



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 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." 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.

<p>Scope of Work: DOOR: 2 rear doors, size-for-size</p> <p>Comments: None</p> <p>Project Information Address: 5368 Chiswick Circle, Belle Isle, FL 32812 Parcel ID: 20-23-30-9373-00-150 Property Owner: Beaulieu, Shelley Phone Number: 407-286-7657 ***** Company Name: Lowe's Home Centers Inc. Contractor Name: Cafaro, Peter License Number: CGC1508417 Address: 4948 Tellson Place, Orlando, FL32812 Phone Number: 407-468-1010</p>	<p style="text-align: right;">Permit Number: 2014-02-052</p> <p style="text-align: right;">Date of Application: 02/13/2014 Date Permit Issued: 02/13/2014</p> <p>WARNING TO OWNER: "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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$67.50 PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$71.50</p> <p>Date Paid <u>2-14-14</u></p> <p>CC or Check # <u>VIA 9707</u></p> <p>Amount Paid <u>71.50</u></p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: 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</p> <p>€ BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>€ ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>€ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>€</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p>€ GAS <u> </u> Natural <u> </u> LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BDSDScheduling@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.

received
2-13-14



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Building Permit (Land Use) Application

DATE: 2/12/14

PERMIT # 2014-02-052

PROJECT ADDRESS 5368 Chiswick Cir, Belle Isle, FL 32809 32812

PROPERTY OWNER Beaulieu, Shelley PHONE 407 286 7657 VALUE OF WORK (labor & material) \$ 5224.50

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

REMOVE & REPLACE SIZE for SIZE 2 BACK DOORS

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); 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: 20-23-30-9373-00-150

To obtain this information, please visit <http://www.ocpafil.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.

Wind Exposure Category: B C D

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 = 25⁰⁰
4224.50 = 20⁰⁰
75⁰⁰ + 22.50

Per FSS 106.3.3:

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.

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)	Y	N	\$ _____
DOOR(S)	<input checked="" type="checkbox"/> Y	N	\$ <u>67.50</u>
FENCE	Y	N	\$ _____
SHED	Y	N	\$ _____
DRIVEWAY	Y	N	\$ _____
OTHER	Y	N	\$ _____
3% FL SURCHARGE			<u>4.00</u>
TOTAL			<u>71.50</u>
By Owner Form	<input checked="" type="checkbox"/> Y	NA	
Notice of Commencement	<input checked="" type="checkbox"/> Y	NA	
Power of Attorney	<input checked="" type="checkbox"/> Y	NA	
Contractor Packet Included?	<input checked="" type="checkbox"/> Y	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.

PERMIT # _____

Owner's Name Beaulieu, Shelley
 Owner's Address 5368 Chiswick Cir Belle Isle, FL 32812-2115

Contractor Name	PETER A CAFARO	Company Name	LOWE'S HOME CENTERS, INC.
License #	CGC1508417	Company Address	PO BOX 781993
Contact Phone/Cell	407 468-1010	City, State, ZIP	ORLANDO, FL 32878-1993
Contact Email	EHOLMES777@AOL.COM	Contact Fax	407 468-1010

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) and City Ordinances (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/or 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 _____
 The foregoing instrument was acknowledged before me this 2, 12, 14
 by Shelley Beaulieu who is personally known to me
 and who produced _____
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange

 NAN HOLMES
 MY COMMISSION # FF 080221
 EXPIRES: January 9, 2018
 Bonded Thru Budget Notary Services

Contractor Signature _____
 COMPANY NAME LOWE'S HOME CENTERS, INC.
 The foregoing instrument was acknowledged before me this 2, 12, 14
 by PETER A CAFARO who is personally known to me
 and who produced PERSONALLY KNOWN
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange

 NAN HOLMES
 MY COMMISSION # FF 080221
 EXPIRES: January 9, 2018
 Bonded Thru Budget Notary Services

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

- 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) _____
- 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.
- 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: 20-23-30-9373-00-150
Prepared by: LOWE'S HOME CENTERS, INC. Nan Holmes #1598
3500 S Semoran Blvd. Orlando FL 32822-2581
Return to: LOWE'S HOME CENTERS, INC. #1598
3500 S Semoran Blvd. Orlando FL 32822-2581



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement(s) 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.

1. **Description of property** (legal description of the property, and street address if available)
Windsor Place Ph 1 30128 Lot 15
2. **General description of improvement(s)**
Remove & Replace DOORS
3. **Owner information**
Name Shelley Beaulieu Telephone Number _____
Address 5308 Chriswick Cir Belle Isle FL 32812
4. **Fee Simple Title Holder** (if other than owner shown above)
Name n/a Telephone Number _____
Address _____
5. **Contractor**
Name Lowe's Home Centers, Inc. Telephone Number _____
Address PO BOX 781993 ORLANDO FL 32879-1993
6. **Surety** (if any)
Name n/a Telephone Number _____
Address _____
7. **Lender** (if any)
Name n/a Telephone Number _____
Address _____
8. **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 _____
9. **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 _____
10. **Expiration date of notice of commencement** (the expiration date is one year from the date of recording unless a different date is specified)

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

11. Signature of Owner: Shelley Beaulieu
(or Owner's Authorized Officer/Director/Partner/Manager §713.13(1)(d)) Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 12 day of 2 2014 by _____ (year) _____ (name of person)
as _____ for _____
(Type of authority, e.g., officer, trustee, attorney in fact) (Name of party on behalf of whom instrument was executed)

Signature of Notary Public - State of Florida: Nan Holmes
(Print, type, or stamp commission number and expiration date for Notary Public)



NAN HOLMES
MY COMMISSION # FF 080221
EXPIRES: January 9, 2018
Bonded Thru Budget Notary Services

Personally Known _____ OR Produced ID xx
Type of ID Produced Drivers License

Verification pursuant to Section 92.526, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing on Line 11-Above: [Signature]

State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of the document as reflected in the Official Records
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: [Signature] Deputy Comptroller
Date: 2-12-14



Belle Isle



Lowe's Home Centers Inc
Permit & License Administration
PO Box 781993
Orlando, FL 32878 – 1993
Bus. 407/832-8085
Fax. 407/393-9151

Limited Power of Attorney

Date: 2/12/14

To: Building Department

From: Peter Anthony Cafaro III

I hereby name and appoint Nan Holmes, Mindy Holmes, Raymond Holmes and Jackie Caines, a permit service for Lowe's, to be my lawful attorney in fact to act for me and apply to

Belle Isle for a Doors permit for work to be performed at a location described as:

(Address of Job)

5368 Chiswick Cir


(Owner of Property)

Shelley Baulieu

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

Thank you for your assistance.

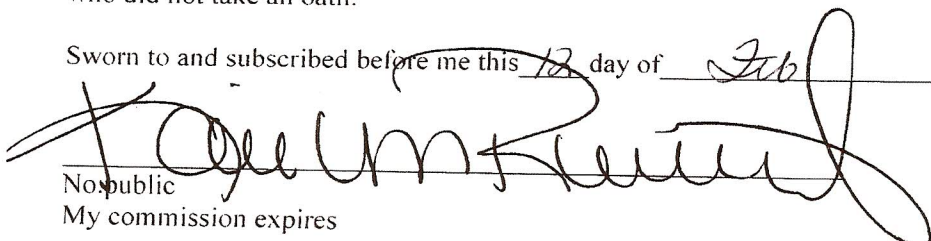
Sincerely,

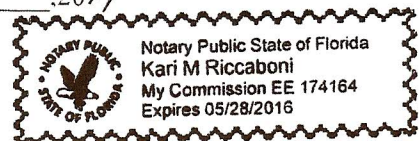

 Peter Anthony Cafaro III
 State License Qualifier
 CGC1508417
 CCC1326824

State of Florida County of Orange

The forgoing instrument was acknowledged before me as Peter Anthony Cafaro III, who is personally known to me and who did not take an oath.

Sworn to and subscribed before me this 12 day of Feb, 2014





Notary Public
 My commission expires



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Product Approval Form

DATE: 2/12/14

PERMIT # _____

PROJECT ADDRESS 5368 Chiswick Cir Belle Isle, FL 32809 32812

As required by Florida Statute 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 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 showing PA#, approval and code edition stamped
3. Manufacturer's installation details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging	MASONITE	FIBERGLASS	FLB228-R5	Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

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 *Nan Holmes*

Date 2/12/14



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license efficiently. Regulate fairly.

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

FL # FL8228-R5
 Application Type Affirmation
 Code Version 2010
 Application Status Approved
 Comments
 Archived

Product Manufacturer Masonite International
 Address/Phone/Email 1955 Powis Road
 West Chicago, IL 60185
 (615) 441-4258
 sschreiber@masonite.com

Authorized Signature Steve Schreiber
 sschreiber@masonite.com

Technical Representative
 Address/Phone/Email

Quality Assurance Representative
 Address/Phone/Email

Category Exterior Doors
 Subcategory Swinging Exterior Door Assemblies

Compliance Method Certification Mark or Listing

Certification Agency National Accreditation & Management Institute,
 Validated By National Accreditation & Management Institute,

Referenced Standard and Year (of Standard)	Standard	Year
	ASTM E1886	2002
	ASTM E1996	2002
	ASTM E330	2002
	TAS 202	1994

Equivalence of Product Standards
 Certified By

We warrant that this listing has been prepared in accordance with the Florida Building Code which applies to the products and services listed on this listing page. We do not warrant the quality of the products.

Documentation from approved Evaluation or Validation Entity

Product Approval Method	Method 1 Option A
Date Submitted	02/06/2012
Date Validated	02/06/2012
Date Pending FBC Approval	
Date Approved	02/13/2012

Summary of Products

FL #	Model, Number or Name	Description
8228.1	Fiberglass Side-Hinged Door Unit	6'-8" Opaque I/S and O/S Single Door
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +85.0/-85.0 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 3'-0" x 6'-8" max nominal size. Hurricane protective system required in HVHZ, but not required in the Wind Borne Debris Region. See DWG-MA-FL0160-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.01.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0160Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_504A.pdf Created by Independent Third Party: Yes
8228.2	Fiberglass Side-Hinged Door Unit	8'-0" Opaque I/S and O/S Single Door
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +70.0/-70.0 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 3'-0" x 8'-0" max nominal size. Hurricane protective system required in HVHZ, but not required in the Wind Borne Debris Region. See DWG-MA-FL0161-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.02.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0161Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_503A.pdf Created by Independent Third Party: Yes
8228.3	Fiberglass Side-Hinged Door Unit	6'-8" Opaque Inswing Single or Double Door w/or w/o Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50.5/-50.5 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size. Hurricane protective system required in HVHZ, but not required in the Wind Borne Debris Region. See DWG-MA-FL0160-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.01.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0160Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_502A.pdf Created by Independent Third Party: Yes
8228.4	Fiberglass Side-Hinged Door Unit	6'-8" Opaque Outswing Single or Double Door w/ or w/o Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55.0/-50.5 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size. Hurricane protective system required in HVHZ, but not required in the Wind Borne Debris Region. See DWG-MA-FL0160-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.01.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0160Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_502A.pdf Created by Independent Third Party: Yes
8228.5	Fiberglass Side-Hinged Door Unit	8'-0" Opaque Inswing Single or Double Door w/ or w/o

		Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50.5/-50.5 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 8'-0" max nominal size. Hurricane protective system required in HVHZ, but not required in the Wind Borne Debris Region. See DWG-MA-FL0161-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.02.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0161Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_501A.pdf Created by Independent Third Party: Yes
8228.6	Fiberglass Side-Hinged Door Unit	8'-0" Opaque Outswing Single or Double Door w/ or w/o Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55.0/-50.5 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 8'-0" max nominal size. Hurricane protective system required in HVHZ, but not required in the Wind Borne Debris Region. See DWG-MA-FL0161-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.02.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0161Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_501A.pdf Created by Independent Third Party: Yes
8228.7	Fiberglass Side-Hinged Door Unit	6'-8" Glazed Inswing Single or Double Door w/ or w/o Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +52.0/-52.0 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size. Hurricane protective system required in HVHZ and the Wind Borne Debris Region. See DWG-MA-FL0162-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.03.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0162Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_502A.pdf Created by Independent Third Party: Yes
8228.8	Fiberglass Side-Hinged Door Unit	6'-8" Glazed Outswing Single or Double Door w/ or w/o Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55.0/-55.0 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size. Hurricane protective system required in HVHZ and the Wind Borne Debris Region. See DWG-MA-FL0162-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.03.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0162Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_502A.pdf Created by Independent Third Party: Yes
8228.9	Fiberglass Side-Hinged Door Unit	8'-0" Glazed Inswing Single or Double Door w/ or w/o Sidelites
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +40.0/-45.0 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 8'-0" max nominal size. Hurricane protective system required in HVHZ and the Wind Borne Debris Region. See DWG-MA-FL0163-07 for additional information.		Certification Agency Certificate FL8228_R5_C_CAC_NI006900.04.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0163Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_501A.pdf Created by Independent Third Party: Yes

8228.10	Fiberglass Side-Hinged Door Unit	8'-0" Glazed Outswing Single or Double Door w/ or w/o Sidelites
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +43.0/-47.0 Other: Evaluated for use in locations adhering to the Florida Building Code including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, does not exceed the design pressures listed. 12'-0" x 8'-0" max nominal size. Hurricane protective system required in HVHZ and the Wind Borne Debris Region. See DWG-MA-FL0163-07 for additional information.</p>		<p>Certification Agency Certificate FL8228_R5_C_CAC_NI006900.04.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0163Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_501A.pdf Created by Independent Third Party: Yes</p>
8228.11	Fiberglass Side-Hinged Door Unit	6'-8" Impact Glazed Inswing Single or Double Door w/ or w/o Sidelites
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +52.0/-52.0 Other: Evaluated for use in locations adhering to the Florida Building Code not including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7 do not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size. See DWG-MA-FL0162-07 for additional information.</p>		<p>Certification Agency Certificate FL8228_R5_C_CAC_NI006900.05.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0162Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_502A.pdf Created by Independent Third Party: Yes</p>
8228.12	Fiberglass Side-Hinged Door Unit	6'-8" Impact Glazed Outswing Single or Double Door w/ or w/o Sidelites
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +55.0/-55.0 Other: Evaluated for use in locations adhering to the Florida Building Code not including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7 do not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size. See DWG-MA-FL0162-07 for additional information.</p>		<p>Certification Agency Certificate FL8228_R5_C_CAC_NI006900.05.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0162Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_502A.pdf Created by Independent Third Party: Yes</p>
8228.13	Fiberglass Side-Hinged Door Unit	8'-0" Impact Glazed Inswing Single or Double Door w/ or w/o Sidelites
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +40.0/-45.0 Other: Evaluated for use in locations adhering to the Florida Building Code not including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7 do not exceed the design pressures listed. 12'-0" x 8'-0" max nominal size. See DWG-MA-FL0163-07 for additional information.</p>		<p>Certification Agency Certificate FL8228_R5_C_CAC_NI006900.06.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0163Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_501A.pdf Created by Independent Third Party: Yes</p>
8228.14	Fiberglass Side-Hinged Door Unit	8'-0" Impact Glazed Outswing Single or Double Door w/ or w/o Sidelites
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +43.0/-47.0 Other: Evaluated for use in locations adhering to the Florida Building Code not including the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7 do not exceed the design pressures listed. 12'-0" x 8'-0" max nominal size. See DWG-MA-FL0163-07 for additional information.</p>		<p>Certification Agency Certificate FL8228_R5_C_CAC_NI006900.06.pdf Quality Assurance Contract Expiration Date 12/31/2014 Installation Instructions FL8228_R5_II_FL0163Dx.pdf Verified By: National Accreditation & Management Institute, Created by Independent Third Party: Evaluation Reports FL8228_R5_AE_501A.pdf Created by Independent Third Party: Yes</p>

[Back](#)

[Next](#)

Masonite
SIDE-HINGED FIBERGLASS DOOR UNIT
6'-8" GLAZED DOUBLE DOOR WITH / WITHOUT SIDELITES

GENERAL NOTES

1. EVALUATED FOR USE IN LOCATIONS ADHERING TO THE FLORIDA BUILDING CODE AND WHERE PRESSURE REQUIREMENTS AS DETERMINED BY ASCE MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES, DO NOT EXCEED THE DESIGN PRESSURES LISTED.
2. WHEN INSTALLED IN THE HIGH VELOCITY HURRICANE ZONE (HVHZ) HURRICANE PROTECTIVE SYSTEM (SMULTERS) IS REQUIRED.
3. WHEN INSTALLED IN THE WIND-BORNE DEBRIS REGION, EXCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ), HURRICANE PROTECTIVE SYSTEM IS NOT REQUIRED ON PANELS WITH IMPACT GLASS.
4. POLYURETHANE CORE FLAME SPREAD INDEX OF 30 AND SMOKE DEVELOPED INDEX OF 60 PER ASTM E84. POLYSTYRENE CORE FLAME SPREAD INDEX OF 15 AND SMOKE DEVELOPED INDEX OF 110 PER ASTM E84.
5. PLASTIC TESTING OF FIBERGLASS FINING:

TEST DESCRIPTION	DESIGNATION	RESULT
SELF IGNITION TEMP	ASTM D1322	752 F. > 650 F.
RATE OF BURNING	ASTM D635	0.66 IN/MIN
SMOKE DENSITY	ASTM D2845	5.425
TENSILE STRENGTH*	ASTM D2538	3.22 DIF
6. PLASTICS TESTS OF THE FRAME MATERIALS:

TEST DESCRIPTION	DESIGNATION	RESULT
SELF IGNITION TEMP	ASTM D1322	740 F. > 650 F.
RATE OF BURNING	ASTM D635	2.77 IN/MIN
SMOKE DENSITY	ASTM D2845	13.45
TENSILE STRENGTH*	ASTM D2538	-7.50% DIF

* COMPARATIVE TENSILE STRENGTH AFTER WEATHERING
 48CC HOURS XENON ARC METHOD 1
7. IMPACT GLAZING LAMINATE MIAMI DADE BCDC NOA 09-0127.13

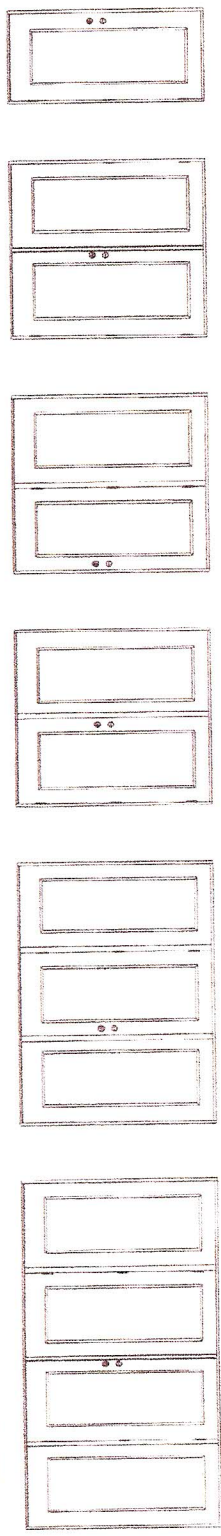
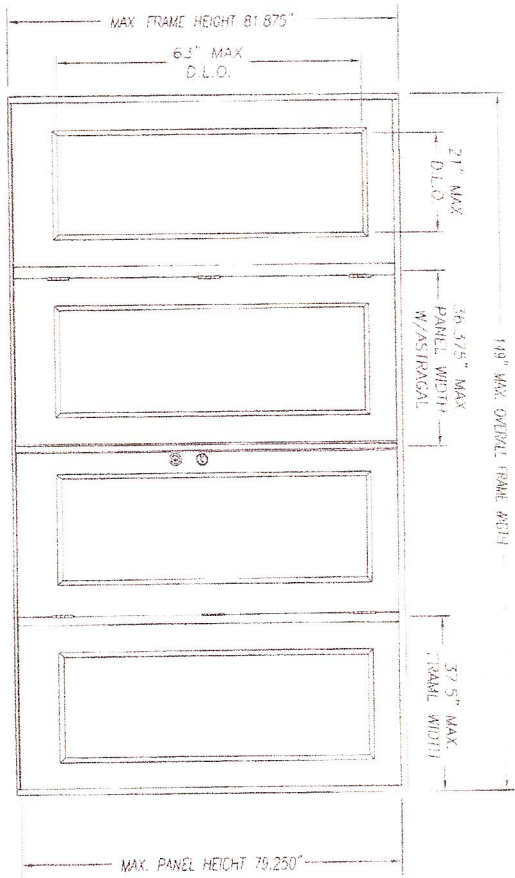


TABLE OF CONTENTS

SHEET #	DESCRIPTION
1	TYPICAL ELEVATIONS & GENERAL NOTES
2	ANCHORING LOCATIONS & DETAILS
3	ANCHORING LOCATIONS & DETAILS

CONFIG.	MAX WIDTH	DESIGN PRESSURE RATING		WHERE WATER INFLUENTIAL ON PERFORMANCE IS REQUIRED TO BE 15% OF DESIGN PRESSURE	
		INSWING	OUTSWING	INSWING	OUTSWING*
Y	57.5"	+32.0 / -17.0	+55.0 / -55.0	+19.0 / -19.0	+40.0 / -40.0
XX	74"	+52.0 / -52.0	+55.0 / -55.0	+19.0 / -19.0	+40.0 / -40.0
XX	75"	+52.0 / -52.0	+55.0 / -55.0	+19.0 / -19.0	+40.0 / -40.0
XXO	112.3"	+52.0 / -52.0	+55.0 / -55.0	+19.0 / -19.0	+40.0 / -40.0
XXO	140"	+52.0 / -52.0	+55.0 / -55.0	+19.0 / -19.0	+40.0 / -40.0

* High Dam Breach/hold Design

DOUBLE DOOR UNIT W/SIDELITES
 Certification No. N1006909-01
 Approved by ADRIANO MARI
 Reviewed by 7/2/11
 Date Reviewed 7/2/11

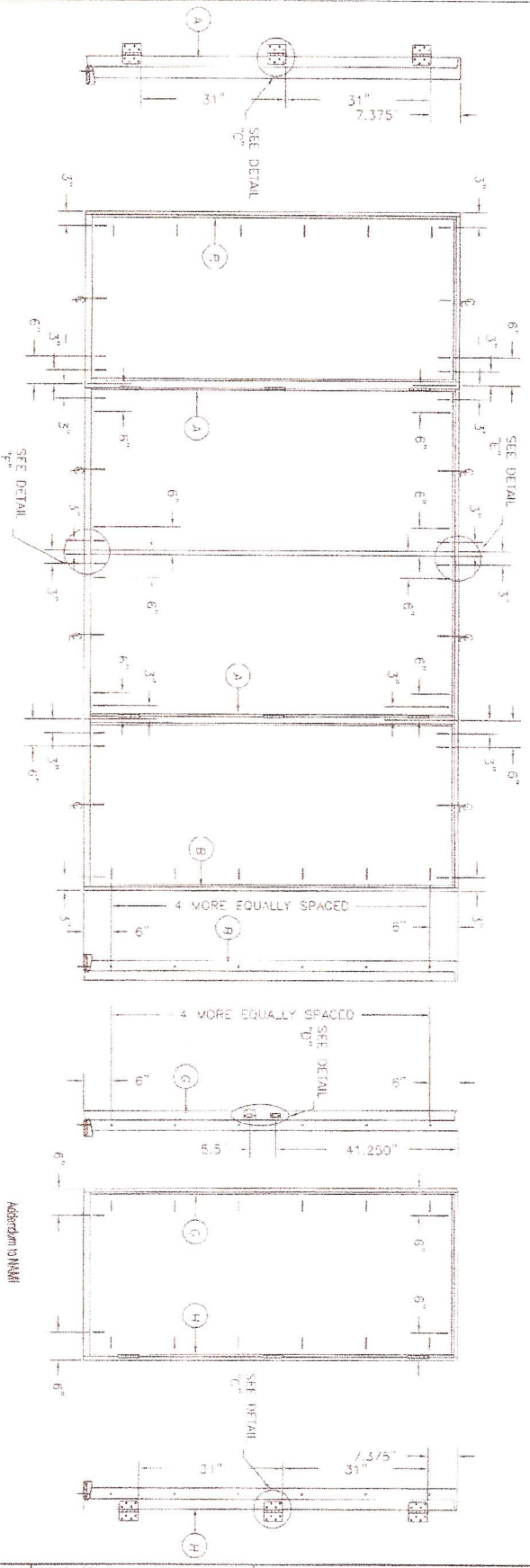
KURT RAJTHAZOR
 FLORIDA P.E.
 #58533

DATE	BY	REVISIONS
9/7/11	SWS	DETAIL CLARIFICATION
1/2/10	SWS	MISC. UPDATES
1/2/08	SWS	HINGE SCREW LENGTH
4/9/07	SWS	UPDATED DR RAINING
NO	DATE	BY

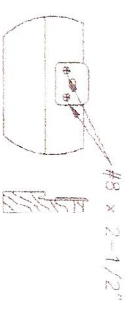
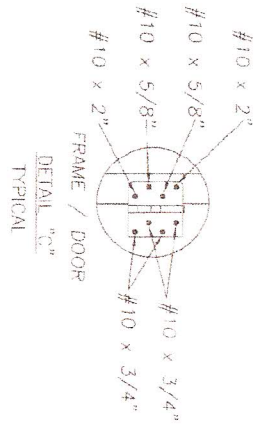
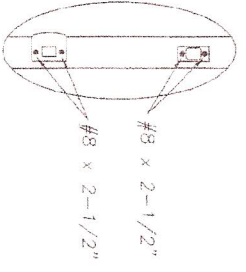
PRODUCT: EXTERIOR DOOR PRODUCT
 DOUBLE 6'8" GLAZED FIBERGLASS DOOR
 PART OR ASSEMBLY: TYPICAL ELEVATIONS & GENERAL NOTES

MASONITE INTERNATIONAL CORP
 1955 POWIS ROAD
 WEST CHICAGO, IL 60185

DATE: 1/5/07
 SCALE: N.T.S.
 DWG. BY: SWS
 CHK. BY: [Signature]
 DRAWING NO: DWG-NA-10762-07
 SHEET 1 OF 3



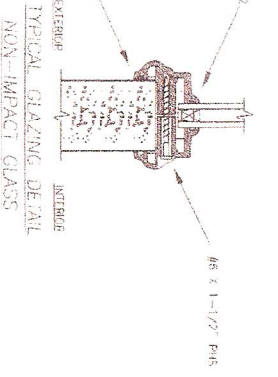
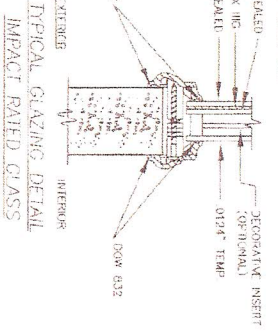
Certification: NICOL & SONS - 121
 Represented by: 10173111
 Address: DANM



DETAIL 'E' ASTRAGAL
 ATTACH ASTRAGAL RETAINER BOLT
 STRIKE PLATE TO FRAME
 AS SHOWN



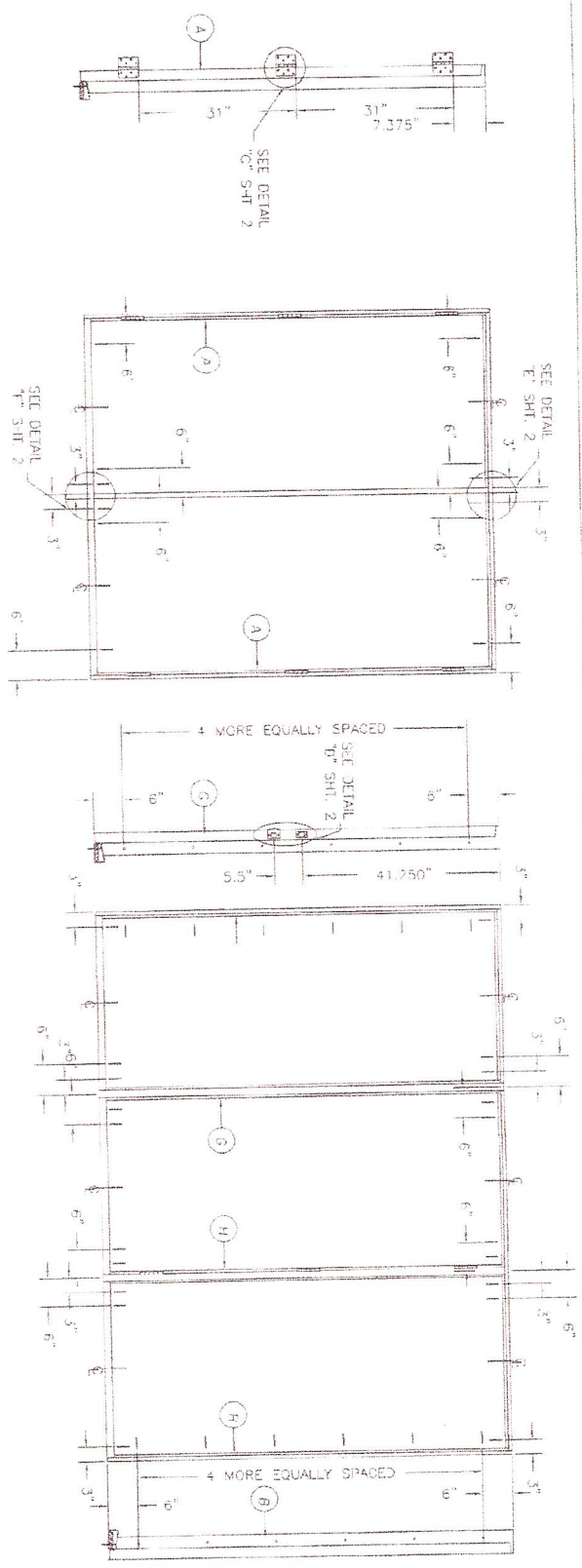
DETAIL 'F' ASTRAGAL



NO.	DATE	REVISIONS	BY
1	8/7/11	DETAIL C CLARIFICATION	SWS
2	7/2/10	MISC UPDATES	SWS
3	1/27/08	HINGE SCREW LENGTH	SWS
4	4/9/07	UPDATED DP RATINGS	SWS
5			

