



City of Belle Isle

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

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: WINDOWS: 12 size for size

Comments: None

Project Information

Address: 5013 Gran Lac Avenue, Belle Isle, FL 32809
Parcel ID: 18-23-30-4386-03-590
Property Owner: Guzman, Nicely
Phone Number: none

Company Name: Custom Fenestration Products Corp
Contractor Name: Meachum, John
License Number: CBC1256917
Address: 412 Village View Lane
Phone Number: 407 834 1045

Permit Number: 2016-04-034

Date of Application: 04/21/2016

Date Permit Issued: 04/25/2016

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.

BUILDING FEATURES

IMPACT FEES

School \$
Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$61.50
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$65.50

Date Paid 4-25-16

CC or Check # MC 5112

Amount Paid 65.50

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).

BUILDING INSPECTOR USE ONLY

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

BUILDING

1st _____ (Footing/Foundation)
Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
2nd _____ (Slab)
3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
4th _____ (Exterior Framing)(Roof/Wall Sheathing)
5th _____ (Framing) (To be made after Plumbing/ Mechanical/
Electrical Rough-Ins & Windows/Doors Installed)
6th _____ (Insulation to be Made After Roof Installed)
7th _____ (Drywall)
8th _____ (Sidewalk/Driveway)
9th _____ (Other)
10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
2nd ROOFING Covering In-Progress _____
3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2nd _____ (Sewer)
3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

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>

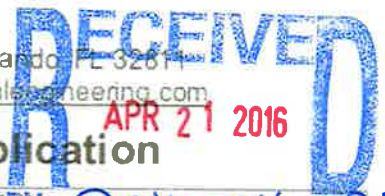
login ID = cobi@universalengineering.com

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



Building Permit (Land Use) Application

DATE: 4/21/2016

PERMIT #: 2016-04034

PROJECT ADDRESS 5013 Gran Lac, Belle Isle, FL 32809 32812

PROPERTY OWNER Nancy Guzman PHONE 347-256-7174 VALUE OF WORK (labor & material) \$ 4600

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Remove and Replace 12 windows (10 double hung, 2 horizontal sliders) size for size

Please provide information, if applicable.

- SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 18-23-30-4386-03-590

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. Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B C D

PLANNING & ZONING APPROVAL: NA
DATE

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

CONSTRUCTION TYPE _____
 OCCUPANCY GROUP Comm Res: Single Fam Multi Fam _____
 #BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE WELL SEPTIC _____

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

BUILDING REVIEWER cg DATE 4-25-16
 VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE SW DATE 4-21-16

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.

Page 1 of 2

1ST IK
 \$4 x 4
 25
 16
 41.2
 20.57
 61.50

3% FL SURCHARGE 4.00
 TOTAL 65.50

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

OTHER PERMITS REQUIRED:

ELECTRICAL	Y <input type="checkbox"/>	NA <input type="checkbox"/>
PREPOWER	Y <input type="checkbox"/>	NA <input type="checkbox"/>
MECHANICAL	Y <input type="checkbox"/>	NA <input type="checkbox"/>
PLUMBING	Y <input type="checkbox"/>	NA <input type="checkbox"/>
ROOFING	Y <input type="checkbox"/>	NA <input type="checkbox"/>
GAS	Y <input type="checkbox"/>	NA <input type="checkbox"/>



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

PERMIT # _____

Owner's Name Nicely Guzman

Owner's Address 1133 Mission Ridge Ct. Orlando 32835

Contractor Name John Meacham	Company Name Custom Fenestration Products Corp
License # CBC1256917	Company Address 412 Village View Ln.
Contact Phone/Cell 407-834-1045	City, State, ZIP Longwood, FL 32779
Contact Email ecoviewcentralflorida@gmail.com	Contact Fax N/A


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 3/29/18
 by Nicely Guzman who is personally known to me
 and who produced FLDL G 255-0391-72-0911-0
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange

Kathleen Foster
 COMMISSION #FF924473
 EXPIRES: October 5, 2019
 WWW.AARONNOTARY.COM

Contractor Signature [Signature]
 COMPANY NAME Custom Fenestration Products Corp.
 The foregoing instrument was acknowledged before me this 4/21/18
 by John Meacham who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange

Kathleen Foster
 COMMISSION #FF924473
 EXPIRES: October 5, 2019
 WWW.AARONNOTARY.COM

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:

Name: Kathleen Foster
Address: 311 Al-Amond Commerce Blvd # 1620
Altamonte Springs, FL 32714

DOC # 201602028
04/21/2016 14:26 PM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Martha O. Haynie, Comptroller
Orange County, FL
Ret To: SIMPLIFILE LC

NOTICE OF COMMENCEMENT

Permit Number: _____
Parcel ID Number: 18-23-30-4380-03-590

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

- DESCRIPTION OF PROPERTY:** (Legal description of the property and street address if available)
5013 GRAN LAC AVE ORLANDO, FL 32812
LAKE CONWAY ESTATES SEC 7 2138 LOT 359
- GENERAL DESCRIPTION OF IMPROVEMENT:**
Remove & Replace 12 windows size for size
- OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**
Name and address: Nicely Guzman 1133 Mission Ridge Ct. Orlando 32835
Interest in property: Owner
Fee Simple Title Holder (if other than owner listed above) Name: _____
Address: _____
- CONTRACTOR:** Name: John Weacham Phone Number: 407-834-1045
Address: 412 Village View Ln. Longwood, FL 32779
- SURETY (if applicable, a copy of the payment bond is attached):** Name: _____
Address: _____ Amount of Bond: _____
- LENDER:** Name: _____ Phone Number: _____
Address: _____
- 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: _____ Phone Number: _____
Address: _____
- 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: _____
- 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.

 _____
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)
NICELY GUZMAN
(Print Name and Provide Signatory's Title/Office)

State of Florida County of Orange

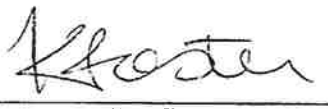
The foregoing Instrument was acknowledged before me this 20th day of March, 20

by Nicely Guzman Name of person making statement Who is personally known to me OR

who has produced identification type of identification produced: FL DC 6255-639-72-691-0



Kathleen Foster
COMMISSION #FF924473
EXPIRES: October 5, 2019
www.AARONNOTARY.COM

 _____
Notary Signature



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 [Hot Topics](#) |
 [Submit Surcharge](#) |
 [Stats & Facts](#) |
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Product Approval
USER: Public User

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OFFICE OF THE SECRETARY

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

FL # FL16067-R1
Application Type Revision ✓
Code Version 2014
Application Status Approved
 *Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer Slocomb Windows and Doors Inc.
Address/Phone/Email 247 Old River Rd
 Wilkes-Barre, PA 18702
 (800) 248-5494 Ext 243
 nate.blackwelder@slocombwindows.com

Authorized Signature Luis Lomas
 rlomas@lrlomaspe.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category Windows
Subcategory Horizontal Slider

Compliance Method Certification Mark or Listing

Certification Agency Keystone Certifications, Inc.
Validated By Keystone Certifications, Inc.

Referenced Standard and Year (of Standard)

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

Equivalence of Product Standards
Certified By

Product Approval Method Method 1 Option A

Date Submitted 07/09/2015
Date Validated 07/14/2015

Summary of Products

FL #	Model, Number or Name	Description
16067.1	777 PROTECH SLIDER XOx 1/3-1/3-1/3	777 PROTECH SLIDER XOx 1/3-1/3-1/3 COMPOSITE REINFORCED NON IMPACT
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +30/-30 Other:		Certification Agency Certificate FL16067_R1_C_CAC_286-757CAR.pdf Quality Assurance Contract Expiration Date 07/29/2018 Installation Instructions FL16067_R1_II_08-01720A.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16067_R1_AE_512401A.pdf Created by Independent Third Party: Yes
16067.2	777 PROTECH SLIDER XOx 1/4-1/2-1/4	777 PROTECH SLIDER XOx 1/4-1/2-1/4 COMPOSITE REINFORCED NON IMPACT
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +30/-30 Other:		Certification Agency Certificate FL16067_R1_C_CAC_286-758CAR.pdf Quality Assurance Contract Expiration Date 07/29/2018 Installation Instructions FL16067_R1_II_08-01721A.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16067_R1_AE_512402A.pdf Created by Independent Third Party: Yes
16067.3	777 PROTECH SLIDER XX 69X44	777 PROTECH SLIDER XX 69X44 COMPOSITE REINFORCED NON IMPACT
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55/-55 Other:		Certification Agency Certificate FL16067_R1_C_CAC_286-760CAR.pdf Quality Assurance Contract Expiration Date 07/29/2018 Installation Instructions FL16067_R1_II_08-01723A.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16067_R1_AE_512404A.pdf Created by Independent Third Party: Yes
16067.4	777 PROTECH SLIDER XX 72X56	777 PROTECH SLIDER XX 72X56 COMPOSITE REINFORCED NON IMPACT
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +35/-35 Other:		Certification Agency Certificate FL16067_R1_C_CAC_286-759CAR.pdf Quality Assurance Contract Expiration Date 07/29/2018 Installation Instructions FL16067_R1_II_08-01722A.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16067_R1_AE_512403A.pdf Created by Independent Third Party: Yes

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

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	07/07/15	R.L.

