



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: BUILDING: in ground pool with paver deck

Comments: NONE

Project Information

Address: 4118 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0669-00-340
Property Owner: JPC Construction Inc
Phone Number: 954 947 5400

Company Name: Bill Coody Custom Pools Inc.
Contractor Name: Coody, Bill
License Number: CPC1457605
Address: 744 E Rhode Island Ave, Orange City, FL 32763
Phone Number: 386 774 9191 or 386 804 9791

Permit Number: 2017-07-084

Date of Application: 07/24/2017

Date Permit Issued: 07/26/2017

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
Traffic \$

ZONING FEES

Zoning Fee \$165.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo/Tree \$
Building \$367.50
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$3.68
Surcharge Fee \$5.51

TOTAL FEES \$541.69

Date Paid 8/4/17

CC or Check # MC 0041

Amount Paid \$541.69

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel) Wall Reinforcing on Masonry Building

4th _____ (Exterior Framing) (Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-in) 2nd _____ (Final)

Inspection requests are to be emailed to BiDScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 4pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

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

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com



Building Permit (Land Use) Application

DATE: _____ PERMIT # 20-07084
PROJECT ADDRESS 4118 Isle Vista Ave Belle Isle, FL 32809 32812
PROPERTY OWNER JPC Construction PHONE (407) 947-5400 VALUE OF WORK (labor & material) \$ 55,450.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

In ground swimming pool with paver deck

Please provide information, if applicable.

- 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: 20-23-30-0669-00-340
To obtain this information, please visit <http://www.ocpafl.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.

PLANNING & ZONING APPROVAL: _____ DATE _____

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

CONSTRUCTION TYPE Inground Swimming Pool Res: _____ Single Fam _____ Multi Fam _____
OCCUPANCY GROUP _____ Comm _____
#BLDG. #UNITS #STORIES _____ TOTAL SQ.FT. _____
MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 7-31-17
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 7-5-17

Per FSS 105.3.3:
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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.

196 368
1.590 5.51
4x55 25
245 2
100-50
367.50
9.19

Page 1 of 2

Wind Exposure Category: B _____ C _____ D _____

SPRINKLERS REQ'D	Y	N	RC	D
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZONING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 165	
CERT OF OCC	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	\$	
FIRE	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SWIMMING POOL	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SCREEN ENCLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	\$	
ROOFING	<input type="checkbox"/>	<input type="checkbox"/>	\$	
BOAT DOCK	<input type="checkbox"/>	<input type="checkbox"/>	\$	
BUILDING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 367.50	
WINDOW(S)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
DOOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
FENCE	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SHED	<input type="checkbox"/>	<input type="checkbox"/>	\$	
DRIVEWAY	<input type="checkbox"/>	<input type="checkbox"/>	\$	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL			2.5	9.19
			5% FL SURCHARGE	541.69

By Owner Form	Y	NA
Notice of Commencement	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Contractor Packet Included?	<input type="checkbox"/>	<input type="checkbox"/>
OTHER PERMITS REQUIRED:		
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>
PREPOWER	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>
ROOFING	<input type="checkbox"/>	<input type="checkbox"/>
GAS	<input type="checkbox"/>	<input type="checkbox"/>



Reviewed for Code Compliance
Universal Engineering Sciences

55827



City of Belle Isle

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JUL 24 2017

Building Permit (Land Use) Application

DATE: _____

PERMIT # 20167084

PROJECT ADDRESS 4118 Isle Vista Ave

Belle Isle, FL 32809 32812

PROPERTY OWNER JPC Construction PHONE (407) 947-5400 VALUE OF WORK (labor & material) \$ 55,450.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

In ground swimming pool with paver deck

Please provide information, if applicable.

- **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 407-887-4100); 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: 20-23-30-0669-00-340
to obtain this information, please visit <http://www.espafl.org/Searches/ParcelSearch.aspx>

ZONING
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific encroachment 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.

PLANNING & ZONING APPROVAL: _____ DATE _____
By: [Signature] City of Belle Isle

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)
CONSTRUCTION TYPE Englound Swimming Pool
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 _____

BUILDING REVIEWER _____ DATE _____
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

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SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC. 5715 25

Form 1 of 2
196 368
4x55
24532
122.50
367.50
9.19

Wind Exposure Category:	B	C	D
SPRINKLERS REQ'D	Y	N	N
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent _____	_____	_____
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>320.50</u>
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$
TOTAL	<u>25</u>		<u>541.69</u>
By Owner Form	Y	NA	NA
Notice of Commencement	Y	NA	NA
Power of Attorney	Y	NA	NA
Contractor Packet Included?	Y	NA	NA
OTHER PERMITS REQUIRED:			
ELECTRICAL	Y	NA	NA
PREPOWER	Y	NA	NA
MECHANICAL	Y	NA	NA
PLUMBING	Y	NA	NA
ROOFING	Y	NA	NA
GAS	Y	NA	NA



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RECEIVED
 JUL 24 2017

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

Owner's Name JPC Construction
 Owner's Address 4410 Kezar Ct. Belle Isle, FL 32812
 PERMIT # 277-07084

Contractor Name	<u>Bill Coody</u>	Company Name	<u>Bill Coody Custom Pools, Inc.</u>
License #	<u>CPC 1457605</u>	Company Address	<u>744 E. Rhode Island Ave.</u>
Contact Phone/Cell	<u>(386) 774-9191 / (386) 804-9791</u>	City, State, ZIP	<u>Orange City, FL 32763</u>
Contact Email	<u>coodypools@earthlink.net</u>	Contact Fax	<u>(386) 774-9194</u>

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) and City Ordinances (www.municodes.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 for 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 [Signature]
 The foregoing instrument was acknowledged before me this 5/11/17

by John P. Carr who is personally known to me
 and who produced Driver's License
 as identification and who did not take an oath.

Notary as to Owner Samantha S. Ballard
 State of Florida
 County of Orange



Contractor Signature [Signature]
 COMPANY NAME Bill Coody Custom Pools, Inc.

The foregoing instrument was acknowledged before me this 5/11/17
 by Bill Coody who is personally known to me
 and who produced [Signature]
 as identification and who did not take an oath.

Notary as to Owner Samantha S. Ballard
 State of Florida
 County of Orange



- 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 21053 X 0.35 =
 Allowable Impervious Area (BASE) 7368.55
 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 2706.9
 - Driveway 1694.7
 - Walkway 108.0
 - Accessory Buildings 803.5
 - Pool & Spa 624
 - Deck & Patio 624
 - Other Entry 118.3/A/C 90/courtyard 348i/475H
 Actual Impervious Area (AIA) 7691.13 (over)
- 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 pfoot) X (result from line 4) = cubic feet of storage volume needed

1 OF 1 SHEET

OPTIMUM LAND SERVICES, LLC
PROFESSIONAL LAND SURVEYORS
100 YACHT CLUB PL.
TALLAHASSEE, FL 32309
(904) 200-4800
LICENSED BUSINESS NUMBER 93127

FORM BOARD SURVEY

LOT 34 BELLE VISTA ON LAKE CONWAY
RE-PLAT OF LOTS 34 & 35
LYING IN
SECTION 20 TOWNSHIP 25 S, RANGE 30 E

BOUNDARY/TOP SURVEY	12/21/15
FORM BOARD SURVEY	01/22/17

LEGAL DESCRIPTION:
LOT 34, BELLE VISTA ON LAKE CONWAY RE-PLAT OF LOTS 34 & 35,
PAGE 21 OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA,
ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 79,
PAGE 21 OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.

TRACTION
PB 69, PG 12
50' R.O.W.

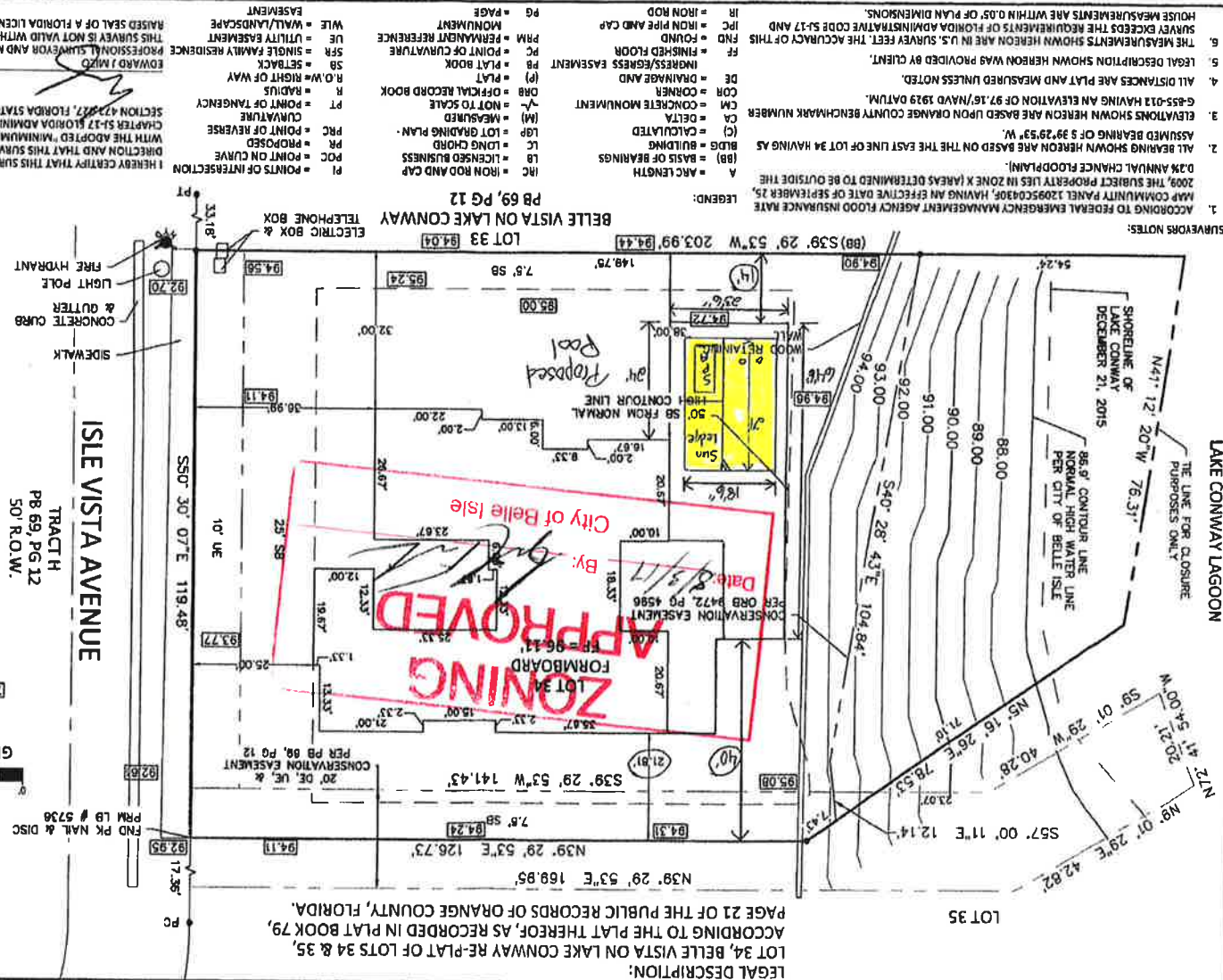
ISLE VISTA AVENUE

CONCRETE CURB & GUTTER
LIGHT POLE
FIRE HYDRANT
SIDEWALK

GRAPHIC SCALE 1"=20'
FEET

ELEVATIONS
• SET 3/4" I.R.C.
○ LOT GRADE
□ 77.59

FORM LB # 5738
FND PK NAIL & DISC
P.M. LB # 5738



LEGEND:

- A = RADIUS
- (BB) = BASIS OF BEARINGS
- BLDG = BUILDING
- BLDG - BUILDING
- BLDG - BUILDING
- (C) = CALCULATED
- CA = CONCRETE MONUMENT
- CM = CONCRETE MONUMENT
- COR = CORNER
- DE = DRAINAGE AND
- DE = DRAINAGE AND
- FF = FINISHED FLOOR
- FND = FOUND
- IPC = IRON PIPE AND CAP
- IR = IRON ROD
- INC = IRON ROD AND CAP
- LB = LICENSED BUSINESS
- LC = LONG CHORD
- LC = LONG CHORD
- LOT = LOT GRADING PLAN
- MB = MEASURED
- OR = OFFICIAL RECORD BOOK
- PT = POINT
- (P) = PLAT BOOK
- PC = POINT OF CURVATURE
- PERM = PERMANENT REFERENCE MONUMENT
- PG = PAGE
- W/E = WALL/LANDSCAPE EASEMENT
- UE = UTILITY EASEMENT
- SFR = SINGLE FAMILY RESIDENCE
- PROF = PROFESSIONAL SURVEYOR AND MAPPER NO. 3976
- RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

EDWARD J. MIZO

SECTION 20, TOWNSHIP 25 S, RANGE 30 E, FLORIDA STATE STATUTES.

CHAPTER 51-17, FLORIDA ADMINISTRATIVE CODE PURSUANT TO THE WITH THE ADOPTED "MINIMUM TECHNICAL STANDARDS" AS REQUIRED BY DIRECTION AND THAT THIS SURVEY HAS BEEN PREPARED IN ACCORDANCE

I HEREBY CERTIFY THAT THIS SURVEY HAS BEEN PREPARED UNDER MY

ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY FLOOD INSURANCE MAP COMMUNITY PANEL 12095C0400F, HAVING AN EFFECTIVE DATE OF SEPTEMBER 25, 2009, THE SUBJECT PROPERTY LIES IN ZONE X (AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN).

