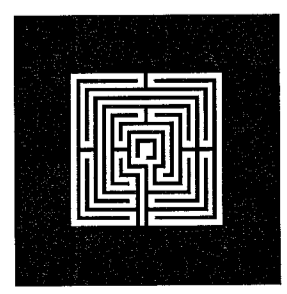


FOR REFERENCE ONLY
(UNDER SEPARATE PERMIT)

FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

FOR REFERENCE ONLY



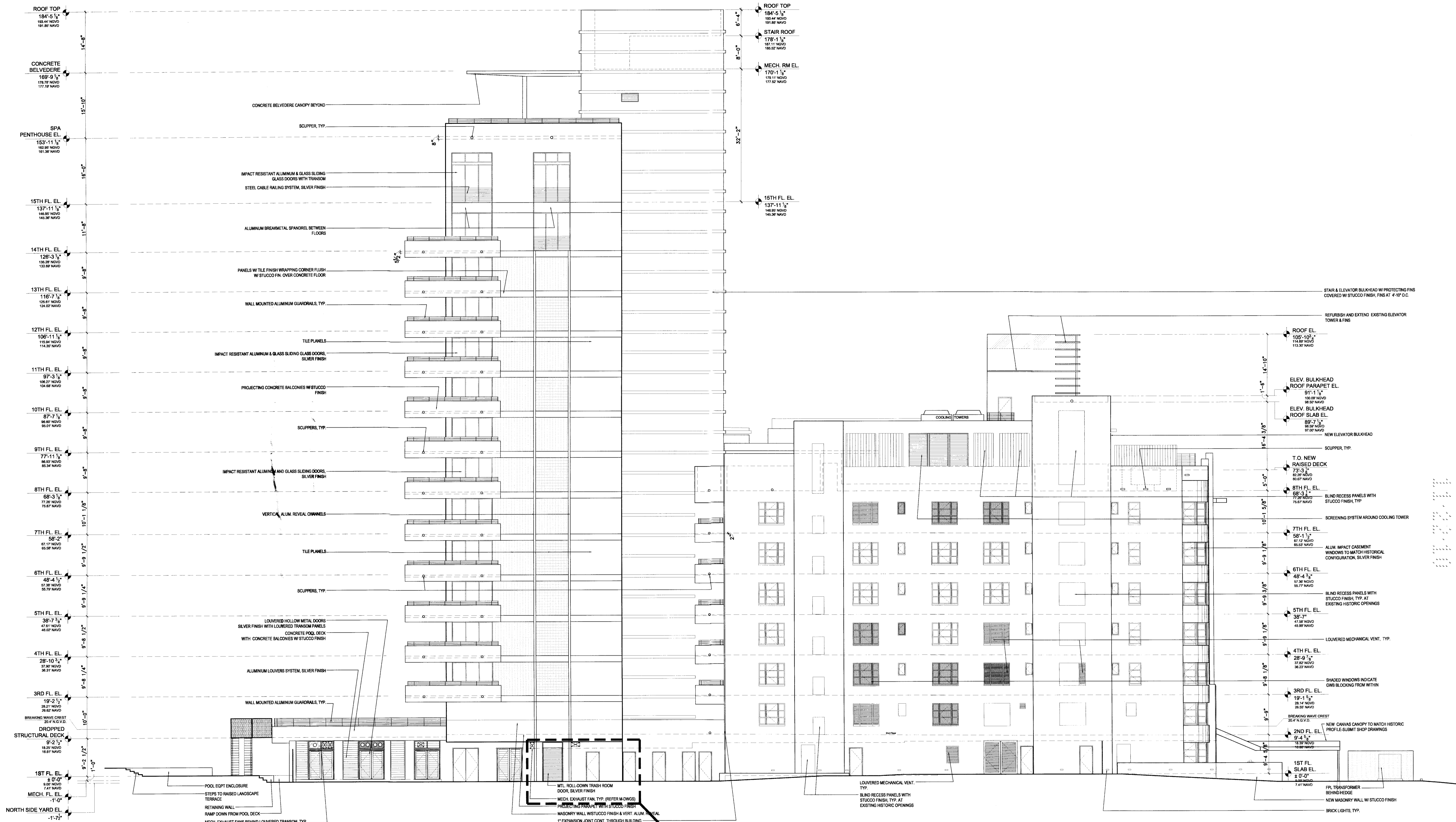
ALLAN T. SHULMAN ARCHITECT, P.A.
(AR 0012763)
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	

AS
9/13/10

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS 1.1

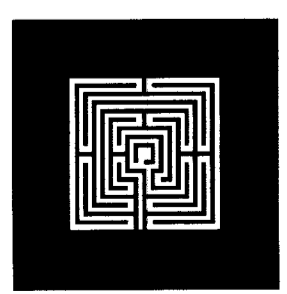
FIRST FLOOR PLAN
A-1.1
09.13.10



1 NORTH ELEVATION
SCALE: 3/32"=1'-0"

FOR REFERENCE ONLY
(UNDER SEPARATE PERMIT)

FOR REFERENCE ONLY



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REVISIONS	REVISIONS
09.13.10	

AS
7/13/10

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

ELEVATIONS
A-2.2
09.13.10

FLORIDA BUILDING CODE DATA

FIRST FLOOR

LOBBY DINING

OCCUPANCY = GROUP A-2 RESTAURANT
 TOTAL SQUARE FOOTAGE = 1,372 S.F.
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 1,872 S.F. + 15 = **125 OCCUPANTS MAXIMUM (LOBBY TOTAL)**
 1,372 S.F. + 15 = **92 OCCUPANTS MAXIMUM (LOBBY DINING)**
= 38 SEATS PROVIDED
 NUMBER OF SEATS (DINING)
 TABLE OF 4 x 6 = 24 SEATS
 TABLE OF 3 x 4 = 12 SEATS
 TABLE OF 2 x 1 = 2 SEATS
 TOTAL NUMBER OF SEATS = **38 SEATS**

COURTYARD DINING TERRACE

OCCUPANCY = GROUP A-2 RESTAURANT
 TOTAL SQUARE FOOTAGE = 2,578 S.F.
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 2,568 S.F. + 15 = **172 OCCUPANTS MAXIMUM**
= 86 SEATS PROVIDED
 NUMBER OF SEATS (DINING)
 TABLE OF 2 x 11 = 22 SEATS
 TABLE OF 4 x 16 = 64 SEATS
 TOTAL NUMBER OF SEATS = **86 SEATS**

WINE BAR

OCCUPANCY = GROUP A-2 RESTAURANT
 BAR STOOL SEATING = 18 LINEAR INCHES PER OCCUPANT
 240 + 18 = **12 OCCUPANTS MAXIMUM**
 AREA BEHIND BAR = 48 S.F. + 100 = **1 OCCUPANT MAXIMUM**
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 198 S.F. + 15 = **14 OCCUPANTS MAXIMUM**
 TOTAL = **27 OCCUPANTS MAXIMUM**
= 5 SEATS PROVIDED
 BAR STOOLS = 5 SEATS
 FIXED LOUNGE SEATING - n/a.
 TOTAL NUMBER OF SEATS = **5 SEATS (BAR STOOLS)**

LONG BAR

OCCUPANCY = GROUP A-2 RESTAURANT
 BAR STOOL SEATING = 18 LINEAR INCHES PER OCCUPANT
 544 + 18 = **31 OCCUPANTS MAXIMUM**
 AREA BEHIND BAR = 240 + 100 = **3 OCCUPANTS MAXIMUM**
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - CONCENTRATED CHAIRS ONLY = 7 NET S.F. PER OCCUPANT
 16 S.F. + 7 = **2 OCCUPANTS MAXIMUM**
 TOTAL = **58 OCCUPANTS MAXIMUM**
= 14 SEATS PROVIDED
 TOTAL NUMBER OF SEATS = **14 SEATS (BAR STOOLS)**

TIKI BAR

OCCUPANCY = GROUP A-2 RESTAURANT
 BAR STOOL SEATING = 18 LINEAR INCHES PER OCCUPANT
 408 + 18 = **23 OCCUPANTS MAXIMUM**
 AREA BEHIND BAR = 98 S.F. + 100 = **1 OCCUPANT MAXIMUM**
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 SWIMMING POOL DECK = 30 GROSS PER OCCUPANT
 2,000 S.F. + 30 = **67 OCCUPANTS MAXIMUM**
 TOTAL = **91 OCCUPANTS MAXIMUM**
= 28 SEATS PROVIDED
 NUMBER OF SEATS
 TABLE OF 2 x 2 = 4 SEATS
 TABLE OF 4 x 4 = 16 SEATS
 BAR STOOLS = 8 SEATS
 TOTAL NUMBER OF SEATS = **28 SEATS**

SECOND FLOOR

CLUB BAR AND DECK

OCCUPANCY = GROUP A-2 RESTAURANT
 BAR STOOL SEATING = 18 LINEAR INCHES PER OCCUPANT
 483 + 18 = **27 OCCUPANTS MAXIMUM**
 AREA BEHIND BAR = 312 + 100 = **4 OCCUPANTS MAXIMUM**
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - CONCENTRATED CHAIRS ONLY = 7 NET S.F. PER OCCUPANT
 57 + 7 = **9 OCCUPANTS**
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 CLUB BAR SEATING = 852 + 15 = **57 OCCUPANTS MAXIMUM**
 CLUB DECK SEATING = 1,157 + 15 = **78 OCCUPANTS MAXIMUM**
 TOTAL = **175 OCCUPANTS MAXIMUM**
= 87 SEATS PROVIDED
 NUMBER OF SEATS (LOUNGE)
 BAR STOOLS = 9 SEATS
 TABLE OF 2 x 8 = 16 SEATS
 TABLE OF 4 x 4 = 16 SEATS
 TABLE OF 5 x 4 = 20 SEATS
 TABLE OF 6 x 3 = 18 SEATS
 TABLE OF 8 x 1 = 8 SEATS
 TOTAL NUMBER OF SEATS = **87 SEATS**
 TABLE 1005.1 EGRESS WIDTH PER OCCUPANT SERVED
 0.2 x 179 = 35.8" = 36" = 3'-0" MINIMUM EGRESS WIDTH

SCREENING AND MEETING ROOM

OCCUPANCY = GROUP B
 TOTAL SQUARE FOOTAGE = 695 S.F.
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 694 S.F. + 15 = **47 OCCUPANTS MAXIMUM**
= 19 SEATS PROVIDED

EIGHTH FLOOR

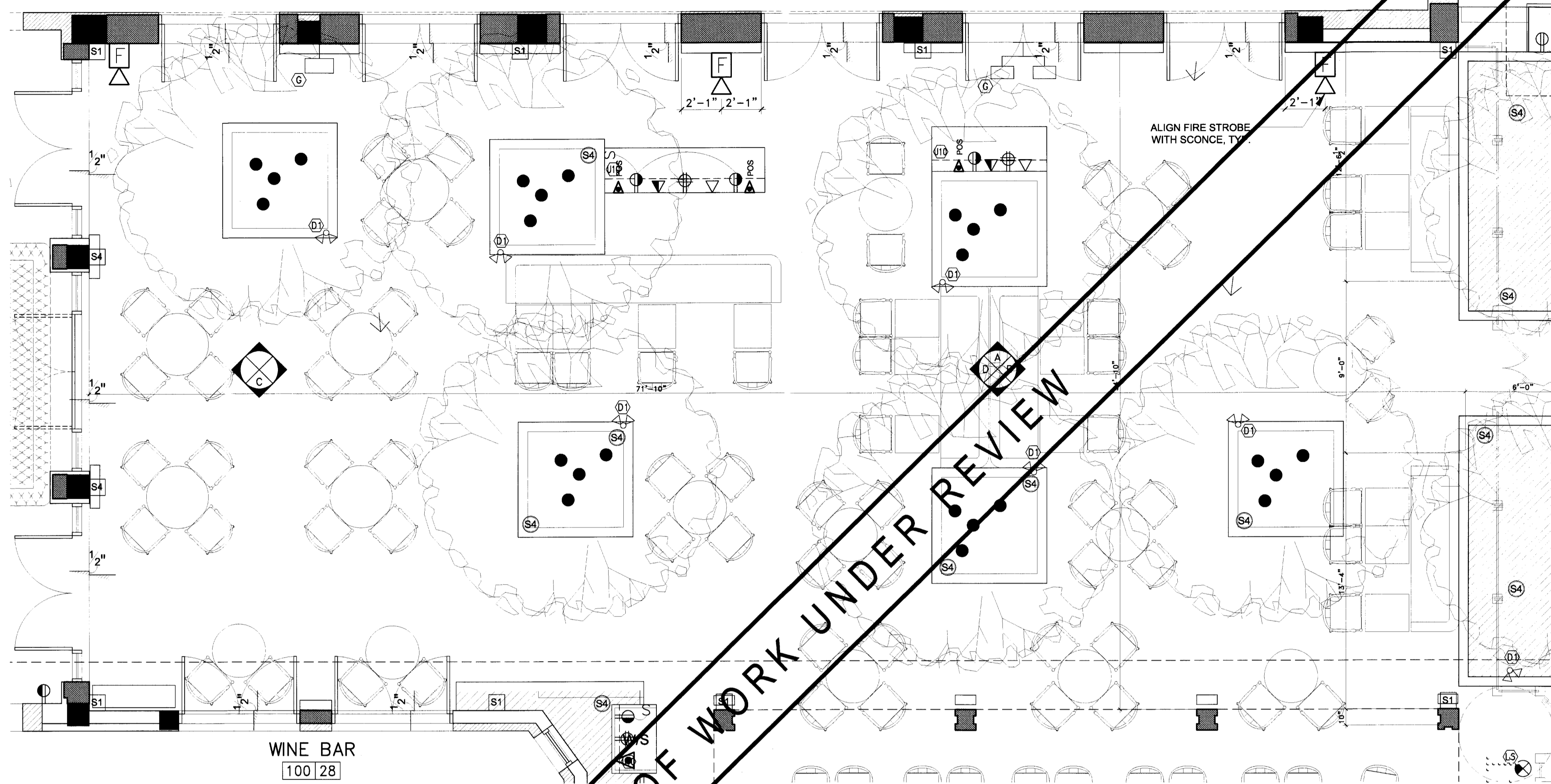
OUTDOOR BAR
 OCCUPANCY = GROUP A-2 RESTAURANT
 BAR STOOL SEATING = 18 LINEAR INCHES PER OCCUPANT
 312 + 18 = **18 OCCUPANTS MAXIMUM**
 AREA BEHIND BAR = 58 S.F. + 100 = **1 OCCUPANT MAXIMUM**
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 988 S.F. + 15 = **66 OCCUPANTS MAXIMUM**
 TOTAL = **85 OCCUPANTS MAXIMUM**
= 33 SEATS PROVIDED
 NUMBER OF SEATS (LOUNGE)
 BAR STOOLS = 6 SEATS
 TABLE OF 2 x 6 = 12 SEATS
 TABLE OF 5 x 3 = 15 SEATS
 TOTAL NUMBER OF SEATS = **33 SEATS**

CLUB DINING

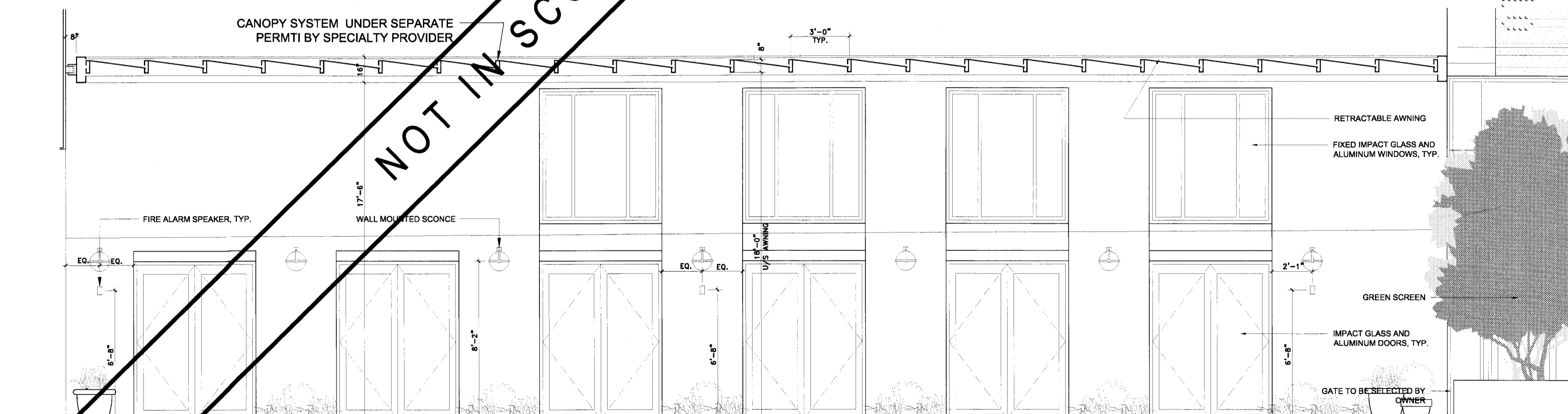
OCCUPANCY = GROUP A-2 RESTAURANT
 TOTAL SQUARE FOOTAGE = 316 S.F.
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 316 S.F. + 15 = **22 OCCUPANTS MAXIMUM**
= 8 DINING SEATS PROVIDED

CLUB LOUNGE

OCCUPANCY = GROUP A-2 RESTAURANT
 TOTAL SQUARE FOOTAGE = 590 S.F.
 TABLE 1004.1.2 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT
 ASSEMBLY WITHOUT FIXED SEATS - UNCONCENTRATED TABLES AND CHAIRS = 15 NET S.F. PER OCCUPANT
 590 S.F. + 15 = **40 OCCUPANTS MAXIMUM**
= 14 LOUNGE SEATS PROVIDED



1 DINING TERRACE SEATING PLAN
 SCALE: 1/4"=1'-0"



2 INTERIOR ELEVATION A
 SCALE: 1/4"=1'-0"

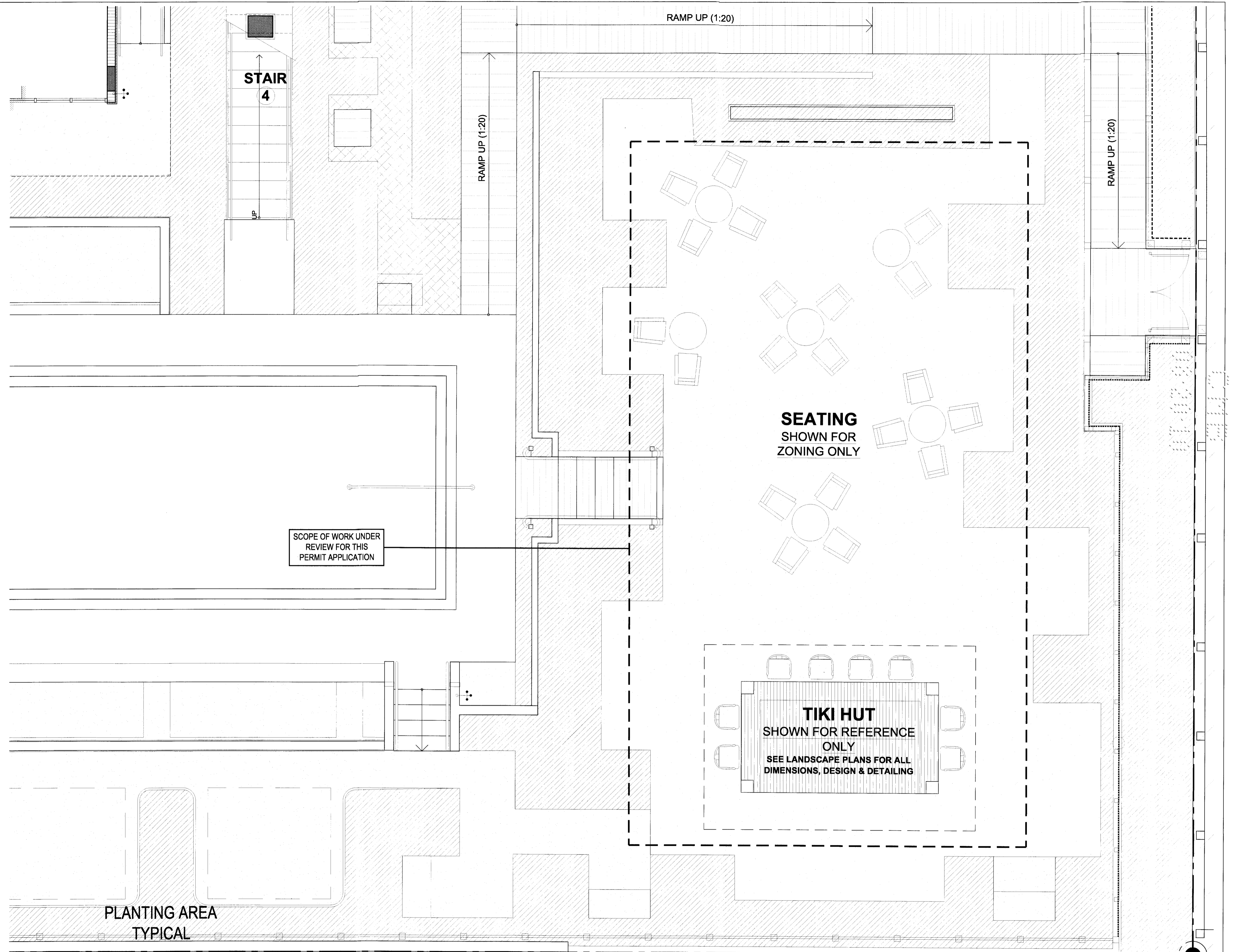
- NOTES:**
1. SEE ELECTRICAL DWGS FOR LOADING, CIRCUITS, ETC. ARCH. DWGS GOVERN LAYOUT & ALIGNMENTS. ALL SWITCHES, OUTLETS, THERMOSTATS, LIGHT FIXTURES TO BE ALIGNED & COORDINATED. IF ANY ELECTRICAL DEVICE IS NOT SHOWN IN ARCH. DWGS, NOTIFY ARCHITECT IMMEDIATELY SO LOCATION CAN BE ADDRESSED.
 2. CONTRACTOR TO FIELD VERIFY ALL GWS CLNG. HTS. AND DOOR CLEARANCES W/ ARCHITECTURAL DOCUMENTS & NOTIFY ARCHITECT IMMEDIATELY OF DISCREPANCIES.
 3. FURNITURE & INT. FINISHES BY OTHERS
 4. REFER TO SHEET A 4.6 FOR PROPOSED LOBBY FURNITURE FLOOR PLAN
 5. ALL INTERIOR FINISHES TO COMPLY WITH NFPA 101 (2003ed) Ch.10.2.2. SEE SHEET G-1.6 FOR FURTHER INFORMATION.
 6. ALL INTERIOR WOOD FINISH CLADDING TO ACHIEVE A CLASS A FIRE RATING (FLAMESPREAD 0-25, SMOKE DEV'T 0-450) PER NFPA 101 (2003ed) Ch.10.2.2.

SCOPE OF WORK UNDER REVIEW FOR THIS PERMIT APPLICATION:
 THE SEATING NUMBERS AND OCCUPANT LOADS REPRESENTED HEREIN HAVE BEEN INCLUDED FOR THE PROJECT AS APPROVED UNDER THE CONDITIONAL USE PERMIT. PLANNING BOARD FILE # 1959 FOR A MAXIMUM PROJECT OCCUPANT LOAD OF 762 PERSONS.

1.2

REVISIONS	REVISIONS
09.13.10 CHS COMMENTS	
11.18.10 CHS COMMENTS	

11/18/10



NOTES:

1. SEE ELECTRICAL DWGS FOR LOADING, CIRCUITS, ETC. ARCH. DWGS GOVERN LAYOUT & ALIGNMENTS. ALL SWITCHES, OUTLETS, THERMOSTATS, LIGHT FIXTURES TO BE ALIGNED & COORDINATED. IF ANY ELECTRICAL DEVICE IS NOT SHOWN IN ARCH. DWGS., NOTIFY ARCHITECT IMMEDIATELY SO LOCATION CAN BE ADDRESSED.
2. CONTRACTOR TO FIELD VERIFY ALL GWS CLNG. HTS. AND DOOR CLEARANCES W/ ARCHITECTURAL DOCUMENTS & NOTIFY ARCHITECT IMMEDIATELY OF DISCREPANCIES.
3. FURNITURE & INT. FINISHES BY OTHERS
4. REFER TO SHEET A 4.6 FOR PROPOSED LOBBY FURNITURE FLOOR PLAN
5. ALL INTERIOR FINISHES TO COMPLY WITH NFPA 101 (2003ed) Ch.10.2.2. SEE SHEET G-1.6 FOR FURTHER INFORMATION.
6. ALL INTERIOR WOOD FINISH CLADDING TO ACHIEVE A CLASS A FIRE RATING (FLAMESPREAD 0-25, SMOKE DEV'T 0-450) PER NFPA 101 (2003ed), Ch.10.2.2.

1 TIKI BAR SEATING PLAN
SCALE: 1/4" = 1'-0"

REVISIONS	REVISIONS

AS
8/1/10

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JOB NO. 05035

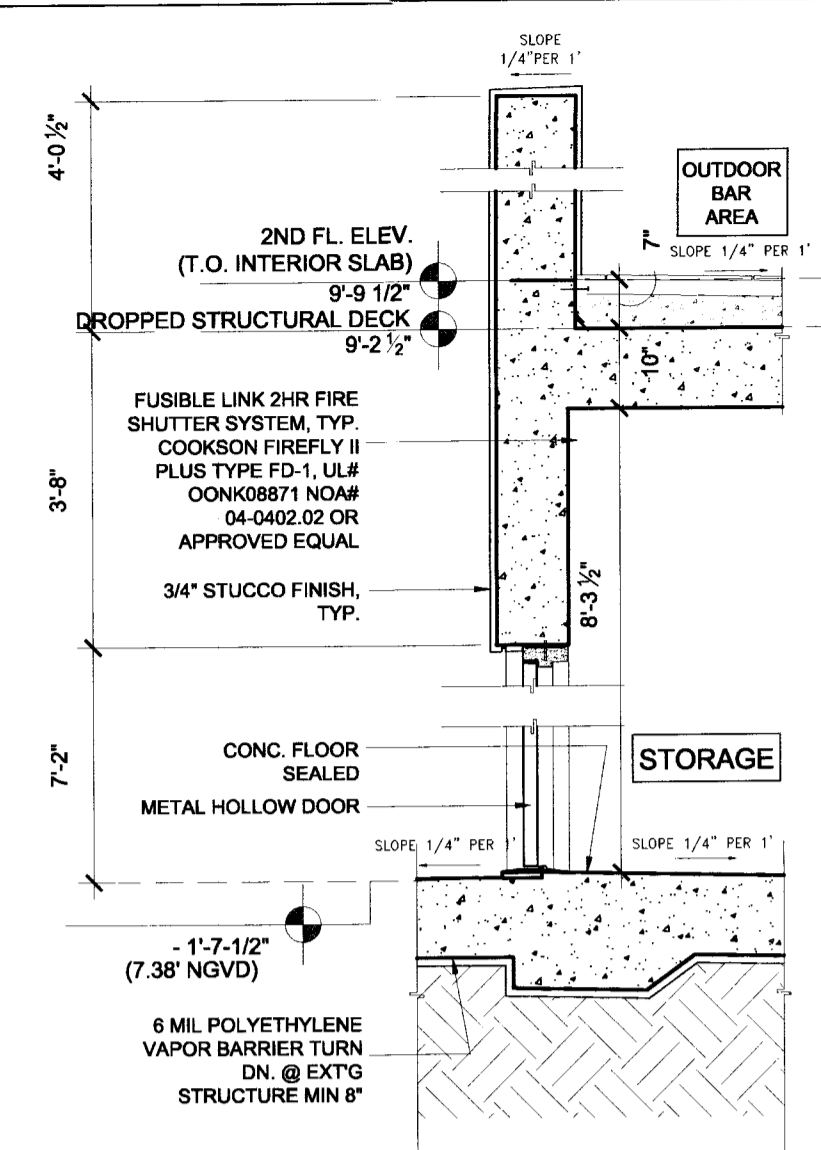
TIKI HUT

CONSTRUCTION DOCUMENTS

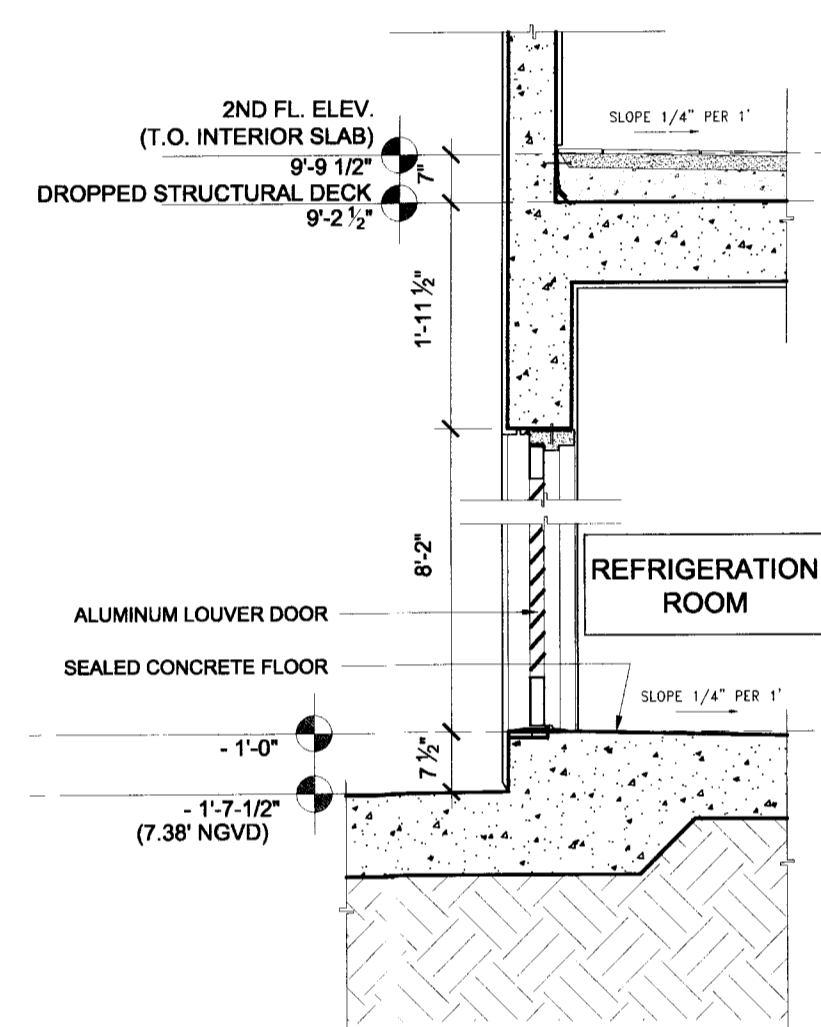
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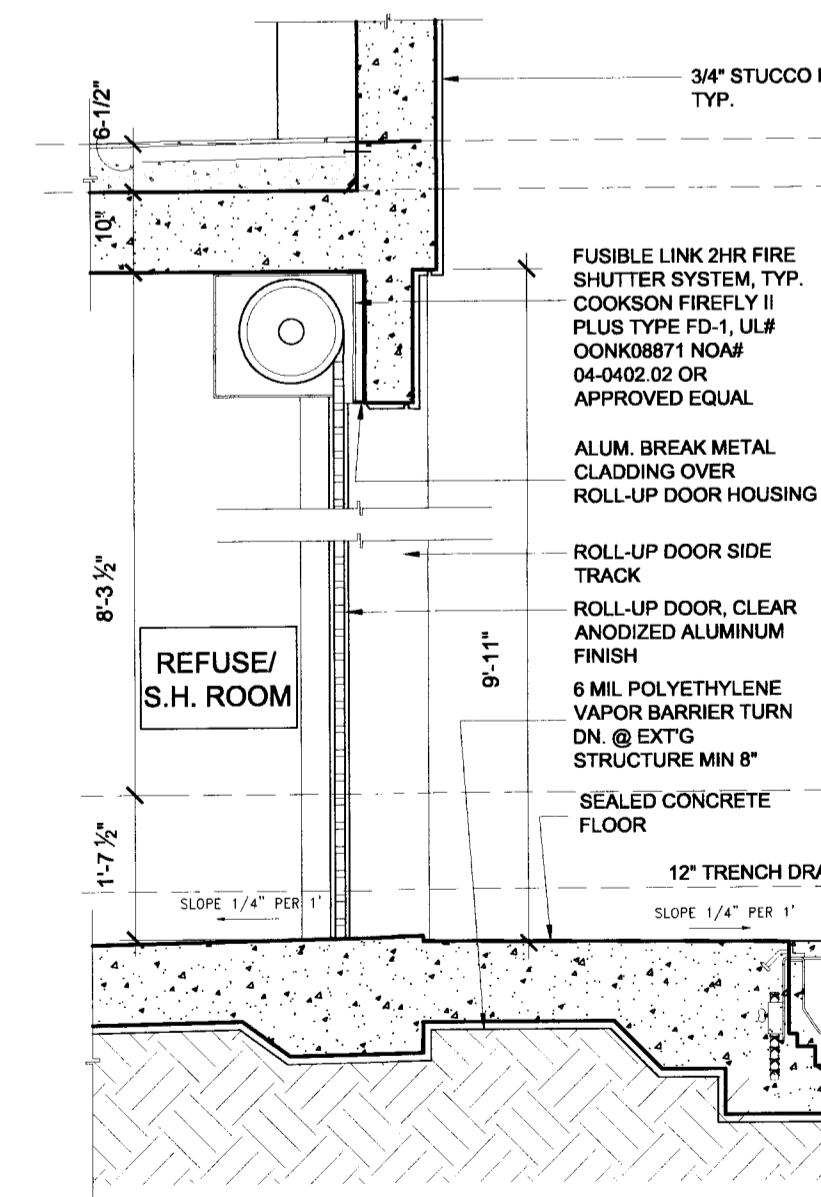
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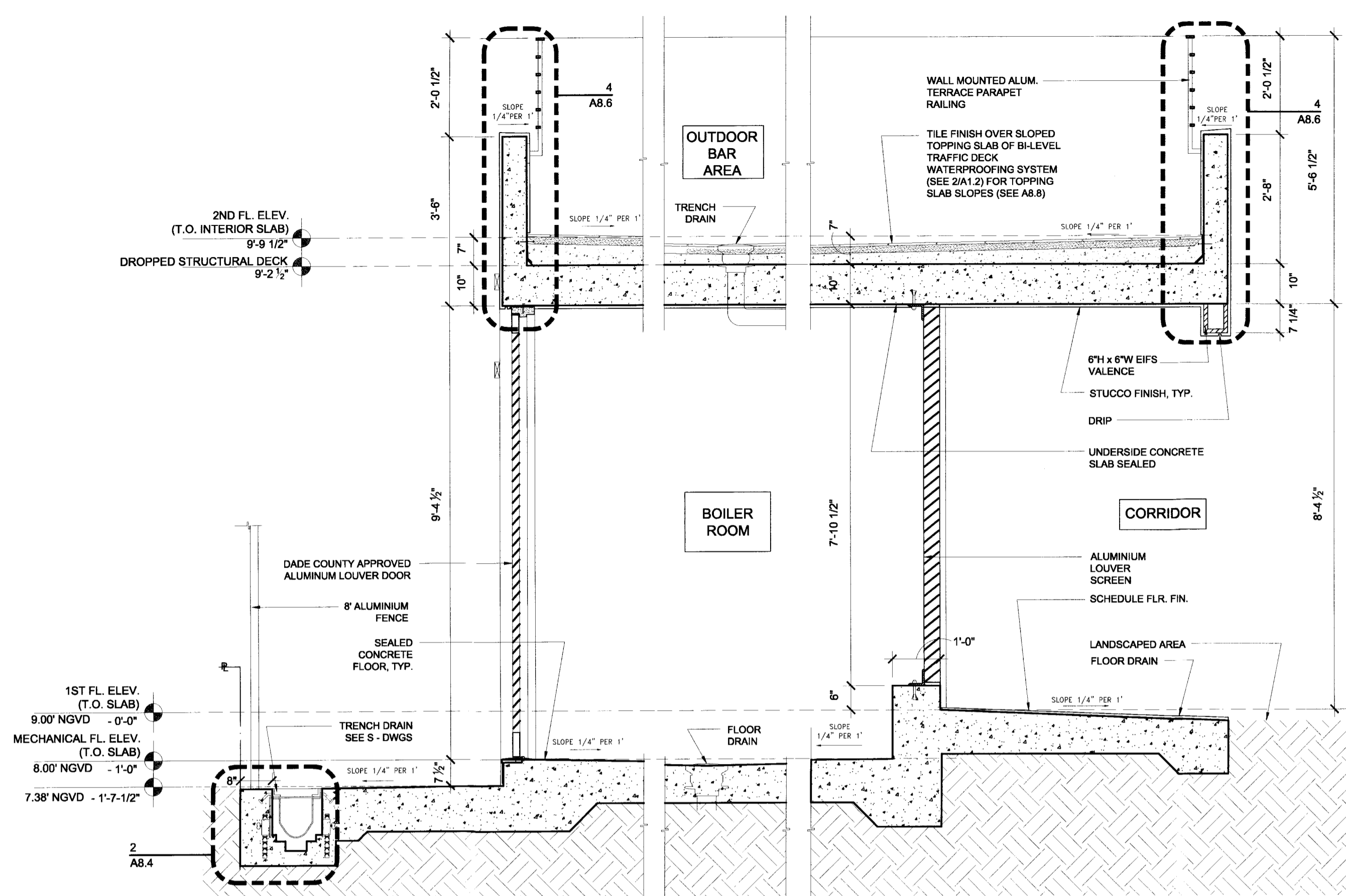
WALL SECTION V3
SCALE: 1/2"=1'-0"



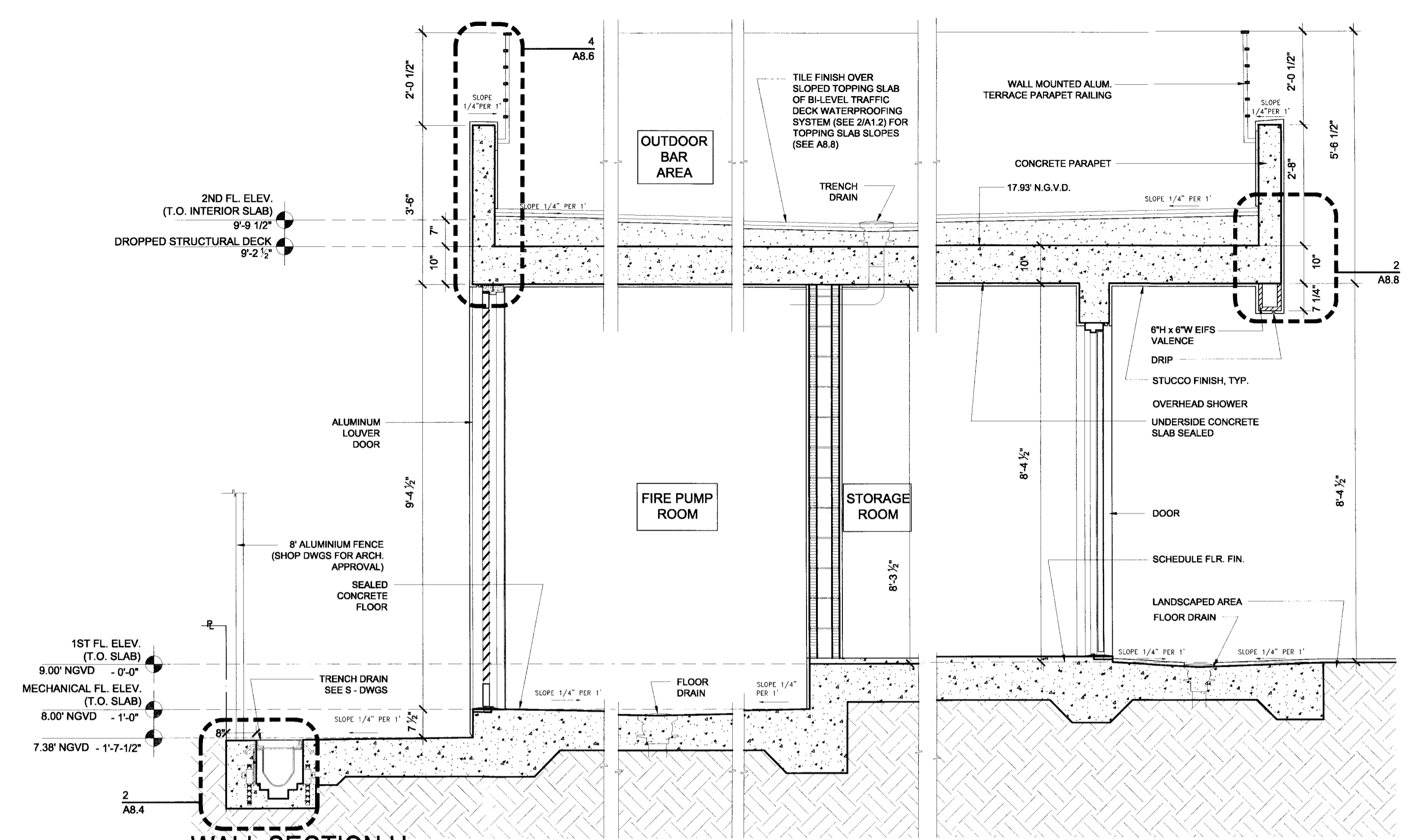
WALL SECTION V2
SCALE: 1/2"=1'-0"



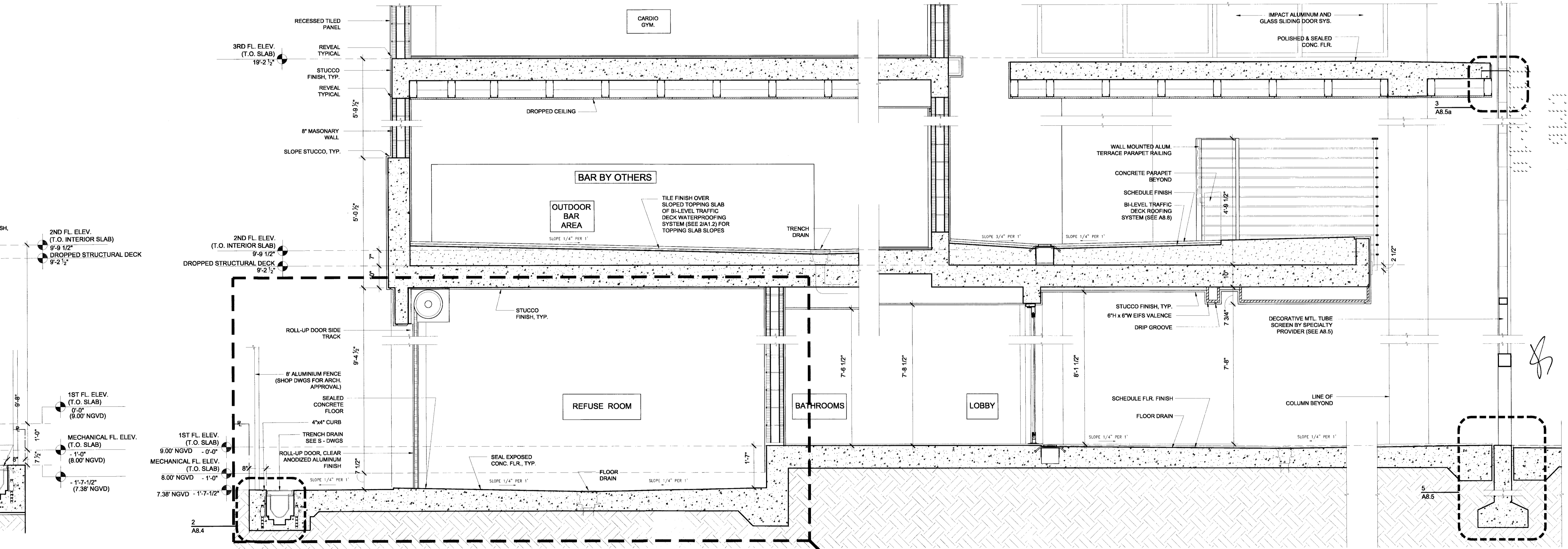
WALL SECTION V1
SCALE: 1/2"=1'-0"



WALL SECTION T
SCALE: 1/2"=1'-0"



WALL SECTION U
SCALE: 1/2"=1'-0"

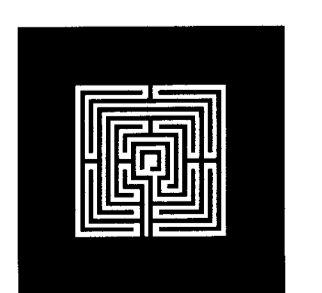


WALL SECTION V
SCALE: 1/2"=1'-0"

PERFORM CONCRETE REPAIR ON ALL EXISTING FACADES TO REMAIN (PRIOR TO ALL STUCCO WORK). REPAIR AND REFURBISH STUCCO FINISH FOR NEW APPEARANCE.

