

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

APPLICATION FOR SIZE-FOR-SIZE WINDOW / DOOR PERMIT

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 AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN

PRINT. The undersigned hereby applies for a permit to make installations as indicated below: Indicess 1220 MA COLLET R		
DATE OF APPLICATION: 4 PERMIT NUMBER 30 5-09-03		
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:		
Project Address 4 - 1 Agricultural Agricultura Agricultural Agricultural Agricultural Agricultural Agricultural Agricultur		
Property Owner Service 1		
Property Owner's Mainting Address		
7 7 7 Code 32 X 09 Parcel Id Number: 24-23-24-3400-00-142		
Type of Building: Residential Commercial Commercial Other		
REQUIRED! Florida Product Approval Screen Printout from <u>www.floridabuilding.org</u> showing the Code Version		
REQUIRED! Florida Product Approval Installation Instructions from <u>www.floridabuilding.org</u> (not the manufacturer instructions)		
REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses		
Please indicate the nature of work by completing the information below:		
I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and it same is granted lagree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances. By signing below, I recognize 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.		
BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING THAT YOU ARE ACTING AS THE OWNER'S AGENT FOR THIS PERMIT:		
EIGENGE HOLDER CIGHT		
LICENSE HOLDER NAME SCOTA A VOLGO COMPANY NAME FASTING, CCC		
Street Address SOX O WILLIAM DR		
PERMIT NUMBER DEPRINT. The undersigned hereby applies for a permit to make installations as indicated below: Address (220) MAHAMER		
Building Official: Date 4-11.20/8 Review Fee \$ 48.50		
Total Permit Fee		
+x18 = 22 170 = 2.0 min 1.590 = 2.18		



City of Belle Isle Job Site Card Window/Door PERMIT 2018-04-030

<u>PERMIT MUST BE POSTED ON SITE</u> - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2018-04-030

Site Address: 6201 Matchett Rd. 32809

Class:

Residential

Description of Work: Replace (2) two doors size for size

Issue Date: 04/11/2018

Parcel # 24-23-29-3400-00-162

Subdivision:

Issued To: FASWD LLC

Name: VARGA, SCOTT ALEXANDER

Business Phone:407 489-8683

Contractor License # CGC1518212

Payment Date & Method: 4 / 11 / 2018

■ Visa

■ Master Card

□ Amex

□ Discover

□ Check / Money Order

5296

Schedule Inspections via Email at: BIDscheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

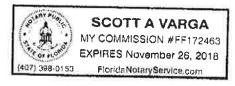
Window/Door	INSPECTOR	DATE	COMMENTS
900 In-Progress			
910 Final			

Inspection requests are to be emailed to BIDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must-be-made-by-4pm. 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.

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

Prepared By J. GOOCH Return to FASWD, LLC 3020 Mercy Dr Orlando FL 32808 DOC # 20180212124
04/10/2018 08:56 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL

	NOTICE OF COMMENCEMENT Orange County, FL Ret To: SIMPLIFILE LC
	State of Florida County of OV TUPE Parcel ID 211-23-29-3100-00-102 Permit #: 2018-04-030
	The undersigned hereby gives notice that improvement will be made to contain section
	THE N 160FT OF S 325FT OF LOT 10 E OF MATCHETI RD & REGIONNES LA
アとらん	a Owner name/address: JONN HOlloway (220) MOHOLLH RA. b Interest in property: Owner of the Selle (15 July 18 32809) c Name and address of fee simple title holder (if other than owner): Sally 18 32809
_	4. Contractor Name and Address: FASWD_LLC 3020 MERCY DRIVE, ORLANDO, FL 32808
	5 Surety - Name and Address 14 de 497-770-0184 Fax 407-770-0187
	Amount of bond: \$
	6 Lender – Name and Address: MA
	7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7. Florida Statutes:
	In addition to him/herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713 13(1)(b) Florida Statutes [Provide Name/Mailing Address]:
,	NOC expiration date (one full year from the date of recording unless different date is specified).
F 6	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 SEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEMENT.
V	erification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.
<	And
S	ignature of Owner/A Natural Person (of Owner S.A. Corized Orticer Director Partner/Manager)
0; a;	the foreign of name of party on behalf of whom instrument was executed)
No	Personally Know OR Produced Identification



Prepared By Cauch Return to FASWD, LLC 3020 Mercy Dr Orlando FL 32808

DOC # 20180212124

04/10/2018 08:56 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL

NOTICE OF COMMENCEMENT

	State of Florida County of OV TUGE OF COMMENCEMENT County of OV TUGE Parcel ID. 211-23-29-31/00-00-11/02 Permit #:
90437	The undersigned hereby gives notice that improvement will be made to certain real property. In accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement: 1. Legal description of Property (and street address if available). SUB OF HUKNUH HOWISTROD (53 THE N 160FT OF 5 355FT OF LOT IDE OF MATCHETI P.D. & RECICIONED LOVE BOHOM to Lake 2 General description of improvement. COON REPLACEMENT 3. Owner name/address: JONN HOLOWAY (201 MATCHET) A SUBJECT
	4. Contractor Name and Address: FASWD_LLC 3020 MERCY DRIVE_ORLANDO_FL_32808 Phone 407-770-0184 Fax 407-770-0187
	Amount of bond S
	6 Lender – Name and Address: VLA
	7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7. Florida Statutes:
	8 In addition to him/herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713 13(1)(b) Florida Statutes [Provide Name/Mailing Address]:
:	9 NOC expiration date (one full year from the date of recording unless different date is
E	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 OF 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.
V	ferification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.
	ignature of Owner/A Natural Person (pr Owner s Luthor 2ed Orticer Director Partner/Manager)
b,	ne foreigning instrument was acknowledged before me this 27 day of Murch 20 16 (put) name of party on benaif of whom instrument was executed; (type of
N	ciding Public Personally Known -OR Produced Identification
_ Г	
- 10	SCOTT A VARGA

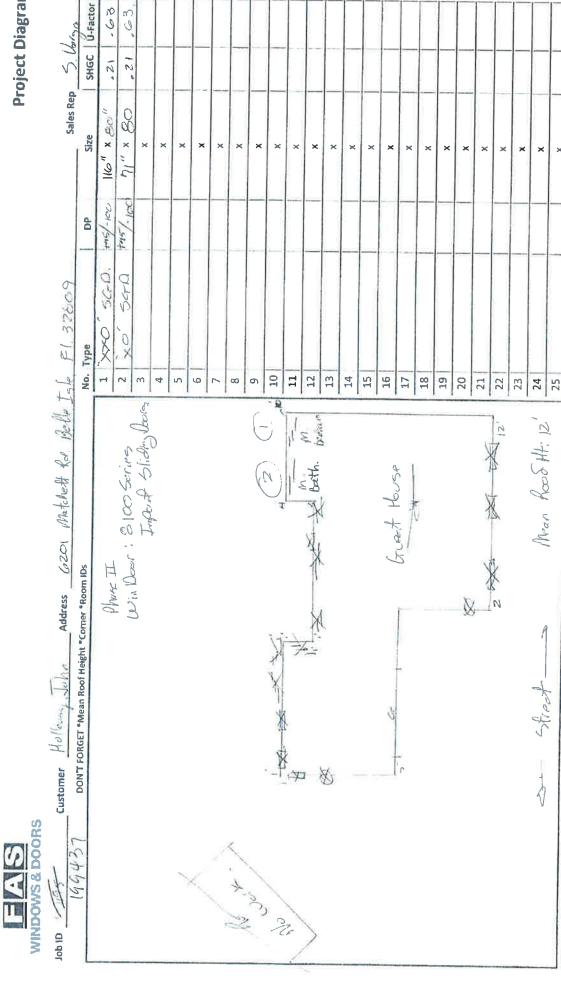


LIMITED POWER OF ATTORNEY

	Date: 4/9/18
Jeana i Jenni-	fer
I hereby name and appoint Young 4 Goot	to be my lawful attorney-in-fact to act
for me and apply for a	permit for work to be performed at the
location described as:	politic ventre de penemieu at ale
Lezoi Match	etted.
(Address of	Job)
JUVIN HOIIOI	MU
(Owner of Pro	openy) (
And to sign my name and do all things necessary to this ap	pointment.
	(st 11.
-	Signature of Certified Contractor
_	Scott A. Varga (CGC1518212)
	Printed Name of Contractor and License Number
STATE OF FLORIDA	
COUNTY OF OVANGE	
0	a Anid 18
The foregoing instrument was acknowledged before me this	day of, 20, by
of identification) has identification.	or L has produced (type
1	
Sugar un a Bakella	
Signature of Notary Public, State of Floriga	
	(SEAL)
Suzanne Baltzley Print/Type/Stamp Name of Notary Public	ş
At a sound a sound as a second a sound	Notary Public State of Florida

Notary Public State of Florida Suzanne Baltzley My Commission GG 160896 Expires 12/02/2021 .63 603

12.



