



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 TOWN OF WINDERMERE, FLORIDA.

Scope of Work: WINDOWS: 11, size-for-size

Comments: None

Project Information
Address: 4709 Jinou Avenue, Belle Isle, FL 32809
Parcel ID: 30-23-18-4386-03-830
Property Owner: Gatlin, Allen
Phone Number: 407-409-4665

Company Name: Doug Hamilton Kitchens Inc.
Contractor Name: Hamilton, Douglas
License Number: CRC128790
Address: 29940 Rainey Road, Sorrento, FL 32776
Phone Number: 407-484-4833

Permit Number: 2014-10-031

Date of Application: 10/18/2013

Date Permit Issued: 10/25/2013

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$49.50
Door(s) \$
PrePower \$
Electrical Fee \$
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$
Gas Fee \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

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)

TOTAL FEES \$53.50

Date Paid 10/28/13

CC or Check # 156-5657

Amount Paid 53.50

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

Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. 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/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = [universa113](http://universalengineering.com)



City of Belle Isle

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

Received
10-18-13

Building Permit (Land Use) Application

DATE: 10-17-2013

PERMIT # 2014-10-031

PROJECT ADDRESS 4709 Jincou Ave.

Belle Isle, FL 32809 32812

PROPERTY OWNER Allen Galfr.

PHONE 407-409-4655

VALUE OF WORK (labor & material) \$ 2300

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Replace windows. 11 Windows, all size for size.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-997-4100); 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 provide information, if applicable.

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 302318438603830

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK. Note, this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B C D

Attached Survey SETS and Construction Plans SETS

PLANNING & ZONING APPROVAL: DATE

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

#BLDG. #UNITS #STORIES TOTAL SQ.FT. 2539

MAX. FLOOR LOAD MAX. OCCUPANCY

MIN. FLOOR ELEV. LOW FLOOR ELEV.

WATER SERVICE WELL SEPTIC

BUILDING REVIEWER **DATE**

NOTES

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.

Page 1 of 2

SPRINKLERS REQ'D	Y	N
IF Required – SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent	RCD
ZONING	N	
CERT OF OCC	Y	\$
TRAFFIC	Y	\$
SCHOOL	Y	\$
FIRE	Y	\$
SWIMMING POOL	Y	\$
SCREEN ENCLOSURE	Y	\$
ROOFING	Y	\$
BOAT DOCK	Y	\$
BUILDING	Y	\$
WINDOW(S)	<input checked="" type="checkbox"/> Y	\$19.50
DOOR(S)	Y	\$
FENCE	Y	\$
SHED	Y	\$
DRIVEWAY	Y	\$
OTHER	Y	\$
3% FL SURCHARGE		4.00
TOTAL		53.50

By Owner Form Y NA

Notice of Commencement Y NA

Power of Attorney Y NA

Contractor Packet Included? N

OTHER PERMITS REQUIRED:

ELECTRICAL Y NA

PREPOWER Y NA

MECHANICAL Y NA

PLUMBING Y NA

ROOFING Y NA

GAS Y NA



Received
 10-18-13

Building Permit (Land Use) Application

DATE: 10-17-2013 PERMIT # _____

PROJECT ADDRESS 4709 Jinou Ave. Belle Isle, FL 32809 32812

PROPERTY OWNER Allen Galin PHONE 407 409-4665 VALUE OF WORK (labor & material) \$ 2300

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Replace windows.

- Please provide information, if applicable.
- Survey specific foundation plan required to show compliance with zoning setbacks
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- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

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Attached Survey _____ SETS and Construction Plans _____ SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____ Res: _____ Single Fam _____ Multi Fam _____

OCCUPANCY GROUP _____ #UNITS_#STORIES _____ **TOTAL SQ.FT.** ²⁵³⁹ _____

#BLDG. _____

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ **DATE** _____

NOTES _____

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Wind Exposure Category: B C D

Date: Sent _____ RCD _____

SPRINKLERS REQ'D	Y	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW		
ZONING	Y	N
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	Y	N
WINDOW(S)	Y	N
DOOR(S)	Y	N
FENCE	Y	N
SHED	Y	N
DRIVEWAY	Y	N
OTHER	Y	N
3% FL SURCHARGE		
TOTAL		
By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	Y	NA
Contractor Packet Included?	Y	N
OTHER PERMITS REQUIRED:		
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA



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

PERMIT #

Owner's Name Allen Gatlin
Owner's Address 4907 Jinou Ave., Orlando, FL 32812

Contractor Name <u>Douglas T Hamilton</u>	Company Name <u>Doug Hamilton Kitchens, Inc.</u>
License # <u>CRC128790</u>	Company Address <u>PO Box 470, or 29940 Rainey Rd</u>
Contact Phone/Cell <u>407 484-4833</u>	City, State, Zip <u>Sorrento, FL 32776</u>
Contact Email <u>hamiltonkitchens@yahoo.com</u>	Contact Fax

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

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

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

Owner Signature Allen Gatlin
The foregoing instrument was acknowledged before me this 10/18/13
by Allen Gatlin who is personally known to me
and who produced Florida driver license
as identification and who did not take an oath.



Contractor Signature Douglas Hamilton
COMPANY NAME Doug Hamilton Kitchens, Inc.
The foregoing instrument was acknowledged before me this 10/18/13
by Douglas Hamilton who is personally known to me
and who produced Florida driver license
as identification and who did not take an oath.



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

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
Total Lot Area _____ X 0.35 =
Allowable Impervious Area (BASE) _____

2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.
Examples include house, pool, deck, driveway, accessory building, etc.

- House _____
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____

3. 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.

4. 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 (TP-40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed



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Building Permit (Land Use) Application
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PERMIT # _____

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License # <u>CRC128790</u>	Company Address <u>PO Box 470, or 29940 Rainey Rd</u>
Contact Phone/Cell <u>407 484-4833</u>	City, State, ZIP Sorrento, FL 32776
Contact Email <u>hamiltonkitchens@yahoo.com</u>	Contact Fax _____

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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 10/18/13
 by Allen Gatlin who is personally known to me
 and who produced Florida driver license
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange

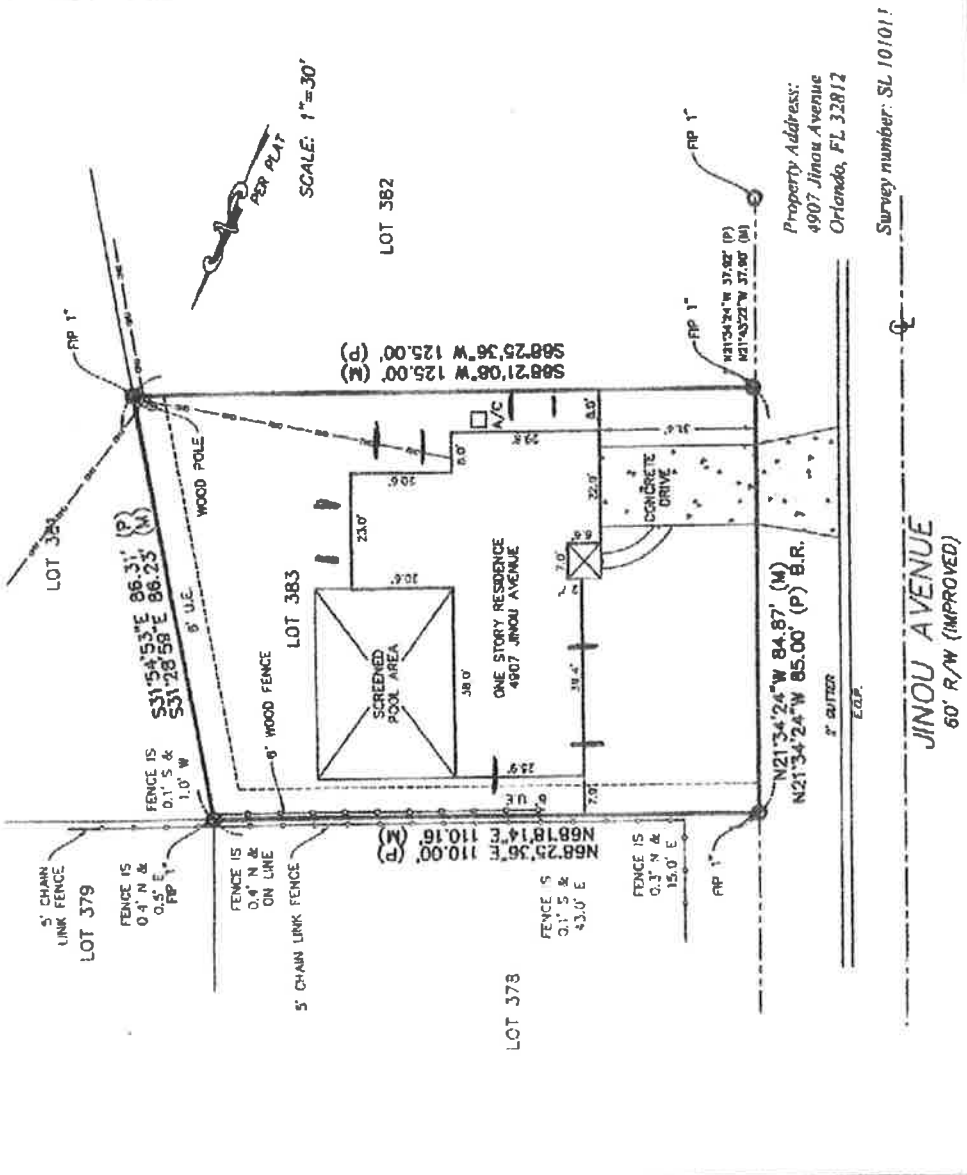
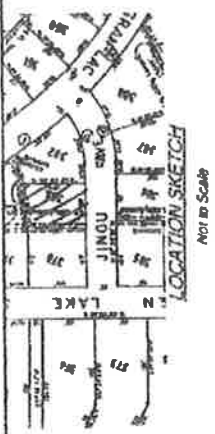
Contractor Signature [Signature]
 COMPANY NAME Doug Hamilton Kitchens, Inc
 The foregoing instrument was acknowledged before me this 10/18/13
 by Douglas Hamilton who is personally known to me
 and who produced Florida driver license
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange



<p>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</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35= _____ Allowable Impervious Area (BASE) _____</p> <p>2. 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</p> <ul style="list-style-type: none"> House _____ Driveway _____ Walkway _____ Accessory Buildings _____ Pool & Spa _____ Deck & Patio _____ Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. 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.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>. Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</p>

Community number: 22755; Panel: 0430
 Subject: E.F.R.M. Date: 12.6.2000 Flood Zone: X
 Date of field work: 12/18/2008 Completion Date: 12/18/2008

Certified to:
 Allen W. Gallin; Kristin Marie Cummings; Law Office of Evelyn M.
 Bork, P.A.; Attorneys Title Insurance Fund, Inc.; Equifirst Corporation,
 its successors and/or assigns, as their interests may appear.



LEGEND

1	Proprietary
2	Survey
3	Boundary
4	Right of Way
5	Utility
6	Structure
7	Obstruction
8	Water
9	Other
10	Other
11	Other
12	Other
13	Other
14	Other
15	Other
16	Other
17	Other
18	Other
19	Other
20	Other
21	Other
22	Other
23	Other
24	Other
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81	Other
82	Other
83	Other
84	Other
85	Other
86	Other
87	Other
88	Other
89	Other
90	Other
91	Other
92	Other
93	Other
94	Other
95	Other
96	Other
97	Other
98	Other
99	Other
100	Other

GENERAL NOTES

1. This plat is a true and correct copy of the original survey as shown on the original survey.
2. The boundaries shown on this plat are the boundaries as shown on the original survey.
3. The boundaries shown on this plat are the boundaries as shown on the original survey.
4. The boundaries shown on this plat are the boundaries as shown on the original survey.
5. The boundaries shown on this plat are the boundaries as shown on the original survey.
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13. The boundaries shown on this plat are the boundaries as shown on the original survey.
14. The boundaries shown on this plat are the boundaries as shown on the original survey.
15. The boundaries shown on this plat are the boundaries as shown on the original survey.
16. The boundaries shown on this plat are the boundaries as shown on the original survey.
17. The boundaries shown on this plat are the boundaries as shown on the original survey.
18. The boundaries shown on this plat are the boundaries as shown on the original survey.
19. The boundaries shown on this plat are the boundaries as shown on the original survey.
20. The boundaries shown on this plat are the boundaries as shown on the original survey.



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Product Approval Form

DATE: 10-18-2013

PERMIT # _____

PROJECT ADDRESS 4207 Citrus Ave

Belle Isle, FL 32809 32812

As required by Florida Statue 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at www.floridabuilding.org or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging				Siding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS							
Single/Dbl Hung	Pella ^{Therma Star}	10/20	FL16236	Asphalt Shingles			
Horizontal Slider	Pella ^{Therma Star}	10/20	FL12811	Non Struct Metal			
Casement	Pella ^{Therma Star}	10/20	FL6694	Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors				OTHER			
Wood Anchors							
Truss Plates							
Insulation Forms							
Limits							
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 _____

Stacy Tammen

Date 10-18-2013



BCIS Home | Log In | User Registration | Hot Topics | Submit Surcharge | Stats & Facts | Publications | BCS Staff | BCS Site Map | Links | Search



Product Approval
USER: Public User

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



FL # FL16236
Application Type New
Code Version 2010
Application Status Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer
Address/Phone/Email

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

Authorized Signature

TROY FARR
tbfarr@pella.com

Technical Representative
Address/Phone/Email

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

Quality Assurance Representative
Address/Phone/Email

TROY FARR
18600 NE WILKES ROAD
PORTLAND, OR 97230
(503) 405-9176
tbfarr@pella.com

Category
Subcategory

Windows
Single Hung

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

Miami-Dade BCCO - CER
Miami-Dade BCCO - VAL

Referenced Standard and Year (of Standard)

Standard TAS 202
Year 1994

Equivalence of Product Standards
Certified By

Product Approval Method Method 1 Option A

Date Submitted 03/01/2013
 Date Validated 03/04/2013
 Date Pending FBC Approval
 Date Approved 03/12/2013

Summary of Products

FL #	Model, Number or Name	Description
16236-1	10 Series Flange Single Hung	10 Series 1/2" Flange Single Hung
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +65/-82.5 Other: Configurations of glass conform to latest ASTM E1300 standard. (See table on engineering drawing for qualified sizes and pressures.)</p> <p>Installation Instructions FL16236_R0_II_12-1108-02.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports FL16236_R0_AE_12-1108-02.pdf Created by Independent Third Party: Yes</p>		

Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32399 Phone: 850-487-1824

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Product Approval Accepts:





MIAMI-DADE COUNTY
 DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
 BOARD AND CODE ADMINISTRATION DIVISION
NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY, FLORIDA
 PRODUCT CONTROL SECTION
 11805 SW 26 Street, Room 208
 T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/economy

Pella Corporation
 102 Main Street
 Pella, IA 50219

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County RER-Product Control Section to be used in Miami-Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (In Miami-Dade County) and/or the AHJ (in areas other than Miami-Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code. This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: Series "10 Vinyl ½" Flange" White PVC Single Hung Window - N.J.

APPROVAL DOCUMENT: Drawing No. 1849, titled "10 Series Vinyl Non-Impact Single Hung Window", sheets 1 through 4 of 4, dated 10/10/12 with the latest revision dated 01/10/13, prepared by W. W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren W. Schaefer, P. E., bearing the Miami-Dade County Product Control Section Approval stamp with the Notice of Acceptance number and Approval date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: None.

LIMITATION: The maximum anchor spacing at the Head and Sill shall NOT to exceed 12-inch on center if the design pressure is greater 50 psf.

