



**City of Belle Isle Job Site Card Window/Door PERMIT 2019-04-047**

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

**Permit Number:** 2019- 004-047

**Issue Date:** 04/19/2019

**Site Address:** 2823 Montmart Dr 32812

**Parcel #:** 18-23-30-4391-04-490

**Class:**  Residential **Subdivision:**

**Description of Work (2) TWO Doors / Size for Size**

**Issued:** PELLA WINDOWS AND DOORS

**Business Phone:** 407 831-0600

**Name:** ROWLAND, JAMES SAMUEL

**Contractor License:** CBC046712

**Payment Date & Method:** 4 22 2019  Picked up or sent by \_\_\_\_\_  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order # 0416

**Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)**

**SCHEDULE INSPECTIONS BY 3:00 PM 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."**

BUILDING	INSPECTOR	DATE	COMMENTS
900 In Progress			
910 Final			

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3pm.** 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. Inspection results will be sent out the following business day. 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 –

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



RECEIVED  
APR 19 2019

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 ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 4/19/19 PERMIT NUMBER: 2019-04-047

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

Project Address 2823 MONTMART DRIVE Belle Isle, FL 32809 X 32812  
Property Owner MARGARET KARR Phone 321-230-5980  
Property Owner's Mailing Address 2823 MONTMART DRIVE City BELLE ISLE  
State FL Zip Code 32812 Parcel Id Number: 18-23-30-4391-04-490  
REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Type of Building: Residential  Commercial  Other

REQUIRED! Florida Product Approval Form – NOTE: installation instructions must be posted on-site before your first inspection!!

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

Number of Size-for-Size Windows: \_\_\_\_\_ Number of Size-for-Size Doors: 2 Job Valuation: 5900

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 [Signature] LICENSE # CBC046712  
LICENSE HOLDER NAME JAMES ROWLAND COMPANY NAME PELLA WINODWS & DOORS  
Street Address 350 W STATE ROAD 434  
City LONGWOOD State FL Zip Code 32750 Phone Number 407-831-0600  
Email Address richie.roberts@expeditepermit.com

Building Official: [Signature] Date 4-19-19  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-19-19

Zoning Fee	\$ <u>0</u>
Permit Fee	\$ <u>45.-</u>
Review Fee	\$ <u>22.50</u>
1% BCAIB Fee	\$ <u>2 min</u>
1.5% DCA Fee	\$ <u>2 min</u>
Total Permit Fee	\$ <u>71.50</u>

15x 11c  
5x4

25  
20  
45 ÷ 2  
22.50  
67.50

PAID  
22.19  
VISA 0416

Permit Number: \_\_\_\_\_  
Folio/Parcel ID # 18-23-30-4391-04-990  
Prepared by: Kellie Roberts

Return to: PELLA WINDOWS + DOORS  
350 W STATE ROAD 934  
LONGWOOD, FL 32750

**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.

1. Description of property (legal description of the property, and street address if available)  
LAKE CONWAY ESTATES LOT 449, Belle Isle, FL 32812
2. General description of improvement  
REPLACE DOORS
3. Owner information or Lessee information if the Lessee contracted for the improvement  
Name MARGARET KARR  
Address 2823 MONTMART DRIVE, Belle Isle FL 32812  
Interest in Property OWNER  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. Contractor  
Name PELLA WINDOWS + DOORS Telephone Number 407-831-0600  
Address 350 W STATE ROAD 934 LONGWOOD, FL 32750
5. Surety (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address N/A Amount of Bond \$ \_\_\_\_\_
6. Lender  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address N/A
7. 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 \_\_\_\_\_
8. 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 \_\_\_\_\_
9. 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.**

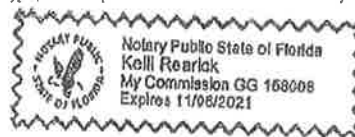
Margaret Karr  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager \_\_\_\_\_ Signatory's Title/Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this 5 day of April 2019 by Margaret Karr  
as owner for self  
Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_ Name of party on behalf of whom instrument was executed \_\_\_\_\_

Kellie Rearick  
Signature of Notary Public - State of Florida \_\_\_\_\_

Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced ID   
Type of ID Produced Drivers License





# WINDOWS & DOORS

350 State Road 434 W  
Longwood, Florida 32750  
407 831 0600  
FAX: 407 339 7742

## Authorization Letter / Power of Attorney

I, James Samuel Rowland, do hereby authorize the following persons to act as agents on behalf of myself and Pella Windows & Doors to pull and sign for any permits submitted under my Florida State contractor License number CBC046712.

### Authorized Persons:

Brian Kirby  
Tim O'Malley  
Christine O'Malley  
Erick DeDios  
Aaron Hallich  
David Weed

Owner: MARGARET KARR  
Address:  
2823 MONTMART DR  
BELLE ISLE, FL 32812

Regards,

  
James Samuel Rowland  
Qualifier CBC046712  
Pella Windows & Doors

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 18 day of APRIL, 2019 by JAMES SAMUEL ROWLAND, who is personally known to me.

