3 South Sewall's Point Road

54 ADDITION

BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

6:40

Date Merch 8th 163 Owner All Milson for. Address Conna Architect Mane. Address Contractor a. B. Cor Address Contractor and the forme flowing all and the flowing all and the forme flowing all and the flowing all	•	
Owner All Milson And Address Conna Architect Manner. Address Contractor and B. Core Address Contractor and B. Core Address Contractor and	I	Date March 8th /963
Address Contractor C. B. Cox Building to be constructed on: is an addition on the former Blooming address flower Contractor C. Layer Subdivision on the former Blooming address flower Contractor C. B. S. Estimated cost of Building or Improvements \$ 1450 00 Type of Construction C. B. S., Roofing Covering flot Constiller. Type of Rooffusial Poundation (0x 16 footing Size of Building Lot approx 375 44 Square Feet in Building 256 Zoning Permit Number Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ Clean-up Fee \$	Owner R.W. Milson Jr.	
Address O. BOX 675 JENSEN BEACH, FLA. Building to be constructed on: is an addition to the constructed on: is an addition to the former Blooming. Address Survilla Point. Purpose of Building or Improvements \$ 1450 bc Type of Construction (R.S., Roofing Covering Flor Construction or Roofing Covering Flor Construction or Roofing Size of Building Lot grapher 375 ft Square Feet in Building 256 Zoning Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ Clean-up Fee \$		
Contractor A B. Cox Address C. BOX 675 FENSEACH FLA. Building to be constructed en: is an addition on the former Blooming. Address Sevel Sport. Purpose of Building added from Type of Work B. S. Estimated cost of Building or Improvements \$ 1450 50 Type of Construction C. R.S. Roofing Covering flet Constille. Type of Rooffresial Foundation 10 X 16 fairly Size of Building Lot a gaper 375 # Square Feet in Building 256 Zoning Permit Number Feet in Building Permit Fee \$ Clean-up Bond Number Clean-up Fee \$	Architect Mane.	
Address f. O. BOX 675 FMSFACH, FAA. Building to be constructed on: is an addition on the forme Blooming address severalls form. Purpose of Building or Improvements \$ 1450 bc Type of Construction (R.S. Roofing Covering Flot Consent like. Type of Rooffwair Foundation 10 x 16 facting Size of Building Lot a grown 375 ft Square Feet in Building 256 Zoning Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$	Address	
Building to be constructed en: Block in flago Subdivision on the forme Blooming Address star all's form. Purpose of Building and	Contractor a, B. Cox	
Building to be constructed en: Block in flago Subdivision on the forme Blooming Address star all's form. Purpose of Building and	Address P. O. ROX 675	JENSEN BEACH, FLA.
Purpose of Building relation Type of Work G. B. S. Estimated cost of Building or Improvements \$ 1450 bc Type of Construction G. R.S., Roofing Covering flat Construction Type of Roofing Lot a provential Size of Building Lot a provential Square Feet in Building 256 Zoning Permit Number S4 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Clean-up Fee \$	Building to be constructed en:	madd not on the
Purpose of Building relation Type of Work G. B. S. Estimated cost of Building or Improvements \$ 1450 bc Type of Construction G. R.S., Roofing Covering flat Construction Type of Roofing Lot a provential Size of Building Lot a provential Square Feet in Building 256 Zoning Permit Number S4 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Clean-up Fee \$	Hook in flage	Suntation on the former Blooming
Purpose of Building relation Type of Work G. B. S. Estimated cost of Building or Improvements \$ 1450 bc Type of Construction G. R.S., Roofing Covering flat Construction Type of Roofing Lot a provential Size of Building Lot a provential Square Feet in Building 256 Zoning Permit Number S4 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Clean-up Fee \$	Address Sewall's Poris.	e Ste
Type of Construction (R.S., Roofing Covering flot (mention). Type of Rooffresial Foundation / 0 X / 6 facting Size of Building Lot a prove 375 # Square Feet in Building 25 6 Zoning Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Ch. B. G. A. A. M.	//	
Type of Rooffusial Size of Building Lot a process 375 # Square Feet in Building 256 Zoning Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$	Estimated cost of Building or Improvemen	its \$ 1450 bc
Size of Building Lot 975 375 Square Feet in Building 256 Zoning Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Clean-up Fee \$ LOT 2	Type of Construction (R.S.	Roofing Covering Glot Conert like.
Square Feet in Building 256 Zoning Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Ch. B. G. B. Munkeler	Type of Rooffresial	
Permit Number 54 Permit Fee \$ Clean-up Bond Number Clean-up Fee \$ LOT 2 Clear Grant Auditor	Size of Building Lot a paper	3757
Permit Number 54 Permit Fee \$	Square Feet in Building 256	
Clean-up Bond Number Clean-up Fee \$	Zoning	
LOT 2 O.B. Gry Buckley	Permit Number 54	Permit Fee \$
Creff & C 1 Merchan	Clean-up Bond Number	Clean-up Fee \$
Creff & C 1 Merchan	•	
		OB GU Budoler Sighed: Contractor



BUILDING PERMIT

Pee	\$ 1.50

APPLICATION FOR PLUMBING AND GAS PERMIT

Date <u> </u>	Permit Number	
•		
Street and Number	•	
	City License Number	
Gas Fitter		
What is the size of main soil pipe? _	9"	
Of what material is soil pipe?	st IRON	
···	·	
PIXTURES - I		
Septic Tanks	Water Closets	.50
Bath Tubs	Lavatories	1. —
Sinks	Urinals	1.50
Garbage Drains	Shower Baths	
Heater (Electrical)	Well	
Washing Machine Drains		
FIXTURES -	GAS	
Stoves	Burners	
Heaters (water)		
Other Appliances		

Signed: Contractor

54

Fee \$ 2.40	-
-------------	---

BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 11/63	Permit Number	
Owner R. Welson &		
Street and Number Se worklo	(Hit (& S.	
Electrician rug ent tout	City License Number	
Work: New Old		
DISTRIBUTION		
S. Switches	Number of Generators	.40
Number of Notors	Water Heater	1.20
Stoves	Outlets 12	.60
Receptacles 5	Wall Heater	
Sub Feed	Size of Panel	
Wire; Romex Conduit	Number of Fixtures	20
Size of Main Disconnect		2.46

Signed : Contractor

54

66 FAMILY ROOM

add Aron 1.50

TOWN OF SEWALL'S POINT Florida

BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

. .	
	Date September 30th 1963
Owner R. W. Wilson	e lo
Address 162 South	the Compo Road Westfort Conn
Architect Mone	
Address	,
Contractor MM. Wilse	n Lo or Ellum B. Got
Address 162 Sauth	Compo Road, Westport Conn.
Building to be constructed or	,
bet Bhock	Subdivision The James
Address Contaker Ci	tage on the Bloomingdo le estat
	a Room Type of Work C. B. 5
Estimated cost of Building or	Improvements \$ 1900 00
	S. Roofing Covering asphalf & Bare
	Foundation standard footings
Size of Building Lot	
Square Feet in Building 27	a st-ft.
Zoning	
Permit Number Lolo	Permit Fee \$ 6.60
Clean-up Bond Number	Clean-up Fee \$
•	

Signed: Contractor

	1 1	h
Fee	\$ 60	9

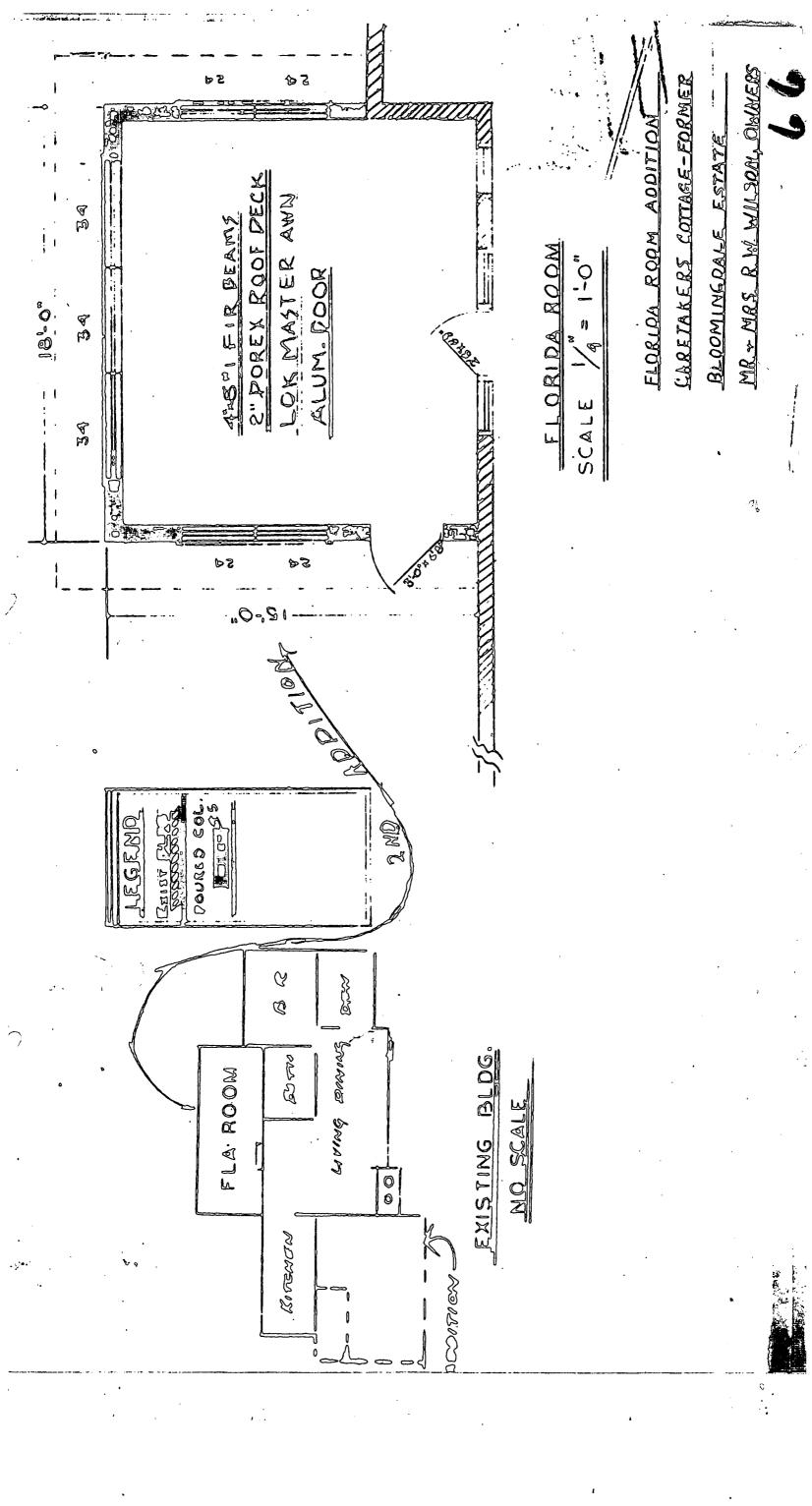
BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 30/63	Permit Number
Owner RW. Wilson	
Street and Number Sensale	las Sourt
Electrician Juguel Tous	City License Number
Work: New Old	Additional
DISTRIBUTIO	: PAC
S. Switches	Number of Generators
Number of Notors	Water Heater
Stoves	Outlets
Receptacles	Wall Heater
Sub Feed	Size of Panel
Wire: Romex Conduit	Number of Fixtures
Size of Main Disconnect	,

Signed : Contractor

V



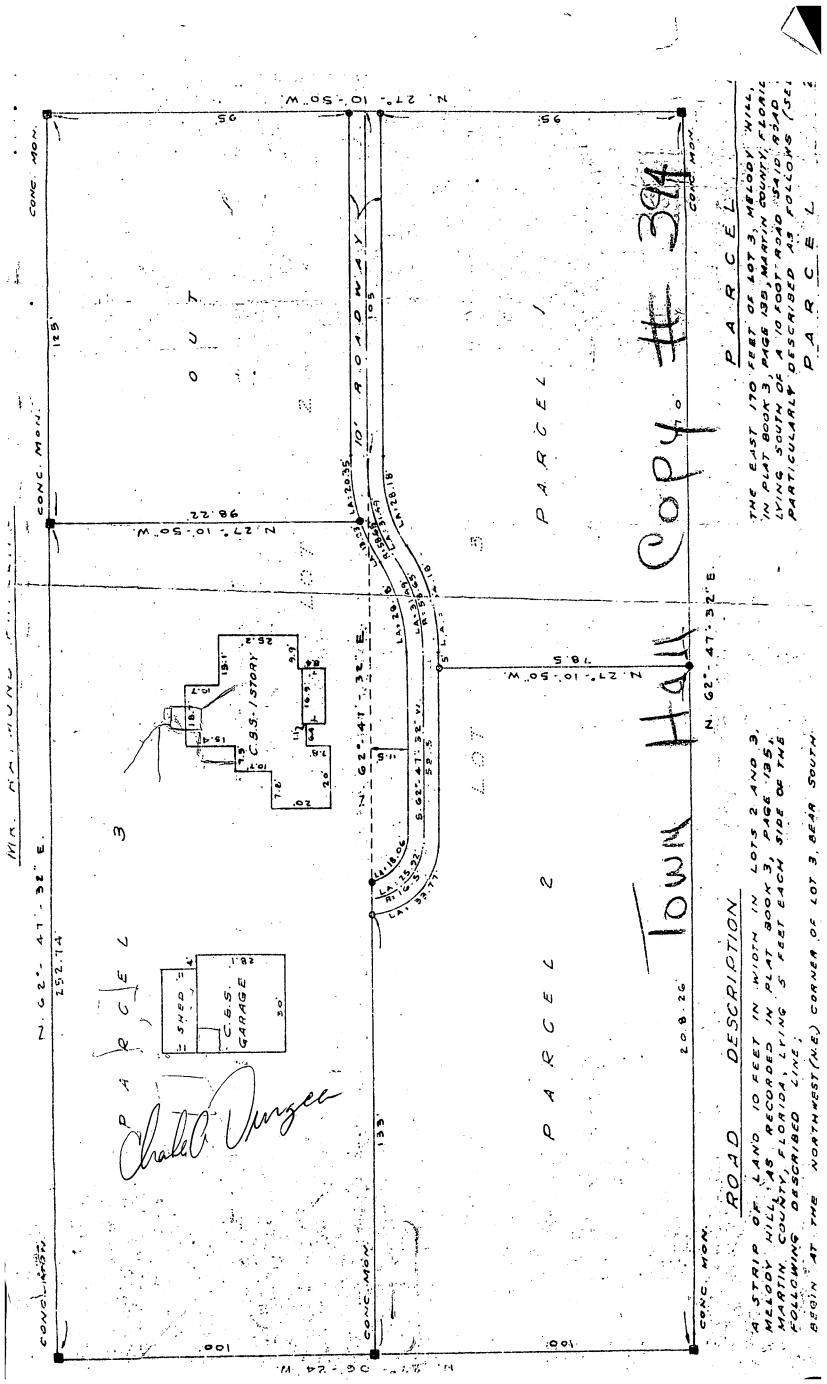
394 BATH REMODEL

APPLICATION FOR BUILDING PERMIT

re: Move existing sink, & shower; install toilet & lav. per sketch attatched. Complete interior Panelled Date
(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable) phone: 283-2893
Owner Eugene D. Valenti Present Address 3 Sewall's Pt. Rd.So.Ph
General Contractor Self Address 33 E. Ocean Blvd. 28373737
Where licensed License No. R.C. LINOSEY PLL
Plumbing Contractor Plumbing & sheet Metal of Stuart. 287-0131 4637 Electrical Contractor none License No. 911 Street building will front on garage facing house, (see sketch)
Street building will front on garage facing house, (see sketch)
Subdivision Melody Hill Lot No. 3 Area Area
Building area, inside walls (excluding garage, carport, porches) Sq ft
Other Construction (Pools, additions, etc.)
Contract Price(excluding land, rugs, appliances, landscaping \$ 3,000.00
Total cost of permit: \$ 20.00 miles
Contract Price(excluding land, rugs, appliances, landscaping \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be glean and rough-graded within 12 month period.
Signed by General Contractor Euglie A. Pallat.
I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.
Signed by Owner
Note: Speculation Builders will be required to sign both statements.
TOWN RECORD
Date submitted 4/1/73 Date approved 4/27/73
Certificate of Occupancy issued
Date 204

 \widetilde{b} < cristing wall ? SINK fixtues
To BE INDUED existima

1



3256 SERVICE CHANGEOUT

	TAX FOLIO NO Date
	APPLICATION FOL . PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GR GE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING
	This application must be accompanied by three (3) sets of complete plans, to scale, including plat plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.
	Owner BRURE & MICHELE LIKIBA resent Address 35 SEWALLS PARO Phone 288-4074
	Contractor Alco ELECTRICAL SERV. Address 7/2 So. Divie Huy.
	Phone <u>387-0562</u> <u>STUART</u>
	Where licensed City of Stuart License number 3323
Ķ	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:
	New Service
	State the street address at which the proposed structure will be built;
	Subdivision Molody hill Lot number 2 Block number Contract price \$ 6,90.00 Cost of permit \$ 824,00
	Contract price \$ 690.00 Cost of permit \$ 824.00
	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-taxing the construction project.
	Contractor Cornelius Milion
	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 Bruce Quilla
	TOWN RECORD 1
	Date submitted 9/1/92 Approved: Wale Stor 9/1/92 Building Inspector vate
	Approved: 14/5 Final Approval given:
	Date
	Certificate of Occupancy issued (if applicable)
	SP1282 Permit No

