



# City of Belle Isle

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

RECEIVED  
JUN 11 2020

## Building / Land Use Permit Application

DATE: 5-29-2020

PERMIT # 2020-06-040

PROJECT ADDRESS 5050 Conway Road 5050 Conway Rd, Belle Isle, FL 32809 X 32812

PROPERTY OWNER D-LAND Shayana of Orlando LLC PHONE 407 203-0005 VALUE OF WORK (labor & material) \$ 429,145.79

**PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS**

**ADD 1000 SF TO EXISTING BUILDING - NEW STUCCO FACE WITH STOREFRONT GLASS & CLOSE ENTRANCE-**  
Add 1000 SF to existing building, new stucco face with storefront glass and close entrance (if required). The new use will be a combo pharmacy/family medical practice. Re-seal and stripe parking as required. All code violations within the building will be corrected.  
**NEW USE= COMBO PHARMACY/FAMILY MEDICAL PRACTICE**

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

**17-23-30-0000-00-008**

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-0000-00-008

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.** Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind-Exposure Category: B  C  D

**PLANNING & ZONING APPROVAL:**

DATE

SPRINKLERS REQ'D Y  N   
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent \_\_\_\_\_ RCD \_\_\_\_\_

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

CONSTRUCTION TYPE CMU BLOCK  
 OCCUPANCY GROUP X Comm Res: Single Fam Multi Fam  
 #BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES 1 TOTAL SQ.FT. 3604 SF (includes 1000 SF add ition)  
 MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_  
 MIN. FLOOR ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_  
 WATER SERVICE Orange County WELL N/A SEPTIC N/A

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	\$
HED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

BUILDING REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 6-11-2020

Per FSS 105.3.3:

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

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

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

1% BCAIB FEE \_\_\_\_\_

1.5% DCA FEE \_\_\_\_\_

TOTAL \_\_\_\_\_

**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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 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED  
 JUN 11 2020

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

**PERMIT #** 2020-06040

Owner's Name D-LAND

Owner's Address 5050 Conway Road, Orlando, FL 32812

Contractor Name <u>Dean Blankenship</u>	Company Name <u>Hosanna Building Contractors</u>
License # <u>CBC1257096</u>	Company Address <u>278 Semoran Commerce Place</u>
Contact Phone/Cell <u>407-703-9861</u>	City, State, ZIP <u>Apopka, FL 32703</u>
Contact Email <u>brittany@hosannabc.com</u>	Contact Fax <u>N/A</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](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://www.municode.com)) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

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

Owner Signature [Signature]

The foregoing instrument was acknowledged before me this 6/13/20

by An Dang who is personally known to me

and who produced \_\_\_\_\_ as identification and who did not take an oath.

Notary as to Owner  
 State of Florida  
 County of Orange  
 Notary Public State of Florida  
 Brittany Porter  
 My Commission GG 987187  
 Expires 05/18/2024

Contractor Signature \_\_\_\_\_

COMPANY NAME Hosanna Building Contractors

The foregoing instrument was acknowledged before me this 6/13/20

by Dean Blankenship who is personally known to me

and who produced \_\_\_\_\_ as identification and who did not take an oath.

Notary as to Owner  
 State of Florida  
 County of Orange

Notary Public State of Florida  
 Brittany Porter  
 My Commission GG 987187  
 Expires 05/18/2024

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

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

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



Needs P&Z approval  
change of use

Susan Manchester

**From:** Susan Manchester  
**Sent:** Friday, June 12, 2020 7:41 AM  
**To:** Brittany Porter; Dean Blankenship  
**Cc:** CobiPermits; hpeacock@belleislefl.gov; yquiceno@belleislefl.gov; April Fisher  
**Subject:** RE: 5050 Conway Rd - Conv Store to Med Fac permit app 2020-06-040 + Pharmacy remodel & change of occupancy

2020-06-040

5050 Conway

Hello Brittany and Dean,

Please refer to April Fisher's email below regarding required Planning and Zoning review. Please contact April Fisher via email or at the number that she provides below to get instruction on how to submit to the Planning and Zoning Board for consideration of approval for this property's change of use. P&Z approval is needed before any other steps can be taken to move forward with this project.

Thank you,

Susan Manchester  
Permit Administration for the City of Belle Isle  
Building Inspections and Code Compliance Department  
  
3532 Maggie Blvd  
Orlando, FL 32811  
p 407-423-0504 Ext 23309 | f 407-423-3106



NO

**From:** April Fisher [mailto:aprilfisher73@gmail.com]  
**Sent:** Friday, June 12, 2020 7:12 AM  
**To:** Susan Manchester <SManchester@universalengineering.com>  
**Cc:** CobiPermits <CobiPermits@universalengineering.com>; hpeacock@belleislefl.gov; yquiceno@belleislefl.gov  
**Subject:** Re: 5050 Conway Rd - Conv Store to Med Fac + Pharmacy remodel & change of occupancy

Hi Susan, they are not approved and will have to go through the site plan approval process with the Planning and Zoning Board first. A similar use was proposed last year and representatives for the applicant came in to meet with us about the site plan process but they never made an application.

Thank you,

April

April Fisher, AICP

Fisher Planning and Development Services  
407-494-8789

On Thu, Jun 11, 2020 at 3:05 PM Susan Manchester <[SManchester@universalengineering.com](mailto:SManchester@universalengineering.com)> wrote:

Hello April,

The attached app and plans came into today. I have sent it to you for zoning review. They are proposing to add 1,000 SF and complete an interior build out.

I don't know if they are pre-approved or if they need approval from the City for this change of use from gas station/convenience store to a medical facility with pharmacy. I will let you take a look and advise me of your determinations.

Thank you,

**Susan Manchester**

Permit Administration for the City of Belle Isle  
Building Inspections and Code Compliance Department

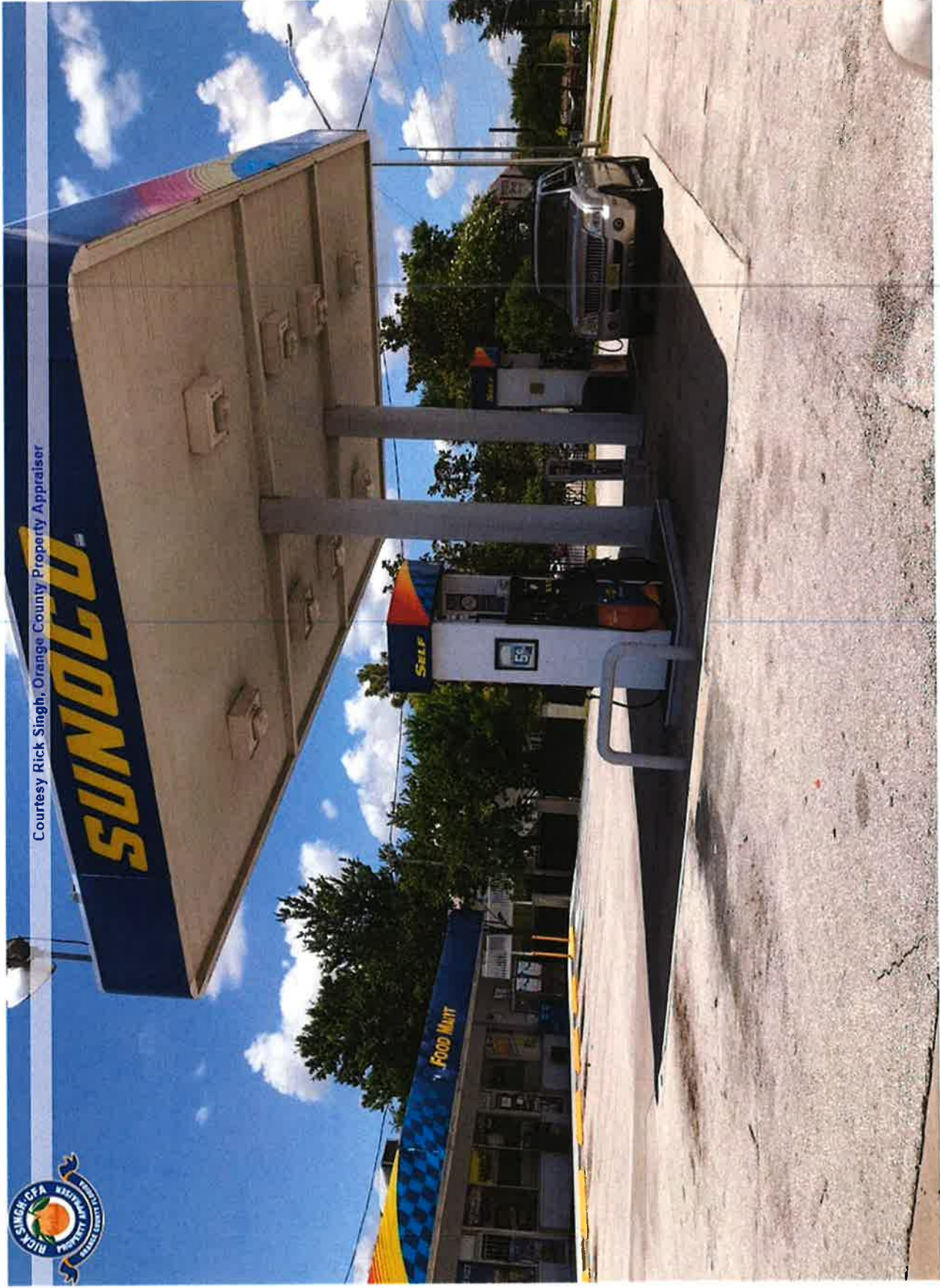
3532 Maggie Blvd

Orlando, FL 32811

p 407-423-0504 Ext 23309 | f 407-423-3106



*Gas canopy has been demo'd.*



Courtesy Rick Singh, Orange County Property Appraiser



5050 CONWAY RD, ORLANDO, FL 32812 6/11/2018 12:52 PM





**RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

**5050 Conway Rd** < 17-23-30-0000-00-008 >

Name(s)  
Shayona Of Orlando LLC

Physical Street Address  
5050 Conway Rd

Postal City and Zipcode  
Orlando, FL 32812

Property Name  
Food Mart/Sunoco

Property Use  
1110 - Retail Conv Store

Mailing Address On File  
5050 Conway Rd

Municipality  
Orlando, FL 32812-1258

Incorrect Mailing Address?  
Belle Isle



**View 2019 Property Record Card**

- Property Features
- Values, Exemptions and Taxes
- Sales Analysis
- Location Info
- Market Stats
- Update Information

**2020 values will be available in August of 2020.**

**Property Description**

FROM NE COR OF NW1/4 OF SE1/4 RUN S 1338.57 FT TH W 53 FT S 556 FT FOR POB TH S 120 FT W 130 FT N 120 FT E 130 FT TO POB IN SEC 17-23-30

**Total Land Area** 15,601 sqft (+/-) | 0.36 acres (+/-) GIS Calculated Notice

**Land**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1110 - Retail Conv Store	C-1	15600 SQUARE FEET	working...	working...	working...	working...

Page 1 of 1 (1 total records)

**Buildings**

Important Information		Structure	
<b>Model Code:</b>	04 - Commercial	<b>Actual Year Built:</b>	1975
<b>Type Code:</b>	1110 - Retail Conv Store	<b>Beds:</b>	0
		<b>Gross Area:</b>	4014 sqft
		<b>Living Area:</b>	2604 sqft



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**BLANKENSHIP, DEAN JOSEPH**

HOSANNA BUILDING CONTRACTORS INC  
278 SEMORAN COMMERCE PLACE  
APOPKA FL 32703

**LICENSE NUMBER: CBC1257096**

**EXPIRATION DATE: AUGUST 31, 2020**

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



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/28/2020

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

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

<b>PRODUCER</b> Closson Insurance Agency, LLC 1201 S. Orlando Avenue Suite 200 Winter Park FL 32789	<b>CONTACT NAME:</b> Lisa Albright <b>PHONE (A/C, No, Ext):</b> (407) 898-2211 <b>E-MAIL ADDRESS:</b> lalbright@clossoninsurance.com	<b>FAX (A/C, No):</b> (407) 898-1850
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Hosanna Building Contractors Inc 278 Semoran Commerce Pl Apopka FL 32703-4670	<b>INSURER A:</b> Southern-Owners Insurance Co	<b>NAIC #</b> 10190
	<b>INSURER B:</b> Owners Insurance Company	32700
	<b>INSURER C:</b> Bridgefield Casualty Ins Co	10335
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 03022020      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			72213894	06/21/2019	06/21/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 Premises/Operations \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			4885956300	06/21/2019	06/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000 PIP-Basic \$ 10,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			4885952700	06/21/2019	06/21/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	196-45435	02/15/2020	02/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

### CERTIFICATE HOLDER

### CANCELLATION

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



**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

2019  
1801 CERT BUILDING CONTR \$30.00

**EXPIRES 9/30/2020**  
1 EMPLOYEE ; 5000 BUSINESS OFFICE

1801-1062221  
6 EMPLOYEES ; \$30.00

TOTAL TAX \$80.00  
PREVIOUSLY PAID \$60.00  
TOTAL DUE \$0.00

BLANKENSHIP DEAN J PRESIDENT

HOSANNA BUILDING CONTRACTORS INC  
BLANKENSHIP DEAN J PRESIDENT  
278 SEMORAN COMMERCE PL  
APOPKA FL 32703

278 SEMORAN COMMERCE PL  
D - APOPKA, 32703

PAID: \$60.00 0098-00920997 9/30/2019

**Tax Collector Scott Randolph**

**Local Business Tax Receipt**

**Orange County, Florida**

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2019  
1801 CERT BUILDING CONTR \$30.00

**EXPIRES 9/30/2020**  
1 EMPLOYEE ; 5000 BUSINESS OFFICE

1801-1062221  
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TOTAL DUE \$0.00

BLANKENSHIP DEAN J PRESIDENT

HOSANNA BUILDING CONTRACTORS INC  
BLANKENSHIP DEAN J PRESIDENT  
278 SEMORAN COMMERCE PL  
APOPKA FL 32703

278 SEMORAN COMMERCE PL  
D - APOPKA, 32703

PAID: \$60.00 0098-00920997 9/30/2019



This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

## Frank Matos

---

**From:** Brittany Porter <brittany@hosannabc.com>  
**Sent:** Thursday, June 11, 2020 2:01 PM  
**To:** Frank Matos  
**Cc:** CobiPermits; Dean Blankenship  
**Subject:** RE: 5050 Conway Rd., permit, bldg, COMMERCIAL RENOVATION, submittal, PENDING REQUIREMENTS Hosanna Building Contractors, Inc.

