



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: BLDG - WINDOWS: 3 size for size

Comments: None

Project Information

Address: 1832 Wind Drift Rd, Belle Isle, FL 32809
Parcel ID: 30-23-30-0604-02-060
Property Owner: Haskins, Allen & Rachel
Phone Number: None

Company Name: Renewal by Anderson of Central Florida
Contractor Name: Mellick, Jared
License Number: CGC1524135
Address: 5655 Carder Road, Orlando, FL 32810
Phone Number: 386-668-0111

Permit Number: 2017-08-003

Date of Application: 07/28/2017

Date Permit Issued: 07/31/2017

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$97.50

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$101.50

Date Paid

8/4/17

CC or Check #

AX 91043

Amount Paid

\$101.50

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 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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 bidsscheduling@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

password = universal13



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32828
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsciencesengineering.com

RECEIVED
JUL 28 2017
www.universalsciencesengineering.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 ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 7-28-17

PERMIT NUMBER: 2017-08-003

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

Project Address 1832 Wind Drift Rd. Belle Isle, FL 32809 32812
Property Owner Rachel W. Haskins Phone _____
Property Owner's Mailing Address 1832 Wind Drift Rd City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 30-23-30-0604-02-060
REQUIRED! To obtain this information, please visit <http://www.ocspfl.org/Searches/ParcelSearch.aspx>

Type of Building: Residential Commercial Other

- REQUIRED! Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from www.floridabuilding.org (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:

Number of Size-for-Size Windows: 3 Number of Size-for-Size Doors: _____ Job Valuation: 10553.00

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. 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:

LICENSE HOLDER SIGNATURE _____ LICENSE # CG-0524135

LICENSE HOLDER NAME Jared Mellick COMPANY NAME Renewal by Andersen of CFL

Street Address 5655 Carder Rd.

City Orlando State FL Zip Code 32809 Phone Number 407-803-4723

Email Address _____

Zoning Fee	\$	<u>0</u>
Permit Fee	\$	<u>65</u>
Review Fee	\$	<u>39.50</u>
3% Florida Surcharge	\$	<u>4.-</u>
Total Permit Fee	\$	<u>101.50</u>

Building Official: ca Date 7-31-17

Verified Contractor's Licenses & Insurance are on file ca Date 7-31-17

157116 25
10x4
65 ÷ 2
32-50
97.50

Permit Number: _____
Folio/Parcel ID #: 30-23-30-0604-02-060
Prepared by: _____
Return to: Skyy Tipton
5606 Carder Rd.
Orlando, FL 32810

DOC# 20170399207
07/18/2017 11:49:16 AM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
MB - Ret To: SKYY TIPTON



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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)
BELLE ISLE PINES UNIT 2 7/2 LOT 6 BLK B
- General description of improvement**
replace 3 windows
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name X RACHEL W HASKINS
Address 1832 Wind Drift Rd., Belle Isle, FL 32809
Interest in Property owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Jared Mellick/ Renewal by Andersen of CFL Telephone Number 407-803-4723
Address 5655 Carder Rd. Orlando, FL 32810
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
Lender Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- Expiration date of notice of commencement** (the expiration date will be 1 year from the 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 1, 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.

X Jared Mellick Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Owner Signatory's Title/Office

The foregoing instrument was acknowledged before me this 12th day of July 2017 by Rachel W. Haskins name of person

as _____ for _____ Name of party on behalf of whom instrument was executed
Type of authority, e.g., officer, trustee, attorney in fact

[Signature] Signature of Notary Public - State of Florida
Print, type, or stamp commissioned name of Notary Public

Personally Known X OR Produced ID X
Type of ID Produced PC-#252-139-58795-1





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

Product Approval Form

DATE: _____ PERMIT # 2017-08-003

PROJECT ADDRESS 1832 Windrift Rd. Belle Isle, FL 32809 32812

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 Installation details from FloridaBuilding.org and requirements for each product stamped**

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging							
Sliding				Sliding			
Sectional/Rollup				Soffits			
Other				Storefront			
				Glass Block			
				Other			
WINDOWS							
Single/Dbi Hung				ROOFING PRODUCTS			
Horizontal Slider	Andersen Corp.	Renewal Series	FL-19560.1	Asphalt Shingles			
Casement	Andersen Corp	Renewal Series	FL-19560.1	Non Struct Metal			
Fixed				Roofing Tiles			
Mullion				Single Ply Roof			
Skylights				Underlayment			
Other				Other			
STRUCTURAL COMPONENTS							
Wood Connectors				OTHER			
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

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

Applicant Signature  Date 7.28.17



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Product Approval
USER: Public User

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

OFFICE OF THE SECRETARY

FL #

Application Type
Code Version
Application Status

FL19560-R1
Revision
2014
Approved

Comments
Archived



Product Manufacturer
Address/Phone/Email

Andersen Corporation
100 Fourth Avenue North
Bayport, MN 55003
(651) 264-5308
alan.barstad@AndersenCorp.com

Authorized Signature

Alan Barstad
alan.barstad@AndersenCorp.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Windows
Casement

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

Hermes F. Norero, P.E.

Florida License

PE-73778

Quality Assurance Entity

Window and Door Manufacturers Association

Quality Assurance Contract Expiration Date

12/31/2019

Validated By

Locke Bowden

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL19560_R1_COI_COI Andersen SS 2015-08-31.pdf](#)

Referenced Standard and Year (of Standard)

Standard
AAMA/WDMA/CSA 101/I.S.2/A440
AAMA/WDMA/CSA 101/I.S.2/A440
Year
2008
2011

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted 02/19/2016
 Date Validated 02/19/2016
 Date Pending FBC Approval 02/23/2016
 Date Approved 04/12/2016

Summary of Products

FL #	Model, Number or Name	Description
19560.1	Renewal Series	Renewal Casement Windows
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Installation Instructions, AWD089, and Evaluation Report, PER4082, for sizes, design pressures, and installation requirements.</p>		
<p>Installation Instructions FL19560_R1_II_AWD089_SS_2016-02-18.pdf Verified By: Hermes F. Norero, P.E. FL PE No. 73778 Created by Independent Third Party: Yes Evaluation Reports FL19560_R1_AE_PER4082_SS_2015-12-18.pdf Created by Independent Third Party: Yes</p>		

[Back](#) [Next](#)

[Contact Us](#) :: [2601 Blair Stone Road, 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:



Credit Card
Safe



ANDERSEN CORPORATION, INC

RENEWAL SERIES CASEMENT WINDOWS

NON-IMPACT

INSTALLATION NOTES

- INSTALLATION CLIPS: ONE (1) INSTALLATION ANCHOR CLIP IS REQUIRED AT EACH ANCHOR LOCATION SHOWN.
- THROUGH FRAME AND NAIL FIN: ONE (1) INSTALLATION ANCHOR IS REQUIRED AT EACH ANCHOR LOCATION SHOWN.
- INSTALL INDIVIDUAL INSTALLATION ANCHORS WITHIN A TOLERANCE OF 1/2" INCH OF THE DEPICTED LOCATION IN THE ANCHOR LAYOUT DETAIL (I.E., WITHOUT CONSIDERATION OF TOLERANCES). TOLERANCES ARE NOT CUMULATIVE FROM ONE INSTALLATION ANCHOR TO THE NEXT.
- INSTALLATION CLIP: FOR INSTALLATION THROUGH 1X BUCK TO CONCRETE/MASONRY, OR DIRECTLY INTO CONCRETE/MASONRY, USE TWO (2) 3/16" INCH HWH ITW TAPCON PER INSTALLATION CLIP OF SUFFICIENT LENGTH TO ACHIEVE 1 1/4" INCH MINIMUM EMBEDMENT AND SHALL MAINTAIN MINIMUM 2" EDGE DISTANCE.
- INSTALLATION CLIP: FOR INSTALLATION INTO 2X BUCK USE TWO (2) #8 PAN HEAD WOOD SCREWS PER INSTALLATION CLIP OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2" INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- INSTALLATION CLIP: FOR INSTALLATION THROUGH METAL STUD USE TWO (2) #8 HWH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS PER INSTALLATION CLIP OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION INTO 2X BUCK USE #10 FH WOOD SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2" INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION THROUGH 1X BUCK TO CONCRETE/MASONRY, OR DIRECTLY INTO CONCRETE/MASONRY, USE ONE (1) 3/16" INCH FH ITW TAPCON OF SUFFICIENT LENGTH TO ACHIEVE 1 1/4" INCH MINIMUM EMBEDMENT AND SHALL MAINTAIN MINIMUM 2" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION THROUGH 1X BUCK TO CONCRETE/MASONRY, OR DIRECTLY INTO CONCRETE/MASONRY, USE ONE (1) 3/16" INCH FH ITW TAPCON OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2" INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION INTO METAL SUBSTRATES USE #10 FH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION THROUGH METAL STUD USE TWO (2) #8 HWH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- NAIL FIN: FOR INSTALLATION INTO 2X BUCK USE #8 PAN HEAD WOOD SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2" INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- NAIL FIN: FOR INSTALLATION INTO METAL SUBSTRATES USE #8 HWH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- FOR HOLLOW BLOCK AND GROUT FILLED BLOCK, DO NOT INSTALL INSTALLATION ANCHORS INTO MORTAR JOINTS. EDGE DISTANCE IS MEASURED FROM FREE EDGE OF BLOCK OR EDGE OF MORTAR JOINT INTO FACE SHELL OF BLOCK.
- 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 BY THE ANCHOR MANUFACTURER.
- INSTALLATION ANCHOR CAPACITIES FOR PRODUCTS HEREIN ARE BASED ON SUBSTRATE MATERIALS WITH THE FOLLOWING PROPERTIES:
 A. WOOD - MINIMUM SPECIFIC GRAVITY OF 0.55.
 B. CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI.
 C. MASONRY - STRENGTH CONFORMANCE TO ASTM C-90
 D. STEEL - MINIMUM YIELD STRENGTH OF 33 KSI. MINIMUM WALL THICKNESS OF 48 MILS (18 GAUGE).
 E. ALUMINUM - MINIMUM WALL THICKNESS OF 3/16". 6063-T5 ALLOY OR BETTER.

- #### GENERAL NOTES:
- THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH THE 5TH EDITION (2014) FLORIDA BUILDING CODE, EXCLUDING HWZ. THE PRODUCT HAS BEEN EVALUATED TO THE FOLLOWING:
 • AAMA/WDMA/CSA 101/1.5.2/A440-08/11
 - ADEQUACY OF THE EXISTING STRUCTURAL CONCRETE/MASONRY, 2X AND METAL STUD FRAMING AS A MAIN WIND FORCE RESISTING SYSTEM CAPABLE OF WITHSTANDING AND TRANSFERRING APPLIED PRODUCT LOADS TO THE FOUNDATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD FOR THE PROJECT OF INSTALLATION.
 - 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED AND ANCHORED TO PROPERLY TRANSFER ALL LOADS TO THE STRUCTURE. BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD FOR THE PROJECT OF INSTALLATION.
 - THE INSTALLATION DETAILS DESCRIBED HEREIN ARE GENERIC AND MAY NOT REFLECT ACTUAL CONDITIONS FOR A SPECIFIC SITE. IF SITE CONDITIONS CAUSE INSTALLATION TO DEVIATE FROM THE REQUIREMENTS DETAILED HEREIN, A LICENSED ENGINEER OR ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE WITH THIS DOCUMENT.
 - APPROVED IMPACT PROTECTIVE SYSTEM IS REQUIRED TO PROTECT THIS PRODUCT IN AREAS REQUIRING IMPACT RESISTANCE.
 - WINDOW FRAME MATERIAL: FIBREX® AND PVC.
 - SEE SHEET 9 FOR GLAZING DETAILS.
 - DESIGNATIONS "X" AND "O" STAND FOR THE FOLLOWING:
 X: OPERABLE PANEL
 O: FIXED PANEL

SIZE	CONFIGURATION	DESIGN PRESSURE	SASH WIDTH RATIO
32" X 80"	X	+40.0 / -40.0 PSF	---
40" X 72"	X	+40.0 / -40.0 PSF	---
70.5" X 71.5"	XX	+35.0 / -35.0 PSF	1:1
79" X 72"	XX	+30.0 / -30.0 PSF	1:1
70.5" X 60"	XX	+40.0 / -40.0 PSF	1:1
71" X 80"	XX	+25.0 / -25.0 PSF	1:1
105" X 66"	XOX	+35.0 / -35.0 PSF	1:1:1
105" X 80"	XOX	+25.0 / -25.0 PSF	1:1:1
118" X 72"	XOX	+25.0 / -25.0 PSF	1:1:1
90" X 60"	XOX	+40.0 / -40.0 PSF	1:1:1
105" X 66"	XOX	+35.0 / -35.0 PSF	1:2:1
105" X 80"	XOX	+25.0 / -25.0 PSF	1:2:1
120" X 72"	XOX	+30.0 / -30.0 PSF	1:2:1
90" X 60"	XOX	+40.0 / -40.0 PSF	1:2:1

NOTE: CUSTOM SASH RATIOS MAY BE ACHIEVED BY LOCATION OF MULL POST SUCH THAT MAXIMUM SASH D.L.O. DIMENSIONS ON SHEET 2 & 3 ARE NOT EXCEEDED

SHEET	REVISION	DESCRIPTION
1	A	GENERAL & INSTALLATION NOTES
2	-	ELEVATIONS
3	-	ELEVATIONS (2)
4	-	ANCHOR LAYOUT - SINGLE AND DOUBLE UNITS
5	-	ANCHOR LAYOUT - TRIPLE UNITS
6	A	THROUGH FRAME INSTALLATION DETAILS
7	-	NAIL FIN INSTALLATION DETAILS
8	-	CLIP INSTALLATION DETAILS
9	A	INTERMEDIATE MEMBERS, REINFORCEMENT REQUIREMENTS, ET FRAME, AND GLAZING DETAIL

Reason: I am approving this document
 Digitally signed by Hernes F Noreno, P.E.
 Date: 2016.02.18 19:15:09 -05'00'

DATE: 12.9.15
 DWN BY: SM
 CHK BY: MSS
 SCALE: NTS

DWG # AWD089
 SHEET: 1 OF 9



REVISIONS

NO.	DESCRIPTION	DATE	BY
1	ADD ET FRAME AND REV. ANCHOR DET.	02.16.16	MS

TITLE: RENEWAL SERIES CASEMENT GENERAL & INSTALLATION NOTES

PREPARED BY:
 BUILDING DROPS, INC.
 398 E. DANIA BEACH BLVD #338
 DANIA BEACH, FL 33004
 PH: (954) 399-8478 FX: (954) 744-4738

PH (651) 264-5150 FX: (651) 264-5465
 100 FOURTH AVE NORTH
 BAYPORT, MN 55003-1096





100 FOURTH AVE NORTH
 BAYPORT, MN 55003-1096
 PH: (651) 264-5150 FX: (651) 264-5485

PREPARED BY:
BUILDING DROPS, INC.
 398 E. DANIA BEACH BLVD. #338
 DANIA BEACH, FL 33004
 PH: (954) 399-8478 FX: (954) 744-4738

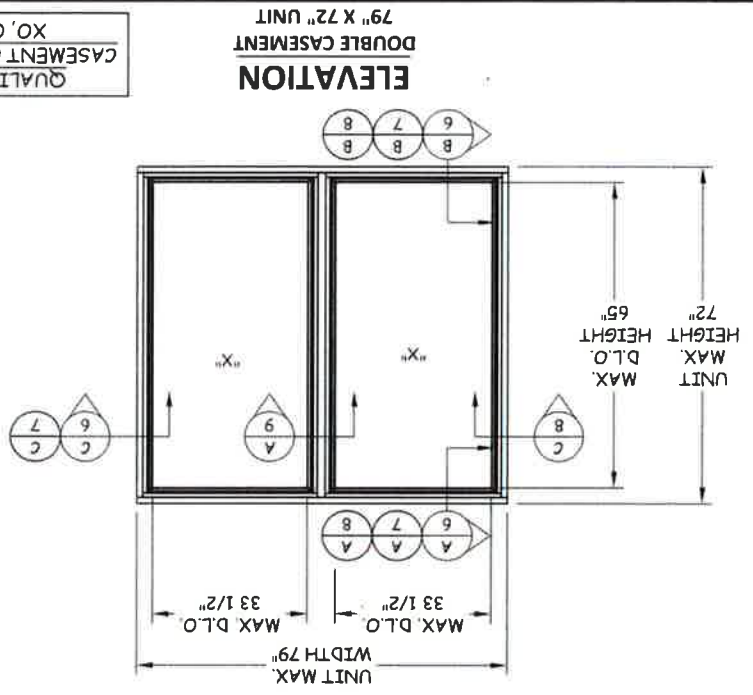
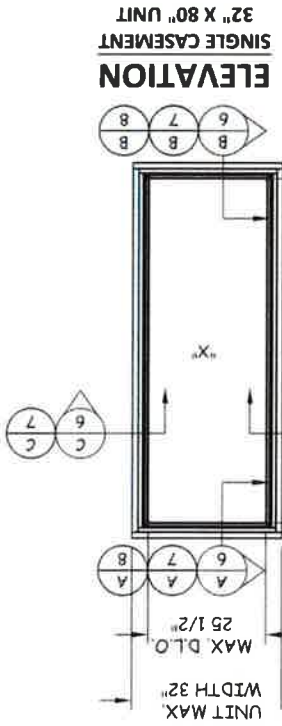
TITLE:
 RENEWAL SERIES CASEMENT
 ELEVATIONS