LABELLING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state, model/series, and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by **Jaime D. Gascon, P. E.**



J. Gascon
 1/23/13

NOA No. 12-1108.02

Expiration Date: January 31, 2018

Approval Date: January 31, 2013

Page 1

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Pella CorporationNOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**A. DRAWINGS**

1. Manufacturer's die drawings and sections.
2. Drawing No. 1840, titled "10 Series Vinyl Non-Impact Single Hung Window", sheets 1 through 4 of 4, dated 10/10/12 with the latest revision dated 01/10/13, prepared by W. W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren W. Schaefer, P. E.

B. TESTS

1. Test reports on: 1) Air Infiltration Test, per ASTM E 283-04 (12) and per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per ASTM E 330-02 (10) and per FBC, TAS 202-94
3) Water Resistance Test, per ASTM E 547-00 (09), per ASTM E 331-00 (09) and per FBC, TAS 202-94
4) Forced Entry Test, per ASTM E 588-07, Type "A", Type "D", Grade "10" and per FBC 2411.3.2.1, TAS 202-94
along with marked-up drawings and installation diagram of single hung, prepared by National Certified Testing Laboratories, Inc., Test Reports No.'s NCTL-110-15216-1, NCTL-110-15215-1, NCTL-110-15212-1, NCTL-110-15211-1, NCTL-110-15198-1, NCTL-110-15195-1, NCTL-110-15196-1, NCTL-110-15198-1, NCTL-110-15197-1 and NCTL-110-15194-1, dated 10/28/12, signed and sealed by Harold E. Rupp, P. E.

C. CALCULATIONS

1. Anchor verification calculations and structural analysis, complying with **FBC-2010**, prepared by W. W. Schaefer Engineering & Consulting, P.A., dated 10/23/12, signed and sealed by Warren W. Schaefer, P. E.
2. **Glazing complies with ASTM E1300-04**

D. QUALITY ASSURANCE

1. Miami-Dade Department of Regulatory and Economic Resources (RER).

E. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. 11-0830.09 issued to Mikron Industries, Inc. for "White Rigid PVC Exterior Extrusions for Windows and Doors" dated 10/06/11, expiring on 12/26/16.



Jaime D. Gascon, P.E.
Product Control Section Supervisor
NOA No. 12-1108.02
Expiration Date: January 31, 2018
Approval Date: January 31, 2013

E - 1

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Pella CorporationNOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**F. STATEMENTS**

1. Statement letter of conformance and complying with FBC-2010 and ANSI/ AAMA/ NWWDA 101/ I.S.2-97, issued by W. W. Schaefer Engineering & Consulting, P.A., dated 10/15/12, signed and sealed by Warren W. Schaefer, P. E.
2. Statement letter of no financial interest and independence, issued by W. W. Schaefer Engineering & Consulting, P.A., dated 10/15/12, signed and sealed by Warren W. Schaefer, P. E.
3. Laboratory compliance letter for Test Reports No.'s NCTL-110-15216-1, NCTL-110-15215-1, NCTL-110-15212-1, NCTL-110-15211-1, NCTL-110-15198-1, NCTL-110-15195-1, NCTL-110-15196-1, NCTL-110-15198-1, NCTL-110-15197-1 and NCTL-110-15194-1, issued by National Certified Testing Laboratories, Inc., dated 10/28/12, signed and sealed by Harold E. Rupp, P. E.

G. OTHERS

1. None.



Jaime D. Gascon, P. E.
Product Control Section Supervisor

NOA No. 12-1108.02

Expiration Date: January 31, 2018

Approval Date: January 31, 2013

E-2

7

ALLOWABLE SINGLE WINDOW SIZE/PRESSURE TABLE

Table with 3 main columns: (WITH REINFORCEMENT CONDITION 1 & GLASS OPTION 1), (WITH REINFORCEMENT CONDITION 2 & GLASS OPTION 1), and (WITH REINFORCEMENT CONDITION 1 OR 2 & GLASS OPTION 2). Each column contains sub-tables for Maximum Frame Height (in.) and Allowable Pressure (PSF).

- 1. SEE SECTIONS FOR REINFORCEMENT CONDITIONS.
2. SEE GLAZING DETAILS FOR GLASS OPTIONS.
3. ALLOWABLE PRESSURES ON WINDOWS WITH FRAME HEIGHT BETWEEN 73" & 80" SHALL BE GOVERNED BY THE PRESSURES SHOWN FOR A 90" FRAME HEIGHT.
4. CONDITIONS OUTSIDE THOSE SHOWN IN THIS TABLE SHALL BE EVALUATED UNDER A SEPARATE CERTIFICATION BY A FLORIDA LICENSED ENGINEER.
5. DIMENSIONS SHOWN ARE +/-1/2".

1. SEE SECTIONS FOR REINFORCEMENT CONDITIONS.
2. SEE GLAZING DETAILS FOR GLASS OPTIONS.
3. CONDITIONS OUTSIDE THOSE SHOWN IN THIS TABLE SHALL BE EVALUATED UNDER A SEPARATE CERTIFICATION BY A FLORIDA LICENSED ENGINEER.
4. DIMENSIONS SHOWN ARE +/-1/2".
5. WHEN REINFORCEMENT CONDITION 1 IS USED WITH WINDOWS IN THIS TABLE, ALLOWABLE POSITIVE PRESSURE MAY BE INCREASED TO 85.0 PSF IN ALL PLACES WHERE 60.0 PSF IS SHOWN.

THESE DRAWINGS ARE APPLICABLE ONLY TO THE PRODUCT SPECIFIED. THEY MAY NOT BE USED FOR THE ASSEMBLY AND/OR INSTALLATION OF ANY OTHER PRODUCT UNLESS THEY BE USED FOR NATIONAL AND/OR LOCAL APPROVAL OF ANY PRODUCT NOT PRODUCED BY THE MANUFACTURER SHOWN ON THESE DRAWINGS.

FRAME ANCHOR REQUIREMENTS TABLE

(1) FRAME & INSTALLATION CLIP SCREWS
Table with columns: OPENING TYPE (SUBSTRATE), FRAME TO OPENING FASTENER TYPE, MINIMUM EMBED, MINIMUM EDGE DIST.

GENERAL NOTES:

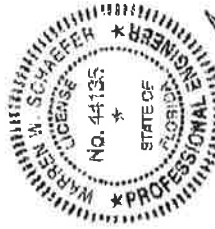
- 1. THESE WINDOW SYSTEMS HAVE BEEN TESTED, ANALYZED & APPROVED FOR DESIGN PRESSURES NOT TO EXCEED THOSE SHOWN IN THE "ALLOWABLE DESIGN PRESSURE TABLES".
2. OPENINGS, BUCKING & BUCKING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE.
3. ALL HARDWARE & FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS & SHALL NOT VARY UNLESS SPECIFICALLY MENTIONED IN THE DRAWINGS. SPECIFIED ANCHOR EMBED TO BASE MATERIAL SHALL BE REINFORCING WALL FINISH OR STUCCO.
4. THE DETAILS & SPECIFICATIONS SHOWN HEREIN REPRESENT THE PRODUCTS TESTED & PROPOSED FOR WATER, AIR, FORCED ENTRY & UNIFORM STATIC AIR PRESSURE TESTING IN CONFORMANCE WITH THE FLORIDA BUILDING CODE PROTOCOL TAS-202 FOR NON-IMPACT WINDOWS.
5. THESE WINDOW SYSTEMS HAVE BEEN DESIGNED IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC) INCLUDING HIGH VELOCITY HURRICANE ZONES (HVZ).
6. THESE WINDOWS ARE NON-IMPACT RATED & MUST BE SHUTTERED WITH A FLORIDA CODE APPROVED SHUTTER WHERE REQUIRED BY CODE.
7. ALL ANCHORS SECURING WINDOW FRAME TO PRESSURE TREATED BUCKS OR WOOD FRAMING SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRESSURE TREATING CHEMICALS IN THE WOOD.
8. DETERMINE THE POSITIVE & NEGATIVE DESIGN LOADS TO USE WHEN REFERENCING THESE DOCUMENTS IN ACCORDANCE WITH THE GOVERNING CODE AND CONTINUING WIND VELOCITY. FOR WIND LOAD CALCULATIONS IN ACCORDANCE WITH THE FLORIDA BUILDING CODE, A DIRECTIONALITY FACTOR OF Kd = 0.05 MAY BE APPLIED PER THE ASCE-7 STANDARD.
9. NO INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE CERTIFICATION OF THIS PRODUCT. WIND LOAD DURATION FACTOR ED = 1.6 WAS USED FOR WOOD SCREW ANALYSIS ONLY.
10. MATERIALS, INCLUDING BUT NOT LIMITED TO STEEL SCREWS, THAT COME INTO CONTACT WITH OTHER UNUSUAL MATERIALS SHALL MEET THE REQUIREMENTS OF FLORIDA BUILDING CODE CHAPTER 20.