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

Permit No. 1106	T FLORIDA Date 2/7/80
APPLICATION FOR A PERMIT TO BUILD A DOCK, FENC ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT	CE, POOL, SOLAR HEATING DEVICE, SCREENED A HOUSE OR A COMMERCIAL BUILDING.
This application must be accompanied by three cluding a plot plan showing set-backs; plumbin and at least two elevations, as applicable.	sets of complete plans, to scale, in- ng and electrical layouts, if applicable,
Owner Eugene Valenti	Present address 3 S. Sewall's Pt. Rd.
Phone	Sewall's Point
Contractor Price Roofing	Address
Phone	
Where licensed Martin County	License number
Electrical contractor	License number
Plumbing contractor	License number
Describe the structure, or addition or alteration this permit is sought: roof repairs	ion to an existing structure, for which
State the street address at which the proposed 3 S. Sewall's Point Road	structure will be built:
Subdivision Melody Hill	Lot No.W. part of Lot 2
Contract price\$ 2,000. Cost of Per	mit \$ 10.
Plans approved as submitted	Plans approved as marked
I understand that this permit is good for that the structure must be completed in accordunderstand that approval of these plans in no Town of Sewall's Point Ordinances and the Sout understand that I am responsible for maintaini orderly fashion, policing the area for trash, such debris being gathered in one area and at sary, removing same from the area and from the ply may result in a Building Inspector or a Totion project. Contract	way relieves me of complying with the ch Florida Building Code. Moreover, I and the construction site in a neat and scrap building materials and other debris, least once a week, or oftener when necestrown of Sewall's Point. Failure to comown Commissioner "Red-tagging" the construction
I understand that this structure must be and that it must comply with all code requirem final approval by a Building Inspector will be Cwner	ments of the Town of Sewall's Point before
TOWN RECORD	Date submitted
Approved: Building Inspector	-e 5-/8/80 Date
Approved: Commissioner	J 7/84 Date
Final Approval given:	160
Certificate of Occupancy issued Date	eli
SP/1-79	11000
#1106	

3950 ROOF REPAIR

TAX FOLIO NO	DATE
APPLICATION FOR A ERMIN TO BYAL A DOCK, F ENCLOSURE GAR OF OR ANY OTHER TRUCTURE NO	ENCE, POOL, SOLAR HEATING DEVICE, SCREENED T A HOUSE OR A COMMERCIAL BUILDING
This application must be accompanied by thrincluding a plot plan showing set-backs, pland at least two (2) elevations, as applications	umbing and electrical layouts, if applicable,
Owner Michale & Bruce Lurie	A Present address 3 S S EWAIS PARd
Phone 288-4074	
•	Address
Phone	
	License number
Electrical Contractor	
Plumbing Contractor	·
Describe the structure, or addition or altepermit is sought:	ration to an existing structure, for which this
State the street address at which the propo	sed structure will be built:
Subdivision Portion of Lot 2	Lot Number Block Number
Contract price \$ 500.00	Cost of permit \$ 50,00
Plans approved as submitted	•
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 responsib 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. Contractor Contractor Contractor Contractor Owner Owner Owner Owner	
TOW	IN RECORD
Date submitted	Approved: Dela Joseph Pate
Approved: Commissioner Date	Building Inspector Date Final approval given: Date
CERTIFICATE OF OCCUPANCY issued (if application)	ble)
	Date PERMIT NO.

7602 **FENCE** & COLUMNS **ABANDONDED** abandoned-lener

MASTER PERMIT NO.____

O^{-}	MASIER PERMIT NO				
TOWN OF SEWALL'S POINT					
Date	BUILDING PERMIT NO. 7602				
Building to be erected for	Type of Permit FENCE+ Cowmas				
Applied for by O/F	(Contractor) Building Fee 30,00				
Subdivision Marcoy Hu	Lot 7 243 Block Radon Fee				
Address 3 S. Save	MUS POINT RD Impact Fee				
Type of structure SFR	A/C Fee				
•	Electrical Fee				
Parcel Control Number:	. \				
	Plumbing Fee				
	3960 Cash Other Fees ()				
Total Construction Cost \$ 350	00 TOTAL Fees 30,00				
\bigcirc					
Signed Druce Turu	a Signed Lene Summon (2)				
Applicant	Town Building Official				
•	PERMIT				
BUILDING PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL	□ ELECTRICAL □ MECHANICAL □ ROOFING □ POOLISPA/DECK □ DEMOLITION □ FENCE □ TEMPORARY STRUCTURE □ GAS □ HURRICANE SHUTTERS □ RENOVATION □ STEMWALL □ 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 BUILDING FINAL				

	of Sewall's Point PERMIT APPLICATION	Permit Number:
OWNER/TITLEHOLDER NAME: BRUCE & MICHALE	LURIER Phone (Day) 28	84074 (Fax)
Job Site Address: 3 South SevenIs A Ra	city:Stuart	State: F1zip: 3499 (6
Legal Desc. Property (Subd/Lot/Block) Lot 2 (Porction)	Parcel Number:	
Owner Address (if different):	City:	State:Zip:
Description of Work To Be Done: FEWCE & COLUMNS	<u> </u>	3233330033033333333333333333333
WILL OWNER BE THE CONTRACTOR?:	COST AND VALUES:	323922000000300203 <u>933333333000</u>
YES NO	Estimated Cost of Construction (Notice of Commencement needs	n or Improvements: \$ed over \$2500) ior to Improvement: \$
(If no, fill out the Contractor & Subcontractor sections below)	Is improvement cost 50% or mo	ore of Fair Market Value? YES NO
(If yes, Owner Builder Affidavit must accompany application)	Method of Determining Fair Mar	rket Value:
CONTRACTOR/Company:		
Street:		
State Registration Number: State Certification	n Number Mar	rtin County License Number
SUBCONTRACTOR INFORMATION:	***************************************	::::::::::::::::::::::::::::::::::::::
	0 1-1	
Electrical:		
Plumbing:		•
Roofing:		
ARCHITECT	Lic.#: Phone	Number;
Street:	City:	State:Zip:

ENGINEERLid#	Phone N	lumber:
Street:		State:Zip:
	· · · · · · · · · · · · · · · · · · ·	2003ma66ma6cacacacacacacacacacacacacacac
		Patios: Screened Porch:
Carport:Total Under RoofWood	d Deck:Acce	ssory Building:
I understand that a separate permit from the Town may be required BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:	S, SAND OR FILL ADDITION OR REMOVE	ANICAL, SIGNS, POOLS, WELLS, FURNACE, VAL, AND TREE REMOVAL AND RELOCATIONS.
	nergy Code: 2001	Florida Accessibility Code: 2001
HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE (ON THIS APPLICATION IS TRUE CODES, LAWS AND ORDINANCE	AND CORRECT TO THE BEST OF MY
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATI	•
State of Florida, County of: WALZIN	On Charle of Storida, Count	
This the 151 day of 1005 200 5		nty of:
by Stock College who is personally		day of200 who is personally
nown to me or produced	· —	wno is personally
s identification.		
Notary APPRIL O'BRIEN MY COMMISSION # DD 205961	My Commission Expires:	Notary Public
EXPIRES. April 28, 2007 Bonde Seal Notary Public Underwriters PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVA		Soal

TOWN OF SEWALL'S POINT

ONE SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statues 489.103(7).

have read the above and agree to comply with the provisions as stated.				
Name: Bruce Aurica Date: L	e-1-05			
Signature: Bruce Furrier				
Address: 3 South Sewalls A Rol				
City & State: Stund Florida				
Permit No				

11

CONCERNO S

9238 REROOF



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 NUMBE	R:	9238		DATE ISSUED:	AUGUST 21, 2009	
SCOPE OF WORK	ζ :	REROOF				
CONDITIONS:		ļ				
		·				
CONTRACTOR:		CODE RED I	ROOFERS			
D. D			·.		T	
PARCEL CONTR	OL.	NUMBER:	013841-008-00	0-000219	SUBDIVISION	MELODY HILL-LOT 2
CONCEDICATION		PPECC	2	·		
CONSTRUCTION	AD	DRESS: ,	3 S SEWALLS PT	ΓRD		
			<u> </u>			·
OWNER NAME:	LU	RIEA				
	<u> </u>		·			
QUALIFIER:	l	UGLAS ROE		CONTACT PHO	NE NUMBER:	772-287-2829
						AY RESULT IN YOUR
						IN FINANCING, CONSULT
				RECORDING YOUR		
					MUST BE SUBMIT	TED TO THE BUILDING
DEPARTMENT PRI						
NOTICE: IN ADDITE	ON:	OTHE REQU	TREMENTS OF T	HIS PERMIT, THERE	MAY BE ADDITION	IAL RESTRICTIONS Y, AND THERE MAY BE
ADDITIONAL PERM	13 F F 1TS 1	REQUIRED ER	OM OTHER COV	ERNMENTAL ENTIT	DS OF THIS COUNT	Y, AND THEKE MAY BE
DISTRICTS, STATE A					ILS SUCITAS WATE	R MAINAGEMEIN I
					OCUMENTS MUST	BE AVAILABLE ON SITE
CALL 287-2455 -	8:00	DAM TO 4:00		IONS 8:30AM TO 12:0		
					00/111 · 1110/115/17, 11	LONLOOAT WINDAT
REQUIRED INSPECTIONS						
UNDERGROUND PLUME	BING		<u></u>	UNDERGRO		
UNDERGROUND MECHA	ANIC	<u></u>			OUND ELECTRICAL	
STEM-WALL FOOTING				FOOTING		
SLAB .				TIE BEAM/O	COLUMNS	
ROOF SHEATHING				WALL SHEA		
TIE DOWN /TRUSS ENG				INSULATIO	N	
WINDOW/DOOR BUCKS	;			LATH		
ROOF DRY-IN/METAL				ROOF TILE I	N-PROGRESS	
PLUMBING ROUGH-IN				ELECTRICAL	. ROUGH-IN	
MECHANICAL ROUGH-IN	V			GAS ROUGE	H-IN	
FRAMING				METER FINA	AL	
FINAL PLUMBING	٠			FINAL ELECT	TRICAL	
FINAL MECHANICAL				FINAL GAS		
FINAL ROOF				BUILDING F	INAL	
ALL RE-INSPECTION	J FF	FS AND ADDI	TIONAL INSPECT			THE DEDMIT HOLDED

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.

ATE: S. H. O.	CC	111 D : 4	
9-11-0	own of Sewal		Barrella Niversia and
	LDING PERMIT	Priore (Day) 120 - 4	Permit Number:
OWNER/TITLEHOLDER NAME: Bruce Lur			
Job Site Address: 3 South Spun 115		City: <u>StUD A</u>	State: <u>FL</u> zip: <u>34996</u>
Legal Description Melody Hill W252.	741 Parcel Con	trol Number: <u>01-38-41-0</u>	08.000.000=1.9
Owner Address (if different): R. Lund		City:	State:Zip:
Scoppic Iwork Interselves pecific A Section 1			
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany applic	CC estimated	OST AND VALUES: (Red Value of Improvements:	quired on ALL permit applications)
YES NOX	(Notice of Comr	nencement required when over \$25	00 prior to first inspection, \$7,500 on HVAC change out)
Has a Zoning Variance ever been granted on this pro		roperty located in flood haz ONS, REMODELS AND RE-RO	ard area? VE10AE9AE8X DOF APPLICATIONS ONLY:
YES(YEAR)NO(Must include a copy of all variance approvals with applicable	on) (Fai	r Market Value of the Primary \$	mprovement: \$Structure only, Minus the land value)
7	Des Care Inc	VATE APPRAISALS MUST BE SUE	MITTED WITH PERMIT APPLICATION
CONTRACTOR/Company: Code Red	rates, inc	<u>, ></u>	1 2829 Fax: <u>112 287 176</u>
Street: 3341 SE Slater St	-	y_Otuait	State: <u>+L</u> zip: <u>34997</u>
State License Number: CCC 1326574 01		-0.0 M(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ense Number
LOCAL CONTACT:		Phone Number: 772	287 2829
DESIGN PROFESSIONAL:	Lic#	Pho	one Number:
Street:		City:	State: Zip:
AREAS SQUARE FOOTAGE: Living: Ga	rage: Covere	d'Patios/ Porches:	Enclosed Storage
		1/3	No.
Carport: Total under Roof • Enclosed non-habitable areas below the Base	Flood Elevation greater tha	n 300 sq. ft. require a Non-Cor	version Covenant Agreement.
CODE EDITIONS IN EFFECT THIS APPLICATION: Fig. National Electrical Code: 2005(2008 after 6/1/09)Florid	orida Building Code (St	ructural, Mechanical, Plur	mbing, Existing, Gas): 2007
NOTICES TO OWNERS AND CONT 1. YOUR FAILURE TO RECORD A NOTICE OF COMME PROPERTY. WHEN FINANCING, CONSULT WITH YOUR 2. THERE ARE SOME PROPERTIES THAT MAY HAVE PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING ENCUMBERED BY ANY RESTRICTIONS, SOME RESTRICT MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDEN A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE A 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD BE ASSESSED ON ANY PERMIT THAT BECOMES NULL	NCEMENT/MAY RESULT LENDEÉ OR AN ATTORI DEED RESTRICTIONS RE G PERMIT. IT IS YOUR RI CTIONS APPLICABLE TO THERE MAY BE ADDITION. STATE AGENCIES, OR CES AND SUBSTANTIAL SSESSED AFTER 24 MO EWORK AUTHORIZED B D OF 180 DAYS AT ANY	NEY BEFORE RECORDING ECORDED UPON THEM. THE ESPONSIBILITY TO DETER OTHIS PROPERTY MAY BE ONAL PERMITS REQUIRED FEDERAL AGENCIES. IMPROVEMENTS TO SING NTHS PER TOWN ORDINAL Y THIS PERMIT IS NOT CO TIME/AFTER THE WORK IS	YOUR NOTICE OF COMMENCEMENT. IESE RESTRICTIONS MAY LIMIT OR MINE IF YOUR PROPERTY IS FOUND IN THE PUBLIC RECORDS OF FROM OTHER GOVERNMENTAL ILE FAMILY RESIDENCES ARE VALID FOR NCE 50-95. MMENCED WITHIN 180 DAYS, OR IF COMMENCED. ADDITIONAL FEES WILL
*****A FINAL INSPECTI	ION IS REQUIRED (ON ALL BUILDING P	ERMITS*****
APPLICATION IS HEREBY MADE TO OBTAIN A PERI CERTIFY THAT NO WORK OR INSTALLATION HAS C HAVE FURNISHED ON THIS APPLICATION IS TRUE A APPLICABLE CODES, LAWS, AND ORDINANCES OF	OMMENCED PRIOR TO AND CORRECT TO THE	THE ISSUANCE OF A PE BEST OF MY KNOWLED	RMIT AND THAT THE INFORMATION I GE. I AGREE TO COMPLY WITH ALL
OWNER SIGNATURE: (required) OR OWNERS LEGAL AUTHORIZED AGYNT (PROOF REQUIRED)		CONTRACTOR	R SIGNATURE: (required)
State of Florida, County of: Wactin This the day of Suly	,20_09	7000	day of August 2009
V 1	•	by Dolla Co	who is personally
as identification.	late of Florida	known to me or produced. As identification.	REBECCA RESTIFO
Hallie Trainor			MY COMMISSION #DD890257 EXPRESVRAVITA7, 2013
My Commission Expires: Expires 05/22/20	A.A 1	My Commission Expires	Bonded through 1st State Insurance
SINGLE FAMILY PERMIT APPLICATIONS MUST B APPLICATIONS WILL BE CONSIDERED ABANDO			

RECEIVED

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

PERMIT #:	TAX FOLIO #: <u>61-38-41-008-000-00021-9</u>
STATE OF FLORIDA	COUNTY OF MARTIN
THE UNDERSIGNED HEREBY GIVES NOTICE TI CHAPTER 713, FLORIDA STATUTES, THE FOLLO	HAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH OWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.
LEGAL DESCRIPTION OF PROPERTY (AND S	or 2 sthat part of hot 3 Nof 10' RdOR 344/2530
GENERAL DESCRIPTION OF IMPROVEMENT	
OWNER NAME: Bruce Luri ADDRESS: 3 SOUTH SWELLS PHONE NUMBER:	ea & Michell Luila Foint Rd. Stuart FL 31996
INTEREST IN PROPERTY: OWN EX	OLDER (IF OTHER THAN OWNER):
CONTRACTOR: COL Red ROC	FAYNIMAREN: 772 287 7763
SURETY COMPANY (IF ANY):	
PHONE NUMBER:	EAV NIIMPED.
BOND AMOUNT:	THIS IS TO CERTHY THAT THE FOREGOINGPAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. FAX NUMBER:MARSHA EWING, CLERK SIGNATED BY OWNER UPON WHOM NOTICES OF OTHER SIGNATED BY OWNER UPON WHOM NOTICES OF OTHER
LENDER/MORTGAGE COMPANY: ADDRESS:	AND CORRECT COPY OF THE ORIGINAL COUNTRY S
	FAX NUMBER: MARSHA EWING, CLERK
PERSONS WITHIN THE STATE OF FLORIDA DE DOCUMENTS MAY BE SERVED AS PROVIDED	
NAME: ADDRESS:	PARTICIPATION / 13.13 (1) (a) / 1, PLONG PARTICIPATION / 13.13 (a) /
PHONE NUMBER:	FAX NUMBER:
IN ADDITION TO HIMSELF OR HERSELF, OWN	ER DESIGNATES OF CEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),
ST OP ID A OT A TELES	. FAX NUMBER:
EXPIRATION DATE OF NOTICE OF COMMENCE	95
CONSIDERED IMPROPER PAYMENTS UNDER C TWICE FOR IMPROVEMENTS TO YOUR PROPE	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING RTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE FEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE
SIGNATURE OF OWNER OR OWNER'S AUTH	ORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE OWNER	
THE FOREGOING INSTRUMENT WAS ACKNOW	VILEDGED BEFORE ME THIS DAY OF SULY 2004
BY: Michele Luciea as NAME OF PERSON	FOR NAME OF PARTY ON BEHALF OF
PERSONALLY KNOWN OR PRODUCED II	DENTIFICATION WHOM INSTRUMENT WAS EXECUTED Notary Public State of Floring Hallie Trainor
TYPE OF IDENTIFICATION PRODUCED	NOTARY SIGNATURE LISTAL NOTARY SIGNATURE LIST
UNDER PENALTIES OF PERJURY, I DECLAR OF MY KNOWLEDGE AND BELJEF (SECTION	E THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST N 92.525, FLORIDA STATUTES).

LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS' REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT

A RESIDENTIAL STRUCTURE VALUED AT \$300,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 - 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
- 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000.00 AND WAS

A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s. 1609.2 of the Florida Building Code, Building:

a. Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

PERMITTED PRIOR TO MARCH 1, 2002. ___ INSURED OR P.A. IMPROVED VALUE \$__ YEAR PERMITTED DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary): JOB SITE ADDRESS: ろ QUALIFIER NAME: LICENSE NO.: CC 13210 COMPANY NAME: PHONE NO. Qualifier's Signature Sworn to and subscribed before me Sworn to and subscribed before me this () day of AUD(5+ 2009 this 27 day of July By Michele By Notary Public, State of Notary Public, State of Florida Personai)y known to me 🔀 Personally known to me Produced ID Produced ID Type: Type:



REBECCA RESTIFO

EXPIRES: MAY 17, 2013

Bonded through 1st State insurance

COMMISSION #DD890257

Notary Public State of Florida Hallie Trainor My Commission DD536962 Expires 05/22/2010 FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE
DATE
BUILDING OFFICIAL

NO	MATERIAL	QUANITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25 -	SQ	EXAMPLE
	5 V 26-gauge galvalume		20	
	Modified Bitumen Rogina Aquaguard Underlayment		26	
<u> </u>	Aquaquard Underlayment		20	
·····				
		71.		
			-	
<u> </u>				

RE-ROOF CERTIFICATION

PERMIT #
CONTRACTOR'S NAME: COCKED PHONE #: 772287289 FAX: 772287763
OWNER'S NAME: Bruce Michele Luriea
CONSTRUCTION ADDRESS: 3 SOUTH SEWELLS Pt CITY STUDY - STATE FL
RE-ROOF: RESIDENTIAL(SINGLE FAMILY)
COMMERCIAL **-REMOVE/REINSTALL ROOF TOP HVAC EQUIPYESNO
**DISCONNECT/RECONNECT HVAC ELECTRICYESNO
** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION
RE-ROOF DEEMED TO COMPLY WITH 553.844 F. SYESNO - INSURED VALUE OF RESIDENCE
ROOF TYPE: X HIP BOSTON-HIP GABLE FLAT OTHER ROOF PITCH: 3 /12 SLOPE
ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".
SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED- SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".
EXISTING DECK TO REMAIN/REPAIRED& RENAILED
EXISTING ROOF COVERING: Shing (CS EXISTING COVERING TO BE REMOVED? YES X NO
PROPOSED NEW ROOF COVERING: Modified & 5V metal
MANUFACTURER SOFT Metal PRODUCT NAME 5V PRODUCT APPR # 10490.6
(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.
*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.
PROPOSED FLASHING:GALV./STEELALUMINUMCOPPEROTHER
RIDGEVENT TO BE INSTALLED:YESYNO
DESCRIPTION OF WORK: Remove existing roofing, renail ducking to code, Install modified bitumen
roofing to float moof, install 5v metal vanfing
I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REQUIATING CONSTRUCTION AND ZONING.
SIGNATURE OF CONTRACTOR

CBUCK Engineering

Specialty Structural Engineering

CBUCK, Inc. Florida Certificate of Authorization # 8064

Installation Method

of

South Florida Metal Supply, Inc.

"5-V Crimp"

Metal Roof Assembly

for

Florida Product Approval

FL 10490.6

Florida Building Code 2007

Per Rule 9B-72

Method:

1 - D

Category:

Roofing

Sub - Category:

Metal Roofing

Product:

"5-V Crimp" Roof Panel

Material:

Steel

Panel Thickness:

26 Gauge Minimum

Panel Dimensions:

24" Maximum (Net Coverage)

Support Type:

Wood Deck

Prepared for:

South Florida Metal Supply, Inc.

2120 SW Pomo Drive Palm City, FL 34990

Prepared by:

James L. Buckner, P.E.

Florida Professional Engineer # 31242

Florida Evaluation ANE ID: 1916,

Project Manager: Stephen Peters

eport No. 08-127-5V-24-S6W-IM

Date: 02 / 25 / 08

James L. Buckner, P.E. Florida P.E., #31242

3/26/08

Contents:

Installation Method Pages 1-5

CBUCK, Inc.

1334 S. Killian Drive, Suite 4, West Palm Beach, Florida 33403 Phone: (561)491-9927 Fax: (561)491-9928 Website: www.cbuckinc.net

FL #:

FL 10490.6

Date:

02/25/08

Report No.: 08-127-5V-24-S6W-IM

Page 2 of 5

CBUCK Engineering

CBUCK, Inc. Florida Certificate of Authorization # 8064

Specialty Structural Engineering

Evaluated Installation Method

Attachment Description:

Roof Panel Fasteners

Type: Hex-Head wood screws with weather-sealed washer Size: #14 x minimum penetration through deck 3/16" Corrosion Resistance: Per FBC Section 1507.4.4

Standard: Per ANSI/ASME B18.6.1.

Installation:

METHOD 1:

1. "5-V Crimp" Roof Panel to Deck

Fastener spacing: 16" o.c. (along the length of the panel and within 3" from all ends) Fastener spacing: Nominal pattern of 12" (along each row)

(at the top of the major corrugations)

2. "5-V Crimp" Roof Panel to Deck

METHOD 2:

Fastener spacing: 8" o.c. (along the length of the panel and within 3" from all ends)

Fastener spacing: Nominal pattern of 12" (along each row) (at the top of the major corrugations)

Fasteners shall penetrate through deck a minimum of 3/16".

Manufacturer's **Installation Instructions:** Refer to the manufacturer's installation instructions as a supplemental guide for attachment.

Evaluation Report:

Conditions and Limitations of the Evaluation Report apply.



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)

CertainTeed Corporation (PA) 1400 Union Meeting Road Blue Bell, PA 19422

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 BCCO (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. BCCO reserves the right to revoke this acceptance, if it is determined by BCCO 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 Florida Building Code and the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: CertainTeed Modified Bitumen Roofing Systems Over 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 revises NOA No. 08-0227.09 and consists of pages 1 through 38. The submitted documentation was reviewed by Jorge L. Acebo

MIAMIDADE COUNTY

NOA No.: 08-0410.09 Expiration Date: 06/19/13 Approval Date: 11/20/08

Page 1 of 38

WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

GENERAL LIMITATIONS:

- 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 side lap 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 Professional Engineer, Registered 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. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant (When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)
- All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform to 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

MIAMIDADE COUNTY
APPROYED

NOA No.: 08-0410.09 Expiration Date: 06/19/13 Approval Date: 11/20/08 Page 38 of 38

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	TOWN OF SEWALLS POINT Building Department - Inspection Log					
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TOWN OF SEWALLS POINT BUILDING DEPARTMENT - INSPECTION LOG					
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9716 WINDOWS



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

		O I IIAUE II		S REQUIRED FO	OR ALL PERIVI	18			
PERMIT NUMBE	R:	9716		DATE ISSUED:	FEBRUARY 17, 2011				
SCOPE OF WORK	K :	4 IMPACT W	IMPACT WINDOWS						
CONDITIONS:									
CONTRACTOR:		HOME DEPO	T						
PARCEL CONTR	OL	NUMBER:	013841008-000	013841008-000-000219 SUBDIVISION MELODY HILL-L2 & PT					
CONSTRUCTION ADDRESS:		DRESS:	3 S SEWALLS PT	RD	<u> </u>				
OWNER NAME: LURIEA					·				
QUALIFIER:	ВО	YSIE RAMDIA	L	CONTACT PHO	NE NUMBER:	407-469-5599			
CERTIFIED COPY (DEPARTMENT PRI NOTICE: IN ADDITIONAL PERMI DISTRICTS, STATE A	ER C OF T OR T ON T IS PR ITS R GEN EQU	HE RECORD HE RECORD TO THE FIRS TO THE REQUIPMENT THAN EQUIRED FR TO THE RED	RNEY BEFORE R ED NOTICE OF C T REQUESTED I IREMENTS OF TH. T MAY BE FOUND OM OTHER GOVE PERAL AGENCIES. PECTIONS - ALL	ECORDING YOUR COMMENCEMENT IN SPECTION. HIS PERMIT, THERE O IN PUBLIC RECORDER ON THE PROPERTY OF THE PROPERTY	MOTICE OF COMMUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT HES SUCH AS WATER	TAL RESTRICTIONS			
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As identification. Notary Public Notary Public My Commission Expires		
OWNERDITICENCIDER NAME LIDIEA BDIFF MICHELE Phone (Day) TIZ -28T-245(190) Job Sile Address: 3 COUTH SELVALLS POINT RD. City STUART State: T. ZIP 3A99(0) Legal Description 3 S. COUTH SELVALLS POINT RD. City STUART State: T. ZIP 3A99(0) Owner Address (if different) 3 S. CELVALLS POINT RD. City STUART State: T. ZIP 3A99(0) Owner Address (if different) 3 S. CELVALLS POINT RD. City STUART State: T. ZIP 3A99(0) Owner Address (if different) 3 S. CELVALLS POINT RD. City STUART State: T. ZIP 3A99(0) WILL OWNER BE THE CONTRACTORY If yes, nowmer biginize owner been granted on this property? VES NOW CONTRACTORY VES NOW CONTRACTORY OWNER ADDRESS (NOW AND ALLES) (Required on ALL permit applications) If subject property is control from the about any state of the property? VES NOW CONTRACTORY (CITY AND ALLES) (Required on ALL permit applications) If subject property is control from the about any state of the property? VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (Required on ALL permit applications) VES NOW (WAS ADDRESS (CITY AND ALLES) (WAS ADD	1 1 .	(
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Bas a Zonina Variance aver been gramted on this property? YES	(If yes, Owner Builder questionnaire must accompany application)	Estimated Value of Improvements: \$A_1250.55
## CONTRACTOR/Company: DUBIG. Part	Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10AE9AE8X
CONTRACTOR/Company: BUSING AND IAL Street: City State: Zip: State License Number: CRC04(858) OR: Municipality he Home Depot Ucense Number: CRC 04(858) LOCAL CONTACT: Brian Kirluy At-Home Servicing At-Home Servicing At-Home Servicing At-Home Servicing To July 169 5599 DESIGN PROFESSIONAL: N/A: Street: Covered Patrox Proteins Total under Rood Endosed non-habilityte areas billow the Base Pictod Elevation greater than 300 to 8, 11 require a National Electrical Code: 2003(2008 after 91109) Florida Energy Code: 2007; Florida Accessibility Code/2007, Figh Frap Prevention Code 2003(2008 after 91109) Florida Energy Code: 2007; Florida Accessibility Code/2007, Figh Frap Prevention Code 2003(2008 after 91109) Florida Energy Code: 2007; Florida Accessibility Code/2007, Figh Frap Prevention Code 2007, Florida Energy Code: 2007; Florida Accessibility Code/2007, Figh Frap Prevention		Estimated Fair Market Value prior to improvement: \$
Street: City State: Zip: State License Number: CRC046858 OR: Municipality he Home Deport Joesis Number: CRC046858 OR: Municipality he Home Deport Joesis Number: CRC046858 OR: Municipality he Home Deport Joesis Number: CRC046858 OR: Municipality he Home Deport At-Home Services Jon 169 5599 DESIGN PROFESSIONAL: MIA. Street: Boynton Beach, FL 33428 State: Zip: Design Professional: MIA. AREAS SQUARE FOOTAGE: Living: Garage: Covered Patical Portners Enclosed Inchmishable argas below the Base Flood Elevated Deck: Enclosed Multiplow Browners Enclosed Inchmishable argas below the Base Flood Elevated Deck: Enclosed Multiplow Browners Enclosed Inchmishable argas below the Base Flood Elevated Deck: Enclosed Multiplow Browners Enclosed Inchmishable argas below the Base Flood Elevated Deck: Enclosed Multiplow Browners Enclosed Multiplow Browners Enclosed Multiplow Browners NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING MULTIPLOW BROWNERS NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING MULTIPLOW BROWNERS PROPERTY: WHITE IN HAPPILICATION: LENDER OR AN ATTORNEY BEFORE RECORDING COMPANIES TO COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THE STREET OR STREET AND AND AN ATTORNEY BEFORE RECORDING CONTRACTORS. ENTITIES SUCH AS WATER MANAGEMENT DISTRICT, STATE AGENCIES, ON TEROPENTY MAY BEFOLVION IN THE MUBDER OF MAY		PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
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CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783

(850) 487-1395

RAMDIAL, BOYSIE GANGA THE HOME DEPOT AT-HOME SERVICES 2690 CUMBERLAND PKWY SUITE 300 ATLANTA GA 30339

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA 4 AC# 4984040 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CRC046858 - 06/03/10 090463414

CERTIFIED RESIDENTIAL CONTRACTOR RAMDIAL, BOYSIE GANGA THE HOME DEPOT AT HOME SERVICES

ate AUG, 31, 2012

DETACH HERE

4984040

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

DATE BATCH NUMBER LICENSE NBRZ 0.6/03/2010-090463414; CRC046858;

The RESIDENTIAL CONTRACTOR Named below IS CERTIFIED

Under the provisions of Chapter 489 Expiration date: AUG 31, 2012

RAMDIAL, BOYSIE GANGA THE HOME DEPOT AT HOME SERVICES 2690 CUMBERLAND PKWY SUITE 300

ATLANTA

GA:30339

CHARLIE CRIST GOVERNOR

CHARLIE LIEM INTERIM SECRETARY

2010-2011 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

OCC. CODE 090.022

> RENEWAL **EXPIRES 9-30-2011** FOLIO NO. 182589.0000

SURCHARGE H. WASTE 40.00

18.00 ξ

FACILITIES OR MACHINES 0 BUSINESS TYPE 0 SEATS 0

RESIDENTIAL CONTRACTOR

BUSINESS

207 KELSEY LN K TAMPA 33619

RAMDIAL BOYSIE GANGA DBA/THE HOME DEPOT AT-HOME SERVICES 2690 CUMBERLAND PKWY STE 300 ATLANTA GA 30339

MAILING ADDRESS

NAME

BUSINESS TAX RECEIPT

IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON.

