

Seller's Property Disclosure – Residential

PARADISE EXCLUSIVE
REAL ESTATE

Notice to Licensee and Seller: Only the Seller should fill out this form.

Notice to Seller: Florida law¹ requires a **Seller** of a home to disclose to the **Buyer** all known facts that materially affect the value of the property being sold and that are not readily observable or known by the **Buyer**. This disclosure form is designed to help you comply with the law. However, this disclosure form may not address every significant issue that is unique to the Property. You should think about what you would want to know if you were buying the Property today; and if you need more space for additional information, comments, or explanations, check the Paragraph 12 checkbox and attach an addendum.

Notice to Buyer: The following representations are made by **Seller** and **not** by any real estate licensee. This disclosure is not a guaranty or warranty of any kind. It is not a substitute for any inspections, warranties, or professional advice you may wish to obtain. It is not a substitute for your own personal judgment and common sense. The following information is based only upon **Seller's** actual knowledge of the Property's condition. **Sellers** can disclose only what they actually know. **Seller** may not know about all material or significant items. You should have an independent, professional home inspection to verify the condition of the Property and determine the cost of repairs, if any. This disclosure is not a contract and is not intended to be a part of any contract for sale and purchase.

Seller makes the following disclosure regarding the property described as: 15715 Viscount Circle, Port Charlotte, FL 33981 (the "Property")

The Property is owner occupied tenant occupied unoccupied (If unoccupied, how long has it been since **Seller** occupied the Property? Never Occupied)

1. Structures; Systems; Appliances

- (a) Are the structures including roofs; ceilings; walls; doors; windows; foundation; and pool, hot tub, and spa, if any, structurally sound and free of leaks?
- (b) Is seawall, if any, and dockage, if any, structurally sound?
- (c) Are existing major appliances and heating, cooling, mechanical, electrical, security, and sprinkler systems, in working condition, i.e., operating in the manner in which the item was designed to operate?
- (d) Does the Property have aluminum wiring other than the primary service line?
- (e) Are any of the appliances leased? If yes, which ones: _____
- (f) If any answer to questions 1(a) – 1(c) is no, please explain: _____

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|-----|-------------------------------------|--------------------------|-------------------------------------|
| (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) | | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) | | <input type="checkbox"/> | <input type="checkbox"/> |

2. Termites; Other Wood-Destroying Organisms; Pests

- (a) Are termites; other wood-destroying organisms, including fungi; or pests present on the Property or has the Property had any structural damage by them?
- (b) Has the Property been treated for termites; other wood-destroying organisms, including fungi; or pests?
- (c) If any answer to questions 2(a) - 2(b) is yes, please explain: _____

| | | |
|-------------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Water Intrusion; Drainage; Flooding

- (a) Has past or present water intrusion affected the Property?
- (b) Have past or present drainage or flooding problems affected the Property?
- (c) Is any of the Property located in a special flood hazard area?
- (d) Is any of the Property located seaward of the coastal construction control line?
- (e) Does your lender require flood insurance?
- (f) Do you have an elevation certificate? If yes, please attach a copy.
- (g) If any answer to questions 3(a) - 3(d) is yes, please explain: _____

| | | |
|-------------------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ Johnson v. Davis, 480 So.2d 625 (Fla. 1985).

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 4. Plumbing | | | |
| (a) What is your drinking water source? <input checked="" type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> well <input type="checkbox"/> other | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you ever had a problem with the quality, supply, or flow of potable water? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Do you have a water treatment system? If yes, is it <input type="checkbox"/> owned <input type="checkbox"/> leased? | | | |
| (d) Do you have a <input checked="" type="checkbox"/> sewer or <input type="checkbox"/> septic system? If septic system, describe the location of each system: _____ | | | |
| (e) Are any septic tanks, drain fields, or wells that are not currently being used located on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Are there or have there been any defects to the water system, septic system, drain fields or wells? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) Have there been any plumbing leaks since you have owned the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (h) Are any polybutylene pipes on the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (i) If any answer to questions 4(b), 4(c), and 4(e) - 4(h) is yes, please explain: _____ _____ | | | |
| 5. Roof and Roof-Related Items | | | |
| (a) To your knowledge, is the roof structurally sound and free of leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) The age of the roof is <u>2</u> years OR date installed _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Has the roof ever leaked during your ownership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) To your knowledge, has there been any repair, restoration, replacement (indicate full or partial) or other work undertaken on the roof? If yes, please explain: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Are you aware of any defects to the roof, fascia, soffits, flashings or any other component of the roof system? If yes, please explain: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Pools; Hot Tubs; Spas | | | |
| Note: Florida law requires swimming pools, hot tubs, and spas that received a certificate of completion on or after October 1, 2000, to have at least one safety feature as specified by Section 515.27, Florida Statutes. | | | |
| (a) If the Property has a swimming pool, hot tub, or spa that received a certificate of completion on or after October 1, 2000, indicate the existing safety feature(s): <input type="checkbox"/> enclosure that meets the pool barrier requirements <input type="checkbox"/> approved safety pool cover <input type="checkbox"/> required door and window exit alarms <input type="checkbox"/> required door locks <input type="checkbox"/> none | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Has an in-ground pool on the Property been demolished and/or filled? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Sinkholes | | | |
| Note: When an insurance claim for sinkhole damage has been made by the seller and paid by the insurer, Section 627.7073(2)(c), Florida Statutes, requires the seller to disclose to the buyer that a claim was paid and whether or not the full amount paid was used to repair the sinkhole damage. | | | |
| (a) Does past or present settling, soil movement, or sinkhole(s) affect the Property or adjacent properties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Has any insurance claim for sinkhole damage been made? If yes, was the claim paid? <input type="checkbox"/> yes <input type="checkbox"/> no If the claim was paid, were all the proceeds used to repair the damage? <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) If any answer to questions 7(a) - 7(b) is yes, please explain: _____ _____ | | | |

| | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 8. Homeowners' Association Restrictions; Boundaries; Access Roads | | | |
| (a) Is membership in a homeowner's association mandatory or do any covenants, conditions or restrictions (CCRs) affect the Property? (CCRs include deed restrictions, restrictive covenants and declaration of covenants.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Notice to Buyer: If yes, you should read the association's official records and/or the CCRs before making an offer to purchase. These documents contain information on significant matters, such as recurring dues or fees; special assessments; capital contributions, penalties; and architectural, building, landscaping, leasing, parking, pet, resale, vehicle and other types of restrictions. | | | |
| (b) Are there any proposed changes to any of the restrictions? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) Are any driveways, walls, fences, or other features shared with adjoining landowners? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are there any encroachments on the Property or any encroachments by the Property's improvements on other lands? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Are there boundary line disputes or easements affecting the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Are you aware of any existing, pending or proposed legal or administrative action affecting homeowner's association common areas (such as clubhouse, pools, tennis courts or other areas)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) Have any subsurface rights, as defined by Section 689.29(3)(b), Florida Statutes, been severed from the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, is there a right of entry? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| (h) Are access roads <input type="checkbox"/> private <input type="checkbox"/> public? If private, describe the terms and conditions of the maintenance agreement: _____ | | | |
| (i) If any answer to questions 8(a) - 8(g) is yes, please explain: _____ | | | |
| 9. Environmental | | | |
| (a) Was the Property built before 1978? If yes, please see Lead-Based Paint Disclosure. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Does anything exist on the Property that may be considered an environmental hazard, including but not limited to, lead-based paint; asbestos; mold; urea formaldehyde; radon gas; methamphetamine contamination; defective drywall; fuel, propane, or chemical storage tanks (active or abandoned); or contaminated soil or water? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Has there been any damage, clean up, or repair to the Property due to any of the substances or materials listed in subsection (b) above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are any mangroves, archeological sites, or other environmentally sensitive areas located on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) If any answer to questions 9(b) - 9(d) is yes, please explain: _____ | | | |
| 10. Governmental, Claims and Litigation | | | |
| (a) Are there any existing, pending or proposed legal or administrative claims affecting the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Are you aware of any existing or proposed municipal or county special assessments affecting the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) Is the Property subject to any Qualifying Improvements assessment per Section 163.081, Florida Statutes? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) Are you aware of the Property ever having been, or is it currently, subject to litigation or claim, including but not limited to, defective building products, construction defects and/or title problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Have you ever had any claims filed against your homeowner's insurance policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(f) Are there any zoning violations or nonconforming uses?

(g) Are there any zoning restrictions affecting improvements or replacement of the Property?

(h) Do any zoning, land use or administrative regulations conflict with the existing use of the Property?

(i) Do any restrictions, other than association or flood area requirements, affect improvements or replacement of the Property?

(j) Are any improvements located below the base flood elevation?

(k) Have any improvements been constructed in violation of applicable local flood guidelines?

(l) Have any improvements to the Property, whether by your or by others, been constructed in violation of building codes or without necessary permits?

(m) Are there any active permits on the Property that have not been closed by a final inspection?

(n) Is there any violation or non-compliance regarding any unrecorded liens; code enforcement violations; or governmental, building, environmental and safety codes, restrictions or requirements?

(o) If any answer to questions 10(a) - 10(n) is yes, please explain: _____

(p) Is the Property located in a historic district?

(q) Is the Seller aware of any restrictions as a result of being located in a historic district?

(r) Are there any active or pending applications or permits with a governing body over the historic district?

(s) Are there any violations of the rules applying to properties in a historic district?

(t) If the answer to 10(q) – 10(s) is yes, please explain: _____

11. Foreign Investment in Real Property Tax Act ("FIRPTA")

(a) Is the Seller subject to FIRPTA withholding per Section 1445 of the Internal Revenue Code?

If yes, Buyer and Seller should seek legal and tax advice regarding compliance.

