



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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:** MECHANICAL: grease, hood & exhaust fan

**comments:** NONE

**Project Information**  
 Address: 6101 S. Orange Ave, Belle Isle, FL 32812  
 Parcel ID: 24-23-29-4088-00-010  
 Property Owner: Villalobas, Vincent  
 Phone Number: none

\*\*\*\*\*

Company Name: State Side Services Inc  
 Contractor Name: Gauvin, Jorge  
 License Number: CAC050439  
 Address: 2300 Mayflower Ave, Apopka, FL 32703  
 Phone Number: 407 814 0244

**Permit Number: 2016-08-010**  
**Date of Application: 08/04/2016**  
**Date Permit Issued: 08/05/2016**

**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) \$  
 Door(s) \$  
 PrePower \$  
 Electrical \$  
 Temp Pole \$  
 Plumbing \$  
 Mechanical \$121.50  
 Gas \$  
 Roofing \$  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$  
 Sign \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
 Surcharge Fee \$2.00

**TOTAL FEES \$125.50**

Date Paid

8-10-16

CC or Check #

AMEX 43008

Amount Paid

125.50

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

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

#### ROOFING

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

#### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto: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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = [cobi@universalengineering.com](mailto: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.universalengineering.com](http://www.universalengineering.com)



## APPLICATION FOR MECHANICAL 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 ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 8/4/16

PERMIT NUMBER 2016-08-010

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 6101 S Orange Ave, Belle Isle FL X 32809 32812  
Property Owner Vincent Villalobos Phone \_\_\_\_\_  
Property Owner's Mailing Address 1274 Pam City Belle Isle  
State FL Zip Code 32809 Parcel Id Number: 24-23-29-4088-00-010

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

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
Type of Work: New  Alteration  Addition  Repair

- **REQUIRED:** Tie Down Engineering
- **REQUIRED:** if adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- **REQUIRED:** if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

Please indicate the nature of work by completing the information below:

**Air Conditioning:** # of Units \_\_\_\_\_ Tons Per Unit \_\_\_\_\_ Total Tons \_\_\_\_\_  
Type of System: Water to Air \_\_\_\_\_ Chiller \_\_\_\_\_ Split System \_\_\_\_\_ Package \_\_\_\_\_ Heat Pump \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

**Heating:** # of Units KWS Per Unit \_\_\_\_\_ Total KWS \_\_\_\_\_ BTU's \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Oil \_\_\_\_\_ Electric \_\_\_\_\_ Boiler \_\_\_\_\_ Gas \_\_\_\_\_

(A) Estimated Cost Fee \$ \_\_\_\_\_

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

**Ventilation:**  
(Number of) Grease 1 Heat \_\_\_\_\_ Hoods, Air Intakes 1 Exhaust Fans 1 Dryer Vents 0 Estimated Cost \$ 4800.00

**Refrigeration:** Number of units \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

**Piping:** Air \_\_\_\_\_ Vacuum \_\_\_\_\_ Steam \_\_\_\_\_ Chill Water \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

**Others:** (Specify) \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Was the space previously Air Conditioned? Yes \_\_\_\_\_ No \_\_\_\_\_ (B) Estimated Cost Fee \$ \_\_\_\_\_

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 if same is granted I agree 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.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAL 050439

LICENSE HOLDER NAME Serge Gauvin COMPANY NAME State Side Services, Inc.

Street Address 2300 Mayflower Ave.

City Apopka State FL Zip Code 32703 Phone Number 407-814-0244

Email Address StateSideService@yahoo.com

Building Official: AA Bushnell via email Date 8-9-16  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-4-16

Permit Fee	\$	<u>81.-</u>
Review Fee	\$	<u>40.50</u>
3% Florida Surcharge	\$	<u>4.00</u>
Total Permit Fee	\$	<u>125.50</u>

Sent email need all contractor's Rev'd

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number \_\_\_\_\_

WU70633

1ST 1K      37      81  
4 X 11      44      40.50  
81.50      121.50

## Susan Manchester

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**From:** Art Barthlow  
**Sent:** Tuesday, August 09, 2016 9:06 AM  
**To:** Susan Manchester  
**Subject:** RE: 6101 S. Orange Ave - mechanical permit 2016-08-010 - State Side Services Inc

This is what we need. Everything is fine now.

