



City of Belle Isle

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

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.33: 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 one size for size replacement</p> <p>Comments: None</p> <p>Project Information Address: 6641 The Landings Dr, Belle Isle, FL 32809 Parcel ID: 20-23-30-4980-00-330 Property Owner: Clements, Scott Phone Number: 407 257 8404 ***** Company Name: Lowe's Home Centers Inc. Contractor Name: Cafaro, Peter License Number: CGC1508417 Address: PO Box 781993, Orlando, FL 32878-1993 Phone Number: 407-832 8085</p> | <p style="text-align: right;">Permit Number: 2015-04-039</p> <p style="text-align: right;">Date of Application: 04/17/2015 Date Permit Issued: 04/20/2015</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> |
|--|--|

BUILDING FEATURES

| | |
|---|---|
| <p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$49.50 PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$53.50</p> <p>Date Paid 4-24-15</p> <p>CC or Check # VISA 9707</p> <p>Amount Paid 53.50</p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p> | <p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO</p> <p>BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p> |
|---|---|

Inspection requests are to be emailed to BDscheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle

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

RECEIVED
4-17-15

Building Permit (Land Use) Application

DATE: 4/13/15

PERMIT # 2015-04-039

PROJECT ADDRESS 6641 The Landings Dr Belle Isle, FL 32809 32812

PROPERTY OWNER Clements, Scott PHONE 407 257 8404 VALUE OF WORK (labor & material) \$ 2592.66

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

REMOVE & REPLACE SIZE for SIZE FRONT DOOR

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 84E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 20-23-30-4980-00-330

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 REMOVE & REPLACE SIZE for SIZE FRONT DOOR
 OCCUPANCY GROUP R-1-AA Comm Res: XX Single Fam Multi Fam
 #BLDG. #UNITS #STORIES TOTAL SQ.FT.
 MAX. FLOOR LOAD MAX OCCUPANCY
 MIN. FLOOR ELEV. LOW FLOOR ELEV.
 WATER SERVICE WELL SEPTIC

Wind Exposure Category: B C D

| SPRINKLERS REQ'D | Y | N | |
|--|----------------------------------|-----|-----------------|
| If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW | | | |
| | Date: Sent | RCD | |
| ZONING | Y | N | \$ <u> </u> |
| CERT OF OCC | Y | N | \$ <u> </u> |
| TRAFFIC | Y | N | \$ <u> </u> |
| SCHOOL | Y | N | \$ <u> </u> |
| FIRE | Y | N | \$ <u> </u> |
| SWIMMING POOL | Y | N | \$ <u> </u> |
| SCREEN ENCLOSURE | Y | N | \$ <u> </u> |
| ROOFING | Y | N | \$ <u> </u> |
| BOAT DOCK | Y | N | \$ <u> </u> |
| BUILDING | Y | N | \$ <u> </u> |
| WINDOW(S) | Y | N | \$ <u> </u> |
| DOOR(S) | <input checked="" type="radio"/> | N | \$ <u>49.50</u> |
| FENCE | Y | N | \$ <u> </u> |
| SHED | Y | N | \$ <u> </u> |
| DRIVEWAY | Y | N | \$ <u> </u> |
| OTHER | Y | N | \$ <u> </u> |

BUILDING REVIEWER DATE 4-17-15
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 4-17-15

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

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

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

3% FL SURCHARGE 400
TOTAL 53.50

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

OTHER PERMITS REQUIRED:

| | | |
|------------|---|----|
| ELECTRICAL | Y | NA |
| PREPOWER | Y | NA |
| MECHANICAL | Y | NA |
| PLUMBING | Y | NA |
| ROOFING | Y | NA |
| GAS | Y | NA |



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

PERMIT # 2015-04-039

Owner's Name Clements, Scott
 Owner's Address 6641 The Landings Dr Belle Isle, FL 32812-3529

| | | | |
|--------------------|------------------------|------------------|--------------------------|
| Contractor Name | PETER A CAFARO | Company Name | Lowe's Home Centers, LLC |
| License # | CGC1508417 | Company Address | PO Box 781993 |
| Contact Phone/Cell | 407 832 8085 | City, State, ZIP | Orlando, FL 32878-1993 |
| Contact Email | Pete.A.Cafaro@Lowe.com | Contact Fax | 407 296-2960 |

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

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

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

Owner Signature [Signature]
 The foregoing instrument was acknowledged before me this / /
 by Scott Clements who is personally known to me
 and who produced drivers license
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange


Contractor Signature [Signature]
 COMPANY NAME Lowe's Home Centers LLC
 The foregoing instrument was acknowledged before me this / /
 by Peter A Cafaro who is personally known to me
 and who produced personally known
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange


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

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ X 0.35 =
 Allowable Impervious Area (BASE) _____
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.
 - House _____
 - Driveway _____
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____
 Actual Impervious Area (AIA) _____
- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
- If AIA is greater than BASE, then onsite retention must be provided.

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

THIS INSTRUMENT PREPARED BY: LLC
Name: LOWE'S HOME CENTERS, INC # 1593
Address: PO BOX 781993
ORLANDO, FL 32878-1993

DOCH 20150195853 B: 10906 P: 8207
04/21/2015 10:57:26 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: LOWES HOME CENTERS INC

NOTICE OF COMMENCEMENT



Permit Number: _____
Parcel ID Number: 20-33-30-4980-00-330

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

1. DESCRIPTION OF PROPERTY: (Legal description of the property and street address if available)

The Landings @ Lake Conway 9/125 Lot 33

2. GENERAL DESCRIPTION OF IMPROVEMENT: DOOR
REMOVE & REPLACE

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name and address: Scott Clements 1641 The Landings DR Belle Isle FL 32812

