

11 Miramar Road

TOWN OF SEWALL'S POINT
Florida

BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

Date 4-2-65

Owner W. J. De Grouche

Address Rt 1 - Box 163 Stuart

Architect James Friend

Address License #19 Martin County

Contractor James D. Friend

Address 17 South Indian Pines Drive, Jensen Beach

Building to be constructed on:

Lot 16 Block _____ Subdivision Miramar

Address _____

Purpose of Building Residence Type of Work CBS-

~~Contract Price~~
Estimated cost of Building or Improvements \$ 13,000

Type of Construction CBS Roofing Covering Built Up

Type of Roof _____ Foundation _____

Size of Building Lot 107' x 141' - 15085 □

Square Feet in Building _____

Zoning R-1

Permit Number 89 Permit Fee \$ 39.00

Clean-up Bond Number _____ Clean-up Fee \$ _____

James D. Friend
Signed Contractor

TOWN OF SEWALL'S POINT
Florida

BUILDING PERMIT

Fee \$ 4.50

APPLICATION FOR PLUMBING AND GAS PERMIT

Date April 12 Permit Number 89

Owners Name Mr. La Gruchie

Street and Number Missouri

Plumber Palm City plumbing City License No. 453

Gas Fitter _____

What is the size of Main Soil Pipe? 4" cast iron

Of what material is soil pipe? _____

FIXTURES - PLUMBING

Septic Tanks _____ Water Closets 2

Bath Tubs 1 Lavatories 2

Sinks 1 Urinals _____

Garbage Drains _____ Shower Baths 1

Heater (Electrical) 1 Well _____

Washing Machine Drains 1

FIXTURES - GAS

Stoves _____ Burners _____

Heaters (water) _____ Heaters (space) _____

Other Appliances _____

Art M. [Signature]
Signed: Contractor

TOWN OF SEWALL'S POINT
Florida

Fee \$ ~~8.00~~ 8.10

BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 5/19/65 Permit Number 89

Owner McGrouche, W. J.

Street and Number Mirimar

Electrician Eugene Poux City License Number 35966

Work: New Old Additional

DISTRIBUTION

S. Switches _____ Number of Generators _____

Number of Motors 1 - 1/2 HP Water Heater _____

Stoves 1 Outlets 60

Receptacles _____ Wall Heater _____

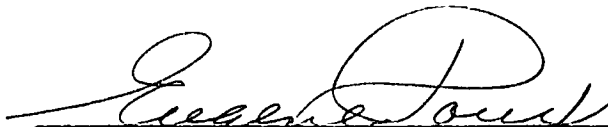
Sub Feed _____ Size of Panel _____

Wire: Romex Conduit Number of Fixtures _____

Size of Main Disconnect 100 amp

Temp. pole - # 1.00
Dist. panel - 1.00
60 outlets - 6.00
Pump Motor 1/2 HP .10

8.10


Signed: Contractor

OK-JTD
5-20-65
Paid

89

3981

A/C

TAX FOLIO NO. _____

DATE 5-13-96

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

3981

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs, plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner SONJA DAVIS Present address 11 MIRAMAR

Phone _____ SEWALLS POINT FLA.

Contractor ATLANTIC A/C Address 2810 SE MONROE ST.

Phone 407-287-6144 STUART FLA. 34997

Where licensed State License number CAC 010873

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: INSTALL AIR CONDITIONING

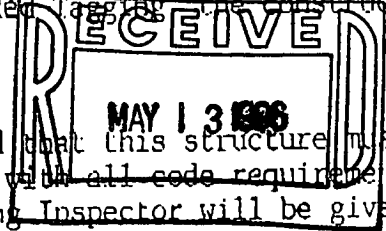
State the street address at which the proposed structure will be built:

Subdivision MIRAMAR Lot Number 16 Block Number _____

Contract price \$ 3,500 Cost of permit \$ 100.00

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "Red Tagging" the construction project.



Contractor Roy Roberts

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner Sonja Davis D. Sr.

TOWN RECORD

Date submitted _____

Approved: Rick Brown 5/13/96
Building Inspector Date

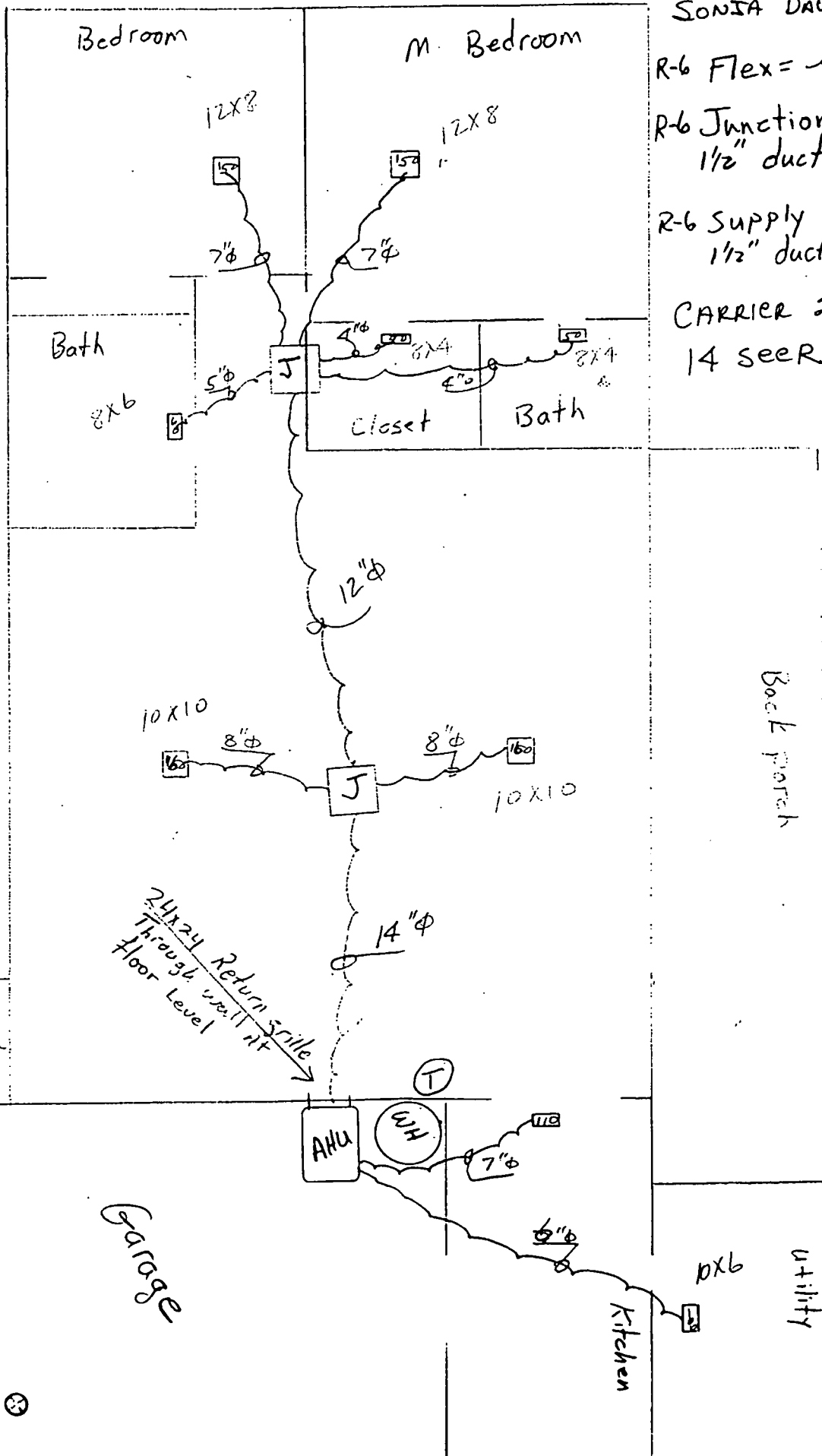
Approved: J.P. Vonn
Commissioner Date

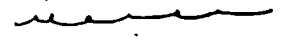

Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date

PERMIT NO. _____

SONIA DAVIS



R-6 Flex = 
R-6 Junction Boxes are
1/2" ductboard = 

R-6 Supply plenum is
1/2" ductboard

CARRIER 2 1/2 TON 10KW
14 seer

4850

SLIDING DOOR

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 2/29/00

BUILDING PERMIT NO. 4850

Building to be erected for SONYA DAVIS

Type of Permit BLDG - SLDG. DR. REPL.

Applied for by EAST COAST ALUMINUM

(Contractor) Building Fee \$ 30.00

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 11 MIRAMAR

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1-38-41-009-000-00160.9000

Plumbing Fee _____

Amount Paid \$ 33.00 Check # 23083 Cash _____

Roofing Fee _____

Other Fees (PLAD REV.) 3.00

Total Construction Cost \$ 1,200.00

TOTAL Fees \$ 33.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE 8/25/00

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-25, 2000;

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5073	Hellriegel	storm FINAL	PASSED	LAST ITEM FOR C.O. -
N (91)	11 Castle Hill Way owner	shutters (REINSPECT)	↗	ISSUED 8/25/00 @ PN 4628
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5043	Hellriegel	fence - FINAL	PASSED	
N (98)	11 Castle Hill Way Adron		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4936	PRICE	FINAL (RELOOK)	PASSED	
S (4)	6 N. VIA LUCINDIA PARKER		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5048	Lydon	electrical / FR.	PASSED	- NO STROUC. PERMITTED
E (5)	167 S.S.P Rd. Electrical Connection	(SUB PN 5049 - ELECT. COLL) MIKE PERTRAZILLI 475-4794 LABL 288-5121	↗ (REPAIRED)	- " NEEDS WIRING; EXT. REPL. ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5046	ESCUE	DECK - SHEATH	NOT REPAIR	NO PRIOR INSP. (PER. ISS. 8/10)
N (14)	2 BANYAN RD. COOPER	roof	RESCUED 8/28 9:30	1:15 WILL NOT CONTACT MONDAY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4850	DAVIS	SLIDING DOOR	PASSED	FR. INSP 3/3/00
(3)	MIRAMAR East Coast Alum.	FINAL (DOOR INST. CONVERTED EXT. SCALED. D.N.)	AS NOTED	SLDG NR @ SIDE OF PARK. RM. DOOR NOT REPL - M/C.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5059	Whalen	IN Progress	PASSED	AM Preferred
(1)	9 Knowles Rd. Cardinal	dry + metal (ALL)	↗	9:00 (8-9) will be there w/ ladders (M.C. REPL.)

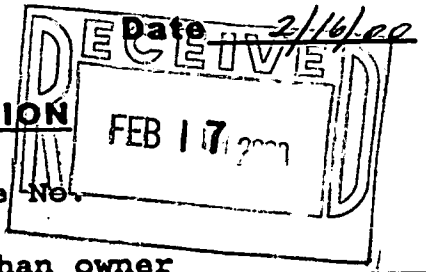
OTHER: * Robinson trees 173 S. River DRIFTWOOD HOMES - ALAN 334-2577
 (6) T/R PERMIT INSP ✓ OK per submittal 9:30-10:00 (COO) 529-2577
 (BPN 5063)

INSPECTOR (Name/Signature): _____

Bldg. Pmt# 4850

Town of Sewall's Point

BUILDING PERMIT APPLICATION



Owner's Name: Sonya Davis Phone No. _____
Owner's Present Address: _____
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 11 Mikemar
TYPE OF WORK TO BE DONE: Install sliding Glass Door In Fla. Room
CONTRACTOR INFORMATION
Contractor/Company Name: East Coast Alum. Phone No. 2835650
COMPLETE MAILING ADDRESS 605 S. Market Ave Ft. Pierce 34982
State Registration _____ State License RB 0028406
Legal Description of Property _____
Parcel Number 1-38-41-009-000-00160.900

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
Address _____
Engineer _____ Phone No. _____
Address _____
Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement \$1200.00
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Charles J. Decker Agent
Sworn to and subscribed before me this 17th day of FEBRUARY, 2008 by CHARLES J. DECKER who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE Charles J. Decker
Sworn to and subscribed before me this 17th day of FEBRUARY, 2008 by CHARLES J. DECKER who is personally known to me or has produced _____ and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

1. Use Permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership - (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
9. Replat required upon completion of slab or footing inspection and prior to any further inspections.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official _____

Approved by Town Engineer _____

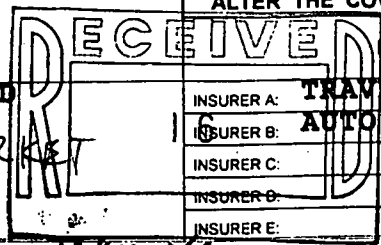
ORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/09/1999

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Camura Marsh & Assoc
P.O. Box 6980

Clearwater, FL 33758-6980



INSURERS AFFORDING COVERAGE

INSURER A: TRAVELERS
INSURER B: AUTO OWNERS
INSURER C:
INSURER D:
INSURER E:

FILE

PARALL

INSURED
EAST COAST ALUMINUM PRODUCTS INC.
1150 BELL AVE 605 S. MARKET
FT PIERCE, FL 34982
407-464-7600

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	I680369K6401TIA99	03/22/99	03/22/00	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95-425-388-00	12/10/98	12/10/99	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

FAX: 561-220-4765

CERTIFICATE HOLDER
 TOWN OF SEWALL'S POINT
 TOWN HALL
 1 S SEWALL'S POINT RD
 SEWALL'S POINT FL 34996

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Sheane Altamura

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 RB-0028406 04/27/2000 9890281
 REGISTERED BUILDING CONTRACTOR
 DEKKER, CHARLES
 EAST COAST ALUMINUM PRODUCTS INC
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)
 HAS REGISTERED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2001

MARTIN COUNTY CONTRACTORS
 CERTIFICATE OF COMPETENCY
 DEKKER, CHARLES
 EAST COAST ALUMINUM PRODUCTS
 1150 BELL AVE
 FT PIERCE, FL 34982

EXPIRES SEPTEMBER 30, 2000	
AUDIT CONTROL NUMBER	CERTIFICATE NUMBER
36040	SP00243

Joyce Davis

11 mile mer

Sewalls Point

Replace # 35 window

width 6' sliding glass

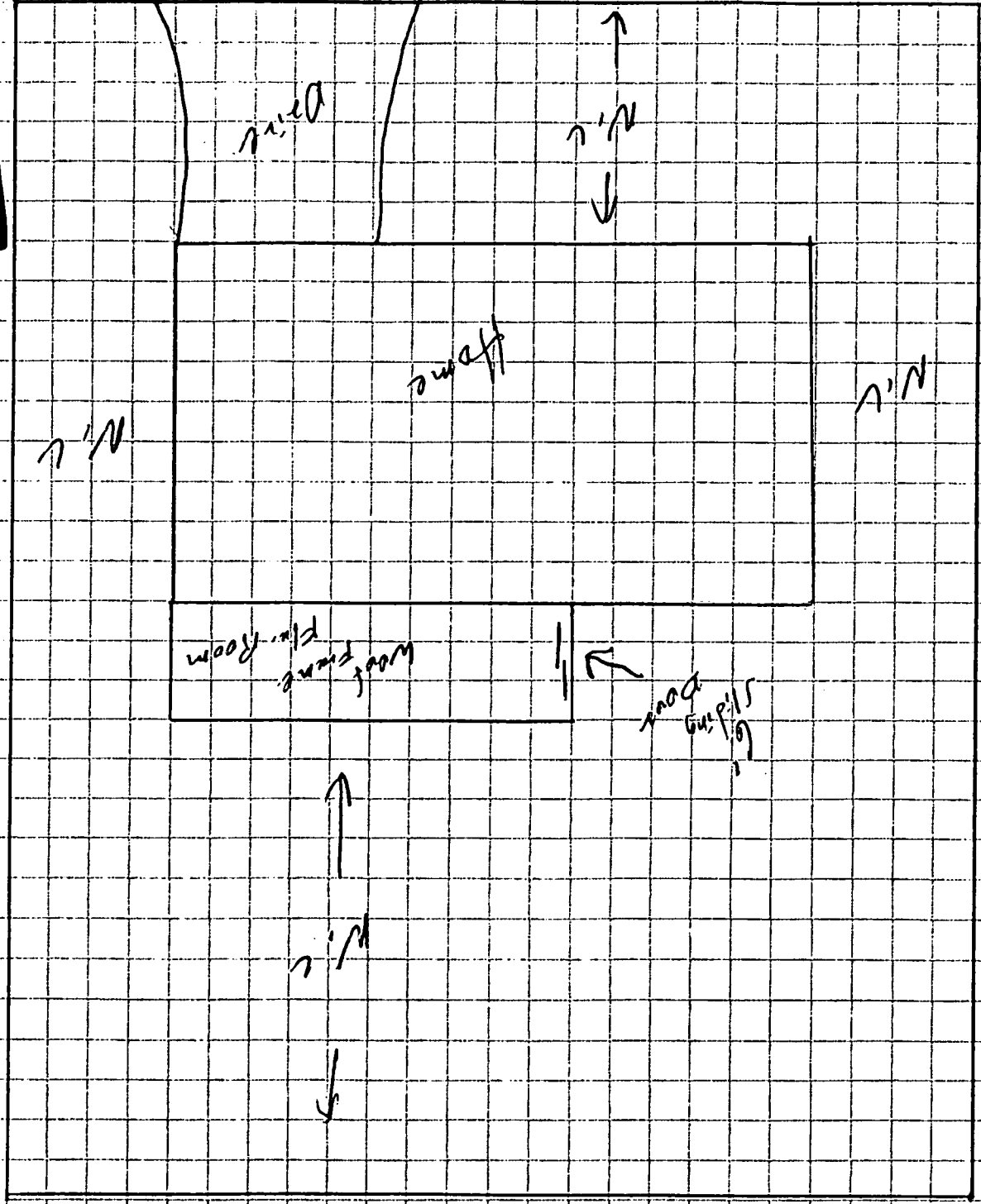
Door

2/2/00 TOWN OF SEAWALLS POINT
RESUBMIT
BRIAN D. HARRIS
PLANNING APPROVAL

TOWN COPY

11 MILE MER

PN 4850



Remove Existing
53x63 Sliding Window

Flo. Room

In End wall of

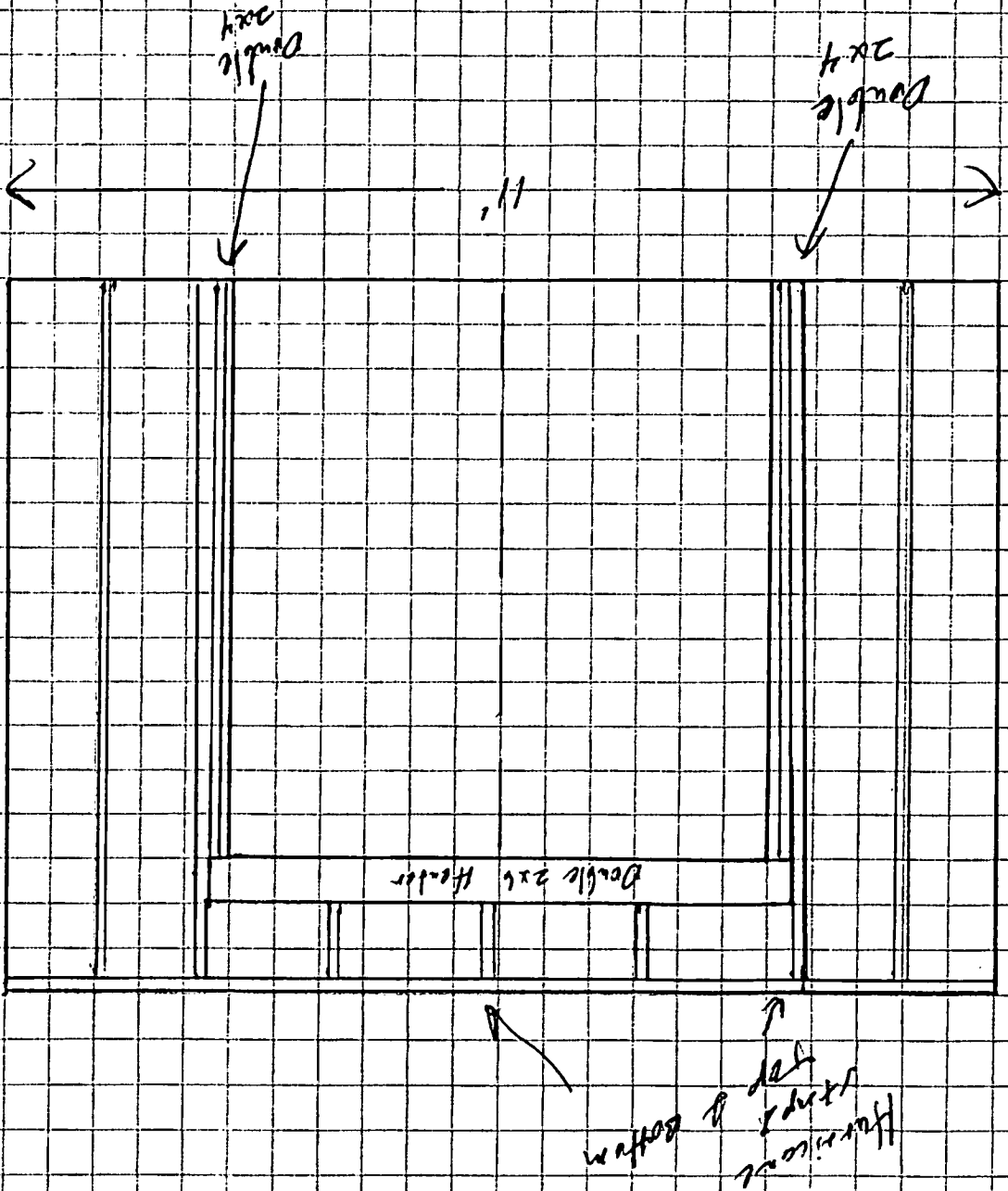
Sliding Glass Door

Install 6'x6'8"

Stainless Point

11 Mirrors

S. Davis





METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2808

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

PRODUCT CONTROL DIVISION
(305) 375-2902
FAX (305) 375-8339

Your application for Product Approval of:
SGD-2000 Aluminum Sliding Glass Door
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with Drawing No. 649, Sheets 1 thru 6 of 6. (For listing, see Section 8 of this Notice of Acceptance)*

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 97-0331.06

Expires: 10/02/00

Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

This application for Product Approval has been reviewed by the Metropolitan Dade County Building Code Compliance Department and approved by the Building Code Committee to be used in Dade County, Florida under the conditions set forth above.

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 10/02/97

-1-



Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 970331.06APPROVED : OCT 02 1997EXPIRES : OCT 02 2000NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. DESCRIPTION OF UNIT**

1.1 This approves an aluminum sliding glass door designed and tested to comply with the South Florida Building Code, 1994 Edition for Dade County, for the locations where the pressure requirements, as determined by ASCE 7-88 "Minimum Design Loads for Building and Other Structures", do not exceed the Design Pressure Rating values in Section 7 and within the limitations contained in Section 3.

1.2 Model Designation: SGD-2000 Aluminum Sliding Glass Door.

1.3 Overall Size: 10' wide by 6' 7-3/4" high by 3-1/2" deep.

1.4 Configuration: OXXO

1.5 No. & Size of Panels: Four extruded aluminum panels. Two center moving panels at interior track and two outside panels at exterior track. Size of panels from left: 4' 3/4" wide by 6' 7" high, 4' 1-3/8" wide by 6' 7" high, 4' 3/4" wide by 6' 7" high, 4' 3/4" wide by 6' 7" high.

2. MATERIAL CHARACTERISTICS

2.1 Frame and Door Panel Material: Aluminum alloy 6063-T5.

2.2 Glazing

2.2.1 Glazing Material: 3/16" tempered glass.

2.2.2 Glazing Method: Channel glazed with 3/8" glazing penetration using a flexible channel vinyl glazing bead, *Team Plastics*.

2.2.3 Daylight Opening Size (tested unit): Each lite approximately 45" wide by 75" high.

2.3 Frame Construction:

2.3.1 Head: A 1.000" ext./0.750" interior face by 3.624" deep by 0.56" wall thickness solid extruded aluminum 2-track channel (Part #68179).

2.3.2 Jamb: A 0.687" face by 3.500" deep by 0.60" wall thickness solid extruded aluminum 2-track jamb with two screw splines and four pile grooves (Part #68180).

2.3.3 Track: A 0.500" high by 4.590" wide by 1.250" high overall interior sill flange solid extruded aluminum double track is used at sill (Part #68181).

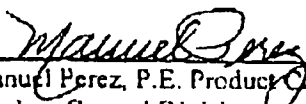
2.3.4 Corner construction: Butt joints, frame corners are not secured with any kind of fastener.

2.4 Panel Construction:

2.4.1 Stiles: Lock stile consist of a 1.032" deep by 1.937" face by 0.056" wall thickness hollow extruded alum. tube with a 0.375" by 0.500" glazing pocket (Part #68170).

Female astragal stile consist of a 2.562" deep by 1.452" face by 0.062"/0.090" wall hollow alum. tube with 0.375" by 0.500" glazing pocket and 0.639" by 1.209" locking pocket with two pile grooves (Part #68315).

Interlock stiles are 1.452" deep by 1.560" face by 0.086" wall thickness hollow aluminum extrusion with a 0.375" by 0.500" glazing pocket and two pile grooves and 0.906 long locking fin (Part #69253).


