



**City of Belle Isle Job Site Card Window/Door PERMIT 2019-03-065**

**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- 03-065

Issue Date: 03/28/2019

Site Address: 6601 St Partin Pl 32812

Parcel #: 20-23-30-1678-00-700

Class:  Residential **Subdivision:**

Description of Work: 3 **Windows** / Size for Size

Issued To: RENEWAL BY ANDERSEN OF CENTRAL FLORIDA

Business Phone: 407 535-6349

Name: MELICK, JARED LEE

Contractor License #: CGC1524135

Payment Date & Method: 4 / 2 / 2019  Picked up or sent by \_\_\_\_\_  Emailed  
 Visa  Master Card  Amex  Discover  Check / Money Order # 9468

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)



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 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
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RECEIVED MAR 27 2019

**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: 3-27-19 PERMIT NUMBER 2019-03065

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

Project Address 6601 Saint Partin Pl, Belle Isle, FL  32809  32812  
 Property Owner Haskell Keith L Haskell Molly A Phone 407-803-4723  
 Property Owner's Mailing Address 6601 Saint Partin Pl City Orlando  
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-700  
 REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Type of Building: Residential  Commercial  Other

- **REQUIRED!** Florida Product Approval Screen Printout from [www.floridabuilding.org](http://www.floridabuilding.org) showing the Code Version MC 9468
- **REQUIRED!** Florida Product Approval Installation Instructions from [www.floridabuilding.org](http://www.floridabuilding.org) (not the manufacturer instructions) PAID 4-2-19
- **REQUIRED!** Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

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

Number of Size-for-Size Windows: 3 Number of Size-for-Size Doors: \_\_\_\_\_ Job Valuation: \$5,000

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 # 0001524135  
 LICENSE HOLDER NAME Jared Mellich COMPANY NAME Renewed by Anderson of Central FL  
 Street Address 6601 Center Rd.  
 City Orlando State FL Zip Code 32810 Phone Number 407-803-4723  
 Email Address permittng@rbafra.com

✓ NOC  
 ✓ PA

Building Official: [Signature] Date 3-28-19  
 Verified Contractor's Licenses & Insurance are on file for Date 3-27-19

Zoning Fee \$ 0  
 Permit Fee \$ 41.00  
 Review Fee \$ 20.50  
 % Florida Surcharge \$ 4 min  
 Total Permit Fee \$ 65.50

157.1K  
 4x4  
 25  
 16  
 41: 2 = 20.50 61.50

State of FLORIDA, County of ORANGE  
 Per §668.50, F.S., which defines and permits electronic signatures,  
 I certify that this is a true copy of the document as reflected in the  
 Official Records.  
**PHIL DIAMOND, COUNTY COMPTROLLER**



**DOC # 20190107190**  
 02/21/2019 08:39 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Deed Doc Tax: \$0.00  
 Mortgage Doc Tax: \$0.00  
 Intangible Tax: \$0.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 Ret To: SIMPLIFILE LC

By Brenda Mitchell at 1:05 pm, Mar 01, 2019

Deputy Comptroller \_\_\_\_\_ Date 2019-03-06  
 Permit Number: 2019-03-065  
 Folio/Parcel ID #: 20-23-30-1678-00-700  
 Prepared by: Sharon Mellick  
5655 Carder Rd., Orlando, FL 32810  
 Return to: 5655 Carder Rd  
Orlando FL 32810

**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)  
CONWAY LAKES 8/3 LOT 70 1661 St Partin Pl.
- 2 **General description of improvement**  
Replacing 3 windows size for size
- 3 **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name Haskell Keith L Haskell Molly A  
 Address 6601 Saint Partin Pl 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 Jared Mellick/Renewal by Andersen of FL Telephone Number 407-803-4723  
 Address 5655 Carder Rd., Orlando, FL 32810
- 5 **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- 6 **Lender**  
 Name \_\_\_\_\_ 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 \_\_\_\_\_ 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) \_\_\_\_\_

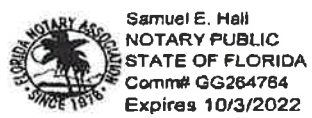
**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED 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.**

Keith L Haskell  
 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 31<sup>st</sup> day of 01 / 19 by KEITH L HASKELL  
 as \_\_\_\_\_ for \_\_\_\_\_  
 month/year name of person

Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_ Name of party on behalf of whom instrument was executed \_\_\_\_\_  
Samuel E. Hall  
 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 A240-512-43-269-1







# Itemized Order Receipt

dba: Renewal By Andersen of Central Florida  
 Legal Name: Universal Roofing Group, inc.  
**CGC1524135**  
 997 West Kennedy Blvd. Suite A18 | Orlando, FL 32810  
 Phone: 407-803-4723 | Fax: | Customerservice@rbafla.com

Keith & Molly Haskell  
 6601 St Partin Pl  
 Belle Isle, FL 32812  
 H: (407)859-0402  
 C: 4076970041

**ID#: ROOM: SIZE: DETAILS:**

**101** Master 84 W FT 3  
 50 H  
 Window: Gliding, Double, 1:1, Active / Passive, Base Frame, <sup>140 SLOPE SILL</sup> 84 1/2 x 52 5/8  
 Exterior White, Interior White, Glass: All Sash: High  
 Performance SmartSun Glass, No Pattern, Hardware: White,  
 Screen: TruScene with Exterior Color Match, Full Screen,  
 Grille Style: No Grilles, Misc: None  
 86 7/8 x 53 (FRAME)

84 3/8 x 52 1/2

**102** Family room 52 W FT 3  
 51 H  
 Window: Gliding, Double, 1:1, Active / Passive, Base Frame, <sup>140 SLOPE SILL</sup> 51 1/2 x 52 5/8  
 Exterior White, Interior White, Glass: All Sash: High  
 Performance SmartSun Glass, No Pattern, Hardware: White,  
 Screen: TruScene with Exterior Color Match, Full Screen,  
 Grille Style: No Grilles, Misc: None  
 53 3/4 x 53 FRAME

51 3/8 x 52 1/2

**103** Kitchen 71 W FT 3  
 45 H  
 Window: Gliding, Double, 1:1, Active / Passive, Base Frame, <sup>JNT</sup> 71 1/4 x 45  
 Exterior White, Interior White, Glass: All Sash: High  
 Performance SmartSun Glass, No Pattern, Hardware: White,  
 Screen: TruScene with Exterior Color Match, Full Screen, EXT  
 Grille Style: No Grilles, Misc: None  
 71 1/2 x 47  
 NEED CHAMFERED OVERFIT

FM + WOOD SEEDING

71 3/8 x 44 7/8

WINDOWS: 3 PATIO DOORS: 0 SPECIALTY: 0 MISC: 0 TOTAL \$5,000

OLD WOOD GLIDERS w/ ALUMINUM LEADING AROUND  
 EXT. WILL NEED 2 1/4 COLONIAL CASTING. PRIME WHITE

103, CHAMFERED OVER FIT / PAD BOTTOM TO MATCH  
 SILL ON JNT / CUT BACK DRYWALL / BREAK METAL  
 OR F. TRIM THE BOTTOM OF EXT.



Renewal by Andersen is committed to our customers' safety by complying with the rules and lead-safe work practices specified by the EPA.

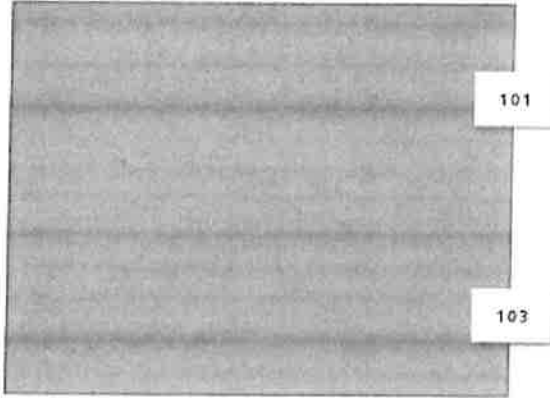


# Order Summary

dba: RENEWAL BY ANDERSEN OF CENTRAL FLORIDA  
Legal Name: Universal Roofing Group, Inc. | License # CGC1524135  
997 West Kennedy Blvd | Orlando, FL 32810  
Phone: 407-803-4723 | Fax: 407-386-8262 | Customerservice@rbafia.com  
Measure Tech: Jason Britton, (813)928-2733

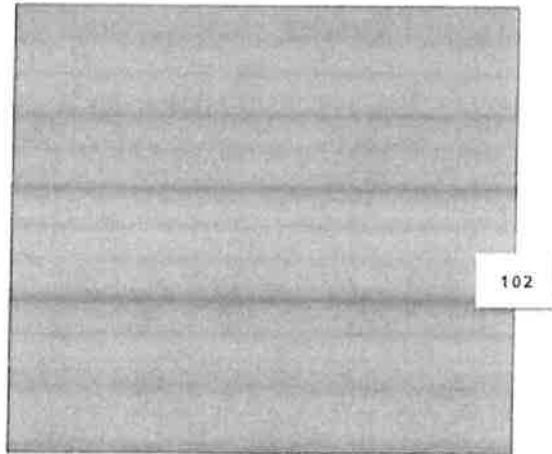
KEITH & MOLLY HASKELL  
6601 St Partin Pl  
Belle Isle, FL 32812  
H: (407)859-0402 | C: 4076970041

## FLOORPLAN - 1ST FLOOR



UNIT NOTES

## FLOORPLAN - 2ND FLOOR



UNIT NOTES



# Agreement Document and Payment Terms

dba: Renewal By Andersen of Central Florida  
Legal Name: Universal Roofing Group, inc.  
**CGC1524135**  
997 West Kennedy Blvd. Suite A18 | Orlando, FL 32810  
Phone: 407-803-4723 | Fax: 1 Customerservice@rbaflla.com

Keith & Molly Haskell  
6601 St Partin Pl  
Belle Isle, FL 32812  
H: (407)859-0402  
C: 4076970041

Buyer(s) Name: Keith & Molly Haskell

Contract Date: 01/25/19

Buyer(s) Street Address: 6601 St Partin Pl, Belle Isle, FL 32812

Primary Telephone Number: (407)859-0402

Secondary Telephone Number: 4076970041

Primary Email: haskell3280@aol.com

Secondary Email: \_\_\_\_\_

Buyer(s) hereby jointly and severally agrees to purchase the products and/or services of Universal Roofing Group, inc. d/b/a Renewal By Andersen of Central Florida ("Contractor"), in accordance with the terms and conditions described in this Agreement Document and Payment Terms, any documents listed in the Table of Contents, and any other document attached to this Agreement Document, the terms of which are all agreed to by the parties and incorporated herein by reference (collectively, this "Agreement"). Buyer(s) hereby agrees to sign a completion certificate after Contractor has completed all work under this Agreement.

Total Job Amount: **\$5,000**

By signing this Agreement, you acknowledge that the Balance Due, and the Amount Financed must be made by personal check, bank check, credit card, or cash.

Deposit Received: **\$1,666**

Balance Due: **\$3,334**

Estimated Start:  
**10 weeks**

Estimated Completion:  
**10 weeks**

Amount Financed: **\$0**

Method of Payment: **Credit Card**

We schedule installations based on the date of the signed contract and secondarily on the date in which we complete the technical measurements. The installation date that we are providing at this time is only an estimate. We will communicate an official date and time at a later date. Rain and extreme weather are the most common causes for delay.

Notes:

Buyer(s) agrees and understands that this Agreement constitutes the entire understandings between the parties and that there are no verbal understandings changing or modifying any of the terms of this Agreement. No alterations to or deviations from this Agreement will be valid without the signed, written consent of both the Buyer(s) and Contractor. Buyer(s) hereby acknowledges that Buyer(s) 1) has read this Agreement, understands the terms of this Agreement, and has received a completed, signed, and dated copy of this Agreement, including the two attached Notices of Cancellation, on the date first written above and 2) was orally informed of Buyer's right to cancel this Agreement.

NOTICE TO BUYER: Do not sign this contract if blank. You are entitled to a copy of the contract at the time you sign.

**YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME NOT LATER THAN MIDNIGHT OF 01/29/2019 OR THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION, WHICHEVER DATE IS LATER. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.**

Legal Name: Universal Roofing Group, inc.  
dba: Renewal By Andersen of Central Florida

Buyer(s)

Signature of Sales Person

Signature

Signature

**Jason Britton**

**Keith Haskell**

**Molly Haskell**

Print Name of Sales Person

Print Name

Print Name



**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: 3/27/19

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

PROJECT ADDRESS 6601 Saint Partin Pl, Belle Isle, FL  32809  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:

1. **This Product Approval Cover Sheet**
2. **Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped**
3. **Manufacturer's installation details from FloridaBuilding.org and requirements for each product stamped**

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<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				Asphalt Shingles			
Horizontal Slider	<u>Anderson Corp</u>	<u>Renewal</u>	<u>FL19563.1</u>	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 3/27/19



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**Product Approval**  
USER: Public User

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

OFFICE OF THE SECRETARY

FL #	FL19563-R2
Application Type	Affirmation
Code Version	2017
Application Status	Approved
Comments	Archived
Product Manufacturer	Andersen Corporation
Address/Phone/Email	100 Fourth Avenue North Bayport, MN 55003 (651) 264-5308 alan.barstad@AndersenCorp.com
Authorized Signature	Alan Barstad alan.barstad@AndersenCorp.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Windows
Subcategory	Horizontal Slider
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Hermes F. Norero, P.E.
Florida License	PE-73778
Quality Assurance Entity	Window and Door Manufacturers Association
Quality Assurance Contract Expiration Date	12/31/2019
Validated By	Locke Bowden P.E. ✓ Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL19563 R2 COI COI Andersen SS 2015-08-31.pdf</a>
Referenced Standard and Year (of Standard)	<b>Standard</b> AAMA/WDMA/CSA 101/I.S.2/A440 2008 AAMA/WDMA/CSA 101/I.S.2/A440 2011
Equivalence of Product Standards Certified By	
Sections from the Code	

✓ 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

[FL19563 R2 COC SA19563 SS 2017-08-15.pdf](#)

Product Approval Method Method 1 Option D

Date Submitted 08/15/2017  
Date Validated 08/15/2017  
Date Pending FBC Approval  
Date Approved 08/16/2017

Summary of Products

FL #	Model, Number or Name	Description
19563.1	Renewal Series	Renewal Glider Window
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See Installation Instructions, AWD095, and Evaluation Report, PER4088, for sizes, design pressures, and installation requirements.		<b>Installation Instructions</b> <a href="#">FL19563 R2 II AWD095 SS 2016-02-18.pdf</a> Verified By: Hermes F. Norero, P.E. FL PE No. 73778 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL19563 R2 AE PER4088 SS 2015-12-18.pdf</a> Created by Independent Third Party: Yes

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

Contact Us :: [2601 Blair Stone Road, Tallahassee FL 32399](#) Phone: 850-487-1824

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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](#).



Credit Card  
**Safe**



# ANDERSEN CORPORATION, INC

## RENEWAL SERIES GLIDER WINDOW

### NON-IMPACT

**INSTALLATION NOTES:**

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

**GENERAL NOTES:**

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

SHEET	REVISION	TABLE OF CONTENTS
1	A	SHEET DESCRIPTION
2	-	GENERAL & INSTALLATION NOTES
3	-	ELEVATIONS
4	-	ELEVATIONS (2)
5	-	XO AND XX ANCHOR LAYOUTS
6	A	XOX ANCHOR LAYOUTS
7	A	THROUGH FRAME INSTALLATION DETAILS
8	A	NAIL FIN INSTALLATION DETAILS
9	A	CLIP INSTALLATION DETAILS
	A	INTERMEDIATE MEMBERS, REINFORCEMENT REQUIREMENTS, EJ FRAME DETAILS AND GLAZING DETAIL

SIZE	CONFIGURATION	DESIGN PRESSURE	SASH WIDTH RATIO
72" X 80"	XO	+40.0 / -40.0 PSF	1:1
96" X 54"	XO	+40.0 / -40.0 PSF	1:1
96" X 72"	XO	+40.0 / -40.0 PSF	1:1
108" X 54"	XO	+25.0 / -25.0 PSF	1:2
108" X 72"	XO	+20.0 / -20.0 PSF	1:2
56" X 80"	XO	+40.0 / -40.0 PSF	1:2
74" X 54"	XO	+40.0 / -40.0 PSF	1:2
74" X 72"	XO	+35.0 / -35.0 PSF	1:2
48" X 48"	XX	+40.0 / -40.0 PSF	1:1
72" X 80"	XX	+30.0 / -30.0 PSF	1:1
96" X 54"	XX	+35.0 / -35.0 PSF	1:1
96" X 60"	XX	+35.0 / -35.0 PSF	1:1
96" X 72"	XX	+20.0 / -20.0 PSF	1:1
144" X 54"	XOX	+30.0 / -30.0 PSF	1:1:1
144" X 72"	XOX	+25.0 / -25.0 PSF	1:1:1
84" X 60"	XOX	+40.0 / -40.0 PSF	1:1:1
84" X 80"	XOX	+35.0 / -35.0 PSF	1:1:1
144" X 54"	XOX	+30.0 / -30.0 PSF	1:2:1
144" X 72"	XOX	+25.0 / -25.0 PSF	1:2:1
84" X 60"	XOX	+40.0 / -40.0 PSF	1:2:1
84" X 80"	XOX	+35.0 / -35.0 PSF	1:2:1

## REVISIONS

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

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



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



DATE: 12.13.15  
 DWN BY: SM  
 CHK BY: MSS  
 SCALE: NTS  
 DWG #: AWD095  
 SHEET: 1 OF 9

Digitally signed by Hermes F Noreno, P.E.  
 Reason: I am approving this document  
 Date: 2016.02.18 19:18:11 -05'00'





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BAYPORT, MN 55003-1096  
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BUILDING DROPS, INC.  
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DANIA BEACH, FL 33004  
PH: (954) 399-8478  
FX: (954) 744-4738

