Scope of Work:

#### 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

Permit Number: 2015-03-025

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. COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

BUILDING: Pool 14.6' x 27.3' + spa

| Comments: None  |  |  | Date of Application: 03/10/2015 Date Permit Issued: 04/10/2015  |  |  |  |
|---|--|--|---|--|--|--|
| Parcel ID: 20-23-30-0668-01 Property Owner: Sharpe, Daniel Phone Number: None   | *************  | 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 |   |  |  |  |
| Company Name: Premier Pools of Contractor Name: Theune, Daniel CPC056822 Address: 4572 N, Palmetto Phone Number: 407 883 2152                       | Ave, Winter Park FL 32789                                | COMMENCEMENT." BE MADE BEFORE WORK. THIS CARD BE PROTECTED FI VISIBLE FROM T INSPECTIONS HAVE  | ON THE JOB INSPECTION(S) MUST PROCEEDING WITH SUBSEQUENT MUST BE DISPLAYED OUTSIDE AND ROM THE WEATHER WHILE BEING THE STREET UNTIL THE FINAL |  |  |  |
|   | BUILDING FEAT  | URES   |   |  |  |  |
| IMPACT FEES<br>School \$  | В  | UILDING INSPECTOR U  | SE ONLY   |  |  |  |
| School \$<br>Traffic \$   | IF APPLICABLE:   |  |   |  |  |  |
|   |  | Been Met? YES NO   | Have Stormwater Approval Conditions   |  |  |  |
| ZONING FEES Zoning Fee \$165.00   |  |  | Turbidity Barrier in place? YES NO  |  |  |  |
| UNIVERSAL ENG - BUILDING FEES   | BUILDING<br>1 <sup>sl</sup>                              |  |   |  |  |  |
| Cert of Occ \$  |  | (Footing/F   | oundation)<br>slab pour. Approved Plan on Site?   |  |  |  |
| Demo \$   |  |  | slab pour. Approved Plan on Site?   |  |  |  |
|   | 2 <sup>nd</sup>  | (Slab)   |   |  |  |  |
| Fence \$<br>Driveway \$   | 3 <sup>rd</sup>  | /1 i= t 1) (1) (1)   |   |  |  |  |
| Shed \$   |  |  | ll Reinforcing on Masonry Building)   |  |  |  |
| Window(s) \$<br>Door(s) \$  | 4 <sup>th</sup>  | (Exterior Fr   | aming)(Roof/Wall Sheathing)   |  |  |  |
| PrePower \$ Electrical \$   | 5 <sup>th</sup>  |  | To be made after Plumbing/ Mechanical/<br>Rough-Ins & Windows/Doors Installed)  |  |  |  |
| Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ | 6 <sup>th</sup>  |  | o be Made After Roof Installed)   |  |  |  |
| Mechanical \$ Gas \$  |  |  | o be Made After Roof Installed)   |  |  |  |
| Roofing \$ Boat Dock \$   |  |  |   |  |  |  |
| Screen Encl \$  | 8 <sup>th</sup>  | (Sidewalk/D  | riveway)  |  |  |  |
| Swimming Pool \$285.82<br>Sign \$   | 9 <sup>th</sup>  | (Other)  |   |  |  |  |
| SURCHARGE FEES  | 10 <sup>th</sup>   | (Final – Afte  | er MEP and Other Applicable Finals)   |  |  |  |
| Surcharge Fee \$4.16<br>Surcharge Fee \$4.16  | ROOFING  1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Fla | ashing   |   |  |  |  |
| <b>TOTAL FEES \$450.82</b>  | 2 <sup>nd</sup> ROOFING Covering In-Progress             |  |   |  |  |  |
|   | 3 <sup>rd</sup> ROOFING Covering Final                   |  |   |  |  |  |
| Date Paid 4-15-15   | PLUMBING (Pool-Piping, Solar, Irr                        |  |   |  |  |  |
| CC or Check# 2717   | 1 <sup>ST</sup> (Under                                   | ground) 2 <sup>nd</sup>  | (Sewer)   |  |  |  |
| Amount Paid 450.83  | 3 <sup>rd</sup> (Rough                                   |  | (Final)   |  |  |  |
| The person accepting this permit shall conform to the terms of the  | CHECK APPROPRIATE BOX  GAS Natural LP DIMEC              |  |   |  |  |  |

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, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

☐ MECHANICAL ☐ELECTRICAL

(Rough-In)

□ LOW VOLTAGE

GAS \_\_Natural \_\_\_LP

application on file and construction shall conform to the requirements of

the Florida Building Code (FS 553)





|   | OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate construction and zoning. |
|---|--|
|   | Owner Signature  |
|   | The foregoing instrument was acknowledged before me this 2 / 19/15                                   |
|   | by <u>Daniel Shary</u> who is personally known to me   |
| l | and who produced Driver's Licenu   |
|   | as identification and who did not take an oath.  |
|   | Notary as to Owner   |
|   | County of Orange TRACIE THEUNE MY COMMISSION # EE 831221   |
| ı | * EXPIRES: December 30, 2016   |
| L | Bonded Thru Budget Notary Services   |
|   | Contractor Signature   |
|   | COMPANY NAME Premier Pools CFL   |
|   | The foregoing instrument was acknowledged before me this $\frac{2}{18/15}$                           |
| 1 | by Daniel J. Theukho is personally known to me   |
|   | and who produced   |
|   | as identification and who did not take an oath.  |
|   | Notary as to Owner Constitution of Florida   |
|   | County of Orange   |
|   |  |

| Building Po<br>To be completed as required by St  | ermit (Land Use) Application atte Statute Section 713 and other applicable sections.  |
|---|---|
| or's Name DANIEl and Nancy Sharp  | PERMIT # 2015-03-025  |
| er's Address 4017 ISIE VISTA AVE  |   |
| o ' 1 > 1 P   |   |
| actor Name DMUI Theune  | company Name CPMIC POOLS Of Control H   |
| se # ( PCOSIO8 2 2  | Company Address US72 W. Halmotto Aue  |
| act Phone/Cell 407-883-2152   | city, State, ZIP Winter Hark FL 35789   |
| act Email M Permits Dus @ Live.com  | Contact Fax   |
| NING TO OWNER: Your failure to record a Notice of Commenceme of commencement must be recorded if job is \$2500(+) or if A/C R intend to obtain financing, consult with your lender or an attorney             | nent may result in your paying twice for improvements to your property. A steplacement \$7500(+) and posted on the job site before the first inspection. It is before recording your Notice of Commencement.  |
| v.floridabuilding.org) and City Ordinances (www.municode.com) repermit does not grant permission to violate any applicable City and a permit to do the work and installations as indicated. I certify that no | s granted I agree to conform to all Division of Building Safety Regulations egulating same and in accordance with plans submitted. The issuance of all or State of Florida codes and I/or ordinances. Application is hereby made to work or installation has commenced prior to the issuance of a permit and that all tion in this jurisdiction. I understand that a separate permit must be secured for UMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC. |
|   | e and that all work will be done in compliance with all applicable laws regulating  |
| ner Signature   | 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  |
| pregoing instrument was acknowledged before me this 2 / 1/2/15  | Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).  |
| Daniel Shary who is personally known to me  | Total Lot Area X 0.35=  |
| ho produced Driver's Licenu   | Allowable Impervious Area (BASE)  |
| y as to Owner of Florida  Tracie Theune   | 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.  |
| MY COMMISSION # EE 831221   | • House   |
| EXPIRES: December 30, 2016 Bonded Thru Budget Notary Services   | • Driveway  |
| tractor Signature   | Walkway   |
| ANYNAME Premier Pools CFL   | Accessory Buildings   |
|   | Pool & Spa  |
| pregoing instrument was acknowledged before me this 2/18/15   | Deck & Patio  |
| Daniel J. Theukho is personally known to me   | • Other   |
| ho producedentification and who did not take an oath.   | Actual Impervious Area (AIA)  |
| M. all the ordan acou.  |   |
| y as to Owned (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)   | <ol> <li>If AIA is less than BASE, subtract AIA from BASE to determine the<br/>amount of impervious area that may be added without providing onsite<br/>retention.</li> </ol>   |
| Shirthing Bright St.  | 4. If AIA is greater than BASE, then onsite retention must be provided.   |
| MICHELE C CORRIGAN MY COMMISSION # EE855266 EXPIRES September 19, 2015  | 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  |
| (407) 325 0153. FloridaNotaryService.com  |   |