PRODUCT: "EXTERIOR DOOR PRODUCT"
 6'-6" FIBERGLASS GLAZED
 DOUBLE DOOR UNIT
 PART OR ASSEMBLY
 ANCHORING LOCATIONS
 & DETAILS

MASONITE INTERNATIONAL CORP.
 1955 POWIS ROAD
 WEST CHICAGO, IL 60185

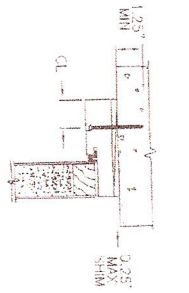
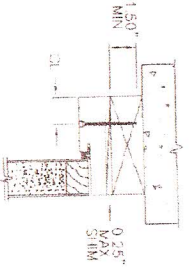


ATTACHMENT DETAIL

- ANCHOR ANALYSIS FOR LOADING CONDITIONS PREPARED, SIGNED AND SEALED BY LUIS R. LOMAS, PE (FLORIDA #62512) WITH THE LOWEST (EAST) FASTENER RATING FROM THE DIFFERENT FASTENERS BEING CONSIDERED FOR USE. JAMB, HEAD, AND THRESHOLD FASTENERS ANALYZED FOR THIS UNIT INCLUDE #10 WOOD SCREWS OR 3/16" TAPCONS. A PHYSICAL SHIM MUST BE PLACED IN SHIM SPACE AT EACH ANCHOR LOCATION. TAPCON EDGE DISTANCE MIN 2-5/8".
- MULLIONS TO BE 2-1/2" X 4-3/8" STRUCTURAL GRADE FJ PINE ON CONTINUOUS HEAD AND SHIM UNITS. BACK JAMB UNITS JOINED WITH 1" X 1/2" LONG CORRUGATED FASTENERS LOCATED 3" FROM EACH END AND MAXIMUM 7" O.C. OR #10 X 2" FLAT HEAD WOOD SCREWS LOCATED 6" FROM EACH END AND MAXIMUM 12" O.C.
- THE WOOD SCREW SINGLE SHEAR DESIGN VALUES COME FROM ANSI/A&PA NDA FOR SOUTHERN PINE LUMBER AND ACHIEVEMENT OF 1-1/2" MINIMUM EMBEDMENT. THE TAPCON MUST ACHIEVE MINIMUM EMBEDMENT OF 1-1/4".
- WOOD BUCKS BY OTHERS MUST BE ANCHORED PROPERLY TO TRANSFER LOADS TO STRUCTURE.
- MINIMUM DESIGN VALUE STRENGTH OF ANCHORS 171 LBS.

HARDWARE SCHEDULE

1	RAMKST SERIES 400 GRADE 3 CYLINDRICAL LATCH AND SERIES 980 GRADE 1 DEADLOCK HARDWARE TO BE INSTALLED AT 5-1/2" CENTERLINE.
2	4" X 4" FULL MORITSE BUTT HINGES



TYPICAL WOOD BUCK ANCHOR INSTALLATION

TYPICAL MASONRY ANCHOR INSTALLATION

Certification No. N.L.C.C. 6-959-111
 Registered By: J.S.L./J.L.V.
 Date Issued: 10/12/11
 Address: 919MM

DATE	DESCRIPTION	BY
3/7/11	DETAIL CLARIFICATION	SWS
11/27/10	MISC. UPDATES	SWS
7/27/09	HINGE SCREW LENGTH	SWS
4/9/07	UPDATED DP RATINGS	SWS
	DATE	

REVISIONS

PRODUCT:
 "EXTERIOR DOOR PRODUCT"
 6"-8" FIBERGLASS GLAZED
 DOUBLE DOOR UNIT
PART OR ASSEMBLY:
 ANCHORING LOCATIONS
 & DETAILS

MASONITE INTERNATIONAL CORP.
 1955 POWIS ROAD
 WEST CHICAGO, IL 60185

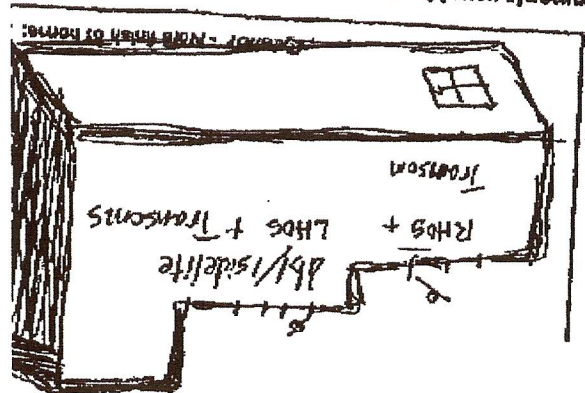
SHEET 3 OF 3
 DATE 1/5/17
 DRAWN BY SWS
 CHECKED BY SWS
 DWG NO. 170162-07

Store: 1598 Date: 1/10/2014

Customer: Bentley, Shell
 C# 407-210-9890
 Customer phone #: ~~287-287-1457~~

Installer: Brodt Home Installations, Inc.
 PO # 299946913
 Measured by Darrell


Customer must be home for #407-923-6481
 Customer to apply finish (paint / stain)





