



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

<p>Scope of Work: BUILDING: Remove (2) windows, cut block R.O.'s bigger to install (2) sliding glass doors</p> <p>Comments: None</p> <p>Project Information Address: 1614 Nela Ave, Belle Isle, FL 32809 Parcel ID: 25-23-29-5884-12-030 Property Owner: Sam and Aa Group LLC Phone Number: none ***** Company Name: Venn Construction, LLC Contractor Name: Venn, Chris License Number: CGC1517681 Address: 5627 Padgett Cir Orlando, FL 32839 Phone Number: 407-304-7973</p>	<p style="text-align: center;">Permit Number: 2014-08-073</p> <p>Date of Application: <u>08/18/2014</u> Date Permit Issued: <u>08/25/2014</u></p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$43.50 Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p>BUILDING Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1st _____ (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)</p>
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ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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 \$47.50

Date Paid 8-26-14
CC or Check # 1850
Amount Paid \$47.50

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.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-08-073
Property Owner	Sam + AA Group, LLC
Address	1614 Nela Ave
Nature of Improvement	Building
Received Application	8-18-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-19-14 wot0972
Building Official Approved	8-25-2014
Comments	
1.	8/20 AP INCORRECT WIND EXPOSURE CATEGORY;
2.	UPDATE PLANS TO WIND EXP. CAT "D";
3.	Per 2010 FBC 1609A & R301.2.1.4.3
4.	8-20-14 cc emailed Conth angela comments
5.	8-22-14 cc need revised plans. wot41159
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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Building Permit (Land Use) Application

DATE: August 11, 2014

PERMIT # 2014-08-013

PROJECT ADDRESS 1614 Nela Ave.

Belle Isle, FL 32809 32812

PROPERTY OWNER Sam and Aa Group, LLC PHONE _____

VALUE OF WORK (labor & material) \$ 2,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Remove (2) windows, cut block R.O.'s bigger to install (2) sliding glass doors

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- **SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 25-23-29-5884-12-30

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH 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.

Attached Survey _____ SETS and Construction Plans 3 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. _____

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER Angela Puz DATE 8-25-2014

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE sq DATE 8-20-14

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.

Page 1 of 2

Wind Exposure Category: B C D

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

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	<input checked="" type="checkbox"/> Y	N	\$ <u>43.50</u>
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

3% FL SURCHARGE 4.00

TOTAL 47.50

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 Sam and Aa Group, LLC
 Owner's Address 827 W. Lancaster Rd. Orlando, FL 32809

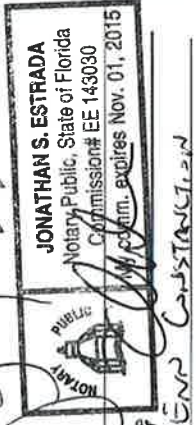
Contractor Name Chris Venn	Company Name Venn Construction, LLC
License # CGC 1517681	Company Address 5627 Padgett Cir.
Contact Phone/Cell (407) 304-7973	City, State, ZIP Orlando, FL 32839
Contact Email VennConstruction@cfl.rr.com	Contact Fax (407) 858-5631

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 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 for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

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

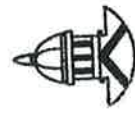
Owner Signature Shahida Akther
 The foregoing instrument was acknowledged before me this 8/14/14
 by Shahida Akther who is personally known to me
 and who produced FL DL who is personally known to me
 as identification and who did not take an oath
 Notary as to Owner
 State of Florida
 County of Orange



Contractor Signature Chris S Venn
 COMPANY NAME Venn Construction

The foregoing instrument was acknowledged before me this 8/14/14
 by Chris S Venn who is personally known to me
 and who produced FL DL
 as identification and who did not take an oath
 Notary as to Owner
 State of Florida
 County of Orange

Sun S. Walters
 Notary Public
 State of Florida
 My Commission Expires 06/19/2018
 Commission No. FF 134318



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 (TP40), the formula is: (7.5 inches rainfall/12 inches pi/foot) X (result from line 4) = cubic feet of storage volume needed



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 8-20-2014

Permit Type:	<u>Building</u>	Job Cost:	\$ <u>2,000-</u>
Permit Fee:	\$ <u>29-</u>		
Plans Review Fee:	\$ <u>14.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.100</u>		
1.5% State Fee:	\$ <u>2.100</u>		
TOTAL BUILDING FEE:	\$ <u>47.50</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$25 + (4 \times 1) = 25 + 4 = \$29$$

$$29 \times 50\% = 14.50 + 29 = 43.50$$

$$\frac{4}{47.50}$$

Permit Number: _____
Folio/Parcel ID #: _____
Prepared by: Venn Construction LLC
5627 Padgett Cir
Orlando, FL 32839
Return to: _____
Same as above

DOCH 20140415488 B: 10791 P: 2381
08/15/2014 10:13:28 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: VENN CONSTRUCTION LLC



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)
1614 Nela Ave, Orlando, FL 32809
- General description of improvement**
Removing 3 windows, reinstall 1 window, 2 SGDs
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Sam and Aa Group LLC
Address 827 W. Lancaster Rd, Orlando, FL 32809
Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name NA
Address _____
- Contractor**
Name Venn Construction LLC Telephone Number 407-304-7973
Address 5627 Padgett Cir, Orlando, FL 32839
- Surety** (if applicable a copy of the payment bond is attached)
Name NA Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name NA Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name NA Telephone Number _____
Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name NA Telephone Number _____
Address _____
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____ 1 Year

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Shahida Akther Signature of Owner or Lessee or Owners's Authorized Officer/Director/Partner/Manager
REMOVED BY MANAGER Signatory's Title/Office

The foregoing instrument was acknowledged before me this 30 day of July 2014 by Shahida Akther month/year
as Member Manager for Sam & Aa Group LLC name of person
Type of authority, e.g. officer, trustee, attorney in fact
SAM & AA Group LLC Notary party or behalf of whom instrument was executed
Signature of Notary Public - State of Florida SHADRA SHAH Print type or stamp commissioned name of Notary Public