Manuel Perez, P.E. Product Control Examiner
Product Control Division

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 970331.06APPROVED : OCT 0 2 1997EXPIRES : OCT 0 2 2000NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

2.4.2 Rails: Top rail is a 0.890" deep by 1.375" face by 0.058" wall thickness solid extruded aluminum tube with a 0.375" by 0.500" glazing pocket and two screw splines and two pile grooves (Part #68172). Bottom rail is a 0.890" deep by 2.438" face by 0.059" wall thickness solid extruded alum. tube with a 0.375" by 0.500" glazing pocket and two pile grooves (Part #68173).

2.4.3 Corner construction: Panel corners are butt joined; each top panel corner is fastened with two #10 by 3/4" pan head sheet metal screws and each bottom panel corner is secured with one 1/2-20 by 1" machine screw.

2.5 Weatherstripping:

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.5.1	Double row	Pile, <i>Schlegel</i> 0.187" by 0.320"	At top and bottom rails.
2.5.2	Double row	Pile, <i>Schlegel</i> 0.187" by 0.200"	At frame jambs, interlock stile and female astragal stile.

2.6 Hardware:

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.6.1	One	Flush mount zinc die casting hook lock, <i>Nationwide Industries</i> .	At right center panel male astragal stile, 41" from bottom.
2.6.2	One	Zinc die casting keeper, <i>Nationwide Industries</i> .	At left center panel female astragal stile, 39" from bottom.
2.6.3	Sixteen	Plastic panel guides, <i>Vinyl Tech/P.G.T.</i>	At each end of panel top and bottom rails.
2.6.4	Eight	Adjustable steel wheels in steel housing, <i>Nationwide Industries</i> .	One at each end of panel bottom rails.

2.7 Weepholes: None.2.8 Muntins: None2.9 Reinforcement: None

2.10 Sealants and Pads: All frame corners, frame sill, installation screws and all panel corner seams are sealed with white and black colored sealant, *Schnee Morehead 5504*.

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.10.1	One	1" by 1-1/2" adhesive back pile pad	At top and bottom of each interlock and astragal stiles (total of six).

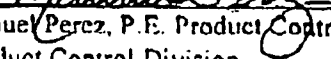
3. LIMITATION

3.1 These approvals apply to single unit applications only, as shown in Section 10.

3.2 For Design Pressure Rating vs. Door Size, see Comparative Analysis Tables in Section 9.

3.3 Other configurations allowed: OX, XX, and OXO.

3.4 Head receptor is not allowed to be used in this installation.

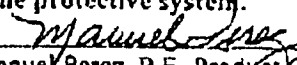

 Manuel Perez, P.E. Product Control Examiner
 Product Control Division

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 970331.06APPROVED : OCT 02 1997EXPIRES : OCT 02 2000NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**4. INSTALLATION****4.1 Screws and Method of Attachment****SILL** : Single row of #10 by 1-1/2" Flat Head Wood Screws located 6-1/8" from corners and 16" o.c.**HEAD** : Same as above.**JAMBS** : Double rows of #10 by 1-1/2" Flat Head Wood Screws located 6-3/4" from corners and 13" o.c.**Fixed Panels**: Each fixed panel jamb stile is anchored to frame jamb with four plastic clips, 9" from each end and on 30-1/2" centers, each fastened to stile jamb with one #10 by 1-1/4" truss head sheet metal screw.

One 1-3/4" by 1-3/4" by 1" by 1/8" alum. angle in frame head at top of fixed interlock stile, fastened to frame with four #8 by 1" pan head sheet metal screws and to stile with two #8 by 1" sheet metal screw.

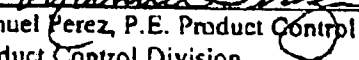
One 1-3/4" by 1-3/4" by 1-1/2" by 1/8" alum. angle in frame sill at bottom of fixed panel interlock stile, secured to frame with 4 #10 x 1" SMS and to stile with 2 #8 by 1" SMS.

Note: Please see note #11, Page 3**4.2** Limit shim space to a maximum of 1/4".**4.3** Attachments of sub-bucks shall be designed by the Architect or Engineer of Records and must be in compliance with the South Florida Building Code.**4.4** Fasteners must have their own Notice of Acceptance and must be made of stainless steel or have adequate protection against corrosion, per DIN 50018. Aluminum contacting metals not considered compatible shall be properly protected.**5. IDENTIFICATION****5.1** Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Dade County Product Control Approved".**6. USE****6.1** Application for building permit shall be accompanied by two copies of the following:**6.1.1** This Notice of Acceptance**6.1.2** Completely dimensioned drawing showing size and location, including height above grade of opening to receive door, mean roof height, length and width of building.**6.1.3** Duplicate prints of approved drawings No.649, Sheets 1 through 6 of 6, bearing the approval stamp, Notice of Acceptance number and date by Dade County Product Control Section, clearly marked to show the option and components selected for the proposed installation.**6.2** The Building Official shall ensure the adequacy of door to meet the pressure requirement of the opening in which it is to be installed.**6.3 Note:** The installation of this unit will require a hurricane protective system.


 Manuel Perez, P.E. Product Control Examiner
 Product Control Division

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 970331.06APPROVED : OCT 02 1997EXPIRES : OCT 02 2000NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**7. TESTS PERFORMED****7.1 TEST:****RESULTS:**

TEST	TEST LOADS	DESIGN LOADS
AIR INFILTRATION @ 1.57 PSF SFBC PA 202-94 (0.34 CFM/FT ²)	0.34 CFM/FT ² FTL-1501	-----
UNIFORM STATIC PRESSURE DESIGN LOADS SFBC PA 202-94 POSITIVE 30 Seconds	+50.0 PSF FTL-1501	+50.0 PSF FTL-1501
UNIFORM STATIC PRESSURE DESIGN LOADS SFBC PA 202-94 NEGATIVE 30 Seconds	-50.0 PSF FTL-1501	-50.0 PSF FTL-1501
WATER RESISTANCE (PSF) SFBC PA 202-94	+10.50 PSF FTL-1501	+70.0 PSF FTL-1501
UNIFORM STATIC PRESSURE FULL TEST LOAD SFBC PA 202-94 POSITIVE 30 Seconds	+60.0 PSF FTL-1501	+40.0 PSF FTL-1501
UNIFORM STATIC PRESSURE FULL TEST LOAD SFBC PA 202-94 NEGATIVE 30 Seconds	-60.0 PSF FTL-1501	-40.0 PSF FTL-1501
FORCED-ENTRY RESISTANCE (FER) SFBC PA 202-94 & 3603.2(b)(5)	SATISFACTORY FTL-1501	-----
Design Pressure Rating (Positive)		+40.0 PSF
Design Pressure Rating (Negative)		-40.0 PSF
For Design Pressure Rating vs. Window Size, see Table in Section 9 "Comparative Analysis"		


 Manuel Perez, P.E. Product Control Examiner
 Product Control Division

6105

REPLACE WINDOWS

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 6105

Date 1/29/03

Building to be erected for DAVIS

Type of Permit REPLACE WINDOW

Applied for by O/B

DBL FEE W/O PERMIT 2x35 = 70.00
(Contractor) Building Fee 70.00

Subdivision MIRAMAR Lot 16 Block _____

Radon Fee _____

Address 11 MIRAMAR ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

01384100900000160

Roofing Fee _____

Amount Paid 70.00 Check # 716 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 300.00

TOTAL Fees 70.00

Signed Gauge Davis
Applicant

Signed Gene Simmons (Rob)
Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

- | | |
|-----------------------------------|------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL _____ |

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: JAMES and SONYA DAVIS City: STUART State: FL Zip: 34996
Legal Description of Property: MIRAMAR, LOT 16 Parcel Number: 0138 41 009 000 00160
Location of Job Site: 11 MIRAMAR ROAD Type of Work To Be Done: REPLACE WINDOW

CONTRACTOR/Company Name: self Phone Number: 283-4648
Street: _____ City: _____ State: _____ Zip: _____
State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

ARCHITECT: none Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: none Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 1260 SF Garage: 330 SF Covered Patios: no ScreenedPorch: no
Carport: no Total Under Roof 1260 SF Wood Deck: no Accessory Building: no
Type Sewage: septic Septic Tank Permit Number From Health Dept.: ? Well Permit Number: ?

FLOOD HAZARD INFORMATION Flood Zone: C Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: same as before NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$300.* Estimated Fair Market Value (FMV) Prior
To Improvements: ? If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO
* door was a marked-down item

SUBCONTRACTOR INFORMATION

Electrical: none State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

Notary Public
My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
As identification. _____

Notary Public
My Commission Expires: _____

Seal

THIS FENESTRATION PRODUCT COMPLIES * WITH THE

NEW FLORIDA BUILDING CODE

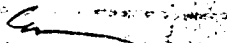
FOR RESIDENTIAL BUILDINGS WITH A MEAN ROOF HEIGHT OF 30 FT. OR LESS, EXPOSURE "B" (WHICH IS INLAND OF A LINE THAT IS 1500 FT. FROM THE COAST), AND WALL ZONE "5" (INSTALLED NEAR THE CORNER OF THE BUILDING).

PER ASTM E1300, THE CORRECT GLASS THICKNESS, BASED ON THE NEGATIVE DESIGN PRESSURE (DP) LISTED BELOW, HAS BEEN INSTALLED IN THIS UNIT. THE GLASS THICKNESS IS BASED ON IT'S WIDTH, HEIGHT, AND ASPECT RATIO.

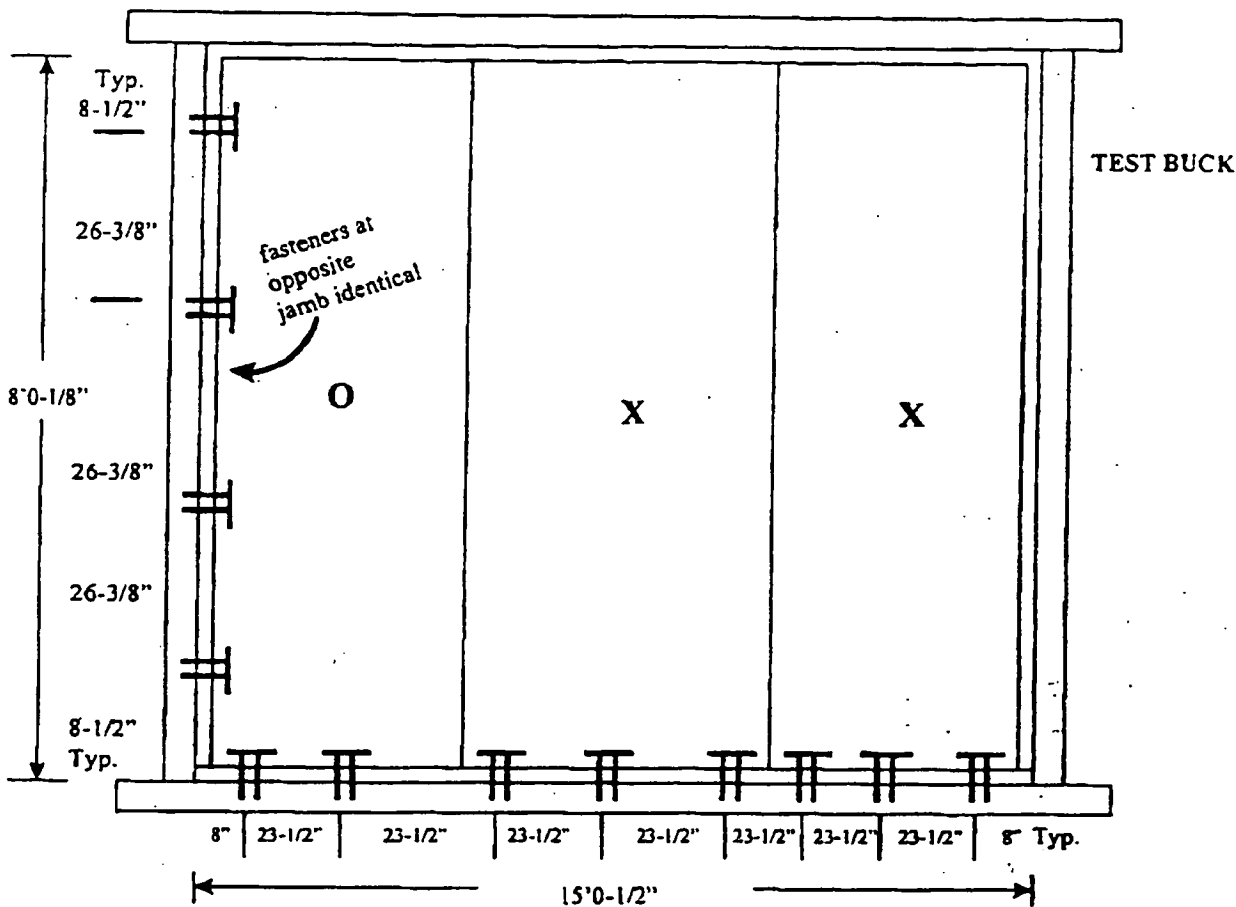
WIND ZONE: 140 MPH OR LESS
DESIGN PRESSURE (DP): + 35.3 / - 47.2

THIS PRODUCT MEETS THE REQUIREMENTS FOR STRUCTURAL LOADS, WATER AND AIR INFILTRATION PER ATTACHED AAMA PERFORMANCE LABEL. BE ADVISED THAT IF LOADS ARE PLACED UP TO OR EXCEEDING THE TESTED LEVELS, THIS PRODUCT MAY BE ALTERED IN SUCH A WAY THAT FUTURE PERFORMANCE WILL BE REDUCED.

* COMPLIANCE MUST INCLUDE INSTALLATION ACCORDING TO MANUFACTURER'S INSTRUCTIONS AND FLORIDA CODE REQUIREMENTS.

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>1/24/03</u>

BUILDING OFFICIAL
Gene Simmons

FASTENER LOCATIONS



The test specimen was fin mounted to the test buck using forty-eight (48) (# 8 x 1-1/2") screws at locations shown.

⏏ - Denotes double row (2) at each location.

NOTE: Head fasteners identical to sill both jamb fastening identical

METRO DADE COUNTY REQUIRED

NATIONAL CERTIFIED TESTING LABORATORIES INC.
JOB NO.: NCTL-210-2065-1 & 2
COMPANY: BETTER BILT
TEST DATE: 07-15-98

OPTIONAL PERFORMANCE

4.3	* Water Resistance - (5.0 GPH/FT ²) WTP = 5.25 psf	No Entry	No Entry
-----	---	----------	----------

Note: At this point in testing an additional sill riser was attached to the existing main sill's interior vertical leg.

The following results were obtained:

4.3	* Water Resistance - (5.0 GPH/FT ²) WTP = 6.00 psf	No Entry	No Entry
4.4.2	Uniform Structural Load		
	52.5 psf exterior	0.379"	0.381"
	52.5 psf interior	0.380"	0.381"

TEST COMPLETED: 07-15-98

*Test performed with and without insect screen.

Note: In addition, Better Built Aluminum Products' Series "430" and "440" also receive an SGD-C35 rating being identical in panel construction and interior sill heights.

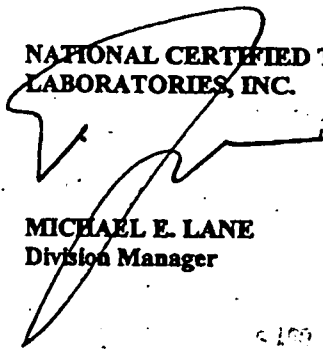
This test specimen meets the performance criteria level of SGD-C35 of the AAMA/NWWDA/101/I.S. 2-97 specification.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.



NATIONAL CERTIFIED TESTING LABORATORIES, INC.

MICHAEL E. LANE
Division Manager



<100
<100
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<100

WEEPS: One weep notch measuring 1-1/2" x leg height was located at each end of each of the interior sill roller leg, exterior sill roller leg and the screen sill roller leg.

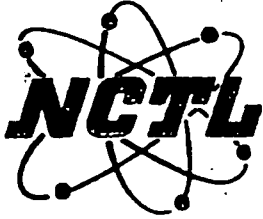
INTERIOR & EXTERIOR SURFACE FINISH: Non painted aluminum.

SEALANT: Frame and panel bottom rail corners were sealed with a small-joint sealant.

SCREEN: Two (2) insect screens, one center insect screen measuring 5'0-1/4" wide by 7'11" high; Both were of coped type corner construction. The screen employed fiberglass mesh cloth with a hollow vinyl spline. One roller assembly was located at each end of the bottom rails. One (1) claw-type lock assembly.

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.2.19.5.1	Operating Force		
	Center Active Panel		
	To Open	20# max.	30#
	In Motion	5 # max.	20#
	Right Active Panel		
	To Open	18 # max.	30 #
	In Motion	3 # max.	20#
2.1.2	Air Infiltration 1.57 psf (15 mph)	Pass	0.30 CFM/FT ²
2.1.3	* Water Resistance - 5.0 GPH/FT ² WTP = 4.50 psf	No Entry	No Entry
2.1.4.2	Uniform Load Structural		
	45.0 psf exterior	0.245"	0.381"
	45.0 psf interior	0.258"	0.381"
2.2.19.5.2	Deglazing		
	Center Active Panel		
	Top Rail (50#)	10.2% (0.051")	< 100%
	Bottom Rail (50#)	7.8% (0.039")	< 100%
	Left Stile (70#)	6.0% (0.030")	< 100%
	Right Stile (70#)	5.4% (0.027")	< 100%
	Right Active Panel		
	Top Rail (50#)	8.4% (0.042")	< 100%
	Bottom Rail (50#)	8.4% (0.042")	< 100%
	Left Stile (70#)	8.0% (0.040")	< 100%
	Right Stile (70#)	6.2% (0.031")	< 100%



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1356 • FAX (407) 240-8882

STRUCTURAL PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-2065-1

TEST DATE: 07-15-98

REPORT DATE: 07-31-98

EXPIRATION DATE: 07-31-02

CLIENT: Better Bilt Aluminum Products
704 12th Avenue
Smyrna, TN 37167

TEST SPECIMEN: Better Bilt Aluminum Product's Series "420" (Type "OXX") Aluminum Sliding Glass Door. (SGD-C35)(Single Glazed) (Steel Reinforced) (with and without sill riser)

TEST SPECIFICATION: AAMA/NWWD/101/I.S. 2-97, "Voluntary Specifications for Aluminum Vinyl (PVC) and Wood Windows and Sliding Glass Doors."

TEST SPECIMEN DESCRIPTION

GENERAL: The sample tested was a three panel type "OXX" aluminum sliding glass door measuring 15'1-3/4" wide by 8'0-1/8" high overall. The active panel measured 5'0-1/2" wide by 7'11-1/8" high; the fixed panel measured 5'0-7/8" wide by 7'11-1/8" high. Frame and panel members were not theonally broken. A plastic spacer/guide was used at each panel head/stile corner. The fixed panel was secured to the jamb with two (2) 3" long aluminum angle retainers each fastened to the jamb stile with two (2) (# 8 x 3/4") pan head screws. One claw-type door lock assembly was located at 40" from the bottom of each active panel lock stile each with the keeper fastened and secured to the fixed meeting stile and the right jamb stile at lock position with two (2) screws. One adjustable metal double roller assembly was used at each end of the active bottom rails. The frame was of double screw coped corner construction. Panel corners were of single screw at the bottom rail and double screw at the top rail coped corner construction. The interior vertical sill leg employed an extruded aluminum 1-1/8" high extension; an overall height of 2.031. One (1) aluminum panel retainer was fastened at 2" from the end of each active panel bottom rail. One (1) extruded aluminum female panel adapter was fastened to the fixed panel butt stile with five (5) (# 8 x 1/2") screws. One (1) extruded aluminum screen adapter was fastened to the butt stile using five (5) (# 8 x 1/2") screws.

INSTALLATION: The main frame was fastened to the wood test buck using forty-eight (48) (# 8 x 1-1/2") FHS. (See fastener diagram)

REINFORCEMENT: One (1) "U" shaped galvanized steel reinforcing channel measuring 1-3/4" x 3/4" x 1/16" thick filled the length of the panel adapter stile. One (1) "U" shaped galvanized steel reinforcing channel measuring 3/4" x 7/8" x 1/16" thick filled the length of each interlock stile.

GLAZING: All panels were channel glazed using 3/16" thick clear tempered glass with a flexible vinyl glazing bead.

WSTP: Double strips of centerfin weatherstrip (0.270" high) were located at each jamb stile, lock stile. A double strip of centerfin weatherstrip (0.180" high) was located at each interlock stile. A double strip of centerfin weatherstrip (0.250" high) was located at each panel top rail. A double strip of side fin weatherstrip (.430" high) was located at each panel bottom rail. An adhesive back polypile dust plug measuring 1-3/16" x 13/16" x 0.420" was located on the head and sill at each end of vertical stile exterior track.

PROFESSIONALS IN THE SCIENCE OF TESTING

8247

REROOF

Martin County SPO1-20060014
MASTER PERMIT NO. 20060014

TOWN OF SEWALL'S POINT

Date 5-26-06 BUILDING PERMIT NO. 8247
Building to be erected for DAVIS Type of Permit Reroof
Applied for by Gary Margo Inc (Contractor) Building Fee _____
Subdivision Muraman Lot 16 Block _____ Radon Fee _____
Address 11 Muraman Impact Fee _____
Type of structure SFR A/C Fee _____

Parcel Control Number: _____
01-38-41-009-000-0016090000 Plumbing Fee _____
Roofing Fee 120

Amount Paid \$120 Check # 3389 Cash _____ Other Fees (_____) _____
Total Construction Cost \$ 7050 TOTAL Fees 120

Signed Christina Margo Applicant Signed Valerie Meyer Town Building Official Dept Clerk

R51906 Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 4/19/06

OWNER/TITLEHOLDER NAME: James Davis Phone (Day) 283-4668 Fax _____

Job Site Address: 11 Miramar City: Sewall's Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Miramar Lot: 16 Parcel Number: 013841009000001609

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Description of Work To Be Done: Remove and replace roof with 40 year HP and

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7,050.00

Estimated Fair Market Value prior to improvement: \$ _____

(If no, fill out the Contractor & Subcontractor sections below) (If yes, Owner Builder Affidavit must accompany application)

Is improvement cost 50% or more of Fair Market Value? YES NO Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Gary Marzo Inc. Phone: 772 871 2489 Fax: 772 465 8829

Street: 861-A SW Lakehurst Drive City: Port St. Lucie State: FL Zip: 34983

State Registration Number: _____ State Certification Number: CG-0058193 Martin County License Number: SP01121

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____ Mechanical: _____ State: _____ License Number: _____ Plumbing: _____ State: _____ License Number: _____ Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____ Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____ Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____ Carpet: _____ Total Under Roof 2000 Wood Deck: _____ Accessory Building: _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required) James Davis

State of Florida, County of: Martin This the 18 day of April, 2006 by James Davis who is personally

known to me or produced as identification. Lynn Marzo

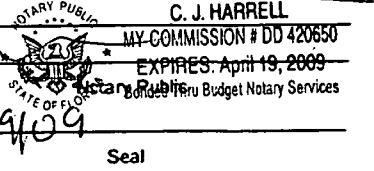
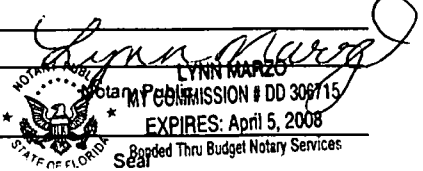
My Commission Expires: April 5, 2008

CONTRACTOR SIGNATURE (required) Gary Marzo

On State of Florida, County of: Martin This the 19 day of April, 2006 by James Davis who is personally

known to me or produced as identification. C. J. HARRELL

My Commission Expires: 4/19/09





MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060014
Permit Type: SEWALLS POINT
Date Issued: 25-MAY-06
Project:
Scope of Work: Remove and replace roof with 40 year HP and dibiten torch down on flat roof

Applicant/Contact:	MARZO, GARY P	/
Parcel Control Number:	01-38-41-009-000-0016.0-90000	
Subdivision:	MIRAMAR	
Construction Address:	11 MIRAMAR RD	
Location Description:		
Owner Name:	DAVIS, JAMES C	
Prime Contractor:	MARZO, GARY P BOX 8955 PORT ST LUCIE, FL 34985	GARY MARZO INC 772-465-2489 License No.: CCC058193

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

"NOTICE: IN ACCORDANCE TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THE COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES."

