



PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FC 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: slider, size-for-size</p> <p>Comments: None</p> <p>Project Information Address: 1729 Wind Harbor Road, Belle Isle, FL 32812 Parcel ID: 30-23-30-9330-00-150 Property Owner: Moody, Dewitt Phone Number: None ***** Company Name: Pella Windows & Doors, Inc. Contractor Name: Rowland, James License Number: CBC046712 Address: 350 W. SR 434, Longwood, FL 32750 Phone Number: 407-831-0600</p>	<p style="text-align: center;">Permit Number: 2014-01-041</p> <p>Date of Application: <u>01/24/2014</u> Date Permit Issued: <u>01/27/2014</u></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> School \$ Traffic \$ <p>ZONING FEES</p> Zoning Fee \$ <p>UNIVERSAL ENG - BUILDING FEES</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>SURCHARGE FEES</p> Surcharge Fee \$2.00 Surcharge Fee \$2.00 <p style="text-align: center;">TOTAL FEES \$71.50</p> <p>Date Paid <u>1-28-14</u></p> <p>CC or Check # <u>mc 6101</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 1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2nd _____ (Slab) 3rd _____ (Lintel) (Wall Reinforcing on Masonry Building) 4th _____ (Exterior Framing) (Roof/Wall Sheathing) 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-ins & Windows/Doors Installed) 6th _____ (Insulation to be Made After Roof Installed) 7th _____ (Drywall) 8th _____ (Sidewalk/Driveway) 9th _____ (Other) 10th _____ (Final - After MEP and Other Applicable Finals)</p> <p>€ ROOFING 1ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2nd ROOFING Covering In-Progress _____ 3rd ROOFING Covering Final _____</p> <p>€ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) € 1st _____ (Underground) 2nd _____ (Sewer) 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX € GAS ___ Natural ___ LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE 1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to 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, type of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org
Building Permit (Land Use) Application

Received
1-24-14

DATE: _____ PERMIT # 2014-01-041
PROJECT ADDRESS 1729 Wind Harbor Rd. Belle Isle, FL 32809 _____ 32812
PROPERTY OWNER Dewitt Moody PHONE _____ VALUE OF WORK (labor & material) \$ 6000⁰⁰

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

replace 1 door size 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 407-897-4100); please provide a copy of their report
 - **PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION – OC DOCUMENT 64E-6, FOR NEW / ALTERED / ADDITIONS to Septic System**
 - 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: 30-23-30-9330-00-150

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH 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 _____ Comm _____ Single Fam _____ Multi Fam _____
OCCUPANCY GROUP _____ #STORIES _____ #UNITS _____ TOTAL SQ.FT. _____
MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ **DATE** _____
NOTES _____

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."

Waste Management 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 Waste Management at 407-788-0600 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 Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

Wind Load Category: A ___ 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 \$
POOL ENCLOSURE	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>
OTHER	Y	N \$

3% FL SURCHARGE 4.00

TOTAL 71.50

By Owner Form NA
Notice of Commencement Y NA
Power of Attorney Y NA
Contractor Packet On File? Y N

OTHER PERMITS REQUIRED:
ELECTRICAL NA
PREPOWER Y NA
MECHANICAL Y NA
PLUMBING Y NA
ROOFING Y NA
GAS Y NA
OTHER: _____

Permit Number 30-23-30-9330-00-150

DOC# 20140038961 B: 10693 P: 4344
01/24/2014 02:35:06 PM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: BONIFAIR MANAGEMENT DBA P



NOTICE OF COMMENCEMENT

State of Florida
County of ORANGE

The undersigned hereby gives notice that the 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)
Address 1729 WIND HARBOR RD.
Legal Description WIND HARBOR T/60 LOT 15
- 2. **General description of improvement(s)**
REPLACE DOOR SIZE FOR OZE
- 3. **Owner Information**
Name DEWITT MOODY AND MARGARET Phone & Fax Number _____
Address 1729 WIND HARBOR RD. BELLE ISLE FL
Interest in Property _____
- 4. **Fee Simple Title Holder** (if other than owner shown above)
Name _____ Phone & Fax Number _____
Address N/A
- 5. **Contractor**
Name PELA WINDOWS AND DOOR Phone & Fax Number _____
Address 350 SR 434 W. LONGWOOD, FL 32150
- 6. **Surety** (if any)
Name N/A Phone & Fax Number _____
Address N/A
- 7. **Lender** (if any)
Name N/A Phone & Fax Number _____
Address N/A
- 8. Persons with the State of Florida designated by Owner upon who notices or other documents may be served as provided by 713.13(1) (a) 7, Florida Statutes.
Name _____ Phone & Fax Number N/A
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 _____ Phone & Fax Number N/A
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 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

11. Margaret P. Moody Signature of Owners Authorized Officer/Director/Partner/Manager
MARGARET P. MOODY Print Name

Sworn to (or affirmed) and subscribed before me this 15 day of SEP, 2014 by MARGARET MOODY as owner (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed) personally known to me or _____ produced as identification.

Erick De Dios
Signature of Notary

Name (print)
ERICK DE DIOS



--AND--

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated are true to the best of my knowledge and belief.

Margaret P. Moody
Signature of Natural Person Signing (in line #11) Above



Date: JAN 24 2014



WINDOWS & DOORS

350 State Road 434 W
Longwood, Florida 32750
407 831 0600
FAX: 407 339 7742

Authorization Letter / Power of Attorney

I, James Samuel Rowland, do hereby authorize the following persons to act as agents on behalf of myself and Pella Windows & Doors to pull and sign for any permits submitted under my Florida State contractor License number CBC046712.

Authorized Persons:

Brian Kirby
Timothy O'Malley
Christine O'Malley
Martin Sterling

Don Kirby
Erick D'Dios
John Christianson
Gary Barson

Jon Thomas
Dennis Godsey
Charley O'Neil
Elizabeth Hutchinson

Regards,

James Samuel Rowland
Qualifier CBC046712
Pella Windows & Doors

DEWITT MOODY
1729 WIND HARBOR RD.
DELUCE ISLE FL 32809

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this ___ day of _____, 201__
by JAMES SAMUEL ROWLAND, who is personally known to me.

Notary Public

Print Name



JONATHON ALLEN THOMAS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF055234
Expires 9/18/2017

My commission expires: _____

VIEWED TO BE THE BEST.



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

FL #
Application Type
Code Version
Application Status

FL12442-R4
 Revision
 2010

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

Pella Corporation
 102 Main St.
 Pella, IA 50219
 (641) 621-6096
 pellaapproval@pella.com

Authorized Signature

Joseph Hayden
 jahayden@pella.com

Technical Representative
Address/Phone/Email

Joseph Hayden
 102 Main Street
 Pella, IA 50219
 (641) 621-6096
 jahayden@pella.com

Quality Assurance Representative
Address/Phone/Email

Pat Bortscheiler
 102 Main Street
 Pella, IA 50219
 (641) 621-1000
 PJBortscheiler@pella.com

Category
Subcategory

Exterior Doors
 Sliding Exterior Door Assemblies

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

Window and Door Manufacturers Association
 Terrence E. Lunn, PE
 Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)