Hi Frank,

The total for construction costs is \$429,145.79.

Does the NOC need to be recorded and submitted now or before the permit is released?

Thank you,  
Brittany Porter

---

**From:** Frank Matos <fmatos@universalengineering.com>  
**Sent:** Thursday, June 11, 2020 11:36 AM  
**To:** Brittany Porter <brittany@hosannabc.com>; Dean Blankenship <dean@hosannabc.com>  
**Cc:** CobiPermits <CobiPermits@universalengineering.com>  
**Subject:** 5050 Conway Rd., permit, bldg, COMMERCIAL RENOVATION, submittal, PENDING REQUIREMENTS Hosanna Building Contractors, Inc.

**Brittany** Thank you for the submittal: 5050 Conway Rd., permit, bldg, COMMERCIAL RENOVATION, submittal, PENDING REQUIREMENTS Hosanna Building Contractors, Inc.

Please **do not change the subject line** of this email when replying or forwarding. Ensure that the subject line reads as above referencing and including the correct address in order to keep consistency and the application will be properly processed.

PENDING **SEE ATTACHMENT**

○ Ensure that the application is filled out completely, **the value of work & materials** is essential in order to process the permit application.

○ **THIS IS ONLY FOR PROTOCOL, I KNOW YOU MENTIONED YOU FILED FOR THE NOC WITH ORANGE COUNTY;**

Notice of Commencement (NOC)- Any project with an estimated cost of **\$2,500** or more (**\$7,500 for mechanical**) must submit a NOTICE OF COMMENCEMENT that has been signed, notarized and recorded unless there is an open building permit for the property. **The NOC may be recorded at: Orange County Comptroller's Office 109 E. Church St. #300, Orlando FL, 32801 (407) 836-5775**

**E - FILING NOC** We realize that there are challenges right now what with the COVID-19 closures, and that the **NOC** will need to be filed for electronically, or sent into the Orange County Comptroller by UPS or FedEx. Below is the latest info from **Michelle Cassidy, Administrative Specialist for the Orange County Official Records Department**, regarding the procedure for recording NOCs electronically, or by UPS / FedEx. Apparently, Orange County cannot accept NOC's by email for recording. Please see **Michelle's instructions** below:

**To:** CobiPermits <[CobiPermits@universalengineering.com](mailto:CobiPermits@universalengineering.com)>  
**Cc:** Dean Blankenship <[dean@hosannabc.com](mailto:dean@hosannabc.com)>  
**Subject:** Building Permit Submittal, 5050 Conway Road, Hosanna Building Contractors, Inc.  
**Importance:** High

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

---

Good Afternoon,

Please see the attached executed permit application, COI, licensing documents and plans for the proposed addition and renovation at 5050 Conway Road.

Upon your review, please let me know if you need any additional documentation or revisions made to push this through to plan review.

We have the executed NOC and plan to have that recorded as soon as possible.

I look forward to hearing from you.

Thank you,

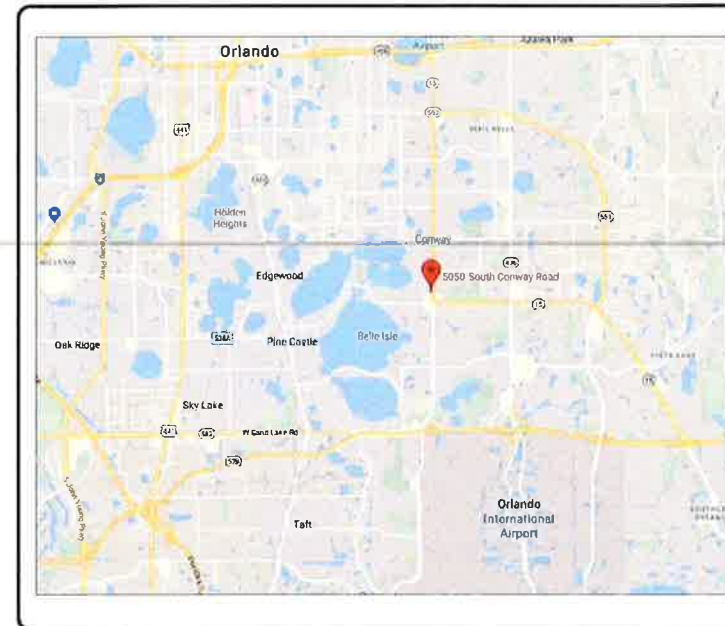


*Brittany B. Porter*

Senior Project Coordinator  
278 Semoran Commerce Place  
Apopka, FL 32703  
Direct: 407-703-9861  
Fax: 321-256-5093  
[www.hosannabc.com](http://www.hosannabc.com)



# CONWAY MEDICAL PLAZA



LOCATION MAP 



VICINITY MAP 

BUILDING CODE REFERENCE	FLORIDA BUILDING CODE - 2017 6th Edition
INFORMATION DRAWINGS	SECTION 1606.1.7 FBC SECTION 1606
1. BASIC WIND SPEED	FLORIDA 140 MPH - 3 SECOND GUST
2. WIND IMPORTANCE FACTOR	FACTOR II BUSINESS OCCUPANCY
3. WIND EXPOSURE	FLORIDA WIND EXPOSURE B
4. INTERNAL PRESSURE COEFFICIENT	BUILDING SIMPLE DIAPHRAM MEETING THE 7 SHAPE CRITERIA INTERNAL PRESSURE COEFFICIENT 0.18
5. COMPONENTS & CLADDING	DESIGN WIND PRESSURE 32 PSF FOR COMPONENTS & CLADDING
DESIGN WIND PRESSURE FOR OPENINGS + 29.4 PSF / -34.7 PSF FOR 36" WIDTH OPENING	
STREET ADDRESS 5050 CONWAY ROAD, ORLANDO, FLORIDA 32812	
PARCEL NUMBER 17-23-30-0000-00-008	
DOR USE CODE 1100-RETAIL CONV STORE	
JURISDICTION: ORANGE COUNTY	
CONSTRUCTION TYPE: CMU BLOCK	
EXISTING AREA: 2604sqft ADDITION: 1240sqft AREA TOTAL: 3844sqft	
DR. OFFICE AREA: 2666sqft PHARMACY AREA: 1178sqft	
OCCUPANCY: MERCANTILE	
SCOPE OF WORK: SIDE ADDITION	

## SHEET LEGEND

CV-01	CODES, SCOPE OF WORK, SHEET LEGEND, VICINITY MAP
A-01	EXISTING SITE PLAN
A-02	PROPOSED SITE PLAN
A-03	PROPOSED FOUNDATION PLAN
A-04	PROPOSED FLOOR PLAN
A-05	LIFE SAFETY PLAN
D-01	DETAILS
E-01	ELECTRICAL PLAN
E-02	CEILING LIGHT PLAN
M-01	MECHANICAL PLAN
P-01	PLUMBING PLAN

## CODE INFORMATION

ADOPTED CODES FLORIDA BUILDING CODE- 2017 6th Edition  
 BUILDING: FLORIDA BUILDING CODE- 2017, EXISTING BUILDING  
 FIRE: FLORIDA PREVENTION CODE- 2017  
 PLUMBING: FLORIDA BUILDING CODE, PLUMBING- 2017  
 MECHANICAL: FLORIDA BUILDING CODE, MECHANICAL- 2017  
 ELECTRICAL: CHAPTER 27- NFPA 70, NATIONAL ELECTRIC CODE, 2017  
 ACCESSIBILITY: 2017 FLORIDA ACCESSIBILITY CODE FOR BLDG CONSTRUCTION  
 ENERGY: FBC 2017 ENERGY EFFICIENCY FOR BLDG CONSTRUCTION



HOSANNA BUILDING CONTRACTORS  
 278 SEMORAN COMMERCE PLACE  
 APOPKA 32703  
 407.482.6332

Val diValentin, Architect.  
 1844 Crestview Dr  
 Mount Dora FL 32757  
 AR 7114

5050 CONWAY ROAD,  
 ORLANDO, FLORIDA  
 32812

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## VICINITY MAP

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 0001447C, cn=val di valentin  
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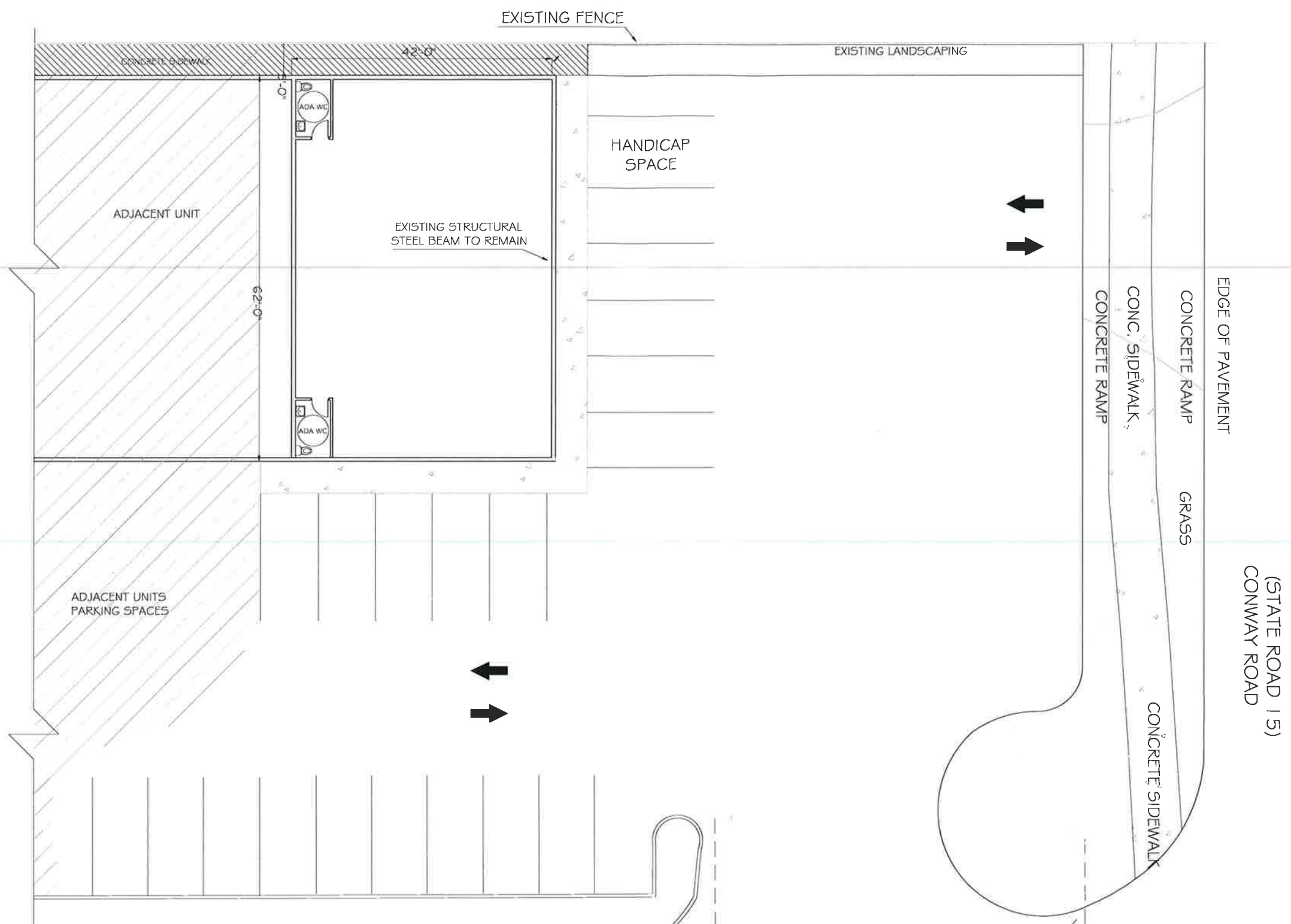


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EXISTING SITE PLAN  
1/8" = 1'

