



# City of Belle Isle Job Site Card **Building PERMIT 2018-10-051**

**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 your inspections.

Permit Number: 2018- 10-051

Issue Date: 04/11/2019

Site Address: 3714 St Moritz St 32812

Parcel #: 17-23-30-4385-03-360

Class: Single Fam Class III **ASSISTED LIVING FACILITY**

Description of Work: INTERIOR RENOVATIONS INCLUDING REPLACING 2 WINDOWS & CONVERTING THE GARAGE TO LIVING SPACE. SEPARATE ELECTRICAL & MECHANICAL PERMITS NEEDED. DOOR WILL REMAIN & FRAME IN.

**OVERSIZED PLANS**

Issued: **ROBINSON CUSTOM HOMES LLC**

Business Phone: 407 492-3262

Name: Robinson, Johnny

Contractor License: RR0029969

Payment Date & Method:

4 / 15 / 2019

Picked up or sent by J. Robinson  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order # 1440

Schedule Inspections via Email at: [BI scheduling@universalengineering.com](mailto:BI scheduling@universalengineering.com)

SCHEDULE INSPECTIONS BY 3:00PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

### SEPARATE PERMITS WILL BE REQUIRED FOR ALL SUB-WORK

"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
100 Demo Final			
110 Footing			
120 Stem Wall			
130 Slab			
140 Lintel/Tie Beam			
150 Down Pour			
160 Tilt Panel			
170 Window In-progress			
180 Sheathing (wall)			
190 Sheathing (roof)			
195 Dry-in (roof/walls)			
200 Framing			
205 Drywall Nail/Screw			
210 Fire Rated Assembly			
220 Above-Ceiling			
230 Insulation			
240 Lathe			
250 Final			
260 Other			

Inspection requests are to be emailed to [BI scheduling@universalengineering.com](mailto:BI scheduling@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)



# 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)

RECEIVED  
OCT - 3 2018

## Building / Land Use Permit Application

DATE: 10/3/18

PERMIT # 2018-10-051

PROJECT ADDRESS 3714 ST. MORITZ STREET, Belle Isle, FL 32809 / 32812

PROPERTY OWNER BATI ASTER PHONE 407-860-0266 VALUE OF WORK (labor & material) \$ 7,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS Reg as Assisted Living Facility

INTERIOR RENOVATIONS including replacing 2 windows & converting the garage to living space. Separate Elec & Mech permits needed. door will remain & frame in

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

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-4385-03-360

To obtain this information, please visit <http://www.ocpaf1.org/Searches/ParcelSearch.aspx>

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

Wind Exposure Category: B    C    D   

PLANNING & ZONING APPROVAL: 6-21-19 April Fisher  
DATE (see attached form)

REVIEW	Date: Sent	RCD	
SPRINKLERS REQ'D	<u>Y</u>	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE			
ZONING	<u>Y</u>	N	\$ <u>165.</u>
CERT OF OCC	Y	N	\$
TRAFFIC	Y	N	\$
SCHOOL	Y	N	\$
FIRE	Y	N	\$
SWIMMING POOL	Y	N	\$
SCREEN ENCLOSURE	Y	N	\$
ROOFING	Y	N	\$
BOAT DOCK	Y	N	\$
BUILDING	<u>Y</u>	N	\$ <u>73.50</u>
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

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

CONSTRUCTION TYPE \_\_\_\_\_

OCCUPANCY GROUP \_\_\_\_\_ Comm \_\_\_\_\_ Res: \_\_\_\_\_ Single Fam \_\_\_\_\_ Multi Fam

#BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ TOTAL SQ.FT. \_\_\_\_\_

MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_

MIN. FLOOD ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_

WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

1% BCAIB FEE 2 min

1.5% DCA FEE 2 min

TOTAL 242.50

OTHER PERMITS REQUIRED:

ELECTRICAL	<u>Y</u>	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA

PAID  
4-15-19  
check 1940

Per FSS 105.3.3:  
An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Page 1 of 2

124 (91) WO#  
407-299-0716 NA  
407-422-5699 disconnected 73.50

15111C 25  
6x4 24  
49.2  
24.50

407-492-3262



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)

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

**PERMIT #** 2018-10-051


Owner's Name BATI ASTER  
 Owner's Address 3714 SAINT MORITZ STREET


Contractor Name <u>JOHNNY ROBINSON</u>	Company Name <u>ROBINSON CUSTOM HOMES LLC</u>
License # <u>RR 0029969</u>	Company Address <u>5701 S. KIRKMAN ROAD</u>
Contact Phone/Cell <u>407-492-3262</u>	City, State, ZIP <u>ORLANDO, FLA. 32835</u>
Contact Email <u>RROBIN441@AOL.COM</u>	Contact Fax

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations ([www.floridabuilding.org](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://www.municode.com)) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

\*Owner Signature Aster Bati  
 The foregoing instrument was acknowledged before me this 09/24/18  
 by Aster Bati who is personally known to me  
 and who produced Drivers license  
 as identification and who did not take an oath.  
 Notary as to Owner Kelly M. Exline, Jr.  
 State of Florida  
 County of Orange  
 My Commission Expires 07/24/2022  
 Commission No. GG 241433

Contractor Signature Johnny Robinson  
 COMPANY NAME Robinson Custom Homes LLC  
 The foregoing instrument was acknowledged before me this 09/04/18  
 by JOHNNY ROBINSON who is personally known to me  
 and who produced FL DRIVING LICENSE  
 as identification and who did not take an oath.  
 Notary as to Owner Tomas G. Sanchez  
 State of Florida  
 County of Orange  
 TOMAS G. SANCHEZ  
 Notary Public - State of Florida  
 Commission # GG 011425  
 My Comm. Expires Jul 13, 2020

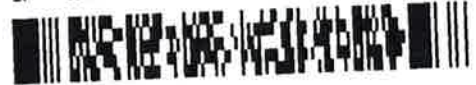
**Impervious Surface Ratio Worksheet**  
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).  
 Total Lot Area \_\_\_\_\_ X 0.35 = \_\_\_\_\_  
 Allowable Impervious Area (BASE) \_\_\_\_\_
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.
  - House \_\_\_\_\_
  - Driveway \_\_\_\_\_
  - Walkway \_\_\_\_\_
  - Accessory Buildings NA
  - Pool & Spa \_\_\_\_\_
  - Deck & Patio \_\_\_\_\_
  - Other \_\_\_\_\_
 Actual Impervious Area (AIA) \_\_\_\_\_
- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
- If AIA is greater than BASE, then onsite retention must be provided.

Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

Permit Number: \_\_\_\_\_  
 Folio/Parcel Identification Number: \_\_\_\_\_  
 Prepared by: JOHNNY ROBINSON  
 \_\_\_\_\_  
 Return to: \_\_\_\_\_  
 \_\_\_\_\_

DOCH 20180593186  
 10/08/2018 12:24:47 PM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 IP - Ret To: JOHNNY ROBINSON



**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)  
17-23-30-4385-03-360 3714 ST. MORITZ STREET
2. **General description of improvement**  
GARAGE CONVERSION INTO BEDROOMS
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name BATI ASTER  
 Address 3714 ST. MORITZ STREET 32812  
 Interest in Property OWNER  
**Name and address of fee simple titleholder** (if different from Owner listed above)  
 Name N/A  
 Address \_\_\_\_\_
4. **Contractor**  
 Name JOHNNY ROBINSON Telephone Number 407-490-3262  
 Address 364 KILLINGTON WAY ORL, FLA. 32835
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
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 NONE 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 NONE Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) ONE YEAR

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.**

Aster Bati \_\_\_\_\_  
 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 6<sup>th</sup> day of 10/18 by Aster W. Bati  
 month/year name of person  
 as Owner for Property  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed  
Jorge De La Rosa  
 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 FL DL

State of FLORIDA, County of ORANGE Form Revised: September 26, 2011

I hereby certify that this is a true copy of the document as reflected in the Official Records  
 PHIL DIAMOND, COUNTY COMPTROLLER  
 BY: \_\_\_\_\_ D.C.  
 DATED: 10-08-18





**ORANGE COUNTY FIRE RESCUE**  
 Office of The Fire Marshal - Plans Review Section  
 7079 University Blvd. Winter Park, Florida 32792  
 Office: (407) 836-0070 Fax: (407) 836-8310

**RECEIVED**  
 DEC 19 2018  
 BY: \_\_\_\_\_



**Permit To Begin Work Prior To Fire Department Review Approval**  
**[THIS PERMIT IS TO BE POSTED ON THE JOB SITE]**

<b>Date:</b> 12/13/2018	<b>Permit #:</b> 181214027-P02 <small>(Fire Dept. Use Only)</small>
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- Requirements/Guidelines of Permit:**
- 1. A Valid Building Permit Is Required For All Interior Alterations And New Construction To Obtain An Early Start Permit!**
  - 2. No Inspections Without Approved Plans And Permit On Site!**
  - 3. Permit Is Valid For 30 Calendar Days From The Date Of Issuance With No Extensions Allowed!**

Occupancy Information	
<b>Building Permit #:</b>	N/A
<b>Occupancy Name:</b>	Swan at Lake Conway Assisted Living
<b>Occupancy Address:</b>	3714 St. Moritz Street, Orlando, FL 32812
<b>Phone Number:</b>	(407) 473-5903
<b>Description of Work:</b>	Add relocate existing remote annunciator and pull station, add three new smoke detectors and two strobe devices. Replace existing horn/strobe devices with new low level sound horn/strobe devices.