ALL BEARINGS SHOWN HEREON ARE BASED ON THE EAST LINE OF LOT 34 HAVING AN ASSUMED BEARING OF S 39° 29' 53" W.

ELEVATIONS SHOWN HEREON ARE BASED UPON ORANGE COUNTY BENCHMARK NUMBER 6-55-013 HAVING AN ELEVATION OF 97.16'/NAVD 1919 DATUM.

ALL DISTANCES ARE PLAT AND MEASURED UNLESS NOTED.

LEGAL DESCRIPTION SHOWN HEREON WAS PROVIDED BY CLIENT.

THE MEASUREMENTS SHOWN HEREON ARE IN U.S. SURVEY FEET. THE ACCURACY OF THIS SURVEY EXCEEDS THE REQUIREMENTS OF FLORIDA ADMINISTRATIVE CODE 51-17 AND HOUSE MEASUREMENTS ARE WITHIN 0.05' OF PLAN DIMENSIONS.

1 OF 1 SHEET

OPTIMUM LAND SERVICES, LLC
PROFESSIONAL LAND SURVEYORS
100 YACHT CLUB PL.
TALLAHASSEE, FL 32309
(904) 200-4800
LICENSED BUSINESS NUMBER 93127

FORM BOARD SURVEY

LOT 34 BELLE VISTA ON LAKE CONWAY
RE-PLAT OF LOTS 34 & 35
LYING IN
SECTION 20 TOWNSHIP 25 S, RANGE 30 E



Permit Number: _____
Folio/Parcel Identification Number: _____
Prepared by: BILL COODY

Return to: Bill Coody Custom Pools, Inc
744 E. Rhode Island Ave.
Orange City, FL 32763

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)
Belle Vista on Lake Conway Re-Plat of Lots 34035 79/21 Lot 34 4118 Isle Vista Ave
- 2. General description of improvement
In ground Swimming Pool

3. Owner information or Lessee information if the Lessee contracted for the improvement
Name JPC CONSTRUCTION
Address 4210 Kezar Ct Belle Isle, FL 32812
Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name N/A
Address N/A

4. Contractor
Name Bill Coody Custom Pools, Inc Telephone Number (386) 774-9191
Address 744 E. Rhode Island Ave. Orange City, FL 32763
5. Surety (if applicable, a copy of the payment bond is attached)
Name N/A Telephone Number N/A
Address N/A Amount of Bond \$ N/A
6. Lender
Name N/A Telephone Number N/A
Address N/A

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.
Name N/A Telephone Number N/A
Address N/A

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 N/A Telephone Number N/A
Address N/A

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) N/A

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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
[Signature]
Dated: 7/28/17

Signature of Signatory's Title/Office
[Signature]
Dated: _____
By: _____

The foregoing instrument was acknowledged before me this 24 day of July, 2017 by John Can
as [Signature] for John Can / JPC Construction
Type of authority, e.g., officer, trustee, attorney in fact
Name of party on behalf of whom instrument was executed

[Signature]
Signature of Notary Public - State of Florida



Personally Known _____ OR Produced ID
Type of ID Produced DRIVERS LICENSE

Susan Manchester

From: Susan Manchester
Sent: Tuesday, July 25, 2017 11:54 AM
To: 'April Fisher'
Cc: CobiPermits; Yolanda Quiceno'
Subject: 4118 Isle Vista Ave - zoning review for Pool permit/ 2017-07-084 - Bill Coody Pools
Attachments: 4118 Isle Vista App.pdf; 4118 Isle Vista Survey.pdf; 4118 Isle Vista Plans.pdf

Attached for review.

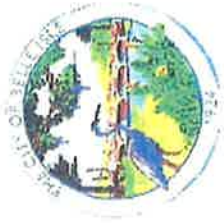
Thank you so much,

Susan Manchester
Permit Administration
Building Inspection Department
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalsciences.com



**UNIVERSAL
ENGINEERING SCIENCES**

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



CITY OF BELLE ISLE, FLORIDA
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

RESIDENTIAL SWIMMING POOL SAFETY AFFIRMATION

Reviewed for Code Compliance
 Universal Engineering Sciences

Date: 7/24/17

Address: 4118 Isk Vista Ave.

I, Bill Coody License # CPC 1457605
(print contractor's name)

hereby affirm that the pool will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirements of Florida Statute 515.29 and the 2014 Florida Building Code Section 454.2.

Check the applicable barrier requirements from the following options and show on the site plan:

The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC 454.2.17, Exception.

The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC 454.17.1.15.

The pool will be isolated from access by a screen enclosure that meets the requirements of FBC 454.2.17.1.11.

The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC 454.2.17.1.1 through 454.2.17.1.8.

Does any part of the barrier consist of dwelling walls which contain doors or windows?

Yes No If yes, then check which of the two options below are applicable:

All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC 454.2.17.1.9(1) unless Exceptions a, b or c apply.

All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC 454.2.17.1.9, exception 2.

I understand that the final electrical and barrier code inspection shall be completed prior to filling the pool with water unless it's a vinyl liner or fiberglass FBC 454.2.19.

Bill Coody
(contractor's signature)

[Signature]
(property owner's signature)



Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - (386) 736-5938

DATE PAID: 09/10/2016
RECEIPT #: WWW-15-0001858
TOTAL TAX: 18.00
PENALTY: 0.00

TOTAL PAID: 18.00



Business Name: BILL COODY CUSTOM POOLS INC
Owner Name: BILL COODY CUSTOM POOLS INC
Mailing Address: 617 E NEW YORK AVE
ORANGE CITY, FL 32763



Account # 200407150012 Expires: September 30, 2017
Business Location: 617 E NEW YORK AV

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS

LTR ↑



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CPC1457605 ISSUED: 08/28/2016

CERT COMMERCIAL POOL/SPA CONTR
COODY, WILLIAM F JR
BILL COODY CUSTOM POOLS INC

FL contractor

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2018 L1608280003973



Reviewed for Code
Compliance
Universal Engineering
Sciences



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 Kerry C. Tait	321-397-3870	CONTACT NAME: Kerry C. Tait PHONE (A/C, No, Ext): 321-397-3870 FAX (A/C, No): 321-397-3888 E-MAIL ADDRESS: ktait@insbykenbrown.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Bill Coody Custom Pools Inc. PO Box 740429 Orange City, FL 32774	INSURER A: Retail First Insurance Co	NAIC # 10700
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	52051109	06/19/2017	06/19/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

BELLEIS

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Elite Business Insurance LLC P.O. Box 47046 Tampa FL 33646		CONTACT NAME: Steve Ifasi PHONE (A/C, No, Ext): 813-922-3055 FAX (A/C, No): 813-864-4487 E-MAIL ADDRESS: steve@elitebusinessinsurance.com	
INSURED Bill Coody Custom Pools Inc. P.O. Box 740429 Orange City FL 32774		INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company NAIC # 12537 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

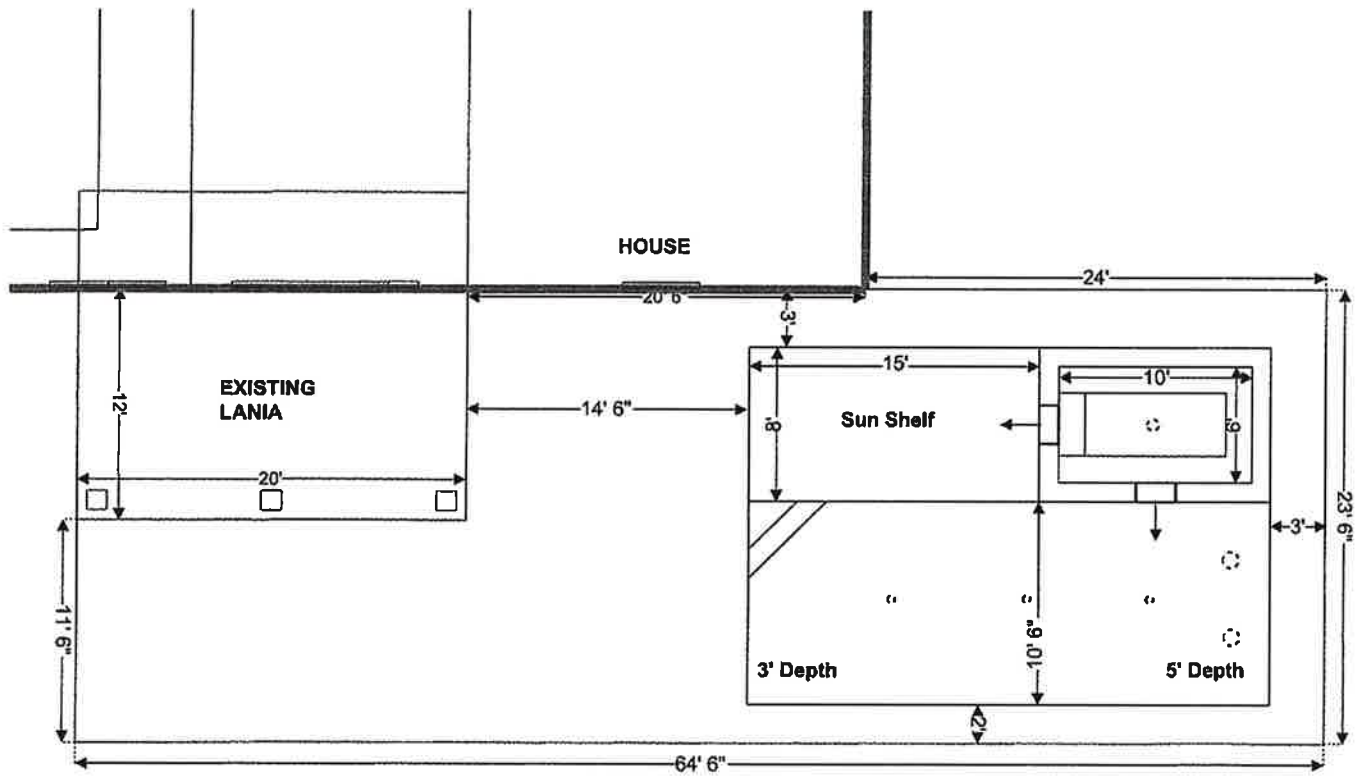
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 OTHER:			DCG05402-00	06/28/2017	06/28/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
Contractor- pool installation and residential remodeling

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATION OF COMPLIANCE

Contains: **WG1048E** Description: **8" Round Suction Outlet Cover**
 Ratings: Floor: 125 GPM Wall: 72 GPM Open Area: 8.1 sq-in
 Certified to Comply with Section 1404 of the Virginia Graeme Baker Act (VGB) Pool & Spa Safety Act
 Test Results can be obtained from: www.Haywardnet.com and/or <http://www.nsf.org/Certified/Pool/>

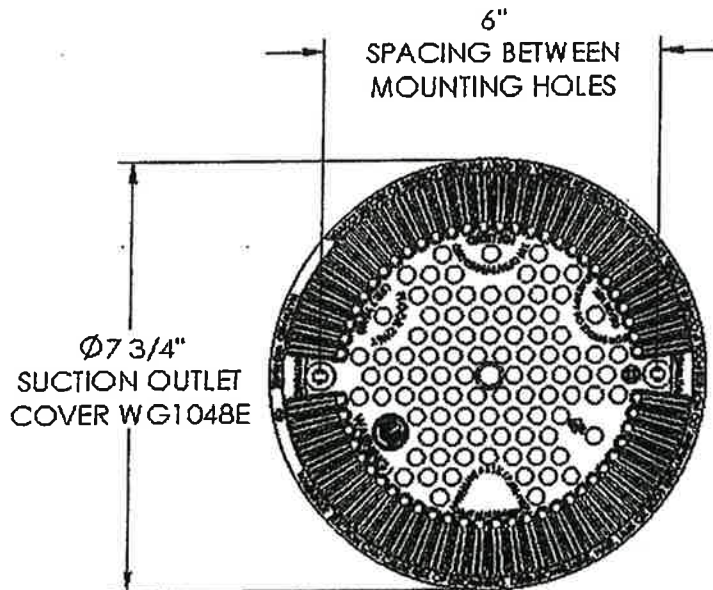
Manufactured: Between October 2008 and December 2008, by Hayward Pool Products in Jiangsu Province, China and Clemmons, NC Divisions of Hayward Industries, Inc. 620 Division Street, Elizabeth, NJ 07207, Phone 908-355-7995

Date of Mfr: The Lot Number shown on the product label contains the Year & Month of manufacture. The first number represents the year (ex 8 = 2008) and the second character the month (A=Jan, B=Feb, H=Aug, I is skipped, J=Sep, etc)

Tested to ANSI/ASME 112.19.8-2007 (addendum 8a-2008) per Section 1404 of the Virginia Graeme Baker Act (VGB) Pool & Spa Safety Act. Certified by NSF International, 789 N. Dixboro, Road, Ann Arbor, MI. 48105 1(800)-NSF-MARK.