- NOTES:
1. THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH REQUIREMENTS OF THE FLORIDA BUILDING CODE.
 2. WOOD FRAMING AND MASONRY OPENING TO BE DESIGNED AND ANCHORED TO PROPERLY TRANSFER ALL LOADS TO STRUCTURE. FRAMING AND MASONRY OPENING IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
 3. 1X BUCK OVER MASONRY/CONCRETE IS OPTIONAL. WHERE 1X BUCK IS NOT USED DISSIMILAR MATERIALS MUST BE SEPARATED WITH APPROVED COATING OR MEMBRANE. SELECTION OF COATING OR MEMBRANE IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
 4. ALLOWABLE STRESS INCREASE OF 1/3 WAS NOT USED IN THE DESIGN OF THE PRODUCT SHOWN HEREIN. WIND LOAD DURATION FACTOR $C_d=1.6$ WAS USED FOR WOOD ANCHOR CALCULATIONS.
 5. FRAME MATERIAL: EXTRUDED RIGID PVC.
 6. UNITS MUST BE GLAZED PER ASTM E1300-04.
 7. APPROVED IMPACT PROTECTIVE SYSTEM IS REQUIRED FOR THIS PRODUCT IN WIND BORNE DEBRIS REGIONS.
 - A SHIM AS REQUIRED AT EACH INSTALLATION ANCHOR WITH LOAD BEARING SHIM. SHIM WHERE SPACE OF 1/16" OR GREATER OCCURS. MAXIMUM ALLOWABLE SHIM STACK TO BE 1/4".
 - B FOR ANCHORING INTO WOOD FRAMING OR 2X BUCK USE #8 WOOD SCREWS WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 - C FOR ANCHORING INTO MASONRY/CONCRETE USE 3/16" TAPCONS WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE WITH 2 1/2" MINIMUM EDGE DISTANCE. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 - D FOR ANCHORING INTO METAL STRUCTURE USE #8 SMS OR SELF DRILLING SCREWS WITH SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM BEYOND STRUCTURE INTERIOR WALL. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 12. ALL FASTENERS TO BE CORROSION RESISTANT.
 13. INSTALLATION ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH ANCHOR MANUFACTURER'S INSTALLATION INSTRUCTIONS AND ANCHORS SHALL NOT BE USED IN SUBSTRATES WITH STRENGTHS LESS THAN THE MINIMUM STRENGTH SPECIFIED BELOW:
 - A. WOOD - MINIMUM SPECIFIC GRAVITY OF G=0.42
 - B. CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 3,192 PSI
 - C. MASONRY - STRENGTH CONFORMANCE TO ASTM C-90, GRADE N, TYPE 1 (OR GREATER)
 - D. METAL STRUCTURE: STEEL 18GA, 33KSI OR ALUMINUM 6063-T5 1/8" THICK MINIMUM

SHEET NO.	NOTES	DESCRIPTION
1		
2	ELEVATIONS	
3 -- 5	INSTALLATION DETAILS	

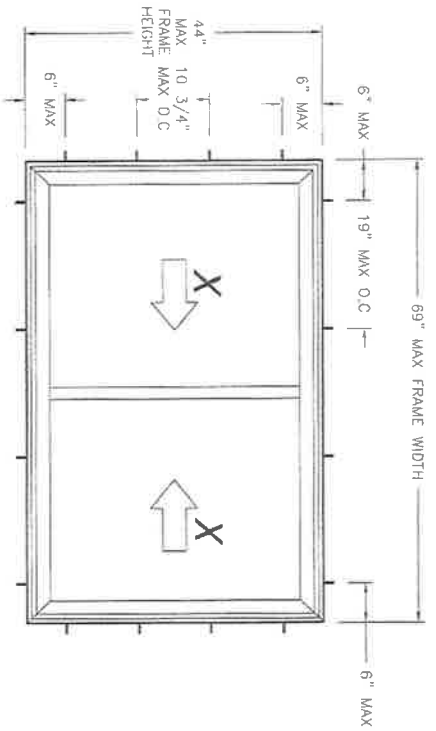
SLOCUMB WINDOWS AND DOORS
 247 OLD RIVER ROAD
 WILKES-BARRE, PA 17802

777 PROTECH SLIDER XX
 WITH COMPOSITE REINFORCEMENT 69" X 44"
 NOTES

BRAND A.P.	DATE 08/23/12	08-01723	REV A
SCALE NTS	DATE 08/23/12	SHEET 1 OF 5	



REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	07/07/15	RL



777 PROTECH SLIDER XX
EXTERIOR VIEW

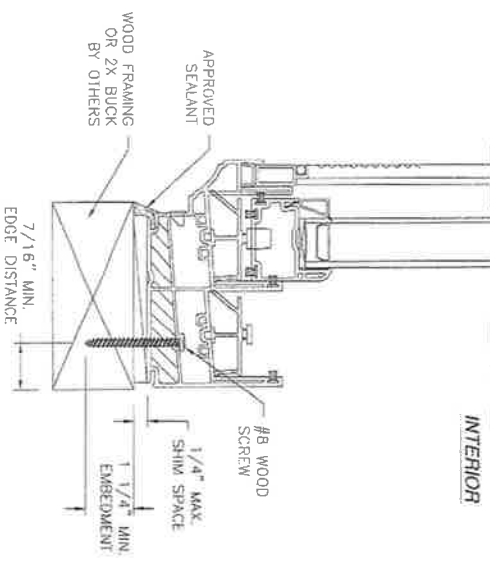
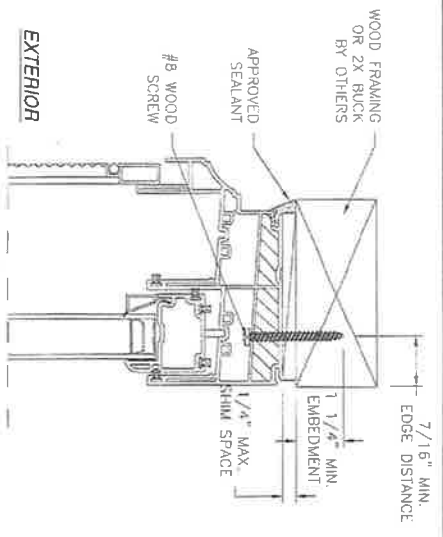
DESIGN PRESSURE RATING	IMPACT RATING
±55.0PSF	NONE

SIGNED: 07/08/2015

SLOCOMB WINDOWS AND DOORS			
247 OLD RIVER ROAD WILKES-BARRE, PA. 17802			
777 PROTECH SLIDER XX WITH COMPOSITE REINFORCEMENT 69" X 44" ELEVATIONS			
DRAWN: A.P.	DWG NO: 08-01723	REV A	SCALE NTS
DATE 08/23/12	SHEET 2 OF 5		

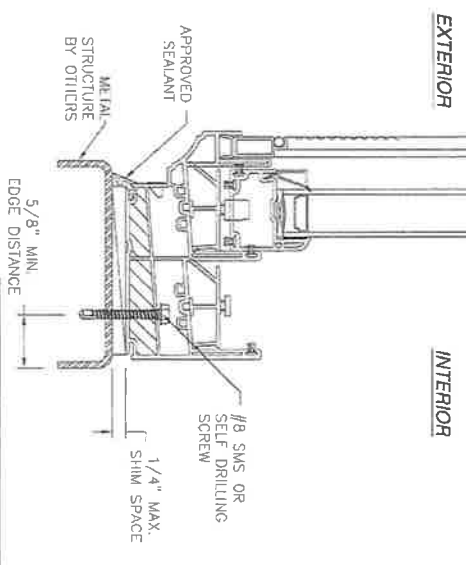
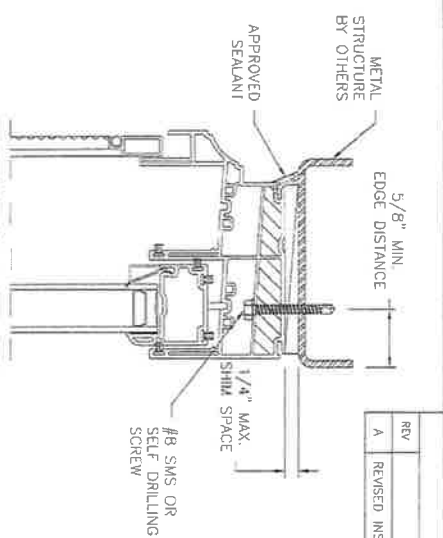


REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	07/07/15	R.L.