Contractor Requesting Early Start Information	
<b>Contractor Name:</b>	ADAEC Systems, Inc.
<b>Contractor Address:</b>	P.O. Box 300558, Fern Park, FL 32730
<b>Contact Person:</b>	Laurin Dunn
<b>Phone Number:</b>	(407) 331-2966
<b>email:</b>	adaecsystems@earthlink.net

12-21-18  
 Reviewed for Code Compliance  
 Universal Engineering Sciences

Office of the Fire Marshal		
<b>Approved:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reviewer's Signature:</b> Benjamin Baran	<b>Date:</b> 12-14-18
<b>Cost:</b> \$32.00	<b>Check #:</b>	<b>Receipt #:</b>



# UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences  
Geophysical Services • Construction Materials Testing • Threshold Inspection  
Building Inspection • Plan Review • Building Code Administration

2017  
FLORIDA  
BUILDING  
CODE

UNIVERSAL ENGINEERING SCIENCES  
Building Inspections Department  
3532 Maggie Blvd.  
Orlando, Florida 32811  
(407) 581-5181

## PLAN REVIEW REPORT

Project Description: ALF EXPANSION	Date: 10-8-18
Jurisdiction: City of Belle Isle, FL	
Project Location: 3714 St. Moritz SWAN AT LAKE CONWAY	Construction by: Robinson Custom Homes
Plan Reviewer: Dale Baker PX1830	Engineer: Joseph Simmons PE
	PERMIT # 2018-10-051

We would like to direct your attention to the following areas discovered during the review within this report. This overview is intended to provide you a quick summary of issues which may impact your permit issuance. These items are typically required to be corrected prior to permit issuance. If you have any questions or concerns, please feel free to call us.

License #11542 - Expiry: 3/1/2019  
File #11967498  
SWAN AT LAKE CONWAY ALF  
3714 ST MORITZ ST  
ORLANDO, FL 32812  
(407) 860-0266 ADM: BAHTA, TESFAMARIAM B  
LIC TYPE : ALF  
CAPACITY : 8  
OSS BEDS : 0 PRIVATE BEDS : 8  
OWNER : SWAN AT LAKE CONWAY

- |   |             |
|---|-------------|
| 1. According to the Florida Building Code a Change of Occupancy is required. Housing an unrelated person changes the use of a single family residence to a Residential Care Facility or Assisted Living Facility. Use Groups R-3 and R-4  | Addressed ✓ |
| 2. Some modifications may include the following: The structure will need to be protected throughout by an automatic fire sprinkler system. The sprinkler system is required to be electrically monitored through a central station. Smoke detectors and pull stations shall be installed. | Addressed ✓ |
| 3. Restrooms shall comply with ADA standards.   | Addressed ✓ |
| 4. A Fire protection system permit must be obtained from the Orange County Fire Department to install a sprinkler and alarm system.   | Addressed ✓ |
|   |             |
|   |             |



**Orange County Fire and Rescue Department  
OFFICE OF THE FIRE MARSHAL**

7079 University Blvd  
Winter Park, FL 32792  
Phone: 407-836-0070  
Fax: 407-836-8330

**INSPECTION NOTICE**

<b>Occupant Name:</b>	Swan at Lake Conway ALF	<b>Inspection Date:</b>	8/30/2018
<b>Address:</b>	3714 St Moritz Street	<b>Inspection Type:</b>	State Licensed Annual Facility Inspection
<b>Suite:</b>	Orlando	<b>Inspected By:</b>	Neal Crawford

**You have passed your inspection.** If you have any questions, please call our office. **No Violations.**

**Inspector Comments:** This notice is for the review of a State licensed facility Emergency Fire Plan.

The fire emergency plan document submitted by the facility named above on 8/28/18 Reviewed. The plan conforms to the requirements of 831-7.1 of the Life Safety Code. As adopted by 69-A-3 Florida Administration Code.

Thank you for keeping your business and the community safe!

**Inspector:**

Neal Crawford  
8/30/2018



**FORM 600C-01**

Small Additions, Renovations & Building Systems

**FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION**

Residential Limited Applications Prescriptive Method C



Compliance with Method C of Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-01 for additions of 600 square feet or less, site-installed components of manufactured homes, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 600B-01 or 600A-01.

PROJECT NAME: AND ADDRESS:	BATI ASTER 3714 ST. MORITZ ST. BELLE ISLE 32811	BUILDER: ROBINSON CUSTOM HOMES	CLIMATE ZONE: 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/>
	OWNER: BATI ASTER	PERMITTING OFFICE:	JURISDICTION NO.:
		PERMIT NO. 20181051	

SMALL ADDITIONS TO EXISTING RESIDENCES (600 Square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2 and 6C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building). Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form. BUILDING SYSTEMS Comply when complete new system is installed.

- Renovation, Addition, New System or Manufactured Home
- Single family detached or Multifamily attached
- If Multifamily—No. of units covered by this submission
- Conditioned floor area (sq. ft.)
- Predominant eave overhang (ft.)
- Glass area and type:
  - Clear glass
  - Tint, film or solar screen
- Percentage of glass to floor area
- Floor type and insulation:
  - Slab-on-grade (R-value)
  - Wood, raised (R-value)
  - Wood, common (R-value)
  - Concrete, raised (R-value)
  - Concrete, common (R-value)
- Wall type and insulation:
  - Exterior:
    - Masonry (Insulation R-value)
    - Wood frame (Insulation R-value)
  - Adjacent:
    - Masonry (Insulation R-value)
    - Wood frame (Insulation R-value)
  - Marriage Walls of Multiple Units\* (Yes/No)
- Ceiling type and insulation:
  - Under attic (Insulation R-value)
  - Single assembly (Insulation R-value)
- Cooling system\*  
(Types: central, room unit, package terminal A.C., gas, existing, none)
- Heating system\*: (Types: heat pump, elec. strip, natural gas, L.P. gas, gas h.p., room or PTAC, existing, none)
- Air Distribution System\*:
  - Backflow damper or single package systems\* (Yes/No)
  - Ducts on marriage walls adequately sealed\* (Yes/No)
- Hot water system:  
(Types: elec., natural gas, other, existing, none)



Please Print CK

1.	EXISTING		
2.	SINGLE FAMILY		
3.			
4.	528 S.F.		
5.	2 FEET		
	Single Pane	Double Pane	
6a.	_____ sq. ft.	28 sq. ft.	
6b.	_____ sq. ft.	_____ sq. ft.	
7.	5 %		
8a.	R= 6	_____ lin. ft.	
8b.	R= _____	_____ sq. ft.	
8c.	R= _____	_____ sq. ft.	
8d.	R= _____	_____ sq. ft.	
8e.	R= _____	_____ sq. ft.	
9a-1	R= 13	_____ sq. ft.	
9a-2	R= _____	_____ sq. ft.	
9b-1	R= 13	_____ sq. ft.	
9b-2	R= _____	_____ sq. ft.	
9c			
10a.	R= 30	_____ sq. ft.	
10b.	R= _____	_____ sq. ft.	
11.	Type: CENTRAL		
	SEER/EER: _____		
12.	Type: ELECTRIC		
	HSPF/COP/AFUE: _____		
13a.			
13b.	YES		
14.	Type: ELECTRIC		
	EF: _____		

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.

PREPARED BY: JOHNNY ROBINSON DATE: 4/4/19

I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER AGENT: Johnny Robinson DATE: 4/4/19

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TABLE 6C-1: PRESCRIPTIVE REQUIREMENTS FOR SMALL ADDITIONS (600 Sq. Ft. and Less), RENOVATIONS TO EXISTING BUILDINGS AND SITE-INSTALLED COMPONENTS OF MANUFACTURED HOMES.

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT	MINIMUM EFFICIENCY	INSTALLED EFFICIENCY	
WALLS	Concrete Block	R-5	R-15	COOLING	Central A/C - Split -Single Pkg. Room unit or PTAC	SEER = 10.0	
	Frame, 2' x 4'	R-11				SEER = 9.7	SEER = 10
	Frame, 2' x 6'	R-19				EER = 8.5*	SEER =
	Common, Frame	R-11				EER =	EER =
Common, Masonry	R-3						
CEILING	Under Attic	R-30	R-30	SPACE HEATING	Electric Resistance Heat pump - Split - Single Pkg. Room unit or PTHP	ANY	
	Single Assembly; Enclosed	R-19				HSPF = 6.8	HSPF = 6.8
	Frame	R-13				HSPF = 6.6	HSPF =
	Metal Pans	R-10				COP = 2.7*	HSPF/ =
Single Assembly; Open	R-11			COP =	COP =		
Common, Frame							
FLOORS	Slab-on-grade	No Minimum		HOT WATER	Gas, natural or propane Fuel Oil	AFUE = .78	
	Raised Wood	R-11				AFUE = .78	AFUE =
	Raised Concrete	R-5	R-6				
	Common, Frame	R-11					
DUCT	In unconditioned space	R-6	R-6	HOT WATER	Electric Resistance Gas; Natural or L.P. Fuel Oil	EF = .88	
	In conditioned space	No minimum				EF = .54	EF = .88
						EF = .54	

TABLE 6C-2: PRESCRIPTIVE REQUIREMENTS FOR GLASS AREAS IN ADDITIONS ONLY

\* See Table 6-3, 6-7

Maximum percentage glass to floor area allowed is selected by type, overhang length, and solar heat gain coefficient. Maximum% = Installed % = 5

GLASS TYPE, OVERHANG, AND SOLAR HEAT GAIN COEFFICIENT REQUIRED FOR GLASS PERCENTAGE ALLOWED							
UP TO 20%		UP TO 30%		UP TO 40%		UP TO 50%	
Single	Double	Single	Double	Single	Double	Single	Double
OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC	OH - SHGC
1' - .87	0' - .78	2' - .87	1' - .78	3' - .87	2' - .78	4' - .87	3' - .78
0' - .75		1' - .75	0' - .61	2' - .75	1' - .61	3' - .75	2' - .61
		0' - .57		1' - .57	0' - .44	2' - .57	1' - .44
				0' - .39		1' - .39	0' - .35
						0' - .30	

Get certified SHGC from the manufacturer or use defaults: Single clear SHGC = .87, double clear SHGC = .78, and single tint SHGC = .75.