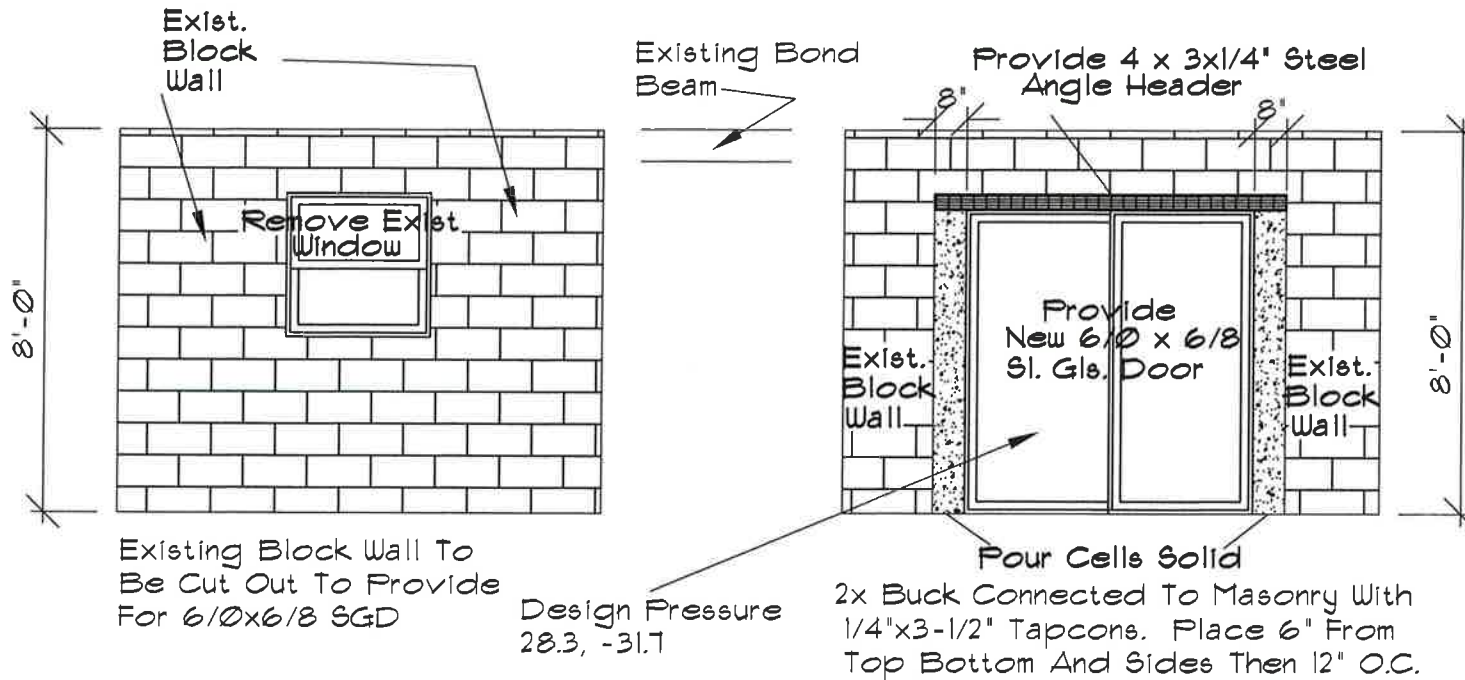
Personally Known _____ OR Produced ID FLDL
Type of ID Produced A236780676360



Form content revised 10/17/12
State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of
the documents as filed in my official capacity.
MARTHA O. HAYNIE, County Comptroller
By: [Signature]
Deputy Comptroller
Date: 08-15-14

1614 Nela Avenue
Orlando, FL 32809

received
08-22-14



Existing

New Construction

NEW SLIDING GLASS DOOR INSTALLATION

Scale: 1/4" = 1'-0"

CITY OF BELLE ISLE
THE PLANS AND SPECIFICATIONS
HAVE BEEN REVIEWED. FULL
COMPLIANCE WITH CODES AND
REGULATIONS ARE REQUIRED BY

THE PERMIT HOLDER

APPROVED *Angela Perez Buiss*

STRUCTURAL NOTES

IMPORTANCE/USE FACTOR #1 , WIND EXPOSURE D
BUILDING CATEGORY II, INTERNAL PRESSURE COEF. .18

THIS STRUCTURE HAS BEEN DESIGNED TO MEET OR EXCEED
THE MINIMUM REQUIREMENTS OF THE 2010 FLORIDA BUILDING CODE
(RESIDENTIAL) FOR A 139 (VULT) AND 108 (VASD) MPH WIND ZONE

MB
8/21/14



As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers for the building components listed below if they will be utilized on the building or structure.

Approved product information is listed online or can be obtained from the local product supplier.
 FL Product Approval: www.floridabuilding.org
 Miami Dade Notice of Acceptance: <http://www.miamidade.gov/building/home.asp>

The following information shall be submitted for plan review and permitting:

- 1) Completed/filled out copies of this Product Approval Cover Sheet. (Residential – 2, Commercial – 3)
- 2) Copies of the internet screen shot showing the product **and ONLY the product to be installed**, its FL Product Approval or Miami Dade NOA number, and the Florida Building Code edition. (Residential – 2, Commercial – 3)

Product Type	Manufacturer	Model #/Series	FL Product Approval #	Miami Dade NOA #
Exterior Doors				
Swinging				
Sliding	MI Windows	910/3910	124372	
Sectional/Rollup				
Other				
Windows				
Single/Double Hung				
Horizontal Slider				
Casement				
Fixed				
Mullion				
Skylights				
Other				
Wall Panels				
Siding				
Soffits				
Storefront				
Glass Block				
Other				
Roofing Products				
Asphalt Shingles				
Single Ply Roof				
Roofing Tiles				
Non Structural Metal				
Other				
Structural Components				
Lintels				
Insulation Forms				
Other				



Failure to post the information below on the jobsite, or including items not used, will result in failed inspections.