Date of Installation: _____

ISWG1048COC



USED ON FOLLOWING SERIES:

- | | |
|--------------|--------------|
| WG1030AVPAK2 | SP1030AVPAK2 |
| WG1048AVPAK2 | SP1048AVPAK2 |
| WG1049AVPAK2 | SP1049AVPAK2 |
| WG1051AVPAK2 | SP1051AVPAK2 |
| WG1052AVPAK2 | SP1052AVPAK2 |
| WG1053AVPAK2 | SP1053AVPAK2 |
| WG1054AVPAK2 | SP1054AVPAK2 |
| WG1153AVPAK2 | SP1153AVPAK2 |
| WG1154AVPAK2 | SP1154AVPAK2 |

EF2002	3450	Dual-speed	69	2094
EF2002	1725	Dual-speed	35	351
RS1502	3450	Dual-speed	63	1737
RS1502	1725	Dual-speed	31	382
RS2002	3450	Dual-speed	67	2037
RS2002	1725	Dual-speed	33	407
RS2502	3450	Dual-speed	68	2093
RS2502	1725	Dual-speed	34	439
RS750CA	3450	Single-speed	55	1297
SP15922S	3450	Dual-speed	50	1004
SP15922S	1725	Dual-speed	25	214
SP2305X7EESP	3450	Single-speed	36	511
SP2607X102S	3450	Dual-speed	53	1206
SP2607X102S	1725	Dual-speed	26	299
SP2610X152S	3450	Dual-speed	59	1423
SP2610X152S	1725	Dual-speed	27	324
SP2615X202S	3450	Dual-speed	63	1685
SP2615X202S	1725	Dual-speed	31	371
SP2707X102	3450	Dual-speed	51	1062
SP2707X102	1725	Dual-speed	27	254
SP2710X152	3450	Dual-speed	54	1329
SP2710X152	1725	Dual-speed	28	302
SP2715X202	3450	Dual-speed	60	1579
SP2715X202	1725	Dual-speed	31	345
SP2810X152	3450	Dual-speed	54	1437
SP2810X152	1725	Dual-speed	27	357
SP3010X152AZ	3450	Dual-speed	63	1737
SP3010X152AZ	1725	Dual-speed	31	382
SP3015X202AZ	3450	Dual-speed	67	2037
SP3015X202AZ	1725	Dual-speed	33	407
SP3020X252AZ	3450	Dual-speed	68	2093
SP3020X252AZ	1725	Dual-speed	34	439
SP32102EE	3450	Dual-speed	64	1740
SP32102EE	1725	Dual-speed	32	297
SP3210X152	3450	Dual-speed	64	1740
SP3210X152	1725	Dual-speed	32	297
SP32152EE	3450	Dual-speed	69	2094
SP32152EE	1725	Dual-speed	35	351
SP3215X202	3450	Dual-speed	69	2094
SP3215X202	1725	Dual-speed	35	351
SP32202EE	3450	Dual-speed	70	2224
SP32202EE	1725	Dual-speed	36	406



Total Head In Feet Conversion Chart

Inches Mercury (Vacuum Gauge)

	0	2	4	6	8	10	12	14	16	18
0	0	2.3	4.5	6.8	9	11.3	13.6	15.8	18.1	20.3
1	2.3	4.6	5.8	9.1	11.4	13.6	15.9	18.1	20.4	22.7
2	4.6	6.9	6.1	11.4	13.7	15.9	18.2	20.4	22.7	25
3	6.9	9.2	11.5	13.7	16	18.2	20.5	22.8	25	27.3
4	9.2	11.5	13.8	16	18.3	20.5	22.8	25.1	27.3	29.6
5	11.5	13.8	16.1	18.3	20.6	22.8	25.1	27.4	29.6	31.9
6	13.9	16.1	18.4	20.6	22.9	25.2	27.4	29.7	31.9	34.2
7	16.2	18.4	20.7	23	25.2	27.5	29.7	32	34.3	36.5
8	18.5	20.7	23	25.3	27.5	29.8	32	34.4	36.6	38.8
9	20.8	23.1	25.3	27.6	29.8	32.1	34.3	36.6	38.9	41.1
10	23.1	25.4	27.6	29.9	32.1	34.4	36.7	38.9	41.2	43.4
11	25.4	27.7	29.9	32.2	34.5	36.7	39	41.2	43.5	45.8
12	27.7	30	32.2	34.5	36.8	39	41.3	43.5	45.8	48.1
13	30	32.3	34.5	36.8	39.1	41.3	43.6	45.9	48.1	50.4
14	32.3	34.6	36.9	39.1	41.4	43.6	45.9	48.2	50.4	52.7
15	34.6	36.9	39.2	41.4	43.7	45.9	48.2	50.5	52.7	55
16	37	39.2	41.5	43.7	46	48.3	50.5	52.8	55	57.3
17	39.3	41.5	43.8	46.1	48.3	50.6	52.8	55.1	57.4	59.6
18	41.6	43.8	46.1	48.4	50.6	52.9	55.1	57.4	59.7	61.9
19	43.9	46.2	48.4	50.7	52.9	55.2	57.4	59.7	62	64.2
20	46.2	48.5	50.7	53	55.2	57.5	59.8	62	64.3	66.5
21	48.5	50.8	53	55.3	57.6	59.8	62.1	64.3	66.6	68.9
22	50.8	53.1	55.3	57.6	59.9	62.1	64.4	66.6	68.9	71.2
23	53.1	55.4	57.7	59.9	62.2	64.4	66.7	69	71.2	73.5
24	55.4	57.7	60	62.5	64.5	66.7	69	71.3	73.5	75.8
25	57.8	60	62.3	64.5	66.8	69.1	71.3	73.6	75.8	78
26	60.1	62.3	64.6	66.8	69.1	71.4	73.6	75.9	78.1	80.4
27	62.4	64.6	66.9	69.2	71.4	73.7	75.9	78.2	80.5	82.7
28	64.7	66.9	69.2	71.5	73.7	76	78.2	80.5	82.8	85
29	67	69.3	71.5	73.8	76	78.3	80.5	82.8	85.1	87.3
30	69.3	71.6	73.8	76.1	78.3	80.6	82.9	85.1	87.4	89.6
31	71.6	73.9	76.1	78.4	80.7	82.9	85.2	87.4	89.7	92
32	73.9	76.2	78.4	80.7	83.1	85.2	87.5	89.7	92	94.3
33	76.2	78.5	80.7	83	85.3	87.5	89.8	92	94.3	96.6
34	78.5	80.8	83.1	85.3	87.6	89.8	92.1	94.4	96.6	98.9
35	80.9	83.1	85.4	87.6	89.9	92.2	94.4	96.7	98.9	101.2

P
S
I

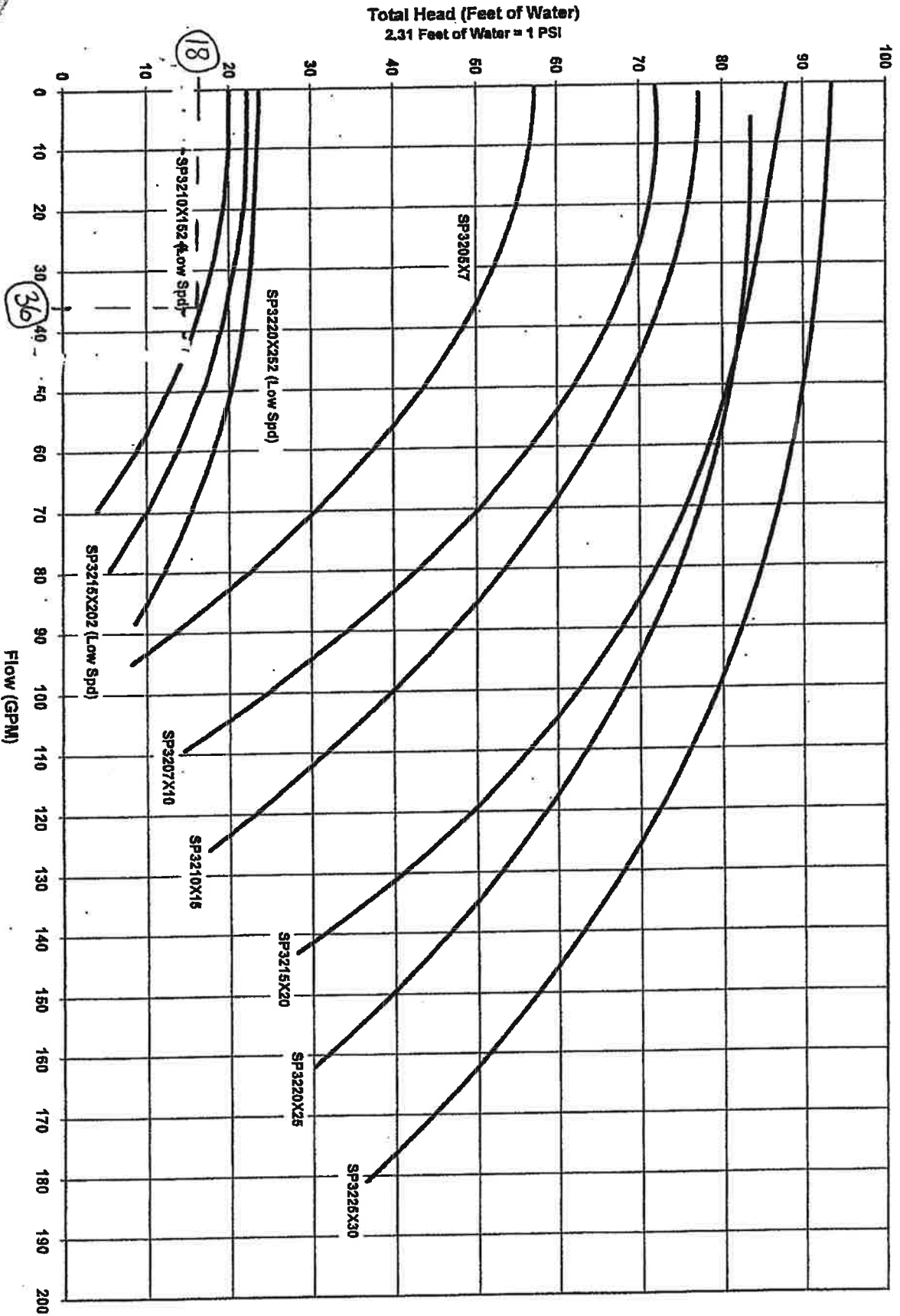
* NOTE: FIELD TDH MUST BE EQUAL TO OR HIGHER THAN THE CALCULATED TDH.

** GAGES TO BE INSTALLED AT THE TIME OF FINAL INSPECTION FOR VERIFICATION.

HAYWARD POOL PRODUCTS

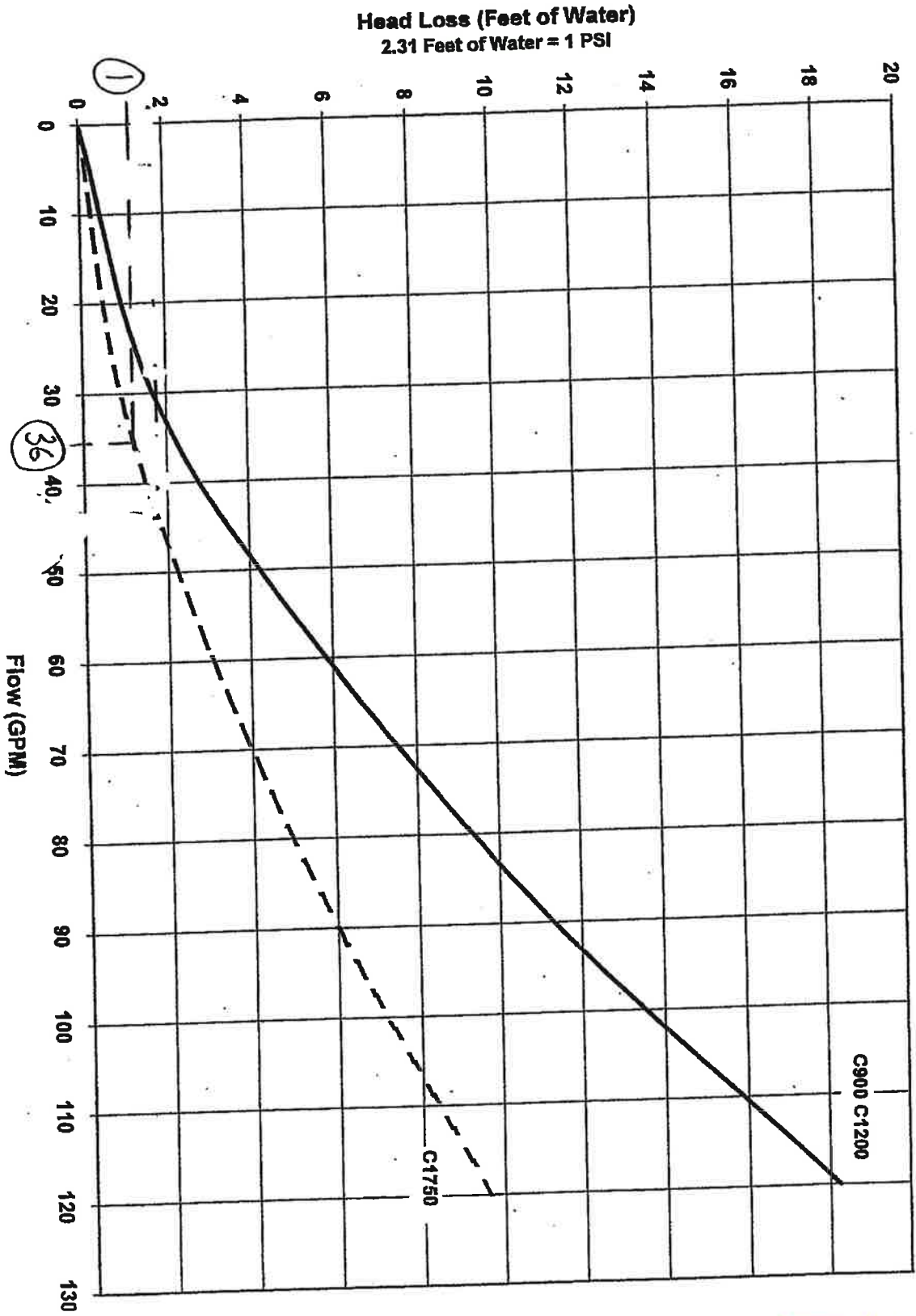
PRODUCT: TRISTAR STANDARD EFFICIENT PUMP