VERTICAL CROSS SECTION
WOOD FRAMING OR 2X BUCK INSTALLATION

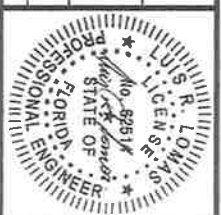
- NOTES:
1. INTERIOR AND EXTERIOR FINISHES, BY OTHERS, NOT SHOWN FOR CLARITY.
 2. PERIMETER AND JOINT SEALANT BY OTHERS TO BE DESIGNED IN ACCORDANCE WITH ASTM E112



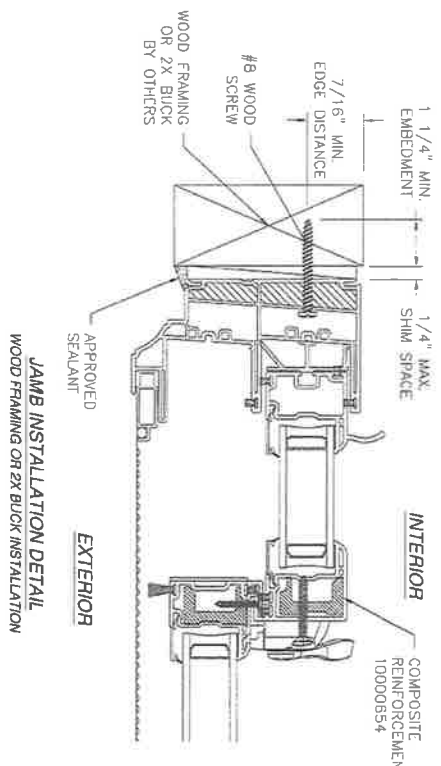
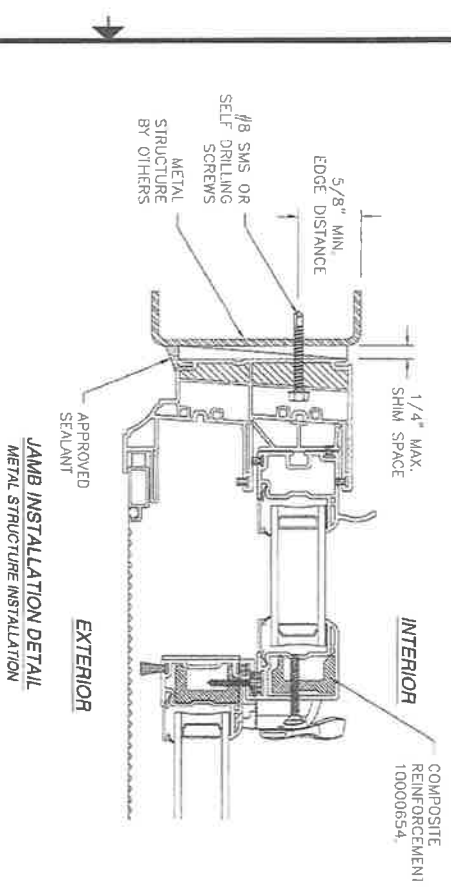
VERTICAL CROSS SECTION
METAL STRUCTURE INSTALLATION

SLOCUMB WINDOWS AND DOORS			
247 OLD RIVER ROAD WILKES-BARRE, PA 17802			
777 PROTECH SLIDER XX WITH COMPOSITE REINFORCEMENT 69" X 44"			
OWNER	DWG NO.	REV	
A.P.	08-01723	A	
SCALE	DATE	SHEET	
NTS	08/23/12	3 OF 5	

SIGNED: 07/08/2015



REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	07/07/15	R.L.



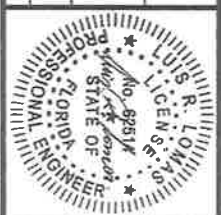
- NOTES:
1. INTERIOR AND EXTERIOR FINISHES, BY OTHERS. NOT SHOWN FOR CLARITY.
 2. PERIMETER AND JOINT SEALANT BY OTHERS TO BE DESIGNED IN ACCORDANCE WITH ASTM E2112

SIGNED: 07/08/2015

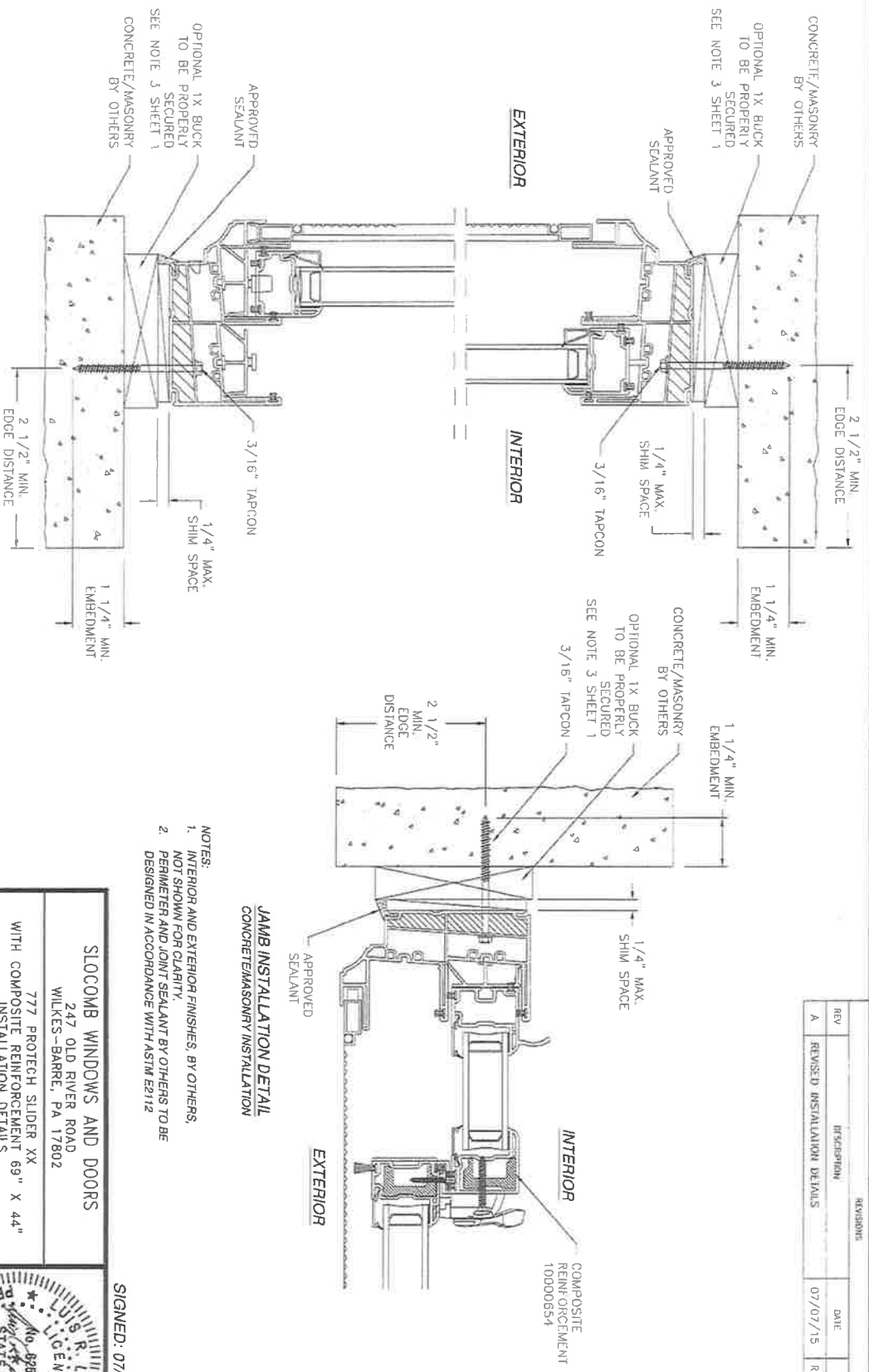
SLOCOMB WINDOWS AND DOORS
247 OLD RIVER ROAD
WILKES-BARRE, PA 17802

777 PROTECH SLIDER XX
WITH COMPOSITE REINFORCEMENT 69" X 44"
INSTALLATION DETAILS

OWNER: A.P.	DWG. NO. 08-01723	REV. A
SCALE NTS	DATE 08/23/12	SHEET 4 OF 5



REVISIONS		
REV	DESCRIPTION	DATE
A	REVISED INSTALLATION DETAILS	07/07/15
		APPROVED
		R.L.