2

- 1) One completed/filled out copy of this Product Approval Cover Sheet with OCDBS official approval stamp.
- 2) One copy of internet screen shot showing the product, its FBC or NOA #, and the FBC Edition with OCDBS official approval stamp.
- 3) One copy of the manufacturer's installation details and instructions for **ONLY the product to be installed**

It is the applicant's responsibility to verify 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's Printed Name: _____ Applicant's Signature: _____



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Product Approval
USER: Public User

Florida Department of Business & Professional Regulation
License efficiently. Regulate wisely.
OFFICE OF THE SECRETARY

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

FL # FL12437-R5
 Application Type Revision
 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 MI Windows and Doors
 Address/Phone/Email 650 West Market Street
 Gratz, PA 17030
 (717) 365-3300 Ext 2560
 bsitlinger@miwd.com

Authorized Signature Brent Sitlinger
 bsitlinger@miwd.com

Technical Representative
 Address/Phone/Email

Quality Assurance Representative
 Address/Phone/Email

Category Exterior Doors
 Subcategory Sliding Exterior Door Assemblies

Compliance Method Certification Mark or Listing

Certification Agency American Architectural Manufacturers Association
 Validated By Steven M. Ulrich, PE

Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)
Standard AAMA/WDMA/CSA 101/I.S. 2/A440
 AAMA/WDMA/CSA 101/I.S. 2/A440
Year 2005
 2008

Equivalence of Product Standards
 Certified By

Product Approval Method Method 1 Option A
 Date Submitted 12/10/2013
 Date Validated 12/30/2013
 Date Pending FBC Approval
 Date Approved 12/31/2013

Summary of Products



http://www.floridabuilding.org/pr/pr_app_dtl.aspx?param=wGEVXQwtDqsj1XgYDJMD2... 8/19/2014

FL #	Model, Number or Name	Description
12437.1	910/3910 Sliding Glass Door	72x80 Fin Frame Insulated Glass
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +40/-50 Other: SD-R40. Units must be glazed in accordance with ASTM E1300-04 with safety glass.</p>		
<p>Certification Agency Certificate FL12437_R5_C_CAC_ML_Windows - 910-3910_SGD_Fin_1_Doc.13_Ext.pdf Quality Assurance Contract Expiration Date 02/25/2016 Installation Instructions FL12437_R5_II_Install_Instruction - 910_PD_(As Tested_98644.01).pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Yes Evaluation Reports Created by Independent Third Party:</p>		
12437.2	910/3910 Sliding Glass Door	72x80 Finless Frame Insulated Glass
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +40/-50 Other: SD-R40. Door must be glazed per ASTM E1300-04 with safety glass.</p>		
<p>Certification Agency Certificate EL12437_R5_C_CAC_APC_A0970.01-109-47-R0_910_SGD_ELS72X80_R40_DP-50Dsf.pdf Quality Assurance Contract Expiration Date 08/12/2014 Installation Instructions FL12437_R5_II_08-01157A.pdf Verified By: L. Roberto Lomas, PE PE-62514 Created by Independent Third Party: Yes Evaluation Reports EL12437_R5_AE_511726A.pdf Created by Independent Third Party: Yes</p>		
12437.3	910/3910 Sliding Glass Door	72x96 Finless Frame Insulating Glass
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +30/-30 Other: R-PG30</p>		
<p>Certification Agency Certificate EL12437_R5_C_CAC_APC_C2011.02-109-47-R0_910_SGD_FLS3-4IG_1-8T_72X96_R30_OX(082916).pdf Quality Assurance Contract Expiration Date 08/29/2016 Installation Instructions FL12437_R5_II_08-01901.pdf Verified By: Luis R. Lomas, PE PE-62514 Created by Independent Third Party: Yes Evaluation Reports EL12437_R5_AE_512593.pdf Created by Independent Third Party: Yes</p>		
12437.4	910/3910 Sliding Glass Door	72x96 Fin Frame Insulating Glass
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +30/-30 Other: R-PG30</p>		
<p>Certification Agency Certificate EL12437_R5_C_CAC_APC_C2014.02-109-47-R0_910_SGD_FIN_3-4IG_1-8T_72X96_R30_OX(082916).pdf Quality Assurance Contract Expiration Date 08/29/2016 Installation Instructions FL12437_R5_II_08-01901.pdf Verified By: Luis R. Lomas, PE PE-62514 Created by Independent Third Party: Yes Evaluation Reports EL12437_R5_AE_512593.pdf Created by Independent Third Party: Yes</p>		

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

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

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

Product Approval Accepts:



MI WINDOWS AND DOORS
 650 WEST MARKET STREET
 GRANTZ, PA 17030-0370

SERIES 910 PVC SLIDING GLASS DOOR
 NON-IMPACT
 ELEVATION, ANCHORING LAYOUT AND NOTES

DRWN: TJH
 DWG NO. 08-01157
 REV A

SCALE NTS 10/22/10
 DATE 10/22/10
 SHEET 1 OF 4

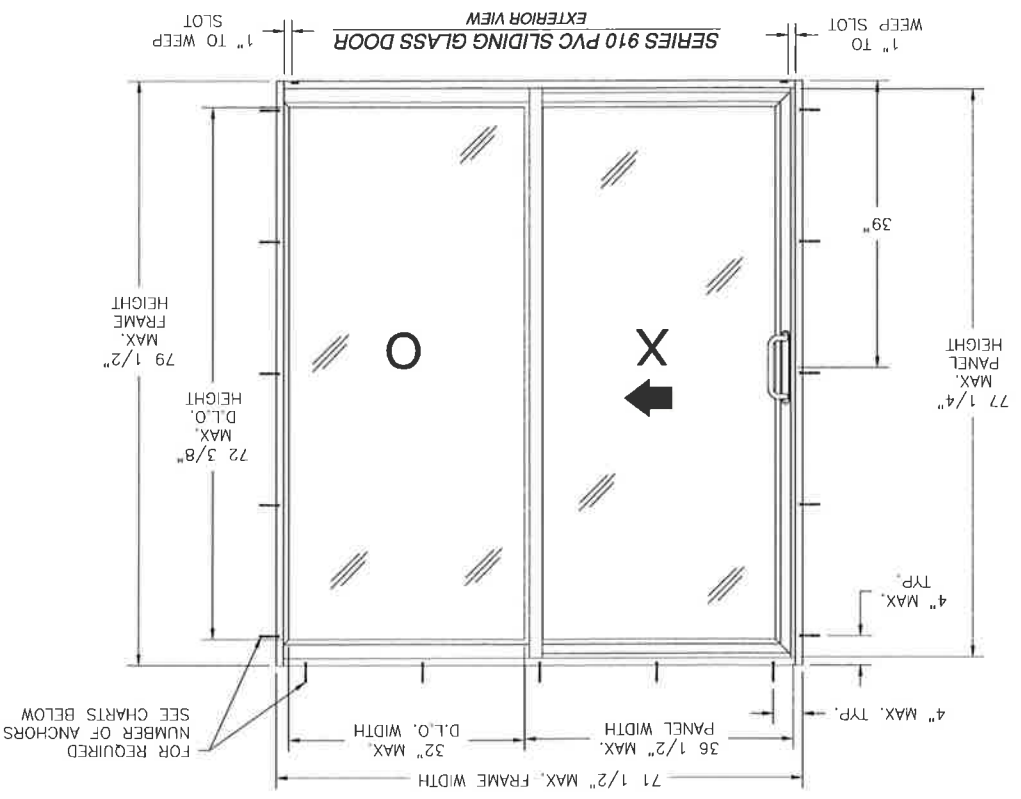
TABLE OF CONTENTS

SHEET NO.	DESCRIPTION
1	ELEVATION, ANCHORING LAYOUT AND NOTES
2 - 4	INSTALLATION DETAILS

Height (ft)	Head Jamb	Head Jamb	Head Jamb	Head Jamb	Head Jamb	Head Jamb	Head Jamb
18.0	36.0	48.0	60.0	71.5	30.0	24.0	18.0
78.0	3	5	4	5	5	5	5
79.5	4	5	4	5	5	5	5

Number of anchor locations required
 Single Panel and Total Unit Width (in)

DESIGN PRESSURE RATING	+40/-50PSF
IMPACT RATING	NONE



- NOTES:
- 1) THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE.
 - 2) WOOD FRAMING, STEEL FRAMING AND MASONRY OPENING TO BE DESIGNED AND ANCHORED TO PROPERLY TRANSFER ALL LOADS TO STRUCTURE, FRAMING AND MASONRY OPENING IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
 - 3) 1x BUCK OVER MASONRY/CONCRETE IS OPTIONAL, WHERE 1x BUCK IS NOT USED DISSIMILAR MATERIALS MUST BE SEPARATED WITH APPROVED COATING OR MEMBRANE. SELECTION OF COATING OR MEMBRANE IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD.
 - 4) ALLOWABLE STRESS INCREASE OF 1/3 WAS NOT USED IN THE DESIGN OF THE PRODUCT SHOWN HEREIN. WIND LOAD DURATION FACTOR CD=1.6 WAS USED FOR WOOD ANCHOR CALCULATIONS.
 - 5) FRAME MATERIAL: EXTRUDED RIGID PVC .075" THICK.
 - 6) UNITS MUST BE GLAZED PER ASTM E1300.
 - 7) APPROVED IMPACT PROTECTIVE SYSTEM IS REQUIRED FOR THIS PRODUCT IN WIND BORNE DEBRIS REGIONS.
 - 8) SHIM AS REQUIRED AT EACH INSTALLATION ANCHOR WITH LOAD BEARING SHIM. SHIM WHERE SPACE OF 1/16" OR GREATER OCCURS. MAXIMUM ALLOWABLE SHIM STACK TO BE 1/4".
 - 9) FOR ANCHORING INTO MASONRY USE 3/16" NY TAPCONS WITH SUFFICIENT LENGTH TO ACHIEVE A 1 1/4" MINIMUM EMBEDMENT INTO SUBSTRATE AND INSTALLATION EDGE DISTANCE. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 - 10) FOR ANCHORING INTO WOOD FRAMING OR 2X BUCK USE #10 WOOD SCREW WITH SUFFICIENT LENGTH TO ACHIEVE A 1 3/8" MINIMUM EMBEDMENT INTO SUBSTRATE. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 - 11) FOR ANCHORING INTO 16GA. (.060" MIN.) STEEL FRAMING USE #10 SELF TAPPING SCREW WITH SUFFICIENT LENGTH TO ACHIEVE 3-THREADS MINIMUM BEYOND SUBSTRATE MINIMUM EMBEDMENT. LOCATE ANCHORS AS SHOWN IN ELEVATIONS AND INSTALLATION DETAILS.
 - 12) ALL FASTENERS TO BE CORROSION RESISTANT.
 - 13) INSTALLATION ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH ANCHOR MANUFACTURER'S INSTALLATION INSTRUCTIONS, AND ANCHORS SHALL NOT BE USED IN SUBSTRATES WITH STRENGTHS LESS THAN THE MINIMUM STRENGTH SPECIFIED BELOW:
 A. WOOD - MINIMUM SPECIFIC GRAVITY OF G=0.42
 B. CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 2,000 PSI.
 C. MASONRY - STRENGTH CONFORMANCE TO ASTM C-90, GRADE N, TYPE 1 (OR GREATER).
 - 14) APPROVED CONFIGURATIONS: XO, OX