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE

DOUG BELDEN, TAX COLLECTOR 813-635-5200 THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

PAID - 34686 - 6 07/14/2010 *** 58.00

The Home Depot At-Home Services 2017 Corporate Drive



Boynton Beach, FL 33426

andersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713,

GENERAL DESCRIPTION OF INTROVENIENT: REPUACE WINDOWS BYE FOR SIZE OWNER INFORMATION: L NAME ANDRESS AND FROM HUNGER AND BOND AND BEACH, FL. Increase is property. Andread 3 GOVTH SEWALL POINT RD. STURY: LINGUIS BY THE HOME Depot At Home Depot At Home Depot At Home Services SURTY'S NAME, ADDRESS AND PHONE NUMBER: The Home Depot At Home Services SURTY'S NAME, ADDRESS AND PHONE NUMBER: Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by ection 713.13 (1) (a) 7, Florida Statutes: ANLE, ADDRESS AND FROM NUMBER: In addition to himself or herself, Owner designates the following to receive a copy of the Lientr's Notice as provided in Section 1.13 (1) (b), Florida Statutes MEL, ADDRESS AND PHONE NUMBER: Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is sectified). 20. ARNING TO OWNER, ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPRATION OF THE NOTICE OF COMMENCEMENT is SURGED AND POSTED ON THE DOS STITE BY AND THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT IS SUAL IN YOUR FAYING TWICE FOR INTROVEMENTS 10 YOUR PROPERTY. A NOTICE OF COMMENCEMENT IN THE YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT. BRUTCH DOWNER ANY PAYMENTS UNder CHAPTER TID PART LISECTION TIDIN FLORIDA STATUTES AND CAN SINGLE IN YOUR FAYING TWICE FOR INTROVEMENTS 10 YOUR PROPERTY. A NOTICE OF COMMENCEMENT. BRUTCH DOWNER AND PROPER PAYMENTS UNDER CHAPTER TID PART LISECTION TIDIN THE TOTAL THE AND CAN Frint Name and Provide Signatory'S Title/Office DOWNER'S AUTHORISES AND PROPER PROPERTY A STREET AND THE OWNER COMMENCEMENT. BRUTCH DOWNER AND PAYMENT SHORE THE PAYMENT AND THE OWNER COMMENCEMENT. BRUTCH DOWNER AND PAYMENT SHORE CHAPTER TID PART LISECTION TIDIN THE OWNER CHAPT'S TITLE/Office DOWNER'S AUTHORISES AND PROPER PROPERTY OF THE PAYMENT AND THE OWNER CHAPT'S TITLE/Office DOWNER'S AUTHORISES AND PROPER PAYMENT SHORE OF THE PAYMENT AND THE OWNER CHAPT'S TITLE/Office	rida Statues the following information is provided in the Notice of Commencement.
SURFIVE NAME, ADDRESS AND FRONE NUMBER: The Home Services SURFIVE NAME, ADDRESS AND FRONE NUMBER: Section 713, 13 (1) (a) 7, Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes: NAME, ADDRESS AND FRONE NUMBER: S. In addition to himself or horself, Owner designates the following to receive a copy of the Liena's Notice as provided in Section 713, 13 (1) (b), Florida Statutes and Fronice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified). D. WARNING TO OWNER, ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT, A DOTTE OF COMMENCEMENT MUTH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT, A DOTTE OF COMMENCEMENT MUTH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT, A DOTTE OF COMMENCEMENT MUTH YOUR LENDER OR AN ATTORNEY BE	DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 0138 1100 500
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Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager State of Florida County of Palm Beach The foregoing instrument was acknowledged before me this Odday of iYARCH 2011 By BROCE LUDIEA as OWNETZ (type of authority,e.g. officer, trustee, attomey in fact)	RE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 113, PARTESTY. A NOTICE OF COMMENCEMENT MUST BE ESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE ESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE
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State of Florida County of Palm Beach The foregoing instrument was acknowledged before me this OO day of IVARCH 2011 By BROCE LUDIEA as OWNET (type of authority,e.g. officer, trustee, attomey in fact)	
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(name of person) (type of authority,e.g. officer, trustee, attorney in fact)	The foregoing instrument was acknowledged before me this <u>CQ</u> day of <u>IMARCH</u> , 2011
(included by the control of the cont	BY BRUCE LUDIEA IS OWNER Marry in larly
	(name of person) (type of authority,e.g. officer, another in fact)
	For

STATE OF FLORIDA MARTIN COUNTY AND CORRECT COPY OF THE ORIGINAL THIS IS TO CERTIFY THAT THE . PAGES IS A TRUE



Notary Public State of Florida

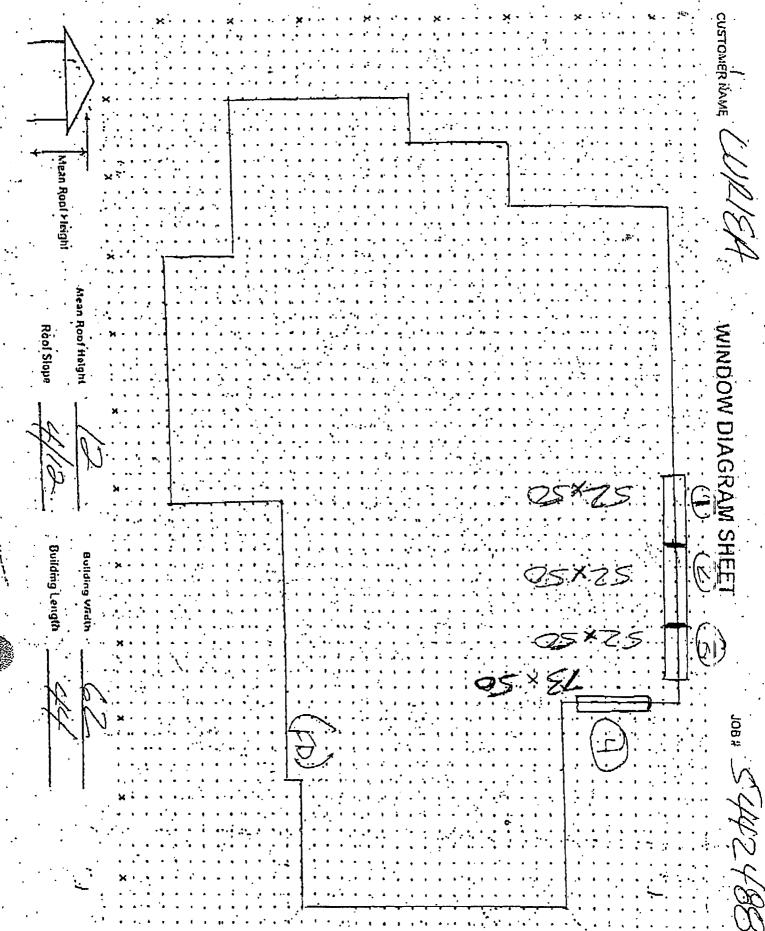
B Douglas Young My Commission DD948729

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner (s) or Owner(s) Authorized Officer/ Director / Paetner/Manager who signed above

Rev.01-09-07 (S.Recording)

ORIGINAL



FLORIDA BUILDING CODE, 2007

DESIGN PRESSURES FOR COMPONENTS & CLADDING

CALCULATIONS CONFORM WITH ASCE 7-05

Building Information

Wind Velocity (mph): 140 Importance Factor: 1.00 Exposure Category: Directionality Factor (kd): 0.85 Internal Pressure Coefficient '+/-': 0.18 Mean Roof Height (ft): 12 Building Width (ft): 62 Building Length (ft): Roof Slope (x:12): 44 Width of End Zone (ft): 4.4



Job Information

Calculations Type: WALL OPENINGS Job Number: 5442488

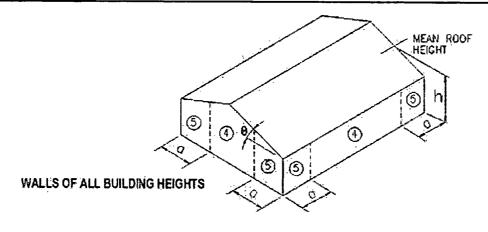
THD At Home Services Company Name:

Prepared By: **Brian Kirby** Date/Time: 2/14/2011 7:59:44 AM

Client Name: Bruce Luciea

Replace 4 Windows size for size with Impact Glass Job Description:

Opening Mark	Opening Desc.	Location Zone	Opening Elev.(ft)	Opening Width (in)	Opening Height (in)	Max + Pres. (psf)	Max - Pres. (psf)
1	AC86HPS 1PNL	4	5	52	50	41.1	-44.7
2	AC86HPS 1PNL	4	5	52	50	41.1	-44.7
3	AC86HPS 1PNL	4	5	52	50	41.1	-44.7
4	AC86HPS 1PNL	4	5	73	50	40.1	-43.8





WINDOW/DOOR SCHEDULE

ID	APPOX OPENING			IMP PROTE	ACT CTION	
NO	SIZE (WXH)	DESIGNATION	* TYPE	IMPACT GLASS	SHUTTER	REMARKS
	37" X 63"	25	SH		X	EXAMPLE
_ 1	52×50	1	SL			
2	52×50	ಒ	SL	*		
3	52×50	1 2 3	ີ ອ	P		
4	73×50	4	9			
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TOTAL GLAZED OPENING AREA FOR STR	RUCTRE: S.F.
*PERCENTAGE OF NEW GLAZED AREA: (TOTAL INSTALLED GLAZED AREA DIVIDED E	% 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 shutters or impact resistant glazing(as per 2004 FBC/ EXISTING BUILDING 507.3.

* TYPE WINDOWS

SH – SINGLE HUNG AWN – AWNING SL – SLIDING DH – DOUBLE HUNG CAS – CASEMENT FIX – FIXED

FL-11620.6

eren: LFS

WEET 1 OF 6

SEM2ION2

OD INTERLAYER TYPE

Andersen Company 1 SILVERLINE DRIVE, NORTH BRUNSWICK, NJ. 08902

Bull.Divide Consultaning, INC.

Rail.Divide Government on the 8813

Certificate of Amthorization the 8813

Certificate of Amthorization the 8813

Certificate of Amthorization the 8813

"WEATHERSTOPPER""

SERIES 8700 - MODEL 8700

EXTRUDED VINYL IMPACT
HORIZONTAL SLIDER WINDOW

GENERAL NOTES

- This product has been evaluated and is in compliance with the 2007 Florida Building. Code (FBC) structural requirements including the "High Velocity Huricane Zone" (HVHZ).
- Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
- When used in the "HVH7" this product complies with section 1626 of the Florida Building Code and does not require an impact resistant covering.
- When used in areas outside of the "HVHZ" requiring wind borne debuts protection this product complies with Section 1609.1.2 of the 2007 FBC and does not require an impact resistant covering.
- For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
- Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

	TABLE OF CONTENTS
SHEET 0	DESCRIPTION
-	Typical elevation, design pressures & general nates
2	Horizontal cross sections
3	Vertical cross sections
4	Vertical and horizonial cross sections for 1x buck & pre-cast sills
5	Buck and frame anchoring
9	Bill of materials, glazing detail and components

73" MAX, OVERALL FRAME WIDTH		0	
		×	
	WE HEIGHT	י∈א∧וו וּא∧וי	vo .xam "&à

DESENBER & CENERAL NOTES

RODUCT: EXTRUDED VIVAL IMPACT HORIZONTAL SLIDER WINDOW

-50.0
GN PRESSURE (PSF) TIVE NEGATIVE







BCIS Home | Log In | User Registration | Hot Topics | Submit Surcharge | Stats & Facts | Publications | FBC Staff | BCIS Site Map | Links | Search



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

Application Status Code Version Application Type

Archived Comments

> Approved 2007 Revision FL8478-R1

Ţ.

Address/Phone/Email Product Manufacturer

North Brunswick, NJ 08902 One Silverline Drive rickw@rwbldgconsultants.com (732) 435-1000 Silverline Building Products Corp.

rickw@rwbldgconsultants.com Craig Calderone

Address/Phone/Email Technical Representative

Authorized Signature

Address/Phone/Email Quality Assurance Representative

Subcategory Category

> Mullions Windows

Compliance Method

Florida Professional Engineer Evaluation Report from a Florida Registered Architect or a Licensed 🕟 Evaluation Report - Hardcopy Received

Florida License developed the Evaluation Report Florida Engineer or Architect Name who

Lyndon F. Schmidt, P.E.

Quality Assurance Entity

PE-54158

Validated By Quality Assurance Contract Expiration Date

> 12/31/2011 National Accreditation and Management Institute

Ryan J. King, P.E.

🔯 Validation Checklist - Hardcopy Received

Certificate of Independence

FL8478 R1 COI CERT OF INDEPENDENCE.pdf

Referenced Standard and Year (of Standard)

TAS 201, 202, 203

Year 1994

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

03/05/2009

Date Validated

Date Pending FBC Approval

Date Approved

03/05/2009 03/13/2009 04/07/2009

Summary of Products

, or i ounces		
FL #	Model, Number or Name	Description
8478.1	Series 2723, 2724 and 2728	Extruded Aluminum Clipped Mullion (Vertical and
		Horizontal Combination) Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use		Installation Instructions
Approved for use in HVHZ: Yes	HVHZ: Yes	FL8478 R1 II INST 8478.1.pdf
Impact Resistant: Voc	Side HVHZ: Yes	Verified By: Lyndon F. Schmidt, P.E. 43409
Design Pressure: N/A		Created by Independent Third Party: Yes
Other: See INST 8478		Evaluation Reports
Model and Span any Ad	gs by	FL8478 R1 AE EVAL 8478.1.pdf
Installation Instructions.	Installation Instructions.	Created by Independent Third Party: Yes

Back

Next

DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100
(850) 487-1824, Fax (850) 414-8436
© 2000-2005 The State of Florida. All rights reserved. Copyright and Disclaimer

Product Approval Accepts:





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Date of Ir		E DEPARTMENT - INSPI Wed Introduced	ETION LOG	9- Page of
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		601-9047		INSPECTOR

10431 A/C CHANGEOUT



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 vell (a)	-311	DIE		SKEGOIKEDIF	UR ALLIPERMI	J.S.
PERMIT NUMBE	R:	10431		-		DATE ISSUED:	APRIL 23, 2013	
SCOPE OF WORK	ζ:	AC CHA	NGE	OUT &	DUCTS		_ 	
CONTRACTOR:		JACK FI	ROST	CAC OF	SO. FLA.			
PARCEL CONTR	OL I	NUMBE	R:	013841	1-008-00	0-000219	SUBDIVISION	MELODY HILL-LOT 2
CONSTRUCTION ADDRESS:				3 S SEV	VALLS P	rrd		· · · · · · · · · · · · · · · · · · ·
OWNER NAME:	ru	RIEA						
QUALIFIER:	JAC	CQUES ST	TIEG	ELMAN		CONTACT PHO	NE NUMBER:	336-9030
CERTIFIED COPY OF DEPARTMENT PRINOTICE: IN ADDITIONAL PERMINOSTRICTS, STATE A	ER C OF T ON T ON T IS PR IT'S P GEN	HE RECO FO THE IN O THE R OPERTY REQUIREN ICIES, OR	FIRS EQU THA D FR FED	RNEY BE ED NOT REQUIREMENT MAY BOM OTHOERAL ACTION	EFORE F TICE OF (JESTED VIS OF TI SE FOUNT HER GOVI GENCIES NS - <u>ALL</u>	RECORDING YOUR COMMENCEMENT INSPECTION. HIS PERMIT, THERE D IN PUBLIC RECOR ERNMENTAL ENTI	NOTICE OF COM MUST BE SUBMITED MAY BE ADDITION DS OF THIS COUNT PIES SUCH AS WATE	TTED TO THE BUILDING VAL RESTRICTIONS TY, AND THERE MAY BE OR MANAGEMENT BE AVAILABLE ON SITE
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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.