| Permit Number: Folio/Parcel Identification Number: 20-23-30-06-8-0 Prepared by:    100000000000000000000000000000000000   | 03/10/2015 10:45:01 AM Page 1 of 1 Rec Fee: \$10.00 Martha 0. Haynie, Comptroller Orange County, FL MB - Ret To: PREMIER POOLS OF CENTRAL |
|---|---|
| NOTICE OF COM   | MENCEMENT   |
| State of Florida, County of Orange  |   |
| The undersigned hereby gives notice that improvement wi   | Il be made to certain real property, and in accordance  |
| The undersigned hereby gives notice that improvement will with Chapter 713, Florida Statutes, the following information.  1. Description of property (legal description of the property). | on is provided in this Notice of Commencement   |
| 1. Description of property (legal description of the property)  | erty, and street address if available)  |
| 2. General description of improvement   | accept of the control vista live.   |
| Swimming Dool   | <b>V</b> .  |
| 3. Owner information or Lessee information if the Les   | see contracted for the improvement  |
| Name DANIEL and Nancy Sharp   |   |
| Address 4017 ISIE VISTA AVE   |   |
| Interest in Property <u>OWNES</u> Name and address of fee simple titleholder (if differ   | rant from Owner listed shove)   |
| Name 11 A   | ent from Owner listed above)  |
| Address   |   |
| 4. Contractor Dock of Calcal E  | 7-50h 110710 1121/1   |
| Name Temier took of Control to Address 4573 U. To met O Ave (1)   | 705160 Telephone Number 407-1964744   |
| Address 151 A V. Ho met o Ave (V) (5. Surety (if applicable, a copy of the payment bond is atta   | Her Hark, HU 32792  |
| Name  | Telephone Number  |
| Address   | Amount of Bond \$   |
| 6. Lender   | (3 (2 ) 3)  |
| NameAddress   | Telephone Number  |
| 7. Persons within the State of Florida designated by C  | )wher upon whom notices or other documents may  |
| be served as provided by §713.13(1)(a)7, Florida St   | atutes.   |
| Name1 ( //  | Telephone Number  |
| Address V T   | # 6 P   |
| <ol> <li>In addition to himself or herself, Owner designates<br/>Notice as provided in §713.13(1)(b), Florida Statute</li> </ol>  | the following to receive a copy of the Lienor's   |
| Name \ \ \ / \ /  | Telephone Number  |
| Address   | TO BE CAN   |
| Expiration date of notice of commercement (the ex   | piration date may not be before the completion of   |
| construction and final payment to the contractor, but wi<br>different date is specified)  | ll be 1 year from the date of recording unless a  |
| different date is specified)  |   |
| VARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT  | FER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT  |
| RE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, P<br>RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR P  | PROPERTY. A NOTICE OF COMMENCEMENT MUST BE # # 5 \$ \$ 7 \$ 10 \$   |
| RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IN<br>VITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING W  | ISPECTION. IF YOU INTEND TO OBTAIN FINANCING. CONSULT 🗱 🥇 🤅 🏯 🍼 🗍   |
| THE TOOK LENDER OR AN ATTORNET BEFORE COMMENCING W  | ORK OR RECORDING FOUR NOTICE OF COMMENCEMENT.   |
| Inder penalty of perjury, I declare that I have read the f  | foregoing notice of commencement and that the   |
| acts stated in it are true to the best of my knowledge a  | nd belief.  |
| Daniel Alreno   | 2/20/15   |
| ignature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/   |   |
| he foregoing instrument was acknowledged before me this   | 286   |
| Advan   | month/year name of person   |
| s for   | Name of party on behalf of whom instrument was executed   |
| Type of dayson, e.g., officer, trustee attorney in fact   |   |
| Signature of Notary Public – State of Florida   | Prince Theun!   |
|   | Print, type, or stamp commissioned name of Notary Public  |
| ersonally KnownOR Produced ID VLS   | TRACIE THEUNE   |
| ype of ID Produced  | MY COMMISSION # EE 831221  EXPIRES: December 30, 2016   |



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# CITY OF BELLE ISLE, FLORIDA

## Planning & Zoning

1600 Nela Avenue Belle Isle, Florida 32809 (407) 851-7730 • FAX (407) 240-2222 www.cityofbelleislefl.org

March 18, 2015

#### Rejection of Zoning Application 2015-03-025 for Parcel 20-23-30-0668-01-010

FINDINGS: The above referenced application was reviewed for conformance with the City of Belle Isle ordinances. Items subject to review are Impervious Surface Ratio (ISR), Setbacks, and related general zoning standards.

Need site plan. Site plan to show all setbacks.

Meed ISR calculations.

Please make the required revisions and resubmit site plan for reconsideration.

Keith Severns City Manager

20 MINOVERD PURCHER PROPERTY PORTER TO THE P



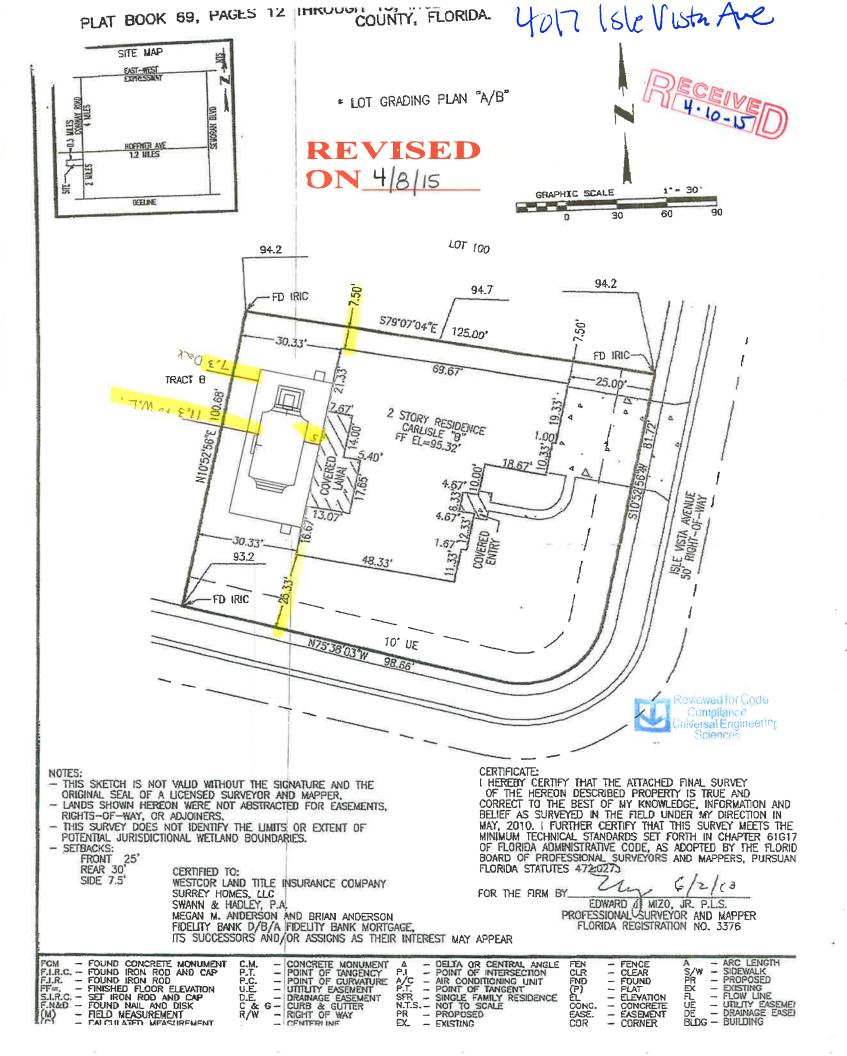


# **COBI Permit Fee Calculation Form**



AREA Job G<del>ost</del>: Permit Type: Permit Fee: Plans Review Fee: 1.5% State Fee: 1.5% State Fee: (does not include Zoning fees or Deposits) Note: Total gets doubled for SVVO/AFT permits

| Poor  | 400/11      | 396,28 | x 4.00 | 1   | 1585.17 | PERMIT |
|-------|-------------|--------|--------|-----|---------|--------|
|       | 1585.12     | 12     | -      |     | 1997.56 | REVIEW |
|       | .12+792.56) | X 0,0  | 5=35   | .67 |         |        |
| 1585. | 12+792,56+  | 35.67  | t 35.6 | 7 : | 24490   | 2      |





#### POOL AND SPA/HOT TUB HEATERS H150FD, H200FD, H250FD, H300FD, H350FD & H400FD MODELS

#### **OWNER'S MANUAL**

#### FOR YOUR SAFETY

WARNING: If the information in these instructions is not followed exactly, a fire or explosion may result causing property damage, injury, or death.

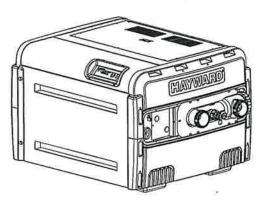
- Do not store or use gasoline or other flammable vapors or liquids in the vicinity of this or any other appliance.

#### WHAT TO DO IF YOU SMELL GAS:

- Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.
- Installation and service must be performed by a qualified installer, service agency, or the gas supplier.









#### FOR YOUR SAFETY

This product must be installed and serviced by authorized personnel, qualified in pool/spa heater installation. Improper installation and/or operation can create carbon monoxide gas and flue gases that can cause serious injury, property damage, or death.

#### **SAFETY INFORMATION**

Basic safety precautions should always be followed, including the following: Failure to follow instructions can cause severe injury and/or death.



This is the safety-alert symbol. When you see this symbol on your equipment or in this manual, look for one of the following signal words and be alert to the potential for personal injury.



WARNING warns about hazards that could cause serious personal injury, death or major property damage and if ignored presents a potential hazard.



CAUTION warns about hazards that will or can cause minor or moderate personal injury and/or property damage and if ignored presents a potential hazard. It can also make consumers aware of actions that are unpredictable and unsafe.



ATTENTION indicates special instructions that are important but not related to hazards.

# READ AND FOLLOW ALL INSTRUCTIONS IN THIS OWNER'S MANUAL AND ON EQUIPMENT. IMPORTANT SAFETY INSTRUCTIONS

Before installing or servicing this electrical equipment, turn power supply OFF.
KEEP SAFETY LABELS IN GOOD CONDITION AND REPLACE IF MISSING OR DAMAGED.



WARNING – To reduce risk of injury, do not permit children to use or climb on the heater, pumps or filters. Closely supervise children at all times. Components such as the filtration system, pumps, and heaters must be positioned to prevent children from using them as a means of access to the pool. CAUTION – This heater is intended for use on permanently installed swimming pools and may also be used with spas. Do NOT use with storable pools. A permanently installed pool is constructed in or on the ground or in a building such that it cannot be readily disassembled for storage. A storable pool is constructed so that it is capable of being readily disassembled for storage and reassembled to its original integrity.