CORNER CONSTRUCTION:

FRAME MEMBERS ARE MITERED & FULLY WELDED.
SASH MEMBERS ARE MITERED & FULLY WELDED.

LOCK QUANTITY REQUIREMENTS
Table with columns: FRAME WIDTH, QUANTITY PER PANEL.
OVER 36" : 2
36" & LESS : 1

Approved as complying with the Florida Building Code
Date: 12-11-05
NOAR: 12-11-05
Mfg. Product Control



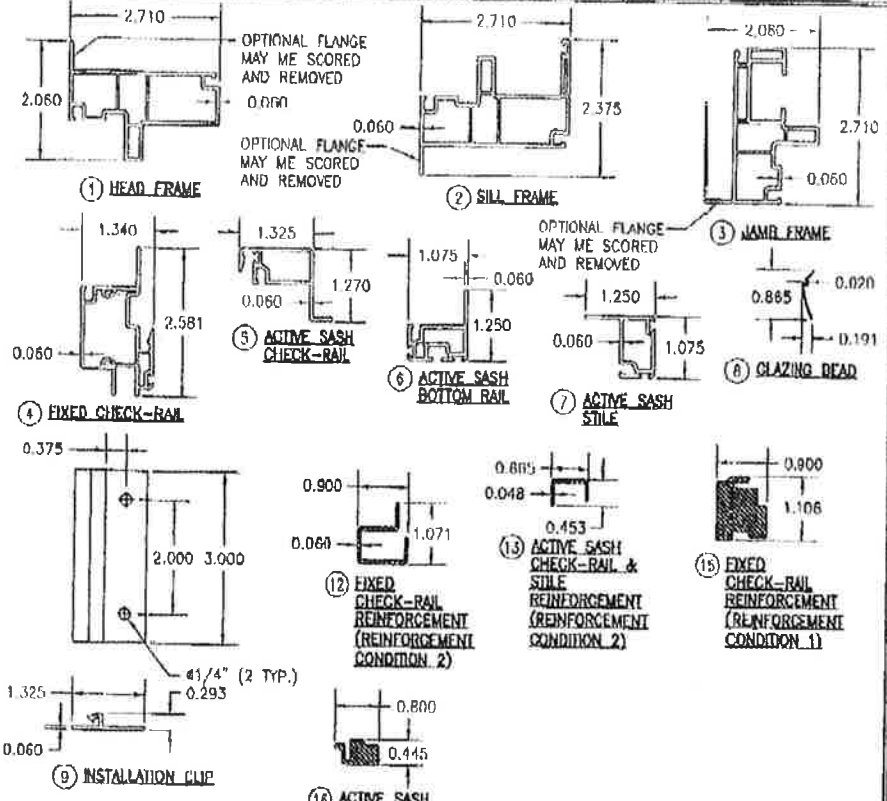
FL 16236

Product information and contact details for Pella Corporation, including address (102 Main Street, Pella, IA 50219) and phone number (941-821-1000). Also includes manufacturer logo and consultant information (W. W. Schaefer Engineering & Consulting, P.A. (CA 8806)).

Drawings and sheet information: DRAWING NO. 1840, SHEET NO. 1 of 4.

ITEM #	ITEM DESCRIPTION	MANUFACTURER/NOTES
PARTS		
1	HEAD FRAME	(*) VINYL
2	SILL FRAME	(*) VINYL
3	JAMB FRAME	(*) VINYL
4	FIXED CHECK-RAIL	(*) VINYL
5	ACTIVE SASH CHECK-RAIL	(*) VINYL
6	ACTIVE SASH BOTTOM RAIL	(*) VINYL
7	ACTIVE SASH STILE	(*) VINYL
8	GLAZING BEAD	(*) VINYL
9	INSTALLATION CLIP	(*) VINYL
12	FIXED CHECK-RAIL REINFORCEMENT (REINFORCEMENT CONDITION 2)	ASTM A653-05A TYPE A GALVANIZED STEEL
13	ACTIVE SASH CHECK-RAIL & STILE REINFORCEMENT (REINFORCEMENT CONDITION 2)	ASTM A653-05A TYPE A GALVANIZED STEEL
15	FIXED CHECK-RAIL REINFORCEMENT (REINFORCEMENT CONDITION 1)	6061-T6 ALUMINUM
16	ACTIVE SASH CHECK-RAIL & STILE REINFORCEMENT (REINFORCEMENT CONDITION 1)	6061-T6 ALUMINUM
HARDWARE		
20	SASH LOCK	PELLA V615002 DIE CAST ZINC
21	SASH LOCK KEEPER	PELLA V700123 DIE CAST ZINC
22	PIVOT BAR (1 PER EACH BOT-DM CORNER)	PELLA V615605 DIE CAST ZINC
23	TILT LATCH (1 PER EACH BOTTOM CORNER)	(*) PELLA V782401 RIGID VINYL
24	SASH BALANCE	PELLA V78243
SEALS & SEALANTS		
28	PILE WEATHERSTRIP	AMESBURY V42062R
FASTENERS		
32	NO. 6 X 3/4 ZINC PLATED ITX SCREW	2 PER EACH SASH LOCK & SASH LOCK KEEPER INTO RAIL REINFORCEMENT
33	NO. 8 X 1 5/8" BUGLE HEAD COARSE THREAD 18-8 S.S. SCREW	2 PER EACH FIXED CHECK-RAIL END

(*) WHITE RIGID PVC EXTRUSIONS FOR WINDOWS AND DOORS BY MIKRON INDUSTRIES, INC. PER AAMA CERTIFIED PVC EXTRUSION LISTING, MIAMI-DADE COUNTY PRODUCT CONTROL APPROVAL AND FBC 2010

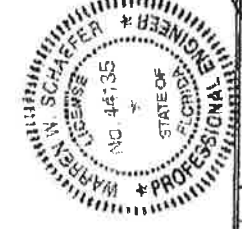


DATE	BY	REVISION DESCRIPTION
12/17/11 <td></td> <td></td>		

DESIGN TITLE: 10 SERIES VINYL NON-IMPACT SINGLE HUNG WINDOW

MANUFACTURER: PELLA CORPORATION
 302 MAIN STREET
 PELLA, IA 50219
 563-621-1000

CONSULTANTS: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809)
 7460 Laramie Court North
 OAK RIDGE, TN 37819
 PHONE: 615-544-3449



Approved as complying with the Florida Building Code
 Date: 12-11-2013
 NDAR
 Miami 1999 Product Control
 By: [Signature]

DATE	BY	REVISION DESCRIPTION
JAN 10 2013		

W. W. SCHAEFER, P.E.
 7460 LARAMIE COURT NORTH
 OAK RIDGE, TN 37819
 PHONE: 615-544-3449

ORDERING NO. 1840
 SHEET NO. 4 OF 4



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FL #
 Application Type
 Code Version
 Application Status
 Comments
 Archived

Product Manufacturer Address/Phone/Email
 Pella Corporation
 102 Main St.
 Pella, IA 50219
 (641) 621-6096
 pelaproductapproval@pella.com

Authorized Signature
 TROY FARR
 tbfarr@pella.com

Technical Representative Address/Phone/Email
 Joseph Hayden
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 jahayden@pella.com

Quality Assurance Representative Address/Phone/Email
 Ali Zarghami
 102 Main St
 Pella, IA 50219
 (641) 621-1000
 zarghamia@pella.com