NO.	DESCRIPTION	BY	DATE

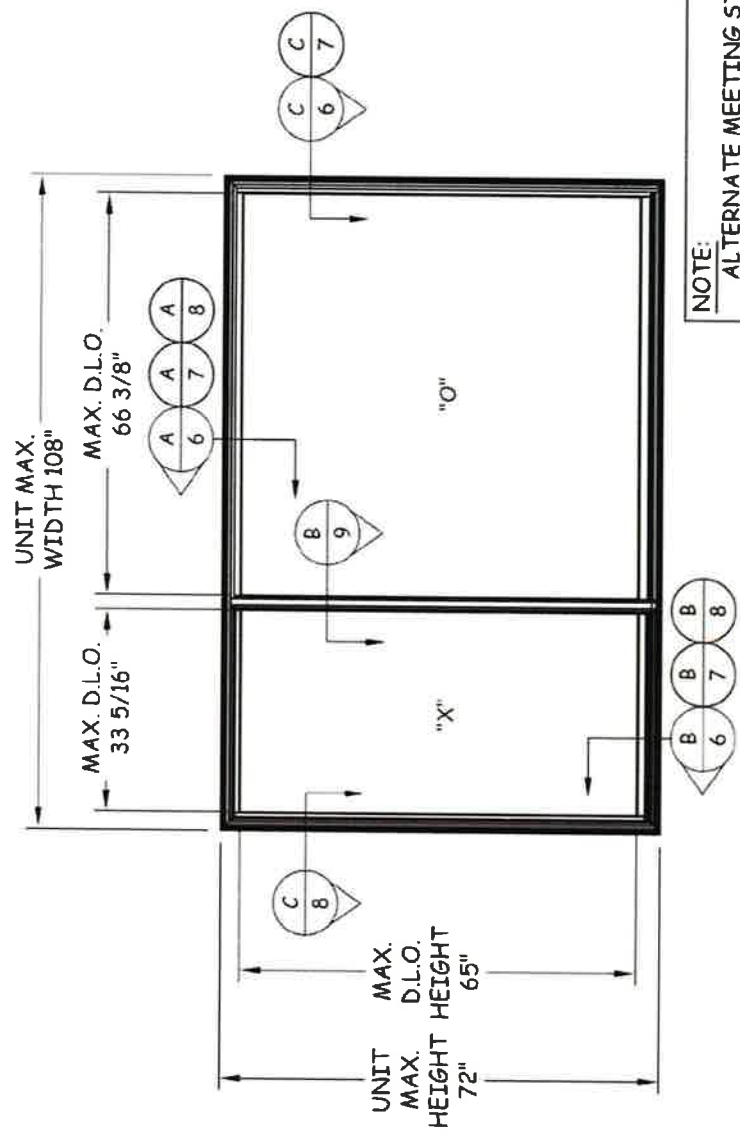


DATE: 12.13.15  
DWN BY: SM  
CHK BY: MSS  
SCALE: NTS

DWG #: **AWD095**  
SHEET: **2 OF 9**

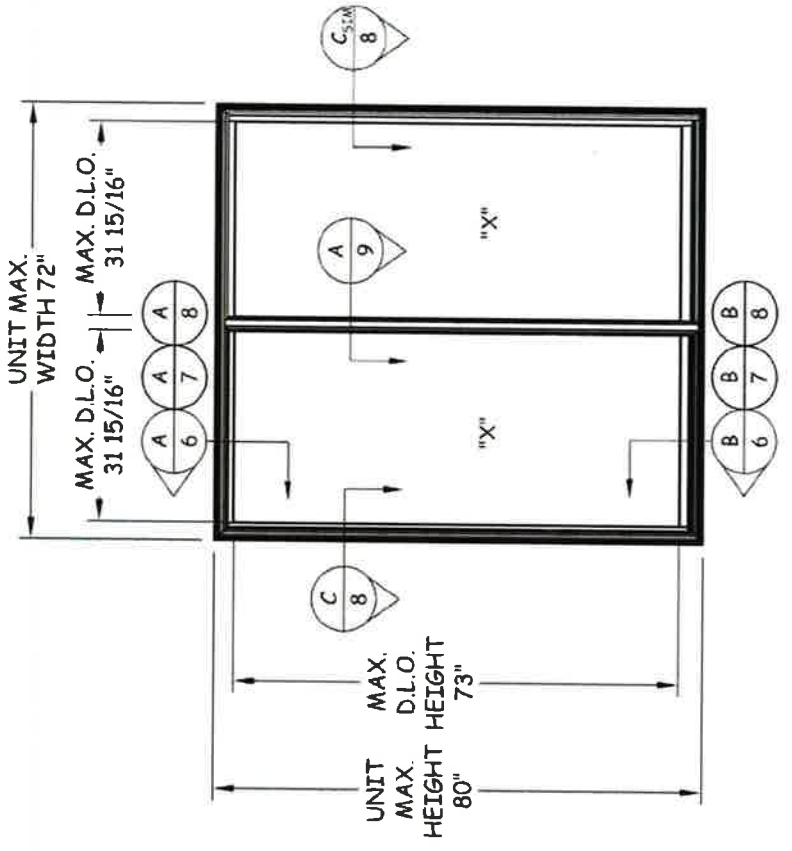
TITLE: RENEWAL SERIES GLIDER ELEVATIONS

# REVISIONS

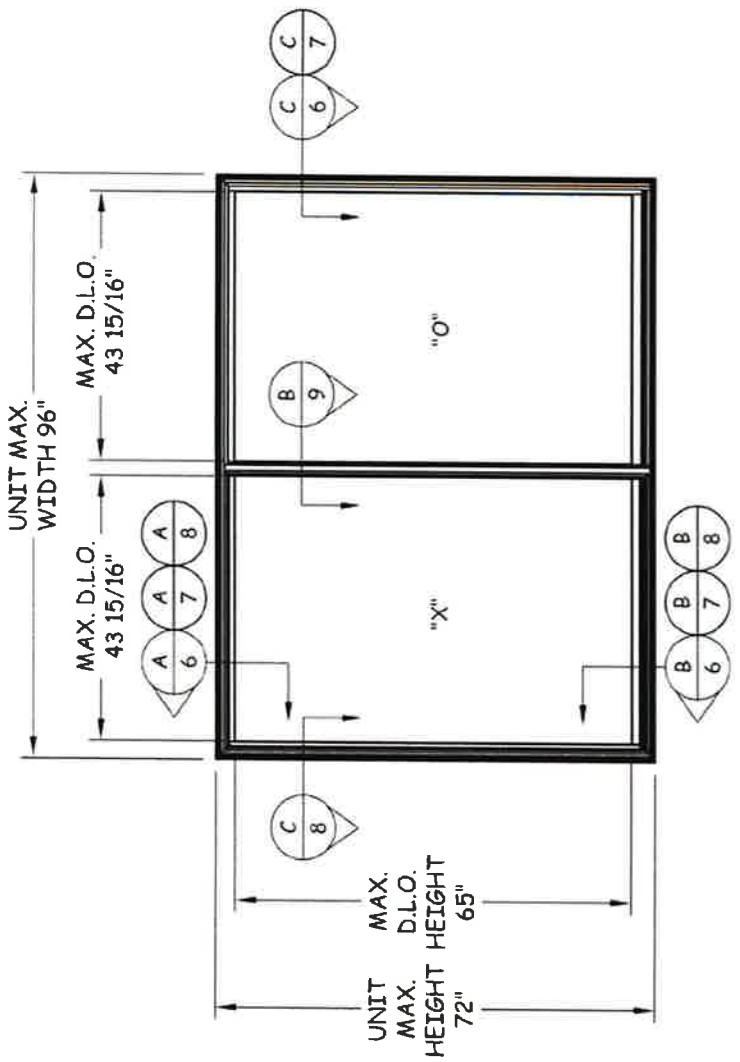


**NOTE:**  
ALTERNATE MEETING STILE LOCATIONS MAY BE USED SUCH THAT MAX. DLO DIMENSIONS SHOWN HEREIN ARE NOT EXCEEDED. UNEQUAL SASH RATIO NOT AVAILABLE FOR ACTIVE/ACTIVE (XX) UNITS.

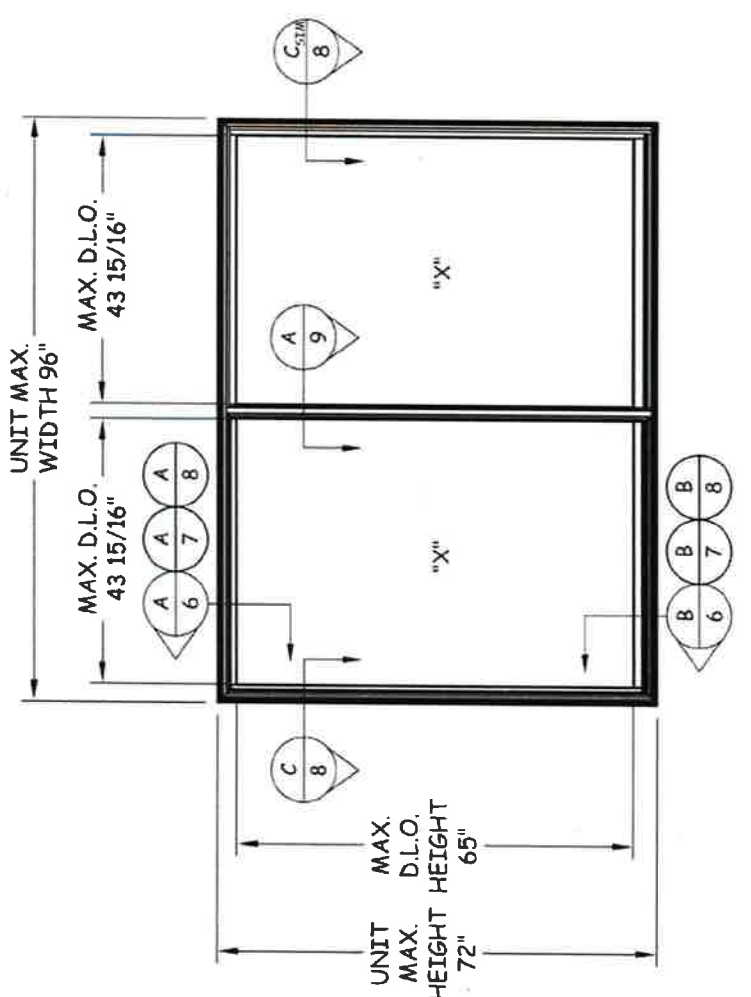
**ELEVATION**  
108" X 72" XO UNIT  
1:2 SASH RATIO



**ELEVATION**  
72" X 80" XX UNIT  
1:1 SASH RATIO



**ELEVATION**  
96" X 72" XO UNIT  
1:1 SASH RATIO



**ELEVATION**  
96" X 72" XX UNIT  
1:1 SASH RATIO



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DANIA BEACH, FL 33004  
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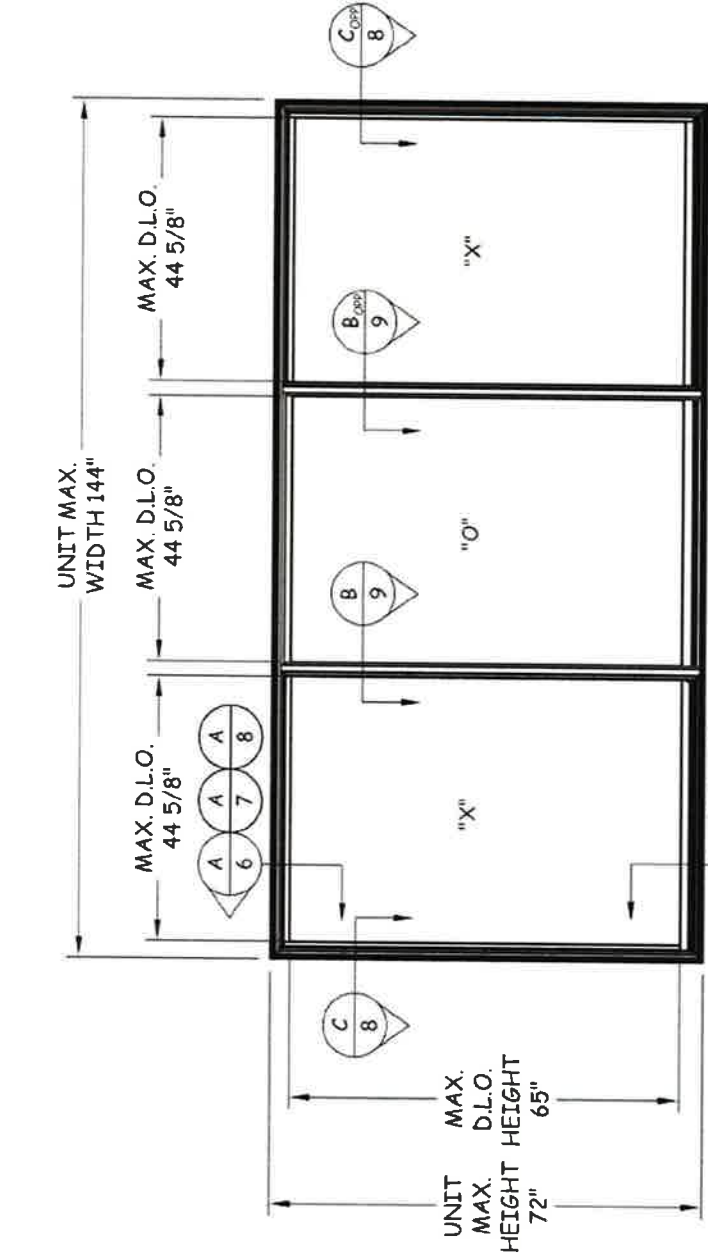
NO.	DESCRIPTION	BY	DATE



DATE:	12.13.15
DWN BY:	SM
CHK BY:	MSS
SCALE:	NTS
DWG #:	<b>AWD095</b>
SHEET:	<b>3 OF 9</b>

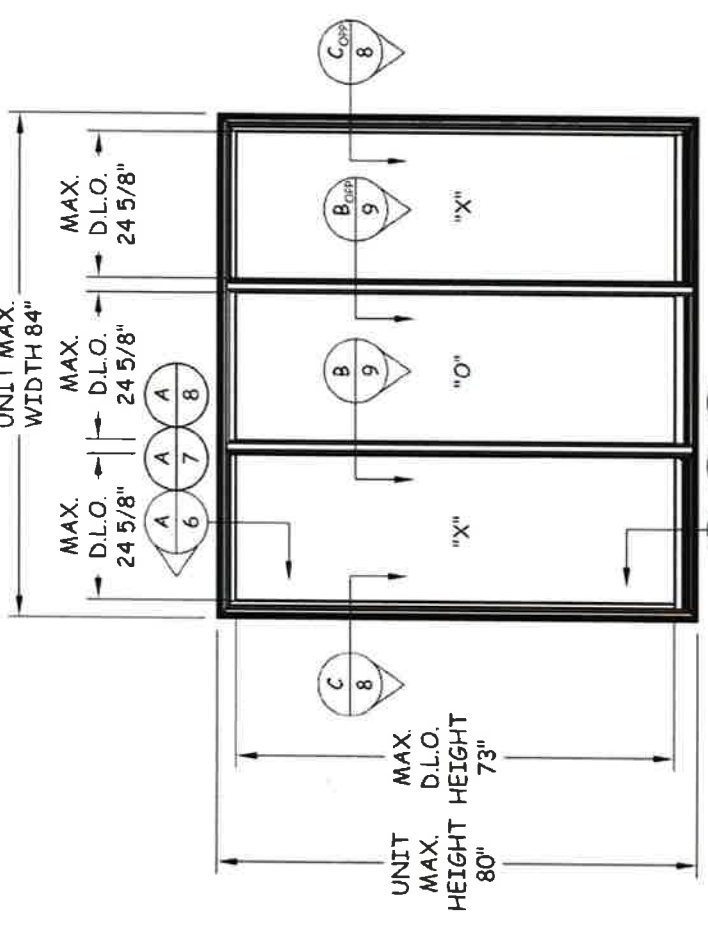
TITLE:  
RENEWAL SERIES GLIDER  
ELEVATIONS (2)