TABLE 6C-3 MINIMUM REQUIREMENTS FOR ALL PACKAGES

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	✓
Exterior Windows & Doors	606.1	Max. 0.3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	✓
Sole & Top Plates	606.1	Sole plates and penetrations through top plates of exterior walls must be sealed.	
Recessed Lighting	606.1	Type IC rated with no penetrations (two alternatives allowed).	
Multi-story Houses	606.1	Air barrier on perimeter of floor cavity between floors.	
Exhaust Fans	606.1	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	
Combustion Heating	606.1	Combustion space and water heating systems must be provided with outside combustion air, except for direct vent appliances.	
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required for vertical pipe risers.	✓
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%.	
Hot Water Pipes	612.1	Insulation is required for hot water circulating systems (including heat recovery units).	✓
Shower Heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
HVAC Duct Construction, Insulation & Installation	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1. Ducts in attics must be insulated to a minimum of R-6.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	

GENERAL DIRECTIONS:

- On Table 6C-1 indicate the R-value of the insulation being added to each component and the efficiency levels of the equipment being installed. All R-values and efficiencies installed must meet or exceed the minimum values listed. Components and equipment neither being added nor renovated may be left blank.
- ADDITIONS ONLY. Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass door panels. Double the area of all non-vertical roof glass and add it to the previous total. When glass in existing exterior walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditioned floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 6C-2. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a solar heat gain coefficient (SHGC). For a given glass type and overhang, the minimum solar heat gain coefficient allowed is specified. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition do not have to comply with the overhang and solar heat gain coefficient requirements on Table 6C-2. All new glass in the addition must meet the requirement for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang. does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear or double-pane tinted.
- RENOVATIONS ONLY. Replacement glass needs to meet the following requirements. Any glass type and solar heat gain coefficient may be used for glass areas which are under at least a two foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear or double-pane tinted.
- BUILDING SYSTEMS. Comply when new system is installed for system installed.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations", Table 6C-3, and check all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.



# LOCAL ZONING FORM Assisted Living and Adult Family Care Homes

**AUTHORITY:** In accordance with section 429.11(1)(b), Florida Statutes, regarding assisted living facilities and section 429.67(5), F.S. regarding adult family care homes, the provider must supply the location of the facility for which a license is sought and documentation, signed by the appropriate local government official, which states that the applicant has met local zoning requirements.

This form must be completed by the local zoning office, not by the assisted living or adult family care home applicant.

**TO:** Agency for Health Care Administration  
Division of Health Quality Assurance  
Bureau of Long Term Care Services  
Assisted Living Unit  
2727 Mahan Drive, MS # 30  
Tallahassee, FL 32308-5403

### REGARDING:

Name of Assisted Living Facility or Adult Family Care Home:  
Susan and Lois Conway A.L.  
Street Address: 3714 St. Mortiz St City / State / Zip: Belle Isle, FL 32812

**Assisted Living Facilities Only:** please complete the following information.

When an ALF is licensing more than one building on the same property, or connecting property, each building and its resident capacity must be listed.

Building #	Maximum Resident Capacity	Street Address	City	Zip
1	12	3714 St Mortiz St	Belle Isle FL	32812
2				
3				

**ZONING APPROVED**

We have reviewed the status of the above referenced assisted living facility (ALF) or Adult Family Care Home and find that it is properly zoned according to local codes.

Date: 6/21/17 Signature of Zoning Official: April Fisher  
City of Belle Isle  
Printed Name of Zoning Official: April Fisher

Date: 06/21/2017  
City of Belle Isle, Florida  
Agency Name

Address: 6750 Bay Shore Drive, St. Clair FL 34711

Telephone Number: 407-494-8789



## Product Approval Form

DATE: 10/3/18 PERMIT # \_\_\_\_\_  
 PROJECT ADDRESS 3714 ST. MORITZ STREET, 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](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				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/Dbf Hung	<u>SILVER LINE</u>		<u>14911.1</u>	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 ROBINSON CUSTOM HOMES Date 10/3/18



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**Product Approval**  
USER: Public User

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



FL #	FL14911-R10
Application Type	Revision
Code Version	2017
Application Status	Approved
Comments	public comment. 05/18/18
Archived	<input type="checkbox"/>
Product Manufacturer	Silver Line Building Products Corp.
Address/Phone/Email	One Silverline Drive North Brunswick, NJ 08902 (732) 435-1000 jonberrian@slbp.com
Authorized Signature	Jon Berrian jonberrian@slbp.com
Technical Representative	Jon Berrian
Address/Phone/Email	One Silverline Drive North Brunswick, NJ 08902 (732) 435-1000 jonberrian@slbp.com
Quality Assurance Representative	
Address/Phone/Email	



Category	Windows
Subcategory	Single Hung
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input type="checkbox"/> 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-QA
Quality Assurance Contract Expiration Date	08/03/2021
Validated By	Locke Bowden P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received

Certificate of Independence [FL14911 R10 COI COI Silverline SS 2017-06-14.pdf](#)

Referenced Standard and Year (of Standard)	Standard	Year
	AAMA/WDMA/CSA/101/I.S.2/A440	2008
	AAMA/WDMA/CSA/101/I.S.2/A440	2011
	ASTM E1886	2005
	ASTM E1996	2006
	ASTM E1996	2009
	ASTM E1996	2012
	ASTM E330	2002
	TAS 201	1994
	TAS 202	1994
	TAS 203	1994

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 04/20/2018  
Date Validated 04/20/2018  
Date Pending FBC Approval 05/01/2018  
Date Approved 06/12/2018  
Date Revised 08/17/2018

**Summary of Products**

FL #	Model, Number or Name	Description
14911.1	V1 Series/50 Series (2000)	Single-Hung Window
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Installation Instructions and Product Evaluation Report for allowable design pressures, sizes, installation requirements and limits of use.		<b>Installation Instructions</b> <a href="#">FL14911 R10 II SWD017 SS 2017-10-20.pdf</a> Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14911 R10 AE PER5140 SS 2017-10-20.pdf</a> Created by Independent Third Party: Yes
14911.2	V1 Series/50 Series (2111)	Single-Hung Window
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Installation Instructions and Product Evaluation Report for allowable design pressures, sizes, installation requirements and limits of use.		<b>Installation Instructions</b> <a href="#">FL14911 R10 II SWD018 SS 2017-10-27.pdf</a> Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14911 R10 AE PER5141 SS 2017-10-20.pdf</a> Created by Independent Third Party: Yes
14911.3	V1 Series/50 Series (2200/2300)	Single-Hung Window
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Installation Instructions and Product Evaluation Report for allowable design pressures, sizes, installation requirements and limits of use.		<b>Installation Instructions</b> <a href="#">FL14911 R10 II SWD019 SS 2017-10-27.pdf</a> Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14911 R10 AE PER5142 SS 2017-10-20.pdf</a> Created by Independent Third Party: Yes
14911.4	V1 Series/70 Series (2127)	Single-Hung Window
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Installation Instructions and Product Evaluation Report for allowable design pressures, sizes, installation requirements and limits of use.		<b>Installation Instructions</b> <a href="#">FL14911 R10 II SWD049 SS 2018-04-20.pdf</a> Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14911 R10 AE PER5485 SS 2018-02-14.pdf</a> Created by Independent Third Party: Yes
14911.5	V1 Series/70 Series (2127)	Single-Hung Window
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See Installation Instructions and Product Evaluation Report for allowable design pressures, sizes, installation requirements and limits of use.		<b>Installation Instructions</b> <a href="#">FL14911 R10 II SWD050 SS 2018-04-20.pdf</a> Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14911 R10 AE PER5486 SS 2018-04-19.pdf</a> Created by Independent Third Party: Yes
14911.6	V1 Series/70 Series (2907/4907)	Single-Hung Window
<b>Limits of Use</b> Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A		<b>Installation Instructions</b> <a href="#">FL14911 R10 II SWD020 SS 2017-10-27.pdf</a> Verified By: Hermes F. Norero, P.E. Florida P.E. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b>

**Other:** See Installation Instructions and Product Evaluation Report for allowable design pressures, sizes, installation requirements and limits of use.