  
Notary Public  
Richie Roberts  
Print Name

(Seal)  Richie Roberts  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF958353  
Expires 6/4/2020

My commission expires: \_\_\_\_\_

VIEWED TO BE THE BEST



# Contract - Detailed

**Sales Rep Name:**  
**Sales Rep Phone:**  
**Sales Rep Fax:**  
**Sales Rep E-Mail:**

**Phone:**                      **Fax:**

Customer Information	Project/Delivery Address	Order Information
<b>Margaret Karr</b> 2823 Montmart  ORLANDO, FL 32812 <b>Primary Phone:</b> (321) 2305980 <b>Mobile Phone:</b> <b>Fax Number:</b> <b>E-Mail:</b> pkarr526@gmail.com <b>Contact Name:</b>  <b>Great Plains #:</b> 1005123174 <b>Customer Number:</b> 1009075627 <b>Customer Account:</b> 1005123174	<b>Karr,Margaret,2246647</b> 2823 Montmart  <b>Lot #</b> Orlando, FL 32812 <b>County:</b> <b>Owner Name:</b> Margaret Karr <b>Owner Phone:</b> (321) 2305980	<b>Quote Name:</b> Karr,Margaret,2246647  <b>Order Number:</b> 7219DCE5T <b>Quote Number:</b> 11177774 <b>Order Type:</b> Installed Sales <b>Wall Depth:</b> <b>Payment Terms:</b> Deposit/Paid on Completion <b>Tax Code:</b> CAP IMP 2 <b>Cust Delivery Date:</b> 5/6/2019 <b>Quoted Date:</b> 3/27/2019 <b>Contracted Date:</b> 3/27/2019 <b>Booked Date:</b> 4/8/2019 <b>Customer PO #:</b>

Line #	Location:	Attributes	Qty
10	None Assigned	ADDPRRMCOR020001 - Delivery & Disposal	1



Customer: Margaret Karr


Project Name: Karr, Margaret, 2246647

Order Number: 7219DCE5T

Quote Number: 1117774

Project Checklist has been reviewed

  
 Customer Name (Please print)  
  
 Customer Signature  
 3.27.14  
 Date

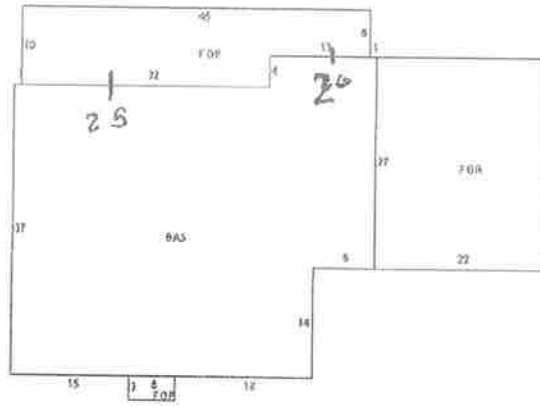
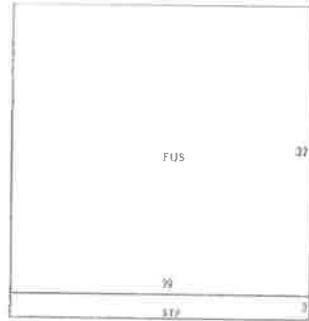
  
 Pella Sales Rep Name (Please print)  
 Andre Cochran  
  
 Pella Sales Rep Signature  
 3/27/14  
 Date

<b>Order Totals</b>	
Taxable Subtotal	\$3,640.27
Sales Tax @ 0%	\$0.00
Non-taxable Subtotal	\$2,259.73
<b>Total</b>	<b>\$5,900.00</b>
<b>Deposit Received</b>	<b>\$2,950.00</b>
<b>Amount Due</b>	<b>\$2,950.00</b>

\_\_\_\_\_  
Credit Card Approval Signature



Courtesy Rick Singh, Orange County Property Appraiser





**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)

## Product Approval Form

DATE: 4/19/19

PERMIT # \_\_\_\_\_

PROJECT ADDRESS 2823 MONTMART DRIVE

Belle Isle, FL 32809 X 32812

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://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:

• **NOTE: The Installation instructions must be posted on-site before your first inspection!!**

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding	PELLA	10/20/25	FL2646.1	Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/Dbf Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
Skylights				Other			
Other							
<b>STRUCTURAL COMPONENTS</b>				<b>OTHER</b>			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

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

Applicant Signature 

Date 4/18/19





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Product Approval  
USER: Public User

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

FL #  
Application Type  
Code Version  
Application Status

FL2646-R10  
Affirmation  
2017  
Approved

Comments  
Archived

Product Manufacturer  
Address/Phone/Email

Pella Corporation  
102 Main St.  
Pella, IA 50219  
(641) 621-6096  
pellaproductapproval@pella.com

Authorized Signature

Beth Phelps  
phelpsba@pella.com

Technical Representative  
Address/Phone/Email

Joseph Hayden  
102 Main Street  
Pella, IA 50219  
(641) 621-6096  
jahayden@pella.com

Quality Assurance Representative  
Address/Phone/Email

Pat Bortscheller  
102 Main Street  
Pella, IA 50219  
(641) 621-1000  
PJBortscheller@pella.com

Category  
Subcategory

Exterior Doors  
Sliding Exterior Door Assemblies

Compliance Method

Certification Mark or Listing

Certification Agency  
Validated By

Window and Door Manufacturers Association  
James L. Buckner, P.E. @ CBUCK Engineering  
 Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)

Standard	Year
AAMA/WDMA/CSA 101/I.S.2/A440-08	2008
AAMA/WDMA/CSA 101/I.S.2/A440-11	2011

Equivalence of Product Standards  
Certified By

I affirm that there are no changes in the new Florida Building Code which affect my product(s) and my product(s) are in compliance with the new Florida Building Code.