**"WARNING TO OWNER; YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."
A CERTIFIED COPY OF RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

Permit master

Type Number	Ent Dt	Status Project	Name	Decision	Compl Dt	Issue Dt	Expire Dt	Pid
SP01 20060030	02-JUN-06	OPEN				12-JUN-06		245718
SP01 20060035	31-MAY-06	DONE		COMPLETE	24-JUL-06	12-JUN-06		245538
SP01 20060027	30-MAY-06	OPEN				12-JUN-06		245386
SP01 20060033	30-MAY-06	OPEN				12-JUN-06		245374
SP01 20060022	30-MAY-06	DONE		COMPLETE	18-JUL-06	09-JUN-06		245373
SP01 20060023	30-MAY-06	OPEN				09-JUN-06		245372
SP01 20060026	30-MAY-06	DONE		COMPLETE	24-JUL-06	09-JUN-06		245368
SP01 20060025	30-MAY-06	OPEN				09-JUN-06		245367
SP01 20060059	30-MAY-06	DONE		COMPLETE	24-JUL-06	23-JUN-06		245366
SP01 20060024	30-MAY-06	OPEN				09-JUN-06		245365
SP01 20060017	25-MAY-06	OPEN				31-MAY-06		245206
SP01 20060018	24-MAY-06	DONE		COMPLETE	24-JUL-06	02-JUN-06		245111
SP01 20060020	24-MAY-06	OPEN				02-JUN-06		245110
SP01 20060019	24-MAY-06	OPEN				02-JUN-06		245108
SP01 20060042	24-MAY-06	DONE		COMPLETE	24-JUL-06	14-JUN-06		245107
SP01 20060016	22-MAY-06	OPEN				25-MAY-06		244972
SP01 20060015	22-MAY-06	OPEN				25-MAY-06		244969
SP01 20060014	19-MAY-06	DONE		COMPLETE	19-JUN-06	25-MAY-06		244888
SP01 20060007	16-MAY-06	OPEN				17-MAY-06		244660
SP01 20060013	16-MAY-06	OPEN				22-MAY-06		244658
SP01 20060012	15-MAY-06	DONE		COMPLETE	24-JUL-06	22-MAY-06		244532
SP01 20060011	15-MAY-06	OPEN				22-MAY-06		244531
SP01 20060010	15-MAY-06	DONE		COMPLETE	20-JUN-06	22-MAY-06		244530
SP01 20060009	12-MAY-06	OPEN				17-MAY-06		244459
SP01 20060008	12-MAY-06	DONE		COMPLETE	24-JUL-06	17-MAY-06		244457
SP01 20060005	10-MAY-06	DONE		COMPLETE	24-JUL-06	12-MAY-06		244341
SP01 20060003	10-MAY-06	OPEN				12-MAY-06		244339
SP01 20060001	10-MAY-06	OPEN				12-MAY-06		244337
* SP01 20060002	10-MAY-06	DONE		COMPLETE	06-JUN-06	12-MAY-06		244336
SP01 20060021	10-MAY-06	OPEN				05-JUN-06		244332
SP01 20060006	10-MAY-06	DONE		COMPLETE	24-JUL-06	16-MAY-06		244327
SP01 20060004	10-MAY-06	OPEN				12-MAY-06		244325

V/

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

- ✓1. Property Appraisers Parcel Number or Property Control Number
- ✓2. Legal Description of property (Can be found on your deed survey or Tax Bill)
- ✓3. Contractors name, address, phone number and license numbers.
- ✓4. Name all sub-contractors (properly licensed)
- ✓5. Estimated cost of construction.
- ✓6. Original signature of owner and notarized
- ✓7. Original signature of Contractor and notarized.

Submittals (2 copies)

- ✓1. Product approvals from Miami/Dade for the following items:
 - a. Roofing
- 2. Statement of Fact (owner/builder affidavit)
- ✓3. Proof of ownership (deed or tax recpt.)
- ✓4. A certified copy of the Notice of Commencement for any work over \$2500.00
- 5. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 6. Copy of Workmen's Compensation
- 7. Copy of Liability Insurance

they should have on file here.

ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE

Gary M...

(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____



Martin County, Florida
Laurel Kelly, C.F.A

Site Provided by...
governmax.com T1.13

Summary

print | | | | | Address
1 of 1

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-009-000-00160-9	11 MIRAMAR ROAD	17756	Address	0	1

Summary

Property Location 11 MIRAMAR ROAD
Tax District 2200 Sewall's Point
Account # 17756
Land Use 101 0100 Single Family
Neighborhood 120200
Acres

Legal Description
Property Information
 MIRAMAR LOT 16

Search By

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 DAVIS, JAMES C
 "DAVIS, SONYA J

Mail Information
 11 MIRAMAR RD
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$225,000
Market Impr Value \$50,650
Market Total Value \$275,650

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$96,500

Sale Date 4/18/1994
Book/Page 1066 1886

NOTICE OF COMMENCEMENT

Permit NO:
State Of: FLORIDA

Tax ID No: 01-3841-009-000-00160-9
County Of: Martin

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Legal description of improvements: Miramar Lot: 16

General description of improvements: Re-roof

Owner: James C. Davis
Address: 11 Miramar Rd Stuart FL 34996
Owner's interest in site of improvement: Residence

Fee Simple Title holder (if other than owner):

Address:

Return to Contractor: GARY MARZO, INC. Phone # 465-2489
Address: 861 A-SW LAKEHURST DR., PORT ST. LUCIE, FLORIDA 34983 Fax # 465-8829

Surety: Phone #
Address: Fax #
Amount of Bond \$

Lender: Phone #
Address: Fax #

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 7134.13 (1) (a) 7., Florida Statutes:

Name: Phone #

Address: Fax #

In addition to himself, owner designates of) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified.

[Signature]

OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF:

The foregoing instrument was acknowledged before me this 18 day of April, 2006 by James Davis, who is personally known to me or who has produced identification



LYNN MARZO
MY COMMISSION # DD 306715
EXPIRES: April 5, 2008
Bonded Thru Budget Notary Services

[Signature]

Signature of Notary

Lynn Marzo
Print Name / Title: Notary Public

DD306715 Commission Number

INS TR # 1928537
OR BK # 02136 PG 2274
Pg 2274 of (1pg)
RECORDED 04/27/2006 08:13:16 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Walsh

Gary Marzo Inc.
ROOFING CONTRACTOR

CC-C058193

861 A- SW Lakehurst Dr.

Port St. Lucie Fl. 34983

(772) 465-2489 / 871-2489

(772) 465-8829 fax#

Send to: Sewalls Point Building Department

Date: 5/26/06

From: Amber

Total pages: 1

NOTES:

This letter certifies that Christina Marzo, an employee of Gary Marzo Roofing, can submit and pick up permits on behalf of our company. Any questions please contact the head office at: 772-871-2489.

Thank you,

Gary Marzo Inc.

A handwritten signature in black ink that reads "Gary Marzo Inc." in a cursive, stylized script.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CA
GARM001

DATE (MM/DD/YYYY)
10/17/05

PRODUCER
J.W. Edens & Company
Commercial Ins of Brevard, Inc
325 Fifth Avenue, Suite 108
Indialantic FL 32903
Phone: 321-725-7000 Fax: 321-725-7856

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Gary Marzo, Inc.
861 A-SW Lakehurst Drive
Port St. Lucie FL 34983

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Canal Indemnity Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	GL56119	10/15/05	10/15/06	EACH OCCURRENCE	\$ 300,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 300,000
						GENERAL AGGREGATE	\$ 600,000
						PRODUCTS - COMP/OP AGG	\$ 300,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SEWALLS

Town of Sewall's Point
One South Sewall's Point Rd.
Stuart FL 33494

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Theresa C. O'Brien

Theresa C. O'Brien



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

P.O. BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA
1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

COPY PROVIDED TO:

Town of Sewalls Point
1 South Sewalls Point Rd.
Stuart FL 34996

~~Gary Marzo, Inc.~~

861 A - S.W. Lakehurst Dr.
Port St. Lucie FL 34983

ATTN: To whom it may concern

Date: 12/14/2005

This is to certify that Gary Marzo, Inc.
861 A - S.W. Lakehurst Dr.
Port St. Lucie FL 34983

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND.

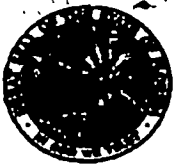
COVERAGE NUMBER:	<u>870-033210</u>	<u>LIMITS</u>	
EFFECTIVE DATE:	<u>01/01/2006</u>	Workers' Compensation	Statutory - State of Florida
EXPIRATION DATE:	<u>01/01/2007</u>	Employers' Liability	\$100,000 - Each Accident \$100,000 - Disease, Each Employee \$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domicile employees only.

By: Brett Stiegel
Brett Stiegel, Administrator
FRSA-SIF

By: Debbie Kemmerer
Debbie Kemmerer - Underwriting Manager
FRSA-SIF



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

MARZO, GARY P
 GARY MARZO INC
 861-A SW LAKE HURST DR
 PORT SAINT LUCIE FL 34983

STATE OF FLORIDA AC# 1470405
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CCC058193 07/02/04 040006040
 CERTIFIED ROOFING CONTRACTOR
 MARZO, GARY P
 GARY MARZO INC
 IS CERTIFIED under the provisions of Ch.489 FS.
 Expiration date: AUG 31, 2006 L04070200962

DETACH HERE

AC# 1470405

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L04070200962

DATE	BATCH NUMBER	LICENSE NBR
07/02/2004	040006040	CCC058193

The ROOFING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2006

MARZO, GARY P
 GARY MARZO INC
 831 SW LAKEHURST DRIVE
 UNIT 1-A
 PORT ST LUCIE FL 34985

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34954-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL
REGULATED TRADE LICENSES / COMPETENCY
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2004 to September 30, 2005

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.
LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business/Lic. 103179/05-1014485

Business Address: 861-A SW LAKEHURST DRIVE
Classification: CONT CONTRACTOR
Issued to: GARY MARZO INC.
861-A SW LAKEHURST DRIVE
PORT ST LUCIE FL 34983

Fee: 115.77
Discount: 0.00

Mary B. Mastio
BUSINESS LICENSE COORDINATOR
205/017 YB

Fees: 126.27 Late Fees: 0.00 Total this payment : 126.27

121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34954-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL
REGULATED TRADE LICENSES / COMPETENCY
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2004 to September 30, 2005

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861-A SW LAKEHURST DRIVE
PORT ST LUCIE FL 34983

Fee: 115.77
Discount: 0.00

BUSINESS LICENSE COORDINATOR
205/017 YB

Fees: 126.27 Late Fees: 0.00 Total this payment : 126.27



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

**MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908**

NOTICE OF ACCEPTANCE (NOA)

**Owens Corning
One Owens Corning Parkway
Toledo, OH 43659**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: WeatherGuard HP and WeatherGuard WeatherGuard 40 AR High Wind 110 Shingles

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This renews NOA # 02-1209.05 and consists of pages 1 through 4.
The submitted documentation was reviewed by Alex Tigera.



NOA-No.: 05-0921.14

Expiration Date: 01/04/11

Approval Date: 02/02/06

Page 1 of 4

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Materials: Laminate
Deck Type: Wood

1. SCOPE

This revises Owens Corning WeatherGuard HP and WeatherGuard 40 AR as manufactured by Owens Corning described in Section 2 of this Notice of Acceptance.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
WeatherGuard HP and WeatherGuard 40 AR	13-1/4" x 39-3/8"	PA 110	A heavy weight, fiberglass reinforced laminate asphalt shingle. All shingles shall be labeled on the underside with the Miami-Dade insignia.

3. EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
PRI Asphalt Technologies, Inc.	PRI00035	TAS 100	11/1/2000
Underwriters Laboratories, Inc.	R2453/00NK33081	Reference	10/26/2000
PRI Asphalt Technologies, Inc.	OCF-065-02-01	TAS 100	08/23/02
Underwriters Laboratories, Inc.	01NK52087	TAS 107	11/14/02

4. LIMITATIONS

- 4.1 Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 4.2 Shall not be installed on roof mean heights in excess of 33 ft.

5. INSTALLATION

- 5.1 Shingles shall be installed in compliance with Roofing Application Standard RAS 115.
- 5.2 Flashing shall be in accordance with Roofing Application Standard RAS 115
- 5.3 The manufacturer shall provide clearly written application instructions.
- 5.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 5.5 Nailing shall be in compliance with Detail 'B', attached.

6. LABELING

- 6.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved".

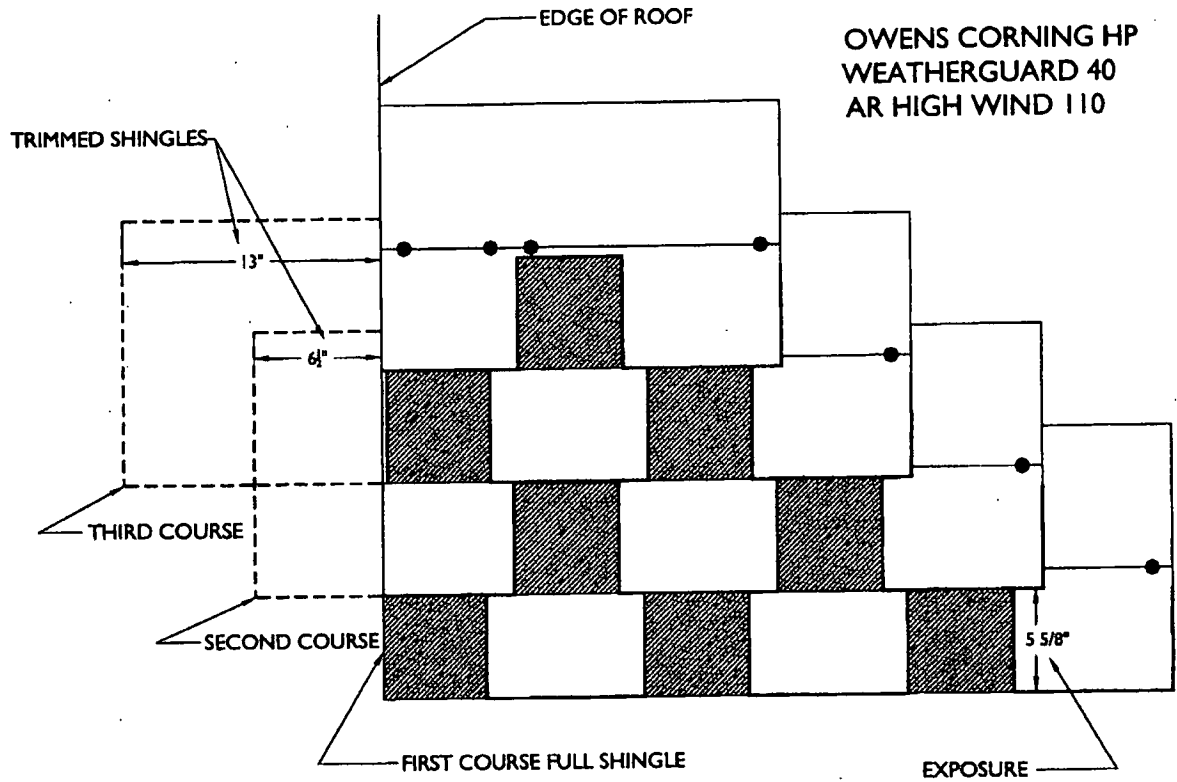
7. BUILDING PERMIT REQUIREMENTS

- 7.1 Application for building permit shall be accompanied by copies of the following:
 - 7.1.1 This Notice of Acceptance.
 - 7.1.2 Any other documents required by the Building Official or the applicable code in order to properly evaluate the installation of this system.



NOA No.: 05-0921.14
Expiration Date: 01/04/11
Approval Date: 02/02/06
Page 2 of 4

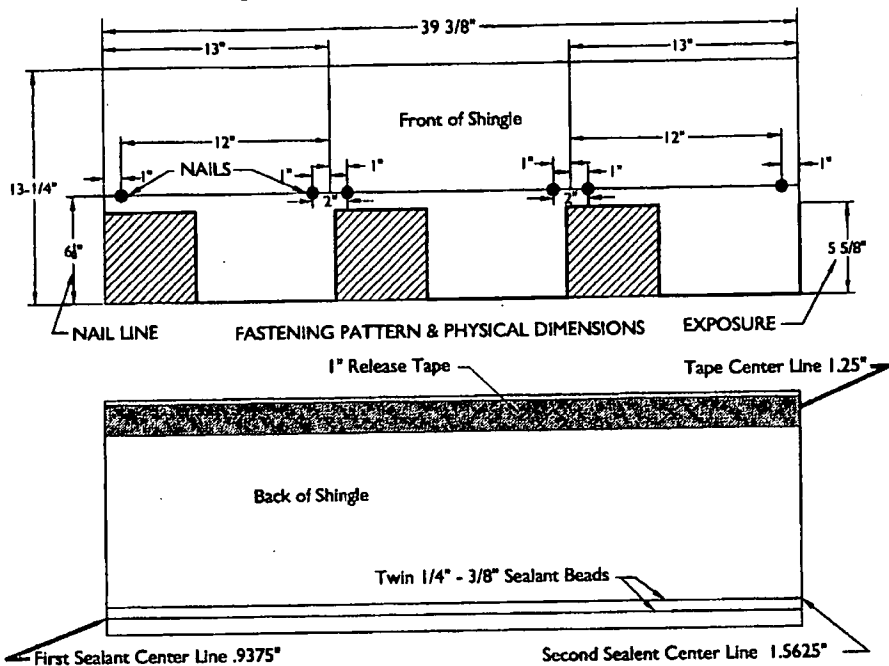
DETAIL A



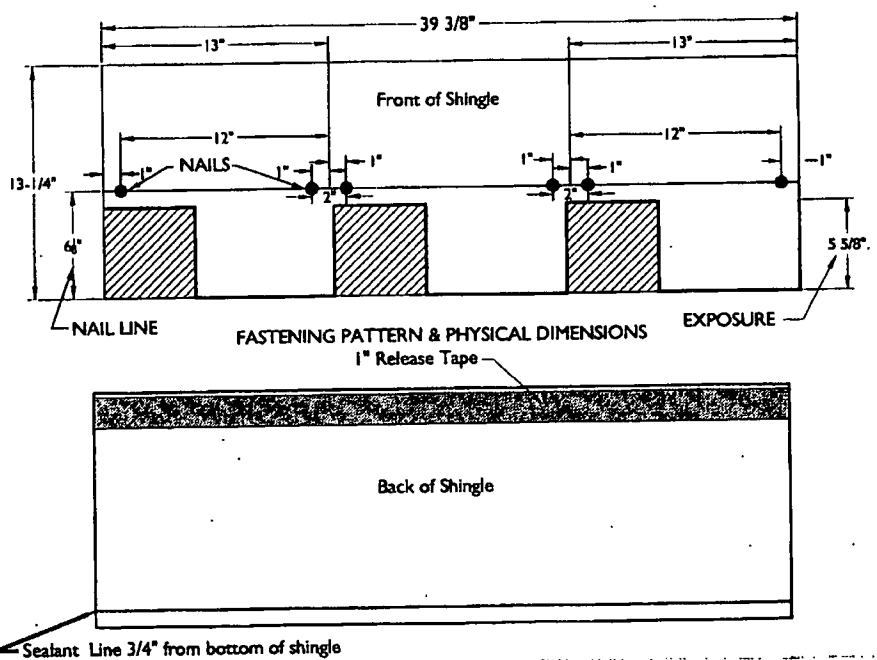
NOA No.: 05-0921.14
Expiration Date: 01/04/11
Approval Date: 02/02/06
Page 3 of 4

DETAIL B

OWENS CORNING
WeatherGuard 40 AR High Wind 110



OWENS CORNING
WeatherGuard HP



END OF THIS ACCEPTANCE



NOA No.: 05-0921.14
Expiration Date: 01/04/11
Approval Date: 02/02/06
Page 4 of 4



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

GAF Material Corporation
1361 Alps Road
Wayne, NJ 07470

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: GAF Ruberoid® Modified Bitumen Roof System for Wood Decks.

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA renews NOA #02-0408.10 and consists of pages 1 through 31.
The submitted documentation was reviewed by Frank Zuloaga, RRC.



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<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Tile-Mate Modified Cap	1 sq. roll 103 lbs.	ASTM D 5147	Non-woven polyester mat coated with polymer modified asphalt and surfaced with mineral granules tile underlayment.
Tile-Mate Modified Cap Plus	1 sq. roll 102 lbs.	ASTM D 5147	Non-woven polyester mat coated with polymer modified asphalt and surfaced with mineral granules tile underlayment.
TopCoat® Surface Seal SB (Matrix 602 SB Coating)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
GAF WeatherCote® MB+(Matrix 715 MB Coating)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
TopCoat MB+(Matrix 715 MB Coating)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
WeatherCote™ (Matrix 531 WeatherCote® Elastomeric Flashing Grade)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
Matrix Low VOC	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
Matrix 101 System Pro SBS Adhesive	5 gallons	ASTM D3019	Cold Applied Modified SEBS Asphalt Adhesive
(Ruberoid®MB) Matrix 201 System Pro SBS Flashing	5 gallons	ASTM D3019	Cold Applied Modified SEBS Asphalt Adhesive – Flashing Grade.
(Ruberoid®MB) Matrix 102 Select SBS Adhesive	5 gallons	ASTM D3019	Cold Applied Modified SEBS Asphalt Adhesive.
(Ruberoid®MB) Matrix 202 Select SBS Flashing	5 gallons	ASTM D4586	Cold Applied Modified SEBS Asphalt Adhesive – Flashing Grade.
Matrix 203 Standard Plastic Cement	5 gallons	ASTM D4586	Standard Plastic Asphalt Roofing Cement
Matrix 213 Gun Grade Plastic Cement	5 gallons	ASTM D4586	Standard Plastic Asphalt Roofing Cement Caulk Grade.
Matrix 103 Cold Adhesive	5 gallons	ASTM D3019	Cold Applied Asphalt Adhesive.
Matrix 303 Select Fibered Aluminum	5 gallons	ASTM D 2824	Fibered aluminum coating.
Matrix 304 Select Non-Fibered	5 gallons	ASTM D2824, Type I	Non-fibered. Aluminum pigmented, asphalt roof coating.
RUBEROID® Modified Bitumen Adhesive	5 gallons	ASTM D 3019 Type III	Fiber reinforced, rubberized Adhesive



APPROVED INSULATIONS:

TABLE 2

Product Name	Product Description	Manufacturer (With Current NOA)
GAFTEMP Isotherm R, RA, RN & Composite, EnergyGuard RA	Polyisocyanurate foam insulation	GAF Materials Corp.
GAFTEMP® Composite A & N	Polyisocyanurate foam insulation with high density fiberboard or Permalite perlite insulation.	GAF Materials Corp.
(BMCA)GAFTEMP® Fiberboard	Fiberboard insulation.	GAF Materials Corp.
GAFTEMP® Permalite	Perlite insulation board.	GAF Materials Corp.
GAFTEMP GAFcant™	Cut perlite board	GAF Materials Corp.
GAFTEMP Permalite Recover Board	Perlite recover board	GAF Materials Corp.
GAFTEMP GAFEDGE™ Tapered Edge Strip	Tapered perlite board	GAF Materials Corp.
(BMCA) GAFTEMP® High Density Fiberboard	High density wood fiberboard insulation.	GAF Materials Corp.
BMCA EnergyGuard, RA	Polyisocyanurate foam insulation	BMCA
BMCA Composite EnergyGuard, RA	Polyisocyanurate/wood fiberboard composite	BMCA
PYROX	Polyisocyanurate foam insulation	Apache Products Co.
White Line	Polyisocyanurate foam insulation	Apache Products Co.
ACFoam I, II & Composite	Polyisocyanurate foam insulation	Atlas Energy Products
ISO 95+	Polyisocyanurate foam insulation	Firestone Building Products, Inc.
ISO 95+ Composite	Polyisocyanurate/perlite ridged insulation	Firestone Building Products, Inc.
EPS	Extruded polystyrene insulation	Generic
Wood Fiber	Wood fiber insulation board	Generic
High Density Wood Fiberboard	Wood fiber insulation board	Generic
Perlite/Urethane Composite	Perlite / urethane composite board insulation	Generic
Perlite Insulation	Perlite insulation board	generic
Dens Deck	Water resistant gypsum board	G-P Gypsum Corp.
E'NRG'Y-2 & E'NRG'Y-2 PLUS, UltraGard Gold	Polyisocyanurate foam insulation	Johns Manville



APPROVED INSULATIONS:

TABLE 2

Product Name	Product Description	Manufacturer (With Current NOA)
FiberGlass Roof Insulation	Glass fiber/Mineral fiber insulation	Johns Manville
ISORoc	Polyisocyanurate foam / rockwool composite insulation	Johns Manville
Structodek	Wood fiber insulation board	Masonite.
Multi-Max & FA Paroc Base Board Paroc Cap Board	Polyisocyanurate roof insulation Rockwool insulation	RMax, Inc. Partek, Inc.

APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	GAFTITE® (Drill-Tec®) #12 Standard & #14 Heavy Duty Roofing Fastener	Insulation fastener for steel, wood & concrete decks.		GAF Materials Corp.
2.	GAFTITE® (Drill-Tec®) ASAP	Pre-assembled GAFTITE Fasteners and metal and plastic plates.		GAF Materials Corp.
3.	GAFTITE® (Drill-Tec®) Base Sheet Fastener and Plate	Base sheet fastening assembly.		GAF Materials Corp.
4.	Galvalume Plates (Drill-Tec® Metal)	Round galvalume stress plates.	3" and 3 ½"	GAF Materials Corp.
5.	Polypropylene Plates (Drill-Tec® Plastic)	Round polypropylene stress plates.	3" and 3 ½"	GAF Materials Corp.
6.	Dekfast Fasteners #12, #14 & #15	Insulation fastener for wood, steel and concrete decks		Construction Fasteners Inc
7.	Dekfast Hex Plate	Galvalume hex stress plate.	2 7/8" x 3 ¼"	Construction Fasteners Inc.
8.	Dekfast Lock Plate	Polypropylene locking plate.	3" x 3 ¼"	Construction Fasteners Inc.
9.	#12 Roofgrip Fasteners	Insulation fastener for wood and steel.		ITW Buildex Corp.
10.	Metal Plate	Galvalume stress plate.	3" round 3" square	ITW Buildex Corp.
11.	Gearlok Plastic Plate	Polypropylene round plate	3.2"	ITW Buildex Corp.
12.	Glasfast Fastener	Insulation fastener assembly with recessed plastic plate		Johns Manville



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APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
13.	Olympic Fastener #12 & #14	Insulation fastener		Olympic Manufacturing Group, Inc.
14.	Olympic Fastener ASAP	Pre-assembled Insulation fastener and plate		Olympic Manufacturing Group, Inc.
15.	Olympic Polypropylene	Polypropylene plastic plate	3.25" round	Olympic Manufacturing Group, Inc.
16.	Olympic G-2	3.5" round galvalume AZ55 steel plate	3.5" round	Olympic Manufacturing Group, Inc.
17.	Olympic Standard	3" round galvalume AZ50 steel plate	3" round	Olympic Manufacturing Group, Inc.
18.	Insul-Fixx Fastener	Insulation fastener for steel and wood decks		SFS/Stadler
19.	Insul-Fixx S Plate	3" round galvalume AZ50 steel plate	3" round	SFS/Stadler
20.	Insul-Fixx P Plate	3" round polyethylene stress plate	3" round	SFS/Stadler
21.	Tru-Fast	Insulation fastener for steel and wood decks		The Tru-Fast Corp.
22.	Tru-Fast Plates	3" round galvalume AZ55 steel plate	3" round	The Tru-Fast Corp.
23.	Tru-Fast Plates	Polyethylene plastic plate	3" round	The Tru-Fast Corp.

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Description</u>	<u>Date</u>
Factory Mutual Research Corp.	Current Insulation Attachment Requirements	FMRC 1996	01.01.96
Factory Mutual Research Corp.	FMRC 4470 - PA 114	J.I. 1B9A8.AM J.I. 3D4Q2.AM	09.04.97 04.30.97
Trinity Engineering	Wind Uplift PA 114	4483.04 97-1	06.06.97
PRI Asphalt Technologies, Inc. IRT of S. Fl. IRT of S. Fl.	GAF-020-02-01 02-005 02-014	ASTM D 4977 TAS 114 TAS 114	02.01.02 01.18.02 03.22.02



APPROVED ASSEMBLIES

Membrane Type: SBS
Deck Type II: Wood, Insulated
Deck Description: 19/32" or greater plywood or wood plank
System Type A (1): Anchor sheet mechanically fastened, all layers of insulation adhered with approved asphalt.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, ENRGY 2, GAFTEMP® Isotherm R, ENRGY 2 Plus, GAFTEMP Isotherm RA, GAFTEMP Isotherm RN, GAFTEMP Composite, GAFTEMP Composite A, GAFTEMP Composite N, ISORoc, BMCA EnergyGuard, BMCA EnergyGuard Composite, EnergyGuard ISO, EnergyGuard RA Composite, EnergyGuard RA Minimum 1" thick	N/A	N/A
Wood Fiber, GAFTEMP® Fiberboard, BCMA High Density Wood Fiber, GAFTEMP® High Density Wood Fiber, GAFTEMP Recover Board Minimum 1/2" thick	N/A	N/A
Paroc, Perlite, GAFTEMP® Permalite Minimum 3/4" thick	N/A	N/A
Fiberglas Minimum 15/16" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator Perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Anchor sheet: GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable Base Sheet, RUBEROID Modified Base Sheet, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened to deck as described below;

Fastening Options: GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.

(Maximum Design Pressure -45 psf, See General Limitation #7)

GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.

(Maximum Design Pressure -45 psf, See General Limitation #7)



GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field. *(Maximum Design Pressure –52.5 psf, See General Limitation #7)*
GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –60 psf, See General Limitation #7)

Any of above Anchor sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.

(Maximum Design Pressure –60 psf, See General Limitation #7)

GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –75 psf, See General Limitation #7)

Base Sheet:

(Optional) Install one ply of GAFGLAS® #75, GAFGLAS #80 ULTIMA™ Base Sheet, GAFGLAS® PLY 4®, GAFGLAS Flex Ply™ 6, GAFGLAS STRATAVENT® Eliminator Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq (see General Limitation #4).

Ply Sheet:

(Optional) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet, GAFGLAS #80, RUBEROID MOP Smooth, RUBEROID® 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane:

One or more plies of RUBEROID® 20, RUBEROID 30, RUBEROID 30 FR RUBEROID MOP Smooth, Ruberoid® Mop 170 FR, Ruberoid® Mop Granule, RUBEROID MOP PLUS, RUBEROID MOP FR, RUBEROID ULTRACLAD®, or RUBEROID Dual FR fully adhered in an approved asphalt at an application rate of 25 lb./sq. ± 15%.

Surfacing:

(Optional, required if RUBEROID MOP Smooth or RUBEROID 20 is top membrane) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAFGLAS Mineral Surfaced Cap Sheet in an approved asphalt at an application rate of 25 lb./sq. ± 15%.
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

Maximum Design Pressure: See Fastening above.



Membrane Type: APP/SBS Heat Weld
Deck Type II: Wood, Insulated
Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
System Type A (1): Anchor sheet mechanically fastened, all layers of insulation adhered with approved asphalt.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, ENRGY 2, GAFTEMP® Isotherm R, ENRGY 2 Plus, GAFTEMP Isotherm RA, GAFTEMP Isotherm RN, GAFTEMP Composite, GAFTEMP Composite A, GAFTEMP Composite N, ISORoc, GAFTEMP® Tapered, BMCA EnergyGuard, BMCA EnergyGuard Composite, EnergyGuard RA, EnergyGuard RA Composite Minimum 1" thick	N/A	N/A
Wood Fiber, GAFTEMP® Fiberboard, High Density Wood Fiber, GAFTEMP® High Density Wood Fiber, GAFTEMP RecoverBoard Minimum ½" thick	N/A	N/A
Paroc, Perlite, GAFTEMP® Permalite Minimum ¾" thick	N/A	N/A
Fiberglas Minimum $\frac{15}{16}$ " thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Anchor sheet: GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable, RUBEROID Modified Base Sheet, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened to deck as described below;
Fastening Options: GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field. (*Maximum Design Pressure -45 psf, See General Limitation #7*)
 GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet. (*Maximum Design Pressure -45 psf, See General Limitation #7*)



GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field. (*Maximum Design Pressure –52.5 psf, See General Limitation #7*)

GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(*Maximum Design Pressure –60 psf, See General Limitation #7*)

Any of above Anchor sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.

(*Maximum Design Pressure –60 psf, See General Limitation #7*)

GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(*Maximum Design Pressure –75 psf, See General Limitation #7*)

Base Sheet:

Install one ply of GAFGLAS® #75, GAFGLAS #80 ULTIMA™ Base Sheet, GAFGLAS® PLY 4®, GAFGLAS Flex Ply™ 6, GAFGLAS STRATAVENT® Eliminator Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq (see *General Limitation #4*).

Ply Sheet:

(Optional except over RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld) One or more plies GAFGLAS PLY 4®, GAFGLAS® PLY 6® Ply or GAFGLAS Flex Ply 6 sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or Ruberoid Torch Smooth torch applied according to manufacturer's application instructions.

Membrane:

One ply of Ruberoid® Torch Smooth, Ruberoid® Torch Granule, Ruberoid® Torch Plus Granule or Ruberoid® Torch FR torch applied according to manufacturer's application instructions.

Or

One or more plies of RUBEROID® SBS Heat-Weld™ PLUS, RUBEROID® SBS Heat-Weld™ PLUS FR, RUBEROID® SBS Heat-Weld™ 170 FR, RUBEROID® SBS Heat-Weld™, RUBEROID® SBS Heat-Weld™ Smooth, RUBEROID® UltraClad™ SBS and RUBEROID® SBS Heat-Weld™ 25 applied according to manufacturer's application instructions.

Surfacing:

(Optional) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAF Premium Fibered Aluminum Roof Coating, at 1.5 gal./sq. or GAF WeatherCoat® Emulsion at 3 gal./sq. (Torch Smooth applications only)
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.



4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal/sq.

Maximum Design Pressure: See Fastening Above



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Membrane Type: SBS
Deck Type II: Wood, Insulated
Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
System Type B: Optional base sheet laid dry; base layer of insulation mechanically fastened, optional top layer adhered with approved asphalt.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, EnergyGuard RA Minimum 1.3" thick	1, 2, 6, 9, 13 or 14	1:3 ft ²
ENRGY 2, GAFTEMP Isotherm RN Minimum 1.4" thick	1, 2, 6, 9, 13, 14 or 21	1:3 ft ²
GAFTEMP® Isotherm R, BMCA EnergyGuard Minimum 1.3" thick	1, 2, 6, 9, 13, 14 or 21	1:3 ft ²
ENRGY 2 Plus, GAFTEMP Composite N, BMCA CompositeEnergyGuard Minimum 1.5" thick	6, 9, 18 or 21	1:3 ft ²
Perlite, GAFTEMP® PERMALITE Minimum $\frac{3}{4}$ " thick	1, 6, 9, 13 or 21	1:2 ft ²
Fiberglas Minimum $\frac{15}{16}$ " thick	1, 2, 6, 9, 12, 13, 14, 18 or 21	1:2.67 ft ²
Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard Minimum 1" thick	1, 2, 6, 13, 14 or 21	1:2 ft ²

Note: Base layers of insulation shall be mechanically attached using the fastener density listed. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Protocol TAS 105 to confirm compliance with the wind load requirements. Please refer to Roofing Application Standard RAS 117 for insulation attachment. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Any of the insulation listed for Base Layer, above.		
High Density Wood Fiber, GAFTEMP® High Density Wood Fiber, GAFTEMP RecoverBoard Minimum $\frac{1}{2}$ " thick	N/A	N/A
Paroc Minimum $\frac{3}{4}$ " thick	N/A	N/A



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Note: Optional top layer of insulation shall be adhered with approved asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

Base Sheet: (Optional) Install one ply of GAFGLAS® #75, GAFGLAS #80 ULTIMA™ Base Sheet, GAFGLAS® PLY 4®, GAFGLAS® PLY 6®, GAFGLAS Flex Ply™ 6, GAFGLAS STRATAVENT® Eliminator Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID MOP Smooth or RUBEROID® 20 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq; (see General Limitation #4).

Ply Sheet: (Optional) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet or GAFGLAS #80 Ultima adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One or more plies of RUBEROID® 20, RUBEROID 30, RUBEROID 30 FR RUBEROID MOP Smooth, Ruberoid® Mop 170 FR, Ruberoid® Mop Granule, RUBEROID MOP PLUS, RUBEROID MOP FR, RUBEROID Dual FR or RUBEROID ULTRACLAD®, fully adhered in an approved asphalt at an application rate of 25 lb./sq. ± 15%.

Surfacing: (Optional, required if RUBEROID MOP Smooth or RUBEROID 20 is top membrane) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAFGLAS Mineral Surfaced Cap Sheet in an approved asphalt at an application rate of 25 lb./sq. ± 15%.
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

Maximum Design Pressure:

-45 psf; (See General Limitation #7)



Membrane Type: APP/SBS Heat Weld
Deck Type II: Wood, Insulated
Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
System Type B: Optional base sheet laid dry; base layer of insulation mechanically fastened, optional top layer adhered with approved asphalt.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, EnergyGuard RA Minimum 1.3" thick	1, 2, 6, 9, 13 or 14	1:3 ft ²
ENRGY 2, GAFTEMP Isotherm RN Minimum 1.4" thick	1, 2, 6, 9, 13, 14 or 21	1:3 ft ²
GAFTEMP® Isotherm R, BMCA EnergyGuard Minimum 1.3" thick	1, 2, 6, 9, 13, 14, 18 or 21	1:3 ft ²
ENRGY 2 Plus, GAFTEMP Composite N, BMCA Composite EnergyGuard, EnergyGuard RA Composite Minimum 1.5" thick	6, 9, 18 or 21	1:3 ft ²
Perlite, GAFTEMP® PERMALITE Minimum $\frac{3}{4}$ " thick	1, 6, 9, 13 or 21	1:2 ft ²
Fiberglas Minimum $\frac{15}{16}$ " thick	1, 2, 6, 9, 12, 13, 14, 18 or 21	1:2.67 ft ²
Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard Minimum 1" thick	1, 2, 6, 13, 14 or 21	1:2 ft ²

Note: Base layers of insulation shall be mechanically attached using the fastener density listed. The insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Insulation fasteners shall be tested for withdrawal resistance in compliance with Protocol TAS 105 to confirm compliance with the wind load requirements. Please refer to Roofing Application Standard RAS 117 for insulation attachment. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Any of the insulation listed for Base Layer, above.		
High Density Wood Fiber, GAFTEMP® High Density Wood Fiber, GAFTEMP Recover Board Minimum $\frac{1}{2}$ " thick	N/A	N/A
Paroc Minimum $\frac{3}{4}$ " thick	N/A	N/A



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Note: Optional top layer of insulation shall be adhered with approved asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.

Base Sheet: Install one ply of GAFGLAS® #75, GAFGLAS #80 ULTIMA™ Base Sheet, GAFGLAS® PLY 4®, GAFGLAS Flex Ply™ 6, GAFGLAS STRATAVENT® Eliminator Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq; (see General Limitation #4).

Ply Sheet: (Optional, required when using RUBEROID 20) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet or GAFGLAS #80 ULTIMA adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Ruberoid® Torch Smooth, Ruberoid® Torch Granule, Ruberoid® Torch Plus Granule or Ruberoid® Torch FR torch applied according to manufacturer's application instructions.
Or
One or more plies of RUBEROID® SBS Heat-Weld™ PLUS, RUBEROID® SBS Heat-Weld™ PLUS FR, RUBEROID® SBS Heat-Weld™ 170 FR, RUBEROID® SBS Heat-Weld™, RUBEROID® SBS Heat-Weld™ Smooth, RUBEROID® UltraClad™ SBS and RUBEROID® SBS Heat-Weld™ 25 applied according to manufacturer's application instructions.

Surfacing: (Optional) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAF Premium Fibered Aluminum Roof Coating, at 1.5 gal./sq. or GAF WeatherCoat® Emulsion at 3 gal./sq. (Torch Smooth applications only)
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

Maximum Design Pressure: -45 psf;(See General Limitation #7)



Membrane Type: SBS

Deck Type II: Wood, Insulated

Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank

System Type C: One or more layers of insulation simultaneously attached; Base layer optional.

All General and System Limitations shall apply.

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-I, GAFTEMP® Isotherm R, GAFTEMP Isotherm RA, GAFTEMP, Isotherm RN, BMCA EnergyGuard, EnergyGuard RA Minimum 1.3" thick	N/A	N/A
ENRGY 2, Minimum 1.4" thick	N/A	N/A
ISORoc, ENRGY 2 Plus, GAFTEMP Composite A, GAFTEMP Composite N, GAFTEMP Composite, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5" thick	N/A	N/A
Perlite, GAFTEMP® PERMALITE® Minimum ¾" thick	N/A	N/A
Fiberglas Minimum $\frac{15}{16}$" thick	N/A	N/A
Wood Fiber, GAFTEMP® Fiberboard Minimum 1" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density. Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-I, EnergyGuard RA Minimum 1.3" thick	1, 2, 6, 9, 13 or 14	1:3 ft ²
ENRGY 2, GAFTEMP Isotherm RN Minimum 1.4" thick	1, 2, 6, 12, 13 or 21	1:3 ft ²
GAFTEMP® Isotherm R, GAFTEMP Isotherm RA, BMCA EnergyGuard Minimum 1.3" thick	1, 2, 6, 9, 13, 14, 18 or 21	1:3 ft ²
ENRGY 2 Plus, GAFTEMP Composite N, GAFTEMP Composite, GAFTEMP Composite A, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5" thick	6, 9, 18 or 21	1:3 ft ²
Perlite, GAFTEMP® PERMALITE Minimum ¾" thick	1, 6, 9, 13 or 21	1:2 ft ²



Fiberglas
Minimum $\frac{15}{16}$ " thick

1, 2, 6, 9, 12, 13, 14, 18 or
21 1:2.67 ft²

Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard
Minimum 1" thick

1, 2, 6, 13, 14 or 21 1:2 ft²

Note: Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator Perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Base Sheet: Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Base Sheet GAFGLAS® PLY 4®, GAFGLAS® PLY 6®, GAFGLAS FlexPly™ 6®, GAFGLAS® STRATAVENT® Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID MOP Smooth or RUBEROID® 20 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. If base sheet is applied directly to polyisocyanurate insulation only a spot or strip mopped application as detailed in this approval the use of an overlay board is approved;
(see General Limitation #4).

Ply Sheet: (Optional) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet or GAFGLAS #80 Ultima adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One or more plies of RUBEROID® 20 , RUBEROID 30, RUBEROID 30 FR RUBEROID MOP Smooth, Ruberoid® Mop 170 FR, Ruberoid® Mop Granule, RUBEROID MOP PLUS, RUBEROID MOP FR, RUBEROID Dual FR or RUBEROID ULTRACLAD®, fully adhered in an approved asphalt at an application rate of 20-40 lbs./sq.

Surfacing: (Optional, required if RUBEROID MOP Smooth or RUBEROID 20 is top membrane) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAFGLAS Mineral Surfaced Cap Sheet in an approved asphalt at an application rate of 25 lb./sq. ± 15%.
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

Maximum Design Pressure: -45 psf;(See General Limitation #7)



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Membrane Type: APP/SBS Heat Weld
 Deck Type II: Wood, Insulated
 Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
 System Type C: One or more layers of insulation simultaneously attached; Base layer optional.

All General and System Limitations shall apply.

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, GAFTEMP® Isotherm R, GAFTEMP Isotherm RA, GAFTEMP, Isotherm RN, BMCA EnergyGuard, EnergyGuard RA Minimum 1.3" thick	N/A	N/A
E'NRG'Y 2, Minimum 1.4" thick	N/A	N/A
ISORoc, ENRGY 2 Plus, GAFTEMP Composite A, GAFTEMP Composite N, GAFTEMP Composite, Multi-Max, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5" thick	N/A	N/A
Perlite, GAFTEMP® PERMALITE®, GAFTEMP Recover Minimum $\frac{3}{4}$ " thick	N/A	N/A
Fiberglas Minimum $\frac{15}{16}$ " thick	N/A	N/A
Wood Fiber, GAFTEMP® Fiberboard Minimum 1" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density. Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment.

Top Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, EnergyGuard RA Minimum 1.3" thick	1, 2, 6, 9, 13, 14 or 21	1:3 ft ²
E'NRG'Y 2, GAFTEMP Isotherm RN Minimum 1.4" thick	1, 2, 6, 9, 13, 14 or 21	1:3 ft ²
GAFTEMP® Isotherm R, GAFTEMP® Isotherm R, BMCA EnergyGuard Minimum 1.3" thick	1, 2, 6, 9, 13, 14, 18 or 21	1:3 ft ²
ENRGY 2 Plus, GAFTEMP Composite N, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5" thick	6, 9, 18 or 21	1:3 ft ²
Perlite, GAFTEMP® PERMALITE Minimum $\frac{3}{4}$ " thick	1, 6, 9, 13 or 21	1:2 ft ²



Fiberglas
Minimum $\frac{15}{16}$ " thick

1, 2, 6, 9, 12, 13, 14, 18 or
21 1:2.67 ft²

Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard

Minimum 1" thick

1, 2, 13, 14 or 21 1:2 ft²

Note: Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator Perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Base Sheet:

Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Base Sheet GAFGLAS® PLY 4®, GAFGLAS FlexPly™ 6®, GAFGLAS® STRATAVENT® Eliminator Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID MOP Smooth or RUBEROID® 20 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. If base sheet is applied directly to polyisocyanurate insulation only a spot or strip mopped application as detailed in this approval the use of an overlay board is approved; (see General Limitation #4).

Ply Sheet:

(Optional, required when using RUBEROID 20) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet or GAFGLAS #80 ULTIMA adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane:

One ply of Ruberoid® Torch Smooth, Ruberoid® Torch Granule, Ruberoid® Torch Plus Granule or Ruberoid® Torch FR torch applied according to manufacturer's application instructions.

Or

One or more plies of RUBEROID® SBS Heat-Weld™ PLUS, RUBEROID® SBS Heat-Weld™ PLUS FR, RUBEROID® SBS Heat-Weld™ 170 FR, RUBEROID® SBS Heat-Weld™, RUBEROID® SBS Heat-Weld™ Smooth, RUBEROID® UltraClad™ SBS and RUBEROID® SBS Heat-Weld™ 25 applied according to manufacturer's application instructions.

Surfacing:

(Optional) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAF Premium Fibered Aluminum Roof Coating, at 1.5 gal. /sq. or GAF WeatherCoat® Emulsion at 3 gal./sq. (Torch Smooth applications only)
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

Maximum Design Pressure:

-45 psf;(See General Limitation #7)



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Membrane Type: SBS

Deck Type II: Wood, Insulated

Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank

System Type D (1): Insulation and Base sheet simultaneously attached

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft²
ACFoam-I, ENRGY 2, GAFTEMP® Isotherm R, ENRGY 2 Plus, GAFTEMP Isotherm RA, GAFTEMP Isotherm RN, BMCA EnergyGuard, EnergyGuard RA, EnergyGuard RA Composite BMCA EnergyGuard Composite, GAFTEMP Composite, GAFTEMP Composite A, GAFTEMP Composite N loosely laid with firmly butted joints. Minimum thickness, 1.3". GAFTEMP High Density Fiberboard, GAFTEMP Fiberboard, minimum thickness 1".		

Base Sheet: Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Base Sheet, GAFGLAS® STRATAVENT® Eliminator Perforated or RUBEROID® 20 base sheet applied over the loose laid insulation with 2" side laps mechanically fastened to deck as described below;

Fastening Options: GAFTITE #12 or #14 Screws and 3" Plates are installed through the base sheet and insulation in 3 rows 12" o.c. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet. (*Maximum Design Pressure -45 psf, See General Limitation #7*)

GAFTITE #12 or #14 Screws and 3" Plates in 4 rows 12" o.c. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet. (*Maximum Design Pressure -60 psf, See General Limitation #7*)

GAFTITE #12 or #14 Screws and 3" Plates are installed through the base sheet and insulation in 4 rows 8" o.c. One row is in the 2" side lap. The other 3 rows are equally spaced approximately 9" o.c. in the field of the sheet. (*Maximum Design Pressure -75 psf, See General Limitation #7*)

Ply Sheet: (Optional) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet, GAFGLAS #80 Ultima, RUBEROID MOP Smooth or RUBEROID 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One or more plies of RUBEROID MOP Smooth, Ruberoid® Mop 170 FR, Ruberoid® Mop Granule, Ruberoid® Mop Plus Granule, Ruberoid® 20, Ruberoid® 30 or Ruberoid® 30 FR or Ruberoid® Mop FR or RUBEROID UltraClad™ SBS in adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
Or,



One or more plies of RUBEROID MOP Smooth, RUBEROID® Mop Granule, RUBEROID® Mop 170 FR, RUBEROID® Mop Plus Granule, Ruberoid® 20, RUBEROID® 30, RUBEROID® 30 FR or RUBEROID® Mop FR or RUBEROID UltraClad™ SBS in RUBEROID Modified Bitumen Adhesive at an application rate of 1-2 gal./sq.

Surfacing:

(Optional, required if RUBEROID MOP Smooth or RUBEROID 20 is top membrane) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAFGLAS Mineral Surfaced Cap Sheet in an approved asphalt at an application rate of 25 lb./sq. ± 15%.
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq..

Maximum Design Pressure:

See Fastening above



Membrane Type: APP/SBS Heat Weld
Deck Type II: Wood, Insulated
Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
System Type D (1): Insulation and Base sheet simultaneously attached

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, ENRGY 2, GAFTEMP® Isotherm R, ENRGY 2 Plus, GAFTEMP Isotherm RA, EnergyGuard, EnergyGuard RA GAFTEMP Isotherm RN, GAFTEMP Composite, GAFTEMP Composite A, GAFTEMP Composite N loosely laid with firmly butted joints. Minimum thickness, 1.3". GAFTEMP High Density Fiberboard, GAFTEMP Fiberboard, minimum thickness 1".		

Base Sheet: Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Base Sheet, GAFGLAS® STRATAVENT® Eliminator Perforated or RUBEROID® 20 base sheet applied over the loose laid insulation with 2" side laps mechanically fastened to deck as described below;

Fastening Options: GAFTITE #12 or #14 Screws and 3" Plates are installed through the base sheet and insulation in 3 rows 12" o.c. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet. (*Maximum Design Pressure -45 psf, See General Limitation #7*)
 GAFTITE #12 or #14 Screws and 3" Plates in 4 rows 12" o.c. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet. (*Maximum Design Pressure -60 psf, See General Limitation #7*)
 GAFTITE #12 or #14 Screws and 3" Plates are installed through the base sheet and insulation in 4 rows 8" o.c. One row is in the 2" side lap. The other 3 rows are equally spaced approximately 9" o.c. in the field of the sheet. (*Maximum Design Pressure -75 psf, See General Limitation #7*)

Ply Sheet: (Optional, required when using RUBEROID 20) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet or GAFGLAS #80 Ultima adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Ruberoid® Torch Smooth, Ruberoid® Torch Granule, Ruberoid® Torch Plus Granule or Ruberoid® Torch FR torch applied according to manufacturer's application instructions.
 Or
 One or more plies of RUBEROID® SBS Heat-Weld™ PLUS, RUBEROID® SBS Heat-Weld™ PLUS FR, RUBEROID® SBS Heat-Weld™ 170 FR, RUBEROID® SBS Heat-Weld™, RUBEROID® SBS Heat-Weld™ Smooth, RUBEROID® UltraClad™ SBS and RUBEROID® SBS Heat-Weld™ 25 applied according to manufacturer's application instructions.