12. (If checked) Other Matters; Additional Comments: The attached addendum contains additional information, explanation, or comments.

Seller represents that the information provided on this form and any attachments is accurate and complete to the best of **Seller's** knowledge on the date signed by **Seller**. **Seller** authorizes listing broker to provide this disclosure statement to real estate licensees and prospective buyers of the Property. **Seller** understands and agrees that **Seller** will promptly notify **Buyer** in writing if any information set forth in this disclosure statement becomes inaccurate or incorrect.

Seller: Jamie L. Knight, DPA / Jamie L. Knight
 (signature) / (print)
 Date: 1/19/2026
 Date: _____

Seller: _____ / _____
 (signature) / (print)

Buyer acknowledges that **Buyer** has read, understands, and has received a copy of this disclosure statement.

Buyer: _____ / _____
 (signature) / (print)
 Date: _____
 Date: _____

Buyer: _____ / _____
 (signature) / (print)

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: <u>GRINDSTONE PARTNERS LLC</u> | | Policy Number: _____ |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>15715 VISCOUNT CIR</u> | | Company NAIC Number: _____ |
| City: <u>PORT CHARLOTTE</u> | | State: <u>FL</u> ZIP Code: <u>33981</u> |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 29, BLOCK 4908, PID: 412115383004, PORT CHARLOTTE SECTION 93</u> | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u> | | |
| A5. Latitude/Longitude: Lat. <u>26° 54' 10.29" N</u> Long. <u>82° 11' 55.77" W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84 | | |
| A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8). | | |
| A7. Building Diagram Number: <u>1B</u> | | |
| A8. For a building with a crawlspace or enclosure(s): | | |
| a) | Square footage of crawlspace or enclosure(s): <u>N/A</u> | sq. ft. |
| b) | Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| c) | Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> | |
| d) | Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. | |
| e) | Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. | |
| f) | Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft. | |
| A9. For a building with an attached garage: | | |
| a) | Square footage of attached garage: <u>704.00</u> sq. ft. | |
| b) | Is there at least one permanent flood opening on two different sides of the attached garage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| c) | Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>4</u> | |
| d) | Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. | |
| e) | Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>800.00</u> sq. ft. | |
| f) | Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft. | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | |
| B1.a. NFIP Community Name: <u>Charlotte County Unincorporated</u> | | B1.b. NFIP Community Identification Number: <u>120061</u> |
| B2. County Name: <u>Charlotte</u> | | B3. State: <u>FL</u> B4. Map/Panel No.: <u>12015C/0214</u> B5. Suffix: <u>G</u> |
| B6. FIRM Index Date: <u>12/15/2022</u> | | B7. FIRM Panel Effective/Revised Date: <u>12/15/2022</u> |
| B8. Flood Zone(s): <u>AE</u> | | B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8.0'</u> |
| B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____ | | |
| 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 | | |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

ELEVATION CERTIFICATE

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| | |
|---|----------------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 15715 VISCOUNT CIR | FOR INSURANCE COMPANY USE |
| City: PORT CHARLOTTE | Policy Number: _____ |
| State: FL ZIP Code: 33981 | Company NAIC Number: _____ |

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **SGC015** Vertical Datum: **NGVD1929**

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 used?

If Yes, describe the source of the conversion factor in the Section D Comments area.

| | | | |
|---|-----|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 8.6 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Top of the next higher floor (see Instructions): | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | 5.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | 6.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | 5.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | 6.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | N/A | <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 state 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.*

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: **GUSTAVO INTERIAN** License Number: **PSM 6461**

Title: **PROFESSIONAL SURVEYOR AND MAPPER**

Company Name: **LYNX SURVEYORS CORP**

Address: **302 LAUREL ROAD EAST UNIT 291**

City: **LAUREL** State: **FL** ZIP Code: **34272**

Telephone: **(833) 721-2907** Ext.: _____ Email: **contact@lynxsurveyors.com**

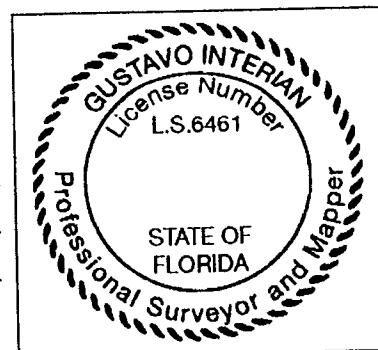
Digitally signed by Gustavo

Interian

Date: 2024-08-22 11:53:36 -04'00'

Date: 08/20/2024

Signature: _____



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
 Attached ICC-ES Report No.ESR-2074 for Engineered openings manufactured by Smart Vents Products Inc., Model number 1540-520, coverage 200 sq. ft. per unit; Benchmark used (SGC015) Elev.=3.98' (NGVD1929) - 1.15' (Vertcon Factor)=2.83' (NAVD1988); Prior FEMA flood map: 12015C/0214F, eff: 05/05/2003, BFE 8.0' AE NGVD1929; A5) Determine by GPS RTK NCCS received; C2 e) Central A/C System on pad, right side of the building, C2 f) g) source Final Survey with Drainage Elevations; Crown of Road Elev.=4.26'; -ORDER No: LS231172

