TRACY CONSULTANTS INC., 4660 SW 128th AVE., FT. LAUD., 33330 PH. (954)434-5035, MOB. (954) 651-2840, FAX(954) 434-1675

TAB08-040

BO80 2336 PLELOR

DATE; APRIL 4, 2008

JLU ENTERPRISES, INC.

PERMIT#

, ADDRESS 5800 NORTH BAY ROAD, MIAMI BEACH, FL..

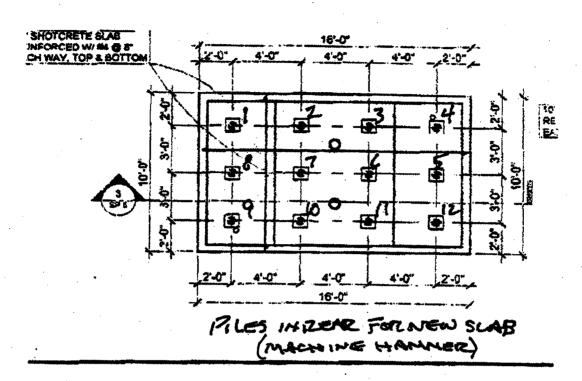
GEN. CONTR: FRAME-PRO CONSTRUCTION,

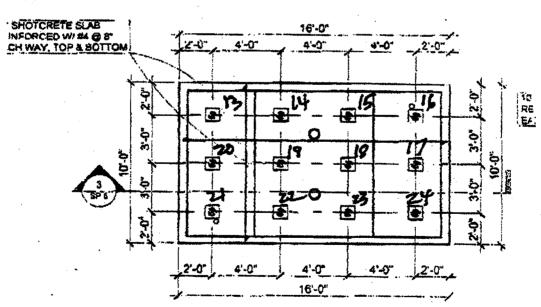
DINT	TIE TYCELT	3 =	DIN DIE CE						
	PILE INSTALI	ATION	PIN PIL	E INSTALLAT	ION				
PILE NO.	PILE DEPTH FT.	PILE CAPACITY	PILE NO.	PILE DEPTH FT.	PILE CAPACITY				
1	13	5 TONS	13	13	5 TONS				
2	13	. "	14	13	''				
3	13	"	15	13	W				
4	13	u	16	13	"				
5	13	"	17	13	"				
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12	13	u .	24	13	u				

NOTES:

- 1. GROUT MIX = 5000 PSI IN 28 DAYS.
- 2. PIN-PILE CONSISTED OF 3" SCH. 40 STEEL PIPE, GENERALLY SLEEVED & WELDED IN 7 FOOT SEGMENTS AND PILES 1 THRU 12 ARE DRIVEN WITH 140 LB. AIR HAMMER TO REFUSAL AND 13 THRU 24 ARE DRIVEN WITH A MACHINE MOUNTED DRIVER AND FILLED WITH GROUT , ONE #5 BAR EMBEDDED IN THE PIPE AND TOPPED WITH A 6x6x½" STEEL PLATE w(2) #5 HOOKED BARS WELDED THERETO.
- 3. PILE LAYOUT IS ATTACHED.

ROBERT N. TRACY, P.E., 11363, PRESIDENT





PILES IN PIZENT OF HOUSE FOR POND (AIR HAMMER)

Muth Frang



CITY OF MIAMI BEACH BUILDING DEPARTMENT 1700 CONVENTION CENTER DRIVE 2ND FLOOR - CITY HALL MIAMI BEACH, FL 33139

NOTICE TO THE CITY OF MIAMI BEACH BUILDING DEPARTMENT OF EMPLOYMENT AS SPECIAL INSPECTOR UNDER THE FLORIDA BUILDING CODE

of 4/4/0 Process Num	Special Inspector for Pillings, FBC 1822.1.20 Special Inspector for Soil Compaction, FBC 1820.3.1
Process Num	mber: 30800336 Master Permit (IF APPLICABLE): Special Inspector for Pilings, FBC 1822.1.20 Special Inspector for Soil Compaction, FBC 1820.3.1
Process Num	Special Inspector for Soil Compaction, FBC 1820.3.1 Master Permit (IF APPLICABLE): Special Inspector for Soil Compaction, FBC 1820.3.1
Process Num	Special Inspector for Soil Compaction, FBC 1820.3.1 Master Permit (IF APPLICABLE): Special Inspector for Soil Compaction, FBC 1820.3.1
0	Special Inspector for Soil Compaction, FBC 1820.3.1
Ö	Special Inspector for Soil Compaction, FBC 1820.3.1
	Special Inspector for Precast Attachments, FBC 1927.12.2 (By P.E. or R.A)
0	Special Inspector for Reinforced Masonry, FBC 2122.4
0	Special inspection for Steel Bolted & Welded Connections, FBC 2218 2 /Pv P F 22 P 4
	Special Inspector for Trusses over 35 feet long or 6 feet high, FBC 2319.17.2.4.2 (By P.E. or R. A)
0	Special Inspector for
3. *NOTE F I, (we) will notify the control of Miami Beach But	ving individual's) employed by this firm or me are authorized representatives to perform inspections* 2. 4. FBC 2001 HVZ sections 1927.12.2, 2218.2, 2319.17.4.2 requires either a Registered professional Engineer or Registered Architect to perform the actual inspections. the City of Miami Beach Building Department of any changes regarding authorized personnel performing inspection services. If that a Special Inspection Log for each building must be displayed in a convenient location on the site for reference by the City uliding Department Inspector. All mandatory inspections, as required of the Fields Building Bu
person inspector is completion of the value of the value of form and seale	uliding Department Inspector. All mandatory inspections, as required of the Florida Building Code, <u>Inspection performed by the hired by the Owner are in addition to the mandatory inspections performed by the Building Department.</u> Further, upon work under each building permit, I will submit to the Building Inspector at the time of final inspection the completed Inspection del statement that, to the best of my knowledge, belief and professional judgment those portions outlined above meet the intent ding Code and are in subsequent accordance with the approved plans.
	Architect/Engineer Signature:
, 1	Architect/Engineer 7 Live 1 W
, 1	Name Printed: Address: Address: Address:
Unt Che	Address: Phone Number: Address: Address: Phone Number: Address: Addres
, 1	Address: Address: Phone Number: Address: Phone Number: Address: Address: Phone Number: Address: A
Muther Signed and Scale	Address: Address: Phone Number: Owner/Agent Signature: Architect/Engineer Name Printed: ICOSERT N. TRACY Address: Addr
Muth Chris	Address: Address: Phone Number: Owner/Agent Signature: Architect/Engineer Name Printed: IZ035127 N TRACY Address: Addr

Gramar Residence Spa/Koi Pond 5800 A Bry Rd. Man, Beach

· Pundring shear Ve= 4 Vfle bo.d. Ve = 4 / 5000 x 53 3 x 675

AVe= 101 x

- Ve = po x Contrad area 1/0= 0.6x 3x 33

Vo= b.1 K ≥ ¢/c

· Pile sap.

Tob. area = 3x33 = 9.95 =

443 x 9.9 = 4,3PL

· Hydrostatic Pressure Az 130 5.12 Op1.ff= 1.0 x 62-4= 624psf

Sles= 0.85 × 144 = 120 psf

Wells = 0.5 x 3.0 x . 46x 144 = 76 psf

Total 7=v lo-l=120+. 76 2 196 psf. > 624psf oplf 1

Ri= 1 K- 11-12 162 plf b=32° V=120 pef h= 3.0' K=203

-Mu= (162-3)= 0.16 K-E X1.5= 024 KF

/min=0.0034 x12x4=0164/ Assupplied #388 CIVILEN

fe = 5000 per fy = 60 000per Bench - 1.5 x 150 = 020 psf Water = 1.5 x 6242 94 psf Slat = 0.83 x 150= 125psf 443 x1.4= 06 K/2

Walls = 0.83 x 55 x 150 x 64 = 0.9 x

Wa (N/s)=0.9 x 8.67 = 7.8x

Wa (E/w) = 0.9 x 7. 5= 2.75 x

P16 3"6 d=675 :...

bo = TT (be +d) = 533 de

= 22 for x22.9.3 forms or

P= 46 LF Ar Sept Log1 3-2Hez 20 golfs

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Computer program for ANALYSIS AND DESIGN OF SLAB SYSTEMS ******************

A

Α

Licensee stated above acknowledges that Portland Cement Association (PCA) is not and cannot be responsible for either the accuracy or adequacy of the material supplied as input for processing by the ADOSS(tm) computer program. Furthermore, PCA neither makes any warranty expressed nor implied with respect to the correctness of the output prepared by the ADOSS(tm) program. Although PCA has endeavored to produce ADOSS(tm) error free the program is not and cannot be certified infallible. The final and only responsibility for analysis, design and engineering documents is the licensees. Accordingly, PCA disclaims all responsibility in contract, negligence or other tort for any analysis, design or engineering documents prepared in connection with the use of the ADOSS(tm) program.

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FILE NAME

C:\PROGRA~1\ADOSS\DATA\GRAINONS.ADS

PROJECT ID.

Grainor Residence

SPAN ID.

N/S Direction Spa

ENGINEER

Ofelia Taboada

DATE TIME 2/19/08 1:39:10

UNITS CODE

U.S. in-lb

ACI 318-95

SLAB SYSTEM

FLAT SLAB SYSTEM

FRAME LOCATION

EXTERIOR

- DESIGN METHOD

STRENGTH DESIGN

MOMENTS AND SHEARS NOT PROPORTIONED

-NUMBER OF SPANS 5

SOLID HEAD DIMENSIONS :

AS INPUT BY ENGINEER

CONCRETE FACTORS	SLABS	BEAMS	COLUMNS
DENSITY (pcf)	150.00	150.00	150.00
TYPE	NORMAL WGT	NORMAL WGT	NORMAL WGT
f'c (ksi)	5.00	5.00	5.00
density factor	1.00	1.00	1.00
fr (psi)	530.30	530.30	530.30

REINFORCEMENT DETAILS: NON-PRESTRESSED

YIELD STRENGTH Fy = 60.00 ksi

DISTANCE TO RF CENTER FROM TENSION FACE:

AT SLAB TOP = 1.75 in OUTER LAYER AT SLAB BOTTOM = 3.25 in OUTER LAYER

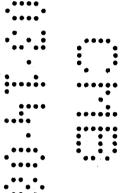
MINIMUM FLEXURAL BAR SIZE:

AT SLAB TOP = #4

AT SLAB BOTTOM = # 4

MINIMUM SPACING:

IN SLAB = 6.00 in



SPAN/LOADING DATA *****

] SPAI	1	LENGTH	Tslab	WIDTH	L2***	SLAB	DESIGN	COLUMN	UNIFORM	I LOADS
NUMBI	ER)	L1		LEFT	RIGHT	SYSTEM	STRIP	STRIP**	S. DL	LIVE)
1	i	(ft)	(in)	(ft)	(ft)		(ft)	(ft)	(psf)	(psf)
]									
1	. !				1	_			}	j
. 1	*]	1.5	10.0	2.0E	1.5	2	3.5	.0	319.0	.0
1 2]	3.3	10.0	2.0E	1.5	2	3.5	1.6	319.0	.0
3	1	3.3	10.0	2.0E	1.5	2	3.5	1.6	319.0	.0
1 4	١	3.3	10.0	2.0E	1.5	2	3.5	1.6	319.0	.0
) 5	*	1.5	10.0	2.0E	1.5	2	3.5	.0	319.0	.0/
1							[1	1

- * -Indicates cantilever span information.
- ** -Strip width used for positive flexure.
- ***-L2 widths are 1/2 dist. to transverse column.
- "E"-Indicates exterior strip.

PARTIAL LOADING DATA ******

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-Indicates cantilever span information.

UNITS FOR:

La & Lb... ft UNIFORM LOAD: Wa.....plf CONCENTRATED LOAD: Wa.....kips La.... ft TRAPEZOIDAL LOAD: Wa & Wb..plf La & Lb... ft

MOMENT: Wa.....ft-k La..... ft

NOTE: Local effects of partial loadings are NOT considered by

ADOSS, compute manually.

COLUMN/TORSIONAL DATA

ī	COLUMN	1	COLUMN	ABOVE	SLAB	1	COLUMN	BELOW	SLAB	1	CAPITAI	·**	COLUMN	MIDDLE
1	NUMBER	1	C1	C2	HGT	Ī	C1	C2	HGT	[]	EXTEN.	\mathtt{DEPTH}	STRIP*	STRIP*
1		1	(in)	(in)	(ft)	1	(in)	(in)	(ft)		(in)	(in)	(ft)	(ft)
1-		1.				- -				-] -				1
l		l				I				ļ			l	l
1	1	Ì	.0	.0	.0		3.5	.0	10.0	1	.0	.0	1.6	1.9
1	2	1	.0	.0	.0	1	3.5	.0	10.0	1	.0	.0	1.6	1.9
-	3	1	.0	.0	.0	. [3.5	.0	10.0	1	.0	. 0	1.6	1.9
t	4	1	.0	.0	.0	ţ	3.5	.0	10.0	1	. 0.	.0	1.6	1.9
١		_ _				ا				_ _			l	1

Columns with zero "C2" are round columns.

* -Strip width used for negative flexure.

^{**-}Capital extension distance measured from face of column.

· —		<u>.</u>									
ŀ	COLUMN	l	TRANS	SVERSE	BEAM		DRO	P PANEL/SO	OLID HEAD	ļ	SUPPORT
1	NUMBER	1	WIDTH	DEPTH	ECCEN	I	LEFT	RIGHT	WIDTH	THICK	FIXITY*
۱.		1	(in)	(in)	(in)	1	(ft)	(ft)	(ft)	(in)	8
ի։ 1		- \ 				- -				 	
ì	1	ì	.0	.0	.0	i	. 4	. 4	.8	3.0	0%
1	2	İ	.0	.0	.0	i	. 4	. 4	.8	3.0	۱ ۵
[3	1	.0	.0	.0	1	. 4	. 4	.8	3.0	°0%9
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ł.		_1		· · · · · · · · · · · · · · · · · · ·		_ _					

^{* -}Support fixity of 0% denotes pinned condition. Support fixity of 999% denotes fixed end condition.



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LATERAL LOAD/OUTPUT DATA *******

LATERAL LOADS ARE NOT SPECIFIED

OUTPUT DATA 1 THRU 4 PATTERN LOADINGS: PATTERN LIVE LOAD FACTOR (1-3) = 75%

LOAD FACTORS:

U = 1.40*D + 1.70*L

U = .75(1.40*D + 1.70*L + 1.70*W)

U = .90*D + 1.30*W

OUTPUT OPTION(S):

Input Echo Column Service Load Table Reinforcing Required Deflections

**SPECIFIED DROP DEPTH AT COLUMN 1 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 1 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 1 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE. DISTANCE, EXCESS DEPTH ON SPAN 2 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 2 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 2 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 2 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 3 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 3 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 3 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 3 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 4 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 4 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 4 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 4 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 5 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**TOTAL UNFACTORED DEAD LOAD = 27.063 kips LIVE LOAD = .000 kips



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SERVICE LOAD TABLE FOR INPUT TO PCACOL SLENDER COLUMN DESIGN

COLUMN NUMBER	1		MOMENT AT TOP (ft-k)			
LOAD PTRN 1	DEAD LIVE LATL		.0 .0	.0 .0		
LOAD PTRN 2			.0	.0		
LOAD PTRN 3		8.1 .0 .0	.0 .0 .0	.0	••••	
LOAD PTRN 4			.0	.0	••••	••••
COLUMN NUMBEI	ર 2	(kips)	MOMENT AT TOP (ft-k)	BOT (ft-k)	•	
		5.4 .0 .0	.0	.0	•••••	••••
LOAD PTRN 2	DEAD LIVE LATL	5.4 .0 .0	.0 .0 .0	.0		
LOAD PTRN 3	DEAD LIVE LATL	5.4 .0 .0	.0 .0	.0		
LOAD PTRN 4	DEAD LIVE	5.4	.0	.0		

SERVICE LOAD TABLE FOR INPUT TO PCACOL SLENDER COLUMN DESIGN

COLUMN NUMBER		AXIAL LOAD (kips)	MOMENT AT TOP (ft-k)	MOMENT AT BOT (ft-k)
LOAD PTRN 1	DEAD	5.4	.0	.0
	LIVE	.0	.0	• 0
	LATL	.0	.0	.0
LOAD PTRN 2	DEAD	5.4	.0	.0
	LIVE	.0	.0	.0
	LATL	.0	.0	.0
LOAD PTRN 3	DEAD	5.4	.0	.0
	LIVE		.0	.0
	LATL	.0	.0	.0
LOAD PTRN 4	DEAD	5.4	.0	.0
	LIVE	.0	.0	.0
	LATL	.0	.0	.0
COLUMN NUMBE	R 4	AXIAL LOAD (kips)	MOMENT AT TOP (ft-k)	
LOAD PTRN 1	DEAD	8.1	.0	.0
	LIVE	.0	.0	.0
	LATL	.0	.0	.0
LOAD PTRN 2				
	DEAD	8.1	.0	.0
	DEAD LIVE	.0	.0	.0
LOAD PTRN 3	LIVE LATL	.0	.0	.0
	LIVE LATL	.0 .0 8.1 .0	.0	.0
	LIVE LATL DEAD	.0 .0 8.1	.0	.0
	LIVE LATL DEAD LIVE LATL	.0 .0 8.1 .0	.0	.0
LOAD PTRN 3	LIVE LATL DEAD LIVE LATL	.0 .0 8.1 .0 .0	.0 .0 .0 .0	.0 .0 .0 .0

NOTE: Add dead, live and lateral axial loads as appropriate.

.Top moments are those at joint bottom.

Bottom moments are those at joint top.

Moments are positive when counter-clockwise.

Axial forces positive when compressive.

N E G A T I V E R E I N F O R C E M E N T

		LOCATION * @COL FACE*	DESIGN	*		WIDTH	*	MIDDLE AREA	STRIP WIDTH
		*	(ft-k)	*	(sq.in)	(ft)	*	(sq.in)	(ft)
1	4	R	5.0		.39	1.6		.42	1.9
2	4	L	-1.5		.39	1.6		.42	1.9
3	4	R	1.5		.39	1.6		.42	1.9
4	4	T. 11	-5.0		.39	1.6		. 42	1.9

POSITIVE REINFORCEMENT

		COCATION * FROM LEFT* (ft) *		*	AREA	WIDTH	* *	MIDDLE AREA (sq.in)	STRIP WIDTH (ft)
2 3 4	1. 1 1	2.1 1.6 1.2	.1 1.7 .1		.34 .34	1.6 1.6 1.6		.42 .42 .42	1.9 1.9 1.9

D E F L E C T I O N A N A L Y S I S

- NOTES--The deflections below must be combined with those of the analysis in the perpendicular direction. Consult users manual for method of combination and limitations.
 - --Spans 1 and 5 are cantilevers.
 - --Time-dependent deflections are in addition to those shown and must be computed as a multiplier of the dead load(DL) deflection. See "CODE" for range of multipliers.
 - --Deflections due to concentrated or partial loads may be larger at the point of application than those shown at the centerline. Deflections are computed as from an average uniform loading derived from the sum of all loads applied to the span.
 - --Modulus of elasticity of concrete, Ec = 4287. ksi

* * SPAN *		* * *		U : FLE	M N CTION	S T DUE	RIP TO:	*	M I D DE			S T DUE	R I P	••••
NUMBER *	<pre>leff.</pre>	*	DEAD (in)	*	LIVE (in)	*	TOTAL	*	DEAD	*	LIVE (in)	*	TOTAL (in)	*•
1 2	4701. 4100.		.00		.00		.001		.00		.00	_	.000)****
3	4100.		.00	0	.0	00	.000		.00	0	.00	0	.000)****
4 5	4100. 4701.		.00	_	.01		.000		.00		.00		.000	

^{*} Program completed as requested *



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Computer program for ANALYSIS AND DESIGN OF SLAB SYSTEMS
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Licensee stated above acknowledges that Portland Cement Association (PCA) is not and cannot be responsible for either the accuracy or adequacy of the material supplied as input for processing by the ADOSS(tm) computer program. Furthermore, PCA neither makes any warranty expressed nor implied with respect to the correctness of the output prepared by the ADOSS(tm) program. Although PCA has endeavored to produce ADOSS(tm) error free the program is not and cannot be certified infallible. The final and only responsibility for analysis, design and engineering documents is the licensees. Accordingly, PCA disclaims all responsibility in contract, negligence or other tort for any analysis, design or engineering documents prepared in connection with the use of the ADOSS(tm) program.

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FILE NAME

C:\PROGRA~1\ADOSS\DATA\GRAINPEW.ADS

PROJECT ID.

Grainor Residence

SPAN ID.

E/W Direction Koi _______

ENGINEER

Ofelia Taboada

DATE

2/19/08 2:08:12

TIME

UNITS

U.S. in-lb

CODE

ACI 318-95

FRAME LOCATION FXTEDION FXTEDION

DESIGN METHOD

STRENGTH DESIGN

MOMENTS AND SHEARS NOT PROPORTIONED

· NUMBER OF SPANS 5

SOLID HEAD DIMENSIONS: AS INPUT BY ENGINEER

CONCRETE FACTORS	SLABS	BEAMS	COLUMNS
DENSITY (pcf)	150.00	150.00	150.00
TYPE	NORMAL WGT	NORMAL WGT	NORMAL WGT
f'c (ksi)	5.00	5.00	5.00
density factor	1.00	1.00	1.00
fr (psi)	530.30	530.30	530.30

REINFORCEMENT DETAILS: NON-PRESTRESSED

YIELD STRENGTH Fy = 60.00 ksi

DISTANCE TO RF CENTER FROM TENSION FACE:

AT SLAB TOP = 1.75 in OUTER LAYER AT SLAB BOTTOM = 3.25 in OUTER LAYER

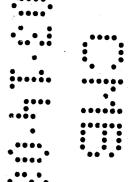
MINIMUM FLEXURAL BAR SIZE:

AT SLAB TOP = #4

AT SLAB BOTTOM = # 4

MINIMUM SPACING:

IN SLAB = 6.00 in



02-19-2008 ADOSS(tm) 7.01 Proprietary Software of PORTLAND CEMENT ASSN. Page 3 2:16:10 PM Licensed to: Aquadynamics, Miami, Fl

SPAN/LOADING DATA

SPAN	LENGTH	Tslab	WIDTH	L2***	SLAB	DESIGN	COLUMN	UNIFORM	LOADS
NUMBER	Ll	1	LEFT	RIGHT	SYSTEM	STRIP	STRIP**	S. DL	LIVE \
1	(ft)	(in)	(ft)	(ft)	1	(ft)	(ft)	(psf)	(psf)
1		1							
]	1	1		1		-			1
1*	2.0	10.0	2.0E	1.5	2	3.5	.0	160.0	.0
2	4.0	10.0	2.0E	1.5	2	3.5	1.8	280.0	.0
3	4.0	10.0	2.0E	1.5	2	3.5	1.8	280.0	.0
) 4	4.0	10.0	2.0E	1.5	2	3.5	1.8	280.0	.0)
5*	2.0	10.0	2.0E	1.5	2	3.5	.0	160.0	.0
		1		1	1			l	1

- * -Indicates cantilever span information.
- ** -Strip width used for positive flexure.
- ***-L2 widths are 1/2 dist. to transverse column.

PARTIAL LOADING DATA

T	SPAN	LOAD	TYPE	PART	IAL DEA	D LOAD	S	LOAD	TYPE	PAR'	rial Li	VE LOADS	ī
1	No. l	No.	1 1	Wa	Wb	La	Lb	No.	[Wa	Wb	La Lb	ţ
													-
-{	1						1]			• • •	1
-	1*	1	CONC	1.3	.0	.0	.0		!!			•• •	1
1	1*1	2	UNIF	300.0	.0	.0	2.0		1 1				1
1	2	1	UNIF	300.0	.0	.0	4.0) .]				I
1	2	2	[CONC]	1.0	.0	2.0	.0						1
Ī	3	1	UNIF	300.0	.0	.0	4.0						l
1	4	1	UNIF	300.0	. 0	.0	2.0]	1 1				1
1	4	2	CONC	1.0	.0	2.0	.0	•	1				1
	4	3	UNIF	300.0	.0	.0	4.0	1	1				ı
}	5*	1	CONC	1.3	.0	2.0	.0]]				-]
-	5*	2	UNIF	300.0	.0	.0	2.0	Į.		: I			1
1	I		11			· · · · · · · · · · · · · · · · · · ·		I	II				_

* -Indicates cantilever span information.

UNITS FOR:

UNIFORM LOAD: Wa....plf La & Lb...ft
CONCENTRATED LOAD: Wa....kips La.....ft
TRAPEZOIDAL LOAD: Wa & Wb.plf La & Lb...ft
MOMENT: Wa....ft-k La.....ft

NOTE: Local effects of partial loadings are NOT considered by ADOSS, compute manually.

[&]quot;E"-Indicates exterior strip.