OWNERLESSEE NAME: Brace + Mitchele Lutrica Phone (Dny \$88-4074 (Fax) Job Sile Address, \$3. S. Sewalls. Paint Re. City Street Sexpendent Medal Hill III. \$52.74 of Let 2. Parcel Control Number: 0.1.38-41-208 -000 -00031-9 Fee Simple Holder Nume: City Street	OWNERLESSEE NAME Bruce Mitchele Lutica Phone (Day) 388-4074 (Fax) Job Site Address, 3.S. Setualis Paint Rd. Cris Stuart State: FL 2p 34996 Fee Simple Holder Name. Michael Hill. J. 352.74 of Lat. 2 Parcel Control Number: 01-38-41-08-000-00001-9 Fee Simple Holder Name. State: Zp Telephone: State: Criy. Zp Telephone: State: Criy. Zp Telephone: WILL OWNER BE THE CONTRACTOR? (if yea, Owner Builder questionnaire must accompany application) Fee Simple Holder Name. State:			Sewall's Point		1/1/21
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State License Number: CACL/815735 OR: Municipality: License Number: License Number: Local Contact: Krist: Parsons DESIGN PROFESSIONAL: Fla. Local Contact: Krist: Parsons Street: Ciy. APR 9-18-2013 Zip: Phone Number: AREAS SQUARE FOOTAGE: Living: Garage Covered Patios/ Porches: Enclosed of Storage: Carport: Total under Roof Enclosed with Base Float Elevated Degr. Process are abelow BFE: Enclosed non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed Non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed Non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed Non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed Non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed Non-habitable areas below the Base Float Elevated Degr. Process are abelow BFE: Enclosed Non-habitable areas below the Base Float Elevated Degr. Process and Process and Process and Process and Process and Elevated Degr. Process and	Street: City: APR 300-2013 Zip: Phone Number: AREAS SQUARE FOOTAGE: Living: Garage: Covered Palico Proches: Enclosed Storage: Enclosed St	have A Charle	7.0 0 100	Billian Ct	Rot Glucias	El 7 74984
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*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS***** AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS. OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: X State of Florida, County of: On This the 31d day of April 2013 by Bruce Luriea who is personally known to me or produced As identification. Notary Public My Commission Expires Applications Must be issued within 30 DAYS OF ARBRINAR. ROTTAGE FRONT PERMIT PROMITING. Expires 4/23/2013 Expires 4/23/2013 Expires 4/23/2013 Expires 4/23/2013 Expires 4/23/2013 ***********************************	*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS***** AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS. OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: X State of Florida, County of MOATIV On This the 3319 day of April 2013 by Truce Laries who is personally known to me or produced As identification. Notary Public My Commission Expires ASSINITION (EBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS OF ATBROWAR. NOTIFICATION (EBC 105.3.4) ALL OTHER COMMISSION EXPIRES ASSINITION (EBC 105.3.4) ALL OTHER COMMISSION EXPIRES ASSINITION (EBC 105.3.4) ALL OTHER EXPIRES ASSINITION (EBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 195.3.4) ALL OTHER EXPIRES ASSINITION (EBC 105.3.4) ALL OTHER EXPIRES ASSINITION (EBC 105.4) ALL OTHE	NOTICE OF COMMENCEMENT MUST BE REC 2. IT IS YOUR RESPONSIBILITY TO DETERM APPLICABLE TO THIS PROPERTY MAY BE FO MAY BE ADDITIONAL PERMITS REQUIRED FO AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY A PERIOD OF 24 MONTHS. RENEWAL FEES V 4. THIS PERMIT WILL BECOME NULL AND V 1. THIS PERMIT WILL BECOME NULL BECOME NULL AND V 1. THIS PERMIT WILL BECOME NULL	ORDED AND POSTED (INE IF YOUR PROPERT DUND IN THE PUBLIC F ROM OTHER GOVERNM RESIDENCES AND SUI VILL BE ASSESSED AF TOID IF THE WORK AUT	ON THE JOB SITE BEFORE TH Y IS ENCUMBERED BY ANY DE RECORDS OF MARTIN COUNT MENTAL ENTITIES SUCH AS WE BSTANTIAL IMPROVEMENTS TER 24 MONTHS PER TOWN OF THORIZED BY THIS PERMIT IS	E FIRST INSPECTION. DEED RESTRICTIONS. Y OR THE TOWN OF SI VATER MANAGEMENT TO SINGLE FAMILY RE DRDINANCE 50-95. NOT COMMENCED WI	SOME RESTRICTIONS EWALL'S POINT. THERE DISTRICTS, STATE SIDENCES ARE VALID FOR THIN 180 DAYS, OR IF
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State of Florida, County of: Martin On This the 23 rd day of April 2013 by Bruce Luriea who is personally known to me or produced N/A As identification. My Commission Expires Applications Must be issued within 30 Days Of April 2013.4) All Other Applications will be considered abandoned after 180 Days (FBC 483.2) - Characteristics (RISTINA R. PARSC Comm# DD0883280) Expires 4/23/2013	State of Florida, County of: Martin On This the 33 rd day of April 2013 by Bruce Juriea who is personally known to me or produced NA As identification. My Commission Expires 100 floridation My Commission Expires 100 floridations will be considered abandoned after 180 days (FBC 1973.2) - Poblication (FBC 105.3.4) ALL OTHER TOMAR PPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 1973.2) - Poblication (FBC 105.3.4) ALL OTHER Comm# DD0883280 Expires 4/23/2013 Florida Notary Assn., Inc. Expires 4/23/2013 Florida Notary Assn., Inc. Expires 4/23/2013	THAT NO WORK OR INSTALLATION HAS C	OMMENCED ÉRIOR T E AND CORRECT TO	O THE ISSUANCE OF A PER THE BEST OF MY KNOWLE	MIT AND THAT THE I	NFORMATION I HAVE MPLY WITH ALL
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Florida Notary Assn., Inc.	Florida Notary Assn., Inc	1			Expires 4/23/2013	KRISTINA R. PARSO
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A/C PERMIT APPLICATION

2010 FLORIDA BUILDING CODE	
A document review will be performed on the following items prior to the permit application. Failure to submit these items will result in the application returned to the applicant until the deficient documents are included. This accompany the application submittal.	ation package
Please make sure you have ALL required copies before submitting per	mit application
1 Copy Completed permit application	
2 Copies of the following:	
 a. Manufacturer's data sheet to include make, model, seer/ed requirements, refrigerant piping size, and AHRI listing pax b. Replacing ductwork requires Manual D layout plan with a Manual J calculations. d. Condenser tie down and Air Handler mounting details d. A/C change out affidavit Mandatory Duct inspection Certification 	oo.
**NOTE: LOCKING ACCESS PORT CAPS ARE REQUIRED FOR REI LOCATED OUT DOORS PER FBC/R – M1411.	
COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE	
2 Copies A/C Stand NOA or Engineers letter to retrofit to exist	ing mounts.
Smoke Detectors in supply duct for units over 2000 CFM	



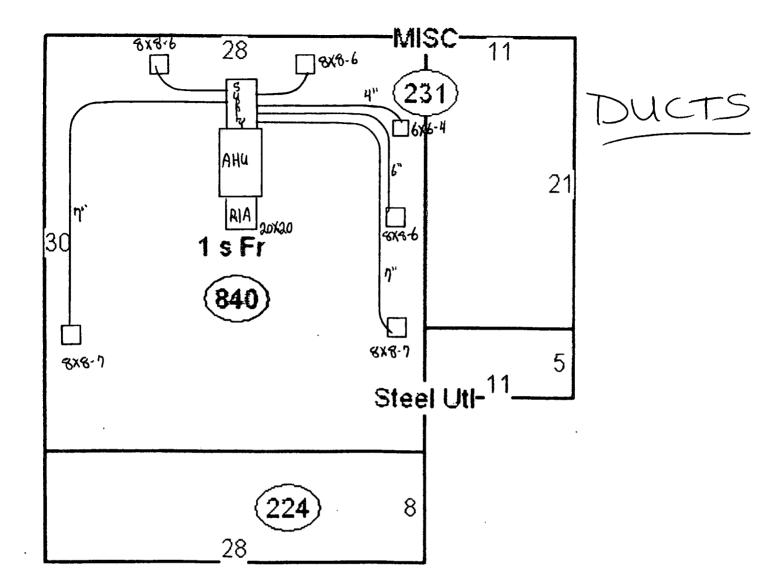
TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765



Air Conditioning Change out Affidavit

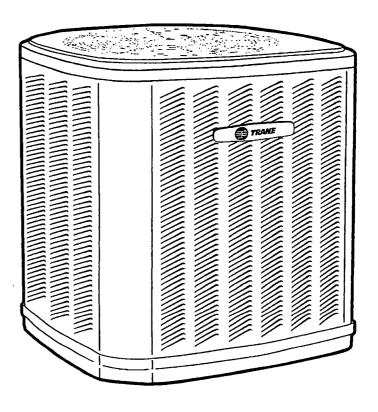
Residential Commercial	
Package Unit Yes No (Use Condenser side Duct Replacement Yes No - Refrigerant lin	of form below for equipment listing)
Duct Replacement Yes No - Refrigerant lin	e replacement Yes No
Flushing Existing Refrigerant lines Yes No -	,
Rooftop A/C Stand Installation Yes No - C	urb Installation Yes No
Smoke Detector in Supply (over 2000 CFM) Yes _	No
One form required for each A/C system installed	
REPLACEMENT SYS	TEM COMPONENTS
Air handler: Mfg: Trane Model#4FWCF024	Condenser: Mfg Trane Model# 4778 30246
Volts <u>240</u> CFM's <u>960</u> Heat Strip <u>5</u> Kw	Volts <u>340</u> SEER/EER <u>/3</u> BTU's <u>24000</u>
Min. Circuit Amps <u>37</u> Wire gauge <u>8</u>	Min. Circuit Amps Wire gauge
Max. Breaker size <u>27</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>17</u> Min. Breaker size <u>25</u>
	Ref. line size: Liquid $3/8$ Suction $3/4$
·	Refrigerant type <u>R410 A</u>
Location: Existing New	Location: Existing New
Attic/Garage/Closet (specify) Athic	Left/Right/Rear/Front/Roof Right Rear
Access: inside home wulk-up	Condensate Location <u>ground</u>
NOTE: CONTRACTOR MUST SUPPLY A PROPE	R LADDER IF REQUIRED FOR INSPECTION
<u>EXISTING</u> SYSTE	M COMPONENTS /
Air handler: Mfg: Unknown/Model# Missing	Condenser: Mfg Missing Model#Unknown
Volts CFM's Heat Strip Kw	Volts SEER/EER BTU's
Min. Circuit Amps Wire gauge	Min. Circuit Amps Wire gauge _/O
Max. Breaker size Min. Breaker size Ref. line size: Liquid 3/8 Suction 3/4	Max. Breaker size Min. Breaker size
Ref. line size: Liquid $3/8$ Suction $3/4$	Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type	Refrigerant type
Location: Ext New	Location: ExtNew
Attic/Garage/Closet (specify)	Left/Right/Rear/Front/Roof
Access:	Condensate Location
Certification:	
I herby certify that the information entered on this form	
further that this equipment is considered matched as requ	· ·
	04-19-13
Signature	Date





4TTB3018-060

1½ - 5 Tons





General Data

Product Specifications

Model No. ①	4TTB3018G1	4TTB3024G1	4TTB3030G1	4TTB3036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/69	200/230/1/60	208/230/1/60
Min Branch Cir Ampacity	12	17	19	20
Br. Cir. Prot. Rtg Max (Amps)	20	25	30	35
Compressor	SCROLL	SCROLL	SCROLL	SCROLL
RL Amps - LR Amps	9 - 48	12.8 - 58.3	11.5 - 63.5	15.3 - 70
Outdoor Fan FL Amps	0.74	0.74	0.74	0.74
Fan HP	1/8	1/8	1/8	1/8
Fan Dia (inches)	23.0	23.0	23.0	23.0
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/11-LB/OZ	5/9-LB/OZ	5/11-LB/OZ	5/12-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	5/8	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Charge Spec. Subcooling	10°	10°	10°	10°
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	34 x 30.1 x 33	34 x 30.1 x 33
Weight - Shipping	167	169	180	186
Weight - Net	140	142	153	159
Start Components	NO	NO	NO	NO
Sound Enclosure	NO NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO
	110			
Optional Accessories: (4)	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Anti-short Cycle Timer	AY28X079	AY28X079	AY28X079	AY28X079
Evaporator Defrost Control	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Rubber Isolator Kit	BAYECMT023	BAYECMT023	BAYECMT023	BAYECMT023
Extreme Condition Mounting Kit	BAYKSKT263	BAYKSKT263	BAYKSKT263	BAYKSKT263
Start Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Crankcase Heater Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Seacoast Kit	BAYLOAM103	BAYLOAM103	BAYLOAM103	BAYLOAM103
Low Ambient Kit	TAYREFLN950	TAYREFLN950	TAYREFLN7*	TAYREFLN7*
Refrigerant Lineset (5) Certified in accordance with the Unitary	Air-Conditioner equipment certific			
② Calculated in accordance with N.E.C. Or	ily use HACR circuit breakers or f	uses.		
Standard line lengths - 60' Standard lift -	· 60' Suction and Liquid line.			
For Greater lengths and lifts refer to refri	gerani piping software Pub# 32-3 se nane 5	312-01. (Highlight latest revision)		
① *= 15, 20, 25, 30, 40 and 50 foot lineset	available.			•

MODEL	SOUND POWER LEVEL [dB(A)]		A-WEIG	SHTED FULL	OCTAVE SO	OUND POWE	R LEVEL dB	[(dB(A)]	
WOOLL	EL VEL (GD(V))	63	125	250	500	1000	2000	4000	5000
4TTB3018G1	76	45.5	59.6	62.2	69.3	71.1	70.9	62.2	54.3
4TTB3078G1	76	47.9	60.5	64.1	71.2	71.2	69.0	58.2	51.5
4TTB3024G1	76	49.0	60.2	66.0	70.3	71.4	69.8	60.4	53.0
4TTB3030G1	74	47.5	64.5	62.3	69.1	71.2	72.6	59.9	52.1
4TTB3030E1	79	47.5	64.5	67.0	75.3	74.0	70.7	62.2	52.8
	79	47.4	60.0	66.9	75.3	73.5	70.3	62.0	51.4
4TTB3048D1		47.3	55.7	69.0	72.7	75.8	69.4	62.2	53.3
4TTB3060D1 80 47.3 55.7 69.0 72.7 73.6 63.4 55.2 55.2 69.0 72.7 73.6 69.0 69.0 72.7 73.6 69.0 69.0 69.0 69.0 69.0 69.0 69.0 69									

22-1843-13

Air Handlers Upflow / Horizontal Left or Right 2 – 5 Ton

4FWCA, 4FWCF

ALL phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES

Important: This Document is customer property and is to remain with this unit. Please return to service information pack upon completion of work.

The 4FWCA/4FWCF series is designed for installation in a closet, utility room, alcove, basement, crawlspace or attic. These versatile units are applicable to air conditioning and heat pump applications. Several models are available to meet the specific requirements of the outdoor equipment. Field installed electric resistance heaters are available.

Section 1. Features

1.1 Standard Features

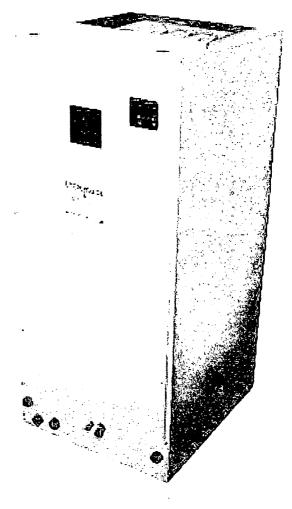
STANDARD FEATURES

- MULTI-POSITION UPFLOW AND HORIZONTAL
- POWDER COATED FINISH ON GALVANIZED STEEL EXTERIOR WITH FULLY INSULATED CABINET
- STURDY POLYCARBONATE DRAIN PANS
 - The 4FWCA / 4FWCF series has factory installed drain pans for either horizontal position.
- 208/230 VAC OPERATION
- TIME DELAY AND CONTROL TRANSFORMER
- MULTI-SPEED DIRECT DRIVE BLOWER
- FACTORY INSTALLED THERMAL EXPANSION VALVE
- ALL ALUMINUM COIL
- BOTTOM RETURN

1.2 Optional Features

OPTIONAL FEATURES

- 3,5,6,8,10,15, OR 20 KW ELECTRIC HEATER
- CIRCUIT BREAKERS ARE STANDARD ON 15 & 20 KW ELECTRIC HEAT



Performance and Electrical Data – 4FWC(A/F)024,025

	AIR FLOW PERFORMANCE							
	4FWC(A,F)024/025							
EXTERNAL STATIC (in w.g)						<u> </u>		
	Speed	Taps - 230	VOLTS	Speed	Taps - 208	VOLTS		
	High	Med	Low	High	Med	Low		
0.1	960	840	650	860	760	590		
0.2	935	820	640	840	740	580		
0.3	895	790	610	810	710	550		
0.4	840	740	570	760	670	510		
0.5	780	690	530	700	620	480		

NOTES:

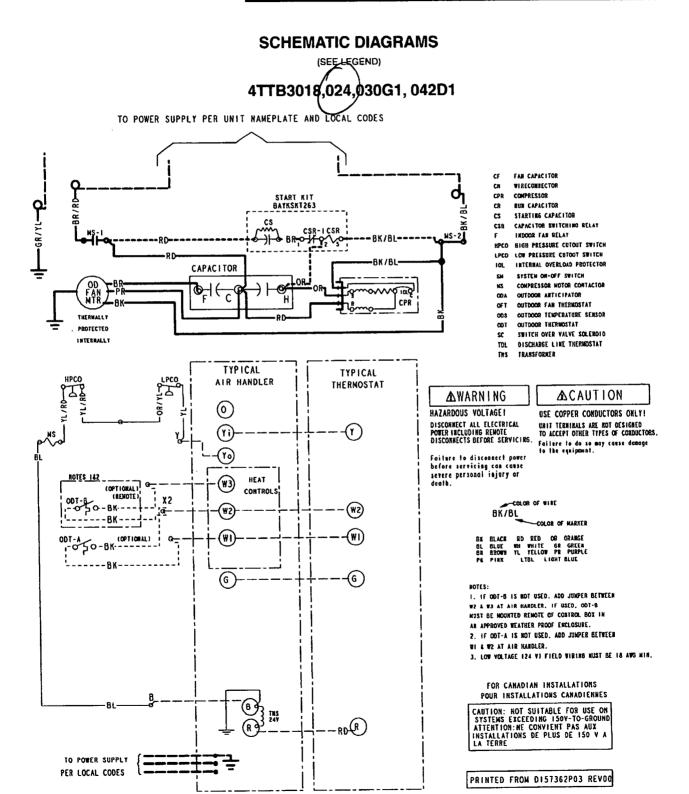
- 1. Values are with dry coil, filter in place, and no heaters
- 2. CFM Correction for wet coil = 4%

4FWC(A,F)024/025 MINIMUM HEATER AIRFLOW CFM						
Heater Mimimum Heat Speed Tap						
	With Heat Pump	Without Heat Pump				
BAYHTR**1403SL0	Low	Low				
BAYHTR**1405SL0	Low	Low				
BAYHTR**1406SL0	Low	Low				
BAYHTR**1408SL0	Low	Low				
BAYHTR**1410SL0	Med	Low				

	ELECTRICAL DATA										
	4FWC(A,F)024 / 4FWC(A,F)025										
				240 V	olt				208 V	oft	
Heater Model No	No. of	Cap	oacity	Heater	Minimum	Maximum	Ca	acity	Heater	Minimum	Maximum Overload
Tidatal Made	Circuits	kW	втин	Amps per Circuit	Circuit Ampacity	Overload Protection	kW	втин	Amps per Circuit	Circuit Ampacity	Protection
No Heater					2	15				2	15
BAYHTR**1403SL0	1	3	10200	12.5	18	20	2.25	7700	10.8	15	15
BAYHTR**1405SL0	1	4.8	16400	20	27	30	3.6	12300	17.3	24	25
BAYHTR**1406SL0	1	6	20500	25	33	35	4.5	15400	21.6	29	30
BAYHTR**1408SL0	1	8	27300	33.3	44	45	6	20500	28.8	38	40
BAYHTR**1410SL0	1	9.6	32800	40	52	60	7.2	24600	34.6	45	45
ote: Heaters with two circuits are displayed as Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amp)											
* = DS, BK, or Blank (DS =	= DS, BK, or Blank (DS = Pull Disconnect, BK = Circuit Breaker Disconnect, Blank = terminal block)										



Electrical Data



7



Certificate of Product Ratings

AHRI Certified Reference Number: 5733004

Date: 4/19/2013

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 4TTB3024G1

Manufacturer: TRANE

Indoor Unit Model Number: 4FWC(A,F)024A*

Manufacturer: TRANE U.S. INC. Trade/Brand name: TRANE

Manufacturer responsible for the rating of this system combination is TRANE U.S. INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):

24000

EER Rating (Cooling):

11.00

SEER Rating (Cooling):

13.00

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.