ELEVATION CERTIFICATE

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| | |
|--|----------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 15715 VISCOUNT CIR | FOR INSURANCE COMPANY USE |
| City: PORT CHARLOTTE | Policy Number: _____ |
| State: FL ZIP Code: 33981 | Company NAIC Number: _____ |

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: Construction Drawings* Building Under 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: _____ 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 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: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

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

| | |
|--|----------------------------------|
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| City: PORT CHARLOTTE State: FL ZIP Code: 33981 | |
| Policy Number: _____ Company NAIC Number: _____ | |

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. A local official completed Section H for insurance purposes.

G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. The following information (Items G5–G11) is provided for community floodplain management purposes.

G5. Permit Number: _____ G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued for: New Construction Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____

G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

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

| | |
|--|----------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 15715 VISCOUNT CIR | FOR INSURANCE COMPANY USE |
| City: PORT CHARLOTTE | Policy Number: _____ |
| State: FL ZIP Code: 33981 | Company NAIC Number: _____ |

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is: _____ feet meters above the LAG

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

**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.:
15715 VISCOUNT CIR

City: PORT CHARLOTTE State: FL ZIP Code: 33981

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC 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 (08-19-2024)

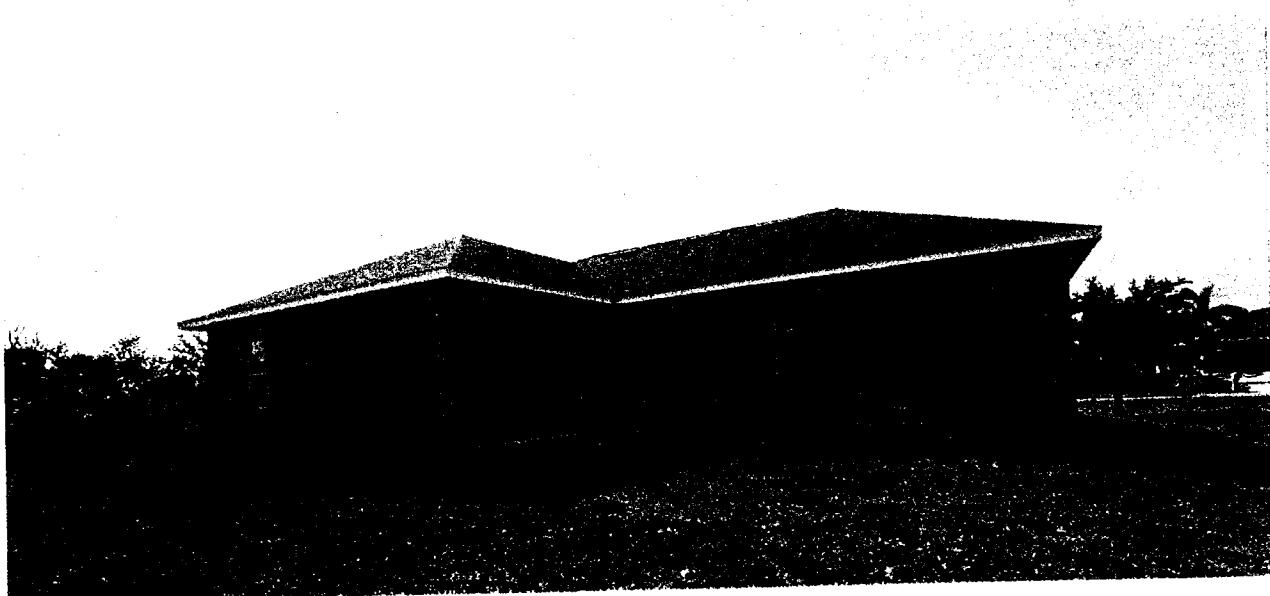


Photo Two

Photo Two Caption: REAR VIEW (08-19-2024)

ELEVATION CERTIFICATE

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.:
15715 VISCOUNT CIR

City: PORT CHARLOTTE State: FL ZIP Code: 33981

FOR INSURANCE COMPANY USE

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.

