8-99	B8. Flood Zone(s) Shaded X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 0.5
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 (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe) Highest Adjacent Natural Grade					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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-g below according to the building diagram specified in Item A7. Benchmark Utilized top of bottom floor = 100.00 Vertical Datum local Conversion/Comments N/A	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) 100.00 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
c) Bottom of the lowest horizontal structural member (V Zones only) N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
d) Attached garage (top of slab) N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade (LAG) 98.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade (HAG) 99.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	

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.			
Certifier's Name John David Reyes		License Number AZ RLS 41603	
Title Field Supervisor		Company Name Polaris Land Surveying	
Address 3528 N. Flowing Wells Rd.		City Tucson	
State AZ		ZIP Code 85705	
Signature <i>[Signature]</i>		Date 6/19/07	
Telephone (520) 322-6400			



FPUP#

P0 CP

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. 5255 N. Pomona		Policy Number
City Tucson	State AZ	ZIP Code 85704
		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 **C2b) no next higher floor; C2c) no lowest horizontal structure, site built garage; C2d) The subject building is a garage;**

C2e) no machinery servicing building; The subject structure has six (6) "Smart Vents"(model #1540-570), three (3) in the left side and three (3) in the rear. This vent is designed to provide 200 Sq. Ft. of hydrostatic relief, totalling 1,200 Sq. Ft. of relief. This vent meets requirements, as set forth by FEMA.

Signature **[Signature]** Date **6/19/07** ☒ Check here if attachments

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, crawl space, and enclosure) is _____ feet _____ meters ☐ above or ☐ below the HAG.
 b) Top of bottom floor (including basement, crawl space, and enclosure) is _____ feet _____ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 3 and 9 (see page 8 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 **N/A** 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. and G9.

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 FPUP#	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 (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet _____ meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments

☐ Check here if attachments

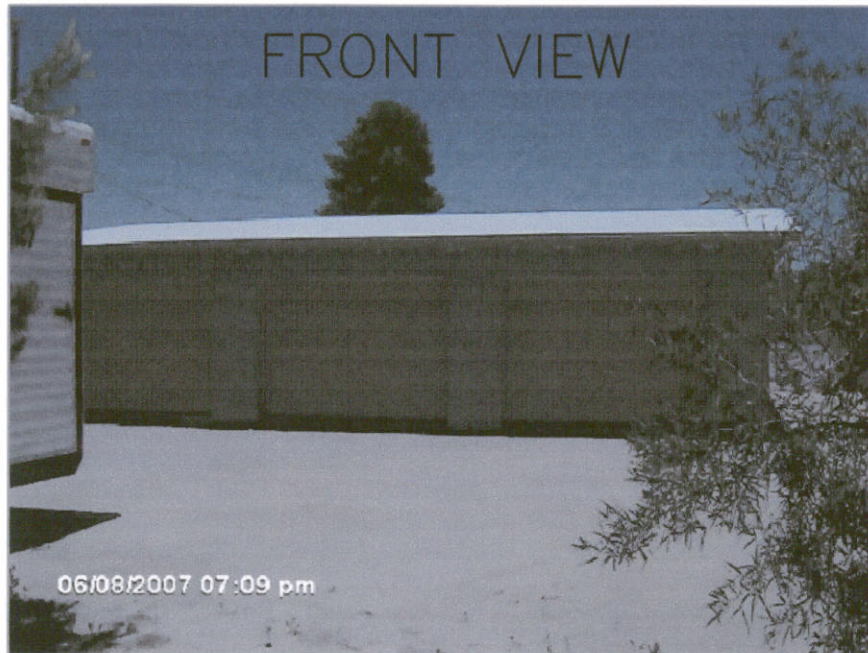
FPUP#

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. 5255 N. Pomona			For Insurance Company Use: Policy Number
City Tucson	State AZ	ZIP Code 85704	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