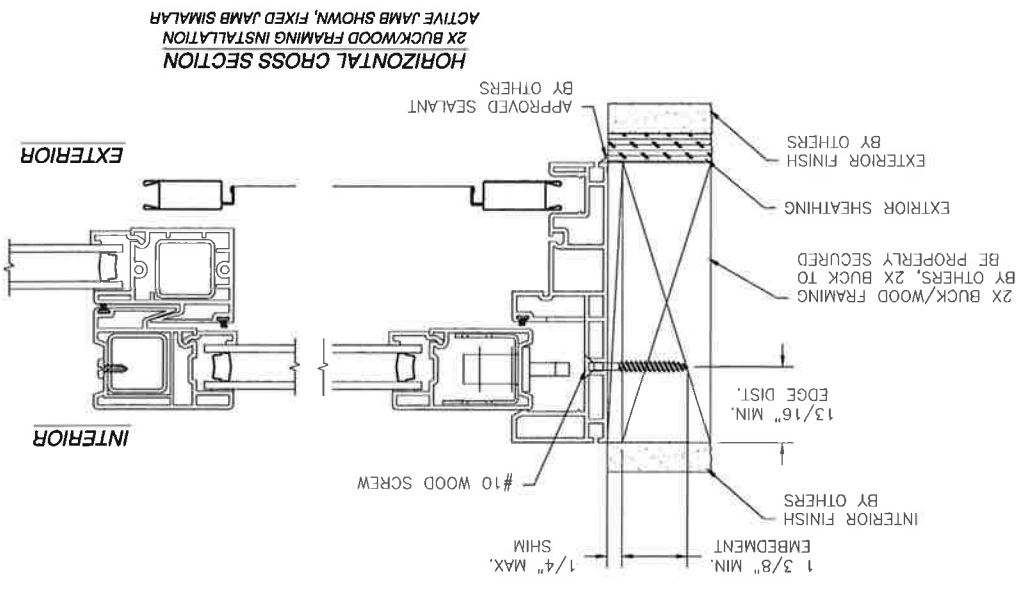
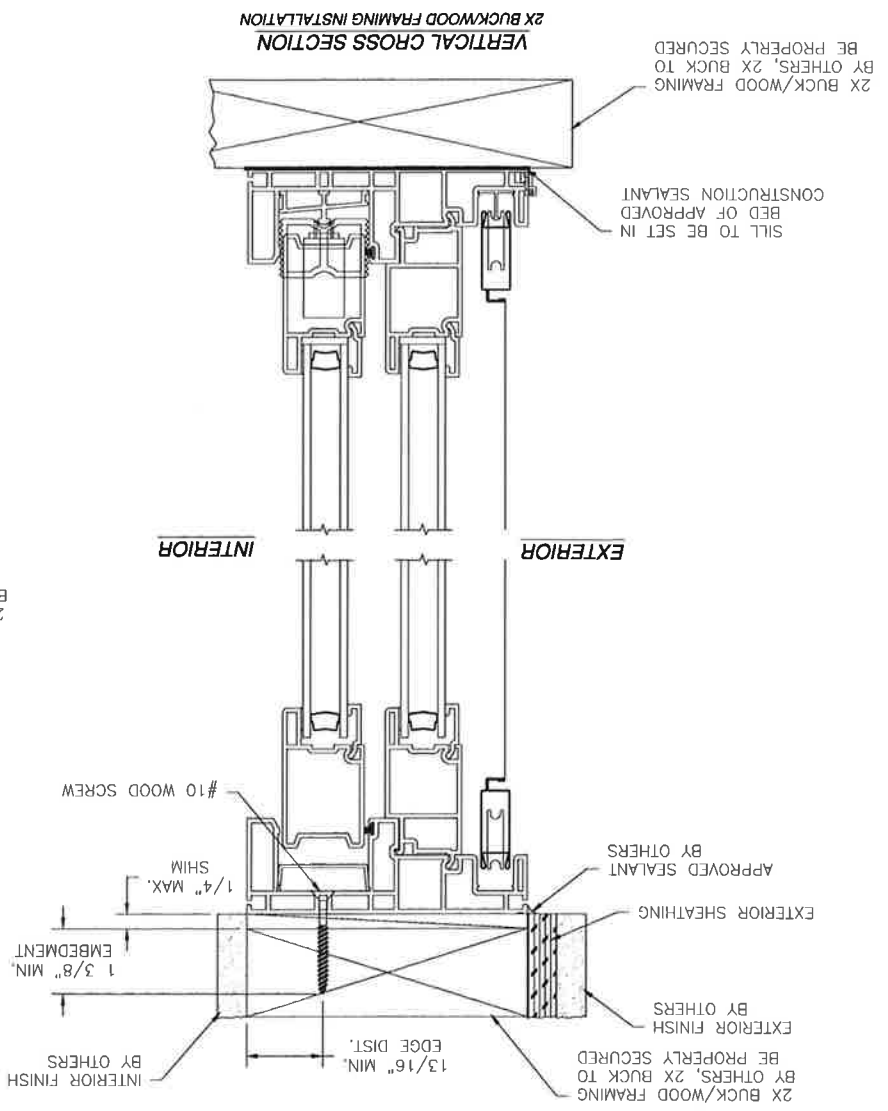
REVISIONS

REV	DESCRIPTION	DATE	APPROVED
A	REVISED PER NEW TESTING	05/24/2011	R.L.

SIGNED: 05/24/2011



DRAWN: TJH		DWG NO. 08-01157	REV A
MI WINDOWS AND DOORS 650 WEST MARKET STREET GRANTZ, PA 17030-0370			
SERIES 910 PVC SLIDING GLASS DOOR NON-IMPACT INSTALLATION DETAILS			
SCALE: NTS		DATE: 10/22/10	SHEET 2 OF 4