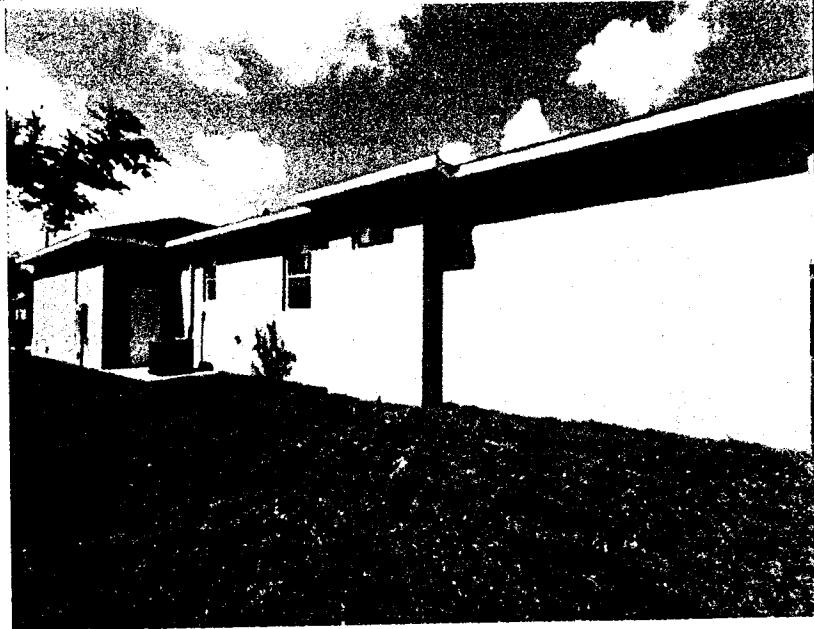


Photo Three

Photo Three Caption: SIDES VIEWS (08-19-2024)

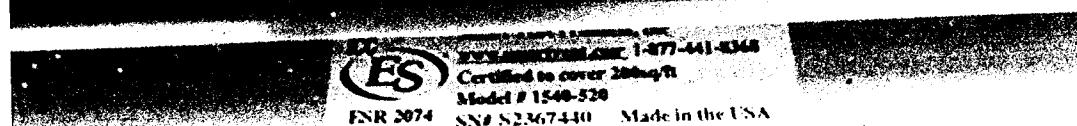
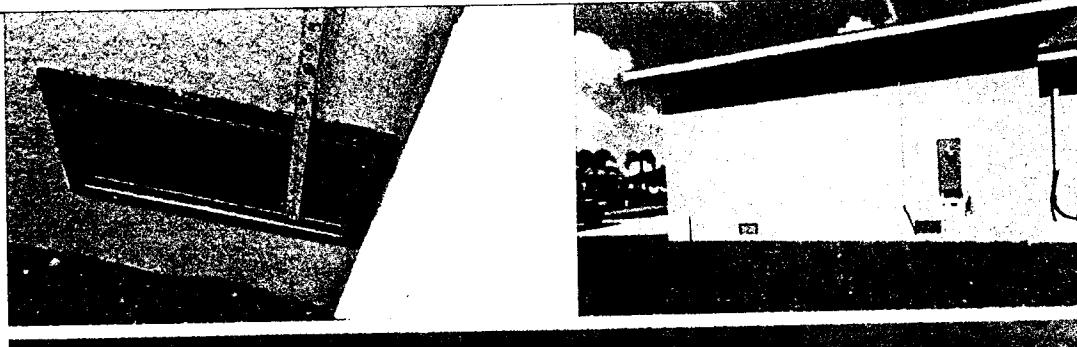


Photo Four

Photo Four Caption: FLOOD VENTS VIEWS (08-19-2024)



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ESR-2074

Reissued 02/2023

This report is subject to renewal 02/2025.

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



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ICC-ES Evaluation Report

ESR-2074

Reissued February 2023

This report is subject to renewal February 2025.

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:

- 2021, 2018, 2015, 2012, 2009 and 2006 *International Building Code®* (IBC)
- 2021, 2018, 2015, 2012, 2009 and 2006 *International Residential Code®* (IRC)
- 2021 and 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 described in this report do not offer natural ventilation.

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-2-inch (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® 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 February 2021).
- 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 described 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.
19 MANTUA ROAD
MOUNT ROYAL, NEW JERSEY 08061
(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 ³ / ₄ " X 7 ³ / ₄ " | 200 |
| SmartVENT® | 1540-510 | 15 ³ / ₄ " X 7 ³ / ₄ " | 200 |
| FloodVENT® Overhead Door | 1540-524 | 15 ³ / ₄ " X 7 ³ / ₄ " | 200 |
| SmartVENT® Overhead Door | 1540-514 | 15 ³ / ₄ " X 7 ³ / ₄ " | 200 |
| Wood Wall FloodVENT® | 1540-570 | 14" X 8 ³ / ₄ " | 200 |
| Wood Wall FloodVENT® Overhead Door | 1540-574 | 14" X 8 ³ / ₄ " | 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 = m²