## REVISIONS

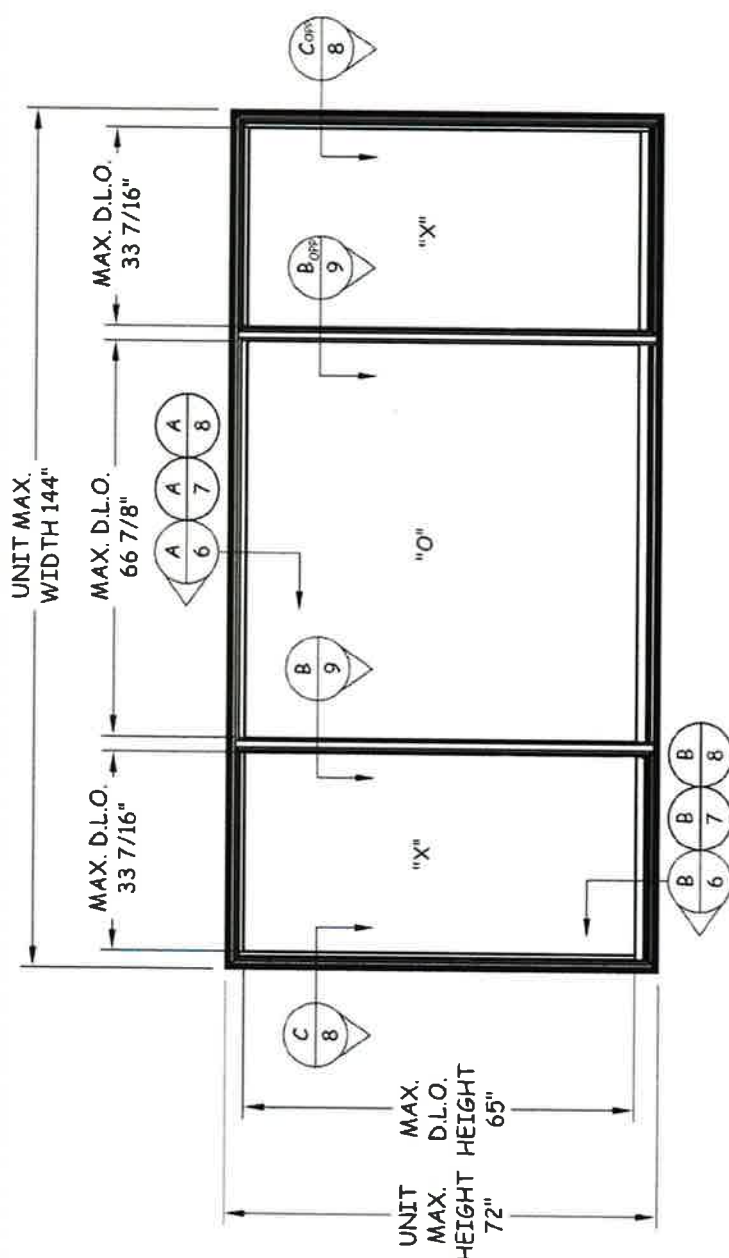


**ELEVATION**  
144" X 72" XOX UNIT  
1:1:1 SASH RATIO

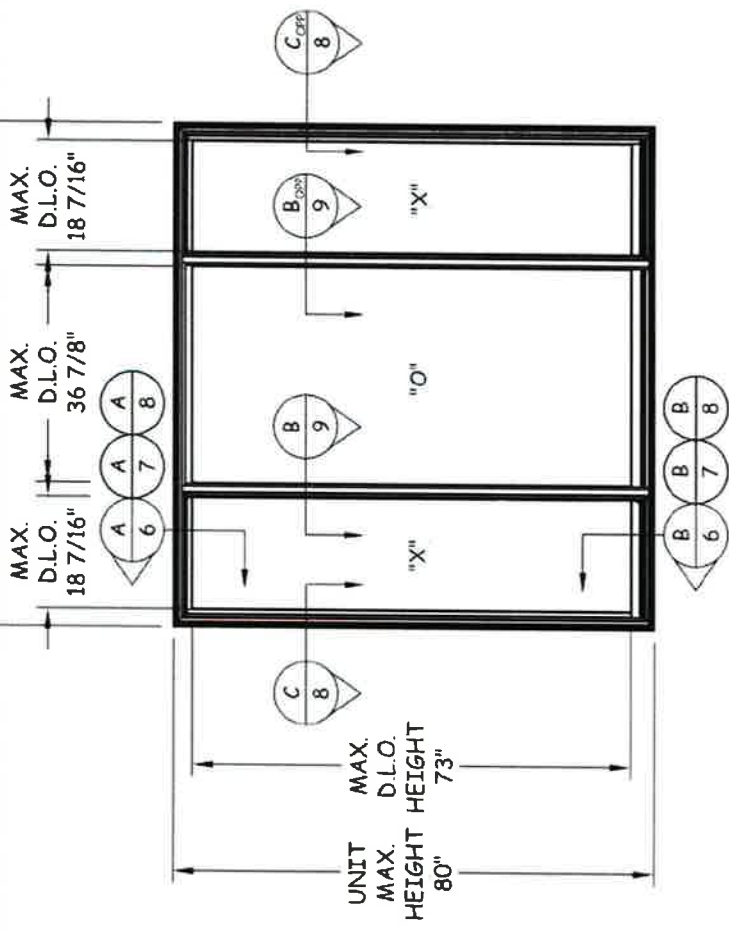
NOTE:  
ALTERNATE MEETING STILE  
LOCATIONS MAY BE USED  
SUCH THAT MAX. DLO  
DIMENSIONS SHOWN  
HEREIN ARE NOT EXCEEDED.



**ELEVATION**  
84" X 80" XOX UNIT  
1:1:1 SASH RATIO



**ELEVATION**  
144" X 72" XOX UNIT  
1:2:1 SASH RATIO



**ELEVATION**  
84" X 80" XOX UNIT  
1:2:1 SASH RATIO





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

TITLE:		DESCRIPTION		BY		DATE	
RENEWAL SERIES GLIDER		XO AND XX ANCHOR LAYOUTS					



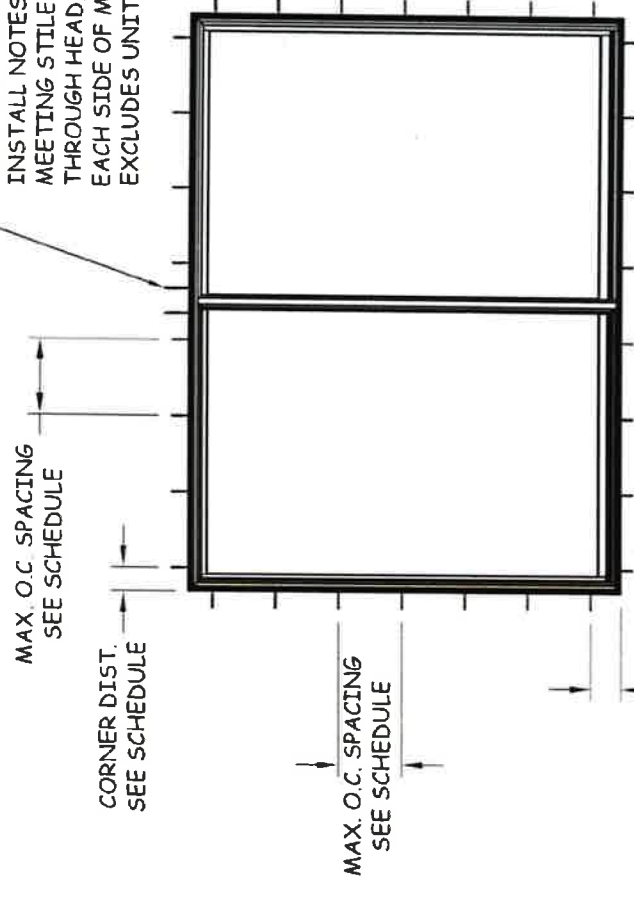
DATE:	12.13.15
DWN BY:	SM
CHK BY:	MSS
SCALE:	NTS
DWG #:	<b>AWD095</b>
SHEET:	<b>4 OF 9</b>

RENEWAL SERIES GLIDER ANCHOR SPACING						
CONFIG.	INSTALLATION METHOD	FROM CORNERS (IN)	MAX O.C. HEAD (IN)	MAX O.C. SILL (IN)	MAX O.C. JAMBS (IN)	
"XO" OR "XX" GLIDER 1:1 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	15.25	15.25	16	16
	THROUGH FRAME	5.5	10.125	SEE NOTES	15.25	15.25
"XO" OR "XX" GLIDER 1:2 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	15	15	16	16
	THROUGH FRAME	5.5	11.25	SEE NOTES	17.25	17.25
"XOX" GLIDER 1:1:1 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	14.5	14.5	16	16
	THROUGH FRAME	5.5	10.375	SEE NOTES	21.5	21.5
"XOX" GLIDER 1:2:1 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	12.125	12.125	16	16
	THROUGH FRAME	5.5	10.5	SEE NOTES	22	22

**INSTALLATION NOTES:**

- FOR THROUGH FRAME INSTALLATIONS, INSTALLATION CLIPS MUST BE USED AT THE SILL IN LIEU OF FASTENERS THROUGH FRAME. SPACED IN ACCORDANCE WITH THE INSTALLATION CLIP SPACING REQUIREMENTS LISTED IN THE ABOVE TABLE.
- FOR CUSTOM SASH RATIOS, USE WORST CASE ANCHOR SPACING BETWEEN EQUAL SASH AND 1:2 OR 1:2:1 SASH RATIOS FROM TABLE ABOVE.
- REFER TO SHEET 1, INSTALLATION NOTES 4-11 FOR ANCHOR TYPE DEPENDENT ON INSTALLATION METHOD AND SUBSTRATE.

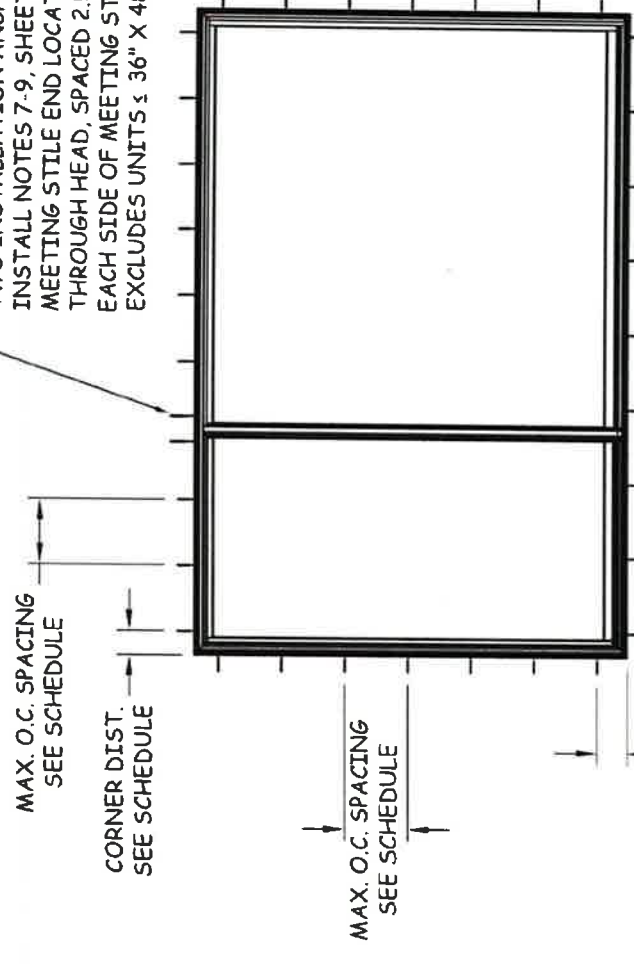
TWO INSTALLATION ANCHORS (SEE INSTALL NOTES 7-9, SHEET 1) AT MEETING STILE END LOCATIONS THROUGH HEAD, SPACED 2.5" ON EACH SIDE OF MEETING STILE. EXCLUDES UNITS ≤ 36" X 48"



**TYPICAL ANCHOR LAYOUT**

XO OR OX GLIDER  
1:1 SASH RATIO

TWO INSTALLATION ANCHORS (SEE INSTALL NOTES 7-9, SHEET 1) AT MEETING STILE END LOCATIONS THROUGH HEAD, SPACED 2.5" ON EACH SIDE OF MEETING STILE. EXCLUDES UNITS ≤ 36" X 48"



**TYPICAL ANCHOR LAYOUT**

XO GLIDER  
1:2 SASH RATIO

ALL METHODS OF INSTALLATION REQUIRE A CONTINUOUS 1/2" BEAD OF SILICONE BELOW THE SILL



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PH: (651) 264-5150 FX: (651) 264-5485

