

### City of Belle Isle Job Site Card WINDOW/DOOR PERMIT 2020-04-039

### Subdivision

Site Address: 2844 Montmart Dr 3281

Class: Residential Parcel Number: 18-23-30-4391-04-380

### BUILDING

### INSPECTOR DATE COMMENTS

900 In Progress	
905 Window/Door Buck	
910 Final	

### PLEASE NOTE

In order to schedule any inspections, the **PERMIT / plans-specs.** must be issued and **POSTED** on the **JOB SITE!** 

THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track all of your inspections –

☆ Inspection requests are to be emailed to <a href="mailto:BIDscheduling@UniversalEngineering.com">BIDscheduling@UniversalEngineering.com</a>; a confirmation email will be sent back to you upon scheduling. <a href="mailto:Next-Day Inspection requests must be made by 3:00 p.m.">Next-Day Inspection requests must be made by 3:00 p.m.</a>

### Please include the following requirements in your request:

- Project Address
- Corresponding Permit Number
- Type of Inspection (Please reference your permit card for inspection codes)
- Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
- Contact Name
- Contact Phone Number
- Gate / Entry code (If applicable)
- AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 Fax 407-581-0313 www.universalengineering.com



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

### APPLICATION FOR SIZE-FOR-SIZE WINDOW / DOOR PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 3/26/20	PERMIT NUMBER 2020-04-039
PLEASE PRINT. The undersigned hereby applies for a permit to make in	The state of the s
2844 MONTMART DR	, Belle Isle, FL32809 X 32812
Property Owner TAHRA WEST	Phone 407-227-9953
Property Owner's Mailing Address 2844 MONTMART DR	City BELLE ISLE
State FL Zip Code 32812 Parcel Id Number: 18	3-23-30-4391-04-380
REQUIRED! To obtain this into	formation, please visit http://www.ocpafl.org/Searches/ParcelSearch.aspx
Type of Building: Residential . Commercial . Other .	
REQUIRED! Florida Product Approval Form – NOTE: installation instruct	ions must be posted on-site before your his inspection!!
Please indicate the nature of work by completing the information below:	
	-Size Doors: 1 Job Valuation: 4485
I hereby certify that the above is true and correct to the hest of my knowledge and mill agree to conform to all Florida Building Code Regulations and City Ordinances region of this permit does not grant permission to violate any applicable Town and/or State Republic Services is by legal contract the sole authorized provider of garbage, recycledition and disposal services with the city limits of the City. Contractors, homeown 407-293-8(4) to setup accounts for Commercial, Construction Roll Off, or other services. The City enforces the contract through its code enforces are serviced. Signing This Application, You are Certifying that YOPERMIT:	of Florida codes and/or ordinances. By signing below, I recognize of Florida codes and/or ordinances. By signing below, I recognize ling, yard waste, and commercial garbage and construction debris hers and commercial businesses may contact Republic Services at fices needed. Rates are fixed by contract and are available at City reement office. Failure to comply will result in a stop work order.
LICENSE HOLDER SIGNATURE	0004500447
LICENSE HOLDER NAME PETER A CAFARO III	LICENSE # CGC1508417
	DMPANY NAME LOWES HOME CENTERS LLC
Street Address PO BOX 781993	DMPANY NAME LOWES HOME CENTERS LLC
City ORLANDO State FL Zin Code 3	With the second
	2878 Phone Number 352-300-3360  Zoning Fee s
City ORLANDO State FL Zip Code 3 Email Address PERMITSPLUSLLC@GMAIL.COM  PEOMPLETED LEY CEY DIRECTOR	2878 Phone Number 352-300-3360
City ORLANDO State FL Zip Code 3 Email Address PERMITSPLUSLLC@GMAIL.COM  PEOMPLETED  Building Official:  Date 4-15	Permit Fee \$ 41. The Review Fee \$ 20.50  1% BCAIB Fec \$ 2 ma
City ORLANDO State FL Zip Code 3  Email Address PERMITSPLUSLLC@GMAIL.COM  PEOMPLETED  Building Official:  Date 4-15  Verified Contractor's Licenses & Insurance are on file  Date	2878   Phone Number   352-300-3360     Zoning Fee   \$   41   -    - 26   Review Fee   \$   20.50     1% 8CAI8 Fec   \$   2 mm     1.5% DCA Fee   \$   2 mm
City ORLANDO State FL Zip Code 3 Email Address PERMITSPLUSLLC@GMAIL.COM  PEOMPLETED  Building Official:  Date 4-15	Permit Fee \$ 41. The Review Fee \$ 20.50  1% BCAIB Fec \$ 2 ma
City ORLANDO State FL Zip Code 3  Email Address PERMITSPLUSLLC@GMAIL.COM  PEOMPLETED  Building Official:  Date 4-15  Verified Contractor's Licenses & Insurance are on file  Date	2878   Phone Number   352-300-3360     Zoning Fee   \$   41   -    - 26   Review Fee   \$   20.50     1% 8CAI8 Fec   \$   2 mm     1.5% DCA Fee   \$   2 mm

Fo Pr	Armit Number: 2000 0 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00
Re	Same as above	Phil Diamond, Comptroller Orange County, FL Ret To: SIMPLIFILE LC
51-	NOTICE OF COMMENCEN	MENT
Th	a undersigned boroby gives selfes that the	917
LArit	h Chapter 713. Floride Statistics, the fellowing information	vill be made to certain real property, and in accordance
1.	h Chapter 713, Florida Statutes, the following information of the pro-	ron is provided in this Notice of Commencement,
2,	Single Family Home Live Cartion PStocks Sec Tour	perty, and street address if available)  Bird Paddison 1/43/64 437 3 944 Montmattor Belle Is le F
	Complete removal and replacement of single entry to	
3.	Name Tahra West & Pinch Make Le	ssee contracted for the improvement
	Address 2844 Mont Mart Drive Orlando, FL 32812	(Mantmart Drive)
	atterest at Linffeld Overset	
	Name and address of fee simple titleholder (if difference Name	erent from Owner listed above)
	1001230	
4.	Contractor Name Lowe's Home Centers LLC.	
	Address 2800 West Sand Lake Road Orlando, FL 32	Telephone Number 407.351.4667
5.	Surety (if applicable a copy of the payment bond is a	812
-	Name ULO	Telephone Number
	Address	I elephone number
6.	Lender	Amount of Bond \$
	Name N/A	Telephone Number
(*)	Persons within the State of Florida designated by	Owner upon whom notices or other documents may
	be served as provided by \$713.13(1)(a)7, Florida S NameNA	Statutes.
	Name IVIE	Telephone Number
٥	Address	
	In addition to himself or herself, Owner designate Notice as provided in §713.13(1)(b), Florida Statut Name	<b>9</b> \$,
	Address	Telephone Number
9.	Expiration date of notice of commencement (the e unless a different date is specified)	xpiration date will be 1 year from the date of recording
AN	TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR N YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROBAD POSTED ON THE JOB SITE BEFORE THE FIRST INSPIRED ON AN ATTORNEY BEFORE COMMENCING WORLD	TI, SECTION 713.13, FLORIDA STATUTES, AND CAN PERTY. A NOTICE OF COMMENCEMENT MUST BE ECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT K OR RECORDING YOUR NOTICE OF COMMENCEMENT.
bus.	of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Dire	ector/Partner/Manager Signatory's Title/Office
fore	going instrument was acknowledged before me this _	18 day of Feb by Tahra west
- 7	yoe of authority, e.g., officer trustee, attorney in fact	Name of party on behalf of whom instrument was executed
<u></u>	Signalists of Notary Public - State of Florida	Pant, type, or stamp demnissioned name of Notary Public
ers Voe	onally KnownOR Produced ID X	MERAY WARD
,,,,	of ID Produced De Produced ID Produced Presence	MY COMMISSION WGG165034 EXPIRES: DEC 04, 2021 Bended through 1st State insurance