Best Regards,

**Art Barthlow, Senior Plans Examiner**  
**CBC, BN, PX, CFI, BU, MCP**

office: 904.296.0757 | mobile: 904.376.0051 | email: [abarthlow@universalengineering.com](mailto:abarthlow@universalengineering.com)  
**Universal Engineering Sciences, Inc.** | 5561 Florida Mining Boulevard South, Jacksonville, FL 32256 |  
[www.universalengineering.com](http://www.universalengineering.com)

**Plans Review • Private Provider Inspection • Environmental Sciences**  
**Construction Materials Testing • Threshold Inspection • Geotechnical Engineering and Drilling**

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**From:** Susan Manchester  
**Sent:** Tuesday, August 09, 2016 8:41 AM  
**To:** Art Barthlow  
**Cc:** ORLANDO - BID Admin  
**Subject:** RE: 6101 S. Orange Ave - mechanical permit 2016-08-010 - State Side Services Inc

Here are schematics. Do you also need a hand-drawn sketch showing where they will be located inside the building?

Thanks,

*Susan Manchester*

Universal Engineering Sciences, Inc.  
3532 Maggie Blvd.  
Orlando, FL 32811  
Phone: 407-581-8161  
Fax: 407-581-0313  
Email: [smanchester@universalengineering.com](mailto:smanchester@universalengineering.com)

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**From:** Art Barthlow  
**Sent:** Friday, August 05, 2016 7:56 AM  
**To:** Susan Manchester  
**Subject:** RE: 6101 S. Orange Ave - mechanical permit 2016-08-010 - State Side Services Inc

Yes, they will need drawings and schematics.

Best Regards,

**Art Barthlow, Senior Plans Examiner**  
**CBC, BN, PX, CFI, BU, MCP**

office: 904.296.0757 | mobile: 904.376.0051 | email: [abarthlow@universalengineering.com](mailto:abarthlow@universalengineering.com)  
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Construction Materials Testing • Threshold Inspection • Geotechnical Engineering and Drilling**

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**From:** Susan Manchester  
**Sent:** Thursday, August 04, 2016 3:05 PM  
**To:** Art Barthlow  
**Cc:** Dale Baker; Ricky Agee  
**Subject:** 6101 S. Orange Ave - mechanical permit 2016-08-010 - State Side Services Inc

Hi Art,

This app is for grease, hood & exhaust fan. Will they need a drawing or schematic? There is no building permit with plans or anything. WO 70633 attached includes the info for Vision for your time.

Thanks,

*Susan Manchester*  
**Universal Engineering Sciences, Inc.**  
**3532 Maggie Blvd.**  
**Orlando, FL 32811**  
**Phone: 407-581-8161**  
**Fax: 407-581-0313**  
**Email: [smanchester@universalengineering.com](mailto:smanchester@universalengineering.com)**



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

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

**(850) 487-1395**

**GAUVIN, JORGE JOSEPH  
STATE SIDE SERVICES INC  
2300 MAYFLOWER AVE  
APOPKA FL 32703**

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](http://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**

**CAC050439 ISSUED: 09/07/2014**

**CERTIFIED AIR COND CONTR  
GAUVIN, JORGE JOSEPH  
STATE SIDE SERVICES INC**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2016 L1409070002727

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
CAC050439	

The CLASS B AIR CONDITIONING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016



**GAUVIN, JORGE JOSEPH  
STATE SIDE SERVICES INC  
2300 MAYFLOWER AVE  
APOPKA FL 32703**



ISSUED: 09/07/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409070002727



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2016

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 <b>Eagle American Insurance Agency, LLC</b> 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: <b>Elizabeth Gonzalez</b>
	PHONE (A/C, No, Ext): <b>(407) 788-3000</b> FAX (A/C, No): <b>(407) 788-7933</b>
	E-MAIL ADDRESS: <b>Elizabeth.Gonzalez@ioausa.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>Old Dominion Insurance Company</b> NAIC # <b>40231</b>
	INSURER B : <b>Auto-Owners Insurance Company</b> <b>18988</b>
	INSURER C : <b>Bridgefield Casualty Insurance Company</b> <b>10335</b>
	INSURER D :
	INSURER E :
	INSURER F :