ISSUED: 03/28/09



HAYWARD POOL PRODUCTS

PRODUCT: STAR CLEAR PLUS
ISSUED: 03/30/09



Reviewed for Code
Compliance
Universal Engineering
Sciences

TDH Calculation Options

(For each Pump)

Check one

- Simplified Total Dynamic Head (STDH)**
Complete STDH Worksheet – Fill in all blanks
- Total Dynamic Head (TDH)**
Complete Program or other calcs. Fill in required blanks on worksheet & attach calculations
- Maximum Flow Capacity**
of the new or replacement pump

Notes:

1. If a variable speed pump is used, use the max pump low in calculations
2. For side wall drains, use appropriate side wall drain flow as published by manufacturer
3. Insert manufacturer's name and approved maximum flow
4. See installation instructions for number of ports to be used
5. In-Floor suction outlet cover/grate must conform to most recent edition of ASME/ANSI A112.19.8 and be embossed with that edition approval
6. Pump, Filter and Heater make and model cannot change, and equipment location cannot be move closer the pool without submitting a revised plan and TDH calculation worksheet for approval

Velocity - Feet Per Second						
Pipe Size	6 FPS		8 FPS		10 FPS	
1.5"	37 gpm	0.08'	50 gpm	.14'	62 gpm	.21'
2"	62 gpm	0.06'	82 gpm	.10"	103 gpm	.16'
2.5"	88 gpm	0.05'	117 gpm	.08'	148 gpm	.13'
3"	136 gpm	0.04'	181 gpm	.07'	227 gpm	.10'
4"	234 gpm	0.03'	313 gpm	.05'	392 gpm	.07'
6"	534 gpm	0.02'	712 gpm	.03'		

ANSI/APSP/ICC Worksheet

Swimming Pool Energy Efficiency Compliance Information

Note: These Requirements Apply ONLY to the Filtration Pump

Maximum Filtration Flow Rate Calculations

Pool Water Volume $7,839 \div 360 = 21.78$ gpm = filtration flow rate

Is there an Auxiliary load on the filtration pump? Yes NO

If so, what is the auxiliary flow rate 40 gpm

Maximum Flow Rate 36 gpm (maximum auxiliary pool loads or the filtration flow rate, whichever is greater.)

The pool filtration flow rate shall not be greater than the rate needed to turn over the pool water volume in 6 hours or 36 gpm whichever is greater. This means that for pools of less than 13000 gallons, the pump shall be sized to have a flow rate of 36 gpm or less.

Suction Pipe size @ 6 fps 2 inch

Return Pipe size @ 8 FPS 1 1/2 inch

Filter Factors: (Cartridge .375) or (D.E 2) or (Sand 15)

$\frac{36}{.375} = 96$
(flow rate) (filter factor) (minimum filter size)

Filter Make/Size Hayward Starclear 1750

Backwash valve? Yes No (if yes, must be 2 inch min)

Pump Selection from APSP database on Curve A (less than 17000 gallons) or C (greater than 17000 gallons) (circle one)

Model SP3210X152

Flow Rate (low speed) 1725 gpm @ 64 rpm

Flow Rate (high speed) 3450 gpm @ 32 rpm (not required

if no auxiliary load on filtration pump)

Pump Controls

Standard time clock / 2 speed time clock or other

Heater Model X

Notes: suction piping in front of pump inlet must be 4 pipe diameters in length. Must have 18" of straight pipe after the filter for solar.

7/17/17
Date

Bill Coody
Contractors Signature

Bill Coody
Print Name

CPC 1457605
Certification Number

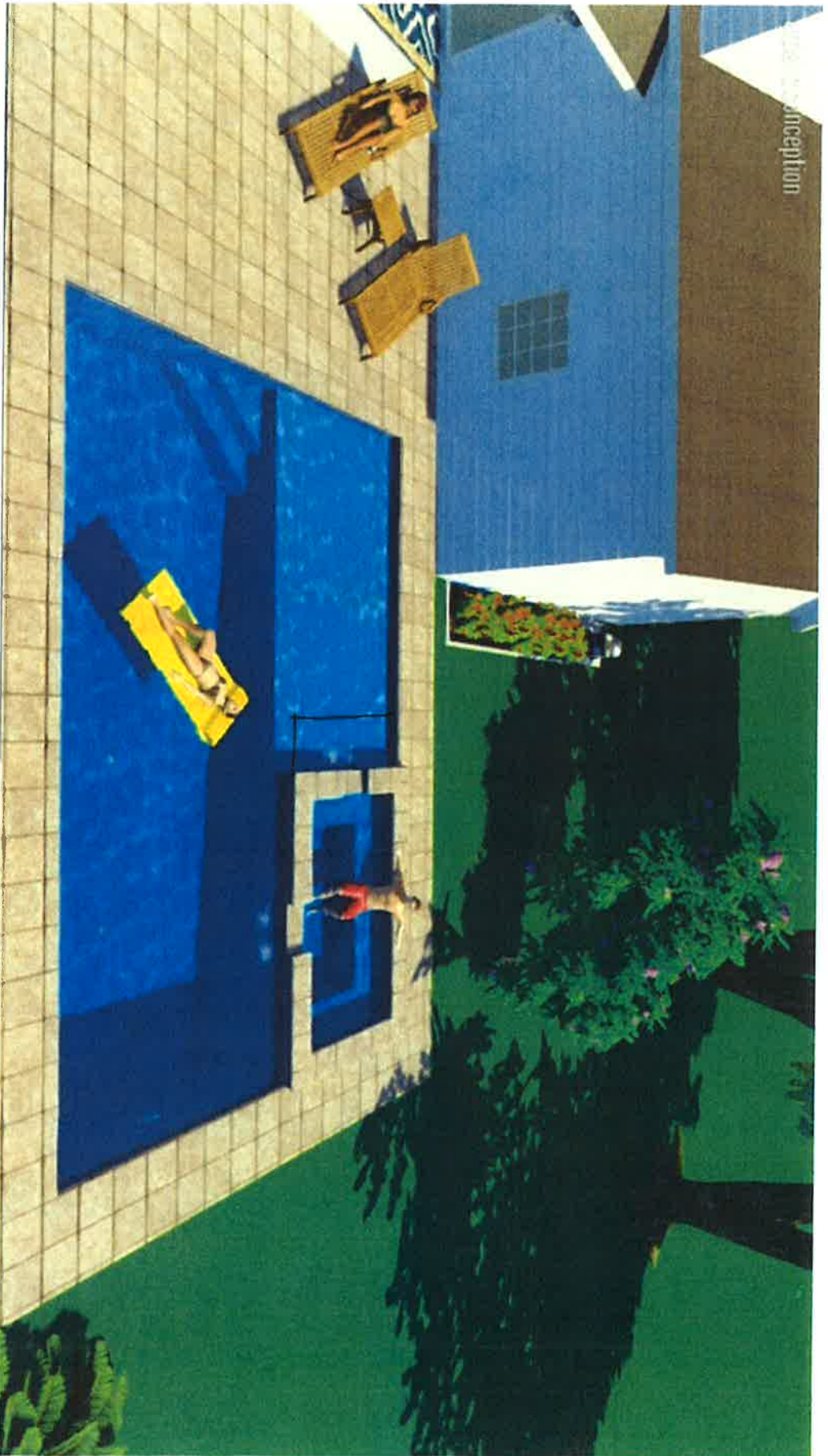
(386) 774-9191
Telephone Number

Swimming Pool Specifications for:

Owner: Josh Langford

Address 4118 Isle Vista Ave.

City, State, Zip Orlando, FL 32812



ANSI/APSP-7, 2006 Specifies three methods for determining the maximum system flow rate. The following simplified TDH calculation is one of the methods specified.

Simplified Total Dynamic Head (TDH) Calculation Worksheet

Determine Maximum System Flow Rate

Minimum Flow Rate Required: 35gpm per skimmer (required: 1 skimmer per 800 sq ft of surf. area)

1. Calculate Pool Volume $\frac{262}{\text{(Surface Area)}} \times \frac{4'}{\text{(Avg Depth)}} \times 7.48 \text{ (gal./cubic foot)} = \frac{7,839}{\text{(Volume in Gallons)}}$
2. Determine preferred Turnover Time in Hours: $\frac{6}{\text{(Hours)}} \times 60 \text{ (min / hour)} = \frac{360}{\text{(Turnover in min)}}$
3. Determine Max Flow Rate $\frac{7,839}{\text{(Volume in Gallons)}} / \frac{360}{\text{(Turnover in Min)}} + \frac{\text{---}}{\text{(Pool Flow Rate)}} = \frac{21.78}{\text{(System Flow Rate)}}$
4. Spa Jets: $\frac{4}{\text{(No of Jets)}} \times \frac{10}{\text{(Jet Flow)}} \text{ GPM per jet} = \frac{40}{\text{(Total Jet Flow Rate)}} \text{ flow rate}$

(For Single Pump pool/spa combo, use the higher of No. 3 or No. 4 in the following calculations for the pool & Spa)

Determine Pipe Sizes:

Branch Piping to be 2 1/2" inch to keep velocity @ 6 fps max. at 88 gpm Maximum System Flow Rate

Suction Piping to be 2" inch to keep velocity @ 8 fps max. at 82 gpm Maximum System Flow Rate

Return Piping to be 1 1/2" inch to keep velocity @ 10 fps max. at 62 gpm Maximum System Flow Rate

Determine Simplified TDH:

1. Distance from pool, to pump in Ft: 22'
2. Friction loss (in suction pipe) in 2" inch pipe per 1 t. @ gpm = 82 (from pipe flow/friction loss chart)
3. Friction loss (in return pipe) in 1 1/2" inch pipe per 1 t. @ gpm = 62 (from pipe flow/friction loss chart)
4. $\frac{22'}{\text{(Length of Suction Pipe)}} \times \frac{.10}{\text{(Ft of head/1 ft of Pipe)}} = \frac{2.2}{\text{(TDH Suction Pipe)}}$
5. $\frac{22'}{\text{(Length of Suction Pipe)}} \times \frac{.21}{\text{(Ft of head/1 ft of Pipe)}} = \frac{4.62}{\text{(TDH Suction Pipe)}}$

Flow and Friction Loss Per Foot (Schedule 40 pvc Pipe)

Pipe Size	Velocity - Feet Per Second					
	6 FPS		8 FPS		10 FPS	
1.5"	37 gpm	0.08'	50 gpm	.14'	62 gpm	.21'
2"	62 gpm	0.06'	82 gpm	.10"	103 gpm	.16'
2.5"	88 gpm	0.05'	117 gpm	.08'	148 gpm	.13'
3"	136 gpm	0.04'	181 gpm	.07'	227 gpm	.10'

TDH in Piping 6.82
 Filter loss in TDH (from filter data sheet) 1.00
 Heater loss in TDH (from heater data sheet) 0
 Total all other loss 0
Total Dynamic Head (TDH) 7.82

Selected Pump and Main Drain Cover:

Pump selection SP3210X152 using pump curve for TDH & System Flow Rate
(Pump model and size in HP)

Main Drain Cover WG1048 (System Flow Rate must not exceed approved cover flow rates)
(Pump model and size in HP)