Standard
 AAMA/WDMA/CSA 101/I.S.-2/A440-08 2008

Year
 2008

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

03/18/2013

Date Validated

03/21/2013

Date Pending FBC Approval

04/01/2013

Date Approved

Summary of Products		Model, Number or Name	Description
12442.1	<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +40/-40 Other: Configurations of glass shall conform to current ASTM E1300 standard with all glass being safety glazing.</p>	Designer Series Contemporary Non-Impact Sliding Door	<p>95.25"x95.5" (2419mm x 2426mm) Venting Unit</p> <p>Certification Agency Certificate FL12442_R4_C_CAC_DSFS Type II 9696 735 CCL.pdf</p> <p>Quality Assurance Contract Expiration Date 06/25/2016</p> <p>Installation Instructions FL12442_R4_II_1659.pdf Verified By: Warren W. Schaefer P.E. 44135 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL12442_R4_AE_1659.pdf Created by Independent Third Party: Yes</p>
12442.2	<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +40/-40 Other: Configurations of glass shall conform to current ASTM E1300 standard with all glass being safety glazing.</p>	Designer Series French & Contemporary Non-Impact Sliding Door	<p>144"x95.5" (3658mm x 2426mm) Venting Unit (OXO)</p> <p>Certification Agency Certificate FL12442_R4_C_CAC_DSFS Type III 741 CCL.pdf</p> <p>Quality Assurance Contract Expiration Date 06/29/2016</p> <p>Installation Instructions FL12442_R4_II_1659.pdf Verified By: Warren W. Schaefer P.E. 44135 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL12442_R4_AE_1659.pdf Created by Independent Third Party: Yes</p>
12442.3	<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +20/-20 Other: Configurations of glass shall conform to current ASTM E1300 standard with all glass being safety glazing.</p>	Designer Series French & Contemporary Non-Impact Sliding Door	<p>188"x95.5" (4775mm x 2426mm) Venting Unit (OXO)</p> <p>Certification Agency Certificate FL12442_R4_C_CAC_DSFS Type IV 999 CCL.pdf</p> <p>Quality Assurance Contract Expiration Date 07/12/2016</p> <p>Installation Instructions FL12442_R4_II_1659.pdf Verified By: Warren W. Schaefer P.E. 44135 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL12442_R4_AE_1659.pdf Created by Independent Third Party: Yes</p>
12442.4	<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +80/-80 Other: Configurations of glass shall conform to current ASTM E1300 standard with all glass being safety glazing.</p>	Designer Series French & Contemporary Non-Impact Sliding Door	<p>48.75"x95.5" (1238mm x 2426mm) Fixed Unit</p> <p>Certification Agency Certificate FL12442_R4_C_CAC_DSFS Type I Fixed 738 CCL.pdf</p> <p>Quality Assurance Contract Expiration Date 06/27/2016</p> <p>Installation Instructions FL12442_R4_II_1659.pdf Verified By: Warren W. Schaefer P.E. 44135 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL12442_R4_AE_1659.pdf Created by Independent Third Party: Yes</p>
12442.5	<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55/-55</p>	Designer Series French Non-Impact Sliding Door	<p>95.25"x95.5" (2419mm x 2426mm) Venting Unit</p> <p>Certification Agency Certificate FL12442_R4_C_CAC_DSFS Type II 9696 737 CCL.pdf</p> <p>Quality Assurance Contract Expiration Date 06/16/2016</p> <p>Installation Instructions</p>

<p>Other: Configurations of glass shall conform to current ASTM E1300 standard with all glass being safety glazing.</p>	<p>FL12442_R4_II_1659.pdf Verified By: Warren W. Schaefer P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12442_R4_AE_1659.pdf Created by Independent Third Party: Yes</p>
<p>12442.6</p>	<p>95.25"x81.5" (2419mm x 2070mm) Venting Unit</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +65/-65 Other: Configurations of glass shall conform to current ASTM E1300 standard with all glass being safety glazing.</p>	<p>Certification Agency Certificate FL12442_R4_C_CAC_DSFS_Type II_9682_737_CCL.pdf Quality Assurance Contract Expiration Date 06/21/2016 Installation Instructions FL12442_R4_II_1659.pdf Verified By: Warren W. Schaefer P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12442_R4_AE_1659.pdf Created by Independent Third Party: Yes</p>

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[Next](#)

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

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Product Approval Accepts:



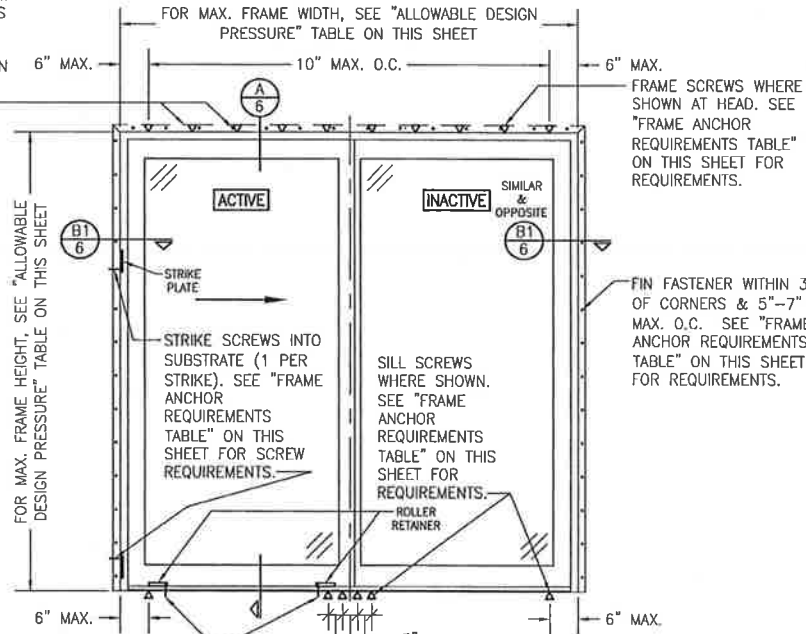
GENERAL NOTES:

- ALL FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS. SPECIFIED ANCHOR EMBED TO BASE MATERIAL SHALL BE BEYOND WALL FINISH OR STUCCO.
- OPENINGS, BUCKING & BUCKING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE.
- THESE NON-IMPACT RATED DOOR SYSTEM INSTALLATIONS ARE IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC).
- ALL ANCHORS SECURING DOOR FRAME TO PRESSURE TREATED BUCKS OR WOOD FRAMING SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRESSURE TREATING CHEMICALS IN THE WOOD.
- MATERIALS, INCLUDING BUT NOT LIMITED TO STEEL SCREWS, THAT COME INTO CONTACT WITH OTHER DISSIMILAR MATERIALS SHALL MEET THE REQUIREMENTS OF FLORIDA BUILDING CODE CHAPTER 20.
- TO THE BEST OF OUR KNOWLEDGE, THE DOORS SHOWN HEREIN ARE CERTIFIED & QUALITY ASSURED BY A FLORIDA STATE APPROVED CERTIFICATION/QA ENTITY & SHALL BE LABELED IN ACCORDANCE WITH THE FBC AND THE 9N-3 FLORIDA BUILDING COMMISSION SPECIFICATIONS. DOOR ASSEMBLY IS NOT PART OF THIS DRAWING AND SHALL BE IN ACCORDANCE WITH THE MANUFACTURER'S QUALITY ASSURANCE SPECIFICATIONS & TESTING REPORTS.
- CERTIFICATION OF THESE DOOR INSTALLATIONS SHALL BE CONSIDERED VOID IF ANY OF THE FOLLOWING APPLY: 1) THEY ARE INSTALLED WITHOUT A BUILDING PERMIT FROM THE APPLICABLE LOCAL BUILDING DEPARTMENT. 2) IF THEY ARE INSTALLED BY ANYONE OTHER THAN A LICENSED CONTRACTOR EXPERIENCED WITH DOOR INSTALLATIONS. 3) IF CHANGES HAVE OCCURRED TO THE PRODUCT'S CERTIFICATION ENTITY'S CERTIFICATE THAT CAUSE THESE INSTALLATIONS TO BE INCORRECT OR INCONSISTENT WITH WHAT HAS BEEN TESTED.
- THE LEAST DESIGN PRESSURE SPECIFIED EITHER IN THIS DRAWING OR IN THE PRODUCTS CERTIFICATION SHALL CONTROL FOR THE INSTALLED DOOR.
- THESE DRAWINGS CERTIFY THE DOOR INSTALLATION ONLY. WATER PROOFING OF THE INSTALLED DOORS IS NOT PART OF THIS INSTALLATION CERTIFICATION. THAT RESPONSIBILITY SHALL BE THAT OF THE MANUFACTURER &/OR INSTALLER.