REVISIONS	
NO.	DESCRIPTION

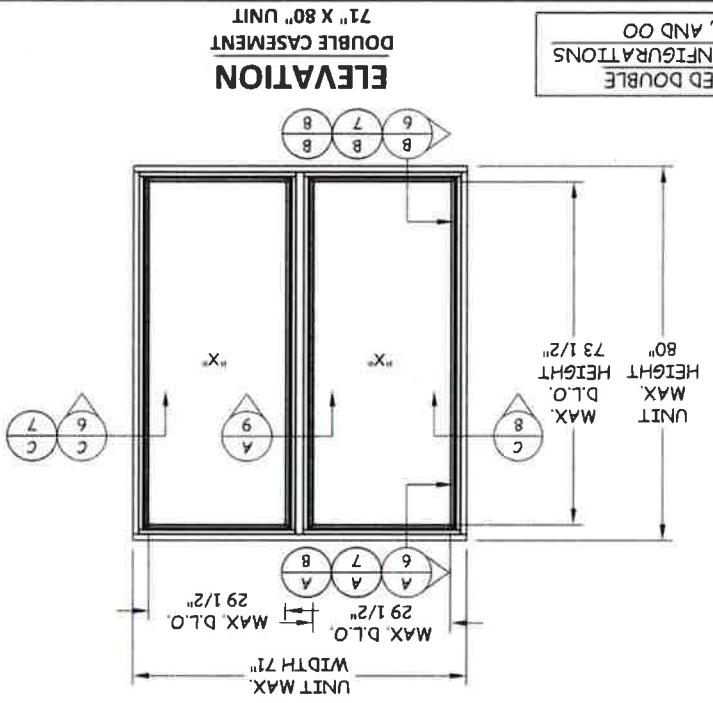
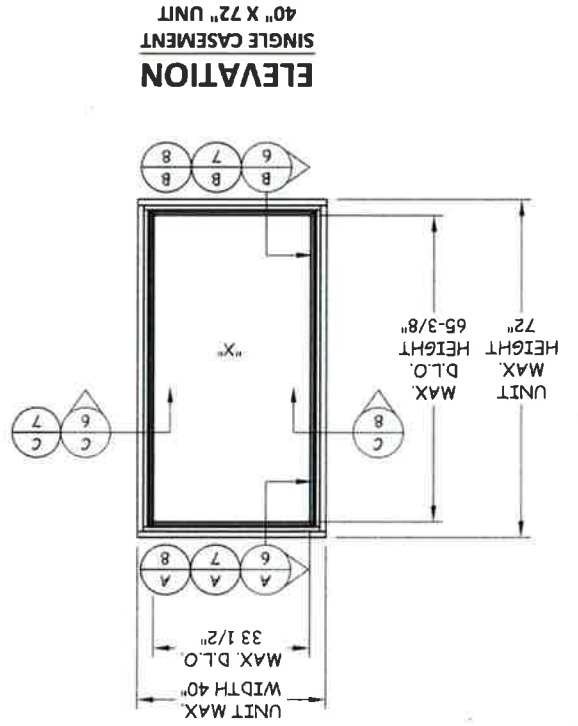


DATE: 12.9.15
 DWN BY: SM
 CHK BY: MSS
 SCALE: NTS

DWG # **AWD089**
 SHEET: 2 OF 9



QUALIFIED DOUBLE
 CASEMENT CONFIGURATIONS
 XO, OX, AND OO



DATE: 12.9.15
 DWN BY: SM
 CHK BY: MSS
 SCALE: NTS

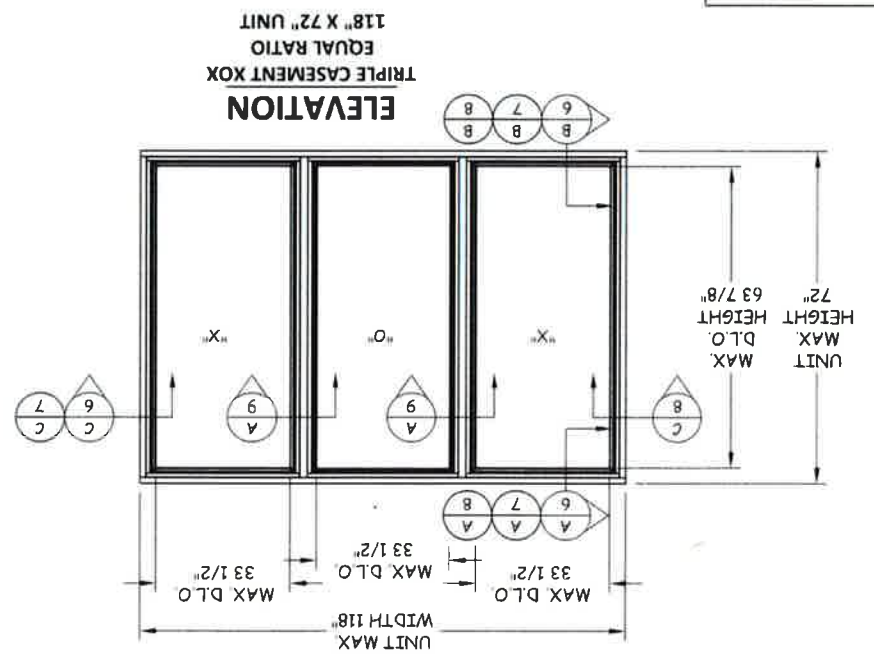
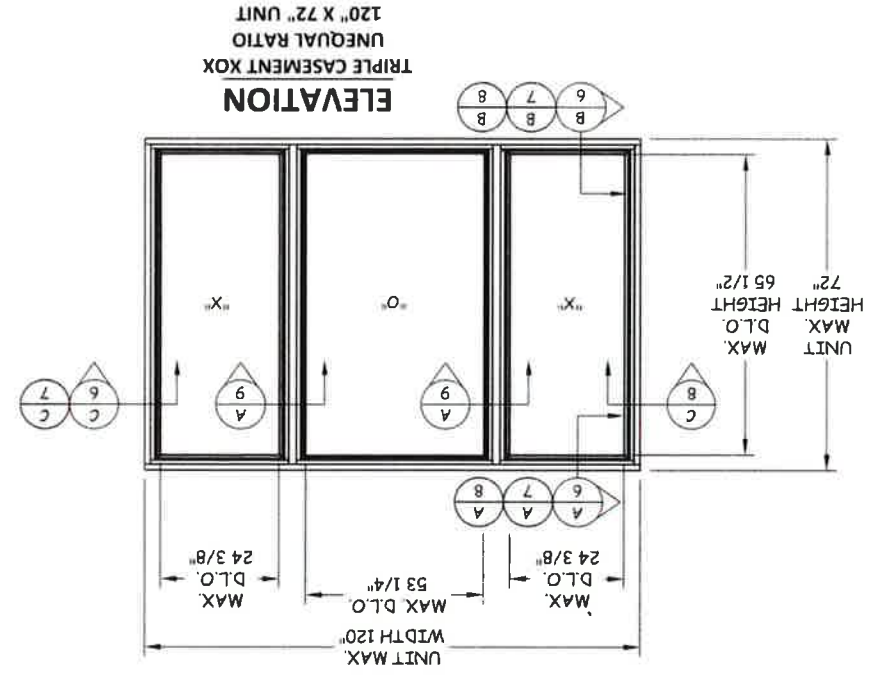