Interest in property: HOMEOWNER

Fee Simple Title Holder (if other than owner listed above) Name: N/A

Address: _____

4. CONTRACTOR: Name: LOWE'S HOME CENTERS, INC. LLC Phone Number: 407 393-9161

Address: PO BOX 781993 ORLANDO FL 32878-1993

5. SURETY (if applicable, a copy of the payment bond is attached): Name: N/A

Address: _____

Amount of Bond: _____

6. LENDER: Name: N/A

Phone Number: _____

Address: _____

7. Persons within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name: PETER A CAFARO

Phone Number: 407 393-8161

Address: PO BOX 781993 ORLANDO FL 32878-1993

8. In addition, Owner designates --- of ---

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Phone number: ---

9. Expiration Date of Notice of Commencement (The expiration is 1 year from date of recording unless a different date is specified) _____

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

Belle Isle

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

X

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

SCOTT CLEMENTS - OWNER
(Print Name and Provide Signatory's Title/Office)

State of Florida County of Seminole-ORANGE

The foregoing instrument was acknowledged before me this 20 day of April, 2015

by Scott Clements Name of person making statement. Who is personally known to me OR

who has produced identification type of identification produced: Drivers License

STATE OF FLORIDA, County of ORANGE
I hereby certify that this is a true copy of
the document as reflected in the Official Records
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: O. Sampson
Deputy Comptroller
4-21-15



Nan Holmes
Notary Signature



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



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

Limited Power of Attorney

Date: 4/13/15

To: Building Department

From: Peter Anthony Cafaro III

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

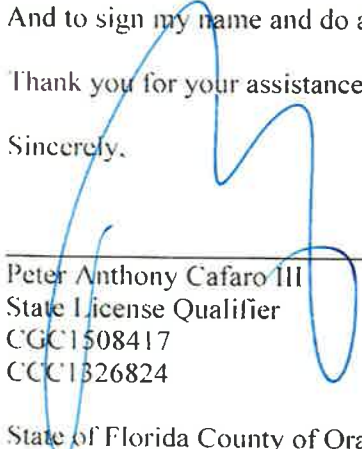
Belle Isle for a Front Door permit for work to be performed at a location described as:

(Address of Job) 6041 The Landings Dr
 (Owner of Property) Scott Clements

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

Thank you for your assistance.

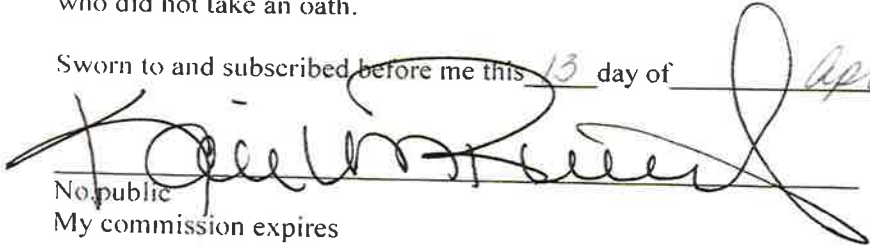
Sincerely,


 Peter Anthony Cafaro III
 State License Qualifier
 CGC1508417
 CCC1326824

State of Florida County of Orange

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

Sworn to and subscribed before me this 13 day of April, 20 15


 Notary Public
 My commission expires





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

Product Approval Form

DATE: 4/13/15 PERMIT # _____

PROJECT ADDRESS 6641 The Landings Dr, Belle Isle, FL 32809 32812

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

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

| Product Type | Manufacturer | Model/Series | FL Product Approval # | Product Type | Manufacturer | Model/Series | FL Product Approval # |
|-----------------------|--------------|--------------|-----------------------|------------------|--------------|--------------|-----------------------|
| EXTERIOR DOORS | | | | WALL PANELS | | | |
| Swinging | Masonite | FIBERGLAS | FL8228-r6 | Siding | | | |
| Sliding | | | | Soffits | | | |
| Sectional/Rollup | | | | Storefront | | | |
| Other | | | | Glass Block | | | |
| | | | | Other | | | |
| WINDOWS | | | | ROOFING PRODUCTS | | | |
| Single/Dbl Hung | | | | Asphalt Shingles | | | |
| FIXED | | | | Non Struct Metal | | | |
| FIXED | | | | Roofing Tiles | | | |
| MULLION | | | | Single Ply Roof | | | |
| Mullion | | | | Other | | | |
| Skylights | | | | | | | |
| Other | | | | | | | |
| STRUCTURAL COMPONENTS | | | | OTHER | | | |
| Wood Connectors | | | | | | | |
| Wood Anchors | | | | | | | |
| Truss Plates | | | | | | | |
| Insulation Forms | | | | | | | |
| Lintels | | | | | | | |
| Other | | | | | | | |

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

Applicant Signature _____

Date 4/13/15



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Product Approval
USER: Public User



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

| FL # | FL8228-R5 | | | | | | | | | | |
|--|--|-----------------|-------------|------------|------|------------|------|-----------|------|---------|------|
| Application Type | Affirmation ✓ | | | | | | | | | | |
| Code Version | 2010 | | | | | | | | | | |
| Application Status | Approved | | | | | | | | | | |
| Comments | | | | | | | | | | | |
| Archived | <input type="checkbox"/> | | | | | | | | | | |
| Product Manufacturer | Masonite International | | | | | | | | | | |
| Address/Phone/Email | 1955 Powis Road West Chicago, IL 60185 (615) 441-4258 sschreiber@masonite.com | | | | | | | | | | |
| Authorized Signature | Steve Schreiber sschreiber@masonite.com | | | | | | | | | | |
| Technical Representative | | | | | | | | | | | |
| Address/Phone/Email | | | | | | | | | | | |
| Quality Assurance Representative | | | | | | | | | | | |
| Address/Phone/Email | | | | | | | | | | | |
| Category | Exterior Doors | | | | | | | | | | |
| Subcategory | Swinging Exterior Door Assemblies | | | | | | | | | | |
| Compliance Method | Certification Mark or Listing | | | | | | | | | | |
| Certification Agency | National Accreditation & Management Institute | | | | | | | | | | |
| Validated By | National Accreditation & Management Institute, | | | | | | | | | | |
| Referenced Standard and Year (of Standard) | <table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM E1886</td> <td>2002</td> </tr> <tr> <td>ASTM E1996</td> <td>2002</td> </tr> <tr> <td>ASTM E330</td> <td>2002</td> </tr> <tr> <td>TAS 202</td> <td>1994</td> </tr> </tbody> </table> | <u>Standard</u> | <u>Year</u> | ASTM E1886 | 2002 | ASTM E1996 | 2002 | ASTM E330 | 2002 | TAS 202 | 1994 |
| <u>Standard</u> | <u>Year</u> | | | | | | | | | | |
| ASTM E1886 | 2002 | | | | | | | | | | |
| ASTM E1996 | 2002 | | | | | | | | | | |
| ASTM E330 | 2002 | | | | | | | | | | |
| TAS 202 | 1994 | | | | | | | | | | |
| Equivalence of Product Standards | | | | | | | | | | | |
| Certified By | | | | | | | | | | | |