Documentation from approved Evaluation or Validation Entity Yes No N/A

Product Approval Method: Method 1 Option A  
 Date Submitted: 12/06/2017  
 Date Validated: 12/06/2017  
 Date Pending FBC Approval:  
 Date Approved: 12/07/2017

Summary of Products

FL #	Model, Number or Name	Description
2646.1	Series 10/20/25 Sliding Glass Door	Vinyl 2-Panel "OX" Sliding Glass Door (96" x 96")
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +25/-25 Other: Configurations of glass shall conform to the current ASTM E1300 standard & be safety glazed for use in hazardous locations.		Certification Agency Certificate <a href="#">FL2646 R10 C CAC CCL-411-H-963.30.pdf</a> Quality Assurance Contract Expiration Date: 11/30/2021 Installation Instructions <a href="#">FL2646 R10 II Drawing 1248.pdf</a> Verified By: Warren Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports <a href="#">FL2646 R10 AE Drawing 1248.pdf</a> Created by Independent Third Party: Yes
2646.2	Series 10/20/25 Sliding Glass Door	Vinyl Single Panel Fixed "O" Door (Sidelite, 34-15/16" x 81-1/2")
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +35/-35 Other: Configurations of glass shall conform to the current ASTM E1300 standard & be safety glazed for use in hazardous locations.		Certification Agency Certificate <a href="#">FL2646 R10 C CAC CCL-411-H-960.18.pdf</a> Quality Assurance Contract Expiration Date: 03/26/2022 Installation Instructions <a href="#">FL2646 R10 II Drawing 1248.pdf</a> Verified By: Warren Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports <a href="#">FL2646 R10 AE Drawing 1248.pdf</a> Created by Independent Third Party: Yes
2646.3	Series 10/20/25 Sliding Glass Door	Vinyl 2-Panel "OX" Sliding Glass Door (72" x 82")
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +35/-35 Other: Configurations of glass shall conform to the current ASTM E1300 standard & be safety glazed for use in hazardous locations.		Certification Agency Certificate <a href="#">FL2646 R10 C CAC CCL-411-H-963.21.pdf</a> Quality Assurance Contract Expiration Date: 10/05/2019 Installation Instructions <a href="#">FL2646 R10 II Drawing 1248.pdf</a> Verified By: Warren Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports <a href="#">FL2646 R10 AE Drawing 1248.pdf</a> Created by Independent Third Party: Yes
2646.4	Series 10/20/25 Sliding Glass Door	Vinyl Single Panel Fixed "O" Door (Sidelite, 47-1/2" x 95-1/2")
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +25/-25 Other: Configurations of glass shall conform to the current ASTM E1300 standard & be safety glazed for use in hazardous locations.		Certification Agency Certificate <a href="#">FL2646 R10 C CAC CCL-411-H-960.15.pdf</a> Quality Assurance Contract Expiration Date: 03/26/2022 Installation Instructions <a href="#">FL2646 R10 II Drawing 1248.pdf</a> Verified By: Warren Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports <a href="#">FL2646 R10 AE Drawing 1248.pdf</a> Created by Independent Third Party: Yes