REVISIONS		NO.	DESCRIPTION	BY	DATE

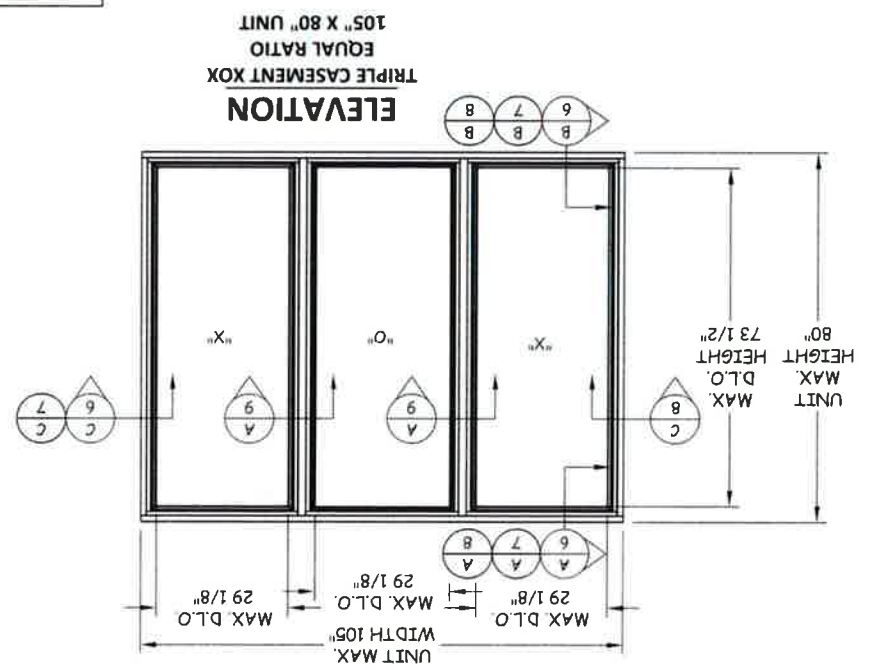
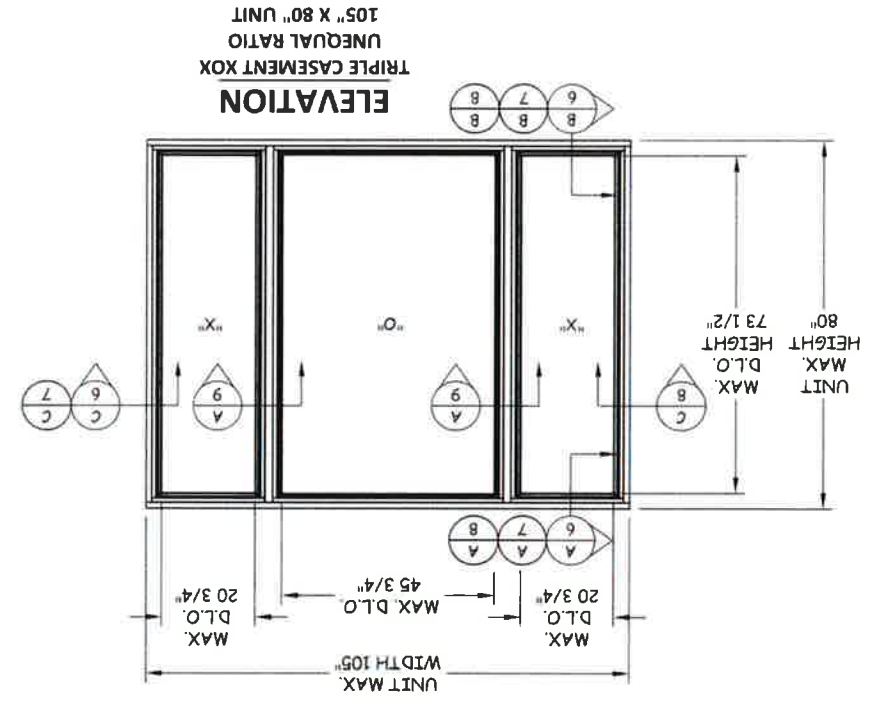
TITLE: **RENEWAL SERIES CASEMENT ELEVATIONS (2)**

PREPARED BY:
BUILDING DROPS, INC.
 398 E. DANIA BEACH BLVD. #338
 DANIA BEACH, FL 33004
 PH: (954) 399-8478 FX: (954) 744-4788

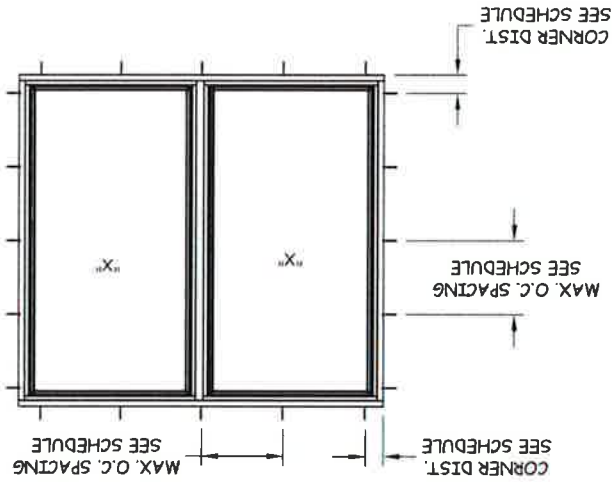
100 FOURTH AVE NORTH
 BAYPORT, MN 55003-1096
 PH: (651) 264-5150 FX: (651) 264-5485



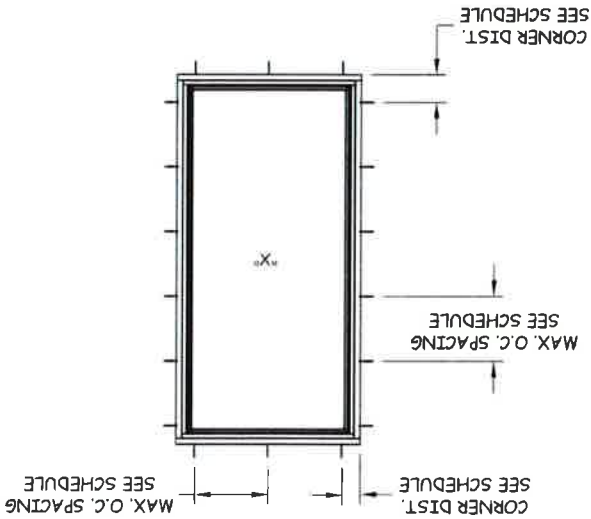
QUALIFIED TRIPLE CASEMENT CONFIGURATIONS OOX, XOX, AND OOO



TYPICAL ANCHOR LAYOUT
DOUBLE CASEMENT



TYPICAL ANCHOR LAYOUT
SINGLE CASEMENT



Unit Height	Quantity Sash Clips (Side of Stationary Sash)	Unit Width	Quantity Sash Clips (Each Stationary Sash)
< 32	1	< 67	1
< 44	2	≥ 67	2
< 57	3		
≥ 57	4		

Casement Double

1) ANY TYPICAL SUBSTRATE SHOWN HEREIN MAY BE USED AT THE HEAD, JAMBS, OR SILL. EDGE DISTANCE AND EMBEDMENT SHALL BE AS SPECIFIED IN TYPICAL DETAILS. SEE INSTALLATION NOTES 4-II FOR ANCHOR SPECIFICATIONS FOR EACH INSTALLATION METHOD.