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

6641 The Landings Dr < 20-23-30-4980-00-330 >

| | |
|--|--|
| Name(s) Clements Scott A Lancaster Michele L Mailing Address On File 6641 The Landings Dr Belle Isle, FL 32812-3529 Incorrect Mailing Address? | Physical Street Address 6641 The Landings Dr Postal City and Zipcode Orlando, FL 32812 Property Use 0103 - Single Fam Class III Municipality Belle Isle |
|--|--|

- Values, Exemptions and Taxes**
- Property Features
- Sales Analysis**
- Location Info
- M

Property Description

THE LANDINGS AT LAKE CONWAY 9/125 LOT 33

Total Land Area 13,709 sqft (+/-) | 0.31 acres (+/-) GIS Calculated Notice

Land (includes working values)

| Land Use Code | Zoning | Land Units | Unit Price | Land Value |
|-------------------------|--------|------------|-------------|------------|
| 0130 - Sfr - Lake Front | R-1-AA | 1 LOT(S) | \$75,000.00 | \$75,000 |

Page 1 of 1 (1 total records)

Buildings (includes working values)

| | Important Information | Structure |
|--|---|---|
| | Model Code: 01 - Single Fam Residence Type Code: 0103 - Single Fam Class III Building Value: \$175,478 Estimated New Cost: \$224,110 | Actual Year Built: 1983 Beds: 4 Baths: 1.5 Floors: 1 |

Page 1 of 1 (1 total records)

Extra Features (includes working values)

| Description | Date Built | Units |
|--------------------------|------------|--------|
| PL2 - Above Average Pool | 01/01/1983 | 1 Unit |
| SCR2 - Scrn Enc 2 | 01/01/1983 | 1 Unit |

Page 1 of 1 (2 total records)



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

GENERAL NOTES

- EVALUATED FOR USE IN LOCATIONS ADHERING TO THE FLORIDA BUILDING CODE AND WHERE PRESSURE REQUIREMENTS AS DETERMINED BY ASCE 7, MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES, DOES NOT EXCEED THE DESIGN PRESSURES LISTED.
- WHEN INSTALLED IN THE HIGH VELOCITY HURRICANE ZONE (HVHZ), HURRICANE PROTECTIVE SYSTEM (SHUTTERS) IS REQUIRED.
- WHEN INSTALLED IN THE WIND-BORNE DEBRIS REGION, EXCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ), HURRICANE PROTECTIVE SYSTEM IS NOT REQUIRED ON PANELS WITH IMPACT GLASS, BUT IS REQUIRED ON PANELS WITH NON-IMPACT GLASS.
- POLYURETHANE CORE FLAME SPREAD INDEX OF 50 AND SMOKE DEVELOPED INDEX OF 60 PER ASTM E84. POLYSTYRENE CORE FLAME SPREAD INDEX OF 15 AND SMOKE DEVELOPED INDEX OF 115 PER ASTM E84.