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

TITLE:	RENEWAL SERIES GLIDER XOX ANCHOR LAYOUTS
NO.	
DESCRIPTION	
BY	
DATE	



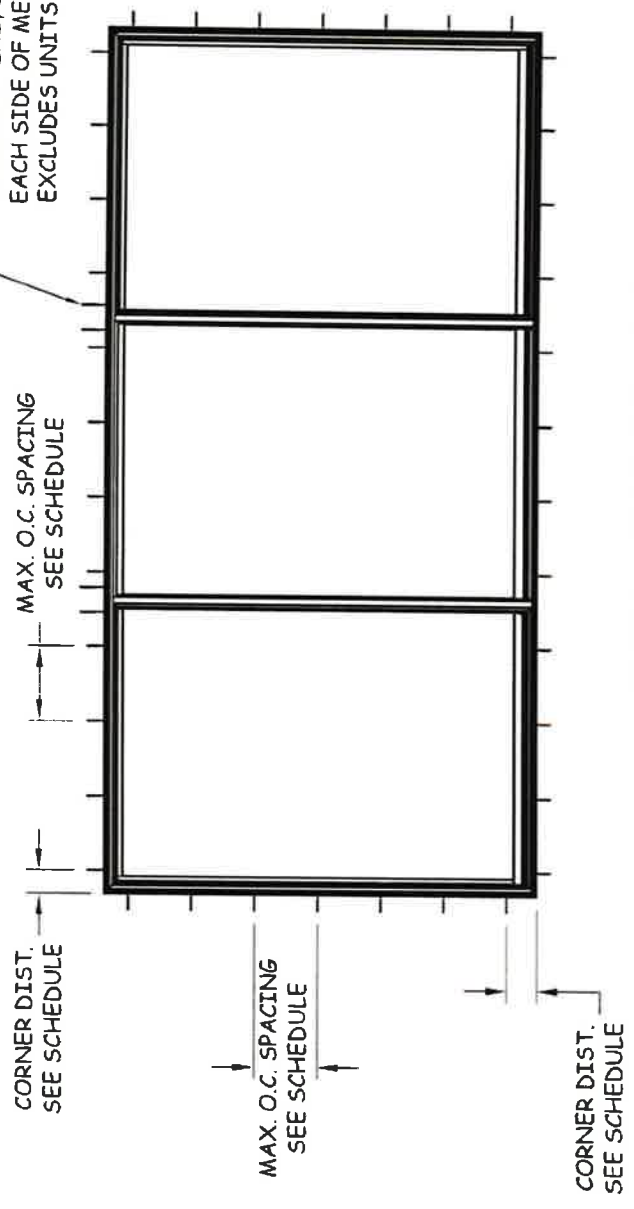
DATE: 12.13.15  
DWN BY: SM  
CHK BY: MSS  
SCALE: NTS  
DWG #: **AWD095**  
SHEET: **5 OF 9**

RENEWAL SERIES GLIDER ANCHOR SPACING						
CONFIG.	INSTALLATION METHOD	FROM CORNERS (IN)	MAX O.C. HEAD (IN)	MAX O.C. SILL (IN)	MAX O.C. JAMBS (IN)	
"XO" OR "XX" GLIDER 1:1 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	15.25	15.25	16	
	THROUGH FRAME	5.5	10.125	SEE NOTES	15.25	
"XO" OR "XX" GLIDER 1:2 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	15	15	16	
	THROUGH FRAME	5.5	11.25	SEE NOTES	17.25	
"XOX" GLIDER 1:1:1 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	14.5	14.5	16	
	THROUGH FRAME	5.5	10.375	SEE NOTES	21.5	
"XOX" GLIDER 1:2:1 SASH RATIO	NAIL FIN	3.5	3.5	3.5	3.5	3.5
	INSTALLATION CLIP	5.5	12.125	12.125	16	
	THROUGH FRAME	5.5	10.5	SEE NOTES	22	

**INSTALLATION NOTES:**

- FOR THROUGH FRAME INSTALLATIONS, INSTALLATION CLIPS MUST BE USED AT THE SILL IN LIEU OF FASTENERS THROUGH FRAME, SPACED IN ACCORDANCE WITH THE INSTALLATION CLIP SPACING REQUIREMENTS LISTED IN THE ABOVE TABLE.
- FOR CUSTOM SASH RATIOS, USE WORST CASE ANCHOR SPACING BETWEEN EQUAL SASH AND 1:2 OR 1:2:1 SASH RATIOS FROM TABLE ABOVE.
- REFER TO SHEET 1, INSTALLATION NOTES 4-11 FOR ANCHOR TYPE DEPENDENT ON INSTALLATION METHOD AND SUBSTRATE.

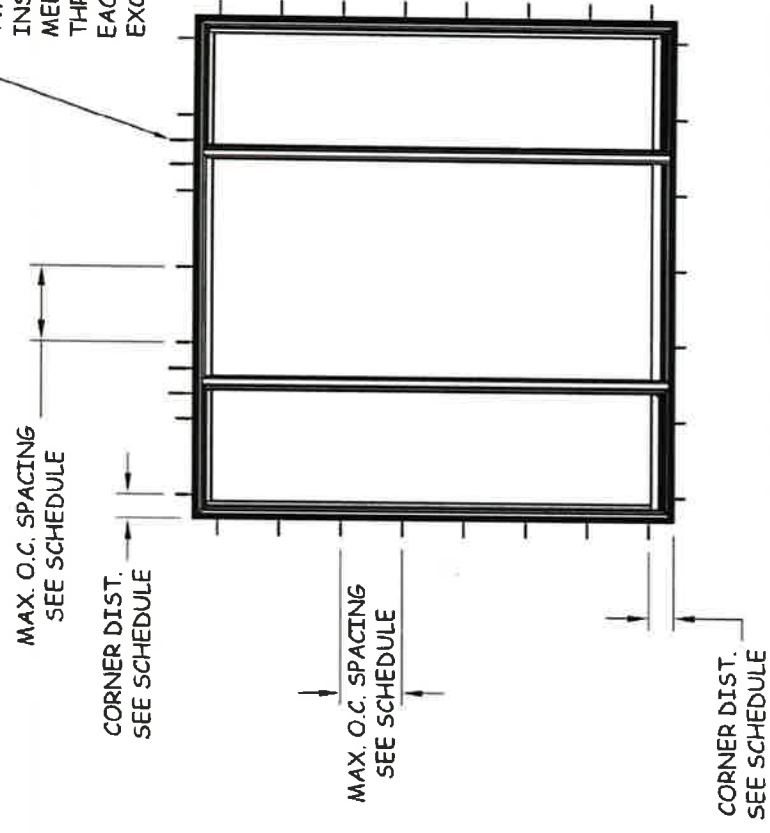
TWO INSTALLATION ANCHORS (SEE INSTALL NOTES 7-9, SHEET 1) AT MEETING STILE END LOCATIONS THROUGH HEAD, SPACED 2.5" ON EACH SIDE OF MEETING STILE. EXCLUDES UNITS ≤ 36" X 48"



**TYPICAL ANCHOR LAYOUT**

XOX GLIDER  
1:1:1 SASH RATIO

TWO INSTALLATION ANCHORS (SEE INSTALL NOTES 7-9, SHEET 1) AT MEETING STILE END LOCATIONS THROUGH HEAD, SPACED 2.5" ON EACH SIDE OF MEETING STILE. EXCLUDES UNITS ≤ 36" X 48"



**TYPICAL ANCHOR LAYOUT**

XOX GLIDER  
1:2:1 SASH RATIO

ALL METHODS OF INSTALLATION REQUIRE A CONTINUOUS 1/2" BEAD OF SILICONE BELOW THE SILL





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**TITLE:**  
RENEWAL SERIES GLIDER  
THROUGH FRAME  
INSTALLATION DETAILS

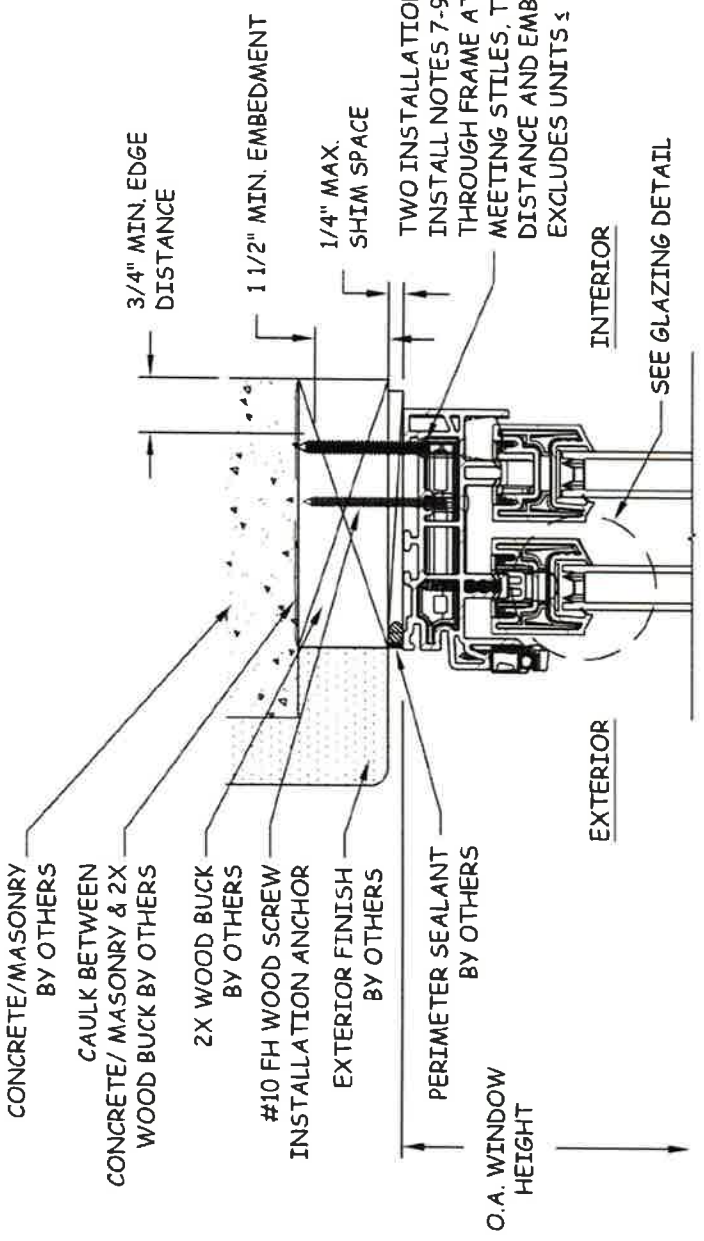
**PREPARED BY:**  
BUILDING DROPS, INC.  
398 E. DANIA BEACH BLVD. #338  
DANIA BEACH, FL 33004  
PH: (954) 399-8478  
FX: (954) 744-4738