[FL14911 R10 AE PER5143 SS 2017-10-27.pdf](#)  
Created by Independent ThlrD Party: Yes

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

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# BUILDING DROPS

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Certificate of Authorization: 29578

398 East Dania Beach Blvd.  
Suite 338  
Dania Beach, FL 33004  
954.399.8478 PH  
954.744.4738 FX  
contact@buildingdrops.com

**Product Evaluation Report**  
*of*  
**Silver Line Windows and Doors**  
**Series 2000**  
**Extruded Vinyl Window – Non- Impact**  
*for*  
**Florida Product Approval**  
**FL# FL14911**  
**Report No. 5140**  
**Current Florida Building Code**

**Method:** 1 – D (Engineering Evaluation)  
**Category:** Windows  
**Sub – Category:** Single/Triple Hung  
**Product:** Series 2000 – Model 2001 Extruded Vinyl  
Single/Triple Hung Window – Non- Impact  
**Material:** Vinyl  
**Product Dimensions:** Refer SWD017 for Dimensions

**Prepared For:**  
Silver Line Windows and Doors  
One Silverline Dr.  
North Brunswick, NJ 08902

**Prepared by:**  
Hermes F. Norero, P.E.  
Florida Professional Engineer # 73778  
Date: 09/24/2017

Contents:  
Evaluation Report Pages 1 – 4

Digitally signed by Hermes F. Norero, P.E.  
Reason: I am approving this document  
Date: 2017.10.20 16:01:27 -04'00'



Hermes F. Norero, P.E.  
Florida No. 73778



# BUILDING DROPS

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Certificate of Authorization: 29578

FL#: **FL14911**  
Date: 09/24/2017  
Report No: 5140

---

**Manufacturer:** Silver Line Windows and Doors

**Product Category:** Windows

**Product Sub-Category:** Single Hung

**Compliance Method:** State Product Approval Method (1)(d)

**Product Name:** Series 2000 – Model 2001 Extruded Vinyl Single Hung Window – Non- impact

**Scope:** This is a Product Evaluation Report issued by Hermes F. Norero, P.E. (FL # 73778) for **Silver Line Windows and Doors** based on Method 1d of the State of Florida Product Approval, Florida Department of Business and Professional Regulation - Florida Building Commission.

Hermes F. Norero, P.E. does not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

This product has been evaluated for use in locations adhering to the current Florida Building Code.

See Installation Instructions **SWD017**, signed and sealed by Hermes F. Norero, P.E. (FL # 73778) for specific use parameters.

---

#### Limits of Use:

1. This product has been evaluated and is in compliance with the current Florida Building Code, excluding the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment into substrate material shall be beyond wall dressing or stucco.
3. When used in areas requiring wind borne debris protection this product complies with Chapter 16 of the current Florida Building Code and does require an impact resistant covering.
5. Site conditions that deviate from the details of drawing **SWD017** require further engineering analysis by a licensed engineer or registered architect.
6. See Installation Instructions **SWD17** for size and design pressure limitations.

Hermes F. Norero, P.E.  
Florida No. 73778  
Page 2 of 3



# BUILDING DROPS

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Certificate of Authorization: 29578

FL#: **FL14911**

Date: 09/24/2017

Report No: 5140

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**Quality Assurance Entity:** The manufacturer has demonstrated compliance of products in accordance with the Florida Building Code for manufacturing under a Quality Assurance Entity through **Window and Door Manufacturers Association** (FBC Organization #QUA2515).

**Performance Standards:** The product described herein has been tested per:

- AAMA/WDMA/CSA 101/I.S.2/A440-08/11

**Referenced Data:**

1. Product Testing performed by **Architectural Testing, Inc.**  
(FBC Organization # TST1795)  
Report #: ATI G1002.01-109-47 Report Date: 12/23/2016  
Report #: ATI D4558.01-109-47 Report Date: 02/11/2014  
Report #: ATI G1003.01-109-47 Report Date: 12/23/2016
2. Quality Assurance Entity  
**Window and Door Manufacturers Association**  
(FBC Organization #QUA2515)

**Installation Method:** Please refer to installation instructions, **SWD017**, for anchor methods, selection, spacing, edge distances, embedment's and further details of installation.

**Design Pressure:** Please refer to installation instructions, **SWD017**, for mull combination grouping, configurations, and corresponding design pressures.

Hermes F. Norero, P.E.

Florida No. 73778

Page 3 of 3

# SILVER LINE WINDOWS AND DOORS

## V1 SERIES/ 50 SERIES SINGLE-HUNG WINDOWS (2000)

374 ST. KONITZ ST.

2018-10-051

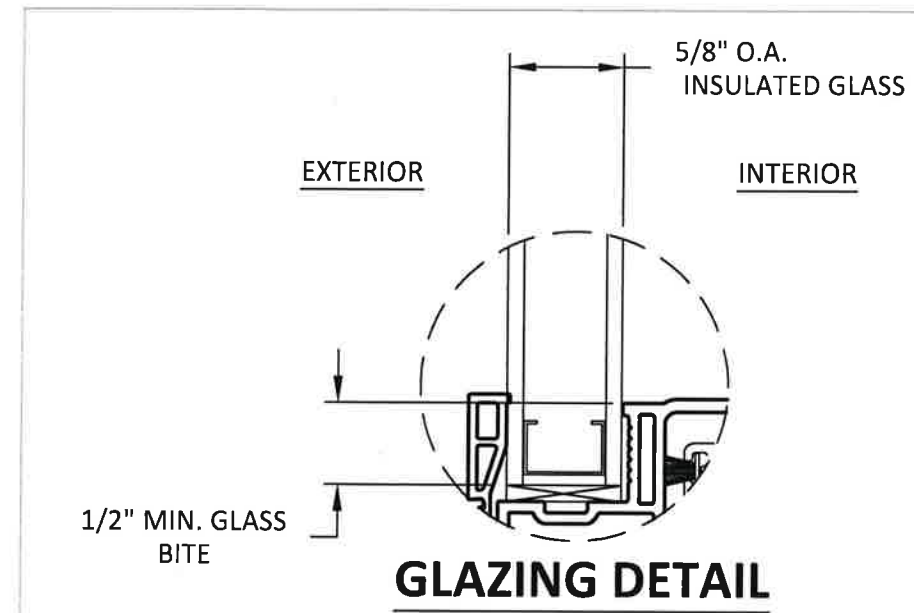
**GENERAL NOTES:**

1. THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH THE CURRENT EDITION FLORIDA BUILDING CODE (FBC) AND HAS BEEN EVALUATED ACCORDING TO THE FOLLOWING:
  - AAMA/WDMA/CSA 101/I.S.2/A440-08/11
2. ADEQUACY OF THE EXISTING STRUCTURAL CONCRETE/MASONRY, 2X FRAMING, AND METAL 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.
3. 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.
4. 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 IN NON-HVHZ AREAS. IN HVHZ AREAS, ONE TIME PRODUCT APPROVAL TO BE OBTAINED FROM MIAMI-DADE RER OR AHJ.
5. APPROVED IMPACT PROTECTIVE SYSTEM **IS REQUIRED** ON THIS PRODUCT IN AREAS REQUIRING IMPACT RESISTANCE.
6. WINDOW FRAME MATERIAL: PVC
7. GLASS MEETS THE REQUIREMENTS OF ASTM E 1300 GLASS CHARTS. SEE SHEET 1 FOR GLAZING DETAILS.

DESIGN PRESSURE TABLE

PRODUCT MODEL	WINDOW SIZE	CONFIGURATION	PG RATING	GLASS TYPE	MISSILE IMPACT RATING
2001	36.0" X 62.0"	O/X	+35/-35 PSF	SS/SS	NON IMPACT
2001	48.0" X 80.0"	O/X	+15/-15 PSF	SS/SS	NON IMPACT
2001	36.0" X 62.0"	O/X	+50/-50 PSF	DS/DS	NON IMPACT
2001	45.0" X 62.0"	O/X	+40/-40 PSF	DS/DS	NON IMPACT
2001	48.0" X 73.0"	O/X	+30/-30 PSF	DS/DS	NON IMPACT
2002	72.0" X 62.0"	O/X-O/X	+35/-35 PSF	SS/SS	NON IMPACT
2002	96.0" X 62.0"	O/X-O/X	+20/-20 PSF	SS/SS	NON IMPACT
2002	72.0" X 80.0"	O/X-O/X	+20/-20 PSF	SS/SS	NON IMPACT
2002	96.0" X 80.0"	O/X-O/X	+15/-15 PSF	SS/SS	NON IMPACT
2003	108.0" X 80.0"	O/X-O/X-O/X	+25/-25 PSF	SS/SS	NON IMPACT
2003	108.0" X 62.0"	O/X-O/X-O/X	+35/-35 PSF	SS/SS	NON IMPACT

TABLE OF CONTENTS		
SHEET	REVISION	SHEET DESCRIPTION
1	-	GENERAL NOTES & GLAZING DETAILS
2	-	ELEVATIONS & ANCHOR LAYOUTS
3	-	VERTICAL SECTIONS
4	-	HORIZONTAL SECTIONS
5	-	ANCHOR DETAIL & SCHEDULE



**GLAZING NOTE:**

- GLASS THICKNESS AND TYPE SHALL COMPLY WITH ASTM E-1300 GLASS CHARTS REQUIREMENT

**Silver Line**  
by Andersen



ONE SILVERLINE DRIVE  
NORTH BRUNSWICK, NJ 08902  
PH: (800) 234-4228

TITLE:  
V1 SERIES/50 SERIES SINGLE-HUNG WINDOW (2000)

GENERAL NOTES & GLAZING DETAILS

PREPARED BY:

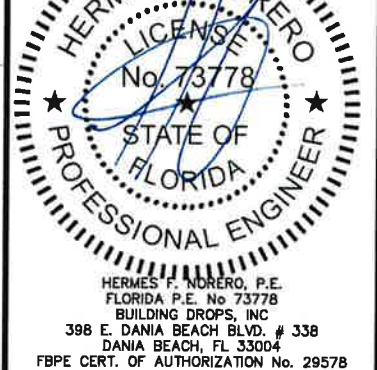
BUILDING DROPS, INC.  
398 E. DANIA BEACH BLVD., STE. 338  
DANIA BEACH, FL 33004  
PH: (954) 399-8478  
FAX: (954) 744-4738  
WEB: www.buildingdrops.com