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

### **POWER OF ATTORNEY**

Date: 3/26/20	Permit #: 2020-04-039
Thereby hame and appoint	HAILIGH SCHWINGEL of
LOWE'S HOME CENTERS, LLC	to be my lawful attorney-in-fact to agr for
(company name)	
me and apply to the City of Belle Isle Building Departme	ent for a VVINDOVV/DOOR permit
for work to be performed at the following location:	(type of permit)
2844 MONTMART DR (street address)	, Belle Isle, FL □ 32809 □ 32812 and
to sign my name and do all things necessary to this app	ointment.
Certified Contractor's Printed Name:	TER ANTHONY CAFARO III
License Number: CGC	1508417
Certified Contractor's Signature:	A * (
The fore ping instrument was acknowledged before me	this 26 days of Marecu of 20 20
OYPETER CAFARO	who is personally known to me or who produced
	as identification and who did not take an oath.
State of Florida County of Orange	
Notary Public, Orange County, Florida	Notary Public State of Florida Christy Gallas My Commission GG 128077 (Seds) 09/29/2021



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### **Product Approval Form**

required by Florida Statue 55 reponents listed below if they wi lained from the local product su  NOTE: The Installation inst	ll be utilized oplier. The	d on the building on the following inform	or structure. FL A nation must be turn	approved products are ned in with permit app	listed online at ww	approval number	s of the buildh
NOTE: The Installation inst	ructions m	ust be posted o	n-site before you	ur first inspection!!			y 1 h
	acturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product
The second secon	TERIOR DO	OORS	1110010	Pital - a	WALL PAR	NELS	
	lla		1480168	Sliding			
Sliding Sectional/Rollup				Soffits Storefront			

	1	210000000000000000000000000000000000000	Approval #				Approval #
	EXTERIOR D	OORS			WALL PAN	IELS	
Swinging	Pella		148068	Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
	WINDOV	NS			ROOFING PRO	DUCTS	
Single/Dbl Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
8) ylights				Other			
Other							
	STRUCTURAL CO	VIPONENTS			OTHER	<b>建</b> 加入	
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature









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

FL14896-R5

Application Type Revision Code Version 2017 **Application Status** Approved

\*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by

8 Version

the POC and/or the Commission if necessary.

Comments Archived

Product Manufacturer

Pella Corporation Address/Phone/Email 102 Main St. Pella, IA 50219 (641) 621-6096

pellaproductapproval@pella.com

Authorized Signature

Justin McAninch mcaninchjm@pella.com

Technical Representative Address/Phone/Email

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

Joseph Hayden

Quality Assurance Representative

Address/Phone/Email

Pat Bortscheller 102 Main Street Pella, IA 50219 (641) 621-1000 PJBortscheller@pella.com

Category

Subcategory

Exterior Doors

Swinging Exterior Door Assemblies

Compliance Method

Certification Mark or Listing

Certification Agency

Validated By

Window and Door Manufacturer Association

Terrence E. Lunn, PE

Referenced Standard and Year (of Standard)

**Standard** ASTM E330

<u>Year</u> 2002

Equivalence of Product Standards

Certified By

Product Approval Method

Method 1 Option A

Date Submitted Date Validated

04/12/2019 04/15/2019

horizontal and ver	ial light panel. Reinforced mullions tical. Standard or ADA sills apply	FL14896 R5 AF Drawing 1774.pdf Created by Independent Third Party: Yes				
14896.6	Pella & Architect Series Steel & Fiberglass Panel In-swing Doors with Aluminum Clad Frame	43 1/2" X 97 3/4" single solid operable door with standard latch and deadbolt, reinforced mullion, dual sidelights, and transom (76 1/2" X 135" overall unit size).				
Impact Resistan Design Pressure Other: Lock syste deadbolt. Configure ASTM E1300 stand panel may be full of	e outside HVHZ: Yes t: No	Certification Agency Certificate FL14896 R5 C CAC FL14896 6.pdf Quality Assurance Contract Expiration Date 08/11/2021 Installation Instructions FL14896 R5 II Drawing 1774.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL14896 R5 AE Drawing 1774.pdf Created by Independent Third Party: Yes				
14896.7	Pella & Architect Series Steel & Fiberglass Panel In-swing Doors with Aluminum Clad Frame	37 1/2" X 97 3/4" single glazed operable door with 3-point lock, reinforced mullions, dual sidelights, and a transom (70 1/2" X 135" overall unit size).				
Impact Resistan Design Pressure: Other: Lock syste Configurations of g E1300 standard & I	e outside HVHZ: Yes t: No	Certification Agency Certificate FL14896 R5 C CAC FL14896 7.pdf Quality Assurance Contract Expiration Date 06/27/2021 Installation Instructions FL14896 R5 II Drawing 1774.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL14896 R5 AE Drawing 1774.pdf Created by Independent Third Party: Yes				
14896.8	Pella & Architect Series Steel & Fiberglass Panel In-swing Doors with Aluminum Clad Frame	43 1/2" X 97 3/4" single solid operable door with 3-point locl reinforced mullion, dual sidelights, and a transom (76 1/2" X 135" overall unit size).				
Impact Resistant Design Pressure: Other: Lock system Configurations of gl E1300 standard & h	e outside HVHZ: Yes :: No +50/-50 n with door shall be 3-Point Lock, ass shall conform to the current ASTM lave safety rated glass. Sidelight panel al light panel, Reinforced mullions	Certification Agency Certificate FL14896 R5 C CAC FL14896 8.pdf Quality Assurance Contract Expiration Date 09/22/2021 Installation Instructions FL14896 R5 II Drawing 1774.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL14896 R5 AE Drawing 1774.pdf Created by Independent Third Party: Yes				
14896.9	Pella & Architect Series Steel & Fiberglass Panel In-swing Doors with Aluminum Clad or Wood Frame	74 7/8" x 97 3/4" double operable solid door with 2-point multi-point lock at inactive panel and single lock & dead bolt at active panel				
Limits of Use Approved for use Approved for use Approved for use Impact Resistant Design Pressure: Other: Standard or	outside HVHZ: Yes : No +40/-40	Certification Agency Certificate FL14896 R5 C CAC FL14896 9.pdf Quality Assurance Contract Expiration Date 09/15/2021 Installation Instructions FL14896 R5 II Drawing 1774.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL14896 R5 AE Drawing 1774.pdf Created by Independent Third Party: Yes				
14896.10	Pella & Architect Series Steel & Fiberglass Panel In-swing Doors with Aluminum Clad or Wood Frame	74 7/8" x 97 3/4" double operable solid door with 2-point multi-point lock at inactive panel and 3-point multi-point lock at active panel				
Limits of Use Approved for use Approved for use Approved for use Impact Resistant: Design Pressure: Other: Standard or	outside HVHZ: Yes : No +40/-40	Certification Agency Certificate FL14896 R5 C CAC FL14896 10.pdf Quality Assurance Contract Expiration Date 09/15/2021 Installation Instructions FL14896 R5 II Drawing 1774.pdf Verified By: Warren W. Schaefer, P.E. 44135 Created by Independent Third Party: Yes Evaluation Reports FL14896 R5 AE Drawing 1774.pdf Created by Independent Third Party: Yes				
4896.11	Pella & Architect Series Steel & Fiberglass Panel In-swing Doors with Aluminum Clad or Wood Frame	86 7/8" x 97 3/4" double operable solid door with 2-point multi-point lock at inactive panel and either 3-point multi-point lock or single lock & dead bolt at active panel				