Notes: Minimum system flow based on minimum flow per skimmer

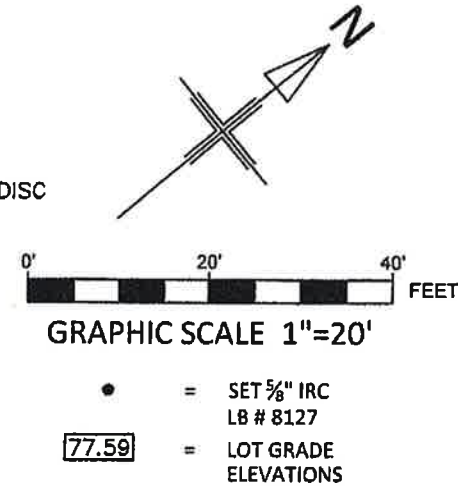
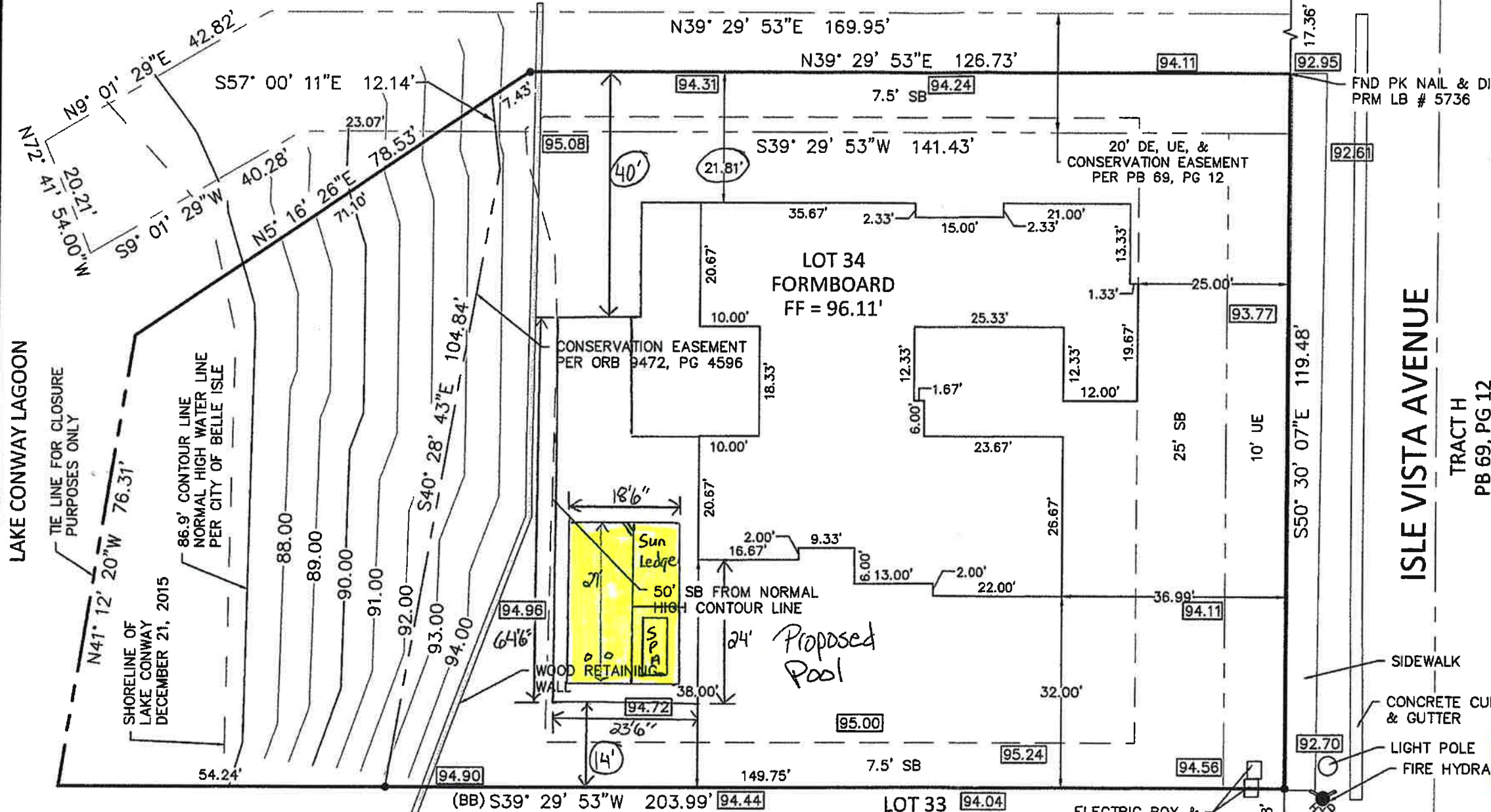


Determine the Number and Type of Required In-floor Suction Outlets:

(Check all that apply)

- ← 3' → 8 suction outlets @ 125 gpm max. flow (see note 2)
- 0 suction outlets @ 0 gpm max. flow (see note 3)
- 0 channel drain @ 0 gpm w/ 0 ports (see note 4)

LEGAL DESCRIPTION:
 LOT 34, BELLE VISTA ON LAKE CONWAY RE-PLAT OF LOTS 34 & 35,
 ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 79,
 PAGE 21 OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.



SURVEYORS NOTES:

1. ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY FLOOD INSURANCE RATE MAP COMMUNITY PANEL 12095C0430F, HAVING AN EFFECTIVE DATE OF SEPTEMBER 25, 2009, THE SUBJECT PROPERTY LIES IN ZONE X (AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN).
2. ALL BEARING SHOWN HEREON ARE BASED ON THE THE EAST LINE OF LOT 34 HAVING AS ASSUMED BEARING OF S 39°29'53" W.
3. ELEVATIONS SHOWN HEREON ARE BASED UPON ORANGE COUNTY BENCHMARK NUMBER G-855-012 HAVING AN ELEVATION OF 97.16'/NAVD 1929 DATUM.
4. ALL DISTANCES ARE PLAT AND MEASURED UNLESS NOTED.
5. LEGAL DESCRIPTION SHOWN HEREON WAS PROVIDED BY CLIENT.
6. THE MEASUREMENTS SHOWN HEREON ARE IN U.S. SURVEY FEET. THE ACCURACY OF THIS SURVEY EXCEEDS THE REQUIREMENTS OF FLORIDA ADMINISTRATIVE CODE 5J-17 AND HOUSE MEASUREMENTS ARE WITHIN 0.05' OF PLAN DIMENSIONS.

LEGEND:

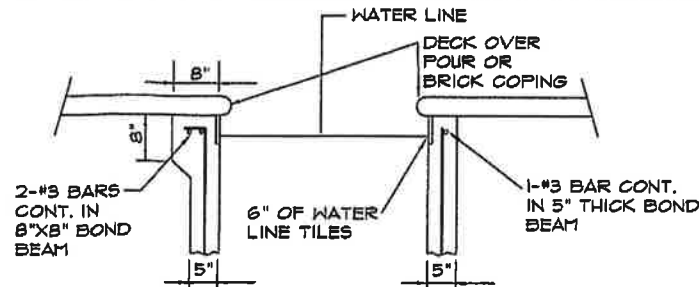
- | | | |
|---|------------------------------------|----------------------------------|
| A = ARC LENGTH | IRC = IRON ROD AND CAP | PI = POINTS OF INTERSECTION |
| (BB) = BASIS OF BEARINGS | LB = LICENSED BUSINESS | POC = POINT ON CURVE |
| BLDG = BUILDING | LC = LONG CHORD | PR = PROPOSED |
| (C) = CALCULATED | LGP = LOT GRADING PLAN | PRC = POINT OF REVERSE CURVATURE |
| CA = DELTA | (M) = MEASURED | PT = POINT OF TANGENCY |
| CM = CONCRETE MONUMENT | ~ = NOT TO SCALE | R = RADIUS |
| COR = CORNER | ORB = OFFICIAL RECORD BOOK | R.O.W = RIGHT OF WAY |
| DE = DRAINAGE AND INGRESS/EGRESS EASEMENT | (P) = PLAT | SB = SETBACK |
| FF = FINISHED FLOOR | PB = PLAT BOOK | SFR = SINGLE FAMILY RESIDENCE |
| FND = FOUND | PC = POINT OF CURVATURE | UE = UTILITY EASEMENT |
| IPC = IRON PIPE AND CAP | PRM = PERMANENT REFERENCE MONUMENT | WLE = WALL/LANDSCAPE EASEMENT |
| IR = IRON ROD | PG = PAGE | |

I HEREBY CERTIFY THAT THIS SURVEY HAS BEEN PREPARED UNDER MY DIRECTION AND THAT THIS SURVEY HAS BEEN PREPARED IN ACCORDANCE WITH THE ADOPTED "MINIMUM TECHNICAL STANDARDS" AS REQUIRED BY CHAPTER 5J-17 FLORIDA ADMINISTRATIVE CODE PURSUANT TO SURVEY SECTION 472.27, FLORIDA STATE STATUTES.

EDWARD J MIZO
 PROFESSIONAL SURVEYOR AND MAPPER NO. 3376
 THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

BOUNDARY/TOPO SURVEY	12/21/15
FORM BOARD SURVEY	01/22/17
FORM BOARD SURVEY	
LOT 34 BELLE VISTA ON LAKE CONWAY RE-PLAT OF LOTS 34 & 35 LYING IN	
SECTION 20, TOWNSHIP 23 S, RANGE 30 E	
OPTIMUM LAND SERVICES, LLC	
PROFESSIONAL LAND SURVEYORS	
100 YACHT CLUB PL, TEQUESTA, FL 33469 (321) 200-4904 LICENSED BUSINESS NUMBER 8127	
SHEET 1 OF 1	

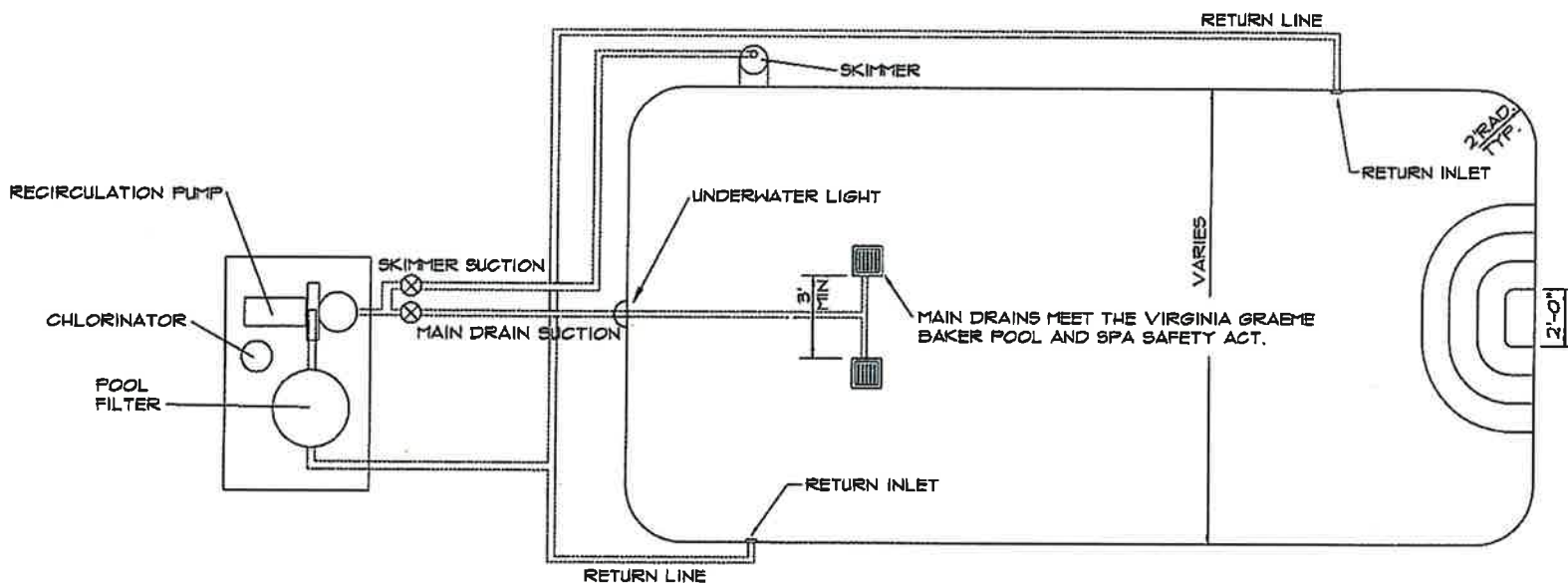
JOB SPECIFIC PIPE SIZING, TOTAL DYNAMIC HEAD CALCULATIONS AND EQUIPMENT SPECIFICATIONS AND DOCUMENTATION ARE TO BE PROVIDED BY THE POOL CONTRACTOR FOR EACH PROJECT. THE POOL CONTRACTOR MUST USE THE MAXIMUM FLOW CAPACITY OF THE SELECTED PUMP AND PROVIDE HYDRAULIC CALCULATIONS FOR TDH TO DETERMINE PROPER PUMP AND PIPING SIZING. THE MANUFACTURER'S EQUIPMENT SPECIFICATIONS AND OTHER DOCUMENTATION FOR PUMPS, FILTERS, HEATER EQUIPMENT AND MAIN DRAINS AND COVERS ARE TO BE SUBMITTED FOR REVIEW AND DOCUMENTATION FOR SIZING THE CIRCULATION SYSTEM.



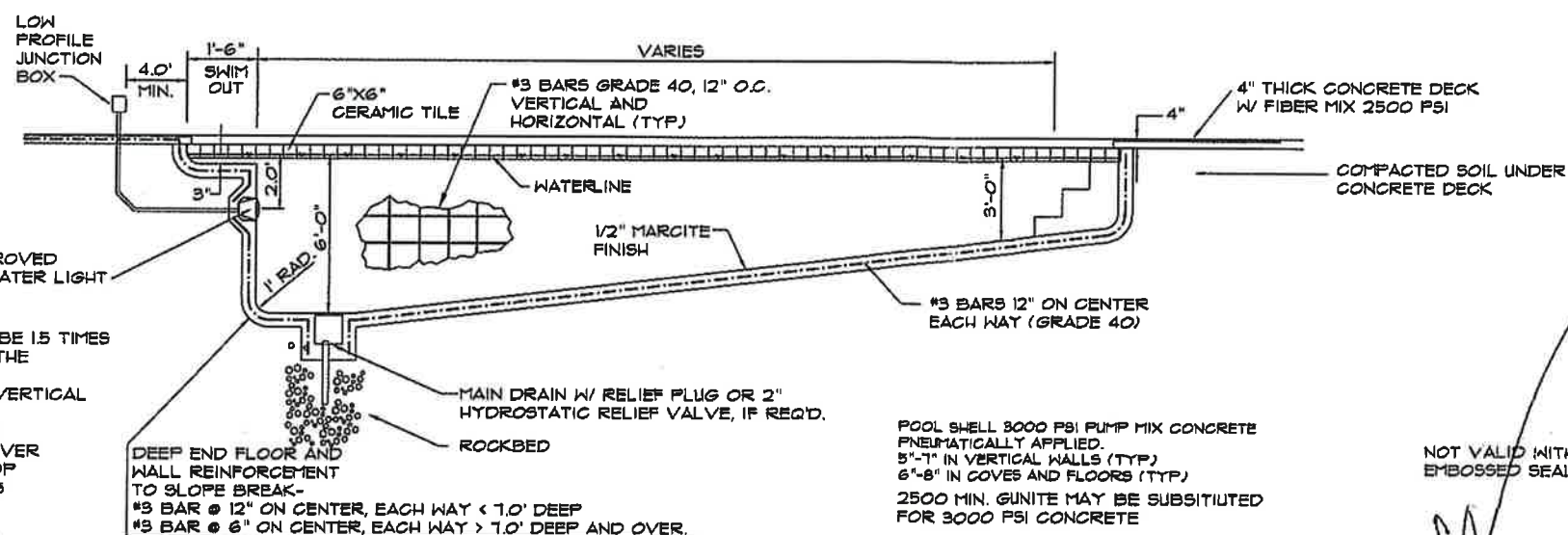
ALTERNATE BEAM FINISH DETAIL

POOL SHELL 3000 PSI PUMP MIX CONCRETE PNEUMATICALLY APPLIED.
 5"-7" IN VERTICAL WALLS (TYP)
 6"-8" IN COVES AND FLOORS (TYP)
 2500 MIN. GUNITE MAY BE SUBSTITUTED FOR 3000 PSI CONCRETE