5. PLASTICS TESTING OF FIBERGLASS FACING:

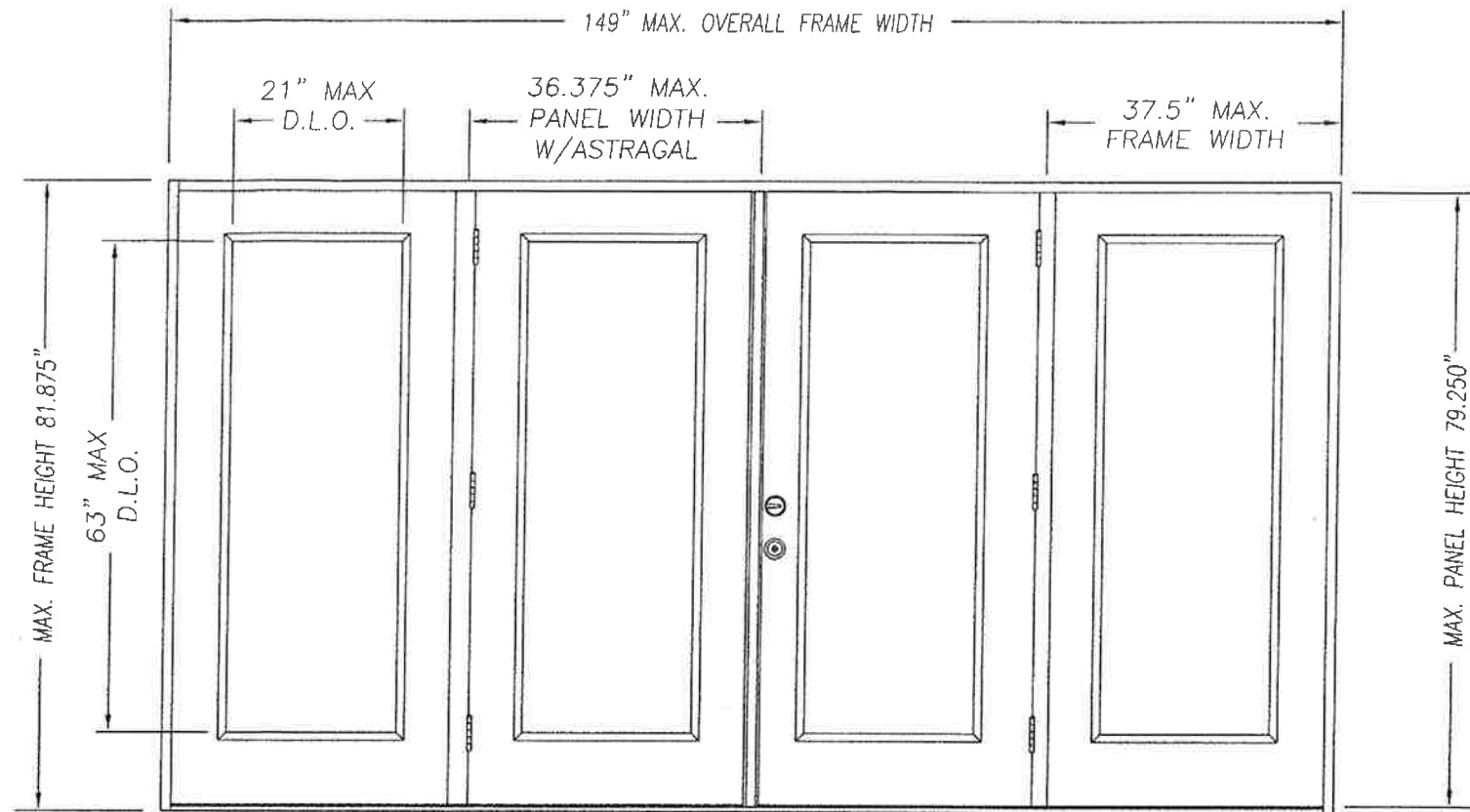
| TEST DESCRIPTION | DESIGNATION | RESULT |
|--------------------|-------------|-----------------|
| SELF IGNITION TEMP | ASTM D1929 | 752 °F > 650 °F |
| RATE OF BURNING | ASTM D635 | 0.56 IN/MIN |
| SMOKE DENSITY | ASTM D2843 | 53.4% |
| TENSILE STRENGTH* | ASTM D638 | 3.2% DIFF |

6. PLASTICS TESTING OF LITE FRAME MATERIAL:

| TEST DESCRIPTION | DESIGNATION | RESULT |
|--------------------|-------------|-----------------|
| SELF IGNITION TEMP | ASTM D1929 | 740 °F > 650 °F |
| RATE OF BURNING | ASTM D635 | 0.77 IN/MIN |
| SMOKE DENSITY | ASTM D2843 | 13.4% |
| TENSILE STRENGTH* | ASTM D638 | -7.50% DIFF |

* COMPARATIVE TENSILE STRENGTH AFTER WEATHERING
4500 HOURS XENON ARC METHOD 1

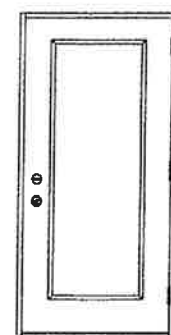
- IMPACT GLAZING LAMINATE MIAMI DADE BCCO NOA 09-0127.13.



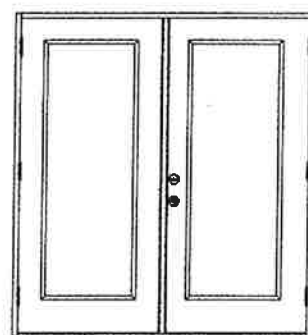
DOUBLE DOOR UNIT W/SIDELITES

Addendum to NAMI

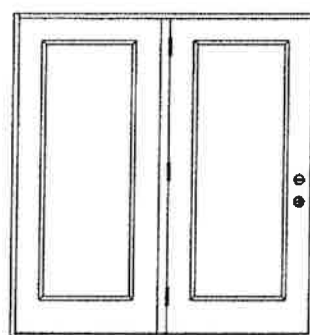
Certification No.: N1006909-121
Reviewed By: [Signature]
Date Reviewed: 9/7/11



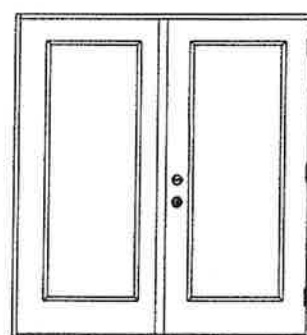
SINGLE DOOR UNIT



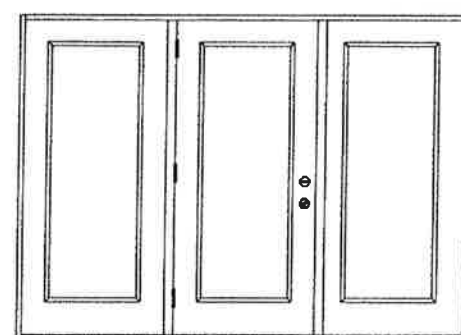
DOUBLE DOOR UNIT



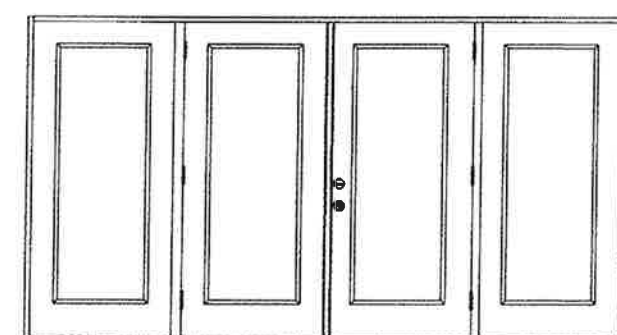
SINGLE DOOR UNIT WITH SIDELITE



SINGLE DOOR UNIT WITH SIDELITE



SINGLE DOOR UNIT W/SIDELITES



DOUBLE DOOR UNIT W/SIDELITES

| TABLE OF CONTENTS | |
|-------------------|------------------------------------|
| SHEET # | DESCRIPTION |
| 1 | TYPICAL ELEVATIONS & GENERAL NOTES |
| 2 | ANCHORING LOCATIONS & DETAILS |
| 3 | ANCHORING LOCATIONS & DETAILS |