REMARKS	BY	DATE
6TH FBC EDITION	FM	10/17

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Digitally signed by **Hermes F. Norero, P.E.**  
Reason: I am approving this document  
Date: 2017.10.28 16:05:40 -0400

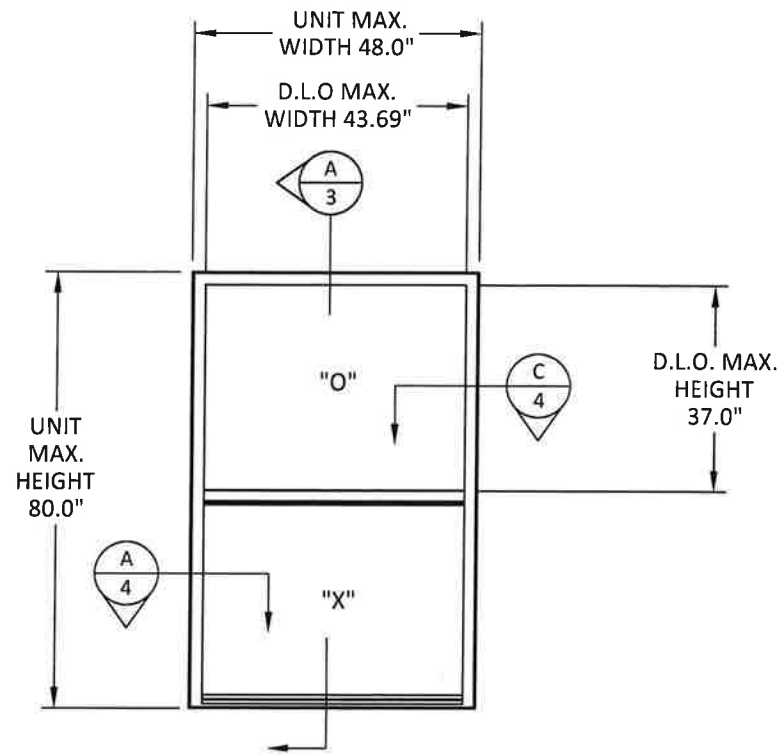


FL #:	<b>FL14911</b>
DATE:	<b>09.19.17</b>
DWG. BY:	<b>CL</b>
CHK. BY:	<b>HFN</b>
SCALE:	<b>NTS</b>
DWG. #:	<b>SWD017</b>
SHEET:	<b>1</b>

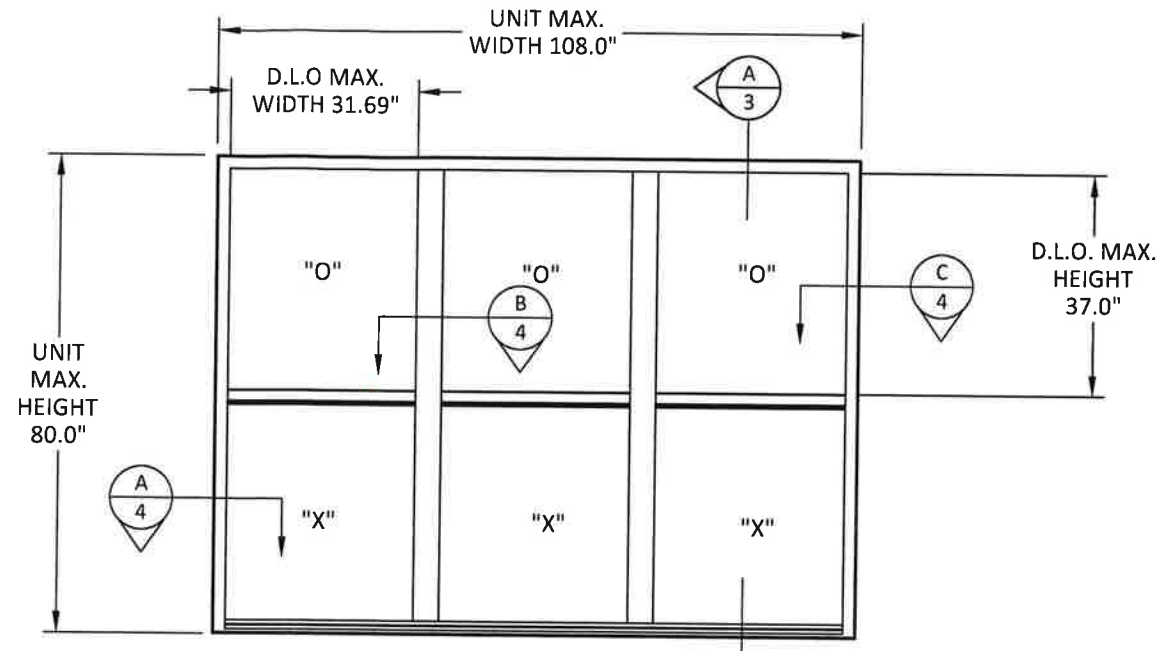
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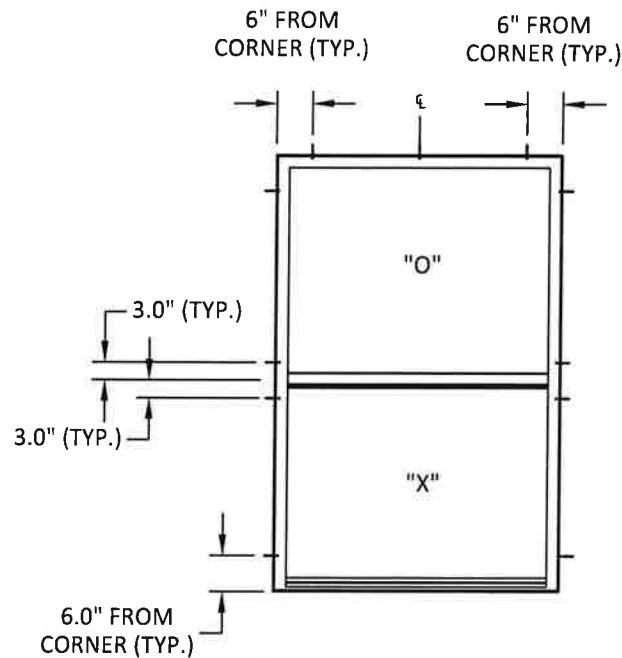
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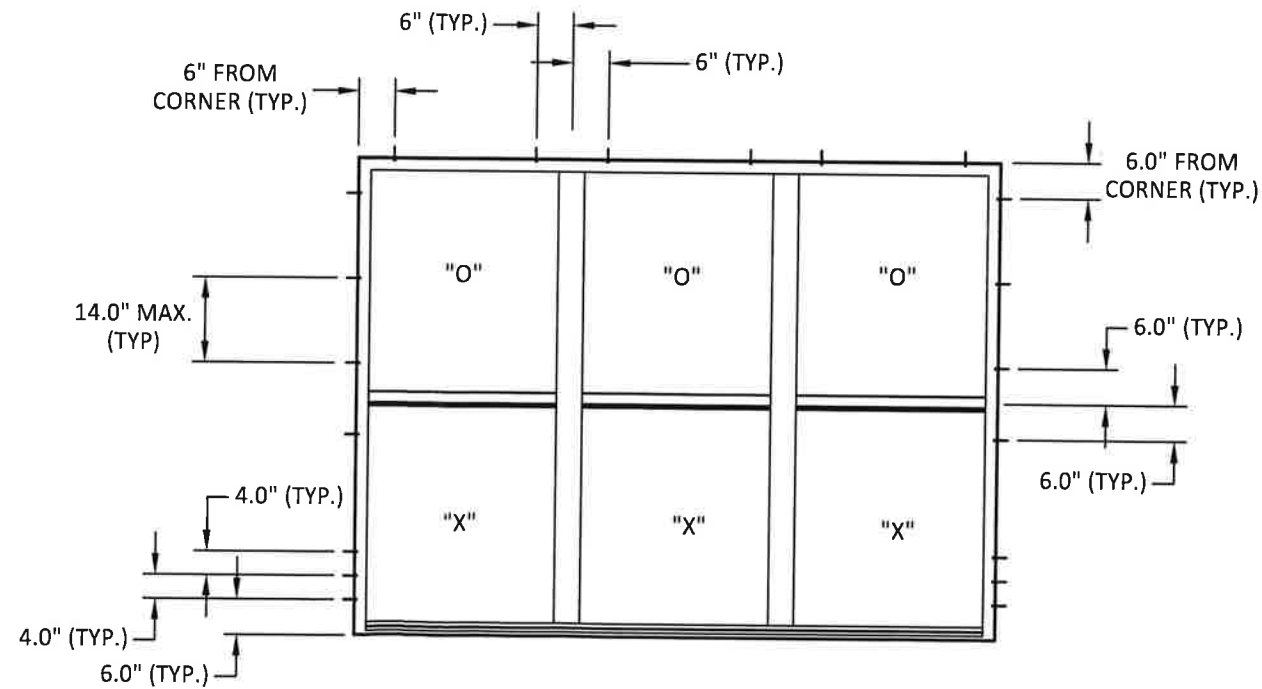
**ELEVATION**



**ELEVATION**



**ANCHOR LAYOUT THROUGH FRAME**



**ANCHOR LAYOUT THROUGH FRAME**

**NOTE: 1) APPLIES TO TWIN UNITS OF EQUIVALENT OR LESSER PANEL DIMENSIONS.**

**Silver Line**  
by Andersen



ONE SILVERLINE DRIVE  
NORTH BRUNSWICK, NJ 08902  
PH: (800) 234-4228

TITLE: V1 SERIES/50 SERIES SINGLE-HUNG WINDOW (2000)

ELEVATIONS & ANCHOR LAYOUTS

PREPARED BY: BUILDING DROPS, INC.