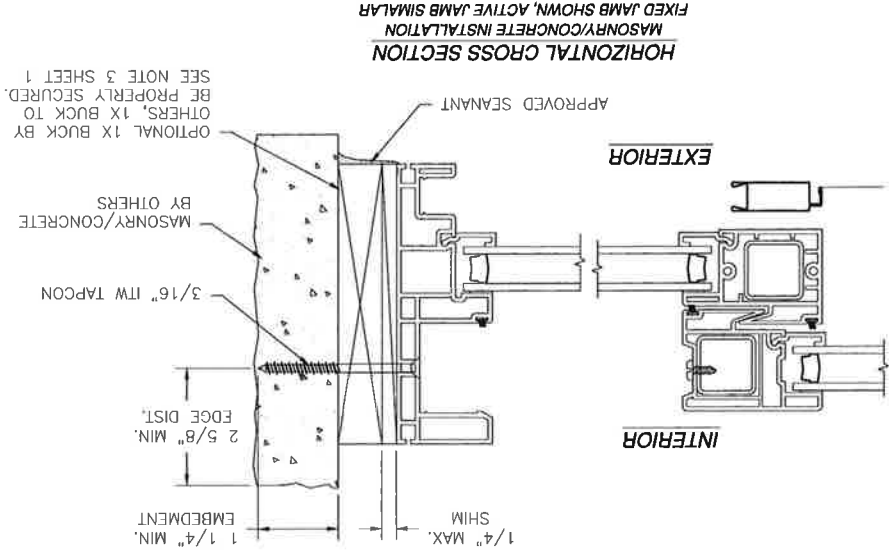
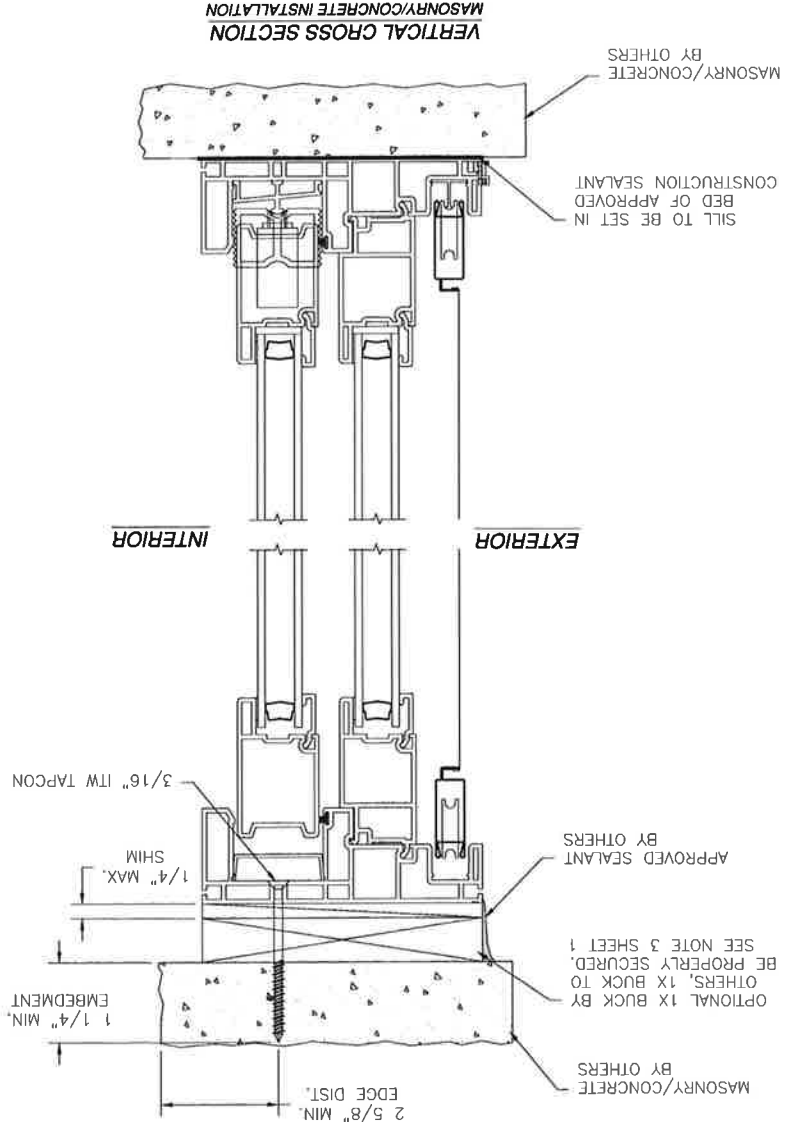


REV	DESCRIPTION	DATE	APPROVED
A	REVISED PER NEW TESTING	05/24/2011	R.L.

REVISIONS



SCALE NTS	DATE 10/22/10	SHEET 3 OF 4
DRWN: TJH	DWG NO. 08-01157	REV A
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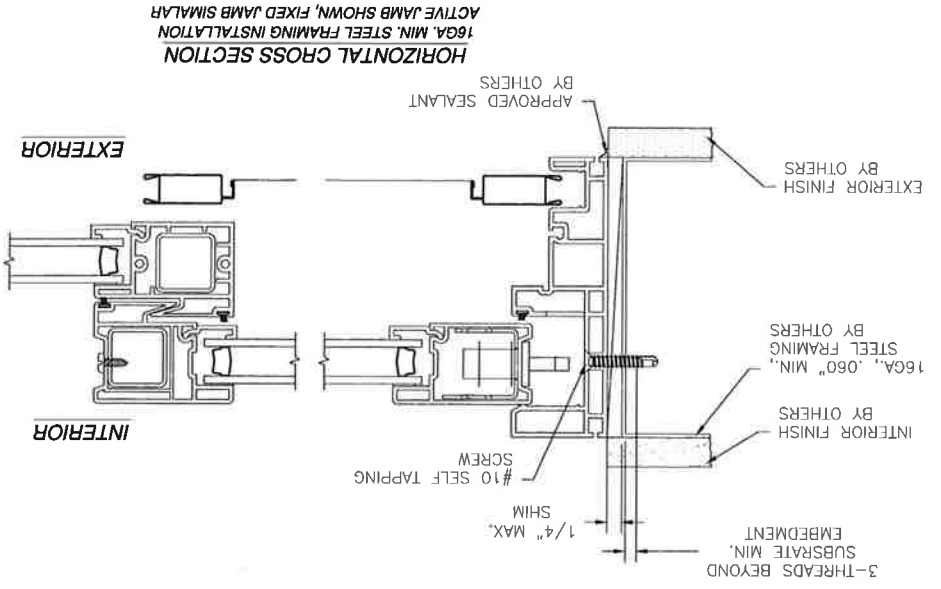


REV	DESCRIPTION	DATE	APPROVED
A	REVISED PER NEW TESTING	05/24/2011	R.L.

