



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: BUILDING: replace size for size door (back door) Comments: None	Permit Number: 2015-12-006 Date of Application: 11/26/2014 Date Permit Issued: 12/00/2014
Project Information Address: 4106 Bell Tower Court, Belle Isle, FL 32812 Parcel ID: 20-23-30-1618-00-360 Property Owner: Broulik, Bruce & Taylor, Linda Phone Number: 407 924 5203 ***** Company Name: Lowe's Home Centers Inc. Contractor Name: Cafaro, Peter License Number: CGC1508417 Address: 4948 Telson Place, Orlando, FL32812 Phone Number: 407-468-1010	WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES School \$ Traffic \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$49.50 PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$53.50	BUILDING INSPECTOR USE ONLY IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO <input type="checkbox"/> BUILDING Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 st _____ (Footing/Foundation) 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final - After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip. Etc...) 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___Natural___LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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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).

Date Paid 12-01-14
CCor Check # VISA 6512
Amount Paid 53.50

Inspection requests are to be emailed to BDScheduled@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	2015-12-006
Property Owner	BRULIK, Bruce & TAYLOR, Linda
Address	4106 Bell Tower Ct
Nature of Improvement	Back Door - replace size for size
Received Application	11-26-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	11-26-14
Building Official Approved	ca 11-26-14
Comments	
1. Susan 11-26-14	emailed app incomplete - need signature
2.	all credentials on file
3. Susan 12-1-14	emailed it's ready
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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RECEIVED
11-26-14

Building Permit (Land Use) Application

DATE: 11/26/2014 PERMIT # 2015-12-006

PROJECT ADDRESS 4106 BELL TOWER CT Belle Isle, FL 32809 32812

PROPERTY OWNER BRUCE BROULIK, LINDA TAYLOR PHONE 407-924-5203 VALUE OF WORK (labor & material) \$ 2380

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

REPLACE BACK DOOR SIZE FOR SIZE

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: 20-23-30-1618-00-360

To obtain this information, please visit <http://www.ocpaf1.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 Dead Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey ___ SETS and Construction Plans ___ SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____

OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

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

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOR ELEV. _____ LOW FLOOR ELEV _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER sq DATE 11-26-14

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

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

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

1000.00 = 25.00
1380.00 = 8.00
33.00
16.50

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	Y	N	\$
WINDOW(S)	Y	N	\$ 49.50
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

3% FL SURCHARGE

TOTAL

By Owner Form Y NA
 Notice of Commencement Y NA
 Power of Attorney Y NA
 Contractor Packet Included? Y N

OTHER PERMITS REQUIRED:

ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA



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

PERMIT # 2015-12-006

Owner's Name BRUCE BROULIK, LINDA TAYLOR

Owner's Address _____

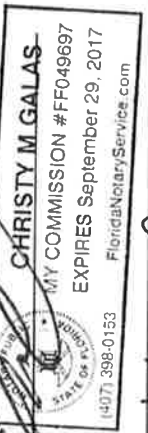
Contractor Name PETER CAFARO	Company Name LOWES HOME CENTERS
License # CGC1508417	Company Address PO BOX 781993
Contact Phone/Cell 352-300-3360	City, State, ZIP ORLANDO, FL 32878
Contact Email PERMITSPLUSLLC@GMAIL.COM	Contact Fax 352-861-7587

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

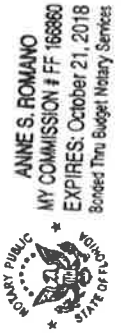
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not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

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

Owner Signature Bruce Broulik
 The foregoing instrument was acknowledged before me this 11/20/14
 by Bruce Broulik 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



Contractor Signature Megan Couteble
 COMPANY NAME LOWES HOME CENTERS
 The foregoing instrument was acknowledged before me this 11/20/14
 by Megan Constable 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



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 p/foot X (result from line 4)
 = cubic feet of storage volume needed



CITY OF BELLE ISLE, FLORIDA
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POWER OF ATTORNEY

Date: 11/26/14 Permit #: _____

I hereby name and appoint MEGAN CONSTABLE of _____
 (print name)

LOWES to be my lawful attorney-in-fact to act for _____ permit
 (company name)

me and apply to the City of Belle Isle Building Department for a DOOR permit
 (type of permit)

for work to be performed at the following location:
4106 BELL TOWER CT Belle Isle, FL 32809 32812 and
 (street address)