### ALTERNATE ANCHOR/SUBSTRATE EVALUATION NOTE:

ALL ALTERNATE ANCHORS IN THEIR SPECIFIED SUBSTRATES HAVE BEEN ANALYZED IN ACCORDANCE WITH THEIR APPLICABLE STANDARD(S) AND ARE FOUND TO BE EQUIVALENT TO OR STRONGER THAN THE ANCHOR(S) USED IN TESTING WITH THIS PRODUCT.

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 STATING CODE COMPLIANCE WITH THE STATE, THE MANUFACTURER SHALL CONFIRM WITH THE INSTALLATION EVALUATION ENGINEER OF RECORD THAT THE INSTALLATIONS SPECIFIED HERE-IN ARE CURRENT WITH THE THEN CURRENT TESTING, CODE AND APPLICABLE STANDARDS

EDAME ANOHOD DECLIDENTATION TADLE

FRAME ANCI	HOR REQUIREMENTS TABLE					
OPENING TYPE (SUBSTRATE)	FRAME/CLIP/HINGE/STRIKE TO OPENING FASTENER TYPE	MINIMUM EMBED	MINIMUM EDGE DIST.			
	FRAME SCREWS					
(3) MIN. 2X_ WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 10 SMS OR WOOD SCREW	1 1/4"	3/4"			
MIN. 18 GA. 33 KSI METAL STUD	NO. 10 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK A36 STEEL	NO. 10 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK 6063-T5 ALUM.	NO. 10 GR. 5 SELF TAP/DRILL SCREW	FULL.	1/2"			
C-90 CMU/2500 PSI CONCRETE	(1) 1/4" CONCRETE SCREW	1 1/4"	2**			
(2) INSTALLATION CL	P SCREWS (STANDARD BENT	CONDI	TION)			
MIN. 2X4 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 X 1 1/2" SMS	1 3/8"	(2) N/A			
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	(2) N/A			
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	(2) N/A			
	CREWS (ALTERNATE STRAIGHT	COND	ITION)			
MIN. 2X6 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 X 1 1/2" SMS	1 3/8"	3/4"			
MIN. 18 GA. 33 KSI METAL STUD	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
HINGE & SINGLE DOOR STRIKE SCREWS						
(3) MIN. 2X_ WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 SMS OR WOOD SCREW	1 1/4"	3/4"			
MIN. 18 GA. 33 KSI METAL STUD	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
C-90 CMU/2500 PSI CONCRETE	(1) 3/16" CONCRETE SCREW	1 1/4"	2"			
DOUBLE DOOR STRIKE SCREWS						
MIN. 2X_ WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 12 SMS OR WOOD SCREW	1 1/4"	3/4"			
MIN. 18 GA. 33 KSI METAL STUD	NO. 12 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK A36 STEEL	NO. 12 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK 6063-T5 ALUM.	NO. 12 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
C-90 CMU/2500 PSI CONCRETE	(1) 1/4" CONCRETE SCREW	1 1/4"	2"			
(4)	NAILING FIN FASTENERS					
MIN. 2X4 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	NO. 8 X 1 1/2" SMS	1 3/8*	1/2"			
MIN. 2X4 WOOD FRAME OR BUCK (MIN. GR. 3 & G=0.55)	11 GA. ROOFING NAIL	1 3/8"	1/2"			
MIN. 1/8" THK A36 STEEL	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
MIN. 1/8" THK 6063-T5 ALUM.	NO. 8 GR. 5 SELF TAP/DRILL SCREW	FULL	1/2"			
(1) CONCRETE SCREWS SHALL BE EL	CO ULTRACONS, ELCO CRETE-FLEX, IT	W RAMSE	T/RED			

- HEAD TAPCONS OR HILTI KWIK-CON II (HARDENED STEEL OR S.S.).
- (2) STANDARD BENT CLIP INSTALLATION SCREWS SHALL BE POSITIONED WITHIN 1/4" OF THE BUCK/SUBSTRATE EDGE AND, IF INTO WOOD, ANGLED 20 TO 30 DEGREES INTO THE BUCK.
- (3) 2X\_ BUCKS SHALL BE OF A MINIMUM DEPTH REQUIRED TO MEET ANCHOR EDGE DISTANCE REQUIREMENTS BUT NO LESS THAN 4 1/2" (2X4).
- (4) WHEN SCREWS ARE USED WITH THE NAIL FIN. THEY MUST BE A WAFFLE HEAD SCREW OR HAVE A FLAT WASHER AT THE SCREW HEAD.

NOTE: ALL ELEVATIONS SHOWN HERE-IN ARE FOR USE IN DETAILING THE INSTALLATION OF THE DOORS ONLY. TYPE, SHAPE & CONDITIONS RELATIVE TO THE DOOR PANELS & DOOR FRAMES SHALL BE GOVERNED BY THE DOORS PRODUCT APPROVAL & SHALL BE AS CERTIFIED BY THE **APPLICABLE** CERTIFICATION ENTITY.

HINGE REQU	<b>IREMENTS</b>
MAX. FRAME HEIGHT	QUANTITY PER PANEL
OVER 85 3/4"	4
85 3/4"	3

EDGE DISTANCE MAY BE DECREASED TO 1/2" IF SCREWS ARE ANGLED 15 TO 20 DEGREES AWAY FROM THE EDGE.

### GENERAL NOTES:

ALL FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS. SPECIFIED ANCHOR EMBED TO BASE MATERIAL SHALL BE BEYOND WALL

2. OPENINGS, BUCKING & BUCKING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE. 3. THESE NON-IMPACT RATED PRODUCT INSTALLATIONS ARE IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA

BUILDING CODE (FBC).
4. ALL ANCHORS SECURING PRODUCT FRAMES TO PRESSURE TREATED BUCKS OR WOOD FRAMING SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRESSURE TREATING CHEMICALS IN THE WOOD.

5. 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.