INGRESS/EGRESS EASEMENT  
PER ORB 3154, PG 972



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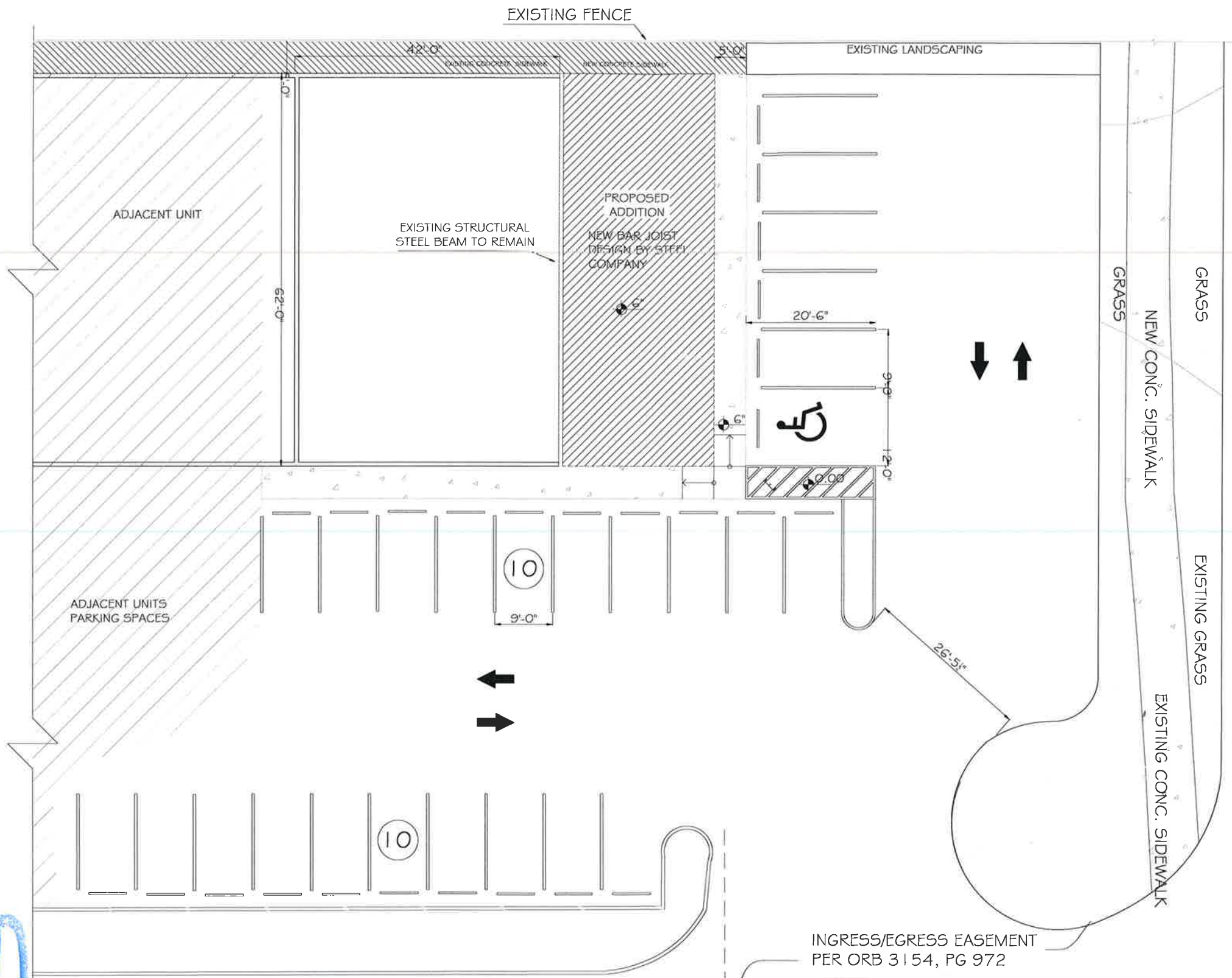


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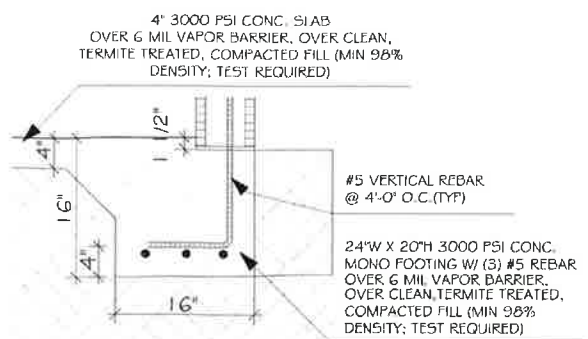
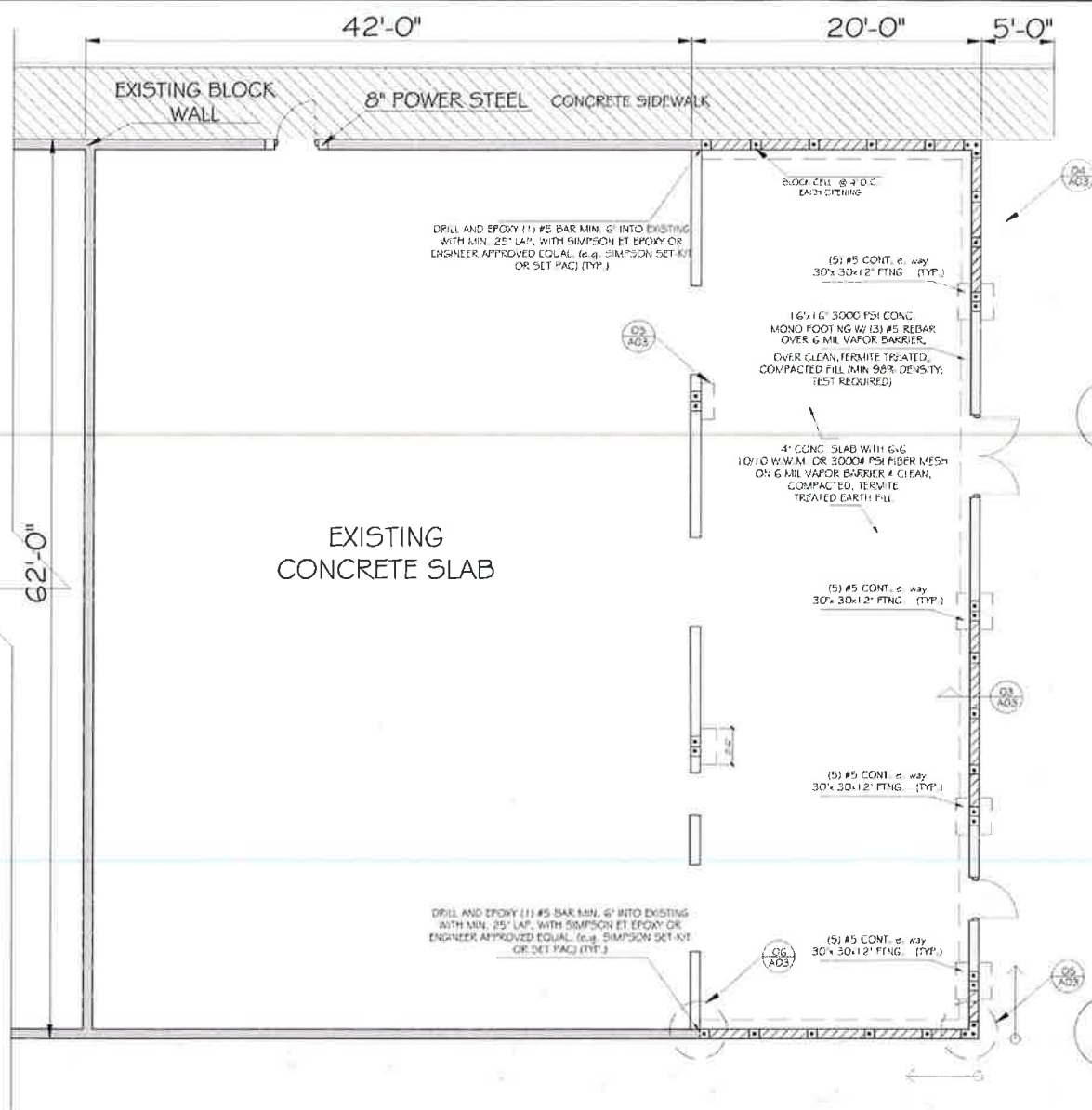
PROPOSED SITE PLAN  
1/8" = 1'



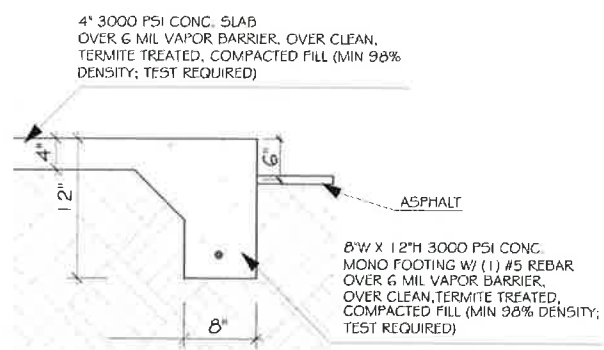
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0001447C, cn=val di valentin  
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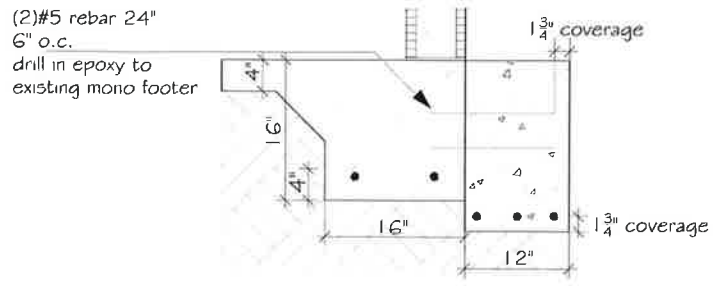




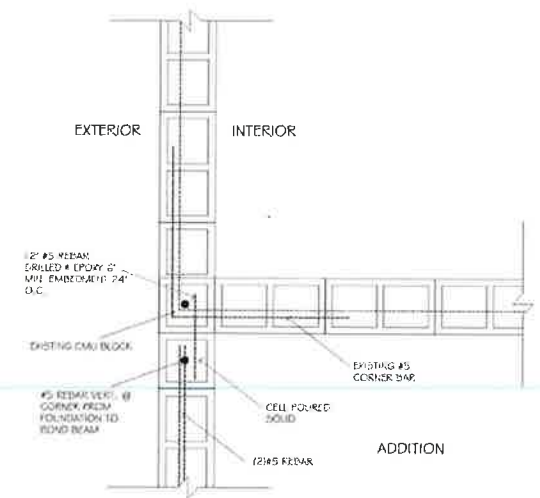
3 MONO FOOTING (TYP)  
N.T.S.



4 SIDEWALK TO ASPHALT (TYP)  
N.T.S.

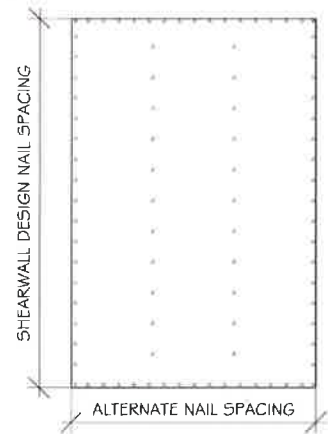


5 EXISTING FOOTER MODIFICATION  
N.T.S.



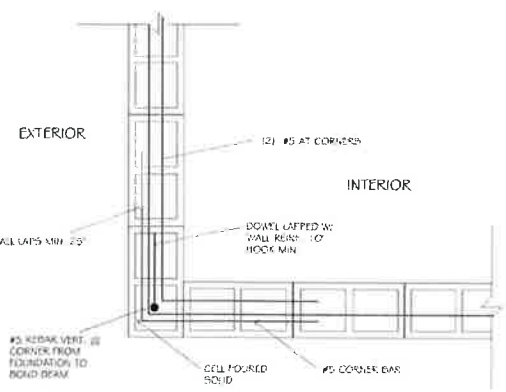
6 NEW BLOCK WALL TO EX. CORNER  
1" = 1"

1 PROPOSED FOUNDATION PLAN  
1/8" = 1'



2 DRYWALL FASTENER SCHEDULE  
N.T.S.

NOTES:  
ALL HORZ. JOINTS SHALL OCCUR OVER FRAMING. PANELS SHALL BE ATTACHED TO BOTTOM PLATES & TOP MEMBER OF DOUBLE TOP TRACK.  
1 5/8" DRYWALL SCREWS  
4" O.C. EDGES  
8" O.C. FIELD