Category Subcategory
 Windows
 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
 Warren W. Schaefer, P.E.
Florida License
 PE-44135
Quality Assurance Entity
 Architectural Testing, Inc.
Quality Assurance Contract Expiration Date
 12/31/2014
Validated By
 Terrence E. Lunn, PE
 Validation Checklist - Hardcopy Received

Certificate of Independence
[EL12811_R1_COI_certification_of_independence.pdf](#)

Referenced Standard and Year (of Standard)
Standard
 AAMA 101/I.S.2-97
 AAMA/WDMA/CSA 101/I.S.2/A440-05
Year
 1997
 2005

Equivalence of Product Standards

Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

09/12/2011

Date Validated

09/18/2011

Date Pending FBC Approval

10/12/2011

Date Approved

12/06/2011

Summary of Products		Description
FL #	Model, Number or Name	
12811.1	Series 10 Sliding Window	Series 10 Vinyl Flanged XO or OX Sliding Window (73 x 62) Installation Instructions FL12811_R1_II_Drawing_1598.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12811_R1_AE_Evaluation_report_WWS148.pdf Created by Independent Third Party: Yes
12811.2	Series 10 Sliding Window	Series 10 Vinyl Flanged XO or OX Sliding Window (73 x 50) Installation Instructions FL12811_R1_II_Drawing_1598.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12811_R1_AE_Evaluation_report_WWS148.pdf Created by Independent Third Party: Yes
12811.3	Series 10 Sliding Window	Series 10 Vinyl Flanged XO or OX Sliding Window (73 x 38) Installation Instructions FL12811_R1_II_Drawing_1598.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12811_R1_AE_Evaluation_report_WWS148.pdf Created by Independent Third Party: Yes
12811.4	Series 10 Sliding Window	Series 10 Vinyl Flanged XO Sliding Window (110 x 62) Installation Instructions FL12811_R1_II_Drawing_1598.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12811_R1_AE_Evaluation_report_WWS148.pdf Created by Independent Third Party: Yes
12811.5	Series 10 Sliding Window	Series 10 Vinyl Flanged XO Sliding Window (110 x 50) Installation Instructions FL12811_R1_II_Drawing_1598.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL12811_R1_AE_Evaluation_report_WWS148.pdf Created by Independent Third Party: Yes

Back

Next

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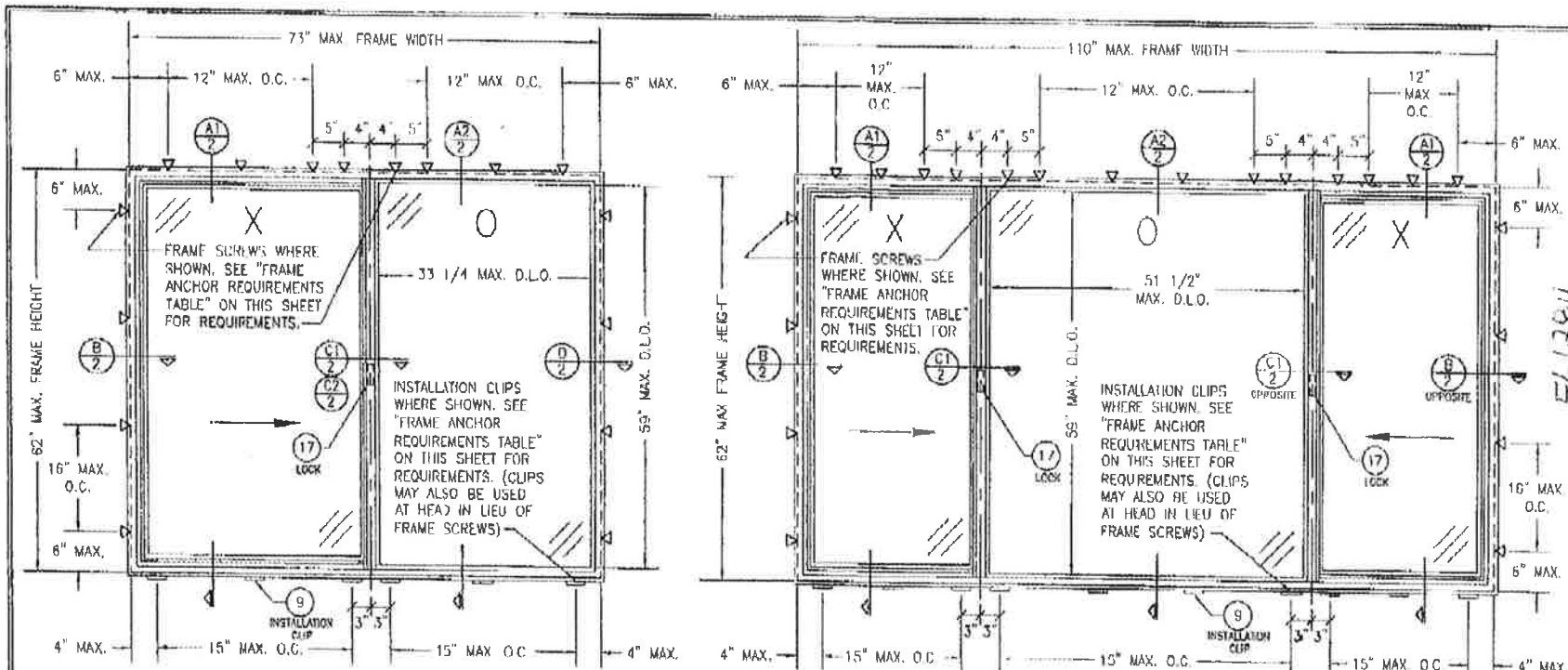
http://www.floridabuilding.org/pr/pr_app_dtl.aspx?param=wGEVXQwtDqvEm1fwvK4b... 10/24/2013

send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



http://www.floridabuilding.org/pr/pr_app_dtl.aspx?param=wGEVXQwtDqvEm1fWvK4b... 10/24/2013



EXTERIOR ELEVATION:
XO OR OX WINDOW
SCALE: 3/4" = 1'-0"

EXTERIOR ELEVATION:
XOX WINDOW
SCALE: 3/4" = 1'-0"

CORNER CONSTRUCTION:
FRAME MEMBERS ARE MITERED & FULLY WELDED.
SASH MEMBERS ARE MITERED & FULLY WELDED.

EVALUATION OF THIS PRODUCT IS BASED ON APPLICABLE STANDARDS AND/OR INFORMATION & RESULTS FROM APPLICABLE TEST REPORTS. THE FLORIDA BUILDING CODE VERSION CONSIDERED WITH THIS EVALUATION WAS THAT IN FORCE AT THE TIME OF THE EVALUATION. IN THE EVENT OF CODE VERSION CHANGES/UPDATES OR IN THE EVENT THAT NEW OR ADDITIONAL TESTING IS COMPLETED ON THIS PRODUCT, PRIOR TO STARTING CODE COMPLIANCE WITH THE STATE, THE MANUFACTURER SHALL CONFIRM WITH THE EVALUATION ENGINEER OF RECORD THAT EVERYTHING SPECIFIED HERE-IN IS CURRENT WITH ALL CURRENT TESTING, CODES AND APPLICABLE STANDARDS.