Printed On: 6/27/2016 at 2:37 PM

Page 1 of 1

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Mran Row SHF: 12'



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783 (850) 487-1395

MILLER, DALLAS LEE D & D GARAGE DOORS INC 1177 CATTLEMAN ROAD SARASOTA FL 34232

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

CBC1258205

ISSUED: 05/23/2016

CERTIFIED BUILDING CONTRACTOR
MILLER, DALLAS LEE
D & D GARAGE DOORS INC

IS CERTIFIED under the provisions of Ch.489 FS. Expiration date: AUG 31, 2018 L1605230000861

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CBC1258205

The BUILDING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2018



MILLER, DALLAS LEE D & D GARAGE DOORS INC 1177 CATTLEMAN ROAD SARASOTA FL 34232





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/21/2018

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement	. A st	tatement on
	DUCER				CONTA NAME:		Department			
Cor	nmercial Lines					o, Ext): 888-57		FAX (A/C, No):		
USI	Insurance Services National, Inc.				E-MAIL ADDRE		trinet.com	[AUC, NO]:		
260	1 South Bayshore Drive, Suite 1600				ADDICE	00.		RDING COVERAGE		NAIC#
Coc	onut Grove, FL 33133				INSURE	1		Company of North Ameri	ca	43575
INSU	RED				INSURE	RB:				
Stra	tegic Outsourcing, Inc.				INSURE	RC:				
RE:	D & D Garage Doors, Inc.				INSURE	RD:				
РО	Box 241448				INSURE	RE:				
Cha	rlotte, NC 28224				INSURE	RF:				
				NUMBER: 12686538				REVISION NUMBER: S		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
									S	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							201000000000000000000000000000000000000	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO								\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							ODODEDTV STATES	S	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
-4		-							\$	
	UMBRELLA LIAB OCCUR								S	
	EXCESS LIAB CLAIMS-MADE								\$	
	DED RETENTION \$ WORKERS COMPENSATION			144 5 66 46 56 66	-	03/01/2018	03/01/2019	X PER OTH-	S	
Α	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			WLRC64970033		03/01/2016	03/01/2019		c	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	S e	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								S	1,000,000
	BESONI TION OF STENATIONS SCION									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	I ES /A	CORD	101 Additional Persarks Schadul	o may b	attached if more	enace is require	ad)		
	:: Qualifier Dallas Miller State License				ie, may bi	attached ii more	s space is require	ed)		
111	Qualifier Bailds Willer State Election	r. ODC	71200	3200 .						
Wo	rkers Compensation is limited to works	ite em	ploye	ees of D & D Garage Doors	s, Inc. th	rough a co-e	mployment co	ontract with Strategic Outs	ourcin	g, Inc.
CEF	RTIFICATE HOLDER				CANC	ELLATION				
160	y of Belle Isle 00 Nela Ave Il Isle FL 32809				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
					AUTHO	RIZED REPRESE				
							gearm	Sparker		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2017

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).

		W-100-00-00-00-00-00-00-00-00-00-00-00-00	
PRODUCER		CONTACT Kristi Adams	
Ben Brown Insurance Agend	су	PHONE (A/C, No. Ext): (941) 366-9373 FAX (A/C, No): (941) 3	55-3143
3731 S Tuttle Ave		E-MAIL ADDRESS: certificates@benbrownins.com - Jessi	.ca
		INSURER(S) AFFORDING COVERAGE	NAIC#
Sarasota FL	34239-6410	INSURER A :National Trust Ins Co	20141
INSURED		INSURER B:Monroe Guaranty Ins Co	32506
D & D Garage Doors, Inc.		INSURER C :	
1177 Cattlemen Rd		INSURER D:	
		INSURER E :	
Sarasota FL	34232	INSURER F :	
COVERAGES	CERTIFICATE NUMBER:18/1 A11	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.

		JSIONS AND CONDITIONS OF SUCH I						
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	X	COMMERCIAL GENERAL LIABILITY		New ALTERNA				EACH OCCURRENCE \$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED \$ 100,000
	х	Contractual Liability			GL0011328-8	1/1/2018	1/1/2019	MED EXP (Any one person) \$ 5,000
	х	xcu						PERSONAL & ADV INJURY \$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
		OTHER:						Employee Benefits \$ 1,000,000
	AUT	OMOBILE LIABILITY		İ				COMBINED SINGLE LIMIT \$ 1,000,000
В	X	ANY AUTO				(BODILY INJURY (Per person) \$
-		ALL OWNED SCHEDULED AUTOS			CA10000843-02	1/1/2018	1/1/2019	BODILY INJURY (Per accident) \$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
								Uninsured Motorist Liab / BI \$
	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 2,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2,000,000
		DED X RETENTION \$ 0			UMB10002008101	1/1/2018	1/1/2019	\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$
	(Man	idatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
_	_			-				U

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

Garage door installation & maintenance. - Qualifier: Dallas Miller, State license #CBC1258205

CERTIFICATE HOLDER	CANCELLATION
(407)240-2222 City of Belle Isle 1600 Nela Ave Bell Isle, FL 32809	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
	Ryan Brown/KIM



Searches

€ Sales Search

Property Record Card

拳 My Favorites

6201 Matchett Rd < 24-23-29-3400-00-162 >

Holloway John W Life Estate

Rem: John W Holloway Homestead Trust

Maning Andrew Collins

6201 Matchett Rd

Belle Isle, FL 32809-5147 Incorrect Mailing Address? en. : Weerlan er

6201 Matchett Rd Tosta Ity P. Zinicie

Orlando, Fl 32809

F1226 1, 250

0130 - Sfr - Lake Front

Belle isle

292324340000162 10/04/2006

View 2017 Property Record Card

Property Features

Values, Exemptions and Taxes

Sales Analysis

Location Info

Market Stats

Update Information

View Plat

2018 values will be available in August of 2018.

Property Description

SUB OF HARNEY HOMESTEAD C/53 THE N 160 FT OF S 325 FT OF LOT 16 E OF MATCHETT RD & RECLAIMED LAKE BOTTOM TO LAKE

Total Land Area

124,286 sqft (+/-) | 2.85 acres (+/-) GIS Calculated

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working	working	working	working

Page 1 of 1 (1 total records)

Buildings

	Important Information		Structure			
n/\	Model Code:	01 - Single Fam Residence	Actual Year Built:	1956	Gross Area:	6260 sqft
More	Type Code:	0103 - Single Fam Class III	Beds:	4	Living Area:	5387 sqft
Detaile	Building Value:	working	Baths:	3,5	Exterior Wall:	Concrete Block Stucco
1	Estimated New Cost:	working	Floors:	1	Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value	
FPL3 - Good Fireplace	01/01/1956	1 Unit(s)	working	
BH2 - Boat House 2	01/01/1956	1 Unit(s)	working	
PL1 - Typical 0100 Pool	01/01/1980	1 Unit(s)	working	
PT3 - Patio 3	01/01/1996	1 Unit(s)	working .	
BC2 - Boat Cover 2	01/01/1996	1 Unit(s)	working	
SPA2 - Spa 2	01/01/2002	1 Unit(s)	working	
BD2 - Boat Dock 2	01/01/2002	1 Unit(s)	working	

Page 1 of 1 (7 total records)

This Data Printed on 04/04/2018 and System Data Last Refreshed on 04/03/2018

Client#: 1409420

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/OD/YYYY) 4/12/2017

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.

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PRODUCER		CONTACT NAME:			
BB&T Insurance Services, Inc. PO Box 4927 Orlando, FL 32802-4927 407 691-9600		PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 8		868-635-4183	
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE INSURER A : Gemini Insurance Company		10833	
					INSURED
FASWD LLC dba FA	S Windows & Doors	INSURER C : Amerisure Insurance Co	mpany	19488	
and dba FAS Exterio	13	INSURER D:			
3020 Mercy Drive		INGURER E :			
Orlando, FL 32808		MISURER F:			
COVERAGES	CERTIFICATE NUMBER: 17/1	o wester DAI	ON NUMBER:	esterior de la constantina della constantina del	
THE IC TO OCCUPY THAT THE DE	DUCIES OF INSURANCE LISTED RE	LOW HAVE BEEN ISSUED TO THE INSURED NAME	D ABOVE FOR THE	POLICY PERIOD	

	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	8
l	X COMMERCIAL GENERAL LIABILITY	ings.		VGGP002632	04/12/2017		EACH COURRENCE	s1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000	
		- i				MED EXP (Any one person)	s5,000	
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s2,000,000
	PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	_							\$
	OTHER:			CA2096723020	04/12/2017	04/12/2018	COMBINEO SINGLE LIMIT (Ea accident)	s1,000,000
X ANY AUTO ALL OWNED AUTOS NON-OWNED			202244. 20024			BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	s	
						PROPERTY DAMAGE (Per accident)	s	
ŀ	HIRED AUTOS AUTOS						S	
ŀ	UMBRELLA LIAB OCCUP		_	MKLV2EUL1012 04/12/2017	04/12/2018 EACH OCCURRENCE	EACH OCCURRENCE	s1,000,000	
ŀ	- OCCUR			MILEATERE			AGGREGATE	\$1,000,000
ŀ	COMMOTIVOE	1						s
	DED X RETENTION SO	-		WC205306412	04/12/2017	04/12/2018	X STATUTE OTH-	
,	AND EMPLOYERS' LIABILITY			WC203300412	7-1-2-11	/	BY EACH ACCIDENT	s1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	N/A		1	E L. DISEASE - EA EMPLOYEE			
(Mandatory In NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT	s1,000,000
	DESCRIPTION OF OPERATIONS below	-	-					

"Additional Insured status is granted with respects to General Liability if required by written contract per endorsement "Additional Insured-Owners, Lessees or Contractors-Scheduled Person or Organization" form #CG2010 04 13 and "Additional Insured-Owners, Lessees or Contractors-Completed Operations", form #CG2037 04 13.

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nels Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Belle Isle, FL 32809	AUTHORIZED REPRESENTATIVE
	ren.