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COLUMN/TORSIONAL DATA

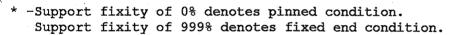
1	COLUMN NUMBER	 -	COLUMN C1 (in)	ABOVE C2 (in)	SLAB HGT (ft)		COLUMN C1 (in)	BELOW C2 (in)	SLAB HGT (ft)	CAPITA EXTEN. (in)	•	COLUMN STRIP* (ft)	MIDDLE STRIP* (ft)
1		l	•			I	,			Ì	i		i
1	1	1	.0	.0	.0	l	3.5	.0	10.0	.0	.0 i	1.8	1.8
1	2	1	.0	.0	.0	1	3.5	.0	10.0	1 .0	•0. i	1.8	1.8
\mathbb{T}	3	1	.0	.0	.0	ĺ	3.5	.0	10.0	1 .0	.0	1.8	1.8 i
t	4	1	.0	.0	.0	1	3.5	.0	10.0	1 .0	.0	1.8	1.8
1		_1_				1				1	i		i

Columns with zero "C2" are round columns.

* -Strip width used for negative flexure.

**-Capital extension distance measured from face of column.

٠										****
	COLUMN	1	TRAN	SVERSE	BEAM]	DROP PANEL/	SOLID HEAD		SUPPORT
	NUMBER	1	WIDTH	DEPTH	ECCEN	LEFT	RIGHT	WIDTH	THICK	FIXITY* •
	<u> </u>	1	(in)	(in)	(in)	(ft)	(ft)	(ft)	(in)	8
	\	- } 				 				••••
	1	i	.0	. 0	.0	! 	.4 .4	. 8	3.0	0.8
] 2	1	.0	.0	.0	1 .	.4 .4	. 8	3.0	.08
	3	1	.0	. 0	.0	1 .	.4	.8	3.0	18
	4	1	. 0	- 0	.0	Γ .	.4 .4	. 8	3.0	0%
		_1				l		·		••.





LATERAL LOAD/OUTPUT DATA

LATERAL LOADS ARE NOT SPECIFIED

OUTPUT DATA

PATTERN LOADINGS: 1 THRU 4
PATTERN LIVE LOAD FACTOR (1-3) = 75%

LOAD FACTORS:

U = 1.40*D + 1.70*L

U = .75(1.40*D + 1.70*L + 1.70*W)

U = .90*D + 1.30*W

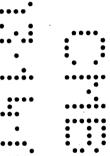
OUTPUT OPTION(S):

Input Echo Column Service Load Table Reinforcing Required Deflections

** SPECIFIED DROP PANEL LENGTH RIGHT LESS THAN 1/6 OF SPAN AT COLUMN DROP IGNORED FOR FLEXURAL DESIGN AND DEFLECTION CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 1 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 1 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

- **SPECIFIED DROP DEPTH AT COLUMN 1 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 2 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.
- ** SPECIFIED DROP PANEL LENGTH LEFT LESS THAN 1/6 OF SPAN AT COLUMN 2 DROP IGNORED FOR FLEXURAL DESIGN AND DEFLECTION CALCULATIONS.
- ** SPECIFIED DROP PANEL LENGTH RIGHT LESS THAN 1/6 OF SPAN AT COLUMN 2 DROP IGNORED FOR FLEXURAL DESIGN AND DEFLECTION CALCULATIONS.
- **SPECIFIED DROP DEPTH AT COLUMN 2 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 2 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.
- **SPECIFIED DROP DEPTH AT COLUMN 2 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 3 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.
- ** SPECIFIED DROP PANEL LENGTH LEFT LESS THAN 1/6 OF SPAN AT COLUMN 3 DROP IGNORED FOR FLEXURAL DESIGN AND DEFLECTION CALCULATIONS.
- ** SPECIFIED DROP PANEL LENGTH RIGHT LESS THAN 1/6 OF SPAN AT COLUMN 3 DROP IGNORED FOR FLEXURAL DESIGN AND DEFLECTION CALCULATIONS.
- **SPECIFIED DROP DEPTH AT COLUMN 3 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 3 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.
- **SPECIFIED DROP DEPTH AT COLUMN 3 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE



DISTANCE, EXCESS DEPTH ON SPAN 4 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

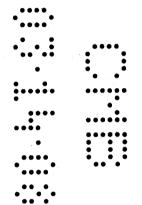
** SPECIFIED DROP PANEL LENGTH LEFT LESS THAN 1/6 OF SPAN AT COLUMN 4 DROP IGNORED FOR FLEXURAL DESIGN AND DEFLECTION CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 4 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 4 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**SPECIFIED DROP DEPTH AT COLUMN 4 GREATER THAN 1/4TH THE SUPPORT-DROP EDGE DISTANCE, EXCESS DEPTH ON SPAN 5 SIDE IGNORED FOR REINFORCEMENT CALCULATIONS.

**TOTAL UNFACTORED DEAD LOAD = 31.059 kips

LIVE LOAD = .000 kips



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SERVICE LOAD TABLE FOR INPUT TO PCACOL SLENDER COLUMN DESIGN

COLUMN NUMBER	1	AXIAL LOAD (kips)		
LOAD PTRN 1	DEAD LIVE LATL	.0	.0	. 0 . 0 . 0
LOAD PTRN 2	DEAD LIVE LATL	8.6 .0 .0	.0 .0	.0 .0 .0
LOAD PTRN 3	DEAD LIVE LATL	8.6 .0 .0	.0 .0 .0	.0
LOAD PTRN 4	DEAD LIVE LATL	.0	.0 .0 .0	. O
COLUMN NUMBER	2	AXIAL LOAD (kips)		
LOAD PTRN 1	DEAD LIVE LATL	6.6 .0 .0	.0 .0 .0	.0
LOAD PTRN 2	DEAD LIVE LATL	6.6 .0 .0	.0 .0 .0	.0
LOAD PTRN 3	DEAD LIVE LATL	6.6 .0 .0	.0 .0 .0	.0
LOAD PTRN 4	DEAD LIVE LATL	6.6 .0 .0	.0 .0 .0	.0 .0 .0

SERVICE LOAD TABLE FOR INPUT TO PCACOL SLENDER COLUMN DESIGN *************

COLUMN NUMBER	3	AXIAL LOAD (kips)		
LOAD PTRN 1	DEAD	7.2	.0	.0
TOTES 1,110, 1	LIVE	.0	.0	.0
	LATL	.0	.0	• 0
LOAD PTRN 2	DEAD	7.2	.0	.0
	LIVE	. 0	.0	.0
	LATL	.0	.0	.0
LOAD PTRN 3	DEAD	7.2	.0	.0
	LIVE	.0	.0	.0
	LATL	.0	.0	.0
				• • •
LOAD PTRN 4		7.2	.0	.0
	LIVE	.0	.0	.0 •
	LATL	.0	.0	.0
				∀
				••••
COLUMN NUMBER	. 4	AXTAT, TOAD	MOMENT AT	MOMENT AT
COLUMN NUMBER		AXIAL LOAD	MOMENT AT	MOMENT AT
COLUMN NUMBER	4	(kips)	MOMENT AT TOP (ft-k)	MOMENT AT BOT (ft-k)
		(kips)	TOP (ft-k)	MOMENT AT BOT (ft-k)
		(kips) 	TOP (ft-k)	BOT (ft-k)
	DEAD	(kips) 	TOP (ft-k)	BOT (ft-k) 0
	DEAD LIVE	(kips) 8.7 .0	.0 .0 .0	BOT (ft-k) .0 .0
	DEAD LIVE LATL	(kips) 8.7 .0 .0 8.7	.0 .0 .0 .0	BOT (ft-k) .0 .0
LOAD PTRN 1	DEAD LIVE LATL	(kips) 8.7 .0 .0 8.7 .0	.0 .0 .0 .0	BOT (ft-k) .0 .0 .0 .0
LOAD PTRN 1	DEAD LIVE LATL DEAD	(kips) 8.7 .0 .0 8.7	.0 .0 .0 .0	.0 .0 .0 .0
LOAD PTRN 1	DEAD LIVE LATL DEAD LIVE LATL	(kips) 8.7 .0 .0 8.7 .0	TOP (ft-k) .0 .0 .0 .0 .0 .0	BOT (ft-k) .0 .0 .0 .0 .0
LOAD PTRN 1	DEAD LIVE LATL DEAD LIVE LATL	(kips) 8.7 .0 .0 8.7 .0 .0 8.7	TOP (ft-k) .0 .0 .0 .0 .0 .0 .0	BOT (ft-k) .0 .0 .0 .0 .0 .0 .0
LOAD PTRN 1	DEAD LIVE LATL DEAD LIVE LATL DEAD LIVE	8.7 .0 .0 .0 8.7 .0 .0	TOP (ft-k) .0 .0 .0 .0 .0 .0 .0 .0 .0	.0 .0 .0 .0 .0
LOAD PTRN 1	DEAD LIVE LATL DEAD LIVE LATL	(kips) 8.7 .0 .0 8.7 .0 .0 8.7	TOP (ft-k) .0 .0 .0 .0 .0 .0 .0	BOT (ft-k) .0 .0 .0 .0 .0 .0 .0
LOAD PTRN 1 LOAD PTRN 2 LOAD PTRN 3	DEAD LIVE LATL DEAD LIVE LATL DEAD LIVE LATL	(kips) 8.7 .0 .0 .0 8.7 .0 .0 .0	.0 .0 .0 .0 .0 .0 .0	.0 .0 .0 .0 .0 .0
LOAD PTRN 1	DEAD LIVE LATL DEAD LIVE LATL DEAD LIVE LATL DEAD LIVE LATL	(kips) 8.7 .0 .0 8.7 .0 .0 .0 8.7 .0 .0 8.7	TOP (ft-k) .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	.0 .0 .0 .0 .0 .0 .0
LOAD PTRN 1 LOAD PTRN 2 LOAD PTRN 3	DEAD LIVE LATL DEAD LIVE LATL DEAD LIVE LATL	(kips) 8.7 .0 .0 .0 8.7 .0 .0 .0	.0 .0 .0 .0 .0 .0 .0	.0 .0 .0 .0 .0 .0

NOTE: Add dead, live and lateral axial loads as appropriate. Top moments are those at joint bottom. Bottom moments are those at joint top.

Moments are positive when counter-clockwise.

Axial forces positive when compressive.

N E G A T I V E R E I N F O R C E M E N T

COLUMN*	PATT	*LOCATIO)N *	TOTAL	*	COLUMN	STRIP	*	MIDDLE	STRIP
NUMBER*	NO.	*@COL FA	CE*	DESIGN	*	AREA	WIDTH	*	AREA	WIDTH
	•		*	(ft-k)	*	(sq.in)	(ft)	*	(sq.in)	(ft)
1	4	L [[-6.5		.43	1.8		.38	1.8
2	4	L		-2.4		.38	1.8		.38	1.8
3	4	L		-2.6		.38	1.8		.38	1.8
4	4	F	₹	6.5		.43	1.8		.38	1.8

POSITIVE REINFORCEMENT

		COCATION * FROM LEFT* (ft) *	DESIGN	*	•	WIDTH	*	MIDDLE AREA (sq.in)	WIDTH
2	1	2.1	1.2		.38	1.8		.38	1.8
3 4	1 1	1.9 1.9	1.7 1.5		.38 .38	1.8 1.8		.38 .38	1.8 1.8

D E F L E C T I O N A N A L Y S I S

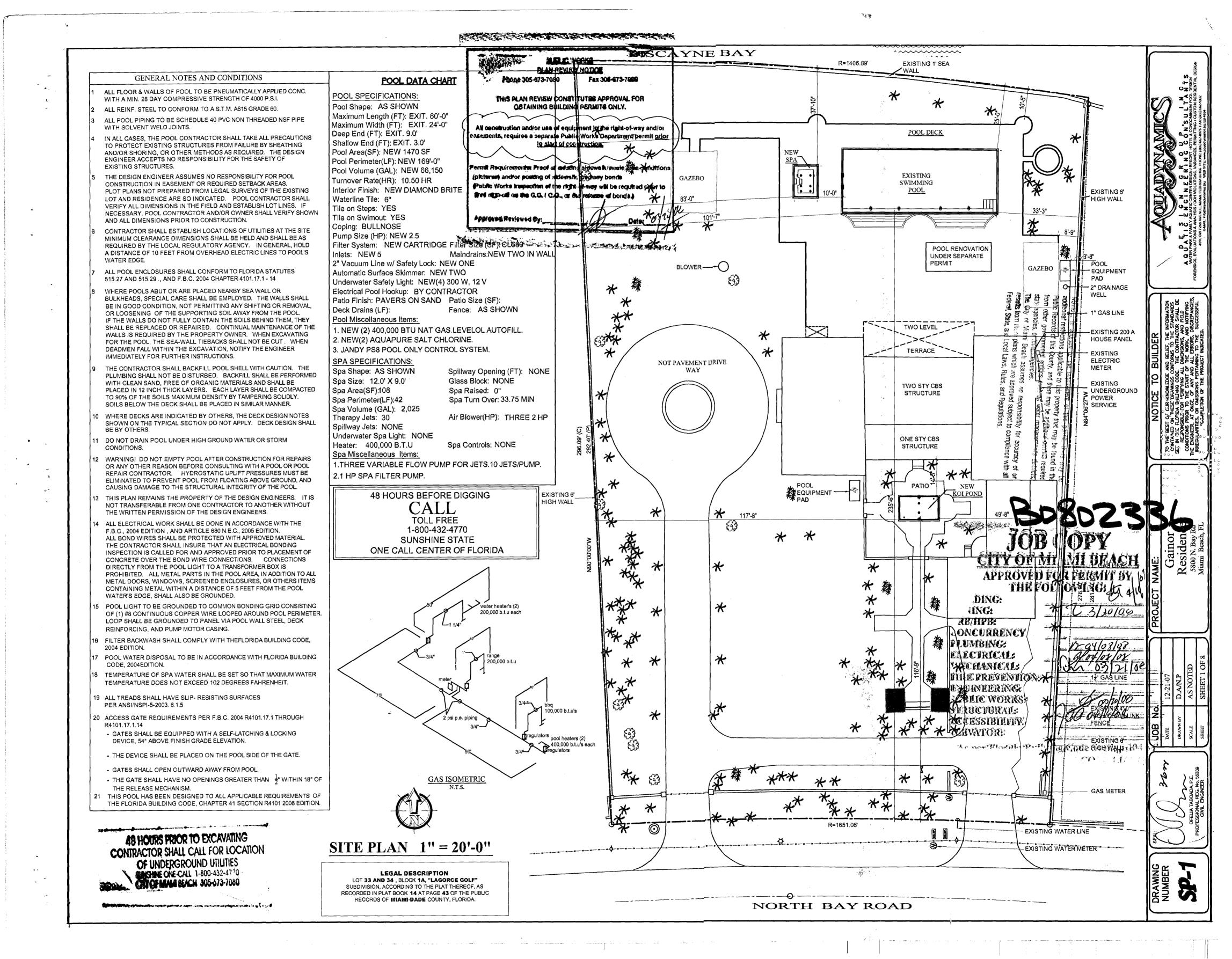
- NOTES--The deflections below must be combined with those of the analysis in the perpendicular direction. Consult users manual for method of combination and limitations.
 - --Spans 1 and 5 are cantilevers.
 - --Time-dependent deflections are in addition to those shown and must be computed as a multiplier of the dead load(DL) deflection. See "CODE" for range of multipliers.
 - --Deflections due to concentrated or partial loads may be larger at the point of application than those shown at the centerline.

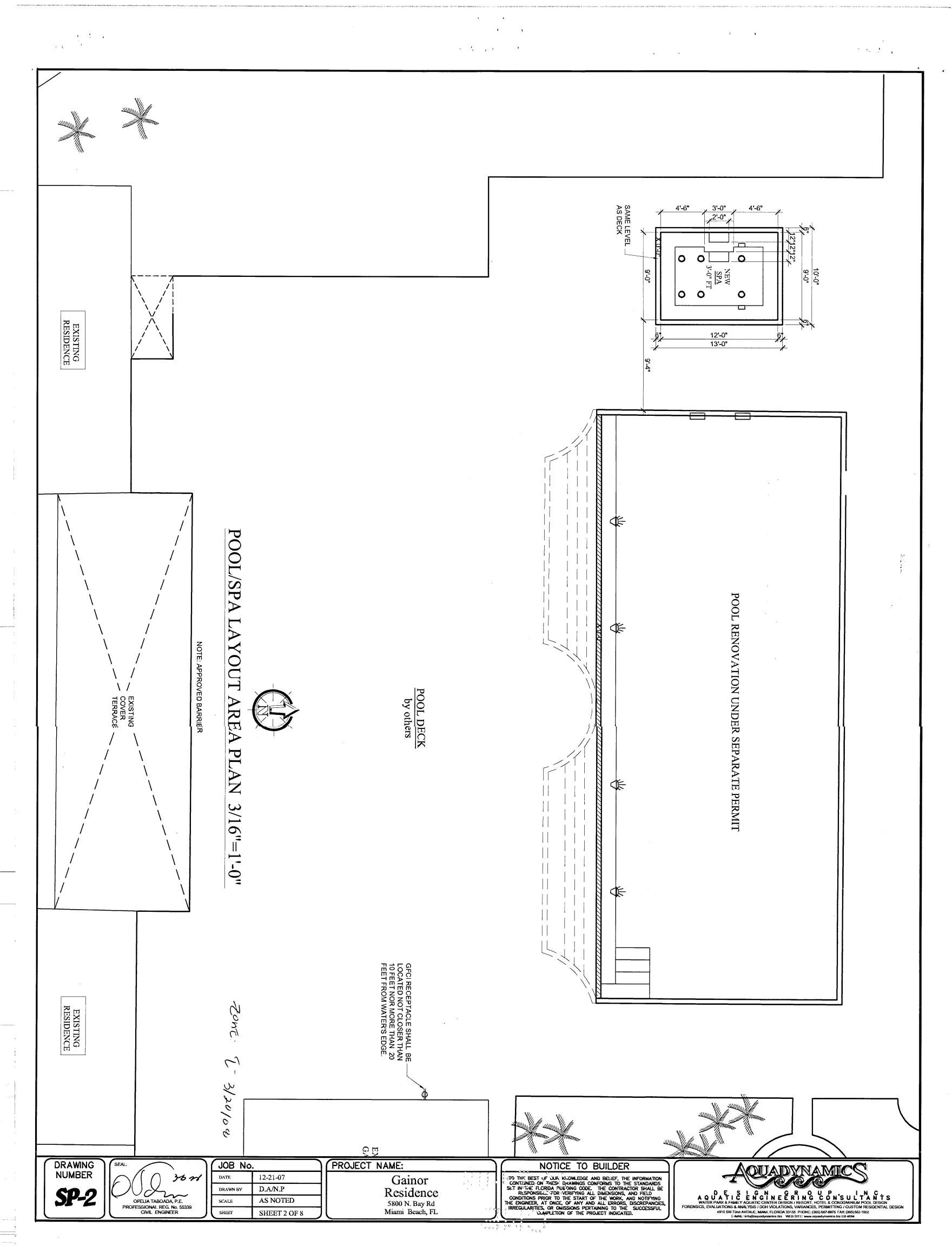
 Deflections are computed as from an average uniform loading derived from the sum of all loads applied to the span.
 - --Modulus of elasticity of concrete, Ec = 4287. ksi

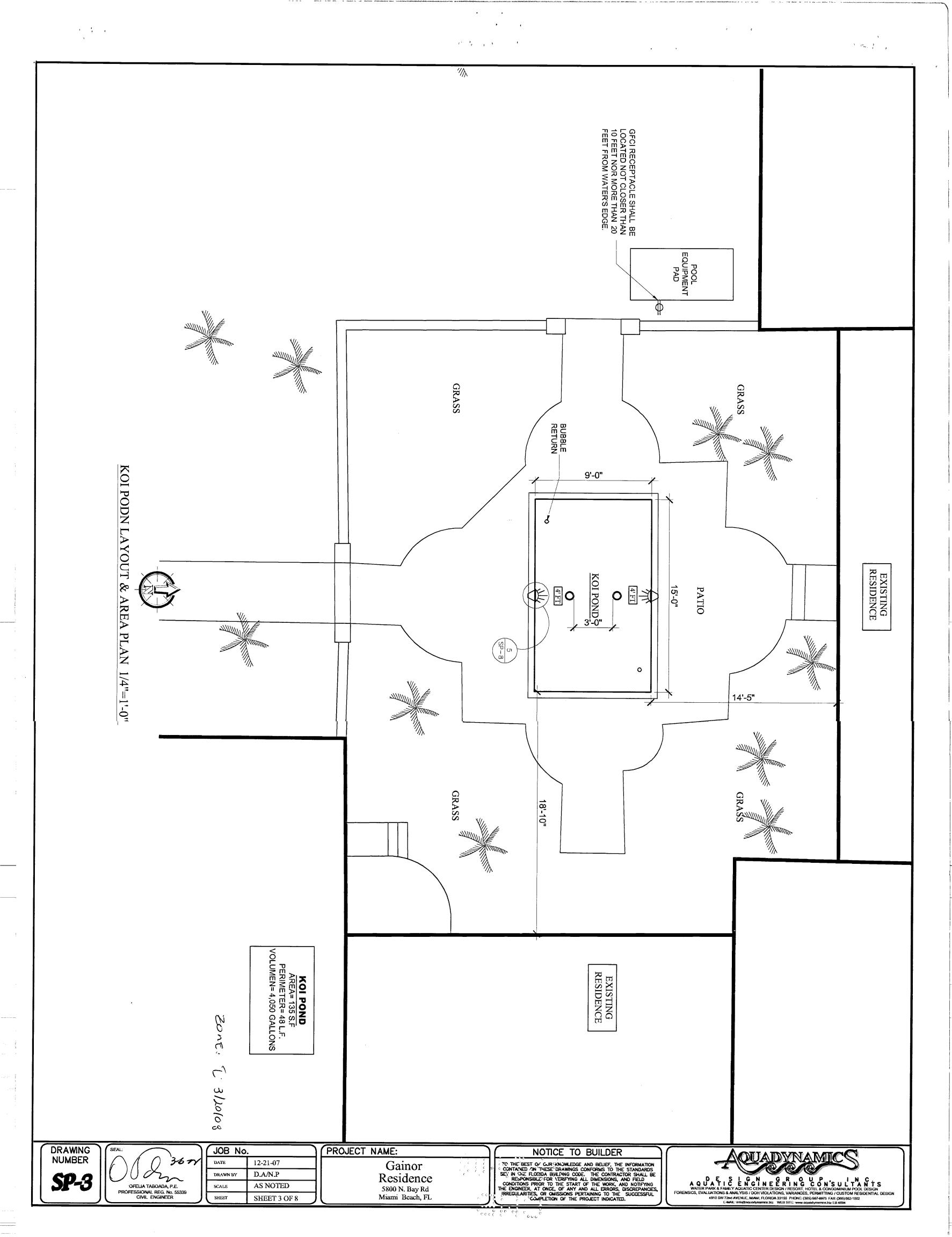
*		*	COL	_	M N		RIP	*	MID	_	LE	ST	RIP	•
* SPAN *	DEAD LOAD	*_	DE	F'LE	CTION	DUE 	TO:	*	DE.		CTION	DUE	TO:	
NUMBER *	Ieff.	*	DEAD	*	LIVE	*	TOTAL	*	DEAD	*	LIVE	*	TOTAL	*
*	(in^4)	*	(in)	*	(in)	*	(in)	*	(in)	*	(in)	*	(in)	•*
	4501			_~-			^^^						•	
i	4701	•	.00	2	.00	JU	.002		.00	T	.00) (.001	
2	3500	•	.00	0	.00	00	.000		.00	0	.00	00	0.00	' . · .
3	3500	•	.00	0	.00	00	.000		.00	0	.00	00	.000	.•
4	3500		.00	0	.00	00	.000		.00	0	.00	00	.000	
5	4701		.00	1	.00	00	.001		.00	Ö.	.00	00	.000)