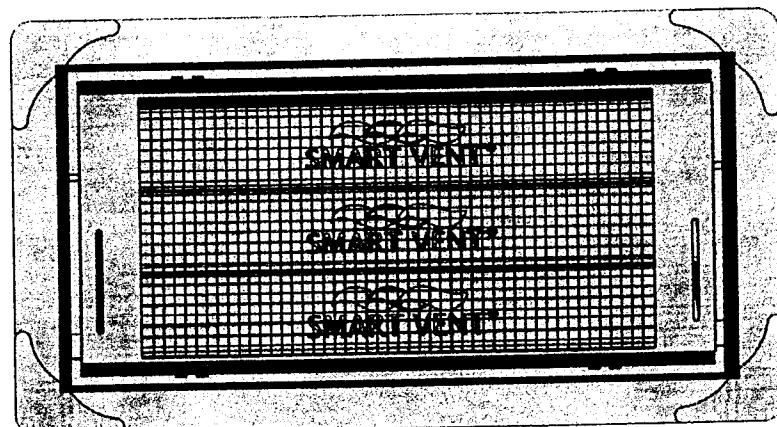


FIGURE 1—SMART VENT: MODEL 1540-510

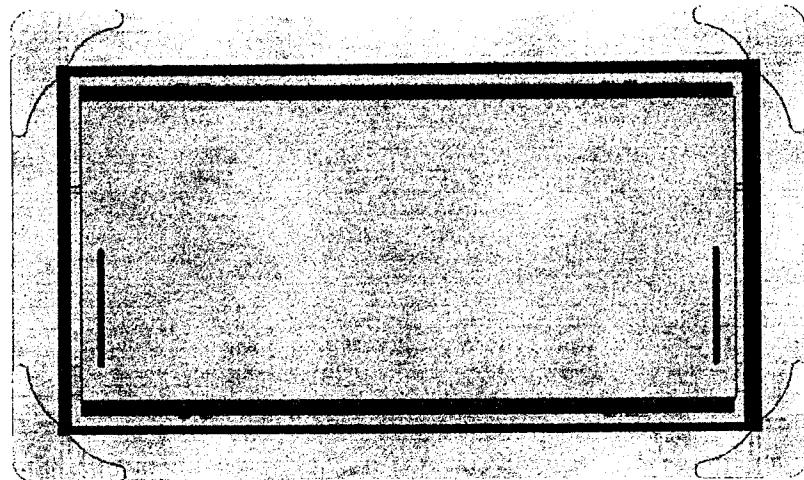


FIGURE 2—SMART VENT MODEL 1540-520

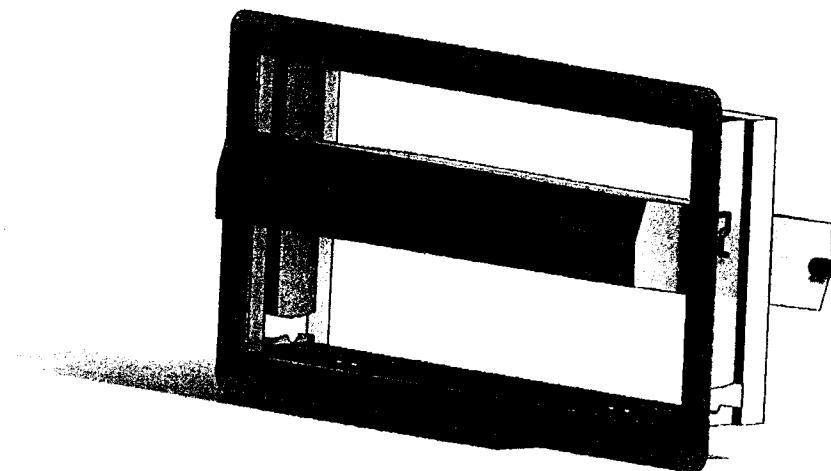


FIGURE 3—SMART VENT: SHOWN WITH FLOOD DOOR PIVOTED OPEN

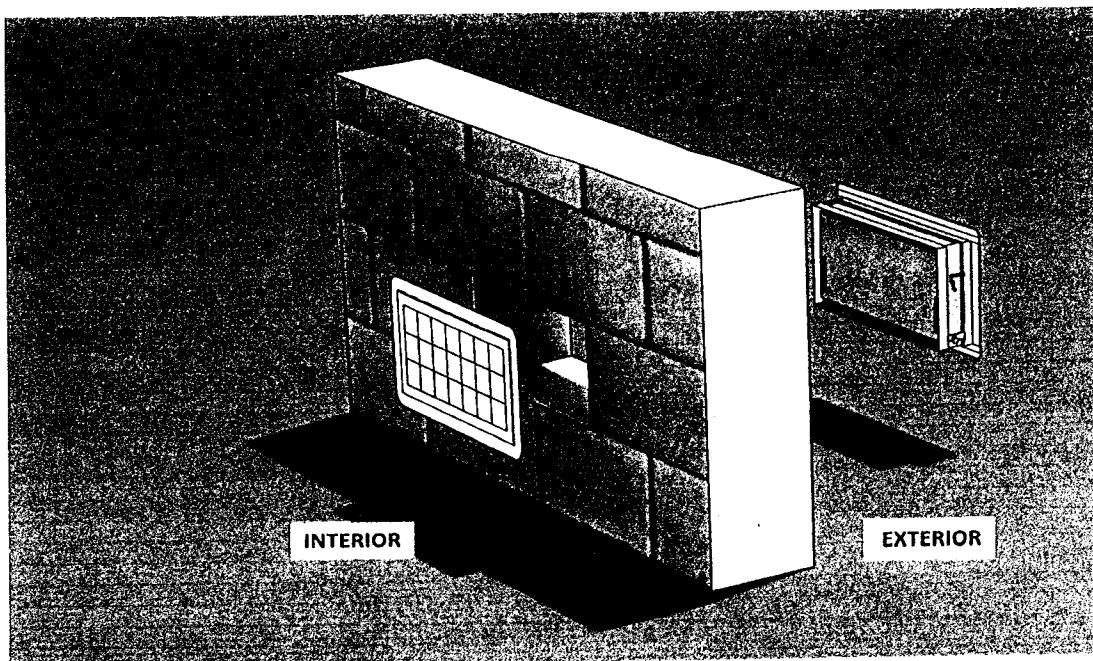


FIGURE 4—FLOOD VENT SEALING KIT

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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 codes noted below.

Applicable code editions:**■ 2019 California Building Code (CBC)**

For evaluation of applicable chapters adopted by the California Office of Statewide Health Planning and Development (OSHPD) AKA: California Department of Health Care Access and Information (HCAI) and the Division of State Architect (DSA), see Sections 2.1.1 and 2.1.2 below.

■ 2019 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 2019 CBC Chapter 12, provided the design and installation are in accordance with the 2018 *International Building Code*® (IBC) provisions noted in the evaluation report and the additional requirements of CBC Chapters 12 and 16, as applicable.

2.1.1 OSHPD:

The applicable OSHPD Sections and Chapters of the CBC are beyond the scope of this supplement.

2.1.2 DSA:

The applicable DSA Sections and Chapters of the CBC are beyond the scope of this supplement.

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 2019 CRC, provided the design and installation are in accordance with the 2018 *International Residential Code*® (IRC) provisions noted in the evaluation report.

This supplement expires concurrently with the evaluation report, reissued February 2023.

Reissued February 2023

This report is subject to renewal February 2025.

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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:

- 2020 Florida Building Code—Building