FRAME ANCHOR REQUIREMENTS TABLE

OPENING TYPE (SUBSTRATE)	FRAME/CLIP/NAIL FIN TO OPENING FASTENER TYPE	MINIMUM EMBED	MINIMUM EDGE DIST.
FRAME/SILL SCREWS			
(4) MIN. 2X WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 10 SMS OR WOOD SCREW	1 1/4"	3/4"
MIN. 18 GA. 33 KSI METAL STUD	NO. 10 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK A36 STEEL	NO. 10 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 10 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
C-90 CMU/2500 PSI CONCRETE	(1) 1/4" CONCRETE SCREW	1 1/4"	2"
(2) INSTALLATION CLIP SCREWS (STANDARD BENT CONDITION)			
(4) MIN. 2X WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 X 1 1/2" SMS	1 3/8"	(2) N/A
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	(2) N/A
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	(2) N/A
INSTALLATION CLIP SCREWS (ALTERNATE STRAIGHT CONDITION)			
MIN. 2X6 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 X 1 1/2" SMS	1 3/8"	3/4"
MIN. 18 GA. 33 KSI METAL STUD	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
(3) NAILING FIN FASTENERS			
(4) MIN. 2X WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 X 1 1/2" SMS	1 3/8"	1/2"
MIN. 2X WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	11 GA. ROOFING NAIL	1 3/8"	1/2"
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
STRIKE/RETAINER SCREWS			
(4) MIN. 2X WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 SMS OR WOOD SCREW	1 1/4"	3/4"
MIN. 18 GA. 33 KSI METAL STUD	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"
C-90 CMU/2500 PSI CONCRETE	(1) 3/16" CONCRETE SCREW	1 1/4"	2"
(1) CONCRETE SCREWS SHALL BE ELCO ULTRACONS (C.S.), ELCO CRETE-FLEX (S.S.), ITW RAMSET/RED HEAD TAPCONS (C.S. OR S.S.) OR HILTI KWIK-CON II (C.S. OR S.S.). (2) STANDARD BENT CLIP INSTALLATION SCREWS SHALL BE POSITIONED WITHIN 1/4" OF THE BUCK/SUBSTRATE EDGE AND, IF INTO WOOD, ANGLED 20 TO 30 DEGREES INTO THE BUCK. (3) WHEN SCREWS ARE USED WITH THE NAIL FIN, THEY MUST BE A WAFFLE HEAD SCREW OR HAVE A FLAT WASHER AT THE SCREW HEAD. (4) 2X BUCKS SHALL BE OF A MINIMUM DEPTH REQUIRED TO MEET ANCHOR EDGE DISTANCE REQUIREMENTS BUT NO LESS THAN 3 1/2" (2X4).			

NAIL FIN AND ANCHORING OF NAIL FIN IS OPTIONAL AT HEAD & SHALL NOT ACT AS A SUBSTITUTE FOR THE FRAME ANCHOR SPECIFIED. FIN MAY BE REMOVED WHEN REQUIRED BY OPENING CONDITIONS



**EXTERIOR ELEVATION:
2-PANEL SLIDING DOOR DOOR**
SCALE: 1/2" = 1'-0"
(NAIL FIN MOUNT CONDITION)

**ALLOWABLE DESIGN PRESSURE
(2-PANEL SLIDING DOOR)**

(1) DOOR STYLE	MAX. FRAME WIDTH (IN.)	MAX. FRAME HEIGHT (IN.)	ALLOWABLE PRESSURE (+/- PSF)
CONTEMPORARY	95 1/4	95 1/2	40
FRENCH	95 1/4	95 1/2	55
FRENCH	95 1/4	81 1/2	65

(1) CONTEMPORARY & FRENCH ARE THE SAME EXCEPT THE DOOR PANEL STILES & RAILS OF THE FRENCH ARE TALLER THAN THE CONTEMPORARY.

ALTERNATE ANCHOR/SUBSTRATE EVALUATION NOTE:
ALL ALTERNATE ANCHORS IN THEIR SPECIFIED SUBSTRATES HAVE BEEN ANALYZED IN ACCORDANCE WITH THEIR APPLICABLE STANDARD(S) AND ARE FOUND TO BE EQUIVALENT OR STRONGER THAN THE ANCHOR(S) USED IN TESTING WITH THIS PRODUCT.

INSTALLATION EVALUATION IS BASED ON APPLICABLE ANCHOR STANDARDS AND/OR INFORMATION & RESULTS FROM APPLICABLE TEST REPORTS. THE FLORIDA BUILDING CODE VERSION CONSIDERED WITH THE EVALUATION WAS THAT IN FORCE AT THE TIME OF THE EVALUATION. IN THE EVENT OF CODE VERSION CHANGES/UPDATES OR IN THE EVENT THAT NEW OR ADDITIONAL TESTING IS COMPLETED ON THE REFERENCED PRODUCT, PRIOR TO STATING CODE COMPLIANCE WITH THE STATE, THE MANUFACTURER SHALL CONFIRM WITH THE INSTALLATION EVALUATION ENGINEER OF RECORD THAT THE INSTALLATIONS SPECIFIED HERE-IN ARE CURRENT WITH THE THEN CURRENT TESTING, CODE AND APPLICABLE STANDARDS.

THESE DRAWINGS ARE APPLICABLE ONLY TO THE PRODUCT SPECIFIED. THEY MAY NOT BE USED FOR THE ASSEMBLY AND/OR INSTALLATION OF ANY OTHER PRODUCT NOR MAY THEY BE USED FOR RATIONAL AND/OR LOCAL APPROVAL OF ANY PRODUCT NOT PRODUCED BY THE MANUFACTURER STATED ON THESE DRAWINGS.

DESIGNED BY: W.W.	CHECKED BY: W.W.
DATE: 10/27/09	DATE: 01/13/09
SCALE: 1/2" = 1'-0"	
PROJECT: 1-34	
NO. REGION DESCRIPTION	
A1 ALTERNATE ANCHOR CONDITION	
B1 UPDATE FOR NEW TESTING	
C1 UPDATE FOR NEW TESTING	

DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR MANUFACTURER

PELLA CORPORATION
102 MAIN STREET
PELLA, IA 50219
641-621-1000

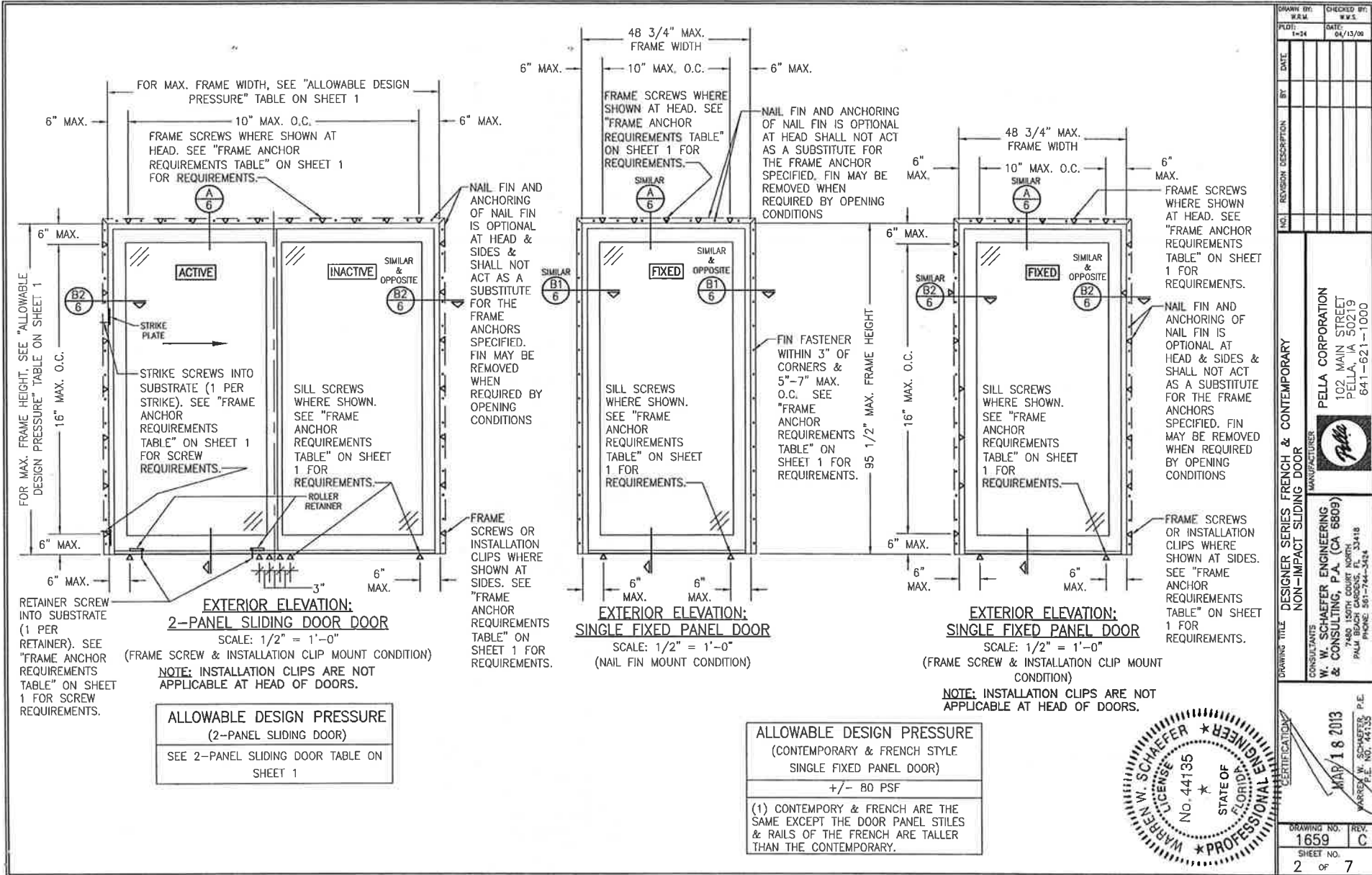


CONSULTANTS
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809)
7450 LSCOTT COURT NORTH
PALM BEACH GARDENS, FL 33418
PHONE: 561-744-5424

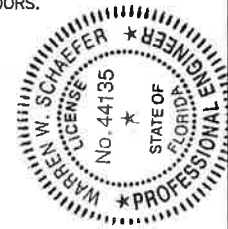


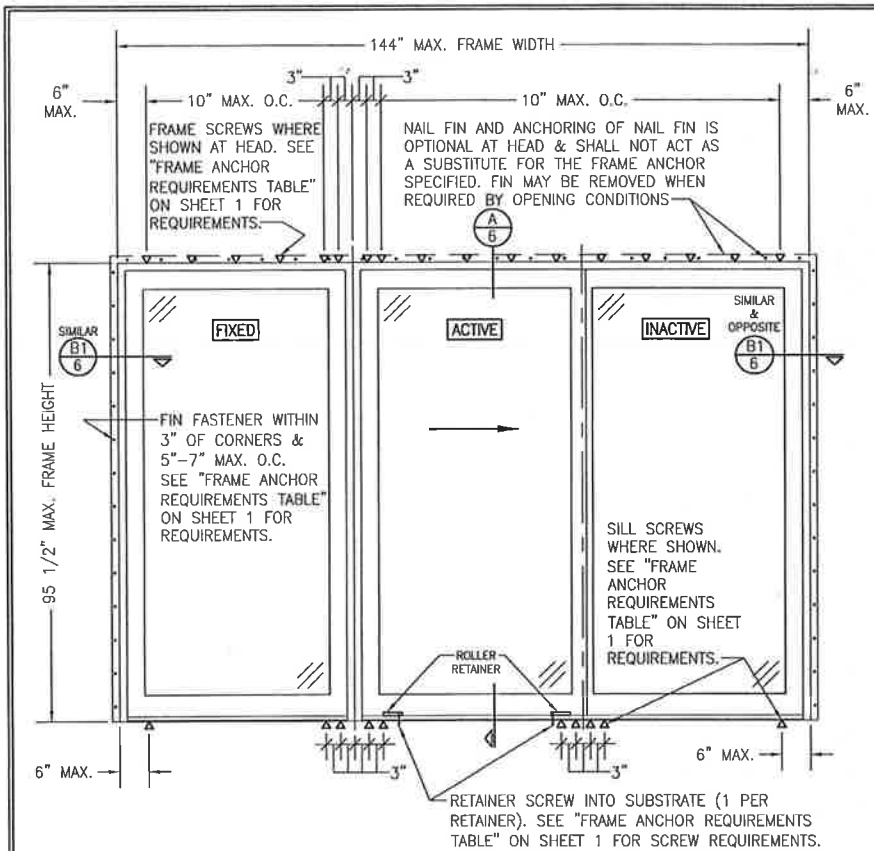
DATE: MAR 18 2013
WARREN W. SCHAEFER, P.E.
P.E. NO. 44135

DRAWING NO. 1659	REV. C
SHEET NO. 1	OF 7



DRAWN BY: R.R.M.	CHECKED BY: W.W.S.
PLD: 1-24	DATE: 04/13/08
NO.	REVISION DESCRIPTION
DRAWING TITLE: DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR	
CONSULTANTS W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809) 7480 150TH COURT NORTH PALM BEACH GARDENS, FL 33418 PHONE: 561-744-3424	MANUFACTURER PELLA CORPORATION 102 MAIN STREET PELLA, IA 50219 641-621-1000
DRAWING DATE: MAR 18 2013	
DRAWING NO. REV. 1659 C	
SHEET NO. 2 of 7	

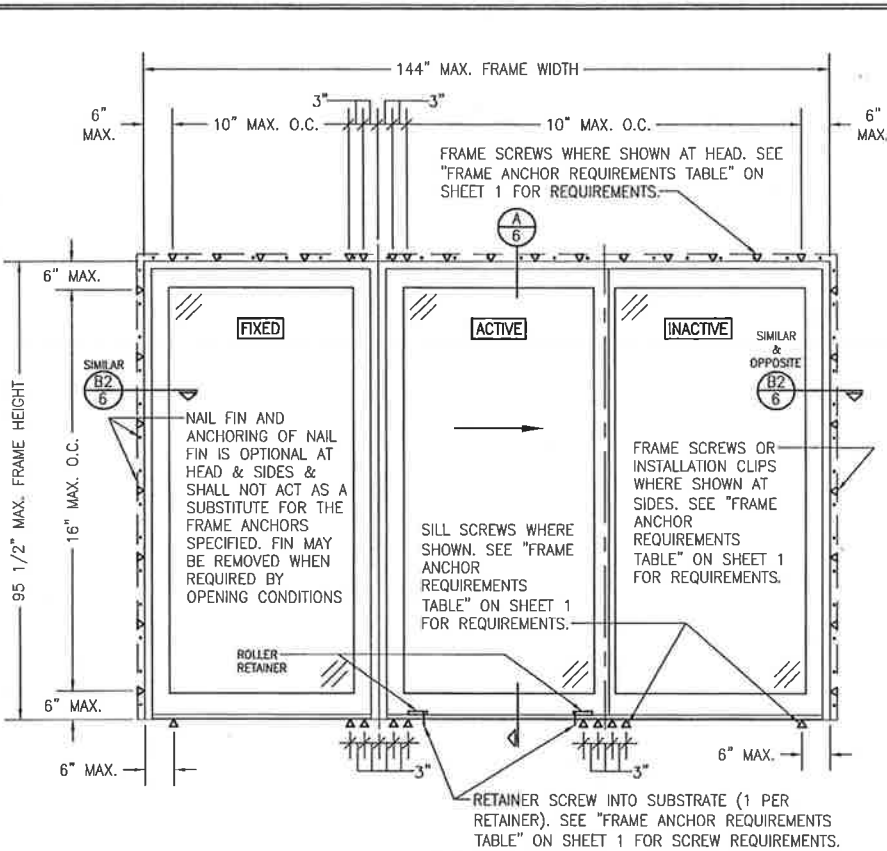




EXTERIOR ELEVATION:
2-PANEL SLIDING DOOR WITH SIDELIGHT
 SCALE: 1/2" = 1'-0"
 (NAIL FIN MOUNT CONDITION)

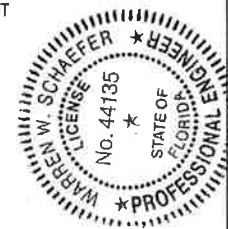
ALLOWABLE DESIGN PRESSURE
 (CONTEMPORARY & FRENCH STYLE
 2-PANEL SLIDING DOOR WITH SIDELIGHT)
 +/- 40 PSF


(1) CONTEMPORARY & FRENCH ARE THE SAME EXCEPT THE DOOR PANEL STILES & RAILS OF THE FRENCH ARE TALLER THAN THE CONTEMPORARY.