RENEWAL SERIES CASEMENT ANCHOR SPACING	CONFIG.	SINGLE CASEMENTS			DOUBLE CASEMENTS		
		INSTALLATION	FRAME	THROUGH	INSTALLATION	FRAME	THROUGH
FROM CORNERS (IN)	METHOD (IN)	4	4	4	4	4	4
SILL (IN)	HEAD (IN)	4	4	4	4	4	4
MAX. O.C. (IN)	MAX. O.C. (IN)	18	18	18	18	18	18
MAX. O.C. (IN)	MAX. O.C. (IN)	18	18	18	18	18	18
		4	4	4	4	4	4
		18	18	18	18	18	18
		12.625	12.625	12.625	12.625	12.625	12.625
		18	18	18	18	18	18

REVISIONS

NO.	DESCRIPTION	BY	DATE

TITLE: RENEWAL SERIES CASEMENT SINGLE AND DOUBLE UNIT ANCHOR LAYOUTS

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DANIA BEACH, FL 33004
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RAYPORT, MN 55003-1096

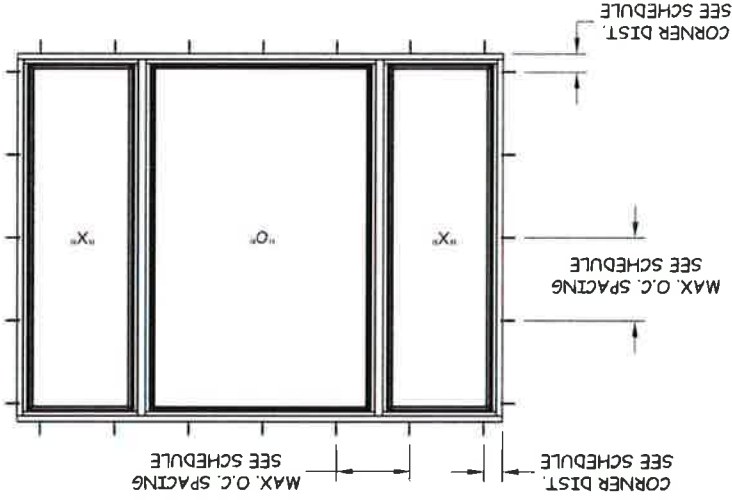


DATE: 12.9.15
DWN BY: SM
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SCALE: NTS

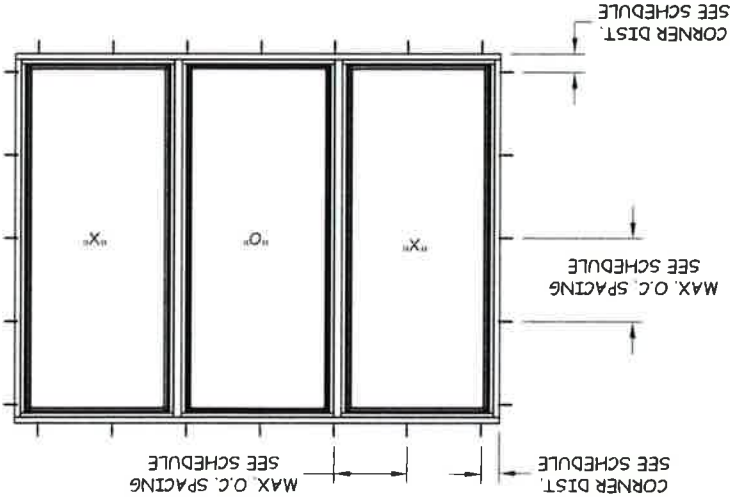
DWG # AWD089

SHEET: 4 OF 9

TYPICAL ANCHOR LAYOUT
TRIPLE CASEMENT
UNEQUAL RATIO



TYPICAL ANCHOR LAYOUT
TRIPLE CASEMENT
EQUAL RATIO



RENEWAL SERIES CASEMENT ANCHOR SPACING						
CONFIG.	INSTALLATION METHOD	FROM CORNERS		TO HEAD		MAX. O.C.
		(IN)	(IN)	(IN)	(IN)	
TRIPLE CASEMENTS UNEQUAL RATIO	FRAME THROUGH	4	4	11.75	11.75	18
	INSTALLATION CUP	4	4	16	16	18
	NAIL FIN	4	4	4	4	4
TRIPLE CASEMENTS EQUAL RATIO	FRAME THROUGH	4	4	12	12	18
	INSTALLATION CUP	4	4	16	16	18
	NAIL FIN	4	4	4	4	4

1) ANY TYPICAL SUBSTRATE SHOWN HEREIN MAY BE USED AT THE HEAD, JAMBS, OR SILL. EDGE DISTANCE AND EMBEDMENT SHALL BE AS SPECIFIED IN TYPICAL DETAILS. SEE INSTALLATION NOTES 4-II FOR ANCHOR SPECIFICATIONS FOR EACH INSTALLATION METHOD.

Casement Triple 1:1:1						
Unit Height	Mull Post (Side of Stationary Sash)	Quantity Sash Clips	Head & Sill	Unit Width (Each Stationary "Flanker" Sash)	Quantity Sash Clips	Sill (Center Stationary Sash)
< 32	1	1	1	< 67	1	2
< 44	2	2	2	< 93	2	3
< 57	3	3	3	≥ 93	3	3
≥ 57	4	4	4			

Casement Triple 1:2:1						
Unit Height	Mull Post (Side of Stationary Sash)	Quantity Sash Clips	Head & Sill	Unit Width (Each Stationary "Flanker" Sash)	Quantity Sash Clips	Sill (Center Stationary Sash)
< 32	1	1	1	< 67	1	2
< 44	2	2	2	< 93	2	3
< 57	3	3	3	≥ 93	3	3
≥ 57	4	4	4			

Casement Triple Custom Mull Post						
Unit Height	Mull Post (Side of Stationary Sash)	Quantity Sash Clips	Head & Sill	Unit Width (Each Stationary "Flanker" Sash)	Quantity Sash Clips	Sill (Center Stationary Sash)
< 32	1	1	1	< 31.1745	1	2
< 44	2	2	2	< 41.1745	2	3
< 57	3	3	3	> 41.1745	3	3
≥ 57	4	4	4	> 41.1745	4	4

REVISIONS

NO.	DESCRIPTION	DATE	BY

TITLE: RENEWAL SERIES CASEMENT
TRIPLE UNIT
ANCHOR LAYOUTS

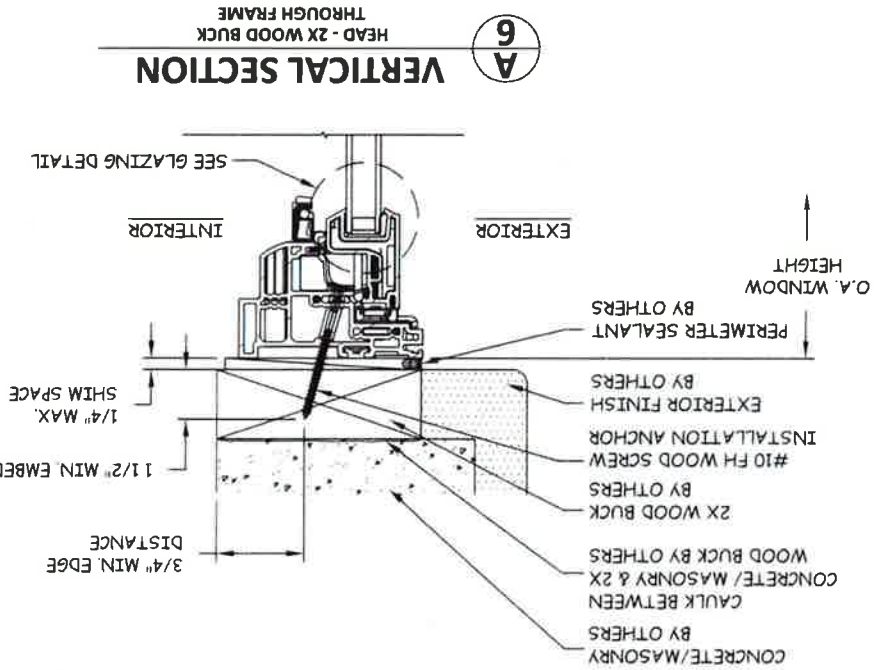
PREPARED BY:
BUILDING DROPS, INC.
398 E. DANIA BEACH BLVD. #338
DANIA BEACH, FL 33004
PH: (954) 399-0478 FX: (954) 744-4738

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BAYPORT, MN 55003-1096
PH (651) 264-5150 FX: (651) 264-5485

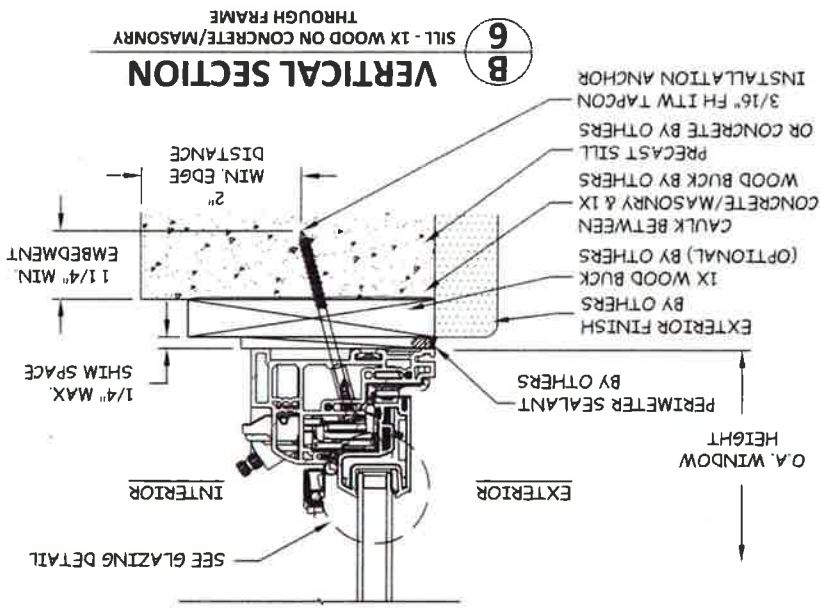


DATE: 12.9.15
DWG # AWD089
SCALE: NTS

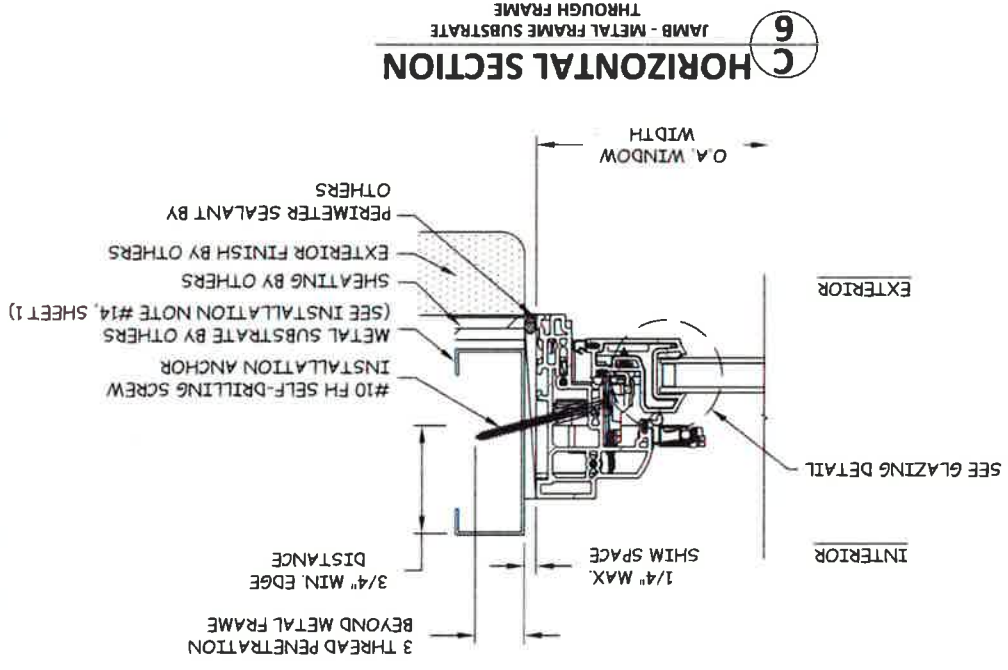
SHEET: 5 OF 9



A
VERTICAL SECTION
 HEAD - 2X WOOD BUCK
 THROUGH FRAME



B
VERTICAL SECTION
 SILL - 1X WOOD ON CONCRETE/MASONRY
 THROUGH FRAME



C
HORIZONTAL SECTION
 JAMB - METAL FRAME SUBSTRATE
 THROUGH FRAME

REVISIONS

NO.	DESCRIPTION	BY	DATE
1	ADD EJ FRAME AND REV ANCHOR DET.	MS	02.16.16

TITLE:

RENEWAL SERIES CASEMENT
 THROUGH FRAME
 INSTALLATION DETAILS

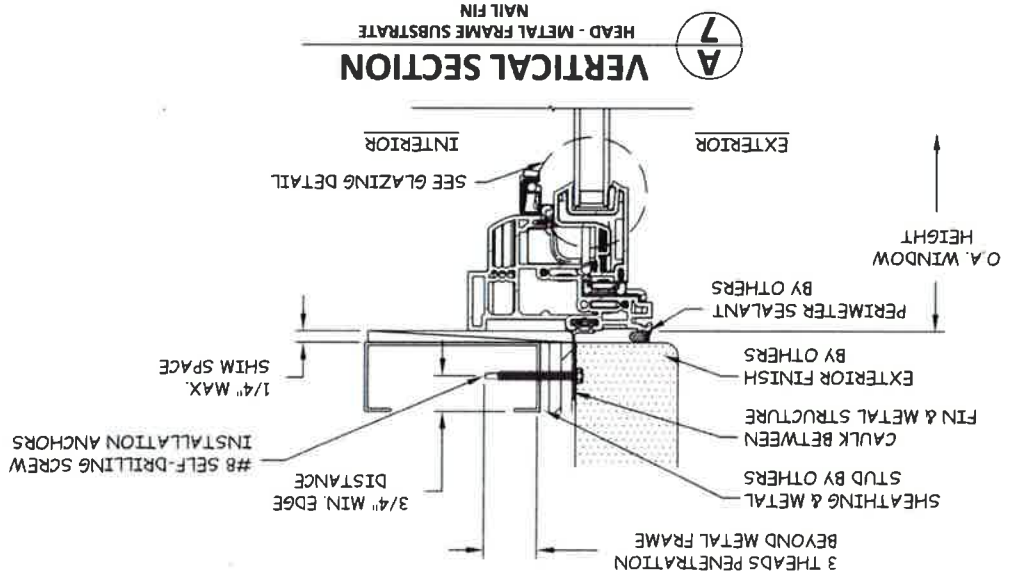
PREPARED BY:

BUILDING DROPS, INC.
 398 E DANIA BEACH BLVD #338
 DANIA BEACH, FL 33004
 PH: (954) 399-4478 FX: (954) 744-4738

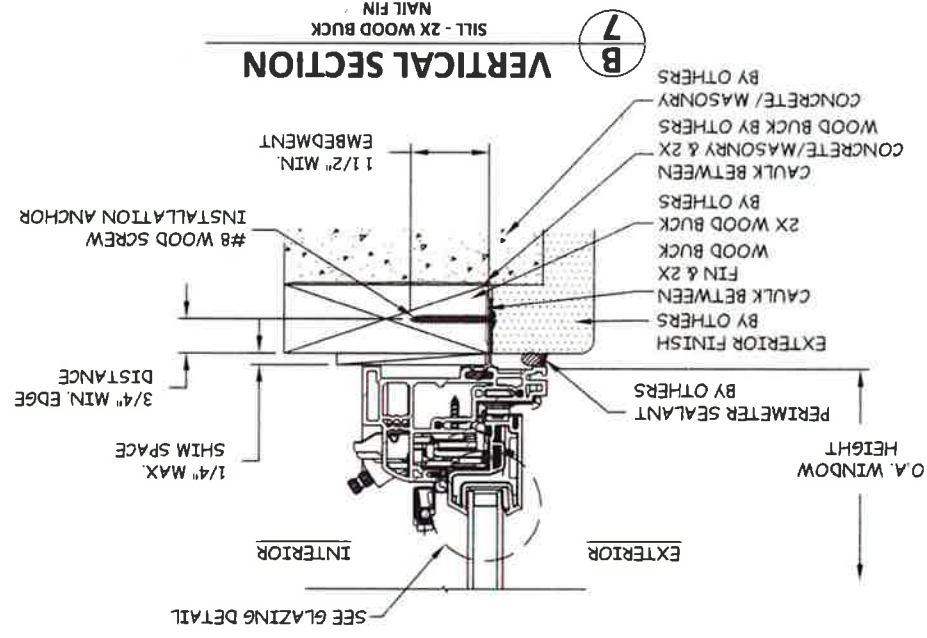
100 FOURTH AVE NORTH
 RAYPORT, MN 55003-1096
 PH: (651) 264-5150 FX: (651) 264-5485



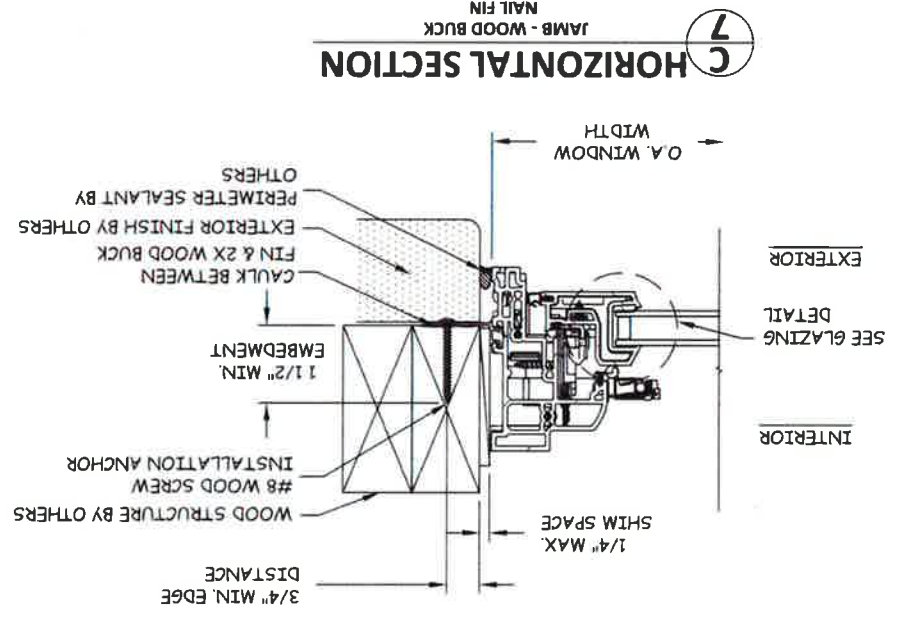
DATE: 12.9.15
 DWN BY: SM
 CHK BY: MSS
 SCALE: NTS
 DWG # AWD089
 SHEET: 6 OF 9



7 A
VERTICAL SECTION
 HEAD - METAL FRAME SUBSTRATE
 NAIL FIN



7 B
VERTICAL SECTION
 SILL - 2X WOOD BUCK
 NAIL FIN



7 C
HORIZONTAL SECTION
 JAMB - WOOD BUCK
 NAIL FIN

NAIL FIN/FLANGE IS REVERSIBLE
 SEE ORIENTATION DIFFERENCE
 IN DETAIL A AND B

REVISIONS	
NO.	DESCRIPTION

TITLE: RENEWAL SERIES CASEMENT NAIL FIN INSTALLATION DETAILS
 PREPARED BY: BUILDING DROPS, INC.
 398 E. DANIA BEACH BLVD. #338
 DANIA BEACH, FL 33004
 PH: (954) 399-8478 FX: (954) 744-4738

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 BAYPORT, MN 55003-1096
 PH: (651) 264-5150 FX: (651) 264-5485

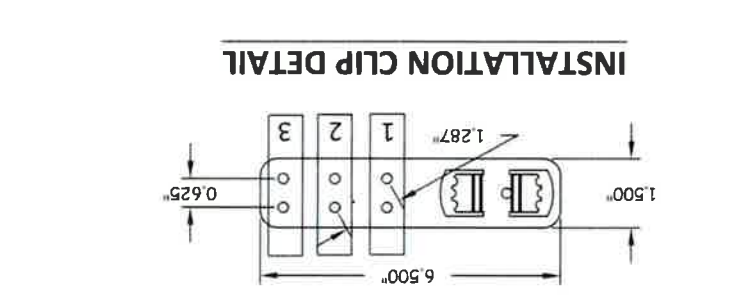
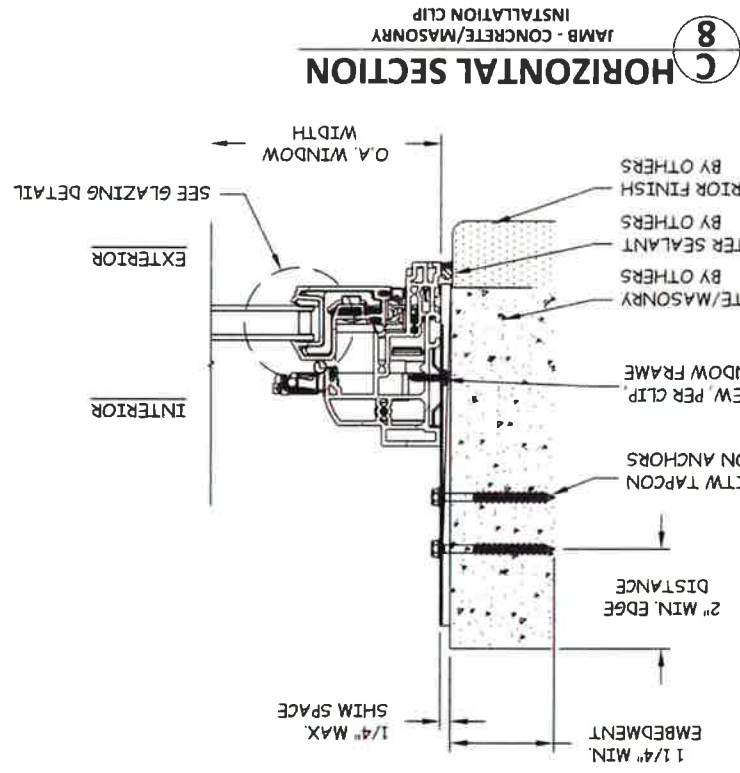


DATE: 12.9.15
 DWN BY: SM
 CHK BY: MSS
 SCALE: NTS
 DWG # AWD089
 SHEET: 7 OF 9



REVISIONS	
NO.	DESCRIPTION

TITLE: RENEWAL SERIES CASEMENT INSTALLATION CLIP DETAILS
 PREPARED BY: BUILDING DROPS, INC.
 398 E. DANIA BEACH BLVD, #338
 DANIA BEACH, FL 33004
 PH: (954) 399-8478 FX: (954) 744-4738