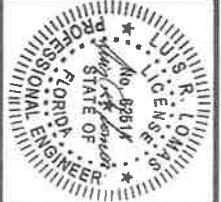



- NOTES:
1. INTERIOR AND EXTERIOR FINISHES, BY OTHERS, NOT SHOWN FOR CLARITY.
 2. PERIMETER AND JOINT SEALANT BY OTHERS TO BE DESIGNED IN ACCORDANCE WITH ASTM E2112

JAMB INSTALLATION DETAIL
CONCRETE/MASONRY INSTALLATION

SIGNED: 07/08/2015

<p>SLOCUMB WINDOWS AND DOORS 247 OLD RIVER ROAD WILKES-BARRE, PA 17802</p>	
<p>777 PROTECH SLIDER XX WITH COMPOSITE REINFORCEMENT 69" X 44" INSTALLATION DETAILS</p>	
<p>DATE 08/23/12</p>	<p>REV A</p>
<p>SCALE NTS</p>	<p>SHEET 5 OF 5</p>



	Document Title: Structural Performance Certification Authorization Report	Doc No: FRM B1-02	
		Rev No: 7	Page: 1 Of: 1
Required By: PRO B1-03			

CAR & Product ID Number: 286 - 760.0
Issue Date: 1/18/2012
Revision Date: 7/7/2015
Expiration Date: 7/29/2018
Company Code: 286

This Certification Authorization Report (CAR) is issued by Keystone Certifications, Inc. (KCI) after full validation review, and is based on a standardized evaluation of the product conducted by an independent accredited laboratory in accordance with the specified referenced standard. Actual fenestration product performance may vary based on many factors, including installation, condition of the wall/roof substrate and the age of the product and installation components.


This report indicates the product is eligible for the application of Keystone Certification Program certification labels. Licensee stipulates in affixing certification labels to products, that those products are representative of the specimen evaluated and documented for certification authorization. Only products bearing such a certification label shall be considered certified. The information in this report can be verified at www.keystonecerts.com.

Licensee Information: Slocomb Windows & Doors 247 Old River Road Wilkes Barre PA 18702	Product Information: Model: 777 ProTech Slider XX Operator Type: HS Config: EM/IM Max Width: 69 Max Height: 44
--	--

Referenced Standard: AAMA/WDMA/CSA 101/IS2/A440-05	Product Rating: HS-LC55 1753x1118* (69x44*)
--	---

Qualifying Test Information:	
Test Report No:	ATI-B2080.03-501-47
Test Report Expiration:	7/29/2018

Authorized Signature:


2015.07.07
10:14:30 -04'00'

Keystone Certifications, Inc.

564 Old York Road, Suite 5
Etters, Pennsylvania 17319
Phone: 717-932-8500
Fax: 717-932-8501

L. Roberto Lomas P.E.

233 W. Main St.
Danville, VA 24541
434-688-0609
rlomas@lrlomaspc.com

Engineering Evaluation Report

Report No.: 512404A

Manufacturer: Slocomb Windows and Doors
247 Old River Road
Wilkes-Barre, PA 17802

Product Line: 777 Protech Slider XX with Composite Reinforcement – 69" x 44"

Compliance:

The above mentioned product has been evaluated for compliance with the requirements of the Florida Department of Business and Professional Regulation for Statewide Acceptance per Rule 61G20-3.005 method 1(a). The product listed herein complies with requirements of the current Florida Building Code.

Supporting Technical Documentation:

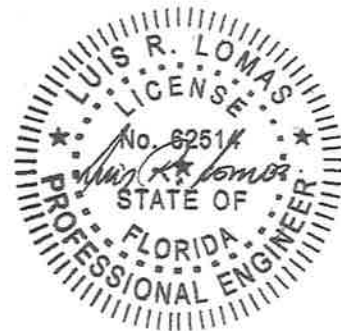
1. Approval document: drawing number 08-01723 Revision A, prepared, signed and sealed by Luis Roberto Lomas P.E.
2. Report No.: B2080.01-501-47 signed and sealed by Lynn George P.E.
Architectural Testing Inc, Springdale, PA
AAMA/WDMA/CSA 101/I.S.2/A440-05
Design pressure: ± 55.0psf
Water penetration resistance 8.36psf
3. Anchor calculations, report number 512404-1, prepared, signed and sealed by Luis Roberto Lomas P.E.

Limitations and Conditions of use:

- Maximum design pressure: ±55.0psf
- Maximum unit size: 69" X 44"
- Units must be glazed per ASTM E1300-04.
- This product is not rated to be used in the HVHZ.
- This product is not impact resistant and requires impact protection in wind borne debris regions.
- Frame material to be rigid PVC.

Installation: Units must be installed in accordance with approval document, 08-01723 Revision A.

Certification of Independence: Please note that I don't have nor will acquire a financial interest in any company manufacturing or distributing the product(s) for which this report is being issued. Also, I don't have nor will acquire a financial interest in any other entity involved in the approval process of the listed product(s).





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Product Approval
USER: Public User

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

FL #	FL16066-R2																
Application Type	Revision <input checked="" type="checkbox"/>																
Code Version	2014																
Application Status	Validated																
Comments																	
Archived																	
Product Manufacturer	Slocomb Windows and Doors Inc.																
Address/Phone/Email	247 Old River Rd Wilkes-Barre, PA 18702 (800) 248-5494 Ext 243 nate.blackweider@slocombwindows.com																
Authorized Signature	Luis Lomas rlomas@lrlomaspe.com																
Technical Representative																	
Address/Phone/Email																	
Quality Assurance Representative																	
Address/Phone/Email																	
Category	Windows																
Subcategory	Double Hung																
Compliance Method	Certification Mark or Listing																
Certification Agency	Keystone Certifications, Inc.																
Validated By	Keystone Certifications, Inc.																
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>AAMA/WDMA/CSA 101/I.S.2/A440</td> <td>2005</td> </tr> <tr> <td>AAMA/WDMA/CSA 101/I.S.2/A440</td> <td>2011</td> </tr> <tr> <td>ASTM E1886</td> <td>2005</td> </tr> <tr> <td>ASTM E1996</td> <td>2006</td> </tr> <tr> <td>TAS 201</td> <td>1994</td> </tr> <tr> <td>TAS 202</td> <td>1994</td> </tr> <tr> <td>TAS 203</td> <td>1994</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	AAMA/WDMA/CSA 101/I.S.2/A440	2005	AAMA/WDMA/CSA 101/I.S.2/A440	2011	ASTM E1886	2005	ASTM E1996	2006	TAS 201	1994	TAS 202	1994	TAS 203	1994
<u>Standard</u>	<u>Year</u>																
AAMA/WDMA/CSA 101/I.S.2/A440	2005																
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ASTM E1886	2005																
ASTM E1996	2006																
TAS 201	1994																
TAS 202	1994																
TAS 203	1994																
Equivalence of Product Standards																	
Certified By																	
Product Approval Method	Method 1 Option A																
Date Submitted	07/06/2015																

Slocomb DH

Summary of Products

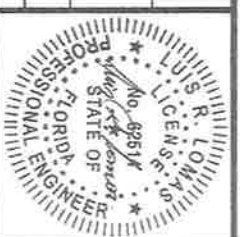
FL #	Model, Number or Name	Description
16066.1	1143 IMPACT DOUBLE HUNG WINDOW	1143 IMPACT DOUBLE HUNG 48x72
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-50 Other: FRAME MATERIAL TO BE RIGID PVC FROM DECEUNINCK NORTH AMERICA AAMA CERTIFIED (DEP-1).		Certification Agency Certificate FL16066 R2 C CAC 286-1036.pdf FL16066 R2 C CAC 286-1096.pdf FL16066 R2 C CAC 286-213.pdf Quality Assurance Contract Expiration Date 03/14/2019 Installation Instructions FL16066 R2 II 08-01726C.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16066 R2 AE 14-0423.17-COMP.pdf FL16066 R2 AE 14042317.pdf FL16066 R2 AE 512407C.pdf Created by Independent Third Party: Yes
16066.2	143.195 DOUBLE HUNG 48X72 NON IMPACT	143.195 DOUBLE HUNG 48X72 NON IMPACT
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		Certification Agency Certificate FL16066 R2 C CAC 286-1039.pdf Quality Assurance Contract Expiration Date 03/16/2019 Installation Instructions FL16066 R2 II 08-01727A.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16066 R2 AE 512408A.pdf Created by Independent Third Party: Yes
16066.3	477 WINDBLOCKER DOUBLE HUNG	477 WINDBLOCKER DOUBLE HUNG 44X77
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50.0/-50.0 Other:		Certification Agency Certificate FL16066 R2 C CAC 286-437CAR.pdf Quality Assurance Contract Expiration Date 12/14/2019 Installation Instructions FL16066 R2 II 08-02733.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16066 R2 AE 513517.pdf Created by Independent Third Party: Yes
16066.4	477 WINDBLOCKER DOUBLE HUNG	477 WINDBLOCKER DOUBLE HUNG 44X63
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50.0/-50.0 Other:		Certification Agency Certificate FL16066 R2 C CAC 286-439CAR.pdf Quality Assurance Contract Expiration Date 12/14/2019 Installation Instructions FL16066 R2 II 08-02729.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16066 R2 AE 513513.pdf Created by Independent Third Party: Yes
16066.5	477 WINDBLOCKER DOUBLE HUNG	477 WINDBLOCKER DOUBLE HUNG 54"X72
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +55.0/-55.0 Other:		Certification Agency Certificate FL16066 R2 C CAC 286-1603CAR.pdf Quality Assurance Contract Expiration Date 03/17/2019 Installation Instructions FL16066 R2 II 08-02728.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL16066 R2 AE 513512.pdf Created by Independent Third Party: Yes
16066.6	677 PROTECH DOUBLE HUNG 40X63	677 PROTECH DOUBLE HUNG COMPOSITE REINFORCED 40X63

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	12/09/13	R.L.