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11)	313 343 S.F. contr. J.Smith. in	. l/ 757-9345 W	IE Z	& DOORS	-9	994 -sse	73 7,11 Anderson Rd. Lampa, FL 33634 (813)514-9490
elle	San Jhan Diang Ho TWe the owners of the premises described below to low for use if the premises described.	Housey . 11 11 8	FL Lie. # Ct	401 449	108/3 III	northermaner referred to as "LAS Is here a Homeowners	SWD', to finande all muleroic local Association* Yes XNo
de	6201 Matchett	Rd.	1	3elf Jo	k.	Fl.	32809.
'doors	Congratulations on your purchase of the fi with your purchase. We believe that comm Installation You will be contacted by a member of your following: Continuated by a member of your contract Schedule a time for the tight me Identify an approximate installated Answer any concerns you may fi	unication is the pathway Installation Feam to discu- t and review specifications assue tion start or delivery date	to success! Pleas	Customer Cars In the event that installation, ple Production Co	ile below at i t you have an use do not l ordinator	nny time regarding your y quostions or concerns to contact Turn or Surv. If you feel to	cearding the window or door
	Pek Up Delivery	≯tart # No	od X inpyst	□ Mixed			
	Queios: Manas-com	State State	0 4	Stone Stone	- Observ Tempor	MET A PLA	100000
	lea Win Door	8100 ××0	alum O Bienza		D - D	7605 FM.3 1"I mpoct Color 2605 F.M.3	1/5600x2
	k -					3-10-3-10-0	
	4						
	*Please note of grid specific mans. Bush, hardways	Discounts &	Applied.				
	contoporary	Indeen He	retirene	-			
	, 0						
	Please read the following hold type and in	- *					
	BHI doors are non-finished. Failure to p Verbal understandings and agreements understand and recognize all terms and	with representative shall conditions on the front an	not be binding. A	All understanding contract and am i	Not A s and agreen nitialing to i	pplicable B ments must be set forth I ndicate my complete und	over initials: NAT in writing in this Contract. 1 derstanding.
	HURRICANE PROTECTION—I nekn located in an Impact zone and I have protection equipment is deemed inadeque fails inspection, I understand that FAS understanding.	existing harricane protectate by the local government	tion equipment nt inspector afte	that complies wit r my windows are	th local juri thstalled. 1 \$375.00 per	sdiction. FASWD will a the event that my hur opening. I am initiall	not be liable if my existing ricane protection equipment ng to indicate my complete
	SOTE: The warranty provisions as state	of on the war are a borner	ut amplained on t	11Ma mula esta	Not Ap		uver Initials: NA
	the reverse side and are part of this conti	met.		i ve understand	mem rung.		Buyer initials: X / I. A
	The TOTAL PRICE for all sector & Ferms Credit (Subject to the ap Credit Approve	proval of the Credit Departises	a Maria de Caración de Car Caración de Caración de Car	SUB I	DELIVERY (DR.PICK I POSTA	_
	Credn Card (Please Jill	out credit card information slees vable to Instiller upon complet			D TOTAL DEPOSI	#18, 194. TREQUEED: #9	1000
(If this is a credit transaction, the agreement for entire the percent service of appropriate cancellation forms. See a service of appropriate cancellation forms.	at any time prior to midnig		after the date of th			
	p#Alp	3/27/18		S I G #	YEST .	her flott	3/20/8
¥	Illustrist understands that this document does not mounts due under this agreement shall be paid in to a service change of 18°, per unium from the commenced as a pair of the coffection process. It shall not be directed in modified except by written	yon the date specified herein, if due date. Huyer agrees to pa its Contract and the agreement.	su set out, or upon t y FASWD all costs for credit, if ans, sha	he day the layor the	offection, meli	its are timershed to the theory of	Past due soprints are subject
	IN THE EVENT THIS CONTRACT IS NO CONTRACT SHALL BE NELL AND YOR VIOLATIONS REPAIRING, PLASTERING, WRITING HUREIN	L ACCEPTED BY FASWI D AND OF NO EFFECT	D, ANY PAYMEN FASWO IS NOT	RESPONSIBLE FO	OR EXISTING	G STRUCTURAL DEFEC	18, DRY ROT OR CODE

Page 1 of 1



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: 4918 PROJECT ADDRESS 6201 MAHCHLET Rd	PERMIT # 2018-04-03C

As required by Florida Statue 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 <u>installation</u> 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 #
DATE OF THE PARTY	EXTERIOR	OORS	Approvar	(1) 建筑业人	WALL PA	NELS	
Swinging	EXTERNO			Sliding			
Sliding	WINDOOR	8100	12979.4	Soffits			
Sectional/Rollup	TUINDOOK	0100	12010.4	Storefront			
				Glass Block			
Other				Other			
TO THE PARTY OF TH	WINDO	WS			ROOFING PR	ODUCTS	AND THE PARTY
Single/Obl Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
				Other			
Skylights							
Other	STRUCTURAL CO	MPONENTS	TOWN THE REAL PROPERTY.	CHARLES AND SAN	OTHE	Right	SASTILL OF
Wood Connectors	STRUCTURAL	MIL ONLING			_		
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products	s 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.
14/1	11/9/18

Applicant Signature

Date 4/9/18

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted Date Validated Date Pending FBC Approval 02/05/2018 02/05/2018

02/15/2018

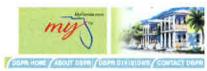
Summary of Products

FL#	Model, Number or Name	Description		
12979.1	8100 SERIES	8100 SERIES ALUMINUM 90D CORNER SGD W AND W/OUT REINFORCEMENT NON-IMPACT		
Approved for a Impact Resista Design Pressu	re: N/A O APPROVAL DOCUMENT FOR DESIGN	Installation Instructions FL12979 R6 II 08-00825B.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL12979 R6 AE 511367B.pdf Created by Independent Third Party: Yes		
12979.2	8100 SERIES	8100 SERIES ALUMINUM 135D CORNER SGD W AND W/OUT REINFORCEMENT NON-IMPACT		
Approved for u Impact Resista Design Pressu	re: N/A O APPROVAL DOCUMENT FOR DESIGN	Installation Instructions F112979 R6 II 08-00826B:pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports F112979 R6 AE 511368B.pdf Created by Independent Third Party: Yes		
12979.3	8100 SERIES	8100 SERIES REINFORCED ALUMINUM SGD 90DEGREE, 135 DEGREE AND BYPASS LMI		
Approved for u Impact Resista Design Pressu Other: REFER T PRESSURE RATII REQUIREMENTS	re: N/A O APPROVAL DOCUMENT FOR DESIGN NGS. GLAZING INTERLAYER MEET THE OF THE FLORIDA BUILDING CODE MIAMI-DADE NOA FOR KURARAY AND	Installation Instructions FL12979 R6 II 08-01167C.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL12979 R6 AE 511738C.pdf Created by Independent Third Party: Yes		
12979.4	8100 SERIES	8100 SERIES NON REINFORCED ALUMINUM SGD 90DEGREE, 135 DEGREE AND BYPASS LMI		
Approved for u Impact Resista Design Pressu Other: REFER T PRESSURE RATIN REQUIREMENTS	re: N/A O APPROVAL DOCUMENT FOR DESIGN NGS. GLAZING INTERLAYER MEET THE OF THE FLORIDA BUILDING CODE MIAMI-DADE NOA FOR KURARAY AND	Installation Instructions FL12979 R6 II 08-01168C.pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL12979 R6 AE 511739C.pdf Created by Independent Third Party: Yes		
12979.5	8100 SERIES	8100 SERIES REINFORCED ALUMINUM SGD 90DEGREE, 135DEGREE CORNER AND BYPASS NON-IMPACT, 12' PANEL.		
Approved for u Impact Resista Design Pressu	re: N/A O APPROVAL DOCUMENT FOR DESIGN	Installation Instructions FL12979 R6 II 08-01259A .pdf Verified By: Luis Roberto Lomas 62514 Created by Independent Third Party: Yes Evaluation Reports FL12979 R6 AE 511861A.pdf Created by Independent Third Party: Yes		

Back Next

Contact Us :: 2601 Blair Stone Road, Tallahassee FL 32399 Phone: 850-487-1824







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

FL# FL12979-R6 Application Type Revision Code Version 2017

Application Status Pending FBC Approval

Comments

conditional approval.. April cycle 2018...

Archived

Product Manufacturer Address/Phone/Email Windoor Incorporated 7500 Amsterdam Dr. Orlando, FL 32832 (407) 481-8400 vvalentin@windoorinc.com

Authorized Signature

Volker Valentin

vvalentin@windoorinc.com

Technical Representative Address/Phone/Email

Volker Valentin 7500 Amsterdam Drive Orlando, FL 32832 (407) 481-8400 vvalentin@windoorinc.com

Quality Assurance Representative Address/Phone/Email

Category

Exterior Doors

Subcategory

Sliding Exterior Door Assemblies

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensed

Florida Professional Engineer

Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed

the Evaluation Report

Luis Roberto Lomas

Florida License

PE-62514

Quality Assurance Entity

Keystone Certifications, Inc.

Quality Assurance Contract Expiration Date

08/01/2023

Validated By

Steven M. Urich, PE

✓ Validation Checklist - Hardcopy Received

Certificate of Independence

FL12979 R6 COI FLCOI.pdf

Referenced Standard and Year (of Standard)

Standard Year AAMA/WDMA/CSA 101/IS2/A440 2005 **ASTM E1886** 2005 **ASTM E1996** 2005 TAS 201 1994 **TAS 202** 1994 **TAS 203** 1994

Equivalence of Product Standards Certified By

	REVISIONS							
REV	DESCRIPTION	DATE	APPROVED					
Α	REVISED NOTES	10/31/11	R.L.					
В	ADDED 5T	02/14/17	R.L.					
С	REVISED PER NEW REQUIREMENTS	02/01/18	R.L.					