FRAME ANCHOR REQUIREMENTS TABLE			
OPENING TYPE (SUBMITTAL)	FRAME/CLIP/MAX. FR. TO OPENING FASTENER TYPE	MINIMUM EMBED.	MINIMUM EDGE DIST.
(1) FRAME SCREWS & INSTALLATION CLIP SCREWS:			
MIN. 2x4 WOOD FRAME OR BUCK (MIN. GR. 3 & 6-15.5)	NO. 10 SMS OR WOOD SCREW	1 1/4"	3/4"
MIN. 10 GA. 33 KSI MFTN. STEEL MIN. 1/8" THK A36 STEEL	NO. 10 OR 8 SELF TAP/DRILL SCREW	FULL	1/2"
MIN. 1/8" THK BORG-TS ALUM.	NO. 10 OR 8 SELF TAP/DRILL SCREW	FULL	1/2"
6-80 CMU/2500 PSI CONCRETE	1/2" CONCRETE SCREW	1 1/2"	2"

(1) SCREWS SHALL BE DRN HEAD OR HEX HEAD SCREW
(2) CONCRETE SCREWS SHALL BE ELCO ULTRACONS, FLO CON-FLEX, ITW RAMSEY/RED HEAD TAPSCREWS OR 10/11 Kwik-Con II (HARDENED STEEL OR SS)

MAX. WINDOW FRAME SIZE (IN)	ALLOWABLE DESIGN PRESSURE (XO OR OX UNITS & XOX UNITS)	
	POSITIVE (PSF)	NEGATIVE (PSF)
XO OR OX UNITS		
73 X 62	30	30
73 X 50	37	49
73 X 58	37	49
XOX UNITS		
110 X 62	30	30
110 X 50	31	41

NO STEEL REINFORCEMENT ON BOTH MEETING STILES
NO STEEL REINFORCEMENT ON THE OPERABLE MEETING STILE & ALUMINUM REINFORCEMENT ON THE FIXED MEETING STILE

- GENERAL NOTES:**
1. THESE WINDOW SYSTEMS HAVE BEEN TESTED, ANALYZED & APPROVED FOR DESIGN PRESSURES NOT TO EXCEED THOSE SHOWN IN THE "ALLOWABLE DESIGN PRESSURE TABLE(S)".
 2. OPERATOR, BUCKING & BUCKING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE.
 3. ALL FASTENERS & FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS & SHALL NOT VARY UNLESS SPECIFICALLY NOTED IN THE DRAWINGS. SPECIFIC ANCHOR EMBED TO BASE MATERIAL SHALL BE BEYOND WALL FINISH OR STUCCO.
 4. THESE WINDOW SYSTEMS HAVE BEEN DESIGNED IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC) INCLUDING HIGH WIND/HURRICANE ZONES (H1-12).
 5. THESE WINDOWS ARE NON-IMPACT RATED & MUST BE SHUTTERED WITH A FLORIDA CODE APPROVED SHUTTER WHERE REQUIRED BY CODE.
 6. ALL ANCHORS SECURING WINDOW FRAME TO PRESSURE TREATED BUCKS OR WOOD FRAMING SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRESSURE TREATING CHEMICALS IN THE WOOD.
 7. DETERMINE THE POSITIVE & NEGATIVE DESIGN LOADS TO USE WHEN REFERRING THESE DOCUMENTS IN ACCORDANCE WITH THE GOVERNMENT CODE AND GOVERNING WIND VELOCITY. FOR WIND LOAD CALCULATIONS IN ACCORDANCE WITH THE FLORIDA BUILDING CODE, A DIRECTIONALITY FACTOR OF Kd = 0.85 MAY BE APPLIED PER THE ASCE 7 STANDARD.
 8. MATERIALS INCLUDING BUT NOT LIMITED TO STEEL SCREWS, THAT COME INTO CONTACT WITH OTHER SIMILAR MATERIALS SHALL MEET THE REQUIREMENTS OF FLORIDA BUILDING CODE CHAPTER 20 TO THE BEST OF YOUR KNOWLEDGE. THE WINDOWS SHOWN HEREIN ARE QUALITY ASSURED BY A FLORIDA STATE APPROVED CERTIFICATION/AGENCY & SHALL BE USED IN ACCORDANCE WITH THE FBC AND THE 2013 FLORIDA BUILDING COMMISSION SPECIFICATIONS. THESE DRAWINGS SHOP ALL APPLICABLE FLORIDA COMBINATION, INSTALLATION & COMPARATIVE ANALYSIS CONDITIONS AS DETERMINED THROUGH TESTING & ENGINEERING RATIONAL ANALYSIS. WINDOW ASSEMBLY SHALL BE IN ACCORDANCE WITH THESE DRAWINGS, THE MANUFACTURER'S QUALITY ASSURANCE SPECIFICATIONS & TESTING REPORTS.
 9. CERTIFICATION OF THESE WINDOWS SHALL BE CONSIDERED VOID IF THEY ARE INSTALLED WITHOUT A RECORD DRAWING FROM THE APPLICABLE LOCAL BUILDING DEPARTMENT OR IF THEY ARE INSTALLED BY ANYONE OTHER THAN A LICENSED CONTRACTOR EXPERIENCED WITH WINDOW INSTALLATIONS.

FL 12811

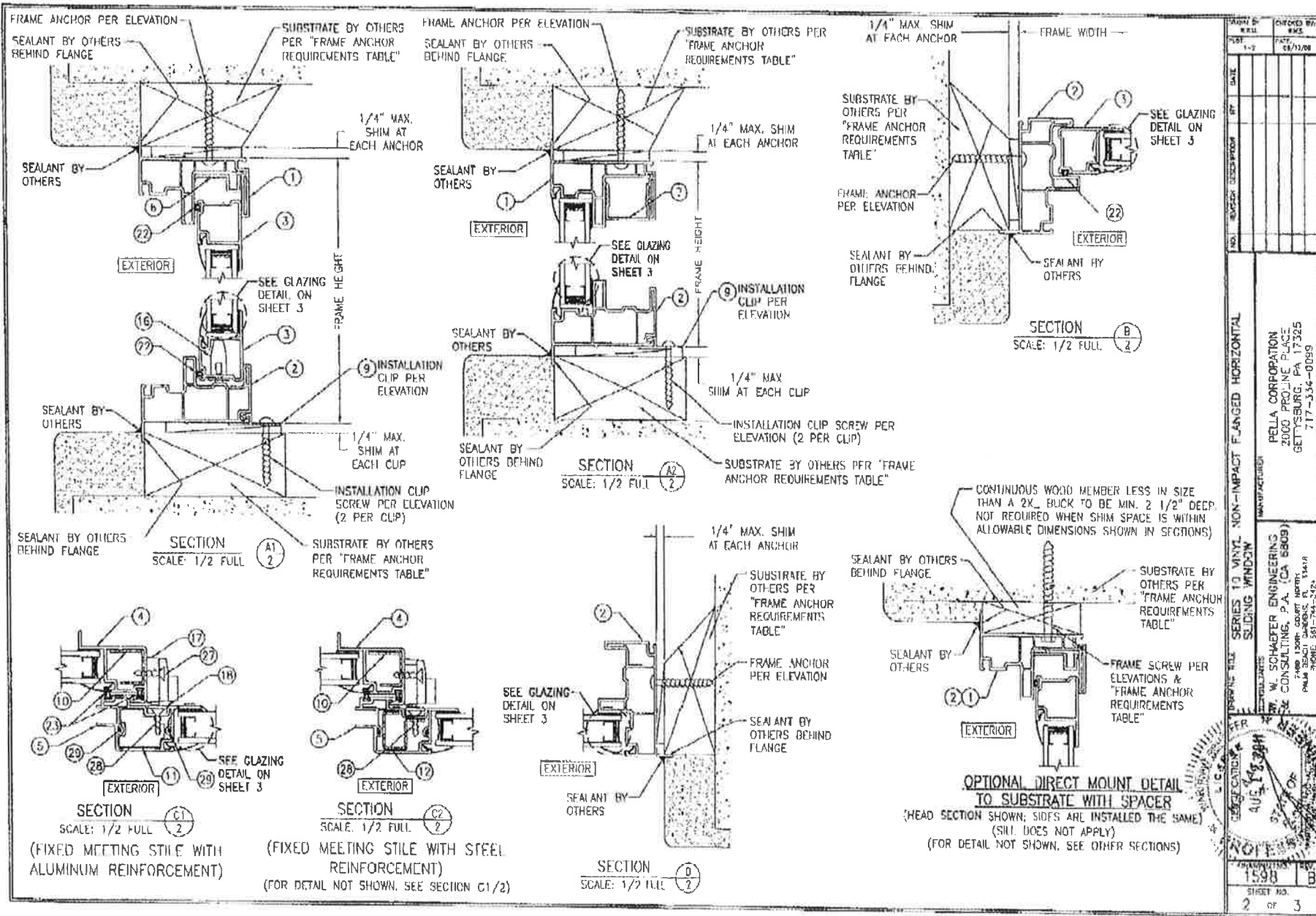
DATE BY: W.A.M.	DATE: 08/17/09
REV: 1-10	DATE: 08/17/09
BY: M.T.	DATE: 08/17/09
BY: G.A.O.	DATE: 08/17/09
BY: P.S.	DATE: 08/17/09
BY: S.P.	DATE: 08/17/09
BY: T.P.	DATE: 08/17/09
BY: V.P.	DATE: 08/17/09
BY: W.P.	DATE: 08/17/09
BY: X.P.	DATE: 08/17/09
BY: Y.P.	DATE: 08/17/09
BY: Z.P.	DATE: 08/17/09