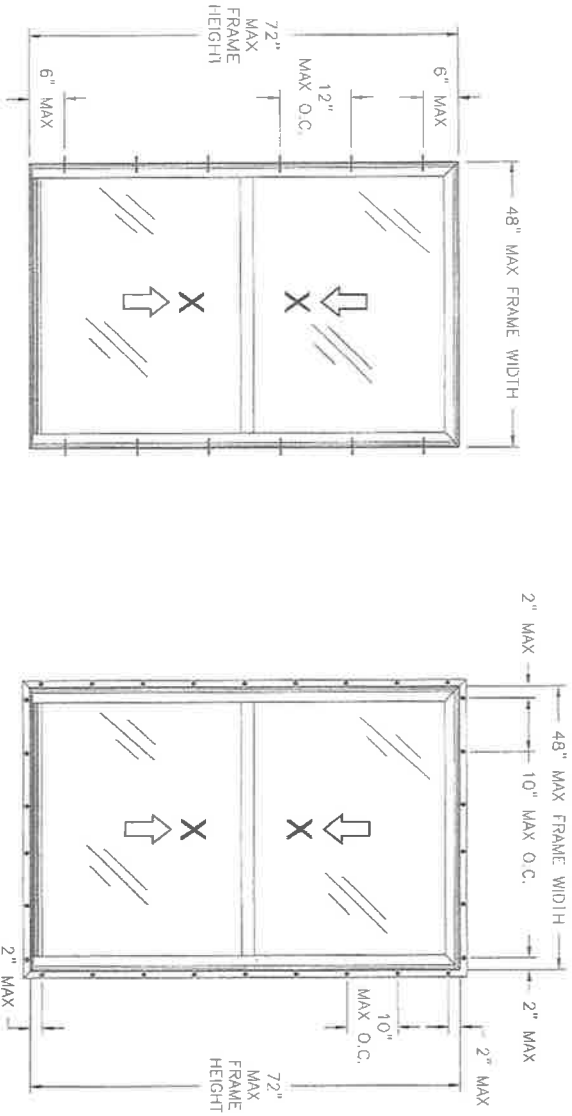
- NOTES:
1. THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH REQUIREMENTS OF THE FLORIDA BUILDING CODE.
 2. WOOD FRAMING AND MASONRY OPENING TO BE DESIGNED AND ANCHORED TO PROPERLY TRANSFER ALL LOADS TO STRUCTURE. FRAMING AND MASONRY OPENING IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
 3. 1X BUCK OVER MASONRY/CONCRETE IS OPTIONAL, WHERE 1X BUCK IS NOT USED DISSIMILAR MATERIALS MUST BE SEPARATED WITH APPROVED COATING OR MEMBRANE. SELECTION OF COATING OR MEMBRANE IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
 4. ALLOWABLE STRESS INCREASE OF 1/3 WAS NOT USED IN THE DESIGN OF THE PRODUCT SHOWN HEREIN. WIND LOAD DURATION FACTOR Cd=1.6 WAS USED FOR WOOD ANCHOR CALCULATIONS.
 5. FRAME MATERIAL: EXTRUDED RIGID PVC.
 6. UNITS MUST BE GLAZED PER ASTM E1300-04.
 7. APPROVED IMPACT PROTECTIVE SYSTEM IS REQUIRED FOR THIS PRODUCT IN WIND BORNE DEBRIS REGIONS.
 8. SHIM AS REQUIRED AT EACH INSTALLATION ANCHOR WITH LOAD BEARING SHIM. SHIM WHERE SPACE OF 1/16" OR GREATER OCCURS. MAXIMUM ALLOWABLE SHIM STACK TO BE 1/4".
 9. FOR ANCHORING INTO WOOD FRAMING OR 2X BUCK USE #8 WOOD SCREWS WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 10. FOR ANCHORING INTO MASONRY/CONCRETE USE 3/16" TAPCONS WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE WITH 2 1/2" MINIMUM EDGE DISTANCE. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 11. FOR ANCHORING INTO METAL STRUCTURE USE #8 SMS OR SELF DRILLING SCREWS WITH SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM BEYOND STRUCTURE INTERIOR WALL. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 12. ALL FASTENERS TO BE CORROSION RESISTANT.
 13. INSTALLATION ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH ANCHOR MANUFACTURER'S INSTALLATION INSTRUCTIONS AND ANCHORS SHALL NOT BE USED IN SUBSTRATES WITH STRENGTHS LESS THAN THE MINIMUM STRENGTH SPECIFIED BELOW:
 - A. WOOD - MINIMUM SPECIFIC GRAVITY OF G=0.42
 - B. CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 3,192 PSI.
 - C. MASONRY - STRENGTH CONFORMANCE TO ASTM C-90, GRADE N, TYPE 1 (OR GREATER).
 - D. METAL STRUCTURE: STEEL 18GA, 33KSI OR ALUMINUM 6063-T5 1/8" THICK MINIMUM

SHEET NO.	NOTES	DESCRIPTION
1		TABLE OF CONTENTS
2	ELEVATIONS	
3 - 5	INSTALLATION DETAILS	

SLOCOMB WINDOWS AND DOORS			
247 OLD RIVER ROAD WILKES-BARRE, PA 17802			
SERIES 143.195 VINYL DOUBLE HUNG NON-IMPACT WINDOW - 48" X 72" NOTES			
DRAWN: A.P	DWG NO. 08-01727	REV A	
SCALE NTS	DATE 09/12/12	SHEET 1 OF 5	



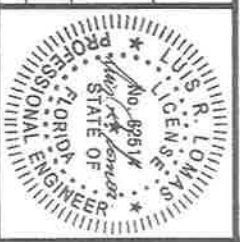
REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	12/09/13	R.L.



DESIGN PRESSURE RATING	IMPACT RATING
±50PSF	NONE

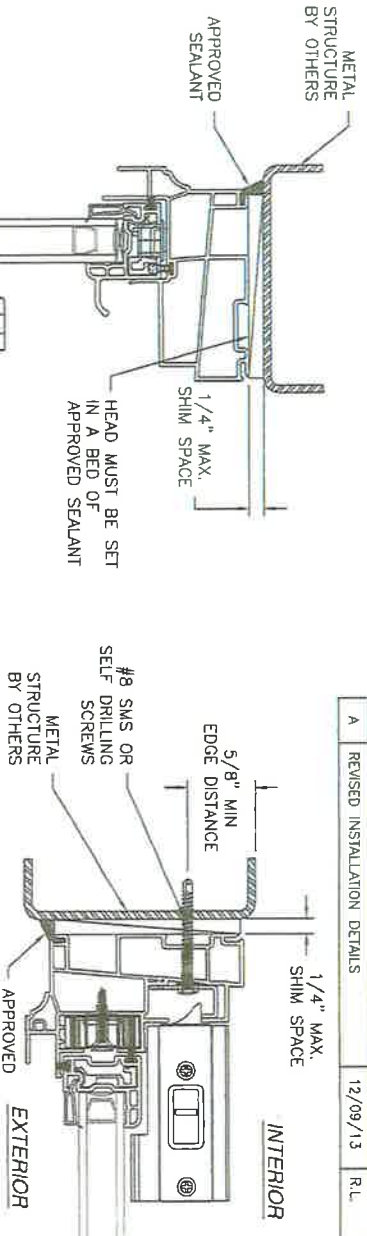
- NOTES:
1. MAXIMUM SASH SIZE: 43 3/8" X 34 5/8"
 2. MAXIMUM D.L.O.: 41 3/8" X 32 3/8"

SLOCUMB WINDOWS AND DOORS 247 OLD RIVER ROAD WILKES-BARRE, PA 17802			
SERIES 143.195 VINYL DOUBLE HUNG NON-IMPACT WINDOW - 48" X 72" ELEVATIONS			
DRAWN:	DWG NO.	REV	
A.P	08-01727	A	
SCALE NTS	DATE 09/12/12	SHEET 2 OF 5	