- 1) THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH REQUIREMENTS OF THE FLORIDA BUILDING CODE INCLUDING THE HVHZ.
- 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 AND PANEL MATERIAL: EXTRUDED ALUMINUM 6063-T6.
- 6) UNITS MUST BE GLAZED PER ASTM E1300-04. SEE SHEET 14 FOR GLAZING DETAILS.
- 7) APPROVED IMPACT PROTECTIVE SYSTEM IS NOT REQUIRED FOR THIS PRODUCT IN WIND BORNE DEBRIS REGIONS.
- 8) MAXIMUM D.L.O. SIZE: 52 1/4" x 109 3/16" (STD. BOTTOM RAIL) OR 105 3/32" (TALL BOTTOM RAIL)

PANEL CONSTRUCTION:

ALL PANELS ARE CONSTRUCTED FROM EXTRUDED 6063-T6 ALUMINUM. VERTICAL STILES ARE NOTCHED TO RECEIVE HORIZONTAL RAILS. EACH RAIL IS SECURED TO STILES WITH (3) #10 x 1 1/4" SQ. DRIVE SCREW AT EACH END. ALL PANELS HAVE AN INTERIOR AND EXTERIOR APPLIED GLAZING STOP.

FRAME CONSTRUCTION:

EACH FRAME CORNER IS NOTCHED AND BUTTED. HEAD AND SILL ARE SECURED TO JAMBS WITH #7 TYPE A SS SCREW, (2) AT EACH CORNER ON 2 TRACK, (2) AT 3 TRACK FRAME, (3) AT EACH CORNER ON 4 TRACK FRAME AND (3) AT EACH CORNER ON 5 TRACK FRAME.

ANCHORING NOTES:

- 1) 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".
- 2) FOR ANCHORING INTO MASONRY USE 1/4" ELCO CRETE-FLEX WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE WITH 1 1/2" MINIMUM EDGE DISTANCE: LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
- 3) FOR ANCHORING INTO WOOD FRAMING, USE #14 WOOD SCREW WITH SUFFICIENT LENGTH TO ACHIEVE A 1 3/8" MINIMUM EMBEDMENT INTO SUBSTRATE WITH 5/8" MINIMUM EDGE DISTANCE, LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
- 4) FOR ANCHORING INTO METAL STRUCTURE USE #14 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.
- 5) ALL FASTENERS TO BE CORROSION RESISTANT.
- 6) 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 2,000 PSI.
 - C. MASONRY: HOLLOW/FILLED BLOCK PER ASTM C90 WITH Fm=2,000PSI MINIMUM.
 - D. METAL STRUCTURE: STEEL 18GA (.048") FY=33KSI/FU=52KSI OR ALUMINUM 6063-T5 FU=30KSI *048" THICK MINIMUM

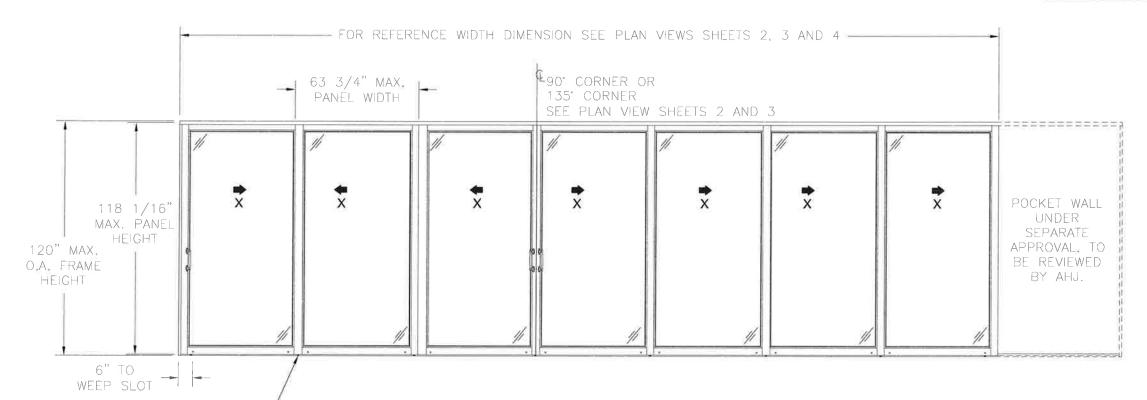
TABLE OF CONTENTS SHEET NO. DESCRIPTION 7500 AMSTERDAM DRIVE WinDoor ORLANDO, FL 32832 NOTES Phone: 407_481_8400 INCORPORATED Fax: 407,481,0505 www.windoorinc.com ELEVATION 8100 SERIES NON-REINFORCED ALUMINUM SGD PLAN VIFW 3 = 5STAIL STAIL SONAL ENGILL CORNER AND BYPASS (5'0x10'0 PANELS) - LMI 6 DESIGN PRESSURE CHARTS NOTES ANCHORING LAYOUT)RAWN DWG NO. CLUSTER AND ANCHOR LOCATION DETAILS ГЈН 08-01168 SCALE NTS SHEET 1 9 - 12INSTALLATION DETAILS 02/15/11 OF 14 13 L. ROBERTO LOMAS P.E. LOCKING HARDWARE LAYOUT 1432 WOODFORD RD LEWISVILLE, NC 27023 COMPONENTS & GLAZING DETAILS 434-688-0609 rllomas@irlomaspe.com

SIGNED: 02/01/2018

Luis R. Lomas P.E.

FL No.: 62514

	REVISIONS		
REV	DESCRIPTION	DATE	APPROVED
А	REVISED NOTES	10/31/11	R.L.
В	ADDED 5T	02/14/17	R.L.
С	REVISED PER NEW REQUIREMENTS	02/01/18	RyLis



WEEP SLOT 1" x .1875"

TYP. LOCATED AT ALL VERTICAL MEMBER

CENTER LINES

8100 SERIES NON-REINFORCED ALUMINUM SGD CORNER AND BYPASS 5'0 x 10'0 PANEL

EXTERIOR VIEW

SEVEN PANELS SHOWN. UNLIMITED NUMBER OF PANELS IN UNLIMITED CONFIGURATIONS, 90° AND 135° CORNER OR BYPASS, ON 2, 3, 4 OR 5 TRACK FRAME, WITH OR WITHOUT POCKETS, ARE APPROVED AS LONG AS INDIVIDUAL PANEL SIZE DOES NOT EXCEED MAXIMUM PANEL SIZE AND USES VERTICAL CONDITIONS AS SHOWN.

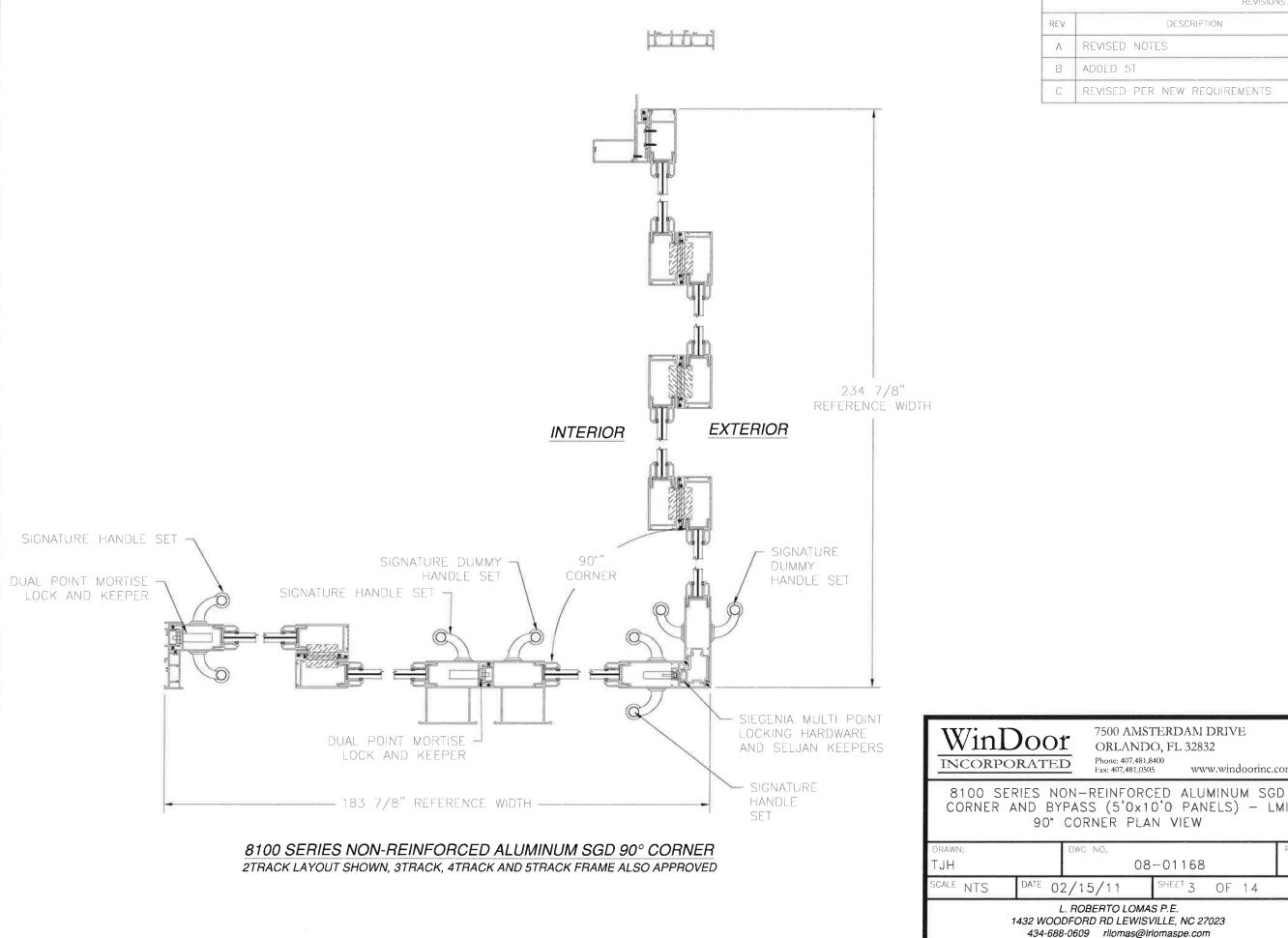
DESIGN PRESSURE RATING	IMPACT RATING
±50PSF	LARGE MISSILE IMPACT

FOR ADDITIONAL SIZES SEE SHEET 6

SIGNED: 02/01/2018

	SIGIVED: 02/01/2010
WinDoot ORLANDO, FL 32832 Phone: 407.481.8400 Fax: 407.481.0505 www.windoorinc.com	CENSO.
8100 SERIES NON-REINFORCED ALUMINUM SGD CORNER AND BYPASS (5'0×10'0 PANELS) - LMI ELEVATION	No. 62514 * No. 62514 * STATE OF
DWG NO. REV JH 08-01168 C	SONAL ENGINE
ALE NTS DATE 02/15/11 SHEET 2 OF 14	·/////////////////////////////////////
L. ROBERTO LOMAS P.E. 1432 WOODFORD RD LEWISVILLE, NC 27023 434-688-0609 rllomas@lrlomaspe.com	Luis R. Lomas P.E. FL No.: 62514

4



REVISIONS APPROVED 10/31/11 R.L. 02/14/17 R.L. 02/01/18 R.L.