7 CORNER/ VERTICAL WALL REINF.  
1" = 1"



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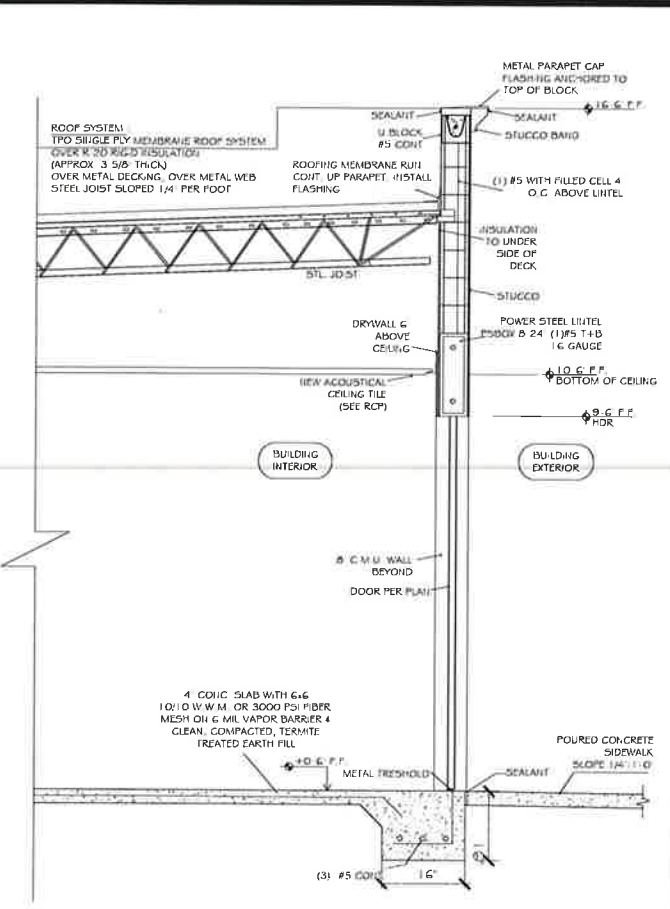
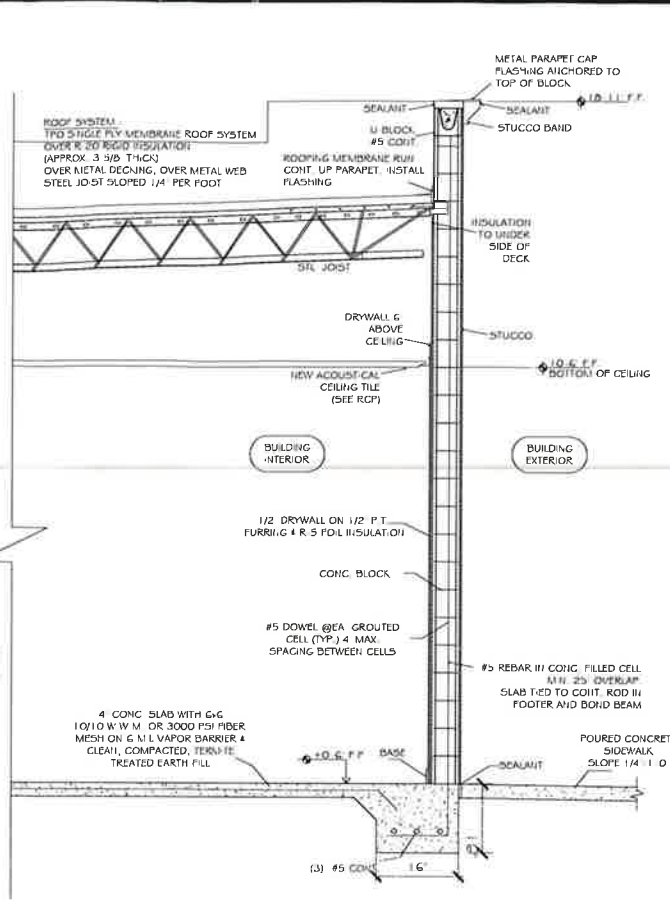
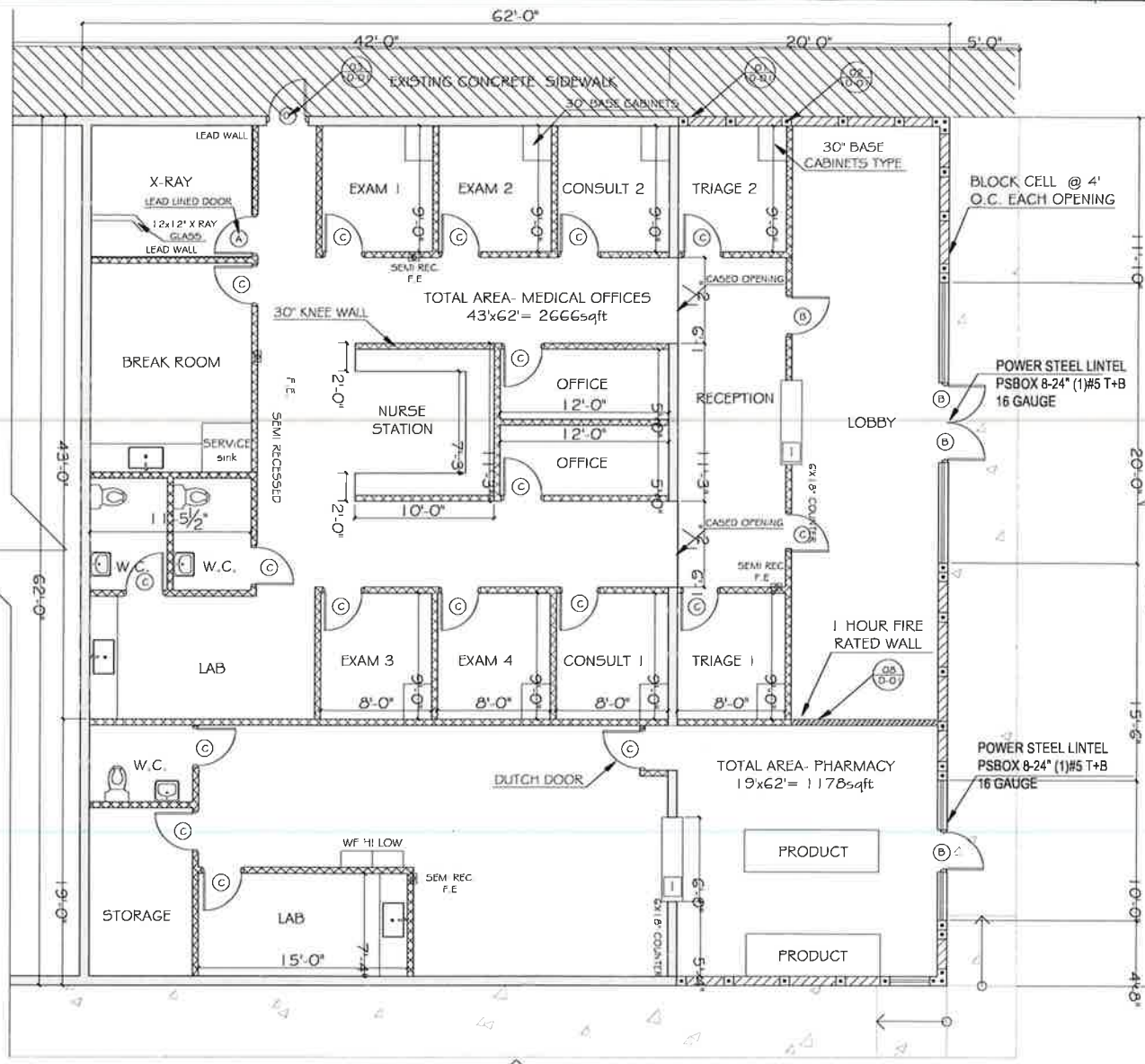
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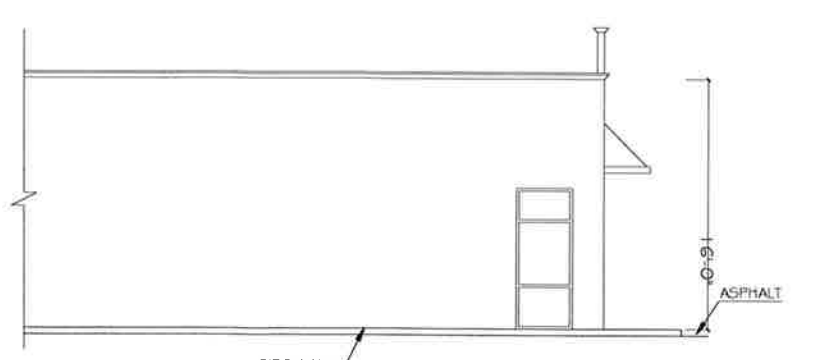
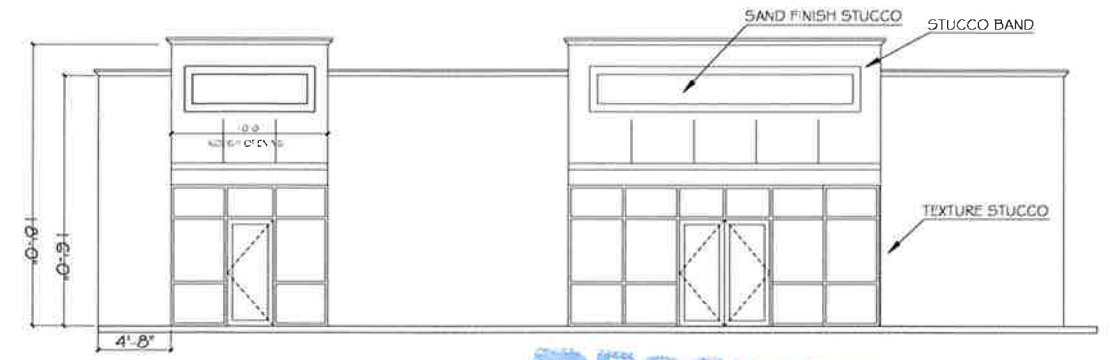
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AR 7114

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ORLANDO, FLORIDA  
32812



**1 PROPOSED FLOOR PLAN**  
3/16" = 1"

AREA SCHEDULE	
EXISTING BLOCK WALLS	EXISTING BUILDING: 62' x 42' = 2604sqft
NEW BLOCK WALLS	ADDITION BUILDING: 20' x 62' = 1240sqft
NEW FRAMED WALLS	TOTAL: 62' x 62' = 3844sqft



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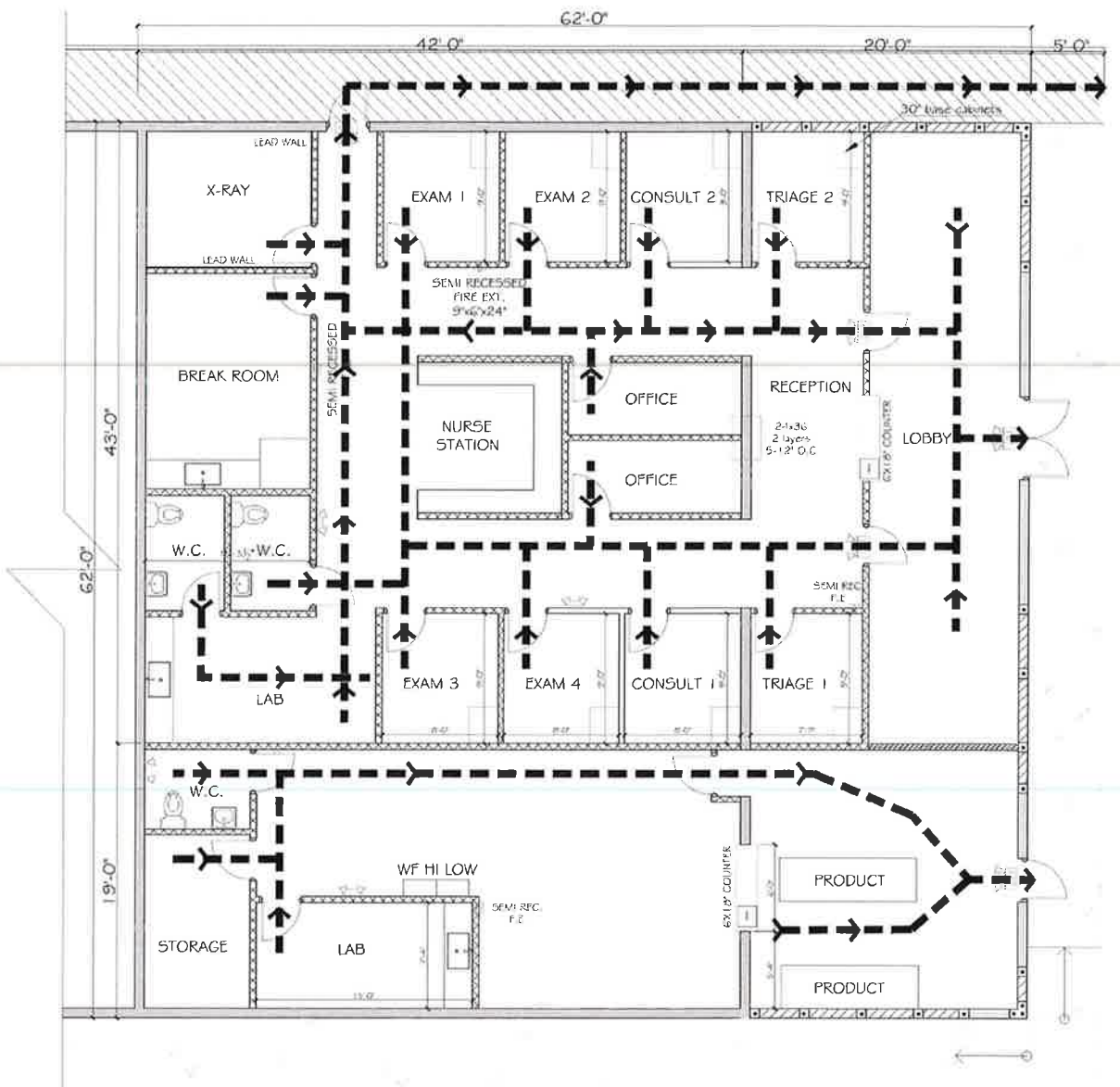
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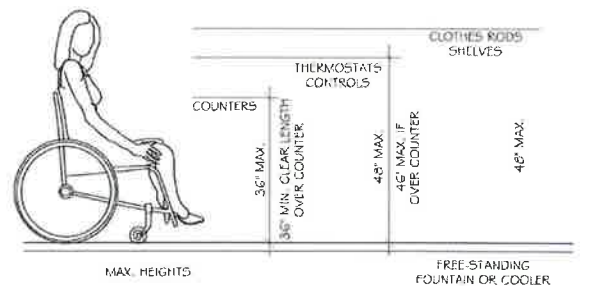
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**1 LIFE SAFETY PLAN**  
3/16" = 1'

NEW MIN 4" THICK 3000 PSI 28 DAY STRENGTH CONCRETE RAW 6x6 1.4/1.4 WWF OR FIBER- MESH OVER 6 MIL POLY VAPOR BARRIER OVER TERMITE TREATED INORGANIC FILL WITH BEARING CAPACITY OF 2,000 PSF ALL CONCRETE CHASE AND TRENCH INFILL MATERIAL IS DOWELED INTO EXISTING SLAB WITH #5 REBAR MINIMUM 6" EMBEDMENT EXISTING SLAB REPAIR PROFILE

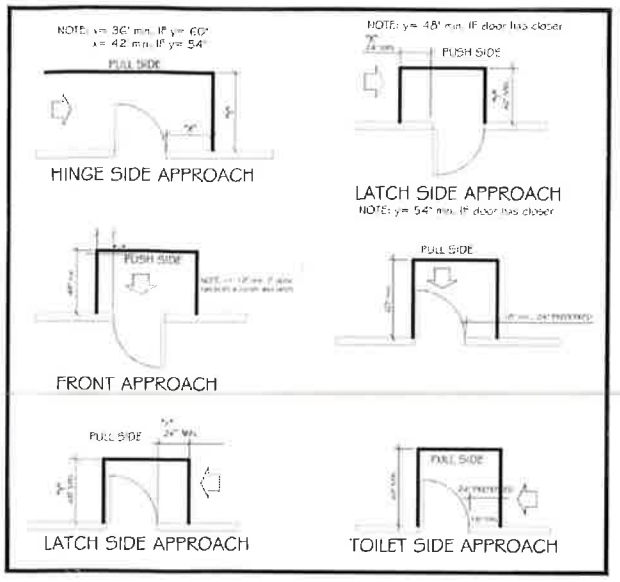


**2 EXISTING SLAB REPAIR PROFILE**  
N.T.S.

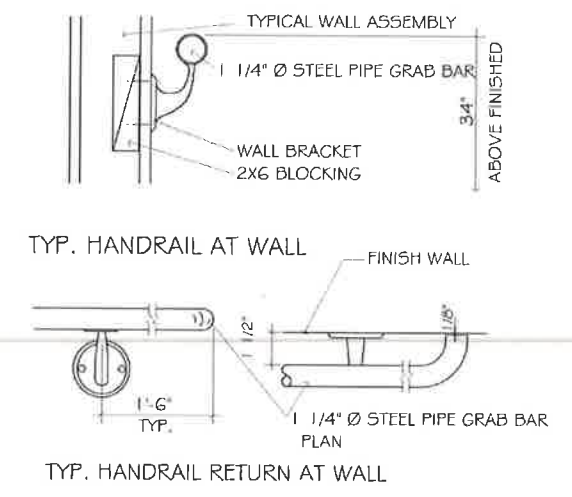
**REPAIR**  
JUN 11 2020

**3 A.D.A WHEEL CHAIR REACH**  
N.T.S.

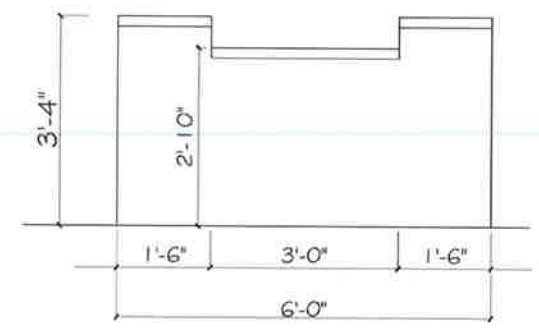
**4 SWINGING DOORS ACCESSIBILITY APPROACH**  
N.T.S.