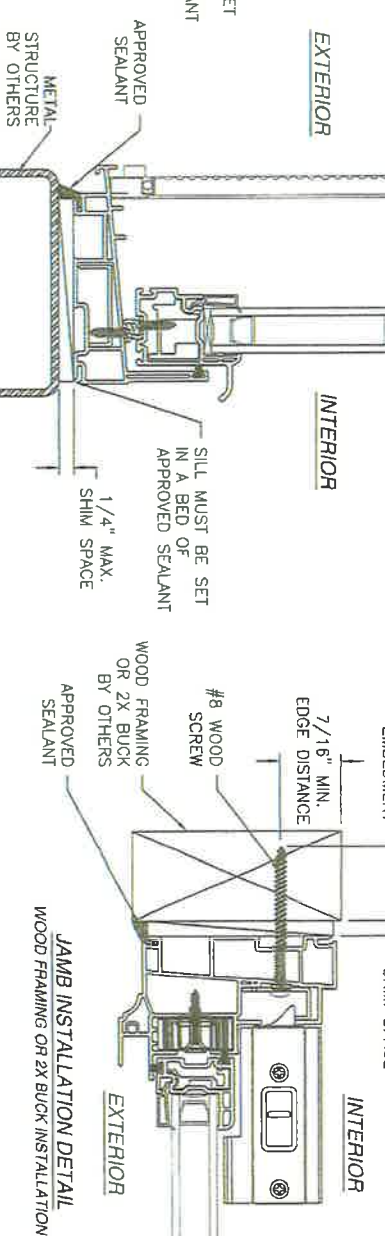


SIGNED: 07/02/2015

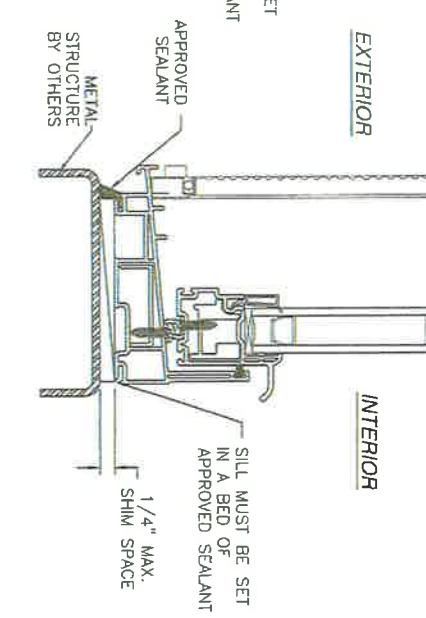
REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	12/09/13	R.L.



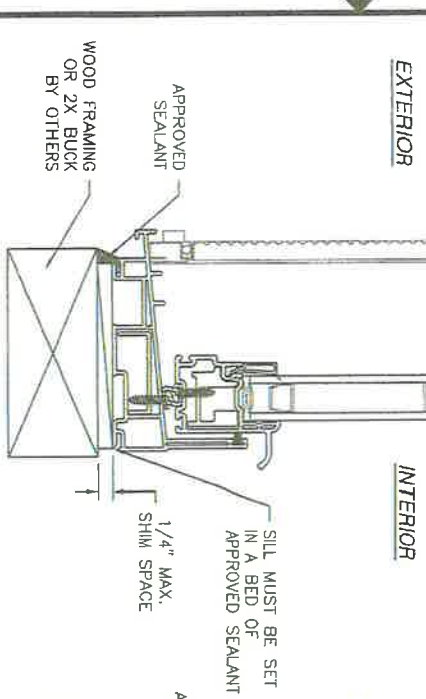
JAMB INSTALLATION DETAIL
METAL STRUCTURE INSTALLATION



JAMB INSTALLATION DETAIL
WOOD FRAMING OR 2X BUCK INSTALLATION



VERTICAL CROSS SECTION
METAL STRUCTURE INSTALLATION



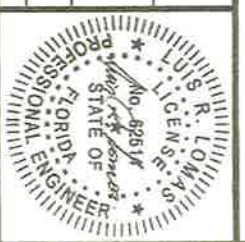
VERTICAL CROSS SECTION
WOOD FRAMING OR 2X BUCK INSTALLATION

SLOCOMB WINDOWS AND DOORS
247 OLD RIVER ROAD
WILKES-BARRE, PA 17802

SERIES 143.195 VINYL DOUBLE HUNG
NON-IMPACT WINDOW - 48" X 72"
INSTALLATION DETAILS

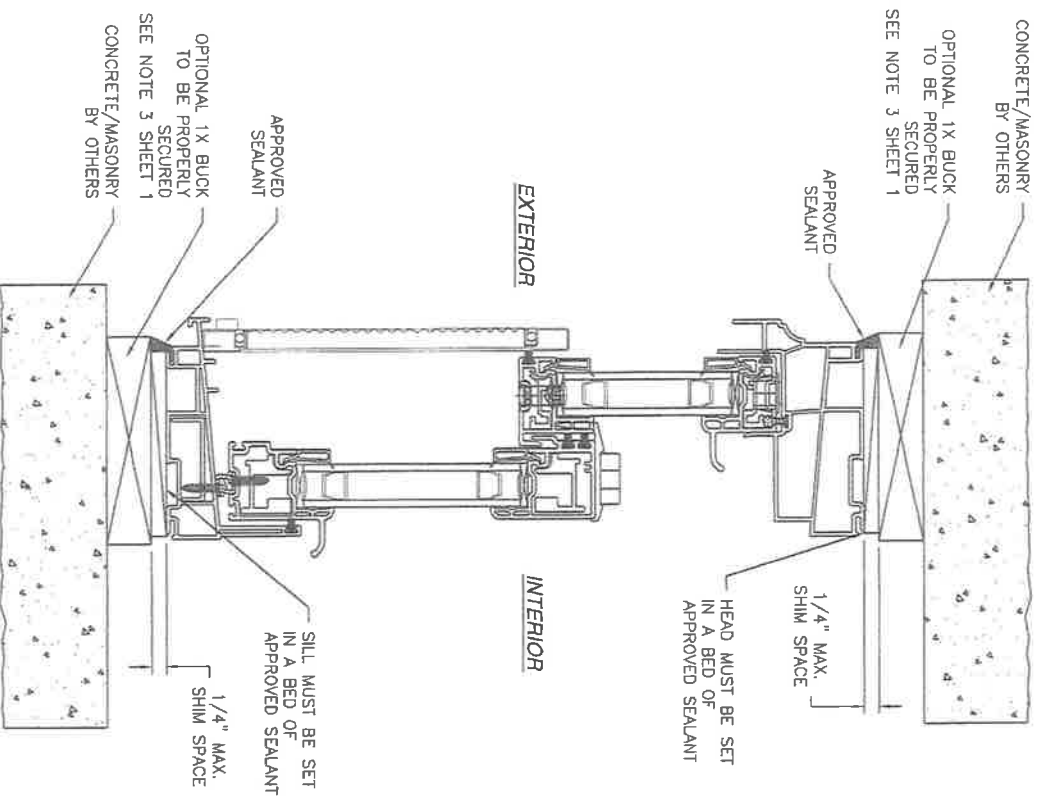
DRAWN: A.P.	DWG NO. 08-01727	REV A
SCALE NTS	DATE 09/12/12	SHEET 3 OF 5

SIGNED: 07/02/2015



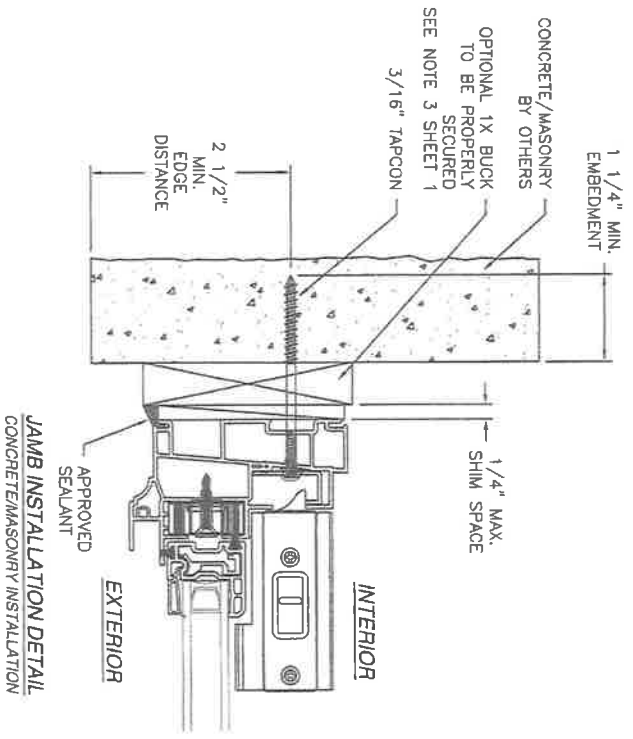
- NOTES:
1. INTERIOR AND EXTERIOR FINISHES, BY OTHERS, NOT SHOWN FOR CLARITY.
 2. PERIMETER AND JOINT SEALANT BY OTHERS TO BE DESIGNED IN ACCORDANCE WITH ASTM E212

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	12/09/13	R.L.