Though this product is designed for outdoor use, it is strongly recommended to protect the electrical components from the weather. Select a well drained area, one that will not flood when it rains. It requires free circulation of air for cooling. Do not install in a damp or non-ventilated location.



WARNING – It is required that licensed electricians do all electrical wiring. Risk of Electric Shock. Hazardous voltage can shock, burn, cause death or serious property damage. To reduce the risk of electric shock, do NOT use an extension cord to connect unit to electric supply. Provide a properly located outlet. All electrical wiring MUST be in conformance with applicable local and national codes and regulations. Before working on this unit, turn off power supply to the heater.



WARNING – To reduce the risk of electric shock replace damaged wiring immediately. Locate conduit to prevent abuse from lawn mowers, hedge trimmers and other equipment.



WARNING – Failure to bond to pool structure will increase risk for electrocution and could result in injury or death. To reduce the risk of electric shock, the electrician must comply with installation instructions and must bond the heater accordingly. In addition, the licensed electrician must also conform to local electrical codes for bonding requirements.

#### USE ONLY HAYWARD GENUINE REPLACEMENT PARTS



Pomona, CA Clemmons, NC Nashville, TN Tel: 908-351-5400 www.haywardpool.com

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WARNING – Failure to remove pressure test plugs and/or plugs used in winterization of the pool/spa from the suction outlets can result in an increase potential for suction entrapment as described above.



WARNING – Failure to keep suction outlet components clear of debris, such as leaves, dirt, hair, paper and other material can result in an increase potential for suction entrapment as described above.



WARNING - Suction outlet components have a finite life, the cover/grate should be inspected frequently and replaced at least every ten years or if found to be damaged, broken, cracked, missing, or not securely attached.



WARNING – All suction and discharge valves MUST be OPEN when starting the circulation system. Failure to do so could result in severe personal injury and/or property damage. All drains and suction outlets MUST have properly installed covers, securely attached using the screws supplied with the covers. If screws are lost, order replacement parts from your supplier.



WARNING — Hazardous Pressure. Pool and spa water circulation systems operate under hazardous pressure during start up, normal operation, and after pump shut off. Stand clear of circulation system equipment during start up. Failure to follow safety and operation instructions could result in violent separation of the pump housing and cover due to pressure in the system, which could cause property damage, severe personal injury, or death. Before servicing pool and spa water circulation system, all system and pump controls must be in off position and filter manual air relief valve must be in open position. Before starting system pump, all system valves must be set in a position to allow system water to return back to the pool. Do not change filter control valve position while system pump is running. Before starting system pump, fully open filter manual air relief valve. Do not close filter manual air relief valve until a steady stream of water (not air or air and water) is discharged.



WARNING – Separation Hazard. Failure to follow safety and operation instructions could result in violent separation of pump components. Strainer cover must be properly secured to pump housing with strainer cover lock ring. Before servicing pool and spa circulation system, manual air relief valve must be in open position. Do not operate pool and spa circulation system if a system component is not assembled properly, damaged, or missing. Do not operate pool and spa circulation system unless filter air relief valve body is in locked position in filter upper body.



WARNING - Never operate or test the circulation system at more than 40 PSL



WARNING – Fire and burn hazard. Motors operate at high temperatures and if they are not properly isolated from any flammable structures or foreign debris they can cause fires, which may cause severe personal injury or death. It is also necessary to allow the motor to cool for at least 20 minutes prior to maintenance to minimize the risk of burns.



WARNING - Failure to install according to defined instructions may result in severe personal injury or death.

#### USE ONLY HAYWARD GENUINE REPLACEMENT PARTS



Pomona, CA Clemmons, NC Nashville, TN Tel: 908-351-5400 www.haywardpool.com

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#### INTRODUCTION:

This manual contains instructions for operation and the safe use of the swimming pool/spa/hot tub heaters. Hayward strongly recommends that the owner read the manual before using the swimming pool/spa/ hot tub heater. If after reviewing the manual any questions remain unanswered, contact the factory or local representative.

#### **LIMITED WARRANTY SUMMARY:**

We warrant the pool/spa/hot tub heater to be free from defects in materials and workmanship, and we will within one year from date of installation for all users, for the original purchaser, repair or, at our option, replace without charge any defective part. We further warrant that if the heat exchanger or exchanger headers (water-containing section) leak within one year from date of such installation for all users, due to defects in materials and workmanship, we will provide a replacement part. Cost of freight, installation, fuel, and service labor (after one year) is at user's expense. For full details of warranty agreement, see warranty certificate included in this manual.



ATTENTION: If the pool/spa/hot tub heater is damaged or destroyed by improper maintenance, excessive water hardness, incorrect water chemistry, or freezing it is not covered under the manufacturer's warranty.

USE ONLY HAYWARD GENUINE REPLACEMENT PARTS



Pomona, CA Clemmons, NC Nashville, TN Tel: 908-351-5400 www.haywardpool.com

#### 9

#### 4. CHLORINATOR INSTALLATION

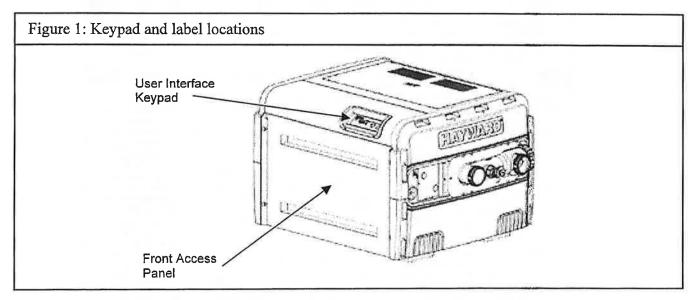
Chlorinators must be installed downstream of the heater, and a check valve must be installed between the heater and chlorinator to prevent high chemical concentrations from back flowing into the heater. Make sure your piping arrangement meets the chlorinator installation requirements shown in the installation manual on page 26.

#### 5. BYPASS

Until water chemistry is properly balanced, and if your piping has a bypass valve istalled for the heater, open the bypass so that corrosive and potentially damaging water will not flow through the heater and therefore the heat exchanger. Close the bypass valve once the water is properly balance in the heater and therebypass valve when attempting to operate the heater will result in extensive damage with heat exchanger. Ensure water flow through the heater is restored before operating the heater. A bypass feature is also advantageous for service needs and for the ability to remove the heater from the water pathwhen not heating. Refer to page 25 in the installation manual for further information.

#### **HEATER OPERATION:**

Full lighting and shutdown instructions are included on the lighting & operating istructions label affixed to the inside of the front access panel. See Figure 1 for the location of this label and keypad. See Figure 2 for the label.





WARNING: If you smell gas in the appliance area or near the boor (PROPANE IS HEAVIER THAN AIR AND HENCE SETTLES ON THE FEOR), stop and follow the instructions on the front cover of this manual. Since propagation accumulate in confined areas, extra care should be taken when lighting propandinaters.

ATTENTION: Do not use the heater below 40°F (4°C) temperature without adequate temperature protection.

WARNING: Do not ingest alcohol or drugs during use or prior to using pool, spacehot tub. Ingestion of such intoxicants can cause drowsiness, which can lead to unconsciousness, and subsequently result in drowning.

#### USE ONLY HAYWARD GENUINE PLACEMENT PARTS



Pomona, CA **Germons**, NC Nashville, TN Tel: 908-351-5400 www.haywardpool.com

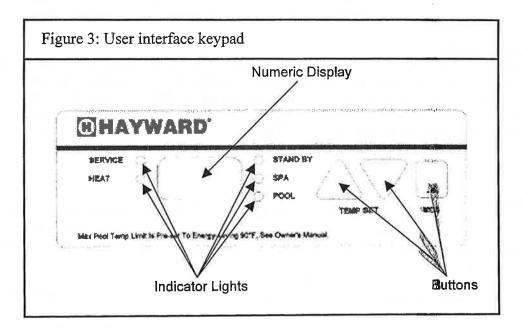
#### TEMPERATURE ADJUSTMENT

This pool heater is equipped with a digital thermostat which allows the user to saict the desired water temperature. The heater will then function automatically to maintain the desired temperature. The heater has 3 modes of operation:

- 1. STANDBY: in this mode, the heater will not function to heat the water.
- 2. SPA: in this mode, the heater will automatically function to maintain the water temperature setting for SPA mode.
- 3. POOL: in this mode, the heater will automatically function to maintain the susser temperature setting for POOL mode.

Use the MODE button to change modes. The indicator lights will illuminate to which mode the heater is currently in. Each mode has its own temperature setting, allowing the user whave 2 individual pre-set temperature settings. To adjust the temperature while in SPA or POOL mode, use the UP and DOWN buttons. The numeric display will flash to indicate the temperature setting is being displayed / adjusted. When the numeric display is not flashing, the actual water temperature is being displayed. The temperature settings for both SPA and POOL modes are initially set at the factory to 65°F. The minimum lowed settings for SPA and POOL modes are both 65°F. The maximum allowed settings for SPA and POOL modes are adjustable up to 104°F using the temperature lockout feature (see next section).

After selecting SPA or POOL mode or adjusting the temperature setting, it is normal for the heater to delay up to 10 seconds before the heater starts operating. This delay is an internal selection of the heater. On occasion, the numeric display may show a diagnostic error code; refer to list of diagnostic error codes in Figure 4. Pressing the MODE button to cycle to STANDBY and back to SPA or POOL will clear a diagnostic error code. When clearing a diagnostic error code this way, it is normal for the heaters delay up to 5 seconds before resuming normal operation, assuming the diagnostic error code does not re-area.