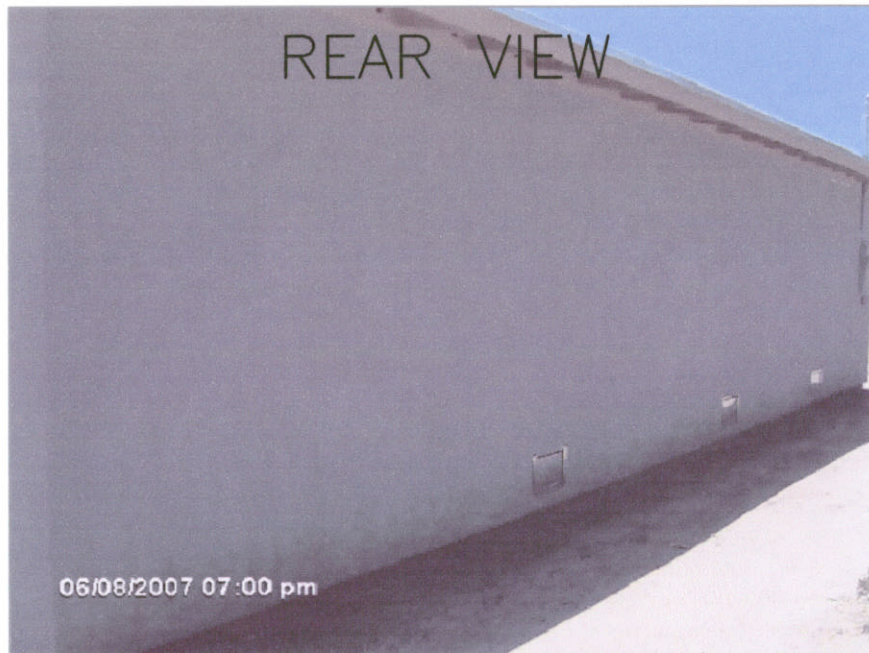
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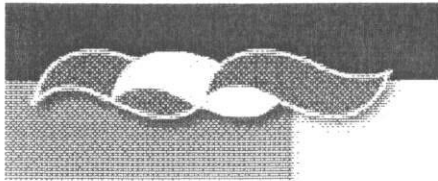
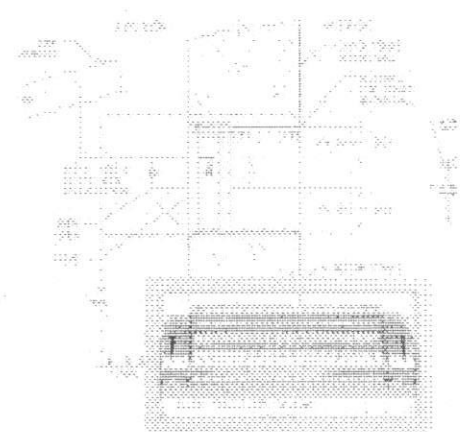
Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5255 N. Pomona			For Insurance Company Use: Policy Number
City Tucson	State AZ	ZIP Code 85704	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."



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Home Inspectors](#)[How It Works](#)[Products](#)[Codes](#)[ICC Resources](#)[FEMA Resources](#)[Helpful Links](#)[F.A.Q.](#)**Codes:****Code Summary****FEMA NFIP Regulations:** Section 44 CFR 60.3(c)(5)**International Code Council:****IRC:** Chapter 3 Flood-Resistant Construction and Chapter 4 Under-Floor Space**IBC:** Section 1612 Flood Loads**American Society of Civil Engineers:** ASCE 24-05 and ASCE 24-98 Flood Flood Resistant Construction.**BOCA:** Section 1210.0 Ventilation of Special Places; Section 3107.0 Flood Resistant Construction



Go with the flow™

450 Andbro Drive, Suite 2B
Pitman, NJ 08071

MATERIAL REVIEW & MAINTENANCE INSTRUCTIONS

Objective:

When we set out to design our flood vent products a comprehensive study was conducted to determine the most important design attributes that would be needed to insure that our customers received the best product available. Because our company started on the shores of the East Coast of New Jersey, everyone placed durability as their number one concern.

Durability:

After extensive research, including review of many less expensive materials, we choose to make the bulk of the components for our vent from stainless steel. Salt will pit stainless steel unless it is rinsed with water. We recommend that the vent be washed with fresh water two times a year. Any red rust or minor surface pitting can be removed with "Commercial "de-rusting" solutions".