NO.	DESCRIPTION	BY	DATE
A	ADD ET FRAME & REV ANCHOR DET.	MS	02.16.16

# REVISIONS

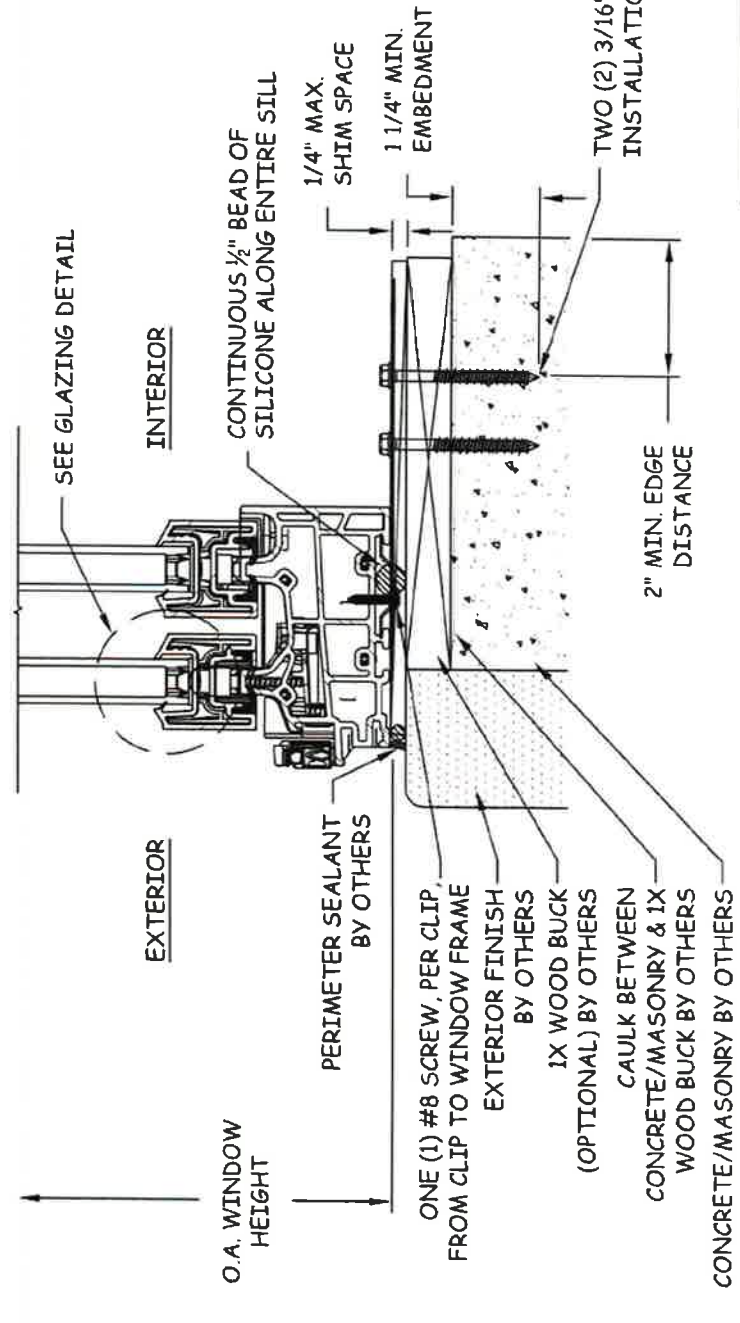


DATE:	12.13.15
DWN BY:	SM
CHK BY:	MSS
SCALE:	NTS
DWG #:	<b>AWD095</b>
SHEET:	<b>6 OF 9</b>



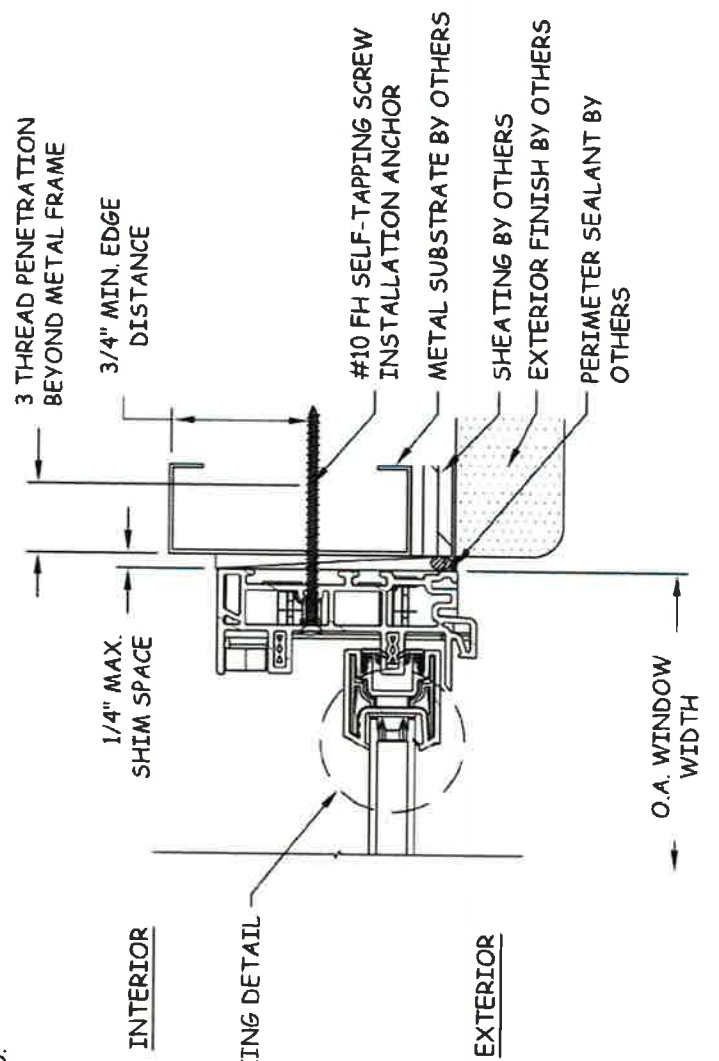
**A** VERTICAL SECTION  
6  
HEAD - 2X WOOD BUCK THROUGH FRAME

SEE GLAZING DETAIL



**B** VERTICAL SECTION  
6  
SILL - 1X WOOD ON CONCRETE/MASONRY INSTALLATION CLIP

SEE SHEET 8 FOR INSTALLATION CLIP DETAILS AND ANCHORING REQUIREMENTS.



**C** HORIZONTAL SECTION  
6  
JAMB - METAL FRAME SUBSTRATE THROUGH FRAME

SEE GLAZING DETAIL



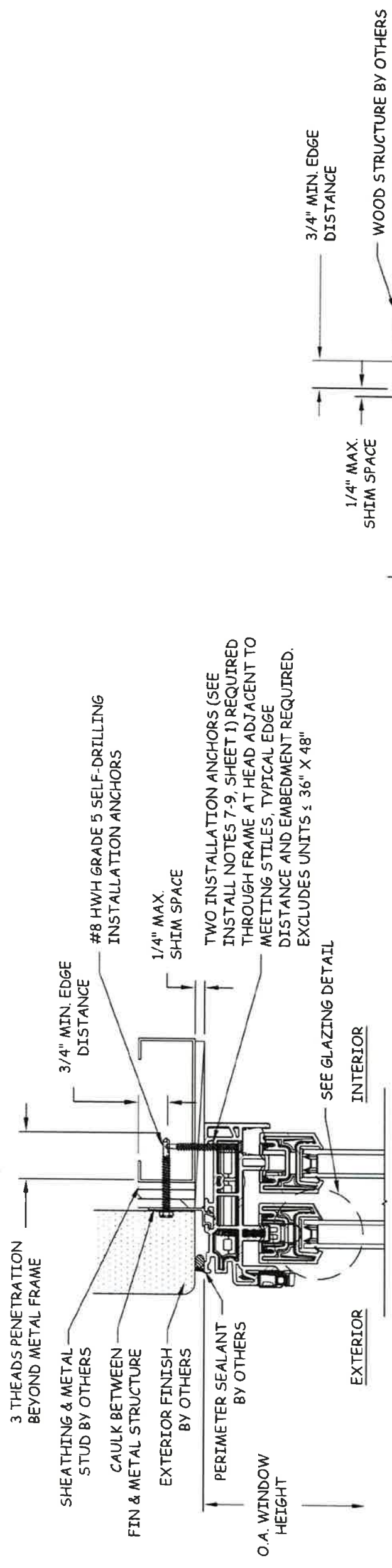
100 FOURTH AVE NORTH  
BAYPORT, MN 55503-1096  
PH: (651) 264-5150 FX: (651) 264-5485

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

REVISIONS	
NO.	DESCRIPTION
A	ADD EJ FRAME & REV. ANCHOR DET.
BY	DATE
MS	02.16.16

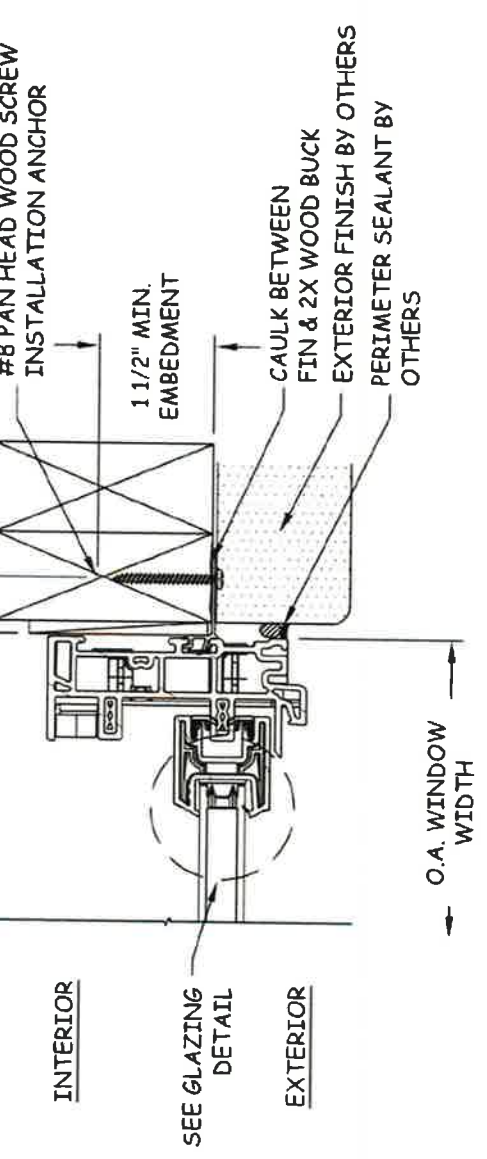


DATE:	12.13.15
DWN BY:	SM
CHK BY:	MSS
SCALE:	NTS
DWG #:	<b>AWD095</b>
SHEET:	<b>7 OF 9</b>

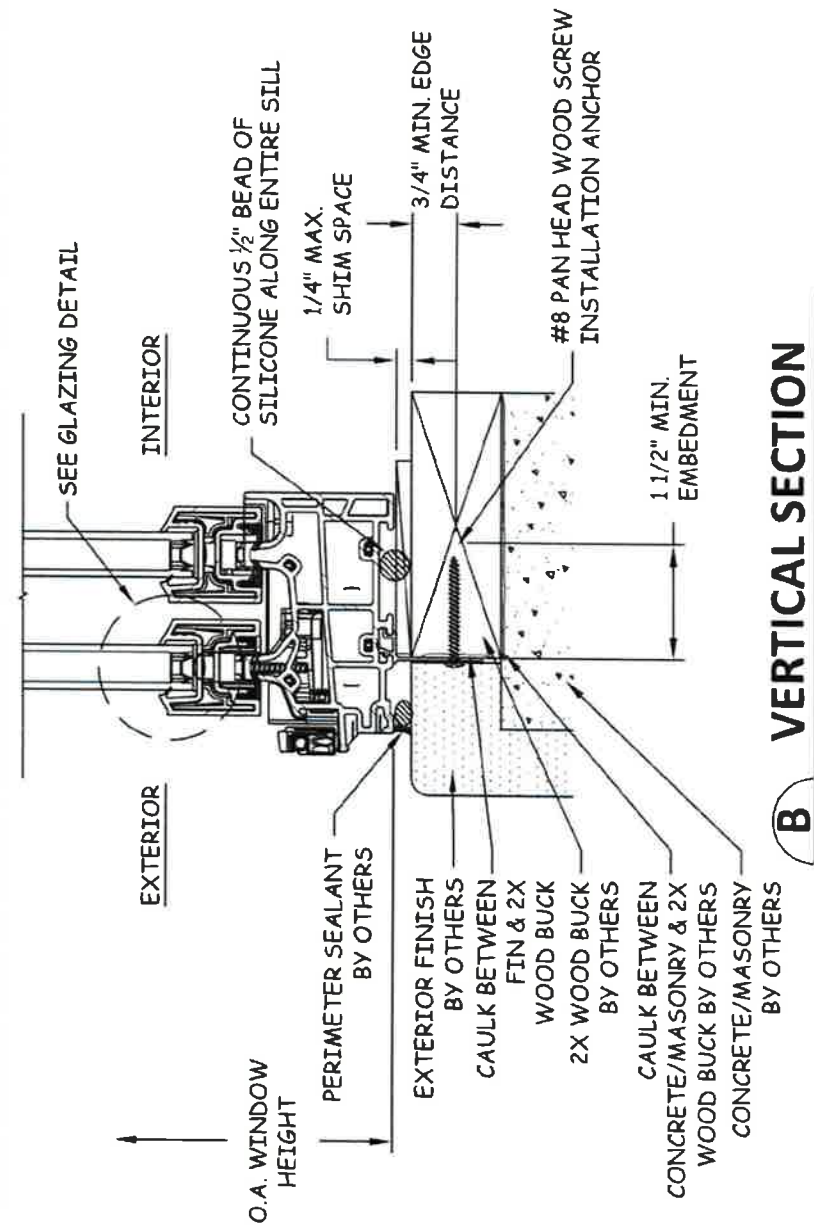


**A** VERTICAL SECTION  
HEAD - METAL FRAME SUBSTRATE  
NAIL FIN

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



**C** HORIZONTAL SECTION  
JAMB - WOOD BUCK  
NAIL FIN



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





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RENEWAL SERIES GLIDER  
INSTALLATION CLIP DETAILS  
PREPARED BY:  
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# REVISIONS