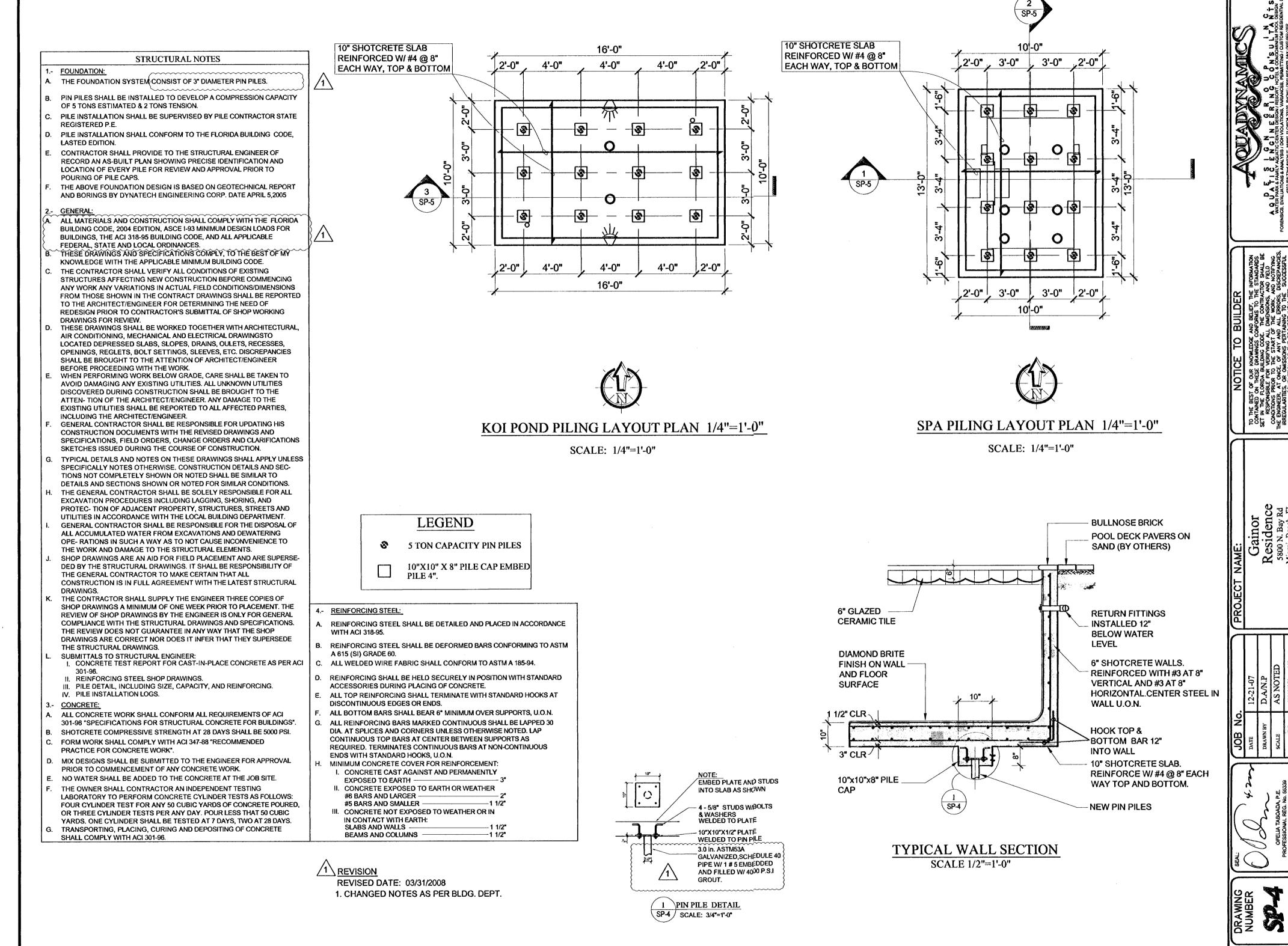
^{*} Program completed as requested *

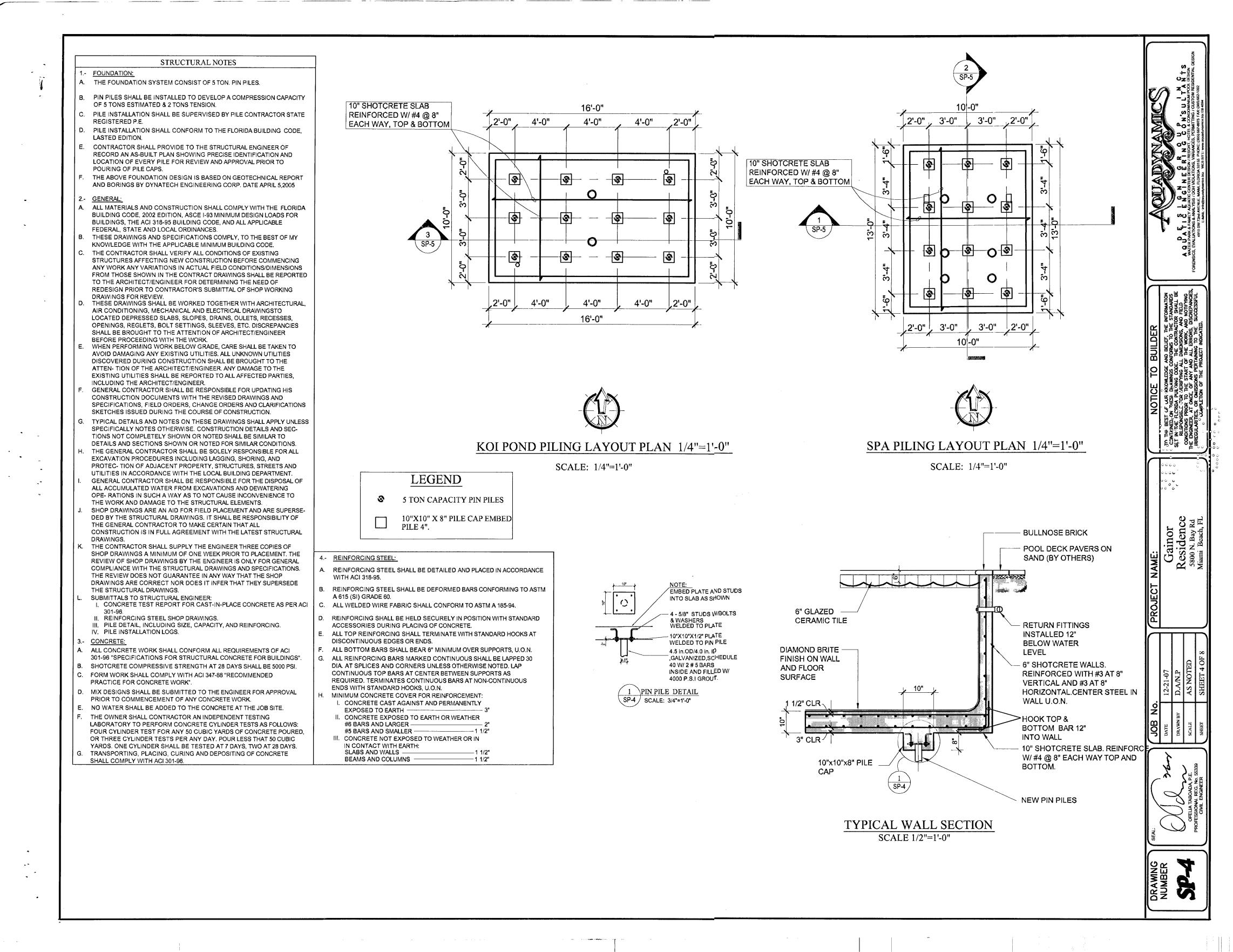












10" SHOTCRETE SLAB REINFORCED W/ #4 @ 8" EACH WAY, TOP & BOTTOM 2) SPA SECTION
SCALE: 1/2"=1'-0" 3)KOI POND SECTION
SCALE: 1/2"=1'-0" - NEW PIN PILES

10" SHOTCRETE SLAB
REINFORCED W/ #4 @ 8"
EACH WAY, TOP &
BOTTOM SPA SECTION
SCALE: 1/2"=1'-0" 1'-0" Φ SPA JETS PROJECT NAME: JOB No. NOTICE TO BUILDER TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED ON THESE LRAWINGS CONFORMS TO THE STANDARDS SET IN THE FLORIDA BUILDING CODE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING ALL DIMENSIONS, AND FIELD CONDITIONS PRIOR TO THE START OF THE WORK, AND NOTIFYING THE ENGINEER, AT ONCE, OF ANY AND ALL ERRORS, DISCREPANCIES, IRREGULARITIES, OR OMISSIONS PERTAINING TO THE SUCCESSFUL COMPLETION OF THE PROJECT INDICATED.

Gainor Residence

5800 N. Bay Rd Miami Beach, FL

DESIGNGROUP, INC.
AQUATICENGNEERINGCONSULTANTS
WATER PARK & FAMILY AQUATIC CENTER DESIGN / RESORT, HOTEL & CONDOMINIUM POOL DESIGN
SICS, EVALUATIONS & ANALYSIS / DOH VIOLATIONS, VARIANCES, PERMITTING / CUSTOM RESIDENTIAL DESIGN
4910 SW 72nd AVENUE, MIAMI, FLORIDO 33155 PHONE: (305) 667-8975 FAX: (305) 662-1002
E-MAIL: Into@aquadlynamics.biz WEB SITE: www.aquadlynamics.biz EB 4694

DRAWING NUMBER

SEAL:

OFELIA TABOADA, P.E. PROFESSIONAL REG. No. 55339 CIVIL ENGINEER

DATE

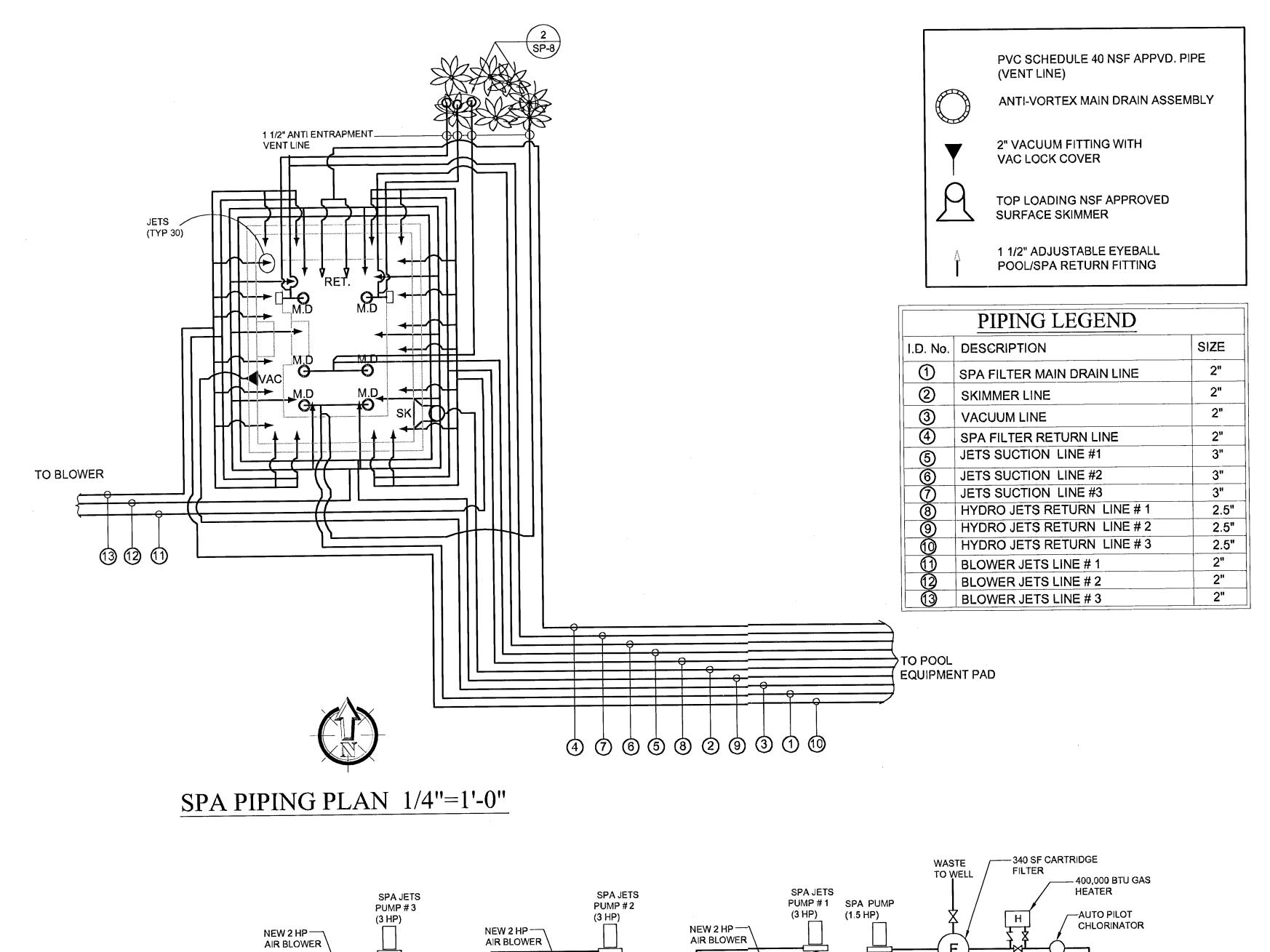
SCALE

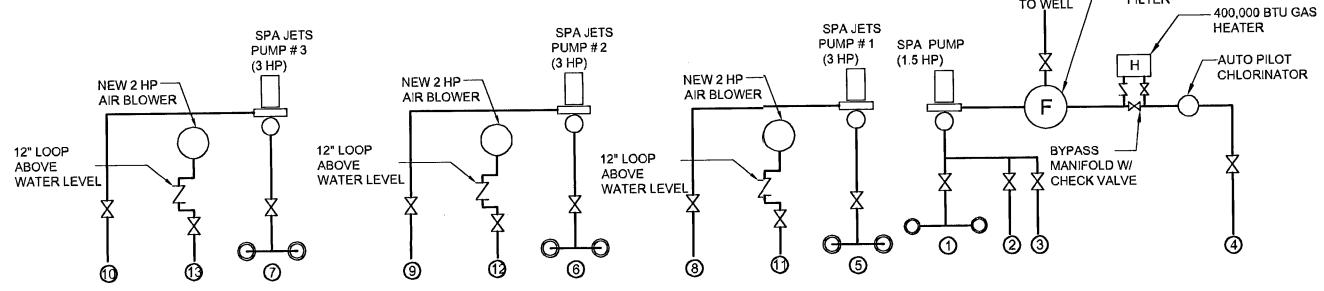
SHEET

12-21-07 D.A/N.P

AS NOTED

SHEET 5 OF 8





FLOW DIAGRAM-SPA (4) PUMP SYSTEM
N.T.S.

EF. THE INFORMATION
OUTRACTOR SHALL BE
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NOTICE TO BUILDER

TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE INFORMATION
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RREGULARITIES, OR OMISSIONS PERTAINING TO THE SUCCESSFUL

Gainor Esso N. Bay Rd

D.A.N.P AS NOTED SHEET 6 OF 8

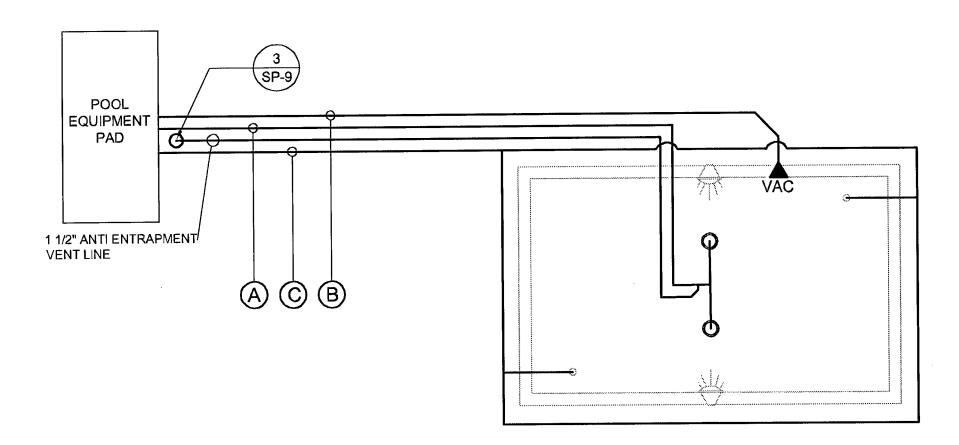
SEAL:

3.67

OFELIA TABOADA, P.E.

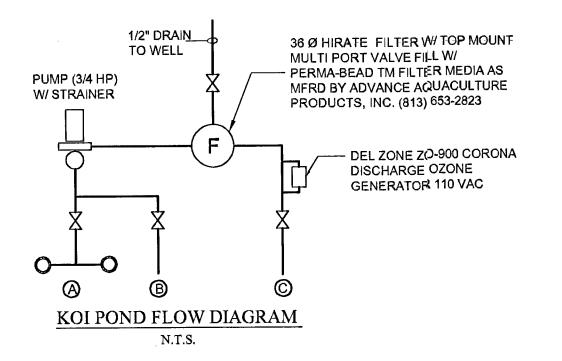
PROFESSIONAL REG. No. 55339

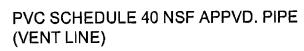
SP6





KOI POND PIPING PLAN 1/4"=1'-0"







ANTI-VORTEX MAIN DRAIN ASSEMBLY



2" VACUUM FITTING WITH VAC LOCK COVER



TOP LOADING NSF APPROVED SURFACE SKIMMER



1 1/2" ADJUSTABLE EYEBALL POOL/SPA RETURN FITTING

PIPING LEGEND					
I.D. No.	DESCRIPTION	SIZE			
A	KOI POND FILTER SUCTION LINE	2"			
B	VACUUM LINE	2"			
0	FLOOR BUBBLE RETURN LINE	1"			

A Q U A T I C E N G I N E E R I N G C O N S U L T A N T S

WATER PARK 8 FAMELY ACUATIC CENTER DESIGN / RESORT, HOTE & CONDOMINILAN POOL DESIGN
FORENSICS, PALLUTIONS & ANALYSIS / DON HOLATIONS, VARIANCES, PERMITTING / CLSTOM RESIDENTIAL DESI

TOUTIOE TO BOILDER

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CONTAINED ON THESE DRAWINGS CONFORMS TO THE STANDARD
EST IN THE FLORIDA BUILDING COOF, THE CONTRACTOR SHALL
OND SHELDING NO VERIFYING ALL DIMENSIONS, AND FIELD
CONDITIONS PRIOR TO THE START OF THE WORK, AND NOTIFTING
HE ENGINEER, AT ONCE, OF ANY AND ALL ERRORS, DISCREPANC
RECOLLARITIES, OR OMISSIONS PERTAINING TO THE SUCCESSFI
RECOLLARITIES, OR OMISSIONS PERTAINING TO THE SUCCESSFI
COMMISSIONS PERTAINING TO THE SUCCESSFI

Gainor """
Residence

DATE 12-21-07

DRAWN BY D.A.N.P

SCALE AS NOTED

SHEET 7 OF 8

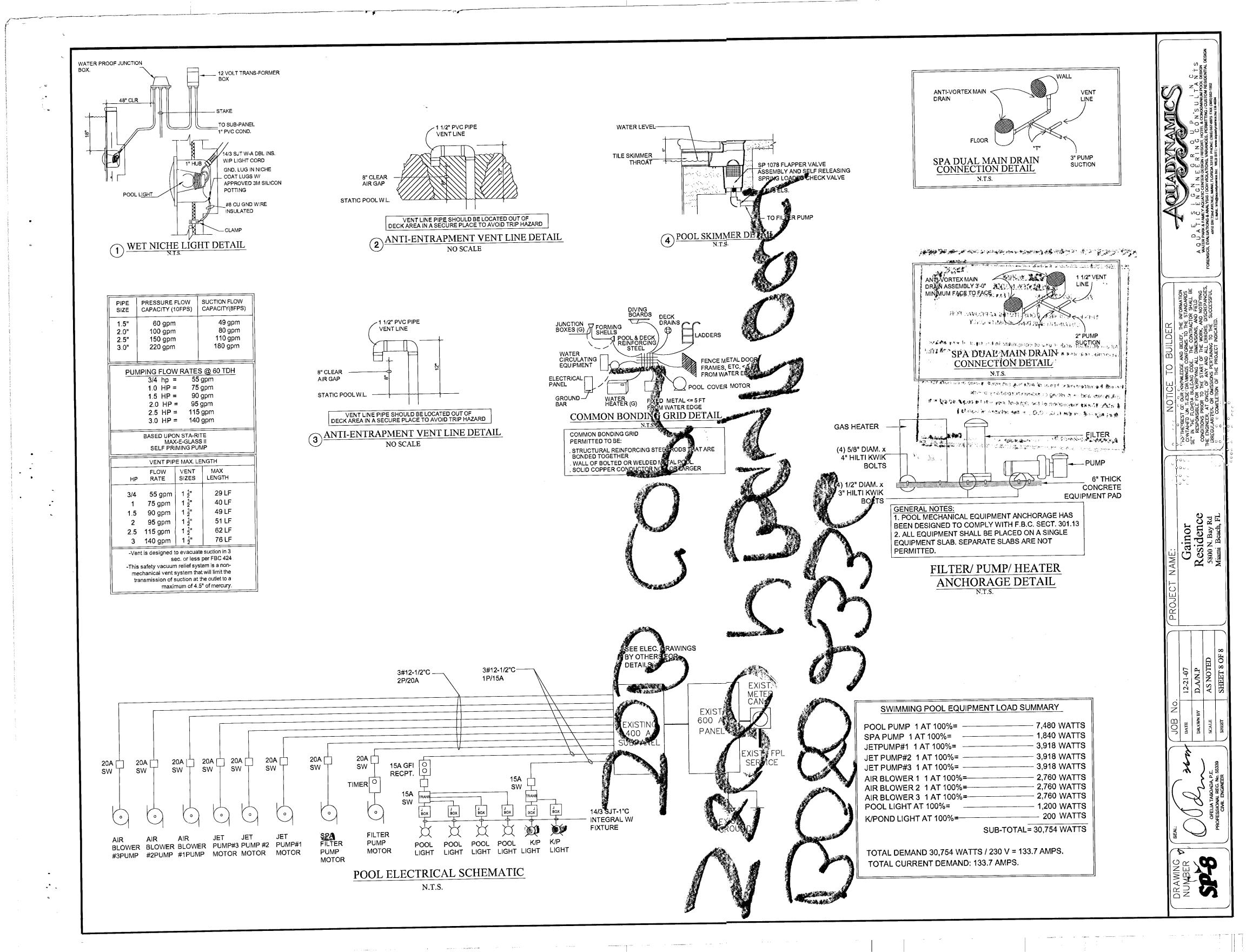
SEAL:

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OFELIA TABOADA, P.E.

PROFESSIONAL REG. NO. 55339

SP-7



Miles Salver Service	\$ 225,000,000,000		ove	. Royal	
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	Phone 305-873	AH REVIEW 7080	Fax 306-4	73-7005	
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All con easemen	etruction and/or tales, requires a seg	use of equip parate Public start of con	MAIOLKS Oct	ent-of-way a	nd/or nit order
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APPROVED	11/08 miles	1
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AB/HPB: CONCURRENCY PLUMPING:	1204/08/08	:\$
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FIRE PREVIOUS ENGINEERING	the only	
PUBLIC WORKS: STRUCTURAL: ACCESSIBILITY.	1000/11/08	
TLEVATOR:	""-c Code Section 1045	7
As not	CAR COMPLIANCE	- v !

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18



CITY OF MIAMI BEACH BUILDING DEPARTMENT 1700 CONVENTION CENTER DRIVE 2ND FLOOR - CITY HALL MIAMI BEACH, FL 33139

NOTICE TO THE CITY OF MIAMI BEACH BUILDING DEPARTMENT OF EMPLOYMENT AS SPECIAL INSPECTOR UNDER THE FLORIDA BUILDING CODE

I, (we)) have been retained by: 6 aim of	to perform special inspector services unde
the Flo	prida Building Code at the 5860 Ni BAY Rd.	•
of 4	/4/08 (date). I am a professional engineer lie	censed in the State of Florida
Process		Permit (IF APPLICABLE):
	Special Inspector for Pilings, FBC 1822.1.20	
0	Special Inspector for Soil Compaction, FBC 1820	3.1
00	Special Inspector for Precast Attachments, FBC	927.12.7 (Ru D.E. au D.A.)
0	Special Inspector for Reinforced Masonry, FBC 2	122 4
00	Special inspection for Steel Bolted & Welded Con	nections ERC 2210 2 (p. n. n.
	Special Inspector for Trusses over 35 feet long o	r 6 feet high, FBC 2319.17.2.4.2 (By P.E. or R. A)
0	Special Inspector for	o reet high, FBC 2319.17.2.4.2 (By P.E. or R. A)
NOTE:	Only the marked boxes apply.	
11823	following individual's) employed by this firm or me are	authorized representatives to perform inspections*
	ROBERT 19 TRACE	2.
3.		4.
•	OTE: FBC 2001 HVZ sections 1927.12.2, 2218. professional Engineer or Registered Architecture.	to perform the actual inspections.
1, (WE) Will F	notify the City of Miami Beach Building Department of any changes i	egarding authorized personnel performing inspection services
of Miami Bea Special Inspector of Completion of Log form and	erstand that a Special Inspection. Log for each building must be displaced Building Department Inspector. All mandatory inspections, as a sector hired by the Owner are in addition to the mandatory insuff the work under each building permit. I will submit to the Building disealed statement that, to the best of my knowledge, belief and proceeding Code and are in subsequent accordance with the approve	played in a convenient location on the site for reference by the City equired of the Florida Building Code, <u>Inspection performed by the Building Department</u> . Further, upon Inspection at the time of final inspection the completed inspection
	Architect/Engineer Signature:	Abut Trang
11 91	Architect/Engineer Name Printed: Address:	ZOBERT N TRACY
mun.	Address:	CHOLOUS 1200
Signed and	d Scaled Phone Number:	4460 540 128 Ave DAVIE A
1134	Owner/Agent Signature:	9590434-5035
License N	lumber Owner/Agent Name Printed:	
Pate: 41	1 Of Building Department	MARK HAINOR
ute. to	Accepted By:	Lerek 4/10/08
		1115/08
		. \

CITY OF MIAMI BEACH

Building Department

1700 Convention Ctr Drive, 2nd Floor Miami Beach, Florida 33139

Inspections: (305) 673-7370

Office: (305) 673-7610

Bldg Electrical Permit

04-16-2008

Activity Number: BE081663

Status: APPROVED

Issued By: BUILRODR

Site Address: 5800 N BAY RD MBCH Applied: 04/16/200

Applied: 04/16/2008 Approved: 04/16/2008

Completed:

To Expire: 10/13/2008

Valuation: \$600.00

Parcel #:

Applicant: NAVARRO ELECTRICAL SERVICES IN

32150030270

MARK J GAINOR &W ELYSE S

12401 W OKEECHOBEE RD, #438 HIALEAH GARDENS, FL 33018

305-226-5545

Property Owner:

MARK J GAINOR TRUSTEE

7463 FISHER ISLAND DR 331090717

Description:

B0802336//NEW ELECTRICAL FOR SPA & PONDPUMP.