| CONFIG | MAX WIDTH | DESIGN PRESSURE RATING | | WHERE WATER INFILTRATION PERFORMANCE IS REQUIRED TO BE 15% OF DESIGN PRESSURE | | |
|----------|-----------|------------------------|---------------|---|---------------|---------------|
| | | INSWING | OUTSWING | INSWING | OUTSWING | OUTSWING* |
| X | 37.5" | +52.0 / -52.0 | +55.0 / -55.0 | +19.0 / -19.0 | +40.0 / -40.0 | +55.0 / -55.0 |
| XX | 74" | +52.0 / -52.0 | +55.0 / -55.0 | +19.0 / -19.0 | +40.0 / -40.0 | +55.0 / -55.0 |
| OX or XO | 75" | +52.0 / -52.0 | +55.0 / -55.0 | +19.0 / -19.0 | +40.0 / -40.0 | +55.0 / -55.0 |
| OXO | 112.5" | +52.0 / -52.0 | +55.0 / -55.0 | +19.0 / -19.0 | +40.0 / -40.0 | +55.0 / -55.0 |
| OXXO | 149" | +52.0 / -52.0 | +55.0 / -55.0 | +19.0 / -19.0 | +40.0 / -40.0 | +55.0 / -55.0 |

* High Dam Threshold Design

Kt 1 Bathy

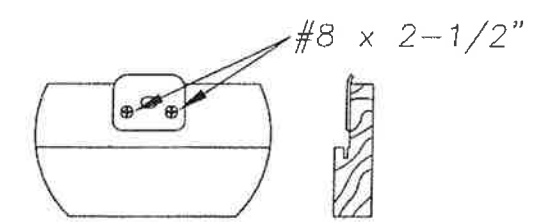
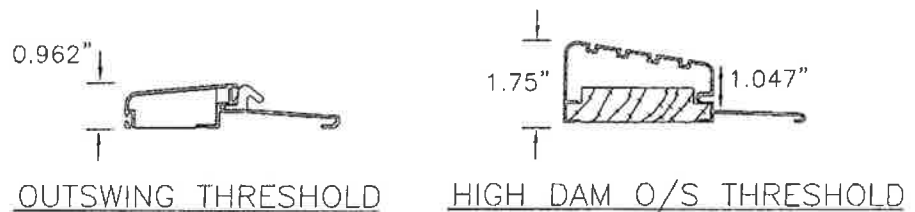
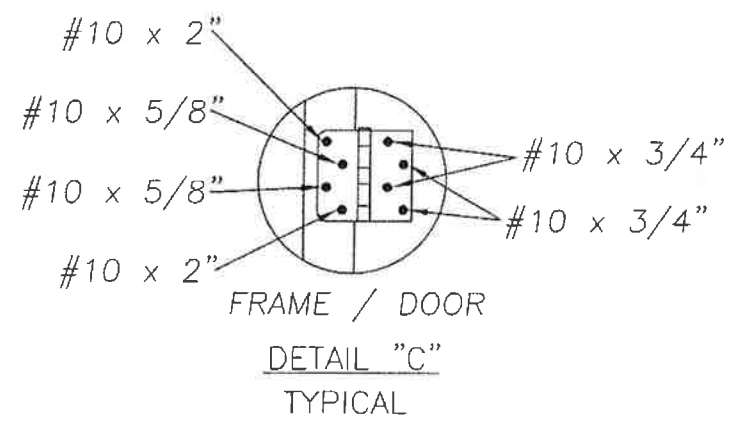
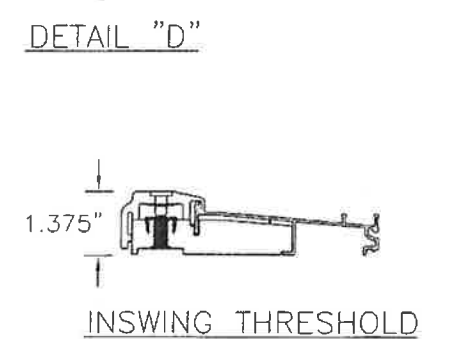
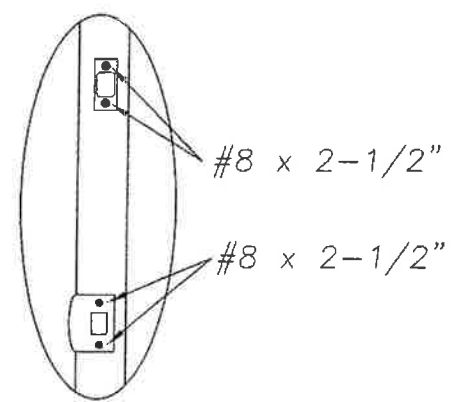
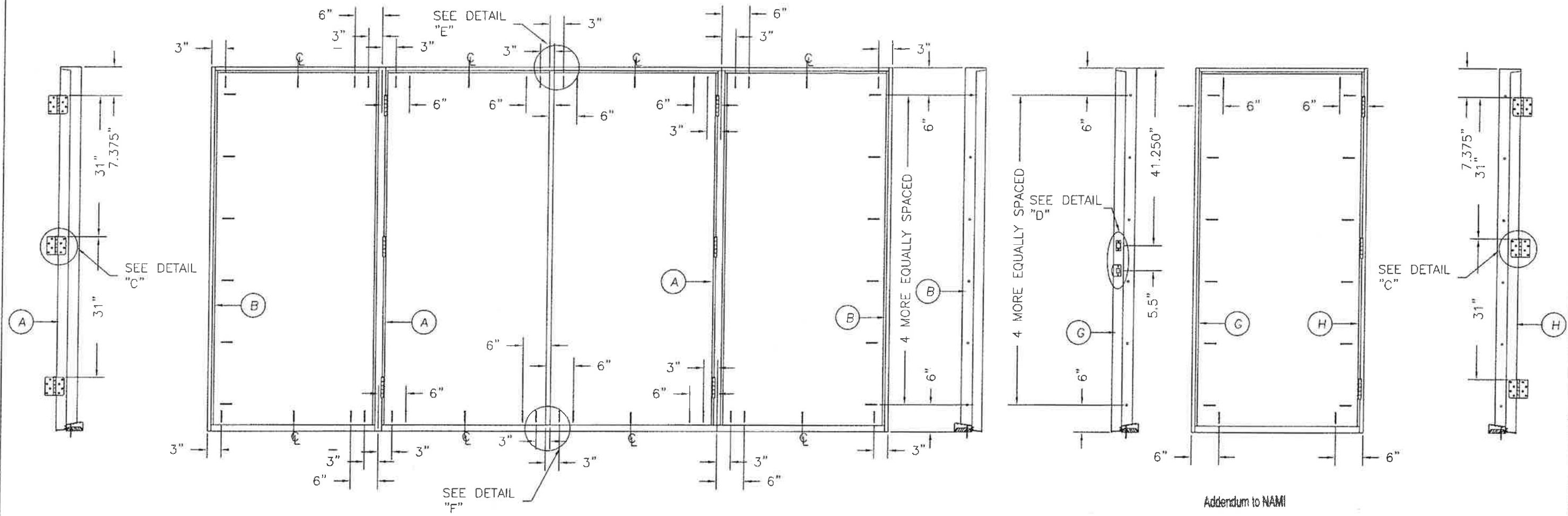
KURT BALTHAZOR
FLORIDA P.E.
#56533