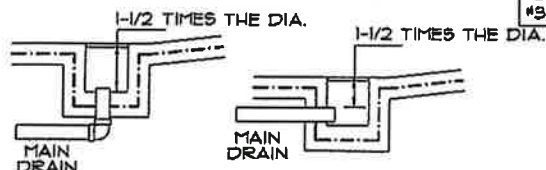
- GENERAL NOTES:
1. POOL IS TO BE BUILT TO COMPLY WITH FLORIDA, COUNTY AND CITY BUILDING CODES.
 2. ALL METAL PARTS WITHIN 5 FT. WILL BE GROUNDED AS PER NATIONAL ELECTRIC CODE AND AS REQUIRED BY LOCAL INSPECTOR.
 3. FILTRATION SYSTEM WILL HAVE SUFFICIENT CAPACITY TO PROVIDE A COMPLETE TURNOVER OF POOL WATER IN (12) TWELVE HOURS OR LESS.
 4. POOL CONSTRUCTION TO BE THE SAME REGARDLESS OF SIZE AND SHAPE. IF FILL IS REQUIRED FOR 2 FT. TO 4 FT. OF WALL HEIGHT THEN WALLS HAVE TO BE REINFORCED WITH ADDITIONAL STEEL (8" O.C. BOTH WAYS) AND/ OR EXTRA WALL THICKNESS (8" TO 10")
 5. ALL PVC PIPE WILL BE SCHEDULE 40.
 6. ALL METAL FIXTURES AND POOL LIGHTS TO BE BONDED TO POOL STEEL AND GROUND WIRE.
 7. POOL ALARMS DO NOT NEED TO BE HARDWIRED
 8. SOIL CONDITIONS AT POOL LOCATION ARE ASSUMED TO BE ADEQUATE FOR A SINGLE FAMILY DWELLING.
 9. TERMITE CONTROL WILL BE APPLIED UNDER ALL POOL DECKS.
 10. ALL PUMPS AND FILTERS WILL BE ANCHORED TO A CONCRETE PAD WITH TAP CON ANCHORS.
 11. ALL POOL AND SPA SUCTION INLETS SHALL BR PROVIDED WITH A COVER THAT HAS BEEN TESTED AND ACCEPTED BY A RECOGNIZED TESTING FACILITY AND COMPLY WITH A.N.S.I./A.S.M.E. A112.19, 8M, "SUCTION FITTINGS FOR USE IN SWIMMING POOLS, SPAS, HOT TUBS, AND WHIRLPOOLS BATHTUB APPLIANCES"
 12. THE POOL DESIGN WILL MEET CHAPTERS 42 AND 45 OF THE 2014 FLORIDA BUILDING CODE 5TH EDITION.
 13. RESIDENTIAL POOLS MUST COMPLY WITH CHAPTERS 42 AND 45 OF THE 2014 FLORIDA BUILDING CODE 5TH EDITION.
 14. POOL CONSTRUCTION WILL MEET 2011 NATIONAL ELECTRIC CODE. SEE 680.26 (B)(2)(b) FOR PERIMETER BONDING USING AT LEAST ONE (1) #8 AWG BARE SOLID COPPER CONDUCTOR.
 15. FOR RESIDENTIAL POOLS UP TO A WATER DEPTH OF 8'-0" #3 REBAR 12" O.C.B.W. OVER 8'-0"; SPECIAL ENGINEERING IS REQUIRED AND IS NOT A PART OF THIS DRAWING SPECIFICATIONS. WALL THICKNESS SHALL PROVIDE CODE COVER OVER REINFORCING. FOR OVER 8'-0" A SPECIAL DESIGN WILL BE REQUIRED.
 16. RESIDENTIAL POOLS SHALL COMPLY WITH THE ANSI/APSP/ICC-5 2011 FOR RESIDENTIAL INGROUND POOLS, ANSI/APSP/ICC-3 2014 FOR PERMANENTLY INSTALLED RESIDENTIAL SPAS, AND ANSI/APSP/ICC-7 2013 FOR SUCTION ENTRAPMENT AVOIDANCE STANDARDS, AND ANSI/APSP/ICC-15A 2013 STANDARD FOR RESIDENTIAL SWIMMING POOL AND SPA ENERGY EFFICIENCY
 17. DO NOT USE OR OPERATE POOL OR SPA IF THE SUCTION FITTING IS MISSING, BROKEN, OR LOOSE.
 18. IF THE SUCTION INLET SYSTEM, SUCH AS AN AUTOMATIC CLEANING SYSTEM, IS A VACUUM CLEANER SYSTEM WHICH HAS A SINGLE SUCTION INLET, OR MULTIPLE SUCTIONS INLETS WHICH CAN BE ISOLATED BY VALVES, THEN EACH SUCTION INLET SHALL PROTECT AGAINST USER ENTRAPMENT BY EITHER AN APPROVED ANTI-VORTEX COVER, 12" X 12" GRATE OR LARGER, OR OTHER APPROVED MEANS.



TYPICAL SWIMMING POOL



THE MAIN DRAIN PIPE INVERT NEEDS TO BE 1.5 TIMES THE DIAMETER DOWN FROM THE TOP OF THE MAIN DRAIN GRATE TO THE TOP OF THE MAIN DRAIN PIPE, IF THE PIPE COMES IN VERTICAL TO THE MAIN DRAIN BOX.
 IF THE MAIN DRAIN PIPE COMES INTO THE MAIN DRAIN BOX HORIZONTALLY, THE COVER FROM THE TOP OF THE GRATE TO THE TOP OF THE MAIN DRAIN PIPE NEEDS TO BE 1.5 TIMES THE DIA. OF THE MAIN DRAIN PIPE.



SECTION

POOL SHELL 3000 PSI PUMP MIX CONCRETE PNEUMATICALLY APPLIED.
 5"-7" IN VERTICAL WALLS (TYP)
 6"-8" IN COVES AND FLOORS (TYP)
 2500 MIN. GUNITE MAY BE SUBSTITUTED FOR 3000 PSI CONCRETE

NOT VALID WITHOUT EMBOSSED SEAL.

PARKER MYNCHENBERG & ASSOC., INC.
 PROFESSIONAL ENGINEERS LANDSCAPE ARCHITECTS
 1729 RIDGEMOOD AVENUE HOLLY HILL FLORIDA 32118
 (386) 677-6891 FAX (386) 677-2114

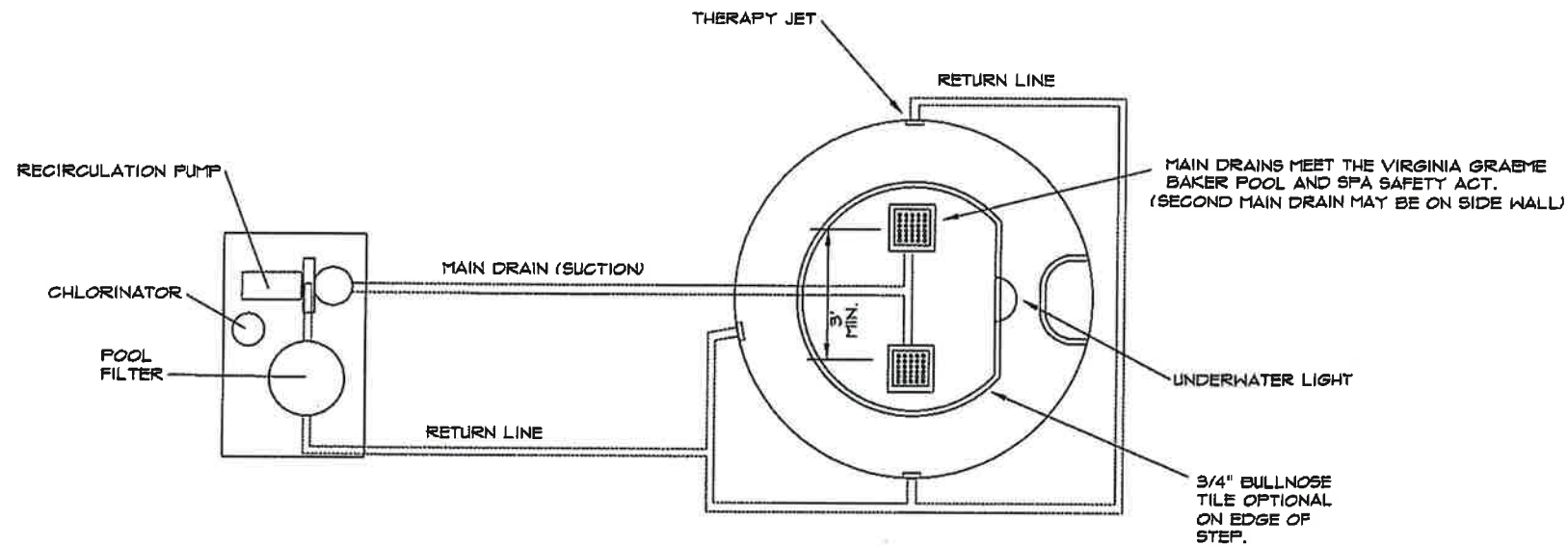
TYPICAL RESIDENTIAL SW/POOL DESIGN FOR BILL COODY CUSTOM POOLS INC.
 620 SOUTH VOLUSIA AVENUE
 ORANGE CITY, FLORIDA
 PHONE: 386-774-9191

AUG 2 2 2016

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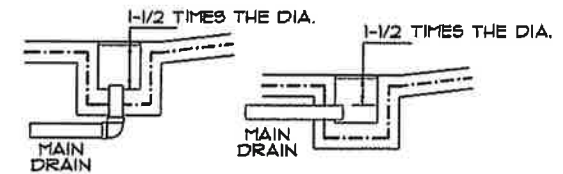
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Y:\RESIDENTIAL_POOL\2016 SWIMMING POOLS.DWG, 8/22/2016 9:59:46 AM, XRX9C934E2F9114 PS