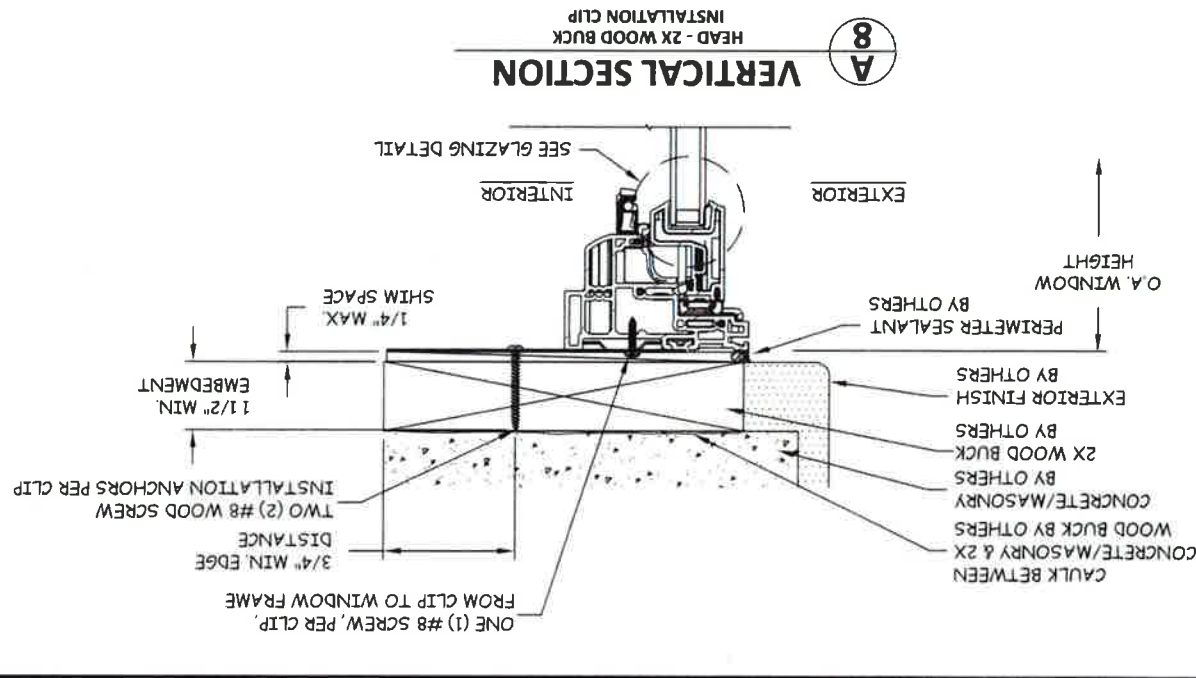
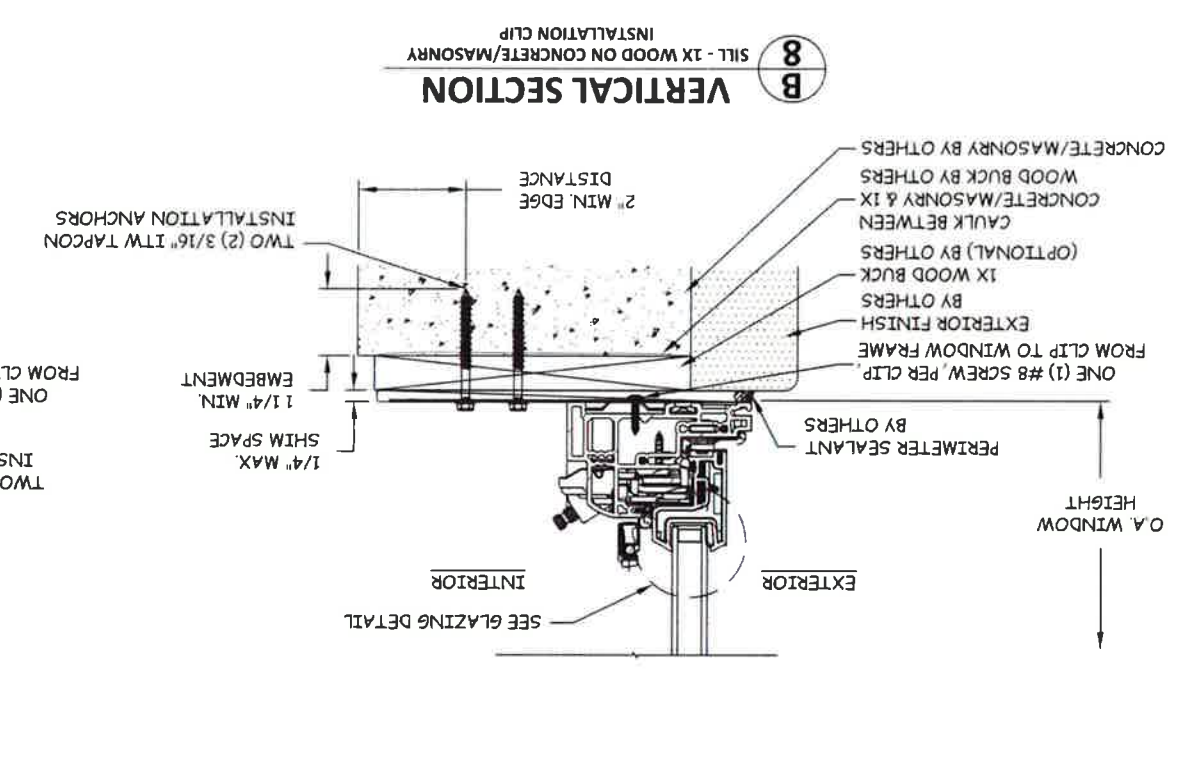
INSTALLATION CLIP ANCHOR REQUIREMENTS:

WOOD SUBSTRATE: USE TWO #8 PAN HEAD WOOD SCREWS PER CLIP, IN ROW NUMBER ONE OF PREDRILLED HOLES SHOWN BELOW.

METAL SUBSTRATE: USE TWO #8 HWH SMS ANCHORS PER CLIP, IN ROW NUMBER ONE OF PREDRILLED HOLES SHOWN BELOW.

CONCRETE/MASONRY: USE TWO 3/16" ITW TAPCON ANCHORS, WITH ONE ANCHOR PLACED IN ROW NUMBER ONE AND ONE ANCHOR PLACED IN ROW NUMBER TWO OF PREDRILLED HOLES SHOWN BELOW. ANCHORS MUST BE PLACED DIAGONALLY ACROSS THE CLIP.

DO NOT INSTALL ANCHORS THROUGH ROW NUMBER THREE





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 DANIA BEACH, FL 33004
 PH: (954) 399-8478 FX: (954) 744-4738

TITLE:
 RENEWAL SERIES CASEMENT
 MULL POST DETAIL, GLAZING DETAIL,
 EJ FRAME & REINF. REQUIREMENTS

DATE
 02.16.16

BY
 MS

DESCRIPTION
 ADD EJ FRAME AND REV. ANCHOR DET.

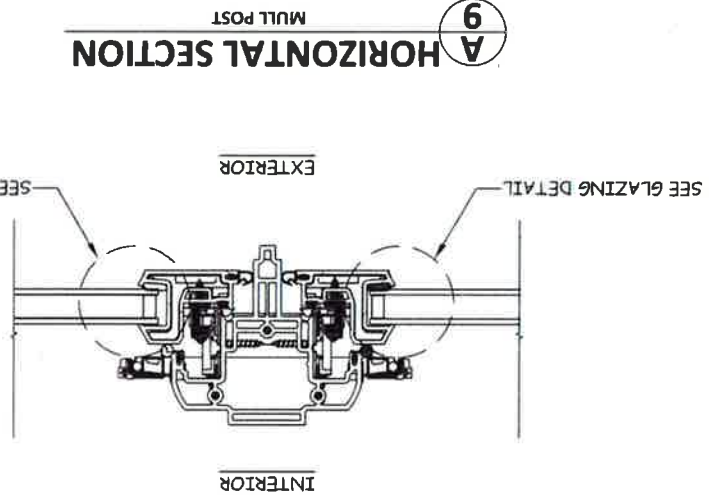
REVISIONS



DATE: 12.9.15
DWN BY: SM
CHK BY: MSS
SCALE: NTS

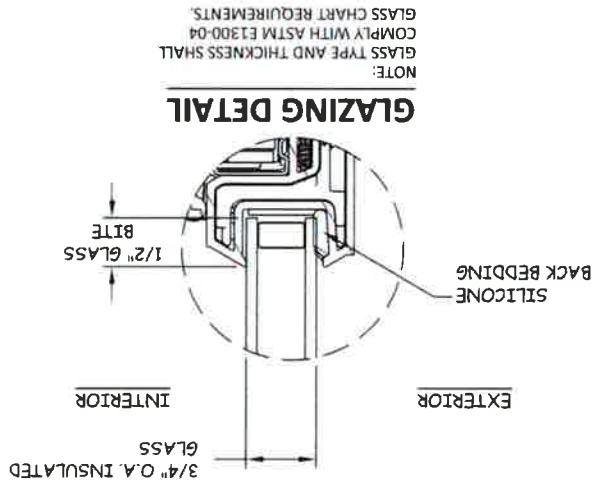
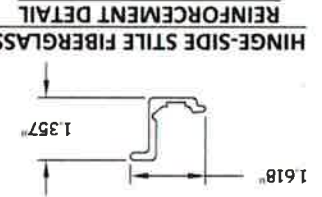
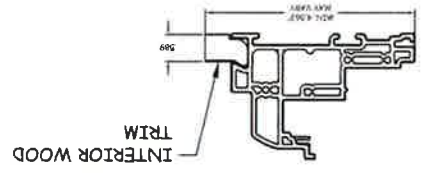
DWG #: AWD089

SHEET: 9 OF 9



SASH REINFORCEMENT REQUIREMENTS	
SIZE	REINFORCING
UNIT HEIGHT > 44"	REQUIRES FIBERGLASS REINFORCEMENT
UNIT HEIGHT < 44"	NOT REQUIRED

ALTERNATE EJ FRAME DETAIL
 MAY BE USED AS EQUAL ALTERNATE FRAME TYPE



NOTE:
 GLASS TYPE AND THICKNESS SHALL
 COMPLY WITH ASTM E1300-04
 GLASS CHART REQUIREMENTS.