CERTIFICATE NO.:

Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

130108689739325360

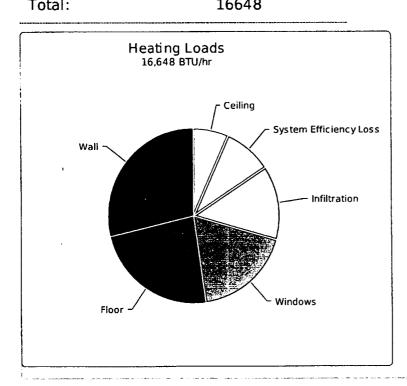
^{*} Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

<u>, </u>		
Customer Inform	ation	
Street Address	3 S. Sewall\\\'s Point R	d., Stuart, FL 34996
Latitude, Longitude	26.6726°, -80.0706°	
House Square Footage:	840 sq. ft.	
Name: Bruce	& Michele Luriea	
Phone: 772-2	88-4074	
Email:		
	·	
<u>House Information</u>	on .	
SHR		.75
Number of residents		2
Ceiling height		8
Wall U-value R-value		0.2381 4
Floor U-value R-value		0 0
Ceiling U-value R-value		0.0526 19
Window U-value		1.0
Window SHGF		0.85
Moisture grains		64
Duct loss %		10
Duct gain %		10
Cooling infiltraction (ACH)	0.6
Heating infiltration (ACH)		0.8
. Winter ventilation		0
Summer ventilation		0

Listi Paisons

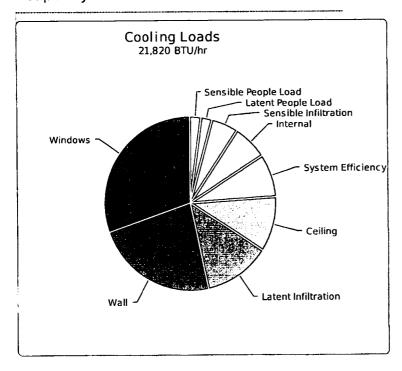
Heating Loads

Area	Btuh	% of load
Wall	4794	28.8
Floor	3894	23.4
Ceiling	1105	6.6
Windows	3050	18.3
Infiltration	2292	13.8
System Efficiency Loss	1513	9.1
Total	16648	

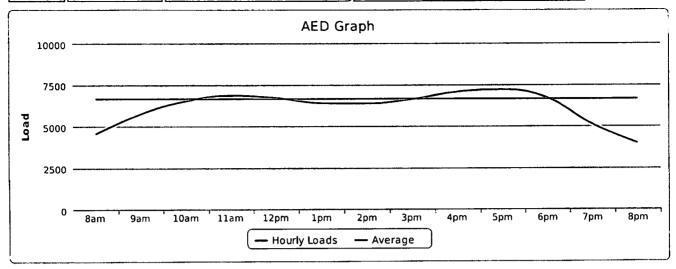


(C 2 / 2 / 1	7.0	4	- 1	1		
Cool	17	1 1	2.0	10		
TI (OXO)I	ы	מזוחוו	51.01	1 (0)	חזוכו	162.
ICIONO	11	FIETRO	1 1		HONU	120

Area	Btuh	% of load		
Wall	4986	22.9		
Ceiling	2253	10.3		
Windows	6642	30.4		
Sensible Infiltration	1100	5		
Latent Infiltration	2720	12.5		
System Efficiency Gain	1770	8.1		
Internal	1428	6.5		
Sensible People Load	460	2.1		
Latent People Load	460	2.1		
Total:	21820			
Sensible load	18640			
Latent load	3180			
SHR	0.85			
Capacity at .75 SHR	2.07 Tons			



Adequate Exposure Diversity



Equipment selection						
System equipment selection will be made using the following derived values.						
Glass (SE)	61 sq. ft.					
Glass (SW)	9 sq. ft.					
Glass (NE)	9 sq. ft.					
Glass (NW)	43 sq. ft.					
Summer Outdoor	91°F					
Summer Wet Bulb	78°F					
Summer Indoor	75°F					
Summer Design Grains	50%					
Winter Outdoor	45°F					
Winter Indoor	70°F					
Sensible Cooling	18,640 Btuh					
Latent Cooling	3,180 Btuh					
Required Cooling Airflow	847 CFM					

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree

Sensible Heating

Required Heating Airflow

16,648 Btuh

216 CFM

uston Retal Manufactures

ANCHOR CLIPS Installer's Guide

Constine Explainer.

Douglas W. Lowe. P.E. Fī.Aē 12955 1206 Millenium Parkway Brandon, FL. 3351

WARNING: HAZARDOUS VOLTAGI HEFORE SERVICES

PART NUMBER

任时 COS boy #770 (4 pk including hardware)

CONSTREE OF OR

16 gauge galvonized steel, G-90 rated for comostán coustal applications.

PACKAGING DETAILS

All enclor dips are supplied as per package quantities described above.

INSTALLATION

Multinum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screps with reopene worker regions of a first clip to condenser and.
174 x 1 3/4" Tapion screp required to fastin clip to condenser pad.

Locate the existon clips to fit comportably between

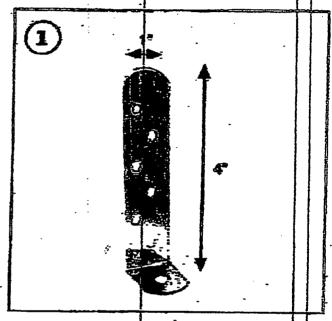
contienser unit und part. Adjust clip occordingly to fit on condenser unit and scien together, at the same the ensuring that the base of the clip is citil in contact with the pod. All hardmare must be fastined prior to connecting refrigerant lines and electrical power to the wall. Sullimile for growing moderned units Anchor dip design meets regularments of The Florida Building Code 2007 (Building) chapter 301.12 for what resistance up to 140 MPH.

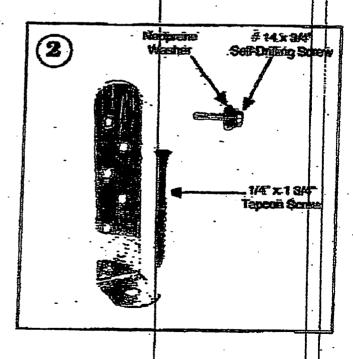
FEATURES

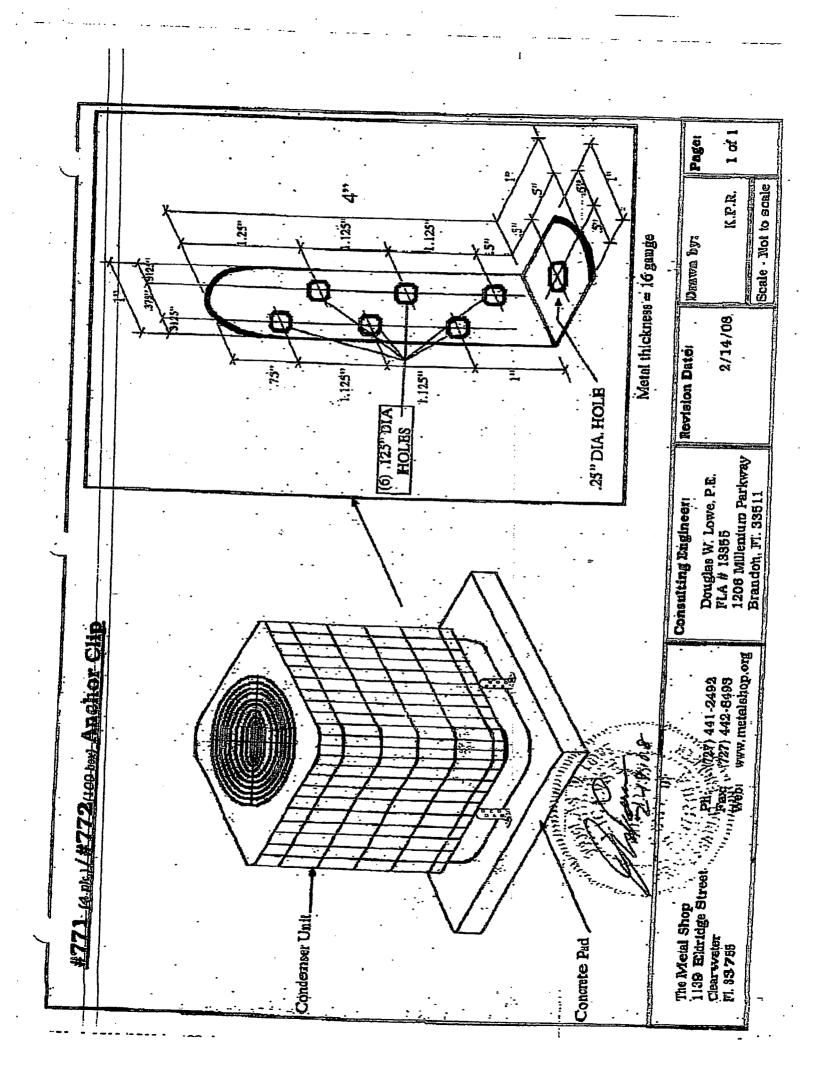
The use of "sized to fit screw holes compared to slots means that security is according to the compared to A light, secure fit between pad and condenser ensines security for the condenses and effers great assurance during extreme weather conditions.

HOPE

Above installication instruction suitable for up to 5 ton units.









TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

City: <u>Stuart</u>	Permit No.:
Zip: <u>34996</u>	Final inspection date:
	ct work associated with the HVAC unit referenced by the permit ith the requirements of Section 101.4.7.1.1 as indicated below:
equivalent.	ucts have been sealed using reinforced mastic or code-approved itioned space. (Section 101.4.7.1.1 exception 1)
	ly sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
System was tested (see below	and repairs were made as necessary – (Section 101.4.7.1.1
// *	Date: <u>04-19-13</u>
Contractor License #:	
I certified I have tested the replaced a pressure differential of 25 Pascals	air distribution system(s) referenced by the permit listed above at (0.10 in. w.c.).
Signature:	Date:



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765

FLORIDA ENERGY CONSERVATION CODE

De FWP 1043

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Dwner: Bruce + Michele	Luriez Contractor name: Jack Frost AC of So. Fla	In
Street address: <u> </u>	5 Pt. Rd. Jurisdiction: Sewall's Point	
City:Stuart	Permit No.: 10431	
Zip: <u>34996</u>	Final inspection date:	
•	luct work associated with the HVAC unit referenced by the permit with the requirements of Section 101.4.7.1.1 as indicated below:	
equivalent.	ducts have been sealed using reinforced mastic or code-approved nditioned space. (Section 101.4.7.1.1 exception 1)	
	ady sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)	
exception 3)	Date: 04-19-13	
Printed Name: <u>Jacques</u> Contractor License #: <u>CAC</u>	C. Stiegelman 1815725	
I certified I have tested the replace a pressure differential of 25 Pascal	ed air distribution system(s) referenced by the permit listed above at ls (0.10 in. w.c.).	
Signature:	Date:	188
Printed Name:		

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						INSPECTOR

10740 WINDOW REPLACEMENT



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 NUMBE	R:	10740		DATE ISSUED:	01/28/2014	
SCOPE OF WORK	ζ:	WINDOW	REPLACEMENT		1	
CONTRACTOR:		Тне Номі	E DEPOT			
PARCEL CONTRO	OL	+==+++	013841008000	0000219	SUBDIVISION	MELODY HILL LOT 2
CONSTRUCTION	AD	DRESS:	3 S SEWALL'S	POINT ROAD	<u> </u>	
OWNER NAME:	Lu	RIEA	<u> </u>			
QUALIFIER:	Во	YSIE RAMD	IAL	CONTACT PHO	ONE NUMBER:	407 469-5599
WARNING TO OWN	ER: Y	OUR FAIL	URE TO RECOR	D A NOTICE OF CO	MMENCEMENT N	AY RESULT IN YOUR
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WITH YOUR LENDE						
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DEPARTMENT PRICE NOTICE: IN ADDITION APPLICABLE TO THIS ADDITIONAL PERMIT DISTRICTS, STATE ACC 24 HOUR NOTICE RE CALL 287-2455 - 8 UNDERGROUND PLUMBI UNDERGROUND MECHAI STEM-WALL FOOTING SLAB ROOF SHEATHING TIE DOWN /TRUSS ENG WINDOW/DOOR BUCKS ROOF DRY-IN/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN	OR TO ON TO S PRO TS RE GENO QUII ::00A	O THE FIRS O THE REQUIPED FREDERS, OR FED RED FOR INS	ST REQUESTED JIREMENTS OF T AT MAY BE FOUN ROM OTHER GOV DERAL AGENCIES SPECTIONS - AL DPM INSPECT	INSPECTION. THIS PERMIT, THERITO IN PUBLIC RECORDENTAL ENTITYS. L CONSTRUCTION INTO SERVICE S	E MAY BE ADDITIONEDS OF THIS COUNTY TIES SUCH AS WATH DOCUMENTS MUSTO OOPM – MONDAY THE OUND GAS OUND ELECTRICAL //COLUMNS ATHING ON E IN-PROGRESS AL ROUGH-IN 661-IN	NAL RESTRICTIONS I'Y, AND THERE MAY BE ER MANAGEMENT I BE AVAILABLE ON SITE
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DEPARTMENT PRICE NOTICE: IN ADDITIONAL PERMITODISTRICTS, STATE ACCORD TO THE STATE ACCORD THE ACCORD THE STATE ACCORD THE STATE ACCORD THE ST	OR TO ON TO S PRO TS RE GENO QUII ::00A	O THE FIRS O THE REQUIPED FREDERS, OR FED RED FOR INS	ST REQUESTED JIREMENTS OF T AT MAY BE FOUN ROM OTHER GOV DERAL AGENCIES SPECTIONS - AL DPM INSPECT	INSPECTION. THIS PERMIT, THERITO IN PUBLIC RECORDENTAL ENTIES. L CONSTRUCTION IN TIONS: 9:00AM TO 3: NSPECTIONS UNDERGRE UNDERGRE FOOTING THE BEAM, WALL SHE INSULATION LATH ROOF THE ELECTRICATE GAS ROUGH METER FIRM	E MAY BE ADDITIONEDS OF THIS COUNTIES SUCH AS WATH DOCUMENTS MUSTO OUND GAS OUND ELECTRICAL /COLUMNS ATHING ON IN-PROGRESS AL ROUGH-IN GH-IN NAL CTRICAL	NAL RESTRICTIONS IY, AND THERE MAY BE ER MANAGEMENT I BE AVAILABLE ON SITE

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.