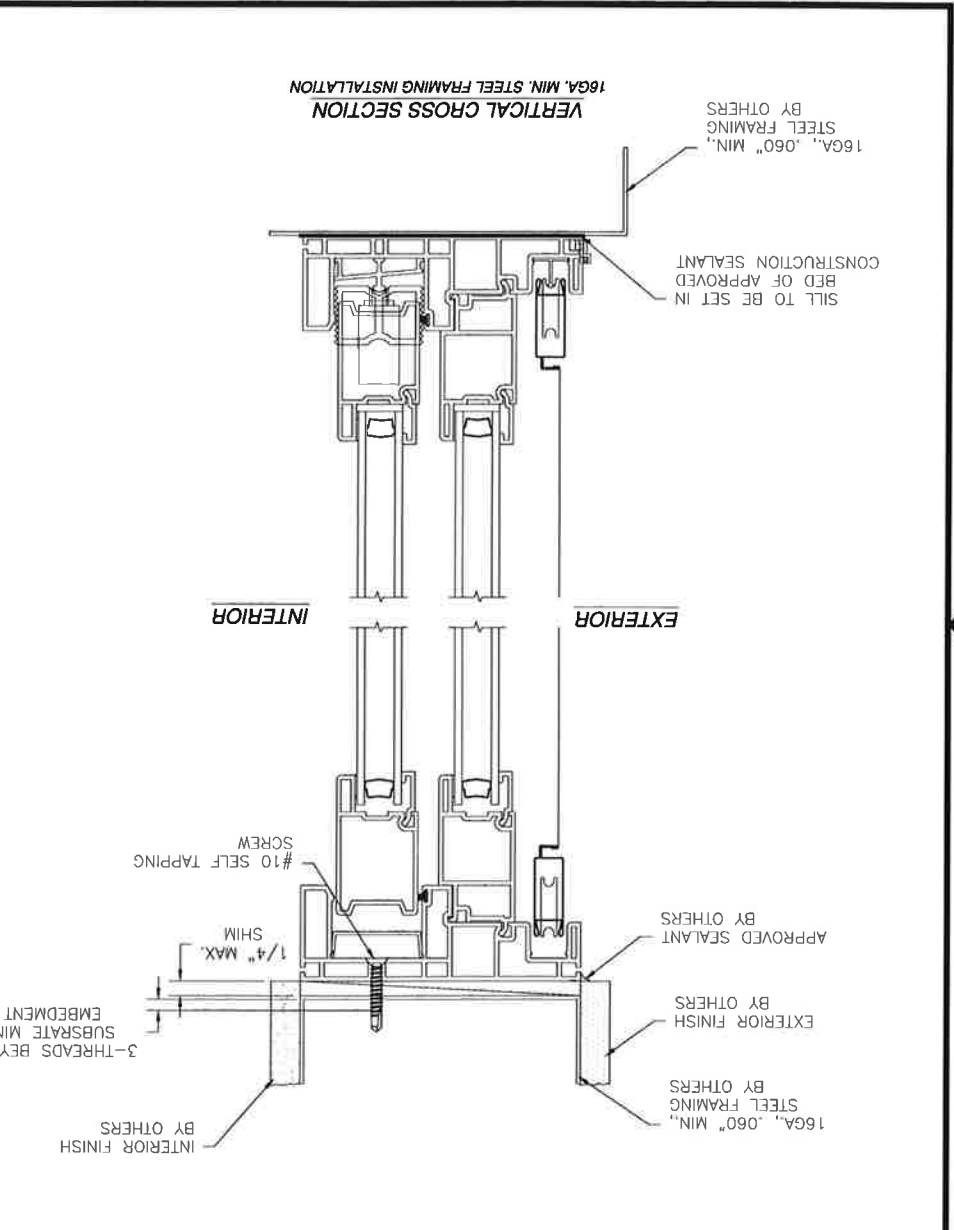
REVISIONS



MI WINDOWS AND DOORS		DRAWN: TJH	
650 WEST MARKET STREET GRANTZ, PA 17030-0370		DWG NO. 08-01157	
SERIES 910 PVC SLIDING GLASS DOOR NON-IMPACT INSTALLATION DETAILS		SCALE: NTS	
		DATE: 10/22/10	
		SHEET 4 OF 4	