Surfacing:

(Optional) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAF Premium Fibered Aluminum Roof Coating, at 1.5 gal. /sq. or GAF WeatherCoat® Emulsion at 3 gal./sq. (Torch Smooth applications only)
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

**Maximum Design
Pressure:**

See Fastening Above



Membrane Type: SBS/SBS Cold Applied

Deck Type 1: Wood, Non-insulated

Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank decks

System Type E (1): Base sheet mechanically fastened to roof deck.

All General and System Limitations shall apply.

Base sheet: GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable, RUBEROID Modified Base Sheet, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened to deck as described below;

Fastening Options: GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.

(Maximum Design Pressure -45 psf, See General Limitation #7)

GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.

(Maximum Design Pressure -45 psf, See General Limitation #7)

GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field.

(Maximum Design Pressure -52.5 psf, See General Limitation #7)

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet. *(Maximum Design Pressure -60 psf, See General Limitation #7)*

Any of above Base sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field. *(Maximum Design Pressure -60 psf, See General Limitation #7)*

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet. *(Maximum Design Pressure -75 psf, See General Limitation #7)*

Ply Sheet: (Optional) One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6, GAFGLAS #80, RUBEROID MOP Smooth or RUBEROID 20 sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



Membrane: One or more plies of RUBEROID MOP Smooth, Ruberoid® Mop 170 FR, Ruberoid® Mop Granule, Ruberoid® Mop Plus Granule, Ruberoid® 20, Ruberoid® 30 or Ruberoid® 30 FR or Ruberoid® Mop FR or RUBEROID UltraClad™ SBS in adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
Or,
One or more plies of RUBEROID MOP Smooth, RUBEROID® Mop Granule, RUBEROID® Mop 170 FR, RUBEROID® Mop Plus Granule, Ruberoid® 20, RUBEROID® 30, RUBEROID® 30 FR or RUBEROID® Mop FR or RUBEROID UltraClad™ SBS in RUBEROID Modified Bitumen Adhesive at an application rate of 1-2 gal./sq.

Surfacing: (Optional, required if RUBEROID MOP Smooth or RUBEROID 20 is top membrane) Install one of the following:

1. Gravel or slag applied at 400 lb./sq. and 300 lb./sq. respectively in a flood coat of approved asphalt at 60 lb./sq.
2. GAFGLAS Mineral Surfaced Cap Sheet in an approved asphalt at an application rate of 25 lb./sq. ± 15%.
3. GAF Weathercote® MB+(Matrix 715 MB Coating), Applied at 1 to 1.5 gal./sq.
4. Top Coat® Surface Seal SB(Matrix 602 SB Coating), Applied at 1 to 1.5 gal./sq.

Maximum Design Pressure: See Fastening above



Membrane Type: APP/SBS Heat Weld
Deck Type 1: Wood, Non-insulated
Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank decks
System Type E (1): Base sheet mechanically fastened.

All General and System Limitations shall apply.

Base sheet: GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable, RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened to deck as described below;

Fastening Options: GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.

(Maximum Design Pressure –45 psf, See General Limitation #7)

GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.

(Maximum Design Pressure –45 psf, See General Limitation #7)

GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field.

(Maximum Design Pressure –52.5 psf, See General Limitation #7)

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –60 psf, See General Limitation #7)

Any of above Base sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.

(Maximum Design Pressure –60 psf, See General Limitation #7)

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –75 psf, See General Limitation #7)

Ply Sheet: (Optional except over RUBEROID Modified Base Sheet, RUBEROID MOP Smooth, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld) One or more plies GAFGLAS PLY 4®, GAFGLAS® PLY 6® Ply or GAFGLAS Flex Ply 6 sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or Ruberoid Torch Smooth torch applied according to manufacturer's application instructions.



WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Flex Ply™ 6 when used as a mechanically fastened base or anchor sheet.
2. Minimum ¼" Dens Deck or ½ Type X gypsum board is acceptable to be installed directly over the wood deck.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq. **Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.**
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida Registered Engineer, Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

END OF THIS ACCEPTANCE



NOA No: 03-0501.02
Expiration Date: 11/06/08
Approval Date: 10/23/03
Page 32 of 32

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JUNE 5, 2006

Page 1 of 2

SP01-20060014

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
NO.	DAVIS	DRIVE-IN	PASS	
1	11 MIRAMAR MARZO			INSPECTOR: <i>[Signature]</i>
8119	Cotler	WINDOWS	PASS	FASTENERS &
3	60 S River Rd Steve Conway	FINAL	(CLOSE)	BUCKS WERE NOT INSPECTED INSPECTOR: <i>[Signature]</i>
#1850	DESANTIS	FINAL GAS	PASS	CLOSE
4	82 SSPR SPECIALTY APPL.			INSPECTOR: <i>[Signature]</i>
8112	MACKAY	FINAL ROOF	PASS	CLOSE
5	2 OAKWOOD SUPERIOR ROOF			INSPECTOR: <i>[Signature]</i>
1541	LIPPISCH	FINAL FENCE	PASS	CLOSE
6	18 Riverview DR OB			INSPECTOR: <i>[Signature]</i>
7	Valeo 107 Hillcrest Ct	Work w/o Permits		DID NOT SEE UNUSUAL ACTIVITY INSPECTOR: <i>[Signature]</i>
7991	Zarwo	STEEL IN WALL ^{Reinbar}	PASS	
8	124 N SPR Buford Const			INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-16, 2006

Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0074		RESID. FINAL	PASS	CLOSE
6	11 MIRAMAR	ROOF		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
M.C.		D.C. PLUMBING	DUPLICATE	
	7 RIDGELAND			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
M.C.		ELECTRIC	PASS	
11	78 N. S. P.R.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC.		ROUGH ELEC.	FAIL	
11	78 N. S. P.R.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
M.C.		RESID. FINAL	PASS	CLOSE
8	16 N. S. P.R.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8924

REPLACE WINDOWS

&

DOORS



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	8924	DATE ISSUED:	JUNE 13, 2008
SCOPE OF WORK:	REPLACE WINDOWS & DOORS, PAINT EXTERIOR		
CONDITIONS:			
CONTRACTOR:	FRANKS X-PERT REMODELING		
PARCEL CONTROL NUMBER:	013841009000001609	SUBDIVISION	MIRAMAR - LOT 16
CONSTRUCTION ADDRESS:	11 MIRAMAR RD		
OWNER NAME:	DAVIS		
QUALIFIER:	FRANK LORETTI	CONTACT PHONE NUMBER:	215-9197

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TIE DOWN /TRUSS ENG	_____	INSULATION	_____
WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

PAMELA M. BUSH
Mayor

PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

THOMAS BAUSCH
Commissioner

JACQUI THURLOW-LIPPISCH
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

ANN-MARIE S. BASLER
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

JOSE TORRES
Maintenance

August 5, 2014

NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 11 Miramar Road, more specifically permit # 8924 issued on June 13, 2008 for Replacement of Windows and Doors and Paint Exterior.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

Town of Sewall's Point Code of Ordinances section 50-94 states: Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,

John R. Adams, C.B.O.
Building Official



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/14 - 14 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10566	Winslow	Rough-in		
9AM	10 S SPR	Electrical	CANCEL	
	Green			INSPECTOR
10827	De Rosa	Partial		
	16 N SPR	Strapping	PASS	
		Post Cap Inspection		INSPECTOR <i>A</i>
10940	Escobar	Final Alc		
11AM	22 E High PT	Mechanical	PASS	CLOSE
	Krauss + Crane			INSPECTOR <i>A</i>
8955	Dayton	Final		
	14 NE Palm Ct	Siding	PASS	CLOSE
	Wesley Mac Mullen	(notice of expired permit)		INSPECTOR <i>A</i>
9224	Davis	Final		
9AM	11 Miramar Rd	windows/door	PASS	CLOSE
	Frank's X-Perf	(notice of expired permit)		INSPECTOR <i>A</i>
10677	Hochstetter	Final		
	72 S River	Driveway	PASS	CLOSE
	Jack Mecca	(notice of expired permit)		INSPECTOR <i>A</i>
10934	Fabricy	Piping Column & Beam		
9:100 1000	6 Oakhill Way	Inspection.		
	Seagate			INSPECTOR

RECEIVED
DATE: 6-9-08
TOW: PGENT

Date: 06/02/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: JAMES DAVIS Phone (Day) 283-4648 (Fax) _____

Job Site Address: 11 MIRAMAR RD. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 16 MIRAMAR Parcel Number: _____

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work: REPLACE WINDOWS / DOORS - PAINT EXTERIOR

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO _____

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 15,000
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

CONTRACTOR/Company: FRANKS XPERT Remodeling Phone: 215-9197 Fax: _____

Street: 2753 SW. MARIPOSA City: PALM CITY State: FL Zip: 34990

State Registration Number: 3359378 State Certification Number: 3359259 Municipality License Number: MC

PROJECT SUPERINTENDANT: FRANK Loreti CONTACT NUMBER: 772 215-9197

ARCHITECT _____ Lic.#: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

OWNER SIGNATURE (required)
James Davis
State of Florida, County of: Martin
This the 9th day of June, 2008
by James Davis who is personally known to me or produced _____

CONTRACTOR SIGNATURE (required)
Frank Loreti
On State of Florida, County of: Martin
This the 9th day of June, 2008
by Frank S Loreti who is personally known to me or produced _____

as identification, Valerie Meyer
My Commission Expires: May 14, 2010
Florida Notary Service.com

As identification, Valerie Meyer
My Commission # DD552119
Expires: May 14, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) PLEASE CHECK YOUR PERMIT PROMPTLY!



Martin County, Florida
Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.13

Summary

print Owner
63 of 194

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-009-000-00160-9	11 MIRAMAR ROAD	17756	Owner	0	1

- Summary**
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Summary
Property Location 11 MIRAMAR ROAD
Tax District 2200 Sewall's Point
Account # 17756
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.344

Legal Description
Property Information
 MIRAMAR LOT 16

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 DAVIS, JAMES C
 DAVIS, SONYA J

Mail Information
 11 MIRAMAR RD
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$280,000
Market Impr Value \$79,360
Market Total Value \$359,360

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$96,500

Sale Date 4/18/1994
Book/Page 1066 1886

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 05/01/2008



NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: TAX FOLIO #:

STATE OF FLORIDA COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Lot 16 MIRAMAR - 11 MIRAMAR RD.

GENERAL DESCRIPTION OF IMPROVEMENT: WINDOWS / DOORS PAINT EXTERIOR

OWNER NAME: JAMES C. DAVIS
ADDRESS: 11 MIRAMAR RD STUART FLA, 34996
PHONE NUMBER: 772-283-4648 FAX NUMBER:

INTEREST IN PROPERTY: OWNER
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: FRANK LORETTI
ADDRESS: 2753 S. MADIPOSA
PHONE NUMBER: 772-215-9197 FAX NUMBER:

SURETY COMPANY (IF ANY):
ADDRESS:
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT:

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES:

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES OF
TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),
FLORIDA STATUTES.
PHONE NUMBER: FAX NUMBER:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:
(EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE JAMES C DAVIS - owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10th DAY OF June, 20 08

BY James Davis AS owner FOR

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED FID

NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

VALERIE MEYER
MY COMMISSION # DD552119
EXPIRES: May 14, 2010
Florida Notary Public

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

(Signature of Natural Person Signing Above)

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING CLERK
DATE: 06/10/08
D.C.
CIRCUIT COURT
MARTIN COUNTY, FLORIDA

INSTR # 2089080 OR BK 02333 PG 1371 RECD 06/10/2008 08:22:40 AM
Pg 1371 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney

COPY

SEWALL'S POINT ROAD

FOUND P.H.

720.04'

LOT 15

107.00'

FOUND 4x4 CONG. MONU.

FUMP W/PIPES 0.25' CLEAR

FOUND 4x4 CONG. MONU.

POWER POLE 1.1'E x 1.5'H

FOUND NAIL S. WASHER

MIRAMAR ROAD (19.6 ASPHALT)

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 6-10-08
 BUILDING OFFICIAL

140.19'

SEPTIC TANK

11

12

41.14'

13

26.1

19.5'

4' CHAINLINK FENCE

29.42'

1-STY. C.D.S. RESIDENCE # 11

STONE DRIVE

ENT.

10'

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

6" BELL TEL. WATER METER

34.02'

14

42.7'

10

7

29.69'

1.02'

1.89'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

106 NIRE FENCE

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

1.02'

ANCHOR

6" EASEMENT FOR PUBLIC UTILITIES

140.19'

LOT 4, P.D. 9, P. 0.29

FOUND 4x4 CONG. MONU. 0.35'E.

107.00'

FOUND 4x4 CONG. MONU. 0.199 x 1.06'E.

LOT 17



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

WINDOW DOOR SCHEDULE

ID NO	APPROX OPENING SIZE W X H	DESIGNATION	TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	106 1/2 X 51	D34	XO XSL		X	LIVING ROOM
2	53 1/4 X 38 1/2	33	XXSL		X	BEDROOM #1
3	"	33	XXSL		X	TV ROOM
4	"	33	XXSL		X	GARAGE
5	106 1/2 X 63 1/4	D35	XO XSL		X	FLORIDA ROOM
6	"	D35	XO XSL		X	FLORIDA ROOM
7	37 1/4 X 38 1/2	23	XXSL		X	LAUNDRY ROOM
8	38 1/4 X 81 1/4	3'0" X 6'8"	O/S	X		FRONT DOOR
9	"	"	O/S	X		FRONT DOOR
10	34 X 79"	2'8 1/2 X 6'5"	O/S	X		FRONT DOOR
11	54 X 81 1/4	DOOR W/SLIDING	O/S	X		
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

PERCENTAGE OF NEW GLAZED AREA: _____ %
 TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE

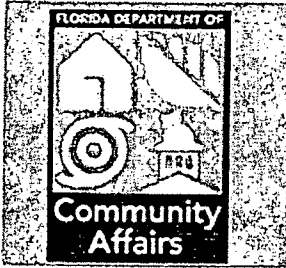
NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutter or impact resistant glazing) as per 2004 FBC EXISTING BUILDING 507.1

TYPE WINDOWS

- SH - SINGLE HUNG
- AWN - AWNING
- SL - SLIDING
- DB - DOUBLE HUNG
- CAS - CASEMENT
- FIX - FIXED

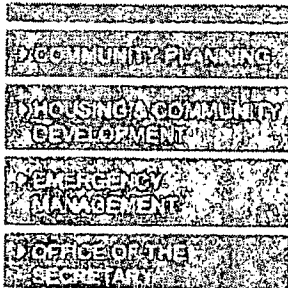


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Product Approval
USER: Public User

Product Approval Menu > Product or Application Search > Application List > Application Detail



FL #	██████████
Application Type	New
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>

Product Manufacturer	JELD-WEN
Address/Phone/Email	3737 Lakeport Blvd Klamath Falls, OR 97601 (541) 882-3451 stevestr@jeld-wen.com

Authorized Signature	Steve Strawn stevestr@jeld-wen.com
----------------------	---------------------------------------

Technical Representative	Steve Strawn
Address/Phone/Email	31725 Hwy 97 N. Chiloquin, OR 97624 (541) 783-2057 stevestr@jeld-wen.com

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Quality Assurance Representative	
Address/Phone/Email	

Category	Windows
Subcategory	Horizontal Slider

Compliance Method	Certification Mark or Listing
-------------------	-------------------------------

Certification Agency	American Architectural Manufac
----------------------	--------------------------------

Validated By

Referenced Standard and Year (of Standard) **Standard**
 AAMA/WDMA101/I.S.2-97
 ASTM E1300-02
 ASTM E1886-97
 ASTM E1996-02
 ASTM E330-02

Equivalence of Product Standards
 Certified By

Product Approval Method Method 1 Option A

Date Submitted 03/14/2006
 Date Validated 03/14/2006
 Date Pending FBC Approval 03/15/2006
 Date Approved 03/22/2006

Summary of Products		
FL #	Model, Number or Name	Description
6386.1	8200 Series Horizontal Slider Window	JELD-WEN Premium Atlan Horizontal Slider
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: HS-R50, maximum size 74 X 54. Impact rated product, maximum size 74" x 54". +50 -50 Design pressure rating. Product must be installed in accordance with the attached installation instructions. Not for use in HVHZ. Glazing shall comply with ASTM E 1300-02		Certification Agency Ce FL6386 R0 C CAC 8200 Quality Assurance Cont Installation Instruction FL6386 R0 II 8200 INS Verified By: American Ar Manufacturers Associatio Created by Independent Evaluation Reports Created by Independent

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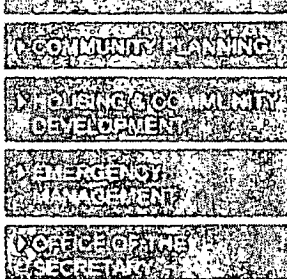


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Product Approval
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Product Approval Menu > Product or Application Search > Application List



Search Criteria

Code Version	2004 FL#
Application Type	ALL Product Manufacturer
Category	ALL Subcategory
Application Status	ALL Compliance Method
Quality Assurance Entity	ALL Quality Assurance Entity Contract Expi
Product Model, Number or Name	ALL Product Description
Approved for use in HVHZ	ALL Approved for use outside HVHZ
Impact Resistant	ALL Design Pressure
Other	ALL

Search Results - Applications

FL#	Type	Manufacturer	Valida
FL7823	New	JELD-WEN Model: Steel, Wood Edge, Flush Glazed Impact Door Description: 6-0.x 6-8, XX, OS, Flush Glazed, Impact Category: Exterior Doors Subcategory: Swinging Exterior Door Assemblies	

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DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards
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 Tallahassee, Florida 32399-2100
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Product Approval Accepts:



FLORIDA DEPARTMENT OF Community Affairs



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Product Approval

USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**

- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- EMERGENCY MANAGEMENT
- OFFICE OF THE SECRETARY

FL #	FL7823
Application Type	New
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>

Product Manufacturer
Address/Phone/Email

JELD-WEN
3737 Lakeport Blvd
Klamath Falls, OR 97601
(541) 882-3451
stevestr@jeld-wen.com

Authorized Signature

Steve Strawn
stevestr@jeld-wen.com

Technical Representative
Address/Phone/Email

Steve Strawn
31725 Hwy 97 N.
Chiloquin, OR 97624
(541) 783-2057
stevestr@jeld-wen.com

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Exterior Doors
Swinging Exterior Door Assembl

Compliance Method

Certification Mark or Listing

Certification Agency

National Accreditation & Manage

Validated By

Referenced Standard and Year (of Standard) **Standard**

ASTM E1886

ASTM E1996

ASTM E330

ASTM E331

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

11/16/2006

Date Validated

11/16/2006

Date Pending FBC Approval

11/20/2006

Date Approved

12/06/2006

Summary of Products

FL #	Model, Number or Name	Description
7823.1	Aurora IWP 6 Panel Folding Door	18-0 x 8-0, 6-Panel Foldir
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +45/-45 Other: Product must be installed per manufacturers installation instructions		Certification Agency Ce FL7823 RO C CAC NIOC Quality Assurance Cont Installation Instruction FL7823 RO II LCD001.P Verified By: National Acci Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.2	Premium Fiberglass, Glazed Impact Door, w/Non-Impact Side-lites	8-4 x 8-0, OXXO, OS, GL,
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes		Certification Agency Ce FL7823 RO C CAC NIOC Quality Assurance Cont

Impact Resistant: Yes Design Pressure: +60/-60 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Installation Instruction <u>FL7823_R0_II_JW142000</u> Verified By: National Acc Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.3	Premium Fiberglass, Opaque Impact Door, w/Non-Impact Side-lites	8-4 x 8-0, OXXO, OS, OP,
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-60 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIOO</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW102000</u> Verified By: National Acc Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.4	Steel, Wood Edge, Flush Glazed Door	6-0 x 8-0, XX, IS, Flush G
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIOO</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW192000</u> Verified By: National Acc Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.5.	Steel, Wood Edge, Flush Glazed Door	6-0 x 8-0, XX, OS, Flush (
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIOO</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW202000</u> Verified By: National Acc Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.6	Steel, Wood Edge, Flush Glazed Door	6-0 x 6-8, XX, IS, Flush G

Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIO0</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW192000</u> Verified By: National Acci Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.7	Steel, Wood Edge, Flush Glazed Door	6-0 x 6-8, XX, OS, Flush (
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIO0</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW202000</u> Verified By: National Acci Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.8	Steel, Wood Edge, Flush Glazed Impact Door	6-0 x 8-0, XX, IS, Flush C
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIO0</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW212000</u> Verified By: National Acci Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.9	Steel, Wood Edge, Flush Glazed Impact Door	6-0 x 8-0, XX, OS, Flush (
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions		Certification Agency Ce <u>FL7823_R0_C_CAC_NIO0</u> Quality Assurance Cont Installation Instruction <u>FL7823_R0_II_JW222000</u> Verified By: National Acci Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.10	Steel, Wood Edge, Flush	6-0 x 6-8, XX, IS, Flush C

Glazed Impact Door	
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions	Certification Agency Ce FL7823 R0 C CAC NIOO Quality Assurance Cont Installation Instruction FL7823 R0 II JW212000 Verified By: National Acc Management Institute, Created by Independent Evaluation Reports Created by Independent
7823.11	Steel, Wood Edge, Flush Glazed Impact Door
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions	6-0 x 6-8, XX, OS, Flush (
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55/-55 Other: Requires Surface Bolt to meet higher listed DP rating. Product must be installed per manufacturers installation instructions	Certification Agency Ce FL7823 R0 C CAC NIOO Quality Assurance Cont Installation Instruction FL7823 R0 II JW222000 Verified By: National Acc Management Institute, Created by Independent Evaluation Reports Created by Independent

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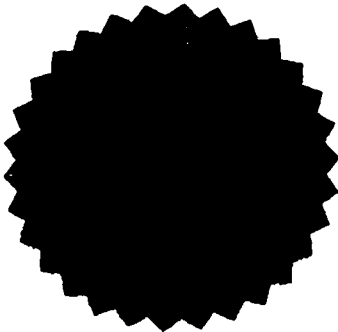
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Tallahassee, Florida 32399-2100
(850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:



NAMI NOTICE OF PRODUCT LINE CERTIFICATION



Certification No.: NI006825 Page 1
Date: 11/15/2006
Revision Date: _____
Certification Program: Structural
Company: Jeld-Wen
Code: J-104-3

The "Notice of Product Line Certification" is valid only when Administrator's Seal is applied to the upper left hand portion of this form and a certification label is applied to the product. This certification seal represents product conformity to the applicable specification and that all certification criteria has been satisfied.

The products and systems listed below are approved for listing in the Directory of Certified Products at www.NAMICertification.com. Please review, and advise NAMI immediately if data, as shown requires corrections.

Company: **Jeld-Wen Exterior Doors**
3737 Lakeport Boulevard
Klamath Falls, OR 97601

Product Line: **Steel Wood-Edge Flush Glazed Impact Doors**

Test Report: **NCTL-210-3348-1**

Section 1: General Description of the Products and Systems under this Certification

- 1.1 **Frame:** The frame jambs consist of wood with all corners coped and butted. The head was attached to the jambs with one (1) 16 ga 7/16" crown x 2" long staples on each side and two (2) #10 x 1-1/2" pan head screws. The sill was attached to the jambs with two (2) #10 x 1-1/2" pan head screws.
- 1.2 **Door Panel Construction:** Each door panel was constructed from two (2) face sheets of 24 gauge galvanized steel.
- 1.3 **Panel Glazing:** The overall insulated glass unit was comprised of one (1) 1/8" thick tempered glass lite, a 1/2" air space, and a laminate with one (1) 1/8" annealed glass, a 0.090" PVB interlayer by Solutia, and a 1/8" annealed glass.

National Accreditation & Management Institute, Inc.
11870 Merchants Walk Suite 202-Newport News, VA 23606
TEL(757) 594.8658 FAX(757)594-8659

Section 2: Registered Suppliers

2.1	Door Lites:	Cardinal
2.2	Astragal:	Endura
2.3	Sills	Endura (FOB4566A)
		Endura (AI4566AA)

See additional Pages of Certification for Certified Product Line Matrix(s) and Installation Details. If you have any questions regarding this certification, please contact NAMI at (757)594-8658.