**5 H.C GRAB BAR @WALL**  
N.T.S.



**6 HANDICAP ACCESSIBLE COUNTER**  
N.T.S.



IN ACCORDANCE WITH ADA REQUIREMENTS, ALL PERMANENT ROOM IDENTIFICATION SIGNS SHALL BE INSTALLED ON THE WALL ADJACENT TO THE LATCH SIDE OF THE DOOR AND SHALL BE MOUNTED WITH THE CENTERLINE OF THE SIGN AT 5'-0" TO 5'-7" HAVING CLEARANCE FROM SIGN SHALL BE SUCH THAT A PERSON MAY APPROACH WITHIN 3" OF THE SIGN WITHOUT CONTACTING PROTRUSING OBJECTS OR OBSTACLES IN THE SWING OF THE DOOR. IF THERE IS INSUFFICIENT WALL SPACE ADJACENT TO THE LATCH SIDE OF THE DOOR, THE SIGN SHALL BE MOUNTED ON THE NEAREST ADJACENT WALL. ADA SIGNAGE SHALL CONFORM WITH THE DETAILS PROVIDED AT THE RIGHT.

DOOR CLOSERS SWEEP PERIOD SHALL BE ADJUSTED SO THAT FROM AN OPEN POSITION OF 90°, THE DOOR WILL TAKE AT LEAST 2 SECONDS TO MOVE TO A POINT 3 IN. FROM THE LATCH MEASURED TO THE LEADING EDGE OF THE DOOR. ADJUST FOR 2 LB. MAX FORCE.

HARDWARE REQUIRED FOR ACCESSIBLE DOOR HARDWARE SHALL BE MOUNTED AT 30" ON ABOVE FINISH FLOOR. PROVIDE LEVER HARDWARE TOGGLE TO SCHEDULE 40000 SERIES LEVER HANDLES, PULLS, LATCHES, LOCKS AND OTHER OPERATING DEVICES SHALL HAVE A SHAPE THAT IS SHAPED TO GRASP WITH ONE HAND AND DOES NOT REQUIRE FINE FINCHING OR TWISTING OF THE WRIST TO OPERATE.

ALL PERMANENT ROOM IDENTIFICATION SIGNS SHALL COMPLY WITH THE AMERICANS WITH DISABILITIES ACT.

SIGNS SHALL BE ADHERED TO SUPPORTING SURFACE BY ADHESIVE, SELECTED FOR HIGH DURABILITY AND DURABILITY OF BOND BETWEEN SIGN BACKING AND SUBSTRATE SURFACE MATERIALS.

SIGN BACKGROUND SHALL BE MINIMUM 1/8" THICK ALUMINUM PLATE.

BACKGROUND COLOR SHALL BE SELECTED BY ADHESIVE FROM MANUFACTURERS FULL RANGE OF STANDARD AND CUSTOM COLORS, AND SHALL PROVIDE AT LEAST 70% CONTRAST WITH WHITE FOREGROUND LETTERS.

BACKGROUND FINISH SHALL BE NON-SLIP. ACIDIC LETTERING SHALL BE RAISED AT LEAST .025" AND MAY BE ACHIEVED THROUGH SURFACE APPLICATION, ETCHING OR PROTRUSION MOLDING. ALL LETTERS SHALL BE UPPERCASE.

LETTER SIZE SHALL BE AS INDICATED, BUT IN NO CASE LESS THAN 5/8" HIGH OR GREATER THAN 2" HIGH. TYPE SHALL BE HOLYFICA MEDIUM, AND COLOR SHALL BE NON-GUARD WHITE.

WHERE MORE THAN ONE ROW OF LETTERING IS REQUIRED, THE LEADING SPACES BETWEEN ROWS SHALL BE APPROXIMATELY 50% OF THE HEIGHT OF THE LETTERING.

GRADE 2 BRASS REQUIRED, COLOR TO BE SHAM-AS SHAL BACKGROUND.

INTERNATIONAL PHOTOGRAPH SYMBOLS, WHERE REQUIRED, SHALL BE RAISED AT LEAST 1/32" (SIMILAR TO LETTERS), AND SHALL HAVE A MINIMUM 1/8" HIGH VERTICAL FIELD.

THE EQUIPMENT SYMBOL DESCRIPTION TEXT OF THE PHOTOGRAPH SHALL BE PLACED DIRECTLY BELOW THE PHOTOGRAPH, AND SHALL BE ACCOMPANIED BY GRADE 2 BRASS.

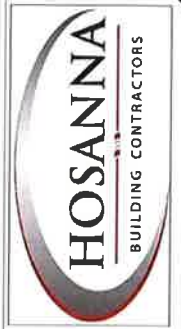
PHOTOGRAPHS SHALL BE REQUIRED FOR THE FOLLOWING ROOMS SIGNS: MEN/WOMEN ACCESSIBLE RESTROOMS

N.T.S.



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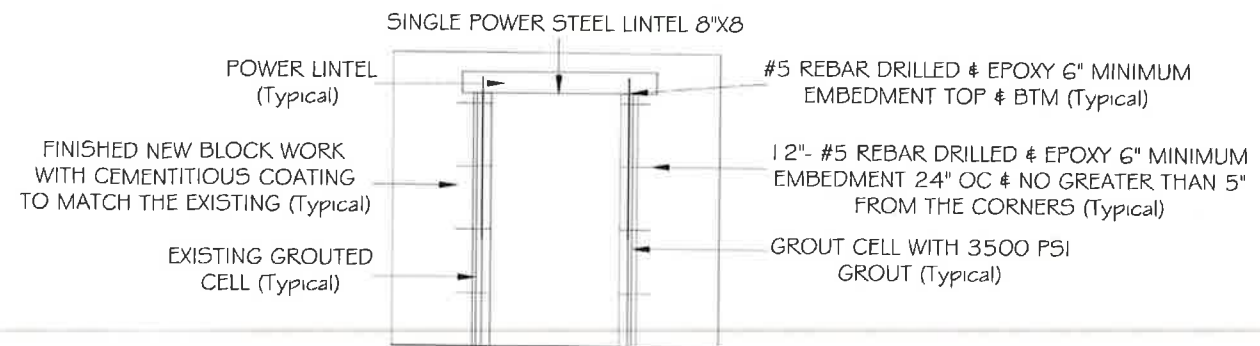
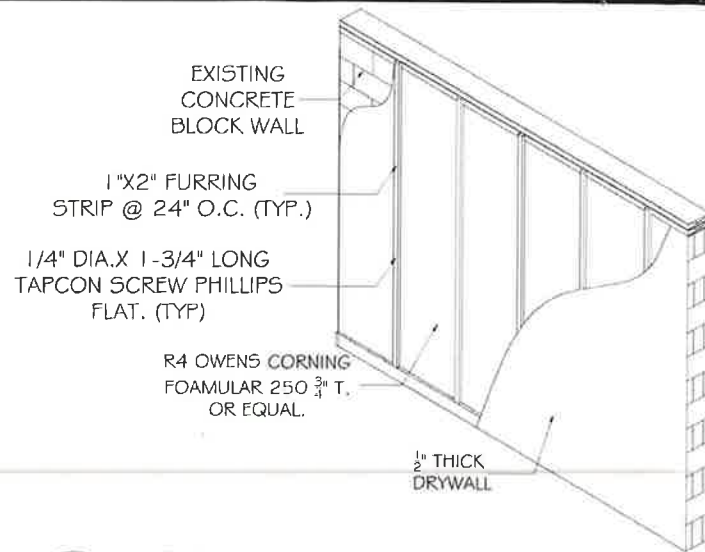
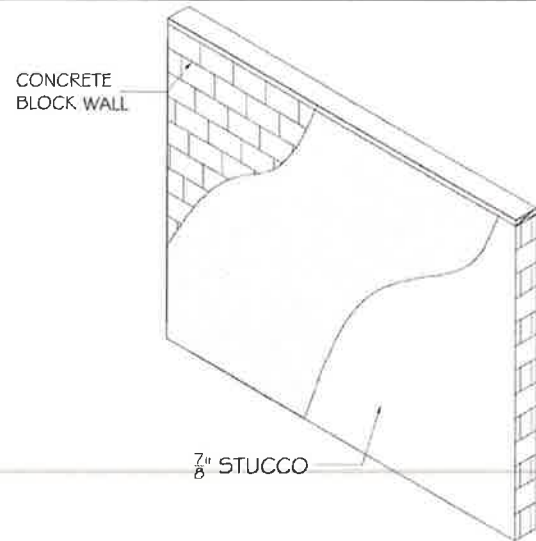
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A- 05

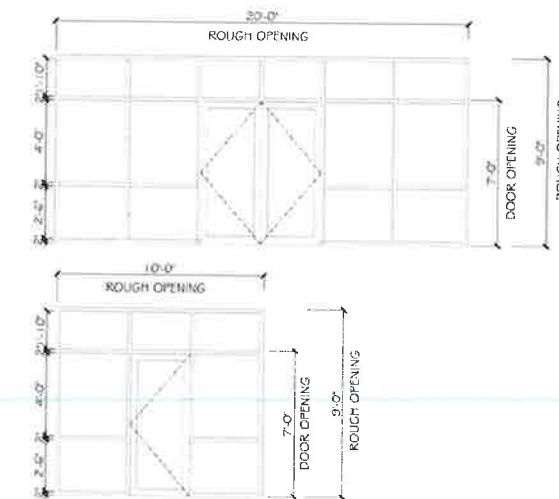
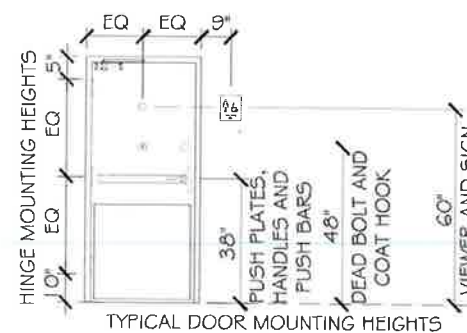
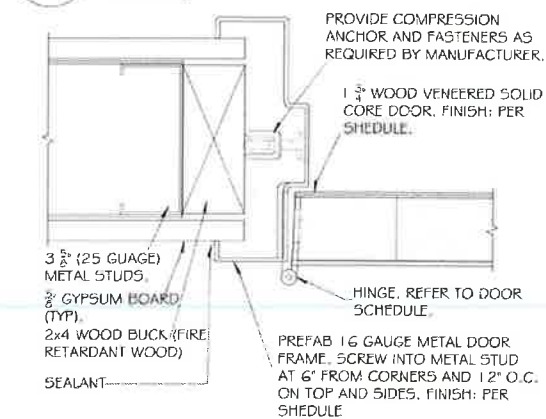
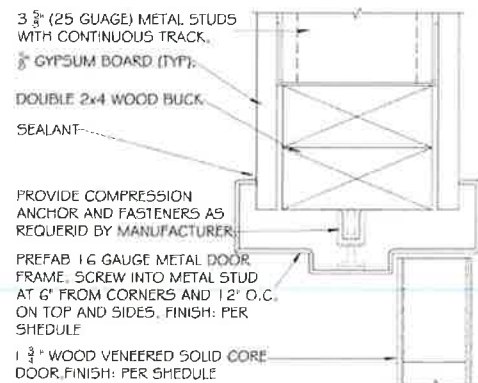