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

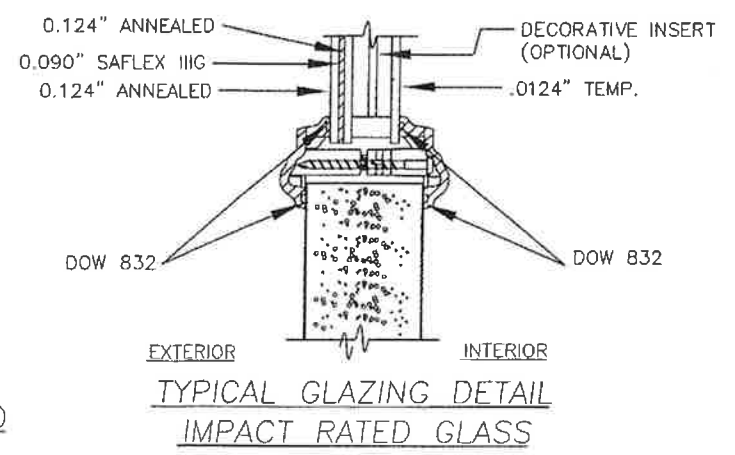
PRODUCT: "EXTERIOR DOOR PRODUCT"
DOUBLE 6'8" GLAZED FIBERGLASS DOOR
PART OR ASSEMBLY:
TYPICAL ELEVATIONS & GENERAL NOTES

| NO. | DATE | REVISIONS | BY |
|-----|---------|----------------------|-----|
| D | 9/7/11 | DETAIL CLARIFICATION | SWS |
| C | 11/2/10 | MISC UPDATES | SWS |
| B | 1/2/08 | HINGE SCREW LENGTH | SWS |
| A | 4/9/07 | UPDATED DP RATINGS | SWS |

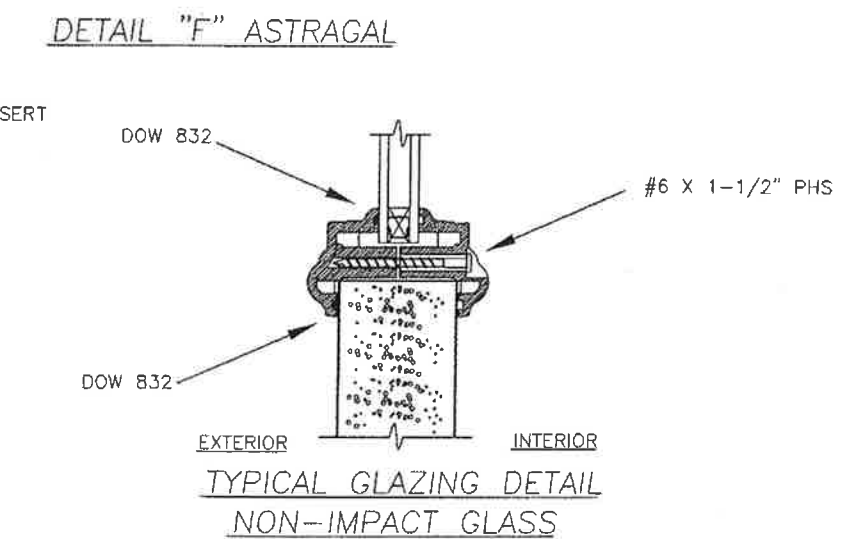
DATE: 1/5/07
SCALE: N.T.S.
DWG. BY: SWS
CHK. BY:
DRAWING NO.:
DWG-MA-FL0162-07
SHEET 1 OF 3



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



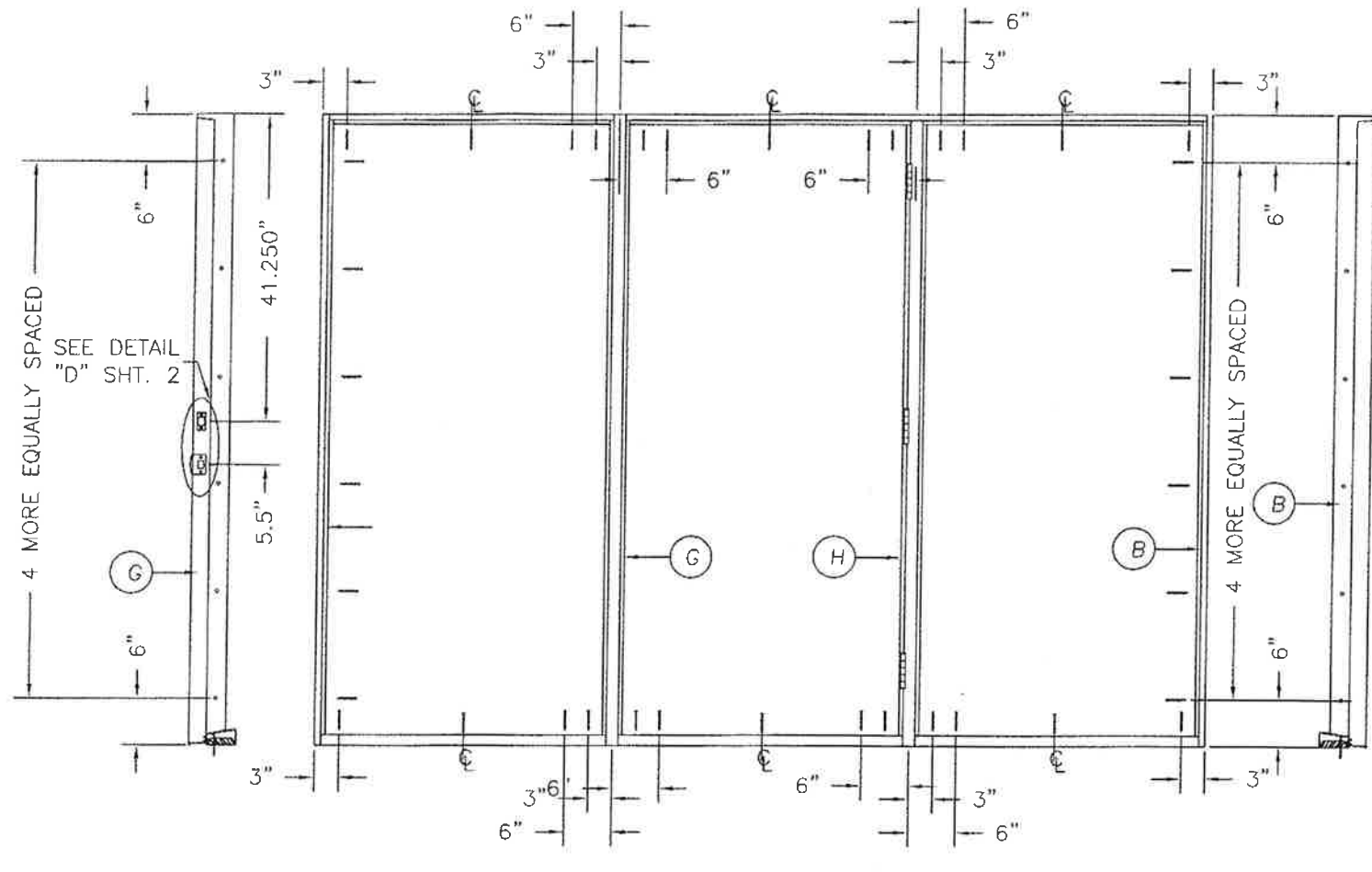
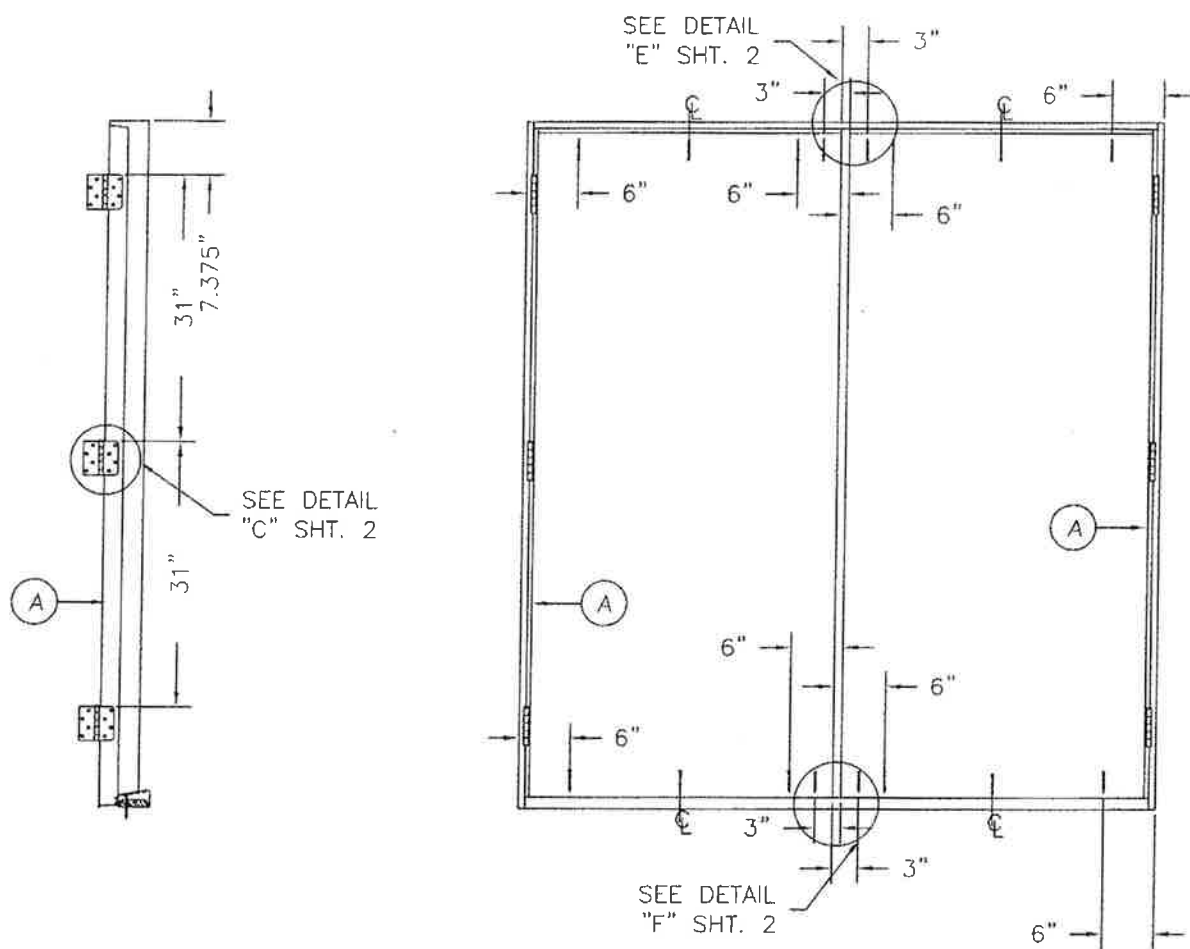
ASTRAGAL RETAINER BOLT HOLE MUST BE DRILLED THROUGH THE THRESHOLD & INTO THE STRUCTURE DEEP ENOUGH FOR A 1.375" THROW