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



DATE: 12.13.15  
DWN BY: SM  
CHK BY: MSS  
SCALE: NTS  
DWG #: **AWD095**  
SHEET: **8 OF 9**

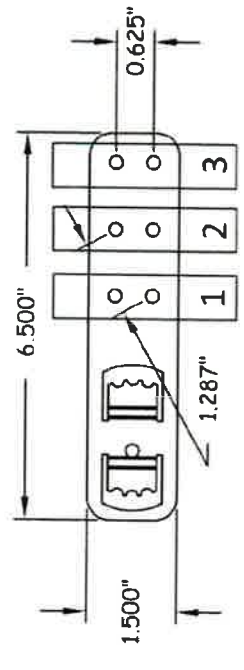
### INSTALLATION CLIP ANCHOR REQUIREMENTS:

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

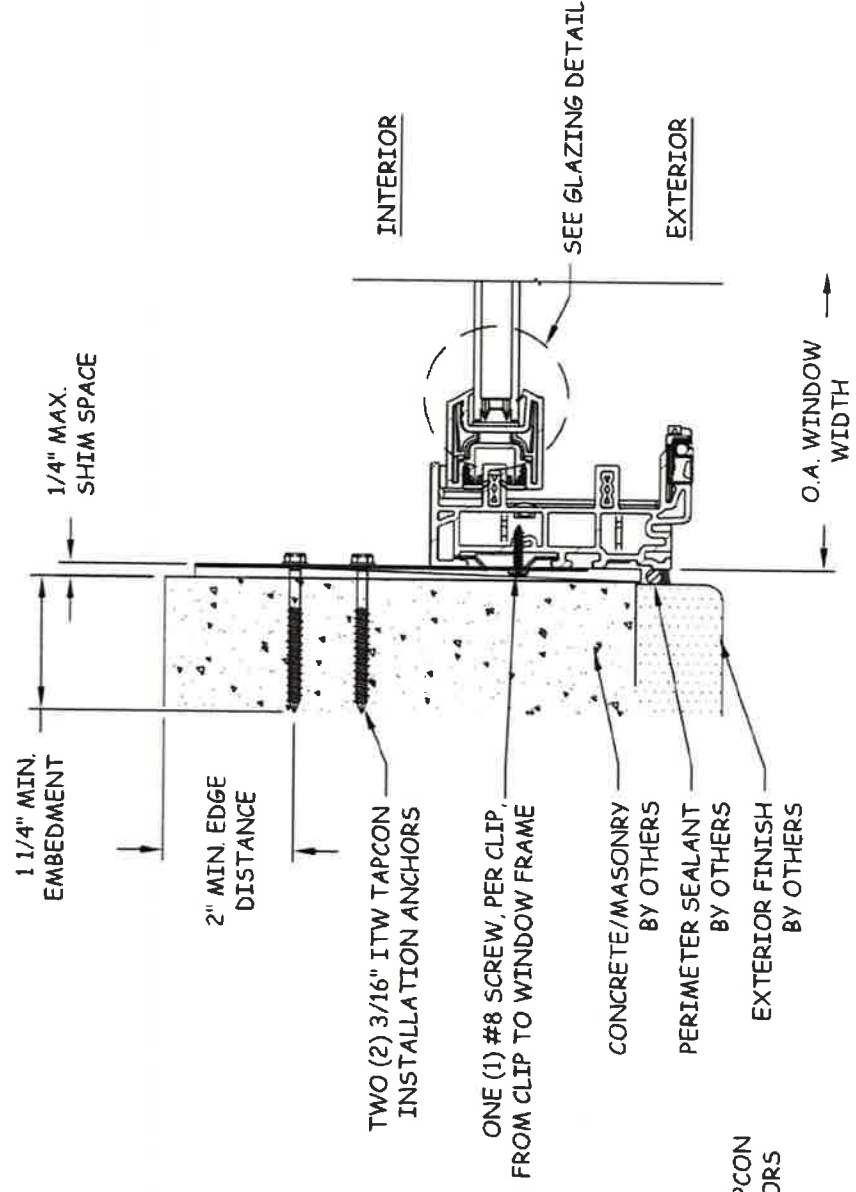
**METAL SUBSTRATE:** USE TWO #8 HWH SMS ANCHORS PER CLIP, IN ROW NUMBER ONE OF PREDRILLED HOLES SHOWN BELOW.

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

**DO NOT INSTALL ANCHORS THROUGH ROW NUMBER THREE.**

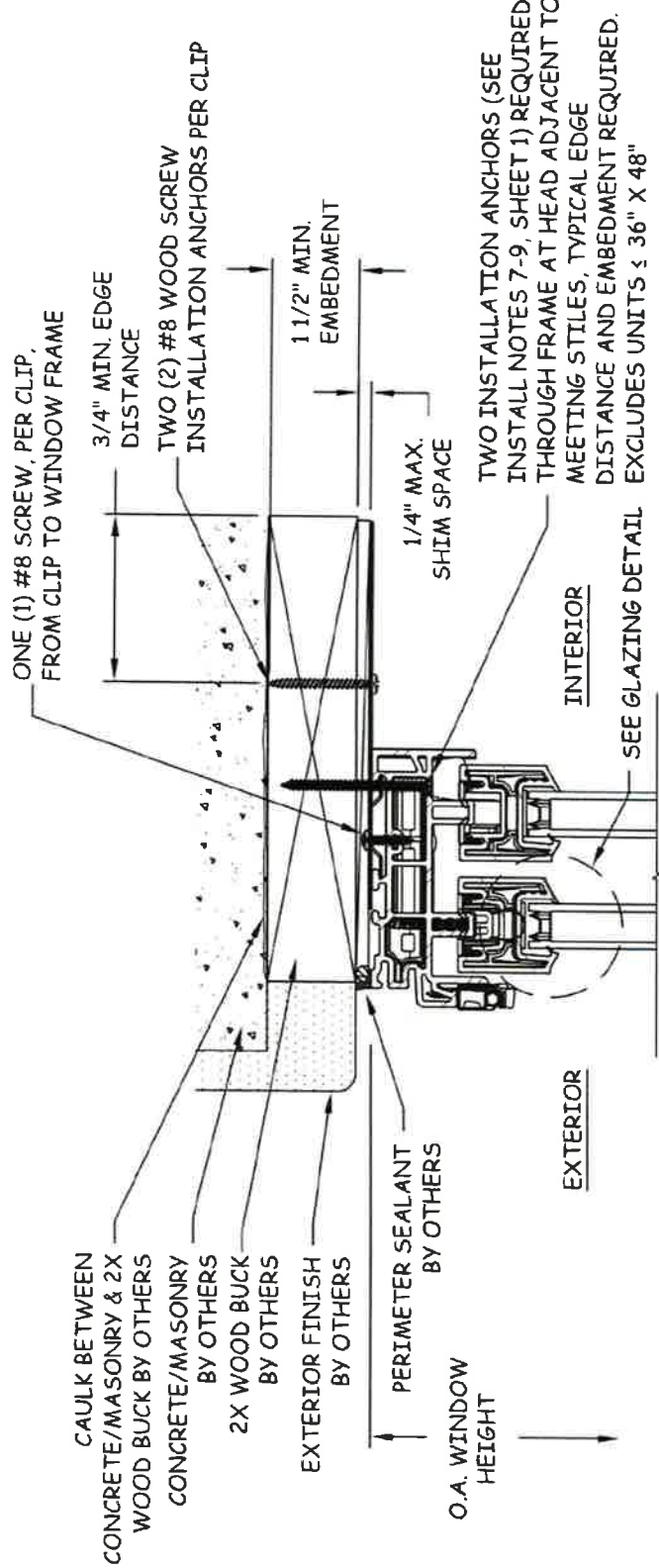


### INSTALLATION CLIP DETAIL



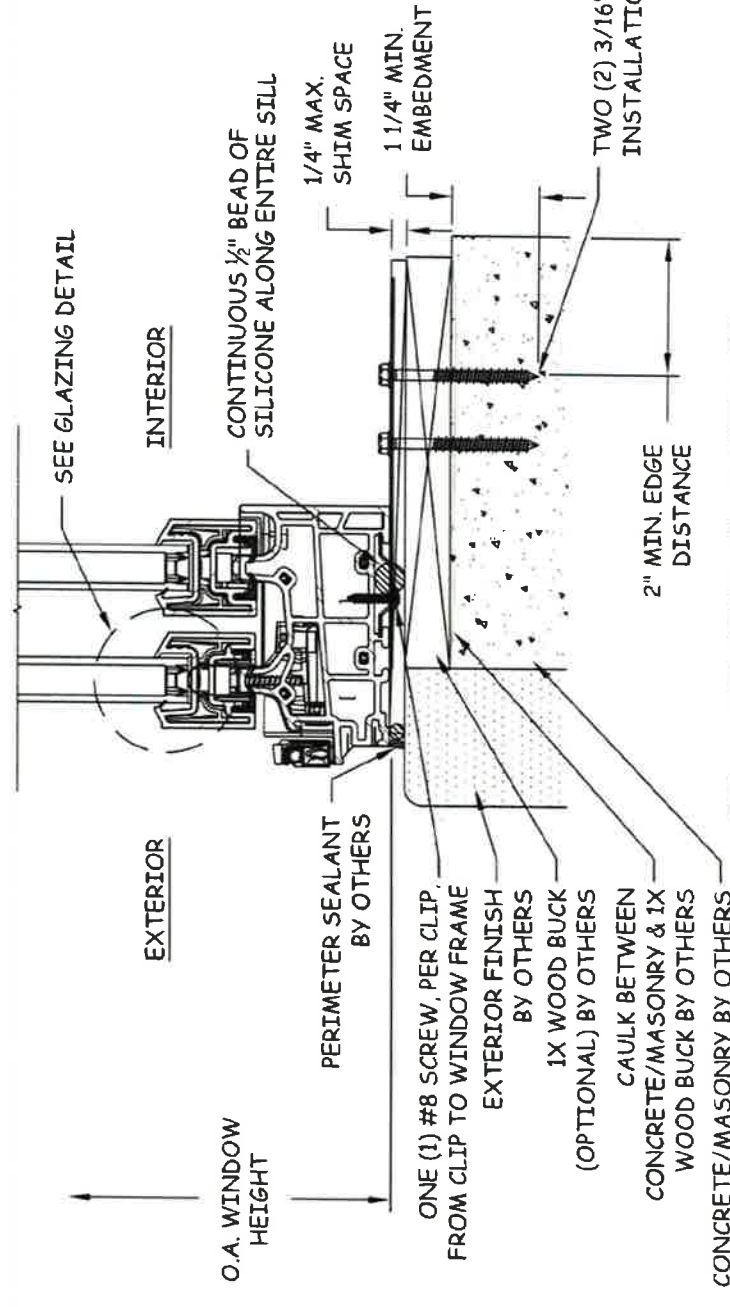
### C HORIZONTAL SECTION

JAMB - CONCRETE/MASONRY  
INSTALLATION CLIP



### A VERTICAL SECTION

HEAD - 2X WOOD BUCK  
INSTALLATION CLIP



### B VERTICAL SECTION

SILL - 1X WOOD ON CONCRETE/MASONRY  
INSTALLATION CLIP



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

**TITLE:**  
RENEWAL SERIES GLIDER  
MEETING STILE, GLAZING DETAILS, EJ  
FRAME DETAILS, REINF. REQ.

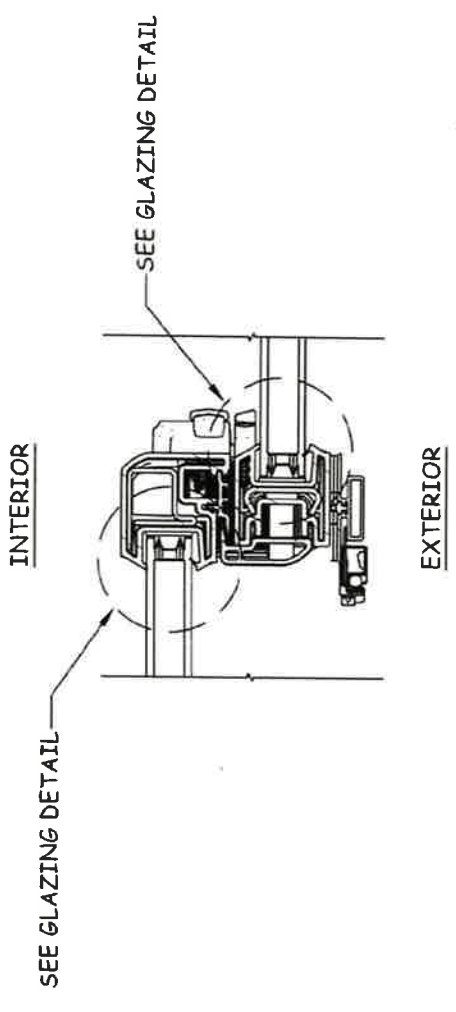
**PREPARED BY:**  
BUILDING DROPS, INC.  
398 E. DANIA BEACH BLVD. #338  
DANIA BEACH, FL 33004  
PH: (954) 399-8478 FX: (954) 744-4738