Inspector Area: N Class Code: R3

DETAIL LIST

		•	
Electrical Fees			
Rough Wiring Outlets:	0		\$0.00
Temporary Service:	0		\$0.00
Subfeed for Construction/# of Service:			
Up to 100 Amps:			\$0.00
101 to 200 Amps:			\$0.00
201 to 400 Amps:	0	APR 1 0 2003	\$0.00
401 to 600 Amps:	O		\$0.00
601 to 800 Amps:	C0TV	OF MIAMI BEACH DING DEPARTMENT	\$0.00
Over 800 Amps:		INIG DEPARTMEN	\$0.00
Service Repair/Meter Change:	BUILL	JING DEL	\$0.00
Other Fees:			\$0.00
Other Fees Explanation:			ψ0.00
Equipment Outlets - Permanent Connection			
Equipment Outlet Ex Wall/Window AC:	0		\$0.00
Ranges or Range Tops:	. 0	· · · · · · · · · · · · · · · · · · ·	\$0.00
Ovens:	0		\$0.00
Water Heaters:	0		\$0.00
Space Heaters:	0		\$0.00
Washing Machines:	0		\$0.00
Dryers:	0		\$0.00
Fans - w/Fraction HP Motors:	0		
Garbage Disposals:	0		\$0.00
Dishwashers:	0		\$0.00
	U	•	\$0.00



Activity Number: BE081663

Equipment Outlets - Permanent Connection - Co	ont.	
Refrigerator:	0	\$0.00
Deep Freezer:	0	
Wall/Window A.C.:	0	\$0.00
A.C Not Wall/Window:	0	\$0.00
Motors Up to 1 HP:	° 0	\$0.00
Motors from 2 HP thru 10 HP:	0	\$0.00
Motors Greater than 10 HP:	·	\$0.00
Portable X-ray (DDS):	0	\$0.00
Stationary X-ray (MD):	0	\$0.00
Diathermic Units:	0	\$0.00
Isolation Units:	0	\$0.00
	. 0	\$0.00
Antenna-TV-Intercom-Phones		
Antenna, Outlets, etc.:	0	60.00
Receiving Antennas:	0	\$0.00
Detection Central System:	0	\$0.00
Smoke Detectors:	0	\$0.00
Heads or Target Area Speakers:	0	\$0.00
Bell Alarm Station:	0	\$0.00
Light Fixtures:	-	\$0.00
Combination Light Fixtures:	0	\$0.00
Streamed/Festoon Lights:	0	\$0.00
Plugmold:	0	\$0.00
	0	\$0.00
Generator/Transformers		
Up to 5 KVA/KW:	0	#0.00
6 to 10 KVA/KW:	ő	\$0.00
11 to 15 KVA/KW:	0	\$0.00
16 to 20 KVA/KW:	0	\$0.00
21 to 25 KVA/KW:	0	\$0.00
25 KVA or KW:	· ·	\$0.00
Same floor, largest above, additional units:	. 0	\$0.00
Weld Machine Outlet to 25 Amps:	0	\$0.00
Weld Machine Outlet Over 25 Amps:	0	\$0.00
outset over 25 Amps.	0	\$0.00
Special Purpose Outlets		
Special Purpose Commercial Outlets:	0	
Painting, Bake Oven, Outlet:		\$0.00
Sign Face:	0	\$0.00
Sign Repair - Connect or Reconnect:	0	\$0.00
Resident Pool/Spa Lighting:	0	\$0.00
Combination Pool/Spa Lighting:	0	\$0.00
Commercial/Multi-Family Pool:	1	\$100.00
Commercial/Multi-Family Combo:	0	\$0.00
Temporary Equipment Gr. for Carnival/Circus:	0	\$0.00
remperary Equipment Gr. for Carmival/Circus:	0	\$0.00
Fire Safety		
Floor Accept Test Alarm System:		#0.00
		\$0.00
SFBC Compliance Fees		
SFBC Compliance Fee:		\$0.00
Training Fee:		\$1.00
Extra Fee - Penalty:		\$0.00
Sanitation Fee:		\$20.00
		φ20.00

Page 3

Activity Number: BE081663

Additional Fees	2	
1st Reinspection:		•••
Continued Reinspections:		\$0.00
Change of Contractor:		\$0.00
Permit Extension:		\$0.00
Permit Card Replacements:		\$0.00
Overtime Inspection Fees:		\$0.00
o volume independent ces.		\$0.00
Total of All Fees:		
Total of Payments:		\$121.00
Balance Due:		\$121.00
		\$0.00

CITY OF MIAMI BEACH BUILDING DEPARTMENT 1700 CONVENTION CENTER DR MIAMI BEACH, FL 33139

305-673-7610 OFFICE

DATE:

305-673-7857 FAX

WORK PERMIT **APPLICATION**

(PLEASE FILL OUT COMPLETELY)

DATE:	04 / 15 / 08	CODE IN EFFECT:	FLORIDA BUILDING CODE
IF SUBSIDIARY OR	REVISION PROVIDE THE MASTER BUILDING PE	RMIT NUMBER HERE:	B080 2336
	5800 N Bay Road. 02-3215-003-0270 TYPE OF II	LICENSE #: SS # COMPANY: QUALIFIER: ADDRESS: CITY/STATE/ZIP: PHONE #:	Boso 2336 NTRACTOR INFORMATION 95E000314 267-99-9520 Navaro Electrical Services, Inc. Daniel E. Navarro 12401 W. Okeechobee Rd. Hialeah Gardens, FL 33018 (305) 226-5545
VALUE OF WORK:	\	NO OF UNITS:	NO OF FLOORS:
() NEW CONSTR ON VACANT () ALTERATION () ALTERATION () STRUCTURE F	RUCTION () FOUNDATION ONLY LAND () ENCLOSURE INTERIOR () REPAIR EXTERIOR () REPAIR DUE TO FIRE RELOCATION () DEMOLISH	() SHELL ONLY () ADDITION AT () ADDITION DE () AWNING/CAN	TACHED () HURRICANE SHUTTERS
() (02) 10W 51		OFING	
(GRAVEL, () (95) SHINGL () (96) SHINGLE	ROOFS/WOOD SHINGLES & SHAKE) ROOF	SQUARE FEET () SINGLE FAMIL () MULTI-FAMILY () COMMERCIAL	
	PERMIT TYPE		CHANGE TO EXISTING
() BUILDING (X) ELECTRICAL () FIRE	() MECHANICAL () PLUMBING	() CHANGE CONTRAG	CTOR () PERMIT UPGRADE () SUPPLEMENTAL
t .	WNER'S INFORMATION	MORTG	AGE LENDER'S INFORMATION
NAME: ADDRESS: CITY/STATE/ZIP: PHONE NUMBER:	MARK J GAINOR &W ELYSE S 5800 N. Bay Road. Miami Beach, FL 33140	NAME: ADDRESS: CITY/STATE/ZIP: PHONE NUMBER:	
AR	CHITECT'S INFORMATION	EN	GINEER'S INFORMATION
NAME: ADDRESS: CITY/STATE/ZIP: PHONE NUMBER:		NAME: ADDRESS: CITY/STATE/ZIP: PHONE NUMBER:	
LICENSE #		LICENSE# .	

CITY OF MIAMI BEACH BUILDING DEPARTMENT 1700 CONVENTION CENTER DR MIAMI BEACH, FL 33139

305-673-7610 OFFICE

305-673-7857 FAX

OCCUPANCY C	ASSIFICATIONS
ASSEMBLY OCC GROUP A1 GREATER THAN 1,000	INSTITUTIONAL OCC GROUP I UNRESTRICTED
ASSEMBLY OCC GROUP A2 50 TO 1,000	INSTITUTIONAL OCC GROUP I RESTRICTED
BUSINESS OCC GROUP B	MERCANTILE OCC GROUP M
DAY CARE OCC GROUP D	RESIDENTIAL OCC GROUP R1 HOTEL/MOTEL
EDUCATIONAL OCC GROUP E	RESIDENTIAL OCC GROUP R2 APTS/CONDO
FACTORY OCC GROUP F	RESIDENTIAL OCC GROUP R3 S/F
HAZARDOUS OCC GROUP H1 EXPLOSIVE	RESIDENTIAL OCC. ~ GROUP R4 CARE FACILITIES
HAZARDOUS OCC GROUP H2 BURNING	STORAGE OCC GROUP S1 ORDINARY HAZARD
HAZARDOUS OCC GROUP H3 PHYSICAL	STORAGE OCC GROUP S2 LOW HAZARD
HAZARDOUS OCC GROUP H4 HEALTH	
NOTICE: In addition to the requirement additional restrictions applicable to this public records of this county, and there from other governmental entities such state agencies or federal agencies. SIGNATURE OF QUE	may be found in the may be found in the may be additional permits required as water management districts, ALIFIER ONLY
Sworn to and subscribed before me this	glay of Newson
PLEASE PRINT QUA	LIFIER'S NAME
	Procured Identification: 0-16562-373-0 (4) DID NOT TAKE OATH

Notary Public State of Florida
Joann Cesar
My Commission DD693851
Expires 07/10/2011



CITY OF MIAMI BEACH - BUILDING DEPARTMENT 1700 CONVENTION CENTER DR, 2ND FLOOR MIAMI BEACH, FLORIDA 33139

(305) 673-7610 Office

(305) 673-7857 Fax

ELECTRICAL FEE SHEET

cond	ENTION APPLICANT: You are responsible for filling out the cerning what category your work falls under, PLEASE see an ermit being issued will be subject to a double fee plus a \$115	electrical inspect	or Any work com	menced without
	.00. This minimum does not include other applicable surcharg			
	of my knowledge, the facts stated in this document are true			
degi	ree.	111 /2		
		MACHE		(L. S.)
	ITEMS	UNIT NUMBER	PRICE EACH	SUB TOTAL
1.	Minimum Permit Fee including repair work per permit (Unless other minimum fee is specified):	J		
2.	This minimum does not apply to permits issued as supplementary to current outstanding permit for the same job.)		\$60.00	
	ROUGH WIRING O	UTLETS		
3.	Light, Receptacles and Switch			
4.	For 1 through 10 outlets		\$28.00	
5.	For each additional after 10 outlets		\$2.50	
	***SERVICES	* **		
6.	(The following fees shall be charged for each service and for each sub feed in new installation only. No charge will be made for sub feeds in existing installations.) Each service shall include one (1) sub feed.			
7.	Temporary for construction, test, etc.		\$72.00	
8.	Sub feeds		-	-
9.	100 amps and under		\$9.00	
10.	101 amps to 200 amps		\$12.00	
11.	201 amps to 400 amps		\$14.00	
12.	401 amps to 600 amps		\$15.00	
13.	601 amps to 800 amps		\$21.00	
14.	For each additional 100 amps over 800 amps		\$8.00	
15.	Service repairs and/or meter change		\$75.00	
	SWITCHBOAR	DS	•	
16.	(Same as Services shown above by amps)			
17.	100 amps and under		\$9.00	
18.	101 amps to 200 amps		\$12.00	
19.	201 amps to 400 amps		\$14.00	
20.	401 amps to 600 amps		\$15.00	
21.	601 amps to 800 amps		\$21.00	
22.	For each additional 100 amps over 800 amps		\$8.00	

	ITEMS	UNIT NUMBER	PRICE EACH	SUB TOTAL
	EQUIPMENT OUTLETS OR PERMA	ANENT CONNEC	TIONS	
23.	For each range outlet	r	\$12.00	
24.	For each range top outlet	,	\$12.00	
25.	For each oven outlet		\$12.00	
26.	For each water heater outlet		\$12.00	
27.	For each space heater outlet		\$12.00	
28.	For each washing machine outlet		\$12.00	
29.	For each dryer outlet		\$12.00	
30.	For each fan outlet (with HP motor)		\$12.00	
31.	For each garbage disposal outlet		\$12.00	
32.	For each dishwasher outlet		\$12.00	
33.	For each deep freezer outlet		\$12.00	
34.	For each refrigerator outlet		\$12.00	
35.	For each air conditioning outlet (window or through wall units)		\$15.00 ⁻	***************************************
36.	For each ton for central units outlet		\$9.00	
	(Minimum \$13.00)			
	ITEMS	UNIT NUMBER	DDICE EACH	SUB TOTAL
	***FOR MOTOR		rider Each	SOD TOTAL
37.	Each up to 1 horsepower		\$12.00	
38.	From 2 horsepower to 10 horsepower		\$58.00 \$58.00	
39.	<u>-</u>		· ·	
	Each horsepower over 10 horsepower	<u> </u>	\$3.50 <u> </u>	
	MACHINE OUTLETS OR PERMAN	NENT CONNECTI	ONS	
40.	***MACHINE OUTLETS OR PERMAN For portable dentist x-ray	NENT CONNECTI	ONS*** \$30.00	
40. 41.		NENT CONNECTI		
	For portable dentist x-ray	NENT CONNECTI	\$30.00_	
41.	For portable dentist x-ray For stationary doctor x-ray	NENT CONNECTI	\$30.00 _ \$40.00 _	
41. 42.	For portable dentist x-ray For stationary doctor x-ray For diathermic		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _	**
41. 42.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _	**
41. 42. 43.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _	**
41. 42. 43.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to		\$30.00 \$40.00 \$30.00 \$58.00 HG EQUIPMENT*	**
41. 42. 43. 44. 45.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW		\$30.00 \$40.00 \$30.00 \$58.00 HG EQUIPMENT*	**
41. 42. 43. 44. 45. 46.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ HG EQUIPMENT*	**
41. 42. 43. 44. 45. 46. 47.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ HG EQUIPMENT*	**
41. 42. 43. 44. 45. 46. 47. 48.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ HG EQUIPMENT* \$7.50 _ \$15.00 _	**
41. 42. 43. 44. 45. 46. 47. 48.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over 11 KVA through 15 KVA or KW		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ HG EQUIPMENT* \$7.50 _ \$15.00 _	**
41. 42. 43. 44. 45. 46. 47. 48. 49.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over 11 KVA through 15 KVA or KW Each generator or transformer over		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ \$15.00 _ \$15.00 _ \$19.00 _	**
41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ****GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over 11 KVA through 15 KVA or KW Each generator or transformer over 20 KVA or KW through 20 KVA or KW		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ \$15.00 _ \$15.00 _ \$19.00 _	**
41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over 11 KVA through 15 KVA or KW Each generator or transformer over 20 KVA or KW through 20 KVA or KW Each generator or transformer over		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ \$58.00 _ \$7.50 _ \$15.00 _ \$19.00 _ \$26.00 _	**
41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over 11 KVA through 15 KVA or KW Each generator or transformer over 20 KVA or KW through 20 KVA or KW Each generator or transformer over 21 KVA or KW through 25 KVA or KW		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ \$58.00 _ \$7.50 _ \$15.00 _ \$19.00 _ \$26.00 _	**
41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54.	For portable dentist x-ray For stationary doctor x-ray For diathermic For isolation units ***GENERATORS AND TRANSFORMER, COMM Each generator or transformer up to 5 KVA or KW Each generator or transformer over 6 KVA or KW through 10 KVA or KW Each generator transformer over 11 KVA through 15 KVA or KW Each generator or transformer over 20 KVA or KW through 20 KVA or KW Each generator or transformer over 21 KVA or KW through 25 KVA or KW Each generator or transformer over		\$30.00 _ \$40.00 _ \$30.00 _ \$58.00 _ \$58.00 _ \$7.50 _ \$15.00 _ \$19.00 _ \$26.00 _ \$40.00 _	**

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\$ 9

	ITEMS	UNIT NUMBER	PRICE EACH	SUB TOTAL
	WELDING MACHIN	E OUTLETS		
58.	For up to 25 amps	1	\$9.00	
59.	For over 25 amps, each additional 25 amps or fractional part	2	\$9.00	
	SPECIAL PURPOSE OUTLET	S (COMMERCIAL)	
60.	For each popcorn outlet		\$11.00	
61.	For each doughnut outlet		\$11.00	
62.	For each drink machine outlet		\$11.00	
63.	For each coin machine outlet		\$11.00	
64.	For each toaster outlet		\$11.00	
65.	For each coffee urn outlet		\$11.00	
66.	For each deep fryer outlet		\$11.00	
67.	For each telephone booth outlet		\$11.00	
68.	For each painting bake oven		\$46.00 _	
	***SIGNS*	**		
69.	Per each square foot of face of sign		\$3.00	
70.	For new strips:		45.00_	
71.	For 100 lineal feet		\$58.00	
72.	Each additional 100 lineal feet or fractional part		\$34.00	
73.	For each sign repair or reconnection		\$58.00 	
				
	***FIXTURES	***		
74. 	For lights 1 through 10 sockets		\$10.50_	
75 .	For 1 through 10 florescent sockets		\$10.50	
76.	For each additional socket or tube		\$1.75 _	
77.	For each light pole (fixture additional)		\$7.00 _	
	COMBINATIO)NS		
78.	For light fixtures and outlets up through 10 (1 inspection)		\$28.00	
			_	
70	***STREAMERS OR FESTO	OON LIGHTS***		
79.	For the first 10 lights or less		\$8.00	
80.	For each additional 10 or less	· :	^{\$7.00} _	
	WIRE MOL	D		
81.	For the first 10 lights or less		\$28.00	
82.	For each additional 5 lineal feet		\$5.00	
			_	
00	***SWIMMING POOL L	IGHTING***		
83.	For residential pool of spa	/	\$90.00_	
84.	For combination pool or spa		\$100.00	
85. ec	For commercial or multi-family pool or spa		\$200.00	
86.	For commercial or multi-family combination pool or spa		\$275 . 00 	

ITEMS

UNIT NUMBER PRICE EACH

SUB TOTAL

TEMPORARY WORK ON CIRCUSES/CARNIVALS

87.	Per show	\$300.00)
	FIRE DETECTION SYS	STEM OR REPAIRS	
88.	For installation for central system	\$30.00)
89.	For each smoke detectors	\$3.00	
90.	For each head or target area, with product or wire with similar chara)
91.	For each speaker	\$3.00	<u> </u>
92.	For each strobe light	\$3.00	
93.	For each bell alarm station	\$3.00	
94.	For each proximity station	\$3.00	
95.	For semi-annual reinspection fee	\$30.00	
	***MASTER TELEVISION, INTERCOM, BURG	I AR AI ARM TEI EDHONE AND DAD	
96.	For antenna master control	\$40.00	
97.	For television and radio antenna devices	\$28.00	
98.	For all outlets	\$28.00	
99.	For suppressors	\$28.00	
100.	For splitters	\$28.00	
101.	For lighting arresters	\$28.00	
102.	For receivers	\$28.00	
103.	For input devices	\$28.00	
104.	For audio amplifiers	\$28.00	
105.	For ground connections	\$28.00	
106.	For cable telephone	\$28.00	
107.	For computer outlets	\$28.00	
108.	For other low voltage outlets	\$28.00	
109.	For 1 through 5 devices	\$28.00	
110.	For each additional device	\$1.50	
111.	For fire alarm and/or fire test pump per hour		
	Minimum	\$115.00	
	DADE COUNTY CODE	COMPLIANCE FEE	
114.	For every \$1,000.00 of job valuation	\$0.60	····
	MIAMI BEACH TE	RAINING FEE	
115.	For every \$1,000.00 of job valuation or fractional part thereof	\$1.00	
	SANITATIO)N FEE	
116.	For every \$100.00 of estimated cost or fractional part	\$0.30	
	Minimum of \$20 maximum of \$1,500.00		
	TOTAL ELECTRICAL PERMIT FEE		
RFV 1	10/03	f:/buil/\$all/conia/counter/forms/el/	etricalfoschoot vis

jects\Gainor\Sheets\Driveway permit\A1.0.DWG, 5/5/2008 1:47:54 P

CITY OF MIAMI BEACH **Building Department** 1700 Convention Ctr Drive, 2nd Floor Miami Beach, Florida 33139

Inspections: (305) 673-7370 Office: (305) 673-7610

Bldg Small Work Permit

05-09-2008

Activity Number: B0803178

Status:

APPROVED

5800 N BAY RD MBCH

Issued By:

BUILSANK

Site Address:

Applied:

05/08/2008

Parcel #:

32150030270

Approved:

05/09/2008

Completed:

To Expire:

11/05/2008

Valuation:

\$30,800.00

Applicant: BLACK, JOHN WILLIAM JR

Property Owner: MARK J GAINOR &W ELYSE S

P O BOX 522817

MARATHON, FL 33052

MARK J GAINOR TRUSTEE 7463 FISHER ISLAND DR 331090717

743-000-3537

CONDTION(s):

Description:

NEW DRIVEWAY WITH PAVERS

Inspector Area:

С Class Code: R3

DETAIL LIST				
Alteration/Repair Fees				
Alteration Bulding/Structures - Per Costs:	\$0.00	\$0.00		
Awning, Canopy, Patio Cover - Per Costs:	\$0.00	\$0.00		
Area Under Roof - RADON - Per Sq.Ft.:	0	\$0.00		
Walk-Thru - Per Valuation:	\$0.00	\$31.00		
Repairs to Building/Structure - Per Costs:	\$0.00	\$0.00		
Roofing or Re-roofing - Per Sq.Ft.:	0	\$0.00		
Window/Doors - Per # of:	0	\$0.00		
Signs 36-4 (Writer/Erect) - Per Sq.Ft.:	0	\$0.00		
Fence and/or Wall - Per Linear Feet:	0	\$0.00		
Partial Demo (Struct, Sign, Wall) - Per Costs:	\$0.00	\$0.00		
Swimming Pool - Per Gallon:	0	\$0.00		
Painting - Per Costs:	\$0.00	\$0.00		
Sandblasting - Per Costs:	\$0.00	\$0.00		
Paving - Per Sq.Ft.:	7000	\$184.00		
Concrete Slab - No Paving - Per Sq.Ft.:	0	\$0.00		
Trees - Per # of:	0			
Hedges - Per Linear Feet:	0			
Groundcover - Per Sq.Ft.:	0			
Landscaping Fee:		\$0.00		
Other Fees:		\$0.00		
Penalty Fee (If Applicable):		\$0.00		

Activity Number: B0803178

Fire Safety Fees		
New Building or Addition - Per Sq.Ft.:	0	\$0.00
Storage/Industrial Bldg - E & F Occup - Per Sq.Ft.:	0	\$0.00
Greenhouse/Argiculture on Premises - Per Sq.Ft.:	0	\$0.00
Screen Enclsoure/Trail on Premises - Per Sq.Ft.:	0	\$0.00
SS Underground Tanks/App Shelter - Per #:	0	\$0.00
Construction not shown Above - Per Costs:	\$0.00	\$0.00
Alt/Repair Building/Structure - Per Costs:	\$0.00	\$0.00
Marine Structure Fee		
Dock Area - Per Sq.Ft.:	0	\$0.00
Seawall - Per Linear Feet:	0	\$0.00
Boat Lifts, Davits, Hoist - Per # of:	0	\$0.00
Batter, Mooring, Dock Piles - Per # of:	0	\$0.00
Marine Structure Alt/Repair - Per Costs:	\$0.00	\$0.00
SERC Compliance Surphage		
SFBC Compliance Surcharge New Const/Add - Res/Mult-Fam/Comm - Per Sq.Ft.:	0	የ ስ ስስ
•	0 0	\$0.00
New Const/Add - Strg/Ind/Msc - Per Sq.Ft.: Cost for Other Construction:	U	\$0.00
Cost for Other Construction:		\$0.00
Training Fee		
Training Fee:		\$31.00
Sanitation Fee:		\$92.40
Additional Fees		
1st Reinspection:		\$0.00
Continued Reinspections - Per # of:	0	\$0.00
Building Joint Inspections - Per # of:	0	\$0.00
Change of Contractor Per # of:	0	\$0.00
Permit Extension - Per # of:	0	\$0.00
Residential Card:		
Commercial Card:		
Permit Card Replacements:		\$0.00
remit Card Nepiacements.		φυ.υυ
Lost Plan Fee - SF:		\$0.00
Lost Plan Fee - Other:		\$0.00
Overtime Inspection Fees:		\$0.00
Total of All Face.		4057.00
Total of All Fees:		\$357.00
Total of Payments:		\$357.00
Balance Due:		\$0.00

CITY OF MIAMI BEACH

Miami Beach, Florida 33139

RECEIPT OF PAYMENT

(This is not a permit it is a receipt only)

05-08-2008

Receipt: R010214915

Activity Number:

B0803178

Status:

APPLIED

Date Applied: 05/08/2008

Date Issued:

Entered By:

BUILSANK

Date Completed:

Date Expired:

Site Address:

5800 N BAY RD MBCH

Balance Due:

\$0.00

Parcel #: 32150030270

Description:

Valuation:

\$30,800.00

Applicant: BLACK, JOHN WILLIAM JR

Owner: MARK J GAINOR &W ELYSE S

MARK J GAINOR TRUSTEE

MARATHON, FL 33052

7463 FISHER ISLAND DR 331090717

743-000-3537

P O BOX 522817

NEW DRIVEWAY WITH PAVERS

Payments made for this receipt:

Туре Method Description Amount. Payment Credit C VISA 4635760009469507 357.00

Payment Made:

05/08/2008

11:11 AM Accepted By:

Total Payment:

357.00

Payee:

OUTDOOR SURFACES, INC/ MARIA JOHANNN

Current Payment Made to the Following Items:

Account Code	Description	Amount
011800032210	Building Permits	184.00
011800032263		31.00
	Sanitation Impact Fees	92.40
601700022921	SFBC Compliance Fee	18.60
601700022925	Training	31.00

Account Summary for Fees and Payments:

Item#	Description	Account Code	Tot Fee	Paid	Prev. Pmts	Cur. Pmts
						104 00
1.0	Building Permits	0118000322100	184.00	184.00	.00	184.00
270	Zoning	0118000322630	31.00	31.00	.00	31.00
420	SFBC Compliance Fee	6017000229217	18.60	18.60	.00	18.60
430	Training	6017000229253	31.00	31,00	.00	31.00
440	Sanitation Impact Fe	4358000363293	92.40	92.40	.00	92.40



BUILDING DEPARTMENT

1700 Convention Center Drive Miami Beach, FL 33139

Office: 305-673-7610 Fax: 305-673-7857

Open Violaton
on Property
8008 000560

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE IN EFFECT

DATE 5,6,8 PERMIT # If subsidiary or revision, provide the Master building permit number here B: IS THIS PERMIT ASSOCIATED WITH A VIOLATION? If so; BV# _____ For <u>DEMOLITION</u> provide the year the structure was built Historic District DYes No Type of Property Single Family Commercial Multi-Family/Condo TYPE OF IMPROVEMENT: Debuilding | Electrical | Plumbing | Mechanical □ REVISION Describe New Oriveways with Pavers Job Value \$ 30,800 Square Feet 1000 Linear Feet Pool Gallonage No. of units Job Address 5800 N Bao Rd Folio # 02 3215 003 0270 Unit # City Miami Beach State FL Zip Phone 786 79506 47 Owner/Owner Builder MARK GAINGE Drivers License No. Address 5800 N Bag Rd City Min Mi Beach State FL Zip Phone Fee Simple Titleholder's Name (if other than owner) Address City State Zip Phone Contractor JoHn W D License No. C6C 025 > 30 State P Zip 33033 Phone 305 538 68 94 Cell# 305785 3300 . Fax# 305 673 6649 DArchitect 30 Design inc Anthony Leon License No. Aprolo 752 Address State Zip Phone City □ Engineer License No. Address

Bonding company Name			
Address			
City	State	Zip	Phone
Mortgage Lender's Name	100 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>.</u>
Address			
			Phone
	nstruction regulation	ons in this jurisdictic	tions as indicated. I certify that all work will be performed on. I understand that SEPARATE PERMITS are required by s., Sliding Glass Doors and Roofing.
OWNER'S AFFIDAVIT: I certify the applicable laws regulating construction		information is accu	rrate and that all work will be done in compliance with al
	and there may be		nal restrictions applicable to this property that may be found required from other governmental entities such as water
* If the contractor is going to be Signature of Owner of Agent		enant, check her	signature of Qualifier
Printed Name of Owner of Agent	Printed Na	me of Tenant	Printed Name of Qualifier
Date 5/5/2008	Date		Date 11 110 137
Signature of Notary Public	Signature of	Notary Public	Signature of Notary Public
Identification Cothor Cothor	Identification		Identification
Signature of Notary Public Identification Sworn to an Psychological Despite The Condition Sworn to an Psychological Despite The Chis Commission Commis	Sworn to and sub day of (Seal)	oscribed before me the described before me the describ	SWOND TARM HUNDS CITATE OF FLORIDA SWOND TARM HUNDS CITATE OF FLORIDA SWOND TARM HUNDS CITATE OF FLORIDA Commission HUNDS To the state of the sta
WARNING TO OWNER: YOU PAYING TWICE FOR IMPROVEM	R FAILURE TO ENTS TO YOUR RNEY BEFORE	R PROPERTY. IF RECORDING YO	CE OF COMMENCEMENT MAY RESULT IN YOUR YOU INTEND TO OBTAIN FINANCING, CONSULT UR NOTICE OF COMMENCEMENT. NOTICE OF MI, FL
STATE OF FLORIDA			COUNTY OF DADE
Print Owner's Name Sworn to and subscribed before me this		laç	Owner's Standarde 20 (2), by:
() Personally Known () Produced		,	<u> </u>
Signature of N otary Public	(Seal	MOTART PO	IBLIC-STATE OF FLORIDA Sinclair P. Cerber ommission #DD454599 xpires: JULY 25, 2009 u atlantic bonding co., inc.
Application Approved Ry:		BUILDIAN THE	· · · · · · · · · · · · · · · · · · ·

Permit Clerk

CITY OF MIAMI BEACH

Building Department

1700 Convention Ctr Drive, 2nd Floor Miami Beach, Florida 33139

Inspections: (305) 673-7370

Office: (305) 673-7610

Bldg Small Work Permit

11-25-2008

\$0.00

Activity Number: B0900838

Status:

APPROVED

Issued By:

BUILARAG

Site Address:

5800 N BAY RD MBCH

Applied:

11/25/2008

Parcel #:

Approved:

11/25/2008

32150030270

Completed:

Valuation:

\$35,000.00

To Expire:

05/24/2009

Applicant:

FRAME-PRO CONSTRUCTION CORP 17031 SW 150 CT

Property Owner: MARK J GAINOR &W ELYSE S

MARK J GAINOR TRUSTEE

MIAMI FL 33187

7463 FISHER ISLAND DR 331090717

786-346-0932

Description:

TO RENEW B0801373- NEW 7' GARDEN WALL 100 LFT.

Inspector Area: C

Class Code: R3

DETAIL LIST

Alteration/Repair Fees		
Alteration Bulding/Structures - Per Costs:	\$0.00	\$0.00
Awning, Canopy, Patio Cover - Per Costs:	\$0.00	\$0.00
Area Under Roof - RADON - Per Sq.Ft.:	0	\$0.00
Walk-Thru - Per Valuation:	\$0.00	\$35.00
Repairs to Building/Structure - Per Costs:	\$0.00	\$0.00
Roofing or Re-roofing - Per Sq.Ft.:	0	\$0.00
Window/Doors - Per # of:	. 0	\$0.00
Signs 36-4 (Writer/Erect) - Per Sq.Ft.:	0	\$0.00
Fence and/or Wall - Per Linear Feet:	100	\$65.00
Partial Demo (Struct, Sign, Wall) - Per Costs:	5\$0.00	\$0.00
Swimming Pool - Per Gallon:	(2)0	\$0.00
Painting - Per Costs:	\$0.00	\$0.00
Sandblasting - Per Costs:	\$9.00 \$ [\$0.00
Paving - Per Sq.Ft.:	A. (12 10)	\$0.00
Concrete Slab - No Paving - Per Sq.Ft.:	50/1/20 \$5. 55	\$0.00
The Part Hos	OIL DING MINON INC. DAY OF THE STATE OF THE))
Trees - Per # of:		/
Hedges - Per Linear Feet:		
Groundcover - Per Sq.Ft.:	Ment	Φ0.00
Landscaping Fee:	~yy,	\$0.00
Other Fees:		\$0.00

Penalty Fee (If Applicable):

Value - 35,0000



PN0900138

10900838

Building Department 1700 Convention Center Dr., 2nd Fl Miami Beach, FI 33139 (305) 673-7857 Fax (305) 673-7610 Office

REQUEST FOR RENEWAL OF BUILDING PERMIT
Date Requested 11-25-08
Permit Number 6080 373 Jobsite Address 5 800 N Bay Rd
Permit Holder (Contractor/Owner Builder) Frame pro Construction
Telephone Number 786 346 0932
Contractors License Number CGC 1507/39 Qualifiers Name Dans Co Ramine
A comment of the comm
(Signature of Qualifier, Owner-Builder)
Sworn to and subscribed before me this 24th day of 100 by:
Danilo Ramirez
Printed Name of Signer
[] Personally known to me; [\nearrow] Produced Identification
Type of Identification: POLHR562.160.70.310.7
[] Did take oath Misca Clean
Signature of Notary Public Notary Public State of Florida Nisca Gesar Nisca Gesar Nisca Gesar SE My Commission DD520044 Expires 02/19/2010
FOR OFFICE USE ONLY
Approved By: Permit Expiration Date:
Permit Issued Date: Project/Master Permit Number:
Last Inspection Date:
Pate Issued: Fee Paid \$

Assil Marinez. To the same of the same Cost Cost

B0901380	UPL	.IFT	TES	T

CMB BUILDING DEPT



16701 Southwest 117th Avenue • Miami, Florida 33177 Phone: (305) 378-1991 • Fax: (305) 378-1997

ON-SITE CONCENTRATED UPLIFT LOAD TESTING OF ROOF TILE IN

FULL ACCORDANCE WITH MIAMI-DADE BUILDING CODE COMPLIANCE PROTOCOL TAS 106

SITE SPECIFIC INFORMATIO	N
LOR TWELYSES.	Permit # 309 0 1 3 80
. BAY RD., MIAMI	BEACH
5 ROOFING	
CRETE- FORM SET.	Date Installed 1-15-09
et Supe	= 5 112
ScaffoldsLadder	Other
600 A2 GAZEGO ON	(4)
Testing Equipment: F.G.E. 10	0X, Shimpo Instrument
	·.
TEST RESULTS	
	LOR FWELYSES. BAY RD, MIAMI ROOFING CRETE- FRAM SET Set Scaffolds Ladder

TEST RESULTS P = PASS, F = FAIL

Test Location	Uplift Pull Test (P or F)	Test Location	Uplift Pull Test (P or F)	Test Location	Uplift Pull Test (P or F)	Test Location	Uplift Pull Test (P or F)
1	DASSED	26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
. 5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		. 64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		.44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	

IN ACCORDANCE WITH THE CRITERIA OF PROTOCOL TAS 106, THIS ROOF ASSEMBLY HAS PASSED THE STATIC UPLIFT QUALITY CONTROL TEST.

VMBV- /1-2	1-0
Vinayagar M. Balakrishnan V. P. E. Lic# 6310	7
Miami-Dade Lab Certification # 07-0612.11	

CITY OF MIAMI BEACH

Building Department

1700 Convention Ctr Drive, 2nd Floor Miami Beach, Florida 33139

Inspections: (305) 673-7370

Office: (305) 673-7610

Bldg Small Work Permit

01-15-2009

Activity Number: B0901380

Status:

APPROVED

Issued By:

BUILCESJ

Site Address:

5800 N BAY RD MBCH

Applied:

01/14/2009

Parcel #:

32150030270

Approved:

01/15/2009

Completed:

To Expire:

07/14/2009

Valuation:

\$8,000.00

Applicant:

ISAACS ROOFING & INSULATION CORP Property Owner: MARK J GAINOR &W ELYSE S

MARK J GAINOR TRUSTEE

7345 SW 152ND ST MIAMI, FL 33157

(305) 234-5234

7463 FISHER ISLAND DR 331090717

Description:

REROOF BARREL TO BARREL.

Inspector Area: C

Class Code: R3

	DETAIL LIST	<u>~</u>
A14	DETAIL LIST \$0.00 TO NICHT PROPERTY OF THE PR	\$ 7
Alteration/Repair Fees	(D) (D) (D) (D) (D)	20.00
Alteration Bulding/Structures - Per Costs:	1, 20.00 M. S.	\$0.00
Awning, Canopy, Patio Cover - Per Costs:	20 86 KOL	\$0.00
Area Under Roof - RADON - Per Sq.Ft.:	10 10	\$0.00
Walk-Thru - Per Valuation:	\$0.00 < .	\$15.00
Repairs to Building/Structure - Per Costs:	\$0.00	\$0.00
Roofing or Re-roofing - Per Sq.Ft.:	1050	\$75.00
Window/Doors - Per # of:	0,4,	\$0.00
Signs 36-4 (Writer/Erect) - Per Sq.Ft.:	♦0	\$0.00
Fence and/or Wall - Per Linear Feet:	0	\$0.00
Partial Demo (Struct, Sign, Wall) - Per Costs:	\$0.00	\$0.00
Swimming Pool - Per Gallon:	0	\$0.00
Painting - Per Costs:	\$0.00	\$0.00
Sandblasting - Per Costs:	\$0.00	\$0.00
Paving - Per Sq.Ft.:	0	\$0.00
Concrete Slab - No Paving - Per Sq.Ft.:	0	\$0.00
Trees - Per # of:	0	
Hedges - Per Linear Feet:	0	
Groundcover - Per Sq.Ft.:	0	
Landscaping Fee:		\$0.00
Other Fees:		\$0.00
Penalty Fee (If Applicable):		\$0.00

Activity Number: B0901380

70' (1.6.4.75.		
Fire Safety Fees	^	# 0.00
New Building or Addition - Per Sq.Ft.:	0	\$0.00
Storage/Industrial Bldg - E & F Occup - Per Sq.Ft.:	0	\$0.00
Greenhouse/Argiculture on Premises - Per Sq.Ft.:	0	\$0.00
Screen Enclsoure/Trail on Premises - Per Sq.Ft.:	0	\$0.00
SS Underground Tanks/App Shelter - Per #:	0	\$0.00
Construction not shown Above - Per Costs:	\$0.00	\$0.00
Alt/Repair Building/Structure - Per Costs:	\$0.00	\$0.00
Marine Structure Fee		
Dock Area - Per Sq.Ft.:	0	\$0.00
Seawall - Per Linear Feet:	. 0	\$0.00
Boat Lifts, Davits, Hoist - Per # of:	0	\$0.00
Batter, Mooring, Dock Piles - Per # of:	0	\$0.00
Marine Structure Alt/Repair - Per Costs:	\$0.00	\$0.00
ividinio Structuro Interceptal Ter Costs.	ψ0.00	ψ0.00
SFBC Compliance Surcharge		
New Const/Add - Res/Mult-Fam/Comm - Per Sq.Ft.:	0	\$0.00
New Const/Add - Strg/Ind/Msc - Per Sq.Ft.:	0	\$0.00
Cost for Other Construction:		\$0.00
Training Fee		
Training Fee:		\$8.00
Sanitation Fee:		\$24.00
Additional Fees		
1st Reinspection:	_	\$0.00
Continued Reinspections - Per # of:	0	\$0.00
Building Joint Inspections - Per # of:	0	\$0.00
Change of Contractor Per # of:	0	\$0.00
Permit Extension - Per # of:	0	\$0.00
Residential Card:		
Commercial Card:		
		ባለ ሰዎ
Permit Card Replacements:		\$0.00
Lost Plan Fee - SF:		\$0.00
Lost Plan Fee - Other:		\$0.00
Overtime Inspection Fees:		\$0.00
Total of All Fees:		\$126.80
Total of Payments:		\$126.80
Balance Due:		\$0.00

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- Contractor has I oceaned permit

BUILDING DEPARTMENT 1700 Convention Center Drive Miami Beach, FL 33139 Office: 305-673-7610 Fax: 305-673-7857

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE IN EFFECT

	<u>FLORIDA</u>	BUILDING	G CODE IN EFFEC	<u>TI</u>
Date				Permit # 60901380
If subsidiary or re	evision: provide the Ma	aster buildi	ng permit number l	nere B:
IS THIS PERMIT	ASSOCIATED WITH A	VIOLATION	!? If so; BV#	
Is this a City Owne	ed Property? □ Yes	□ No	HISTOR	RIC DISTRICT Yes No
For DEMOLITON	provide the year the stru	ucture was b	ouilt:	
Type of Property:	: ☐ Single Family ☐	l Commercia	al 🗆 Multi-Family/C	ondo □ *Condo Conversion
TYPE OF IMPROV	/EMENT: □ Building	□ Electric	cal 🗖 Plumbing	☐ Mechanical
☐ New Constru	ction 🛮 Alteration/	Remodel/F	Renovatioņ □ Co	onstruction Revision .
Description of We	ork: <u>Remo</u>	if E	Bornel to	Done
				<u></u>
			-	
	<u>ටී 0ට . 0ට</u> Squ		•	
	Pool Gallor			
Job Address	5800 N.	Bay 1	Kdi Wife	mi Boach 3313
Folio#	MARK Com		ATT ST. ST. ST.	
	D Mag. U Sc			
	State			1
Fee Simple Title I	lolder's Name (if other	r than owne	er)	
Address				
City	-		Phone _	
Contractor	ESAACS ROSFING		License No.	CCC1325556
	BOOD GOOD	9245	SW 15787	· · · · · · · · · · · · · · · · · · ·
City Miami	State FI	Zip 331	Phone _	
Cell #	E-ma	ill		=ax #
☐ Architect				
Address				·
City				
□ Engineer			License No.	
Address		·····		
City				

Bonding Company N				<u>.</u>		
Address						, `
City			Phon	e	, 412	· · · · · · · · · · · · · · · · · · ·
lortgage Lender's N	ame	<u></u>				
ddress			<u> </u>			
ity	State	Zip	Phon	e		
his application is herebill be performed to me EPARATE PERMITS Vindows, Sliding Glas	by made to obtaing et the standards are required fo	n a permit to do the of of all laws and cons or <i>Electrical, Mecl</i>	work and installat	ions as indi	cated Licertify	that all wo
CONDO CONVERS ccupancy. If this escription and on	application i	mplies a condo	conversion.	it shall be	e clearly sta	ated in th
WNER'S AFFIDAVIT: ompliance with all appli	I certify that al cable laws regula	l the foregoing info ting construction and	rmation is accur d Zoning.	ate and tha	it all work wil	l be done
OTICE: In addition to the last may be found in the last may be found in the last may be found in the last may be sufficient to	the requirements he public records ch as water man	of this permit, there s of this county, an agement districts, sta	may be additionad there may be ate agencies or fe	al restriction: additional p deral agenc	s applicable to ermits require les.	this prope d from oth
nder penalties of perju formation found to be t						
the contractor is goir	,	the tenant, check	here. 🗅			
Signature of Owner or	•	Signature of Te	enant	Sign	ature of Qualifie	r
Printed Name of Owner	or Agent	Printed Name of	Tenant	Alai. Printe	d Name of Qual	
$\frac{1}{2}$	<u>/0.9</u> [Date	·	Date ₂	12.09	<u> </u>
English Park	<u> </u>			E		
Signature or Notary P	EVELYN RODRIGUEZ	ignature of Notai	y Public	Sign	aure of Notary I	Control of the last of the las
Signature of Signa	IY COMMISSION # DD 6485 EXPIRES: April 7, 2011	57 dentitication		Identificati	MY CO	/ELYN RODRIGUE MMISSION # DD 6
vorn to and subscribes	onded Thru Noiary Public Underwi	ters to and subscribe	d before me this	Sworn to a	nd sübscrißed b	PIRES: April 7, 20 BLOGGYPORCHILL
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f you are applying f	or this permit a	as Owner/Builder,	please sign be	elow only*	<u></u>	
ARNING TO OWN OR IMPROVEMENTS TO YOUR EFORE RECORDING YOUR AMI, FL	OUR PROPERTY. II	YOU INTEND TO OBT	AIN FINANCING, CO	NSULT WITH	YOUR LENDER (FILED AT: 22 N	OR ATTORNI
TATE OF FLORIDA				·\$,	COUNTY OF I	DADE
int Owner's Name			Own er's	Sig nature		
worn to and subscribed	before me this _	day of	20, by: _			
) Personally Known	() Produced Ide	ntification - Type of l	dentification			
gnature of Notary Publ	ic	(Sea)			
onlication Approved By				/Do	rmit Clerk)	.•

Florida Building Code Edition 2004 High-Velocity Hurricane Zone Uniform Permit Application Form.

Section A (General Information)

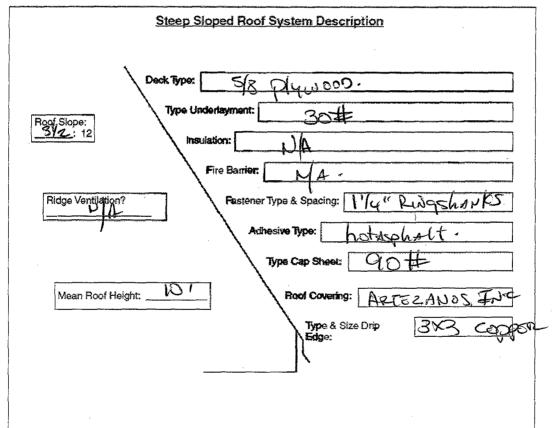
Master Permit No	Process No.	
Contractor's NameSAACS	Kesting	
Job Address 5800	N. Buy KD.	
	BOOF CATEGORY	
□ Low Slope □ Me	chanically Fastened Tile Mortar/Adhesive Set Tile	
☐ Asphaltic ☐ Mel	ai Panel/Shingles	,
Shingles		
⊔ Pro	escriptive BUR-RAS 150	
☐ New Root Reporting	ROOF TYPE	
☐ New Roof ☐ Reroofing	☐ Recovering ☐ Repair ☐ Maintenance	•
	ROOF SYSTEM INFORMATION	
ow Slope Roof Area (SF) Steep	Sloped Roof Area (SF) 574 Total (SF) 57	6
C		•
Roof Plan: Illustrate all levels and sections	ion B (Roof Plan) roof drains, scuppers, overflow scuppers and overflow drains.	
dimensions of sections and levels, clearly in	con trains, scuppers, overflow scuppers and overflow drains, sentify dimensions of elevated pressure zones and location of	1 2 2
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	STRUCTURAL: ELEVATOR:	

Florida Building Code Edition 2004

High-Velocity Hurricane Zone Uniform Permit Application Form.

Section D (Steep Sloped Roof System)

Roof System Manufacturer: ARTE ZANOS, INC.
Notice of Acceptance Number: 08,000,00
Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations): 45 p2: 45 p3: 45
Maximum Design Pressure (From the Product Approval Specific System): [GO, S4]



High Velocity Hurricane Zone Uniform Roofing Permit Application Form MIAMI-DADE COUNTY BUILDING DEPARTMENT ELECTRONIC APPLICATION

Section E (Tile Calculations)

For Moment based tile systems, chose either Method 1 or 2. Compare the values for Mr with the values from Mf. If the Mf values are greater than or equal to the Mr values, for each aea of the roof, then the tile attachment method is acceptable.

Method 1 "Moment Based Tile Calculations Per RAS 127"

P 1:	45	xλ	.722	- Mg:	4.89	= Mr1:	5.00	NOA	Mf: 190.84
									Mf: 190.89
P 3:	951	xλ	.22	- Mg:	4-39	= Mr1:	16-032	NOA	Mf: 190.89

Method 2 "Simplified Tile Calculation Per Table Below"

Required Moment of Resistance (Mr) From the Table Below: NOA Mf: Mr Required Moment Resistance*

Mean Roof Height in Feet	15'	20'	25'	30'	40'
RoofSlope	†	ţ	†	ţ	ţ
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

*This Table must be used in conjunction with a list of moment based tile systems endorsed by the Broward county Board of Rules and Appeals.

Page 5

Chapter 15, Section 1524 - HIGH-VELOCITY HURRICANE ZONES-REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

[Send to printer | Save to computer]

SECTION 1524 HIGH-VELOCITY HURRICANE ZONES—REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

Chapter 15, Section 1524, (1) 1524.1 Scope.