MANUFACTURER:
BELLA CORPORATION
2030 PROLINE PLACE
GENTRYSBURG, PA 17325
7-7-334-0059

CONSULTANT:
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 00009)
7480 150TH STREET NORTH
PALM BEACH GARDENS, FL 33418
PHONE: 561-744-3304

CERTIFICATION:
AUG 12 2011
W. W. SCHAEFER, P.E.
NO. 44735
STATE OF FLORIDA
REGISTERED PROFESSIONAL ENGINEER

DRAWING NO. 1598
REV. B
SHEET NO. 1 OF 3



DESIGNED BY	DATE	CHECKED BY	DATE
1-2		56/12/08	
NO. REVISED	DATE	BY	REASON
SERIES 13 VINYL NON-IMPACT FLANGED HORIZONTAL SLIDING WINDOW MANUFACTURER BELLA CORPORATION 2000 PROLINE PLACE GETTYSBURG, PA 17325 717-334-0099			
W. SCHAEFER ENGINEERING & CONSULTING, P.A. (CA 6809) 7400 130th COURT NORTH PALM BEACH GARDENS, FL 33418 PHONE 561-794-2721			
405,183,384 REGISTERED PROFESSIONAL ENGINEER STATE OF FLORIDA 1598 SHEET NO. 2 OF 3			

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Work efficiently. Regulate fairly.

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

OFFICE OF THE SECRETARY

FL #

Application Type
Code Version
Application Status

FL6694-R9
Revision
2010
Approved

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer
Address/Phone/Email

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

Authorized Signature

TROY FARR
tbfarr@pella.com

Technical Representative
Address/Phone/Email

TROY FARR
18600 NE WILKES ROAD
PORTLAND, OR 97230
(503) 405-9176
tbfarr@pella.com

Quality Assurance Representative
Address/Phone/Email

TROY FARR
18600 NE WILKES ROAD
PORTLAND, OR 97230
(503) 405-9176
tbfarr@pella.com

Category
Subcategory

Windows
Fixed

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

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

Referenced Standard and Year (of Standard)

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

Year
2008

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted
Date Validated
Date Pending FBC Approval
Date Approved

09/27/2013
10/09/2013
10/16/2013

Summary of Products

FL #	Model, Number or Name	Description
6694.1	Series 10/20	Vinyl fixed window (90" X 76")
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +25/-25 Other: Configurations of glass conform to latest ASTM E1300 standard and shall be safety glazed where required by FBC Section 2406.</p>		
6694.2	Series 10/20	Vinyl fixed window (108" x 64")
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +25/-25 Other: Configurations of glass conform to latest ASTM E1300 standard and shall be safety glazed where required by FBC Section 2406.</p>		
6694.3	Series 10/20	Vinyl Fixed Window (60" x 60")
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other: Configurations of glass conform to latest ASTM E1300 standard and shall be safety glazed where required by FBC Section 2406.</p>		

Back

Next

Contact Us :: [1940 North Monroe Street, Tallahassee, FL 32399](#) Phone: 850-487-1824

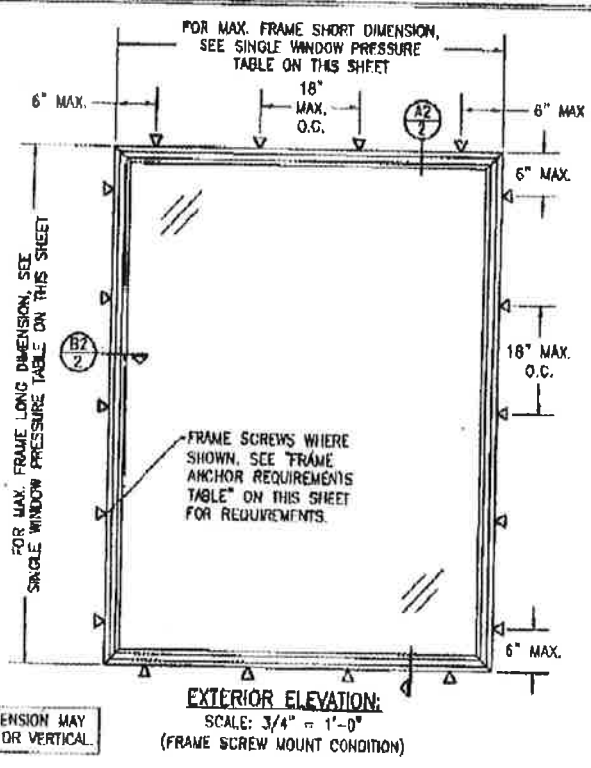
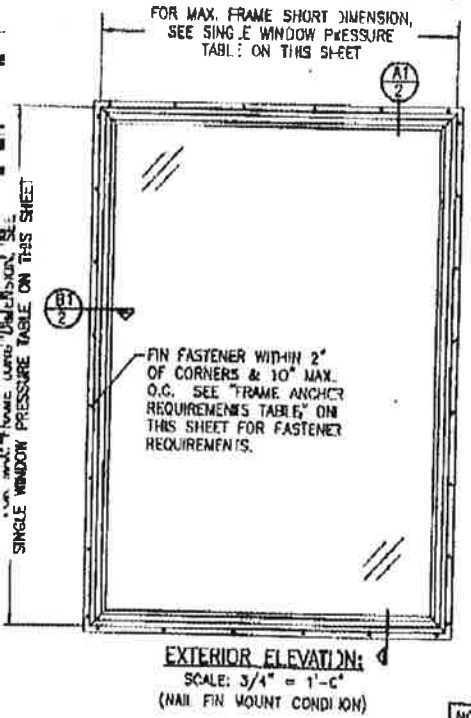
The State of Florida is an AA/EEO employer. Copyright 2007-2013 State of Florida. :: [Privacy Statement](#) :: [Accessibility Statement](#) :: [Refund Statement](#)
 Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850-487-1395.
 *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



GENERAL NOTES:

- ALL FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS. SPECIFIED ANCHOR EMBED TO BASE MATERIAL SHALL BE BEYOND WALL FINISH OR STUDS.
- OPENINGS, BUCKING & GUNNING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE.
- THESE NON-IMPACT RATED WINDOW SYSTEM INSTALLATIONS ARE IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC).
- ALL ANCHORS SECURING WINDOW FRAME TO PRESSURE TREATED BUCKS/WOOD FRAMING SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRESSURE TREATING CHEMICALS IN THE WOOD.
- MATERIALS, INCLUDING BUT NOT LIMITED TO STEEL SCREWS, THAT COME INTO CONTACT WITH OTHER DISSIMILAR MATERIALS SHALL MEET THE REQUIREMENTS OF FLORIDA BUILDING CODE CHAPTER 20.
- TO THE BEST OF OUR KNOWLEDGE, THE WINDOWS SHOWN HEREIN ARE CERTIFIED & QUALITY ASSURED BY A FLORIDA STATE APPROVED CERTIFICATION ENTITY & SHALL BE LABELED IN ACCORDANCE WITH THE FBC AND THE 08-72 FLORIDA BUILDING COMMISSION SPECIFICATIONS. WINDOW ASSEMBLY IS NOT PART OF THIS DRAWING AND SHALL BE IN ACCORDANCE WITH THE MANUFACTURER'S QUALITY ASSURANCE SPECIFICATIONS & TESTING REPORTS.
- CERTIFICATION OF THESE WINDOW INSTALLATIONS SHALL BE CONSIDERED IF ANY OF THE FOLLOWING APPLY: 1) THEY ARE INSTALLED WITHOUT A BUILDING PERMIT FROM THE APPLICABLE LOCAL BUILDING DEPARTMENT, 2) IF THEY ARE INSTALLED BY ANYONE OTHER THAN A LICENSED CONTRACTOR EXTENDED BY WINDOW INSTALLATIONS, 3) IF CHANGES HAVE OCCURRED TO THE PRODUCT'S CERTIFICATION ENTITY'S CERTIFICATE THAT CAUSE THESE INSTALLATIONS TO BE INCORRECT OR INCONSISTENT WITH WHAT HAS BEEN TESTED.
- THE LEAST DESIGN PRESSURE SPECIFIED EITHER IN THIS DRAWING OR IN THE PRODUCT'S CERTIFICATION SHALL CONTROL FOR THE INSTALLED WINDOW.
- THESE DRAWINGS CERTIFY THE WINDOW INSTALLATION ONLY. WATER PROOFING OF THE INSTALLED WINDOWS IS NOT PART OF THIS INSTALLATION CERTIFICATION THAT RESPONSIBILITY SHALL BE THAT OF THE MANUFACTURER &/OR INSTALLER.