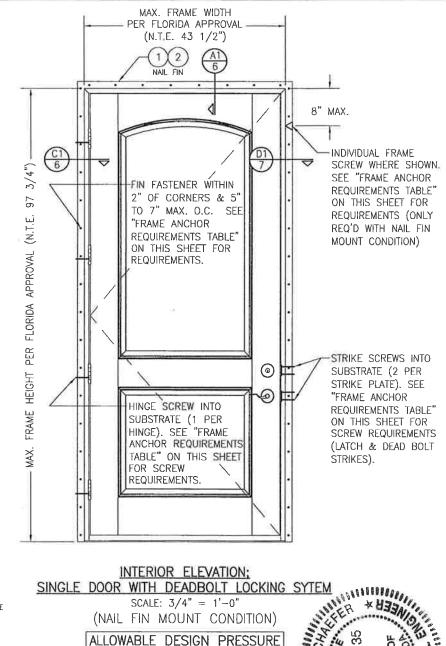
6. TO THE BEST OF OUR KNOWLEDGE, THE PRODUCT SHOWN HEREIN IS

CERTIFIED & QUALITY ASSURED BY A FLORIDA STATE APPROVED CERTIFICATION/QA ENTITY & SHALL BE LABELED IN ACCORDANCE WITH THE FBC AND THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION SPECIFICATIONS. PRODUCT ASSEMBLY IS NOT PART OF THIS DRAWING AND SHALL BE IN ACCORDANCE WITH THE MANUFACTURER'S QUALITY ASSURANCE SPECIFICATIONS & TESTING REPORTS.
7. CERTIFICATION OF THESE PRODUCT INSTALLATIONS SHALL BE

CONSIDERED VOID IF ANY OF THE FOLLOWING APPLY: 1) PRODUCT IS INSTALLED WITHOUT A BUILDING PERMIT FROM THE APPLICABLE LOCAL BUILDING DEPARTMENT. 2) PRODUCT IS INSTALLED BY ANYONE OTHER THAN A LICENSED CONTRACTOR EXPERIENCED WITH INSTALLATIONS OF THIS TYPE OF PRODUCT. 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.

8. THE LEAST DESIGN PRESSURE SPECIFIED EITHER IN THIS DRAWING OR N THE PRODUCTS CERTIFICATION SHALL CONTROL FOR THE INSTALLED

9. THESE DRAWINGS CERTIFY THE PRODUCT INSTALLATION ONLY. WATER PROOFING OF THE INSTALLED PRODUCT IS NOT PART OF THIS INSTALLATION CERTIFICATION. THAT RESPONSIBILITY SHALL BE THAT OF THE MANUFACTURER &/OR INSTALLER.



(SINGLE DOOR)

SEE FLORIDA APPROVAL

(NAIL FIN MOUNT CONDITION) NO. 44135

NO. 44135

TORIOP

FLORIOP

FLORIOP 44135 \* ALLOWABLE DESIGN PRESSURE

THESE DRAWINGS ARE APPLICABLE ONLY TO THE PRODUC SPECIFIED. THEY MAY NOT BE USED FOR THE ASSEMBLY AND/OR INSTALLATION OF ANY OTHER PRODUCT NOR MAY THEY BE USED FOR RATIONAL AND/OR LOCAL APPROVAL OF ANY PRODUCT NOT PRODUCED BY THE MANUFACTURER STATED ON THESE DRAWINGS.

1774 SHEET NO. OF

09/23/11

1=16

4 E

CORPORATION
MAIN STREET
A, IA 50219
-621-1000

1

INSULANTS

W. SCHAEFER ENGINEERING
CONSULTING, P.A. (CA 6809)
AAR 15071 COURT NORTH
PALM BEACH GREDENS, FL 33418
PHONE: 581-744-3424