#### USE ONLY HAYWARD GENUINETEPLACEMENT PARTS



Pomona, CA Chemons, NC Nashville, TN Tel: 908-351-5400 www.haywardpool.com

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**ERROR CODES:**Figure 4 lists the error codes that may be displayed on the heater display board. Contact a qualified service company for assistance.

Figure 4: ERROR CODES

| Code | Description  | Information   |
|------|--|---|
| bD   | Internal fault/power-up<br>error                           | On initial trial for ignition. Automatic reset is immediate once the gas valve relay check results are acceptable.  |
| bD   | Gas valve sensed as "ON" error                             | If valve is open when it should be closed the heater will shut down and go into lockout. Blower will operate until error condition is corrected. Automatic restart 2 minutes after error is corrected.  |
| bD   | Gas valve sensed as "OFF" error                            | If valve is closed but flame is sensed the blower will run for 5 s then start a new ignition sequence. If error occurs 10 times during a call for heat the control will go into lockout. Automatic reset is 60 minutes.   |
| bD   | Data retrieval error                                       | If control input data is corrupted the heater will shut down and go into lockout.   |
| HF   | Flame present with gas valve "OFF" error                   | If flame is sensed with the gas valve off the control will go into lockout. The blower will run until error condition is corrected. When corrected, control will run blower for 5 s then automatically restart after 2 minutes.   |
| PF   | Electrical supply wiring error                             | This code will display if 120V polarity is reversed, low voltage is detected, or if the ground path is not sufficient. Reset is immediate after error is corrected.   |
| AO   | Blower vacuum switch open error                            | If the blower prover switch does not close after the blower starts the control will stop the ignition trial go into lockout. The blower will continue to run. Automatic reset is immediate after the switch closes.   |
| АО   | Blower vacuum switch<br>open when expected<br>closed error | If the blower prover switch opens unexpectedly during operation the control will shut down and attempt to re-light. If the switch does not close after the blower starts the control will go into lockout with the blower running. Automatic reset is immediate after error is corrected. |
| АО   | Blower vacuum switch<br>open during post-purge<br>error    | If the blower prover switch opens during the postpurge cycle (heater is not firing) the control will display the error code. The post-purge cycle will be completed once the blower prover switch closes.   |
| AC   | Blower vacuum switch closed when expected open error       | If the blower prover switch is closed before blower start-up the control will not start the blower. Automatic reset is immediate when the switch opens.   |

### USE ONLY HAYWARD GENUINE REPLACEMENT PARTS



Pomona, CA Clemmons, NC Nashville, TN Tel: 908-351-5400 www.haywardpool.com

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### HAYWARD POOL HEATER CERTIFICATE OF LIMITED WARRANTY

Limited heater warranty:

TERMS AND COVERAGE: We warrant our pool heater to be free from defects in the kmanship and materials under normal use and service. Pursuant to this warranty and subject to the Contains and Exceptions indicated below:

1. We will replace (cost of freight, installation, cost of fuel, and service labor attack?'s expense) with the prevailing comparable model, or, at our option, repair any pool/spa heater that leaks under normal use and service within one year from the date of original installation for the service.

2. In addition, we will replace (cost of freight, installation, cost of fuel, and service labor at user's expense) or, at our option, repair any part or parts of the pool/spa heater which all functions under normal use and service within one year from the date of original installation freall users.

LIMITATION ON IMPLIED WARRANTIES: WE ARE NOT LIABLE FOR AND CONSEQUENTIAL DAMAGES FOR BREACH OF ANY WRITTEN OR IMPLIED WARRANTY OF THIS PRODUCT. Implied warranties, including the WARRANTY of MERCHANTABILITY and all other implied warranties that may arise from course of dealing or usage of trade imposed on the sale of this heatenunder laws of the state are limited in duration to the term of one (1) year for all users. There are no warranties which extend beyond the description on the face hereof. We shall not in any event be held liable for any special, indirect, or consequential damages.

#### **EXPENSE OF DELIVERY AND INSTALLATION:**

Each pool heater or replacement part to be furnished under this warranty shall befurnished at our nearest distribution center. We shall not pay, nor be responsible for shipping or delivery charges to the place of installation, nor for labor charges or other costs of removal or installation. Every defective heater or part replaced under this warranty shall become our property, and as such, must be returned to our stribution center with transportation charges paid by the user. Any replacement pool heater furnished under this warranty shall remain in warranty only for the unexpired portion of this warranty.

#### **CONDITIONS AND EXCEPTIONS:**

This warranty applies only to the pool/spa at its original place of installation and anly for the original owner. It does not apply if the pool heater is installed in violation of any applicable and or ordinance, or is not installed, operated and maintained in accordance with our instructions, or is missed, damaged by accident, weather, act of God, freezing, water void and/or excess pressure, altered or disconnected. It does not apply with respect to:

1. A heater not equipped with Certified C.S.A. limit controls or equivalent pressure relief valve.

2. A heater operated with settings in excess of, and/or with fuel not conforming that hose shown on rating plate;

3. A heater on which the serial numbers have been altered, defaced, or removed.

4. Leaks arising from defective installation;

5. Production of noise, odors, or discolored (rusty, etc.) water;

6. Leakage substantially contributed to by sediment, lime precipitate and/or higher than normal dissolved solids (pH above 7.8) in the tank, copper tubes, or water ways;

7. Leakage caused substantially contributed to by corrosive elements in the atmosphere (such as the storage of chlorine or other chemicals);

8. Leakage caused substantially or contributed to by corrosive pool water in an acid condition (pH below 7.2);

9. Damage caused substantially or contributed to by an external source of energy,

10. A pool/spa heater is a water containing device. Leakage of water from this device can be expected at some time due to malfunction or the limitations of the service life of various components.

(CONTINUED ON PAGE 16)

USE ONLY HAYWARD GENUINE PRIPLACEMENT PARTS



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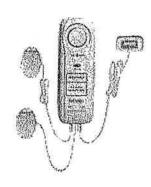


Quality, Service, Integrity, Commitment to Excellence



Close Window ....

Model: \$187D - SAFE POOL



CONTAINER: 20 FT: 9,600 pcs. 40 FT: 19,680 pcs. 40 HQ: 22,896 pcs.

- Magneetic sensor entry alarm
- "Always on" alarm protection
- Adult pass-through auto reset button
- High output 110-115 dB alarm
- Water/weather resistant housing
- Magnetic sensor for additional door/screen door
- Low battery LED display
- Additional pass-through button for delayed entry from either side door or fence
- Additional magnetic sensor for screen door exit/entry
- Intended for interior or exterior use
- 9V battery operation (not included\_
- P UPC-Barcode: 014575 18701 1 ....

Pool Guard Alarm USA Patent No. 5,473,310 and No. 6,727,819

www.TechkoUSA.com | Office Products (888) 883-2456 | Security Products (949) 783-1900



1/10/2011



Gate/Door/Window Alarm System

#YG03

## What Makes YardGard" Gate Alarms Better?

- YardGard™ Complies with U.S. State and Local Barrier Alarm Codes
- Easy to Install and Operate for All Wooden and Metal Gates and Sliding Glass Doors
- Convenient Single Button Pass/Reset Operation
- 7-Second Delay Allows for Adult Pass-Through
- 120 dB Alarm Siren Minimum 95 dB at 10 Feet
- Auto Low Battery Chirp
- All Hardware Included for Gate, Door or Window Mount
- Listed by ETL to UL 2017

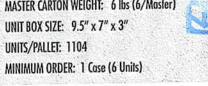
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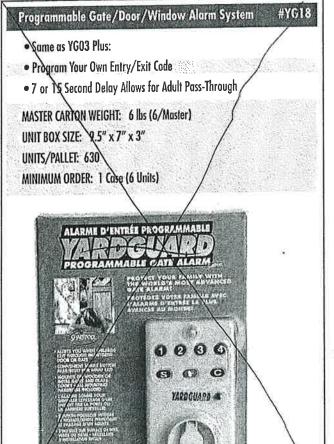
Water-Resistant

- Always On Device as Required by Barrier Codes
- Can be Manually Reset or will Automatically Reset in 3 Minutes to Continue Siren
- Alarm Goes Off Immediately When Triggered as Required by Barrier Codes
- Operates on One 9 Volt Battery (not incl.)
- Bilingual Installation/Operation Manual (English/French)
- Bilingual 4-Color Box (English/French)

MASTER CARTON WEIGHT: 6 lbs (6/Moster)

UNIT BOX SIZE: 9.5" x 7" x 3" UNITS/PALLET: 1104







Adult Pass Button Included



Contact Set Included



TASK NUMBER

#### CITY OF BELLE ISLE

Permit Application Review Sheet

| Permit Number              | 2015-03-025   |
|----------------------------|---|
| Property Owner             | Sharp. Daniel   |
| Address                    | 4017 Isle Vista Avenue  |
| Nature of Improvement      | POOL-   |
| Received Application       | 3-10-15   |
| Sent for Stormwater Review | 3-1415 wo 48178   |
| Stormwater Approved        | approved 4-10-15  |
| Sent for Zoning Review     | 3-11-15 wo 48178  |
| Zoning Approved            | approved 4-10-15  |
| Applied for Variance       |   |
| Variance Approved          | 36.00   |
| Sent to BO for Review      | 11-10-15  |
| Building Official Approved | 4 (0 0)   |
|                            | Comments  |
| Susan 3-11-15              | GLV WCV   |
| need                       | GCLICE LTR & NOC  |
| Susan 3-20-15              | emailed Certh's rigidian comments   |
| Susan 3-24-15              | new into added per Kentus vegues !  |
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| 5/20/15                    | REAL of Side y Ard Setbacks Are 10'-01  |
|                            | Plans show Rear Sotback @ 60"   |
|                            | Ottating would be Rear Red  |
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4-10-15- REVIEW WO#'S 49438, 49430