The mechanism that operates the automatic louvers on models 1540-510, 1540-511, 1540-514 and 1540-550 is also entirely made from stainless steel, and water rinsing will reduce corrosion and dirt buildup. Prior to final inspection and testing, the louver mechanism is lubricated with a dry film lubricant. This over the counter lubricant should be applied at minimum one time per year, or when needed. Rinse the louver mechanism, let dry, then spray all of the moving parts. Note: Wet lubricants or grease will allow dirt and sand to accumulate on the moving parts, use only dry film lubricants.

The Bi-metal coil is made from highly engineered materials. The composite contains a large portion of Nickel and the finished coil is secondarily heat-treated, which forms a protective barrier to protect it from the elements. A squirt of dry film lubricant into the coil chamber during maintenance will extend its life.

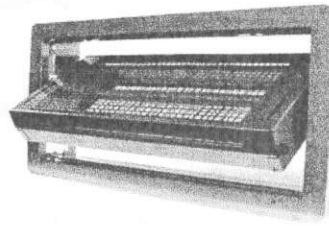
The Floats are manufactured from engineered plastics. An ultra-violet inhibitor was blended into the raw material before molding to insure that the sun does not degrade the functional or dimensional characteristics of the material. Insert a thin blade or a credit card into each side of the vent door's float slot, and the door will easily push open. Rinse the float cavity, then apply a small amount of dry film lubricant on the float, where it contacts the frame.

Like any product, the care one gives will determine its life. We have used the best American materials, along with the best engineering and manufacturing people to build our products. With just a little care, your vents will function carefree for many, many years.

Sales, Customer Service, and Technical Assistance
Toll Free: 877.441.8368.
Fax: 856.612.5000
Email: sales@smartvent.com

World Wide Web
www.smartvent.com

Email: info@smartvent.com



450 Andbro Dr Suite 2B Pitman, NJ 08071

**ONE YEAR LIMITED WARRANTY
LIMITED, NON-PRORATED AND TRANSFERABLE**

Any and all product(s) as manufactured by SmartVENT® are subject to a one year limited warranty in accordance with the following, provided that the products covered by this warranty have been installed in strict accordance with the SmartVENT® written installation instructions and in accordance with all local codes and standards. Cleaning and lubrication may be required, and is not covered by this warranty. SmartVENT® warrants to the original purchaser or a subsequent owner of the property that parts are free from manufacturing defects for 1 (One) year from the date of purchase.

Should any defect occur during the one-year period following the date of purchase, SmartVENT® will provide a replacement for that part deemed to be defective (but not including labor costs incurred in removing the part, installing the replacement part, or shipping.

In the event of replacement according to the terms of this warranty, the warranty on the replacement part will extend for the balance of the original warranty period, which is in effect at the time the part proves defective.

LIMITATIONS

SmartVENT® shall not be liable for, and this warranty does not apply to, any failure, defect or damage resulting from or connected with painting, misuse, abuse, neglect or improper handling or storage, or installation not in strict adherence to SmartVENT® written instructions. SmartVENT® reserves the right to discontinue or modify any of its products, including color, and shall not be liable as a result of such discontinuance or modification. If SmartVENT® replaces any part under this warranty, it may substitute parts designated by SmartVENT® to be of comparable quality or price range in the event the product initially installed has been discontinued or modified.

OTHER CONDITIONS

THIS WARRANTY IS EXPRESSLY IN LIEU OF ALL OTHER ORAL OR WRITTEN WARRANTIES, LIABILITIES OR OBLIGATIONS OF SMARTVENT. PERTINENT STATE LAW SHALL CONTROL FOR WHAT PERIOD OF TIME SUBSEQUENT TO SALE A CONSUMER/HOMEOWNER MAY SEEK A REMEDY PURSUANT TO THE IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL SMARTVENT® BE LIABLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND, INCLUDING ANY DAMAGE TO THE BUILDING, ITS CONTENTS OR ANY PERSONS THEREIN, RESULTING FROM THE BREACH OF ANY WARRANTY SET FORTH HEREIN. NO REPRESENTATIVE OF SMARTVENT® OR ITS DISTRIBUTORS OR DEALERS IS AUTHORIZED TO MAKE ANY CHANGE OR MODIFICATION TO THIS WARRANTY.