National Accreditation & Management Institute, Inc.
11870 Merchants Walk Suite 202-Newport News, VA 23606
TEL(757) 594.8658 FAX(757)594-8659



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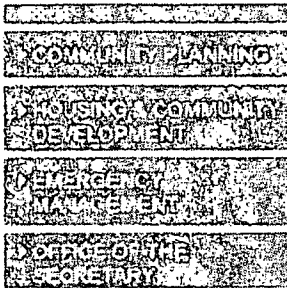
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USER: Public User

Product Approval Menu > Product or Application Search > Application List > Application Detail



FL # XXXXXXXXXX

Application Type New

Code Version 2007

Application Status Applied For

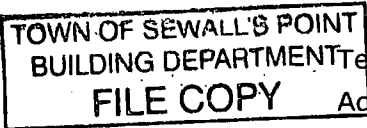
Comments

Archived

Product Manufacturer JELD-WEN

Address/Phone/Email 3737 Lakeport Blvd
Klamath Falls, OR 97601
(541) 882-3451
stevestr@jeld-wen.com

Authorized Signature Steve Strawn
stevestr@jeld-wen.com



Technical Representative Steve Strawn
Address/Phone/Email 31725 Hwy 97 N.
Chiloquin, OR 97624
(541) 783-2057
stevestr@jeld-wen.com

Quality Assurance Representative
Address/Phone/Email

Category Windows

Subcategory Horizontal Slider

Compliance Method Certification Mark or Listing

Certification Agency American Architectural Manufac

Validated By

American Architectural Manufac

Referenced Standard and Year (of Standard) **Standard**

AAMA/WDMA/CSA 101/I.S.2-/A
ASTM E 1300-02

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

05/12/2008

Date Validated

Summary of Products

FL #	Model, Number or Name	Description
10695.1	Builders Aluminum Horizontal Slider	Builders Aluminum Horizo
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +35/-35 Other:		Certification Agency Ce FL10695_R0_C_CAC_BA4200_1_HS-R35_111x63_Exp03 Quality Assurance Cont 03/29/2011 Installation Instruction FL10695_R0_II_BA4200_Masonry_111x63.pdf FL10695_R0_II_BA4200_Wood Frame_111x63.pdf Verified By: American Ar Manufacturers Associator Created by Independent Evaluation Reports Created by Independent

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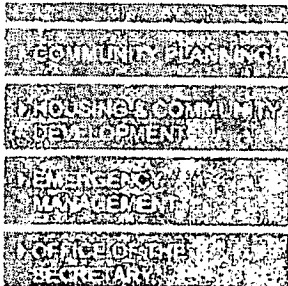
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Product Approval

USER: Public User

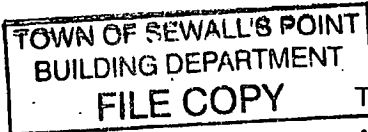
Product Approval Menu > Product or Application Search > Application List > Application Detail



FL #	78425-R
Application Type	Revision
Code Version	2007
Application Status	Applied For
Comments	r-a 2/13/08 reviewed 2/13/08,
Archived	<input type="checkbox"/>

Product Manufacturer	JELD-WEN
Address/Phone/Email	3737 Lakeport Blvd Klamath Falls, OR 97601 (541) 882-3451 stevestr@jeld-wen.com

Authorized Signature	Steve Strawn stevestr@jeld-wen.com
----------------------	---------------------------------------



Technical Representative	Steve Strawn
Address/Phone/Email	31725 Hwy 97 N. Chiloquin, OR 97624 (541) 783-2057 stevestr@jeld-wen.com

Quality Assurance Representative
Address/Phone/Email

Category	Windows
Subcategory	Horizontal Slider

Compliance Method	Certification Mark or Listing
-------------------	-------------------------------

Certification Agency	American Architectural Manufac
----------------------	--------------------------------

Validated By

American Architectural Manufac

Referenced Standard and Year (of Standard) **Standard**

AAMA/WDMA/CSA 101/I.S.2/A
ASTM E 1300

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

02/12/2008

Date Validated

Summary of Products

FL #	Model, Number or Name	Description
8425.1	Premium Atlantic Vinyl Horizontal Slider (8200)	74x54
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		Certification Agency Ce FL8425 R1 C CAC PAVI 1_74x54 HS-R50 Exp07 Quality Assurance Cont 07/27/2011 Installation Instruction FL8425 R1 II PAV8200 Wood Frame 74x54.pdf Verified By: American Ar Manufacturers Associator Created by Independent Evaluation Reports Created by Independent

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Product Approval Accepts:





8924

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 11 MIRAMAR

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

WINDOWS / DOORS / ~~SHUTTERS~~

FASTENERS FOR DOORS / WINDOWS
ARE CONCEALED & CAN
NOT BE ~~INSPECTED~~
INSPECTED.

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 9/11

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thurs~~ ^{Thurs} 9-11, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8988	Davis	Final	PASS	CLOSE
4	11 Miramar All Am Shutters			INSPECTOR: <i>[Signature]</i>
8848	Nobeil	Final	FAIL	
1	26 W High Pt Montalvo			INSPECTOR: <i>[Signature]</i>
8909	McGovern	Equipotential	PASS	
3	2 Tuscan	light meter	PASS	
	5 Florida Custom Pools	plumbing	PASS	INSPECTOR: <i>[Signature]</i>
Tree	PP Kramer	Tree	PASS	
2	11 Skidgview			INSPECTOR: <i>[Signature]</i>
CE	3 Palmetto Dr	fence in need of repair		WILL TALK w/ OWNER INSPECTOR:
8583	Giachino	Final	FAIL	NO ACCESS
5	11 Wendy Ln OB	Elec/dock	PASS (CLOSE)	REINSPECTED INSPECTOR: <i>[Signature]</i>
8924	DAVIS	WOOD/POOL	FAIL	
	11 MIRAMAR FRANK X-PERT.			INSPECTOR: <i>[Signature]</i>
OTHER: 8987	Patten	mailing	PASS	
	91 River Rd	TRUSS MODIFICATIONS		<i>[Signature]</i>
	Everglades			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

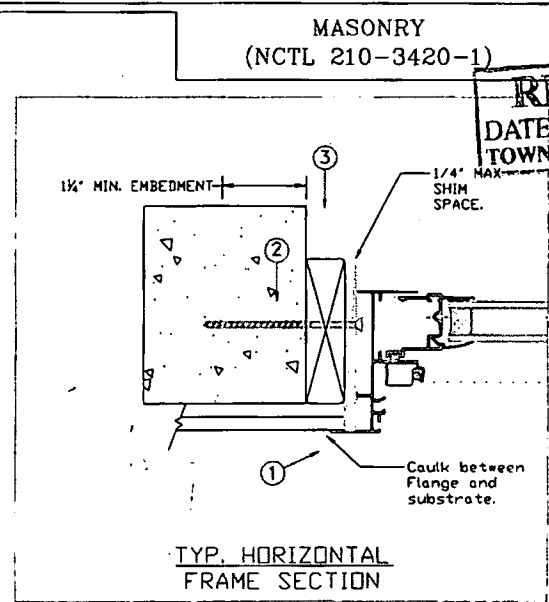
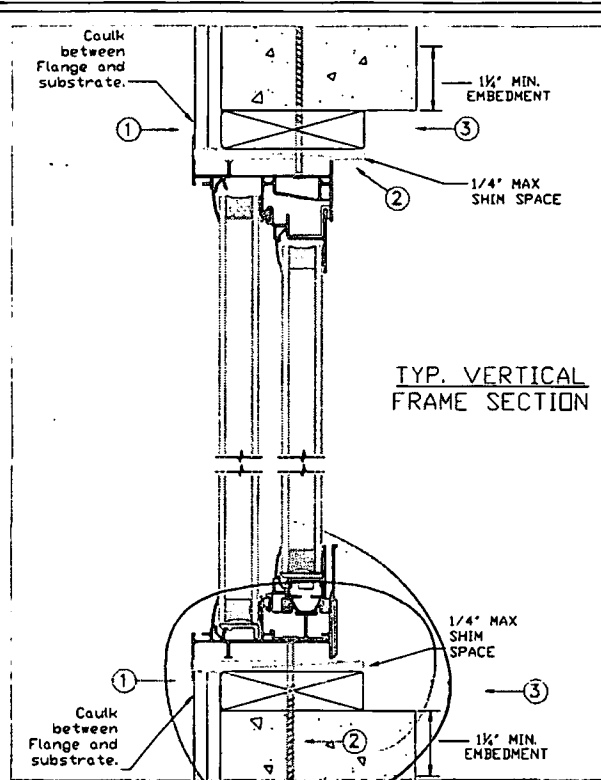
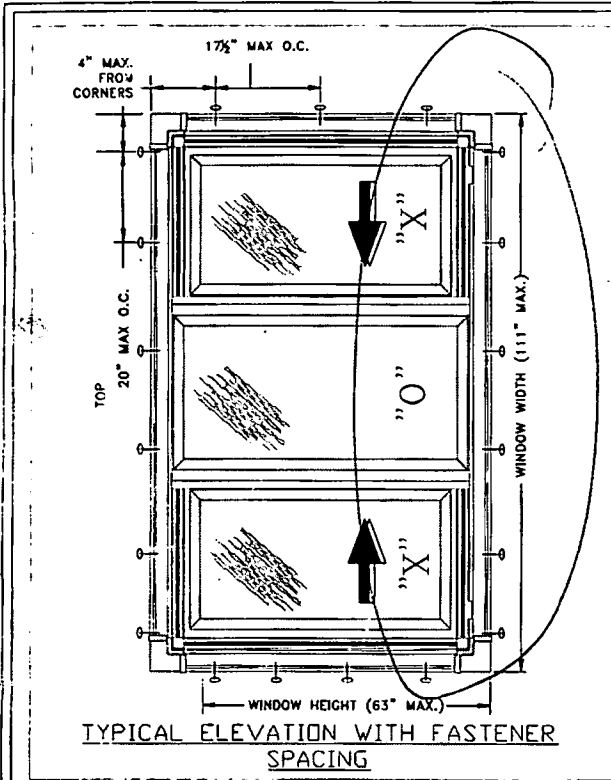
Date of Inspection: Mon ~~Tues~~ **WED** Fri 9-16, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8924	11 Miramar	Final	FAIL	NO-1
1st	11 Miramar Kambo x best	Windows & Door	PASS	INSPECTOR:
8970	Vasko 98 S River Everdades	Reinspect Final Fence	PASS	Close INSPECTOR: <i>A</i>
8979	Olson 19 N. River Hufnagel	Footer DECK	PASS	INSPECTOR: <i>A</i>
8992	Sapp 6 Miramar Steve Conway	Flaming DECK	PASS	INSPECTOR: <i>A</i>
Tree	Gibson 134 S River Rd	Tree	<i>OK</i>	DEAD OAK TREE INSPECTOR: <i>A</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
OTHER:				

Permit # 8924
11 Maraman

FRANKS X-Perf Rem. 215 9197



HORIZONTAL SLIDER

Max Frame	DP	IMPACT
111 x 63	+35/-35	NO

RECEIVED
DATE: 9-16-08
TOWN OF SEWALL'S POINT

GENERAL NOTES:

- The product shown herein is designed and manufactured to comply with the 2004 Florida Building Code (Supplement 2006).
- Wood buck or stud framing to be designed and anchored to properly transfer all loads to the structure. Buck or framing is the responsibility of the architect or engineer of record for the project of installation.
- An impact protective system is required where wind borne debris protection is required.

Installed Fastener Schedule:

- Seal flange to substrate.
- Use 3/16" Tapcon or equivalent fasteners through jamb with sufficient length to penetrate a minimum of 1 1/4" into masonry.
- Buck, framing and masonry by others and is responsibility of architect or engineer of record.

This schedule addresses only the fasteners required to anchor the window to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to www.jeld-wen.com/resources/installation.

DISCLAIMER:

This drawing and its contents are confidential and are not to be reproduced or copied in whole or in part or used or disclosed to others except as authorized by JELD-WEN Inc.

PROJECT ENGINEER: --	DATE: 10/09/2007	JELD-WEN	355 Center Court Venice, Florida 34285 (941) 497-1948		
	DRAWN BY: M. Tetzlaff		SCALE: NTS		
	CHECKED BY: --	TITLE: Builders Aluminum (4200) XOx Horizontal Slider Masonry Installation (111" x 63")			
	APPROVED BY: --	PART/PROJECT No.:			
IDENTIFIER No. NCTL 210-3420-1	PLANT NAME AND LOCATION: Venice Window Division	CAD DWG. No.: BA4200_NCTL210-3420-	REV: 00	SHEET 1 of 2.	

8988

HURRICAN SHUTTERS



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	8988	DATE ISSUED:	AUGUST 27, 2008
SCOPE OF WORK:	HURRICANE SHUTTERS		
CONDITIONS:			
CONTRACTOR:	ALL AMERICAN SHUTTERS		
PARCEL CONTROL NUMBER:	01384100900001609	SUBDIVISION	MIRAMAR - LOT 16
CONSTRUCTION ADDRESS:	11 MIRAMAR RD		
OWNER NAME:	DAVIS		
QUALIFIER:	ANTHONY BARBIERI	CONTACT PHONE NUMBER:	561-712-9882

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

RECEIVED
DATE: 8-22-08
TOWN OF SEWALL'S POINT

Date: 8/22/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: JAMES DAVIS Phone (Day) 772-283-4648 (Fax) NONE

Job Site Address: 11 MIRAMAR RD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 16 MIRAMAR Parcel Number: _____

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work: HURRICANE SHUTTERS

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO _____
Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2000.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

CONTRACTOR/Company: All American Shutters Phone: 561-712-9882 Fax: 561-478-0222

Street: 3635 Fiscal Ct. City: Riviera Beach State: FL Zip: 33404

State Registration Number: _____ State Certification Number: CBC 1250404 Municipality License Number: _____

PROJECT SUPERINTENDANT: Tony Hoehn CONTACT NUMBER: 561-248-5378

ARCHITECT _____ Lic.#: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wwood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.04

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

OWNER SIGNATURE (required)
James C. Davis
State of Florida, County of: Martin
This the 22nd day of Aug, 2008
by James C. Davis who is personally known to me or produced FL Notary Public 120-443-46301-0 as identification.
Valerie [Signature]
My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Palm Beach
This the 20 day of August, 2008
by Anthony [Signature] who is personally known to me or produced State of Florida My comm. expires March 13, 2009 As identification: No. 58044241 [Signature]
Bonded thru Ashton Agency, Inc. (800)451-4854 Notary Public
My Commission Expires: 3.23.2009

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

FLORIDA NOTARY PUBLIC
VALERIE [Signature]
COMMISSION EXPIRES: May 14, 2010
Florida Notary Services.com
(877) 333-0183



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.13

Summary

print Owner
60 of 192

Parcel Info

Parcel ID	Unit Address	SerialIndex ID Order	Commercial	Residential
01-38-41-009-000-00160-9	11 MIRAMAR ROAD	17756Owner	0	1

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Summary

Property Location 11 MIRAMAR ROAD
Tax District 2200 Sewall's Point
Account # 17756
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.344

Legal Description
Property Information
 MIRAMAR LOT 16

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 DAVIS, JAMES C
 DAVIS, SONYA J

Mail Information
 11 MIRAMAR RD
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$280,000
Market Impr Value \$79,360
Market Total Value \$359,360

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$96,500

Sale Date 4/18/1994
Book/Page 1066 1886

[Print](#) | [Back to List](#) | [<< First](#) | [< Previous](#) | [Next >](#) | [Last >>](#)

[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 08/18/2008

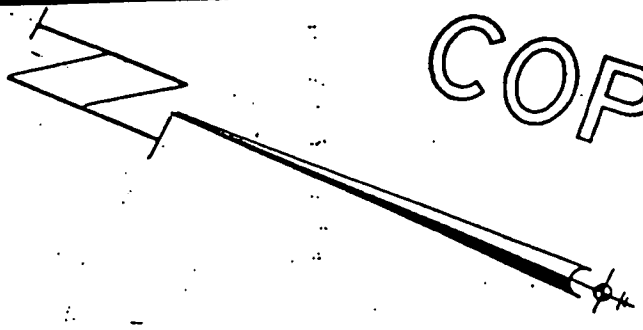


SEWALL'S POINT ROAD

COPY

720.04'

FOUND P.H.



LOT 15
107.00'

FOUND 4x4 CONC. MONU.

PUMP W/PIPES
0.25' CLEAR

POWER POLE 1.1'E x 1.5'H.

FOUND 4x4 CONC. MONU.

FOUND NAIL'S WASHER

E. MIRAMAR ROAD (19.6 ASPHALT)

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 8.26.08
BUILDING OFFICIAL

SEPTIC TANK

140.19'

41.14'

28.7'

4' CHAINLINK FENCE

29.42'

1-STY. C.O.S. RESIDENCE #11

STONE DRIVE

ENT.

10' CONC. PAD

106 WIRE FENCE

6 BELL TEL. WATER METER

24.02'

16.27'

15.74'

29.69'

22°

90°

FOUND 4x4 CONC. MONU. 0.75'E.

107.00'

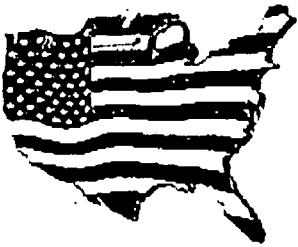
FOUND 4x4 CONC. MONU. 0.199 x 1.06'E

LOT 17

ANCHOR
6" EMBELEMMENT FOR PUBLIC UTILITIES

140.19'

LOT 4, P.D. 7, P. 29



All American Shutters

3635 Fiscal Court
Riviera Beach, Florida 33404
Phone: (561) 712-9882
Fax: (561) 478-0222

Fax Cover Sheet

Send to: <i>Mr. Jim Davis</i>	From: <i>Retail Dept.</i>
Attention:	Date: <i>08-18-08</i>
Fax Number: <i>561-746-3241</i>	Phone Number: 561-712-9882

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your information

Total pages, including cover: 18

Comments:

Attached is engineering, identification schedule and pressure calculation sheet for the Accordion being installed on your house at 11 Miramar Rd.

*Sincerely,
Retail Department
All American Shutters*

THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE ENTITY NAME ABOVE. THIS INFORMATION MAY BE PRIVILEGED AND CONFIDENTIAL. IF READERS OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEARBY NOTIFIED THAT ANY DISSEMINATION, COPYING OR DISTRIBUTION OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND DISPOSE OF FAX. THANK YOU.



All American Shutters

3635 Fiscal Court
 Riviera Beach, FL 33404
 Ph. (561) 712-9882
 Fax. (561) 478-0222

Property Information		Building Information	
Owner:	Davis, James	Wind Zone:	140 MPH.
Address:	11 Miramar Rd Scwall's Point, FL 34996	Exposure Category:	C
		Minimum Building Dimension:	45 ft.
		Mean Roof Height:	15 ft.
		Structure Category:	II

Design Pressure Calculations						
Opening Number	Location Zone	Device Width (in)	Device Height (in)	Device Elevation (ft)	Max Positive Pressure (psf)	Max Negative Pressure (psf)
1	End	113	64.5	7	45.0	-56.7
2	End	113	64.5	7	45.0	-56.7
3	End	79	85.5	7	45.2	-57.2

11 Miramar Rd

MIAMI-DADE COUNTY
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
 METRO-DADE FLAGLER BUILDING

140 WEST FLAGLER STREET, SUITE 1603
 MIAMI, FLORIDA 33130-1563
 (305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

www.miamidade.gov

Anthony Barbieri and Associates, Inc. dba AMERIGUARD
 3635 Fiscal Court
 Riviera Beach, Florida 33404

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: "6.8" - HR " Aluminum Accordion Shutter

APPROVAL DOCUMENT: Drawing No. 06-379, titled " 6.8 & HR Alum. Accordion Shutters ", sheets 1 through 13 of 13, prepared by Thornton-Tomasetti Group, dated June 30, 2005, last revision #1 dated December 16, 2005, signed and sealed by J. W. Knezevich, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA revises & renews NOA # 01-0910.08 and consists of this page 1, evidence submitted pages E-1 & E-2 as well as approval document mentioned above.

The submitted documentation was reviewed by Helmy A. Makar, P.E.



Helmy A. Makar
 07/20/2006

NOA No 06-0511.05
 Expiration Date: 10/10/2011
 Approval Date: 07/20/2006
 Page 1

Anthony Barbieri and Associates, Inc. dba AMERIGUARD**NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**

- 1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #01-0910.08**
 - A. DRAWINGS**
 1. *Drawing No. 01-861, prepared by Knezevich & Associates, Inc., titled " 6.8 - HR Accordion Shutter", dated December 8, 1998, last revision #6 dated February 08, 2001, sheets 1 through 11 of 11, signed and sealed by V. J. Knezevich, P.E.*
 - B. TESTS**
 1. *See Association's generic approval number 00-0086.*
 - C. CALCULATIONS**
 1. *See Association's generic approval number 00-0086.*
 - D. MATERIAL CERTIFICATIONS**
 1. *See Association's generic approval number 00-0086.*
 - E. STATEMENTS**
 1. *Release letter issued by the Southern Shutter Association, Inc., dated August 20, 2001, certifying this product to meet the criteria of product tested and approved, and allowing All American Shutters, Inc. to use the test results approved under Miami-Dade County Approval No. 00-0086, signed by Mr. Tim O'Connor.*
 2. *Acknowledgment letter by All American Shutters, Inc. dated August 9, 2001, signed by Mr. Alan Bias.*
 3. *Letter by Knezevich & Associates, Inc., dated September 6, 2001, certifying that the drawing (No. 01-861) prepared for All American Shutters, Inc., signed and sealed by V.J. Knezevich, P.E., is engineering wise identical to Southern Shutter Association, Inc. generic drawing (No. 98-254).*
 4. *Acceptance Letter issued to Mr. Alan Bias on October 3, 2001 and returned signed by Mr. Alan Bias on October 9, 2001, indicating to please issue the proposed Notice of Acceptance as submitted and reviewed.*
- 2. NEW EVIDENCE SUBMITTED**
 - A. DRAWINGS**
 1. *Drawing No. 06-379, titled " 6.8 & HR Alum. Accordion Shutters ", sheets 1 through 13 of 13, prepared by Thornton-Tomasetti Group, dated June 30, 2005, last revision #1 dated December 16, 2005, signed and sealed by J. W. Knezevich, P.E.*
 - B. TESTS**
 1. *See Association's generic approval number 05-0217.*



Helmy A. Makar, P. E.
 Product Control Examiner
 NOA No 06-0511.05
 Expiration Date: 10/10/2011
 Approval Date: 07/20/2006

Anthony Barbieri and Associates, Inc. dba AMERIGUARD**NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED****C. CALCULATIONS**

1. See Association's generic approval number 05-0217.

D. QUALITY ASSURANCE

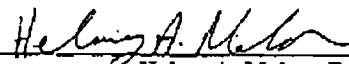
1. By Miami-Dade County Building Code Compliance Office.

E. MATERIAL CERTIFICATIONS

1. See Association's generic approval number 05-0217.

F. STATEMENTS

1. Release letter issued by the Southern Shutter Association, Inc., dated May 11, 2006, certifying this product to meet the criteria of product tested and approved, and allowing Anthony Barbieri and Associates, Inc. dba AMERIGUARD to use the test results approved under Miami-Dade County Approval No. 05-0217, signed by Mr. Thomas B. Johnson.
2. Acknowledgment letter by Anthony Barbieri and Associates, Inc. dba AMERIGUARD., dated April 03, 2006, signed by Mr. Anthony Barbieri.
3. Letter by Thornton-Tomasetti Group, dated May 09, 2006, certifying that the drawing (No. 06-379) prepared for Anthony Barbieri and Associates, Inc. dba AMERIGUARD, signed and sealed by John W. Knezevich, P.E., is engineering wise identical to Southern Shutter Association, Inc. generic drawing (No. 05-376).



Helmy A. Makar, P. E.