FOR REFERENCE ONLY (UNDER SEPARATE PERMIT)

FOR REFERENCE ONLY



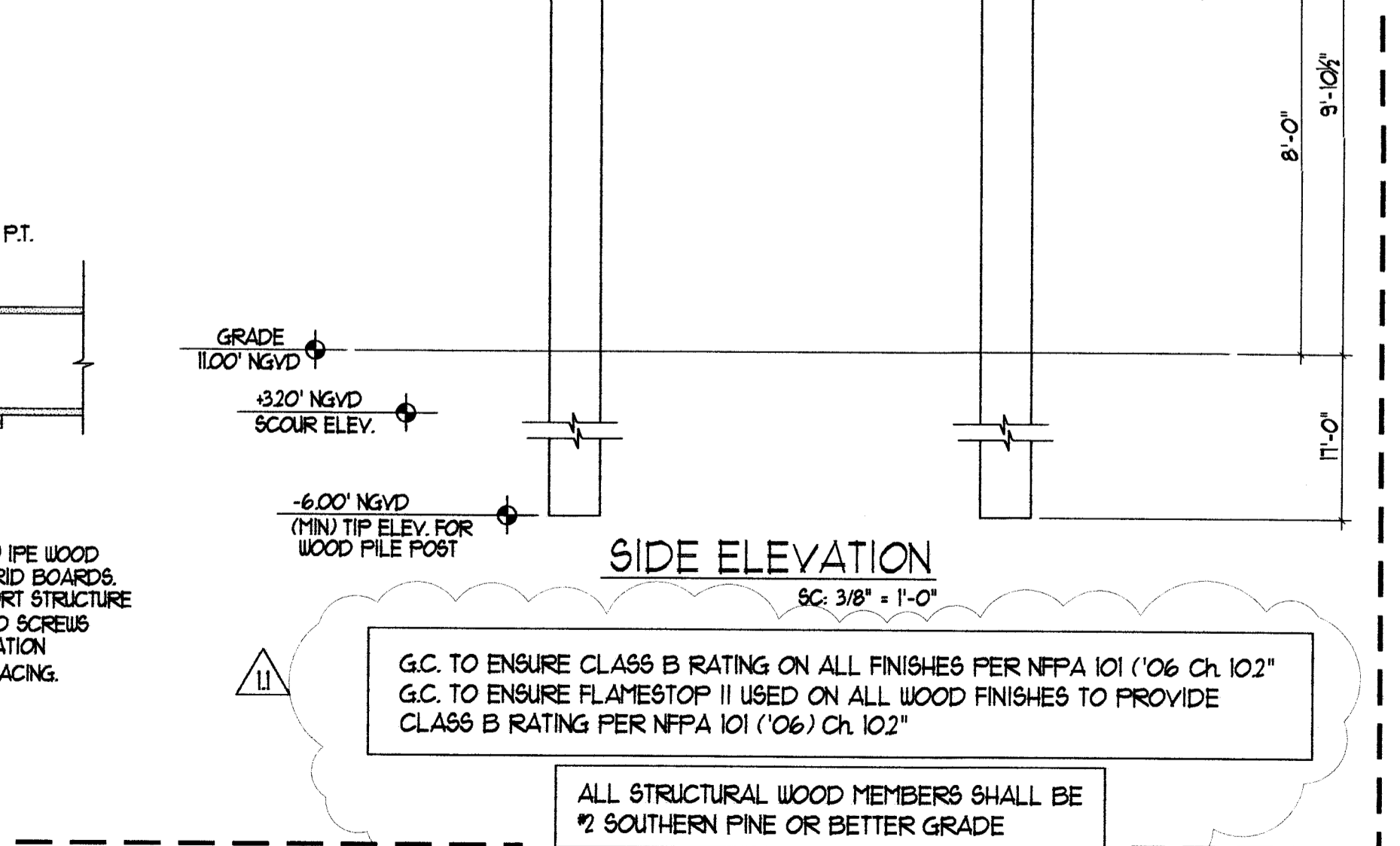
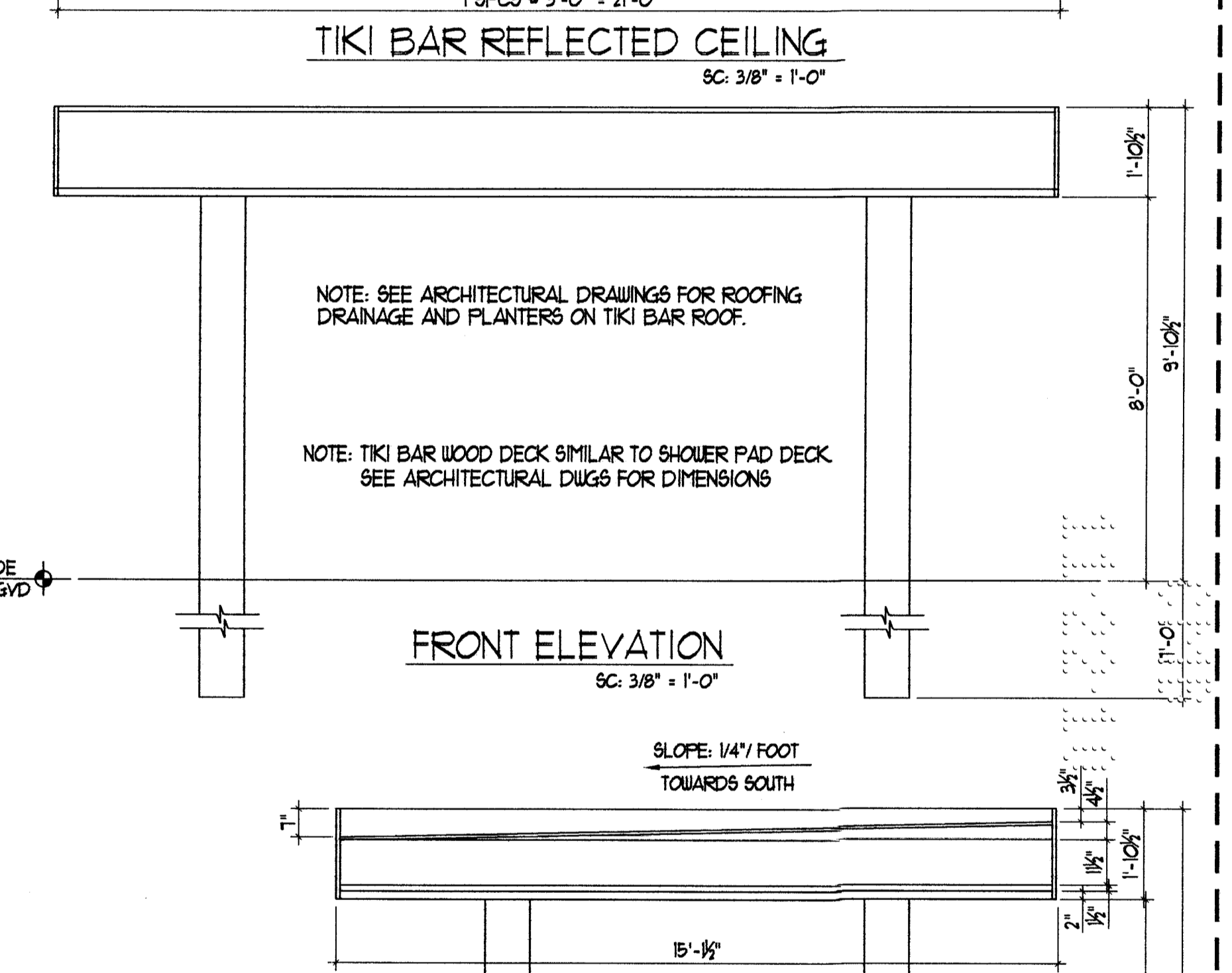
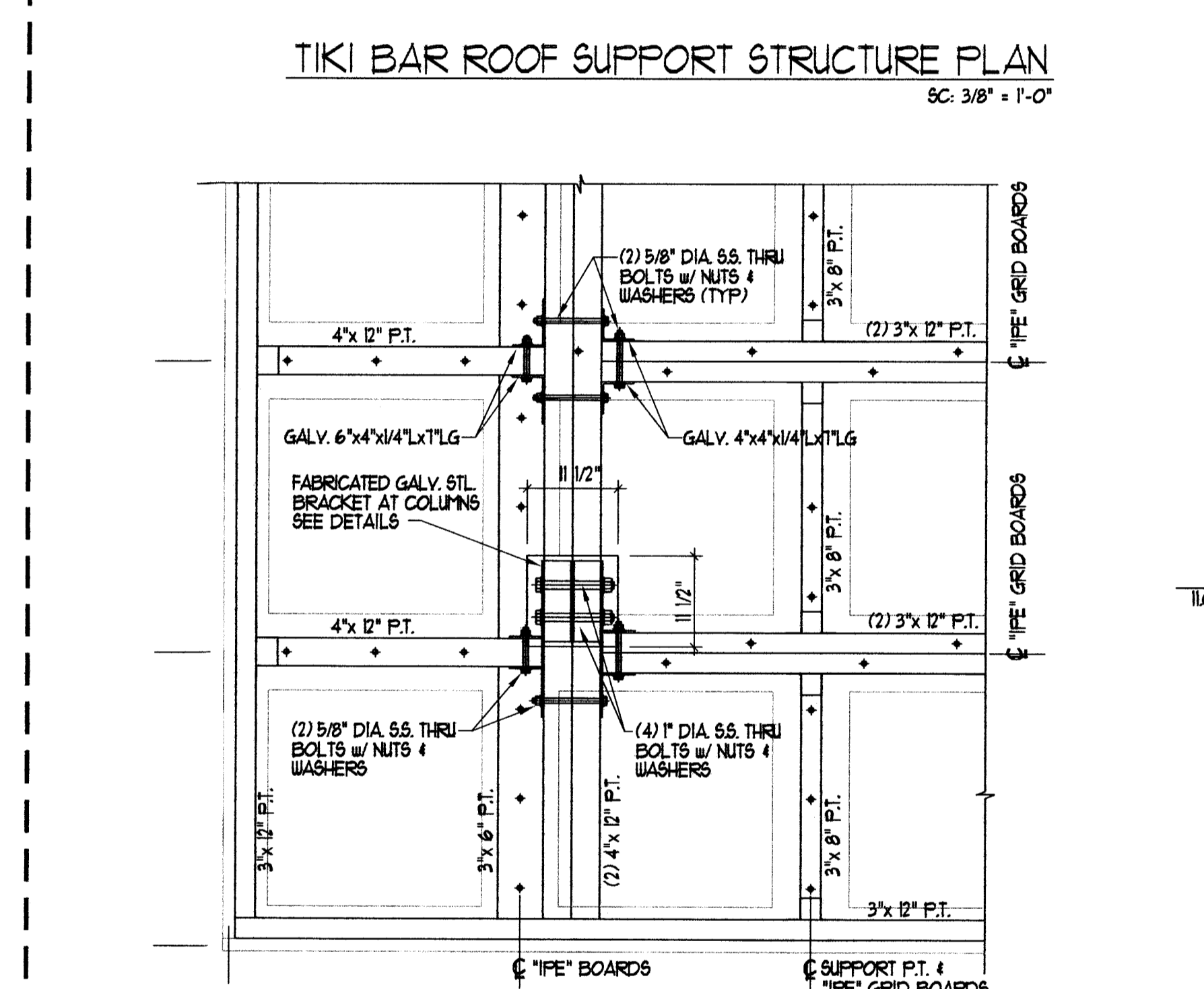
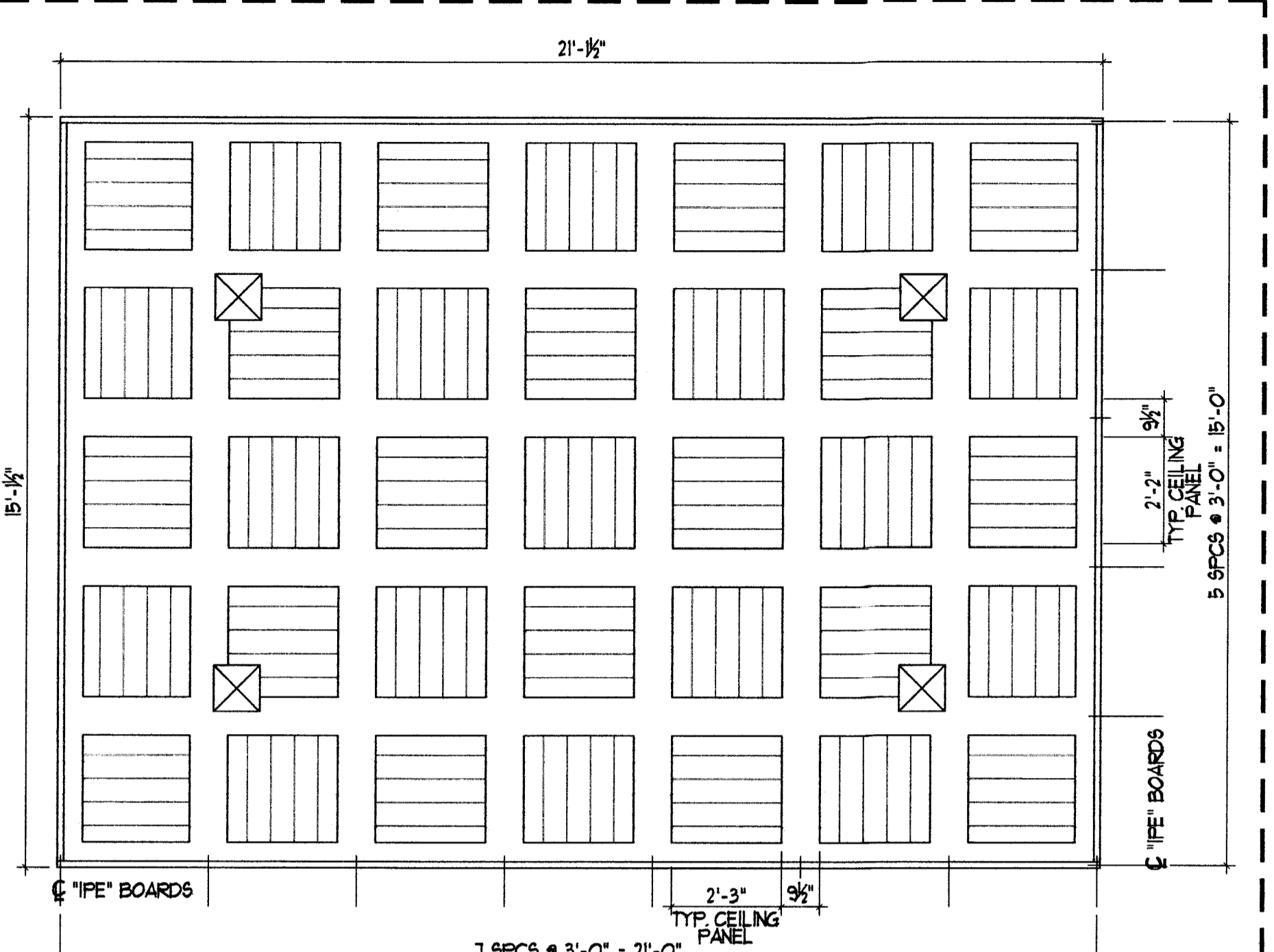
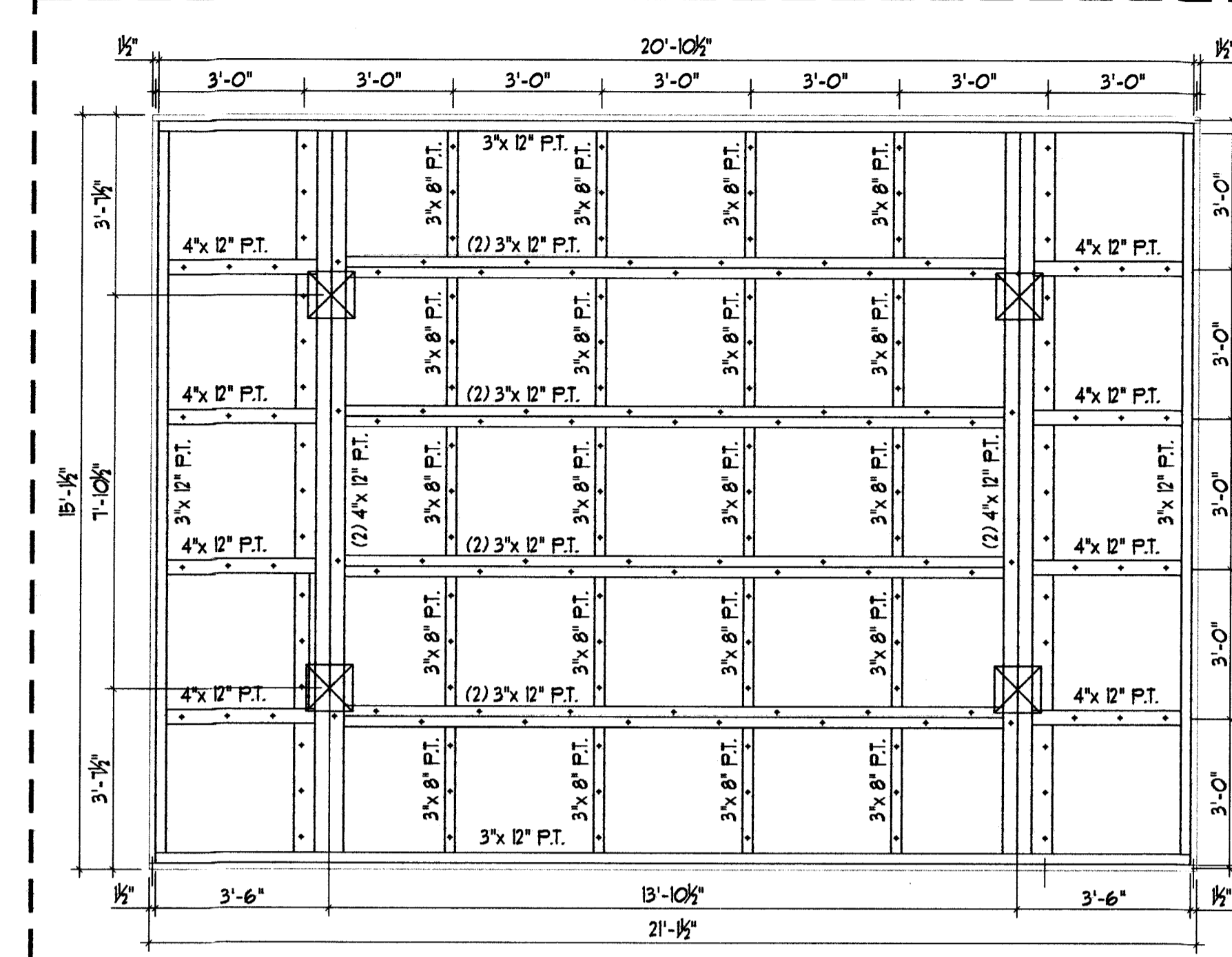
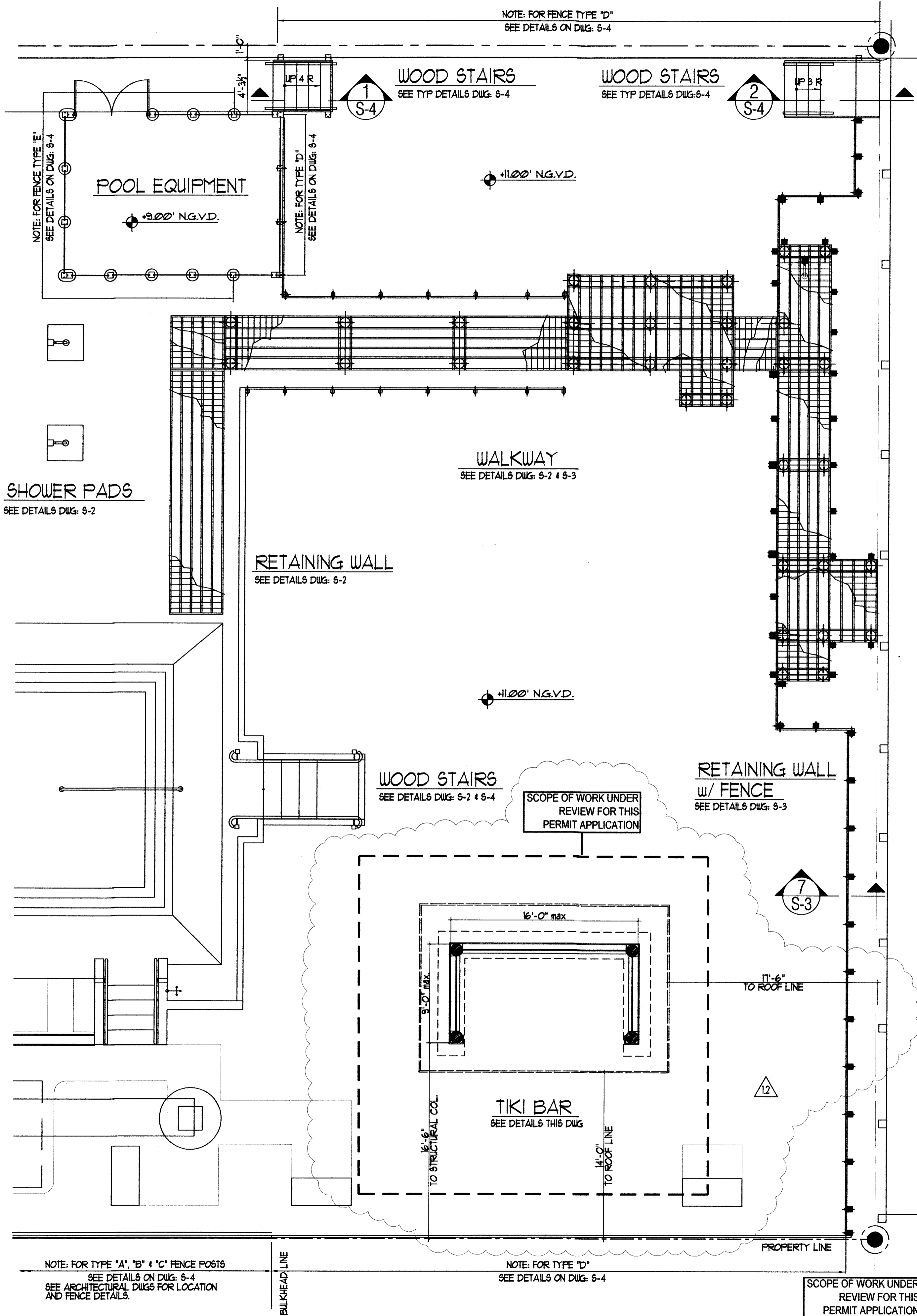
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REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	

AS
7/13/10

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

WALL SECTIONS
A-6.9
09.13.10

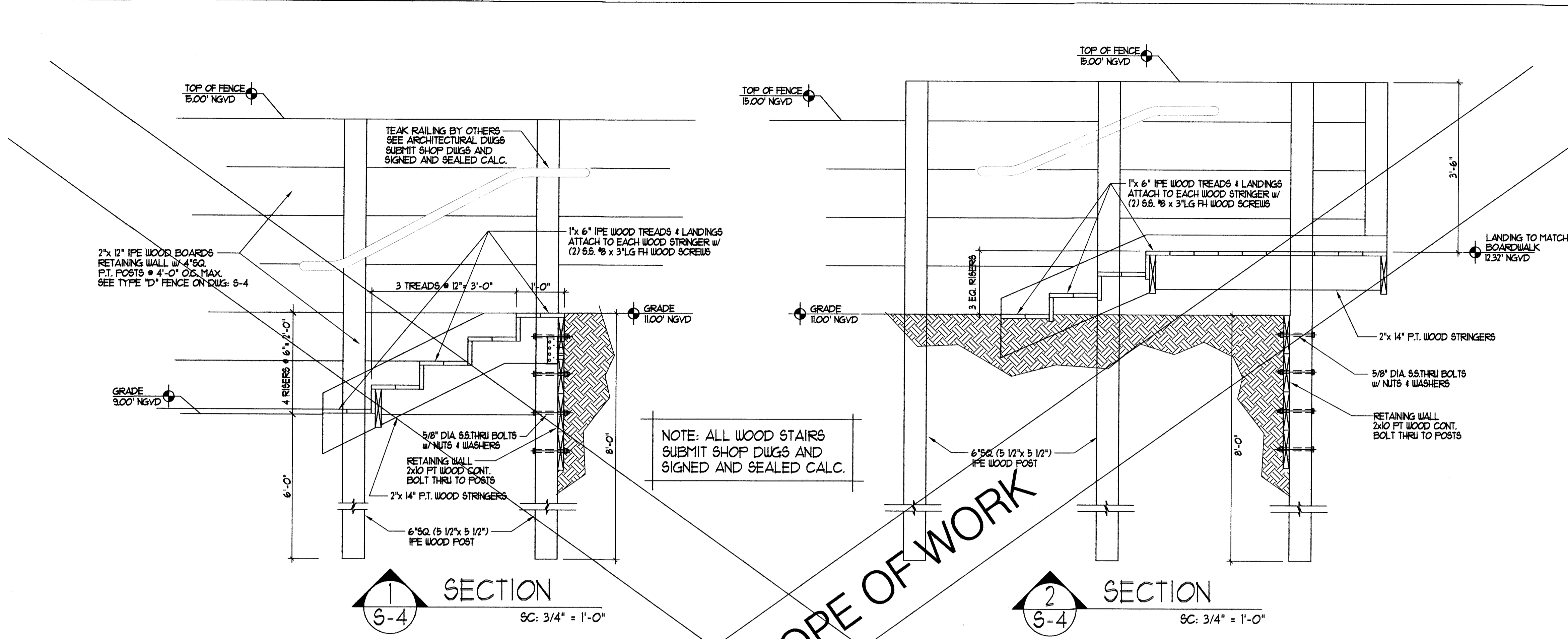


REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	
11.18.10 CMB COMMENTS	

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LAWRENCE A. ESSMAN, P.E. FL. REG. NO. 6878
MUSTAFA CANKAT, P.E. FL. REG. NO. 18632

4/18/2010



STRUCTURAL NOTES

GOVERNING CODES AND REFERENCES:

FLORIDA BUILDING CODE 2007, HIGH VELOCITY HURRICANE ZONE SECTIONS.

DESIGN CRITERIA:

LIVE LOAD: LL = 100 PSF
WIND DESIGN: ASCE 7-05, V=146 MPH, EXP. C, I=1.0

FOUNDATIONS

FILE FOUNDATIONS ARE DESIGNED IN ACCORDANCE WITH "ADDENDUM TO GEOTECHNICAL ENGINEERING STUDY REPORT FOR SOHO BEACH HOUSE - BEACH WALKWAY" PREPARED BY LANGAN ENGINEERING & ENVIRONMENTAL SERVICES LANGAN PROJECT# 6119303, DATED 17 MARCH, 2009

TIMBER PILES

- A) TIMBER PILE DATA
 - 1) TIMBER PILE BUTT DIAMETER: TEN (10) INCHES
 - 2) ALLOWABLE COMPRESSIVE CAPACITY: 10 TONS.
 - 3) ALLOWABLE TENSION CAPACITY: 4 TONS.
 - 4) ALLOWABLE LATERAL CAPACITY: 2 TONS.
 - 5) MINIMUM REQUIRED TIP ELEVATION: EL -5 FT NGVD UNO ON PLANS.
- B) ALL PILING SHALL BE PRESSURE TREATED IN ACCORDANCE WITH THE AMERICAN WOOD PRESERVERS ASSOCIATION (AWPA) SPECIFICATION C3 PILE CUTT OFFS. IF ANY, SHALL BE TREATED IN ACCORDANCE WITH AWPA SPECIFICATION M4 PRESERVATIVE TREATMENT SHALL CONSIST OF A MINIMUM OF 2.5 LBS/CUFT OF ACQ (ALKALINE COPPER QUATERNARY)
- C) PILES SHALL BE DRIVEN TO A DEPTH THAT SATISFIES THE MINIMUM STATED REQUIRED TIP ELEVATION AND THE PILE DRIVING FORMULA IN THE FLORIDA BUILDING CODE (2007 ED) PILES SHALL BE DRIVEN WITH IMPACT (I.E., GRAVITY-DROP, SINGLE ACTING OR DOUBLE ACTING) HAMMERS. INSTALLATION OF PILES BY JETTING SHALL NOT BE PERMITTED. INSTALLATION OF PILES THROUGH PRE-DRILLED HOLES SHALL NOT BE PERMITTED WITHOUT APPROVAL OF LANGAN.
- D) TIMBER PILES SHALL BE DRIVEN USING PROTECTIVE DRIVING CAPS OR RINGS TO PREVENT BROOMING OR SPLITTING OF THE PILE BUTT.
- E) ALL METAL HARDWARE, BOLTS, NUTS, WASHERS, NAILS, ETC SHALL BE GALVANIZED UNLESS OTHERWISE SPECIFIED ON THE PLANS.

STRUCTURAL WOOD

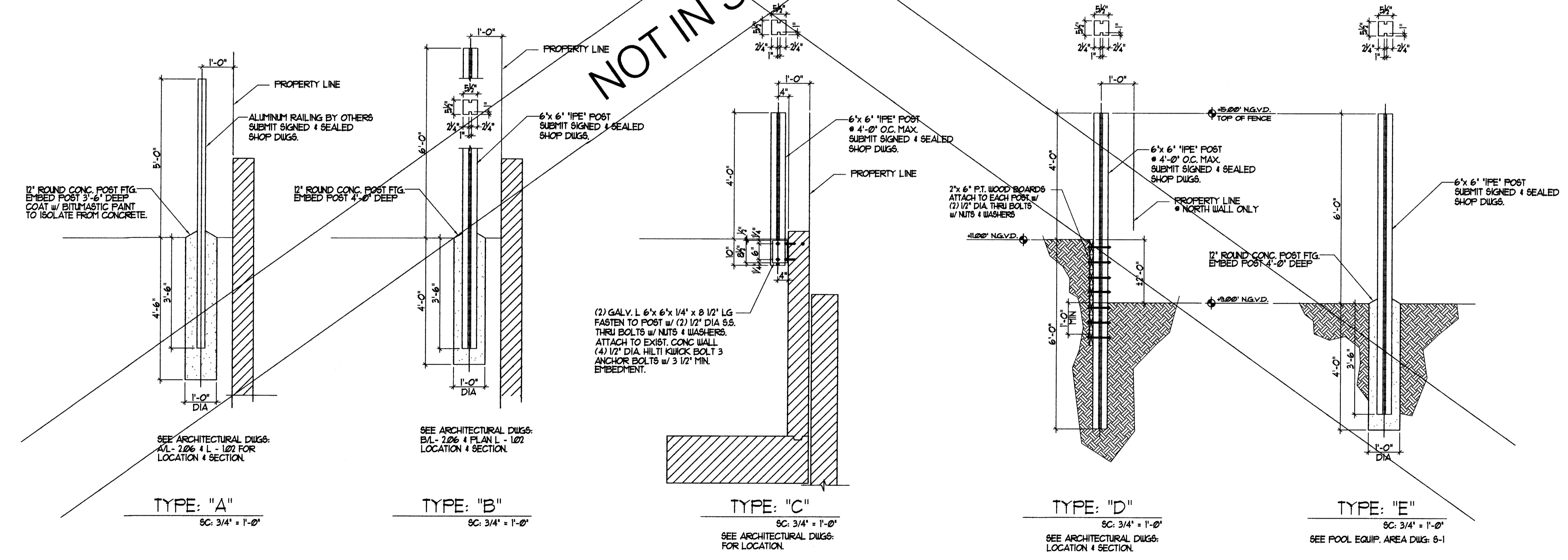
- A) ALL LUMBER JOISTS, STRINGERS, ETC. SHALL BE SOUTHERN PINE PRESSURE TREATED IN ACCORDANCE WITH THE REQUIREMENTS OF AWPA STANDARD C-1. PENETRATION SHALL BE TO 85% OF SAWWOOD.
- B) LIVE LOAD ON DECK SHALL BE 100 LBS/SQFT. MAXIMUM.
- C) ALL LUMBER SHALL BE No 2 COMMON GRADE SOUTHERN PINE EXPOSED OR BETTER GRADE.
- D) "IPE" EXPOSED CEILING FRAME:
"IPE" (Tabebuia spp. lapacho group) WITH THE FOLLOWING PROPERTIES:
COMPRESSION PARALLEL TO GRAIN: 10,350 psi
SHEAR: 2,120 psi
MODULUS OF ELASTICITY = 2.9x10⁶ Psl

FASTENERS:

USE STAINLESS STEEL SCREWS AND FASTENERS UNLESS OTHERWISE NOTED ON SECTIONS.

COORDINATION:

CONTRACTOR TO COORDINATE WITH LANDSCAPING AND POOL DRAWINGS FOR DIMENSIONS AND LAYOUT.

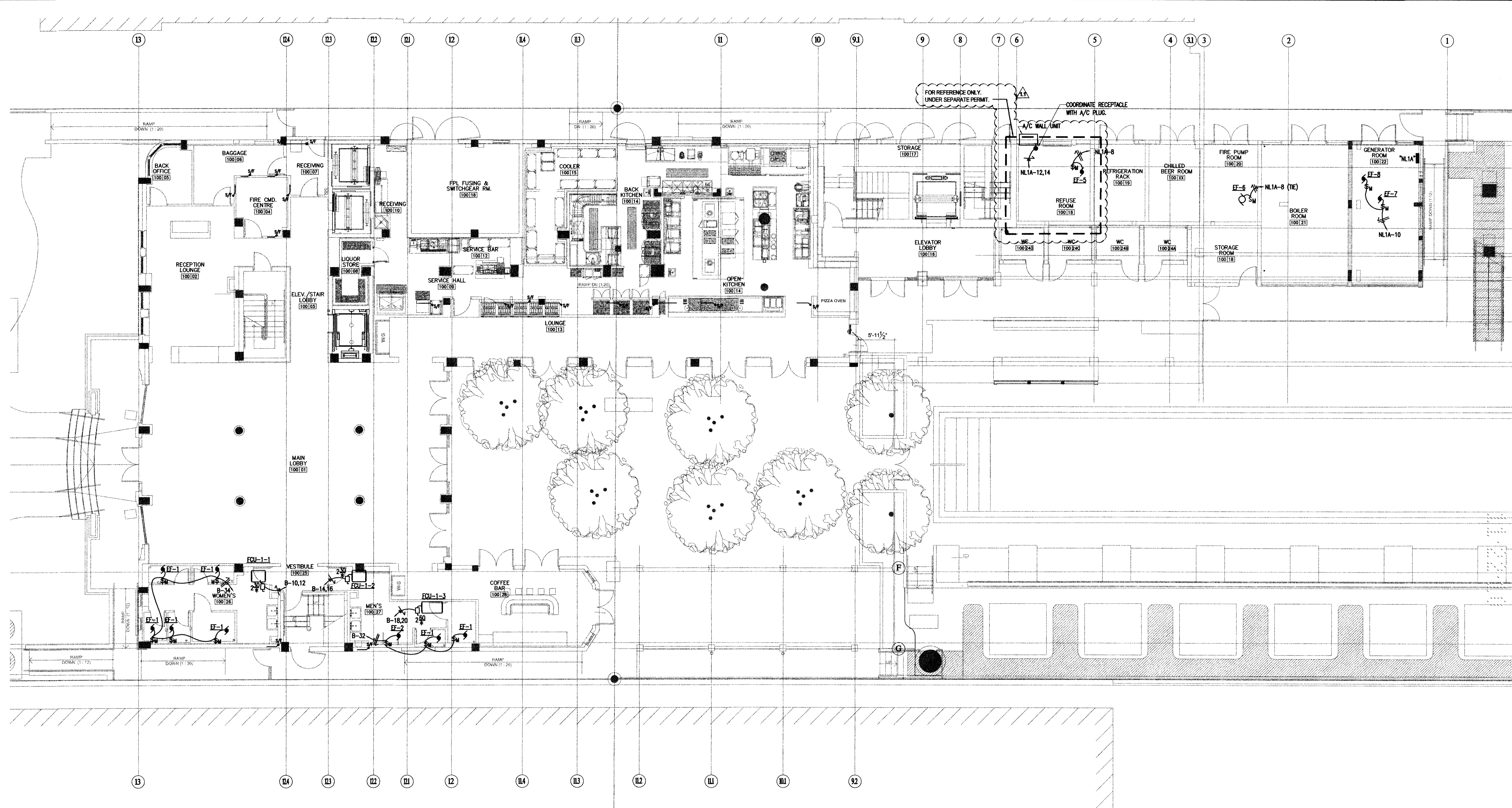


NORTH AND SOUTH PROPERTY LINE POST CONDITIONS AT FENCES

REVISIONS	REVISIONS
08.13.10 CMB COMMENTS	

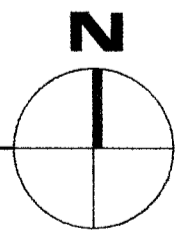
M. Carr
9/12/2010

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LANGRISH & ESSMAN, P.E. FL. REG. NO. 6878
MUSTAFA CANKAT, P.E. FL. REG. NO. 18632



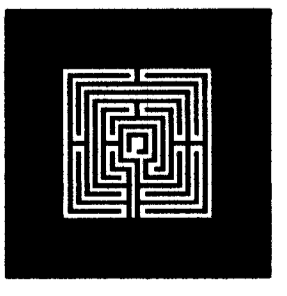
ELECTRICAL LEGEND
 — FIRE/SMOKE DAMPER
 CKT. EL2A-23 & 25
 SHARED EQUALLY

FIRST FLOOR PLAN - MECH. EQUIP. POWER
 SCALE: 1/8"=1'-0"



VIDAL & ASSOCIATES INC.
 CONSULTING ENGINEERS
 2234 N.E. 2ND AVENUE
 MIAMI, FL 33137
 HENRY VIDAL, P.E., PER 56204
 CERTIFICATION OF AUTHORIZATION #6668
 PHONE: (305) 571-1860 FAX: (305) 571-1861
 E-MAIL: HVIDAL@VIDALDSN.COM

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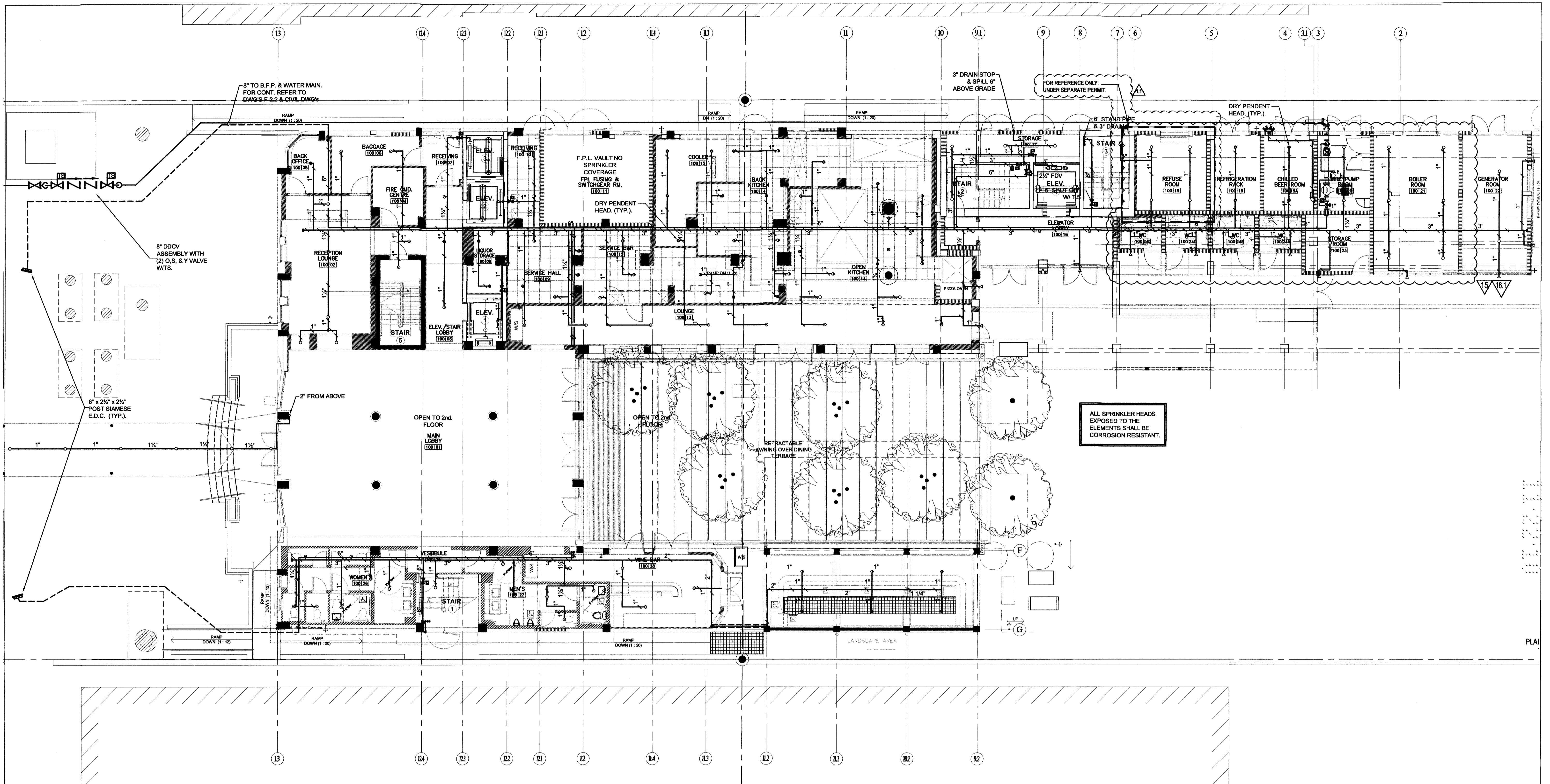


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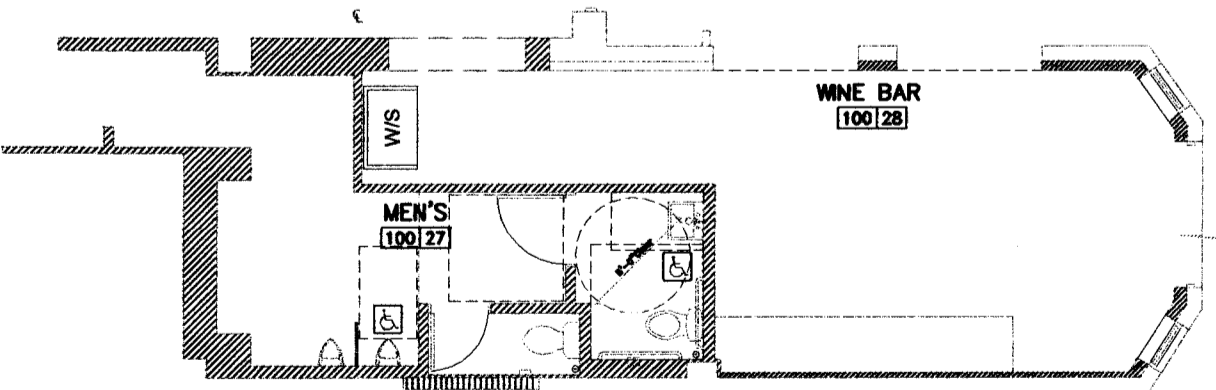
REVISIONS	REVISIONS
09.13.10 CME COMMENTS	

SOHO BEACH HOUSE
 4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
 JOB NO. 05035
TIKI HUT
 CONSTRUCTION DOCUMENTS

E-1.1
 xx.xx.10



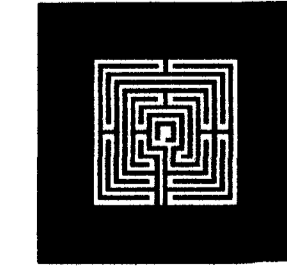
ALL SPRINKLER HEADS EXPOSED TO THE ELEMENTS SHALL BE CORROSION RESISTANT.



FIRE PROTECTION GROUND FLOOR PLAN
SCALE: 1/8" = 1'-0"

VIDAL & ASSOCIATES INC.
CONSULTING ENGINEERS
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MIAMI, FL 33137
HENRY VIDAL P.E. REG. 90204
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E-MAIL: VIDAL1961@AOL.COM

FOR REFERENCE ONLY



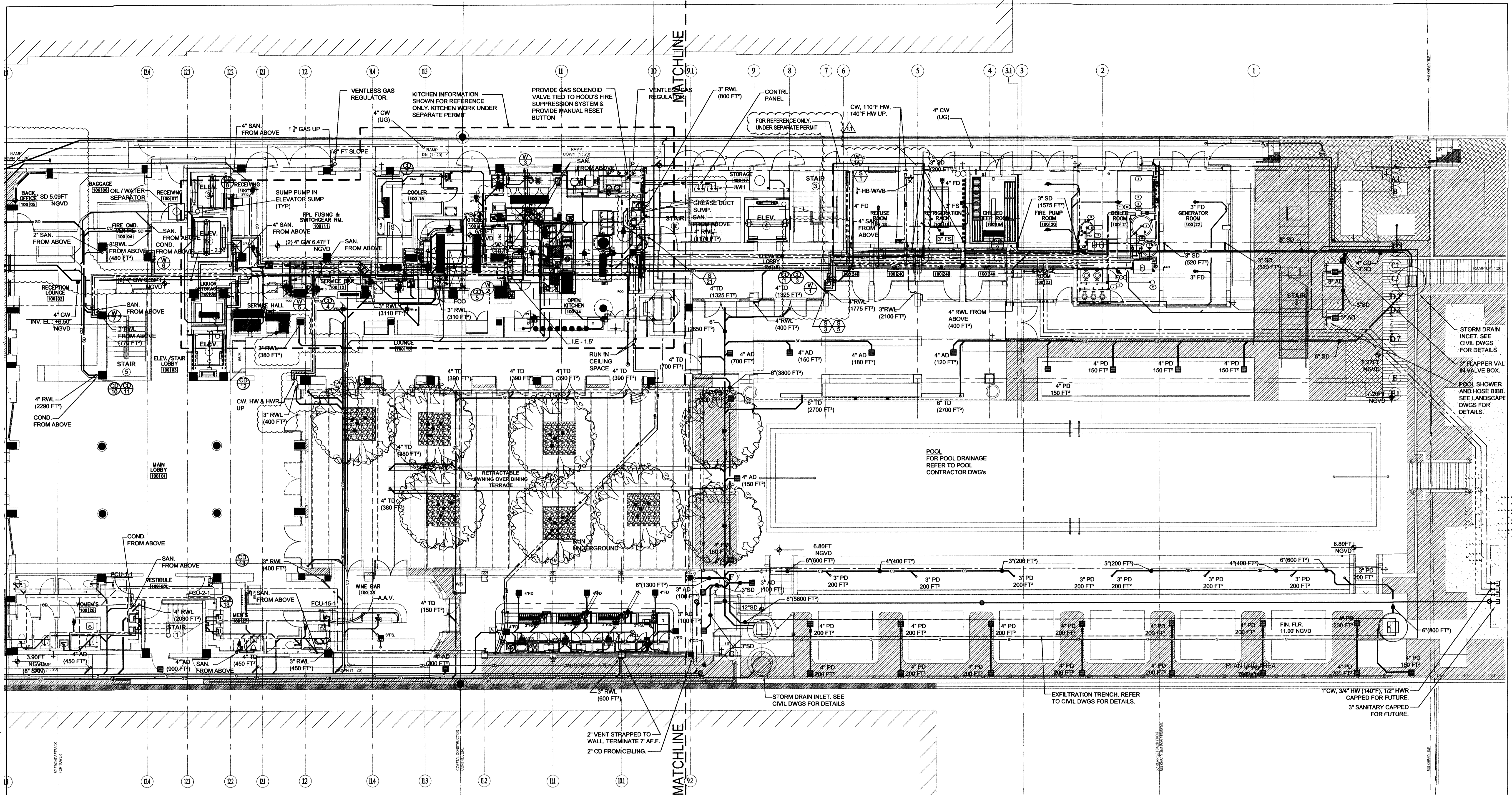
ALLAN T. SHULMAN ARCHITECT, P.A.
(AR 0012763)
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

FIRST FLOOR PLAN
F-1.1
xx.xx.10

Handwritten signature and date: 9/13/10



PLUMBING GROUND FLOOR PLAN
 SCALE: 1/8" = 1'-0"

ALLAN T. SHULMAN ARCHITECT, P.A.
 (AR 0012763)
 100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
 TEL: 305.438.0609 FAX: 305.438.0170

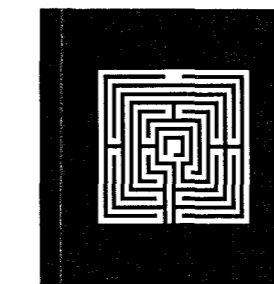
REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	

SOHO BEACH HOUSE
 4385 COLLINS AVENUE, MIAMI BEACH, FL 33140
 JOB NO. 05035
TIKI HUT
 CONSTRUCTION DOCUMENTS

VIDAL & ASSOCIATES INC.
 CONSULTING ENGINEERS
 2234 N.E. 2ND AVENUE
 MIAMI, FL 33137
 HENRY VIDAL P.E.
 CERTIFICATION OF AUTHORIZATION #0606
 PHONE: (305) 574-1860 FAX: (305) 574-1861
 E-MAIL: VIDEAL196@AOL.COM

FOR REFERENCE ONLY

FIRST FLOOR PLAN
P-1.1
 xx.xx.10



ALLAN T. SHULMAN ARCHITECT

(AR 0012763)

100 N.E. 38TH STREET MIAMI, FLORIDA 33137
PHONE: (305) 438-0609 FAX: (305) 438-0170

SOHO BEACH HOUSE CONSTRUCTION DOCUMENTS

OWNER
RYDER PROPERTIES
C/O SOHO HOUSE
3-5 BATEMAN STREET
LONDON W1D 4AG

KITCHEN CONSULTANT
BARING INDUSTRIES
3249 SW 42ND STREET
FORT LAUDERDALE, FL 33312

PROJECT EXECUTIVE
SANDOR SCHER

LIFE SAFETY
HUGHES ASSOCIATES
303 EAST PAR STREET
ORLANDO, FL 32804

PROJECT MANAGER
RAY LASTRA

ACCESSIBILITY
GREENBERG TRAUIG
1221 BRICKELL AVENUE
MIAMI, FL 33131

ARCHITECT
ALLAN T. SHULMAN ARCHITECT, P.A.
100 NE 38TH STREET, SPACE 2
MIAMI, FL 33137

LANDSCAPE ARCHITECT
RAYMOND JUNGLES, INC.
242 SW 5TH STREET
MIAMI, FL 33130

POOL CONSULTANT
AQUADYNAMICS
5000 SW 75 AVE, SUITE 203
MIAMI, FL 33155

CIVIL ENGINEER
CONSULTECH
10570 NW 27TH STREET, SUITE 101
MIAMI, FL 33172

COASTAL ENGINEER
COASTAL SYSTEMS INTERNATIONAL
464 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

STRUCTURAL ENGINEER
DOUGLAS WOOD & ASSOCIATES, INC.
299 ALHAMBRA CIRCLE, SUITE 510
CORAL GABLES, FL 33134

LOW VOLTAGE CONSULTANT
COMBEST
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

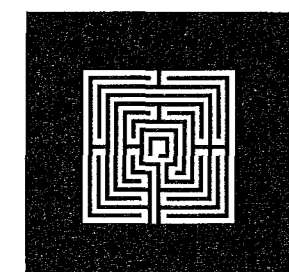
MECHANICAL ENGINEER
SI ENGINEERING, INC
11321 NORTH MARJORY AVE
TAMPA, FL 33612

LIGHTING CONSULTANT
INNOVATIVE ILLUMINATION
1035 GATEWAY BLVD., SUITE 201164
BOYNTON BEACH, FL 33426

ELECTRICAL ENGINEER
H. VIDAL & ASSOCIATES, INC.
2234 NE 2ND AVENUE
MIAMI, FL 33137

**GLAZING & WATERPROOFING
CONSULTANT**
IBA CONSULTANTS, INC.
7104 NW 51 ST.
MIAMI, FL 33166

**PLUMBING AND FIRE PROTECTION
ENGINEER**
PSI ENGINEERING
9520 SW 40TH STREET
MIAMI, FL 33165



ALLAN T. SHULMAN ARCHITECT, P.A.

(AR 0012763)

100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

JUNGLES
RAYMOND JUNGLES INC
RAYMOND JUNGLES INCORPORATED,
Landscape Architect ASLA
242 SW 5th Street, Miami, Florida 33130
PH: (305) 588-8777 FAX: (305) 956-0742
raymond@raymondjungles.com

REVISIONS

REVISIONS

[Signature]
8.11.2010

SOHO BEACH HOUSE

4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140

JOB NO. 05035

TIKI HUT

CONSTRUCTION DOCUMENTS

COVER SHEET
G-1.1
08.11.10

010
0000

BIDDY
1385 COLLINS AVE
OFFICE COPY

OFFICE COPY
CITY OF MIAMI BEACH

APPROVED FOR PERMIT BY
THE FOLLOWING: *11/19/10*

BUILDING: *[Signature] 11/19/10*

ZONING: *[Signature] 11/19/10*

DRB/HPB: _____

CONCURRENCY: _____

PLUMBING: *[Signature] 11/19/10*

ELECTRICAL: _____

MECHANICAL: _____

FIRE PREVENTION: *[Signature] 11/19/10*

ENGINEERING: *[Signature] 11/22/10*

PUBLIC WORKS: *[Signature] 11/20/10*

STRUCTURAL: *[Signature] 11/12/10*

ELEVATOR: _____



Derm Number: 2010-1013-1325-1522
 Contact Name: CEETA POLIAH
 Contact Phone: (786) 997-5342
 Folio: 02-3226-001-2140
 Project Name: SOHO BEACH HOUSE
 Date Received: 10/13/2010
 Reviewer Name:

CITY OF MIAMI BEACH
Building Department
1700 Convention Ctr Dive, 2nd Floor
Miami Beach, Florida 33139
Inspections: (305) 673-7370
Office: (305) 673-7610

B1100859 APP

Building Work Permit

01-12-2011

Activity Number: B1100859

Status: APPROVED

Issued By:

Site Address: 4385 COLLINS AV MBCH
Parcel #: 32260012140

Applied: 12/03/2010
Approved: 01/12/2011
Completed:
To Expire: 07/11/2011

Valuation: \$20,000.00

Applicant: A & S CONSTRUCTION AND MNGMNT
1881 WASHINGTON AVE #3H
MIAMI BEACH, FL 33139
786-525-3460

Property Owner: RYDER PROPERTIES LLC
SHO LANDLORD (FL) QRS 16-104 INC
20-35 9TH AVE 10014

Description: **Tiki bar built out to include bar & kitch equip**
Inspector Area:C

Class Code: A2

PAID

JAN 12 2011

DETAIL LIST

CITY OF MIAMI BEACH
BUILDING DEPARTMENT

New Construction Fees

New Building or Addition - Per Sq.Ft.:	0	\$1,249.21
Storage/Industrial Building - E & F - Per Sq.Ft.:	0	\$0.00
Greenhouse/Agriculture on Premises - Per Sq.Ft.:	0	\$0.00
Screen Enclosure/Trail on Premises - Per Sq.Ft.:	0	\$0.00
New Construction other than Above - Per Costs:	\$0.00	\$0.00
Wood/Prefabricated Storage Sheds - Per Sq.Ft.:	0	\$0.00
Service Station Underground Tanks - Per # of:	0	\$0.00
Civil Defence Approved Shelters - Per # of:	0	\$0.00
FL not Common Elevator Hoistway - Per # of:	0	\$0.00

Alteration/Repair Fees

Alteration Bulding/Structures - Per Costs:	\$20,000.00	\$1,249.21
Awning, Canopy, Patio Cover - Per Costs:	\$0.00	\$0.00
Area Under Roof - RADON - Per Sq.Ft.:	400	\$0.00
Walk-Thru (Zoning) - Per Valuation:	\$20,000.00	\$390.64
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

Activity Number: B1100859**Alteration/Repair Fees (cont'd)**

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

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
Fire Fee:		\$166.12

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

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
MDC Compliance Fee:		\$12.00

Training Fee

Training Fee:		\$74.95
Sanitation Fee:		\$60.00
Fire Training Fee:		\$9.97
Public Works Fee:		\$170.61

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
Lost Plan Fee - SF:		\$0.00
Lost Plan Fee - Other:		\$0.00
Overtime Inspection Fees:		<u>\$0.00</u>

Total of All Fees:		\$2,170.98
Total of Payments:		\$2,170.98
Balance Due:		\$0.00



MIAMIBEACH

BUILDING DEPARTMENT

1700 Convention Center Drive | Miami Beach, FL 33139
Office: 305.673.7610 | Fax: 305.673.7857

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE _____ EDITION

Up Front
A 434.00

Date: 12/03/2010		DATA INFORMATION PLEASE PRINT (USE BLACK OR BLUE INK)			Permit No: (For office use only) B1100859	
Parcel/ Folio No. 32260012140				Job Address: 4385 COLLINS AVENUE		
If subsidiary or revision; provide the Master Building Permit Number:				Is this permit associated with a violation? If yes, BV #:		
Type of Service: Check Applicable	<input checked="" type="checkbox"/> New Permit Application	<input type="checkbox"/> Revision	Change of: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer		<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Occupant Content
Type of Permit: Check Applicable Provide permit detail on page 4	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire	<input type="checkbox"/> Special Events Year Built: _____
Type of Property: Check Applicable	<input checked="" type="checkbox"/> Commercial		<input type="checkbox"/> Residential (SFH or Duplex)		<input type="checkbox"/> Multi - Family	
Type of Improvement: Check Applicable	<input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Addition		<input type="checkbox"/> Reconfiguration of space	<input type="checkbox"/> Remove & Replace
Type of Review: Check Applicable	<input checked="" type="checkbox"/> Regular Walk Thru	<input type="checkbox"/> 24 Hour Walk Thru	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Electronic Plan Review		<input type="checkbox"/> Expedited Plan Review (O.T Payment Required)
Type of Project: Check Applicable	<input type="checkbox"/> City Project	<input checked="" type="checkbox"/> Historic	<input type="checkbox"/> Housing Urban Development (HUD)	<input type="checkbox"/> Leadership In Energy & Environmental(LEED)		<input type="checkbox"/> Special Inspector <input type="checkbox"/> Private Provider
Type of Occupancy: Check Applicable	<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall)		<input type="checkbox"/> I-1 Institutional (Ambulatory)		<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes)	
Square feet for each occupancy type: 1. _____ 2. _____ 3. _____	<input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar)		<input type="checkbox"/> I-2 Institutional (Non Ambulatory)		<input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person)	
	<input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall)		<input type="checkbox"/> M -Department Store / Drug Store		<input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage)	
	<input type="checkbox"/> B - Business		<input type="checkbox"/> M -Gas Station		<input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage)	
<input type="checkbox"/> D/E -Daycare & Educational		<input type="checkbox"/> M - Retail/ Warehouse		<input type="checkbox"/> S-2 Storage (Parking Garage)		
<input type="checkbox"/> R-1 Residential Transient (Boarding House/ Hotel/Motel)		<input type="checkbox"/> R-2 Residential Permanent (Apartment/Dormitory/ Timeshare)				
Other:	Job Value\$: 20,000			Square Ft: 400		
Description of Work: Please be specific with description	TIKI BAR BUILT OUT TO INCLUDE BAR&KITCH EQIP PER ATTACHED KITCH CONSUL ENG DRAWS, TO STRUC SCOPE, ADDING WOODEN FLR DECK&BAR DIE WALL/COUNTER&TO STRUC FRAMING OF ROOF SYSTEM&ADDITION OF ROOF PLANTEE					
Extent of Work: Check Applicable	<input type="checkbox"/> Alteration Level I <input type="checkbox"/> Alteration Level II			<input type="checkbox"/> Alteration Level III <input type="checkbox"/> Change of Occupancy		
Building Information:	Number of Units:		Height of Building:		Number of Stories:	
New Construction/Addition:	Job Value \$:		Sq Ft:			
Alteration/Reconfiguration of space:	Job Value \$:		Sq Ft:			

Architect:	Name: <u>RAYMOND JUNGLES INC.</u> Address: <u>242 SW 5TH STREET</u> Suite No: _____ City/State/Zip Code: <u>MIAMI, FL 33130</u> Email Address: _____ License No: <u>0000856</u> Office#: <u>305-858-6707</u> Cell#: <u>FAX #: 856-0742</u>	Engineer:	Name: <u>CANKAT-ESSMAN, INC.</u> Address: <u>1900 SW 57TH AVENUE,</u> Suite No: <u>1</u> City/State/Zip Code: <u>MIAMI, FL 33155</u> Email Address: <u>mus@cankatessman.com</u> License No: <u>PE 18632</u> <u>305-266-9777</u> Office#: _____ Cell#: _____
Bonding Company Name:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____	Fee Simple Title Holder: (If Other Than Owner)	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____
Contractor:	Name: <u>A&S CONSTRUCTION & MGMT. INC.</u> Address: <u>1881 WASHINGTON AVE</u> Suite No: <u>3H</u> City/State/Zip Code: <u>MIAMI BEACH, FL 33139</u> Email Address: <u>asconstruction2@aol.com</u> License No: <u>CGC 1509036</u> Office#: _____ Cell#: <u>786-525-3460</u>	Property Owner:	Name: <u>RYDER PROPERTIES, LLC.</u> Address: <u>41 EAST 60TH ST. 6TH FLR</u> Suite No: _____ City/State/Zip Code: <u>NEW YORK, NY 10022</u> Email Address: _____ Driver License No: _____ Office#: _____ Cell#: _____

ATTENTION:
Important Notice
Please Read Carefully

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, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, and Air Conditioners, Etc.

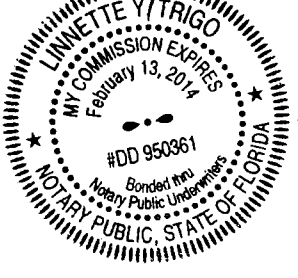

CONDO CONVERSIONS are a change of use of the building and require a new certificate of occupancy. If this application implies a condo conversion, it shall be clearly stated in the description and on the plans; otherwise, the certificate of occupancy will be denied.

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

OWNER'S OR PERSON RESPONSIBLE FOR IMPROVEMENTS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and Zoning.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

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	Tenant (If Applicable)	Qualifier
<p><i>[Signature]</i> Signature of Owner of Agent:</p> <p><i>Sander Schenk</i> Printed Name of Owner of Agent:</p> <p><i>10/8/10</i> Date of Signature:</p> <p><i>[Signature]</i> Signature of Notary Public</p> <p><i>5600-789-74-459-0</i> Identification</p> <p>Swore to and subscribed before me this <i>08</i> day of <i>October</i> 20<i>10</i></p> <p>(SEAL)</p> 	<p>Signature of Tenant:</p> <p>Printed Name of Tenant:</p> <p>Date of Signature:</p> <p>Signature of Notary Public</p> <p>Identification</p> <p>Swore to and subscribed before me this _____ day of _____ 20____</p> <p>(SEAL)</p>	<p><i>[Signature]</i> Signature of Qualifier:</p> <p><i>ASHAN J. SHEPHERD</i> Printed Name of Qualifier:</p> <p><i>12/2/10</i> Date of Signature:</p> <p><i>[Signature]</i> Signature of Notary Public</p> <p><i>FL-AL</i> Identification</p> <p>Swore to and subscribed before me this <i>2</i> day of <i>Dec</i> 20<i>10</i></p> 

THE SIGNATURE REQUIRED BELOW IS FOR *OWNER/BUILDER APPLICANTS ONLY*. PLEASE DO NOT SIGN BELOW IF THIS IS NOT AN OWNER/BUILDER APPLICATION.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT SHOULD BE FILED AT: 22 NW FIRST STREET, MIAMI, FL

STATE OF FLORIDA _____ COUNTY OF _____

Print Owner's Name _____ Owner's Signature _____

Sworn to and subscribed before me this _____ day of _____ 20____, by _____

- Personally
- Produced Identification - Type of Identification _____

Signature of Notary Public _____ (SEAL)

Application Approval By: _____ Permit Clerk Signature _____ Date _____

BUILDING: SPECIALTY PERMITS	<input type="checkbox"/> Kitchen Renovation <input type="checkbox"/> Bath Renovation <input type="checkbox"/> Indoor Flooring, Sq.Ft. _____ <input type="checkbox"/> Generator, Sq.Ft. _____ <input type="checkbox"/> Solar (Photovoltaic)/Alternate Power _____ <input type="checkbox"/> Swimming Pool, gallons _____ <i>(select one, new and renovation includes equipment)</i> <input type="checkbox"/> New Pool <input type="checkbox"/> Renovation of existing pool <input type="checkbox"/> Resurfacing <input type="checkbox"/> Equipment relocation only <input type="checkbox"/> Swimming pool lighting only <input type="checkbox"/> Demolition <input type="checkbox"/> Total, # of stories _____ <input type="checkbox"/> Partial, Sq.Ft. _____ <input type="checkbox"/> Other (signs, fences or other then above) _____ <input type="checkbox"/> Marine <input type="checkbox"/> Docks, Sq.Ft. _____ <input type="checkbox"/> Seawall, linear feet _____ <input type="checkbox"/> Boat lift, # units _____ <input type="checkbox"/> Pilings/Moorings, # units _____ <input type="checkbox"/> Raise existing mechanical equipment on roof <input type="checkbox"/> Parking lot lighting <input type="checkbox"/> Access control, # devices _____	<input type="checkbox"/> Temporary and Special Events <input type="checkbox"/> Platform, select: first or re-approval (circle one) _____ <input type="checkbox"/> Bleachers, select: first or re-approval (circle one) _____ <input type="checkbox"/> Tents, # independent tents (not attached) _____ Sq.Ft. each unattached tent _____, etc. <input type="checkbox"/> Temporary chiller/generator, # units _____ <input type="checkbox"/> Temporary multi-seat toilet, # trailers _____ <input type="checkbox"/> Temporary toilet (per event), # events _____ <input type="checkbox"/> Amusement Ride _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Temporary power for construction <input type="checkbox"/> Temporary power for test <input type="checkbox"/> Trailer, # units _____ <input type="checkbox"/> Temporary electric work, # shows _____ <input type="checkbox"/> Water drainage risers and mains, # floors _____ <input type="checkbox"/> Natural gas, # appliances _____, # outlets _____ <input type="checkbox"/> Irrigation, # zones _____ <input type="checkbox"/> Heaters, _____ <input type="checkbox"/> select: gas or electric (circle one) _____ <input type="checkbox"/> select: new or replacement (circle one) _____ <input type="checkbox"/> Cooling tower, new <input type="checkbox"/> Chiller replacement with structural work <input type="checkbox"/> AC unit new, # units _____ If commercial, CFM _____
BUILDING: TRADE PERMITS	<input type="checkbox"/> Painting <input type="checkbox"/> Windows/doors, # openings _____ <input type="checkbox"/> Shutters, # openings _____ <input type="checkbox"/> Storefront, Sq.Ft. _____ <input type="checkbox"/> Moving structures, Sq.Ft. _____ <input type="checkbox"/> Paving/concrete, Sq.Ft. _____ <input type="checkbox"/> Signs (non-electric), Sq.Ft. _____ <input type="checkbox"/> Roofing, re-roofing, waterproofing, Sq.Ft. _____ <input type="checkbox"/> Fences, walls, linear feet _____ <input type="checkbox"/> Awning, canopy or patio cover, Sq.Ft. _____ <input type="checkbox"/> Other _____	ELECTRICAL: TRADE PERMITS <input type="checkbox"/> Electrical demolition only <input type="checkbox"/> Electrical safety check for service reconnect <input type="checkbox"/> Electrical services, # meters _____ <input type="checkbox"/> Panel replacement, # panels _____ <input type="checkbox"/> Busway installation, linear feet _____ <input type="checkbox"/> Signs (electric), # signs _____ <input type="checkbox"/> Low voltage, # devices _____ <input type="checkbox"/> Empty conduit, # openings _____ <input type="checkbox"/> Generator Transfer Switch <input type="checkbox"/> Other _____
PLUMBING: TRADE PERMITS	<input type="checkbox"/> Plumbing only demolition <input type="checkbox"/> Fixtures <input type="checkbox"/> Rough, # units _____ <input type="checkbox"/> Sets, # sets _____ <input type="checkbox"/> Interceptors, # units _____ <input type="checkbox"/> Water drainage, # inlets _____ <input type="checkbox"/> Condensation drains <input type="checkbox"/> Dry or discharge wells, # wells _____ <input type="checkbox"/> Water/gas mains, linear feet _____ <input type="checkbox"/> Sanitary, storm or collector lines, linear feet _____ <input type="checkbox"/> Backflow protection, # devices _____ <input type="checkbox"/> Other _____	MECHANICAL: TRADE PERMITS <input type="checkbox"/> Mechanical only demolition <input type="checkbox"/> AC Replacement <input type="checkbox"/> HVAC, # units _____ <input type="checkbox"/> Window unit, # units _____ <input type="checkbox"/> Cooling tower, replacement <input type="checkbox"/> Chiller replacement without structural work <input type="checkbox"/> Refrigeration equipment replacement <input type="checkbox"/> Gas or oil furnace <input type="checkbox"/> Hood replacement, # hoods _____ <input type="checkbox"/> Duct work <input type="checkbox"/> Single Family Home, # drops _____ <input type="checkbox"/> All other occupancy type, linear feet _____ <input type="checkbox"/> Other _____
ELEVATOR: TRADE PERMITS	<input type="checkbox"/> Installation or major revamping <input type="checkbox"/> Commercial elevator, # stories _____ <input type="checkbox"/> Residential elevator, # elevators _____ <input type="checkbox"/> Wheelchair lift, # lifts _____ <input type="checkbox"/> Escalator, # escalators _____	<input type="checkbox"/> Elevator repair <input type="checkbox"/> Removal from service <input type="checkbox"/> Emergency power test <input type="checkbox"/> Elevator fire recall test <input type="checkbox"/> Temporary use <input type="checkbox"/> Other _____
FIRE: PERMITS	<input type="checkbox"/> Fire Suppression Permit <input type="checkbox"/> Cooking hood suppression, # of systems _____ <input type="checkbox"/> Room suppression, # of systems _____ <input type="checkbox"/> Minor work on existing systems <input type="checkbox"/> Fire Alarm Permit <input type="checkbox"/> Fire alarm system, Sq.Ft. _____ <input type="checkbox"/> Smoke alarms – 120v, # devices _____ <input type="checkbox"/> Minor work on existing systems <input type="checkbox"/> Incidental Permit <input type="checkbox"/> Fire Hydrant Flow Test Permit	<input type="checkbox"/> Fire Sprinkler Permit <input type="checkbox"/> Sprinkler systems, Sq. Ft. _____ <input type="checkbox"/> Standpiper system only (no sprinkler) Size (Inches) _____ Linear Ft. _____ <input type="checkbox"/> Minor work on existing systems <input type="checkbox"/> Fire Pump <input type="checkbox"/> Fire Pump Only, # of pumps _____ <input type="checkbox"/> Underground Fire Line Permit <input type="checkbox"/> Underground line or appurtenances, replace <input type="checkbox"/> Incidental (new installation-separate from sprinkler permit)

Griffin, Marquita

From: Blatch, RaShonda
Sent: Monday, November 29, 2010 1:34 PM
To: Griffin, Marquita
Subject: FW: Soho House - Process number B1100002

MIAMIBEACH
RaShonda Blatch,



Please do not print this e-mail unless necessary.

From: Rothstein, Steven
Sent: Monday, November 29, 2010 10:58 AM
To: Blatch, RaShonda
Cc: Montoya, Rhonda
Subject: RE: Soho House - Process number B1100002

RaShonda

Yes, and thank you.

It appears that Rhonda's concerns have been addressed. The Certificate of Good Standing from Delaware, dated November 23, 2010 for Soho Ryder Acquisition LLC is attached. Additionally, the corporate structure is set forth in the notarized Resolutions by Written Consent of The Sole Member of Soho Ryder Acquisition LLC.

Please proceed accordingly.

Steven

MIAMIBEACH

Steven H. Rothstein, *First Assistant City Attorney*
OFFICE OF THE CITY ATTORNEY
1700 Convention Center Drive, Fourth Floor
Miami Beach, FL 33139
Tel: 305-673-7470 / Fax: 305-673-7002 ./ www.miamibeachfl.gov

We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.

From: Blatch, RaShonda
Sent: Wednesday, November 24, 2010 4:33 PM
To: Rothstein, Steven
Cc: Montoya, Rhonda
Subject: RE: Soho House - Process number B1100002

Steve,

MIAMIBEACH *Called Customer*
Office of the City Attorney @ 8726110

From the desk of: **Rhonda Montoya Hasan**, *Left message*

First Assistant City Attorney
Tel: 305-673-7470 Fax: 305-673-7002
E-mail: fireatty@yahoo.com

1052

Date: 8.25.10

To: _____

Subject: _____

① Managing Member of Ryden Properties, LLC is Soho-Ryden Acquisition, LLC.

② We need cert of good standing to Soho-Ryden

③ need documentation to show who can sign for Soho-Ryden as sole managing member of Ryden Properties - if this is Mr. Jones + Mr. Williams, that is fine - but the "unanimous consent" needs to be properly drafted to identify the corporate structure + needs to be notarized.

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

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[Events](#) [No Name History](#)

Detail by Entity Name

Foreign Limited Liability Company

RYDER PROPERTIES, LLC

Filing Information

Document Number M05000003944
 FEI/EIN Number 203195676
 Date Filed 07/18/2005
 State DE
 Status ACTIVE
 Last Event CANCEL ADM DISS/REV
 Event Date Filed 01/22/2010
 Event Effective Date NONE

Principal Address

C/O WITHERS BERGMAN LLP
 157 CHURCH STREET, 19TH FLOOR
 NEW HAVEN CT 06510
 Changed 01/22/2010

Mailing Address

C/O WITHERS BERGMAN LLP
 157 CHURCH STREET, 19TH FLOOR
 NEW HAVEN CT 06510
 Changed 01/22/2010

Registered Agent Name & Address

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324 US

Manager/Member Detail

Name & Address

Title MGRM

SOHO-RYDER ACQUISITION LLC
 25 NINTH AVENUE, 2ND FLOOR
 NEW YORK NY 10014

Annual Reports

Report Year	Filed Date
2008	04/29/2008
2009	01/22/2010
2010	01/22/2010


Document Images

01/22/2010 - REINSTATEMENT [View image in PDF format](#)

04/29/2008 - ANNUAL REPORT [View image in PDF format](#)

01/10/2007 - ANNUAL REPORT [View image in PDF format](#)

07/11/2006 - ANNUAL REPORT [View image in PDF format](#)

07/18/2005 - Foreign Limited		
Note: This is not official record. See documents if question or conflict.		
Previous on List	Next on List	Return To List
Events	No Name History	<input type="text" value="Entity Name Search"/>
<input type="button" value="Submit"/>		
Home Contact us Document Searches E-Filing Services Forms Help		
Copyright © and Privacy Policies State of Florida, Department of State		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOHO-RYDER ACQUISITION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4585949 8300

101115508

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8373960

DATE: 11-23-10

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "SOHO-RYDER ACQUISITION LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2008, AT 12:33 O'CLOCK P.M.



4585949 8100

080901866

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6813676

DATE: 08-26-08

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:33 PM 08/26/2008
FILED 12:33 PM 08/26/2008
SRV 080901866 - 4585949 FILE

CERTIFICATE OF FORMATION**OF****Soho-Ryder Acquisition LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company (hereinafter called the "Company"), under the provisions and subject to the requirements of the Delaware Limited Liability Company Act, hereby certifies that:

1. The name of the Company is Soho-Ryder Acquisition LLC.
2. The address of the registered office and the name and the address of the registered agent of the Company required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act is The Corporation Trust Company, 1209 Orange Street, Wilmington (New Castle County), Delaware 19801.

IN WITNESS WHEREOF, the undersigned, an authorized person of the Company, has caused this Certificate of Formation to be duly executed as of the 26th day of August 2008.


Erin E. Boyle, Organizer

RESOLUTIONS BY WRITTEN CONSENT

OF

THE SOLE MEMBER

OF

RYDER PROPERTIES, LLC

WHEREAS, the undersigned, Soho-Ryder Acquisition, LLC, a Delaware limited liability company (the "Member") is the sole member of Ryder Properties, LLC, a Delaware limited liability company (the "Company"); and

WHEREAS, the Member's sole member is Soho House, LLC, a Delaware limited liability company; and

WHEREAS, Soho House U.S. Corp., a Delaware corporation, is the sole manager of Soho House, LLC; and

WHEREAS, Guy Williams is the Secretary and Director of Soho House U.S. Corp.

NOW, THEREFORE, the undersigned, acting pursuant to the Delaware Limited Liability Company Act, does hereby adopt, by this written consent, the following resolutions with the same force and effect as they had been adopted at a duly convened meeting of the Member and direct that this written consent be filed with the minutes of the proceedings of the Member:

RESOLVED: That each of Nicholas Jones, Guy Williams, Sandor I. Scher and Philip R. DiGennaro, Jr. (each an "Authorized Signatory"), is hereby authorized and empowered to execute and deliver for and on behalf of the Company, any and all instruments, documents and agreements as may be deemed necessary and directed by the Member, the Board, or any officer of the Company from time to time to consummate various transactions engaged in by the Company, all with such changes, and in such form, as such Authorized Signatory may in his sole discretion approve, the execution and delivery of each instrument, document and agreement to be conclusive evidence of the approval of the Company, including, without limitation, applying for and obtaining permits on the Company's behalf with any and all federal, state, local, and other governmental agencies and authorities having jurisdiction, including, without limitation, Miami Beach; and be it further

RESOLVED: That any and all actions previously taken by any director, officer or agent of the Company for or on behalf of the Company, as the case may be, in furtherance of the foregoing resolution be, and they hereby are, ratified, approved and confirmed in all respects as the acts and deeds of the Company.

[Remainder of page intentionally left blank. Signature page to follow]


Dated as of the 26 day of October 2010.

SOLE MEMBER:

SOHO-RYDER ACQUISITION, LLC

BY: SOHO HOUSE, LLC, Its Sole Member


BY: SOHO HOUSE U.S. CORP., Its Manager

By: 
Name: Guy Williams
Title: Secretary and Director

STATE OF FLORIDA)

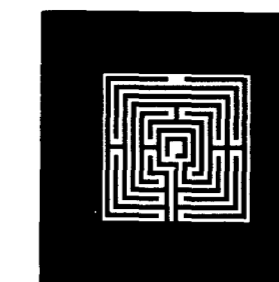
COUNTY OF MIAMI - DADIE

The foregoing instrument was acknowledged before me this 26 day of October by Guy Williams, Secretary and Director of Soho House U.S. Corp., a Delaware corporation, being the sole Manager of Soho House, LLC, a Delaware limited liability company, being the sole member of Soho-Ryder Acquisition LLC, a Delaware limited liability company, on behalf of Soho-Ryder Acquisition, LLC. He is personally known to me or has produced _____ as identification.


(Name typed, printed or stamped)
(Title or rank)
(Serial number, if any)



RAMON LASTRA
MY COMMISSION # DD 882715
EXPIRES: July 7, 2013
Bonded Thru Budget Notary Services



ALLAN T. SHULMAN ARCHITECT

(AR 0012763)
100 N.E. 38TH STREET MIAMI, FLORIDA 33137
PHONE: (305) 438-0609 FAX: (305) 438-0170

SOHO BEACH HOUSE CONSTRUCTION DOCUMENTS

OWNER
RYDER PROPERTIES
C/O SOHO HOUSE
3-5 BATEMAN STREET
LONDON W1D 4AG

KITCHEN CONSULTANT
BARING INDUSTRIES
3249 SW 42ND STREET
FORT LAUDERDALE, FL 33312

PROJECT EXECUTIVE
SANDOR SCHER

LIFE SAFETY
HUGHES ASSOCIATES
303 EAST PAR STREET
ORLANDO, FL 32804

PROJECT MANAGER
RAY LASTRA

ACCESSIBILITY
GREENBERG TRAURIG
1221 BRICKELL AVENUE
MIAMI, FL 33131

ARCHITECT
ALLAN T. SHULMAN ARCHITECT, P.A.
100 NE 38TH STREET, SPACE 2
MIAMI, FL 33137

LANDSCAPE ARCHITECT
RAYMOND JUNGLES, INC.
242 SW 5TH STREET
MIAMI, FL 33130

POOL CONSULTANT
AQUADYNAMICS
5000 SW 75 AVE, SUITE 203
MIAMI, FL 33155

CIVIL ENGINEER
CONSULTECH
10570 NW 27TH STREET, SUITE 101
MIAMI, FL 33172

COASTAL ENGINEER
COASTAL SYSTEMS INTERNATIONAL
464 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

STRUCTURAL ENGINEER
DOUGLAS WOOD & ASSOCIATES, INC.
299 ALHAMBRA CIRCLE, SUITE 510
CORAL GABLES, FL 33134

LOW VOLTAGE CONSULTANT
COMBEST
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

MECHANICAL ENGINEER
SI ENGINEERING, INC
11321 NORTH MARJORY AVE
TAMPA, FL 33612

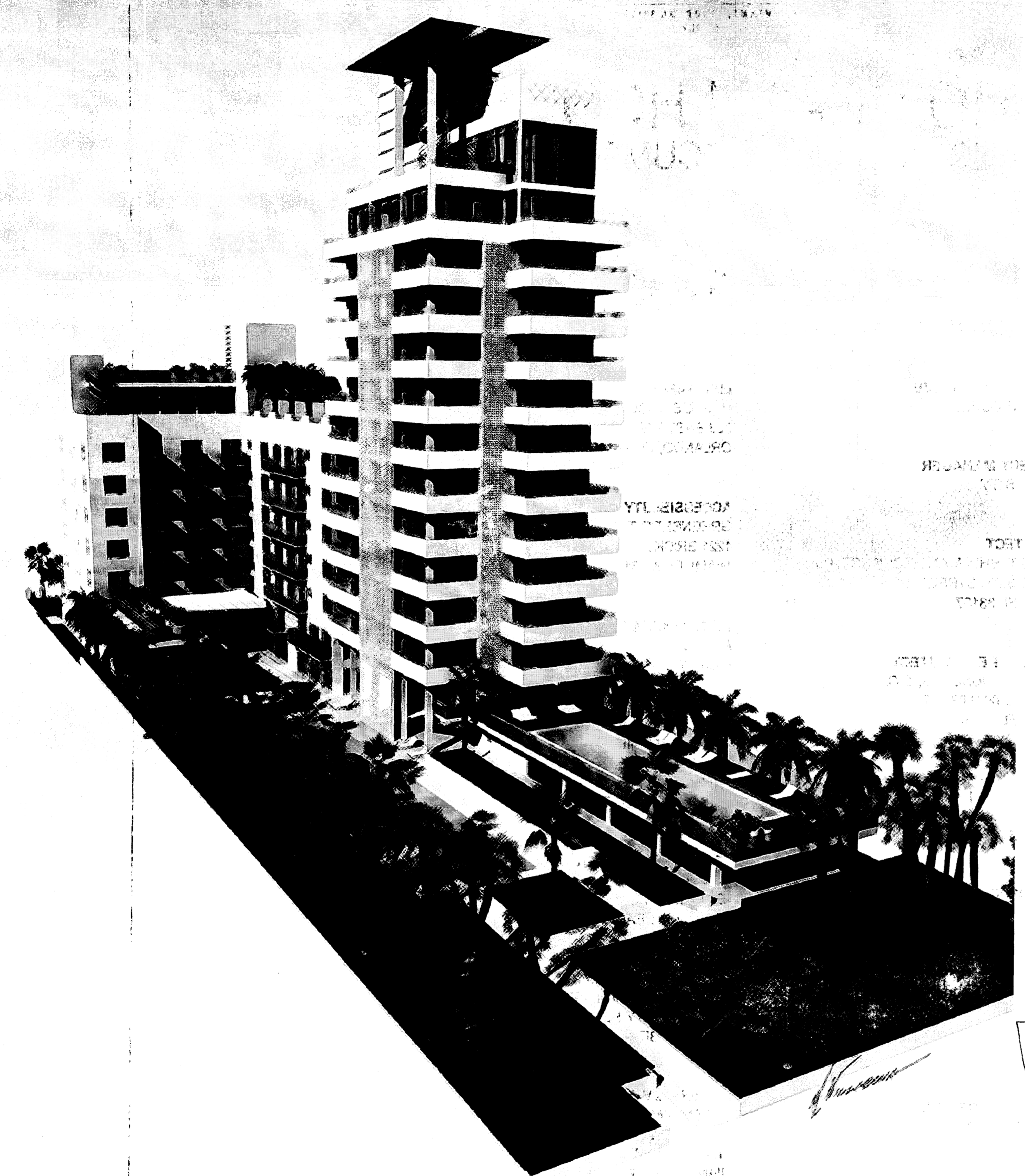
LIGHTING CONSULTANT
INNOVATIVE ILLUMINATION
1035 GATEWAY BLVD., SUITE 201164
BOYNTON BEACH, FL 33426

ELECTRICAL ENGINEER
H. VIDAL & ASSOCIATES, INC.
2234 NE 2ND AVENUE
MIAMI, FL 33137

GLAZING & WATERPROOFING CONSULTANT
IBA CONSULTANTS, INC.
7104 NW 51 ST.
MIAMI, FL 33166

PLUMBING AND FIRE PROTECTION ENGINEER
PSI ENGINEERING
9520 SW 40TH STREET
MIAMI, FL 33165

*NOTICE: PERMITS FOR CONSERVATION OF HISTORIC BUILDINGS PERMITTED BY THE CITY OF MIAMI BEACH ARE SUBJECT TO THE REVIEW AND APPROVAL OF THE HISTORIC PRESERVATION STAFF PRIOR TO THE COMMENCEMENT OF THE PROJECT.



48 HOURS PRIOR TO EXCAVATING CONTRACTOR SHALL CALL FOR LOCATION OF UNDERGROUND UTILITIES:
SUNSHINE ONE-CALL 1-800-432-4770
CITY OF MIAMI BEACH 305-673-7088

PUBLIC WORKS PLAN REVIEW NOTICE
Phone 305-673-7080 Fax 305-673-7028

THIS PLAN REVIEW CONSTITUTES APPROVAL FOR OBTAINING BUILDING PERMITS ONLY.

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

Permit Requirements: Proof of existing sidewalk/swale area conditions (pictures) and/or posting of sidewalk/roadway bonds (Public Works Inspection of the right-of-way will be required prior to final sign-off on the C.C./C.O., or the release of bonds.)

11-22-10

REVISIONS: The contractor shall be responsible for obtaining all necessary permits and approvals from the City of Miami Beach and the State of Florida. The contractor shall also be responsible for obtaining all necessary approvals from the utility companies for the excavation and installation of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Transportation for the construction of the driveway and parking area. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Environmental Protection for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Agriculture for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Health for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Banking and Finance for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Children and Families for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Corrections for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Education for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Financial Services for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Health Services for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Insurance for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Law Enforcement for the construction of the pool and hot tub. The contractor shall also be responsible for obtaining all necessary approvals from the Florida Department of Natural Resources for the construction of the pool and hot tub. 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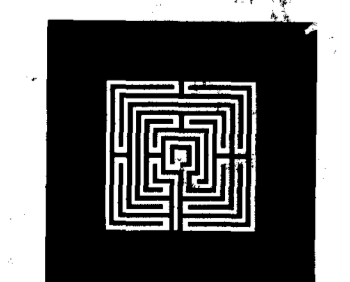
PUBLIC WORKS PLAN REVIEW NOTICE
Phone 305-673-7080 Fax 305-673-7028
THIS PLAN REVIEW CONSTITUTES APPROVAL FOR OBTAINING BUILDING PERMITS ONLY.
All construction and/or use of equipment in the right-of-way and/or easements, requires a separate Public Works Department permit prior to start of construction.
Permit Requirements: Proof of existing sidewalk/swale area conditions (pictures) and/or posting of sidewalk/roadway bonds (Public Works Inspection of the right-of-way will be required prior to final sign-off on the C.C./C.O., or the release of bonds.)
Approved/Reviewed By: [Signature] Date: 12-21-10

OFFICE COPY
CITY OF MIAMI BEACH
APPROVED FOR PERMIT BY THE FOLLOWING:

BUILDING:	[Signature]
ZONING:	[Signature]
DRB/HPB:	[Signature]
CONCURRENCY:	[Signature]
PLUMBING:	[Signature]
ELECTRICAL:	[Signature]
MECHANICAL:	[Signature]
FIRE PREVENTION:	[Signature]
ENGINEERING:	[Signature]
PUBLIC WORKS:	[Signature]
STRUCTURAL:	[Signature]
ELEVATOR:	[Signature]

T. A. [Signature] 1/11

PH100859



ALLAN T. SHULMAN ARCHITECT, P.A.
(AR 0012763)
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

JUNGLES
RAYMOND JUNGLES INC
RAYMOND JUNGLES INCORPORATED,
Landscape Architect ASLA
242 SW 5th Street, Miami, Florida 33130
PH: 305.368.8777 FAX: 305.368.0742
raymond@raymondjungles.com

REVISIONS	REVISIONS
11-22-10	

11-22-10

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

COVER SHEET
G-1.1
09.13.10

0100
0100
0100

DRAWING INDEX

GENERAL


- G-1.1 COVER SHEET
- G-1.2 SHEET INDEX
- G-1.3 ZONING CALCULATIONS & LOCATION SITE PLAN
- G-1.4 EXISTING & PROPOSED SITE PLAN



LANDSCAPE / LANDSCAPE STRUCTURAL

-  L-1.02 TIKI BAR SETBACKS
-  L-3.01 PARTIAL UNDERSTORY PLANTING PLAN / PLANT LIST
-  LD.01 LANDSCAPE TIKI BAR PLANS DETAILS & ELEVATIONS
- S-1 STRUCTURAL TIKI BAR PLAN, SECTIONS & DETAILS
- S-2 STRUCTURAL TIKI BAR PLAN, SECTIONS & DETAILS

ARCHITECTURAL

- A-1.1 TRASH ROOM: RM 100-18, GRIDLINE A-5
- A-2.2 ROUTE SECTION
- A-4.5a DINING TERRACE (SHOWING TIKI HUT SEATING CALCULATIONS)
- A-4.5d TIKI HUT
- A-6.9 SECTIONS V & VI
- E-1.1 MECHANICAL EQUIPMENT POWER - GROUND FLOOR
- F-1.1 FIRE PROTECTION - GROUND FLOOR
- P-1.1 PLUMBING GROUND FLOOR PLAN

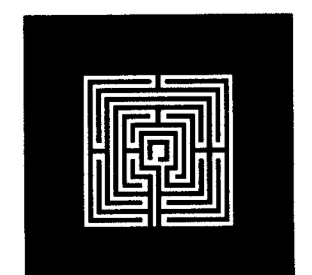
-  **KITCHEN EQUIPMENT (For Reference Only)**
- K1 FOR REFERENCE ONLY
- K2 FOR REFERENCE ONLY

REVISIONS	
	09.13.10 CHG COMMENTS
	11.22.10 CHG/REP CHANGES

REVISIONS	

[Signature]
11.22.10

[Signature] 12/13/2010



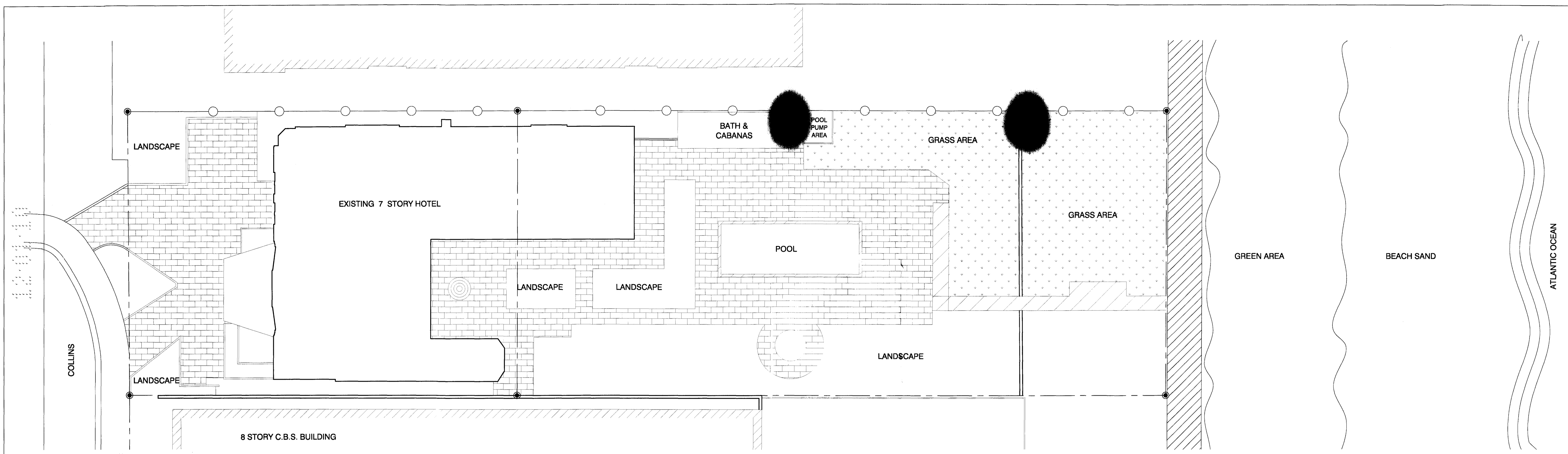
ALLAN T. SHULMAN ARCHITECT, P.A.
(AR 0012763)
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

JUNGLES
RAYMOND JUNGLES INC
RAYMOND JUNGLES INCORPORATED,
Landscape Architect ASLA
242 SW 5th Street, Miami, Florida 33130
PH: 305.658-6777 FAX: 305.658-0742
raymond@raymondjungles.com

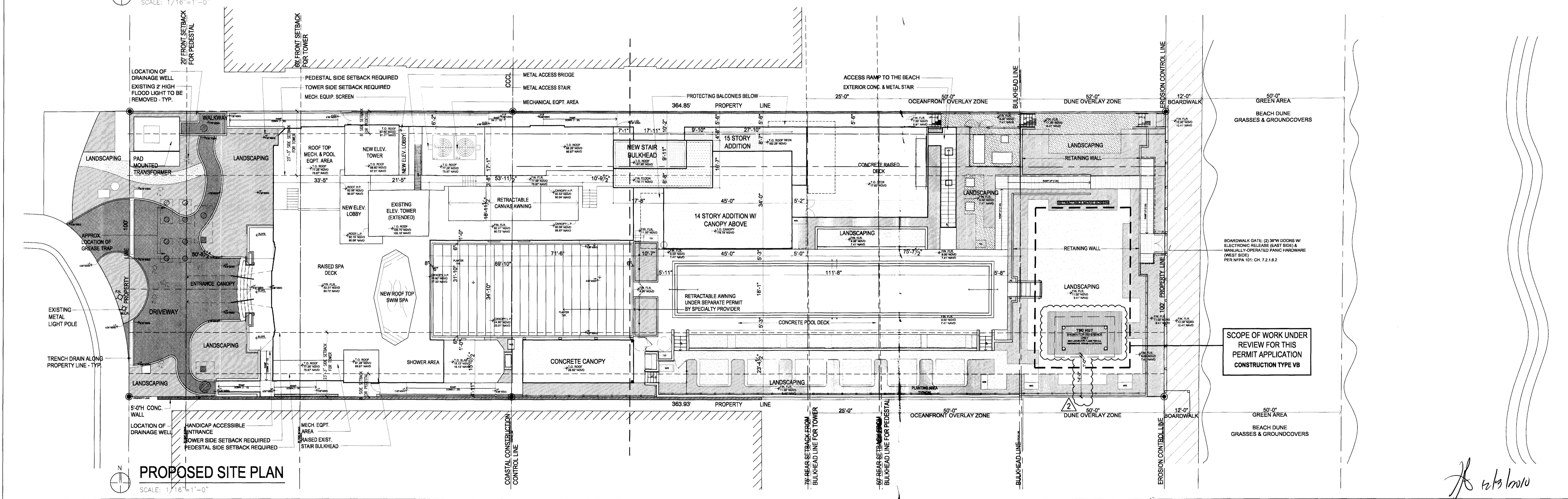
SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

SHEET INDEX
G-1.2
09.13.10

120000



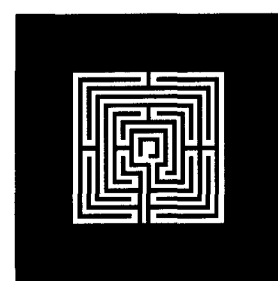
EXISTING SITE PLAN
SCALE: 1/16"=1'-0"



PROPOSED SITE PLAN
SCALE: 1/16"=1'-0"

SCOPE OF WORK UNDER REVIEW FOR THIS PERMIT APPLICATION CONSTRUCTION TYPE VB

Handwritten signature and date: 12/10

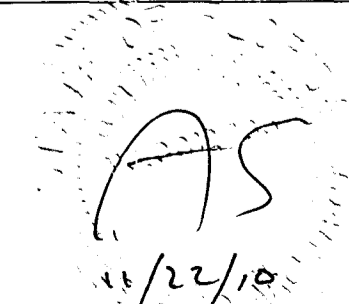


ALLAN T. SHULMAN ARCHITECT, P.A.
(AR 0012763)

100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	
11.18.10 CMB COMMENTS	
11.22.10 CMB COMMENTS	

REVISIONS



SOHO BEACH HOUSE

4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140

JOB NO. 05035

TIKI HUT

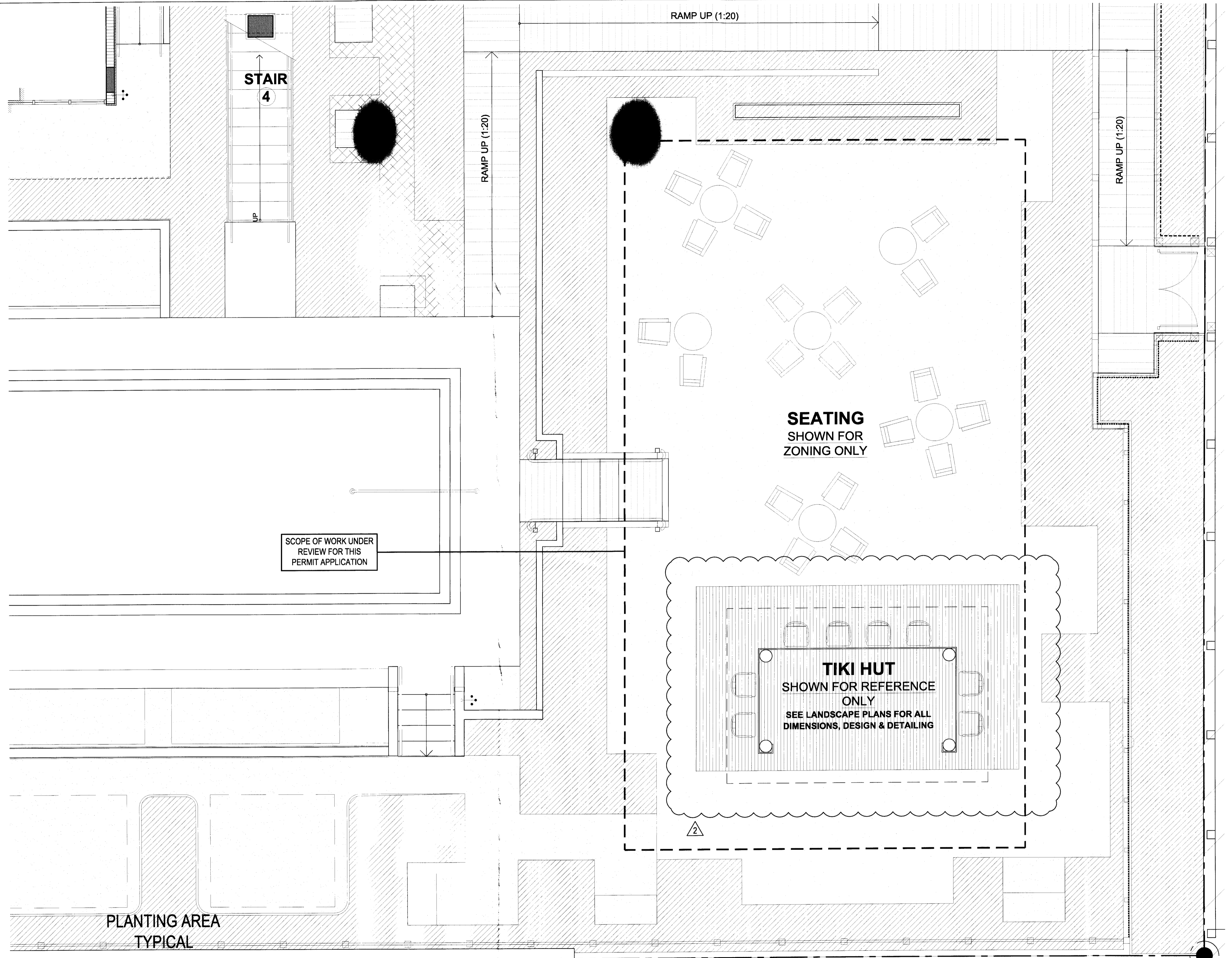
CONSTRUCTION DOCUMENTS

EXISTING & PROPOSED SITE PLAN

G-1.4

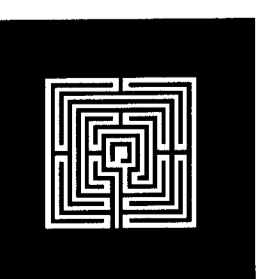
08.11.10

CMB
12/11/10



- NOTES:
1. SEE ELECTRICAL DWGS FOR LOADING, CIRCUITS, ETC. ARCH. DWGS GOVERN LAYOUT & ALIGNMENTS. ALL SWITCHES, OUTLETS, THERMOSTATS, LIGHT FIXTURES TO BE ALIGNED & COORDINATED. IF ANY ELECTRICAL DEVICE IS NOT SHOWN IN ARCH. DWGS., NOTIFY ARCHITECT IMMEDIATELY SO LOCATION CAN BE ADDRESSED.
 2. CONTRACTOR TO FIELD VERIFY ALL GWB CLNG. HTS. AND DOOR CLEARANCES W/ ARCHITECTURAL DOCUMENTS & NOTIFY ARCHITECT IMMEDIATELY OF DISCREPANCIES.
 3. FURNITURE & INT. FINISHES BY OTHERS
 4. REFER TO SHEET A 4.6 FOR PROPOSED LOBBY FURNITURE FLOOR PLAN
 5. ALL INTERIOR FINISHES TO COMPLY WITH NFPA 101 (2003ed) Ch.10.2.2. SEE SHEET G-1.6 FOR FURTHER INFORMATION.
 6. ALL INTERIOR WOOD FINISH CLADDING TO ACHIEVE A CLASS A FIRE RATING (FLAMESPREAD 0-25, SMOKE DEV'T 0-450) PER NFPA 101 (2003ed.) Ch.10.2.2.

1 TIKI BAR SEATING PLAN
 SCALE: 1/4"=1'-0"
 12/13/2010



ALLAN T. SHULMAN ARCHITECT, P.A.
 (AR 0012763)

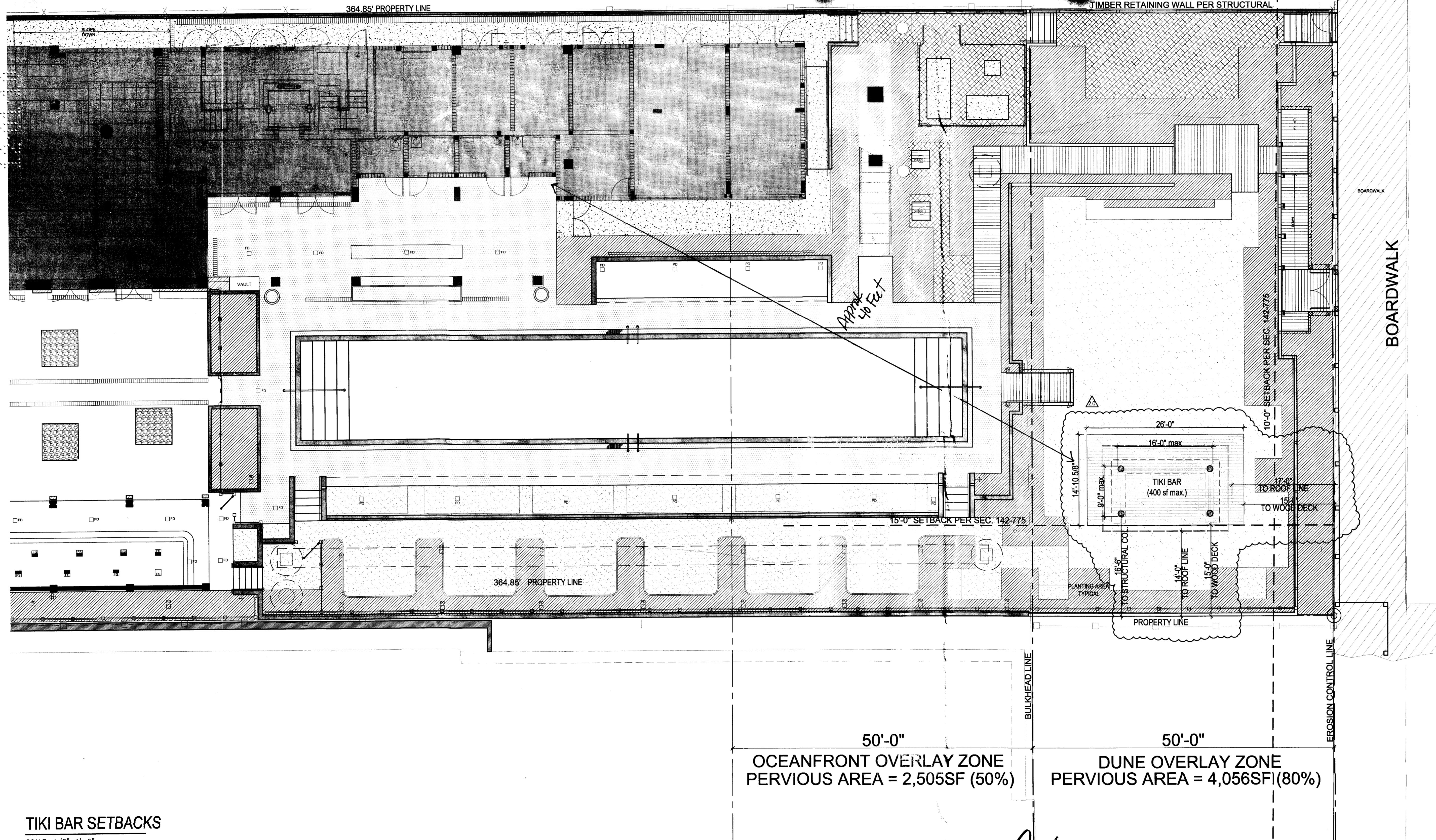
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
 TEL: 305.438.0609 FAX: 305.438.0170

REVISIONS		
△	09.13.10	CMB COMMENTS
△	11.18.10	CMB COMMENTS
△	11.22.10	CMB COMMENTS

AS
 11/22/10

SOHO BEACH HOUSE
 4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
 JOB NO. 05035
 TIKI HUT
 CONSTRUCTION DOCUMENTS

TIKI HUT
 A4.5d
 08.11.10



FOOD SERVICE PLAN APPROVED
 Reviewer: *[Signature]* Date: *12/22/10*
 Plans are in compliance subject to:
 1) Connection to approved water and wastewater systems.
 2) Compliance with applicable state and local codes.
 3) Compliance with all provisions on specification worksheet.
 See comments on specification sheet
 File # *2245102*

TIKI BAR SETBACKS
 SCALE: 1/8"=1'-0"

ALLAN T. SHULMAN ARCHITECT, P.A.
 (AR 0012763)
 100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
 TEL: 305.438.0609 FAX: 305.438.0170

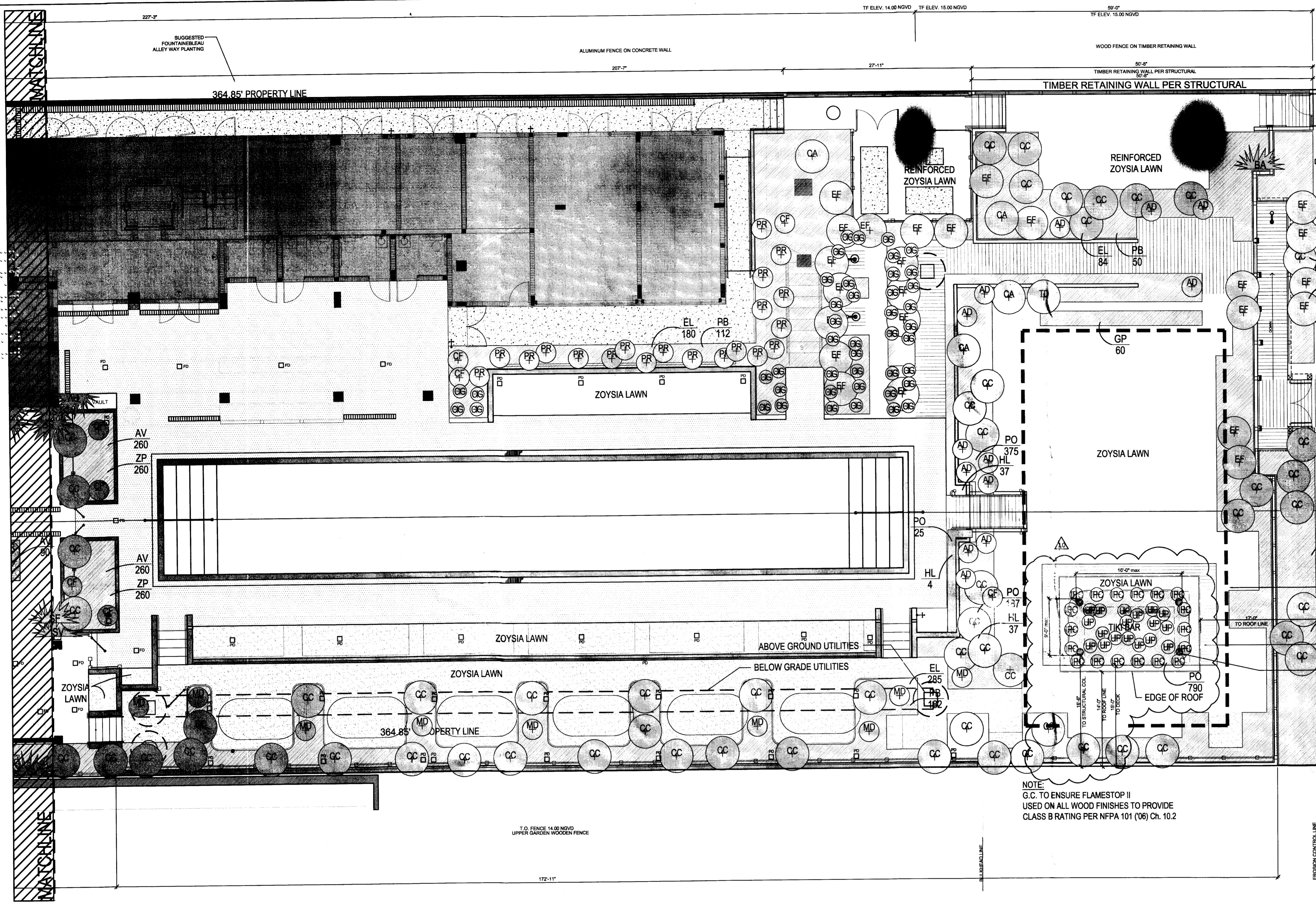
JUNGLES
 RAYMOND JUNGLES INC
 RAYMOND JUNGLES INCORPORATED,
 Landscape Architect ASLA
 242 SW 9th Street, Miami, Florida 33130
 PH: 305.656-6777 FAX: 305.656-0742
 raymond@raymondjungles.com

REVISIONS	REVISIONS
11.22.10	OWNER CHANGE

[Signature]
 11.22.10

SOHO BEACH HOUSE
 4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
 JOB NO. 05035
TIKI HUT
 CONSTRUCTION DOCUMENTS

[Signature]
 Rev. 20 only
L-1.02
 11.22.10



SOHO BEACH HOUSE PLANT LIST
16-Jan-10

QTY	ABRV/ BOTANICAL NAME	COMMON NAME	SPECIFICATIONS
1	CRX <i>Clusia rosea</i>	Autograph Tree	38" DBH, 14' ht. x 14 sp.
1	CRS <i>Clusia rosea</i>	Autograph Tree	18" - 18' ht. x 18" - 18' sp. Specimen (Landward of CCCL)
2	CRX <i>Clusia rosea</i>	Autograph Tree	18" - 12' ht. x 18" - 12' sp.
28	CUN <i>Coccoloba uvifera</i>	Sea Grape	12-14' ht. x 12" sp.
3	CER <i>Conocarpus erectus</i>	Green Buttonwood	12" - 14' ht. x 8" sp.
14	CES <i>Conocarpus erectus var. sericeus</i>	Silver Buttonwood	12" - 14' ht. x 10" - 12" sp. Multi-trunk, 4 - 8" caliper, 7" CT
2	CEY <i>Conocarpus erectus var. sericeus</i>	Silver Buttonwood	12" - 14' ht. x 10" - 12" sp. Multi-trunk, 2 - 3" caliper
1	PAQ <i>Pachira aquatica</i> (See NOTE 2)	Water Chestnut	10" - 12' ht. x 8" x 8" sp.
10	CNU <i>Coccothrinax</i>	Coconut Palm	8" - 8" ht.
2	CMA <i>Copernicia macroglossa</i>	Pollcotton Palm	8" - 8" ht.
3	LLO <i>Lantana loddigesii</i>	Blue Lantana Palm	14' ht., 8" GW
2	LMX <i>Leucothrinax morrisii</i>	Silver Thatch Palm	8" G.W.
7	PEL <i>Psychosperma elegans</i>	Soilbark Palm	4 @ 14' - 18' ht. (single) 4 @ 14' - 18' ht. multiple trunks
4	REL <i>Roystonia elata</i>	Royal Palm	Double trunk
11	SFA <i>Sabal palmetto</i>	Cabbage Palm	14' Scouted trunk, 18" DBH (Landward of CCCL)
20	TRX <i>Thrinax radiata</i>	Green Thatch Palm	14' ht., single and multiple trunks
4	VMO <i>Velthechia montgomeryana</i>	Montgomery Palm	18" - 24' ht., 6" - 8" DBH
67	CC <i>Capparis cynophallophora</i>	Jamaica Capar	8" - 8" ht. x 8" - 8" sp.
24	EF <i>Eugenia foetida</i>	Spanish Stopper	10" - 12' ht. x 4" sp., full to base
13	AD <i>Aechmea 'Dean'</i>	Same	
44	CG <i>Clusia gutierrezii 'Nana'</i>	Same	3 gal.
13	CF <i>Cordyline frutescens 'Black Magic'</i>	Cordyline	4" - 8" ht. x 4" - 8" sp. Full
4	CA <i>Crinum augustum 'Queen Emma'</i>	Same	8" ht. x 8" sp.
3	HC <i>Heliconia caribaea</i> (See NOTE 2)	Same	8" - 10" ht. x 8" - 8" sp., Pale Yellow Flowers
1	HR <i>Heliconia rostrata</i> (See NOTE 2)	Lobster Claw	8" - 8" ht. x 8" sp.
26	MD <i>Monstera deltoidea</i> (See NOTE 2)	Mexican Breadfruit	38" x 38"
1	PS <i>Philodendron</i>	TBD	Specimen Philodendron
85	PR <i>Philodendron rojo 'Congo'</i>	Same	3 gal.
5	PW <i>Philodendron 'Weeks Hybrid'</i> (See NOTE 2)	Same	38" x 38" (See NOTE 1)
31	TD <i>Thrinax dactyloides</i>	Fakahatchee Grass	38" x 38"
18	UP <i>Uncaria paniculata</i>	See Data	3 gal. 24" o.c.
1060	AV <i>Aloe vera</i>	Medicinal Aloe	8" OC
19	CI <i>Chrysobalanus icaco</i>	Horizontal Cocoplum	24" x 24"
1110	EL <i>Eriodera littoralis</i>	Golden Creeper	24" OC
60	GP <i>Gaillardia pulchella</i>	Blanket Flower	12" OC
78	HL <i>Hymenocallis latifolia</i>	Spider Lily	38" OC
353	NB <i>Neoregelia 'Bossa Nova'</i> (See NOTE 1)	Same	12" OC
886	PB <i>Philodendron 'Burlie Marx'</i> (See NOTE 1)	Same	38" OC
884	PO <i>Portulaca oleracea</i>	Sea Purslane	12" OC
790	PO <i>Portulaca oleracea</i> (See NOTE 4)	See Purslane	8" OC
19	SW <i>Sansevieria 'Whites Fin'</i>	Same	18" x 18"
80	ZP <i>Zamia pumila</i>	Coontail	3 gal. 18" OC
1	BA <i>Bougainvillea 'Alabama Sunset'</i>	Same	7 gal. train to trunk of Coconut Palm
1	PV <i>Pyrostegia venusta</i>	Flame Vine	
21	SV <i>Solanum</i>	Chalice Vine	
18	IPC <i>Ipomoea pes-caprae</i>	Railroad Vine	
14	SF <i>Stephanotis floribunda</i>	Bridal Wreath	
1	CR <i>Clusia rosea</i>	Autograph Tree	Relocated from on-site
2	SG <i>Coccoloba uvifera</i>	Sea Grape	Relocated from on-site
31	CN <i>Coccothrinax</i>	Coconut Palm	Relocated from on-site
4	CER <i>Conocarpus erectus</i>	Green Buttonwood	Relocated from on-site
12	BR <i>Braconia arborea</i>	Bracelet-Wood	Relocated from on-site (8" ht x 8" sp.)
1	WD <i>Phoenix sylvesteris</i>	WVD Date Palm	Relocated from on-site
10	TR <i>Thrinax radiata</i>	Green Thatch Palm	Relocated from on-site

PLAN KEY

PLANT SYMBOL KEY

PROPOSED SHRUB / ACCENT

PROPOSED VINE

PROPOSED GROUNDCOVERS

NOTE: FINAL LOCATION OF PLANTS TO BE DETERMINED IN THE FIELD BY LANDSCAPE ARCHITECT. CONTRACTOR TO STAKE TREE LOCATIONS AND CONFIRM SOIL DEPTH UTILITY CONFLICTS. PRIOR TO DIGGING, CONTRACTOR TO SCHEDULE REVIEW OF FIELD CONDITIONS WITH LANDSCAPE ARCHITECT TO ADJUST TREE LOCATION TO RESOLVE ANY CONFLICTS

PARTIAL UNDERSTORY PLANTING PLAN
SCALE: 1/8"=1'-0"

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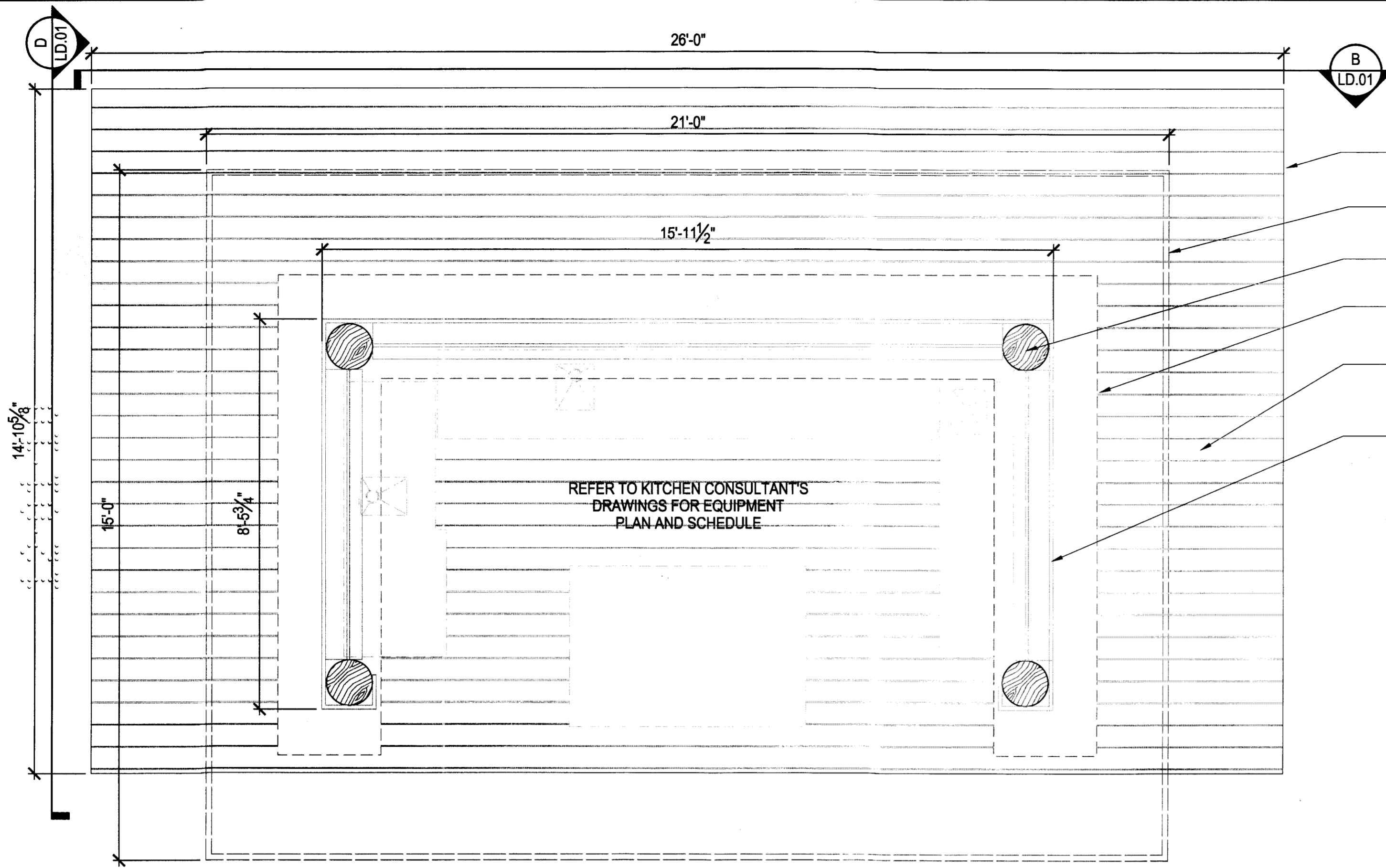
JUNGLES
RAYMOND JUNGLES INC
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raymond@raymondjungles.com

REVISIONS	REVISIONS
09.13.10 CMB COMMENTS	
11.18.10 CMB COMMENTS	
11.22.10 CMB COMMENTS	

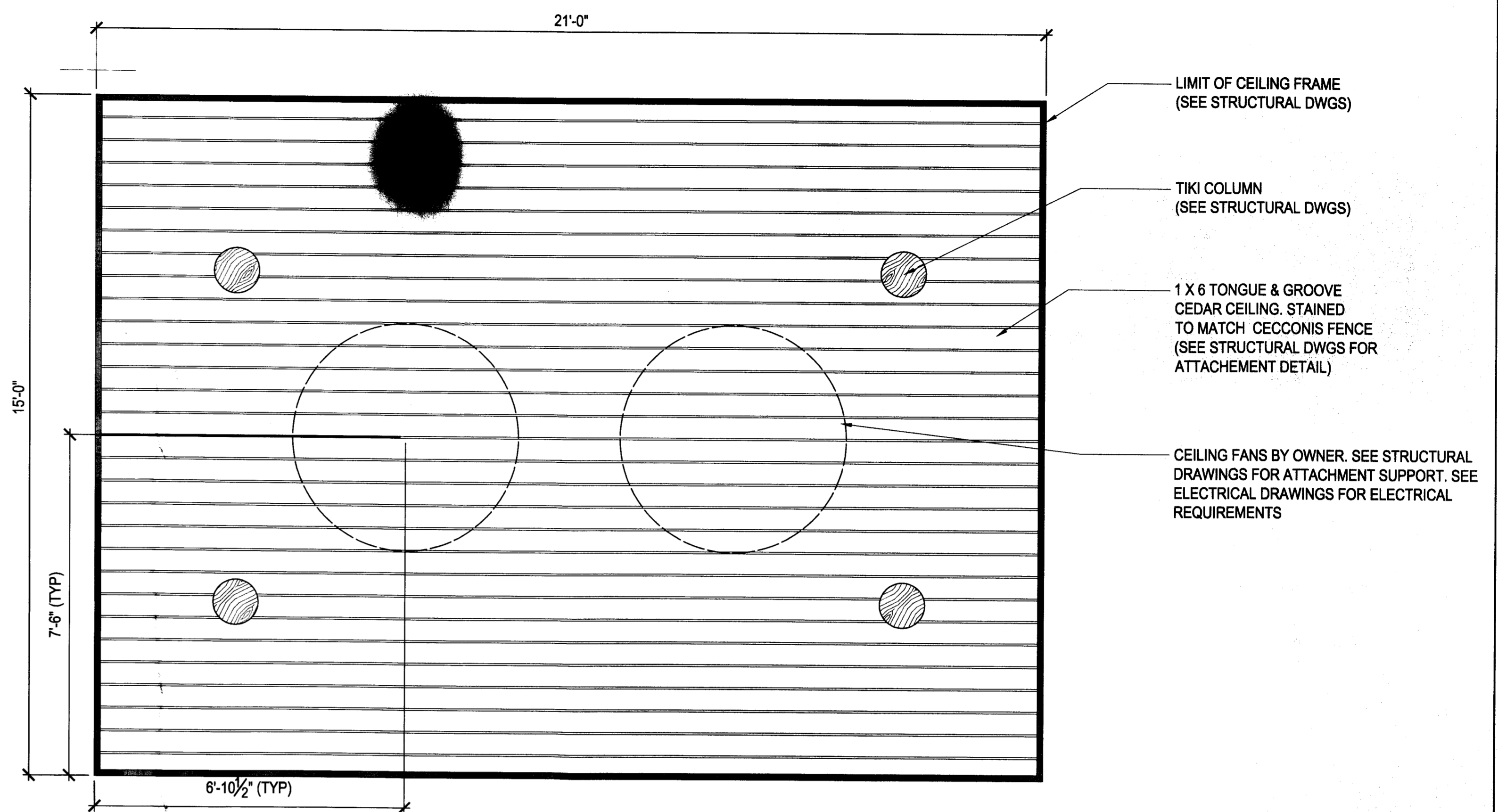
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SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

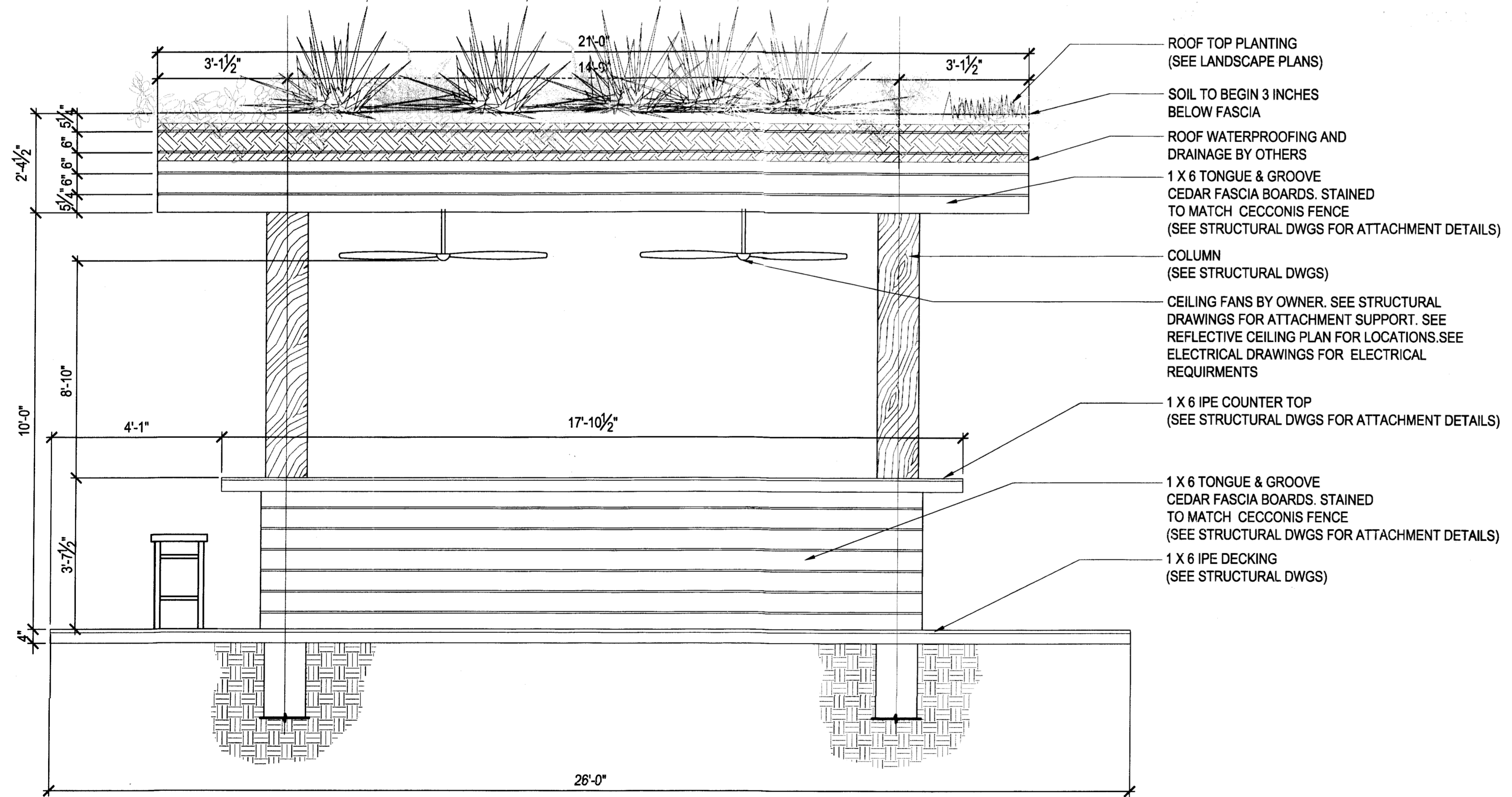
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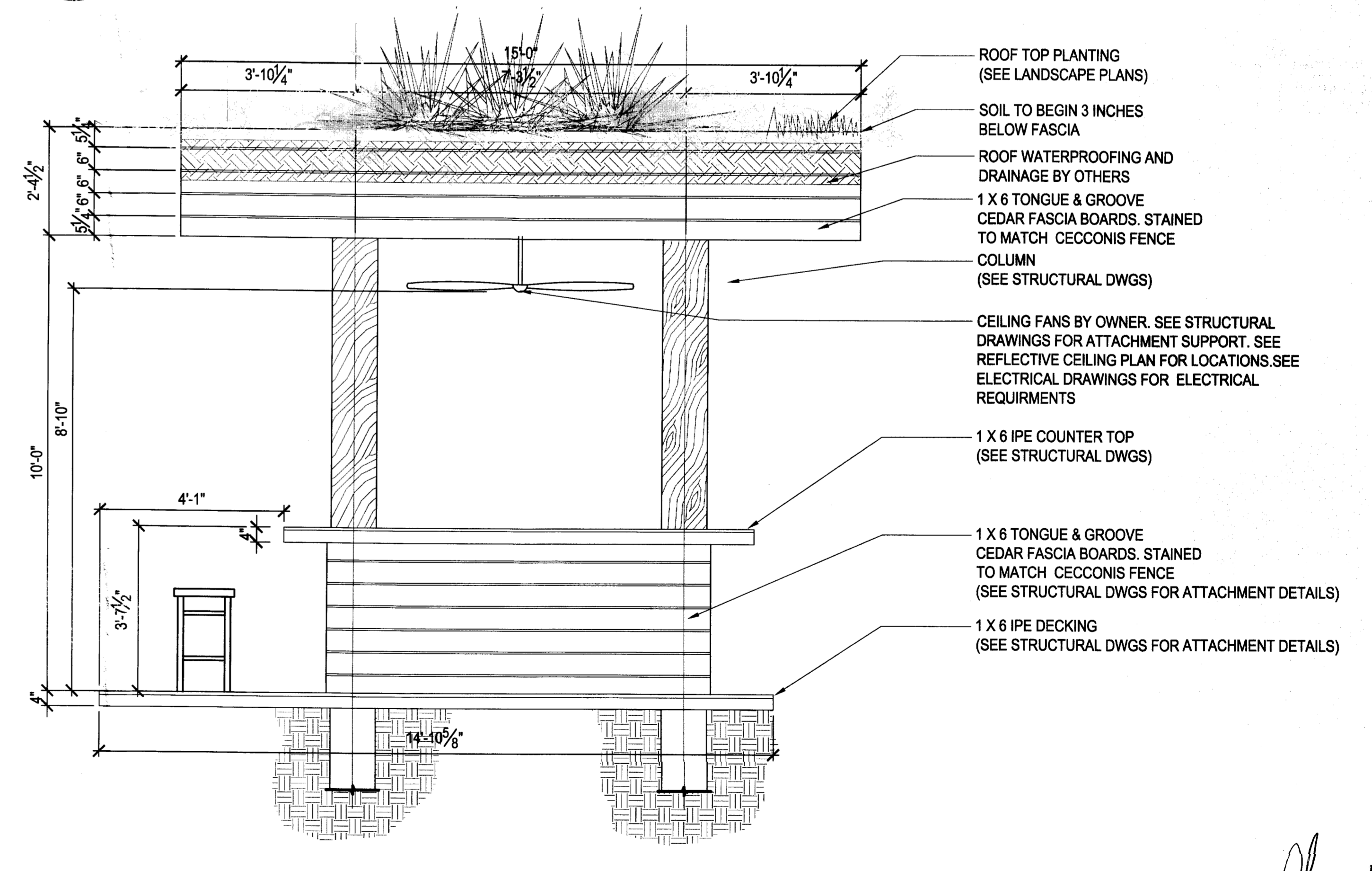
A TIKI BAR FLOOR PLAN
SCALE: 1/2"=1'-0"



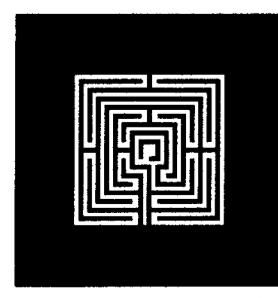
C REFLECTIVE CEILING PLAN
SCALE: 1/2"=1'-0"



B FRONT ELEVATION
SCALE: 1/2"=1'-0"



D SIDE ELEVATIONS - EAST/WEST
SCALE: 1/2"=1'-0"



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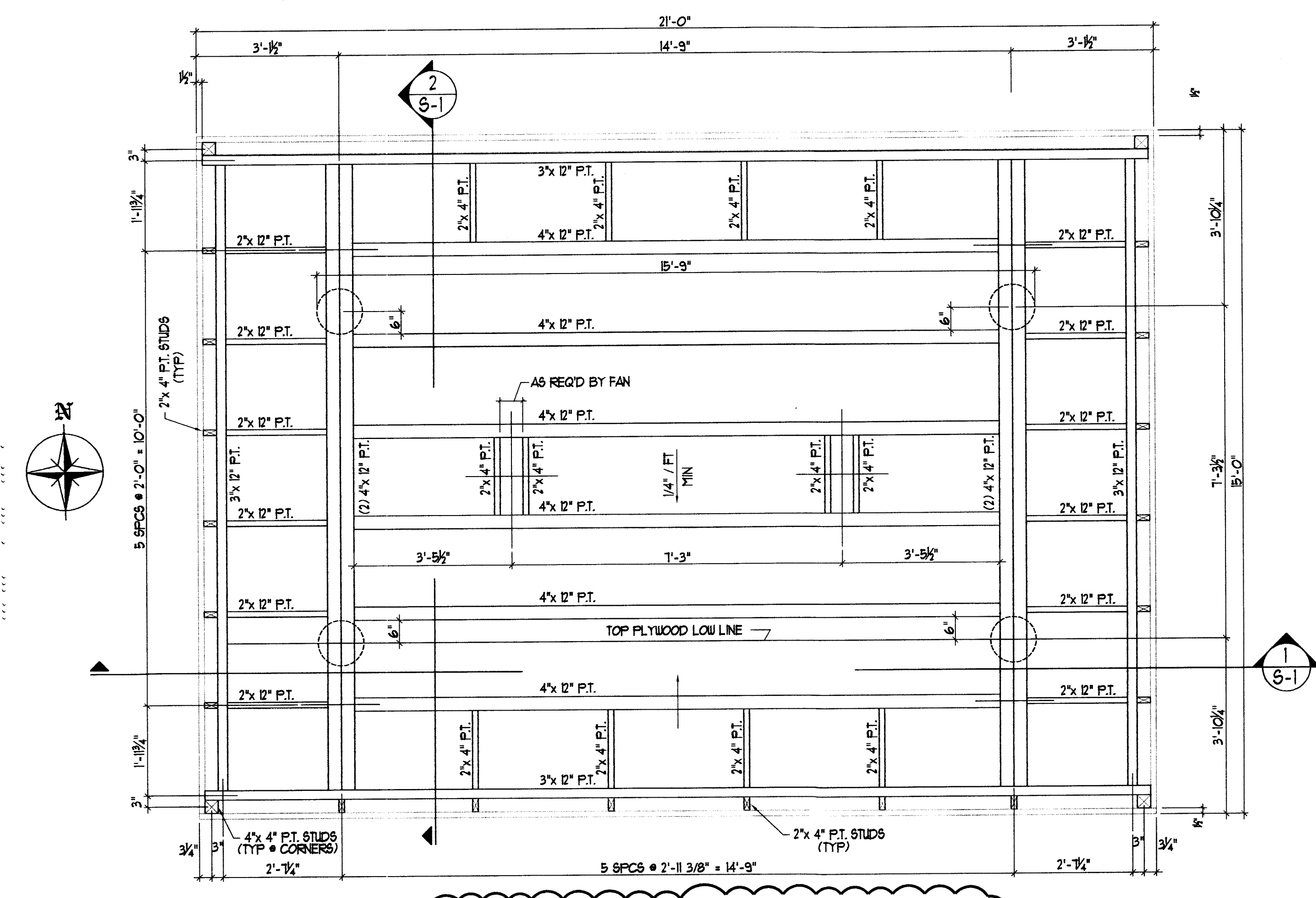
REVISIONS	REVISIONS
11.22.10	OWNER'S CHANGE

11.22.16

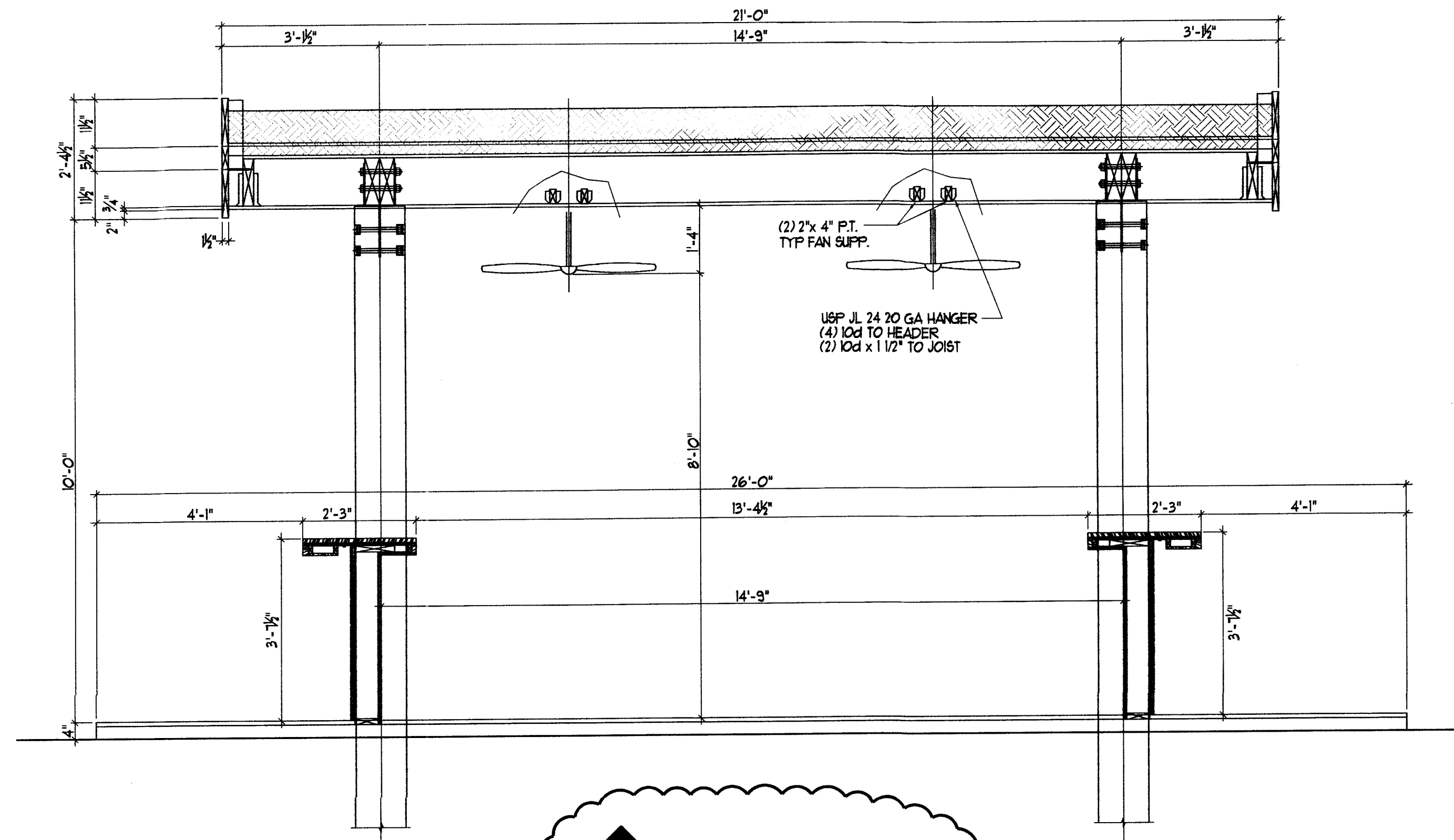
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CONSTRUCTION DOCUMENTS

TIKI BAR FLOOR/CEILING PLAN & ELEVATIONS
L-D.01
11.22.10

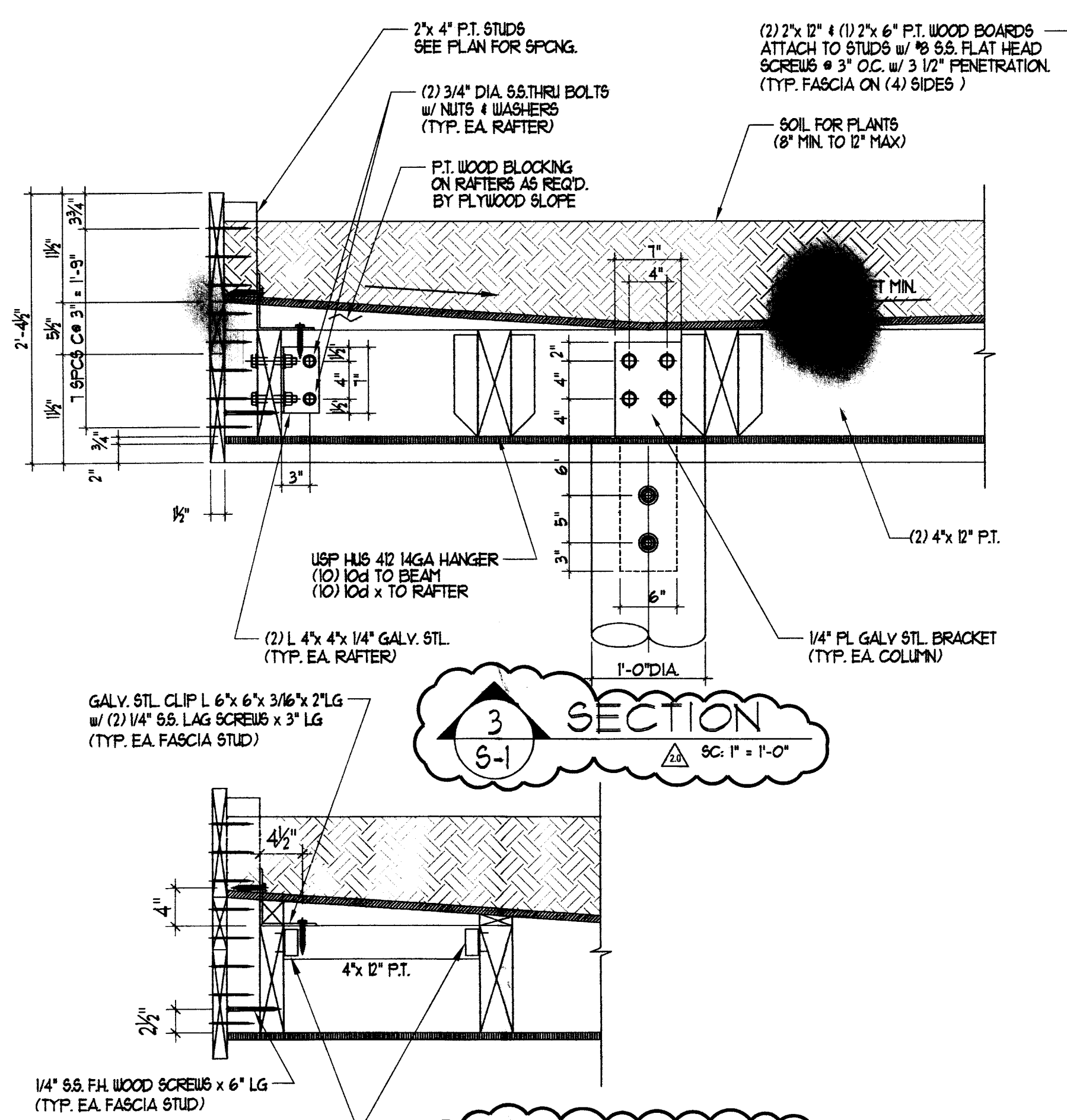
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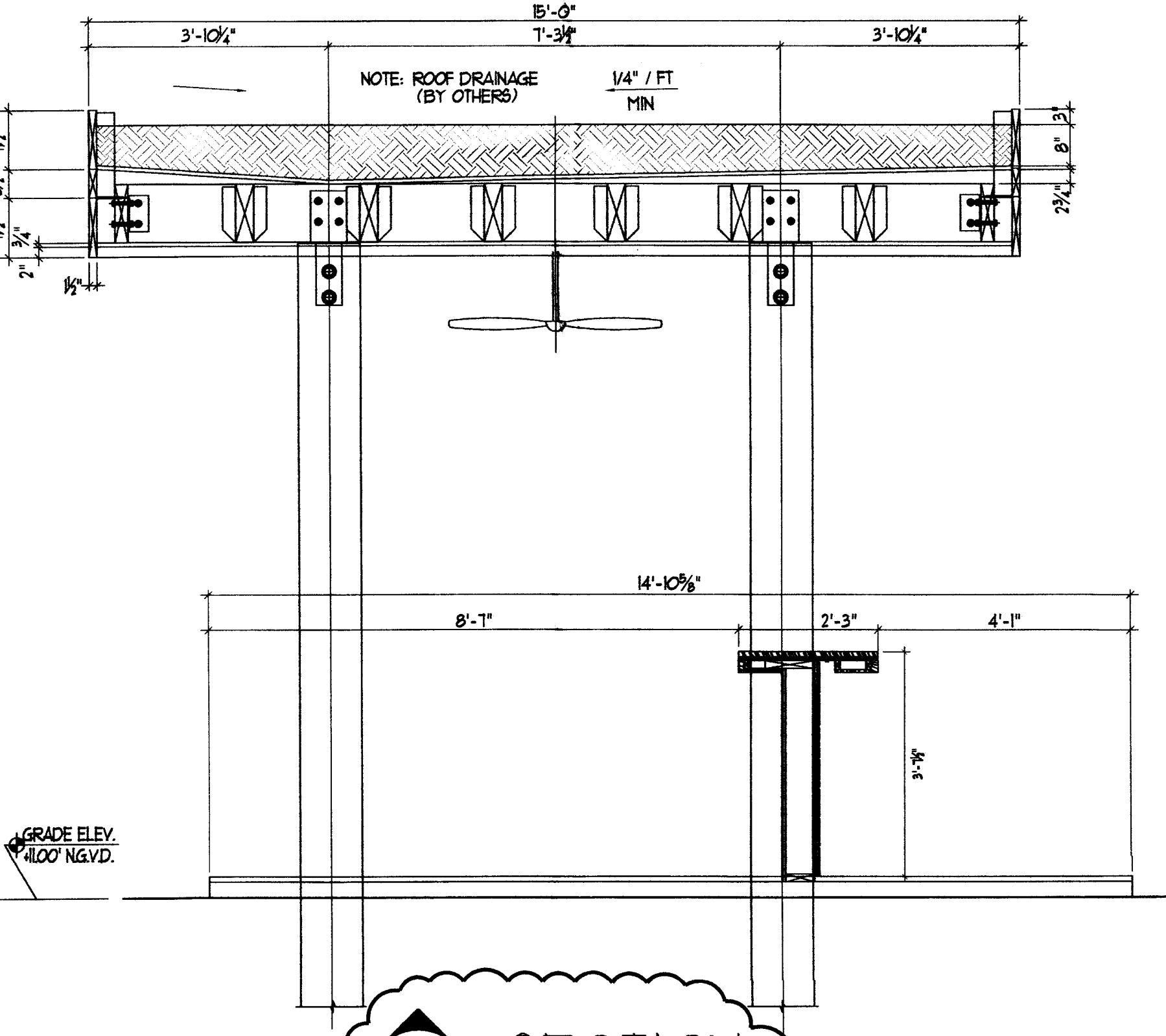
TIKI BAR ROOF SUPPORT STRUCTURE PLAN
SC: 1/2" = 1'-0"



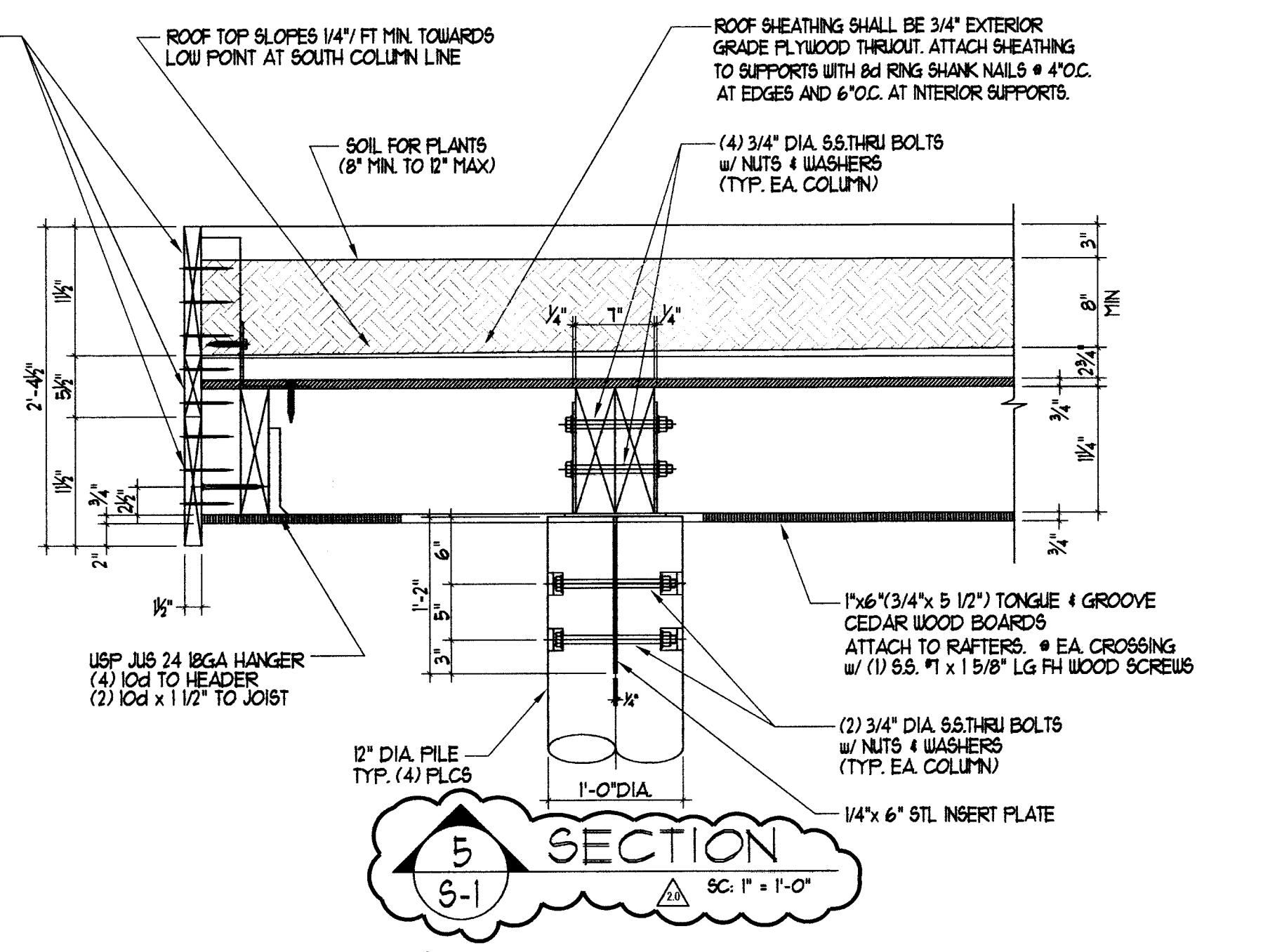
1 SECTION
SC: 1/2" = 1'-0"



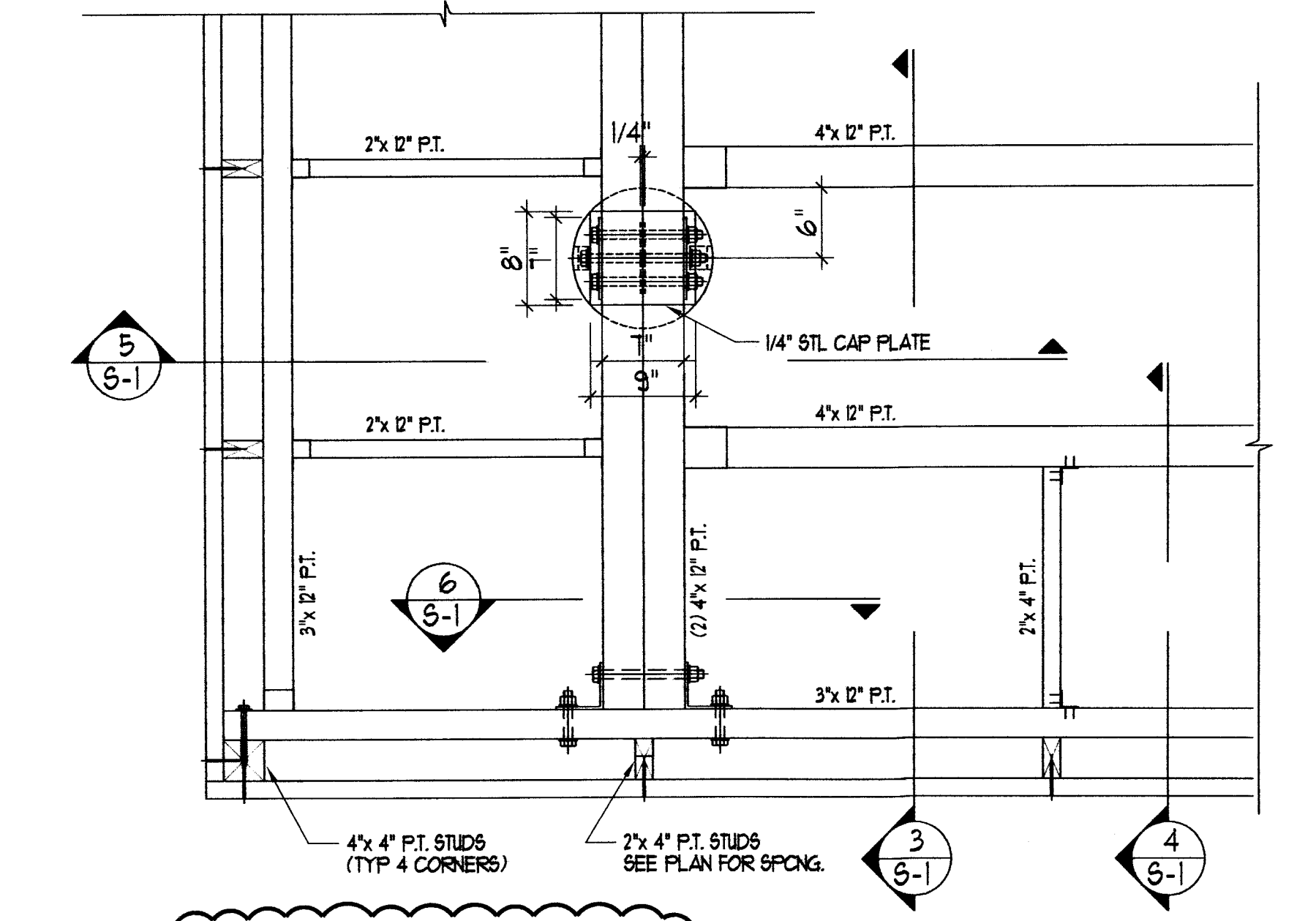
3 SECTION
SC: 1" = 1'-0"



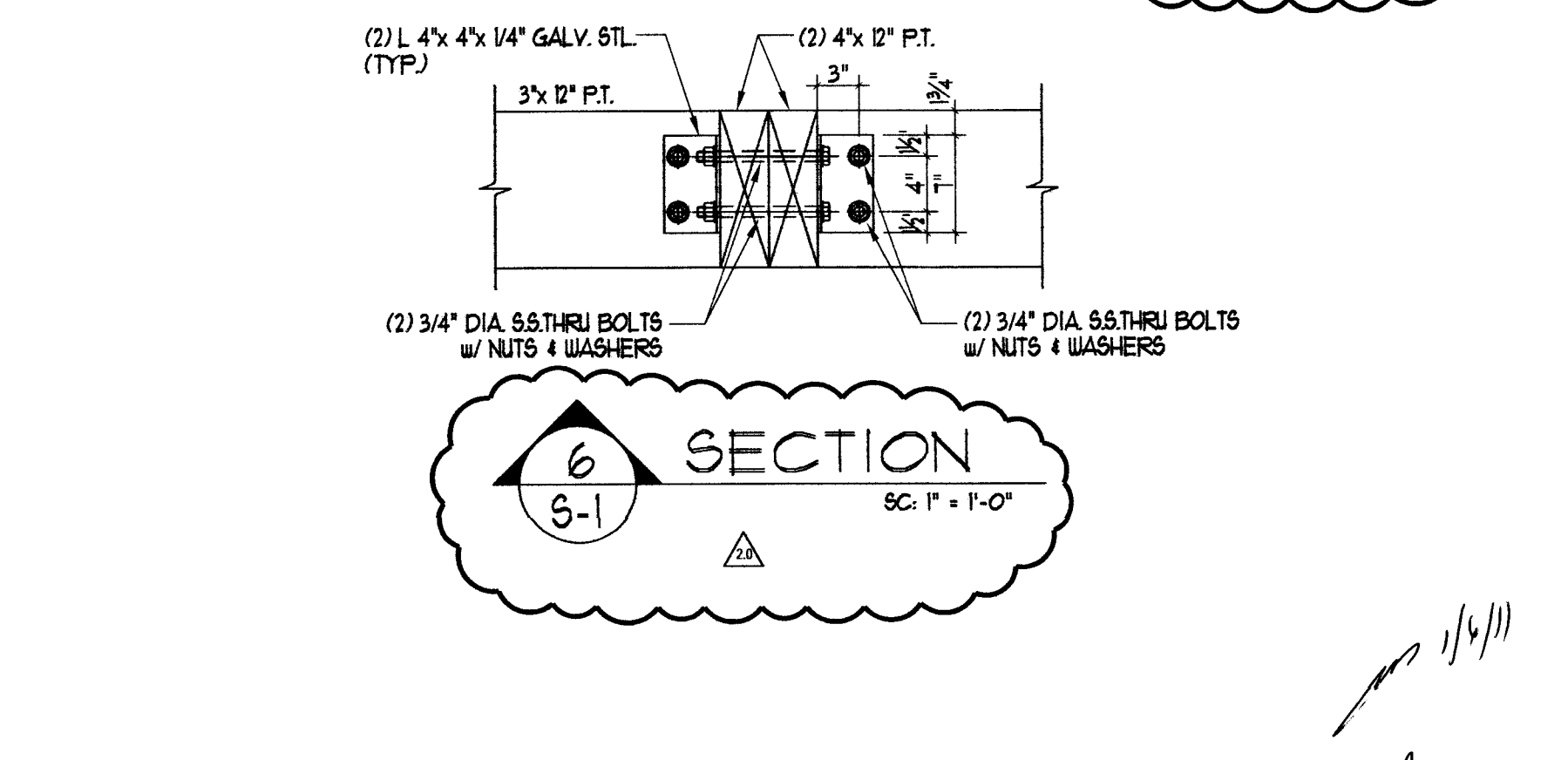
2 SECTION
SC: 1/2" = 1'-0"



5 SECTION
SC: 1" = 1'-0"



TIKI BAR TYPICAL CONSTRUCTION DETAIL
SC: 1" = 1'-0"



6 SECTION
SC: 1" = 1'-0"

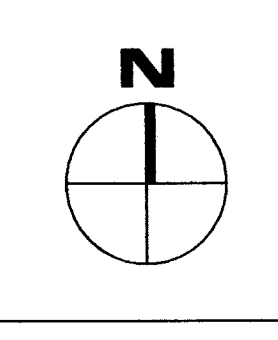
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REVISIONS	
11.22.10	OWNER/DESIGN CHANGES

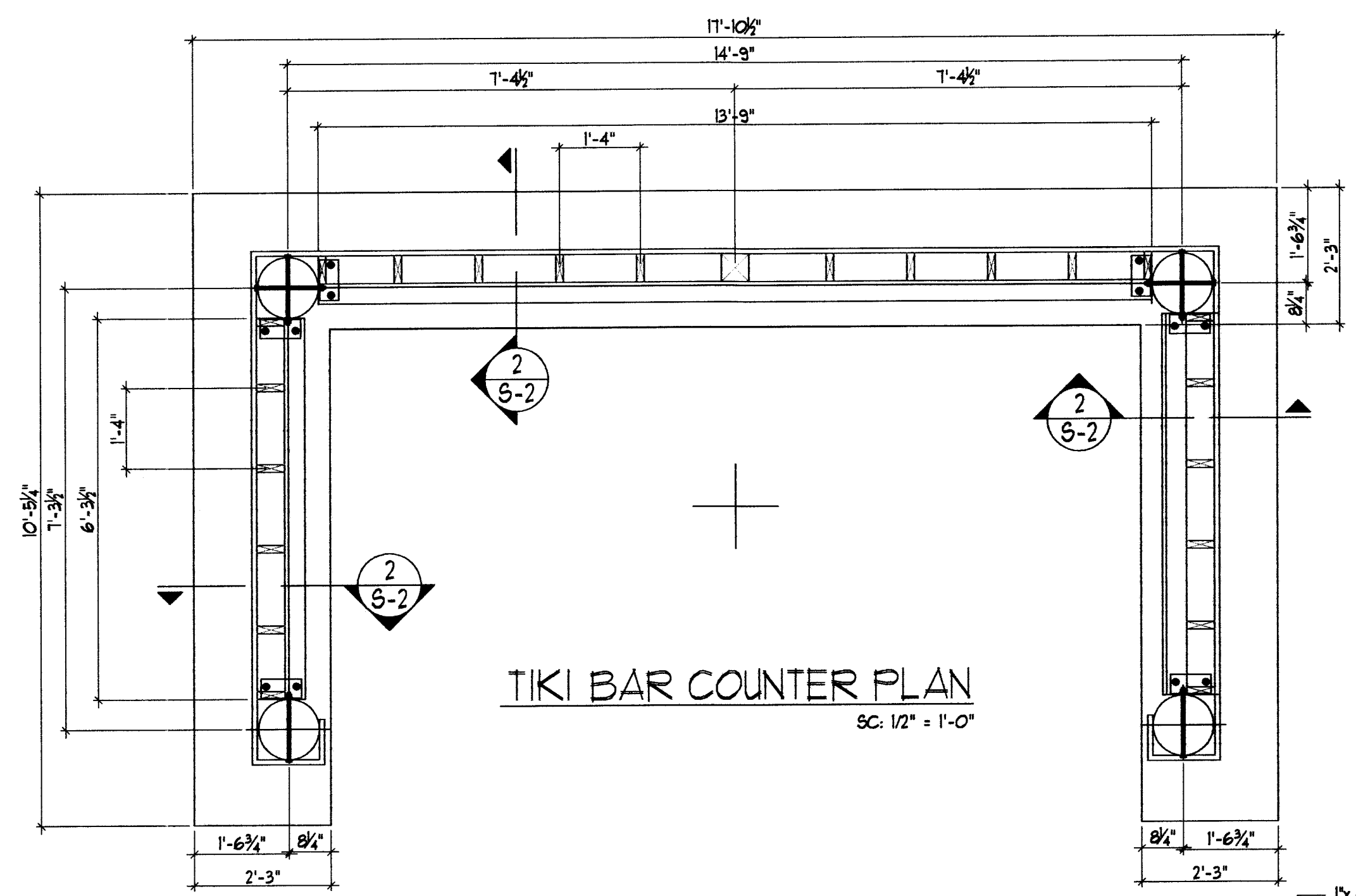
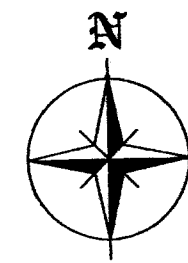


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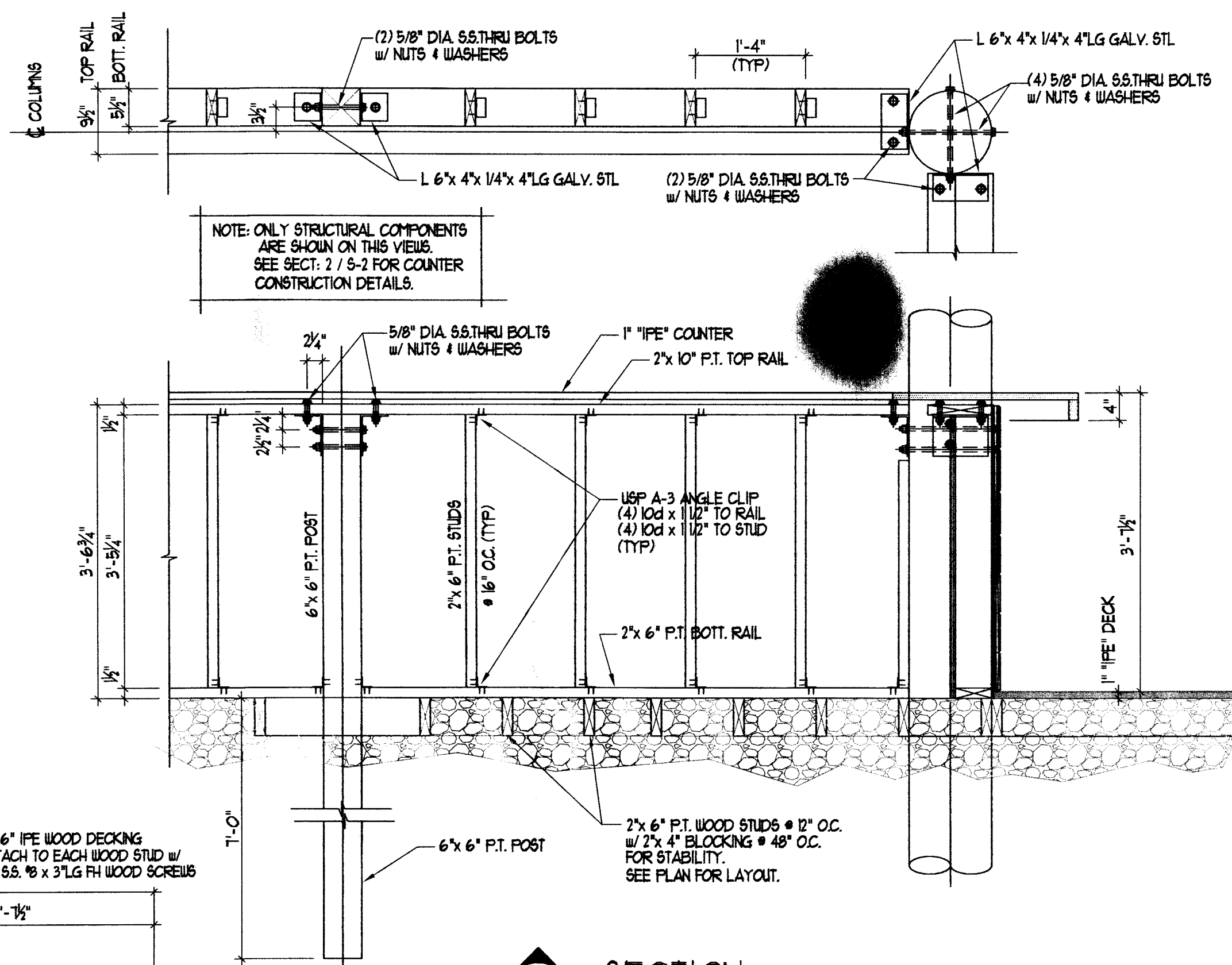


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JOB NO. 05035
RENOVATION AND ADDITION
CONSTRUCTION DOCUMENTS

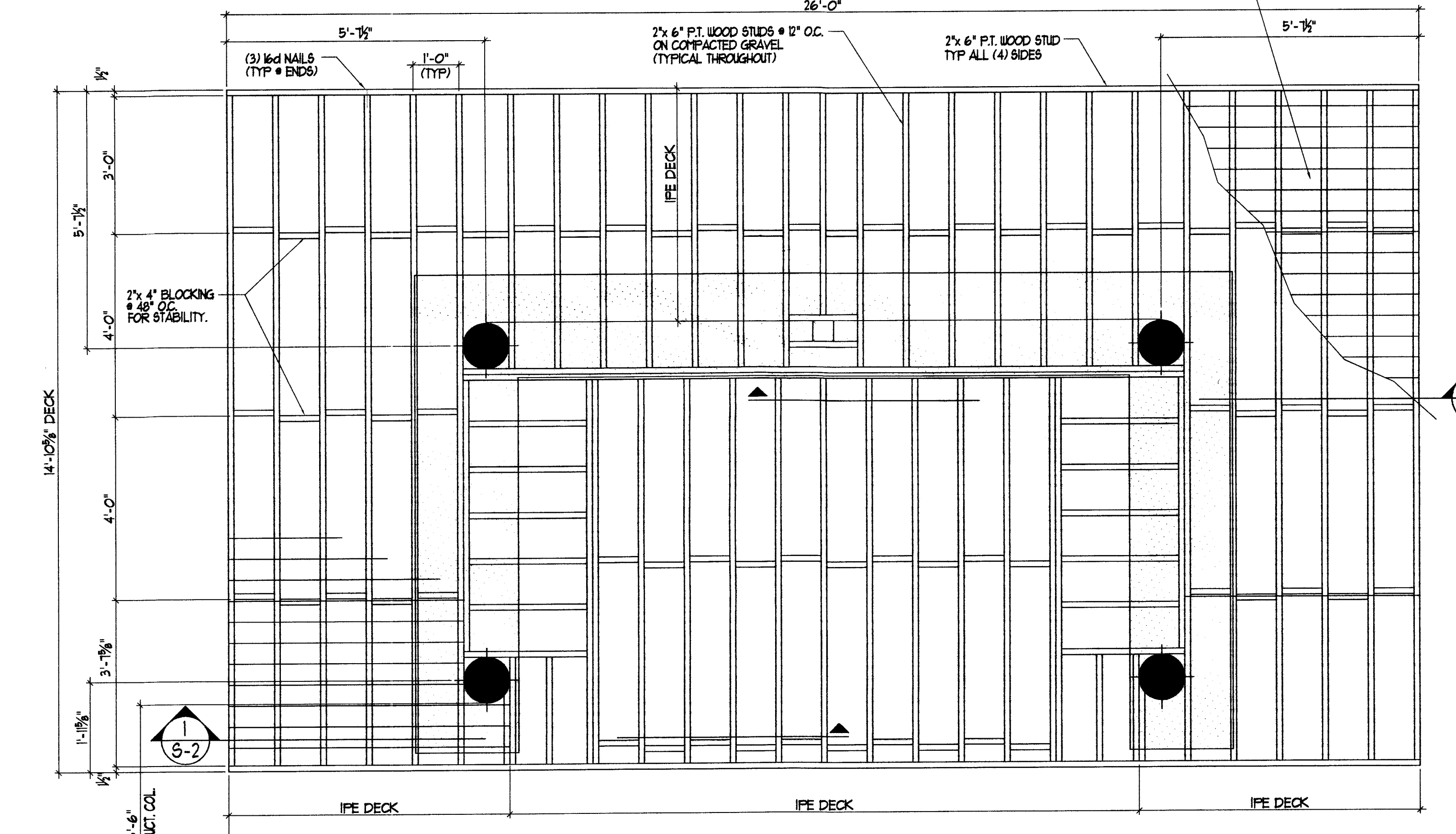
TIKI BAR STRUCTURE
S-1
08.11.10



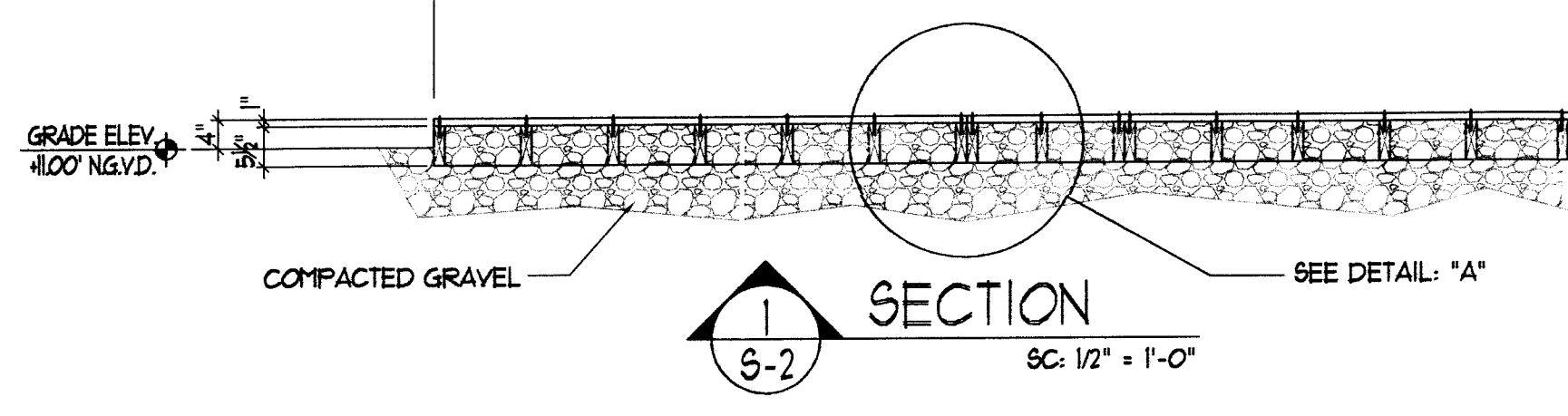
TIKI BAR COUNTER PLAN
SC: 1/2" = 1'-0"



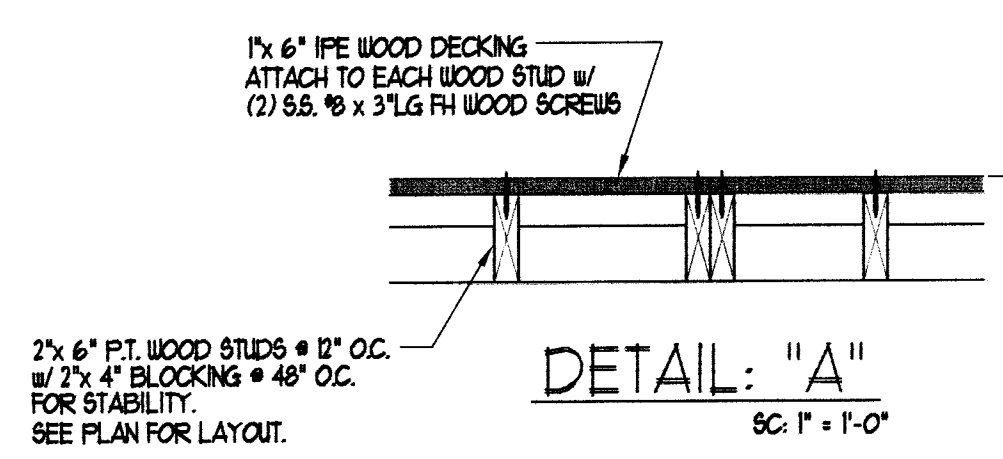
SECTION 3
SC: 3/4" = 1'-0"



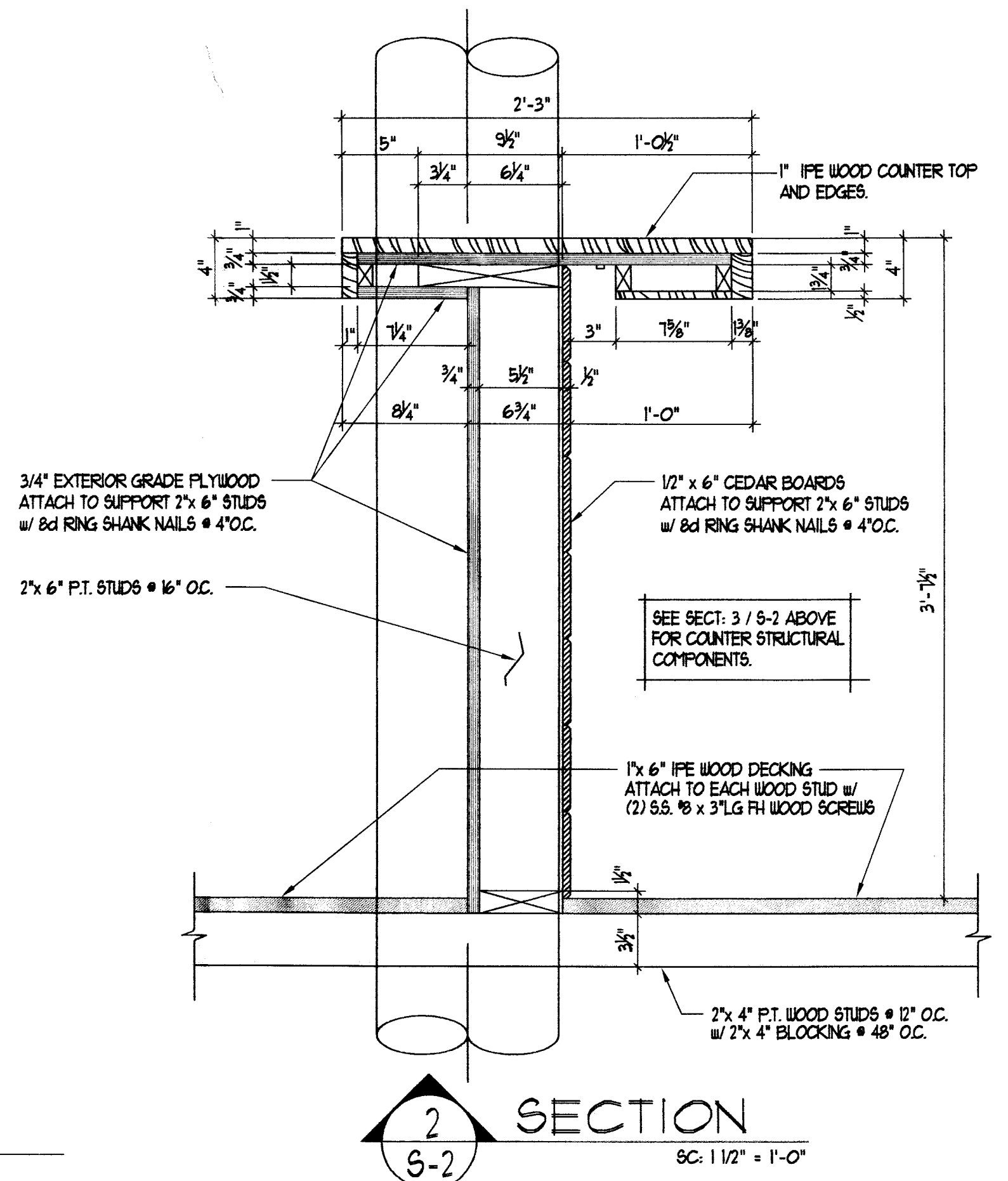
TIKI BAR DECK SUPPORT PLAN
SC: 1/2" = 1'-0"



SECTION 1
SC: 1/2" = 1'-0"



DETAIL: "A"
SC: 1" = 1'-0"



SECTION 2
SC: 1/2" = 1'-0"

STRUCTURAL NOTES

GOVERNING CODES AND REFERENCES:

FLORIDA BUILDING CODE 2001, HIGH VELOCITY HURRICANE ZONE SECTIONS.

DESIGN CRITERIA:

ROOF LIVE LOAD: LL = 100 PSF (INCLUDES 8" TO 12" EARTH).
FLOOR LIVE LOAD: LL = 100 PSF
WIND DESIGN: ASCE 7-05, V=146 MPH, EXP. C, I=10

FOUNDATIONS:

PILE FOUNDATIONS ARE DESIGNED IN ACCORDANCE WITH "ADDENDUM TO GEOTECHNICAL ENGINEERING STUDY REPORT FOR SOHO BEACH HOUSE - BEACH WALKWAY" PREPARED BY LANGAN ENGINEERING & ENVIRONMENTAL SERVICES LANGAN PROJECT# 6119303, DATED 11 MARCH, 2009

TIMBER PILES:

- A) TIMBER PILE DATA
 - 1) TIMBER PILE BUTT DIAMETER: TWELVE (12) INCHES
 - 2) ALLOWABLE COMPRESSIVE CAPACITY: 10 TONS.
 - 3) ALLOWABLE TENSION CAPACITY: 4 TONS.
 - 4) ALLOWABLE LATERAL CAPACITY: 2 TONS.
 - 5) MINIMUM REQUIRED TIP ELEVATION: EL -6 FT NGVD UNO ON PLANS.
- B) TOTAL FOUR (4) PILES SHALL BE SOUTHERN PINE WITH A MINIMUM BUTT DIAMETER OF 12 INCHES AND A MINIMUM LENGTH OF 28 FT AT TIKI BAR STRUCTURE.
- C) ALL PILING SHALL BE PRESSURE TREATED IN ACCORDANCE WITH THE AMERICAN WOOD PRESERVERS ASSOCIATION (AWPA) SPECIFICATION C3 PILE CUT OFFS, IF ANY, SHALL BE TREATED IN ACCORDANCE WITH AWPA SPECIFICATION M4 PRESERVATIVE TREATMENT SHALL CONSIST OF A MINIMUM OF 2.5 LBS/CUFT OF ACQ (ALKALINE COPPER QUATERNARY)
- D) PILES SHALL BE DRIVEN TO A DEPTH THAT SATISFIES THE MINIMUM STATED REQUIRED TIP ELEVATION AND THE FILE DRIVING FORMULA IN THE FLORIDA BUILDING CODE (2001 ED) PILES SHALL BE DRIVEN WITH IMPACT (i.e., GRAVITY-DROP, SINGLE ACTING OR DOUBLE ACTING) HAMMERS. INSTALLATION OF PILES BY JETTING SHALL NOT BE PERMITTED. INSTALLATION OF PILES THROUGH PRE-DRILLED HOLES SHALL NOT BE PERMITTED WITHOUT APPROVAL OF LANGAN.
- E) TIMBER PILES SHALL BE DRIVEN USING PROTECTIVE DRIVING CAPS OR RINGS TO PREVENT BROOMING OR SPLITTING OF THE PILE BUTT.
- F) ALL METAL HARDWARE, BOLTS, NUTS, WASHERS, NAILS, ETC SHALL BE GALVANIZED UNLESS OTHERWISE SPECIFIED ON THE PLANS.

STRUCTURAL WOOD

- A) ALL LUMBER JOISTS, BEAMS, ETC. SHALL BE SOUTHERN PINE PRESSURE TREATED IN ACCORDANCE WITH THE REQUIREMENTS OF AWPA STANDARD C-1. PENETRATION SHALL BE TO 85% OF SAFWOOD.
- B) ALL LUMBER SHALL BE NO 2 GRADE SOUTHERN PINE EXPOSED OR BETTER GRADE.
- C) "IPE" EXPOSED DECK & COUNTER TOP:
"IPE" (*Tabebuia* spp, *Iapacho* group) WITH THE FOLLOWING PROPERTIES:
COMPRESSION PARALLEL TO GRAIN: 10,350 PSI.
SHEAR: 2,120 PSI
MODULUS OF ELASTICITY = 2.9x10⁶ PSI
- D) AT SOFFIT: 1" x 6" TONGUE & GROOVE CEDAR BOARDS #2 GRADE MINIMUM.
- E) AT COUNTER EXTERIOR FACE: 1" x 6" CEDAR BOARDS #2 GRADE MINIMUM.

DECKING:

PROVIDE "IPE" WOOD DECKING WITH THE FOLLOWING PROPERTIES:
BENDING STRENGTH = 22,500 PSI
MAXIMUM CRUSHING STRENGTH = 10,350 PSI
MODULUS OF ELASTICITY = 2.9x10⁶ PSI
FOLLOW SUPPLIER'S INSTALLATION GUIDELINES.

FASTENERS:

USE STAINLESS STEEL SCREWS AND FASTENERS UNLESS OTHERWISE NOTED ON SECTIONS.

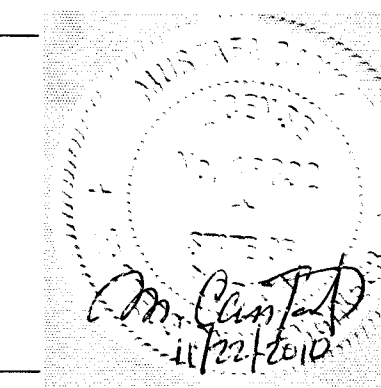
COORDINATION:

CONTRACTOR TO COORDINATE WITH LANDSCAPING AND POOL DRAWINGS FOR DIMENSIONS AND LAYOUT.

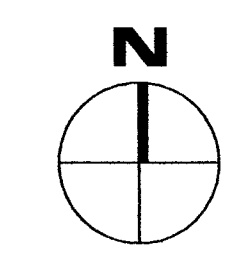
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REVISIONS	
11.22.10	OWNERSHIP CHANGES



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SOHO BEACH HOUSE
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JOB NO. 05035
RENOVATION AND ADDITION
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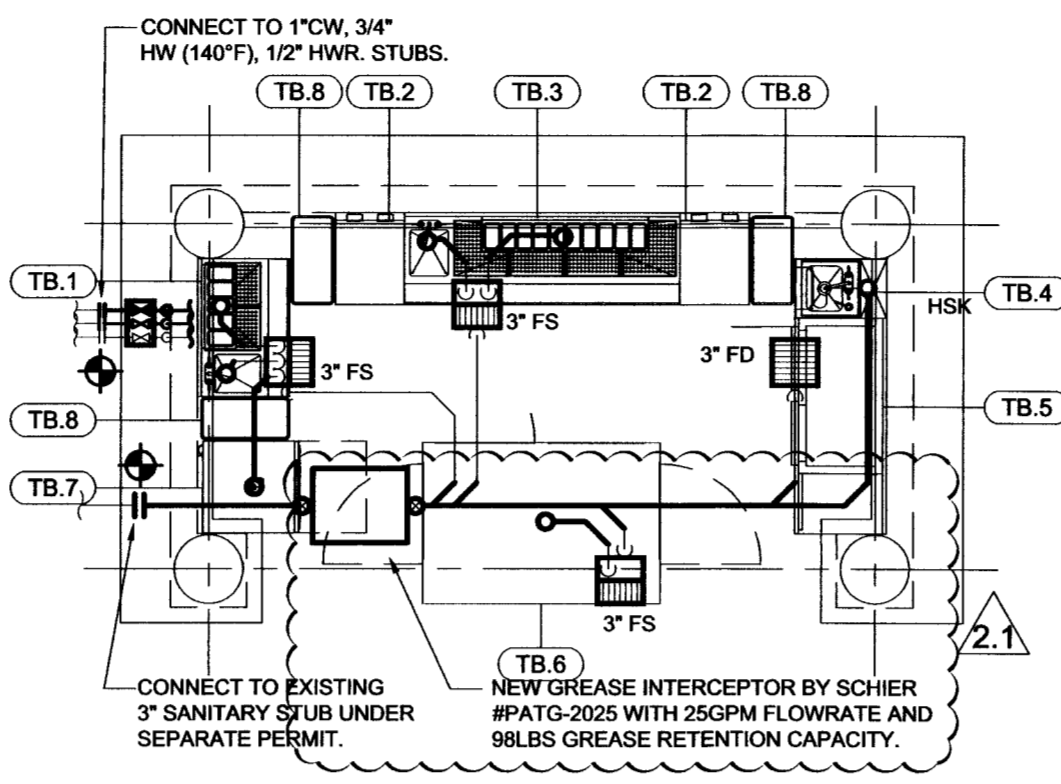
TIKI BAR DECK
TIKI BAR COUNTER
S-2
PREVIOUSLY S-4
11.22.10

PLUMBING SYMBOL LEGEND

SYMBOL	DESCRIPTION
---	SANITARY LINE
---	VENT LINE
---	GREASE WASTE
---	SAFEGWASTE LINE
---	CONDENSATE LINE
---	COLD WATER LINE
---	HOT WATER LINE
---	HOT WATER RETURN
---	GAS LINE
---	FLUSH CLEAN OUT
---	FLOOR DRAIN
---	ROOF DRAIN
---	PVC ROOF DRAIN (BODY AND DOME)
---	CLEAN OUT
---	VENT THRU ROOF
---	RAIN WATER LEADER
---	CLAY PIPE RAIN WATER LEADER

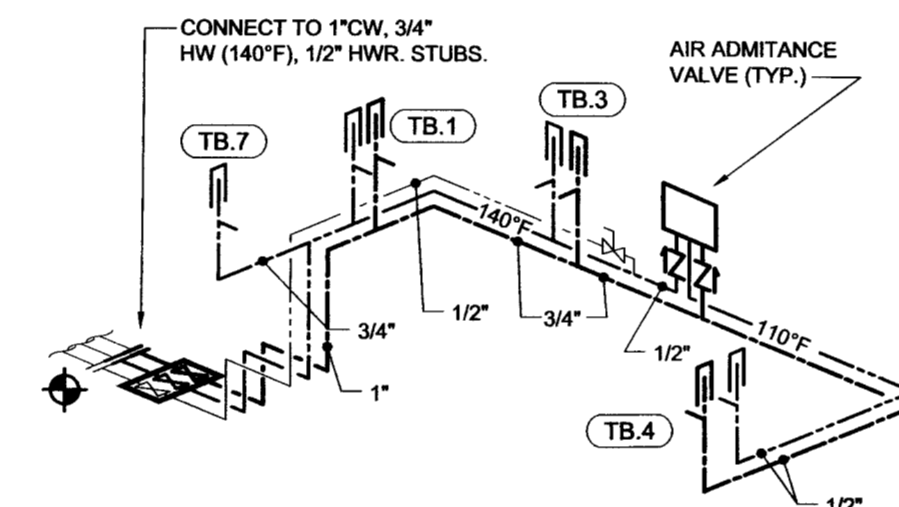
GENERAL PLUMBING NOTES:

- ALL WORK SHALL BE DONE in accordance with the Florida Building Code 2007 edition and with all applicable regulations.
- DRAWINGS: Refer to all drawings for coordination of the plumbing work.
- ARRANGE AND PAY for all permits, licenses, inspections and tests. Obtain the required certificates and present to owner.
- GUARANTEE: The completed installation shall be fully guaranteed against defective materials and/or improper workmanship for a minimum of one year for material and labor.
- ALL HORIZONTAL SANITARY PIPING shall slope at 1/8" per FT. for pipes 3" and larger, and at 1/4" per FT. for 2" and smaller.
- SHOP DRAWINGS: Contractor shall submit for approval, within 30 days of signing contract, a minimum of five copies of fully descriptive literature, including but not limited to: water heaters and plumbing fixtures. No work shall proceed without the approval of these submittals.
- PLUMBING FIXTURES: Fixtures shall be as specified and shall be furnished and installed by this contractor. Fixtures shall be complete with drains, traps, supplies and any other accessory required.
- MATERIALS:
 - Soil, waste and vent, and grease: PVC pipe and fittings.
 - Domestic water: Copper pipe, Type L with sweat wrought copper fittings. Type "M" in concealed spaces is acceptable, isolate piping from concrete with insulating material.
 - Condensate drain: DWV Copper pipe and fittings.
 - Gas line: Schd 40 Black steel pipe with threaded fittings.
 - Domestic water supply assembly: Chrome finish tubing with angle shut off valves.
- INSULATION:
 - Condensate drain: 3/4 in. thick, foam plastic insulation, fire resistant type.
 - Hot Water and Hot Water Return: 1" thick foam plastic insulation, with self sealing flaps.
- ALL AUTOMATIC GAS electric heaters shall meet the standards of the latest energy efficiency code.
- PIPING TEST AND DISINFECTIONS:
 - Test: All sanitary and domestic water supply piping shall be tested for leaks before piping is concealed or connected to equipment and plumbing fixtures.
 - Disinfection: All domestic water piping shall be disinfected by introducing a solution of calcium hypochlorite of 50 parts per million of chlorine and as per AWWA Standards.
- VALVES: Domestic water valves shall be of bronze body, sweat ends.
- All water connections to equipment shall be protected with vacuum breakers and filters as required by code.
- CONTRACTOR SHALL COORDINATE exact location of sanitary, grease, gas, and water piping before starting any work. Notify Architect/Engineer of any deviations from design drawings.
- CLEANOUTS:
 - Wall: Joam 58800-15
 - Finished Floor: Joam 56020-88-15
- CONTRACTOR to fire protect and seal all openings and pipe penetrations thru fire rated walls and ceilings. Materials and methods to fire rating shall be approved by Dade County Product Control.
- PROVIDE CEILING/WALL ACCESS DOORS where indicated on drawings and when required to access mechanical equipment. Doors shall be recessed type, fire rated if in fire rated wall or ceiling. As manufactured by Karp model RDW and KATR.
- PLUMBING CONTRACTOR SHALL see structural drawings prior to bidding to fully familiarize himself with project.
- CONTRACTOR shall provide all necessary accessories and materials for a complete kitchen equipment installation. Consult with the kitchen equipment supplier for all requirements.
- CONTRACTOR shall saw out or core drill existing floors to install new plumbing work. Patch floor to match existing.
- All installations shall meet the standards of the local authority and health department.
- CONTRACTOR SHALL visit site prior to bidding to fully familiarize himself with scope of work. Notify Architect/Engineer of any discrepancies on drawings prior to commencement of work.
- All materials and equipment shall have Dade County Product Control approval.



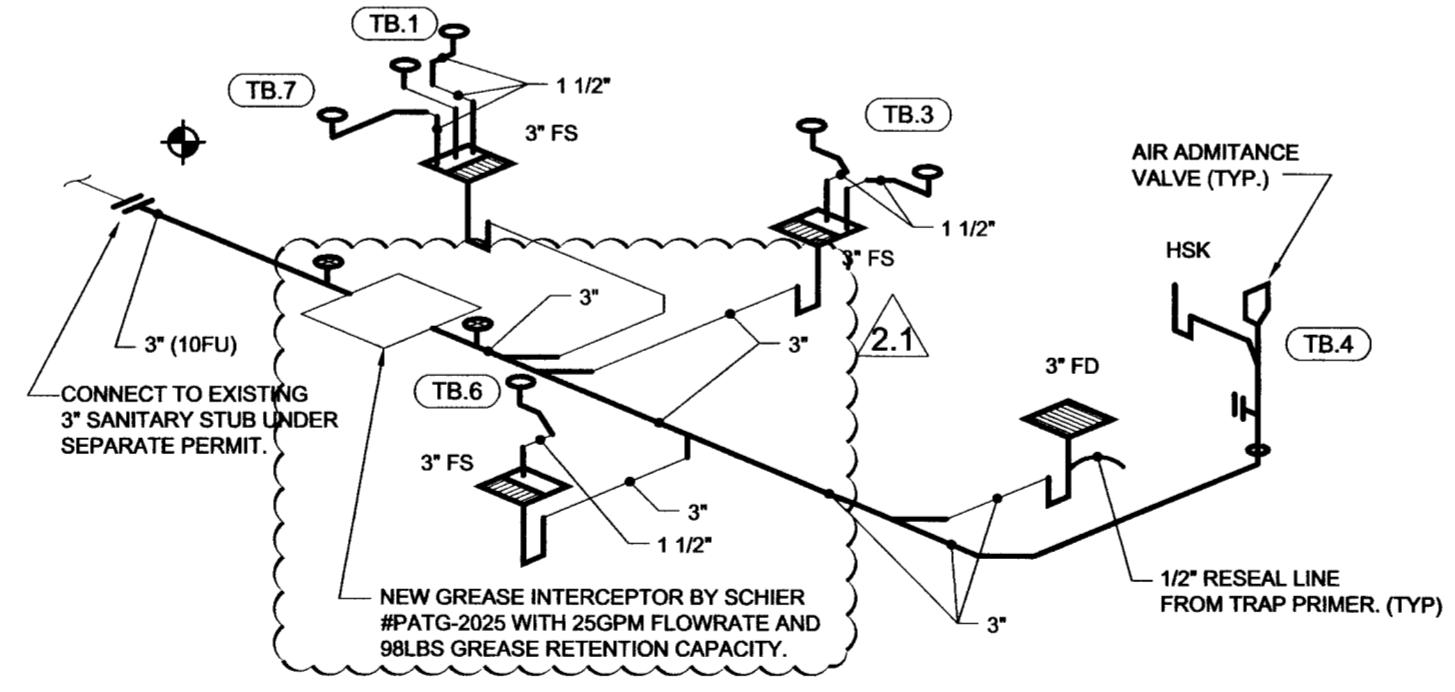
PLUMBING PLAN

CONNECT TO EXISTING PIPE. VERIFY EXACT SIZE, LOCATION, INVERT & CAPACITY IN FIELD PRIOR TO COMMENCEMENT OF WORK. NOTIFY ARCHITECT & ENGINEER OF ANY DISCREPANCIES.



WATER RISER DIAGRAM - NTS

CONNECT TO EXISTING PIPE. VERIFY EXACT SIZE, LOCATION, INVERT & CAPACITY IN FIELD PRIOR TO COMMENCEMENT OF WORK. NOTIFY ARCHITECT & ENGINEER OF ANY DISCREPANCIES.



SANITARY RISER DIAGRAM - NTS

CONNECT TO EXISTING PIPE. VERIFY EXACT SIZE, LOCATION, INVERT & CAPACITY IN FIELD PRIOR TO COMMENCEMENT OF WORK. NOTIFY ARCHITECT & ENGINEER OF ANY DISCREPANCIES.

ITEM	QTY	DESCRIPTION	WATER		DRAIN		GAS	
			HOT	COLD	IN-DIRECT	DIRECT	SIZE	MBTU/HOUR
TB.1	1	36" COCKTAIL STATION W/SINK	1/2"	1/2"	1" & 1-1/2"			
TB.2	2	18" FLAT TOP WORK COUNTER						
TB.3	1	72" COCKTAIL STATION W/SINK	1/2"	1/2"	1" & 1-1/2"			
TB.4	1	15-1/2" HAND SINK CABINET	1/2"	1/2"	1-1/2"			
TB.5	1	56-1/2" 2-DOOR UNDERBAR REFRIGERATOR						
TB.6	1	ISLAND BACKBAR			1/2"			
TB.7	1	UNDERCOUNTER DISH MACHINE	3/4"		3/4"			
TB.8	3	SLIM JIM WASTE CONTAINER						

GREASE TRAP CALCULATIONS

Project Name: SOHO (Tiki Bar)
Descriptor: Commercial kitchen

EQUIP. ID	DESCRIPTION	VOLUME UNIT	QUANTITY	TOTAL VOLUME (CUBIC INCHES)	VOLUME (GALLONS)	75% FILL	FLOW RATE (GPM)
1st floor Dishwashing Area (East)							
TB.4	Hand Sink	600	1	600	2.60	1.95	0.97
TB.3	Pre-Rinse Sink	810	1	810	3.51	2.63	1.31
TB.1	Pre-Rinse Sink	810	1	810	3.51	2.63	1.31
TB.7	Dish Machine						14.00
TOTAL FLOW RATE							17.60

PROVIDE (1) GREASE TRAP WITH A MINIMUM FLOW RATE OF 25 GPM.
PROVIDE (1) SCHIER "TRAPPER" # PATO-2025, 25GPM, 98LBS Grease retention.

1 Gallon = 231 Cubic Inches (CI) Flow rate is based on 2 minutes drain time.
Calculations are based on procedures outlined in the Plumbing & Drainage Institute Appendix A.

SECTION A-A

25 GPM, 28 LIQUID GALLONS, 98 POUNDS GREASE STORAGE POLYETHYLENE GREASE INTERCEPTOR

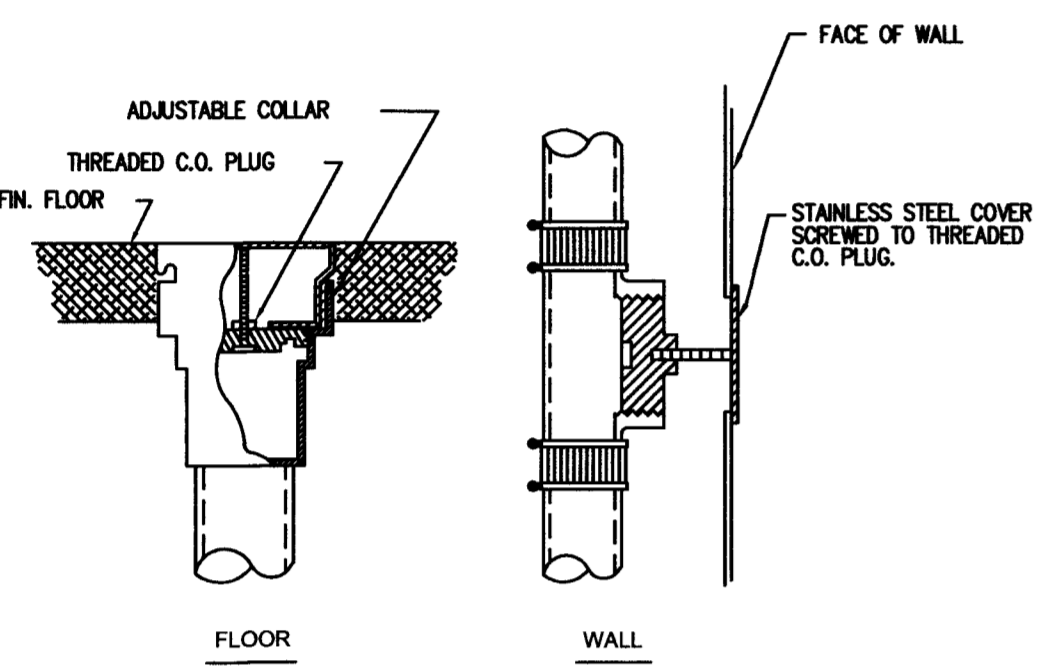
Part Number: PATO-2025
Date: 4/18/07
Material: HDPE

Schier Products
2900 South 170th Street
New York, NY 10030
Tel: 800-627-7111
Fax: 800-627-7164
www.schierproducts.com

NSF
LF 1003

SUBMITTAL SHEET

TYPICAL CLEANOUT DETAIL



PIPE PENETRATION DETAIL

2 Hour Fire Rated Through Penetration Firestop for Multiple Metal Pipes through Concrete floors or walls using FYRE-SHIELD.

TREMCO
3735 Green Rd.
Bachwood, OH, 44122
Drawing not to scale

CAJ1047 (326)
F-rating = 2 Hr.
T-rating = 0 Hr.

NOTE: For wall apply FYRE-SHIELD to both surfaces of wall.

SITE INVESTIGATION

- SITE INVESTIGATION:**
EXAMINATION OF CONTRACT DOCUMENTS AND SITE OF WORK; THE BIDDER IS REQUIRED, BEFORE SUBMITTING HIS PROPOSAL, TO VISIT THE SITE OF THE PROPOSED WORK AND FAMILIARIZE HIMSELF/HERSelf WITH THE NATURE AND EXTENT OF THE WORK AND ANY LOCAL CONDITIONS THAT MAY IN ANY MANNER AFFECT THE WORK TO BE DONE AND EQUIPMENT, MATERIALS AND LABOR REQUIRED THEREFORE. SINCE THE WORK INVOLVES EXISTING BUILDINGS, SYSTEMS AND FACILITIES, SPECIAL CONSIDERATION SHALL BE GIVEN TO EXAMINATION OF WORKING CONDITIONS, EXISTING FACILITIES AND ALL BUILDING STRUCTURES TO FAMILIARIZE HIMSELF WITH ALL EXISTING CONDITIONS. VARIATIONS IN ROUTING AND/OR CONSTRUCTION SHOULD BE ANTICIPATED BY THIS CONTRACTOR AND ARE EXPRESSLY INCLUDED AS PART OF THE WORK WHENEVER REQUIRED AT NO ADDITIONAL COST TO THE OWNER. IGNORANCE ON THE PART OF THE CONTRACTOR WILL IN NO WAY RELIEVE HIM OF THE OBLIGATION AND RESPONSIBILITIES ASSUMED UNDER THIS CONTRACT.
- THE NATURE OF THE REMODEL TYPE CONSTRUCTION POSES SPECIAL PROBLEMS FOR THE DESIGN ENGINEERS AS WELL AS THE PLUMBING CONTRACTOR. EVERY EFFORT HAS BEEN MADE BY THE ENGINEERS TO SHOW AND IDENTIFY THE LOCATIONS AND TYPES OF EXISTING PLUMBING SYSTEMS. THE MAJOR PORTION OF THE PLUMBING SYSTEMS ARE AS SHOWN ON THE DRAWINGS HOWEVER DEVIATIONS MAY BECOME EVIDENT AS THE JOB PROGRESSES. PLUMBING CONTRACTOR SHALL PERFORM A FIELD VERIFICATION BEFORE BIDDING THIS PROJECT.

ALLAN T. SHULMAN ARCHITECT, P.A.
(AR 0012763)
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

JUNGLES
RAYMOND JUNGLES INC
RAYMOND JUNGLES INCORPORATED,
Landscape Architect ASLA
242 SW 5th Street, Miami, Florida 33130
PH: 305.568.0771 FAX: 305.568.0742
raymond@raymondjungles.com

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

FIRST FLOOR PLAN
P-1.1
09.13.10

VIDAL & ASSOCIATES INC.
CONSULTING ENGINEERS
2234 N.E. 2ND AVENUE
MIAMI, FL 33137
HENRY VIDAL P.E., PE# 56204
CERTIFICATION OF AUTHORIZATION #996
PHONE: (305) 571-1880 FAX: (305) 571-1861
E-MAIL: VIDAL196@AOL.COM

ITEM	QTY	DESCRIPTION	MANUFACTURER	MODEL NUMBER	EQUIPMENT REMARKS	PROVIDED BY			EXISTING EQUIPMENT					ELECTRICAL					WATER		DRAIN		GAS		COOLING WATER		UTILITY REMARKS	ITEM		
						BARING	OTHERS	REMAIN	RE-LOCATE	REMOVE	VOLTS	PHASE	AMPS	CONN TYPE	NEMA NUMBER	HOT	COLD	INDIRECT	DIRECT	SIZE	MBTU/HOUR	SUPPLY	RETURN							
© Copyright 2010 Baring Industries																														
TB.1	1	36" COCKTAIL STATION W/SINK	OMNI-TEAM	DJ24-CBO-D1C-BRSL-36-CR5-M	W/BOTTLE RAIL & DECK FAUCET; SEE SHOP DWG	X																								TB.1
TB.2	2	18" FLAT TOP WORK COUNTER	OMNI-TEAM	DTF-20-CBD-M	SEE SHOP DWG	X					120	1	(2) 16	DIRECT			1/2"	1/2"	1" & 1-1/2"											TB.2
TB.3	1	72" COCKTAIL STATION W/SINK	OMNI-TEAM	DJ60-CBO-D1C-BRSL-72-CR10-M	W/COLD PLATE, BOTTLE RAIL & DECK FAUCET; SEE SHOP DWG	X											1/2"	1/2"	1" & 1-1/2"											TB.3
TB.4	1	15-1/2" HAND SINK CABINET	OMNI-TEAM	HWA-RS-CB-M	W/DECK FAUCET & SOAP/TOWEL DISPENSER; SEE SHOP DWG	X											1/2"	1/2"	1-1/2"											TB.4
TB.5	1	56-1/2" 2-DOOR UNDERBAR REFRIGERATOR	OMNI-TEAM	URS-2SD-AS-TFS2R-6LG-M	W/CONDENSATE EVAPORATOR & SELF-CONTAINED REFRIGERATION; SEE SHOP DWG	X					120	1	9.6	C/P	5-15P															TB.5
TB.6	1	ISLAND BACKBAR	OMNI-TEAM	BBPR-4SD-AS-SSE-M	W/4-DOOR REFRIGERATED BASE; SEE SHOP DWG	X					120	1	1.5	JB					1/2"											TB.6
TB.7	1	UNDERCOUNTER DISH MACHINE	HOBART	LX6H	W/70 DEG F RISE WATER BOOSTER HEATER	X					120	1	16	DIRECT			3/4"		3/4"											TB.7
TB.8	3	SLIM JIM WASTE CONTAINER	RUBBERMAID	3541		X					208	1	37.7	DIRECT																TB.8

EXISTING

PANEL - T

LOCATION: 120/208 VOLTS, 3 ϕ 4 WIRE

225 AMP BUS

NEUTRAL FULL

MAIN BKR. FRAME - A. TRIP - A.

10K AIC

208 VOLTS

FLUSH TOP FEED

SURFACE BOTTOM FEED

GROUND BUS

LUGS ONLY NEMA 3R

50% TRIP

200% TRIP

SHUNT TRIP

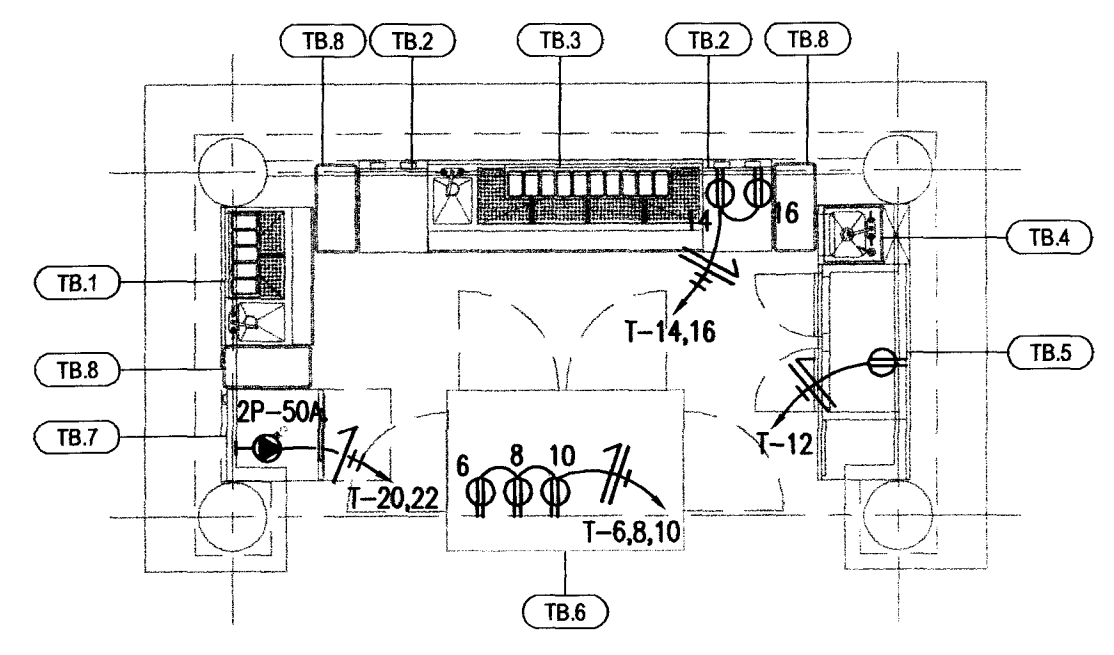
LOAD DESCRIPTION	WIRE & CONDUIT	POLE	AMP TRIP	CKT. No.	LOAD (KVA)	CKT. No.	CKT. K.V.A.	AMP TRIP	POLE	WIRE & CONDUIT	LOAD DESCRIPTION
EXIST. CABANA - RECEPTACLE	#12, 3/4" C	1	20	.6	1.0	2	0.4	20	1	#12, 3/4" C	EXIST. CARD READER EQUIP.
				.6	3	4	0.6				EXIST. DATA/COM. EQUIP.
				.6	5	6	1.0				TIKI HUT - RECEPTACLE *
				.6	7	8	0.2				
				.6	9	10	1.9				
				.6	11	12	1.9				
				0.6	13	14	1.9				
				0.6	15	16	1.9				
WATER STATION FRIDGE	#12, 3/4" C			0.6	17	1.4	0.8				SPARE
WATER P.O.S.				0.6	19	20	3.6	50	2	#8, 3/4" C	BOOSTER HEATER *
TIKI HUT - CONVENIENCE				0.6	21	22	3.6				
CABANA - CONVENIENCE	#10, 3/4" C			0.6	23	1.2	0.6	20	1		TIKI HUT - LIGHTS
SPARE				0.4	25	26	0.6				
				0.4	27	28	0.6				
WATER STATION	#12, 3/4" C			0.6	29	1.8	1.2				TIKI HUT - FANS
SPARE		2	30	0.5	31	32	0.5		3		
				0.5	33	34	0.5	20			SPARE
SPARE		2	30	0.5	35	36	0.5				
				0.5	37	38	0.5		3		
SPARE		2	40	0.5	39	40	0.5	30			SPARE
				0.5	41	42	0.5				

OCP=150Amp

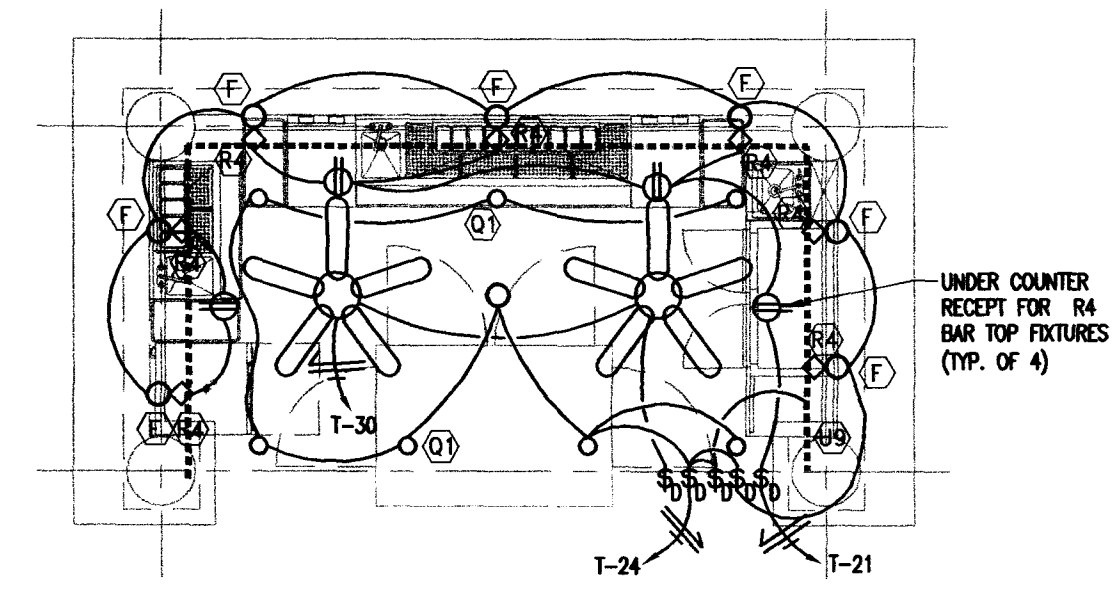
TOTAL CONNECTED LOAD: 34.9 KVA; 97 AMPS.

NOTES:

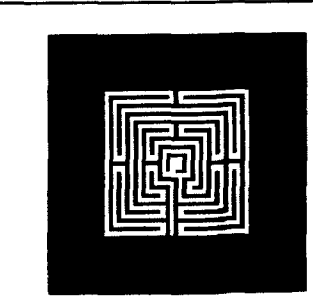
* PROVIDE GFI TYPE BREAKER



BAR EQUIPMENT PLAN
SCALE: 1/4"=1'-0"



BAR LIGHTING PLAN
SCALE: 1/4"=1'-0"



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(AR 0012783)
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TEL: 305.438.0609 FAX: 305.438.0170



REVISIONS	REVISIONS
	12-17-10 CMB COMMENTS

SOHO BEACH HOUSE
4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035
TIKI HUT
CONSTRUCTION DOCUMENTS

E-1
09.13.10

VIDAL & ASSOCIATES INC.
CONSULTING ENGINEERS
2234 N.E. 2ND AVENUE
MIAMI, FL 33137
HENRY VIDAL P.E., PEI 56204
CERTIFICATION OF AUTHORIZATION #9056
PHONE: (305) 971-1969 FAX: (305) 571-1861
E-MAIL: VIDAL1961@AOL.COM

12/17/10

ITEM	QTY	DESCRIPTION	MANUFACTURER	MODEL NUMBER	EQUIPMENT REMARKS	PROVIDED BY		EXISTING EQUIPMENT			ELECTRICAL					WATER		DRAIN		GAS		COOLING WATER		UTILITY REMARKS	ITEM	
						BARING	OTHERS	REMAIN	RE-LOCATE	REMOVE	VOLTS	PHASE	AMPS	CONN TYPE	NEMA NUMBER	HOT	COLD	IN-DIRECT	DIRECT	SIZE	MBTU/HOUR	SUPPLY	RETURN			
TB.1	1	36" COCKTAIL STATION W/SINK	OMNI-TEAM	DJ24-CBO-D1C-BRSL-36-CRS-M	W/BOTTLE RAIL & DECK FAUCET; SEE SHOP DWG	X																				
TB.2	2	18" FLAT TOP WORK COUNTER	OMNI-TEAM	DTF-20-CBD-M	SEE SHOP DWG	X					120	1	(2) 16	DIRECT		1/2"	1/2"	1" & 1-1/2"								
TB.3	1	17" COCKTAIL STATION W/SINK	OMNI-TEAM	DJ60-CBO-D1C-BRSL-72-CR10-M	W/COLD PLATE, BOTTLE RAIL & DECK FAUCET; SEE SHOP DWG	X																		(1) DEDICATED CIRCUIT W/ISOLATED GROUND	TB.1	
TB.4	1	15-1/2" HAND SINK CABINET	OMNI-TEAM	HWA-RS-CB-M	W/DECK FAUCET & SOAP/TOWEL DISPENSER; SEE SHOP DWG	X										1/2"	1/2"	1" & 1-1/2"							TB.2	
TB.5	1	56-1/2" 2-DOOR UNDERBAR REFRIGERATOR	OMNI-TEAM	URS-2SD-AS-TFSZR-6LG-M	W/CONDENSATE EVAPORATOR & SELF-CONTAINED REFRIGERATION; SEE SHOP DWG	X					120	1	9.6	C/P	5-18P											TB.3
TB.6	1	ISLAND BACKBAR	OMNI-TEAM	BBPR-4SD-AS-SSE-M	W/4-DOOR REFRIGERATED BASE; SEE SHOP DWG	X					120	1	1.5	JB				1/2"							REFRIGERATION CONNECTED TO CONDENSING UNIT IN TB.5	TB.4
TB.7	1	UNDERCOUNTER DISHWASHER	HOBART	LXH	W/70 DEG F RISE WATER BOOSTER HEATER	X					120	1	16	DIRECT											DEDICATED CIRCUIT W/ISOLATED GROUND; POWER CONNECTED TO RECEPTACLE IN EQUIPMENT	TB.5
TB.8	3	SLIM JIM WASTE CONTAINER	RUBBERMAD	3541		X					120	1	16	DIRECT											POWER CONNECTED TO CONVENIENCE RECEPTACLE IN EQUIPMENT	TB.6
											208	1	37.7	DIRECT				3/4"	3/4"						MIN 110 DEG F WATER SUPPLY; POWER CORD KIT PROVIDED BY BARING/ INSTALLED BY EC; WATER HAMMER ARRESTOR & PRV PROVIDED/INSTALLED BY PC	TB.7
																										TB.8

ITEM	QTY	DESCRIPTION	MANUFACTURER	MODEL NUMBER	EQUIPMENT REMARKS	PROVIDED BY		EXISTING EQUIPMENT			ELECTRICAL					WATER		DRAIN		GAS		COOLING WATER		UTILITY REMARKS	ITEM
						BARING	OTHERS	REMAIN	RE-LOCATE	REMOVE	VOLTS	PHASE	AMPS	CONN TYPE	NEMA NUMBER	HOT	COLD	IN-DIRECT	DIRECT	SIZE	MBTU/HOUR	SUPPLY	RETURN		

BARING INDUSTRIES
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FAX: (505) 271-1662

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FAX: (702) 365-4417

Southwestern Regional Office
Baring Industries
15415 Addison Road
Suite 100
Addicks, TX 75001 USA
TELEPHONE: (972) 820-0644
FAX: (972) 820-0609

SOHO HOUSE

4385 Collins Ave 33140
MIAMI BEACH, FLORIDA

TIKI BAR

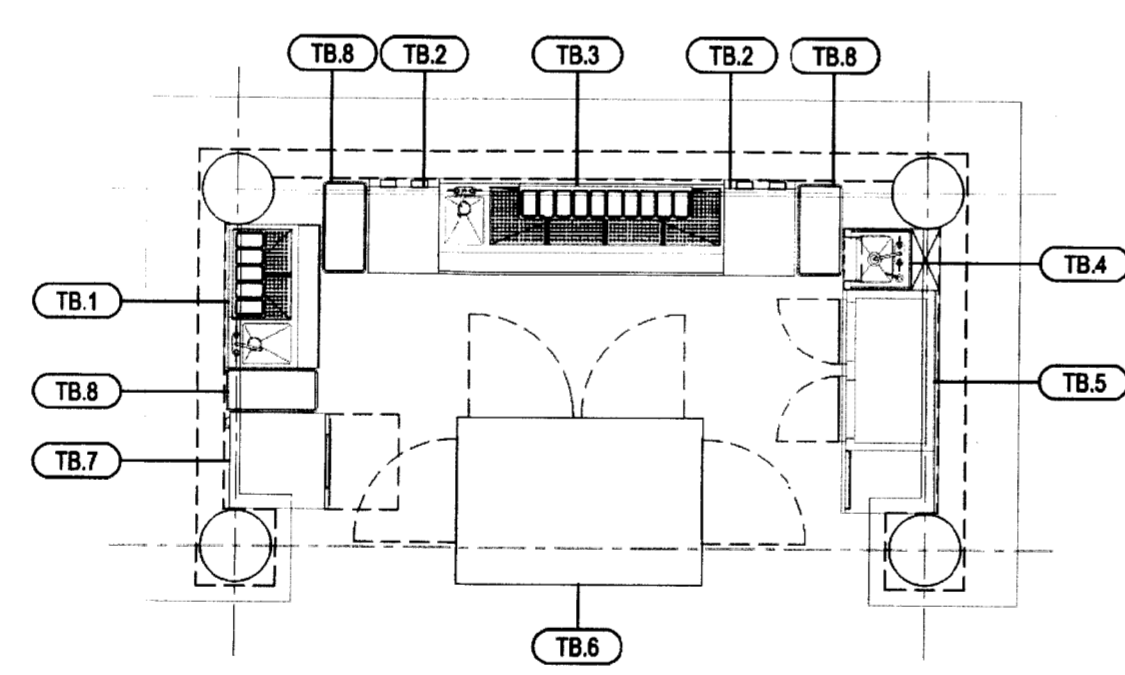
EQUIPMENT PLAN, SCHEDULE & ARCHITECTURAL PLAN

REVISION: BY: CK BY: DATE:

PROJ. MGR: FRANK MURPHY
COORDINATOR: KRISTI ALFARO
TELEPHONE: 954-327-6720
DRAWN BY: ST
CHECKED BY: MGP
DATE: 10-07-2010
SCALE: 1/4" = 1'-0"

SHEET
K5-1
PROJECT NUMBER
0711152

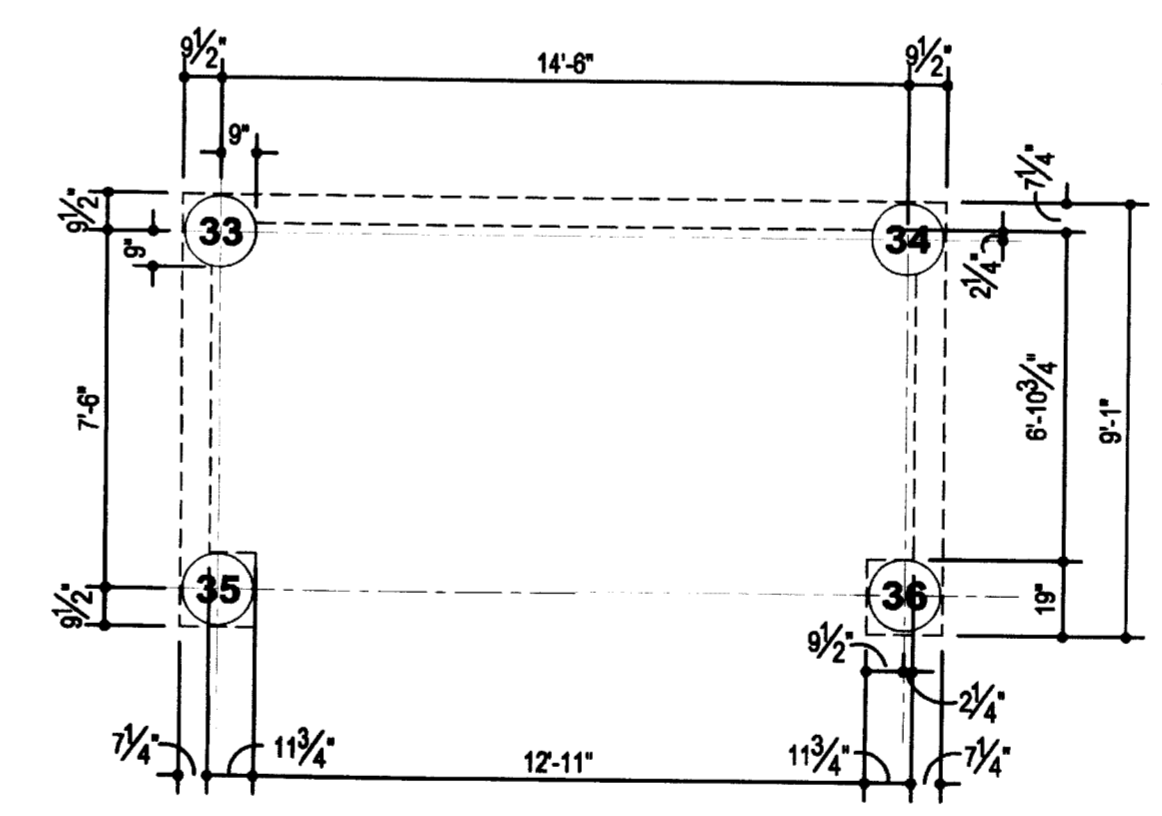
- GENERAL NOTES**
- REFER TO THE PROJECT ARCHITECTURAL, ELECTRICAL, INTERIOR DESIGN, MECHANICAL & PLUMBING DRAWINGS FOR ACTUAL CONSTRUCTION CONDITIONS & DETAILS.
 - MANUFACTURER'S SHOP DRAWINGS & SPECIFICATION SHEETS ARE PROVIDED BY BARING INDUSTRIES & ARE TO BE CONSIDERED A PART OF THESE DRAWINGS.
 - BUILDING WALLS & DIMENSIONS MATCH THE ARCHITECTURAL DRAWINGS PROVIDED TO BARING UNLESS OTHERWISE NOTED.
 - THESE DRAWINGS INDICATE THE EXTENT OF WORK INCLUDED IN BARING INDUSTRIES' SCOPE OF WORK & DO NOT NECESSARILY INCLUDE WORK REQUIRED FOR THE FULL PERFORMANCE & COMPLETION OF THE PROJECT CONTRACT DOCUMENTS.
 - UTILITY & CONNECTION REQUIREMENTS & BUILDING SPECIAL CONDITIONS FOR EQUIPMENT NOT PROVIDED BY BARING INDUSTRIES ARE TO BE VERIFIED WITH THE PROVIDER BY THE APPLICABLE GENERAL ELECTRICAL, MECHANICAL & PLUMBING CONTRACTORS.
 - DIMENSIONS ARE FROM SURFACE OF FINISHED WALLS, FLOORS, CEILINGS & COLUMN CENTERLINES. DIMENSIONS ARE TO BE VERIFIED BY ALL CONTRACTORS PRIOR TO COMMENCING ANY WORK.
 - DIMENSIONS ARE CLEAR FINISHED SURFACE TO FINISHED SURFACE UNLESS OTHERWISE NOTED.
 - ALL WORK SHALL BE EXECUTED IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE & LOCAL CODES & ANY GOVERNING OFFICIAL HAVING JURISDICTION.
 - IN THE EVENT IT IS NECESSARY TO DEVIATE FROM BARING'S DRAWINGS, THE CONTRACTOR SHALL NOTIFY BARING INDUSTRIES IN WRITING PRIOR TO MAKING THE DEVIATION.
 - ELECTRICAL & MECHANICAL UTILITY SERVICES & CONNECTIONS HAVE BEEN LOCATED TO SUIT THE REQUIREMENTS OF THE FOODSERVICE EQUIPMENT.
 - CONNECTION REQUIREMENTS, CONNECTED LOAD & CONSUMPTION VALUES IN THE EQUIPMENT SCHEDULE ARE FOR (1) UNIT. TO DETERMINE THE TOTAL REQUIREMENTS, MULTIPLY BY THE QUANTITY IN THE EQUIPMENT SCHEDULE.
 - ROUGH-IN SIZES & LOCATIONS SHOWN IN THESE DRAWINGS ARE BASED ON INFORMATION PROVIDED TO BARING. ACTUAL SIZES & LOCATIONS MAY VARY DEPENDING ON PREVAILING CODES, STANDARDS & SITE CONDITIONS.
 - QUARRY TILE FLOORS SHALL BE ACID WASHED & THOROUGHLY FLUSHED WITH CLEAN WATER PRIOR TO THE DELIVERY & SET-IN-PLACE OF ANY FOODSERVICE EQUIPMENT. DAMAGE CAUSED BY ACID BASED CLEANING/ETCHING AGENTS ARE NOT COVERED UNDER ANY WARRANTY.
 - THE GENERAL CONTRACTOR SHALL PROVIDE PENETRATIONS & OPENINGS SIZED TO FIT EQUIPMENT SHOWN IN THESE DRAWINGS.
 - PRIOR TO DELIVERY & SET-IN-PLACE OF ANY FOODSERVICE EQUIPMENT, THE GENERAL CONTRACTOR SHALL PROVIDE THE FOLLOWING MINIMUM BUILDING READINESS ITEMS:
 - CEILING GRIDS INSTALLED
 - LIGHTING FIXTURES INSTALLED & WIRED
 - HVAC DIFFUSERS & DUCTWORK INSTALLED
 - FLOOR ACID WASHED & PROVEN DRY
 - WALL FINISHES INSTALLED ON EXPOSED WALL SURFACES
 - ELECTRICAL WIRING INSTALLED AT ROUGH-IN LOCATIONS SHOWN IN THESE DRAWINGS
 - PLUMBING PIPING INSTALLED AT ROUGH-IN LOCATIONS SHOWN IN THESE DRAWINGS
 - GAS, STEAM & WATER PIPING PRESSURE TESTED & FLUSHED FREE OF FOREIGN MATTER



EQUIPMENT PLAN

X-BAR MUST HAVE THE ABILITY TO CURVE & SEAL WHEN NOT IN OPERATION.