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**

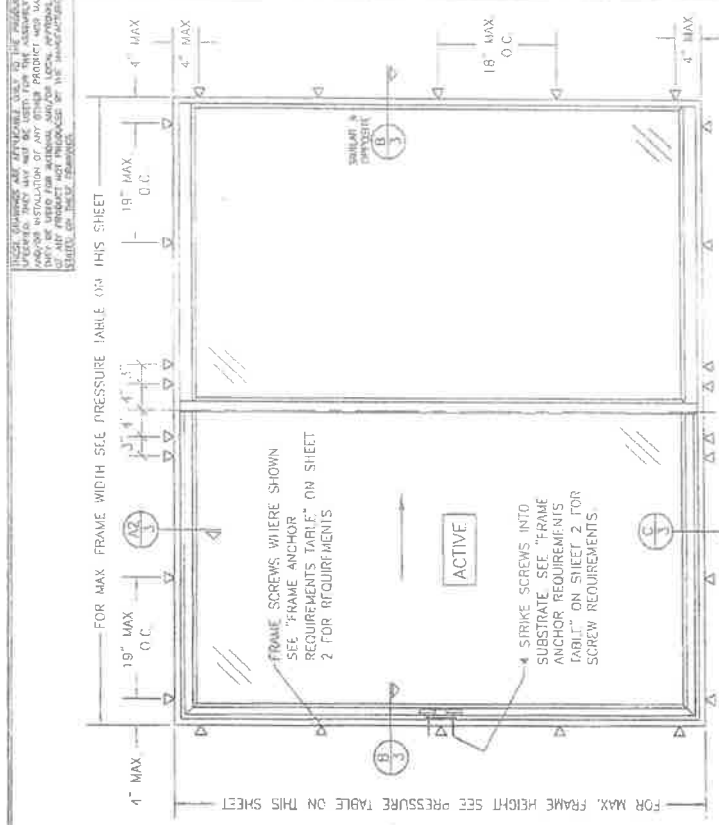


W. M. SCHAEFER ENGINEERS & CONSULTING, P.A. (CA 6809)  
 1801 SOUTH BEACH BOULEVARD, SUITE 100  
 WEST PALM BEACH, FLORIDA 33411  
 TEL: 561-833-1111 FAX: 561-833-1112  
 WWW.WMSCHAEFER.COM

PELLA CORPORATION  
 2000 PROLINE PLACE  
 GETTYSBURG, PA 17325  
 717-334-0099

SERIES 10/25 STANDARD PERFORMANCE VINYL SLIDING GLASS DOOR  
 DATE: 02/07/2015  
 DRAWN BY: WMS  
 CHECKED BY: WMS  
 SCALE: 1/4" = 1'-0"

SEP 29 2015  
 CERTIFICATION NO. 1248  
 SHEET NO. 1 OF 4

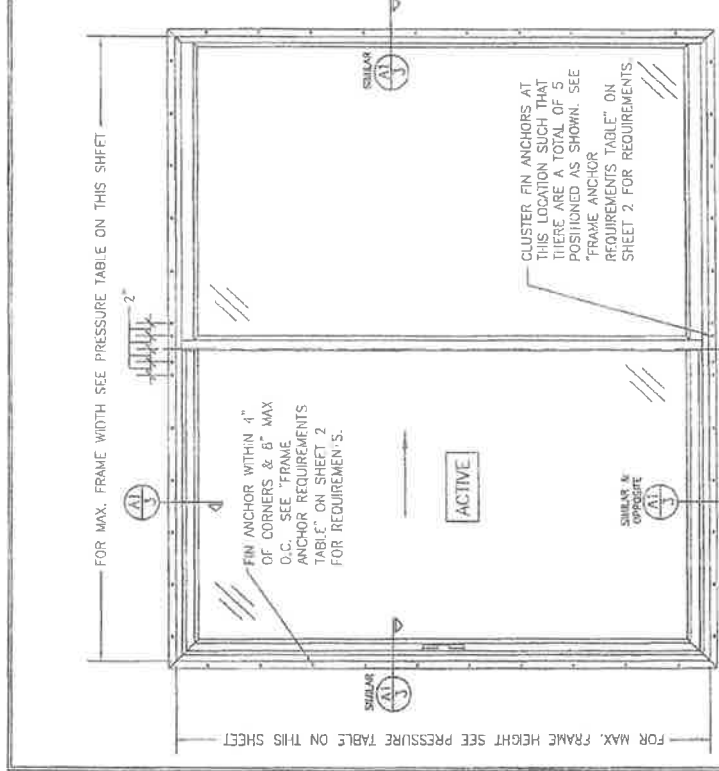


ALLOWABLE PRESSURE TABLE (2-PANEL SLIDING DOORS)