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com
3-70-14 (Land Use) Application

**Building Permit (Land Use) Application** 

| DATE:  | ERMIT # 2615-                                | 03-0                       | 25        |
|--|--|----------------------------|-----------|
| PROJECT ADDRESS 4017 ISTE Vista Aue  | , Belle Isle, FL 32                          | 2809 328                   | 12        |
| PROPERTY OWNER DAMED SMOVE PHONE   | ALUE OF WORK (labor &mat                     | terial) \$ \(\frac{1}{2}\) | ,50       |
| PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS   |  |                            |           |
| 1111/11/11/11/11/11/11/11/11/11/11/11/1  | in the                                       | N                          |           |
|  | 10 Pole                                      | 7K                         |           |
| Please provide information, if applicable.  Survey specific foundation plan required to show compliance with zoning setbacks   |  | 396                        | 5,28      |
| BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide a   | • •  |                            |           |
| SEPTIC SYSTEM (RESIDENTIAL): – Provide verification of OC Health Dept approval for on-si   |  | AC Chap. 64                | E-6       |
| Homeowners will be required to have a contractor on record for homes that are rented and/o   | r not homestead                              |                            |           |
| JC 73 7  | 00 N/ LO 61                                  |                            |           |
| Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number:  | 50-0608-01                                   | <u>-010</u>                |           |
| To obtain this information, please vi  | sit http://www.ocpafl.org/Sear               | ches/ParcelSea             | arch.aspx |
| SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR   | Wind Exposure Category:                      | в с                        | р         |
| 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.   | SPRINKLERS REQ'D                             |                            | N         |
| _  | If Required – SUBMIT COPY O                  |                            |           |
| Attached Survey 2 SETS and Construction Plans 2 SETS   | REVIEW Date: Sent                            | :RCD                       |           |
| PLANNING & ZONING APPROVAL:  | ZONING Y                                     | N S                        | \$        |
| DATE   | CERT OF OCC Y                                | N S                        | \$        |
|  | TRAFFIC Y                                    | N S                        | 5         |
| PLEASE COMPLETE for Building Review  | SCHOOL Y                                     | N \$                       | \$        |
| CONSTRUCTION TYPE Comm Res: Single Fam Multi Fam   | FIRE Y                                       | N \$                       | \$        |
| #BLDG#UNITS_#STORIESTOTAL SQ.FT  | SWIMMING POOL Y                              | N \$                       | <u>.</u>  |
| MAX. FLOOR LOADMAX. OCCUPANCY  | SCREEN ENCLOSURE Y ROOFING Y                 | N Ş                        | <u> </u>  |
| MIN. FLOOD ELEVLOW FLOOR ELEV WATER SERVICEWELLSEPTIC  | ROOFING Y BOAT DOCK Y                        | N \$                       |           |
| WATER SERVICEWELLSEPTIC  | BUILDING Y                                   | N S                        | ;<br>5    |
| n  | WINDOW(S) Y                                  | N 5                        | <br>5     |
| BUILDING REVIEWER  | DOOR(S) Y                                    | N \$                       | <u> </u>  |
| BOILDING REVIEWER DATE   | FENCE y                                      | N \$                       | <u> </u>  |
| VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE   | SHED Y                                       | N \$                       | <u></u>   |
|  | DRIVEWAY Y                                   | N \$                       | <u>:</u>  |
| Per FSS 105.3.3:   | OTHERY                                       | N \$                       | <u> </u>  |
| 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 | 3% FL SURCHARGE                              |                            |           |
| 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                | TOTAL  |                            |           |
| management districts, state agencies, or federal agencies."  |  |                            |           |
| D. W. O. Joseph J. M. Jandy J. M. Jandy J.   | By Owner Form                                |                            | AV        |
| 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         | Notice of Commencement                       |                            | NA<br>NA  |
| the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-  | Power of Attorney Contractor Packet Incuded? |                            | NA<br>N   |
| 293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates  | Contractor Facket Incuded:                   | , ,                        | V         |
| 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.                | OTHER PERMITS REQUIRED:                      |                            |           |
|  | ELECTRICAL                                   | Υ Ν                        | NΑ        |
| SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.   | PREPOWER                                     | Υ Ν                        | NA        |
| MEGNANIOAL, SIGNO, FOOLS, ENGLOSURES, ETC.   | MECHANICAL                                   |                            | NΑ        |
| Page 1 of 2  | PLUMBING                                     |                            | NA        |
|  | ROOFING<br>GAS                               |                            | NA<br>NA  |
|  | رمی ا  | T P                        | NΑ        |

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| IMPERVIOUS AREA CALCULATION WORKSHEET - I       | Daniel and Nancy Sharp | 4017 Isle           | Vista Ave, Belle |
|---|------------------------|---------------------|------------------|
| IMPERVIOUS AREA IN SQUARE                       | DEC                    | EIVE                | $\supset$        |
| FEET:   | 3                      | 74-12               | TOTAL            |
| TOTAL HOUSE FOOT PRINT                          | 3,763                  |                     | 3,763            |
| TOTAL DRIVEWAYS AND SIDEWALKS                   | 987                    | ,                   | 987              |
| TOTAL PATIO/DECK/SLAB AREA                      | 625                    |                     | 625              |
| TOTAL POOL SURFACE "WATER" AREA (if applicable) | 380                    | Paol 350<br>Spa. 30 | 380              |
| TOTAL OUT BUILDINGS                             | 0                      |                     | 0                |
| TOTAL IMPERVIOUS AREA IN SQUARE FEET            | 5,755                  | А                   | 5,755            |
| Total Lot Square Feet                           | 12,897                 | В                   | 12,897           |
| TOTAL % IMPERVIOUS COVERAGE                     | (a÷b)X100              |                     | 44.62%           |
|   |                        |                     |                  |

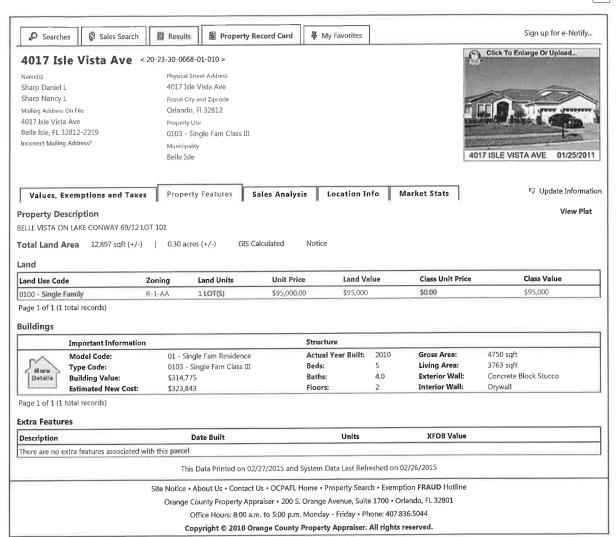
Impervious surface ratio (ISR) means a surface which has been compacted or covered with a layer of material so that it is highly resistant to infiltration by water. It includes most conventionally surfaced streets, roofs, sidewalks, parking lots, patios, wet pond surface areas at normal or control elevation, 50 percent of water surface of swimming pools, and other similar nonporous surfaces, but does not include dry bottom stormwater facilities or wood decks over soil (with spaces between planks). Determinations regarding permeability of material or surface shall be at the sole discretion of the city engineer or designee. "Impervious surface ratio" is the impervious surface of a parcel or lot divided by the total parcel or lot area, expressed as a percent. ISR requirement controls the intensity of development by restricting the amount of land covered by any type of impervious surface. The ISRs listed in this Code for various zoning districts shall be the maximum allowed. The ISR requirement for a particular parcel or lot area shall be supported by the necessary drainage calculations and shall be determined at the discretion of the city engineer.

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4017 Isle Vista Ave

Home Search Feedback

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, 2/27/2015



CITY OF BELLE ISLE, FLORIDA

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811

Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com

## **RESIDENTIAL SWIMMING POOL SAFETY AFFIRMATION**

| Date:_   | 3-5-15   | Permit #:  |
|----------|--|--|
| by a ba  | (print contractor's name) affirm that the pool will be i                                       | solated from access from within the dwelling AND from adjacent properties arrier requirements of Florida Statute 515.29 and the 2010 Florida Building. |
| ·        |  | quirements from the following options and show on the site plan:   |
|          | The pool will be equipped w<br>(Standard Performance Spe<br>FBC R4101.17, Exception.           | with an approved safety pool cover that complies with ASTM F1346 ecifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per             |
|          | The pool will be isolated from FBC R4101.17.1.15.  | om access by a mesh safety barrier that meets the requirements of  |
|          | The pool will be isolated fro<br>FBC R4101.1.1 through R41                                     | om access by a screen enclosure that meets the requirements of 101.1.8.  |
|          | The pool will be isolated fro<br>FBC R4101.1.1 through R41                                     | om access by a fence and pedestrian gates that meet the requirements of 101.1.8.   |
| Does a   | any part of the barrier cor  | nsist of dwelling walls which contain doors or windows?  |
|          | Yes No 1   | If yes, then check which of the two options below are applicable:  |
|          | All doors and windows provexit alarm that meets the re   | viding direct access from the dwelling to the pool will be equipped with an equirements of FBC R4101.17.1.9(1) unless Exceptions a, b or c apply.      |
|          | All doors providing direct ac<br>self-latching devices installe<br>FBC R4101.17.1.9, exception | ccess from the dwelling to the pool will be equipped with self-closing, ed 54" above the threshold that meet the requirements of on 2.                 |
| I unders | stand that the above indicated s<br>(contractor's signature)                                   | shall be installed before the time of pool safety inspection per FBC R4101.19.  (property owner's signature)   |