**1** DO1 - EXTERIOR WALL  
N.T.S.

**2** DO2 - INTERIOR WALL  
N.T.S.

**3** DO3 - NEW EM. EXIT  
N.T.S.

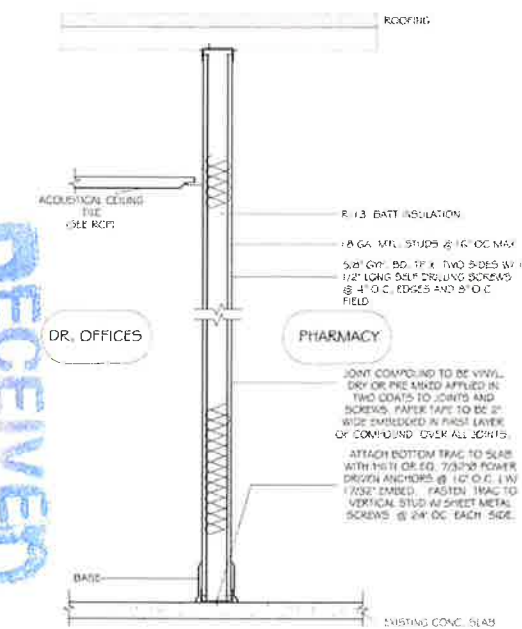


**4** DOOR HEAD DETAIL  
N.T.S.

**5** DOOR JAMB DETAIL  
N.T.S.

**6** MOUNTING HEIGHTS  
1/2" = 1'-0"

STOREFRONT SYSTEM (BRONZE)	FLORIDA APPROVAL CODE:
FRAMING TYPE: YKK YES 45 FI STOREFRONT SYSTEM	12926.1
NOMINAL PROFILE: 2" X 4 1/2" NOMINAL	
ALUMINUM DOORS: 35 D MEDIUM STYLE AL	8712.1



DOORS SCHEDULE			HARDWARE		
VIEW	TYPE	ID	SIZE	MANUFACTURER & MODEL NO.	FINISH / REMAKERS
	LEAD LINE BIRCH	A	3'-6"-8"		
	YKK BRIAN with 1/4" TEMPERED GLASS STANDARD THRESHOLD FOR ADA ACCESSIBILITY	B	3'-0"-0" or Pair	YKK	HARDWARE TBD
	PASS DOOR 2'-8"x6'-8" SIX PANEL PRE HUNG	C	3'-6"-8"	JEN-WELD	HARDWARE TBD
	PASS DOOR 3'-0"x6'-8" COMMERCIAL STEEL DOOR Panic Hardware 36"x04" Jackson 1275 PUSH PAD SURFACE VERTICAL ROD PANIC EXIT DEVICE (SEE DETAIL 08- SHEET A-05)	D	3'-1'-0"	STANLEY F179, NRP FULL MORTISE STANDARD WEIGHT PLAIN BEARING 4-1/2" x 4-1/2" 5 KNUCKLE HINGE WITH NON-REMOVABLE PIN, OR EQUAL SARGENT 80 SERIES, OR EQUAL IVES #698 BOTTOM DOOR SWEEP LCN 1260 SERIES CLOSER / HOLD OPEN PEMKO OVERHEAD RAIN DRIP #346, 4" LONGER THAN DOOR WIDTH	BRONZE

**8** 1 HOUR FIRE RATED WALL  
N.T.S.

**7** DOOR SCHEDULE  
N.T.S.



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NEW 200A SERVICE FOR THE PHARMACY

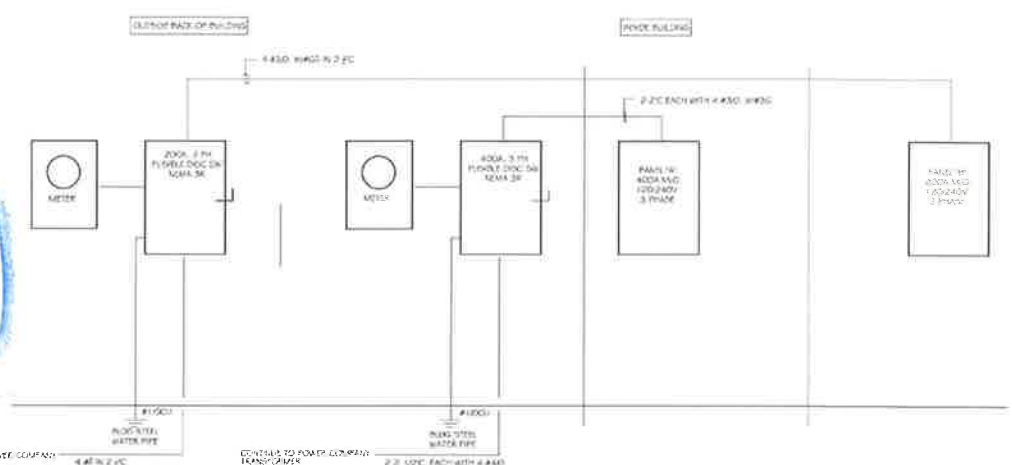
UNDERGROUND TO POWER COMPANY TRANSFORMER

METER AND DISC, SW FOR NEW 400A SERVICE. PROVIDE GT CABINET IF REQ'D BY POWER COMPANY. VERIFY EXACT LOCATION IN FIELD.



TOTAL AREA- MEDICAL OFFICES  
43x62' = 2666sqft

**1 ELECTRICAL PLAN**  
3/16" = 1'



**ELECTRICAL LEGEND**

- = 480V Special Purpose Ground
- = 208V Special Purpose Ground
- = 120V Dedicated Ground
- = 120V Dedicated GFI
- = 120V Convenience Outlet
- = 120V Fourplex Outlet
- = 120V Dedicated Ground- Ceiling Mount
- = Single Pole Toggle Switch
- = Branch circuit wiring concealed in wall or above ceiling construction
- = DUPLEX RECEPTACLE- MOUNTED 18" AFF TO CENTERLINE UNLESS NOTED OTHERWISE, CONTROLLED VIA OCCUPANCY SENSOR.
- = DUPLEX RECEPTACLE- MOUNTED ABOVE COUNTER TO CONTROLLED VIA OCCUPANCY SENSOR.
- = LEVITON (OR EQUAL) SUPER DUTY POWER PACK AND OCCUPANCY SENSOR TO CONTROL RECEPTACLES

**POWER & SYSTEMS RENOVATION KEY NOTES:**

1. PROVIDE REDUNDANT GROUNDING IN BRANCH CIRCUITS IN THIS ROOM (PATIENT CARE AREA) PER N.E.C. 517-13. PROVIDE METALIC RACEWAY WITH INSULATED GROUND WIRE. IF EXISTING CIRCUITS DO NOT HAVE REDUNDANT GROUNDING IN BRANCH CIRCUITS, CONTRACTOR SHALL INSTALL.
2. VERIFY THE EXACT LOCATION OF THE WATER HEATER IN THE FIELD. MOVE AS REQUIRED.
3. VERIFY THE EXACT LOCATION OF THE POWER PANEL IN THE FIELD. MOVE AS REQUIRED.

**NOTES:**

1. All electrical rough-ins and power requirements to be verified on site by General Contractor as per manufacturer instructions.
2. Junction /outlet placement may be adjusted to nearest stud, if within 12" of noted dimension.
3. All duplex receptacles to 24" AFF unless otherwise annotated.

**POWER & SYSTEMS RENOVATION GENERAL NOTES:**

1. VERIFY THE RTU LOADS PRIOR TO INSTALLING BREAKERS, CONDUIT OR WIRE. VERIFY THAT THE SIZES SHOWN MATCH MANUFACTURERS REQUIREMENTS. LOCATE RTU'S IN FIELD. PROVIDE NEMA 3R DISCONNECTS FOR EACH RTU IN SIZE REQUIRED BY MANUFACTURER.

VOLTAGE DROP HAS BEEN CALCULATED TO MEET FBC ENERGY CONSERVATION 2017. FEEDER CONDUCTORS HAVE BEEN SIZED FOR A MAXIMUM VOLTAGE DROP OF 2 PERCENT AT DESIGN LOAD. BRANCH CIRCUIT CONDUCTORS HAVE BEEN SIZED FOR A MAXIMUM VOLTAGE DROP OF 3 PERCENT AT DESIGN LOAD.

**PANEL: A EXISTING**

VOLTAGE: 120/240V      PHASE: 3      MAIN SMD/MLO: 400A  
MOUNTING:                      SPACES: 42      AIC: 22KAIC  
MANUFACTURER:                      TYPE:                      SECTION CAPACITY: 168KVA  
SOURCE:                      'B' IS HIGH LEG

CKT	EQUIPMENT	KVA	COND	WIRE	CB	POLE	POLE	CB	WIRE	COND	KVA	EQUIPMENT	CKT
1	RECEPTACLES	2	3/4	12	20	1	3	40	8	3/4	4.1	RTU 1	2
3	HIGH LEG							40	8	3/4	4.1		4
5	LAB RECEPT	1.5	3/4	12	20	1		40	8	3/4	4.1		6
7	LAB	1.8	3/4	12	20	1	3	40	8	3/4	4.1	RTU 2	8
9	HIGH LEG							40	8	3/4	4.1		10
11	LAB COUNTER REC	1.5	3/4	12	20	1		40	8	3/4	4.1		12
13	LAB COUNTER REC	1.5	3/4	12	20	1	1	20	12	3/4	4.1	NURSE STATION REC	14
15	HIGH LEG							20	12	3/4	4.1	HIGH LEG	16
17	GRAN FERRIC	1.5	3/4	12	20	1	1	20	12	3/4	4.1	NURSE STATION REC	18
19	BREAK FERRIC	1.5	3/4	12	20	1	1	20	12	3/4	4.1	COUNTER REC	20
21	HIGH LEG							40	8	3/4	4.1		22
23	WATER HEATER	2.88	3/4	12	20	1	2	40	8	3/4	4.1		24
25	HIGH LEG							20	12	3/4	4.1		26
27	HIGH LEG							40	8	3/4	4.1		28
29	RECEPTACLES	0.36	3/4	12	20	1	1	20	12	3/4	4.1	SGV	30
31	RECEPTACLES	0.72	3/4	12	20	1	1	20	12	3/4	4.1	LIGHTS	32
33	HIGH LEG												34
35	RECEPTACLES	0.36	3/4	12	20	1							36
37	RECEPTACLES	0.36	3/4	12	20	1							38
39	HIGH LEG												40
41	CONTROLLED REC	0.36	3/4	12	20	1							42
PHASE A											20.8		
PHASE B											12.8		
												35.6	CONNECTED KVA

**PANEL: B NEW**

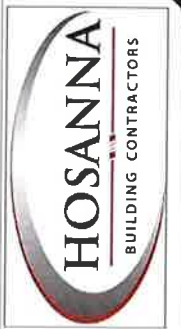
VOLTAGE: 120/240V      PHASE: 3      MAIN SMD/MLO: 200A  
MOUNTING:                      SPACES: 42      AIC: MLO  
MANUFACTURER:                      TYPE:                      SECTION CAPACITY: 83KVA  
SOURCE:                      'B' IS HIGH LEG

CKT	EQUIPMENT	KVA	COND	WIRE	CB	POLE	POLE	CB	WIRE	COND	KVA	EQUIPMENT	CKT
1	LIGHTING	8	3/4	12	20	1	1	25	12	3/4	1.2	TRAY	2
3	HIGH LEG							40	8	3/4	4.1	RTU 3	4
5	CEILING REC	56	3/4	12	20	1		40	8	3/4	4.1		6
7	RECEPTACLES	54	3/4	12	20	1		40	8	3/4	4.1		8
9	HIGH LEG							2	30	10	2.8	WATER HEATER	10
11	COUNTER REC	1.5	3/4	12	20	1		30	10	3/4	2.8		12
13	COUNTER REC	1.5	3/4	12	20	1							14
15	HIGH LEG												16
17	COUNTER REC	1.5	3/4	12	20	1							18
19	COUNTER REC	1.5	3/4	12	20	1							20
21	HIGH LEG												22
23	RECEPTACLES	0.54	3/4	12	20	1							24
25	WATER COOLER	0.6	3/4	12	20	1							26
27	HIGH LEG												28
29													30
31													32
33													34
35													36
37													38
39													40
41													42
PHASE A											10.64		
PHASE B											6.93		
												17.6	CONNECTED KVA



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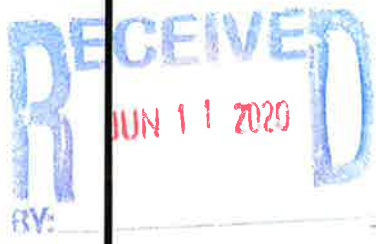
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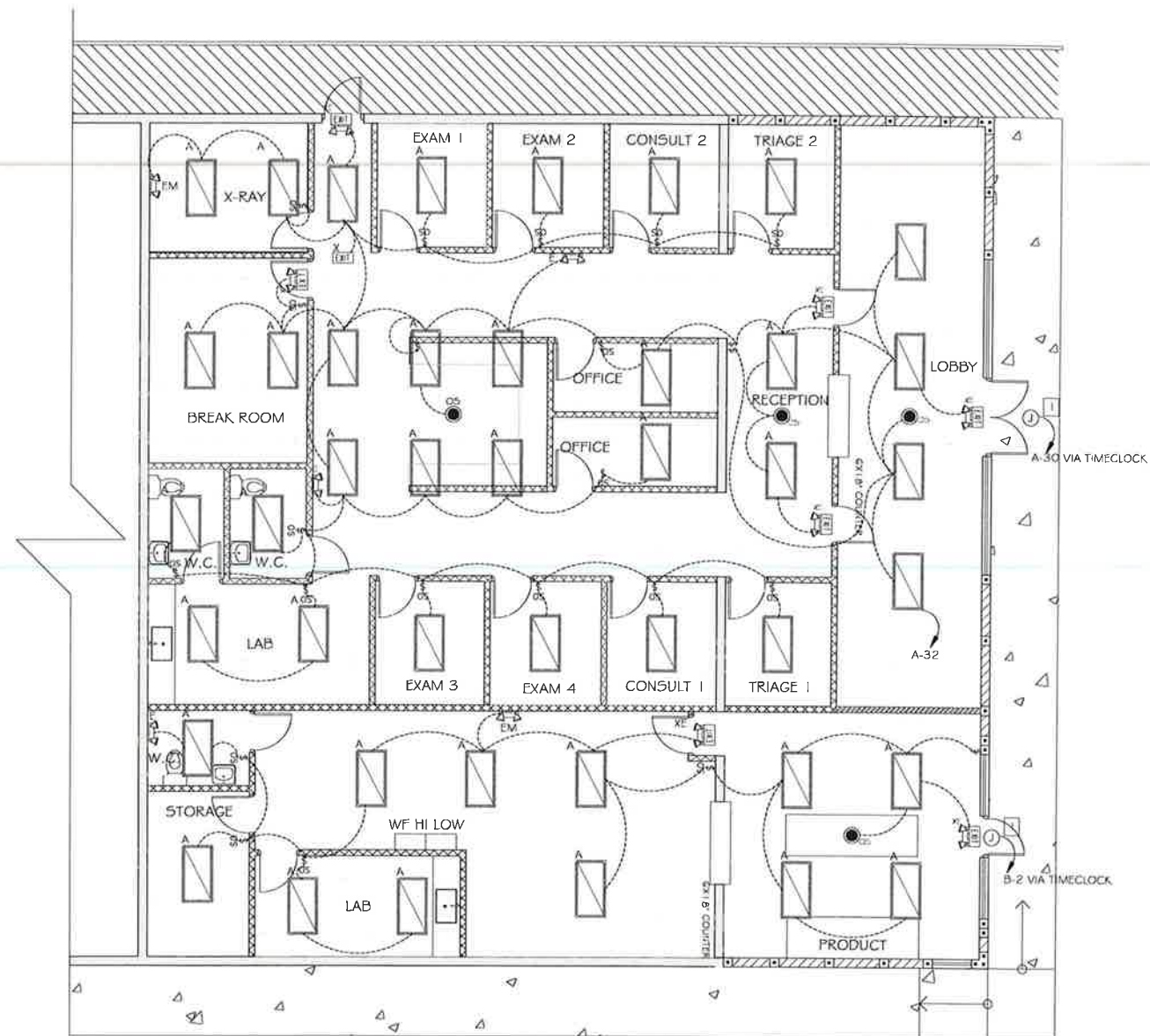
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Val di Valentin, Architect.  
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AR 7114