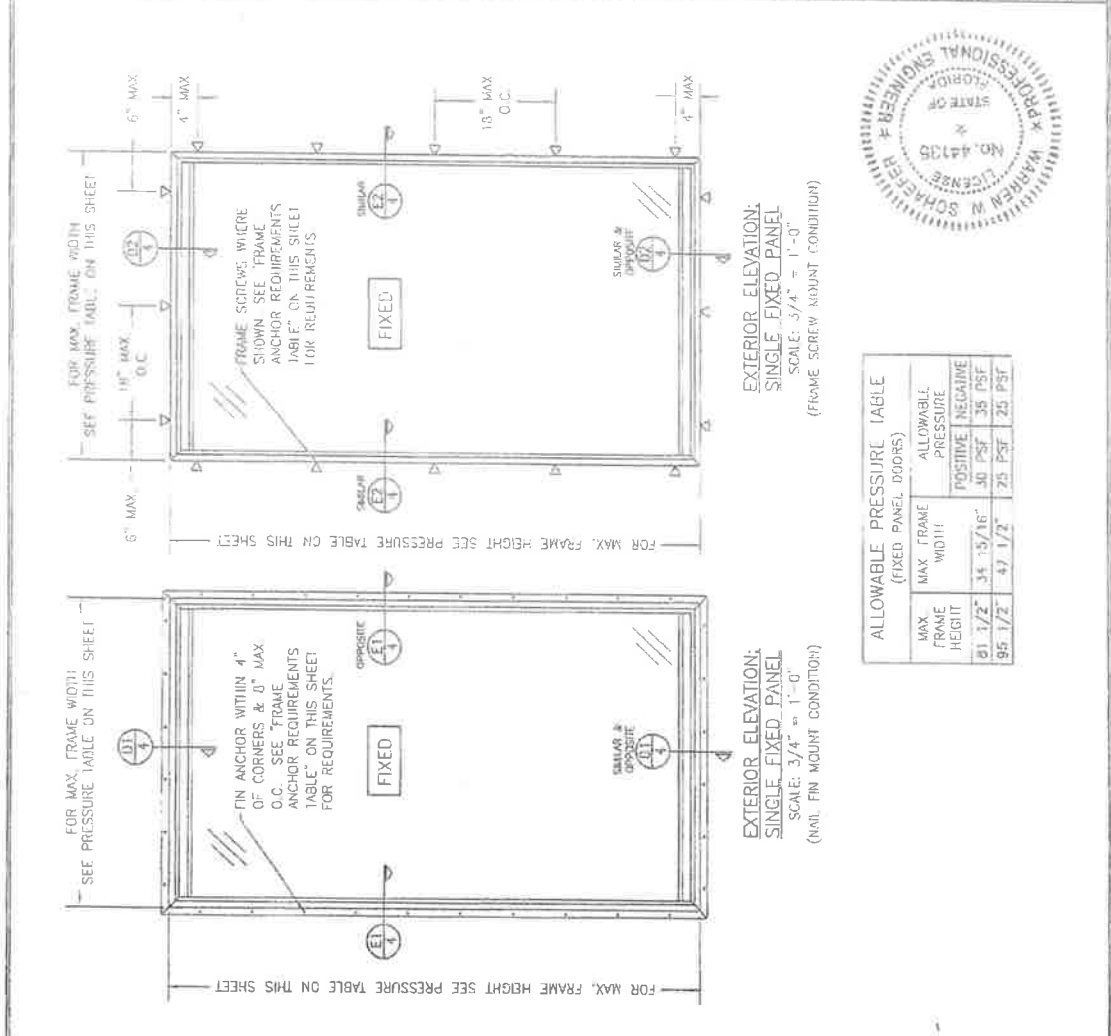
MAX. FRAME HEIGHT	MAX. FRAME WIDTH	ALLOWABLE POSITIVE PRESSURE	ALLOWABLE NEGATIVE PRESSURE
82"	72"	35 PSF	35 PSF
96"	96"	25 PSF	25 PSF

THRESHOLD NOTE: THRESHOLDS SHALL BE PLACED IN THRESHOLDS AS REQUIRED BY APPLICABLE QUALITY ASSURANCE.

INSTALLATION EVALUATION IS BASED ON APPLICABLE ANCHOR STANDARDS AND/OR INFORMATION & RESULTS FROM APPLICABLE TEST REPORTS. THE FLORIDA BUILDING CODE VERSION CONSIDERED FOR THIS EVALUATION WAS THE 2010 FLORIDA BUILDING CODE. THE EVALUATION WAS PERFORMED BY THE FLORIDA BUILDING CODE OFFICE OF THE FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION. PRODUCT, PRIOR TO SEALING CODE COMPLIANCE WITH THE STATE, THE MANUFACTURER SHALL CONFIRM WITH THE INSTALLATION EVALUATION ENGINEER OF RECORD THAT THE INSTALLATION SPECIFIED HEREON MEETS ALL CRITERIA WITH THE THEIR CLIENT'S TESTING CODE AND APPLICABLE STANDARDS.



- GENERAL NOTES:
- ALL FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS. SPECIFIED ANCHOR BARRIES TO BE INSTALLED TO TRANSFER WIND LOADS TO THE BEYOND WALL FINISH OR STUDS.
  - OPENINGS, SLIDING & BLOCKING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE BEYOND WALL FINISH OR STUDS.
  - THESE NON-IMPACT BASED PRODUCT INSTALLATIONS ARE IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC).
  - ALL ANCHORS SECURING PRODUCT FRAMES TO PRESSURE TREATED BRICKS OR WOOD FRAMING SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRODUCT. THE PRODUCT SHALL BE PROTECTED FROM CONTACT WITH OTHER CORROSIVE MATERIALS.
  - TO THE BEST OF OUR KNOWLEDGE, THE PRODUCT SHOWN HEREON IS CERTIFIED & QUALITY ASSURED BY A FLORIDA STATE APPROVED CERTIFICATION ENTITY & SHALL BE LABELED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE CHAPTER 6B.
  - THESE DRAWINGS SHALL BE USED IN ACCORDANCE WITH THE MANUFACTURER'S QUALITY ASSURANCE SPECIFICATIONS & TESTING REPORTS.
  - CERTIFICATION OF THESE PRODUCT INSTALLATIONS SHALL BE CONSIDERED VOID IF ANY OF THE FOLLOWING APPLICABLE PRODUCT IS INSTALLED WITHOUT A BUILDING PERMIT FROM THE APPLICABLE LOCAL BUILDING DEPARTMENT: 1) PRODUCT IS INSTALLED BY ANYONE OTHER THAN A LICENSED CONTRACTOR EXPERIENCED WITH INSTALLATIONS OF THIS TYPE OF PRODUCT. 2) CHANGES HAVE OCCURRED TO THE PRODUCT'S CERTIFICATION ENTITY'S CERTIFICATE THAT CAUSE THESE INSTALLATIONS TO BE INCOMPLETE OR BEING PRESSURE SPECIFIED OTHER IN THIS DRAWING OR IN THE PRODUCT'S CERTIFICATION SHALL CONTINUE FOR THE INSTALLED PRODUCT.
  - THESE DRAWINGS CERTIFY THE PRODUCT INSTALLATION ONLY. WATER PROOFING OF THE INSTALLED PRODUCT IS NOT PART OF THIS INSTALLATION CERTIFICATION. THAT RESPONSIBILITY SHALL BE THAT OF THE MANUFACTURER &/OR INSTALLER.