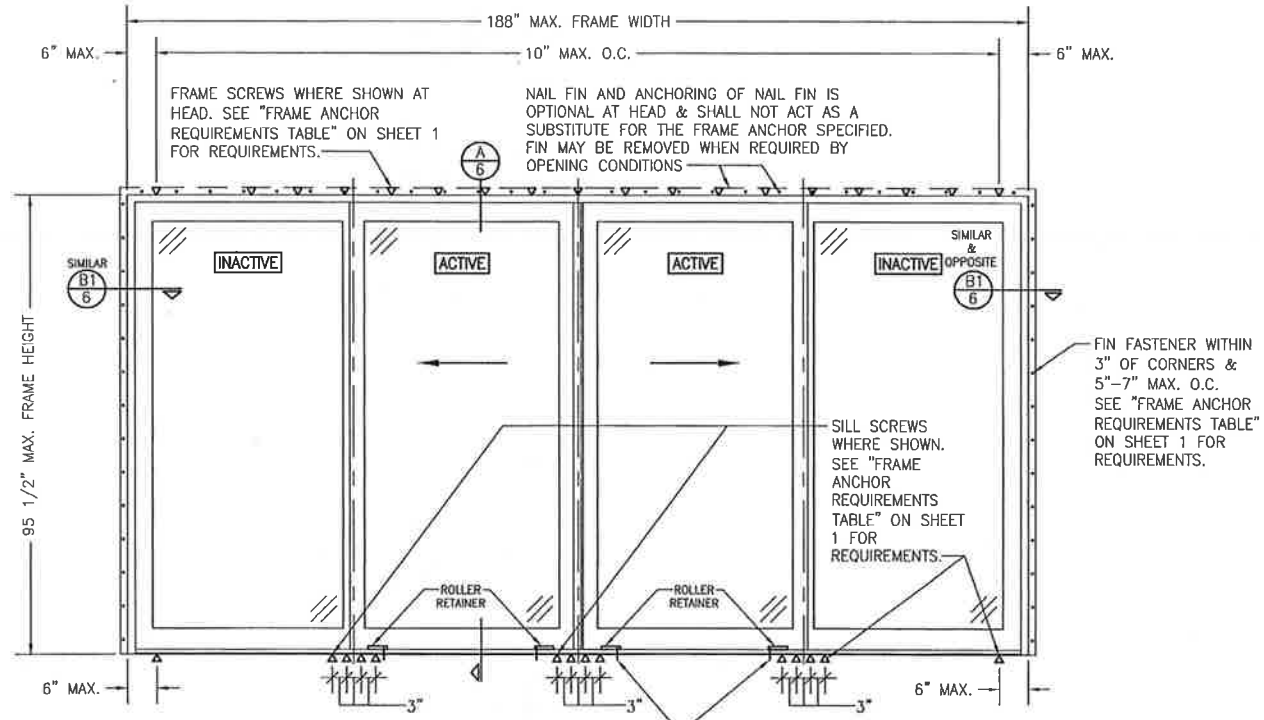


EXTERIOR ELEVATION:
2-PANEL SLIDING DOOR WITH SIDELIGHT
 SCALE: 1/2" = 1'-0"
 (FRAME SCREW & INSTALLATION CLIP MOUNT CONDITION)

NOTE: INSTALLATION CLIPS ARE NOT APPLICABLE AT HEAD OF DOORS.



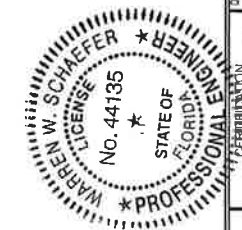
DRAWN BY: W.R.M.	CHECKED BY: M.M.S.
PLDT: 1-24	DATE: 04/13/08
NO.	REVISION DESCRIPTION
DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR	
	
PELLA CORPORATION 102 MAIN STREET PELLA, IA 50219 641-621-1000	
MANUFACTURER	
CONSULTANTS W. W. SCHAEFFER ENGINEERING & CONSULTING, P.A. (CA 6809) 7480 150TH COURT, NORTH, 33418 PALM BEACH GARDENS, FL PHONE: 561-744-3424	
CERTIFICATION MAY 18 2013 WARREN W. SCHAEFFER, P.E. P.E. NO. 44135	
DRAWING NO.	REV.
1659	C
SHEET NO.	3 OF 7



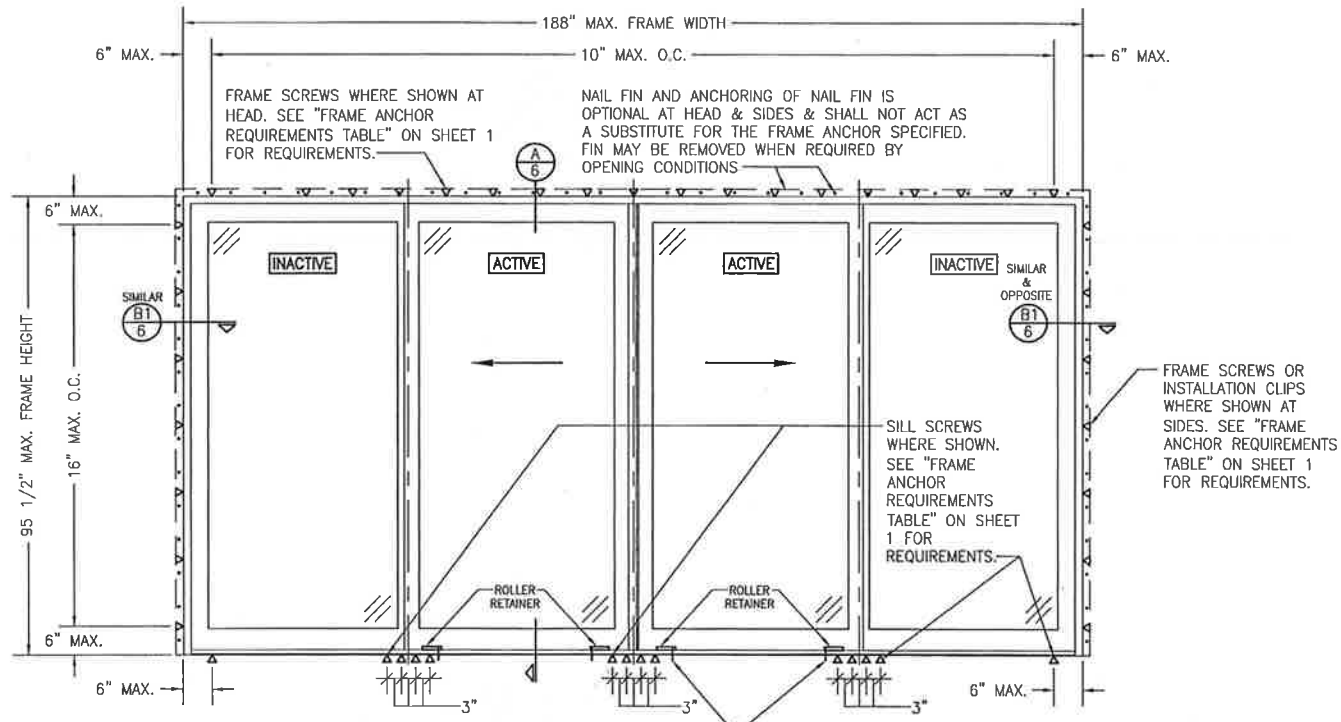
**EXTERIOR ELEVATION:
4-PANEL SLIDING DOOR**
SCALE: 1/2" = 1'-0"
(NAIL FIN MOUNT CONDITION)

ALLOWABLE DESIGN PRESSURE
(CONTEMPORARY & FRENCH STILE
4-PANEL SLIDING DOOR)
+/- 20 PSF

(1) CONTEMPORARY & FRENCH ARE THE SAME EXCEPT THE DOOR PANEL STILES & RAILS OF THE FRENCH ARE TALLER THAN THE CONTEMPORARY.



DRAWN BY: W.R.M.	CHECKED BY: W.W.S.
PLG: 1-24	DATE: 04/13/00
NO.	REASON DESCRIPTION
BY	DATE
DRAWING TITLE: DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR	
CONSULTANTS: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809) 7480 150TH COURT NORTH PALM BEACH GARDENS, FL 33418 PHONE: 561-744-3424	MANUFACTURER: PELLA CORPORATION 102 MAIN STREET PELLA, IA 50219 641-621-1000
DRAWING DATE: MARCH 2003	
DRAWING NO.: 1659	
SHEET NO.: 4 OF 7	



FRAME SCREWS WHERE SHOWN AT HEAD. SEE "FRAME ANCHOR REQUIREMENTS TABLE" ON SHEET 1 FOR REQUIREMENTS.

NAIL FIN AND ANCHORING OF NAIL FIN IS OPTIONAL AT HEAD & SIDES & SHALL NOT ACT AS A SUBSTITUTE FOR THE FRAME ANCHOR SPECIFIED. FIN MAY BE REMOVED WHEN REQUIRED BY OPENING CONDITIONS.

SILL SCREWS WHERE SHOWN. SEE "FRAME ANCHOR REQUIREMENTS TABLE" ON SHEET 1 FOR REQUIREMENTS.

FRAME SCREWS OR INSTALLATION CLIPS WHERE SHOWN AT SIDES. SEE "FRAME ANCHOR REQUIREMENTS TABLE" ON SHEET 1 FOR REQUIREMENTS.

**EXTERIOR ELEVATION;
4-PANEL SLIDING DOOR**

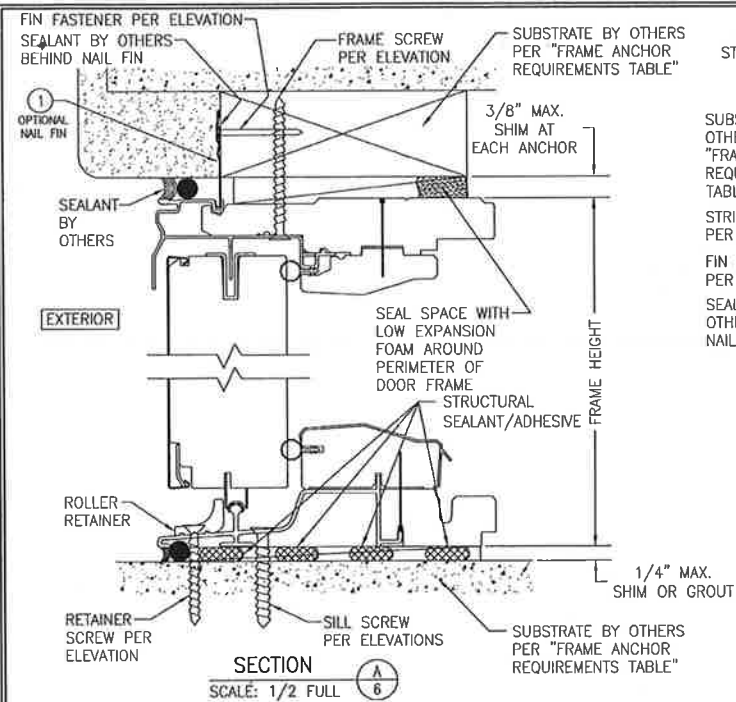
SCALE: 1/2" = 1'-0"
(FRAME SCREW & INSTALLATION CLIP MOUNT CONDITION)

NOTE: INSTALLATION CLIPS ARE NOT APPLICABLE AT HEAD OF DOORS.

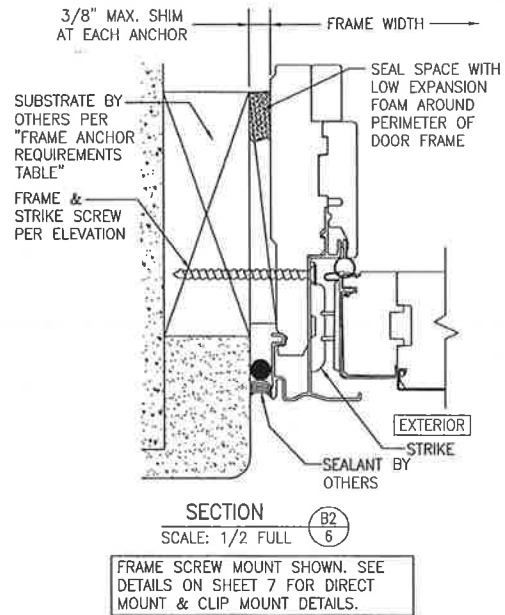
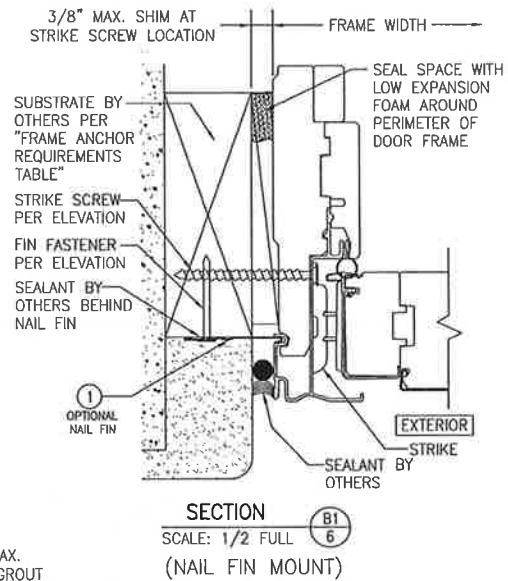
ALLOWABLE DESIGN PRESSURE (CONTEMPORARY & FRENCH STYLE 4-PANEL SLIDING DOOR) +/- 20 PSF
(1) CONTEMPORARY & FRENCH ARE THE SAME EXCEPT THE DOOR PANEL STILES & RAILS OF THE FRENCH ARE TALLER THAN THE CONTEMPORARY.



DRAWN BY: W.R.M.	CHECKED BY: W.W.S.
PLOT: 1-24	DATE: 04/13/09
NO.	REVISION DESCRIPTION
BY	DATE
DRAWING TITLE: DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR	
CONSULTANTS: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809) 7480 150TH COURT NORTH PALM BEACH GARDENS, FL 33418 PHONE: 561-744-5424	MANUFACTURER: PELLA CORPORATION 102 MAIN STREET PELLA, IA 50219 641-621-1000
DATE: MAR 18 2013 WARREN W. SCHAEFER, P.E. P.E. NO. 44135	
DRAWING NO. 1659	REV. C
SHEET NO. 5 OF 7	



FRAME SCREW WITH OPTIONAL NAIL FIN CONDITION SHOWN. DIRECT MOUNT CONDITION ALSO APPLIES. SEE DETAIL ON SHEET 7 FOR DIRECT MOUNT CONDITION.



DRAWN BY: W.E.M.	CHECKED BY: W.E.S.
PLDT: 1-2	DATE: 04/13/09
NO.	REVISION DESCRIPTION
BY	DATE
DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR MANUFACTURER  PELLA CORPORATION 102 MAIN STREET PELLA, IA 50219 641-621-1000	
CONSULTANTS W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809) 7480 190TH COURT NORTH PALM BEACH GARDENS, FL 33418 PHONE: 561-744-3424	
CERTIFICATION  MAR 18 2013 WARREN W. SCHAEFER, P.E. No. 44135	
DRAWING NO. 1659	REV. C
SHEET NO. 6	OF 7

CONTINUOUS WOOD MEMBER LESS IN THICKNESS THAN A 2X BUCK TO BE MIN. 3 1/2" DEEP (NOT REQUIRED WHEN SHIM SPACE IS WITHIN ALLOWABLE DIMENSIONS SHOWN IN SECTIONS).

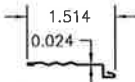
SUBSTRATE BY OTHERS PER "FRAME ANCHOR REQUIREMENTS TABLE"

SEALANT BY OTHERS

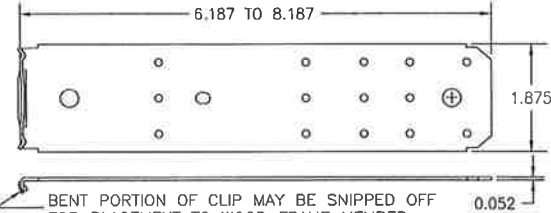
FRAME SCREW PER ELEVATION & "FRAME ANCHOR REQUIREMENTS TABLE"

OPTIONAL DIRECT MOUNT DETAIL TO SUBSTRATE WITH SPACER

(HEAD SECTION SHOWN; SILL & SIDES ARE INSTALLED THE SAME) (FOR DETAIL NOT SHOWN, SEE OTHER SECTIONS)



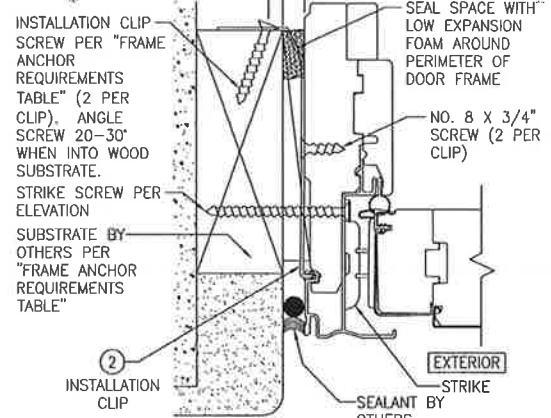
① **NAIL FIN**
3003-H14 ALUMINUM



BENT PORTION OF CLIP MAY BE SNIPPED OFF FOR PLACEMENT TO WOOD FRAME MEMBER.

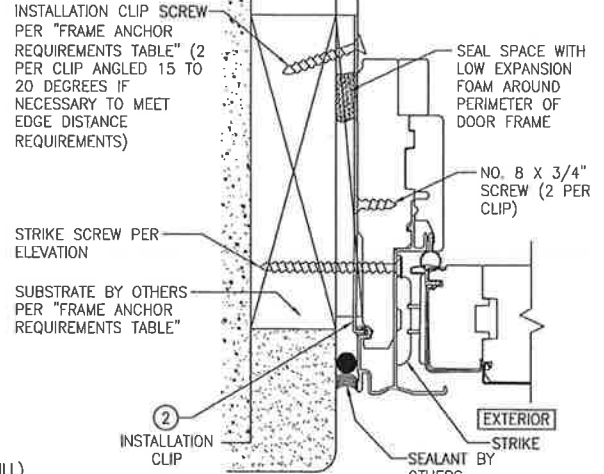
② **FRAME INSTALLATION CLIP**
(50 KSI STEEL)

3/8" MAX. SHIM AT CLIP
1/4" MAX.



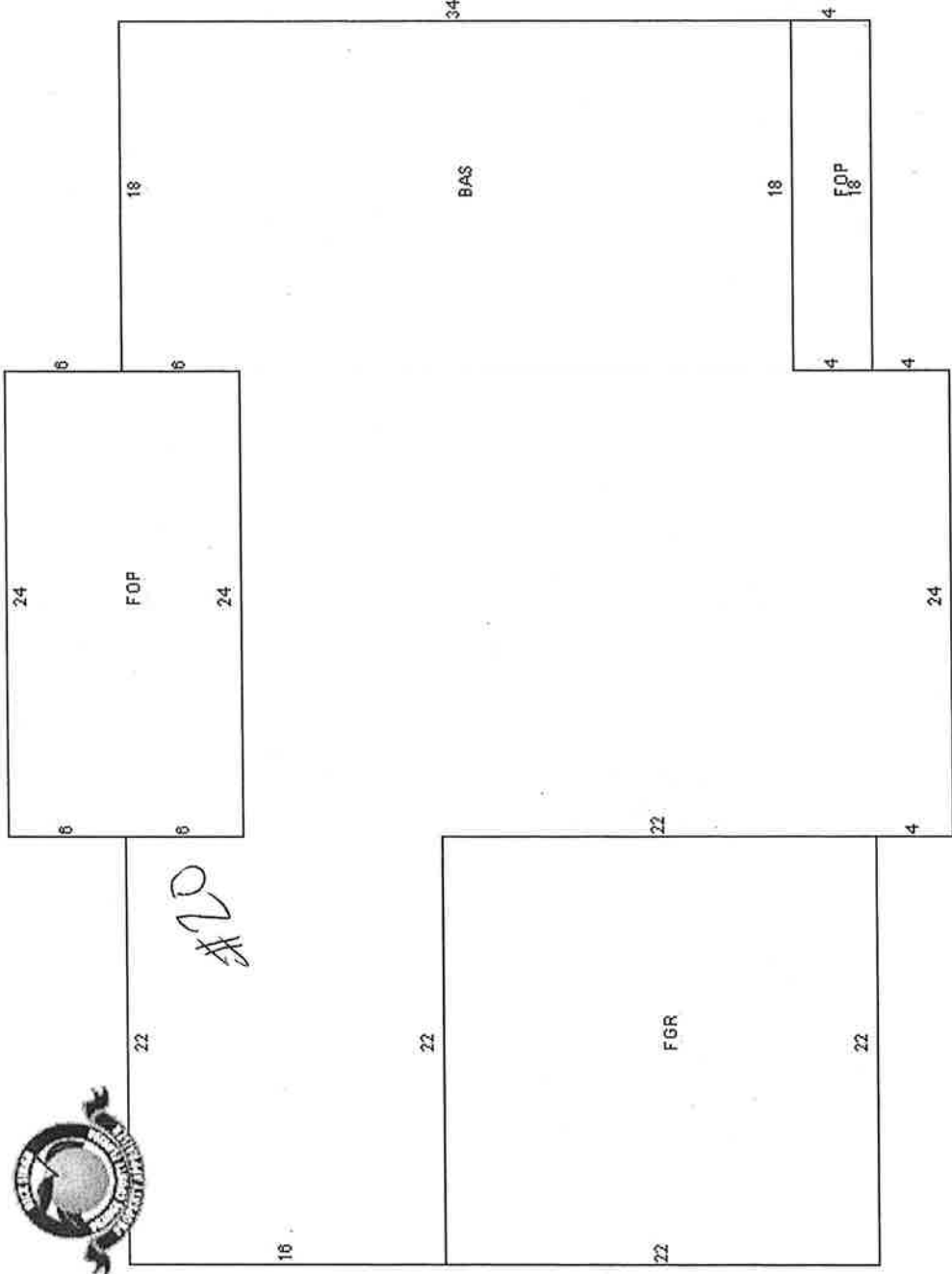
STANDARD INSTALLATION CLIP DETAIL
(FOR DETAIL NOT SHOWN, SEE OTHER SECTIONS)
(INSTALLATION CLIPS ARE NOT APPLICABLE AT THE HEAD OR SILL)

3/8" MAX. SHIM AT CLIP
FRAME WIDTH



STANDARD INSTALLATION CLIP DETAIL
(FOR DETAIL NOT SHOWN, SEE OTHER SECTIONS)
(INSTALLATION CLIPS ARE NOT APPLICABLE AT THE HEAD OR SILL)

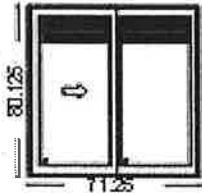
DRAWN BY: WFM	CHECKED BY: WWS
PLOT: 1-2	DATE: 04/13/09
NO.	REVISION DESCRIPTION
BY	DATE
DRAWING TITLE: DESIGNER SERIES FRENCH & CONTEMPORARY NON-IMPACT SLIDING DOOR MANUFACTURER	
CONSULTANTS: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809) PALM BEACH GARDENS, FL 33418 PHONE: 561-744-3424	
PELLA CORPORATION 102 MAIN STREET PELLA, IA 50219 641-621-1000	
	
	
DRAWING NO.	REV.
1659	C
SHEET NO.	7 OF 7



Moody

Line #	Location:	Attributes	Qty
15	None Assigned	ADDPRRCOR020001 - Delivery & Disposal	1

Line #	Location:	Attributes	Qty
20	Dining	Designer, Sliding Contemporary Door Vent / Fixed, 71.25 X 80.125, Brown, 4-9/16"	1



PK #
604

Viewed From Exterior

12442.1

1: 7281 Vent / Fixed Sliding Contemporary Door
Frame Size: 71 1/4 X 80 1/8
General Information: Clad
Exterior Color / Finish: Standard EnduraClad, Brown
Interior Color / Finish: Prefinished White Interior
Glass: Insulated Tempered Low E Advanced Argon Gas
Hinge Panel: Clear, Tempered
Hardware Options: Champagne Footbolt, Handle Included, Handle Included, Champagne
Screen: Sliding Screen, Wood Interior / Brown Exterior, InView
Unit Accessories: Slimshade - Bottom Up, Golden
Grille:
Wrapping Information: 6" Installation Clips, Branch Supplied, 4-9/16" Factory Applied, Perimeter Length = 303", Glazing Pressure = 180.