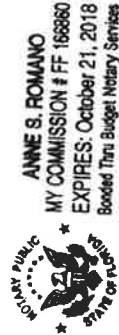
to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: PETER A CAFARO
 License Number: CGC1508417

Certified Contractor's Signature: _____

The foregoing instrument was acknowledged before me this 26 days of NOV of 20 14
 by Peter 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
Anne S. Romano
 Notary Public, Orange County, Florida



(seal)



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Product Approval Form

DATE: 11/26/14

PERMIT # _____

PROJECT ADDRESS 4106 BELL TOWER CT

Belle Isle, FL 32809 32812

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

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

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging							
Sliding	PELLA	SLIDING	1410.2	Sliding			
Sectional/Rollup				Soffits			
Other				Storefront			
				Glass Block			
				Other			
WINDOWS							
Single/Dbf Hung				ROOFING PRODUCTS			
Horizontal Slider				Asphalt Shingles			
Casement				Non Struct Metal			
Fixed				Roofing Tiles			
Mullion				Single Ply Roof			
Skylights				Other			
Other							
STRUCTURAL COMPONENTS							
Wood Connectors				OTHER			
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 Meyer Constable

Date 11/26/14



Florida Department of

Business & Professional Regulation

Business & Professional Regulation

Business & Professional Regulation

Business & Professional Regulation

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Product Approval Menu > Product or Application Search > Application List

Search Criteria

[Refine Search](#)

Code Version	2010	FL#	14010.2
Application Type	ALL	Product Manufacturer	ALL
Category	ALL	Subcategory	ALL
Application Status	ALL	Compliance Method	ALL
Quality Assurance Entity	ALL	Quality Assurance Entity Contract Expired	ALL
Product Model, Number or Name	ALL	Product Description	ALL
Approved for use in HVHZ	ALL	Approved for use outside HVHZ	ALL
Impact Resistant	ALL	Design Pressure	ALL
Other	ALL		

Search Results - Applications

FL#	Type	Manufacturer	Validated By	Status
FL14010-R2 History	Revision	Pella Corporation FL#: FL14010.2 Model: 350 SERIES Description: VINYL SLIDING DOOR - OXO (146" X 100") Subcategory: Exterior Doors	Terrence E. Lunn, PE (561) 625-6455	Approved *

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

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 email 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](#).

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Product Approval
 user: Public User

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

FL # FL14010-R2
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 Address/Phone/Email
 Pella Corporation
 102 Main St.
 Pella, IA 50219
 (641) 621-6096
 pellaproductapproval@pella.com

Authorized Signature
 TRAVIS EISENBARTH
 tmeisenbarth@pella.com

Technical Representative Address/Phone/Email
 Joseph Hayden
 102 Main Street
 Pella, IA 50219
 (641) 621-6096
 jahayden@pella.com

Quality Assurance Representative Address/Phone/Email
 Andrew Nelson
 102 Main St
 Pella, IA 50219
 (641) 621-3804
 nelsona@pella.com

Category Subcategory
 Exterior Doors
 Sliding Exterior Door Assemblies

Compliance Method
 Certification Mark or Listing

Certification Agency Validated By
 Window and Door Manufacturers Association
 Terrence E. Lunn, PE
 ✓ Validation Checklist - Hardcopy Received

Referenced Standard and Year (of Standard)
Standard AAMA/WDMA/CSA 101/I.S.2/A440-08
Year 2008

Equivalence of Product Standards Certified By

Product Approval Method Method 1 Option A
Date Submitted 12/26/2013
Date Validated 01/30/2014

GENERAL NOTES:

1. ALL FASTENERS SHALL BE IN ACCORDANCE WITH THESE DRAWINGS. SPECIFIED ANCHOR EMBED TO BASE MATERIAL SHALL BE BEYOND WHAT DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE. THESE NON-IMPACT RATED DOOR SYSTEM INSTALLATIONS ARE IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC).
2. OPENINGS, BLOCKING & BUCKING FASTENERS MUST BE PROPERLY DESIGNED & INSTALLED TO TRANSFER WIND LOADS TO THE STRUCTURE.
3. THESE NON-IMPACT RATED DOOR SYSTEM INSTALLATIONS ARE IN ACCORDANCE WITH AND MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC).
4. ALL WOODS SECURING DOOR FRAME TO PRESSURE TREATED BRACKS OR WOOD FRAMES SHALL BE CAPABLE OF RESISTING CORROSION CAUSED BY THE PRESSURE TREATING CHEMICALS IN THE WOOD.
5. WATERWAYS, 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 DOORS SHOWN HEREIN ARE CERTIFIED & QUALITY ASSURED BY A FLORIDA STATE APPROVED CERTIFICATION/ON ENTITY & SHALL BE LABELED IN ACCORDANCE WITH THE FBC AND THE 2015 FLORIDA BUILDING COMMISSION.
7. CERTIFICATION OF THESE DOOR INSTALLATIONS SHALL BE CONSIDERED VOID IF ANY OF THE FOLLOWING APPLY: (1) THEY ARE INSTALLED WITHOUT A BUILDING PERMIT FROM THE APPLICABLE LOCAL BUILDING DEPARTMENT. (2) IF THEY ARE INSTALLED BY ANYONE OTHER THAN A LICENSED CONTRACTOR EXPERIENCED WITH DOOR INSTALLATIONS. (3) IF CHANGES HAVE OCCURRED TO THE PRODUCTS CERTIFICATION ENTITY'S CERTIFICATE THAT CAUSE THESE INSTALLATIONS TO BE INCORRECT OR INCONSISTENT WITH WHAT HAS BEEN TESTED. (4) THE LAST DESIGN PRESSURE SPECIFIED EITHER IN THIS DRAWING OR IN THE PRODUCTS CERTIFICATION SHALL CONTROL FOR THE INSTALLED DOOR.
8. THESE DRAWINGS CERTIFY THE DOOR INSTALLATION ONLY. WATER PROOFING OF THE INSTALLED DOORS IS NOT PART OF THIS INSTALLATION CERTIFICATION. THAT RESPONSIBILITY SHALL BE THAT OF THE MANUFACTURER &/OR INSTALLER.