SIGNED: 02/01/2018

www.windoorinc.com

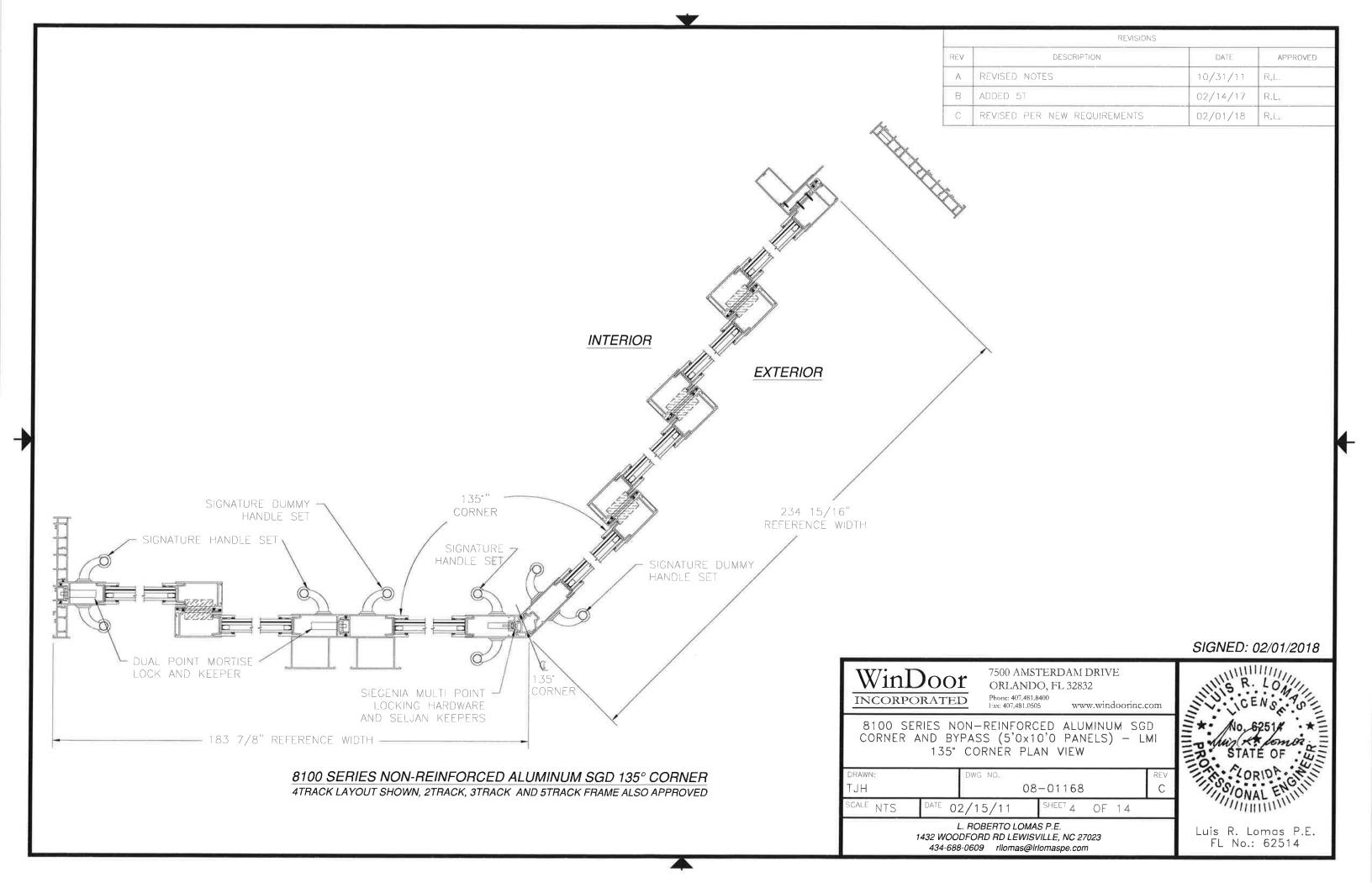
CORNER AND BYPASS (5'0x10'0 PANELS) - LMI

DRAWN.		DWG NO.					REV
TJH			08	-01168			С
SCALE NTS	DATE 0	2/15/11		SHEET 3	OF	14	

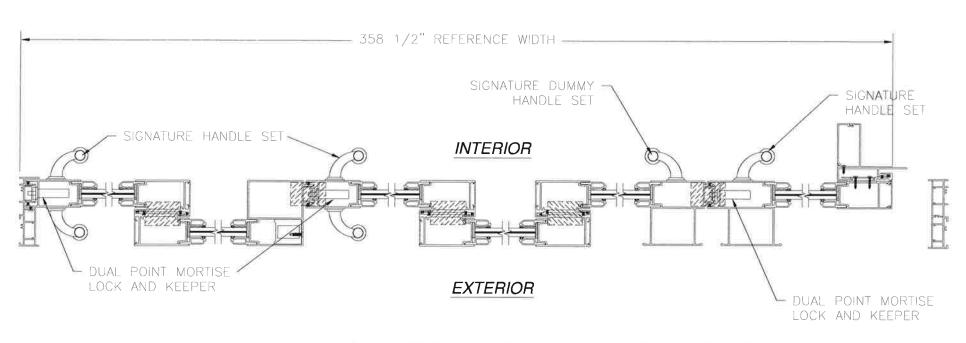
434-688-0609 rllomas@irlomaspe.com



Luis R. Lomas P.E. FL No.: 62514



	REVISIONS		
REV	DESCRIPTION	DATE	APPROVED
Α	REVISED NOTES	10/31/11	R.L.
В	ADDED 5T	02/14/17	R.L.
С	REVISED PER NEW REQUIREMENTS	02/01/18	R.L.



8100 SERIES NON-REINFORCED ALUMINUM SGD BYPASS 2TRACK LAYOUT SHOWN, 3TRACK, 4TRACK AND 5TRACK FRAME ALSO APPROVED

SIGNED: 02/01/2018

	0101125: 02/01/2010
WinDoot ORLANDO, FL 32832 Phone: 407,481,8400 Pax: 407,481,8505 Www.windoorinc.com	CENSON TO
8100 SERIES NON-REINFORCED ALUMINUM SGD CORNER AND BYPASS (5'0x10'0 PANELS) — LMI BYPASS PLAN VIEW	* No. 6251# * No. 6251# * STATE OF
DRAWN: DWG NO. REV TJH 08-01168 C	SONAL ENGINE
SCALE NTS DATE 02/15/11 SHEET 5 OF 14	William Contraction of the Contr
L. ROBERTO LOMAS P.E. 1432 WOODFORD RD LEWISVILLE, NC 27023 434-688-0609 rllomas@lrlomaspe.com	Luis R. Lomas P.E. FL No.: 62514

Maximum design pressure capacity chart

8100 Series Non-Reinforced Aluminum SGD Corner and Bypass with 1 3/4" Riser

		Naminal Single Panel Width (in)												
	Nominal Single Panel Width (in)													
Height	24.0 30.0				36	36.0 42.0			48.0		54.0		60.0	
(in)	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg
80.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0
84.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0
96.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	72.5	45.0	68.2
102.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	72.1	45.0	66.7	45.0	62.5
108.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	73.9	45.0	67.0	45.0	61.7	45.0	57.7
114.0	45.0	75.0	45.0	75.0	45.0	75.0	45.0	69.1	45.0	62.5	45.0	57.5	45.0	53.6
120.0	45.0	75.0	45.0	75.0	45.0	73.5	45.0	64.9	45.0	58.6	45.0	53.8	45.0	50.0

Maximum design pressure capacity chart

8100 Series Non-Reinforced Aluminum SGD Corner and Bypass with 2 1/4" Riser

		Nominal Single Panel Width (in)													
Height	24	1.0	30	0.0	36	36.0		42.0		.0	54.0		60.0		
(in)	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	
80.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	
84.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	
96.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	72.5	60.0	68.2	
102.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	72.1	60.0	66.7	60.0	62.5	
108.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	73.9	60.0	67.0	60.0	61.7	57.7	57.7	
114.0	60.0	75.0	60.0	75.0	60.0	75.0	60.0	69.1	60.0	62.5	57.5	57.5	53.6	53.6	
120.0	60.0	75.0	60.0	75.0	60.0	73.5	60.0	64.9	58.6	58.6	53.8	53.8	50.0	50.0	

Maximum design pressure capacity chart

8100 Series Non-Reinforced Aluminum SGD Corner and Bypass with 3" Riser

		Nominal Single Panel Width (in)												
Height	24.0		24.0 30.0		36	36.0 42		2.0	.0 48.0		54.0		60.0	
(in)	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg	Pos	Neg
80.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0
84.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0
96.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	72.5	72.5	68.2	68.2
102.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	72.1	72.1	66.7	66.7	62.5	62.5
108.0	75.0	75.0	75.0	75.0	75.0	75.0	73.9	73.9	67.0	67.0	61.7	61.7	57.7	57.7
114.0	75.0	75.0	75.0	75.0	75.0	75.0	69.1	69.1	62.5	62.5	57.5	57.5	53.6	53.6
120.0	75.0	75.0	75.0	75.0	73.5	73.5	64.9	64.9	58.6	58.6	53.8	53.8	50.0	50.0

	REVISIONS		211
REV	DESCRIPTION	DATE.	APPROVED
А	REVISED NOTES	10/31/11	R.L.
В	ADDED 5T	02/14/17	R.L.
С	REVISED PER NEW REQUIREMENTS	02/01/18	R.L.