INSURED  
**State Side Services, Inc.**  
2300 Mayflower Ave.  
Apopka, FL 32703

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			<b>MPG6931B</b>	<b>06/04/2016</b>	<b>06/04/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>9542189800</b>	<b>05/01/2016</b>	<b>05/01/2017</b>	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ <b>100,000</b> BODILY INJURY (Per accident) \$ <b>300,000</b> PROPERTY DAMAGE (Per accident) \$ <b>100,000</b>
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> A <input checked="" type="checkbox"/> N/A	<b>19630334</b>	<b>02/21/2016</b>	<b>02/21/2017</b>	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

## CERTIFICATE HOLDER

## CANCELLATION

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

City of Belle Isle  
1600 Nela Avenue  
Belle Isle, FL 32809

AUTHORIZED REPRESENTATIVE

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**Scott Randolph, Tax Collector**

**Local Business Tax Receipt**

**Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

1804 CONTR-HARV      2015      EXPIRES      9/30/2016      1804-0086086  
\$30.00      1      EMPLOYEE      5000      A/C BUSINESS OFFICE      \$30.00      1      EMPLOYEE

TOTAL TAX      \$60.00  
PREVIOUSLY PAID      \$60.00  
TOTAL DUE      \$0.00

2300 MAYFLOWER AVE  
U - APOPKA, 32703

PAID: \$60.00      0099-00673725      7/13/2015



GAUVIN GEORGE JOSEPH

STATE SIDE SERVICES INC  
GAUVIN GEORGE JOSEPH  
2300 MAYFLOWER AVE  
APOPKA FL 32703-3316

This receipt is official when validated by the Tax Collector.

**HOOD INFORMATION**

HOOD NO.	MODEL	LENGTH	MAX. COOKING TEMP.	EXHAUST PLENUM					SUPPLY PLENUM					HOOD CONSTRUCTION	HOOD CONFIG.		SWITCHES ON HOOD			
				TOTAL EXH. CFM	WIDTH	LENG.	DIA.	CFM	S.P.	TOTAL SUP. CFM	WIDTH	LENG.	DIA.		CFM	S.P.	END TO END	ROV	QUANTITY	LOCATION
1	5412 SND-PSP-F	12'	400 Deg.	3600	10'	21'		2280	-0.490"	3600						430 SS Where Exposed			1 Light 1 Fan	Face Left

**HOOD INFORMATION**

HOOD NO.	FILTER(S)				LIGHT(S)			UTILITY CABINET(S)							FIRE SYSTEM PIPING	HOOD WEIGHT	
	TYPE	QTY	HEIGHT	LENGTH	QTY	TYPE	WIRE GUARD	LOCATION	FIRE SYSTEM TYPE	SIZE	ELECTRICAL MODEL #	QUANTITY	LOCATION				
1	Alum. Baffle w/ Handles	6	16"	20"	3	Incandescent Light	NO									YES	450 LBS.

**FAN INFORMATION**

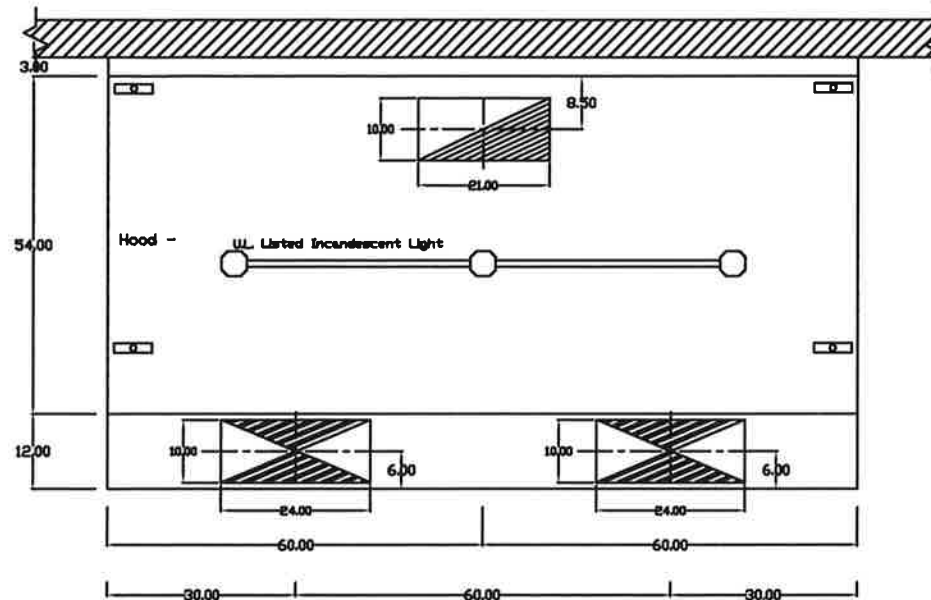
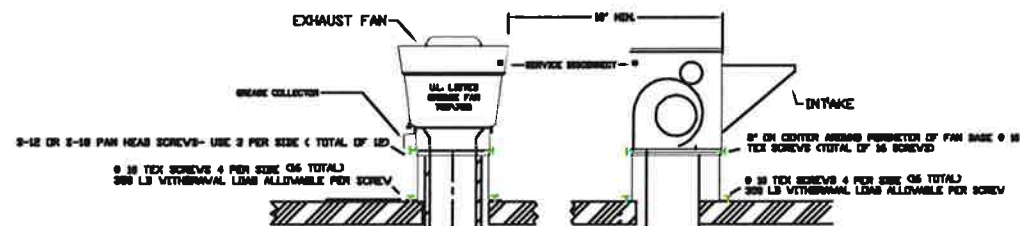
FAN UNIT NO.	FAN UNIT MODEL #	EXHAUST FAN										SUPPLY FAN								
		MODEL	TAG	CFM	S.P.	RPM	H.P.	#	VOLT	FLA	BLOWER	HOUSING	TAG	CFM	S.P.	RPM	H.P.	#	VOLT	FLA
1	NCA16FA	NCA16FA		2500	-0.750"	1387	0.750	1	115	13.0										
2	NSAU1-G10D										G10D	NSAU1	2500	0.600"	966	1.000	1	115	11.5	

**HOOD AIR BALANCE**

	Exh	Sup	
H-1	2500	2500	

NOTE: ANY OFFSET OR DIRECTION CHANGE IN THE EXHAUST DUCT WORK WILL HAVE A CLEANOUT DOOR.

**WIND LOAD FASTENER SPECIFICATIONS  
TYPICAL FOR EXHAUST AND MAKE-UP AIR FANS**



PLAN VIEW - 12' 0.00" LONG 5412SND-PSP-F

CAPTIVE-AIRE HOODS ARE BUILT IN COMPLIANCE WITH



NFPA #96

NSF

UL 710 & ULC710 STANDARDS  
E.T.L. LISTED 3054804-001  
TESTED TO UL 710 STANDARDS

FOR QUESTIONS OR FURTHER INFORMATION, CONTACT THE CENTRAL FLORIDA OFFICE (407) 682-0317

**GENERAL NOTES**

1. ALL PHASES OF INSTALLATION SHALL COMPLY WITH 2014 FL MECHANICAL CODE AND NFPA 96.
2. EXHAUST DUCT TO BE PROTECTED FROM COMBUSTIBLES WITH BRICK WALL CHASE.
3. WRITTEN MEASUREMENTS HAVE PRECEDENCE OVER SCALE.
4. PROVIDE CLEANOUTS IN EXHAUST AIR DUCTS AS INDICATED TO ALLOW CLEANING AT ALL BENDS AND HORIZONTAL RUNS.
5. EXHAUST DUCT TO BE 16 GA. GALVANIZED STEEL. ALL SEAMS AND JOINTS TO HAVE A LIQUID TIGHT CONTINUOUS EXTERNAL WELD.
6. FAN TO HAVE A MINIMUM OF 10 FT. OF CLEARANCE FROM THE OUTLET TO ADJACENT BUILDINGS, PROPERTY LINES, AIR INTAKES OR 3 FT. VERTICAL CLEARANCE PER NFPA96.
7. HORIZONTAL EXHAUST DUCT TO SLOPE BACK TO HOOD WITHIN 1/4" PER FOOT.
8. HOOD TO OVERHANG COOKING EQUIPMENT 6" ON ALL OPEN SIDES.
9. BUILDING PRESSURE SHALL NOT EXCEED 0.02" WATER COLUMN AT EXTERIOR HOODS.