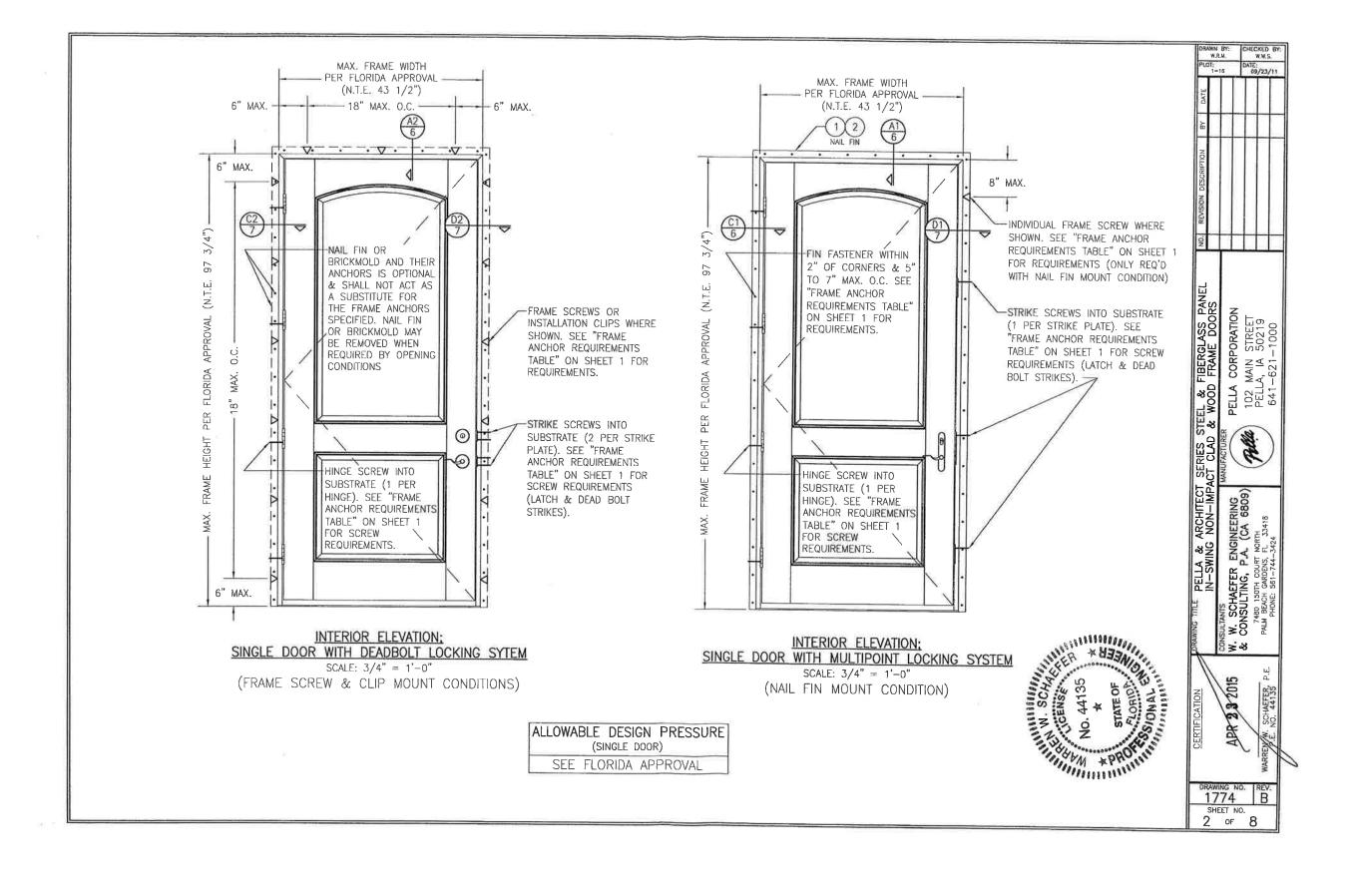
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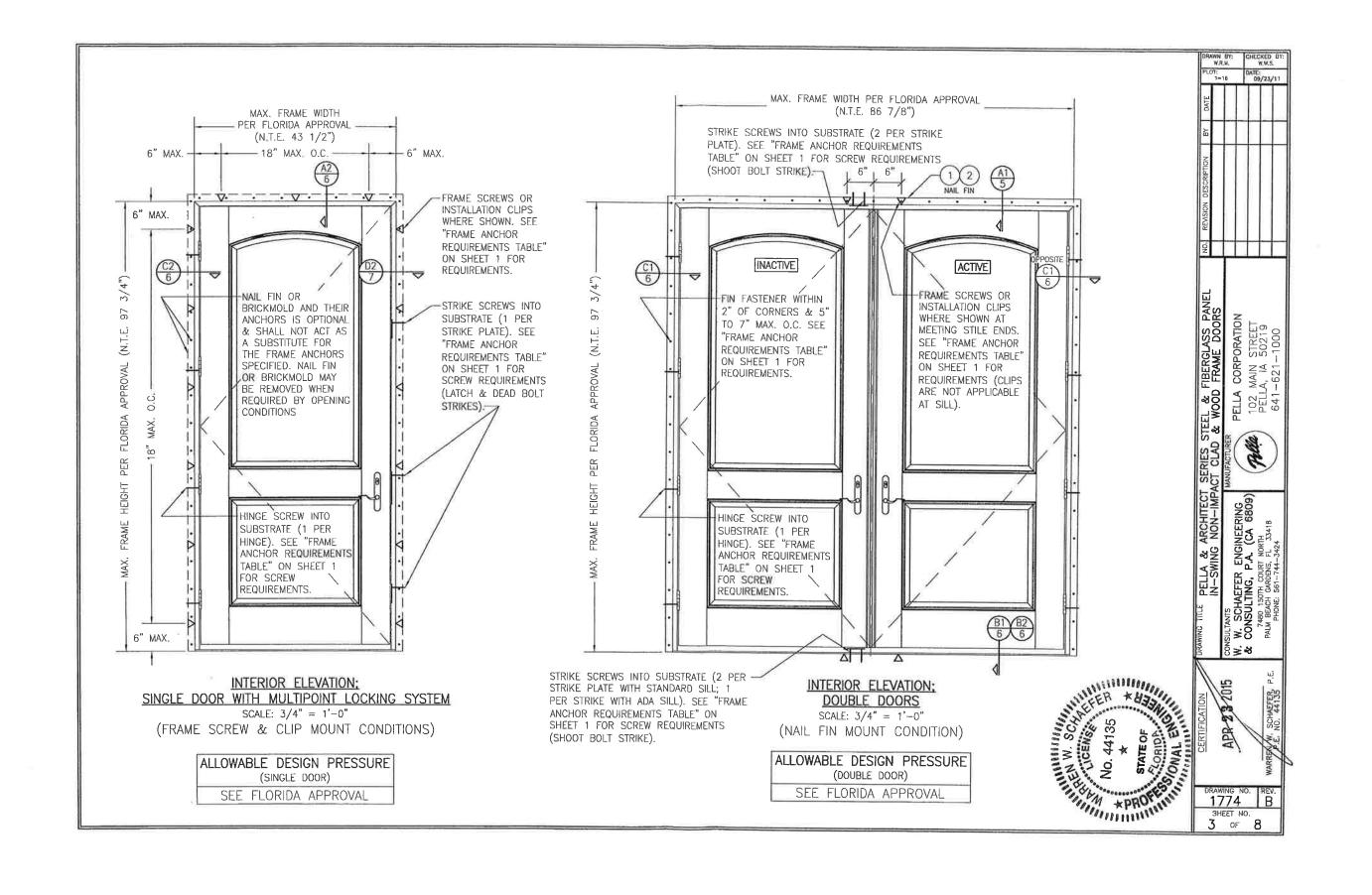
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