- 2020 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 *Florida Building Code—Residential*, provided the design requirements are determined in accordance with the *Florida Building Code—Building* or the *Florida Building Code—Residential*, as applicable. The installation requirements noted in ICC-ES evaluation report ESR-2074 for 2018 *International Building Code*® meet the requirements of the *Florida Building Code—Building* or the *Florida Building Code—Residential*, as applicable.

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 61G20-3, 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 2023.


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FL #

FL5822-R8

Application Type

Affirmation

Code Version

2020

Application Status

Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments

Archived

Product Manufacturer

Smart Vent Products, Inc.

Address/Phone/Email

430 Andbro Dr Unit 1

Pitman, NJ 08071

(877) 441-8368

info@smartvent.com

Authorized Signature

Michael Graham

info@smartvent.com

Technical Representative

Michael Graham

Address/Phone/Email

430 Andbro Dr Unit 1

Pitman, NJ 08071

(877) 441-8368

info@smartvent.com

Quality Assurance Representative

Address/Phone/Email

Category

Structural Components

Subcategory

Products Introduced as a Result of New Technology

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer

Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report

Hermes F. Norero P.E.

Florida License

PE-73778

Quality Assurance Entity

Architectural Testing, Inc., an Intertek Company

Quality Assurance Contract Expiration Date

12/31/2023

Validated By

Locke Bowden P.E.

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL5822_R8_COI_Smart Vent COI SS 2017-08-18.pdf](#)

Referenced Standard and Year (of Standard)

Equivalence of Product Standards

Certified By

Sections from the Code

1612.5(1)(1.2)

1708.2

I affirm that there are no changes in the new Florida Building Code which affect my product(s) and my product(s) are in compliance with the

Documentation from approved Evaluation or Validation Entity Yes No N/A

FL5822_R8_COC_SA5822_SS_2020-12-07.pdf

Product Approval Method Method 2 Option B

Date Submitted 12/16/2020
 Date Validated 12/16/2020
 Date Pending FBC Approval
 Date Approved 12/28/2020