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1 CEILING LIGHT PLAN  
3/16" = 1'

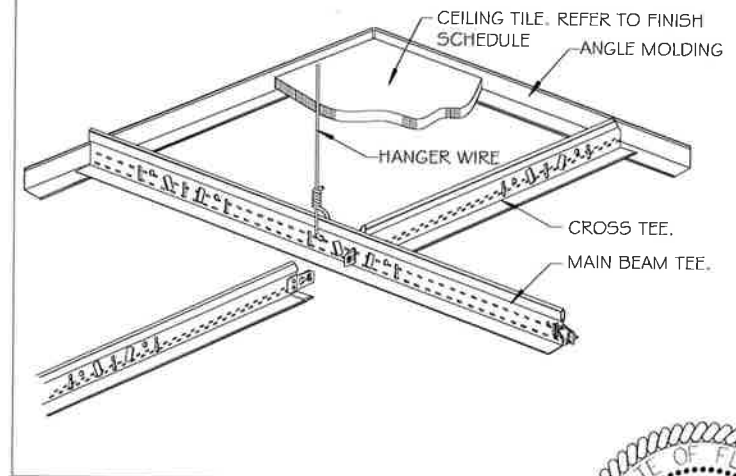
LIGHTING RENOVATION KEY NOTES:

1. PROVIDE AND INSTALL A JUNCTION BOX FOR 5 GN. VERIFY LOCATION IN FIELD.
2. PROVIDE AND INSTALL A TIMELOCK AT PANEL FOR THE SIGN.
3. PER NEC 700.12 EMERGENCY LIGHT CIRCUITRY SHALL BE CONNECTED TO NORMAL LIGHT CIRCUIT IN THAT AREA AHEAD OF ANY UNSWITCHED POWER.

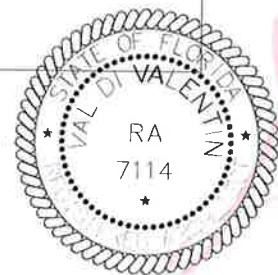
LIGHTING FIXTURE SCHEDULE

TYPE	LAMPS	DESCRIPTION	MANUFACTURER/ CATALOG NUMBER	SEE NOTE
A	30W LED	2x4 STATIC TROFFER MOUNTED IN GRID CEILING 4000K, MEDIUM LUMENS, GASKETED	COLUMBIA OR EQUAL	LLT 2440MLGFS1/2FLUG1 EXISTING
B		EXISTING RECESSED LIGHT		EXISTING
E	1-43W	EMERGENCY WALL PACK WITH TWO LAMPS AND BATTERY	GENERIC	INSTALL PER NEC 700.12
XE	LED	COMBO EXIT/EMERGENCY FIXTURE	GENERIC	
X	LED	EXIT FIXTURE	GENERIC	
OC		OCCUPANCY SENSOR	CMR 9 P	

PROVIDE MAIN RUNNERS CONTINUOUS IN LINE WITH EACH SIDE OF RECESSED LIGHT AND PARALLEL MAXIMUM 4'-0" ON CENTERS IN THE CEILING FIELD. CROSS RUNNERS SHALL BE MAXIMUM 2'-0" ON CENTERS. PROVIDE ACCESSIBLE HOLD-DOWN CLIPS FOR ACOUSTIC TILES LESS THAN 1 lb./sq.ft. PROVIDE MINIMUM 12 GAUGE GALVANIZED STEEL HANGER WIRE MAXIMUM 4'-0" ON CENTERS ALONG MAIN RUNNERS. ALL HANGERS AND SUPPORTS SHALL BE ATTACHED WITH (4) TURNS IN 1/2". ALL MAIN AND CROSS TEES, THEIR SPLICES AND INTERSECTING CONNECTIONS SHALL BE ADEQUATE TO RESIST 72lbs IN TENSION.



2 SUSPENDED CEILING TILE  
N.T.S.



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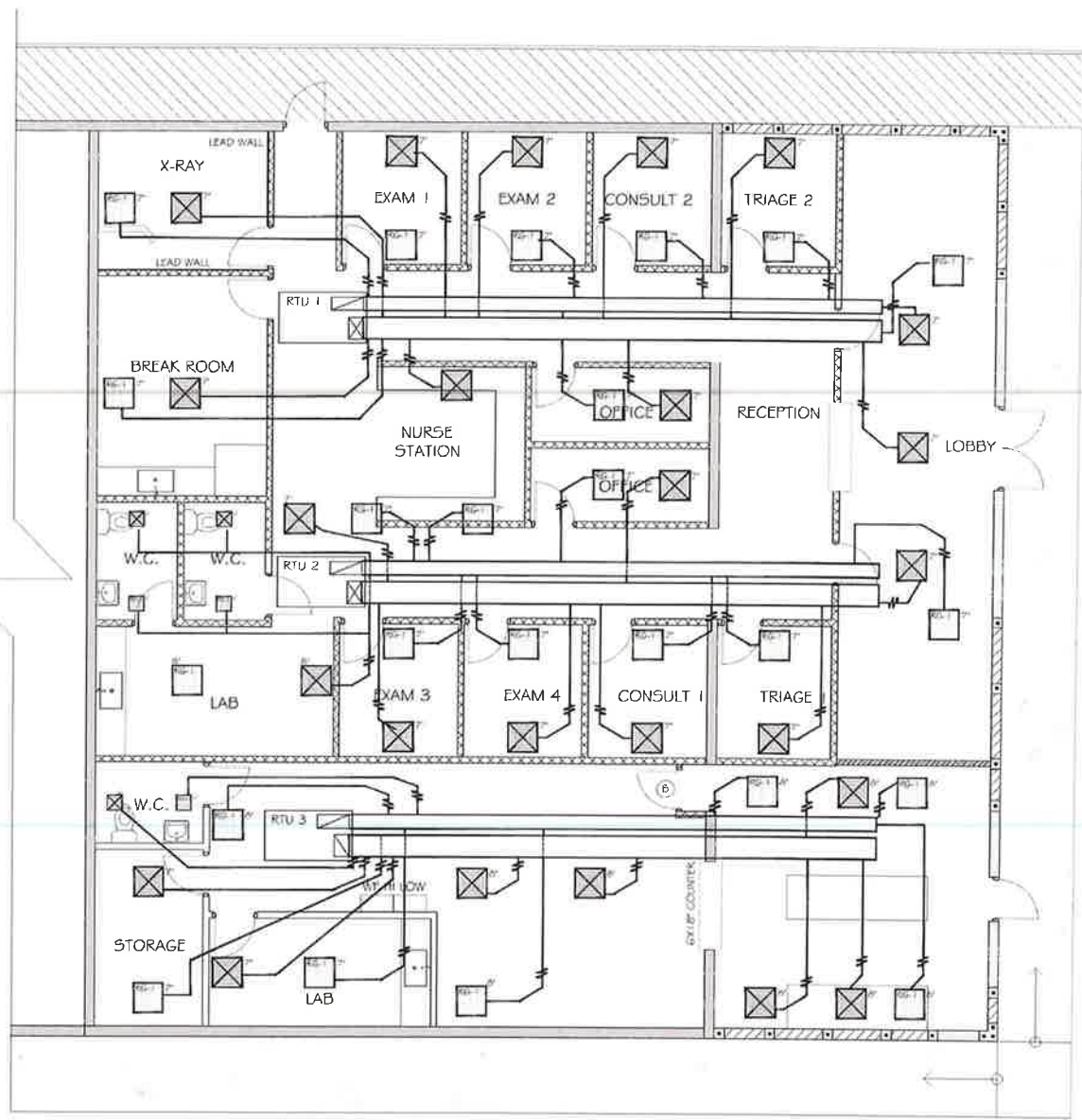


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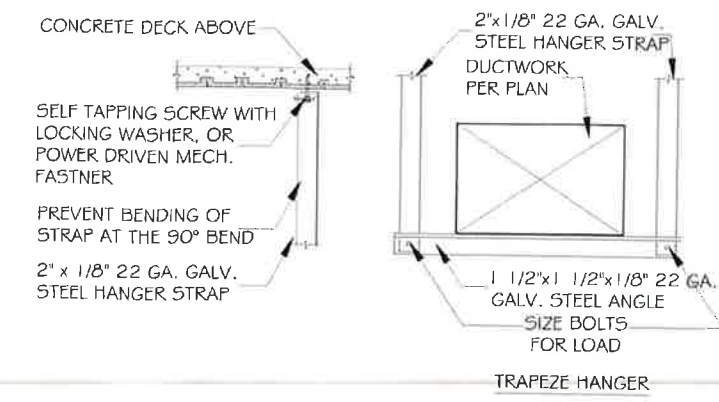


RTU 1- DAYKIN 5 TON 10 KWHEAT 208/3 PHASE  
RTU 2- DAYKIN 5 TON 10 KWHEAT 208/3 PHASE  
RTU 3- DAYKIN 5 TON 10 KWHEAT 208/3 PHASE

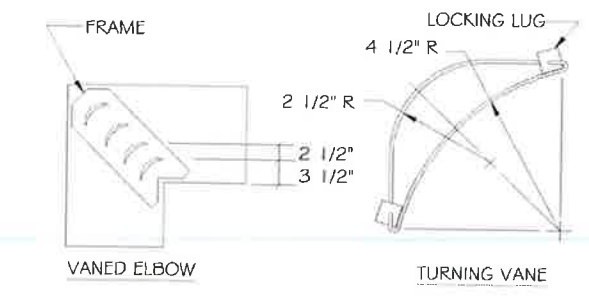
MARK	SERVICE	TYPE	SIZE		MFR.	MODEL	NOTES	SYMBOL
			NECK	FACE				
A	SUPPLY	CEILING	SEE PLANS	24x24	TITUS (OR EQUAL)	TDC	1, 2, 3, 6, 7, 8, 10	
B	RETURN	CEILING	SEE PLANS		TITUS (OR EQUAL)	BP	1	
C	RETURN	CEILING	SEE PLANS	24x24 U.N.O.	TITUS (OR EQUAL)	350FL	1, 3	
D	SUPPLY	CEILING	SEE PLANS	12x12	TITUS (OR EQUAL)	TDC	1, 2, 3, 6, 7, 8, 10	
E	EXHAUST	CEILING	SEE PLANS	12x12	TITUS (OR EQUAL)	BP	1	

1 MECHANICAL PLAN  
3/16" = 1'

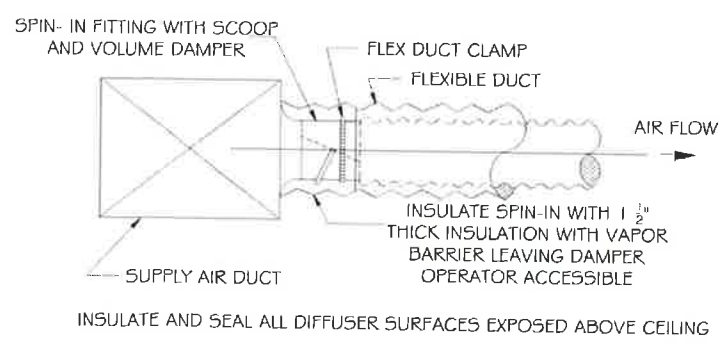
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2 TYPICAL DUCT HANGING DETAIL  
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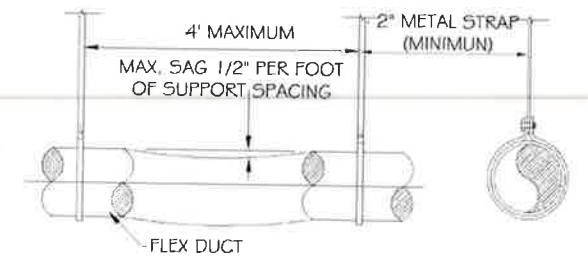
3 TURNING VANES DETAIL  
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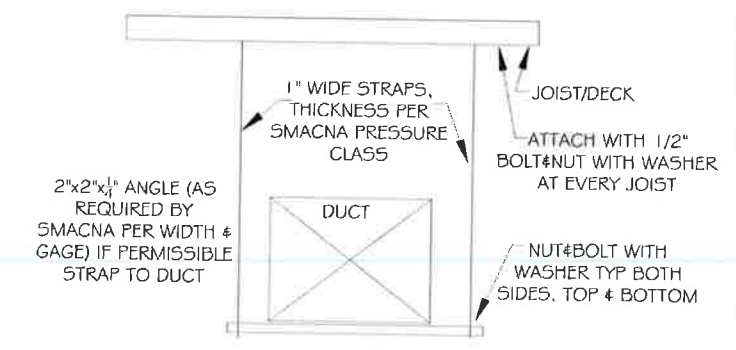
4 DUCT TAKEOFF DETAIL  
N.T.S.