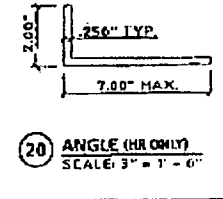
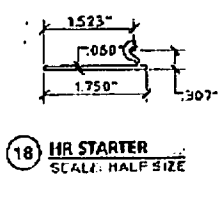
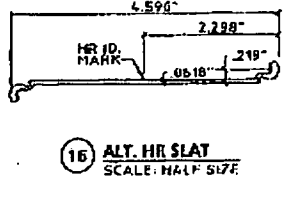
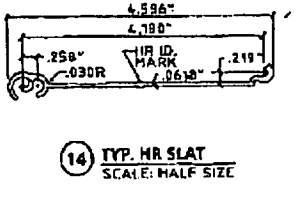
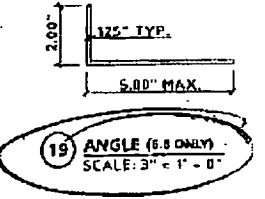
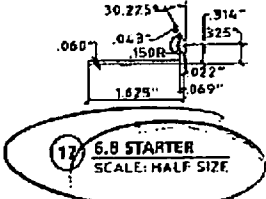
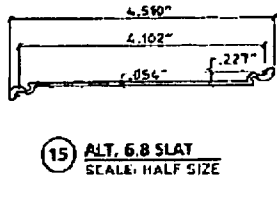
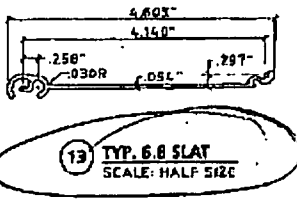
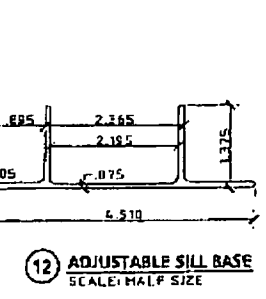
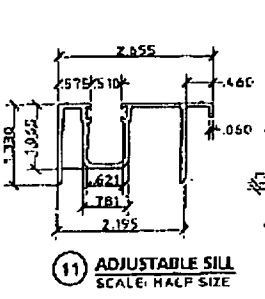
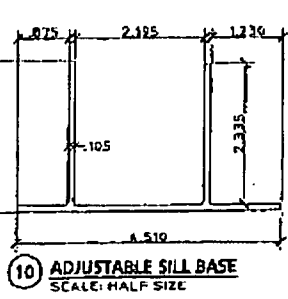
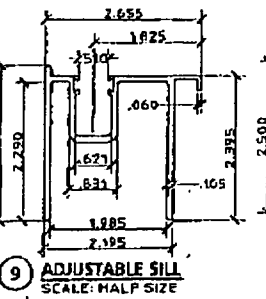
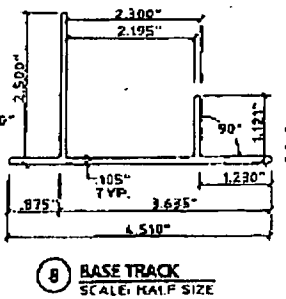
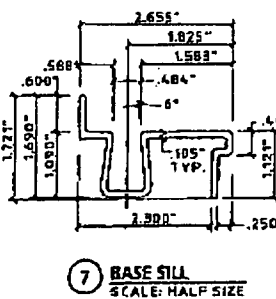
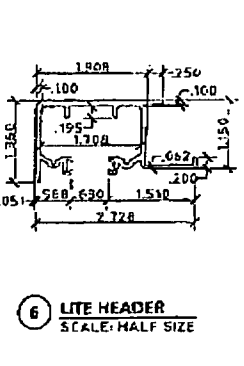
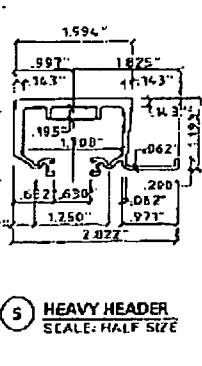
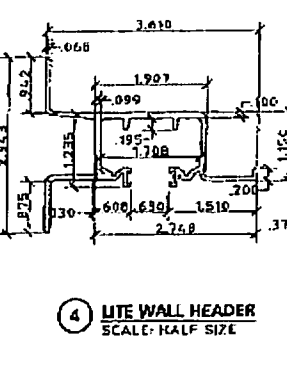
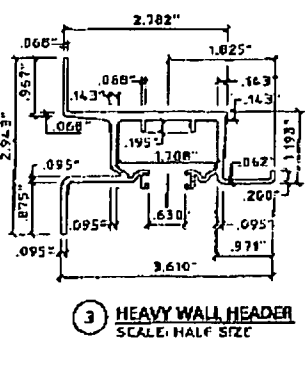
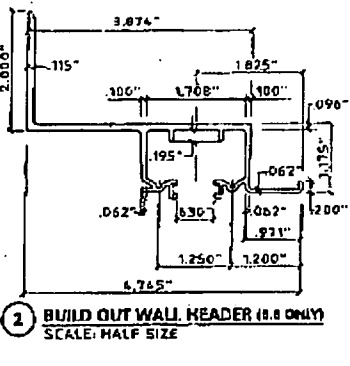
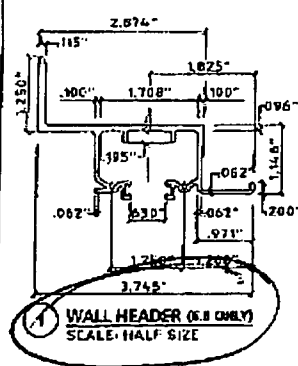
Product Control Examiner

NOA No 06-0511.05

Expiration Date: 10/10/2011

Approval Date: 07/20/2006

ACCORDION SHUTTER COMPONENTS
FOR 6.8 & HR ACCORDION SHUTTER SYSTEMS



PRODUCT REVISIONS
to comply with the Florida
Building Code
Approved For 06-05-11-09
Expiration Date 12/10/11
By: *William A. Miller*
Metal Trade Technical Council
Division

Thornton-Tomasetti Group
130 West 45th Ave., Suite 401, New York, NY 10018
Tel: (212) 850-3500 Fax: (212) 850-3519
Website: www.thornton-tomasetti.com

AMERIGUARD
6.8 & HR ALUM. ACCORDION SHUTTERS
15000 W. 16th Ave., Suite 300, Denver, CO 80202
Tel: (303) 440-9300 Fax: (303) 440-9340
www.ameriguardsluts.com

J.W. Kruezevich
Professional Engineer
No. 00089812 - 12/26/1993

APR 24 2008

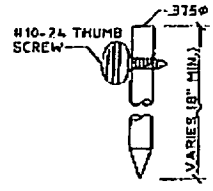
REV. DATE BY
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3 08/10/08 JWM

05/30/2009

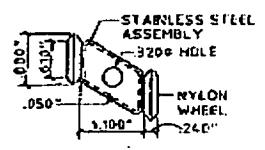
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sheet 2 of 3

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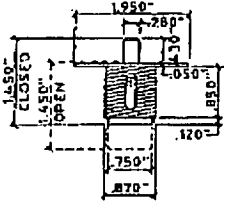
ACCORDION SHUTTER COMPONENTS
FOR 6.8 & HR ACCORDION SHUTTER SYSTEMS



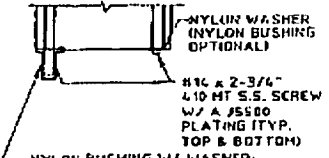
FOR USE WITH (19) AND (20) ONLY
(21) SLIDE ROD
SCALE: HALF SIZE



TYP. AT EVERY OTHER INSIDE JOINT
(22) ROLLER ASSEMBLY
SCALE: HALF SIZE

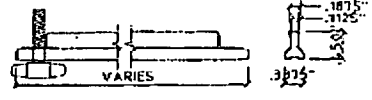


(23) BRASS PUSH LOCK
SCALE: HALF SIZE

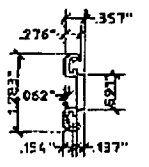


NYLON BUSHING W/ WASHER: 7/16\"/>

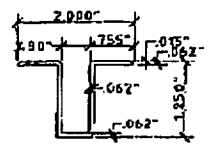
(24) BUSHING ASSEMBLY DETAIL
SCALE: HALF SIZE



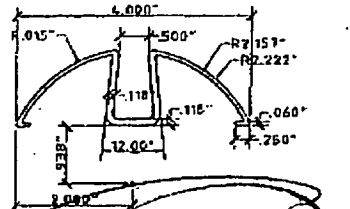
FOR 6.8 & HR WHERE LOCK PINS ARE USED, THEY ARE ENGAGED IN THE STACKED POSITION & AREN'T REQ'D IN THE CLOSED POSITION.
(25) ALUMINUM OR PVC LOCK PIN (NOT REQUIRED)
SCALE: HALF SIZE



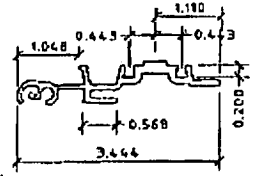
(26) CENTER BOX INSERT
SCALE: HALF SIZE



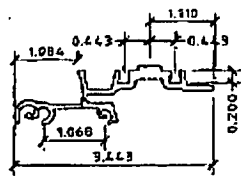
(27) RECESS SILL (6.8 ONLY)
SCALE: HALF SIZE



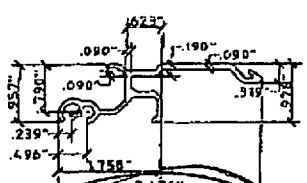
(28) DECORATIVE FLOOR TRACK (6.8 ONLY)
SCALE: HALF SIZE



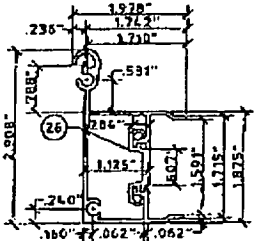
(6.8 ONLY)
(29) MALE/FEMALE LOCK
SCALE: HALF SIZE



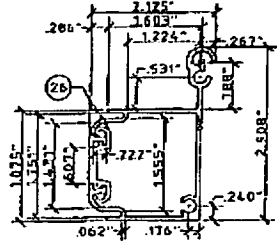
(6.8 ONLY)
(29a) MALE/FEMALE LOCK
SCALE: HALF SIZE



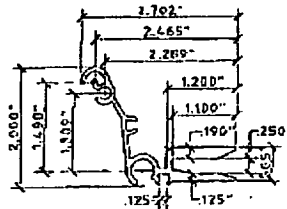
(6.8 ONLY)
(30) UNMATE LOCK
SCALE: HALF SIZE



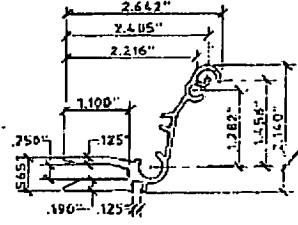
(31) MALE BOX CENTER
SCALE: HALF SIZE



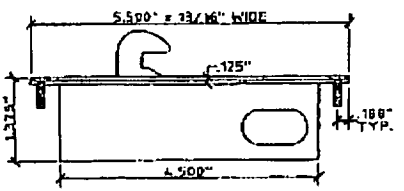
(32) FEMALE BOX CENTER
SCALE: HALF SIZE



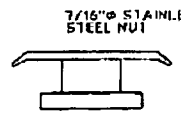
(33) CENTER MATE 1
SCALE: HALF SIZE



(34) CENTER MATE 2
SCALE: HALF SIZE



DATA MODEL 2022 INDUSTRIAL SYSTEMS
(35) BOX LOCK
SCALE: HALF SIZE



(6.8 ONLY)
(36) T-ADAPTOR (OPTIONAL)
SCALE: HALF SIZE



(6.8 ONLY)
(37) THREADED INSERT
SCALE: FULL SIZE



(38) THUMB SCREW
SCALE: FULL SIZE

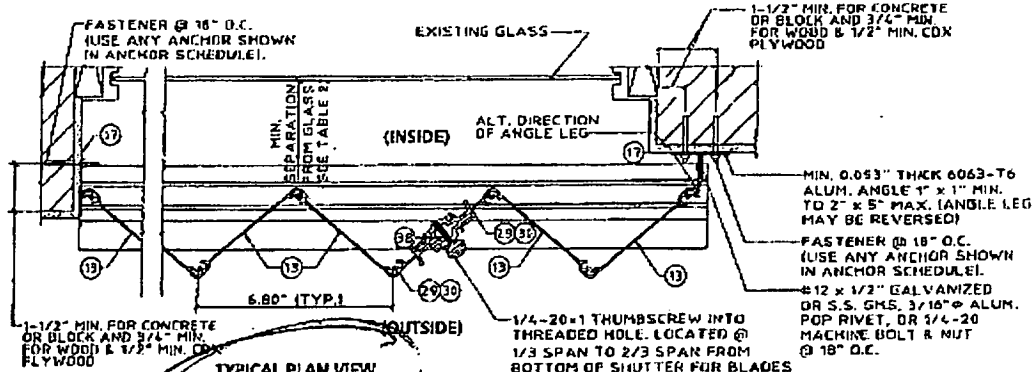
PRODUCT REVISED as complying with the 2008 Building Code
Approval No. 06-0511-05
Expiration Date 10/7/2011
By: *Helmut A. Miller*
Miami-Dade Building & Code Division

Thornton-Tomasetti Group
AMERICIGUARD
88 & HR ALUM. ACCORDION SHUTTERS
J.W. Kuczewich
Permit Approval
APR 24 2008
06/30/2005
06-379
Sheet 3 of 13

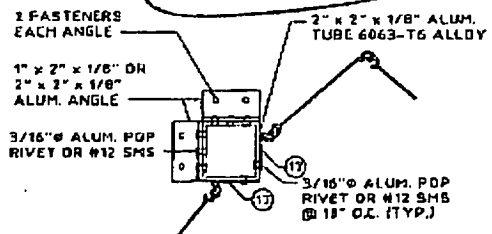
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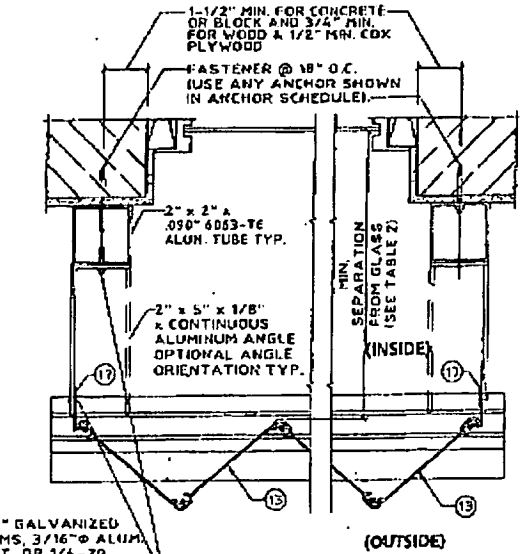
6.8 ACCORDION SHUTTER
 NOT APPLICABLE TO HR ACCORDION SHUTTER



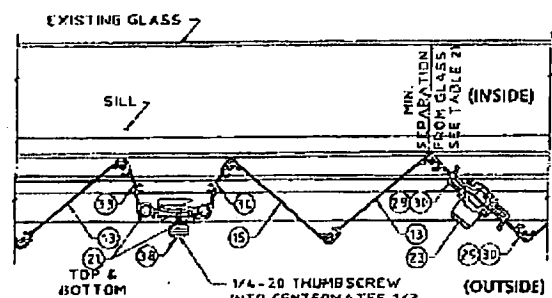
TYPICAL PLAN VIEW
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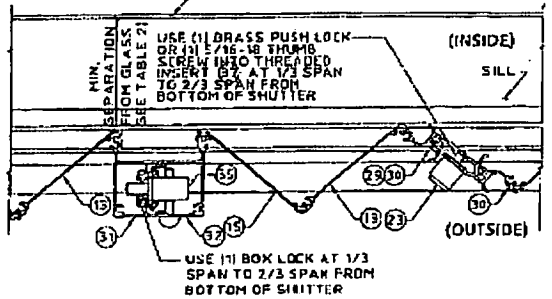
TYPICAL CORNER CLOSURE DETAILS
 SCALE: 3" = 1'-0"



SIDE CLOSURE OPTIONS
 SCALE: 3" = 1'-0"



MULTIPLE SHUTTER ASSEMBLY
 SCALE: 3" = 1'-0"



MULTIPLE SHUTTER ASSEMBLY
 SCALE: 3" = 1'-0"

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 06-0511-05
 Expiration Date: 10/15/2011
 By: *[Signature]*
 Product Trade Report Control
 Shutter

Thornton-Tomasetti Group
 170 N. Andrews Ave., Suite 450, Ft. Lauderdale, FL 33301
 Tel: (954) 532-2866 Fax: (954) 533-4861 E-Mail: info@ttg.com
 Website: www.thornton-tomasetti.com

AMERIGUARD
 11003 W. Broward Blvd., Suite 100, Ft. Lauderdale, FL 33304
 Tel: (954) 261-4666 Fax: (954) 261-4666
 E-Mail: info@ameriguards.com

J.W. Knezevich
 Accredited Inspector
 4115 North Ave. NE, Ft. Lauderdale, FL 33304

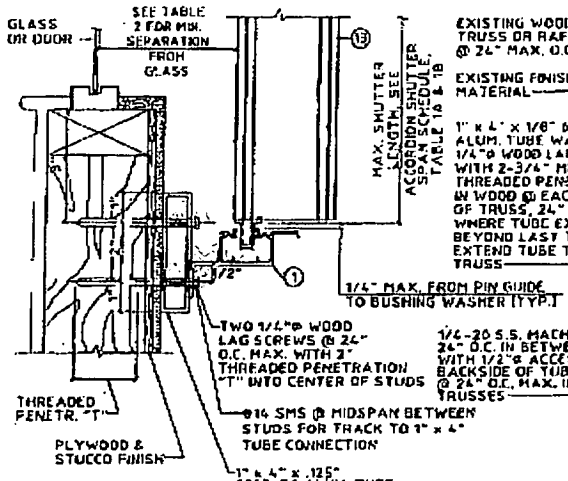
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 08-379
 SHEET 2 OF 19

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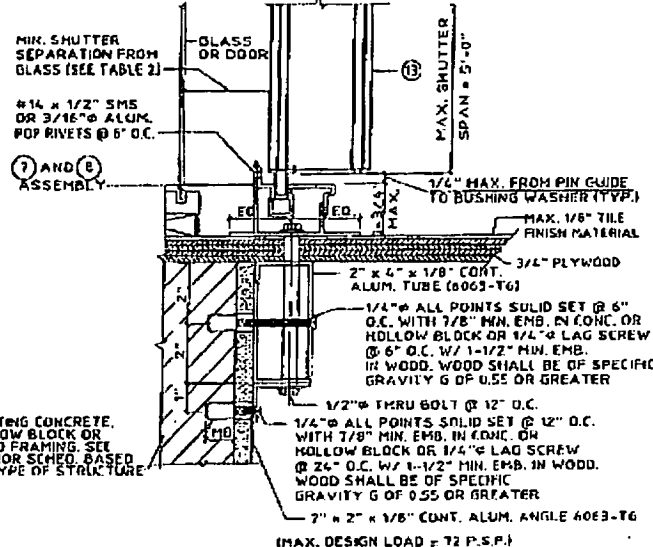
6.8 ACCORDION SHUTTER

NOT APPLICABLE TO HR ACCORDION SHUTTER

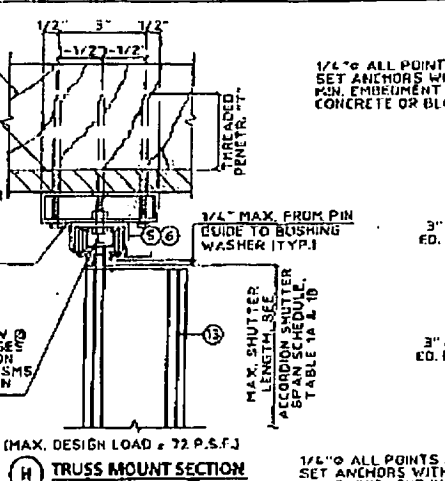


NOTE: THIS DETAIL MAY BE USED AT TOP
MAX. DESIGN LOAD = 72 P.S.F.

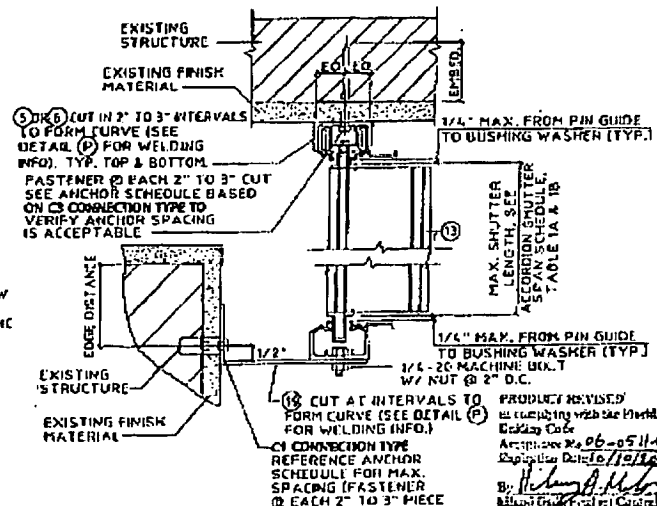
G WALL MOUNT SECTION
SCALE: 3/8" = 1'-0"



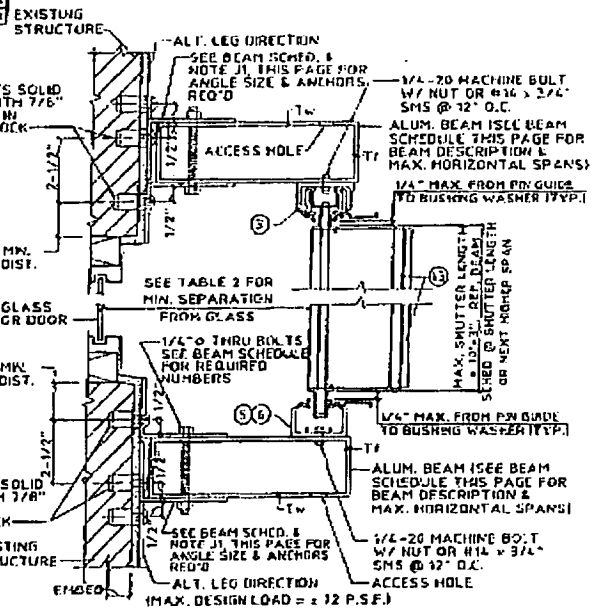
K PASS THRU DETAIL
SCALE: 3/8" = 1'-0"



H TRUSS MOUNT SECTION
SCALE: 3/8" = 1'-0"



L CURVED TRACK DETAIL
SCALE: 3/8" = 1'-0"



J BUILD-OUT MOUNT SECTION
SCALE: 3/8" = 1'-0"

* BEAM SCHEDULE									
DESCRIPTION	OVER SPAN	TOP BEAM	BOTTOM BEAM	TOP BEAM	TOP BEAM	TOP BEAM	TOP BEAM	TOP BEAM	TOP BEAM
1/4" x 5" @ 24"	5'-0"	9'-0"	5'-0"	2	2	2	2	2	2
1/4" x 5" @ 12"	0'-3"	0'-0"	6'-1"	2	2	2	2	2	2
1/4" x 7" @ 24"	10'-3"	7'-6"	7'-5"	2	2	2	2	2	2
1/4" x 7" @ 12"	5'-4"	8'-9"	7'-8"	2	2	2	2	2	2
1/4" x 9" @ 24"	8'-4"	7'-5"	5'-6"	2	2	2	2	2	2
1/4" x 9" @ 12"	10'-3"	7'-4"	8'-5"	2	2	2	2	2	2
1/4" x 9" @ 24"	5'-4"	8'-3"	6'-7"	2	2	2	2	2	2
1/4" x 9" @ 12"	8'-4"	8'-3"	12'-2"	2	2	2	2	2	2
1/4" x 12" @ 24"	10'-3"	7'-9"	10'-10"	2	2	2	2	2	2

*** BEAM SCHEDULE NOTES:**

- USE BEAM SCHEDULE FOR DETAIL (1)
- TOP & BOTTOM BEAMS MAY BE USED TOGETHER OR IN COMBINATION WITH OTHER CONNECTION DETAILS, WHEN USED TOGETHER, BEAM MUST BE LIMITED TO TOP BEAM SPANS.
- LAP BEAMS (LB) SHALL BE INSTALLED WITH 1/4" THRU BOLTS @ 6" O.C. AT CENTER OF EACH 2" FLANGE.
- BB DENOTES BOX BEAM.

NOTE 11:
USE 6" LONG ANGLES FOR TWO REQUIRED THRU BOLTS OR 1/4" ALL POINTS ANCHORS IN EACH ANGLE.
USE 9" LONG ANGLES FOR THREE REQUIRED THRU BOLTS OR 1/4" ALL POINTS ANCHORS IN EACH ANGLE.