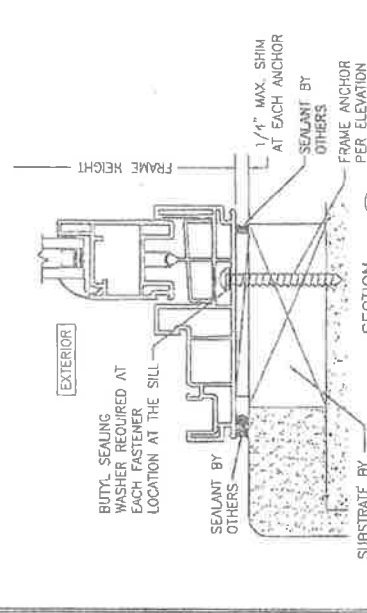
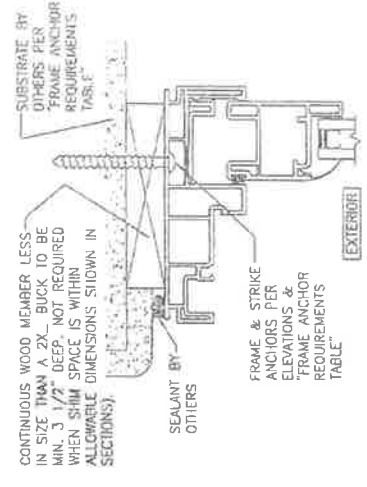
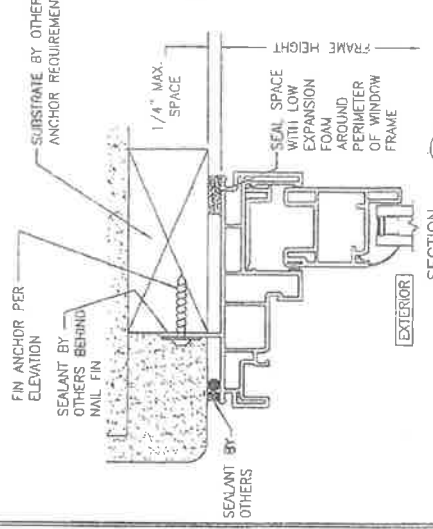
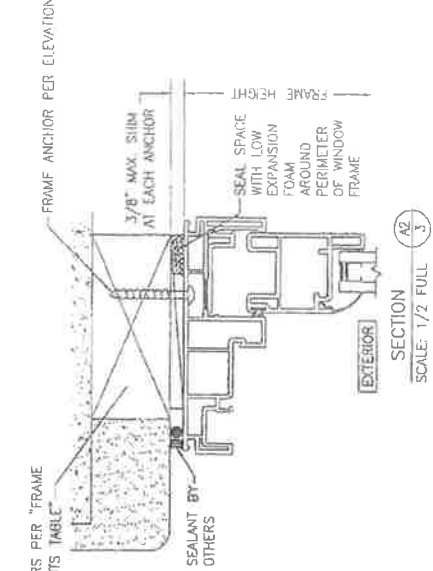
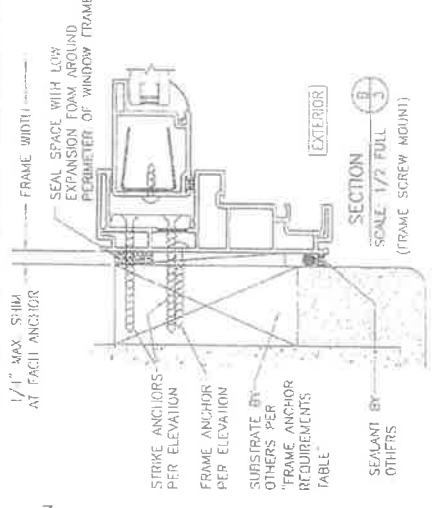
ALLOWABLE PRESSURE TABLE (FIXED PANEL DOORS)

MAX FRAME HEIGHT	MAX FRAME WIDTH	ALLOWABLE PRESSURE
81 1/2"	34" 15/16"	30 PSF POSITIVE, 35 PSF NEGATIVE
95 1/2"	47 1/2"	25 PSF POSITIVE, 25 PSF NEGATIVE

**ALTERNATE ANCHOR/SUBSTRATE EVALUATION NOTE:**  
 ALL ALTERNATE ANCHORS IN THEIR SPECIFIED SUBSTRATES HAVE BEEN ANALYZED IN ACCORDANCE WITH THEIR APPLICABLE STANDARD(S) AND ARE FOUND TO BE EQUIVALENT TO OR STRONGER THAN THE ANCHOR(S) USED IN TESTING WITH THIS PRODUCT.