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

LICENSE NUMBER

CPC056822

The RESIDENTIAL POOL/SPA CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2016



THEUNE, DANIEL JOHN
PREMIER POOLS OF CENTRAL FLORIDA INC 4572 N PALMETTO AVE WINTER PARK FL 32792

ISSUED: 07/16/2014

**DISPLAY AS REQUIRED BY LAW** 

SEQ # L140

cott Randolph, Tax Collector **Local Business Tax Receipt** Oran

is 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 wful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

**EXPIRES** 9/30/2015 1805 RESIDENTIAL POOL/SPA \$30.00 1 \$70.00 \$70.00 \$0.00

EMPLOYEE : 5000 BUSINESS OFFICE

1805-0962

\$40.00

TOTAL TAX PREVIOUSLY PAID TOTAL DUE

4572 PALMETTO AV U - WINTER PARK, 32792

PAID: \$70.00 0099-00625057 7/11/2014

THEUNE DANIEL J QUALIFIER

PREMIER POOLS OF CENTRAL FLORIDA INC 4572 PALMETTO AVE WINTER PARK FL 32792-5912

This receipt is official when validated by the Tax Collector.

| COS WI  |   |       |  |  |
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|   | · |       |  |  |
| 07160001678   |   |       |  |  |
| ge County, Florid regulation of zoning, health and ot |   | •     |  |  |
| 2499<br>11 EMPLOYEE                                   |   |       |  |  |
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|   |   |       |  |  |

CERTIFICATE OF LIABILITY INSURANCE

PREMI-3

DATE (MM/DD/YYYY) 10/22/2014

OP ID: CB

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

| PRODUCER Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 |                                  | CONTACT K. Derek Brown                |             |       |
|---|----------------------------------|---------------------------------------|-------------|-------|
|   |                                  | PHONE<br>(A/C, No, Ext): 321-397-3870 | 21-397-3888 |       |
|   |                                  | E-MAIL<br>ADDRESS:                    |             |       |
| K. Derek E  | . Derek Brown                    | INSURER(S) AFFORDING O                | COVERAGE    | NAIC# |
|   |                                  | INSURER A : Amerisure Mutual Ins.     | 23396       |       |
| INSURED   | INSURED Premier Pools Of Central | INSURER B : Amerisure Ins Compan      | у           | 19488 |
| Florida Inc<br>4572 Palmetto Ave<br>Winter Park, FL 32792                   |                                  | INSURER C:                            |             |       |
|   |                                  | INSURER D:                            |             |       |
|   |                                  | INSURER E:                            |             |       |
|   |                                  | INSURER F:                            |             |       |

**REVISION NUMBER:** CERTIFICATE NUMBER: COVERAGES 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.

|       | TYPE OF INSURANCE                                       | ADDL S   | WAYD   | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)   |  | LIMIT  | 8  |  |
|-------|---|--|--|--|--|--|--|--|--|
|       | COMMERCIAL GENERAL LIABILITY                            | IIXSD  | XXXID.   | , January , and the same and th |  |  | EACH OCCURRENCE  | \$   | 1,000,000  |
|       | CLAIMS-MADE X OCCUR                                     |  |  | CPP20813960301   | 01/24/2015   | 01/24/2016   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)   | \$   | 100,000  |
|       | OLANVIO NIVIBE  |  |  |  |  |  | MED EXP (Any one person)   | \$   | 5,000  |
|       |   |  |  |  |  |  | PERSONAL & ADV INJURY  | \$   | 1,000,000  |
| GEI   | N'I AGGREGATE LIMIT APPLIES PER:                        | 1  |  |  |  |  | GENERAL AGGREGATE  | \$   | 2,000,000  |
| J.    |   |  |  |  |  |  | PRODUCTS - COMP/OP AGG   | \$   | 2,000,000  |
|       |   |  |  |  |  |  |  | \$   |  |
| AU.   |   | $\top$   |  |  |  |  | COMBINED SINGLE LIMIT<br>(Ea accident)   | \$   | 1,000,000  |
| X     | ANY AUTO  |  |  | CA20274341001  | 01/24/2015   | 01/24/2016   | BODILY INJURY (Per person)   | \$   |  |
|       | ALL OWNED SCHEDULED                                     |  |  |  | BODILY INJURY (Per accident)   | \$   |  |  |  |
| X     | Y NON-OWNED   | 1 1  |  | 1  | PROPERTY DAMAGE<br>(Per accident)  | \$   |  |  |  |
|       | HIRED AUTOS 11 AUTOS                                    |  |  |  |  |  | (  | \$   |  |
| Y     | UMBRELLA LIAB X OCCUP                                   |  |  |  |  |  | EACH OCCURRENCE  | \$   | 2,000,00   |
| ^     | - COOK  |  |  | CU20689440502  | 01/24/2015   | 01/24/2016   | AGGREGATE  | \$   | 2,000,00   |
|       |   | - 1  |  |  |  |  |  | \$   |  |
|       | RKERS COMPENSATION                                      |  |  |  |  |  | X PER OTH-   |  |  |
|       |   |  |  | WC131719916  | 01/24/2015   | 01/24/2016   | E.L. EACH ACCIDENT   | \$   | 500,000  |
| OFF   | ICER/MEMBER EXCLUDED?                                   | N/A  | (A   | N/A  |  |  | E.L. DISEASE - EA EMPLOYEE   | \$   | 500,00   |
| If ve | es describe under                                       | 1  |  |  |  |  | E.L. DISEASE - POLICY LIMIT  | \$   | 500,00   |
| DES   | SCRIPTION OF OPERATIONS BEIOW                           | $\vdash$   |  |  |  |  |  |  |  |
|       |   | 1  |  |  |  |  |  |  |  |
|       |   |  |  | 1  |  |  |  |  |  |
| ODID  | TION OF OPERATIONS / LOCATIONS / VEHIC                  | I ES (A  | CORI   | 2 101 Additional Remarks Schedule  | may be attached if mor   | e space is requi   | red)   |  |  |
| CKIP  | HON OF OPERATIONS / LOCATIONS / VEHIC                   | (11  | -0.11  | e in il incapitation il interior gallageral  | ,  |  | •  |  |  |
|       | X<br>X<br>X<br>WO<br>ANII<br>OFF<br>(Ma<br>If ye<br>DES | CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below   | CPP20813960301  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  CPP20813960301  CA20274341001  CA20274341001  CA20274341001  CA20274341001  ANJ CA20274341001  AUTOS  WCA20274341001  AUTOS  CU20689440502  WC131719916 | TYPE OF INSURANCE INSP. WVD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (MMADD EMPLOYERS' LIABILITY  N / A  WC131719916  O1/24/2015 | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X RETENTIONS  CU20689440502  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  WC1317719916  O1/24/2015  O1/24/2015  O1/24/2016  O1/24/2015  O1/24/2016  O1/24/2016  O1/24/2016  O1/24/2016  O1/24/2016  O1/24/2016  O1/24/2016 | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  COUCUMBRES  CENTUAGE OF INSURANCE  COMBINED SINGLE LIMIT APPLIES PER:  POLICY  AUTOMOBILE LIABILITY  CA20274341001  CA20274341001  CA20274341001  O1/24/2015  O1/24/2016  D1/24/2016  D1/24/20 | TYPE OF INSURANCE INSD WYO POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY |

| CERTIFICATE | HOLDER |
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|             |        |

**BELLEIS** 

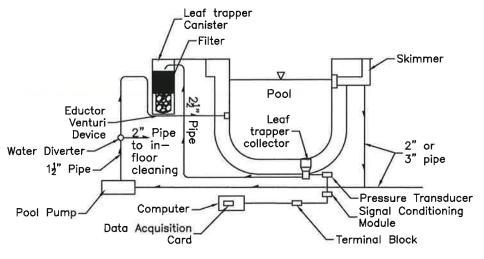
City of Belle Isle 1600 Nela Ave Belle Isle, FL 32859 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

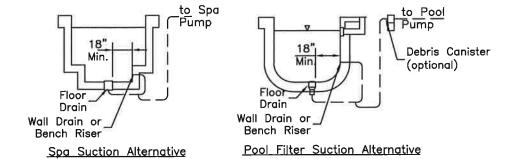
CANCELLATION

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The ACORD name and logo are registered marks of ACORD ACORD 25 (2014/01)



Leaf Trapper System



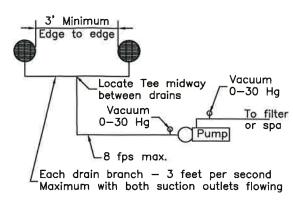
MDX or other (must be approved for floor or wall by manufacturer)

ASME A112.19.8-2007/A112.19.&J-2008 min. dual drains. size grate and suction drain branches per Table A - Flow Rate for Covers

Suction drain branches 3 feet per second max. Locate tee to pump midway between drains.

#### Suction Layout Alternatives

- The MDX debris removal system to be installed in accordance with manufacturer's recommendations
- All piping to be Schedule 40 PVC bearing NSF approval unless otherwise noted.
- Flow velocity through suction grates shall note exceed 1.5 feet per second.
- The lower flow rate of floor or wall per manufacturer shall be used for both drains in these alternate configurations.
- For total dynamic head calculations contractor shall supply the proposed pumps with pump curves, filter specifications, piping sizes and routings to the engineer for assessment of alternate configurations.