398 E. DANIA BEACH BLVD., STE. 338  
DANIA BEACH, FL 33004  
PH: (954) 399-8478  
FAX: (954) 744-4738  
WEB: www.buildingdrops.com



REMARKS	BY	DATE
6TH FBC EDITION	FM	10/17

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HERMES F. NORERO, P.E.  
FLORIDA P.E. No. 73778  
BUILDING DROPS, INC.  
398 E. DANIA BEACH BLVD. # 338  
DANIA BEACH, FL 33004  
FBPE CERT. OF AUTHORIZATION No. 29578

FL #: **FL14911**

DATE: **09.19.17**

DWG. BY: **CL**      CHK. BY: **HFN**

SCALE: **NTS**

DWG. #: **SWD017**

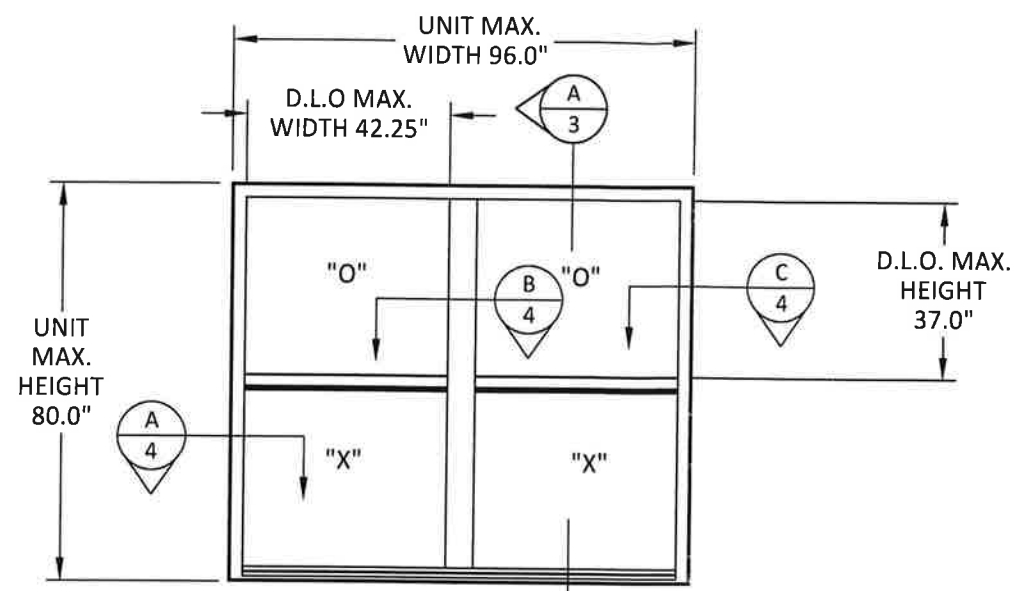
SHEET:

**2**

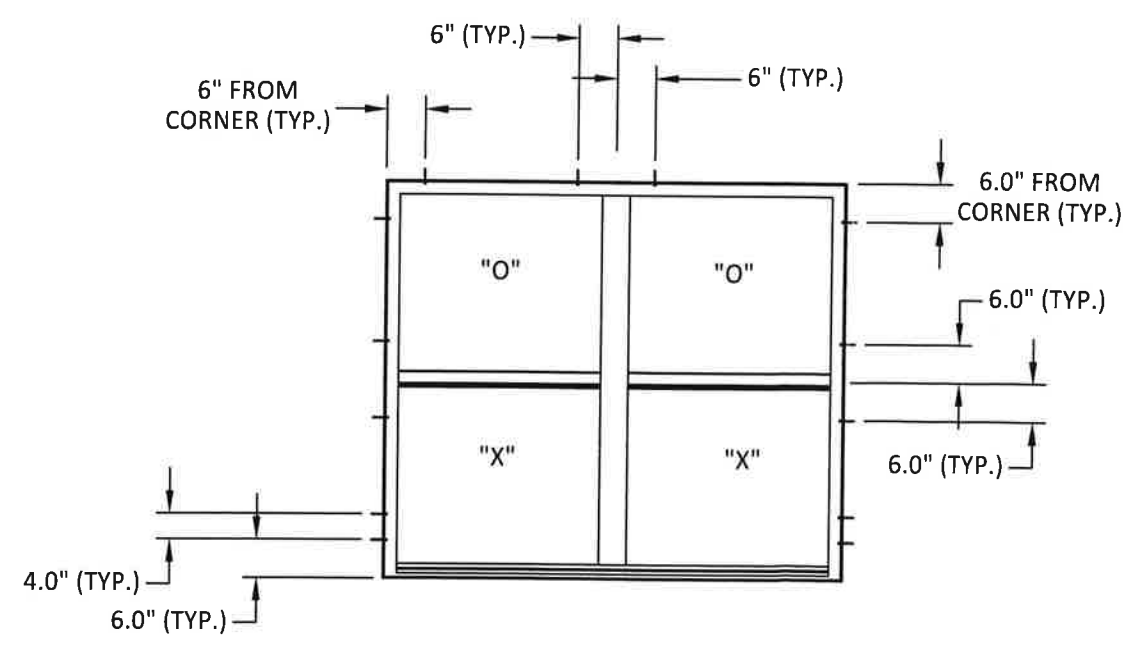
OF 5

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**ELEVATION**



**ANCHOR LAYOUT THROUGH FRAME**

**Silver Line**  
by Andersen



ONE SILVERLINE DRIVE  
NORTH BRUNSWICK, NJ 08902  
PH: (800) 234-4228

TITLE:  
**V1 SERIES/50 SERIES SINGLE-HUNG WINDOW (2000)**

ELEVATIONS & ANCHOR LAYOUTS

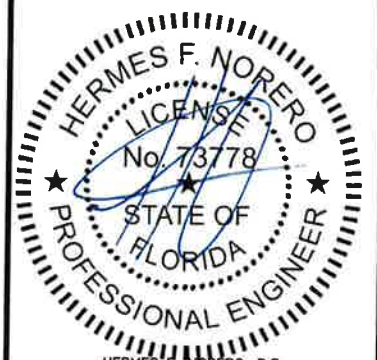
PREPARED BY:  
**BUILDING DROPS, INC.**

398 E. DANIA BEACH BLVD., STE. 338  
DANIA BEACH, FL 33004  
PH: (954) 999-8478  
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FL #: **FL14911**

DATE: **09.19.17**

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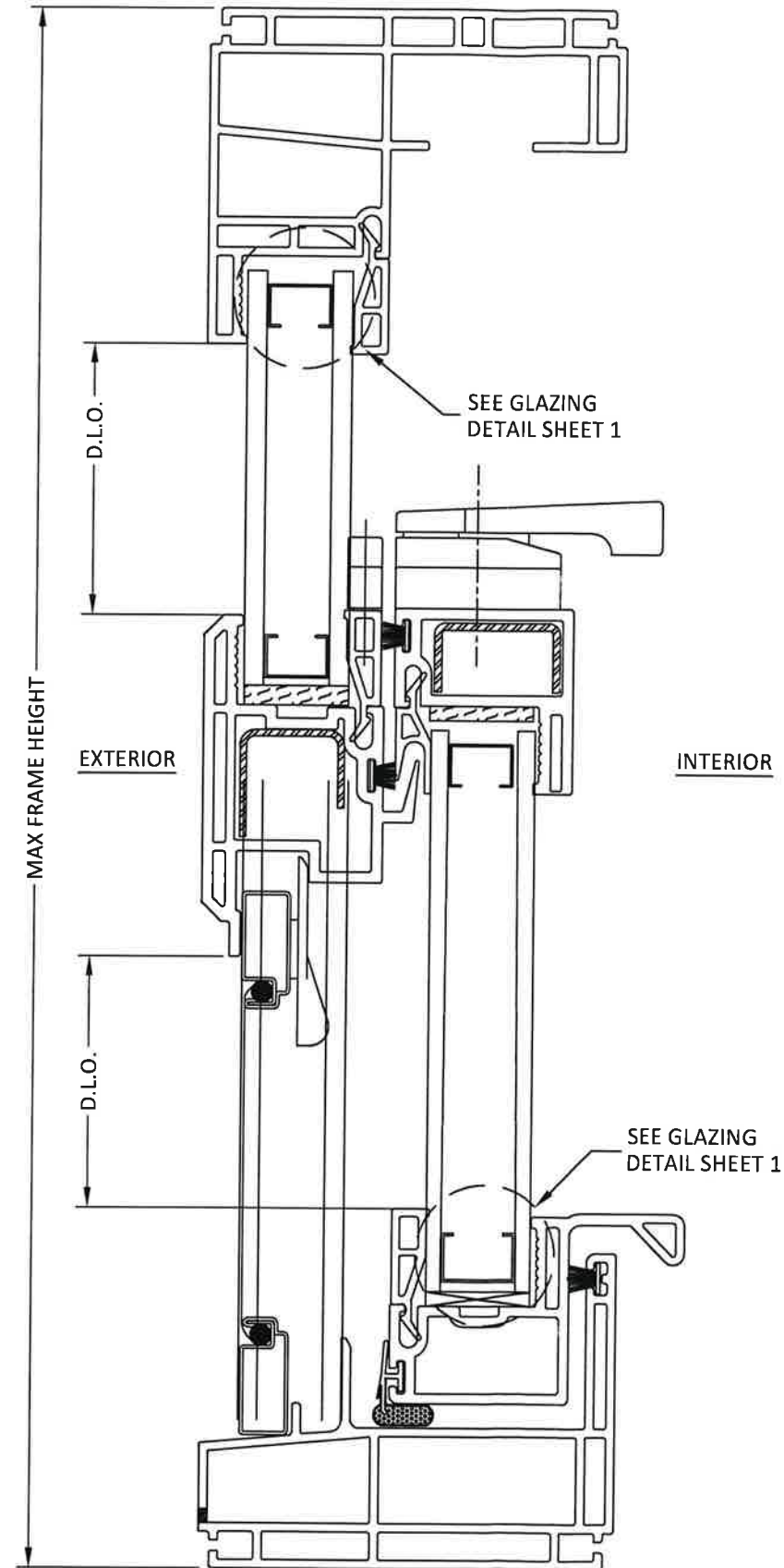
SCALE: **NTS**

DWG. #: **SWD017**

SHEET: **2.1**

OF 5

# A 3 VERTICAL SECTION



Silver Line  
by Andersen



ONE SILVERLINE DRIVE  
NORTH BRUNSWICK, NJ 08902  
PH: (800) 234-4228

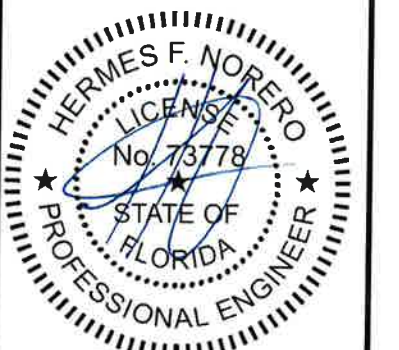
TITLE:  
V1 SERIES/50 SERIES SINGLE-HUNG  
WINDOW (2000)

VERTICAL SECTIONS

PREPARED BY:  
  
BUILDING DROPS, INC.  
398 E. DANIA BEACH BLVD., STE. 338  
DANIA BEACH, FL 33004  
PH: (954) 999-9478  
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REMARKS	BY	DATE
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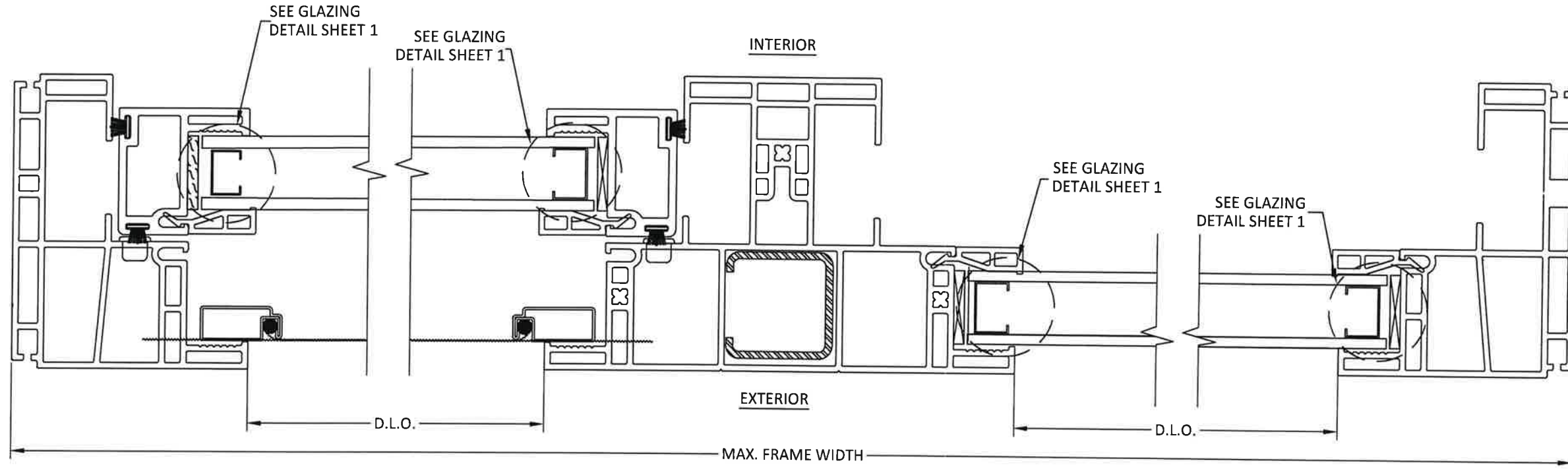
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BUILDING DROPS, INC.  
398 E. DANIA BEACH BLVD. # 338  
DANIA BEACH, FL 33004  
FBPE CERT. OF AUTHORIZATION No. 29578

FL #:	<b>FL14911</b>
DATE:	<b>09.19.17</b>
DWG. BY:	<b>CL</b>
CHK. BY:	<b>HFN</b>
SCALE:	<b>NTS</b>
DWG. #:	<b>SWD017</b>

SHEET:  
**3**  
OF 5



**A**  
4 **HORIZONTAL SECTION**  
OPERABLE JAMB

**B**  
4 **HORIZONTAL SECTION**  
MULLION

**C**  
4 **HORIZONTAL SECTION**  
FIXED JAMB

**Silver Line**  
by Andersen



ONE SILVERLINE DRIVE  
NORTH BRUNSWICK, NJ 08902  
PH: (800) 234-4228

TITLE:  
V1 SERIES/50 SERIES SINGLE-HUNG  
WINDOW (2000)

HORIZONTAL SECTIONS

PREPARED BY:  
  
**BUILDING DROPS, INC.**  
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DANIA BEACH, FL 33004  
PH: (954) 399-8478  
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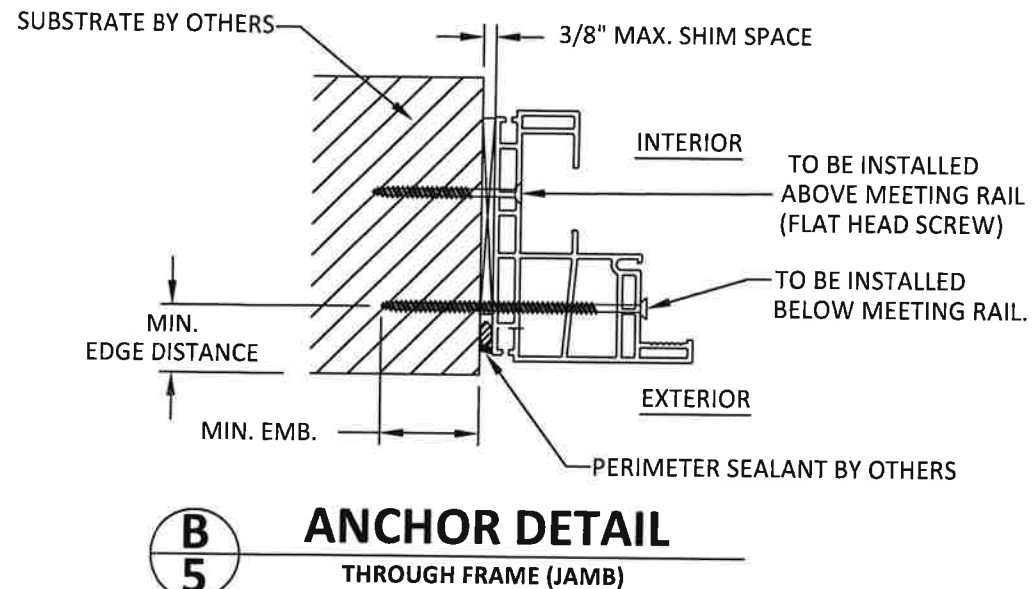
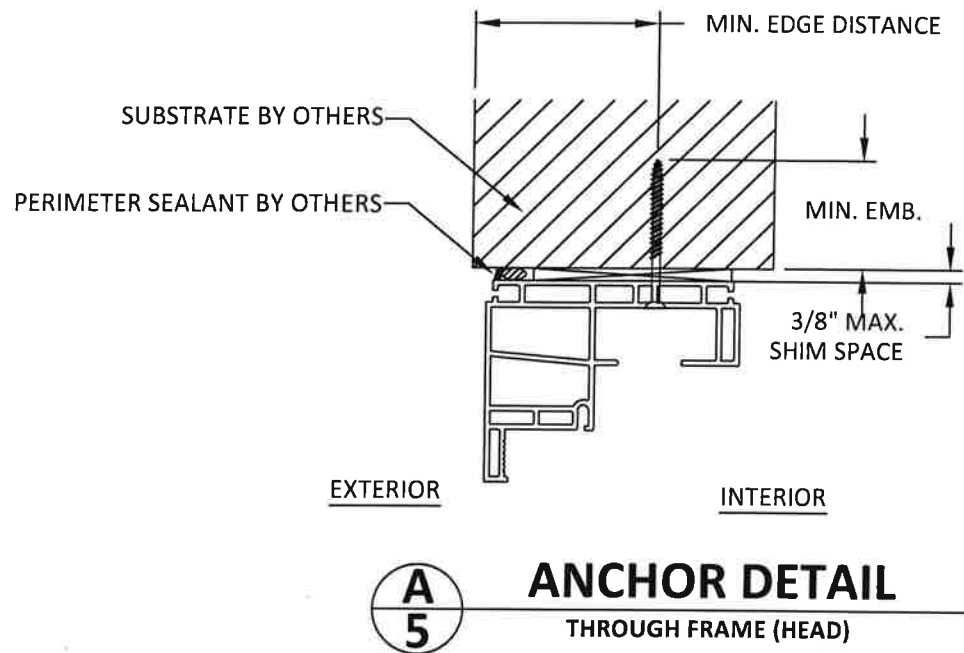
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FL #:	<b>FL14911</b>
DATE:	<b>09.19.17</b>
DWG. BY:	<b>CL</b>
CHK. BY:	<b>HFN</b>
SCALE:	<b>NTS</b>
DWG. #:	<b>SWD017</b>
SHEET:	<b>4</b>

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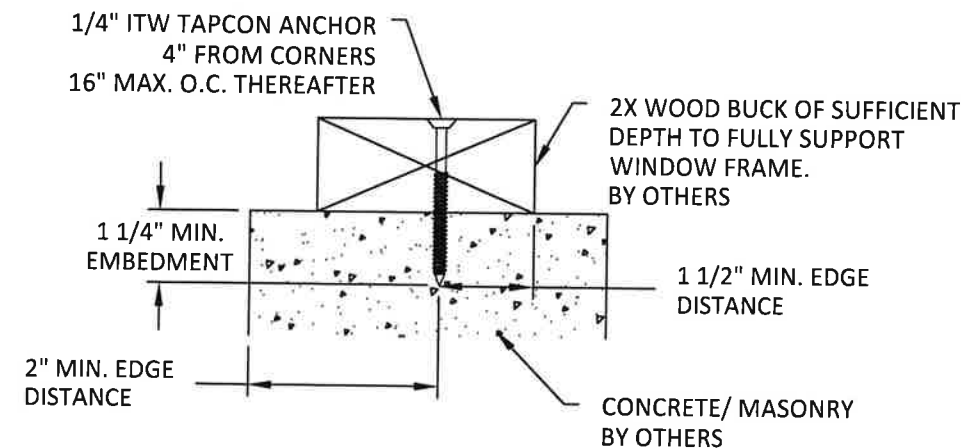
**INSTALLATION NOTES:**

- ONE (1) INSTALLATION ANCHOR IS REQUIRED AT EACH ANCHOR LOCATION SHOWN.
- THE NUMBER OF INSTALLATION ANCHORS DEPICTED IS THE MINIMUM NUMBER OF ANCHORS TO BE USED FOR PRODUCT INSTALLATION OF THE MAXIMUM SIZE LISTED.
- INSTALL INDIVIDUAL INSTALLATION ANCHORS WITHIN A TOLERANCE OF  $\pm 1/2$  INCH THE DEPICTED LOCATION & SPACING IN THE ANCHOR LAYOUT DETAILS (I.E., WITHOUT CONSIDERATION OF TOLERANCES). TOLERANCES ARE NOT CUMULATIVE FROM ONE INSTALLATION ANCHOR TO THE NEXT.
- SHIM AS REQUIRED AT EACH INSTALLATION ANCHOR WITH LOAD BEARING SHIM(S). MAXIMUM ALLOWABLE SHIM STACK TO BE 1/4 INCH. SHIM WHERE SPACE OF 1/16 INCH OR GREATER OCCURS. SHIM(S) SHALL BE CONSTRUCTED OF HIGH DENSITY PLASTIC OR BETTER.
- MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDE WALL FINISHES, INCLUDING BUT NOT LIMITED TO STUCCO, FOAM, BRICK VENEER, AND SIDING.
- INSTALLATION ANCHORS AND ASSOCIATED HARDWARE MUST BE MADE OF CORROSION RESISTANT MATERIAL OR HAVE A CORROSION RESISTANT COATING.
- 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.

ANCHOR SCHEDULE				
METHOD	SUBSTRATE	ANCHOR SCHEDULE	MIN EMBEDMENT	MIN. EDGE DISTANCE
THROUGH FRAME	WOOD: MIN. SG = 0.55	#10 WOOD SCREW	1.5"	0.75"
	METAL: 18 GAUGE Steel, MIN. Fy = 33KSI	#10 TEK SCREW	3 THREADS MIN PENETRATION BEYOND METAL	0.75"
	CONCRETE: f <sub>c</sub> =3000PSI	1/4" ITW TAPCON	1.75"	2.5"
	MASONRY: CMU per ASTM C90 f <sub>c</sub> =2000PSI	1/4" ITW TAPCON	1.75"	2.5"

**NOTE:**

- LOCATION OF BUCK OR WINDOW ANCHORS MAY BE ADJUSTED TO MAINTAIN 1" MIN. CENTER TO CENTER SPACING BETWEEN ANCHORS SUCH THAT MAX. O.C. SPACING SPECIFIED IS NOT EXCEEDED.
- BUCK MAY BE FLUSH WITH FACE OF THE BLOCK.



**Silver Line**  
by Andersen



ONE SILVERLINE DRIVE  
NORTH BRUNSWICK, NJ 08902  
PH: (800) 234-4228

TITLE:  
V1 SERIES/50 SERIES SINGLE-HUNG WINDOW (2000)

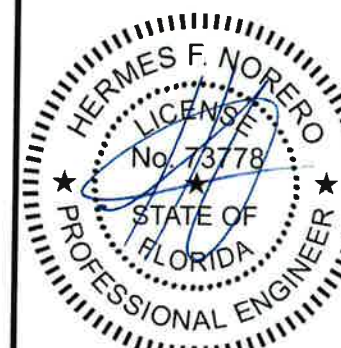
ANCHOR DETAIL & SCHEDULE

PREPARED BY:  
**BUILDING DROPS, INC.**  
398 E. DANIA BEACH BLVD., STE. 338  
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DWG. BY: **CL**      CHK. BY: **HFN**

SCALE: **NTS**

DWG. #: **SWD017**

SHEET:

**5**

OF 5

**Tax Collector Scott Randolph****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.**

2018 **EXPIRES 9/30/2019** ✓ 5000-0569267  
 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE ; 1801 REG RESIDENTIAL CON \$30.00 1 EMPLOYEE ;

TOTAL TAX \$60.00  
 PENALTIES \$1.00  
 EXEMPT \$50.00 OVER AGE 65  
 PREVIOUSLY PAID \$11.00  
 TOTAL DUE \$0.00

369 KILLINTON WAY (MOBILE)  
 U - ORLANDO, 32835

PAID: \$11.00 2006-04371302 10/2/2018



ROBINSON JOHNNY

ROBINSON CUSTOM HOMES LLC  
 369 KILLINTON WAY  
 ORLANDO FL 32835

This receipt is official when validated by the Tax Collector.

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**

RR0029969 ISSUED: 08/03/2017

REGISTERED RESIDENTIAL CONTR  
 ROBINSON, JOHNNY  
 ROBINSON CUSTOM HOMES LLC  
 (INDIVIDUAL MUST MEET ALL LOCAL  
 LICENSING REQUIREMENTS PRIOR  
 TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489 FS.  
 Expiration date : AUG 31, 2019 L1708030001382

DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

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

<b>LICENSE NUMBER</b>	
RR0029969	

The RESIDENTIAL CONTRACTOR  
 Named below HAS REGISTERED  
 Under the provisions of Chapter 489 FS  
 Expiration date: AUG 31, 2019 ✓

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
 REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

ROBINSON, JOHNNY  
 ROBINSON CUSTOM HOMES LLC  
 369 KILLINGTON WAY  
 ORLANDO FL 32835





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/5/2018

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).

<b>PRODUCER</b> Gaslamp Insurance Services  3234 Grey Hawk Ct. Carlsbad CA 92010	<b>CONTACT NAME:</b> Customer Service Department**
	<b>PHONE (A/C No. Ext):</b> (800) 920-4125 <b>FAX (A/C No.):</b> (800) 920-4107 <b>E-MAIL ADDRESS:</b> Certificates@premieragencycservices.com**
<b>INSURED</b> Robinson Custom Homes LLC 369 Killington Way  Orlando FL 32835	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Preferred Contractors Ins Co. <b>12497</b>
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** GL 18-19      **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCA5025-PCCM280354	8/8/2018	8/8/2019	EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Employee Benefits	\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

### Verification of Coverage

Certificate Holder RE: BATI ASTER

3714 SAINT MORITZ STREET CITY OF BELLE ISLE ORLANDO, FL

\*Subject to all policy terms, exclusions and conditions\*

### CERTIFICATE HOLDER

CITY OF BELLE ISLES  
UNIVERSAL ENGINEERING SCIENCES

### 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

Justin Duenas/MILY 

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JEFF ATWATER  
CHIEF FINANCIAL OFFICER

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

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***  
**CONSTRUCTION INDUSTRY EXEMPTION**

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

EFFECTIVE DATE: 1/11/2017

EXPIRATION DATE: 1/11/2019

PERSON: ROBINSON

JOHNNY

FEIN: 200513896

**BUSINESS NAME AND ADDRESS:**

ROBINSON CUSTOM HOMES LLC

369 KILLINGTON WAY

ORLANDO FL 32835

**SCOPES OF BUSINESS OR TRADE:**

LICENSED RESIDENTIAL  
CONTRACTR

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