Thomson-Tomasetti Group
130 N. American Ave. Suite 400, Ft. Worth, TX 76102
Tel: (817) 339-1111 Fax: (817) 339-1112
www.thomson-tomasetti.com

AMERIGUARD
10000 W. Loop West, Suite 1000, Dallas, TX 75240
Tel: (972) 242-1111 Fax: (972) 242-1112
www.ameriguard.com

AMERICAN SHUTTERS
10000 W. Loop West, Suite 1000, Dallas, TX 75240
Tel: (972) 242-1111 Fax: (972) 242-1112
www.americanshutters.com

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J.W. Kruzewich
President and Engineer
License No. 19793 (TX)

DATE: 06/10/2008
BY: [Signature]
CHECKED BY: [Signature]
SCALE: 3/8" = 1'-0"
SHEET 6 OF 13

04/24/08 12:43

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6.8 ACCORDION SHUTTER NOT APPLICABLE TO HR ACCORDION SHUTTER

TABLE 1A
ACCORDION SHUTTER SPAN SCHEDULE FOR ALL LOADING CONDITIONS, EXCEPT FOR UNIMATE LOCK

DESIGN WIND LOAD (P.S.F.)	POSITIVE WIND LOAD	NEGATIVE WIND LOAD
	L max. (FT - IN)	L max. (FT - IN)
30.0	12-9	12-9
35.0	12-4	12-9
40.0	11-11	12-9
45.0	11-7	12-9
50.0	11-3	12-9
55.0	11-0	12-9
60.0	10-9	12-4
65.0	10-6	11-6
70.0	10-4	10-8
72.0	10-3	10-4
75.0	10-2	9-11
80.0	9-11	9-4
90.0	9-7	8-4
100.0	9-3	8-3
110.0	9-0	8-3
120.0	8-8	8-3
130.0	8-4	8-3
133.0	8-3	8-3
140.0	7-11	7-11
150.0	7-5	7-5
160.0	6-11	6-11
170.0	6-6	6-6
180.0	6-2	6-2
190.0	5-10	5-10
200.0	5-6	5-6

TABLE 1B
ACCORDION SHUTTER SPAN SCHEDULE FOR UNIMATE LOCK ONLY

DESIGN WIND LOAD (P.S.F.)	POSITIVE WIND LOAD	NEGATIVE WIND LOAD
	L max. (FT - IN)	L max. (FT - IN)
30.0	12-9	12-9
35.0	12-4	12-9
40.0	11-11	12-9
45.0	11-7	12-5
50.0	11-2	11-2
55.0	10-9	10-9
60.0	10-4	10-4
65.0	10-0	10-0
70.0	9-8	9-8
75.0	9-5	9-5
80.0	9-2	9-2
85.0	9-0	9-0
90.0	8-11	8-11
100.0	8-9	8-9
110.0	8-7	8-7
120.0	8-5	8-5
130.0	8-3	8-3
140.0	7-7	7-7
150.0	7-1	7-1
160.0	6-8	6-8
170.0	6-3	6-3
180.0	5-11	5-11
190.0	5-7	5-7
200.0	5-4	5-4

TABLE 1A & 1B NOTES:

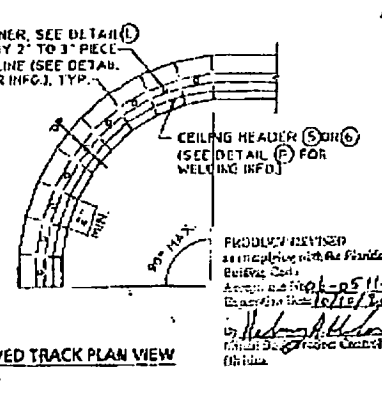
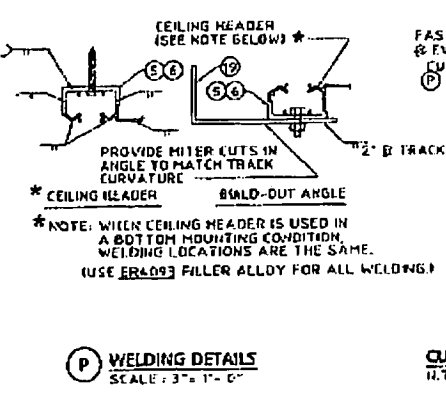
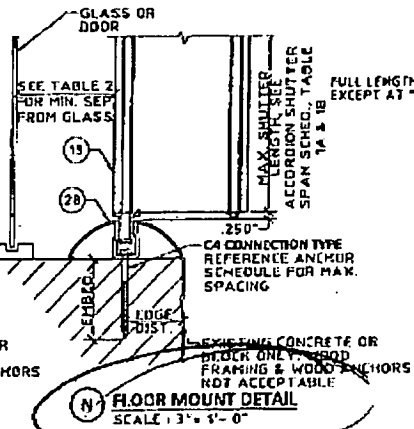
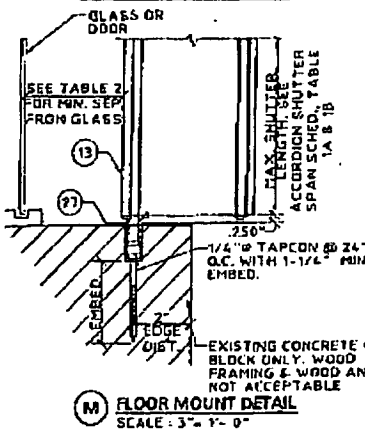
1. DETERMINE BOTH THE POSITIVE AND THE NEGATIVE WIND LOADS. CHECK THEIR RESPECTIVE SPANS AND USE THE LESSER VALUE OF THE TWO.
2. FOR DESIGN LOADS BETWEEN TABULATED VALUES USE NEXT HIGHER LOAD OR LINEAR INTERPOLATION MAY BE USED TO DETERMINE ALLOWABLE SPANS.

TABLE 2 NOTE:

1. ENTER TABLE 2 WITH POSITIVE DESIGN LOAD TO DETERMINE MIN. STORM SHUTTER SEPARATION FROM GLASS.

TABLE 2
MINIMUM SHUTTER SEPARATION FROM GLASS

POSITIVE DESIGN LOAD (W) (P.S.F.)	ACTUAL SHUTTER SPAN (L) (FT - IN)	MIN. SEPARATION FROM GLASS FOR INSTALLATIONS LESS THAN OR EQUAL TO 30' ABOVE GRADE (IN)	MIN. SEPARATION FROM GLASS FOR INSTALLATIONS GREATER THAN 30' ABOVE GRADE (IN)
40.0	8-3	3-1/8	1-5/8
	10-0	3-3/4	2-1/8
	11-11	3-3/4	3
50.0	8-3	3-1/8	1-3/4
	10-0	3-3/4	2-3/8
	11-3	3-3/4	3
60.0	5-0	3-1/8	1-1/4
	8-3	3-1/8	1-7/8
	10-9	3-3/4	3
70.0	5-0	3-1/8	1-1/8
	8-3	3-1/8	1-7/8
	10-4	3-3/4	3
80.0	6-0	3-1/8	1-7/8
	8-3	3-1/8	2-1/8
	9-4	3-3/4	2-5/8
90.0	5-6	3-1/8	1-3/8
	7-0	3-1/8	1-5/8
	8-3	3-1/8	2-1/8
100.0	5-0	3-1/8	1-3/8
	7-0	3-1/8	1-3/4
	8-3	3-1/8	2-1/4
110.0	5-0	3-1/8	1-3/8
	7-0	3-1/8	1-7/8
	8-3	3-1/8	2-3/8
120.0	5-0	3-1/8	1-3/8
	7-0	3-1/8	1-7/8
	8-3	3-1/8	2-3/4
130.0	5-0	3-1/8	1-7/8
	7-0	3-1/8	2-1/4
	8-3	3-1/8	2-7/8
140.0	5-0	3-1/8	1-7/8
	7-0	3-1/8	2-1/4
	8-3	3-1/8	2-1/2



Thorn-ton-Tomasetti Group
 310 N. Ardmore Ave., Suite 450, Ft. Lauderdale, FL 33309
 Tel: (954) 525-3300 Fax: (954) 525-3301, 504-833-9319
 www.thorn-ton.com
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 11000 W. Biscayne Blvd., Suite 100, Miami, FL 33150
AMERIGUARD
 AMERICAN SHUTTER & WINDOW CO.
 11000 W. Biscayne Blvd., Suite 100, Miami, FL 33150
 Phone: (305) 486-5300 Fax: (305) 486-5301

J.W. Knezevich
 Professional Engineer
 P.E. License No. 1001931

APR 24 2006

SALES: R. OSUNA 305.486.5370
 06/30/2005
 06-379
 sheet 7 of 7

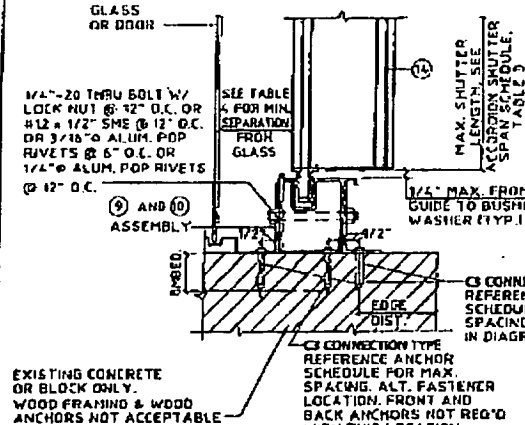
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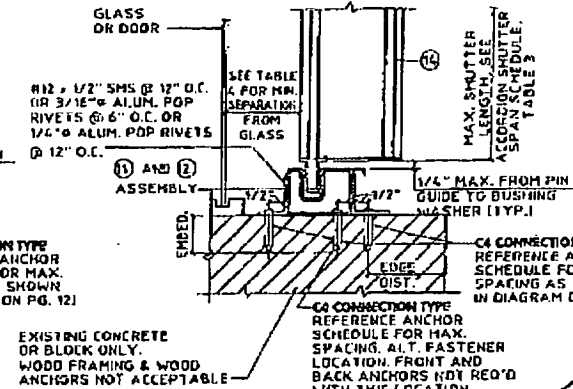
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HR ACCORDION SHUTTER

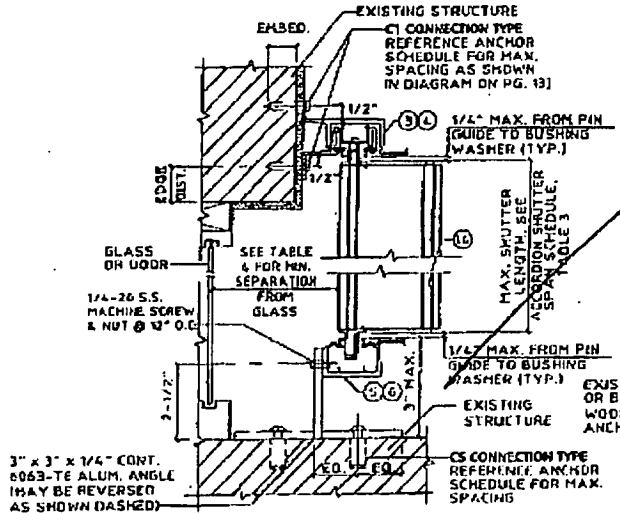
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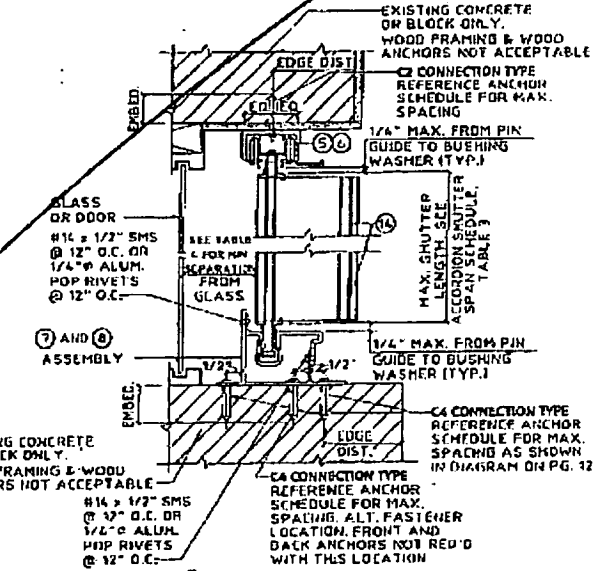
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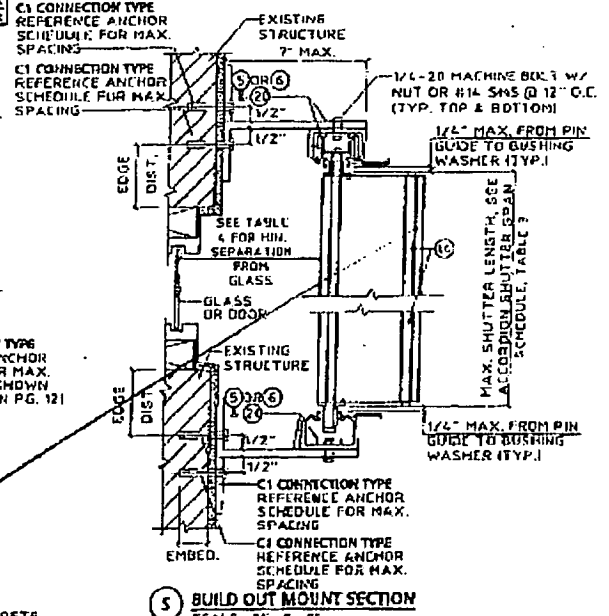
R INSIDE MOUNT SECTION
SCALE: 3" = 1'-0"



T WALL MOUNT SECTION
SCALE: 3" = 1'-0"



U CEILING / INSIDE MOUNT SECTION
SCALE: 3" = 1'-0"



S BUILD OUT MOUNT SECTION
SCALE: 3" = 1'-0"

3" x 3" x 1/4" CONT. 6063-T6 ALUM. ANGLE MAY BE REVERSED AS SHOWN DASHED

PROJECT REVISED
 as per meeting with the Florida
 Building Code:
 Amendment No. 06-0511-05
 Repealed Date: 12/14/2011
 By: [Signature]
 Head of the Product Council
 Division

Thornton-Tomasetti Group
 310 N. ANNE ARK. BLVD., SUITE 1000, TAMPA, FL 33601
 TEL: 813.252.2000 FAX: 813.252.2001
 WWW.TORNTON-TOMASETTI.COM

AMERISGUARD
 1000 W. PALM BEACH BLVD., SUITE 1000
 PALM BEACH, FL 33480
 TEL: 561.831.4600 FAX: 561.831.4600

J.W. Knezevich
 11111 W. BAYVIEW BLVD., SUITE 100
 MIAMI, FL 33147
 TEL: 305.666.8811

06/30/2005
 08-379
 Sheet 16 of 15

Plan Information: P:\VLI\VA\CAD\Associates\SSA\americguard\06-379-11.dwg UC:mlu 04/24/2006 12:47:06pm 04/25/06 13:43

HR ACCORDION SHUTTER

NOT APPLICABLE TO 6.8 ACCORDION SHUTTER

DESIGN WIND LOAD W (P.S.F.)	POSITIVE WIND LOAD	NEGATIVE WIND LOAD
	L max (FT-IN)	L max (FT-IN)
37.5	15-2	15-6
40.0	14-4	15-6
50.0	13-8	15-6
60.0	12-10	15-6
70.0	12-4	15-6
80.0	11-10	15-2
90.0	11-5	14-3
100.0	11-1	13-7
110.0	10-9	12-8
120.0	10-5	11-7
150.0	9-8	10-10
160.0	9-6	10-2
170.0	9-3	9-6
179.1	9-1	9-1
186.4	9-0	9-0
190.0	8-9	8-9
200.0	8-4	8-4
210.0	7-11	7-11
220.0	7-7	7-7
230.0	7-3	7-3

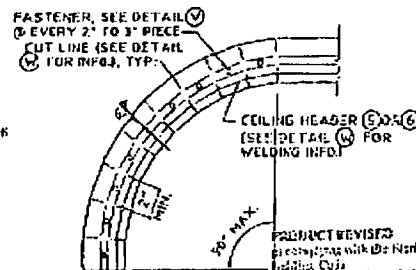
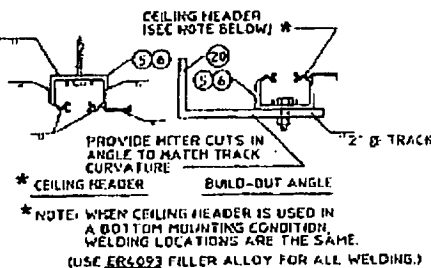
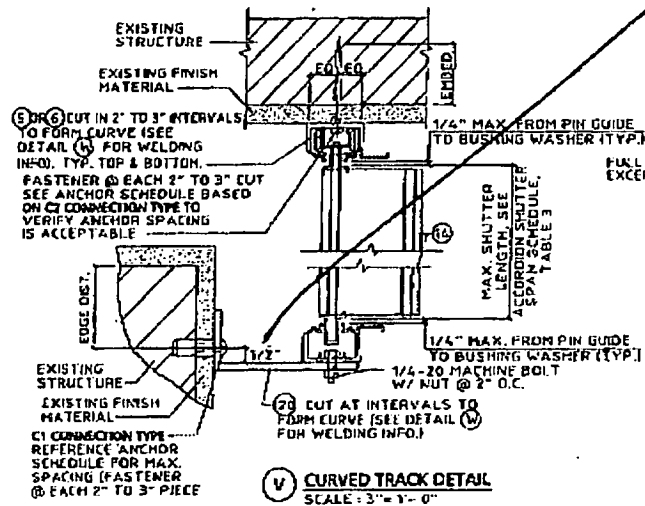
TABLE 3 NOTE:

1. DETERMINE BOTH THE POSITIVE AND THE NEGATIVE WIND LOADS. CHECK THEIR RESPECTIVE SPANS AND USE THE LESSER VALUE OF THE TWO.
2. FOR DESIGN LOADS BETWEEN TABULATED VALUES USE NEXT HIGHER LOAD OR LINEAR INTERPOLATION MAY BE USED TO DETERMINE ALLOWABLE SPANS.

TABLE 4 NOTE:

1. ENTER TABLE 4 WITH POSITIVE DESIGN LOAD TO DETERMINE MIN. STORM SHUTTER SEPARATION FROM GLASS.

POSITIVE DESIGN LOAD (W) (P.S.F.)	ACTUAL SHUTTER SPAN (L) (FT. - IN)	MIN. SEPARATION FROM GLASS FOR INSTALLATIONS LESS THAN OR EQUAL TO 36" ABOVE GRADE (IN.)	MIN. SEPARATION FROM GLASS FOR INSTALLATIONS GREATER THAN 36" ABOVE GRADE (IN.)
40.0	9-0	2-1/2	3-1/4
	11-0	2-3/2	2-1/8
	12-4	2-1/4	2-1/4
50.0	9-0	2-1/2	1-7/8
	11-0	2-1/2	2-1/4
	13-6	3-1/4	3-1/4
60.0	9-0	2-1/2	1-7/8
	11-0	2-1/2	2-3/8
	12-11	3-1/4	2-1/4
70.0	9-0	2-1/2	2
	11-0	2-1/2	2-1/2
	12-4	3-1/4	3-1/4
80.0	9-0	2-1/2	2
	11-0	2-3/4	2-3/4
	12-11	3-1/8	3-1/8
90.0	9-0	2-1/2	2
	11-0	2-7/8	2-7/8
	11-5	3-1/8	3-1/8
100.0	9-0	2-1/2	2-1/8
	10-0	2-1/2	2-1/2
	11-1	3-1/8	3-1/8
110.0	9-0	2-1/2	2-1/4
	10-0	2-5/8	2-5/8
	10-9	3	3
120.0	9-0	2-1/2	2-1/4
	10-0	2-3/4	2-3/4
	10-9	3	3
130.0	9-0	2-1/2	2-3/8
	10-0	2-7/8	2-7/8
	10-2	3	3



(W) WELDING DETAILS SCALE: 3" = 1'-0"

CURVED TRACK PLAN VIEW N.T.S.

Thornton-Tomasetti (group)
 310 N. Wacker Drive, Suite 210, Chicago, IL 60606, U.S.A.
 Tel: (646) 232-2800, Fax: (646) 232-2801
 Website: www.thorntontomasetti.com
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6.8 & HR ALUM. ACCORDION SHUTTERS
 AMERICGUARD
 10000 S. Federal Highway, Suite 100, Fort Lauderdale, FL 33308
 Phone: (954) 575-5500
 Fax: (954) 575-5501

J.W. Knezevich
 06/30/2003
 APR 24 2006
 REVISIONS
 06/30/2003
 06-379
 sheet 11 of 12

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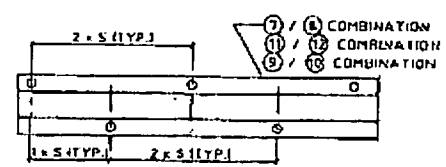
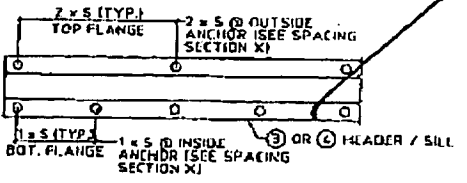
HR ACCORDION SHUTTER

NOT APPLICABLE TO S.S. ACCORDION SHUTTER

ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

EXIST. STRUC.	ANCHOR TYPE	LOAD (W) P.S.F. MAX.	MIN. 2" EDGE DISTANCE																MIN. 3" EDGE DISTANCE																	
			SPANS UP TO 6'-0"				SPANS UP TO 8'-0"				SPANS UP TO 10'-2"				SPANS UP TO 15'-6"				SPANS UP TO 6'-0"				SPANS UP TO 8'-8"				SPANS UP TO 10'-2"									
			(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)									
CONNECTION TYPE (SEE NOTE 3)	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5						
																															75.0	12	9	8	10	8
90.0	12	7	7	8	5	11	5	5	6	3	10	4	4	5	3	6	3	3	3	12	9	9	10	7	12	6	6	7	4	12	5	5	6	4	6	
140.0	11	5	4	5	3	7	3	3	3	3	5	3	3	3	3	5	3	3	3	12	6	5	7	4	8	4	4	4	3	6	3	3	3	7		
180.0	8	3	3	3	3	5	3	3	3	3	5	3	3	3	3	5	3	3	3	10	4	4	5	3	7	3	3	3	7	3	3	3	7			
230.0	4	3	3	3	3	5	3	3	3	3	5	3	3	3	3	5	3	3	3	8	3	3	4	3	7	3	3	3	7	3	3	3	7			
75.0																				12	12	12	12	10	12	10	9	11	7	12	8	6	9	6	7	
90.0																				12	12	11	12	9	12	8	8	9	6	12	7	6	8	10		
140.0																				12	8	7	8	5	12	5	5	6	4	10	4	4	5	3	9	
180.0																				12	6	5	6	4	9	4	4	4	3	9	4	4	3	5		
230.0																				11	4	4	5	3	9	4	4	3	9	4	4	3	5			
75.0	12	10	9	11	7	12	7	6	8	5	12	6	5	6	4	8	4	3	4	12	12	12	12	9	12	8	10	6	12	7	8	5	11			
90.0	12	8	8	9	6	12	6	5	6	4	11	5	4	5	3	7	3	3	3	12	10	10	10	7	12	7	7	8	12	6	7	4	9			
140.0	12	5	5	6	4	8	3	3	4	3	7	3	3	3	3	6	3	3	3	12	7	6	8	5	10	5	4	3	5	4	4	3	8			
160.0	9	4	4	4	3	6	3	3	3	3	6	3	3	3	3	6	3	3	3	12	5	5	6	4	8	3	4	8	3	3	3	4	8			
230.0	7	3	3	3	3	5	3	3	3	3	5	3	3	3	3	5	3	3	3	9	4	4	4	3	8	3	4	8	3	3	3	4	6			
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90.0	7	4	4	5	3	5	3	3	3	3	4	3	3	3	3	4	3	3	3	9	5	5	6	3	4	3	3	4	5	3	3	3	3			
140.0	4																			6	3	1	4	4												
180.0	3																			4																
230.0	3																			3																
75.0	12	7	6	7	5	12	5	4	5	3	11	4	4	3	7	3	3	3	12	9	9	10	7	12	6	6	7	4	12	5	5	6	4	8		
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140.0	10	3	3	4	3	7					6								11	5	4	5	3	7	3	3	4	6	3	3	3	3	5	6		
180.0	7	3	3	3	3	5					5								8	4	3	4	6													
230.0	6					5					5								6	3	3	3	5													



NOTE: "S" INDICATES ANCHOR SCHEDULE SPACING.
SPACING DIAGRAM FOR C1 CONNECTION TYPE:
- C1 CONNECTION TYPE USING PIECE Ⓒ OR Ⓓ
- APPLICABLE TO HR SYSTEM ONLY

NOTE: "S" INDICATES ANCHOR SCHEDULE SPACING.
SPACING DIAGRAM FOR C3 & C4 CONNECTION TYPE:
- C3 CONNECTION TYPE USING PIECE Ⓔ WITH OUTSIDE ANCHORS ONLY
- C4 CONNECTION TYPE USING PIECE Ⓗ OR Ⓖ WITH OUTSIDE ANCHORS ONLY
- APPLICABLE TO HR SYSTEM ONLY

ANCHOR NOTES:
1. SPANS AND LOADS: SPACING ONLY. ALL LOADS MUST BE II
2. REFERENCE SH

TOWN OF SEWALL'S POINT

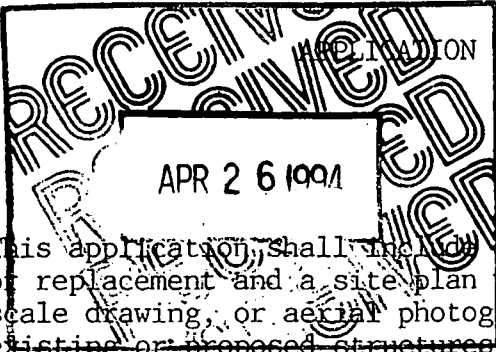
Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thurs~~ ^{Thurs} 9-11, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8988	Lewis	Final	FAIL	CLOSE
4	11 Miramar All Am Shutters			INSPECTOR: <i>[Signature]</i>
8848	Nabeil	Final	FAIL	
1	26 W High Pt Montelito			INSPECTOR: <i>[Signature]</i>
8909	McGovern	Equipotential	PASS	
3	2 Tuscan Florida Custom Boes plumbing	light fixture	PASS	INSPECTOR: <i>[Signature]</i>
Tree	Kramer	Tree	PASS	
2	11 Spideview			INSPECTOR: <i>[Signature]</i>
CE	3 Palmetto Dr	fence in need of repair		WILL TALK w/ OWNER INSPECTOR:
8583	Giachino	Final	FAIL	NO ACCESS
5	11 Wendy Ln OB	Elec/dock	PASS (CLOSE)	REINSPECTED INSPECTOR: <i>[Signature]</i>
8924	DAVIS	WOW/POOR.	FAIL	
	11 MIRAMAR FRANK X-PERT.			INSPECTOR: <i>[Signature]</i>
OTHER: 8987	Ratter 91 River Rd Everglades	mailing TRANS MODIFICATIONS	PASS	<i>[Signature]</i>

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT



576

Permit # _____

Date Issued _____

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner JAMES and SONYA DAVIS Address 11 MIRAMAR Phone 283-9161

Contractor MONTE'S Address PALM CITY Phone _____

Number of trees to be removed(list kinds of trees) one - Golden Rain Tree (?)

NONE

Number of trees to be relocated within 30 days(no fee)(list kinds of trees):

NONE

Number of trees to be replaced within 30 days(list kinds of trees):

reason for tree removal is roots damaging foundation of house

Permit Fee \$No Fee (25.00 for first tree plus 10.00 for each additional tree - not to exceed \$100.00)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted N/A Plans approved as marked N/A

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant Sonya Davis Date submitted 4-26-94

Approved by Building Inspector [Signature] Date 4/26/94

Approved by Building Commissioner [Signature] Date 5/13/94

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA