



Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

# PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

<b>Scope of Work:</b> WINDOWS: 11 size-for-size <b>Comments:</b> None <b>Project Information</b> Address: 5126 Louvre Avenue, Belle Isle, FL 32812 Parcel ID: 17-23-30-4379-02-280 Property Owner: Colfin Ai-Fi LLC Phone Number: 321-418-3594 ***** Company Name: Exclusive Construction & Maintenance LLC Contractor Name: Kolb, John License Number: CBC059250 Address: 1200 Kenwood Avenue, Winter Park, FL32789 Phone Number: 407-982-2011	<b>Permit Number: 2014-02-016</b> <b>Date of Application: 02/12/2014</b> <b>Date Permit Issued: 02/12/2014</b>  <b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY, IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.
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### BUILDING FEATURES

<b>IMPACT FEES</b> School \$ Traffic \$  <b>ZONING FEES</b> Zoning Fee \$  <b>UNIVERSAL ENG - BUILDING FEES</b> Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$61.50 Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$  <b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$65.50</b>  <b>Date Paid</b> 2-12-14 <b>CC or Check #</b> amey 42035 <b>Amount Paid</b> 65.50	<b>BUILDING INSPECTOR USE ONLY</b>  <b>IF APPLICABLE:</b> Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO  € <b>BUILDING</b> 1 <sup>st</sup> _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 <sup>nd</sup> _____ (Slab) 3 <sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 <sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing) 5 <sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>th</sup> _____ (Insulation to be Made After Roof Installed) 7 <sup>th</sup> _____ (Drywall) 8 <sup>th</sup> _____ (Sidewalk/Driveway) 9 <sup>th</sup> _____ (Other) 10 <sup>th</sup> _____ (Final -- After MEP and Other Applicable Finals)  € <b>ROOFING</b> 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>ND</sup> ROOFING Covering In-Progress _____ 3 <sup>RD</sup> ROOFING Covering Final _____  € <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) _____ € 1 <sup>ST</sup> _____ (Underground) 2 <sup>ND</sup> _____ (Sewer) 3 <sup>RD</sup> _____ (Rough-In/Tub Set) 4 <sup>th</sup> _____ (Final)  CHECK APPROPRIATE BOX € GAS ___ Natural ___ LP €MECHANICAL €ELECTRICAL €LOW VOLTAGE 1 <sup>st</sup> _____ (Rough-In) 2 <sup>nd</sup> _____ (Final)
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The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

Inspection requests are to be emailed to [BiDscheduling@UniversalEngineering.com](mailto:BiDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



NOV issued 2/5/14

### City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

Received  
2-12-14

## Building Permit (Land Use) Application

DATE: 2/11/2014 PERMIT # 2014-02-016

PROJECT ADDRESS 5126 Louvre Ave Belle Isle, FL 32808  32812

PROPERTY OWNER Collin A-FI 4 LLC. PHONE 321-418-3594 VALUE OF WORK (labor & material) \$ 4286.00

#### PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Replacement of Windows - 11 Sing - for - size

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- BOAT DOCK: DEP Clearance Required with Application (Call 407-997-4100); please provide a copy of their report
- SEPTIC SYSTEM (RESIDENTIAL): - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-4379-02-280

To obtain this information, please visit: <http://www.ocbafi.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Note, this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey \_\_\_ SETS and Construction Plans \_\_\_ SETS  
PLANNING & ZONING APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE COMPLETE for Building Review  
CONSTRUCTION TYPE \_\_\_\_\_  
OCCUPANCY GROUP \_\_\_\_\_ Comm \_\_\_\_\_ Res: \_\_\_\_\_ Single Fam \_\_\_\_\_ Multi Fam \_\_\_\_\_  
#BLDG. \_\_\_\_\_ #UNITS\_#STORIES \_\_\_\_\_ TOTAL SQ.FT. \_\_\_\_\_  
MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_  
MIN. FLOOR ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_  
WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

BUILDING REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_  
NOTES  
1000' = 25'  
3286' = 16'  
4172050

Per FSS 105.3.3:  
An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Wind Exposure Category: B  C  D

SPRINKLERS REQ'D	Y	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent	RCD
ZONING	Y	N
CERT OF OCC	Y	N
TRAFFIC	Y	N
SCHOOL	Y	N
FIRE	Y	N
SWIMMING POOL	Y	N
SCREEN ENCLOSURE	Y	N
ROOFING	Y	N
BOAT DOCK	Y	N
BUILDING	Y	N
WINDOW(S)	<input checked="" type="checkbox"/>	N
DOOR(S)	Y	N
FENCE	Y	N
SHED	Y	N
DRIVEWAY	Y	N
OTHER	Y	N
3% FL SURCHARGE		40
TOTAL		65.50
By Owner Form	Y	NA
Notice of Commencement	<input checked="" type="checkbox"/>	NA
Power of Attorney	Y	NA
Contractor Packet Included?	<input checked="" type="checkbox"/>	N
OTHER PERMITS REQUIRED:		
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA



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Building Permit (Land Use) Application  
 To be completed as required by State Statute Section 713 and other applicable sections.

Owner's Name Colfin AI-FI 4 LLC.

**PERMIT #** \_\_\_\_\_

Owner's Address 9305 E.Via De Ventura Ste 201 Scottsdale AZ 85258-3423

Contractor Name <u>Exclusive Construction &amp; Maintenance, LLC</u>	Company Name <u>Exclusive Construction</u>
License # <u>CBC059250</u>	Company Address <u>6113 Anno Ave</u>
Contact Phone/Cell <u>Kelli 407-982-2011</u>	City, State, ZIP Orlando, FL 32809
Contact Email <u>kelli@exclusivecm.com</u>	Contact Fax <u>561-282-0749</u>

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations ([www.floridabuilding.org](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://www.municode.com)) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature Dino Coppola

The foregoing instrument was acknowledged before me this 2/11/14  
 by Dino Coppola who is personally known to me  
 and who produced Drivers License  
 as identification and who did not take an oath.

Notary as to Owner  
 State of Florida  
 County of Orange



Contractor Signature Kelli Megahed

COMPANY NAME Exclusive Construction

The foregoing instrument was acknowledged before me this 2/12/14  
 by Kelli Megahed who is personally known to me  
 and who produced FL DL # M00-510-63-754-0  
 as identification and who did not take an oath.

Notary as to Owner  
 State of Florida  
 County of Orange



**Impervious Surface Ratio Worksheet**

Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).

Total Lot Area \_\_\_\_\_ X 0.35= \_\_\_\_\_

Allowable Impervious Area (BASE) \_\_\_\_\_

Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.

Examples include house, pool, deck, driveway, accessory building, etc

- House \_\_\_\_\_
- Driveway \_\_\_\_\_
- Walkway \_\_\_\_\_
- Accessory Buildings \_\_\_\_\_
- Pool & Spa \_\_\_\_\_
- Deck & Patio \_\_\_\_\_
- Other \_\_\_\_\_

Actual Impervious Area (AIA) \_\_\_\_\_

3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.

4. If AIA is greater than BASE, then onsite retention must be provided.

Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed



Permit Number: \_\_\_\_\_  
Folio/Parcel Identification Number: \_\_\_\_\_  
Prepared by: Kelli Megahee  
\_\_\_\_\_  
Return to: Exclusive Construction & Maintenance, LLC.  
6113 Anno Ave  
Orlando, Fl. 32809

### NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)  
5126 Louvre Ave. Orlando, Fl. 32812
- General description of improvement**  
Replacement of windows.
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Colfin Ai-Fi LLC.  
Address 9305 E. Via De Ventura Ste 201 Scottsdale, AZ 85258-3423  
Interest in Property  
**Name and address of fee simple titleholder** (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Exclusive Construction & Maintenance, LLC. Telephone Number 407-982-2011  
Address 6113 Anno Ave. Orlando, Fl. 32809
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_



RECORDING OFFICE  
ORANGE COUNTY, FLORIDA  
FEB 12 2014  
RECEIVED  
MARTHA O HAYNIE, COMPTROLLER  
of Orange County, Florida  
This is a true copy of the instrument as reflected in the Official Records.

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 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 BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.**

*Dino Coppola*  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 11 day of 02/2014 by Dino Coppola  
as Authorized Representative for Exclusive Construction & Maintenance, LLC  
Type of authority, e.g., officer, trustee, attorney in fact  
Name of party on behalf of whom instrument was executed

*Jessica Silve U*  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID ✓  
Type of ID Produced Driver License





**CITY OF BELLE ISLE, FLORIDA**  
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Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**POWER OF ATTORNEY**

Date: 2/11/2014 Permit #: \_\_\_\_\_

I hereby name and appoint Kelli Megahee of \_\_\_\_\_

(print name)

Exclusive Construction & Maintenance, LLC. to be my lawful attorney-in-fact to act for

(company name)

**Building Permit**

me and apply to the City of Belle Isle Building Department for a \_\_\_\_\_ permit

(type of permit)

for work to be performed at the following location:

5126 Louvre Ave. 32812

(street address)

\_\_\_\_\_, Belle Isle, FL  32809  32812 and

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: John Kolb

License Number: CBC059250

Certified Contractor's Signature: \_\_\_\_\_

.....

The foregoing instrument was acknowledged before me this 11<sup>th</sup> days of February of 20 14

by John Kolb who is personally known to me or who produced \_\_\_\_\_ as identification and who did not take an oath.

State of Florida  
County of Orange

Jackelyn V Pointer  
Notary Public, Orange County, Florida

(seal)





**City of Belle Isle**  
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 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## Product Approval Form

DATE: 2/11/2014

PERMIT # \_\_\_\_\_

PROJECT ADDRESS 5126 Louvre Ave

Belle Isle, FL  32809  32812

As required by Florida Statue 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen from [FloridaBuilding.org](http://FloridaBuilding.org) showing PA#, approval and code edition stamped
3. Manufacturer's installation details from [FloridaBuilding.org](http://FloridaBuilding.org) and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>							
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>							
Single/Dbl Hung	AMCRAFT	41-18 SH TRIPLE	<u>FL5414.10</u>	Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
<b>STRUCTURAL COMPONENTS</b>							
Wood Connectors				<b>OTHER</b>			
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							
<b>ROOFING PRODUCTS</b>							
<b>WALL PANELS</b>							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature Kelli G. Megala

Date 2/11/14



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

FL # FL5414-R9  
 Application Type Revision  
 Code Version 2010  
 Application Status Approved

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

Comments  
 Archived

Product Manufacturer  
 Address/Phone/Email

Simonton Windows  
 1 Cochrane Ave  
 Pennsboro, WV 26415  
 (800) 746-6687 Ext 2329  
 tiffany\_davies@simonton.com

Authorized Signature

Tiffany Davies  
 tiffany\_davies@simonton.com

Technical Representative  
 Address/Phone/Email

Tiffany Davies  
 PO Box 1646  
 5300 Briscoe Road  
 Parkersburg, WV 26102  
 (800) 542-9118 Ext 9329  
 tiffany\_davies@simonton.com

Quality Assurance Representative  
 Address/Phone/Email

AAMA  
 1827 Waiden Office Square  
 Suite 550  
 Schaumburg, IL 60173  
 (847) 303-5664  
 webmaster@aamanet.org

Category  
 Subcategory

Windows  
 Single Hung

Compliance Method

Certification Mark or Listing

Certification Agency  
 Validated By

American Architectural Manufacturers Association  
 American Architectural Manufacturers Association

Referenced Standard and Year (of Standard)

Standard	Year
AAMA/WDMA/CSA 101/I.S 2/A440	2005
AAMA/WDMA/CSA 101/I.S 2/A440	2008

Equivalence of Product Standards  
 Certified By

Product Approval Method

Method 1 Option A

Date Submitted

10/16/2013

Date Validated

11/01/2013

Date Pending FBC Approval

Date Approved

11/08/2013

Summary of Products		Description
FL #	Model, Number or Name	
5414.1	41-18	ProFinish Brickmould 300 Vinyl Single Hung  <b>Certification Agency Certificate</b> <a href="#">FL5414 R9 C CAC 41-18 SH 36x63 R45.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH 36x76 R50.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH 44x63 R35.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH 44x63 R45.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH 48x72 R40.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH 48x80 R25.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH 53x71 R30.pdf</a> <b>Quality Assurance Contract Expiration Date</b> 09/26/2015 <b>Installation Instructions</b> <a href="#">FL5414 R9 II IN0228 41-18 SH 2X.pdf</a> Verified By: American Architectural Manufacturers Association <b>Evaluation Reports</b> Created by Independent Third Party: Created by Independent Third Party:
5414.2	41-18	ProFinish Brickmould 300 Vinyl Twin Single Hung  <b>Certification Agency Certificate</b> <a href="#">FL5414 R9 C CAC 41-18 SH Twin 73x74 R PG50.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH Twin 73x74 R45.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH Twin 89x63 R30.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH Twin 96x80 R35.pdf</a> <b>Quality Assurance Contract Expiration Date</b> 09/27/2015 <b>Installation Instructions</b> <a href="#">FL5414 R9 II IN0230 41-18 SH T-Mulled Twin 2X.pdf</a> Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
5414.3	41-18	ProFinish Brickmould 300 Vinyl Triple Single Hung  <b>Certification Agency Certificate</b> <a href="#">FL5414 R9 C CAC 41-18 SH Triple 109x63 R35.pdf</a> <a href="#">FL5414 R9 C CAC 41-18 SH Triple 109x72 R PG45.pdf</a> <b>Quality Assurance Contract Expiration Date</b> 03/08/2016 <b>Installation Instructions</b> <a href="#">FL5414 R9 II IN0232 41-18 SH T-Mull Triple 2X.pdf</a> Verified By: American Architectural Manufacturers Association Created by Independent Third Party: <b>Evaluation Reports</b> Created by Independent Third Party:
5414.4	43-06 / 43-17	THD 6060 Vantage Pointe, ProFinish Builder, ProFinish Contractor, ProFinish Master, Grand Estates New Construction Vinyl Single Hung  <b>Certification Agency Certificate</b> <a href="#">FL5414 R9 C CAC 43-06 SH 32x62 R50.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 36x72 R25.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 36x74 R35.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 36x74 R50.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 36x84 R50.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 44x63 R35.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 44x63 R45.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 48x72 R40.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 48x80 LC25.pdf</a> <a href="#">FL5414 R9 C CAC 43-06 SH 53x71 R35.pdf</a>



<p>5414.5</p>	<p>43-06 / 43-17</p> <p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> No  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> No  <b>Design Pressure:</b> +35/-35  <b>Other:</b> 109x63</p>	<p><a href="#">FL5414 R9 C CAC 43-17 to 43-06 Waiver.pdf</a>  <b>Quality Assurance Contract Expiration Date</b>                  08/04/2015</p> <p><b>Installation Instructions</b>  <a href="#">FL5414 R9 II IN0160 43-06 43-17 SH 2X.pdf</a>  <a href="#">FL5414 R9 II IN0242 43-06 43-17 SH 1X.pdf</a>                  Verified By: American Architectural Manufacturers Association                  Created by Independent Third Party:</p> <p><b>Evaluation Reports</b>  <a href="#">FL5414 R9 AE 80404.03-122-34-r3.pdf</a>                  Created by Independent Third Party: Yes</p> <p>ProFinish Contractor, ProFinish Master, Grand Estates                  New Construction Vinyl Triple Single Hung</p> <p><b>Certification Agency Certificate</b>  <a href="#">FL5414 R9 C CAC 43-06 SH Triple 109x72 R45.pdf</a>  <a href="#">FL5414 R9 C CAC ACP-05 SIM 43-06 43-17 frame.pdf</a>  <b>Quality Assurance Contract Expiration Date</b>                  05/13/2014</p> <p><b>Installation Instructions</b>  <a href="#">FL5414 R9 II IN0379 43-06 43-17 SH H-Mull Triple 2X NewConst.pdf</a>  <a href="#">FL5414 R9 II IN0380 43-06 43-17 SH H-Mull Triple 2X Retrofit.pdf</a>  <a href="#">FL5414 R9 II IN0516 43-06 SH H-Mull Triple 1X.pdf</a>                  Verified By: American Architectural Manufacturers Association                  Created by Independent Third Party:</p> <p><b>Evaluation Reports</b>  <a href="#">FL5414 R9 AE ACP-05 SIM 43-06 43-17 frame.pdf</a>  <a href="#">FL5414 R9 AE PER 1656 - 43-06 43-17 Single Hung H-Mulled Triple 1X.pdf</a>                  Created by Independent Third Party: Yes</p>
<p>5414.6</p>	<p>43-17</p> <p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> No  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> No  <b>Design Pressure:</b> N/A  <b>Other:</b> 48x80 (+/-25 PSF), 44x63 (+/-35 PSF), 36x76 (+/-50 PSF), 36x96 (+/-50 PSF)</p>	<p>ProFinish Contractor, ProFinish Master, Grand Estates                  New Construction Vinyl Single Hung</p> <p><b>Certification Agency Certificate</b>  <a href="#">FL5414 R9 C CAC 43-17 SH (Fin) 36x96 R PG50.pdf</a>  <a href="#">FL5414 R9 C CAC 43-17 SH (Fin) 48x80 R PG25.pdf</a>  <a href="#">FL5414 R9 C CAC 43-17 SH 36x76 R50.pdf</a>  <a href="#">FL5414 R9 C CAC 43-17 SH 44x63 R35.pdf</a>  <b>Quality Assurance Contract Expiration Date</b>                  07/11/2016</p> <p><b>Installation Instructions</b>  <a href="#">FL5414 R9 II IN0162 43-17 SH 2X.pdf</a>                  Verified By: American Architectural Manufacturers Association                  Created by Independent Third Party:</p> <p><b>Evaluation Reports</b>                  Created by Independent Third Party:</p>
<p>5414.7</p>	<p>43-17</p> <p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> No  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> No  <b>Design Pressure:</b> N/A  <b>Other:</b> 89x63 (+/-30 PSF), 73x63 (+/-35 PSF), 73x74 (+/-45 PSF)</p>	<p>ProFinish Contractor, ProFinish Master, Grand Estates                  New Construction Vinyl Twin Single Hung</p> <p><b>Certification Agency Certificate</b>  <a href="#">FL5414 R9 C CAC 43-17 SH Twin 73x63 R35.pdf</a>  <a href="#">FL5414 R9 C CAC 43-17 SH Twin 73x74 R PG45.pdf</a>  <a href="#">FL5414 R9 C CAC 43-17 SH Twin 89x63 R30.pdf</a>  <b>Quality Assurance Contract Expiration Date</b>                  07/10/2016</p> <p><b>Installation Instructions</b>  <a href="#">FL5414 R9 II IN0161 43-17 SH T-Mull Twin 2X.pdf</a>                  Verified By: American Architectural Manufacturers Association                  Created by Independent Third Party:</p> <p><b>Evaluation Reports</b>                  Created by Independent Third Party:</p>

Contact Us :: [1940 North Monroe Street, Tallahassee, FL 32399](#) Phone: 850-487-1824

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**Product Approval Accepts:**

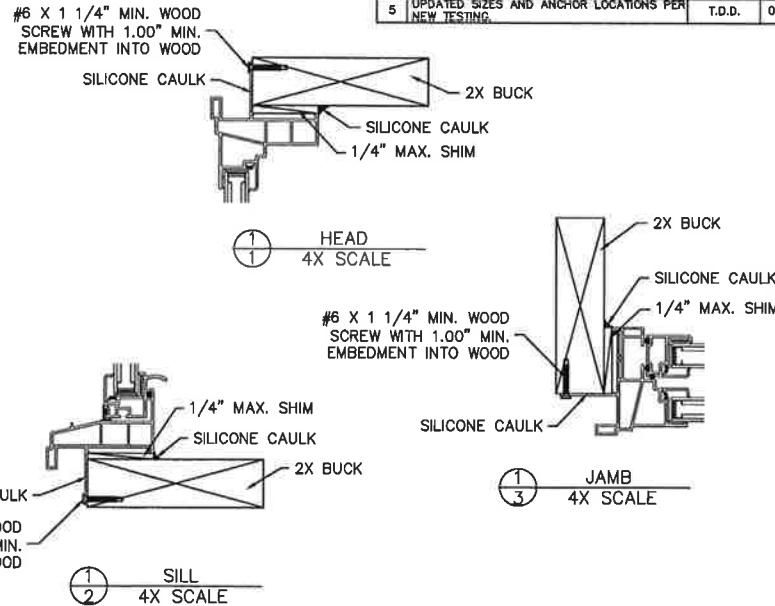


[http://www.floridabuilding.org/pr/pr\\_app\\_dtl.aspx?dtl.aspx?param=wGEVXQwtDqtHJPwMo6eHr...](http://www.floridabuilding.org/pr/pr_app_dtl.aspx?dtl.aspx?param=wGEVXQwtDqtHJPwMo6eHr...) 2/12/2014

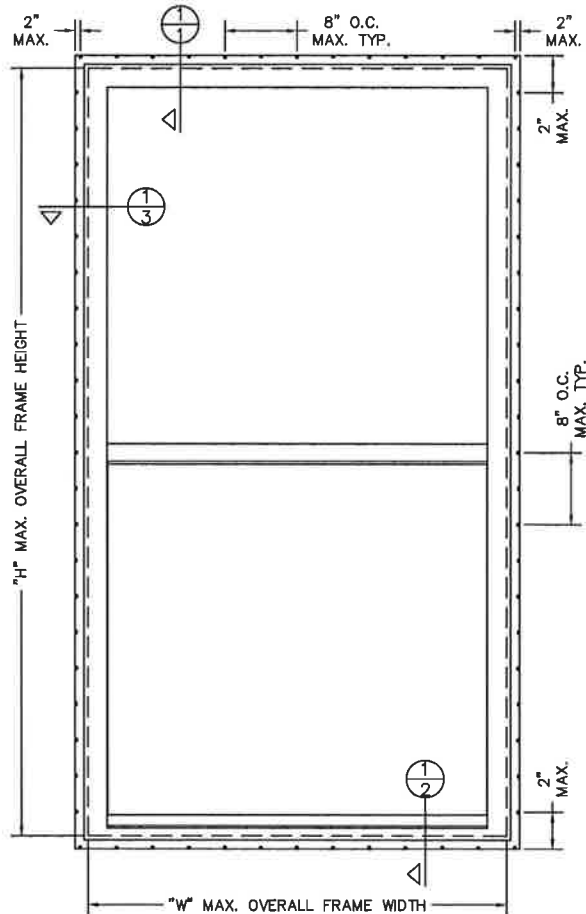
**MODEL DESIGNATION:** Simonton Single Hung Series 41-18 Vinyl Window  
**MAXIMUM OVERALL NOMINAL SIZE:** See Size Chart  
**DESIGN PRESSURE RATING:** See Size Chart  
**USABLE CONFIGURATIONS:**  $\frac{0}{X}$   
**GENERAL DESCRIPTION:** The head, sill, and side jambs are extruded PVC. The wall thickness through which the anchor screw penetrates is a minimum of 0.070".

NO P.E. SEAL REQUIRED  
 INSTALLATION SUPPORTED  
 BY AAMA TEST REPORTS

REV. #	REVISIONS:	REVISED BY:	DATE:
2	CHANGED DP RATING FOR SIZE 52 X 71.	T.D.D.	10/10/08
3	CHANGED 44" X 62" TO 44" X 63" AT $\pm 35.0$ RATING	T.D.D.	04/10/09
4	UPDATED SIZE CHART & ANCHOR LOCATIONS PER NEW TEST REPORTS	T.D.D.	10/14/09
5	UPDATED NOTES, GENERAL DESCRIPTION, AND SIZE CHART	T.D.D.	07/21/10
5	UPDATED SIZES AND ANCHOR LOCATIONS PER NEW TESTING	T.D.D.	02/03/12



SIZE CHART		
OVERALL SIZE		DP RATING
WIDTH "W"	HEIGHT "H"	
48"	80"	$\pm 25$ PSF
53"	71"	$\pm 30$ PSF
44"	63"	$\pm 35$ PSF
48"	72"	$\pm 40$ PSF
36"	63"	$\pm 45$ PSF
44"	63"	$\pm 45$ PSF
36"	76"	$\pm 50$ PSF



**NOTES:**

1. This installation has been evaluated for use in locations adhering to the Florida Building Codes and where pressure requirements as determined by ASCE 7 Minimum Design Loads for Buildings and Other Structures do not exceed the design pressure ratings herein, for use outside the H.V.H.Z.
2. All exterior perimeter surfaces of the window must be caulked. Interior caulking is optional unless noted otherwise.
3. Anchors shall be as specified and spaced as shown. Anchor embedment to base material shall be beyond wall dressing or stucco and into wood.
4. The responsibility for selection of Simonton products to meet any applicable local laws, building codes, ordinances, or other safety requirements rests solely with the architect, building owner, or contractor.
5. Shims are optional. Max. shim stack is 1/4".
6. Wood bucks (by others) must be engineered and anchored properly to transfer loads to the structure.
7. When used in areas requiring impact protection this product REQUIRES the use of approved impact resistant shutters or other external protection.
8. Flashing should be applied using the ASTM E 2112 methodology appropriate for the opening into which the window is being installed.
9. Installation screws must be at least 3/4" from the edge of the wood.
10. Glazing shall comply with ASTM E 1300-04.

DISCLOSURE STATEMENT		MATERIAL:		Dimensional Tolerances Unless Otherwise Specified		SIMONTON® WINDOWS	
This document is the property of Simonton Windows, which retains all proprietary and other rights to its subject matter. This document is provided to the recipient on the expressed condition that it is not to be disclosed, reproduced in whole or part, nor used in conjunction with the design, manufacture or repair of goods for anyone other than Simonton Windows without its consent. This restriction does not limit the recipient's rights to utilize information contained in this document which is properly obtained from another source.		RMS FINISH:	FINISH TREATMENT:	Decimals		SIZE: DRAWING NO.: REV.:	
		ALLOY & TEMPER:		Angles		B IN0228 6	
		WEIGHT:	VOLUME:	.X $\pm$ .03		DRAWN BY: DATE:	
		SURFACE AREA:	PERIMETER:	.XX $\pm$ .01		T.D.D. 01/30/08	
				.XXX $\pm$ .005		CHECKED BY: DATE:	
FILE: IN0228						APPRVD BY: DATE:	
						SERIES: 41-18 SINGLE HUNG	
						TITLE: 2X BUCK INSTALLATION	



# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTIMONTE SPRINGS, FL 32716 Louis R. Biron		<b>CONTACT NAME:</b> Audrey Freeborough	
		<b>PHONE (A/C, No, Ext):</b> 407-389-3506	<b>FAX (A/C, No):</b> 407-389-8406
		<b>E-MAIL ADDRESS:</b> afreeborough@sihle.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Exclusive Construction & Maintenance, LLC 6113 Anno Ave Orlando, FL 32806		<b>INSURER A :</b> Penn - America Insurance Co.	<b>NAIC #</b>
		<b>INSURER B :</b> Bridgefield Employers Ins Co.	<b>10701</b>
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

### COVERAGES

### REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PAC7018134	04/13/2013	04/13/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	830-53296	01/01/2014	01/01/2015	W.C. STATUTORY LIMITS \$ O.T.H. ER \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### CERTIFICATE HOLDER

### CITY/BEI

City of Belle Isle  
Building Department  
1600 Nela Avenue  
Belle Isle, FL 32809

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Davis B Biron*



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

**(850) 487-1395**

**KOLB, JOHN D  
EXCLUSIVE CONSTRUCTION AND MAINTENANCE LLC  
1200 KENWOOD AVENUE  
WINTER PARK FL 32789**

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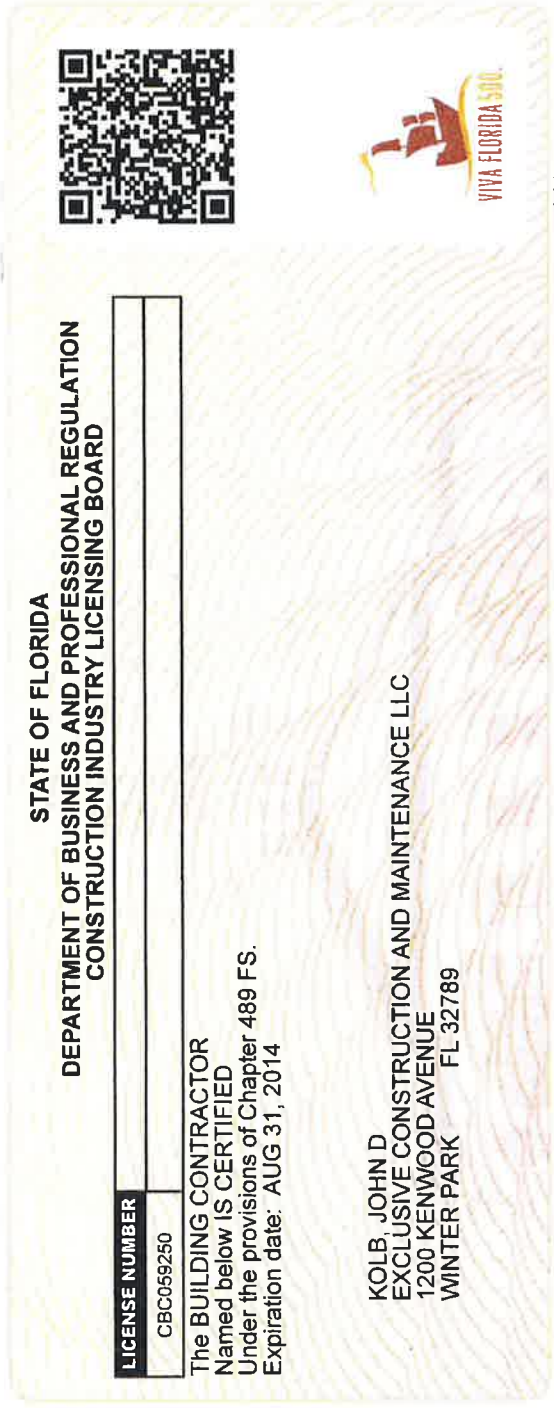
Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to 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!



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.VivaFlorida.org](http://www.VivaFlorida.org).

DETACH HERE



**Scott Randolph, Tax Collector      Local Business Tax Receipt      Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

**\*\*\*ORIGINAL\*\*\*      2013      \$40.00      **EXPIRES 9/30/2014**      15 EMPLOYEES      1801 BUILDING CONTRACTOR      \$30.00      5000-1119887  
5000 BUSINESS OFFICE**



TOTAL TAX      \$70.00  
PREVIOUSLY PAID      \$70.00  
TOTAL DUE      \$0.00

KOLB JOHN D

EXCLUSIVE CONSTRUCTION AND  
MAINTENANCE LLC  
KOLB JOHN D  
6113 ANNO AVE  
ORLANDO FL 32809

6113 ANNO AVE  
U - ORLANDO, 32809  
FL 32809

PAID: \$70.00    023-00052600    11/26/2013

This receipt is official when validated by the Tax Collector