VERTICAL CROSS SECTION
CONCRETE/MASONRY INSTALLATION

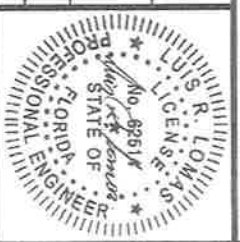
- NOTES:
1. INTERIOR AND EXTERIOR FINISHES, BY OTHERS.
 2. NOT SHOWN FOR CLARITY.
 3. PERIMETER AND JOINT SEALANT BY OTHERS TO BE DESIGNED IN ACCORDANCE WITH ASTM E2112



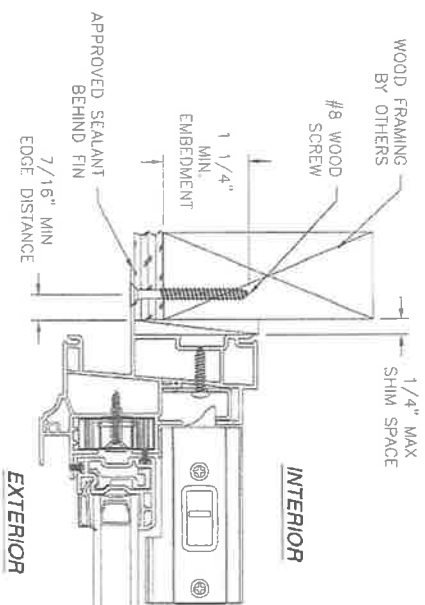
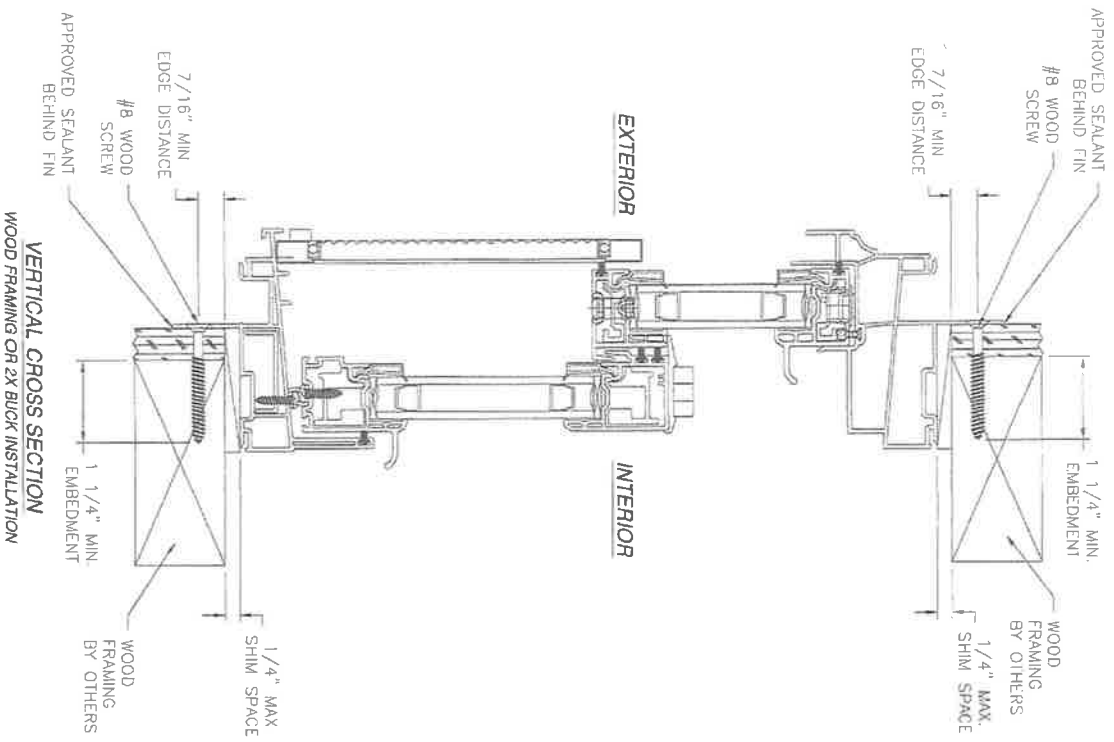
JAMB INSTALLATION DETAIL
CONCRETE/MASONRY INSTALLATION

SIGNED: 07/02/2015

SLOCOMB WINDOWS AND DOORS 247 OLD RIVER ROAD WILKES-BARRE, PA 17802	
SERIES 143.195 VINYL DOUBLE HUNG NON-IMPACT WINDOW - 48" X 72" INSTALLATION DETAILS	
DRAWN: A.P.	DWG NO. 08-01727
SCALE NTS	DATE 09/12/12
SHEET 4 OF 5	REV A



REVISIONS			
REV	DESCRIPTION	DATE	APPROVED
A	REVISED INSTALLATION DETAILS	12/09/13	R.L.



JAMB INSTALLATION DETAIL
WOOD FRAMING OR 2X BUCK INSTALLATION

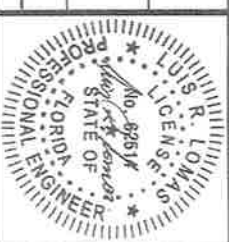
- NOTES:**
1. INTERIOR AND EXTERIOR FINISHES, BY OTHERS. NOT SHOWN FOR CLARITY.
 2. PERIMETER AND JOINT SEALANT BY OTHERS TO BE DESIGNED IN ACCORDANCE WITH ASTM E2112

SIGNED: 07/02/2015

SLOCOMB WINDOWS AND DOORS
247 OLD RIVER ROAD
WILKES-BARRE, PA 17802

SERIES 143.195 VINYL DOUBLE HUNG
NON-IMPACT WINDOW - 48" X 72"
INSTALLATION DETAILS

DRAWN: A.P.	DWG NO. 08-01727	REV A
SCALE NTS	DATE 09/12/12	SHEET 5 OF 5



L. Roberto Lomas P.E.

233 W. Main St.
Danville, VA 24540
434-688-0609
rlomas@lrlomaspe.com

Engineering Evaluation Report

Report No.: 512408A

Manufacturer: Slocomb Windows and Doors
247 Old River Road
Wilkes-Barre, PA 17802

Product Line: Series 143.195 Vinyl Double Hung Non-Impact Window – 48" x 72"

Compliance:

The above mentioned product has been evaluated for compliance with the requirements of the Florida Department of Business and Professional Regulation for Statewide Acceptance per Rule 61G20-3.005 method 1(a). The product listed herein complies with requirements of the current Florida Building Code.

Supporting Technical Documentation:

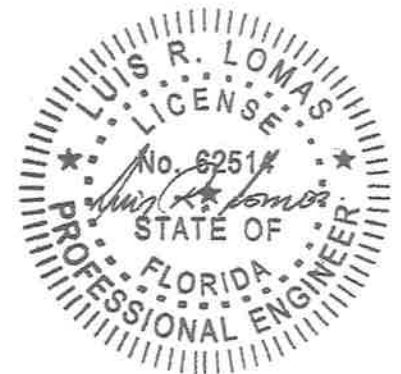
1. Approval document: drawing number 08-01727 revision A, prepared, signed and sealed by Luis Roberto Lomas P.E.
2. Report No.: ESP009376P-12 signed and sealed by Ramesh C. Patel P.E.
Element Materials Technology, Wausau, WI
AAMA/WDMA/CSA 101/I.S.2/A440-05
Design pressure: ±50.0psf
Water penetration resistance 7.5psf
3. Report No.: ESP009376P-14 signed and sealed by Ramesh C. Patel P.E.
Element Materials Technology, Wausau, WI
AAMA/WDMA/CSA 101/I.S.2/A440-05
Design pressure: ±50.0psf
Water penetration resistance 7.5psf
4. Anchor calculations, report number 512408-1, prepared, signed and sealed by Luis Roberto Lomas P.E.

Limitations and Conditions of use:


- Maximum design pressure: ±50.0psf
- Maximum unit size: 48" x 72"
- Units must be glazed per ASTM E1300-04.
- This product is not rated to be used in the HVHZ.
- This product is not impact resistant and requires impact protection in wind borne debris regions.
- Frame material to be rigid PVC.

Installation: Units must be installed in accordance with approval document, 08-01727 revision A.