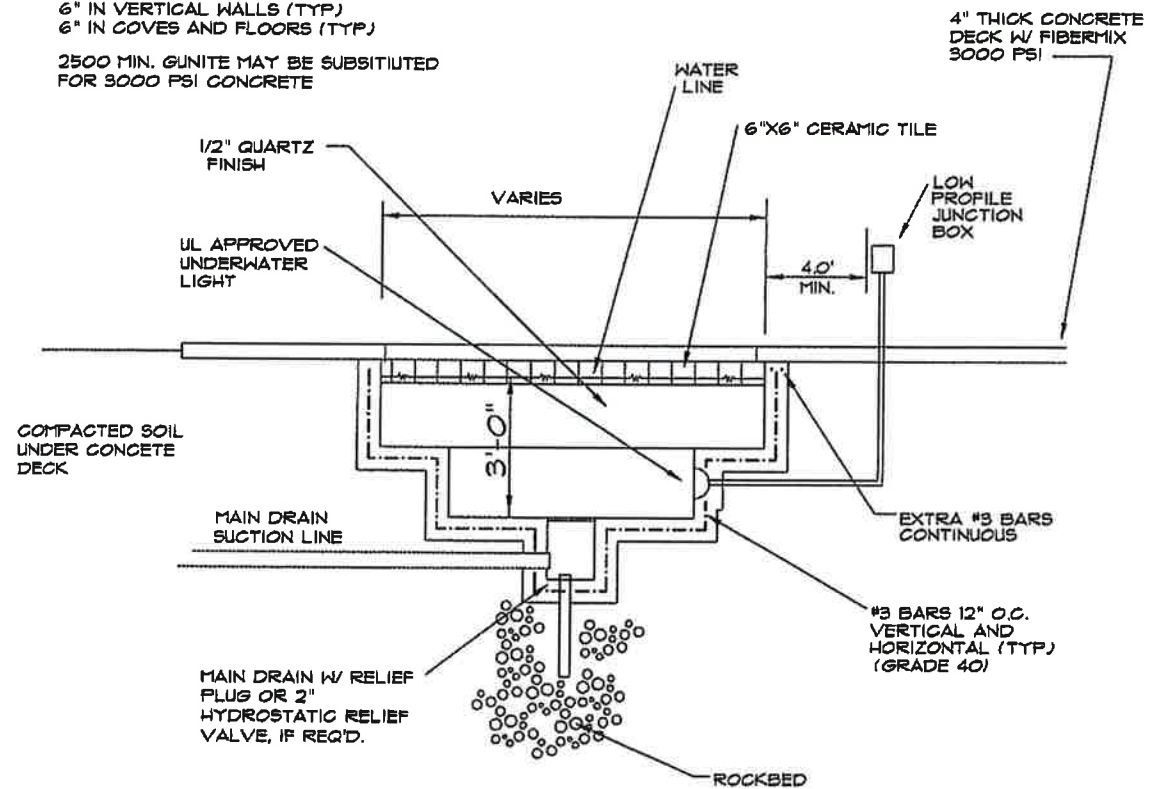


TYPICAL SPA POOL - 2 MAIN DRAINS ON FLOOR

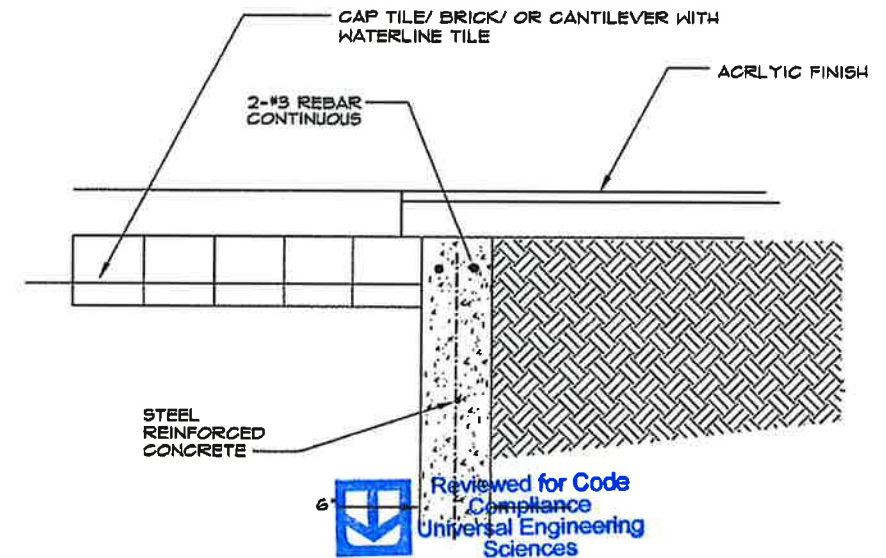
THE MAIN DRAIN PIPE INVERT NEEDS TO BE 1.5 TIMES THE DIAMETER DOWN FROM THE TOP OF THE MAIN DRAIN GRATE TO THE TOP OF THE MAIN DRAIN PIPE, IF THE PIPE COMES IN VERTICAL TO THE MAIN DRAIN BOX.
 IF THE MAIN DRAIN PIPE COMES INTO THE MAIN DRAIN BOX HORIZONTALLY, THE COVER FROM THE TOP OF THE GRATE TO THE TOP OF THE MAIN DRAIN PIPE NEEDS TO BE 1.5 TIMES THE DIA. OF THE MAIN DRAIN PIPE.



POOL SHELL 3000 PSI CONCRETE
 PNEUMATICALLY APPLIED,
 6" IN VERTICAL WALLS (TYP)
 6" IN COVES AND FLOORS (TYP)
 2500 MIN. GUNITE MAY BE SUBSTITUTED
 FOR 3000 PSI CONCRETE



SECTION



DECK AND TILE DETAIL

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NOT VALID WITHOUT EMBOSSED SEAL.

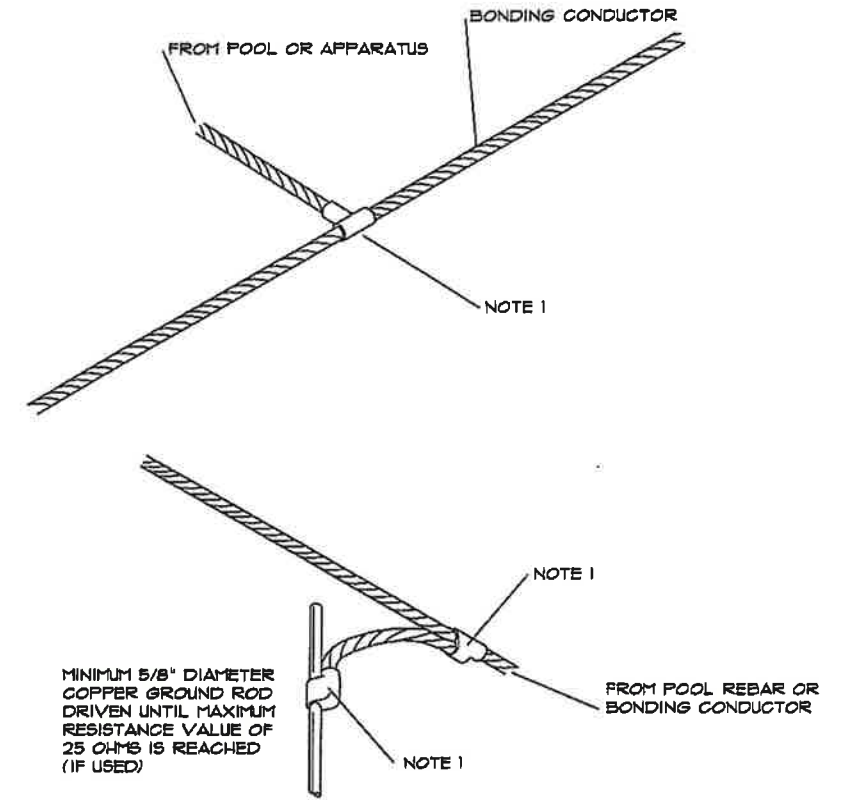
AUG 22 2016

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POOL BONDING NOTES:

- EQUIPOTENTIAL BONDING OF PERIMETER SURFACES REQUIRES A COPPER CONDUCTOR; MINIMUM #8 AWG BARE SOLID COPPER CONDUCTOR WHICH FOLLOWS THE CONTOUR OF THE PERIMETER SURFACE OF THE POOL FROM 18" TO 24" FROM THE INSIDE WALLS OF THE POOL AND WHICH IS SECURED WITHIN OR UNDER THE PERIMETER SURFACE 4" TO 6" BELOW SUBGRADE. THE PERIMETER BONDING SHALL BE ATTACHED TO THE POOL REINFORCING SHELL AT A MINIMUM OF 4 POINTS UNIFORMLY SPACED AROUND THE PERIMETER OF THE POOL.
- ALL UNDERGROUND OR UNDER SLAB CONNECTIONS SHALL BE BY LISTED MEANS PER NEC 250.8. BONDING CABLES UNDER SLAB SHALL BE PLACED AT THE BOTTOM OF EXCAVATION.
- WHEN REBAR IS UTILIZED FOR THE CONSTRUCTION OF PLANTERS AND FOOTERS ADJACENT TO THE POOL (WITHIN 5 FT), THIS REBAR SHALL BE BONDED USING #8 AWG BARE SOLID COPPER CONDUCTOR BY LISTED MEANS PER NEC 250.8 TO THE BONDING CONDUCTOR.
- LOCATION OF COPPER BONDING CONDUCTOR, BONDING JUMPERS, AND CONNECTIONS SHOWN ARE DIAGRAMMATIC ONLY. CONTRACTOR SHALL FIELD ROUTE TO DETERMINE EXACT LOCATION. BONDING CONDUCTOR SHALL CONFORM TO THE SHAPE OF THE POOL WHILE MAINTAINING SMOOTH RADIAL CURVES - NO 90° RADIUS SHALL BE PERMITTED.
- RESISTANCE OF THE GROUND SYSTEM SHALL NOT EXCEED 25 OHMS.
- IF REQUIRED, ALL GROUND RODS SHALL BE 5/8" COPPER CLAD STEEL, 8' LONG AND DRIVEN TO A DEPTH OF 28" BELOW FINISHED GRADE, MINIMUM, AND WHERE USED SHALL BE BONDED USING #8 AWG BARE SOLID COPPER CONDUCTOR BY LISTED MEANS PER NEC 250.8 TO THE BONDING CONDUCTOR.
- SPECIAL CASES MAY INCLUDE, BUT ARE NOT LIMITED TO, VANISHING EDGE POOLS, POOLS WITH PERIMETERS OF VARYING (VERTICAL) GRADES, DIMINISHED PERIMETER SURFACES LIKE EDGE PLANTERS, STOP/RETAINING WALLS, AND ZERO-LOT LINES. IN THESE CASES, THE BONDING CONDUCTOR SHALL BE INSTALLED IN ACCORDANCE WITH NEC 680.26, NOTE 1 (ABOVE), AND DIRECTION FROM THE AUTHORITY HAVING JURISDICTION (AHJ). THE ELECTRICAL CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATION OF THE BONDING WITH THE AHJ IN THE DETERMINATION OF ITS APPLICATION OF THE NEC.

- COPPER BONDING CONDUCTOR SHALL BE BONDED TO THE POOL AND SPA REBAR AS SHOWN, 4 LOCATIONS, MINIMUM AT EACH SEPARATE BODY OF WATER, USING A #8 AWG BARE SOLID COPPER CONDUCTOR. FOR NON-CONDUCTIVE POOL SHELLS, BONDING AT 4 POINTS SHALL NOT BE REQUIRED.
- COPPER BONDING CONDUCTOR SHALL BE BONDED TO THE EQUIPMENT GROUND OF THE POOL PUMP MOTOR AND OTHER ELECTRICAL COMPONENTS AS REQUIRED BY NEC 680.26 (VERIFY LOCATIONS) USING #8 AWG BARE SOLID COPPER WIRE.
- COPPER BONDING CONDUCTOR SHALL BE BONDED TO ALL METALLIC COMPONENTS OF THE POOL AND SPA AND THE METAL STRUCTURES, INCLUDING, BUT NOT LIMITED TO, ALL HANDRAILS, DIVING BOARDS, AND LADDER GRABRAILS IN THE POOL AND SPA AND INCLUDE ALL METAL WIRING AND ALL FIXED METAL PARTS THAT ARE WITHIN 5 FT. HORIZONTALLY OF THE INSIDE WALL OF THE POOL (SPA) AND 12 FT VERTICALLY ABOVE THE MAXIMUM WATER LEVEL OF THE POOL USING #8 AWG BARE COPPER WIRE.
- ALL POOL AND SPA LIGHTING NICHES SHALL BE BONDED TO POOL AND SPA REBAR PER NEC 680. THE COPPER BONDING CONDUCTOR SHALL BE BONDED TO THE REBAR AT BOTH THE POOL AND THE SPA, PER NOTE 8, ABOVE, WHICH SHALL, IN TURN, PROVIDE BONDING OF THE LUMINAIRE NICHES.
- ELECTRICAL CONTRACTOR SHALL CALL FOR THE INSPECTION OF THE BONDING OF THE POOL AND ITS PERIMETER SURFACES PRIOR TO COVER-UP OF THESE AREAS.

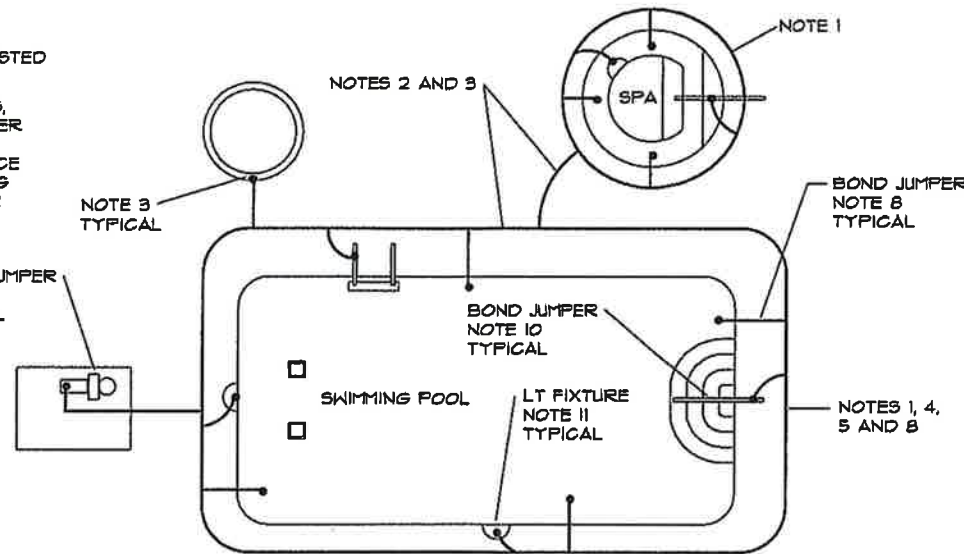


TYPICAL BONDING TYPES

NOT TO SCALE

NOTES:

- SPICES (WELDED OR MECHANICAL) SHALL BE PERFORMED IN ACCORDANCE WITH MANUFACTURERS RECOMMENDATIONS.

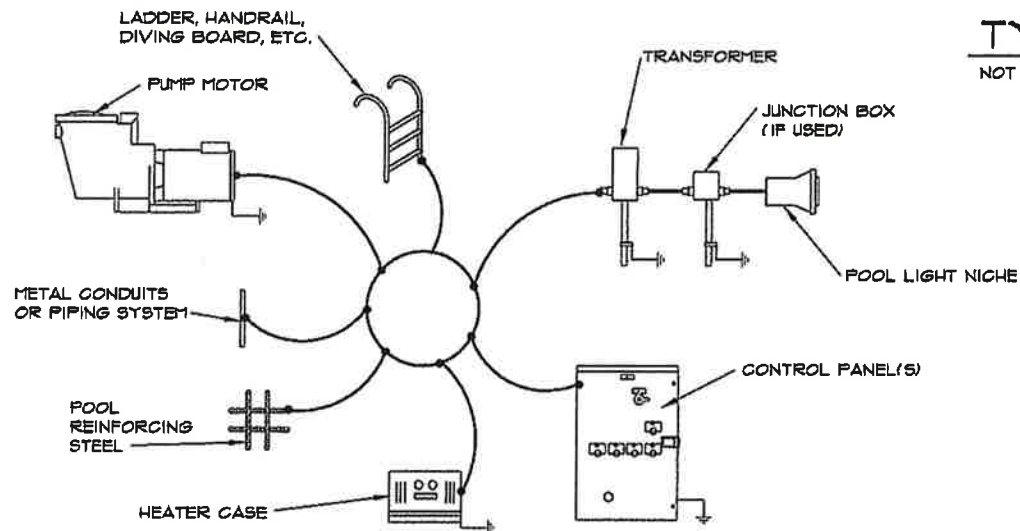


TYPICAL POOL BONDING PLAN

NOT TO SCALE

BONDING LEGEND

- BOND CONNECTION, PER NEC 250.8
- PARALLEL TAP CONNECTION, PER NEC 250.8
- UNDERGROUND BONDING CONDUCTOR, #8 AWG (MINIMUM)



TYPICAL POOL BONDING SCHEMATIC

NOT TO SCALE

SCHEMATIC NOTES:

- THE EQUIPOTENTIAL BONDING OF ALL CONDUCTIVE POOL SHELLS, PERIMETER SURFACES, METALLIC COMPONENTS, UNDERWATER LIGHTING, METAL FITTINGS, ELECTRICAL EQUIPMENT, AND METAL WIREWAYS/CONDUITS SHALL BE IN ACCORDANCE WITH NEC 680.26, OR, AS ACCEPTED BY THE AUTHORITY HAVING JURISDICTION (AHJ).