MAX. HALF OF DUCT PERIMETER	STRAP MATERIAL			
	10' SPACING	8' SPACING	5' SPACING	4' SPACING
P/2 = 30"	1.5" x 22 GA.	1.5" x 22 GA.	1.5" x 22 GA.	1.5" x 22 GA.
P/2 = 72"	1.5" x 18 GA.	1.5" x 20 GA.	1.5" x 22 GA.	1.5" x 22 GA.
P/2 = 96"	1.5" x 16 GA.	1.5" x 18 GA.	1.5" x 20 GA.	1.5" x 22 GA.
P/2 = 120"	1.5" x 16 GA.	1.5" x 16 GA.	1.5" x 16 GA.	1.5" x 20 GA.
P/2 = 168"	1.5" x 16 GA.	1.5" x 16 GA.	1.5" x 16 GA.	1.5" x 18 GA.

NOTES:  
1) DUCT SHOULD EXTEND STRAIGHT FOR SEVERAL INCHES FROM A CONNECTION BEFORE BENDING.  
2) SUPPORT SYSTEM MUST NOT DAMAGE DUCT OR CAUSE OUT OF ROUND SHAPE.

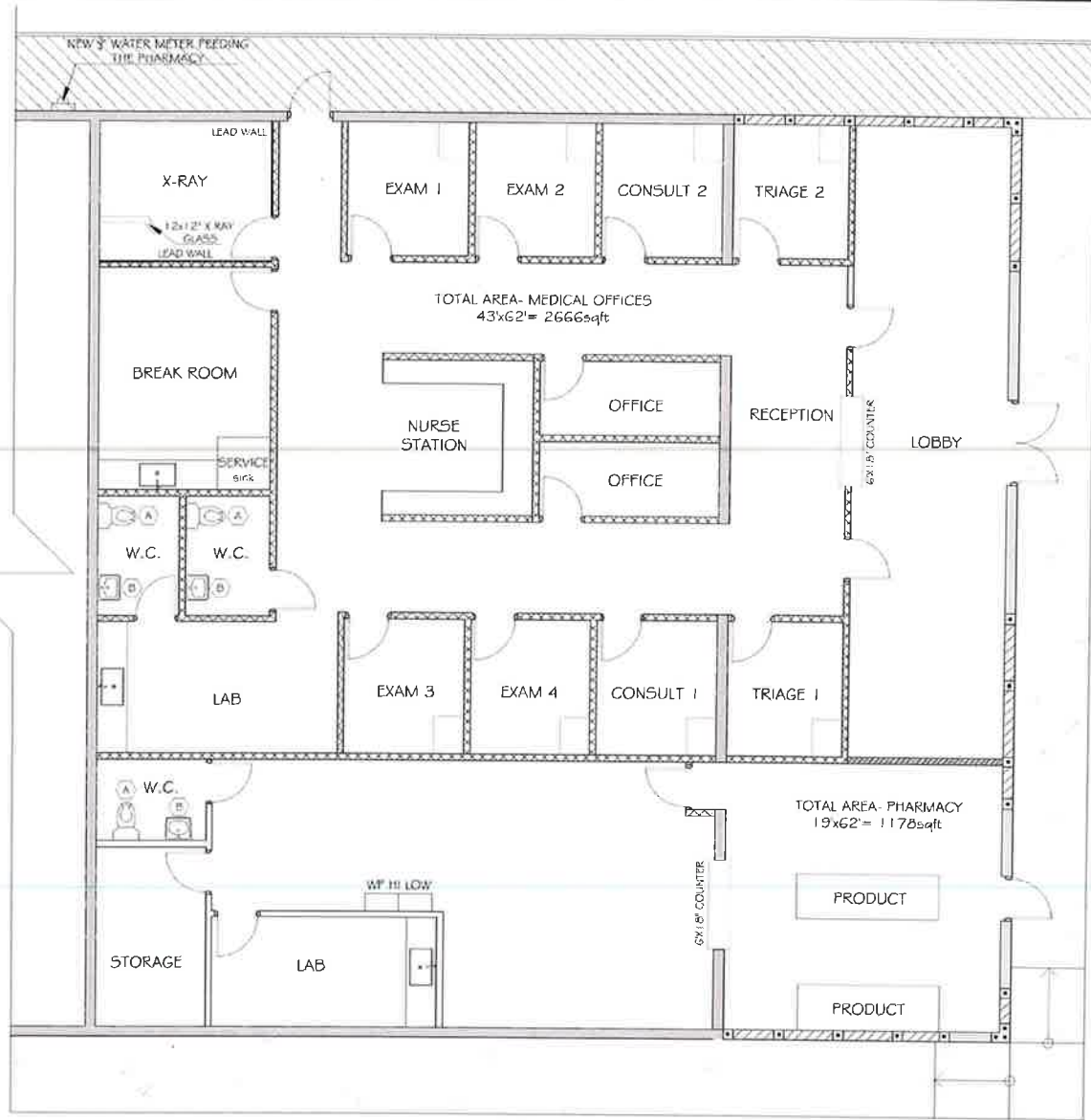


5 DUCT SUPPORT DETAIL  
N.T.S.



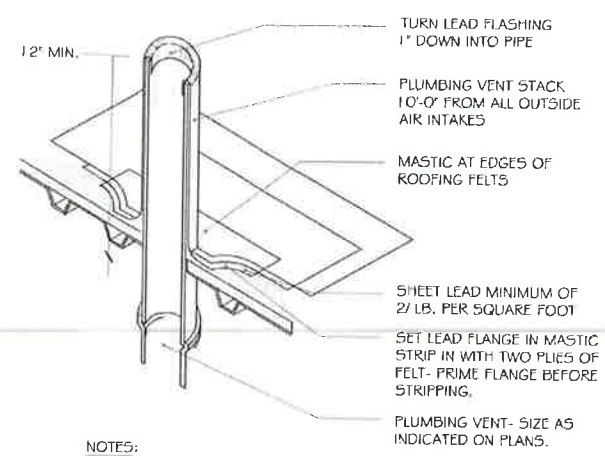
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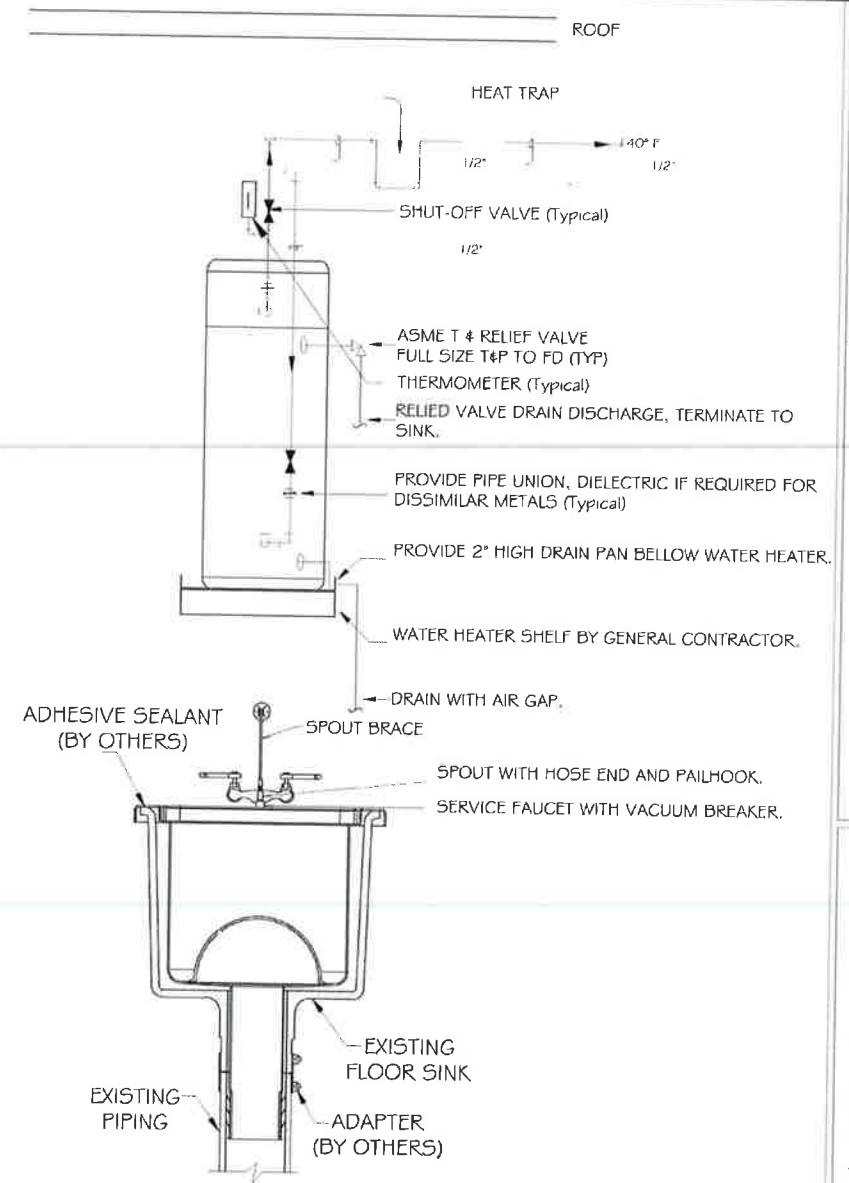
1 PLUMBING PLAN  
3/16" = 1'

FUNCTION	CONNECTION SIZE				DESCRIPTION
	W.	V.	C.W.	H.W.	
A WATER CLOSET (WC)	4"	2"	1/2"	-	AMERICAN STD. CADET ADA #299B.010 OR EQUAL
B LAVATORY:(ADA)(LAV)	2"	1-1/2"	1/2"	1/2"	AMERICAN STD. LUCERINE #0355.012 POLISHED CHROME SINGLE LEVER FAUCET WITH AERATOR OR EQUAL
CLEANOUT: (FCO)(CO)	AS NOTED ON PLAN				JOSAM NO. 56000-22 SERIES, "LEVELEZE", COATED CAST IRON BODY WITH BRONZE PLUG, ADJUSTABLE HOUSING, SATIN NICKALOY TOP, AND INSIDE CAULK CONNECTION. SIZE AS INDICATED ON PLANS, FLOOR CLEANOUTS OCCURRING IN TILED AREAS TO HAVE SQUARE COVERS OR EQUAL.
SHOCK ABSORBER: (SA)	AS NOTED ON PLAN				JOSAM NO. 75000 SERIES ABSORBOTRON 11 WITH STAINLESS STEEL SHELL, HYDRO-PNEUMATIC CUSHION, ELASTOMER BELLOWS, STAINLESS STEEL ADAPTER AND MALE THREADED PLUG. SIZE AS REQUIRED OR EQUAL.
TRAP PRIMER: (TP)	AS NOTED ON PLAN				PRECISION PLUMBING PRODUCT PPP #P-1 AND #P2 OPERATING PARTS, INTEGRAL VACUUM BREAKER, GASKETED ACCESS COVER, AND CHROME PLATED OR EQUAL.
GREASE TRAP: (GT-1)	AS NOTED ON PLAN				JOSAM - 100lbs #60128A WITH FLOW CONTROL OR EQUAL.

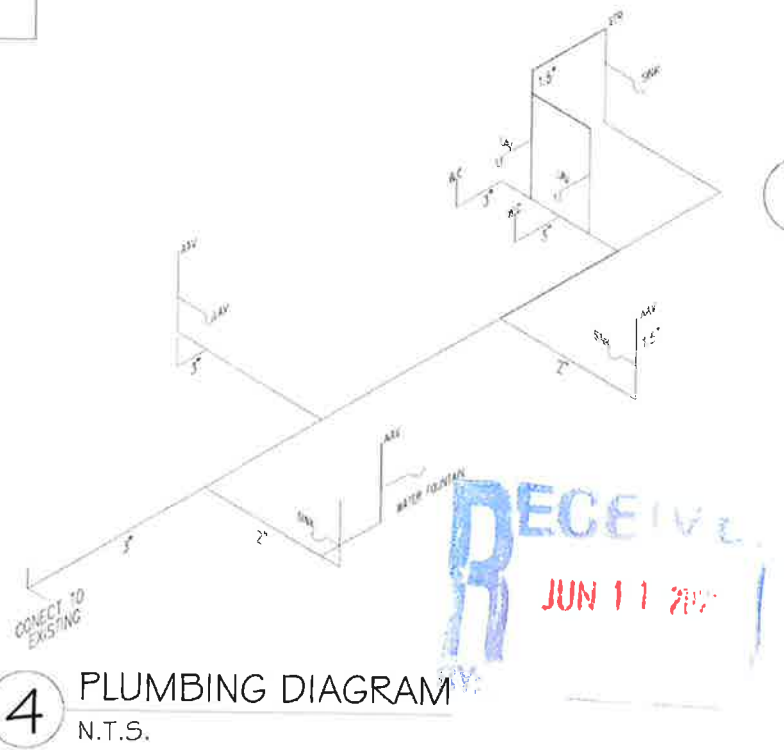


NOTES:  
 - FOR ROOF CONSTRUCTION, REFER TO ARCHITECTURAL PLANS.  
 - SIZE OF OPENING IN ROOF DECK TO BE AS SMALL AS POSSIBLE COORDINATE WITH STRUCTURAL DRAWINGS.

2 PLUMBING VENT STACK  
N.T.S.



3 WATER HEATER DETAIL  
1-1/2" - 1'-0"



4 PLUMBING DIAGRAM  
N.T.S.



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