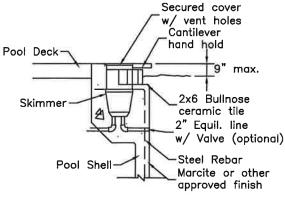
#### <u>Table A - Flow Rating for Covers/Grates</u>

| Number of<br>grates per<br>pump system | Minimum flow rating of each covers/grates % Maximum system flow rates |
|--|---|
| 1                                      | 100%  |
| 2                                      | 100%  |
| 3                                      | 66.7%   |
| 4                                      | 50%   |
| 5                                      | 40%   |
| 6                                      | 33%   |

#### Notes:

- Flow velocity through each suction grate shall not exceed 1.5 feet per second with one grate blocked. (NSP1-5 2003 9.2.1 & APSP-7 2006 100% flow).
- Grates must be manufacturer approved for use in wall or floor respectively.
- For total dynamic head calculations contractor shall supply the proposed pumps with pump curves, filter specifications, piping sizes and routings to the engineer for assessment of alternate configurations.
- Not to exceed velocity of 10 feet per second for pressure piping and 8 feet per second for suction piping unless noted otherwise.
- Each pump function (e .g. filter, spa, water feature) requires min. Dual (two) ASME 2007/ 2008 drain grates.
- If required flow rate or pump capacity requires more than two drain grates per pump system / drainage system requires more than one pump consult the engineer of record.
- In lieu of a two drain system, the installer may utilize an ANSI approved channel drain system (min. 36" long, 600 gpm rated)

#### ANSI / ASAP-7 2006 DUAL DRAIN CONFIGURATION



Place top rebar at skimmer location. Tie #3 bar shall go behind skimmer position. After shell is finished, excavate behind shell, place skimmer and pour concrete behind skimmer

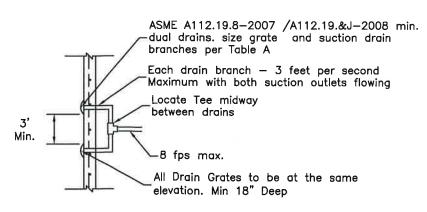
#### Skimmer Notes:

- 1. The products described herein have been tested by independent testing laboratories and have been reviewed and accepted for listing by the product research committee of CSI Caretaker Systems, Inc.
- The leaf trapper system does not use suction fixtures in the swimming pool to supply water to the pump. It uses skimmers to supply water to the pump
- 3. The leaf trapper system shall provide vacuum relief of less than 4.5 inch Ha within 3 seconds.
- The leaf trapper system will provide vacuum relief during an entrapment

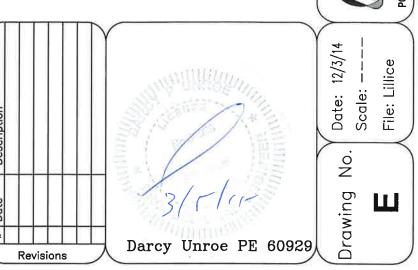




Skimmer Detail NTS



Suction Grates for Floor or Wall



Business Authorization Number - EB 00006579

Engineering, I Unroe

Spa Engineering

Drain & Skimmer Details

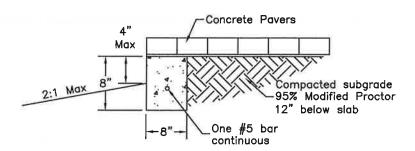
Pools of Central Florida. Inc

Swiming Pool & S Premier Pools of Ce

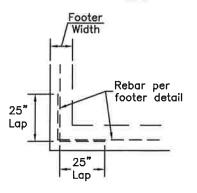
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Florida

#### Footing Type A

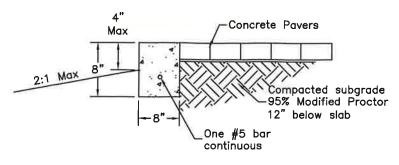


Ribon Footing - Standard NTS

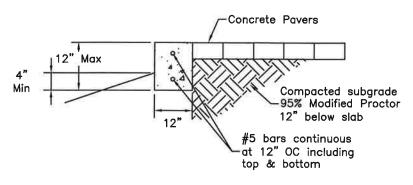


Corner Rebar Detail

#### Footing Type B

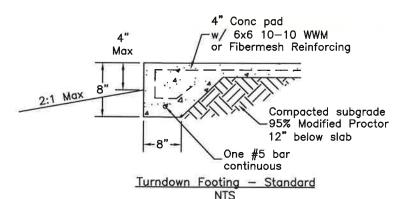


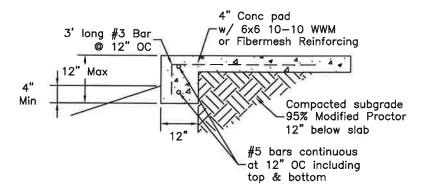
<u>Perimeter Footing - Standard</u> NTS



Perimeter Footing - Deep NTS

#### Footing Type C



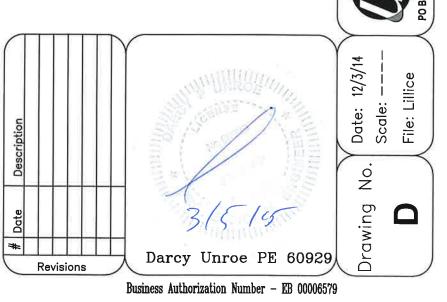


Perimeter Footing — Deep NTS

# Reering, Inc Premier Pools of Central Florida. Inc 1/Scientific Evaluations 4272 Palmetto Ave, Winter Park, Florida 32792

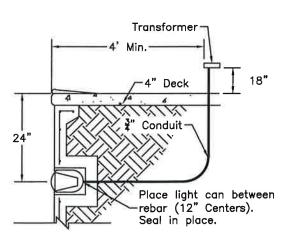
Unroe Engineering/Planning/Scientific Evaluations



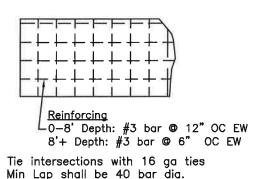


#### Bonding Notes:

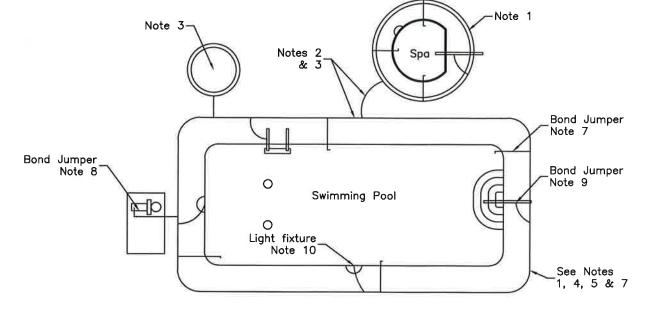
- 1. Equipotential bonding of perimeter surfaces requires a copper conductor; minimum #8 AWG; bare solid copper conductor which follows the contour of the perimeter surface of the pool. The perimeter bonding shall be attached to the pool reinforcing shell at a minimum of 4 points uniformly spaced around the perimeter of the pool.
- 2. All underground or under slab connections shall per NEC 250.8. Bonding cables under slab shall be placed at the bottom of excavation.
- 3. When rebar is utilized for the construction of planters and footers adjacent to the pool (within 5 ft), this rebar shall be bonded using #8 AWG; bare solid copper conductor to the bonding conductor.
- 4. Location of copper bonding conductor, bonding jumpers, and connections shown are diagrammatic only. contractor shall field route to determine exact location. bonding conductor shall conform to the shape of the pool while maintaining smooth radial curves.
- 5. Resistance of ground system shall not exceed 25 ohms
- 6. All ground rods shall be 5/8" copper clad steel, 8' long; and driven to a depth of 24" below finished grade.
- 7. Copper bonding conductor shall be bonded to the pool and spa rebar as shown, 4 locations, minimum at each separate body of water, using a #8 AWG; bare solid copper conductor
- 8. Copper bonding conductor shall be bonded to the equipment ground of the pool pump motor and other electrical components as required by NEC 680.26 (verify locations) using #8 AWG bare solid copper wire.
- 9. Copper bonding conductor shall be bonded to all metallic components of the pool and spa and the metal structures, including; but not limited to, all handrails, diving boards, and ladders in the pool and spa and include all metal wiring and all fixed metal parts that are within 5 ft. horizontally of the inside wall of the pool (spa and 12 ft vertically above the maximum water level of the pool using #8 AWG bare copper wire.
- 10. All pool and spa lighting niches shall be bonded to pool and spa rebar per NEC 680. The copper bonding conductor shall be bonded to the rebar at both the pool and the spa.