NOT VALID WITHOUT EMBOSSED SEAL.

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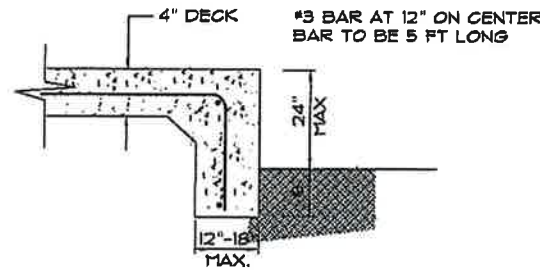


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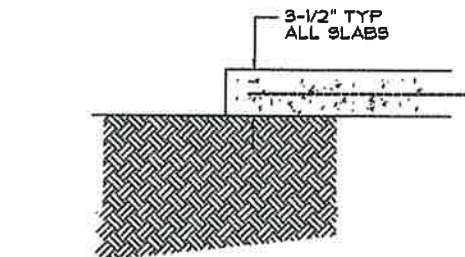
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TYPICAL RESIDENTIAL SW/POOL DESIGN FOR BILL COODY CUSTOM POOLS INC.

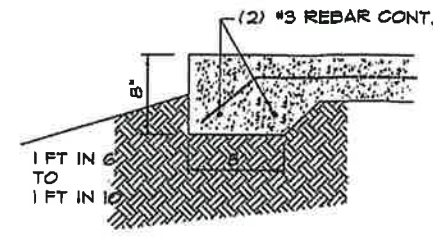
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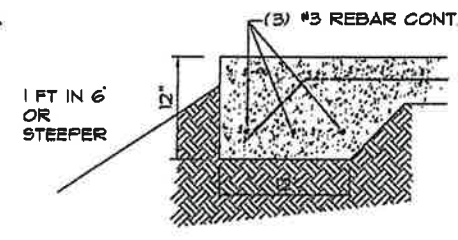
TURN DOWN FOOTER DETAIL



FLAT SLOPE/NO FOOTING TYPE 1



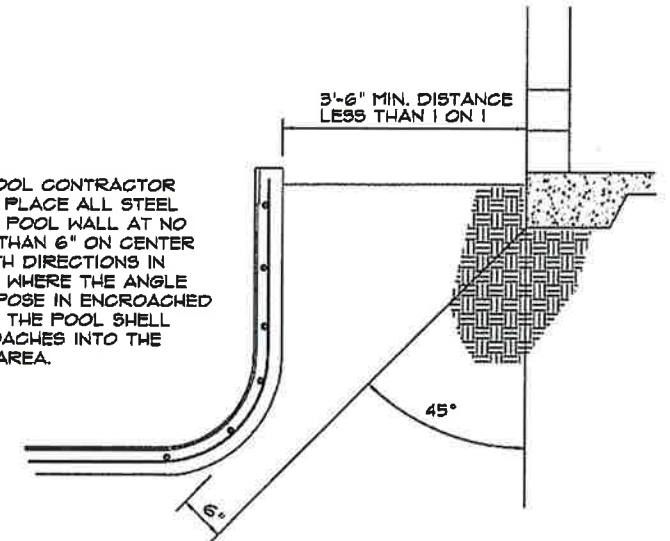
MODERATE SLOPE FOOTING TYPE 2



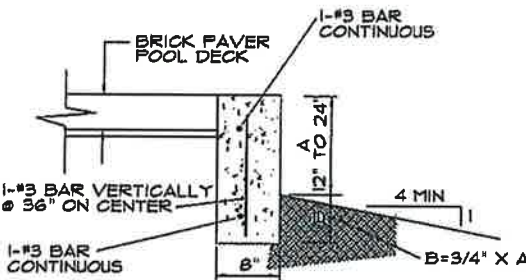
STEEP SLOPE FOOTING TYPE 2

SLAB-FOOTING DETAILS

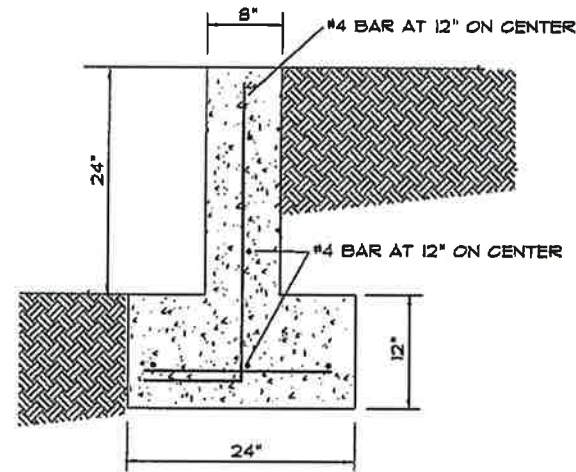
2500 MIN. GUNITE MAY BE SUBSTITUTED FOR 3000 PSI CONCRETE
 USE 6X6 10/10 W/M OR FIBER MESH
 CURE FOR ONE WEEK BEFORE INSTALLING ANCHORS.



THE POOL CONTRACTOR SHALL PLACE ALL STEEL IN THE POOL WALL AT NO MORE THAN 6" ON CENTER IN BOTH DIRECTIONS IN AREAS WHERE THE ANGLE OF REPOSE IS ENCROACHED ON OR THE POOL SHELL ENCROACHES INTO THE 1 TO 1 AREA.

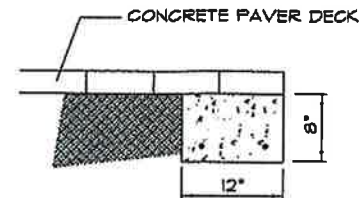


PAVER DECK TURNDOWN DETAIL



2 FT RETAINING WALL

RETAINING WALL 3000 PSI PUMP MIX CONCRETE PNEUMATICALLY APPLIED.



3000 PSI CONCRETE W/ 2-#3 REBARS

RIBBON FOOTING W/ PAVER DECK

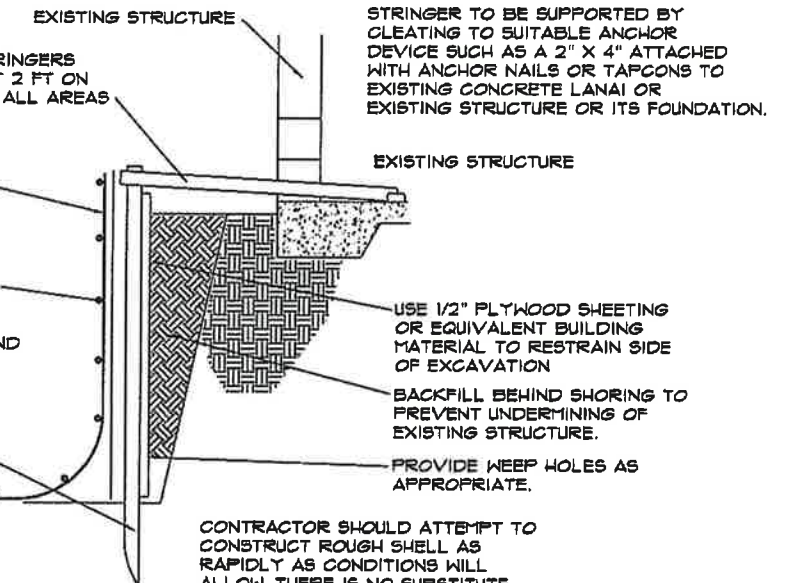
STEEL TEX FORM W/ STRUCTURAL STEEL IN PLACE TO BE INDEPENDENTLY SUPPORTED AWAY FROM SHORING.

THE POOL SHELL WALL SHALL BE CONSTRUCTED AT 6" THICKNESS. # 3 REBARS AT 6" ON CENTER BOTH WAYS IN AREAS THAT EXTEND INTO THE ANGLE OF REPOSE

STRINGER MAY BE DRIVEN INTO GROUND MIN. 9" OR OTHERWISE SUPPORTED TO PREVENT FROM KICKING OUT AT BASE.

SHORING DETAIL

IN LOCATIONS WHERE EXISTING FOUNDATION IS THREATENED BY UNDERMINING DUE TO ADVERSE CONDITIONS AT THE TIME OF EXCAVATION SHORING MAY BE REQUIRED.



STRINGER TO BE SUPPORTED BY CLEATING TO SUITABLE ANCHOR DEVICE SUCH AS A 2" X 4" ATTACHED WITH ANCHOR NAILS OR TAPCONS TO EXISTING CONCRETE LANAI OR EXISTING STRUCTURE OR ITS FOUNDATION.

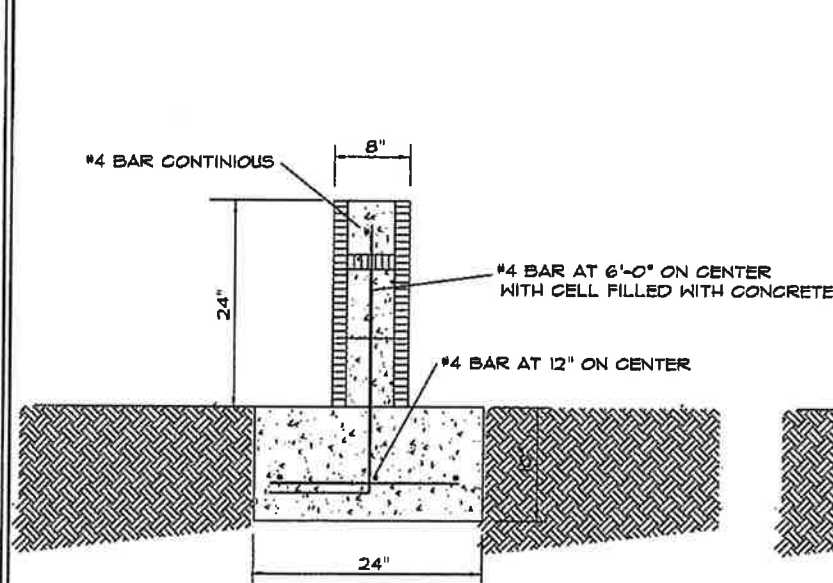
EXISTING STRUCTURE

USE 1/2" PLYWOOD SHEETING OR EQUIVALENT BUILDING MATERIAL TO RESTRAIN SIDE OF EXCAVATION

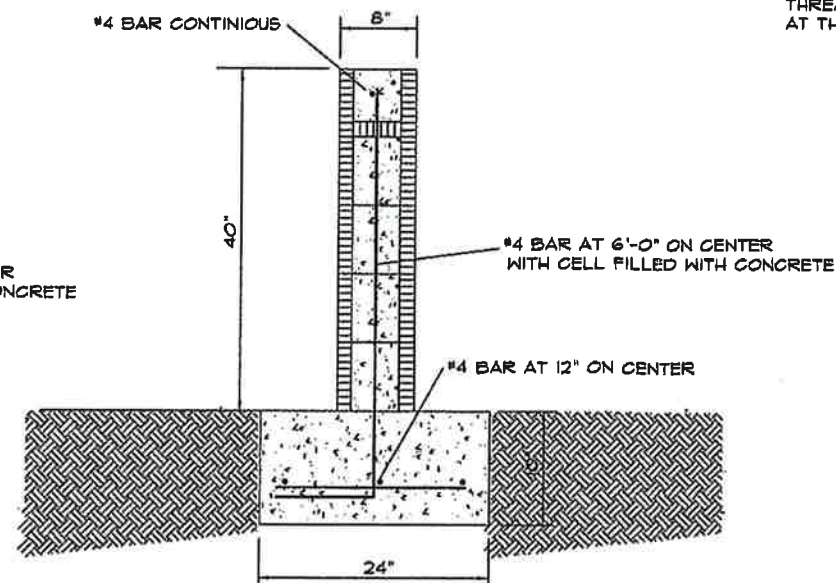
BACKFILL BEHIND SHORING TO PREVENT UNDERMINING OF EXISTING STRUCTURE.

PROVIDE WEEP HOLES AS APPROPRIATE.

CONTRACTOR SHOULD ATTEMPT TO CONSTRUCT ROUGH SHELL AS RAPIDLY AS CONDITIONS WILL ALLOW. THERE IS NO SUBSTITUTE FOR RAPIDLY BACKFILLING EXCAVATION TO PREVENT UNDERMINING OF ADJACENT STRUCTURE.



2 FT 0 INCH BLOCK WALL
 WALL 3000 PSI PUMP MIX CONCRETE



3 FT 4 INCH BLOCK WALL
 WALL 3000 PSI PUMP MIX CONCRETE

NOT VALID WITHOUT EMBOSSED SEAL.

AUG 22 2016

FARKER MYNCHENBERG, P.E. #32645

FARKER MYNCHENBERG & ASSOC., INC.

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