Final Wall Depth: 4-9/16"
Rough Opening: 72" X 80.625"

INSTARMCOR010028 - 2 Panel - Wood Patio Doors Qty 1



Contract - Detailed

Phone:

Fax:

Sales Rep Name: Vandiver, Kris
 Sales Rep Phone: 321-247-0241
 Sales Rep Fax: 407-937-3236
 Sales Rep E-Mail: vandiverck@Pella.com

Customer Information	Project/Delivery Address	Order Information
Dewitt Moody 1729 Wind Harbor Rd BELLE ISLE, FL 32809-6845 Day Phone: (407) 8591729 Mobile Phone: Fax Number: E-Mail: DMOODY05@ATT.NET Contact Name: Great Plains #: 1001878304 Customer Number: 1006361212 Customer Account: 1001878304	Moodey, Dewitt 1729 Wind Harbor Rd Lot # Orlando, FL 32809 County: Owner Name: Dewitt Moody Owner Phone: (407) 8591729	Quote Name: Moodey, Dewitt Order Number: 7214KVPS8 Quote Number: 5326390 Order Type: Installed Sales Wall Depth: Payment Terms: 3% /Cash In Advance Tax Code: CAP IMP 2 Cust Delivery Date: 01/28/2014 Quoted Date: 12/16/2013 Contracted Date: 12/16/2013 Booked Date: 12/26/2013 Customer PO #:

Customer Notes: Pella Windows and Doors are not responsible for the removal or reinstallation of existing alarm contacts. It is the responsibility of the customer to have the alarm contacts re-installed by the alarm company of choice. The installers can remove the existing contacts - if you choose, but are not responsible for replacing them in the event that they are damaged during removal.

Line #	Location:	Attributes	Qty
10	None Assigned	ADDP RRMCOR020004 - Permit Fee - CBC 046712	1

Project Checklist has been reviewed

Customer Name (Please print)	Pella Sales Rep Name (Please print)
Customer Signature	Pella Sales Rep Signature
Date	Date

Order Totals	
Taxable Subtotal	\$4,483.89
Sales Tax @ 0%	\$0.00
Non-taxable Subtotal	\$1,516.11
Total	\$6,000.00
Deposit Received	\$6,000.00
Amount Due	\$0.00

The cardholder authorizes Pella Windows and Doors of Florida to charge the (circle one) VISA, MASTERCARD, DISCOVER, or AMERICAN EXPRESS for the full amount of this order. The cardholder agrees to the card issuer's terms and conditions and is legally authorized to use this card. The cardholder can request an electronic receipt of this transaction. The cardholder's signature further acknowledges use of this card for this purchase and gives permission to have this card used for transactions associated with this order.

Last 4 Digits of Credit Card

Card Expiration Date (MM/YYYY)

Card Holder's Signature

Date of Signature

[Searches](#)
[Sales Search](#)
[Results](#)
[Property Record Card](#)
[My Favorites](#)

1729 Wind Harbor Rd < 30-23-30-9330-00-150 >

Name(s)
 Moody Family Trust
 Mailing Address On File
 1729 Wind Harbor Rd
 Belle Isle, FL 32809-6845
 Incorrect Mailing Address?

Physical Street Address
 1729 Wind Harbor Rd
 Postal City and Zipcode
 Orlando, FL 32809
 Property Use
 0101 - Single Family

Municipality
 Belle Isle

[Values, Exemptions and Taxes](#)
[Property Features](#)
[Sales Analysis](#)
[Location Info](#)

Property Description

WIND HARBOR 7/60 LOT 15

Total Land Area 14,569 sqft (+/-) | 0.33 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$55,000.00	\$55,000

Page 1 of 1 (1 total records)

Buildings

Important Information	Structure
 <p> Model Code: 01 - Single Fam Residence Type Code: 0101 - Single Family Building Value: \$79,169 Estimated New Cost: \$141,373 </p>	<p> Actual Year Built: 1979 Beds: 3 Baths: 2.0 Floors: 1 </p>

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
FPL1 - Basic Fireplace	01/01/1979	1 Unit
SCR2 - Scrm Enc 2	12/01/2006	1 Unit
PL2 - Above Average Pool	01/01/1980	1 Unit
SHNV - Shed No Value	01/01/2010	1 Unit



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2013

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 Aon Risk Services Central, Inc. Southfield MI office 3000 Town Center Suite 3000 Southfield MI 48075 USA		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 E-MAIL ADDRESS:		FAX (A/C. No.): (800) 363-0105	
INSURED PWD - Orlando, Inc DBA - Pella Windows and Doors 350 State Road 434 West Longwood FL 32750-5173 USA		INSURER(S) AFFORDING COVERAGE			
		INSURER A: Steadfast Insurance Company		26387	
		INSURER B: Old Republic Insurance Company		24147	
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570051122030 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION RIGHTS (INSR WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	LIMITS
B	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MWZ760325 SIR applies per policy terms & conditions	09/01/2013	09/01/2014		EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) Excl'd MED EXP (Any one person) Excl'd PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$7,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MWTB 22058	09/01/2013	09/01/2014		COMBINED SINGLE LIMIT (EA ACCIDENT) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB EXCESS LIAB DED RETENTION		IPR346040106	09/01/2012	09/01/2013		EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) DESCRIBE OPERATIONS below						WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570051122030

**CERTIFICATE HOLDER**City of Belle Isle
1600 Nela Ave
Orlando FL 32809 USA**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

Aon Risk Services Central, Inc

ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2013

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 Holmes Murphy & Assoc - WDM 1-800-247-7756	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : SENTRY INS A MUT CO INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	FAX (A/C, No): NAIC # 24988
PO Box 9207		
Des Moines, IA 50306-9207		
INSURED PWD-Orlando, Inc. dba Pella Windows and Doors 350 West State Road 434 Longwood, FL 32750		

COVERAGES CERTIFICATE NUMBER: 35435123

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 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					(COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		9003379	09/01/13	09/01/14	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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

CANCELLATION

City of Belle Isle

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

1600 Nela Ave

AUTHORIZED REPRESENTATIVE

Orlando, FL 32809

USA

ACORD 25 (2010/05)

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bknutsonwdsn

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2013 - 2014 7/26/13 Receipt # **14-00014399**

City of Longwood
175 W. Warren Avenue, Longwood, FL 32750

LOCAL BUSINESS TAX

LOCATION: 350 W SR 434

For the Occupation:
RETAIL MERCHANTS/1 TO 5 EMP

PELLA WINDOWS AND DOORS
380 W SR 434
LONGWOOD FL 32750

LIND, MIKE

YEAR: 10/13-09/14

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION

STATE #	\$	70.00
CITY TAX	\$	10.00
ADMINISTRATIVE FEE	\$.00
TRANSFER FEE	\$.00
PENALTY	%	.00
COUNTY TAX	\$	25.00
TOTAL\$		105.00

SEAL
FLORIDA IN SEMINOLE COUNTY
CITY OF LONGWOOD

DIRECTOR OF FINANCE *Randy N. Bury*

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEAR BAR • PATENTED PAPER

AC# 6221983

DATE: 07/23/2012 BATCH NUMBER: 128015157 CERN# 6712

THE BUILDING CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER
EXPIRATION DATE: AUG 31, 2014

ROWLAND, JAMES SANDRY
PELLA WINDOWS AND DOORS
350 W STATE ROAD 434
LONGWOOD FL 32750

FLICK SCOTT
GOVERNOR

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

SEAL
THE GREAT SEAL OF THE STATE OF FLORIDA
1845
IN GOD WE TRUST

KEN LAWSON
SECRETARY

SEQ# EA2072300761

DISPLAY AS REQUIRED BY LAW

PELLA WINDOWS AND DOORS
350 W SR 434
LONGWOOD FL 32750