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 RECEIPT

PERMIT NUMBER:	10740
ADDRESS	3 SOUTH SEWALL'S POINT ROAD
DATE 01/28/2014	SCOPE OF WORK WINDOW REPLACEMENT
SINGLE FAMILY OR AD	DITION / REMODEL Declared Value \$
Plan Submittal Fee (\$350.0	00 SFR, \$175.00 Remodel < \$200K) \$
(No plan submittal fee whe	en value is less than \$100,000)
Total square feet air-condi	tioned space: (@ \$121.75 per sq. ft.) s.f.
Total square feet non-con	nditioned space, or interior remodel: (@ s.f.
	\$59.81 per sq. ft.)
Total square feet remodel	with new trusses: @ \$90.78 per sq. ft. \$
Total Construction Value:	\$
Building fee: (2% of const	ruction value SFR or >\$200K) \$
Building fee: (1% of const	ruction value < \$200K + \$100 per
insp.)	
Total number of inspection	ns (Value < \$200K)@\$100ea
Dept. of Comm. Affairs Fe	ee: (1.5% of permit fee - \$2.00 min
	% of permit fee - \$2.00 min.) \$
	(.04% of construction value - \$5 min.)
Martin County Impact Fee	: \$ -
TOTAL BUILDING PEI	RMIT FEE: \$

ACCESSORY PERMIT	Declared Value:	\$ 4603.00
Total number of inspections @ \$100.00 ea	ach <u>2</u>	200.00
Dept. of Comm. Affairs Fee: (1.5% of per	mit fee - \$2.00 min	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee	- \$2.00 min.)	\$ 3.00
Road impact assessment: (.04% of constru	iction value - \$5 min.)	\$ 5.00
		·
TOTAL ACCESSORY PERMIT FEE:		\$ 211.00

Pa ck# 67936

<u> </u>	
Town of Sewall's Po	oint 7302022
Date: 01/28/2014 BUILDING PERMIT APPLI	CATION Permit Number: 10140
OWNER/LESSEE NAME: Bruce and Michelle Luriea Phone (Day)	
	Stuart State: FL Zip: 34996
Legal Description MELODY HILL W 252.74' OF LOT 2 & Parcel Control Number THAT PART OF LOT 3 N OF 10' RD OR 344/2530 Address:	^{;r:} -01-38-41-008-000-00021-8
City: State: Zip: Telephone:	
*SCOPE OF WORK (PLEASE BE SPECIFIC): Replacing 3 windo	ows size for size with impact.
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) Estimated Value of I	VALUES: (Required on ALL permit applications) mprovements: \$4,603.00 quired when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Has a Zoning Variance ever been granted on this property? Is subject property loc	ated in flood hazard area? VE10AE9AE8X DELS AND RE-ROOF APPLICATIONS ONLY:
YES(YEAR)NOEstimated Fair Market (Must include a copy of all variance approvals with application) (Fair Market Va	t Value prior to improvement: \$ lue of the Primary Structure only, Minus the land value) uSALS MUST BE SUBMITTED WITH PERMIT APPLICATION
	none (954) 379 - 1500 Fax: (954) 574 - 5187
Qualifiers name: Boysie Ramdial / Street: 674 S Military Trail	City:Deerfield Beage FL Zip: 33442
State License Number: CRC046858 OR: Municipality	License Number:
LOCAL CONTACT: Amber Flenker	Mbe (407) 469 - 5599
DESIGN PROFESSIONAL:	Fla. license#
Street:City: JAN 2state201	Zip: Phone Number:
AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ I	1 m.
Carport:Total under RoofElevated Deek:Elevated Deek:Elevated Deek:Elevated Deek:Elevated Deek:	Factored area below BFE*: /pquire a:Non-Conversion Covenant Agreement.
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mational Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code	fechanical, Plumbing, Existing, Gas): 2010
WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFOR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEING THE STORM OF	PAYING TWICE FOR IMPROVEMENTS TO YOUR RE RECORDING YOUR NOTICE OF COMMENCEMENT. A FORE THE FIRST INSPECTION. BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS I COUNTY OR THE TOWN OF SEWALL'S POINT. THERE CH AS WATER MANAGEMENT DISTRICTS, STATE MENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR IT TOWN ORDINANCE 50-95. ERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF ER THE WORK IS COMMENCED. ADDITIONAL FEES WILL 105.4.1, 105.4.1.15.
*****A FINAL INSPECTION IS REQUIRED ON AL	L BUILDING PERMITS*****
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WOF THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE O FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY K APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POIN	F A PERMIT AND THAT THE INFORMATION I HAVE NOWLEDGE. I AGREE TO COMPLY WITH ALL
· ,	CTOR/LICENSEE NOTARIZED SIGNATURE:
	Boysia le Laudeal
	ida, County of: Take mo o z z
On This the	day of January 2014 Direction of Tanuary 201
As identification. As identifica	3656
Notary Public Mu Commission Evaluation	Notary Public 5 No D

Commission Expires: My Commission Expires: My



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

ce	rtificate noider in lieu of such endors	seme	nt(S)							
PRO	DUCER MARSH USA, INC.				CONTAC NAME:	CT				
	TWO ALLIANCE CENTER				PHONE (A/C. No	, Ext):		(A/C, No):		
	3560 LENOX ROAD, SUITE 2400				E-MAIL ADDRES	SS:				
	ATLANTA, GA 30326					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
1004	92-HomeD-GW-FL-13-14 MU				INSURE	RA: Steadfast I	nsurance Compa	ту		26387
INSU			_		INSURE	R B : Illinois Nati	ional Ins Co			23817
	THD AT-HOME SERVICES, INC. DBA THE HOME DEPOT AT-HOME SERVICE	2			INSURE					
	2455 PACES FERRY ROAD	.5			INSURE					
	ATLANTA, GA 30339						•			
					INSURE					
COV	/ERAGES CER	TIEIC	`A TE	NUMBER:	INSURE	-003149282-01		REVISION NUMBER: 0		
	IIS IS TO CERTIFY THAT THE POLICIES								E POI	ICV PERIOD
	DICATED. NOTWITHSTANDING ANY RE									
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT.	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE			
EX INSR	CLUSIONS AND CONDITIONS OF SUCH	POLIC			BEEN	POLICY EFF				
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	GENERAL LIABILITY			GLO4887714-03	į	03/01/2013	03/01/2014	EACH OCCURRENCE :	\$	9,000,000
- 1	X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR			"LIMITS OF POLICY XS"				MED EXP (Any one person)	\$	EXCLUDED
l				"OF SIR: \$1M PER OCC"				PERSONAL & ADV INJURY	\$	9,000,000
							İ	GENERAL AGGREGATE	 \$	9,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	9,000,000
	X POLICY PRO-							!	\$	
	AUTOMOBILE LIABILITY					****		COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO								\$ \$	
	ALL OWNED SCHEDULED					ı			S	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	• \$	
	HIRED AUTOS AUTOS							(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUB									
	- Joseph Joseph								\$	
	EXCESS LIAB CLAIMS-MADE								\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			W00000575046 (ELV		02/04/2042	00/04/0044	X WC STATU- OTH-		4 000 000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC033575316 (FL)		03/01/2013	03/01/2014	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101, Additional Remarks	Schedule	, if more space Is	s required)			
	•									
CE	RTIFICATE HOLDER				CANC	ELLATION				
ULI	THIOATE HOLDER				CARC	LLLATION				
	TOWN OF SEWALLS POINT				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCEL	LED BEFORE
	1 S. SEWALLS POINT RD				THE	EXPIRATION	N DATE THE	REOF, NOTICE WILL BI		
	SEWALLS POINT, FL 34996				ACC	ORDANCE WI	ITH THE POLIC	Y PROVISIONS.		
					AUTUS	DIZEN DEDDESE	INTATIVE			

Manaoni Muchenjee

of Marsh USA Inc.

Manashi Mukherjee



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET FL 32399-0783 TALLAHASSEE

(850) 487-1395

RAMDIAL, BOYSIE GANGA THE HOME DEPOT AT-HOME SERVICES 2690 CUMBERLAND PKWY SUITE 300 ATLANTĂ GA 30339

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to beroeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Départment's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA AC# 6154636 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CRC046858 06/06/12 118199306

CERTIFIED RESIDENTIAL CONTRACTOR
RIMETA DOYSIE GANGA
THE HOME DEPOT AT HOME SERVICES

IS CERTIFIED under the provisions of Ch.489 FS Expiration date: AUG 31, 2014 L12050601558

SETA OU DEDE

2013-2014 HILLSBOROUGH COUNTY BUSINESS TAX RE	CFIP	T
---	------	---

EXPIRES 9-30-2014 FOLIO NO. FACILITIES OR MACHINES CEALS RENEWAL TAX

OCC. CODE

RESIDENTIAL CONTRACTOR

182589.0000

090.022

BUSINESS TYPE

SURCHARGE

40.00

18.00

BUSINESS LOCATION

207 KELSEY LN K TAMPA 33619

NAME ADDRESS

RAMDIAL BOYSIE GANGA

DBATHE HOME DEPOT AT-HOME SERVICES 2690 CUMBERLAND PKWY STE 300 ATLANTA GA 30339

BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVALEGE TAX TO ENGAGE

DOUG BELDEN, TAX COLLECTOR

613-635-5200 THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

PAID - 28641 07/16/2013 *** 58.00

IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

772233293 >> Home Depot AHS

HOME IMPROVEMENT CONTRACT PLEASE READ THIS

Branch Name: Miar	mi Date:	91	1		THD At-F	d and Installed by: Iome Services, Inc
			ı	d/b/a The He 674 S. Military Trail		' At-Home Service d Beach, FL 3344;
Branch Number: 60	•			460, FL Lie # CCC058	Toll	Free 877-903-376
Fortallister Add	355cm	-1/c 1	P. 20	54.4	KI	2010), CRESHING
Installation Address		2413	City	Stuck,	State	Zip
Purchaser(s):		1	Work Phone:	Home Phone:		Cell Phone:
Bruce L	urila	[]	772 266-4	16701]
		<u>ן</u> []	[]	[]
Home Address:(If different from Inst	Iallation Address)		City		State	Zip
Esmail Address (to a	eccive project conumunicat	ions and He	ime Depot updates	s):		
Project Information to buy, and THD As ("Installation") of al this Contract by this	o receive any marketing cm : Undersigned ("Custome: i-Home Services, Inc. ("TI I materials described on the reference, along with any ctively, "Contract"):	r"), the ow he Home I below and	ners of the propert Depot") agrees to I on the referenced	furnish, deliver and I Spec Sheet(s), all o	i arrange f which ar	for the installation c incorporated into
Job#: (Internal Reference)	Proofing Siding X W	ducts:	t-Martin	Spec Sheet(s) #	; _[Project Amount
7302022	Gutters / Covers Entry		Insulation	3/002	\$	4/003
<u> </u>	□Roofing □Siding □ W □Gutters / Covers □Entry		Insulation		\$	100
	Roofing Siding W		Insulation		\$	
	Gutters / Covers Drutry Roofing Siding W		Insulation	 ;.	-	
	Gutters / Covers Courty				\$	
	ouni due upon execution of equire 100% payment prior		1	Total Contract An	10unt \$	4/103
Certificate (one for o	it, immediately upon compend by the product as defined by Contract agrees to be jointly	v an indivi	dual Spec Sheet)	and pay any balance	will exe	cute a Completion
The Home Depot res herein, at its discretion due to a structural pr	serves the right to issue a Con, if The Horne Depot or is oblem with the home, envisuse work required to complete.	Change Ord ts authorize ronmental l	er or terminate this ed service provider nazards such as m	is Contract or any in r determines that it cold, asbestos or lead	annot perf	orm its obligation
	The Payment Summary and payments required for			included as part of our part of		
Certificate (note: th	o a completely filled-in c nere is one Completion C Product is complete.	opy of the	TO CUSTOMER Contract at the for each listed P	e time you sign.	Do not si by indivi	ign a Completion dual Spec Sheets
expenses and service plus any other amo WITHHOLD AMO	nination of this Contract, es provided by The Home nunts set forth in this Ag DUNTS OWED TO TH E, WITHOUT LIMITING	c Depot or reement o E HOME	Authorized Server allowed under DEPOT FROM	dice Provider throuse applicable law. To THE DEPOSIT	gh the da HE HOM PAYME	te of termination 1E DEPOT MAY NT OR OTHER
Customer and The H agreements, either or except by a writing s understands, voluntar	one Depot with regard to all or written, relating to sa signed by Customer and This accepts the terms of and	the Product id Product he Home L	is and Installation is and Installation. Depot. Customer a ed a copy of this A	services and superson This Agreement car eknowledges and ago agreement.	des all pr	ior discussions and signed or amended
x Customer's Signature	wea 1/9/14	<u>′</u>	X Sales Consulta	Jan		1/4/14 Date
X Customer's Signature	Date		Telephone No.	<u> 472-28</u>	ر آار	7
,	CUSTOMER MAY CAN	CEL THIS	i e	nt License No.	(as ap	plicable)
AGREEMENT WIT BY DELIVERING V DEPUT BY MIDNIG AFTER SIGNING SUPPLEMENT AT FORM TO USE IF O	HOUT PENALTY OR OF VRITTEN NOTICE TO T EHT ON THE THIRD BUS THIS AGREEMENT. T TACHED HERETO CO ONE IS SPECIFICALLY PR	BLICATION HE HOMI INESS DAT HE STATI NTAINS	N E Y E E E E E E E E E E E E E E E E E			
BY LAW IN CUSTON	MER'S STATE.			•		

, NOTICE: ADDITIONAL TERMS AND CONDITIONS ARE STATED ON THE REVERSE SIDE AND ARE PART OF THIS CONTRACT

Portrot 8 Poins 01-38-41-008
NOTICE OF COMMENCEMENT
The undereigned bereby gives notice that improvement will be made to certain read properly and in accordance with Chapter 713, Floride Statutes, the following information to provided in this rectice of Communications:
1. Legal Description of Property: Legal Description 1. Legal Description of Property: Legal Description 1. Subdivision: Goodsentation: Metocal Hill W 252,74 OF Cot 2 and
Street Asserted II evaluation 3 5 Secural 1 5 1017 th that part of Lot 3 NOF 10
2. General description or improvement: Replace windows Rd. 0834412530
b. Interest in property: DINATE STATE STA
Whene and address of fee sumple this notice of fee sumple
a. a. Contractor summ and address: The Home De pot At Home Services 6745. Military Tail a. Contractor's phase peoples: (954) 3.79-1500 Deer Field Beach 182 3742
5. A. Suinty name and oddroes:
b. Sizesy's proper number. a. Amount of bond:
6. a. Lander name and artifests:
b. Lender's phone ituration:
7. a. Persons within the State of Florido designated by Owner upon whom softices or other documents may be served as provided by Escilon 712.13(1)(a)7. Figure 2.
Name: Address;
b. Phone number:
A. to saidition to himself or harself, the Owner designates to receive a copy of Lience's hidge per Soction 712.13(1)(b). Florida b. Pitous mustber of person or entity designated by owner
d. Expiration date of notice of commissionlessis;
WARNING TO CWINER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CMAPTER 713, PART 1, 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 BEFORK THE PIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
by X Salice School of
Priori Name FINDOTRIOS FINDOTRIOS FINDOTRIOS
STATE OF PLOPIDA GOUNTY OF BROWARD The foregoing instruction was echnowledged before are this 9 day of January 3014 Bruck Lie Circle Owner for 964 Proporady to your, or Beauty to provide a popular of the second of the seco
Signature at Matery Public:
(SEAL)
VERTEICATION PURSUANT TO SECTION 92-211. IN DISEAS STATUTES Under ponetities of perjuty, I declare dust I have read the foregoing and that the facts suited in it are true, so the best of my trendedge and belief. Signature(s) of Overeit(s) or Owner(s) Authorized Officeriotics out/Particulations and Signature (see Signature). By By

AC 86 HPS - Horizontal Slider





Florida Departmenta Busines\$/</

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



FL14994 Application Type New 2010 Code Version Application Status Approved Comments Archived

Product Manufacturer Address/Phone/Email Silverline Building Products Corp. One Silverline Drive North Brunswick, NJ 08902 (732) 435-1000 rickw@rwbldgconsultants.com

Authorized Signature

Vivian Wright rickw@rwbldgconsultants.com

Technical Representative Address/Phone/Email

Quality Assurance Representative Address/Phone/Email

Category Subcategory Windows Horizontal Slider

Compliance Method

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

Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report

Florida License

Quality Assurance Entity Quality Assurance Contract Expiration Date

Validated By

Lyndon F. Schmidt, P.E.

PE-43409

Window and Door Manufacturers Association-QA

12/31/2014 Ryan J. King, P.E.