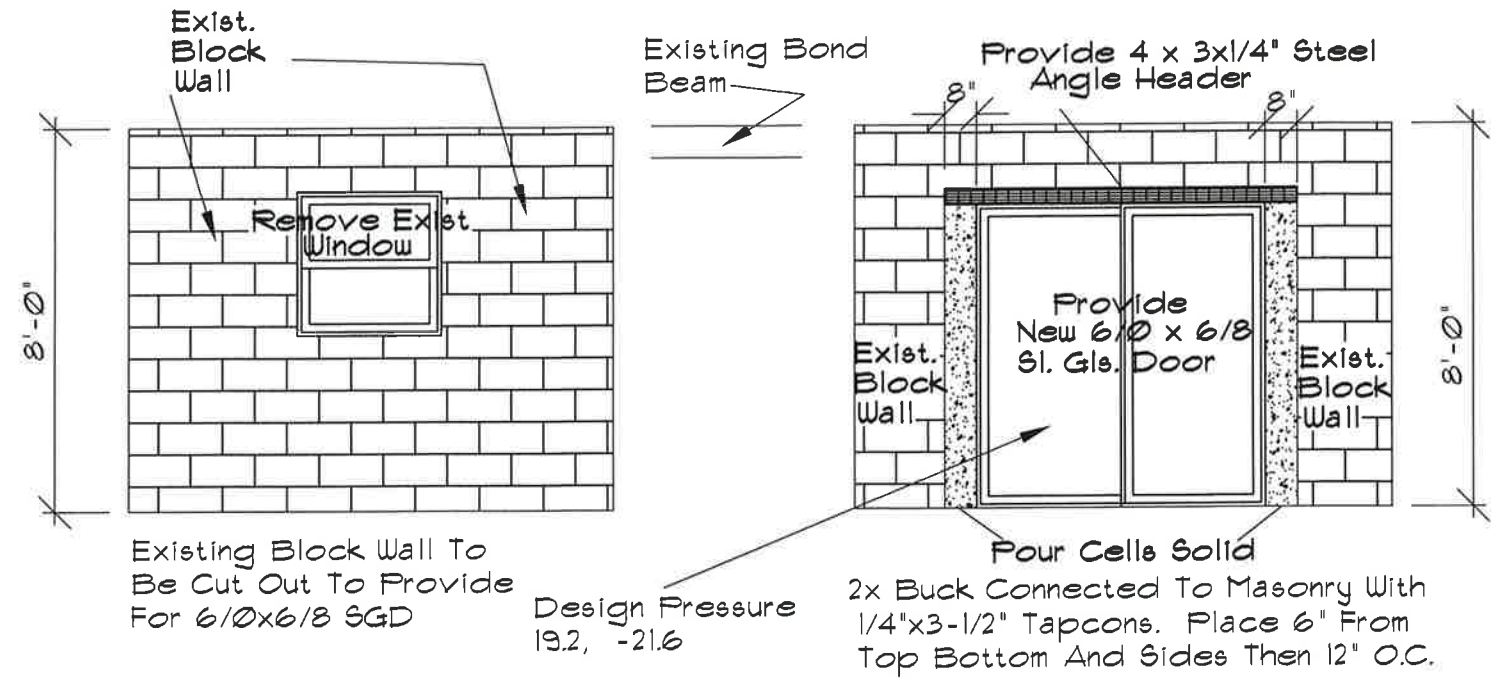


REV	DESCRIPTION	DATE	APPROVED
A	REVISED PER NEW TESTING	05/24/2011	RL



OLD PLANS

1614 Nela Avenue
Orlando, FL 32809



Existing

New Construction

NEW SLIDING GLASS DOOR INSTALLATION

Scale: 1/4" = 1'-0"

STRUCTURAL NOTES

IMPORTANCE/USE FACTOR #1 , WIND EXPOSURE B
BUILDING CATEGORY II, INTERNAL PRESSURE COEF. .18

THIS STRUCTURE HAS BEEN DESIGNED TO MEET OR EXCEED THE MINIMUM REQUIREMENTS OF THE 2010 FLORIDA BUILDING CODE (RESIDENTIAL) FOR A 139 (VULT) AND 108 (VASD) MPH WIND ZONE

Handwritten signature
5/7/14

STATE OF FLORIDA
DEPARTMENT OF CONSTRUCTION
REGISTERED PROFESSIONAL ENGINEER
No. 123456789
EXPIRES 12/31/15



VENNCON-01

MATERAT

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
8/20/2014

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 Insurance Office of America-LNG 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Elizabeth Gonzalez PHONE (A/C, No. Ext): (407) 788-3000 E-MAIL ADDRESS: Elizabeth.Gonzalez@joausa.com	FAX (A/C, No.): (407) 788-7933
INSURED Venn Construction, LLC dba Outdoor Renovations 5627 Padgett Circle Orlando, FL 32839	INSURER(S) AFFORDING COVERAGE INSURER A : Southern-Owners Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
	NAIC #	10190

COVERAGES**REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR HNOA \$1 Mill	72723515	72723515	09/01/2013	09/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 300,000 PERSONAL & ADV INJURY \$ 10,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS UMBRELLA LIAB EXCESS LIAB	72723515	72723515	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**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

City of Belle Isle
1600 Neia Avenue
Belle Isle e. FL



12-02-2013

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: 08/28/2013 EXPIRATION DATE: 08/28/2015

PERSON: VENN CHRISTOPHER S

FEIN: 264699900

BUSINESS NAME AND ADDRESS:

VENN CONSTRUCTION LLC
5627 PADGETT CIR
ORLANDO FL 32839

SCOPES OF BUSINESS OR TRADE:
1- LICENSED GENERAL CONTRACTOR

IMPORTANT: 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.

JWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 08/28/2013 EXPIRATION DATE: 08/28/2015

PERSON: CHRISTOPHER S VENN

FEIN: 264699900

BUSINESS NAME AND ADDRESS:

VENN CONSTRUCTION LLC
5627 PADGETT CIR
ORLANDO, FL 32839

SCOPE OF BUSINESS OR TRADE:

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QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**VENN, CHRISTOPHER S
VENN CONSTRUCTION LLC
5627 PADGETT CIRCLE
ORLANDO FL 32839**



**STATE OF FLORIDA
DEPARTMENT OF
PROFESSIONAL REGULATION**

AC# 8327871

CGC1517681 08/31/12 128064855

**CERTIFIED GENERAL CONTRACTOR
VENN, CHRISTOPHER S
VENN CONSTRUCTION LLC**

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 barbecue 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 L12083103771**

DETACH HERE

C# 6327879

STATE OF FLORIDA

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# L12083103771

DATE	BATCH NUMBER	LICENSE NBR
08/31/2012	128064855	CGC1517681

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

VENN, CHRISTOPHER S

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida
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.**

2014 1801 CERTIFIED GENERAL CO \$30.00 1 EMPLOYEE 5000 BUSINESS OFFICE 1801-1067732 1 EMPLOYEE

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

VENN CHRISTOPHER

VENN CONSTRUCTION LLC
VENN CHRISTOPHER
5627 PADGETT CIR
ORLANDO FL 32839

5627 PADGETT CIR (MOBILE)
U - ORLANDO, 32839

PAID: \$60.00 0099-00627201 7/15/2014

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VENN CHRISTOPHER

VENN CONSTRUCTION LLC
VENN CHRISTOPHER
5627 PADGETT CIR
ORLANDO FL 32839

5627 PADGETT CIR (MOBILE)
U - ORLANDO, 32839

PAID: \$60.00 0099-00627201 7/15/2014



This receipt is official when validated by the Tax Collector.