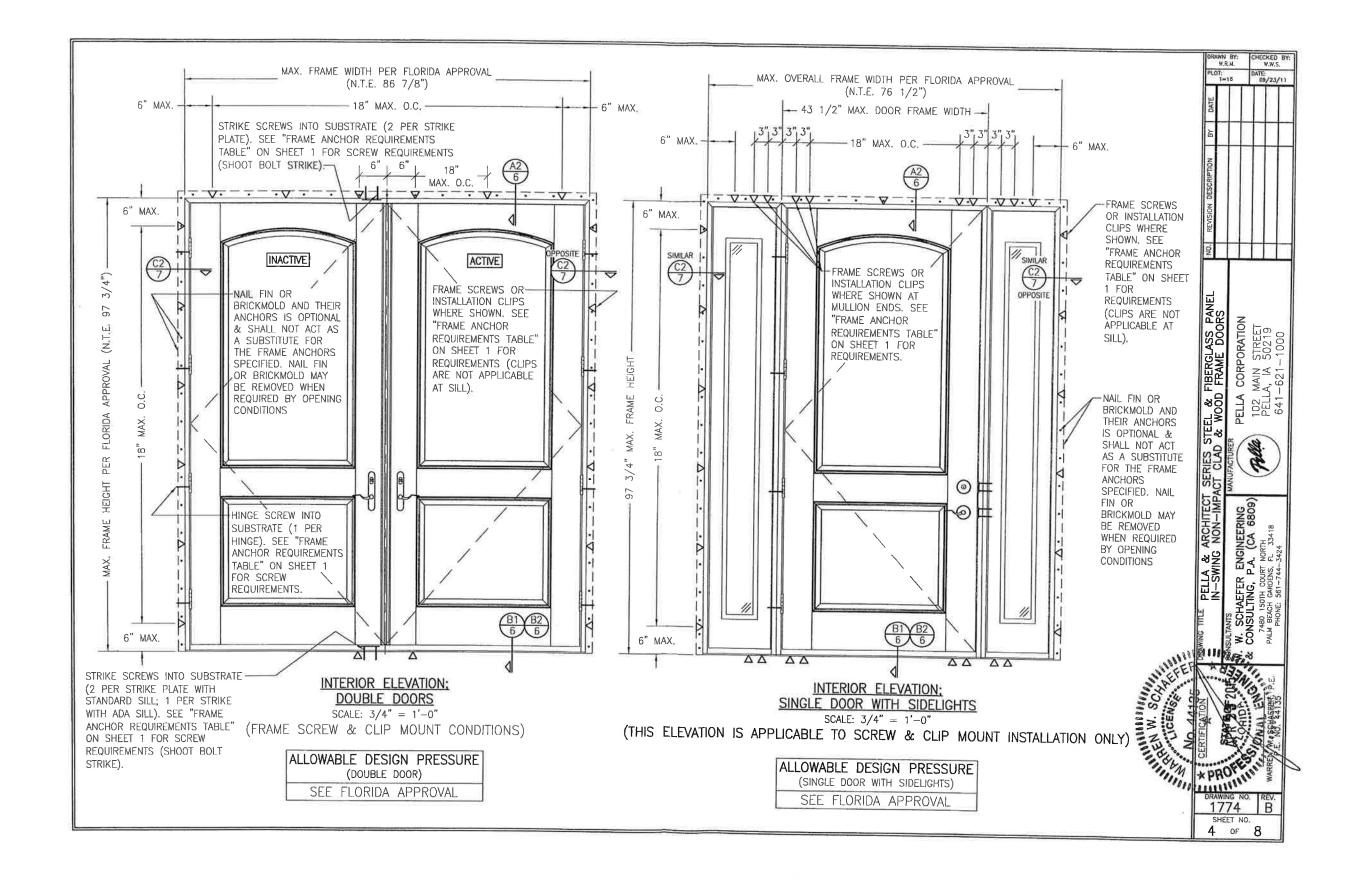
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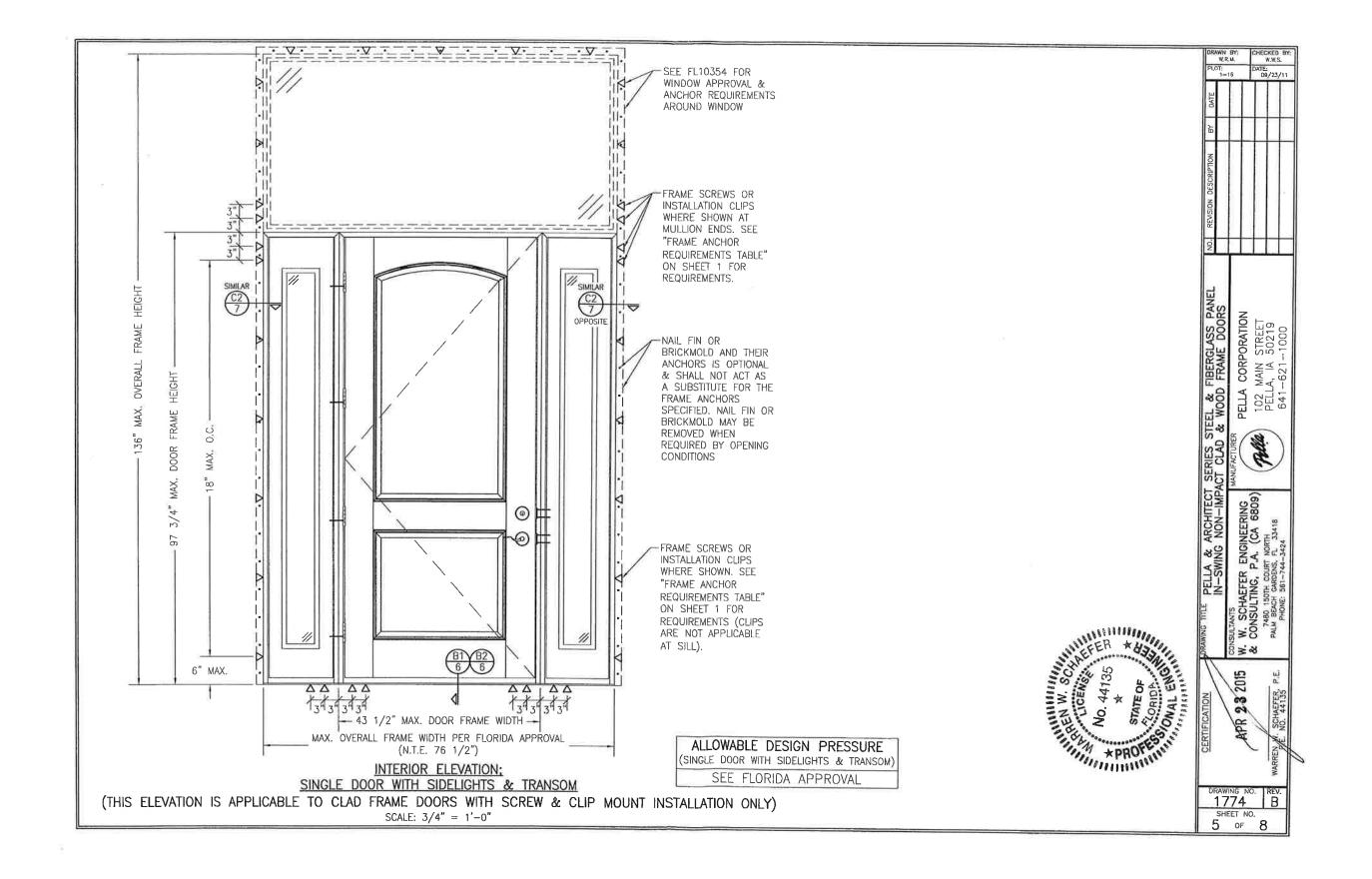
AP.