As it pertains to this section, it is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this section. The provisions of Chapter 15 of the Florida Building Code, Building govern the minimum requirements and standards of the industry for roofing system installations. Additionally, the following items should be addressed as part of the agreement between the owner and the contractor. The owner's initial in the designated space indicates that the item has been explained.

Chapter 15, Section 1524, (1)(ab1)

1. Aesthetics-workmanship: The workmanship provisions of Chapter 15 (High-Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) are not a consideration with respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

Chapter 15, Section 1524, (1)(ac2)

2. Renailing wood decks: When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High-Velocity Hyrricane Zones) of the. (The roof deck is usually concealed prior to removing the existing roof system.)

Chapter 15, Section 1524, (1)(ad3)

Common roofs: Common roofs are those which have no visible delineation between neighboring units (i.e., townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

Chapter 15, Section 1524, (1)(ae4)

4. Exposed ceilings: Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance; therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The owner provides the option of maintaining this appearance.

Chapter 15, Section 1524, (1)(af5)

5. Ponding water: The current roof system and/or deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

Chapter 15, Section 1524, (1)(ag6)

6. Overflow scuppers (wall outlets): It is required that rainwater flow off so that the roof is not overloaded from a buildup of water. Perimeter/edge walls or other roof extensions may block this discharge if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the requirements of: Chapter 15 and 16 herein and the *Florida Building Code, Plumbing*.

Chapter 15, Section 1524, (1)(ah7)

7. Ventilation: Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced. It may be beneficial to consider additional venting which can result in extending the <u>service</u> life of the roof.

Owner's/Agent's Signature Date Contractor's Signature

License terms · Privacy policy

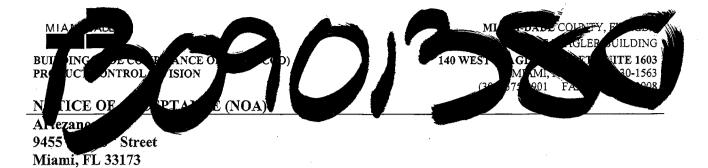
Click here for copyright © information.

WATSON MANAGEMENT SERVICES LLC 8859 Carlyle Ave Surfside FL 33154

Due to the unique characteristics of the barrel tile on the cabana at 5800 N Bay Rd we will try to save or salvage the tiles during the cabana project.

Thank you,

James Watson



Scope:

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

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Broduct Control Division that this product or material fails to meet the requirements of the applicable building code 5

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane

Zone of the Florida Building Code.

DESCRIPTION: Artezanos World Class

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

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

TERMINATION of this NOA will occur after the expiration date of it there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NO & as a pendorsement of any product, for sales, advertising or any other purposes shall automatically erminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and remogal of NOA

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

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

This revises NOA # 06-0105.04 and consists of pages 1 through 11. The submitted documentation was reviewed by Alex Tigera.



NOA No 08-0617.01 Expiration Date: 05/14/09 Approval Date: 10/09/08

Page 1 of 11

ROOFING ASSEMBLY APPROVAL

Category:

Roofing

Sub Category:

Roofing Tiles

Material:

Clay

1. SCOPE

This approves a roofing system using "World Class Two Piece Handmade Tapered Mission Barrel Roofing Tile" Clay Roof Tile, as manufactured by Artezanos, Inc. described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, as determined by applicable Building Code, does not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

Manufactured by Applicant	Dimensions	Test Specifications	Product <u>Description</u>
2 Piece Handmade Tapered Mission Barrel Tile	I = 18" w = 8" ½" thick	ASTM C 1167	High profile, two piece, barrel, clay roof tile. For direct deck adhesive or mortar set applications.
Italian Pan Tile	I = 19.4" w = 10" ½" thick	ASTM C 1167	Flat pan clay tile to be used in conjuction with Handmade Tapered Mission Barrel Tile as the cap. For direct deck adhesive or mortar set applications.
Steel Pan	1 = 21"- 84" w = 7.5" .0179" thick (26 ga.)	TAS 110	Kynar or Hylar coated steel pan tile to be used in conjuction with Handmade Tapered Mission Barrel Tile as the cap. For direct deck adhesive set applications.
Aluminum Pan	1 = 21"-84" w = 7.5" .025" thick (22 ga.)	TAS 110	Aluminum pan tile (with optional coating of Kynar or Hylar) to be used in conjuction with Handmade Tapered Mission Barrel Tile as the cap. For direct deck adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	ASTM C 1167	Accessory trim, clay roof pieces for use at hips, rakes, ridges and valley terminations.



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2.1. EVIDENCE SUBMITTED

<u>Test Agency</u> Testwell Craig Laboratories & Consultants, Inc.	<u>Test Identifier</u> Lab #ABM-4	Test Name/Report Static Uplift Testing PA 101 (Mortar Set)	<u>Date</u> Jan 1995
	Lab #ABM-20	Static Uplift Testing PA 101 (Adhesive Set)	Nov 1995 _.
	Lab #ABM-1	Physical Properties ASTM C 1167	2003
IBA Consultants Inc.	2352-39	Physical Properties ASTM C 1167	Nov. 2005
	2352-47	Physical Properties ASTM C 1167	June 2006
	2352-38	Static Uplift Testing TAS 101 (Adhesive Set)	Dec. 2005
	2352-64	Static Uplift Testing TAS 101 (Mortar Set)	May 2008 (2000)
	2352-53	Static Uplift Testing TAS 101 (Adhesive Set with Steel Pan)	April 2008
	2352-59	Static Uplift Testing TAS 101 (Adhesive Set with Aluminum Pan)	April 2008
Walker Engineering		Thermal Expansion of Steel, Concrete and Clay Components	. 38h 7
Southwest Research Institute	01.13537.01.310	ASTM E-108	April 2008

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test in accordance with RAS 106 may required, refer to applicable building code.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayments shall be in compliance with the applicable Roofing Applications Standards listed section 4.1, 4.3, 4.5 and 4.7 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.
- 3.7 When using Steel or Aluminum Pan tile, panels must be clean to ensure proper adhesion.



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4. INSTALLATION

System A1 - Handmade Barrel Tile (Two-Piece Cap and Pan)

- 4.1. "World Class Two Piece Handmade Tapered Mission Roofing Tile" and its components shall be installed in strict compliance with Roofing Application Standard RAS 120.
- 4.2. Data for Attachment Calculations

Table 1: Average Weight (W) and Dimensions (I x w)						
Tile Profile	Weight-W (lbf)	Length - I (feet)	Width - w (feet)			
Two Piece Handmade Tapered Mission Tile	5.8	1.42	0.58			

Table 2: Aerodynam	iic Multipliers - λ (ft³)	
Tile Profile	λ (ft³) Direct Deck Application	
Two Piece Handmade Tapered Mission Tile	0.22	0 0

Ta	ble 3: Resto	ring Moment	s due to Gra	vity - Ma (ft-li	bf)	7
Tile Profile	2":12"	3":12"	4":12"	5":12"	6":12"	7":12"
Two Piece Handmade Tapered Mission Tile	3.9	3.8	3.7	3.6	3.5	3.4

Table 4: Attachment for N	Resistance Expressed as a Mortar or Adhesive Set System	Moment - M _f (ft-Ibf) ns	0000 3303 3 90
Tile Profile	Tile Application	Attachment Resistance	- 0 0 - 9 - 5
Two Piece Handmade Tapered Mission Tile	Adhesive Set	111.41	
1. Place 42 grams per pan and 21	grams per cap (on each side) of Pe	olyPro™.	

Table 5: Attachment	Resistance Expressed as a N for Mortar Set Systems	Moment - M _f (ft-lbf)
Tile Profile	Tile Application	Attachment Resistance
Two Piece Handmade Tapered Mission Tile	Mortar Set	57.4 ²
Quickcrete Mortar		



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System A2 – Handmade Barrel Tile with Italian Pan Tile

- 4.3. "World Class Two Piece Handmade Tapered Mission Roofing Tile" and its components shall be installed in strict compliance with Roofing Application Standard RAS 120.
- 4.4. Data for Attachment Calculations

Table 1: Average Weight (W) and Dimensions (I x w)						
Tile Profile	Weight-W (lbf)	Length - I (feet)	Width - w (feet)			
Handmade Tapered Mission Tile with Italian Pan Tile	5.2	1.5	0.667			

Table 2: Aerodynam	ic Multipliers - λ (ft³)
Tile Profile	λ (ft³) Direct Deck Application
Handmade Tapered Mission Tile with Italian Pan Tile	0.22

Table 3: Restoring Moments due to Gravity - Mg (ft-lbf)					9000K	
Tile Profile	2":12"	3":12"	4":12"	5":12"	6":12"	7":12"
Handmade Tapered Mission Tile with Italian Pan Tile	4.85	4.77	4.66	4.51	4.30	4.05

	Resistance Expressed as a li ortar or Adhesive Set Systen	20
Tile Profile	Tile Application	Attachment Resistance
Handmade Tapered Mission Tile with Italian Pan Tile	Adhesive Set	63.4 ³
3. Place 19.3 grams per pan and 10	grams per cap (on each side) of	PolyPro™.

	Resistance Expressed as a Nation for Mortar Set Systems	floment - M _f (ft-lbf)
Tile Profile	Tile Application	Attachment Resistance
Handmade Tapered Mission Tile with Italian Pan Tile	Mortar Set	77.64 ⁴
Quickcrete Mortar		



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System A3 – Handmade Barrel Tile with Steel Pan Tile

- 4.5. "World Class Two Piece Handmade Tapered Mission Roofing Tile" and its components shall be installed in strict compliance with Roofing Application Standard RAS 120. (See Detail B)
- 4.6. Data for Attachment Calculations

Table 1: Average Weight (W) and Dimensions (I x w)						
Tile Profile	Weight-W (lbf)	Length - I (feet)	Width - w (feet)			
Handmade Tapered Mission Tile/Steel Pan	5.2	1.5	0.667			

Table 2: Aerodynam	ic Multipliers - λ (ft ³)	
Tile Profile	λ (ft³) Direct Deck Application	
Handmade Tapered Mission Tile/Steel Pan	0.22	· y · N · . · N

Table 3: Restoring Moments due to Gravity - Mg (ft-lbf)					 jar a	
Tile Profile	2":12"	3":12"	4":12"	5":12"	6":12"	7":12"
Handmade Tapered Mission Tile/Steel Pan	5.13	5.05	4.93	4.77	4.56	4.29

Table 4: Attachmer for	nt Resistance Expressed as a M	Moment - M _f (ft-lbf)	30000
	Mortar or Adhesive Set Systen	ns	100000
Tile	Tile	Attachment	· ,
Profile	Application	Resistance	
Handmade Tapered Mission Tile/Steel Pan	Adhesive Set	39.575	
	an and 5 grams on each side of cap	of PolyPro™.	



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System A4 - Handmade Barrel Tile with Aluminum Pan Tile

- 4.7. "World Class Two Piece Handmade Tapered Mission Roofing Tile" and its components shall be installed in strict compliance with Roofing Application Standard RAS 120. (See Detail C)
- 4.8. Data for Attachment Calculations

Table 1: Average Weight (W) and Dimensions (I x w)					
Tile Profile	Weight-W (lbf)	Length - I (feet)	Width - w (feet)		
Handmade Tapered Mission	5.2	1.5	0.667		
Tile/Aluminum Pan					

Table 2: Aerodynam	iic Multipliers - λ (ft³)	
Tile Profile	λ (ft³) Direct Deck Application	
Handmade Tapered Mission Tile/Aluminum Pan	0.22	N . N

Tal	ble 3: Restor	ing Moment	s due to Gra	vitv - Ma (ft-I	bf)	
Tile Profile	2":12"	3":12"	4":12"	5":12"	6":12"	7":12"
Handmade Tapered Mission Tile/Aluminum Pan	5.08	5.01	4.89	4.74	4.54	4.28

Table 4: Attachment Resistance Expressed as a Moment - M _f (ft-lbf) for Mortar or Adhesive Set Systems					
Tile Profile	Tile Application	Attachment Resistance			
Handmade Tapered Mission Tile/Aluminum Pan	Adhesive Set 190.8				
6. Place 31.9 grams per step of p	pan and 17.5 grams for each side of	the cap of PolyPro™.			



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5. LABELING

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo (See Detail Below), or following statement: "Miami-Dade County Product Control Approved".



ARTEZANOS WORLD CLASS TILE LABEL (LOCATED ON EITHER TOPSIDE OR UNDERSIDE OF TILE)

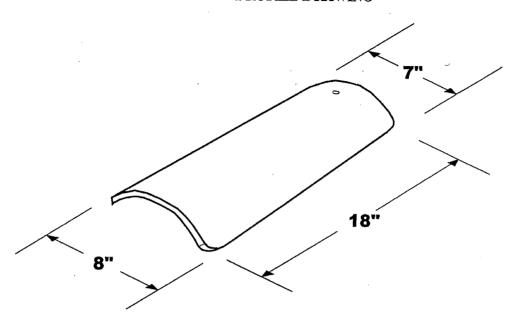
6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - **6.1.1** This Notice of Acceptance.
 - 6.1.2 Any other documents as required by the Building Official in order to properly evaluate the installation of this system.

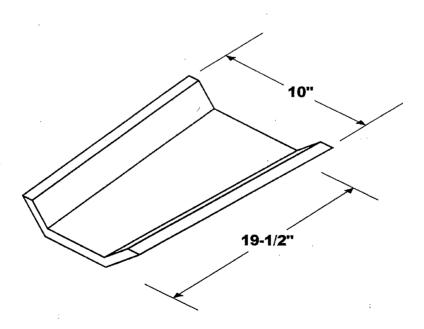


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PROFILE DRAWING



ARTEZANOS, INC. " 2 PIECE HANDMADE TAPERED MISSION BARREL TILE DETAIL A



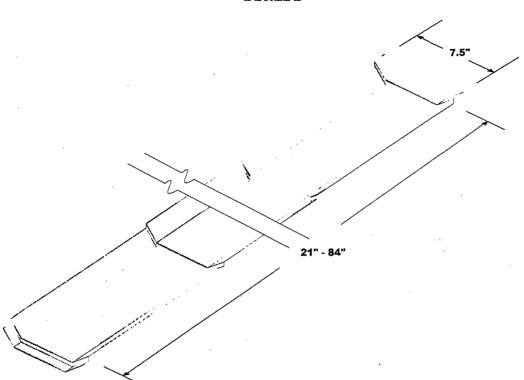
ARTEZANOS, INC. ITALIAN PAN TILE



NOA No 08-0617.01 Expiration Date: 05/14/09 Approval Date: 10/09/08

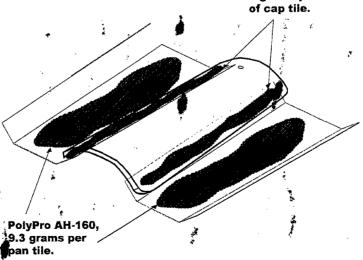
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DETAIL B



ARTEZANOS, INC. STEEL PAN TILE

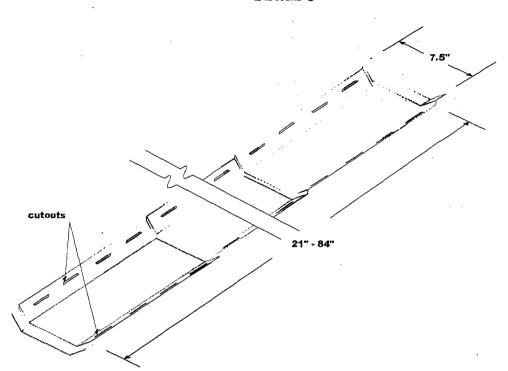
PolyPro AH-160, 5 grams per each side of cap tile.



MIAMIDADE COUNTY

NOA No 08-0617.01 Expiration Date: 05/14/09 Approval Date: 10/09/08 Page 10of 11

DETAIL C



ARTEZANOS, INC. ALUMINUM PAN TILE

PolyPro AH-160, 17 grams per each able of on tile.

PolyPro-kil-1.0, 31 lams per par file.

END THIS ACCEPTANCE

MIAMI VDECOU

NOA N 08-06 ...01 binding D te: 0/14/09 09/08 PLANC MORKS

Prime 305-8-3 (198)

Prime 305-8-3 (198)

Prime 305-8-3 (198)

THIS PLAN REVIEW CONSTITUTES APPROVAL FOR OBTAINING BUILDING PERMITS ONLY.

All construction and/or use of aquipment in the right-of-way and/or easements, requires a separate Public Works Department permit prior to start of construction.

Remit Requirements: Proof of existing sidewalk/swale area conditions (1909) reals) and/or posting of sidewalk/roadway bonds (1904) for the factor of the received prior to final sign of on 300 CC. (C.O., or the receive of bonds.)

Approved to loved By:

48 HOURS PRIOR TO EXCAVATING CONTRACTOR SHALL CALL FOR LOCATION OF UNDERGROUND UTILITIES SUBSEINE CHE-CALL T-800-332-4730 CITY OF MIAME BEACH 505-673-7080

STRU JAA 01/15/09

ENG: FUBLIC WORKS ENG-01-15-2009

APPROVED-ENL
ZONE: [1115109

BOHOBSO BOHOBOHAD CARICE CORY

MIAMIBEACH

B1505266 APP

Building Department 1700 Convention Ctr Drive, 2nd Floor Miami Beach, Florida 33139

Tel: (305) 673-7610 Fax: (305) 673-7857

WORK PERMIT

08-06-2015

Activity Number: B1505266

Status: **BUILJOHJ**

APPROVED

Site Address: Parcel #:

5800 N BAY RD MBCH

32150030270

\$10,800.00

Valuation:

Applicant: PONS ESTIMATING SERVICES, INC.

80 NW 22ND AVE

MIAMI, FL 33145

305-392-1153

Description:

Seawall fence.

Inspector Area: C

Total of All Fees: Total of Payments:

Balance Due: ------

Issued By:

Applied: Approved:

08/06/2015

Completed:

To Expire:

02/02/2016

07/09/2015

5800 NORTH BAY ROAD

MIAMI BEACH FL 33140

Property Owner: 5800 NORTH BAY ROAD, MIAMI, LL

Class Code: R3

\$343.87 \$343.87

\$0.00





Office Use Only Submittal Date: _ Permit Number:

Building Department 1700 Convention Center Drive, 2nd Floor Miami Beach, Florida 33139

Office: 305.673.7610 Fax: 305.673.7857 http://www.miamibeachfl.gov/building/

Permit Application

					-	-		
	Apı	olicant Information	(Blue or Black Ink Or	ılv)				
Property Address	Unit Number							
5800 North Bay Road			02-3215-003-02	70				
If sub-permit or revision, please indicate the	Elevator I	.D. number	If associated with violation, i	ndicate BV#	Please note that	at outstanding		
Master Permit Number					expired permits			
					resolved prior t			
				-	of a work perm			
Permit Type (select one)		Permit Request (s			rty Information	ı (select one)		
☑ Building ☐ Demolition ☐	on -	New Permit	Permit Extension	Comm				
Electrical Year built		☐ Change of Contractor	☐ Permit Renewal ☐ Permit Revision		amily Residentia			
Mechanical Generato		☐ Change of	☐ Change of Use	or Duplex	ential: Single-Fan	illy Residential		
Plumbing Special E	ent	Architect/Engineer	☐ Private Provider		e of Work			
Roofing Fire		□LEED	☐City Project	\$ 12				
Phased Permit Elevator								
		New Constru	ction/Addition	Alterati	on/Reconfigura			
Square Footage			SF	19/	L.F.	SF_		
Value of Work		\$		\$				
☐ A-1 Assembly (Theater/ Concert Hal ☐ A-2 Assembly (Restaurant/Night Clu		□ M -Department Store □ M -Gas Station	e / Drug Store	□ R-3 Res Homes)	idential (Dwelling	g/ Custom		
☐ A-2 Assembly (Worship/Amusement		☐ M - Retail/ Warehou	se		idential (Assisted	Livina 6-16		
Arcade Community Hall	_	R-1 Residential Tran		person)	•			
☐ B - Business		House/ Hotel/Motel) ☐ R-2 Residential Perm			rage (Mod. Hazard			
☐ D/E -Daycare & Educational☐ I-1 Institutional (Ambulatory)		(Apartment/Dormitory/		☐ S-2 Storage (Low Hazard (excluding Parking Garage)				
☐ I-2 Institutional (Non Ambulatory)		(Aparamono Bornintory)	Timochu. C	age)				
		Descriptio	n of Work					
Provide a summary of work to be done.		<u> </u>						
Seawall fer	<u>.</u> بر د							
	C C &	_						
· 1								
,								
		Responsil	ble Parties					
Property O	wner		Contractor					
Pil Callia			Pons Estimating Services					
Address	Suite	-/	Address Surte					
5800 North Bay Ka)	1 33140	80 NW 22 Ave		Florida	33125		
Lique Beach	State	Zip Code	Miami		State	Zip Code		
Driver's License/ State Identification Number			State Identification Number/License					
			CGC1518735					
E-Man Address			mapons@ponsestimating.com					
Daytime phone		Daytime phone		Cell Phone				
		305-562-4726	3					
Archite	A Company of the Company	Structura	l Engineer	tale le la la la la la la la la la la la la la				
Name			Name					
Address	Suite		Address		Suite			
СКУ	State	Zip Code	City		State	Zip Code		
Professional License Number			Professional License Number		· · · · · · · · · · · · · · · · · · ·			
E-Mail Address			E-Mail Address					
Daytime phone	Call Dhans		Dadime phone		Call Phone			
onymine priorie	Cell Phone		Daytime phone		Cell Phone			
			i .					

Notice & Certification

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners, etc.

Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.

Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the abovementioned work and to hire above captioned contractor.

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 the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs; Water & Sewer Department; Department of Environmental Protection; South Florida Water Management District; Miami-Dade County Impact Fee water management districts; state agencies; and/or federal agencies.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

information contained in this building permit application is true and correct.
☐ Owner/Lessee for new permits (Documentation establishing ownership may be requested) ☐ Master Permit Contractor of Record (For sub-permit change of contractor)
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 IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2500.00. Print Name Signature
STATE OF FLORIDA , COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 27 day of JUNE 2015, by Ph. COLINS Personally Produced Identification – Type of Identification
Signature of Notary Public (SEAL) ANGELICA LAVIN MY COMMISSION # EE 950784 EXPIRES: April 7, 2017 Benderal Budget Notary Services
Contractor (Proof of licensure may be required if not on file) Print Qualifier's Name Qualifier's Signature
STATE OF FLORIDA , COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this
Signature of Notary Public (SEAL) Signature of Notary Public (SEAL) ANGELICA LAVIN MY COMMISSION # EE 860784 EXPIRES: April 7, 2017 Bornhaft Budget Notary Services

MIAMIBEACH

7/9/15 BBSD294 5244

Building Department

1700 Convention Center Drive Miami Beach, Florida 33139 Tel: 305-673-7610 www.miamibeachfl.gov

CONSTRUCTION COST AFFIDAVIT

	For Office Use Only	
	Permit/Process No	
	Date of Submittal	
,		
1 Phil Collins, acting as agent (own	ner, registered agent, leg	al representative) do
hereby attest that the construction costs indicated herein are accurate	for the construction proje	ect located at:
5800 North Bay Road	·	
Master Permits:		
Total project cost: 10,800		
Building cost (excludes roofing, windows, railings and MEP) \$:		
Stand alone and sub permits		
Roofing \$:		
Windows \$:		
Railings \$:		
Electrical \$:		
Mechanical \$:		
Plumbing \$:		
Registered Owner: Philosophia		
Signature of Owner/Agent:	<u> </u>	
Printed Name: THIL COLLINS		
STATE OF FLORIDA COUNTY OF Miami - Dade		
The foregoing instrument was acknowledged before me this	28 day of	July ,20 15 by
as identification and who has taken an oath.		
Note y Public, State of Florida	ANGELA · MY COMMISSIO,	ANGELA V. BASSAS MY COMMISSION #FF225614 EXPIRES: APR 29, 2019
Angela Bassas Printed Name	EXPIRES: APP. Bonded through 1st	Bonded through 1st State Insurance
9	pires: <u>Apr 29, 20</u>	19

4	<u> </u>	CERTIFIC	ATE OF LIA	BILITY IN	NSURANG	CE DA	TE (MM/DD/YY) 08/04/15
PR	ODUCE	R WAM Insurance Agency 10637 SW 88th St. Ste 7-I		ONLY AN	ID CONFERS NO	UED AS A MATTER OF INF RIGHTS UPON THE CERTI ITE DOES NOT AMEND, EX	FICATE
		Miami, FL 33176		ALTER T	HE COVERAGE A	FFORDED BY THE POLIC	ES BELOW.
	Pho	one (305)274-4353 Fa	ax (305)274-9994		AFFORDING COVE		NAIC#
INI	e i i i i i i	Peninsula Plumbing, Inc		INSURER A:	SCOTTSDALE IN	NSURANCE CO.	
	JOINED	206 SW 22 Road				OMMERCIAL INSURAN	
				INSURER C:	TECHNOLOGY I	NSURANCE COMPAN	
		Miami, FL 33129-		INSURER D:		<u> </u>	
				INSURER E:			
CC	VERA	GES		INSURER F:			
M	AY PER DLICIES	UIREMENT, TERM OR CONDITION OF AN TAIN. THE INSURANCE AFFORDED BY TH CAGGREGATE LIMITS SHOWN MAY HAVI	HE POLICIES DESCRIBED H E BEEN REDUCED BY PAID	EREIN IS SUBJECT CLAIMS.	TO ALL THE TERMS	THIS CERTIFICATE MAY BE IS S, EXCLUSIONS AND CONDITION	SUED OR DNS OF SUCH
	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	·
		GENERAL LIABILITY	•			EACH OCCURRENCE	1'000
	.	COMMERCIAL GENERAL LIABILITY	CPS2245520	07/28/15	07/28/16	DAMAGE TO RENTED PREMISES (Ea occurence)	100
Α		□□ CLAIMS MADE ☑ OCCUR	,			MED EXP (Any one person)	5
A	$ \mathbf{Z}$					PERSONAL & ADV INJURY	1'000
				2		GENERAL AGGREGATE	2,000
		GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC	:		1.	PRODUCTS - COMP/OP AGG	2'000
		AUTOMOBILE LIABILITY ANY AUTO	CA31438-3	10/20/14	10/20/15	COMBINED SINGLE LIMIT (Ea accident)	30,00
В		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	·
	-	HIRED AUTOS NON OWNED AUTOS		- '		BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
C		ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	
		EXCESS/UMBRELLA LIABILITY			-	EACH OCCURRENCE	
		OCCUR CLAIMS MADE				AGGREGATE	
		-					
		DEDUCTIBLE					
		RETENTION \$					
		ERS COMPENSATION AND DYERS' LIABILITY	TWC3425375	06/30/15	06/30/16	WC STATU- OTH	ł-

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

PONS ESTIMATING SERVICES IS NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

If yes, describe under

OTHER

CITY OF MIAMI BEACH 1700 CONVENTION CENTER DRIVE MIAMI BEACH, FL 33139

|305-673-7857/786-394-4231

ANY PROPRIETOR / PARTNER / EXECUTIVE

OFFICER / MEMBER EXCLUDED?