FRAME ANCHOR REQUIREMENTS TABLE

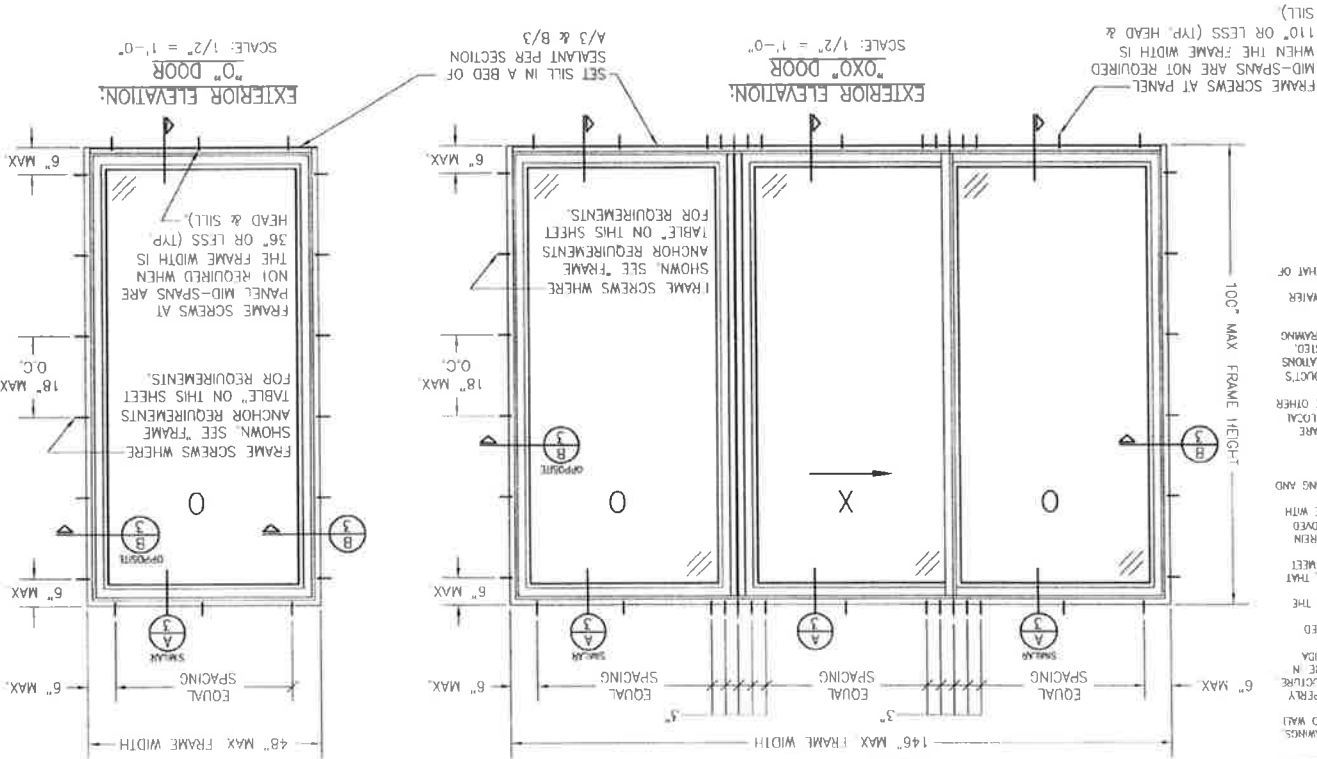
OPENING TYPE (SUBSTRATE)	MINIMUM EMBED	MINIMUM EDGE DIST.	MINIMUM TYPE
MIN. 2X6 WOOD FRAME OR BUCK (MIN GR. 3 & 0=0.55)	1 1/4"	3/4"	NO. 10 SMS OR WOOD SCREW
MIN. 18 GA 33 KSI METAL STUD (MIN GR. 3 & 0=0.55)	1 1/4"	3/4"	NO. 10 GR. 5 SELF TAP/DRILL SCREW
MIN. 1/8" THK A36 STEEL	FULL	1/2"	NO. 10 GR. 5 SELF TAP/DRILL SCREW
MIN. 1/8" THK 6063-T5 ALUM.	FULL	1/2"	NO. 10 GR. 5 SELF TAP/DRILL SCREW
MIN. C-90 CMU OR 2500 PSI CONCRETE	1 1/4"	2"	(1) 1/4" CONCRETE SCREW

(2) ALL FRAME SCREWS SHALL BE EITHER PAN HEAD OR HEX HEAD SCREWS.
 (1) CONCRETE SCREWS SHALL BE EFCO ULTRACONS (C.S.), EFCO CRETE-FLEX (S.S.), HMM RAMSET/RED HEAD TAPCONS (C.S. OR S.S.) OR HILTI KWIK-CON II (C.S. OR S.S.).

ALLOWABLE DESIGN PRESSURE
 (+/-50 PSF)
 (ALL CONDITIONS)

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 FINISH CODE COMPLIANCE WITH THE STATE, THE MANUFACTURER SHALL CONSULT WITH THE INSTALLATION EVALUATION ENGINEER OF RECORD THAT THE INSTALLATIONS SPECIFIED HEREIN ARE CURRENT WITH THE THEN CURRENT TESTING, CODE AND APPLICABLE STANDARDS.



350 SERIES PREMIUM VINYL NON-IMPACT SLIDING GLASS DOOR

CONSULTANTS
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.
 7400 15TH COURT NORTH, SUITE 3018
 PALM HARBOR, FL 34684
 PHONE: 888-774-2929

MANUFACTURER
PELLA CORPORATION
 102 MAIN STREET
 PELLA, IA 50219
 641-621-1000

NO.	REVISION DESCRIPTION	BY	DATE
01	ISSUE TO OWNER	WWS	01/27/14

CHECKED BY: [] DATE: 01/20/10
 DRAWN BY: [] DATE: 01/20/10

DESIGNING TITLE: 1712
 SHEET NO: 3 OF 3

JAN 07 2014
 WARREN W. SCHAEFER, P.E.
 No. 44135

THESE DRAWINGS ARE APPLICABLE ONLY TO THE PRODUCTS AND/OR INSTALLATION OF ANY OTHER PRODUCT NOT MANUFACTURED BY PELLA CORPORATION OR ANY PRODUCT NOT PRODUCED BY THE MANUFACTURER STATED ON THESE DRAWINGS.