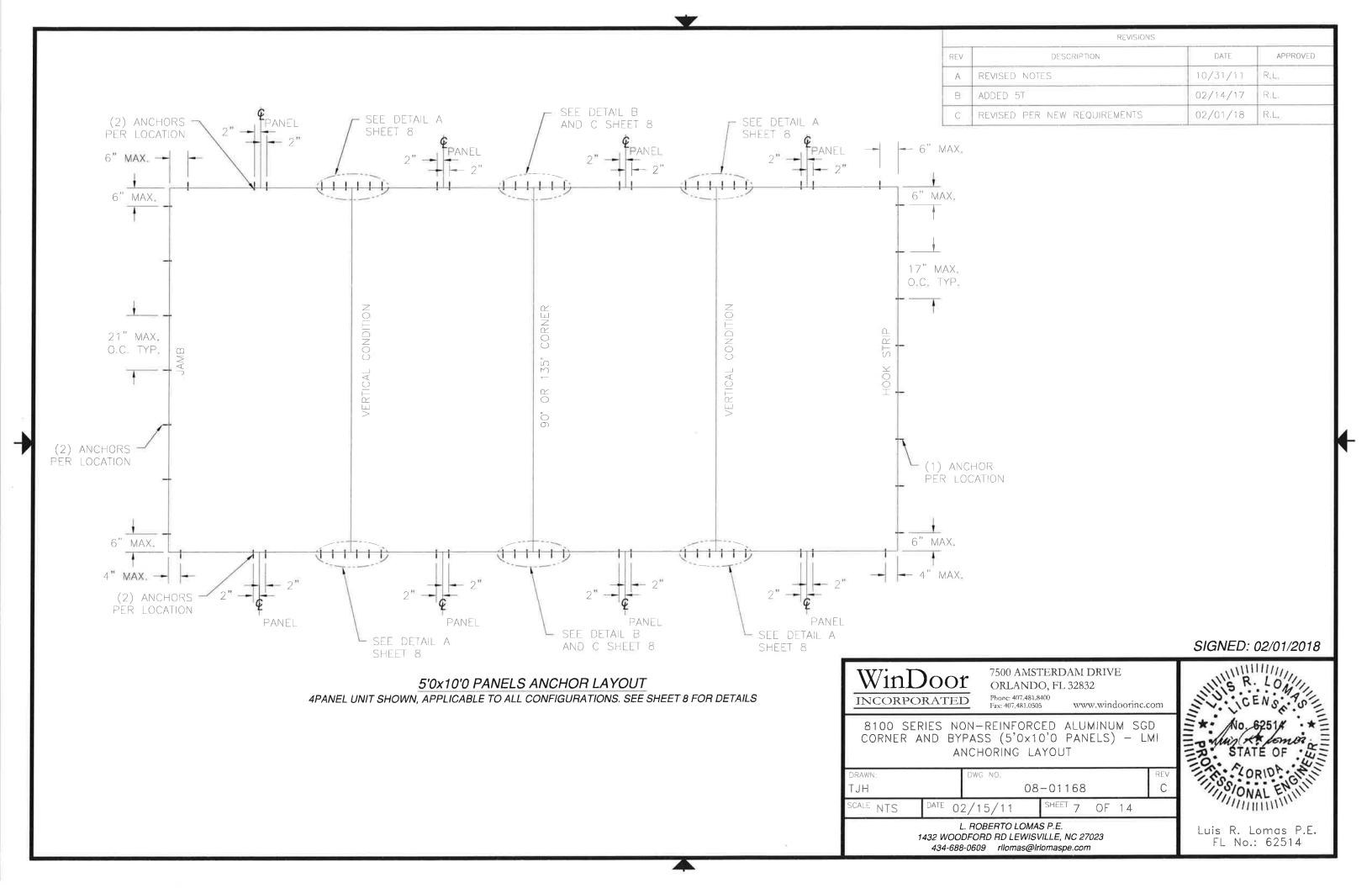
SIGNED: 02/01/2018

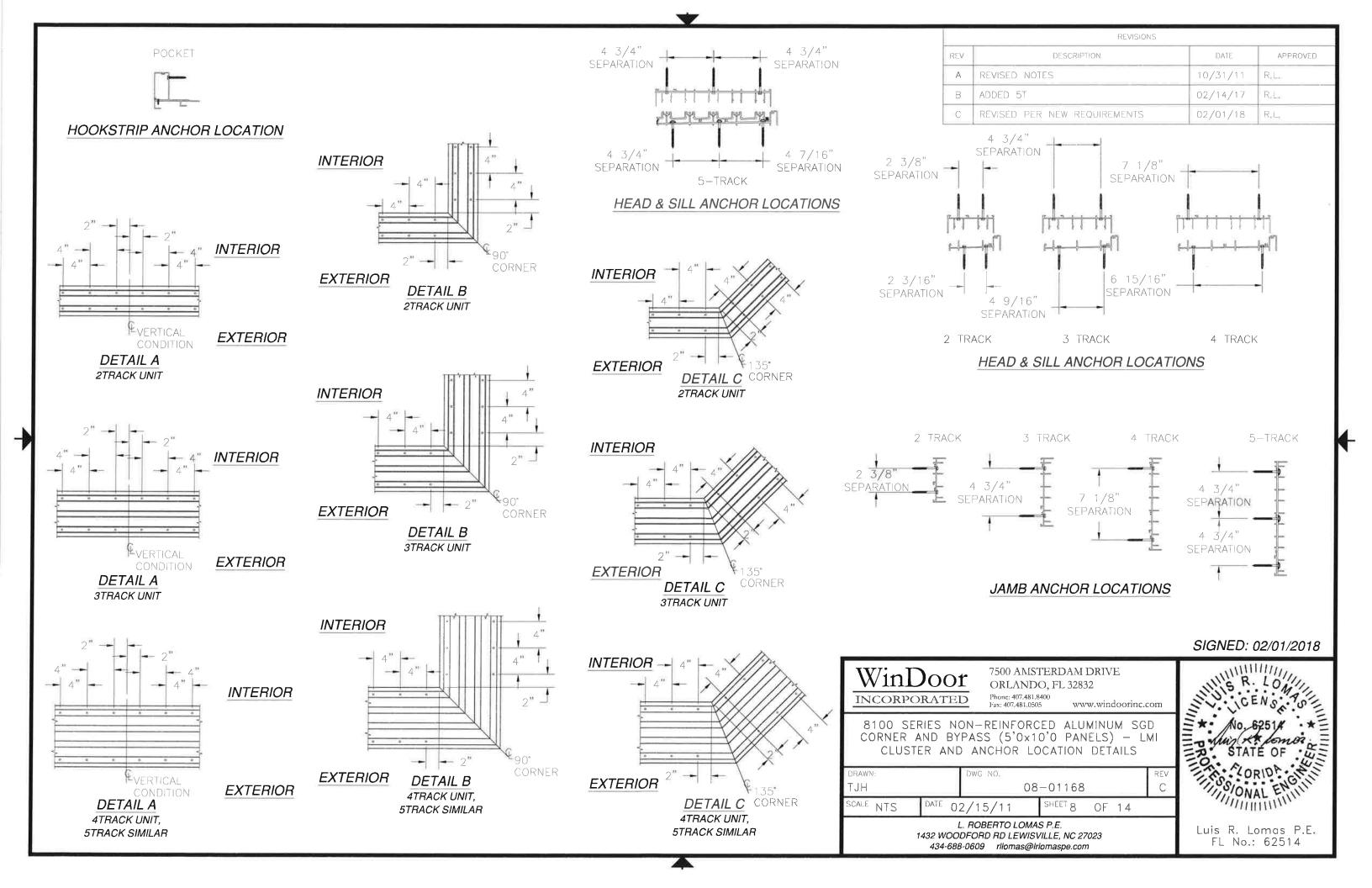
WinDoo: INCORPORATE:	ORLA Phone: 40	MSTER ANDO, F. 07,481_8400 481.0505	L 3283	2	E loorinc.	com
8100 SERIES NO CORNER AND BY DESIGI		0×10'0	PAN	ELS)		
DRAWN:	DWG NO.					RE
TJH		08-01	1168			
SCALE NTS DATE OF	2/15/11	SHE	ET 6	OF	14	

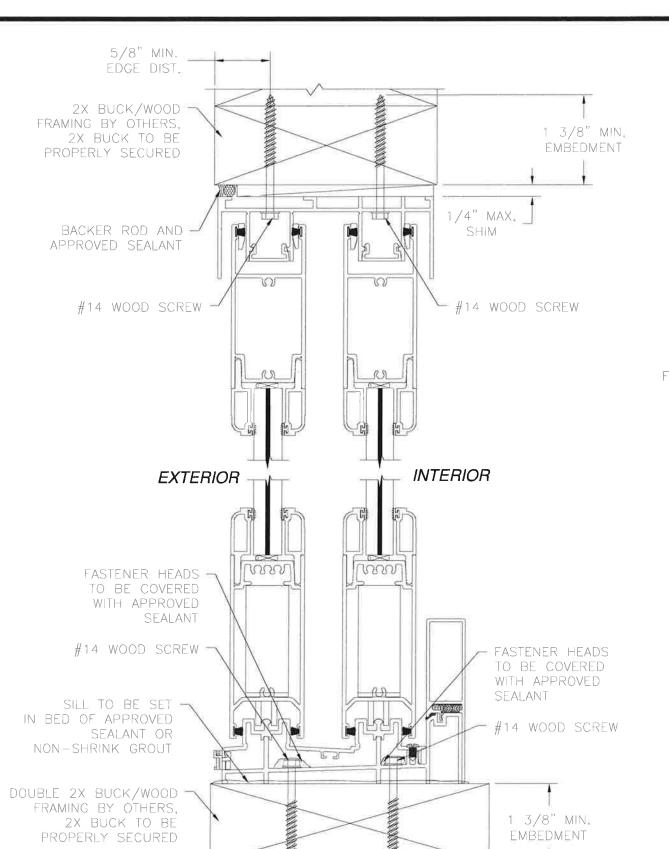
L. ROBERTO LOMAS P.E. 1432 WOODFORD RD LEWISVILLE, NC 27023 434-688-0609 rllomas@irlomaspe.com



Luis R. Lomas P.E., FL No.: 62514







VERTICAL CROSS SECTION

2X BUCK/WOOD FRAMING INSTALLATION

2 TRACK FRAME SHOWN, 3 TRACK,

4 TRACK AND 5 TRACK SIMILAR

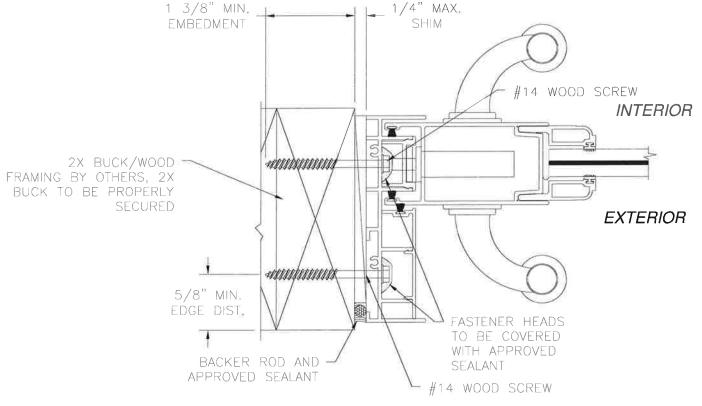
5/8" MIN. EDGE DIST. REVISIONS

REV DESCRIPTION DATE APPROVED

A REVISED NOTES 10/31/11 R.L.

B ADDED 5T 02/14/17 R.L.

C REVISED PER NEW REQUIREMENTS 02/01/18 R.L.



SIGNED: 02/01/2018



7500 AMSTERDAM DRIVE ORLANDO, FL 32832

Phone: 407.481.8400 Fax: 407,481.0505

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8100 SERIES NON-REINFORCED ALUMINUM SGD CORNER AND BYPASS (5'0×10'0 PANELS) — LMI INSTALLATION DETAILS

HORIZONTAL CROSS SECTION 2X BUCK/WOOD FRAMING INSTALLATION

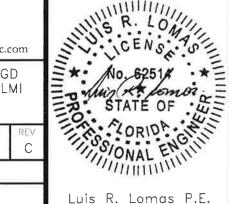
2 TRACK FRAME SHOWN, 3 TRACK,

4 TRACK AND 5 TRACK SIMILAR

DRAWN: TJH 08-01168 REV C

SCALE NTS DATE 02/15/11 SHEET 9 OF 14

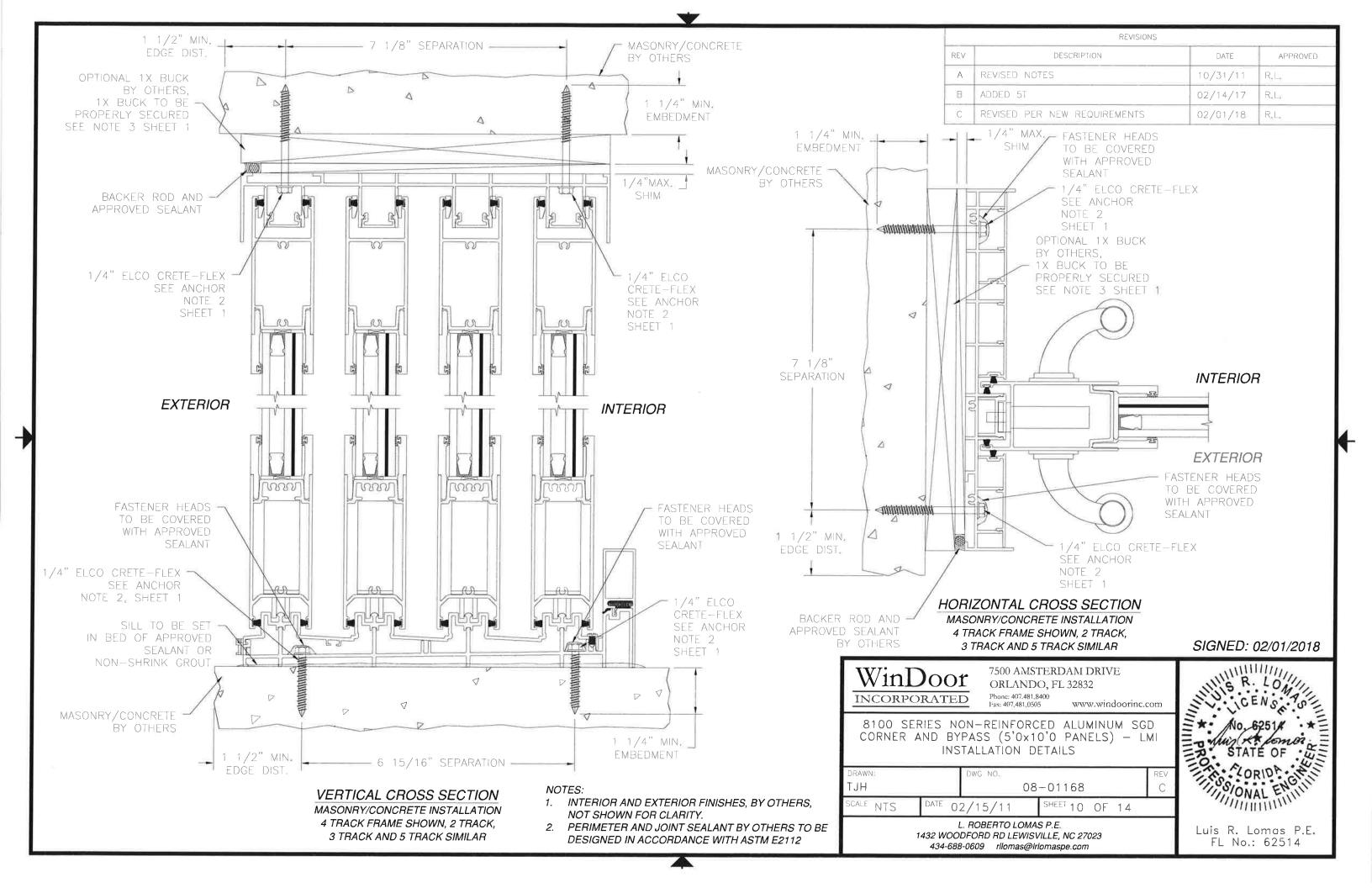
L. ROBERTO LOMAS P.E. 1432 WOODFORD RD LEWISVILLE, NC 27023 434-688-0609 rllomas@lrlomaspe.com