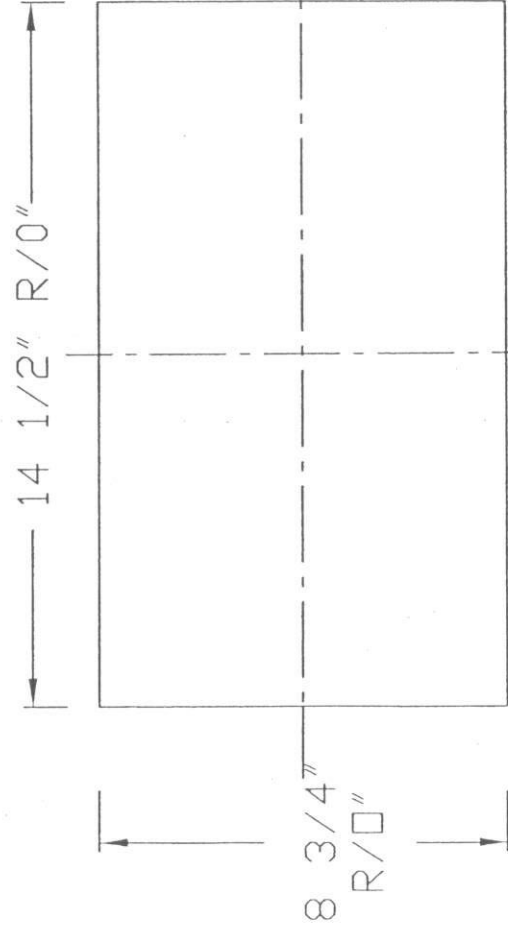
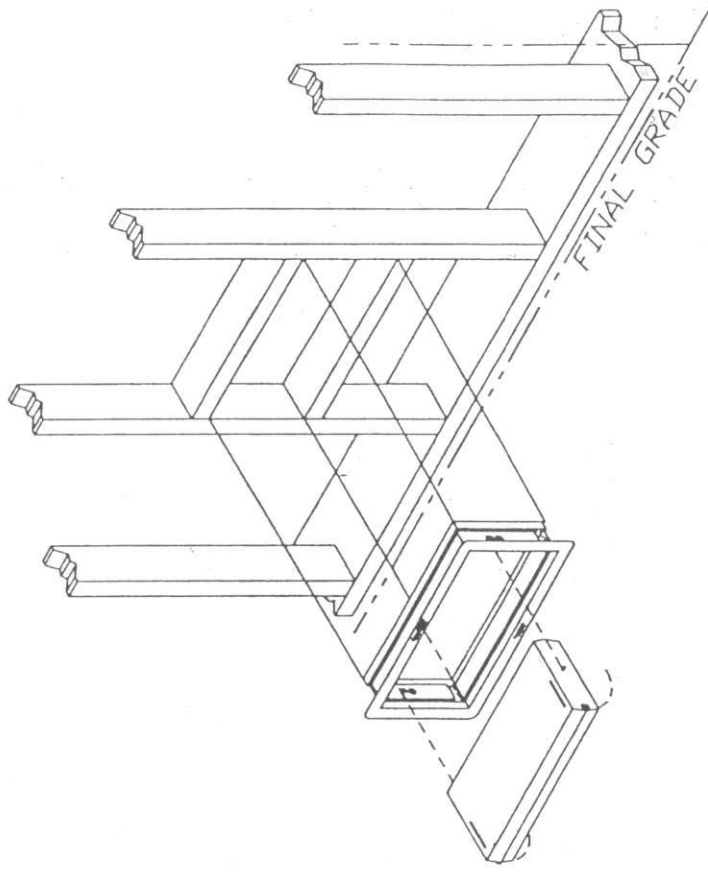
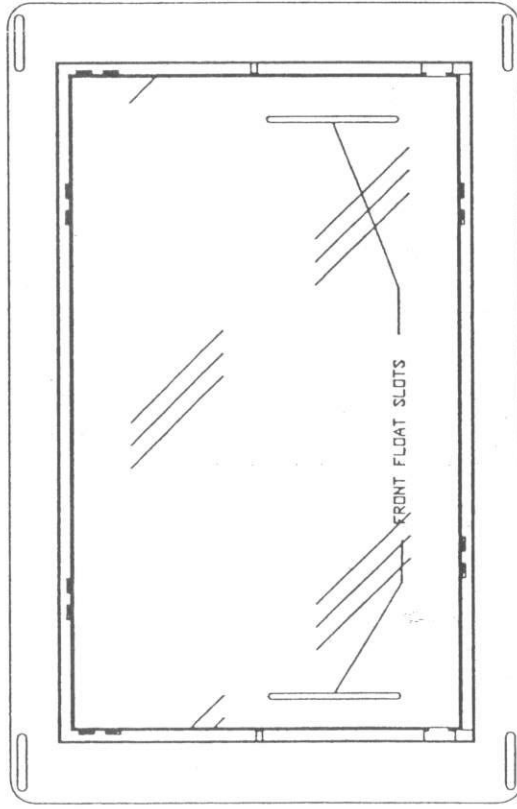
Smart VENT