DESIGN AND INSTALLED BY:  
STATESIDE SERVICES  
LICENSE # CAC050439

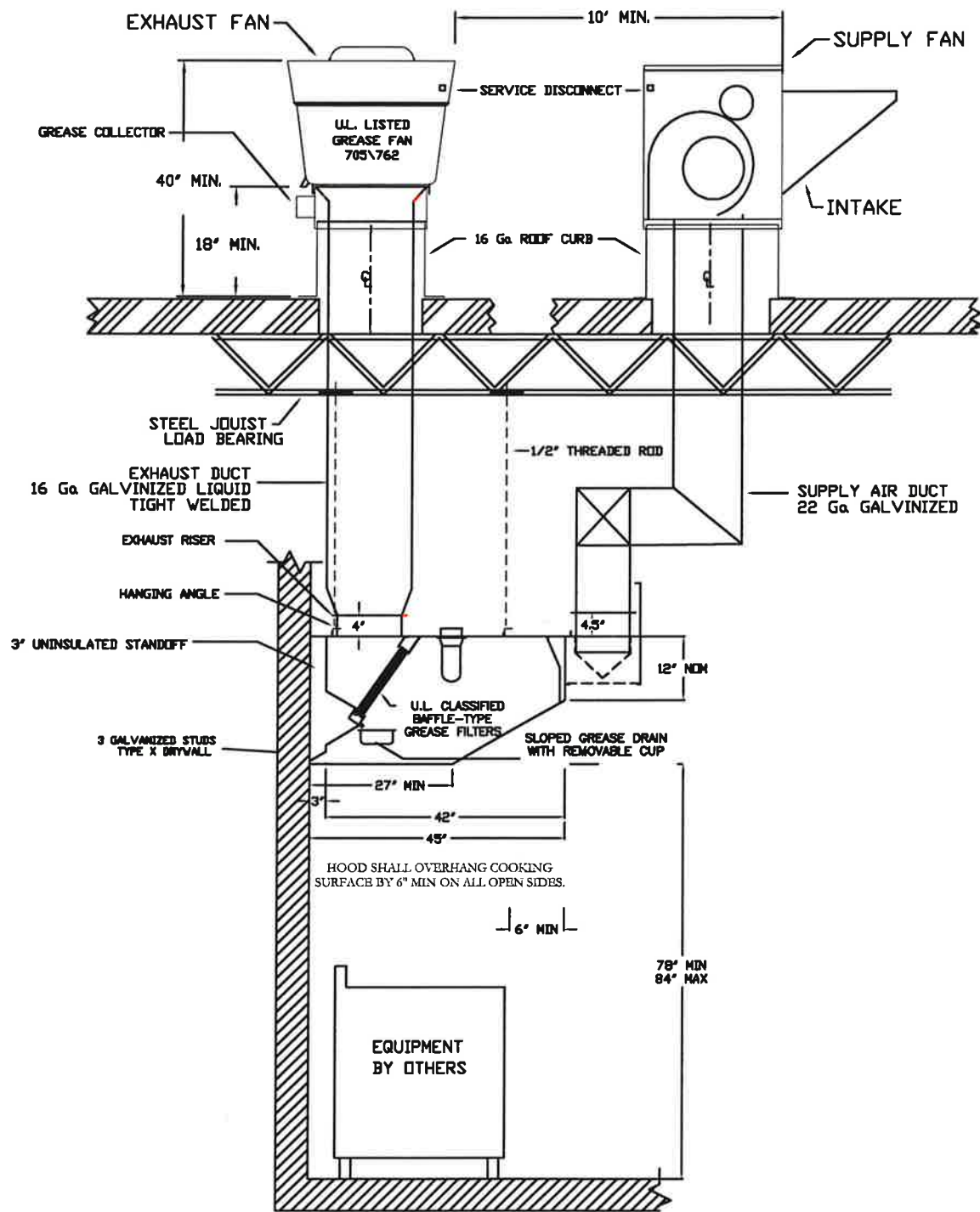
PROJECT:  
6101 S. ORANGE AVE  
ORLANDO, FL 32809  
DELAND, FL 32713