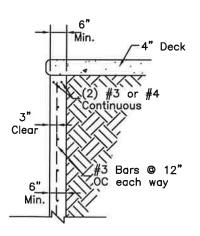
Wall Light Section



Pool Shell Reinforcing NTS



Typical Pool Bonding Plan



#### Bond Beam Details

| Pool<br>Perimeter | Bond Beam<br>Reinforcing |
|-------------------|--------------------------|
| Less than 130'    | (2) #3 Bars              |
| Greater than 130' | (2) #4 Bars              |



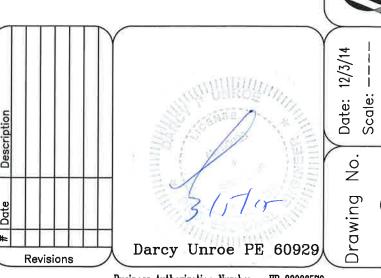
Pool Shell & Bonding Details

Spa Engineering

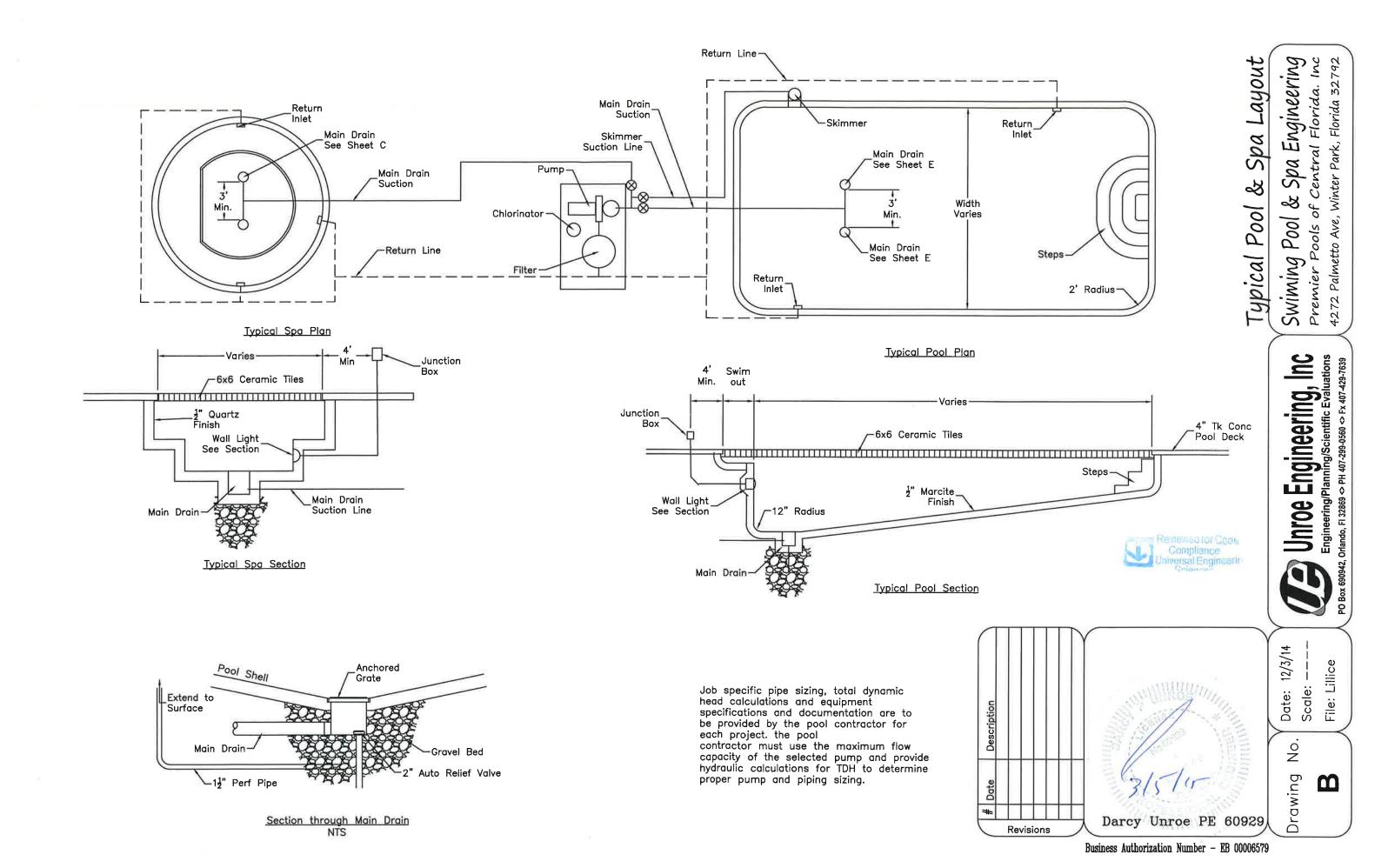
Swiming Pool & S Premier Pools of Ce

Unroe Engineering, Inc

Pools of Central Florida. Inc



Business Authorization Number - EB 00006579



# Premier Pools of Central Florida. Inc Swimming Pool & Spa Engineering For

Daniel and Nancy Sharp 4017 Isle Vista Ave., Belle Isle, FL 32812

#### General Notes:

- 1. Concrete shall be pneumatically placed, grade a, 2500 psi at 28 days or shall be machine mixed, grade A, 2500 psi at 28 days.
- 2. Reinforcing bars shall conform to ASTM A15-58T and A305-58T specifications.
- 3. Pool area shall be fenced per current Florida Building Code requirements.
- 4. Poured concrete shells should be wetted daily during the initial 7 days of curing in order to minimize the potential for hydration cracks. If using 12V lights, do not turn lights until the junction box has been mounted above grade beyond the deck and installed to meet building and electrical codes. If 110 V light is used, a G.F.I. outlet or transformer, to step the voltage down to 12 V, must be used. Do not turn on pool lights when empty.
- 5. Suitability of the subgrade soils for providing proper support to the pool shell and adjoining deck should be verified prior to construction.
- 6. All backfill must be compacted in 12" layers.
- 7. Number 3 Rebar may be used in bond beams for pools not exceeding 130 feet in perimeter. In pools with perimeters Greater than 130 feet, use number 4 rebar in the bond beams.
- 8. The reinforcing bars in the bond beam must have a minimum of 3 inches of cover and a minimum of one inch clearance.
- 10. An integral bond beam is required to be constructed with all concrete shell pools. Two continuous reinforcing steel bars shall be placed in the bond beam for the entire perimeter of the pool
- 11. A minimum wall. Thickness of 6 inches is required for all concrete wall shells.
- 12. If pool deck is concrete, use 6x6, 10/10 Welded Wire Mesh or fibermesh reinforcing
- 13. All pool piping to be schedule 40 PVC bearing NSF approval unless otherwise noted
- 14. If the seasonal high water table is at or above the bottom elevation of the pool shell the water table shall be artificially lowered using, an 8" min. gravel bed with a 2" perforated pipe plumbed to the surface should be installed below the deep end.
- 15. If there is no structural loading of the shell in the area, the skimmer may be placed in a cut out area of the pool edge and restored by guniting both the deck and top shell in one operation.
- 16. An area in the top of the pool shell and deck may be cut in the Horizontal plane and the skimmer placed with one rebar going around the rear face of the skimmer. No rebar is required to go beneath the skimmer in the gunite.
- 17. Hard wired alarms or child fencing is required on all pools.
- 18. See site plan for child fencing details and requirements.
- 19. Two main drains with a minimum 36" separation are required. The drains shall both have vacuum breakers.
- 20. The contractor shall select appropriately sized grates to accommodate the maximum flow capacity of the pump system to comply ANSI/APSP-7 2006 and 2007 Federal Virginia Graeme Baker Pool And Spa Safety Act. The intent of the standard is to provide 100 percent suction capacity of the chosen pump system through multiple drains if one drain become blocked. Additionally the drain grates must meet A112.19.8-2007/ASME A112.19.8a-2008 listed grates. It is the sole responsibility of the installer for selection of grates.
- 21. Site layout and location of the pool shall be coordinated with an approved site plan.
- 22. Primer and glue on exposed above ground piping is not required to be colored.
- 23. All piping shall be tested and approved to be water tight utilizing a pressure test of not less than 40 psi for 60 minutes.
- 24. Equipment shall be installed strictly in accordance with all manufactures' recommendations.
- 25. Where check valves are installed, they shall be of the swing spring or vertical check patterns.
- 26. All pools whether public or private shall be provided with a ladder or steps in the shallow end where water depth exceeds 24 inches. In private pools where water depth exceeds 5 feet, there shall be a ladders, stairs or underwater benches in the deep end.
- 27. Skimmers shall be installed on the basis of one per 800 square feet of surface area or fraction thereof, and shall be designed for a flow rate of at least 25 gpm per skimmer
- 28. Approved manufactured inlet fittings for the return of recirculated pool water shall be provided on the basis of at least one per 300 square feet of surface area. Where more than one inlet is required, the shortest distance between any two required inlets shall be at least 10 feet.
- 29. The Florida Building Code does not require a second layer of entrapment protection. The owner and contractor shall consider providing the additional protection per APSP—7 or VGPSSA. Additional measures include gravity feed, vent lines and
- 30. No changes in the design of the pool shall be allowed without written approval by Unroe Engineering. Unapproved variations in design will make the attached design null and void.

#### Code Specification

The enclosed swimming pool design and details are based on the Florida Building Code 2010 edition.

All construction shall be in strict accordance with:

- FBC2010 Chapter 41, Section 4101.6.1
- NEC 2008 Section 680.26 (C)
- Fed Virginia Graeme Baker Pool and Spa Safety Act of 2007.

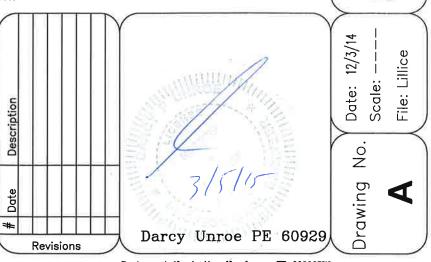
## **Schedule of Drawings**

- A Cover Sheet & Notes
- B Typical Pool & Spa Layout
- C Pool Shell & Bonding Details
- D Concrete Footer Details
- E Drain & Skimmer Details



#### Design Statement

This design and associated details meet the requirements of the Florida Building Code 2010 edition.



Business Authorization Number - EB 00006579

Swiming Pool & Spa Engineering Premier Pools of Central Florida. Inc

Sheet

Cover

Unroe Engineering, Inc Engineering/Planning/Scientific Evaluations