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DETAIL DIAGRAM MODEL 1540-570

14.5" WOOD WALL INSULATED



ROUGH OPENING DIAGRAM
DESIGNED TO FIT BETWEEN 2 BI WOOD STUDS

TOLERANCES UNLESS OTHERWISE SPECIFIED X.X +/-0.06 X.XX +/-0.03 X.XXX +/-0.005	 Smart VENT® 877-441 8368 WWW.SMARTVENT.COM		Smart VENT Foundation Flood Vents 450 AndBro Dr. Pittman NJ 08071	
	DATE	DWG NO.	REV	
	1-18-08	A	1540-570	A
14.5" WOOD WALL INSULATED MODEL 1540-570				SHEET 1 OF 2

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Smart VENT

877 - 441 - 8368

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INSTALLATION INSTRUCTIONS

& DETAILS

MODEL 1540-570

14.5" WOOD WALL INSULATED

INSTALLATION INSTRUCTIONS

(SEE DIAGRAM ON BACK PAGE 1 OF 2)

REV. 1-12-05

1. For each vent cut a CLEAN, SQUARE, and LEVEL 14 1/2"x 8 3/4" opening in the outside sheathing. Ensure that the bottom of the opening is no more than 12" above the outside final grade.
2. Remove Vent door from Vent frame. (turn upside down, rotate bottom of door outward and slide out of frame slots)
3. Position the vent frame in the opening with SERIAL NUMBER LABEL on the BOTTOM and ensure that it is square and level. Apply a small bead of polyurethane adhesive behind the vent front frame as shown in the diagram.
4. Use 4 each flathead stainless steel screws to secure the frame through the sheathing and into the structural member.
5. Install the door by inserting the side pins into the tracks at the sides of the vent frame. Ensure the black float pins are facing downward.
9. Let the bottom of the Vent door go so that it rotates down into the Vent frame. Check that Vent door is latched on both sides.
10. To open the door insert 2 credit cards into the float slots as shown in the diagram.
11. The outside flange and screws can be covered with "J" channel or any surface treatment like brick or stone. Use CAUTION do not apply any covering that will impede the movement of the vent door in any direction.

DETAIL SPECIFICATIONS:

MATERIAL: TYPE 316 STAINLESS STEEL

OPERATION: AUTOMATIC NON-POWERED ACTIVATION AND OPERATION
VENT REMAINS CLOSED AND LOCKED UNTIL ACTIVATED

INSTALLATION:

SECURED W/ 4 STAINLESS STEEL FLATHEAD SCREWS

HYDROSTATIC RELIEF: 200 Sq. Ft per Vent

REQUIREMENTS: MINIMUM OF 2 VENTS PER ENCLOSED AREA
MOUNTED ON OPPOSITE OR ADJACENT WALLS

COLORS: WHITE (STANDARD)

STAINLESS STEEL, 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