6101 S. Orange Ave



**DUCT LAYOUT**  
**SND-PSP MODEL MAKE-UP AIR HOOD & FANS**  
 ( U.L. LISTED / NSF APPROVED )

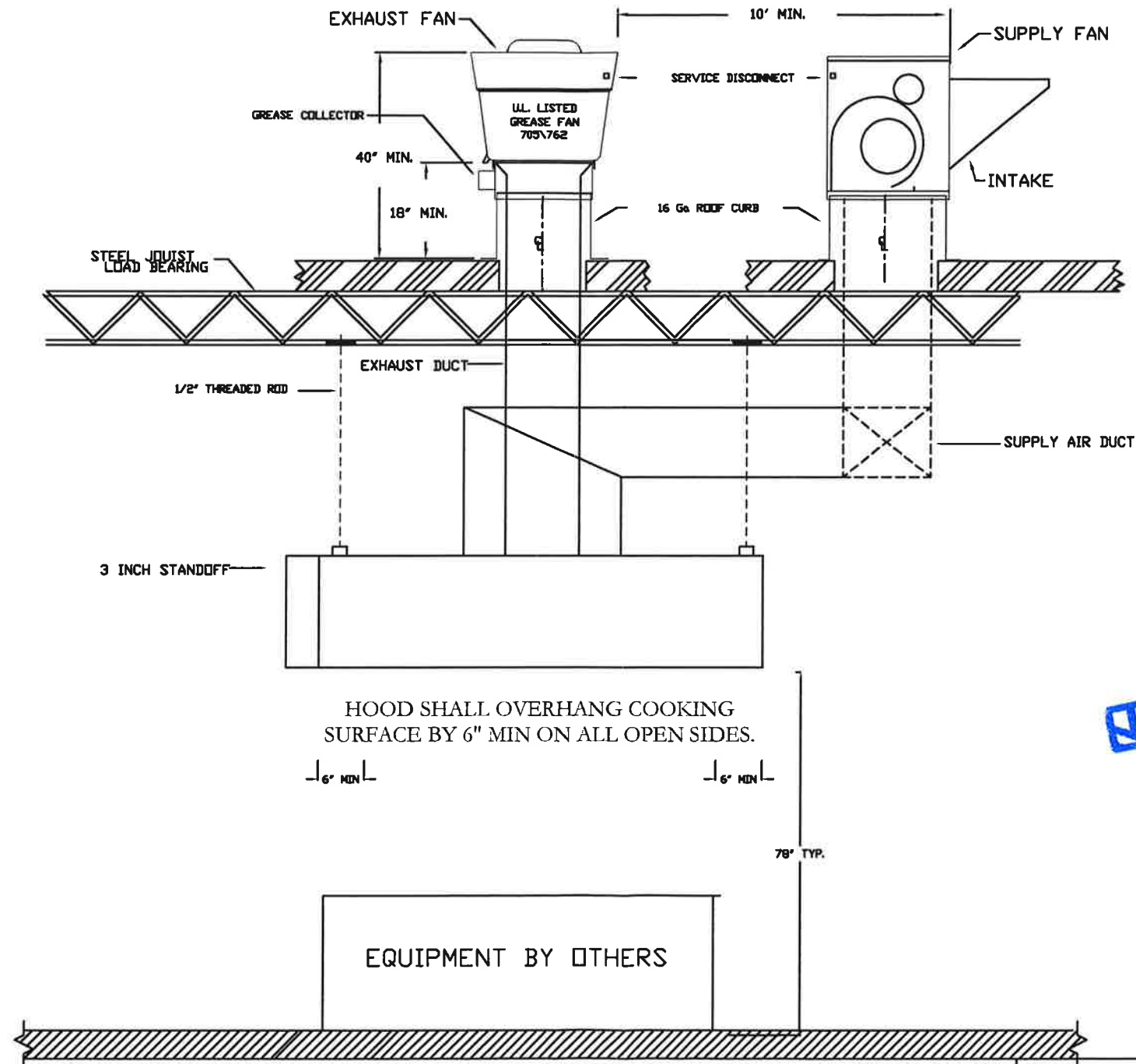


Reviewed for Code Compliance  
 Universal Engineering Sciences

DESIGN AND INSTALLED BY:  
 STATESIDE SERVICES  
 LICENSE # CAC050439

PROJECT:  
 6101 S. ORANGE AVE  
 ORLANDO, FL 32809  
 DELAND, FL 32713

**DUCT LAYOUT**  
**SND-PSP MODEL MAKE-UP AIR HOOD & FANS**  
 ( U.L. LISTED / NSF APPROVED )



DESIGN AND INSTALLED BY:  
 STATESIDE SERVICES  
 LICENSE # CAC050439

PROJECT:  
 6101 S. ORANGE AVE  
 ORLANDO, FL 32809  
 DELAND, FL 32713