Certification of Independence: Please note that I don't have nor will acquire a financial interest in any company manufacturing or distributing the product(s) for which this report is being issued. Also, I don't have nor will acquire a financial interest in any other entity involved in the approval process of the listed product(s).



Luis R. Lomas, P.E.
FL No.: 62514
07/06/2015

	Document Title:	Doc No:	FRM B1-02	
	Structural Performance Certification Authorization Report	Rev No: 7	Page: 1	Of: 1
Required By: PRO B1-03				

CAR & Product ID Number: 286 - 1039.0
 Issue Date: 9/18/2012
 Revision Date: 7/6/2015
 Expiration Date: 3/16/2019
 Company Code: 286

This Certification Authorization Report (CAR) is issued by Keystone Certifications, Inc. (KCI) after full validation review, and is based on a standardized evaluation of the product conducted by an independent accredited laboratory in accordance with the specified referenced standard. Actual fenestration product performance may vary based on many factors, including installation, condition of the wall/roof substrate and the age of the product and installation components.

This report indicates the product is eligible for the application of Keystone Certification Program certification labels. Licensee stipulates in affixing certification labels to products, that those products are representative of the specimen evaluated and documented for certification authorization. Only products bearing such a certification label shall be considered certified. The information in this report can be verified at www.keystonecerts.com.

Licensee Information:	Product Information:
Slocomb Windows & Doors 247 Old River Road Wilkes Barre PA 18702	Model: 143.195 Double Hung Operator Type: H Config: All/Clip/Sill, GS-1/8" Ann IG Max Width: 48 Max Height: 72

Referenced Standard:	Product Rating:
AAMA/WDMA/CSA 101/IS2/A440-05	H-R50 1219x1829 (48x72)

Qualifying Test Information:	
Test Report No:	ESP 009376P-12R/14R/010455P-12R/14R
Test Report Expiration:	3/16/2019

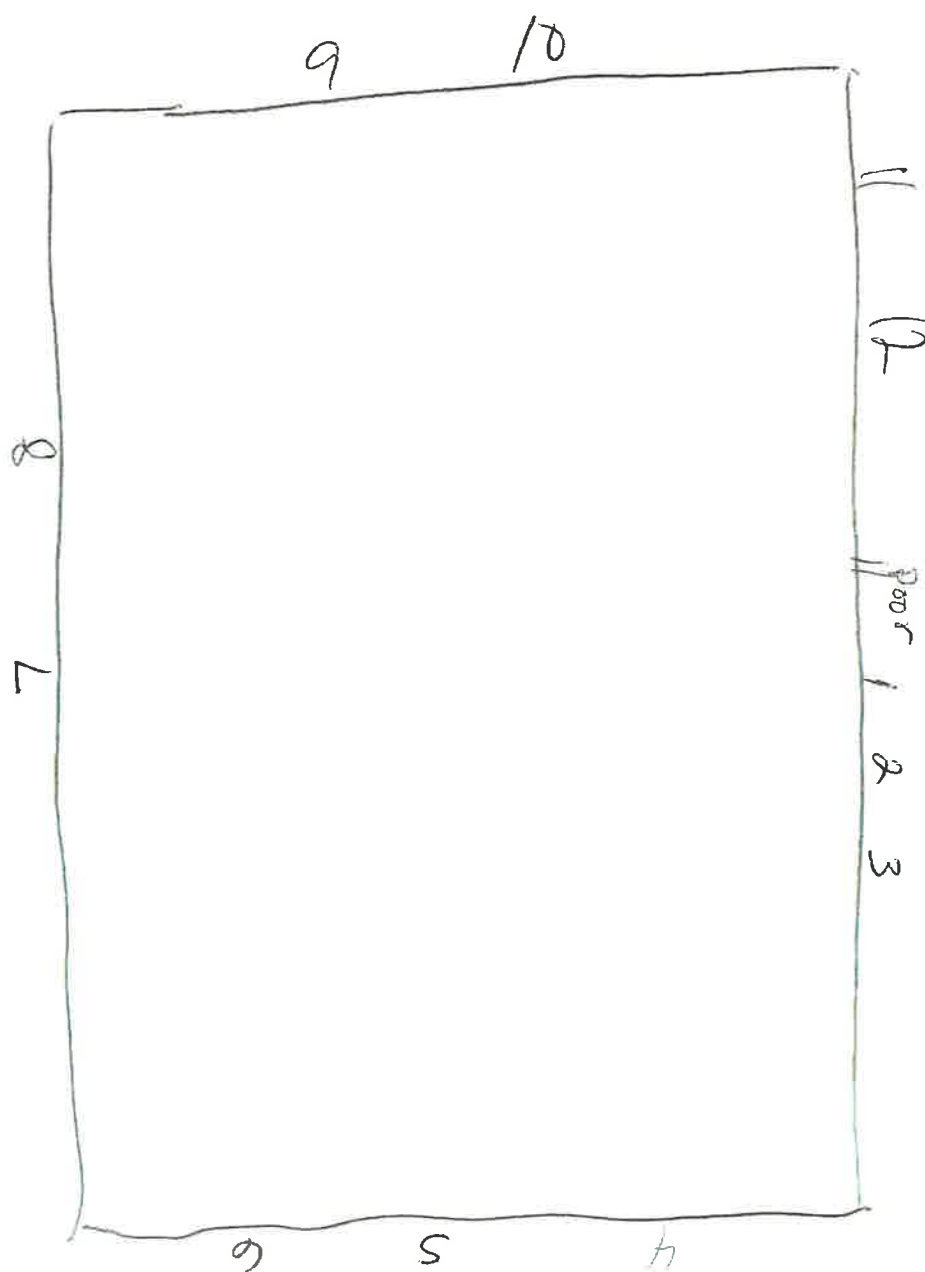
Authorized Signature:


 2015.07.06
 13:43:07 -04'00'

Keystone Certifications, Inc.

564 Old York Road, Suite 5
 Etters, Pennsylvania 17319
 Phone: 717-932-8500
 Fax: 717-932-8501

8+9 see 2 lite sliders,
the rest double hung.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Florida Insurance Planners 195 Wekiva Springs Rd Ste 104 Longwood, FL 32779	CONTACT NAME: _____
	PHONE (A/C, No, Ext): 407 767 1634 FAX (A/C, No): 407 767 5034 E-MAIL ADDRESS: _____
INSURED CUSTOM FENESTRAN PRODUCTS P O BOX 520333 LONGWOOD, FL 32750	INSURER(S) AFFORDING COVERAGE
	INSURER A: MOUNT VERNON FIRE INSURANCE
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		APP123385108	02/28/2016	02/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle
 1600 Nela Avenue
 Belle Isle FL, 32829

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



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/3/2016 EXPIRATION DATE: 3/3/2018
PERSON: MEACHAM JOHN A
FEIN: 271444473

BUSINESS NAME AND ADDRESS:

CUSTOM FENESTRATION PRODUCTS CORPORATION

412 VILLAGE VIEW LANE

LONGWOOD FL 32779

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a



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

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

(850) 487-1395

**MEACHAM, JOHN A
CUSTOM FENESTRATION PRODUCTS CORP.
412 VILLAGE VIEW LANE
LONGWOOD FL 32779**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



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

CBC1256917 ISSUED: 08/24/2014

**CERTIFIED BUILDING CONTRACTOR
MEACHAM, JOHN A
CUSTOM FENESTRATION PRODUCTS CORP.**

**IS CERTIFIED under the provisions of Ch 489 FS
Expiration date AUG 31 2016 L1408240002883**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CBC1256917	

**The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016**



**MEACHAM, JOHN A
CUSTOM FENESTRATION PRODUCTS CORP.
412 VILLAGE VIEW LANE
LONGWOOD FL 32779**



ISSUED: 08/24/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408240002883



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 - Sanford, FL 32772-0630 - Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/16

CUSTOM FENESTRATION PRODUCTS CORPORATION

412 VILLAGE VIEW LANE

LONGWOOD, FL 32779

Account #: 195265

NOT REGULATED

JOHN MEACHAM (OWNER)

Receipt #: 33012016022902579

Amount Paid: \$ 25.00

Date Paid: 02/29/2016

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053[1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt. (FS 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407 665-7636.

CUSTOM FENESTRATION PRODUCTS CORPORATION

412 VILLAGE VIEW LANE

LONGWOOD, FL 32779

County Services Building
1101 E First Street
Sanford, FL 32771

Casselberry Office
104 Wilshire Blvd, Unit 1000
Casselberry, FL 32707

Oak Grove Shoppes
995 N SR 434 Suite 505
Altamonte Springs, FL 32714

ShelMar Prof'l Building
1490 Swanson Dr #100
Oviedo, FL 32765

Commons at Primera
845 Primera Blvd
Lake Mary, FL 32746