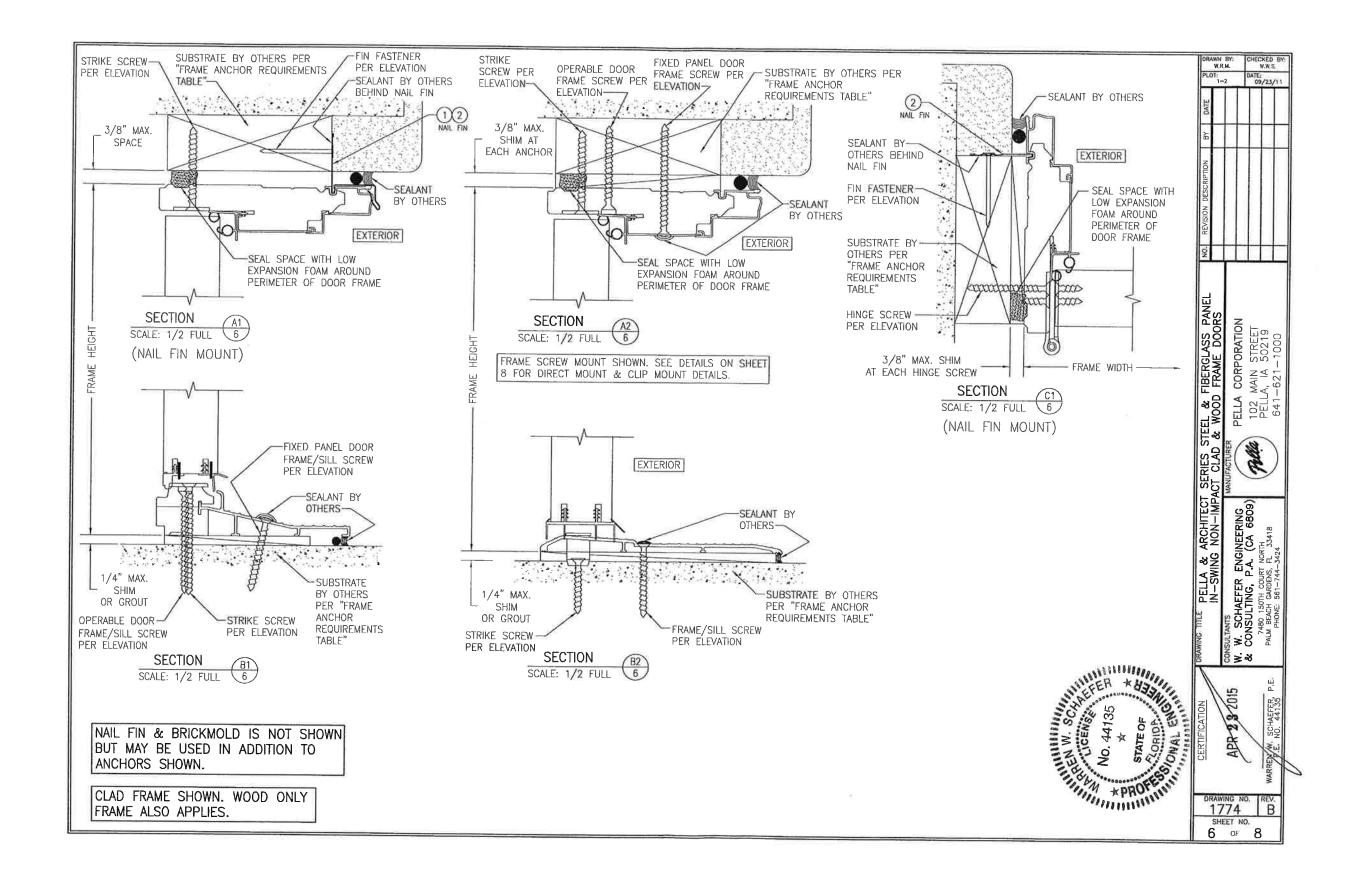
AEFER,

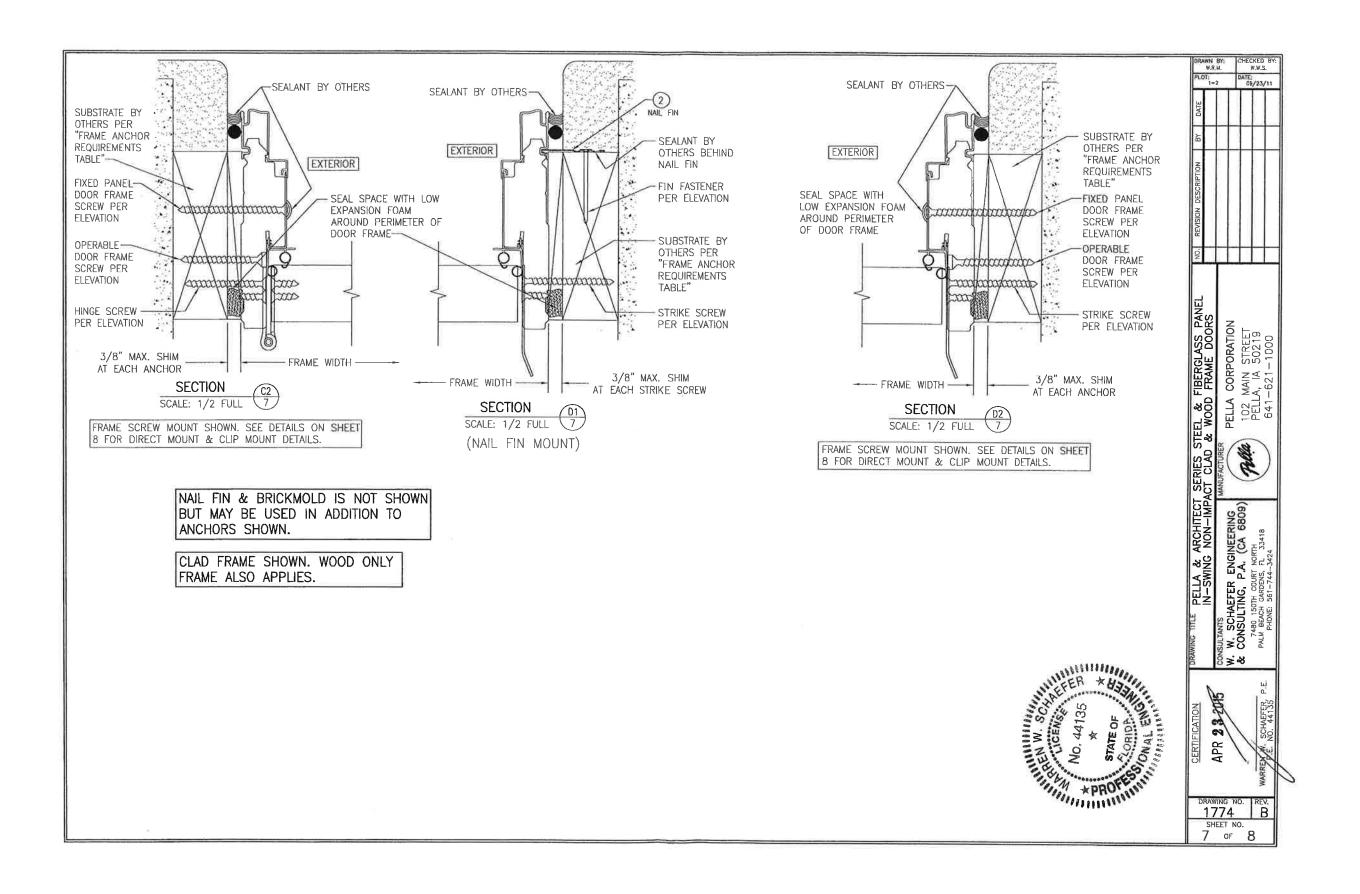


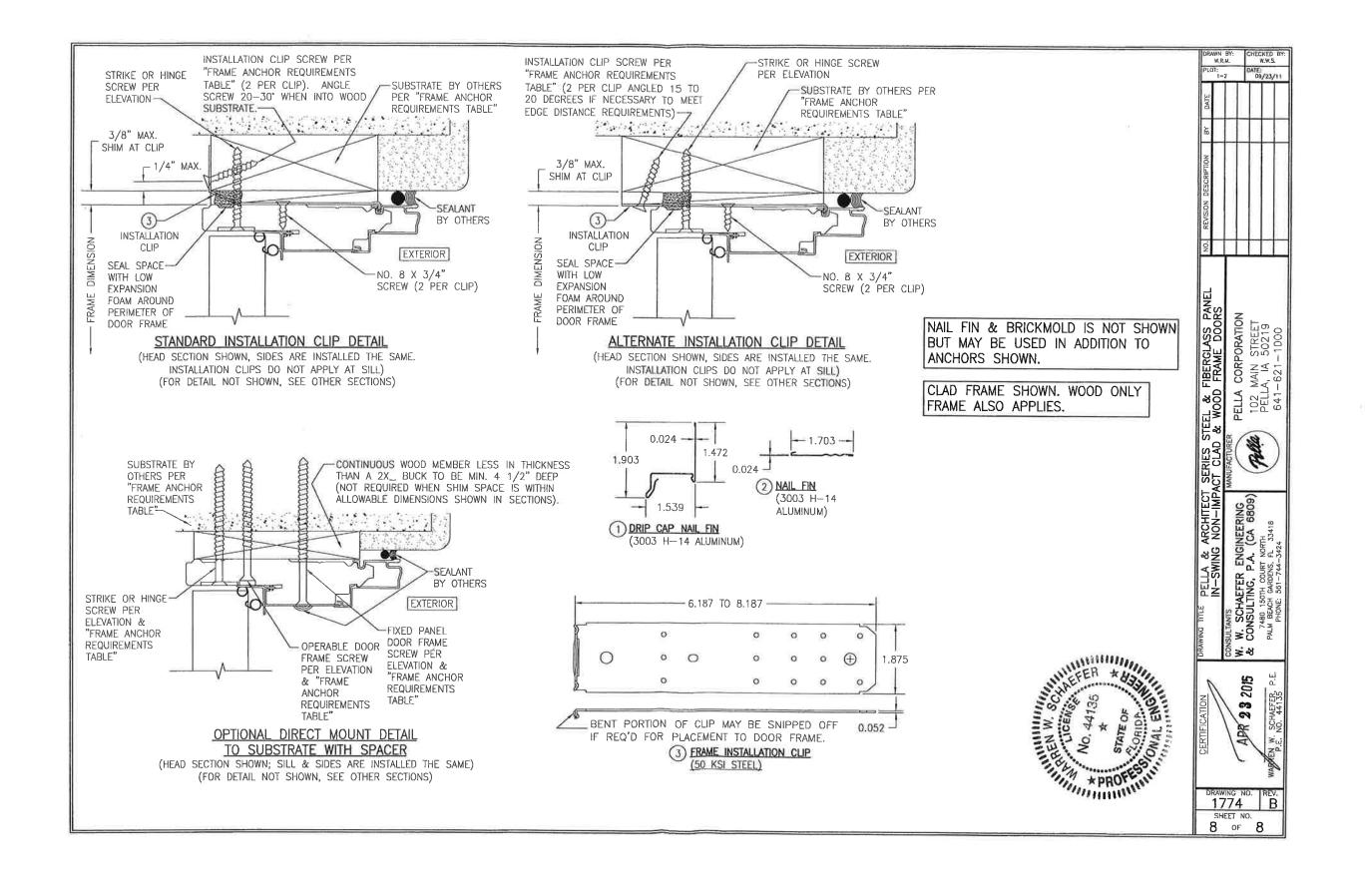
















### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

# CONSTRUCTION INDUSTRY LICENSING BOARD

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

## CAFARO, PETER ANTHONY III

LOWE'S HOME CENTERS, LLC 1605 CURTIS BRIDGE RD WILKESBORO NC 28697 LICENSE NUMBER: CGC1508417

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at 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) 03/26/2020

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).

PRODUCER Marsh USA Inc. 100 North Tryon Street, Suite 3600 Charlotte, NC 28202	ights to the certificate floider in he	CONTACT NAME: PHONE [A/C, No, Ext]: E-MAIL ADDRESS:  [A/C, No):			
		INSURER(S) AFFOR	RDING COVERAGE	NAIC#	
CN102776519-Lowes-FLLic-20-21	FLUC	INSURER A: National Union Fire Ins Co.	of Pittsburgh PA	19445	
INSURED  Lowe's Companies, Inc.		INSURER B: Interstate Fire & Casualty C	22829		
and subsidiaries		INSURER C: New Hampshire Ins Compa	23841		
1000 Lowe's Boulevard Mooresville, NC 28117		INSURER D :			
		INSURER E :			
		INSURER F ;			
COVERAGES	CERTIFICATE NUMBER:	ATL-004938717-05	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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR			'Self Insured - See below'			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:							\$	
A	AUTOMOBILE LIABILITY			CA6631232 (AOS)	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
A	X ANY AUTO		١.,	CA6631231 (MA)	04/01/2020	04/01/2021	BODILY INJURY (Per person)	\$	
A	OWNED SCHEDULED AUTOS		1	CA6631233 (VA)	04/01/2020	04/01/2021	BODILY INJURY (Per accident)	\$	
-	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
_								\$	
В	X UMBRELLA LIAB X OCCUR			USZ00024220	04/01/2020	04/01/2021	EACH OCCURRENCE	s	5,000,000
-	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED X RETENTION\$							S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC023096086 (AK,AZ,IL,NC,NH,VI)		04/01/2021	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC023096087 (ND,WA,WI,WY)		04/01/2021	E.L. EACH ACCIDENT	\$	2,000,000
٠	(Mandatory in NH)  If yes, describe under			WC023096085 (CO,DC,DE,HL,ID,M,	04/01/2020	04/01/2021	E.L. DISEASE - EA EMPLOYEE	\$	2,000,000
	DESCRIPTION OF OPERATIONS below			MN, MT,NE,NM,NV,RLSD,TN,TX)			E.L. DISEASE - POLICY LIMIT	\$	2,000,000
A	Excess Workers' Compensation			XWC6559368 (FL)	04/01/2020	04/01/2021	(WC per statute)		3,000,000
A	Excess Workers' Compensation			XWC6559367 (AOS)	04/01/2020	04/01/2021	(WC per statute)		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Commercial General Liability policy is Self-Insured, effective 4/1/2020 to 4/1/2021.