**FRAME ANCHOR REQUIREMENTS TABLE**

OPENING TYPE (SUBSTRATE)	FRAME/NAIL FIN/STRIKE TO OPENING FASTENER TYPE	MINIMUM EMBEDDED EDGE DIST.
<b>(1) FRAME SCREWS</b>		
MIN. 2X4 WOOD FRAME OR BULKY (MIN. GR. 3 & Ø=0.55)	NO. 10 SNS OR WOOD SCREW	1 1/4" 3/4"
MIN. 18 GA. 33 X53 METAL STUD	NO. 10 OR 5 SELF TAP/DRILL SCREW FULL	1/2"
MIN. 1/8" THK A36 STEEL	NO. 10 OR 5 SELF TAP/DRILL SCREW FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 10 OR 5 SELF TAP/DRILL SCREW FULL	1/2"
C-90 CHU/2500 PSI CONCRETE	Ø 1/4" CONCRETE SCREW	1 1/4" 2"
<b>(2) NAILING FIN FASTENERS</b>		
MIN. 2X4 WOOD FRAME OR BULKY (MIN. GR. 3 & Ø=0.55)	11 GA. ROOFING NAIL	1 7/8" 1/2"
MIN. 2X4 WOOD FRAME OR BULKY (MIN. GR. 3 & Ø=0.55)	NO. 8 X 1 1/2" SNS	1 3/8" 1/2"
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW FULL	1/2"
<b>STRIKE SCREWS</b>		
MIN. 2X4 WOOD FRAME OR BULKY (MIN. GR. 3 & Ø=0.55)	NO. 8 SNS OR WOOD SCREW	1 1/4" 1/2"
MIN. 18 GA. 33 X53 METAL STUD	NO. 8 OR 5 SELF TAP/DRILL SCREW FULL	1/2"
MIN. 1/8" THK A36 STEEL	NO. 8 OR 5 SELF TAP/DRILL SCREW FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 OR 5 SELF TAP/DRILL SCREW FULL	1/2"
C-90 CHU/2500 PSI CONCRETE	Ø 3/16" CONCRETE SCREW	1 1/4" 2"
(1) CONCRETE SUBSTRATE SHALL BE ELOD ULTRACONS (C.S.) ELOD CRETE-FLEX (S.S.) (W/ RAUSSET/RED HEAD TAPCONS (C.S. OR S.S.) OR HELIX KIM-COM II (C.S. OR S.S.))		
(2) WHEN SCREWS ARE USED WITH THE NAIL FIN, THEY MUST BE A WAFFLE HEAD SCREW OR HAVE A FLAT WASHER AT THE SCREW HEAD.		
(3) FRAME SHEAR SCREWS MUST BE PAN HEAD SCREWS		



OPTIONAL DIRECT MOUNT DETAIL  
 TO SUBSTRATE WITH SPACER  
 (HEAD SECTION SHOWN, SILL & SIDES ARE INSTALLED THE SAME)  
 (FOR DETAIL NOT SHOWN, SEE OTHER SECTIONS)  
 (SLIDING DOOR SHOWN, FIXED PANEL DOOR IS INSTALLED THE SAME)

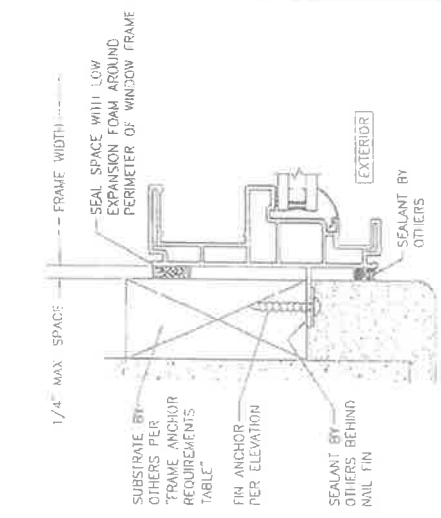
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07/16/19	WJS	6
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PELLA CORPORATION  
2000 PROLINE PLACE  
GETTYSBURG, PA 17325  
172-334-0099

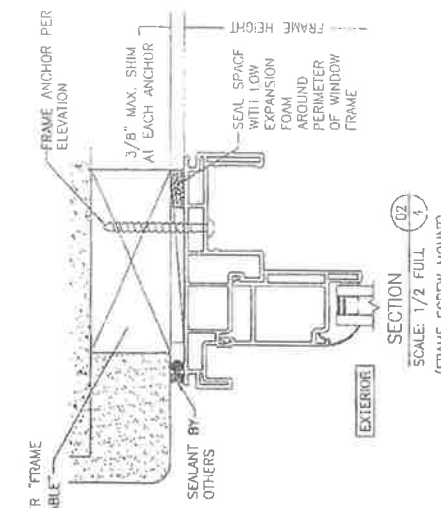
CONSULTANTS  
W. W. SCHAEFER ENGINEERING  
& CONSULTING, P.A. (CA 6808)  
7400 190TH AVENUE, SUITE 200  
FALLS CHURCH, VA 22043  
HOME: 551-740-1014

DATE: 08/29/2016  
PROJECT: SERIES 10/25 STANDARD PERFORMANCE VINYL SLIDING GLASS DOOR

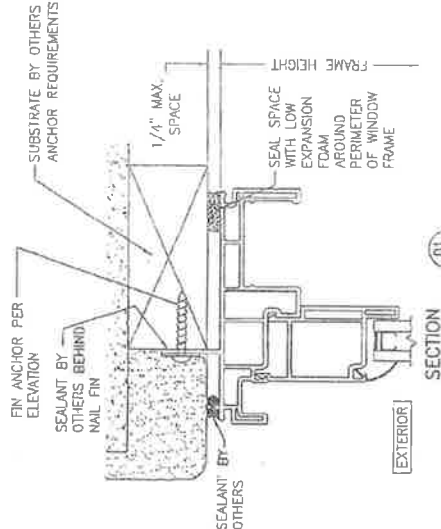
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SHEET NO.: 4 of 4



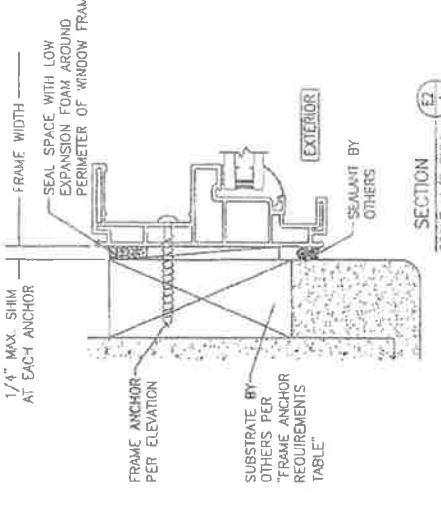
SECTION 01  
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(RAIL FIN MOUNT)



SECTION 02  
SCALE: 1/2 FULL  
(FRAME SCREW MOUNT)



SECTION 01  
SCALE: 1/2 FULL  
(NAIL FIN MOUNT)



SECTION 02  
SCALE: 1/2 FULL  
(FRAME SCREW MOUNT)

RICK SCOTT, GOVERNOR



JONATHAN ZACHEM, SECRETARY



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

THE BUILDING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**ROWLAND, JAMES SAMUEL**

PELLA WINDOWS AND DOORS  
8326 CREEDMOOR LANE  
NEW PORT RICHEY FL 34654

**LICENSE NUMBER: CBC046712**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



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# BUSINESS TAX RECEIPT

CITY OF LONGWOOD  
175 W. WARREN AVENUE  
LONGWOOD, FL 32750

Phone: (407)260-3440  
<http://www.longwoodfl.org>

2018-2019

Receipt #: 19-00724

Issued Date: 09/25/18

Effective Date: 10/01/18

Expiration Date: 09/30/19

License Type: RETAIL MERCHANTS/1 TO 5 EMP

Business Name: PELLA WINDOWS AND DOORS  
Business Location: 350 W SR 434

DORMAN, JOEL H  
350 W SR 434  
LONGWOOD, FL 32750



RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.



# CERTIFICATE OF LIABILITY INSURANCE

9/1/2019

DATE (MM/DD/YYYY)

8/22/2018

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. 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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED 1381272 PWD-ORLANDO, LLC 350 WEST STATE ROAD 434 LONGWOOD, FL 32750	INSURER A: <b>Steadfast Insurance Company</b> NAIC # 26387	
	INSURER B: <b>Old Republic Insurance Company</b> 24147	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES \*** CERTIFICATE NUMBER: 12959679 REVISION NUMBER: XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>SIR Applies Per Policy Terms &amp; Conditions</b>	N	N	MWZY-314067	9/1/2018	9/1/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Excluded
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 7,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	MWTB-314066	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$ XXXXXXXX
							BODILY INJURY (Per accident)	\$ XXXXXXXX
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
								\$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	IPR346040108	9/1/2016	9/1/2019	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$ XXXXXXXX
	<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		N/A	NOT APPLICABLE			PER STATUTE	
							E.L. EACH ACCIDENT	\$ XXXXXXXX
							E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
							E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX

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

**CERTIFICATE HOLDER**

12959679  
 CITY OF BELLE ISLE  
 1600 NELA AVENUE  
 ORLANDO, FL 32809

**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.

AUTHORIZED REPRESENTATIVE

*Joseph M. Agnello*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/23/2018

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 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 Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: FAX (A/C No.):														
INSURER(S) AFFORDING COVERAGE															
INSURED PWD-Orlando, Inc. dba Pella Windows and Doors 350 West State Road 434 Longwood, FL 32750	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER A :</th> <th>NAIC #</th> </tr> <tr> <td>SENTRY CAS CO</td> <td>28460</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A :	NAIC #	SENTRY CAS CO	28460	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A :	NAIC #														
SENTRY CAS CO	28460														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**                      **CERTIFICATE NUMBER:** 53698908                      **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	ADDITIONAL SUBROGATION		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED        RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	<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	Y/N N	N/A	9003379	09/01/18	09/01/19	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Ave Orlando, FL 32809 USA	<b>CANCELLATION</b> 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 
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