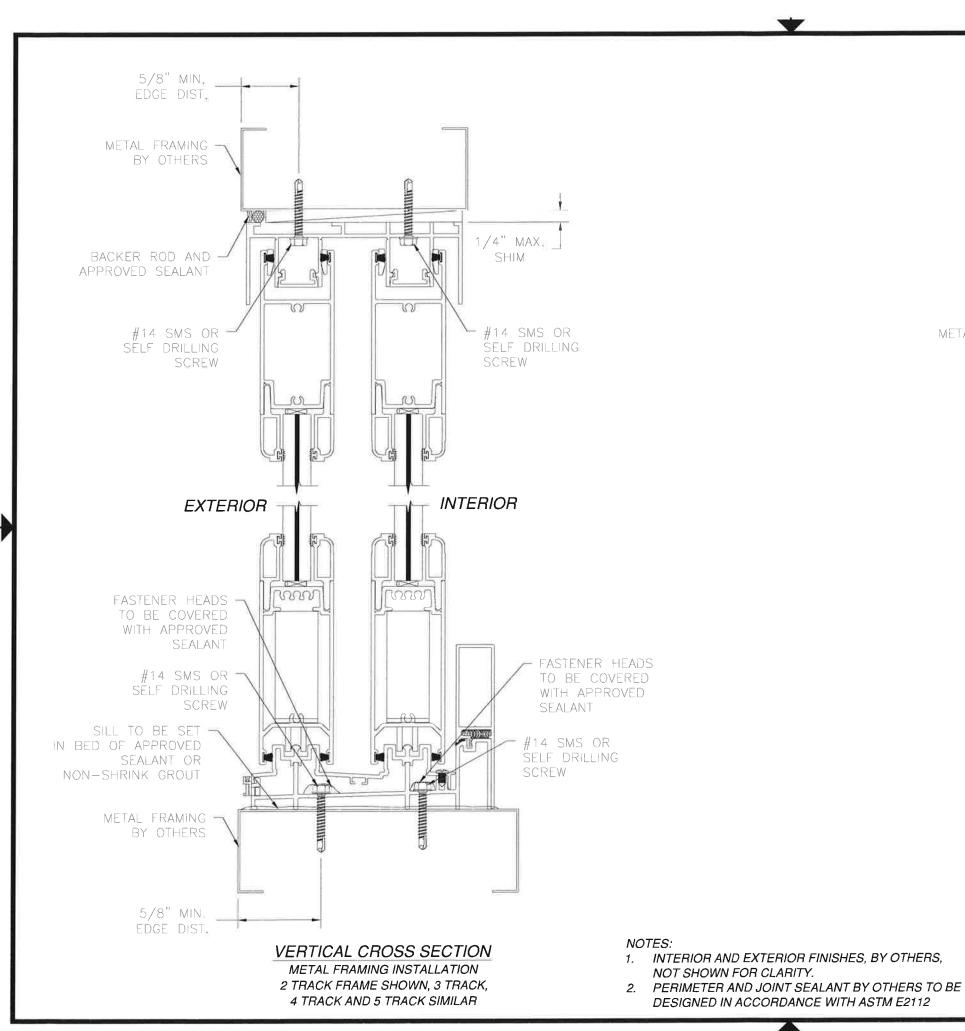


Luis R. Lomas P.E. FL No.: 62514

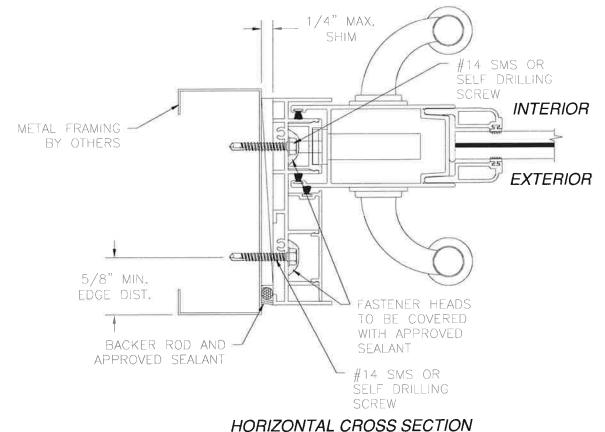
NOTES:

- 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





REVISIONS APPROVED DESCRIPTION DATE REV 10/31/11 REVISED NOTES R.L. 02/14/17 Ruli В ADDED 5T 02/01/18 R.L. REVISED PER NEW REQUIREMENTS



METAL FRAMING INSTALLATION 2 TRACK FRAME SHOWN, 3 TRACK, 4 TRACK AND 5 TRACK SIMILAR

SHEET 11 OF 14

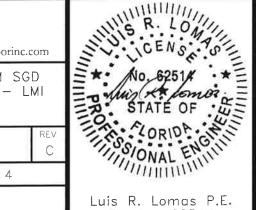
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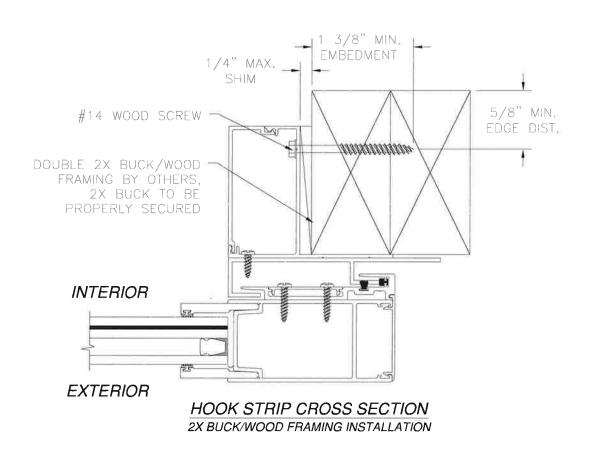
L. ROBERTO LOMAS P.E. 1432 WOODFORD RD LEWISVILLE, NC 27023 434-688-0609 rllomas@irlomaspe.com

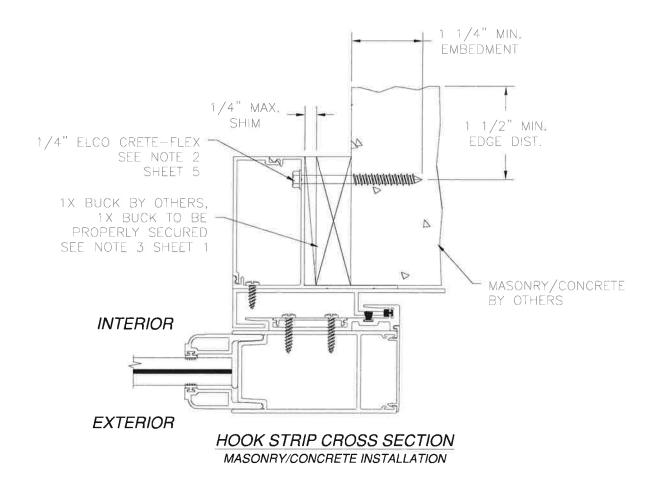
DATE 02/15/11

SCALE NTS

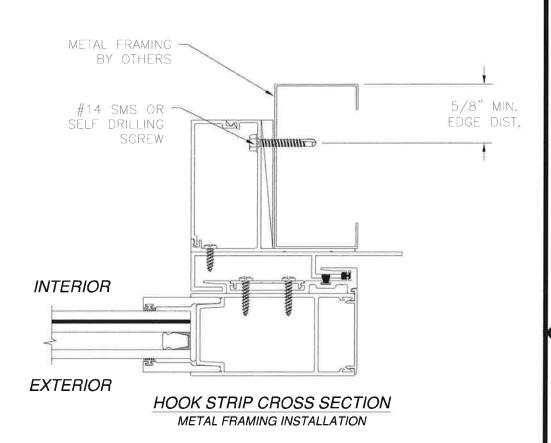


Luis R. Lomas P.E. FL No.: 62514



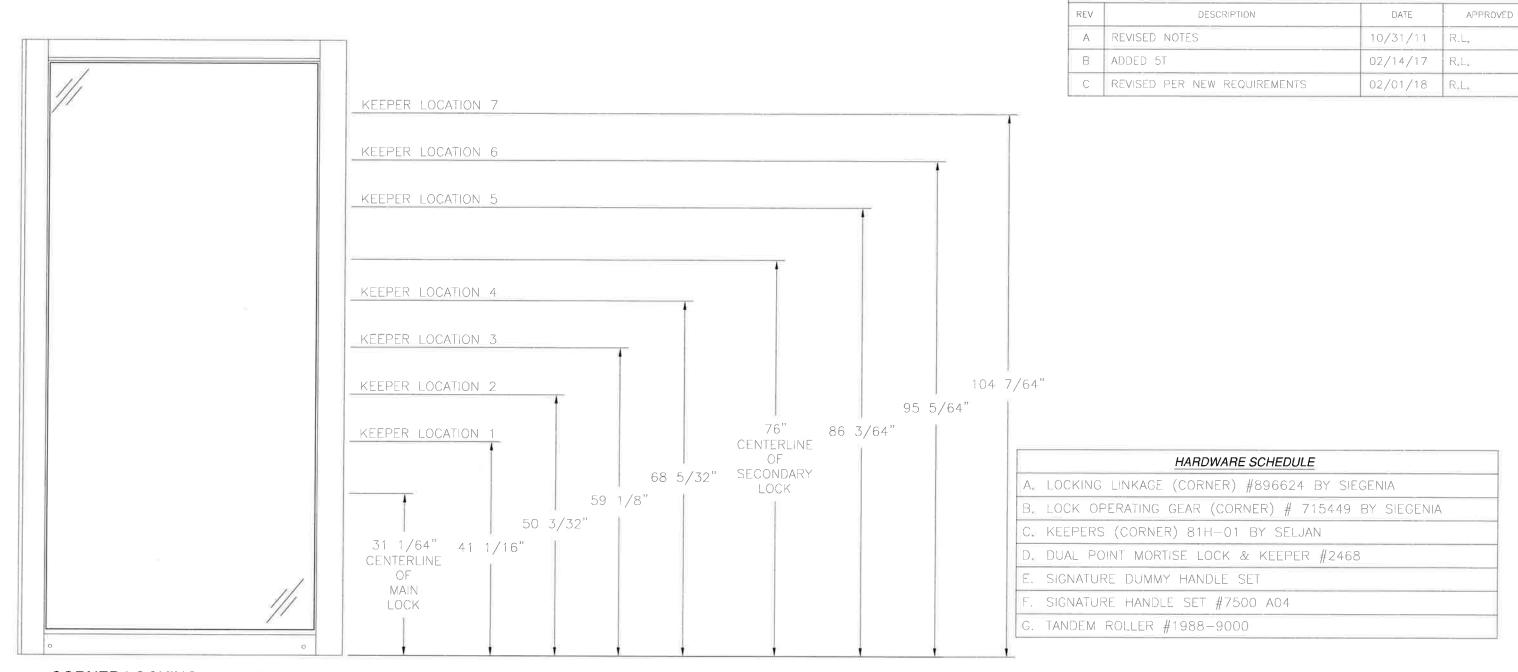






SIGNED: 02/01/2018





CORNER LOCKING HARDWARE LOCATIONS

SIGNED: 02/01/2018



REVISIONS