SPECIAL PROVISIONS below

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

WILVER ALMARALES

© ACORD CORPORATION 1988

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

1'000,000 100,000 5,000 1'000,000 2,000,000 2'000,000

30,000.00

1,000,000

1,000,000

1,000,000

ACORD 25 (2001/08) QF

5/5052((C)

HERNANDEZ STRUCTURAL DESIGN

2015

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В	U	Ι	LD	I	NG	ļ	CO	D	E

Structural calculations by: Victor Hernandez PE # 72387

Project # 5800 NORTH BAY ROAD MIAMI FL SEAWALL GUARDRAIL 7-4-2015 Rational Analysis and Engineering Design

Calculations

City of Miami, Florida

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POST ANALYSIS AND DESIGN	. 1 -
POST STELL PLATE ANALYSIS	.4-



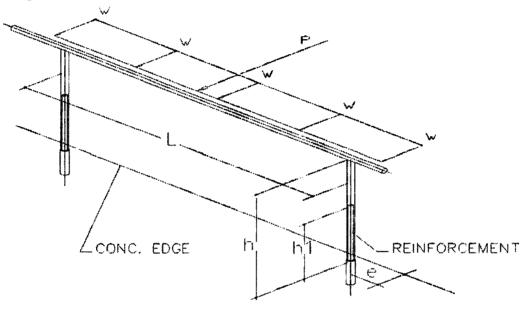


HERNANDEZ STRUCTURAL DESIGN INC.

8500 N.W. 26 DR, Coral Springs, Fl 33065

CLIENT: GALECKI GROUP LLC
PROJECT: SEAWALL GUARDRAIL
DESCRIPTION: SEAWALL GUARDRAIL

ADDRESS: 5800 NORTH BAY ROAD MIAMI, FLORIDA



- P = Concentrated load applied to the top rail, (lb).
- w = Uniform loading, (lb/ft)
- L = Span between centerlines of posts or mounting brackets
- h = Height of post from the top of the attachment to the point of load application
- h1 = Height of reinforcing insert inside post above the top of the attachment, (in).
- fb = Bending stress, (ksi).
- fd = Allowable yield strength for design, (ksi).
- S = Section modulus, (in3)
- S1 = Combined section modulus of post with reinforcing insert, (in3).
- e = Edge distance

Concentrated load carried by any one post estimated as follows: End posts for 2-span rail = 85% Intermediate posts: 2-span rail - 65%; 3 or more spans - 60%

Rational Analisys and Engineering Design Calculations

Tubing Mechanical Properties

	Tensile Strength	Yield Strength	Allowable Yield	Modulus of
Material	(psi)	(psi)	Strength (psi) *	Elasticity (ksi)
Aluminum 6061-T6 Pipe ASTM429	38,000	35,000	24,000***	10,100
Aluminum 6063-T6 Pipe ASTM429	30,000	25,000	18,000***	10,100
Carbon Steel Structural Tubing				
ASTM A500 Grade B	50,000	42,000	25,500	
Carbon Steel Pipe ASTM A53				
Type F Grade B Type E Grade B	60,000	35,000	21,000	
Hollaender Tubular Dowel 6061-T6	38,000	35,000	24,000	10,100
			ĺ	_

^{*}The allowable yield strength of aluminum pipe in bending is defined by the Aluminum Association to be (1.17 x Minimum Yield Strength) / 1.65.

TURING PROPERTIES

		ALUMINUM					BRONZE						
		1	Area	L	8	r		_t_	Area		<u>s</u>		•••
SQUARE	.500	.062	.109	.003	.014	.181	.500	.093	.151	.004	.018	.171	
TUBING	.625	.062	.140	.007	.024	.231	.625	.093	.198	.010	.031	.220	1
	.750	.062	.171	.014	.036	.282	.750	.093	.244	.018	.048	.271	•
	.750	.125	.312	.021	.056	.260	1.000	.100	.360	.049	.098	.370	••••
ſ r	1.000	.125	.437	.057	.114	.361	1.250	.100	.460	.102	.163	.471	• • •
	1.250	.078	.366	.084	.134	.480	1.500	.100	.560	.184	.245	.573	
	1.250	.125	.562	.120	.192	.462	1.750	.100	.660	.300	.344	.675	
	1.500	.078	.444	.150	.200	.581	2.000	.125	.938	.552	.552	.767	•••
	1.500	.125	.687	.218	.291	.564	3.000*	.083	.968	1.374	.916	1,192	•
Bronze	1.750	.125	.812	.360	.411	.666							
Muminum	2.000	.078	.600	.370	.370	.785	Architec	tural Bron	ce 385 Exce	beff (*) lus	Brass 230	• •	•
atmests (M)	2.000	.125	.937	.552	.552	.767						• .	
	2.500	.125	1.187	1.119	.896	.971	l						•
	3.000	.125	1.437	1.984	1.323	1.175	l					•••	-
	4.000	.125	1.937	4.854	2.427	1.583	1						l

^{**}Reduce to 8,000 within 1 inch of weld

^{***}Reduce to 14,000 within 1 inch of weld

DESIGN CRITERIA:				
Post Design	<u> </u>			T. (
Fy=	35 ksi		Aluminum 6061	-T6 ASTM429
Fb=	8 ksi		(Within 1" of W	eld Pt)
Live Load (L _L)=	50 p/f		or P=	200 lbs
Based on the load distribution factors lb, or 120 lb, and for an end post is 82	•		termediate post	is 60% of 200
Live Load Intermediate post=	200x0.60	120	lbs	
Live Load for End post	200x0.82	164	ibs	
Live Load (L _L)=	25 psf		(for pickets)	
Height (h)	48 in		(for pickets)	·- <u></u>
Moment M=(Pxh)= Required Section Modulus (S_{REQ}) = TRY = 2X2X1/8" with 1 3/8" SQ. BAR		0.9840		
Section Modulus for 2"X2"X1/8"	0.552 in ³			
Section Modulus for 1 3/8"X1 3/8"	0.433 in ³			
Use = 2"X2"X1/8" With reinforcing insert inside post (S _{REQ}) < S ₂	0.985 in ³			
TOP/BOTTOM RAIL:				
Max. Length	4 ft			
		100.00		
Moment (M)=	$wl^2/8 =$	100.00		
		1200		· <u> </u>
Sreq'd =	M/F _b =	0.15	Ш	
S(rail) = 2"X2"X1/4" AL. CHANNEL		0.166	in ³	
(S _{REQ}) < S(2"X2")			min. 2"X2"X1/ . CHANNEL	4"



Profis Anchor 2.5.5

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Company: Specifier:

Address: Phone I Fax: E-Mail: Page:

Project:

Sub-Project I Pos. No.:

Date:

7/4/2015

Specifier's comments:

1 input data

Anchor type and diameter: HIT-HY 200 + HIT-Z-R 1/2

Effective embedment depth: $h_{ef,opti} = 2.750 \text{ in. (} h_{ef,limit} = 6.000 \text{ in.)}$

Material:

Evaluation Service Report: ESR-3187

Issued I Valid: 1/1/2015 | 3/1/2016

Proof: Design method ACI 318-08 / Chem Stand-off installation: $e_b = 0.000$ in. (no stand-off); t = 0.500 in.

Anchor plate: $l_x \times l_y \times t = 7.000 \text{ in.} \times 7.000 \text{ in.} \times 0.500 \text{ in.};$ (Recommended plate thickness: not calculated)

Profile: Square HSS (AISC); (L x W x T) = 2.000 in. x 2.000 in. x 0.125 in.

Base material: cracked concrete, 3000, fc' = 3000 psi; h = 420.000 in., Temp. short/long: 32/32 °F

Installation: hammer drilled hole, Installation condition: Dry

Reinforcement: tension: condition B, shear: condition B; no supplemental splitting reinforcement present

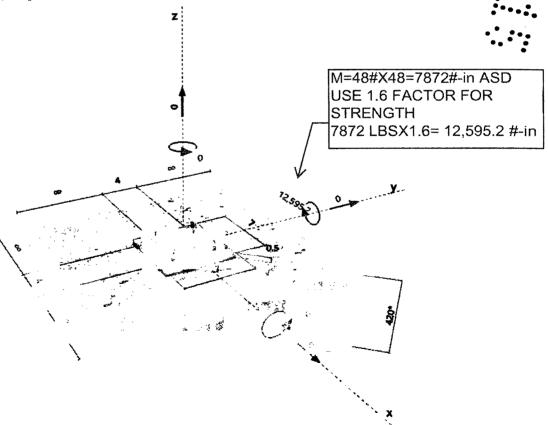
edge reinforcement: none or < No. 4 bar

Seismic loads (cat. C, D, E, or F)

Geometry [in.] & Loading [lb, in.lb]









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Company: Specifier: Address: Phone I Fax:	ı			Page: Project Sub-Project Date:	l Pos. No.:	2 7/4/2015	
E-Mail:			_		_		
2 Load case/Resu	Iting ancho	r forces					
Load case: Design loads	_			ĺ			
2000 0000. 200.9 100.0					\bigcirc_3	_△ y	$\bigcirc_{\mathbf{A}}$
Anchor reactions [ib]	Q				.		<u> </u>
Tension force: (+Tension, Anchor Tension		ar force Shear fo	orce x Shear fo	arce v			!
	256	0 0	0	5.00 y			
2	7	0 0	0		• Tension	\	Čom press io
	256	0 0	0		rension		Compressio
4 max. concrete compressiv	7	0 0.11 [%]	0				
max. concrete compressive resulting tension force in (a resulting compression force)	e stress: x/y)=(-1.979/0.00	488 [psi] 00): 2526 [lb]			<u> </u>		O 2
3 Tension load		Load N _{ua} [ibi C	∟ apacity _ֆ Nո [lb]	Utilization β_N =	: N/#N.	Status
Steel Strength*		1256		8695	15	ua	ок •
Pullout Strength*		1256		7108	18		ок
Sustained Tension Load I	Bond Strength*	N/A		N/A	N/A		N/A
Concrete Breakout Streng		2526		4113	62		ок
* anchor having the highe		chor group (anchors	in tension)				
3.1 Steel Strength							
N _{sa} = ESR value	refer to ICC-E ACI 318-08 Ed						
Variables							
n .	A _{se,N} [in. ²]	f _{uta} [psi]					
1	0.14	94200					
Calculations							
N _{sa} [lb] 13377							
Results							
N _{se} [lb] 13377	φ _{steel} _ 0.650	φ N _{sa} [lb] 8695	N _{ua} [lb] 1256				
3.2 Pullout Strength							
	8-08 Eq. (D-1)	18 <i>1</i>					
Variables							
N _p [lb] 10936							
Calculations							
Results							

φ_{concrete} 0.650

N_{pn} [lb] 10936 φ N_{pn} [lb] 7108 N_{ua} [lb] 1256



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Company: Specifier: Address:

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Phone I Fax: E-Mail:

Date:

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3.3 Concrete Breakout Strength

$N_{cbg} = \left(\frac{A_{Nc}}{A_{Nc0}}\right) \psi_{ec,N} \psi_{ed,N} \psi_{c,N} \psi_{cp,N} N_b$	ACI 318-08 Eq. (D-5)
φ N _{cbg} ≥ N _{ua}	ACI 318-08 Eq. (D-1)
A _{Nc} see ACI 318-08, Part D.5.2.1, Fig. RD.5.2.1(b)	
$A_{Nc0} = 9 \cdot h_{ef}^2$	ACI 318-08 Eq. (D-6)
$\psi_{\text{ec,N}} = \left(\frac{1}{1 + \frac{2}{3} \frac{e_{\text{N}}}{h_{\text{ef}}}}\right) \le 1.0$	ACI 318-08 Eq. (D-9)
$\psi_{\text{ed,N}} = 0.7 + 0.3 \left(\frac{C_{\text{a,min}}}{1.5 h_{\text{ef}}} \right) \le 1.0$	ACI 318-08 Eq. (D-11)
$\psi_{cp,N} = MAX \left(\frac{C_{a,min}}{C_{ac}}, \frac{1.5h_{ef}}{C_{ac}} \right) \le 1.0$ $N_b = k_c \lambda \sqrt{f_c} h_{ef}^{1.5}$	ACI 318-08 Eq. (D-13)
$N_b = k_c \lambda \sqrt{f_c} h_{ef}^{1.5}$	ACI 318-08 Eq. (D-7)

Variables

h _{ef} [in.]	e _{c1,N} [in.]	e _{c2,N} [in.]	c _{a,min} [in.]	\]/c,N
2.750	1.979	0.000	∞	1.000
			•	
c _{ac} [in.]	k _c	λ	f _c [psi]	
4.125	17	1	3000	

Calculations

A _{Nc} [in. ²]	A _{Nc0} [in. ²]	Vec1,N	Wec2,N	V/ed,N	Ψcp,N	N _b [lb]
150.06	68.06	0.676	1.000	1.000	1.000	4246

Results

N _{cbg} [lb]	фconcrete	φ N _{cbg} [lb]	N _{ua} [lb]
6327	0.650	4113	2526



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Company:		Page:	4
Specifier:		Project:	
Address:		Sub-Project I Pos. No.:	
Phone I Fax:	1	Date:	7/4/2015
E-Mail:	·		

4 Shear load

	Load V _{ua} [lb]	Capacity _ϕ V _n [lb]	Utilization $\beta_V = V_{ua}/\phi V_n$	Status
Steel Strength*	N/A	N/A	N/A	N/A
Steel failure (with lever arm)*	N/A	N/A	N/A	N/A
Pryout Strength (Bond Strength controls)*	N/A	N/A	N/A	N/A
Concrete edge failure in direction **	N/A	N/A	N/A	N/A

^{*} anchor having the highest loading **anchor group (relevant anchors)

5 Warnings

- Load re-distributions on the anchors due to elastic deformations of the anchor plate are not considered. The anchor plate is assumed to be sufficiently stiff, in order not to be deformed when subjected to the loading! Input data and results must be checked for agreement with the existing conditions and for plausibility!
- Condition A applies when supplementary reinforcement is used. The Φ factor is increased for non-steel Design Strengths except Pullout Strength and Pryout strength. Condition B applies when supplementary reinforcement is not used and for Pullout Strength and Pryout Strength. Refer to your local standard.
- Design Strengths of adhesive anchor systems are influenced by the cleaning method. Refer to the INSTRUCTIONS FOR USE given in the Evaluation Service Report for cleaning and installation instructions
- The ACI 318-08 version of the software does not account for adhesive anchor special design provisions corresponding to overhead applications
- · Checking the transfer of loads into the base material and the shear resistance are required in accordance with ACI 318 or the relevant standard!

Fastening meets the design criteria!



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 Profis Anchor 2.5.5

 Company:
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 5

 Specifier:
 Project:

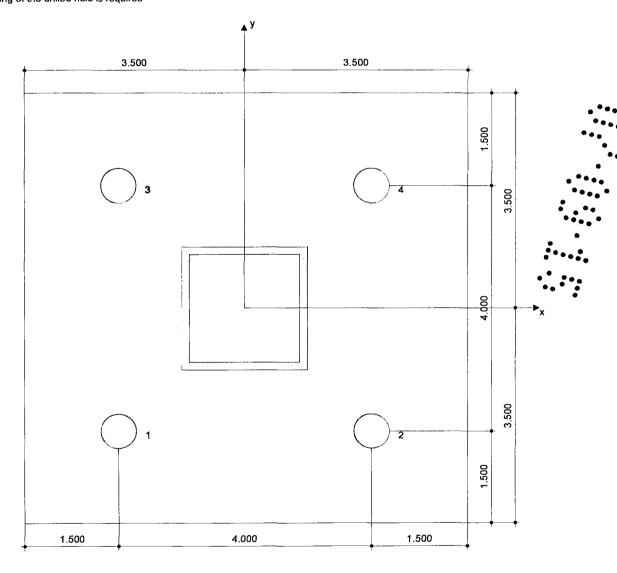
 Address:
 Sub-Project I Pos. No.:
 Value I Pos. No.:

 Phone I Fax:
 Date:
 7/4/2015

6 Installation data

Anchor plate, steel: - Profile: Square HSS (AISC); $2.000 \times 2.000 \times 0.125$ in. Hole diameter in the fixture: $d_t = 0.563$ in. Plate thickness (input): 0.500 in. Recommended plate thickness: not calculated Cleaning: No cleaning of the drilled hole is required

Anchor type and diameter: HIT-HY 200 + HIT-Z-R 1/2 Installation torque: 354.030 in.lb Hole diameter in the base material: 0.563 in. Hole depth in the base material: 3.750 in. Minimum thickness of the base material: 5.000 in.



Coordinates Anchor in.

Anchor	x	у	C-x	C+x	C _{-y}	C+y
1	-2.000	-2.000	-	-	-	-
2	2.000	-2.000	-	-	-	-
3	-2.000	2.000	-	-	_	-
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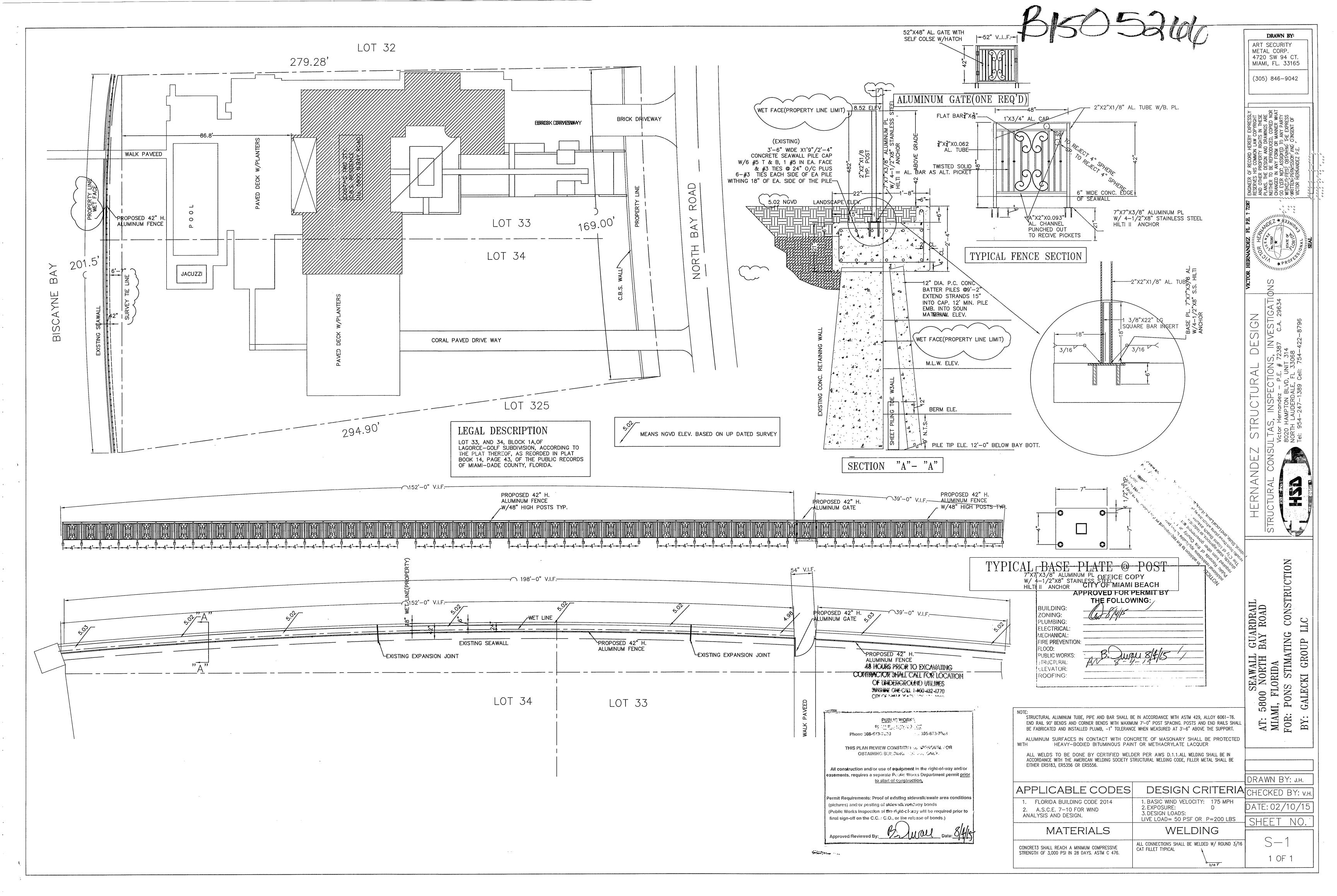


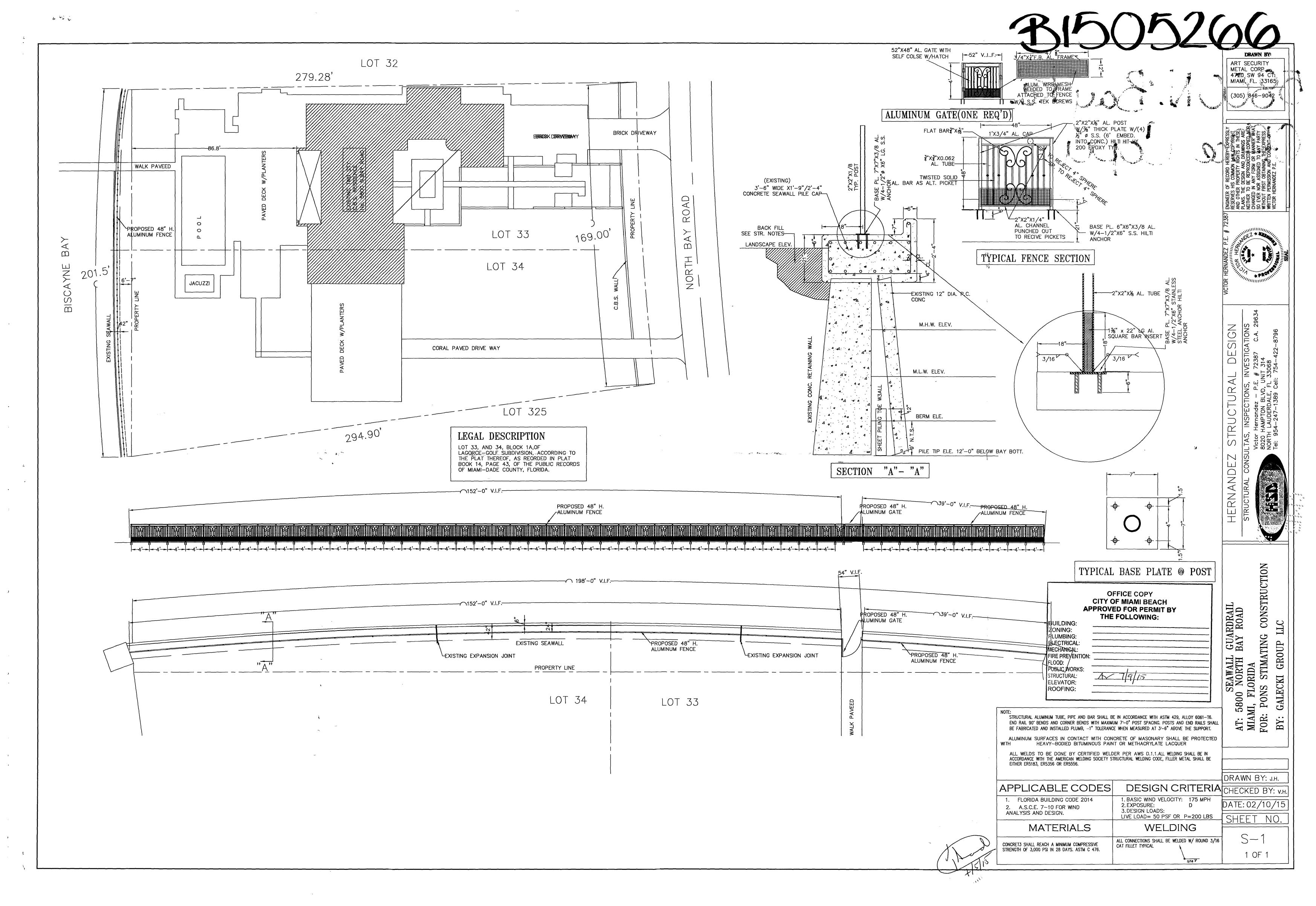
www.hilti.us		Profis Anchor 2.5.5
Company:	Page:	6
Specifier:	Project:	
Address:	Sub-Project I Pos. No.:	
Phone I Fax: [E-Mail:	Date:	7/4/2015

7 Remarks; Your Cooperation Duties

- Any and all information and data contained in the Software concern solely the use of Hilti products and are based on the principles, formulas and security regulations in accordance with Hilti's technical directions and operating, mounting and assembly instructions, etc., that must be strictly complied with by the user. All figures contained therein are average figures, and therefore use-specific tests are to be conducted prior to using the relevant Hilti product. The results of the calculations carried out by means of the Software are based essentially on the data you put in. Therefore, you bear the sole responsibility for the absence of errors, the completeness and the relevance of the data to be put in by you. Moreover, you bear sole responsibility for having the results of the calculation checked and cleared by an expert, particularly with regard to compliance with applicable norms and permits, prior to using them for your specific facility. The Software serves only as an aid to interpret norms and permits without any guarantee as to the absence of errors, the correctness and the relevance of the results or suitability for a specific application.
- You must take all necessary and reasonable steps to prevent or limit damage caused by the Software. In particular, you must arrange for the
 regular backup of programs and data and, if applicable, carry out the updates of the Software offered by Hilti on a regular basis. If you do not use
 the AutoUpdate function of the Software, you must ensure that you are using the current and thus up-to-date version of the Software in each case
 by carrying out manual updates via the Hilti Website. Hilti will not be liable for consequences, such as the recovery of lost or damaged data or
 programs, arising from a culpable breach of duty by you.