☑ Validation Checklist - Hardcopy Received

Certificate of Independence

FL14994 R0 COI Certificate of Independence.pdf

Referenced Standard and Year (of Standard)

Standard <u>Year</u> 2005 AAMA/WDMA/CSA101/I.S.2/A440 AAMA/WDMA/CSA101/I.S.2/A440 2008 **ASTM E1886** 2002 2002 **ASTM E1996** TAS 201, 202, 203 1994

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted 11/17/2011 Date Validated 12/07/2011 Date Pending FBC Approval 12/16/2011 Date Approved 01/31/2012

FL#	Model, Number or Name	Description
14994.1	a. Series 2800 Model 2802	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 2 Panel (OX or XO Configuration)
Impact Resista Design Pressur Other: See INST	se outside HVHZ: Yes int: No e: N/A 14994.1 for Design Pressure Ratings, e limitations, installation instructions	Installation Instructions FL14994 RO II INST 14994.1.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 RO AE EVAL 14994.1.pdf Created by Independent Third Party: Yes
14994.2	b. Series 2800 Model 2803/2804	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 3 Panel (XOX Configuration)
Impact Resista Design Pressur Other: See INST	se outside HVHZ: Yes int: No re: N/A [14994.2 for Design Pressure Ratings, e limitations, installation instructions	Installation Instructions FL14994 R0 II INST 14994.2.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 R0 AE EVAL 14994.2.pdf Created by Independent Third Party: Yes
14994.3	c. Series 8700 Model 8700	Extruded Vinyl Horizontal Slider Window with Flange - 2 Panel (XX Configuration)
Approved for u Impact Resista Design Pressur Other: See INST	re: N/A 「14994.3 for Design Pressure Ratings, e limitations, installation instructions	Installation Instructions FL14994 R0 II INST 14994.3.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 R0 AE EVAL 14994.3.pdf Created by Independent Third Party: Yes
14994.4	d. Series 8700 - Model 8700	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 2 Panel (XX Configuration)
Approved for u Impact Resista Design Pressur Other: See INST	re: N/A T 14994.4 for Design Pressure Ratings, e limitations, installation instructions	Installation Instructions FL14994 R0 II INST 14994.4.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 R0 AE EVAL 14994.4.pdf Created by Independent Third Party: Yes
14994.5	e. Series 8800 - Model 8803/8804	Extruded Vinyl Horizontal Slider Window - 3 Panel (XOX Configuration)
Approved for u Impact Resista Design Pressur Other: See INS	re: N/A T 14994.5 for Design Pressure Ratings, te limitations, installation instructions	Installation Instructions FL14994 R0 II INST 14994.5.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 R0 AE EVAL 14994.5.pdf Created by Independent Third Party: Yes
14994.6	f. Series 8800 - Model 8803/8804	Extruded Vinyl Horizontal Slider Window with Nailing Fir - 3 Panel (XOX Configuration)
	use in HVHZ: No use outside HVHZ: Yes	Installation Instructions FL14994 RO II INST 14994.6.pdf Verified By: Lyndon F. Schmidt, P.E. 43409

The state of the s		A 14.6 for Design Pressure Ratings, ations, installation instructions	Created by Independent Third Party: Yes Evaluation Reports F <u>L14994 RO AE EVAL 14994.6.pdf</u> Created by Independent Third Party: Yes
	14994.7	g. "WeatherStopper™" Series 8700 - Model 8700	Extruded Vinyl "Impact" Horizontal Slider Window - 2 Panel (OX or XO Configuration)
		tside HVHZ: Yes es A 04.7 for Design Pressure Ratings, cations, installation instructions	Installation Instructions FL14994 RO II INST 14994.7.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports F114994 RO AE Eval 14994.7.pdf Created by Independent Third Party: Yes
9		h. "WeatherStopper™" Series 8700 - Model 8700	Extruded Vinyl "Impact" Horizontal Slider Window - 2 Panel (OX or XO Configuration)
		Atside HVHZ: Yes A P4.8 for Design Pressure Ratings, tations, installation instructions	Installation Instructions FL14994 R0 II INST 14994.8.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 R0 AE Eval 14994.8.pdf Created by Independent Third Party: Yes
40000	14994.9	i. Series 8700 - Model 8700	Extruded Vinyl Horizontal Slider Window - 2 Panel (OX or XO Configuration)
		ntside HVHZ: Yes 0 A 94.9 for Design Pressure Ratings, tations, installation instructions	Installation Instructions FL14994 R0 II Inst 14994.9.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL14994 R0 AE EVAL 14994.9.pdf Created by Independent Third Party: Yes

Back

Next

Contact Us:: 1940 North Monroe Street, Tallahassee Ft. 32399 Phone: 850-487-1824

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Product Approval Accepts:









1 SILVERLINE DRIVE, NORTH BRUNSWICK, NJ 08902

HORIZONTAL SLIDER WINDOW SERIES 8700 - MODEL 8700 EXTRUDED VINYL IMPACT "WEATHERSTOPPER "" "IMPACT"

GENERAL NOTES

- This product has been evaluated and is in campliance with the 2010 Horida Building Code (FBC) structural requirements including the "High Yebocily Hurticane Zone" (HYHZ).
- When used in the THYHZ" this product compiles with section 1626 of the Roxida Building Code and does not require an impact resistant covering. Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wail dressing or stucco.
- When used in areas outside of the "HYH2" requiting wind borne debits protection this product complies with Section 1609.1.2 of the FBC and does not require an impact resistant covering.
- For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
- Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

SHEET #

Vertical cross sections

materials, glazing detail and components

lypical elevation, design pressures & general notes Horizontal cross sections

TABLE OF CONTENTS

	63" MAX. O\	/ERALL FRAM	ie HBGHT	
	1111	×		73" MAX, OVERALL FRAME WIDTH
				RALLER
		0		CAME WIDTH

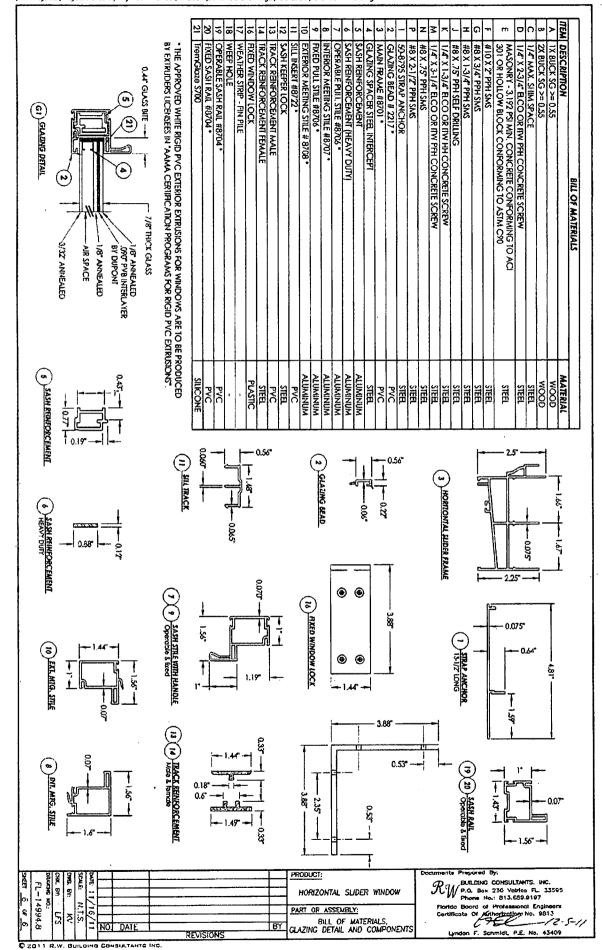
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	SSURE (PSF)	DESIGN PRE	GLASS	MAX.	MAX	MAX	MAX	
							1	

PRODUCT: HET OF 6 FL-14994.8 HORIZONTAL SLIDER WINDOW PART OR ASSEMBLY: TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES

BUILDING CONSULTANTS, NC.

P.O. Box 230 Vairieo FL 23595
Phone No.: B13.050.9197
oldo Board of Professional Engineera
rtificate OI Authorheation No. 9813

D 2011 R.W. GUILDING CONSULTANTS INC.



AC 86 HPS Mullions (Non-HVHZ)





Florida Department Business ()

Product Approval

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

Application Type Code Version Application Status Comments Archived

Product Manufacturer Address/Phone/Email

Authorized Signature

Technical Representative Address/Phone/Email

Quality Assurance Representative Address/Phone/Email

Category Subcategory

Compliance Method

Florida Engineer or Architect Name who developed the Evaluation Report

Florida License Quality Assurance Entity

Certificate of Independence

Quality Assurance Contract Expiration Date

Validated By

Lyndon F. Schmidt, P.E.

12/31/2014 Ryan J. King, P.E.

☑ Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)

Equivalence of Product Standards Certified By

Sections from the Code

1715.5.5

FL6067-R4 Revision 2010 Approved

Silverline Building Products Corp.

One Silverline Drive North Brunswick, NJ 08902 (732) 435-1000

rickw@rwbldgconsultants.com

Craig Calderone

rickw@rwbldgconsultants.com

Windows

Mullions

Florida Professional Engineer

PE-43409

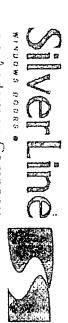
Window and Door Manufacturers Association-QA

Evaluation Report from a Florida Registered Architect or a Licensed

Evaluation Report - Hardcopy Received

FL6067_R4_COI_certificate_Of_Independence.pdf

and installation ins	use limitations, design pressure ratings	;
5067.5	e. Series 2728 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Mullion for use with impai and non-impact window products in Masonry or Wood Openings
Limits of Use		Installation Instructions
Approved for use	e in HVHZ: No	FL6067 R4 II INST 6067,5.pdf
	e outside HVHZ: Yes	Verified By: Lyndon F. Schmidt, P.E. 43409
Impact Resistan		Created by Independent Third Party: Yes
Design Pressure		Evaluation Reports
	d in areas outside the "HVHZ" ne debris protection this product	FL6067 R4 AE Eval 6067.S.pdf Created by Independent Third Party: Yes
	on 1609.1.2 of the Florida Building	Created by independent vind rarry res
	require an impact resistant covering.	
	"Missile Level D" and includes "Wind	
	in ASTM E1996-02. See INST 6067.5	
ror any additional t and installation ins	use limitations, design pressure rating: tructions	
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6067.6	f. Series 2723 Structural Beam	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window
	Transom Mullion "Impact"	products in Masonry or Wood Openings
Limits of Use		Installation Instructions
Approved for us	e in HVHZ: No	FL6067_R4_II_INST_6067.6.pdf
	e outside HVHZ: Yes	Verified By: Lyndon F. Schmidt, P.E. 43409
Impact Resistan	t: Yes	Created by Independent Third Party: Yes
Design Pressure	•	Evaluation Reports
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	require an impact resistant covering.	
	"Missile Level D" and excludes "Wind	
	in ASTM E1996-02. See INST 6067.6	
	use limitations, design pressure rating	5
and installation ins		
6067.7	g. Series 2724 Structural Beam	Extruded Aluminum Clipped Horizontal Mullion Clipped
	Transom Mullion "Impact"	Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use		Installation Instructions
Approved for us	e in HVH7: No	FL6067_R4_II_INST_6067.7.pdf
		Verified By: Lyndon F. Schmidt, P.E. 43409
	e outside HVHZ: Yes	verified by: Lyndon F, Schilledt, F.C. 43409
Approved for us Impact Resistan		Created by Independent Third Party: Yes
Approved for us Impact Resistan Design Pressure	t: Yes :: N/A	Created by Independent Third Party: Yes Evaluation Reports
Approved for us Impact Resistan Design Pressure Other: When use	I t: Yes :: N/A d in areas outside the "HVHZ"	Created by Independent Third Party: Yes Evaluation Reports FL6067 R4 AE Eval 6067.7.pdf
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an Andersen Company

1 SILVERLINE DRIVE, NORTH BRUNSWICK, NJ 08902

STRUCTURAL BEAM MULLION "IMPACT"

- GENERAL NOTES:

 1. This product has been evaluated and is in compliance with the 2010 Horida
 Building Code structural requirements excluding the "High Velocity Hunicane Jone"
- When used in areas outside the "HYHZ" requiring wind borne debris protection this product compiles with Section 1609.1.2 of the Horida Building Code and does not require an impact resistant covering. This product meets missie level "D" and includes Wind Zone 4 as defined in ASTM E1996.

- MAX, COMBINED DIMBUSION IS 104" -

- Mulion anchor embedment to base material shall be beyond wall dressing or stucco. Wood bucks by others, must be anchored properly to transfer loads to the structure and be reviewed by the Building Official.
- Anchoring of each glazing product to the multion shall be as shown in each individual Separate product approvals for each glazing product used with these multions must be submitted along with this multion product approval.
- Any conditions not covered in this evaluation are subject to separate engineering głazing product approval
- The design pressure rating of the assembly shall be the lesser of the load capacity of the multion as determined using this approval or the design pressure rating of the individual Mullion design pressure rating, see load rating table sheets 2 and 3 of this drawing.
- glazing products used.

 Bounding box dimensions for geometric transom shapes must be equal to at less than the rectangular transom dimensions shown herein.

SHEET # DESCRIPTION

TABLE OF CONTENTS

Typical clovations & ganaral notes
2728 multon load table for concrete screw anchors
2728 multon load table for wood screw anchors
2728 multon section dimensions & anchoring

GLAZING PRODUCT	W1
GLAZING PRODUCT	MAX. COMBINED DIMENSION IS 104"
GLAZING PRODUCT	

MULLION SPAN MAX. = 74"	
GLAZING PRODUCT	MAX COMEINED DIMENSION IS 104
GLAZING PRODUCT	M IS 104" W2 W2

GLAZING PRODUCT		GLAZING PRODUCT	
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MULLION SPA	NN MAX. = 74"	l
GLAZING PRODUCT	GLAZING PRODUCT	
GLAZING PRODUCT	GLAZING PRODUCT	W2

TYPICAL MULLION CONFIGURATIONS

Horizontal multions depicted herein can be combination multions or separate structural multions. Separate structural multions are

covered under separate approval

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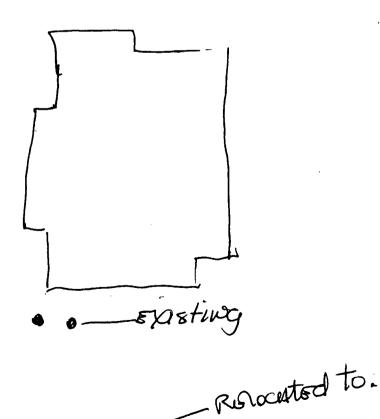
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TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 28 1902 TREE REMOVAL PERMIT Nº 2049
APPLIED FOR BY B. LUNA (Contractor or Owner)
Owner B. Luria 3.55 Sewalts It Ro
Sub-division, Lot, Block
Sub-division, Lot, Block Kind of Trees SABAL PAI-MS (Mabbuge) (2)
No. Of Trees: REMOVE CHIPMED 6/6/02
No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)
No. Of Trees: REPLACE WITHIN 30 DAYS
REMARKS
Signed,
TOWN OF SEWALL'S POINT Call 287-2455 - 8:00 A.M12:00 Noon for Inspection Work Hours 8:00 A.M 5:00 P.M.—NO SUNDAY WORK.
TREE REMOVAL PERMIT RE: ORDINANCE 103 PROJECT DESCRIPTION
TREE REMOVAL PERMIT

35. Saw Palmetto 36. Scrub Hickory **37**. Sea Grape **Sea Oxeye** 38. **39**. Slash Pine **Stoppers** 40. 41. Wild Lime Sumac (southern) **42**. 43. Sugar Berry (Hackberry) 44. **Torchwood** 45. Wild Coffee 46. Varnish Leaf 47. Water Oak 48. Wax Myrtle 49. West Indian Cherry White Mangrove



TOWN OF SEWALL'S POINT, FLORIDA

Owner Sub-division	21,1000		, Lot	,	3lock	
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Permit Fee:

- 1. Tree permits are \$15.00, payable in advance.
- 2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

- 1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
- 2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
- 3. Inspector will visit site and review application and pass, fail or revise.
- 4. Permit must be picked up and on site prior to work proceeding.
- 5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Brule Likier Add	2 S S S	11 Pled pro 588 1607 V
1 (Phone
No. of Trees: REMOVE	••	Type: 2 YE low BINCHAM
No. of Trees: RELOCATE WITH	IN 30 DAYS	Type: 1 Mango
No. of Trees: REPLACE WITH		Type:
Written statement giving reasons:		
Signature of Property Owner	- Dierre	Date 4-13-07
Approved by Building Inspector:		Date 4/16 Fee: 0
Plans approved as submitted	Plans approv	ved as revised/marked:

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TOWN OF SEWALL'S POINT, FLORIDA

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TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

	Permit #
	Date Issued:
and a site plan which shall inclu photograph, superimposed with site uses, location of affected tre	written statement giving reasons for removal, relocation, or replacement de the dimensional location on a survey, scale drawing, or aerial lot lines to scale, of all existing or proposed structures, improvements and ses identified with an estimated size and number, etc.
OwnerBRUCE LURIEA	Address 3,5 Sewals PTRd Phone 288-4074
Contractor	Address Phone
Number of trees to be removed	AddressPhonePhone
Number of trees to be relocated	within 30 days (no fee) (list kinds of trees):
Number of trees to be replaced:	(list kinds of trees):
Permit Fee \$	
(No permit fee for trees which a be removed in order to provide to life or property.)	are relocated on property or lie within a utility easement and are required to utility service, nor for a tree which is dead, diseased, injured or hazardous
Plans approved as submitted	Plans approved as marked
	for renewal of expired permit is \$5.00.
Signature of applicant 1	Plans approved as marked
Approved by Building Inspecto	Date submitted: 9 10 02
CompletedDate	Checked by

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. 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

See attached Tree Species List