FRAME ANCHOR REQUIREMENTS TABLE

OPENING TYPE (SUBSTRATE)	FRAME/FIN TO OPENING TYPE	MINIMUM EMBED	MINIMUM EDGE DIST.
(1) FRAME SCREWS			
MIN. 2X4 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 10 SMS OR MAX. NEW	1 1/4"	3/4"
MIN. 18 GA. 33 KSI METAL STUD	NO. 10 GR. 5 SELF TAP SCREW	FULL	1/2"
MIN. 1/8" THK A36 STEEL	NO. 10 GR. 5 SELF TAP SCREW	FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 10 GR. 5 SELF TAP SCREW	FULL	1/2"
MIN. C-90 CMU OR 2500 PSI CONCRETE	Ø 1/4" CONCRETE	1 1/4"	2"
(2) NAILING FIN FASTENERS			
MIN. 2X4 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 SMS SCREW	1 3/8"	1/2"
MIN. 2X4 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	11 GA. ROOFING	1 3/8"	1/2"
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP SCREW	FULL	1/2"
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP SCREW	FULL	1/2"
(1) CONCRETE SCREWS SHALL BE ELCO ULTRACONS, ELCO CRETE-F HEAD TAPSCREWS OR HULTI KWIK-CON II (HARDENED STEEL OR S.S.) (2) WHEN SCREWS ARE USED WITH THE NAIL FIN, THEY MUST BE A FLAT WASHER AT THE SCREW HEAD. (3) FRAME SCREWS MUST BE PAN, WAFFLE OR HEX HEAD SCREWS			

INSTALLATION NOTE:
 WHEN NECESSARY, FIN & FRAME SCREW INSTALLATION METHODS MAY BE MIXED WITH ANY ONE WINDOW SUCH THAT INDIVIDUAL SIDES OF THE WINDOW MAY USE ONE OR THE OTHER ANCHOR METHOD (EXAMPLE: SILL MAY USE FIN METHOD WHILE OTHER SIDES USE FRAMESCREWS)

INSTALLATION EVALUATION IS BASED ON APPLICABLE ANCHOR STANDARDS AND/OR INFORMATION & RESULTS FROM APPLICABLE TEST REPORTS. THE FLORIDA BUILDING CODE VERSION CONSIDERED WITH THE EVALUATION WAS THAT IN FORCE AT THE TIME OF THE EVALUATION. IN THE EVENT OF CODE VERSION CHANGES/UPDATES OR IN THE EVENT THAT NEW OR ADDITIONAL TESTING IS COMPLETED ON THE REFERENCED PRODUCT, PRIOR TO FUTURE CODE COMPLIANCE WITH THE STATE, THE MANUFACTURER SHALL CONSULT WITH THE INSTALLATION EVALUATION ENGINEER OF RECORD THAT THE INSTALLATIONS SPECIFIED HERE-IN ARE CURRENT WITH THE MOST CURRENT TESTING, CODE AND APPLICABLE STANDARDS.

ALLOWABLE SINGLE WINDOW PRESSURE TABLE

MAXIMUM FRAME LONG DIMENSION (IN.)	MAXIMUM FRAME SHORT DIMENSION (IN.)	ALLOWABLE PRESSURE (+/- PSF)
108	84	25
90	76	25
60	60	50

DATE BY DATE BY DATE BY
 CHECKED BY
 DRAWN BY
 DATE
 DATE
 DATE

DESIGNER: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.
 2050 PROLINE PLACE
 GETTYSBURG, PA. 17325
 TEL: 717-334-0889

MANUFACTURER: PELLA CORPORATION
 2050 PROLINE PLACE
 GETTYSBURG, PA. 17325
 TEL: 717-334-0889

SERIES 10/20 VINYL PICTURE WINDOW FL 6694

REGISTERED PROFESSIONAL ENGINEER
 WALTER W. SCHAEFER
 LICENSE NO. 44135
 STATE OF FLORIDA

AUG 8 2011

REVISION NO. 1473 REV. A
 SHEET NO. 1 OF 2

15



Fax: (407)581-0313

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/18/2013

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	Florida State Underwriters, Inc 950 S Winter Park Dr STE 310 Casselberry, FL 32707	CONTACT NAME: Scott Richardson PHONE (A/C, No. Ext): (407)260-1046 ADDRESS: scott@fsuinsurance.com INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	Doug Hamilton Kitchens Inc 29940 Rainey Rd Sorrento, FL 32776	INSURER A: Mid-Continent Casualty Company INSURER B: Mid-Continent INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 00001678-0 REVISION NUMBER: 1

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 INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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 AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		04-GL-000878591	06/19/2013	06/19/2014	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		04-GL-000878591	06/19/2013	06/19/2013	

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

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Ave
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

(WSR)

ACORD 25 (2010/05)

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JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 7/20/2013

EXPIRATION DATE: 7/20/2015

PERSON: HAMILTON

DOUGLAS

T

FEIN: 201476461

BUSINESS NAME AND ADDRESS:

DOUG HAMILTON KITCHENS I

29940 RAINEY RD

SORRENTO

FL

32776

SCOPES OF BUSINESS OR TRADE:

LICENSED RESIDENTIAL
CONTRACTR

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

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

HAMILTON, DOUGLAS TODD
 DOUG HAMILTON KITCHENS INC
 29940 RAINEY RD
 SORRENTO FL 32776-8008



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION

AC# 6143490

CRC1328790 05/29/12 118193820

CERTIFIED RESIDENTIAL CONTRACTOR
 HAMILTON, DOUGLAS TODD
 DOUG HAMILTON KITCHENS INC

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong. Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better, so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

IS CERTIFIED under the provisions of Ch. 489 FS
 Expiration date: AUG 31, 2014 L12052901282

DETACH HERE

C# 6143490

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12052901282

DATE	BATCH NUMBER	LICENSE NBR
05/29/2012	118193820	CRC1328790

The RESIDENTIAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2014

HAMILTON, DOUGLAS TODD
 DOUG HAMILTON KITCHENS INC
 29940 RAINEY RD
 SORRENTO FL 32776-8008

RICK SCOTT
 GOVERNOR

KEN LAWSON

Scott Randolph, Tax Collector

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 authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 **EXPIRES 9/30/2014** 5000-0516027
5000 BUSINESS OFFICE 1 EMPLOYEE CERT RESID CONTRACTOR \$30.00 1 EMPLOYEE ;



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

DOUG HAMILTON KITCHENS INC
HAMILTON DOUGLAS T QUALIFIER

HAMILTON FINE CABINETRY
DOUG HAMILTON KITCHENS INC
P O BOX 470
SORRENTO FL 32776

29940 RAINEY RD (MOBILE)
X - SORRENTO, 32776

PAID: \$60.00 025-00050756 9/12/2013

This receipt is official when validated by the Tax Collector.

PAID: \$60.00 025-00050756 9/12/2013
This receipt is official when validated by the Tax Collector.