Summary of Products

| FL # | Model, Number or Name | Description |
|--------|---------------------------|---|
| 5822.1 | SmartVent Model #1540-510 | <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +100/-100 Other: One vent may be used for up to 200 sq. ft. of interior space (minimum 2).</p> <p>Installation Instructions FL5822_R8_II_1540-510_SS_2017-08-23.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL5822_R8_AE_PER5022_SS_2018-06-20.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS_2017-08-23.pdf Created by Independent Third Party: Yes</p> |
| 5822.2 | SmartVent Model #1540-511 | <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +100/-100 Other: One vent may be used for up to 400 sq. ft. of interior space (minimum 2).</p> <p>Installation Instructions FL5822_R8_II_1540-511_SS_2017-02-28.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL5822_R8_AE_PER5022_SS_2018-06-20.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS_2017-08-23.pdf Created by Independent Third Party: Yes</p> |
| 5822.3 | SmartVent Model #1540-520 | <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +100/-100 Other: One vent may be used for up to 200 sq. ft. of interior space (minimum 2).</p> <p>Installation Instructions FL5822_R8_II_1540-520_SS_2017-08-23.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL5822_R8_AE_PER5022_SS_2018-06-20.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS_2017-08-23.pdf Created by Independent Third Party: Yes</p> |
| 5822.4 | SmartVent Model #1540-521 | <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: +100/-100 Other: One vent may be used for up to 400 sq. ft. of interior space (minimum 2).</p> <p>Installation Instructions FL5822_R8_II_1540-521_SS_2017-02-28.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL5822_R8_AE_PER5022_SS_2018-06-20.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS_2017-08-23.pdf Created by Independent Third Party: Yes</p> |
| 5822.5 | SmartVent Model #1540-524 | <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: One vent may be used for up to 200 sq. ft. of interior space (minimum 2). See Installation Instructions for allowable pressures per door construction.</p> <p>Installation Instructions FL5822_R8_II_1540-524_SS_2018-08-17.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL5822_R8_AE_PER5892_SS_2018-08-17.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS_2017-08-23.pdf Created by Independent Third Party: Yes</p> |
| 5822.6 | SmartVent Model #1540-570 | <p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes</p> <p>Installation Instructions FL5822_R8_II_1540-570_SS_2017-02-28.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778</p> |

| | |
|--|---|
| Impact Resistant: N/A Design Pressure: +100/-100 Other: One vent may be used for up to 200 sq. ft. of interior space (minimum 2). | Created by Independent Third Party: Yes Evaluation Reports FL5822_R8_AE_PER5022_SS_2018-06-20.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS 2017-08-23.pdf Created by Independent Third Party: Yes |
| 5822.7 Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: One vent may be used for up to 200 sq. ft. of interior space (minimum 2). See Installation Instructions for allowable pressures per door construction. | 14.5" Garage Door Flood Vent Installation Instructions FL5822_R8_II_1540-574_SS_2018-08-17.pdf Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes Evaluation Reports FL5822_R8_AE_PER5892_SS_2018-08-17.pdf FL5822_R8_AE_SmartVent - Impact Requirements SS 2017-08-23.pdf Created by Independent Third Party: Yes |



[Contact Us](#) :: [2601 Blair Stone Road, Tallahassee, FL 32399](#) Phone: 850-487-1824

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Product Approval Accepts:



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"To exceed expectations in the delivery of public services"
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CERTIFICATE OF OCCUPANCY

This certificate confirms that the below named structure, or described portion of said structure, has been inspected for compliance with the requirements of this code for the occupancy and division of occupancy and the use for which the proposed occupancy is classified.

Permit No. **20210203957**

Issued On: 10/2/2024

Prepared by: CLEMENTH

Issued for: Residential Single Family

Status: **C of O Issued**

Address Details: **15715 VISCOUNT CIR, PORT CHARLOTTE, FL 33981**

| | | | |
|------------|--------------|--------------|------|
| Section: | 15 | Lot: | 0029 |
| Township: | 41 | Block: | 4908 |
| Range: | 21 | Subdivision: | PCH |
| Parcel ID: | 412115383004 | Flood Zone: | 8AE |

Your building is within the Special Flood Hazard Area. Documentation of the as-built lowest floor elevation has been and is retained in the Charlotte County Building Department. For more information about your flood risk, or flood insurance, please contact Building Construction Services at bcs@charlottecountyfl.gov.

Contractor: **ROCHA BROTHERS CONTRACTING LLC**

Owner Details: **GRINDSTONE PARTNERS LLC, 4309 Crayton Rd, Naples, FL 34103**

Description of the portion of the structure for which the certificate is issued:

The following conditions and stipulations exist as part of this permit:

This permit is issued under the Florida Building Code.

| | |
|--------------------------------|---|
| Automatic Sprinkler Installed? | N |
| Designed Exposure | |
| Designed Wind Load | |

| | |
|-------------------------------|-----|
| Automatic Sprinkler Required? | N |
| Designed Occupancy Load | N/A |

| <u>Use and Occupancy of the Building</u> | <u>Construction Type</u> | <u>Sq Footage</u> |
|--|--------------------------|-------------------|
| R-3 Residential, one- and two-family | 5B | 1943 |
| U Utility, miscellaneous | 5B | 704 |

Our records indicate all required inspections were completed on: **10/2/2024**

In accordance with the Florida Building Code, authorization to occupy the above described structure is granted as noted herein:

Issued under the authority of the Charlotte County Building Official - **Shawn McNulty, Building Official**

A handwritten signature of Shawn McNulty.

Building Official or Designee - **Shawn McNulty, Building Official**

Print Name if other than Building Official