Certification No.: N1006909-121
 Reviewed By: [Signature]
 Date Reviewed: 10/22/11

Addendum to NAMI

| | | | |
|-------------------|---------|--|----------------------|
| PRODUCT: | | "EXTERIOR DOOR PRODUCT" 6'-8" FIBERGLASS GLAZED DOUBLE DOOR UNIT | |
| PART OR ASSEMBLY: | | ANCHORING LOCATIONS & DETAILS | |
| REVISIONS | DATE | BY | |
| D | 9/7/11 | SWS | DETAIL CLARIFICATION |
| C | 11/2/10 | SWS | MISC UPDATES |
| B | 1/2/08 | SWS | HINGE SCREW LENGTH |
| A | 4/9/07 | SWS | UPDATED DP RATINGS |
| NO. | DATE | BY | |
| DATE: 1/5/07 | | | |
| SCALE: N.T.S. | | | |
| DWG. BY: SWS | | | |
| CHK. BY: | | | |
| DRAWING NO.: | | | |
| DWG-MA-FL0162-07 | | | |
| SHEET 2 OF 3 | | | |

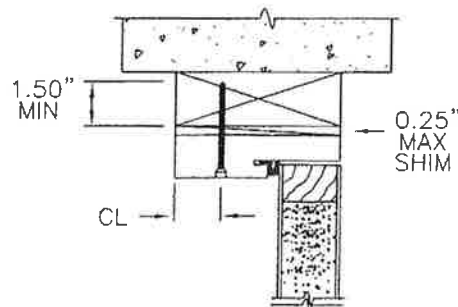


ATTACHMENT DETAIL

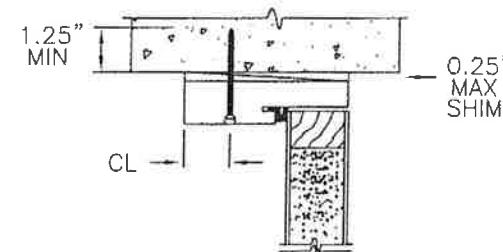
- ANCHOR ANALYSIS FOR LOADING CONDITIONS PREPARED, SIGNED AND SEALED BY LUIS R. LOMAS, PE (FLORIDA #62514) WITH THE LOWEST (LEAST) FASTENER RATING FROM THE DIFFERENT FASTENERS BEING CONSIDERED FOR USE. JAMB, HEAD, AND THRESHOLD FASTENERS ANALYZED FOR THIS UNIT INCLUDE #10 WOOD SCREWS OR 3/16" TAPCONS. A PHYSICAL SHIM MUST BE PLACED IN SHIM SPACE AT EACH ANCHOR LOCATION. TAPCON EDGE DISTANCE MIN 2-5/8".
- MULLIONS TO BE 2-1/2" X 4-3/8" STRUCTURAL GRADE FJ PINE ON CONTINUOUS HEAD AND SILL UNITS. BACK TO BACK JAMB UNITS JOINED WITH 1" X 1/2" LONG CORRUGATED FASTENERS LOCATED 3" FROM EACH END AND MAXIMUM 7" O.C. OR #10 X 2" FLAT HEAD WOOD SCREWS LOCATED 6" FROM EACH END AND MAXIMUM 12" O.C.
- THE WOOD SCREW SINGLE SHEAR DESIGN VALUES COME FROM ANSI/AF&PA NDA FOR SOUTHERN PINE LUMBER AND ACHIEVEMENT OF 1-1/2" MINIMUM EMBEDMENT. THE TAPCON MUST ACHIEVE MINIMUM EMBEDMENT OF 1-1/4".
- WOOD BUCKS BY OTHERS MUST BE ANCHORED PROPERLY TO TRANSFER LOADS TO STRUCTURE.
- MINIMUM DESIGN VALUE STRENGTH OF ANCHORS 171 LBS.

HARDWARE SCHEDULE

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



TYPICAL WOOD BUCK ANCHOR INSTALLATION



TYPICAL MASONRY ANCHOR INSTALLATION

Certification No.: N1006909-121
 Reviewed By: [Signature]
 Date Reviewed: 10/22/11

Addendum to NAMI

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

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

| NO. | DATE | REVISIONS | | |
|-----|---------|-----------|------|----------------------|
| | | BY | DATE | DESCRIPTION |
| D | 9/7/11 | SWS | | DETAIL CLARIFICATION |
| C | 11/2/10 | SWS | | MISC UPDATES |
| B | 1/2/08 | SWS | | HINGE SCREW LENGTH |
| A | 4/9/07 | SWS | | UPDATED DP RATINGS |

DATE: 1/5/07
 SCALE: N.T.S.
 DWG. BY: SWS
 CHK. BY:
 DRAWING NO.:
 DWG-MA-FL0162-07
 SHEET 3 OF 3