5800 N. Bay Rd. Office Copy

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MIAMIBEACH

APP B1505970

Building Department 1700 Convention Ctr Drive, 2nd Floor Miami Beach, Florida 33139

Tel: (305) 673-7610 Fax: (305) 673-7857

WORK PERMIT

08-17-2015

Activity Number: B1505970

Status:

APPROVED

BUILHAMA

Issued By:

Site Address:

5800 N BAY RD MBCH

Parcel #:

32150030270

Applied:

08/17/2015

Approved:

08/17/2015

Completed:

To Expire:

02/13/2016

Valuation:

\$11,150.00

Applicant:

PONS ESTIMATING SERVICES, INC.

80 NW 22ND AVE

MIAMI, FL 33145 305-392-1153

Property Owner: MARK J GAINOR &W ELYSE S

MARK J GAINOR TRUSTEE

5800 NORTH BAY ROAD 33140

Description:

METAL ENTRANCE GATES

Inspector Area:

С Class Code: R3

Total of All Fees:

Total of Payments:

Balance Due:

\$329.66 \$329.66 \$0.00



Office Use Only Submittal Date: Permit Number: \$\int 5 \ 0 \ 5 \ 9 \ 70

Building Department

1700 Convention Center Drive, 2nd Floor Miami Beach, Florida 33139

Office: 305.673.7610 Fax: 305.673.7857 http://www.miamibeachfl.gov/building/

Permit Application

Permit Number: Discourse			• '	erinit Application
Δ,	policant Information	(Blue or Black Ink O	oli/\"	the manager manager and a second of the second
Property Address	Unit Number	Parcel/Folio Number		
5800 North 197 Kd		3215003	0770	
If sub-permit or revision, please indicate the Elevator	I.D. number	If associated with violation,	indicate BV#	Please note that outstanding
Master Permit Number			1	expired permits must be
		İ		resolved prior to the issuance
Dermit Time (select one)	Daweit Dames t			of a work permit
Permit Type (select one) N Building Demolition -	New Permit	select all that apply) Permit Extension	☐ Comme	y Information (select one)
Electrical Year built	Change of	Permit Renewal		mily Residential
☐ Mechanical ☐ Generator	Contractor	Permit Revision		tial: Single-Family Residential
Plumbing Special Event	☐ Change of	Change of Use	or Duplex	
Roofing Fire	Architect/Engineer	Private Provider	Total Value	of Work
Phased Permit Elevator	LEED	☐City Project	\$	
	New Constru	ction/Addition	Alteratio	n/Reconfiguration of Space
Square Footage		SF	34 /	F SF
Value of Work	\$		\$ 11.7	50
☐ A-1 Assembly (Theater/ Concert Hall)	☐ M -Department Stor	e / Drug Store		ential (Dwelling/ Custom
☐ A-2 Assembly (Restaurant/Night Club/ Bar)	☐ M -Gas Station	•	Homes)	
A-3 Assembly (Worship/Amusement/	☐ M Retail/ Warehou ☐ R-1 Residential Tran			ential (Assisted Living 6-16
B-Business	House/ Hotel/Motel)	isient (boarding	person)	ge (Mod. Hazard (Repair Garage)
☐ D/E -Daycare & Educational	R-2 Residential Perr		S-2 Stora	ge (Low Hazard (excluding
☐ I-1 Institutional (Ambulatory) ☐ I-2 Institutional (Non Ambulatory)	(Apartment/Dormitory	Timeshare	Parking Gar	
Li 1-2 institutional (Non Ambulatory)	Docarintia	on of Work	□ 5-2 Stora	ge (Parking Garage)
Provide a summary of work to be done.	Description	ON ON WORK		
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		ble Parties		
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CRY	Zijs tode	Address		
CRY State Protessional License Number	Zijs Code	Address GRY Professional License Number		

Notice & Certification

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners, etc.

Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.

Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the abovementioned work and to hire above captioned contractor.

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 the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs; Water & Sewer Department; Department of Environmental Protection; South Florida Water Management District; Miami-Dade County Impact Fee water management districts; state agencies; and/or federal agencies.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

information contained in this building permit application is tide and correct.
☐ Owner/Lessee for new permits (Documentation establishing ownership may be requested) ☐ Master Permit Contractor of Record (For sub-permit change of contractor)
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 IN SEQUIRED FOR ANY WORK WITH COST EXCEEDING \$2500.00. Print Name Signature
STATE OF FLORIDA , COUNTY OF MIAMI-DADE
Sworm to and subscribed before me this 17 day of Aug 5+ 20 15, by Phi) Collins Personally Produced Identification – Type of Identification
ANGELA V. BASSAS MY COMMISSION #FF225614 EXP:RES: APR 29, 2019 Bonded through 1st State Insurance
Contractor (Proof of licensure may be required if not on file) Print Qualifier's Name Qualifier's Signature
STATE OF FLORIDA , COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this
Produced Identification – Type of Identification ANGELA V. BASSAS MY COMMISSION #FF225614 EXP.RES: APR 29, 2019 Bonded through 1st State Insurance

MIAMIBEACH

Building Department

1700 Convention Center Drive Miami Beach, Florida 33139 Tel: 305-673-7610

www.miamibeachfl.gov

CONSTRUCTION COST AFFIDAVIT

For Office Use Only
Permit/Process No P 551 W
Date of Submittal
Phil Collins acting as agent (owner, registered agent, legal representative) do
1 Υ Λ΄, 1 Collins , acting as agent (owner, registered agent, legal representative) do
hereby attest that the construction costs indicated herein are accurate for the construction project located at:
5800 North Bay Road.
Master Permits:
Total project cost: \$11, 150
Building cost (excludes roofing, windows, railings and MEP) \$:
Stand alone and sub permits
Roofing \$:
Windows \$:
Railings \$:
Electrical \$:
Mechanical \$:
Plumbing \$:
Registered Owner: 5800 HOTO POR Rd, HIGH, LLC / Phil Collins
Signature of Owner/Agent:
Printed Name: Phil Collin 5
STATE OF FLORIDA. COUNTY OF Miami - Dade
The foregoing instrument was acknowledged before me this day of <u>Augus</u> + ,20 15 by Phil Collins ,who is personally known to me or who has produced
as identification and who has taken an oath.
ANGELA V. BASSAS Notary Bublic, State of Florida ANGELA V. BASSAS MY COMMISSION #FF225614
Printed Name EXP:RES: APR 29, 2019 pointed Name EXP:RES: APR 29, 2019 pointed through 1st State Insurance
Commission Number: FF225614 My Commission Expires: April 29, 2019



HERNANDEZ STRUCTURAL DESIGN

2014 FLORIDA BUILDING CODE

Structural calculations by: Victor Hernandez

PE # 72387

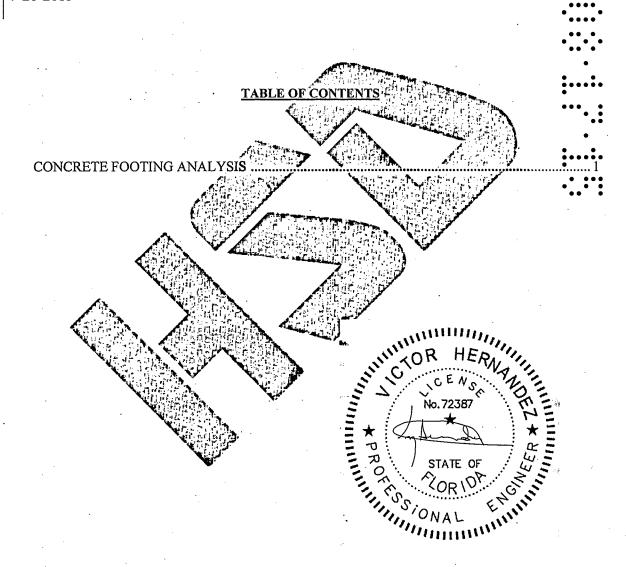
Project # ENTRANCE GATES AT 5800 NORTH BAY ROAD MIAMI, FL

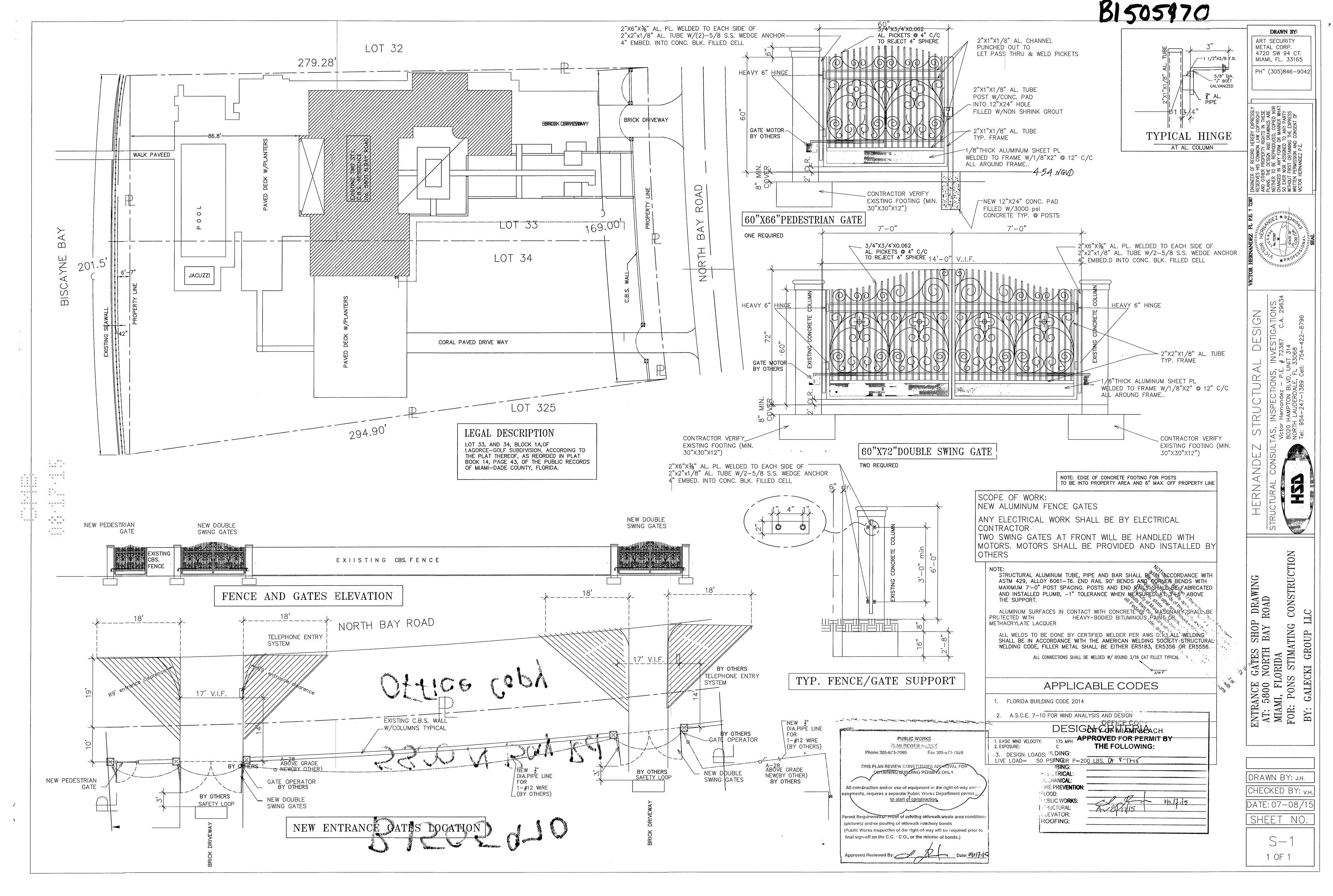
7-20-2015

Rational Analysis and Engineering Design

Calculations

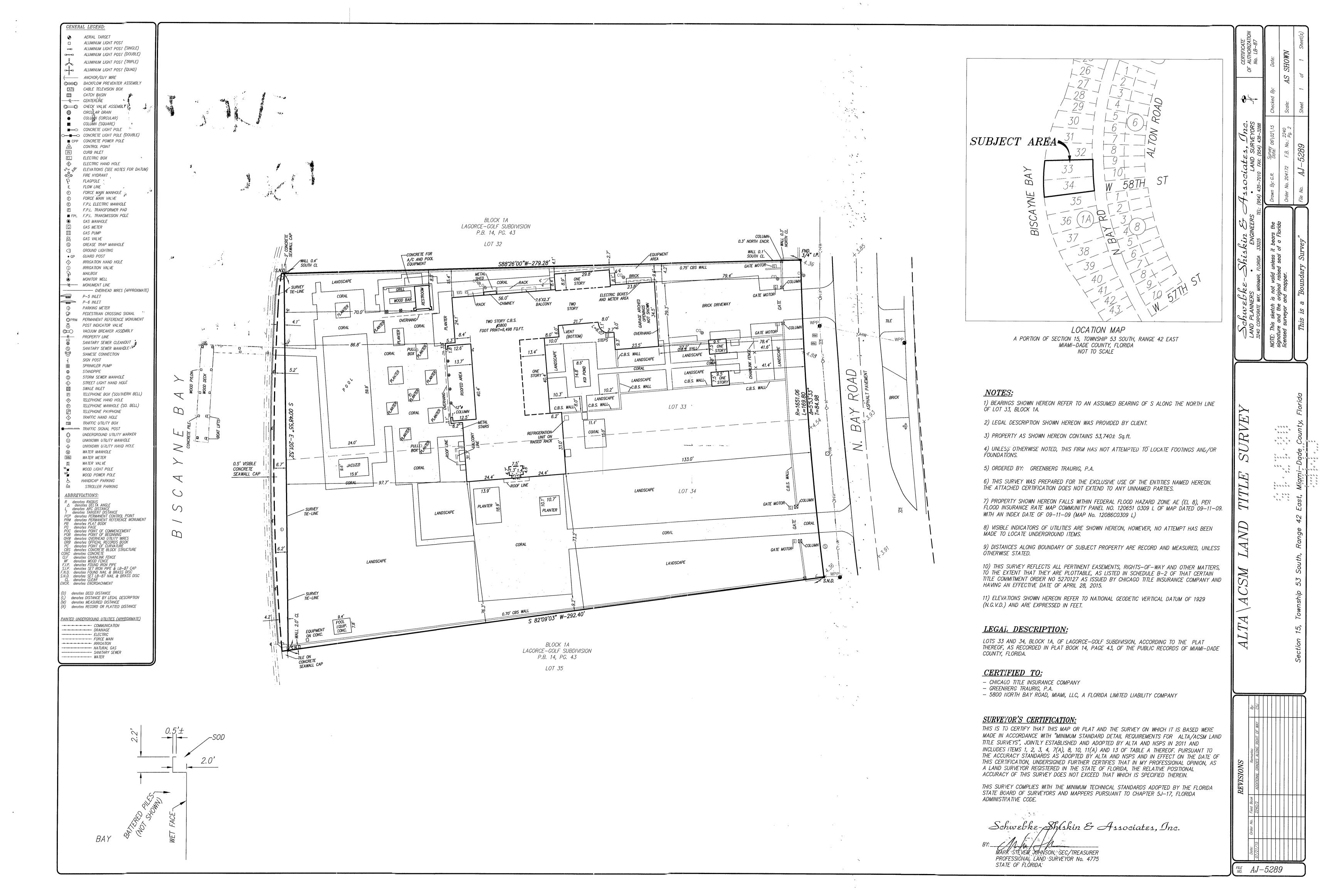
City of Miami, Florida





Ottice Copy 2800 N Bay Rd 2800 N Bay Rd

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HERNANDEZ STRUCTURAL DESIGN

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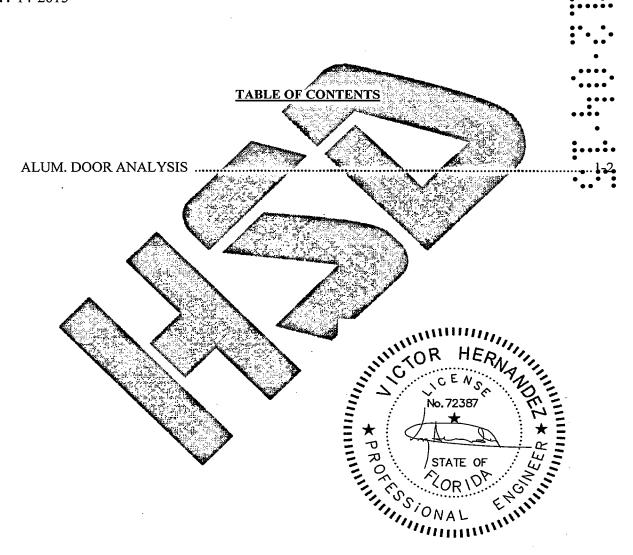
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Structural calculations by: Victor Hernandez PE # 72387 Project # ENTRANCE

PE# 72387
Project # ENTRANCE
GATES AT 5800 NORTH
BAY ROAD MIAMI, FL
11-14-2015

Rational Analysis and Engineering Design Calculations

City of Miami, Florida

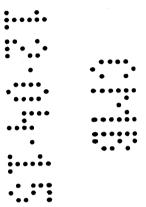


WIND LOAD	S: GENERAI	REQUIREMENTS AS	SCE 7, CH. 26	7
Basic Wind Speed (V _{ult.}):	175	mph	Fig 26-1A, sec. 26.5.1	
Risk Category	Ī		Fig 26-1A, sec. 26.5.1	
Wind Directionality Factor:	0.85	Kd	Table 26.6 sec. 26.6	
Exposure Category:	С		sec. 26.7.3	
Topographic Factor:	1	Kzt	sec. 26.8.2	
Velocity Pressure Coeff.:	0.85	Kz	Table 27.3 sec. 27.3.1	
Gust Effect Factor:	0.85	G .	sec. 26.9.1	
Enclosure Classification:	Open	Buildings	sec. 26.10	
Internal Pressure Coeff.:	-0.18	GCpi	Table 26.1 sec. 26.11.1	
	0.18	GCpi	Table 26.1 sec. 26.11.1	
Velocity Pressure :	33.99	$q = .00256 K_{\pi} K_{t} K_{d} V^{2} I$	Eq. 27.3-1 sec. 27.3.2	

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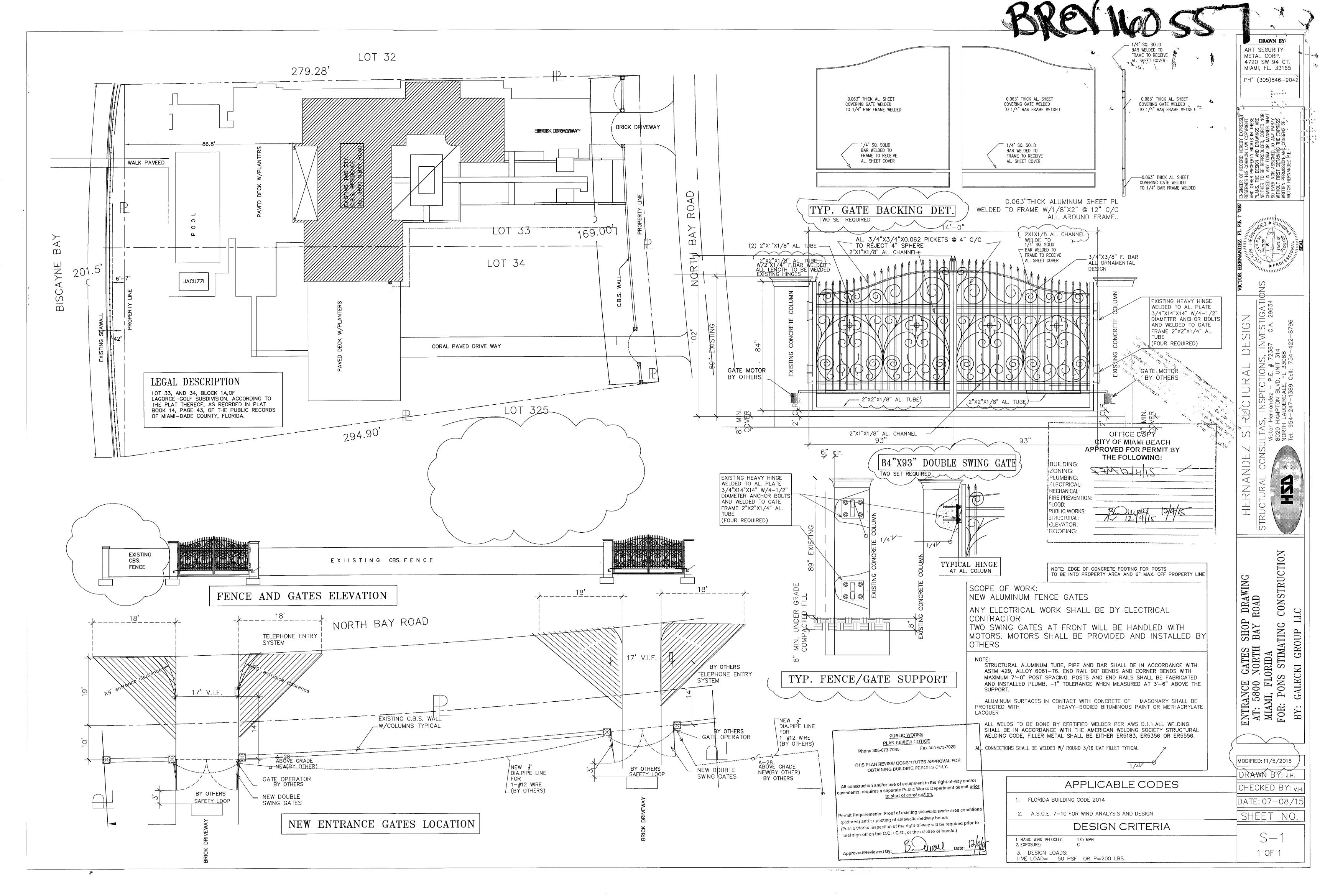
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