Door units to measure - one door per row - All measurements must be in inches


1	2	3	4	5	6	7	8	9					
Storm	Entry	Sidelight	Transom	Pane - Sidelight	Pane - Entry	Interior or Slab	Prehung or Slab	Location Comment	Width	Height	Rearth opening	Unit Size	Janit Depth
				IA				Back	96	96		70	4 9/16
		34 1/2						Back				80 1/2	4 9/16
				AI				Back	70 3/4	96		70	4 9/16
												15 1/2	4 9/16
												80 1/2	4 9/16
												15 1/2	4 9/16
												80 1/2	4 9/16
												15 1/2	4 9/16


MC

 Searches

 Sales Search

 Results

 **Property Record Card**

 My Favorites

5368 Chiswick Cir < 20-23-30-9373-00-150 >

Name(s) Dean Kimberly Beaulieu Shelley Mailing Address On File 5368 Chiswick Cir Belle Isle, FL 32812-2115 Incorrect Mailing Address?	Physical Street Address 5368 Chiswick Cir Postal City and Zipcode Orlando, FL 32812 Property Use 0103 - Single Fam Class III Municipality Belle Isle
---	---

Values, Exemptions and Taxes

Property Features

Sales Analysis

Location Info

M

Property Description
 WINDSOR PLACE PHASE 1 30/28 LOT 15


Total Land Area 19,261 sqft (+/-) | 0.44 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$80,000.00	\$80,000

Page 1 of 1 (1 total records)

Buildings

Important Information	Structure
<div style="display: flex; align-items: center;">  <div> Model Code: 01 - Single Fam Residence Type Code: 0103 - Single Fam Class III Building Value: \$213,955 Estimated New Cost: \$288,816 </div> </div>	Actual Year Built: 1994 Beds: 5 Baths: 4.0 Floors: 1

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
PL2 - Above Average Pool	01/26/1994	1 Unit
SCR2 - Scrn Enc 2	01/26/1994	1 Unit
FPL2 - Average Fireplace	01/26/1994	1 Unit

Page 1 of 1 (3 total records)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2013

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).

PRODUCER Marsh USA Inc. 100 North Tryon Street, Suite 3200 Charlotte, NC 28202 Attn: For questions contact: insurancarequest@lowes.com		CONTACT NAME:	
47095 -CASUA-ONLY-13-14 Licens FL LHC		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Lowe's Companies, Inc. and Subsidiaries 1000 Lowe's Blvd. (28117) PO Box 1000 Mooresville, NC 28115		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : National Union Fire Ins Co Pittsburgh PA	19445
		INSURER B : New Hampshire Insurance Company	23841
		INSURER C : Illinois National Ins Co	23817
		INSURER D : Safety National Casualty Corp.	15105
		INSURER E : Steadfast Insurance Company	26387
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: ATL-00309891-03 **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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		Self Insured - See Below			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		CA5196309 (AOS) CA5196310 (MA) CA5196311 (VA)	04/01/2013 04/01/2013 04/01/2013	04/01/2014 04/01/2014 04/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		IPR3792301-00	04/01/2011	04/01/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC019359017 AOS, WC019359015 MN	04/01/2013	04/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	WC019359016 WI	04/01/2013	04/01/2014	E.L. EACH ACCIDENT \$ 2,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC019359018 AK,AZ	04/01/2013	04/01/2014	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
B			WC019359019 NH, VT	04/01/2013	04/01/2014	E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Excess WC		XWC6636189 (AOS)	04/01/2013	04/01/2014	WC:Stat/EL:\$3mil; xs \$2mil SIR
A	Excess WC		XWC6636190 (FL)	04/01/2013	04/01/2014	WC:Stat/EL:\$3mil; xs \$2mil SIR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Insured is self insured for General Liability for the period of 4/01/2013 to 4/01/2014.

Lowe's Home Centers, Inc. is a named insured under the captioned policies. Florida General Contractor's License # CGC1508417, Peter Anthony Cafaro, III, Certified General Contractor. Florida Contractor's License # CCC1326824, Peter Anthony Cafaro, III, Certified Roofing Contractor.

CERTIFICATE HOLDER City of Belle Isle 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 of Marsh USA Inc. Diana Bentley <i>Diana Bentley</i>



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC
PO BOX 781993
ORLANDO FL 32878-1993

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

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.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.



STATE OF FLORIDA AC# 6157140
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1508417 06/08/12 118200449

CERTIFIED GENERAL CONTRACTOR
CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2014 L12060800835

DETACH HERE

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AC# 6157140

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12060800835

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 06/08/2012, 118200449, CGC1508417

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC
4948 TELLSON PL
ORLANDO FL 32812

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

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
 1801 CERTIFIED GENERAL CONT \$30.00 1
 EMPLOYEE 5000 BUSINESS OFFICE
 1806 CERTIFIED ROOFING CONT \$30.00 1
 EMPLOYEE



1801-0590711
 \$30.00 1
 EMPLOYEE

CAFARO PETER A III QUALIFIER

LOWES HOME CENTERS INC
 PO BOX 781993
 ORLANDO FL 32878

TOTAL TAX \$90.00
 PREVIOUSLY PAID \$90.00
 TOTAL DUE \$0.00

4948 TELSON PL (MOBILE)
 A - ORLANDO, 32812

PAID: \$90.00 099-00585774 7/19/2013

This receipt is official when validated by the Tax Collector.