Lowe's Home Centers, Inc. and Lowe's Home Centers, ILC is a named insured under the captioned policies. Florida General Contractor's License # CGC1508417, Peter Anthony Cafaro, III, Certified General Contractor. Florida Contractor's License # CCC1326824, Peter Anthony Cafaro, III, Certified Roofing Contractor.

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 of Marsh USA Inc.			
Î	Manashi Mukherjee Manashi saucenenjee			



Risk Management Department

Re: Lowe's Home Centers, LLC Competency License

Florida General Contractor's License # CGC1508417, Peter Anthony Cafero, III, Certified

General Contractor

Florida Contractor's License # CCC1326824, Peter Anthony Cafero, III, Certified Roofing

Contractor.

### Dear Sir/Madam:

This letter will confirm that Lowe's Home Centers, LLC (a wholly owned subsidiary of Lowe's Companies, Inc. (hereinafter "Lowe's")) intends to satisfy the general liability insurance requirement through a program of self-insurance. Lowe's self insures for each general liability claim in an amount up to and including \$5,000,000 which is the attachment point for Lowe's excess liability policy which is written through Steadfast Insurance Company as evidenced on our certificate of insurance. Lowe's Companies, LLC maintains reserves to support this program of self insurance based on a review (performed at least annually) by a certified casualty actuary.

Lowe's Companies, Inc. is a Fortune 50 company and operates more than 1,750 stores in the US, Canada and Mexico. Lowe's sales in 2014 were in excess of \$53 billion. You may access Lowe's financial information at www.lowes.com.

Please feel free to contact me at (704) 758-3123 or Shonna M. Splain@Lowes.com if you have any questions.

Very truly yours.

Shonna Splain Insurance & Risk Administrator Risk Management Department

### Tax Collector Scott Randolph

Local Business Tax Receipt

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 Renalty Is added October 1. Orange County, Florida

	2019	EXPIRES	9/30/2020	
CERTIFIED GENERAL C	\$30.00	2 EMPLOYEES	5000 BUSINESS OFFICE	
CERTIFIED ROOFING CO	\$30.00	2 EMPLOYEES		

1801

2 EMPLOYEES 1801-0590711

\$30.00

\$30.00 \$90.00 \$0.00 12200 LAKE UNDERHILL RD PREVIOUSLY PAID TOTAL DUE 1806



CAFARO PETER ANTHONY III-CGC1508417

LOWES HOME CENTERS ILC CAFARO PETER ANTHONY III-CGC1508417 P O BOX 781993

This receipt is official when validated by the Tax Collector.

CAFARO PETER ANTHONY III-CGC1508417 PAID: \$90.00 2004-05442084 9/19/2019

U - ORLANDO, 32825

octaxcol.com | [ ] octaxcol

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.