NO.	DESCRIPTION	BY	DATE
A	ADD EJ FRAME & REV. ANCHOR DET.	MS	02.16.16

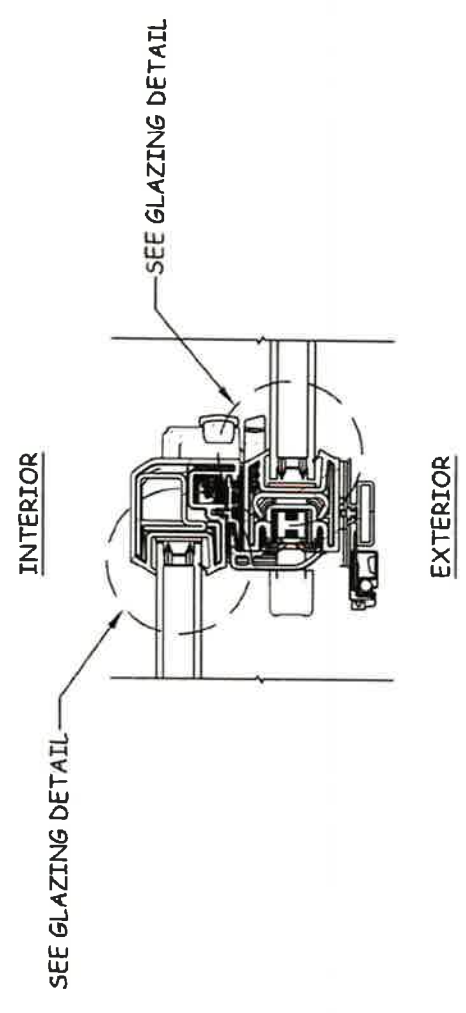


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**DWN BY:** SM  
**CHK BY:** MSS  
**SCALE:** NTS

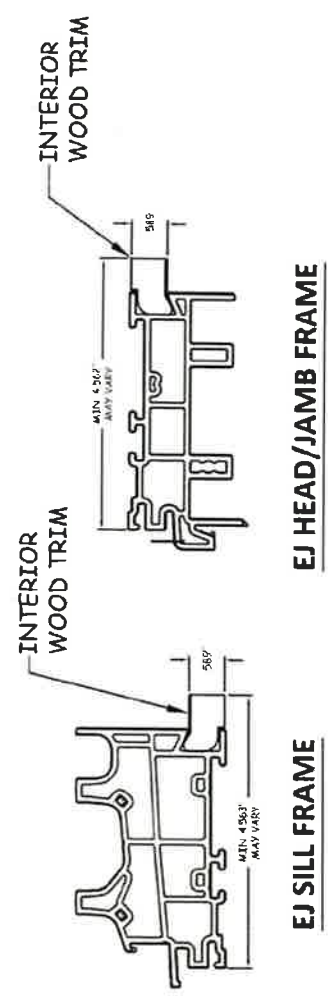
**DWG #:** **AWD095**  
**SHEET:** 9 OF 9



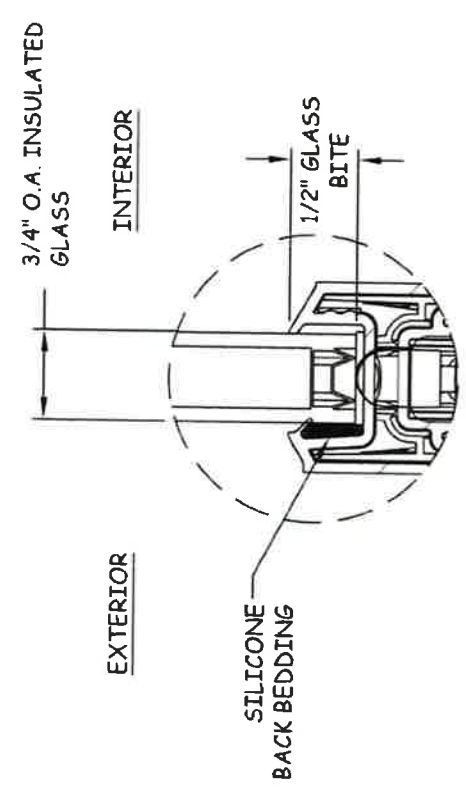
**A HORIZONTAL SECTION**  
9 ACTIVE/PASSIVE MEETING STILE



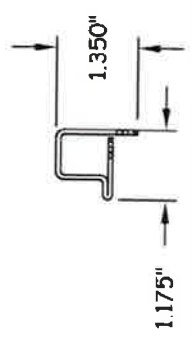
**B HORIZONTAL SECTION**  
9 ACTIVE/STATIONARY MEETING STILE



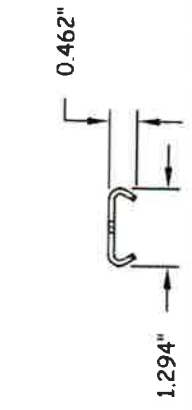
**ALTERNATE EJ FRAME**  
MAY BE USED AS EQUAL ALTERNATE FRAME TYPE



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



**ACTIVE SASH MEETING STILE  
REINFORCEMENT DETAIL**



**PASSIVE/STATIONARY SASH MEETING  
STILE REINFORCEMENT DETAIL**

SASH REINFORCEMENT REQUIREMENTS	
SIZE	REINFORCING
UNIT HEIGHT > 54"	REQUIRES STEEL REINFORCEMENT IN ACTIVE AND PASSIVE OR STATIONARY SASH MEETING STILES
UNIT HEIGHT < 54"	NOT REQUIRED



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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



**MELICK, JARED LEE**

RENEWAL BY ANDERSEN OF CENTRAL FLORIDA  
5655 CARDER ROAD  
ORLANDO FL 32830

LICENSE NUMBER: **CGC1524135**

EXPIRATION DATE: **AUGUST 31, 2020**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/30/2018

**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).**

<b>PRODUCER</b> Bouchard Insurance 101 N Starcrest DR Clearwater FL 33765	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 727-447-6481      FAX (A/C, No): 727-449-1267 E-MAIL: certificates@bouchardinsurance.com ADDRESS:														
<b>INSURED</b> Universal Roofing Group, Inc dba Renewal by Andersen of Central Florida 5655 Carder Rd. Orlando FL 32810	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Ohio Security Insurance Co</td> <td style="text-align: center;">24082</td> </tr> <tr> <td>INSURER B : Bridgefield Employers Ins Co</td> <td style="text-align: center;">10701</td> </tr> <tr> <td>INSURER C : United Specialty Insurance Co</td> <td style="text-align: center;">12537</td> </tr> <tr> <td>INSURER D : Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER E : Endurance Assurance Corporation</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Ohio Security Insurance Co	24082	INSURER B : Bridgefield Employers Ins Co	10701	INSURER C : United Specialty Insurance Co	12537	INSURER D : Lloyds of London		INSURER E : Endurance Assurance Corporation		INSURER F :	
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INSURER F :															

**COVERAGES      CERTIFICATE NUMBER: 1231371315      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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y Y	ATNATL1821708	11/30/2018	11/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	Y Y	BAS58307028	11/1/2018	11/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		BTN1825042	11/30/2018	11/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 6,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	83056033	11/1/2018	11/1/2019	<input checked="" type="checkbox"/> PER STATUTE    OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
D	Lease/Rentd Equip		567452R1	11/1/2018	11/1/2019	\$100,000
E	Excess Auto		EXC30000871300	11/30/2018	11/1/2019	\$5,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate Holder and others as required in the contract documents are an additional insured on a primary and noncontributory basis with respect to General Liability and Auto policies including ongoing and completed operations, where required by written contract and subject to the terms, conditions and exclusions of the policy

See Attached...

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Ave Belle Isle FL 32809	<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  
---	--



5000 BUSINESS OFFICE 2018 EXPIRES 9/30/2019 5000-1164380  
 \$30.00 4 EMPLOYEES : 1801 CERT GENERAL CONTR \$30.00 1 EMPLOYEE :

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

MELLUCK JARED LEE  
 RENEWAL BY ANDERSEN OF CENTRAL FLORIDA  
 MELLUCK JARED LEE  
 997 W KENNEDY BLVD#1800  
 ORLANDO FL 32810

997 W KENNEDY BLVD #1800  
 J - EATONVILLE, 32810

PAID: \$60.00 0098-00847047 8/7/2018

**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.

5000 BUSINESS OFFICE 2018 EXPIRES 9/30/2019 5000-1164390  
 \$30.00 4 EMPLOYEES : 1801 CERT GENERAL CONTR \$30.00 1 EMPLOYEE :

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



MELLUCK JARED LEE  
 RENEWAL BY ANDERSEN OF CENTRAL FLORIDA  
 MELLUCK JARED LEE  
 997 W KENNEDY BLVD#1800  
 ORLANDO FL 32810

PAID: \$60.00 0098-00847047 8/7/2018

997 W KENNEDY BLVD #1800  
 J - EATONVILLE, 32810

This receipt is official when validated by the Tax Collector.



*NOC ✓  
need  
permits*  
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- [Property Record Card](#)
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**6601 St Partin Pl** < 20-23-30-1678-00-700 >

Name(s)	Physical Street Address
Haskell Keith L	6601 St Partin Pl
Haskell Molly A	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32812
6601 Saint Partin Pl	Property Use
Belle Isle, FL 32812-3512	0103 - Single Fam Class III
Incorrect Mailing Address?	Municipality
	Belle Isle



- [Property Features](#)
- [Values, Exemptions and Taxes](#)
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)
- [Update Information](#)

**Property Description**

[View Plat](#)

CONWAY LAKES 8/3 LOT 70

**Total Land Area** 10,822 sqft (+/-) | 0.25 acres (+/-) GIS Calculated Notice

**Land**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$70,000.00	\$70,000	\$0.00	\$70,000

Page 1 of 1 (1 total records)

**Buildings**

Important Information		Structure				
	<b>Model Code:</b>	01 - Single Fam Residence	<b>Actual Year Built:</b>	1981	<b>Gross Area:</b>	3042 sqft
	<b>Type Code:</b>	0103 - Single Fam Class III	<b>Beds:</b>	3	<b>Living Area:</b>	1956 sqft
	<b>Building Value:</b>	\$157,108	<b>Baths:</b>	2.5	<b>Exterior Wall:</b>	Aluminum Or Vinyl Siding
	<b>Estimated New Cost:</b>	\$213,462	<b>Floors:</b>	2	<b>Interior Wall:</b>	Drywall

Page 1 of 1 (1 total records)

**Extra Features**

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1981	1 Unit(s)	\$2,500
PL2 - Above Average Pool	12/31/1994	1 Unit(s)	\$13,000
PTNV - Patio No Value	09/20/2001	1 Unit(s)	\$0
SHED - Shed	12/31/2000	1 Unit(s)	\$500
SHNV - Shed No Value	12/31/2000	1 Unit(s)	\$0

Page 1 of 1 (5 total records)

This Data Printed on 01/30/2019 and System Data Last Refreshed on 01/29/2019