FOOD SERVICE PLAN APPROVED
Reviewed: 10/10/10 Date: 10/10/10
1) Compliance with applicable water and wastewater systems
2) Compliance with applicable state and local codes
3) Compliance with all provisions on specification worksheet.
See comments on Specification Sheet
File # 2226102



ARCHITECTURAL PLAN

CITY OF MIAMI BEACH
REFERENCE ONLY

12/3/10



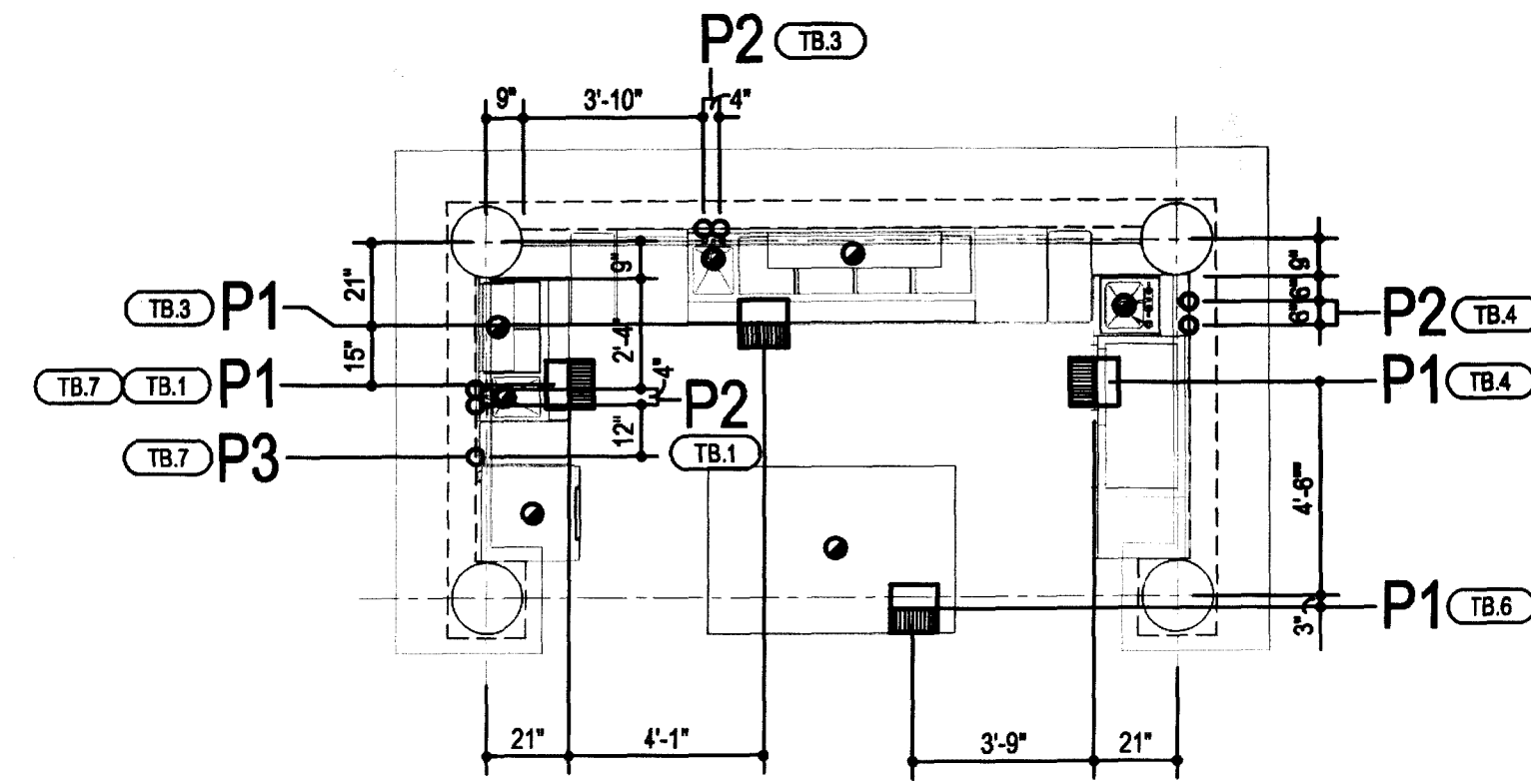
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PLUMBING NOTES

- UTILITIES SHOWN ARE THE MINIMUM REQUIRED FOR THE FOODSERVICE EQUIPMENT. LOCATION, QUANTITY & SIZE OF ADDITIONAL UTILITIES, IF DESIRED/REQUIRED, ARE TO BE PROVIDED BY OTHERS.
- FINAL CONNECTIONS TO EQUIPMENT, INTER-CONNECTIONS BETWEEN COMPONENTS & INSTALLING DRAIN/WASTE/VENTS ARE INCLUDED IN THE PLUMBING CONTRACTOR'S SCOPE OF WORK.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, COMPONENTS SUCH AS (BUT NOT LIMITED TO) PIPE, TRAPS, VALVES, WATER HAMMER ARRESTORS, PRESSURE REDUCING VALVES, PRESSURE REGULATING VALVES & GAUGES SHALL BE PROVIDED & INSTALLED BY THE PLUMBING CONTRACTOR.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS OR AS RESTRICTED BY CODE, UTILITIES SHALL BE CONCEALED IN A STUBBED OUT OF BUILDING WALLS.
- COMPONENTS SUCH AS (BUT NOT LIMITED TO) TRAPS, VALVES, WATER HAMMER ARRESTORS, PRESSURE REDUCING VALVES, PRESSURE REGULATING VALVES & GAUGES SHALL BE LOCATED SO THAT THEY DO NOT INTERFERE WITH THE OPERATION OF THE EQUIPMENT.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, POTABLE WATER PRESSURE AT CONNECTION POINTS ON THE EQUIPMENT SHALL NOT EXCEED:
 - A. 28 PSI FOR DISHWASHERS & WATER BOOSTER HEATERS
 - B. 90 PSI FOR ALL OTHER EQUIPMENT
- SHALL COMPLY WITH THE MANUFACTURER'S WATER FLOW REQUIREMENTS.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, FUEL GAS PRESSURE AT CONNECTION POINTS ON THE EQUIPMENT SHALL NOT EXCEED:
 - A. NATURAL GAS: 10" WC
 - B. LP GAS: 14" WC
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, CHILLED WATER PRESSURE AT CONNECTION POINTS ON WATER-COOLED EQUIPMENT SHALL NOT EXCEED 120 PSI.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, HOT WATER SUPPLY TO DISH & WAREWASHING EQUIPMENT & WATER BOOSTER HEATERS SHALL BE 120 DEG F (+/- 5 DEG F) AT THE CONNECTION POINT ON THE EQUIPMENT.
- THE PLUMBING CONTRACTOR SHALL PROVIDE A WATER HAMMER ARRESTOR AT ALL WATER HEATERS AND DISHWASHER/WATER BOOSTER HEATER LOCATIONS.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, THE PLUMBING CONTRACTOR SHALL PROVIDE & INSTALL BACKFLOW PREVENTION DEVICES AS REQUIRED BY APPLICABLE CODE(S) AND GOVERNING OFFICIALS HAVING JURISDICTION.
- EXPOSED PORTIONS OF CHILLED/COOLED WATER & HOT WATER PIPING SHALL BE INSULATED BY THE PLUMBING CONTRACTOR.
- GAS, STEAM & WATER PIPING SHALL BE PRESSURE TESTED, FLUSHED FREE OF FOREIGN MATTER & STRAINERS LOCATED BY THE PLUMBING CONTRACTOR PRIOR TO CONNECTION TO THE EQUIPMENT.
- GREASE TRAPS ARE TO BE LOCATED & INSTALLED SO THEY ARE ACCESSIBLE & COVERED/REMOVED WITHOUT INTERFERING IN THE OPERATION OF THE EQUIPMENT OR WITH ANY ELECTRICAL, MECHANICAL OR PLUMBING UTILITY.
- CONDENSATE DRAIN PIPING SHALL BE TRAPPED OUTSIDE OF THE REFRIGERATED COMPARTMENT & EXTENDED TO AN INDIRECT BUILDING WASTE DRAIN.
- CONDENSATE DRAIN PIPING FROM WALK-IN EVAPORATOR COILS SHALL BE PROVIDED, INSTALLED & INSULATED BY THE PLUMBING CONTRACTOR.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, CONDENSATE DRAIN PIPING FROM REFRIGERATED EQUIPMENT NOT EQUIPPED WITH A CONDENSATE EVAPORATOR SHALL BE PROVIDED & INSTALLED BY THE PLUMBING CONTRACTOR.
- DRAIN PIPING FROM WASTE DISPOSAL EQUIPMENT SUCH AS DISPOSERS/PULPERS SHALL BE PROVIDED WITH CLEAN-OUT FITTINGS.
- PLUMBING CONTRACTOR TO PROVIDE & INSTALL A MAIN FUEL GAS SHUT-OFF VALVE IN ACCORDANCE WITH APPLICABLE CODE(S) & ANY GOVERNING OFFICIAL HAVING JURISDICTION.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, FUEL GAS SOLENOID SHUT-OFF VALVES FOR FOODSERVICE EQUIPMENT PROVIDED BY BARING ARE PROVIDED BY BARING & INSTALLED BY THE PLUMBING CONTRACTOR.
- UNLESS PERMITTED BY APPLICABLE CODE(S) FUEL GAS PIPING TO PILOT BURNERS ON EQUIPMENT SHALL NOT PASS A FUEL GAS SOLENOID SHUT-OFF VALVE.
- BARING INDUSTRIES RECOMMENDS THAT FUEL GAS SERVICE BE PROVIDED VIA A LOOPED DISTRIBUTION SYSTEM. THE SIZE OF THE LOOP SHALL BE DETERMINED BY THE PROJECT ARCHITECT/ENGINEER.
- DRAIN PIPING FROM ANY EQUIPMENT USING GENERATING STEAM SHALL BE OF MATERIALS & UTILIZING INSTALLATION METHODS TO ACCOMMODATE TEMPERATURES ABOVE 212 DEG F.
- BARING INDUSTRIES RECOMMENDS THAT STEAM SUPPLY & CONDENSATE RETURN BE PROVIDED VIA LOOPED SYSTEMS. THE SIZE OF THE LOOPS SHALL BE DETERMINED BY THE PROJECT ARCHITECT/ENGINEER.
- BARING INDUSTRIES RECOMMENDS THAT CHILLED/COOLED WATER SUPPLY & RETURNS BE PROVIDED VIA LOOPED SYSTEMS. THE SIZE OF THE LOOPS SHALL BE DETERMINED BY THE PROJECT ARCHITECT/ENGINEER.

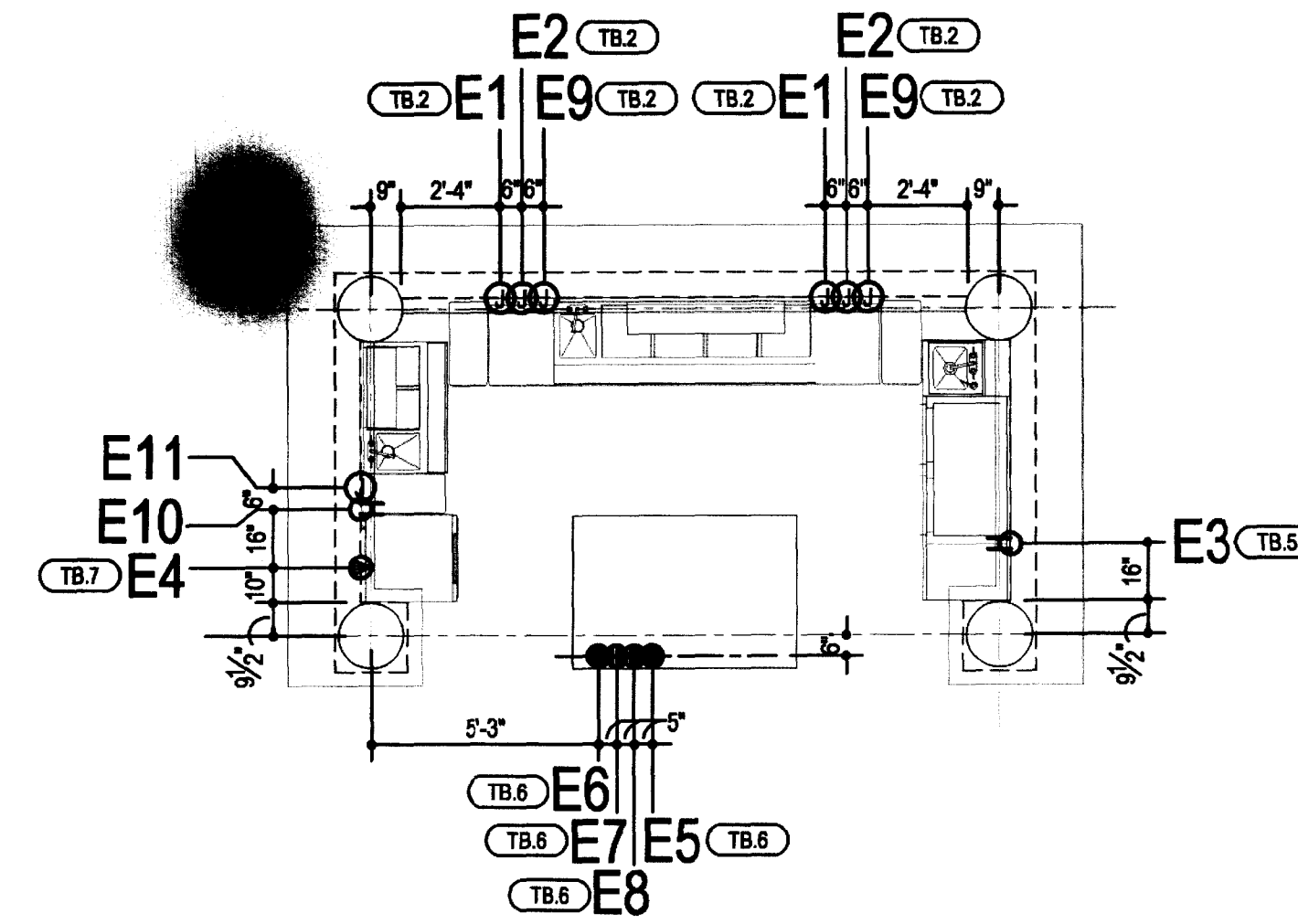
ELECTRICAL NOTES

- UTILITIES SHOWN ARE THE MINIMUM REQUIRED FOR THE FOODSERVICE EQUIPMENT. LOCATION, QUANTITY & SIZE OF ADDITIONAL UTILITIES, IF DESIRED/REQUIRED, ARE TO BE PROVIDED BY OTHERS.
- FINAL CONNECTIONS TO EQUIPMENT & INTER-CONNECTIONS BETWEEN COMPONENTS ARE INCLUDED IN THE ELECTRICAL CONTRACTOR'S SCOPE OF WORK.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS, COMPONENTS SUCH AS (BUT NOT LIMITED TO) WIRE, CONDUIT, SWITCHES, SAFETY DEVICES, OVER CURRENT & GROUND FAULT PROTECTION DEVICES & DISCONNECT SWITCHES SHALL BE PROVIDED & INSTALLED BY THE ELECTRICAL CONTRACTOR.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS OR AS RESTRICTED BY CODE, UTILITIES SHALL BE CONCEALED IN A STUBBED OUT OF BUILDING WALLS.
- COMPONENTS SUCH AS (BUT NOT LIMITED TO) SWITCHES, SAFETY DEVICES, OVER CURRENT & GROUND FAULT PROTECTION DEVICES & DISCONNECT SWITCHES SHALL BE LOCATED SO THAT THEY DO NOT INTERFERE WITH THE OPERATION OF THE EQUIPMENT.
- NEMA CONFIGURATION DESIGNATIONS ARE PROVIDED TO ENSURE THAT RECEPTACLES PROVIDED & INSTALLED BY THE ELECTRICAL CONTRACTOR MATCH THE PLUG CONFIGURATION PROVIDED WITH THE EQUIPMENT.
- ELECTRICAL CONTRACTOR SHALL PROVIDE & INSTALL DISCONNECT SWITCHES AS REQUIRED BY APPLICABLE CODE(S) & ANY GOVERNING OFFICIAL HAVING JURISDICTION.
- LINE VOLTAGE CONTROL CIRCUIT & INTER-WIRING BETWEEN WALK-IN BOX COMPONENTS SUCH AS (BUT NOT LIMITED TO) CONDENSING UNITS, REFRIGERATION PACKS, EVAPORATOR COILS, THE COOLERS & TEMPERATURE CONTROLS ARE INCLUDED IN THE ELECTRICAL CONTRACTOR'S SCOPE OF WORK.
- UNLESS OTHERWISE NOTED IN THESE DRAWINGS HEATER CABLE SHALL PROVIDED BY BARING & SHALL BE FLEXIBLE SELF-REGULATING TYPE RATED @ 3 WATTS PER FOOT.
- CONDENSATE DRAIN PIPE FROM WALK-IN FREEZER COMPARTMENTS SHALL BE WRAPPED WITH HEATER CABLE BY THE ELECTRICAL CONTRACTOR.
- WALK-IN BOX LIGHT FIXTURES SHIPPED LOOSE SHALL BE MOUNTED AND WIRE WIRING BY THE ELECTRICAL CONTRACTOR.
- LINE VOLTAGE CONTROL CIRCUIT & INTER-WIRING BETWEEN EXHAUST VENTILATOR COMPONENTS SUCH AS (BUT NOT LIMITED TO) LIGHT FIXTURES, CONTROL PANELS, FANS, MAGNETIC CONTACTORS, MOTORISED DAMPERS & THE BUILDING ALARM SYSTEM ARE INCLUDED IN THE ELECTRICAL CONTRACTOR'S SCOPE OF WORK.
- LINE VOLTAGE CONTROL CIRCUIT & INTER-WIRING BETWEEN FIRE SUPPRESSION SYSTEM COMPONENTS SUCH AS (BUT NOT LIMITED TO) CONTROL PANELS, AGENT CABINETS, REMOTE PULL STATIONS & THE BUILDING ALARM SYSTEM ARE INCLUDED IN THE ELECTRICAL CONTRACTOR'S SCOPE OF WORK.
- FIRE SUPPRESSION SYSTEM REMOTE PULL STATION REQUIRES A 4" x 4" OCTAGON J-BOX W/SCREW HOLES @ 4" & 8" O'CLOCK POSITIONS. ELECTRICAL CONTRACTOR SHALL RECESS THE J-BOX IN THE BUILDING WALL & PROVIDE EMPTY CONDUIT FROM THE TOP OF THE J-BOX STUBBED OUT THE BUILDING WALL 6" ABOVE THE FINISHED FLOOR.
- ELECTRICAL CONTRACTOR SHALL VERIFY FIRE SUPPRESSION SYSTEM REMOTE PULL STATION LOCATIONS WITH THE GOVERNING OFFICIAL HAVING JURISDICTION PRIOR TO ROUGH-IN.
- ELECTRICAL CONTRACTOR SHALL VERIFY TO WHICH BLDG SYSTEMS THE FIRE SUPPRESSION SYSTEM SHALL BE INTER-CONNECTED.
- LINE VOLTAGE CONTROL CIRCUIT & INTER-WIRING BETWEEN WASTE SYSTEM COMPONENTS SUCH AS (BUT NOT LIMITED TO) CONTROL PANELS, START-STOP SWITCHES, DISPOSERS, PULPERS & TROUGH COLLECTORS ARE INCLUDED IN THE ELECTRICAL CONTRACTOR'S SCOPE OF WORK.
- LINE VOLTAGE CONTROL CIRCUIT & INTER-WIRING BETWEEN WAREWASHING EQUIPMENT COMPONENTS SUCH AS (BUT NOT LIMITED TO) CONTROL PANELS, VENT FAN CONTROL, DETERGENT & SANITIZER DISPENSERS, TABLE LAMP SWITCHES & WATER BOOSTER HEATERS ARE INCLUDED IN THE ELECTRICAL CONTRACTOR'S SCOPE OF WORK.
- UNLESS OTHERWISE STIPULATED BY APPLICABLE CODE, ALL 120-VOLT RECEPTACLES SHALL BE GFCI TYPE.
- POWER SERVICE TO COMPUTER AND POINT-OF-SALE EQUIPMENT SHALL BE ON A DEDICATED CIRCUIT WITH ISOLATED GROUND.
- POINT-OF-SALE EQUIPMENT REQUIRES AN EMPTY J-BOX AND CONDUIT SUITABLE FOR CATEGORY 5 DATA INTERFACE CABLE. ELECTRICAL CONTRACTOR TO VERIFY ROUTING WITH THE SYSTEM PROVIDER.
- COMPUTER EQUIPMENT REQUIRES A J-BOX AND CONDUIT WITH DATA INTERFACE CABLE & RJ45 ETHERNET CONNECTOR. ELECTRICAL CONTRACTOR TO VERIFY ROUTING WITH THE SYSTEM PROVIDER.



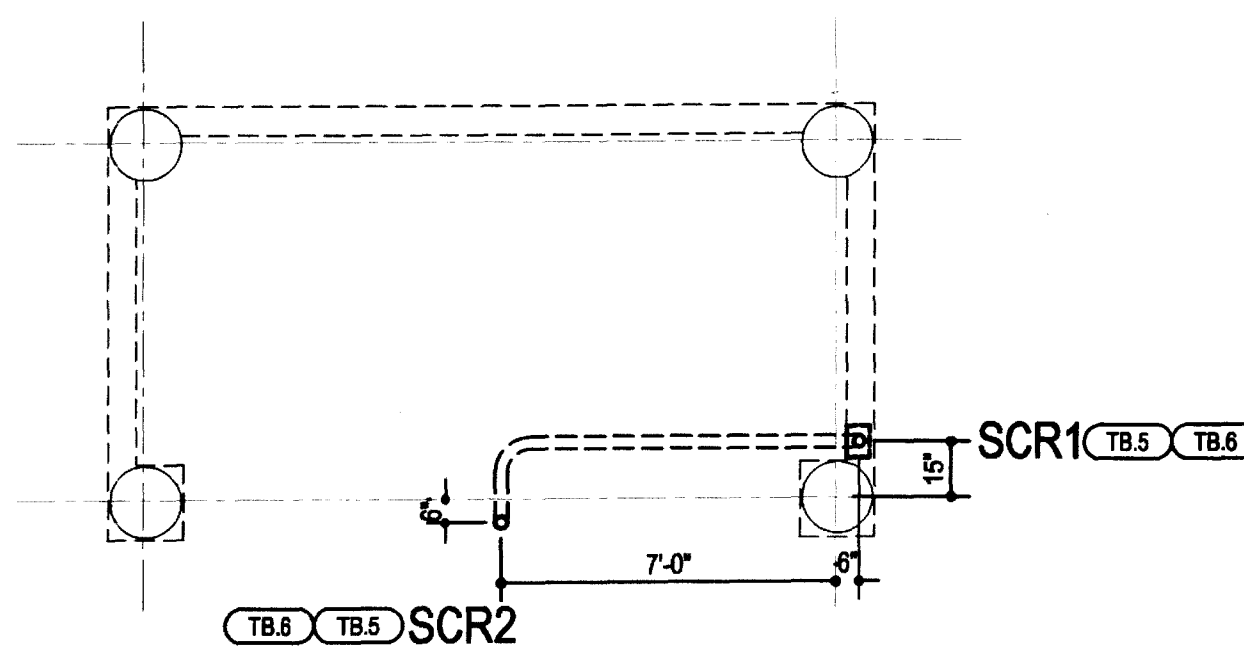
PLUMBING PLAN

PLUMBING ROUGH-IN SCHEDULE	
P1	FLOOR SINK W/REMOVABLE GRATE
P2	1/2" HOT & COLD WATER - STUB @ +12" AFF & OUT OF DIE-WALL - CONNECT TO EQUIPMENT & PROVIDE SHUT-OFF VALVES
P3	3/4" MIN. 110 DEG F HOT WATER - STUB @ +12" AFF & OUT OF DIE-WALL - CONNECT TO EQUIPMENT & PROVIDE SHUT-OFF VALVE



ELECTRICAL PLAN

ELECTRICAL ROUGH-IN SCHEDULE	
E1	JUNCTION BOX ON DEDICATED CIRCUIT W/ISOLATED GROUND - 120V/1PH/20A SERVICE - +18" AFF - CONNECT TO DUPLEX RECEPTACLE MOUNTED IN EQUIPMENT
E2	EMPTY JUNCTION BOX & CONDUIT F/CATEGORY-5 COMMUNICATION DATA CABLE - +18" AFF - VERIFY REQUIREMENTS WITH SUPPLIER
E3	DUPLEX RECEPTACLE - 120V/1PH/20A SERVICE - NEMA 5-20R GFCI +18" AFF
E4	SINGLE RECEPTACLE - 208V/1PH/50A SERVICE - NEMA 6-50R +18" AFF
E5	CONDUIT STUB - 120V/1PH/15A SERVICE - STUB @ +18" AFF - & CONNECT TO JUNCTION BOX ON EQUIPMENT
E6	CONDUIT STUB ON DEDICATED CIRCUIT W/ISOLATED GROUND - 120V/1PH/20A SERVICE - STUB @ +18" AFF - CONNECT TO RECEPTACLE MOUNTED IN EQUIPMENT
E7	EMPTY CONDUIT STUB F/CATEGORY-5 COMMUNICATION DATA CABLE - STUB @ +6" AFF - CONNECT TO JUNCTION BOX MOUNTED IN COUNTER - VERIFY REQUIREMENTS W/SUPPLIER
E8	CONDUIT STUB - 120V/1PH/20A SERVICE - STUB @ +18" AFF - CONNECT TO DUPLEX CONVENIENCE RECEPTACLE MOUNTED IN EQUIPMENT
E9	JUNCTION BOX - 120V/1PH/20A SERVICE SERVICE - +18" AFF - CONNECT TO DUPLEX RECEPTACLE MOUNTED IN EQUIPMENT
E10	DUPLEX RECEPTACLE - 120V/1PH/20A DEDICATED SERVICE W/ISOLATED GROUND +38" AFF
E11	EMPTY JUNCTION BOX & CONDUIT F/CATEGORY-5 COMMUNICATIONS CABLE - STUB @ +38" AFF - VERIFY REQUIREMENTS W/SUPPLIER



SPECIAL CONDITIONS PLAN

SPECIAL CONDITIONS & REFRIGERATION ROUGH-IN SCHEDULE	
SCR1	3" DIA. REFRIGERATION LINE CONDUIT W/LIQUID & SUCTION REFRIGERATION LINES BELOW FLOOR - STUB UP +12" AFF - BENDS SHALL BE 24" MINIMUM RADIUS - TERMINATION TO INCLUDE ROUNDED SLIP-FITTING END W/SMOOTH EDGE.
SCR2	6" (W) X 12" (H) X 6" (D) PULL BOX W/BOTTOM @ 6" AFF FLUQUID & SUCTION REFRIGERATION LINES - FRONT OF PULL BOX FLUSH W/DIE-WALL SURFACE

CITY OF MIAMI BEACH
REFERENCE ONLY

**SPECIAL CONDITIONS,
REFRIGERATION,
PLUMBING &
ELECTRICAL PLAN**

REVISION:	BY:	CHK BY:	DATE:
▲			
▲			
▲			
▲			

PROJ. MGR: FRANK MURPHY
COORDINATOR: KRISTI ALFARO
TELEPHONE: 954-327-8720
DRAWN BY: ST
CHECKED BY: MGP
DATE: 07-07-2010
SCALE: 1/4" = 1'-0"

SHEET
K5-2
PROJECT NUMBER
071152

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BARING INDUSTRIES
A Division of Electronics Professional, Inc.
http://www.baring.com • e-mail: sales@baring.com

Corporate Headquarters
Baring Industries
2048 S.W. 42ND STREET
FL LINDSEY, FL 33312 USA
TELEPHONE: (954) 327-8700
FAX: (954) 327-8711

Northeastern Regional Office
Baring Industries
3724 20th Street, Suite 217A
Long Beach, NY 11010 USA
TELEPHONE: (917) 684-3815
FAX: (917) 548-1058

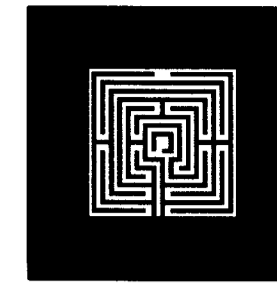
Midwestern Regional Office
Baring Industries
1209 PINE STREET
Suite 100
Nashville, TN 37203 USA
TELEPHONE: (615) 252-8089
FAX: (615) 252-8074

Southwestern Regional Office
Baring Industries
3150 Freley Road, Suite D
Downs Grove, IL 60515 USA
TELEPHONE: (800) 737-1022
FAX: (708) 290-1602

Southern Regional Office
Baring Industries
15415 Address Road
Suite 100
Addicks, TX 75001 USA
TELEPHONE: (972) 630-0944
FAX: (972) 630-0899

SOHO HOUSE
4385 Collins Ave 33140
MIAMI BEACH, FLORIDA 33140
TIKI BAR

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ALLAN T. SHULMAN ARCHITECT

(AR 0012763)

100 N.E. 38TH STREET MIAMI, FLORIDA 33137
PHONE: (305) 438-0609 FAX: (305) 438-0170

SOHO BEACH HOUSE CONSTRUCTION DOCUMENTS

PHOODS

OWNER
RYDER PROPERTIES
C/O SOHO HOUSE
3-5 BATEMAN STREET
LONDON W1D 4AG

KITCHEN CONSULTANT
BARING INDUSTRIES
3249 SW 42ND STREET
FORT LAUDERDALE, FL 33312

PROJECT EXECUTIVE
SANDOR SCHER

LIFE SAFETY
HUGHES ASSOCIATES
303 EAST PAR STREET
ORLANDO, FL 32804

PROJECT MANAGER
RAY LASTRA

ACCESSIBILITY
GREENBERG TRAURIG
1221 BRICKELL AVENUE
MIAMI, FL 33131

ARCHITECT
ALLAN T. SHULMAN ARCHITECT, P.A.
100 NE 38TH STREET, SPACE 2
MIAMI, FL 33137

POOL CONSULTANT
AQUADYNAMICS

LANDSCAPE ARCHITECT
RAYMOND JUNGLES INC.
242 SW 5TH STREET
MIAMI, FL 33135

COASTAL ENGINEER
COASTAL SYSTEMS INTERNATIONAL
464 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

CIVIL ENGINEER
CONSULTECH
10570 NW 27TH STREET, SUITE 101
MIAMI, FL 33172

LOW VOLTAGE CONSULTANT
COMBEST
1000 WEST MCNAB ROAD
POMPANO BEACH, FL 33069

STRUCTURAL ENGINEER
DOUGLAS WOOD & ASSOCIATES, INC.
299 ALHAMBRA CIRCLE, SUITE 510
CORAL GABLES, FL 33134

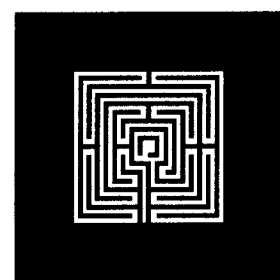
LIGHTING CONSULTANT
INNOVATIVE ILLUMINATION
1035 GATEWAY BLVD., SUITE 201164
BOYNTON BEACH, FL 33426

MECHANICAL ENGINEER
SI ENGINEERING, INC
11321 NORTH MARJORY AVE
TAMPA, FL 33612

GLAZING & WATERPROOFING CONSULTANT
IBA CONSULTANTS, INC.
7104 NW 51 ST.
MIAMI, FL 33166

ELECTRICAL ENGINEER
H. VIDAL & ASSOCIATES, INC.
2234 NE 2ND AVENUE
MIAMI, FL 33137

PLUMBING AND FIRE PROTECTION ENGINEER
PSI ENGINEERING
9520 SW 40TH STREET
MIAMI, FL 33165



ALLAN T. SHULMAN ARCHITECT, P.A.

(AR 0012763)
100 NE 38TH STREET, NO. 2 MIAMI, FL 33137
TEL: 305.438.0609 FAX: 305.438.0170

JUNGLES
RAYMOND JUNGLES INCORPORATED
Landscape Architect ASLA
242 SW 5th Street, Miami, Florida 33130
PH: (305) 858-8777 FAX: (305) 858-0742
raymond@raymondjungles.com

REVISIONS	REVISIONS
11.22.10	

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11.22.10

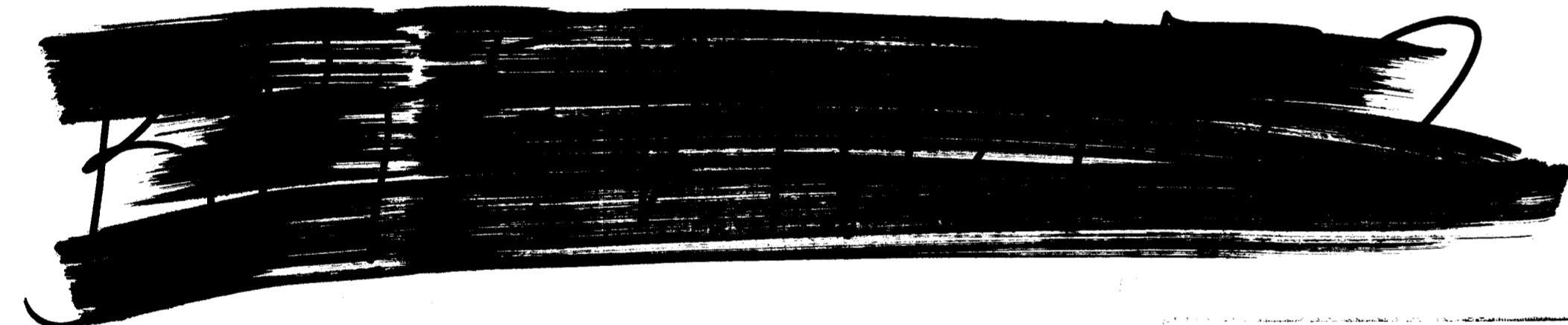
SOHO BEACH HOUSE

4385 COLLINS AVENUE, MIAMI BEACH, FL, 33140
JOB NO. 05035

TIKI HUT
CONSTRUCTION DOCUMENTS

COVER SHEET
G-1.1
09.13.10

B1100859



OFFICE COPY
CITY OF MIAMI BEACH
APPROVED FOR PERMIT BY
THE FOLLOWING:

BUILDING: [Signature] 1/11/11
 ZONING: [Signature] 12/13/10
 DRB/HPB: [Signature]
 CONCURRENCY: _____
 PLUMBING: [Signature]
 ELECTRICAL: [Signature]
 MECHANICAL: [Signature] 12/09/10
 FIRE PREVENTION: [Signature] 12/30/10
 ENGINEERING: [Signature] 1/1/11
 PUBLIC WORKS: [Signature] 12-11-10 -@11-12-03-2010
 STRUCTURAL: [Signature] 1/1/11
 ELEVATOR: _____

PUBLIC WORKS
 PLAN REVIEW NOTICE
 Phone 305-673-7080 Fax 305-673-7028

THIS PLAN REVIEW CONSTITUTES APPROVAL FOR
 OBTAINING BUILDING PERMITS ONLY.

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

Permit Requirements: Proof of existing sidewalk/swale area conditions
 (pictures) and/or posting of sidewalk/roadway bonds
 (Public Works inspection of the right-of-way will be required prior to
 final sign-off on the C.C./C.O., or the release of bonds.)

011-12-3-2010

48 HOURS PRIOR TO EXCAVATING
 CONTRACTOR SHALL CALL FOR LOCATION
 OF UNDERGROUND UTILITIES
 SUNSHINE ONE-CALL 1-800-432-4770
 CITY OF MIAMI BEACH 305-673-7080

B1100859
4985 COLLINS AVE
OFFICE COPY

01100859

CITY OF MIAMI BEACH
Building Department
1700 Convention Ctr Drive, 2nd Floor
Miami Beach, Florida 33139
Inspections: (305) 673-7370
Office: (305) 673-7610

B1100859 BCO11101 CO

Certificate of Occupancy

Certificate Number: BCO11101

Status: APPROVED
BUILRAMH

Issued By:

Site Address: 4385 COLLINS AV MBCH
Parcel #: 32260012140

Applied: 02/16/2011
Issued: 09/09/2011
Extended:
To Expire:

Tenant: RYDER PROPER
4385 COLLINS AVE
MIAMI BEACH, FL 33140

Property Owner: RYDER PROPER
SHO LANDLORD (FL
20-35 9TH AVE 10014

Class Code: MR

Issued For: CO for new 28 seats Tiki bar interior built out.

Temporary Expiration Date:

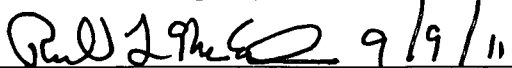
Current Use: Mercantile/ Retail
Previous Use: New

OCCUPANCY INFORMATION

Building Permit #: B1100859	Zoning Use District: RM-3
Occupancy Group: M	Construction Type:
Maximum Occupant Content	Minimum Number of Exits:
Zoning Ordinance Number: 89-2565	SS # or Taxpayer ID#:

This is to certify that the above tenant, whose address is noted above, has filed for premission to use the property located at the address noted above, and said proposed use or uses being in comformity with the provisions of the zoning ordinance 89-2665 and the Building Code of the City of Miami Beach, a Certificate of Occupancy is hereby granted to use said building for the purpose described below, subject to any special condition(s) detailed in this document.

NOTE: Any unauthorized additions, alterations or change in use of this property will void this Certificate of Occupancy.



Building Official Signature and Date
RICHARD MCCONACHIE

This Certificate of Occupancy is valid only if there is an APPROVED Status and a Building Official Signature.

CITY OF MIAMI BEACH
BUILDING DEPARTMENT
1700 CONVENTION CENTER DR
2ND FLOOR - CITY HALL
MIAMI BEACH, FLORIDA 33139
(305) 673-7610

COMPLETE DESCRIPTION

DATE: 09-09-2011

PERMIT NUMBER: **BCO11101**

STATUS: APPROVED

JOB SITE ADDRESS: **4385 COLLINS AV MBCH**

CONTRACTOR: A & S CONSTRUCTION AND MNGMNT

OWNER: RYDER PROPERTIES LLC

DESCRIPTION

CO for new 28 seats Tiki bar interior built out.



MIAMI BEACH

BUILDING DEPARTMENT

1700 Convention Center Drive, 2nd Floor
Miami Beach, FL 33139
Phone 305-673-7610 Fax 305-673-7857

FINAL PERMIT FEE RECONCILIATION FORM (TO BE COMPLETED AS PART OF CERTIFICATE OF OCCUPANCY/COMPLETION PROCESS)

PART ONE: PERMIT AND OWNER INFORMATION

Please Allow 72 Hours for Processing

Permit Number: B1100859 Date: 2-16-11

Folio Number: _____

Description of Work: CO for new 28 seats Tiki Bar int. Bldg out.

Owner Name: _____

Contact Name: _____

Job Address: 4385 Collins Ave. Apt/Suite #: _____

City/Zip Code: Miami Beach, Fla.

Phone Number: _____ Alternate Phone #: _____

=====

REQUIRED DOCUMENTS CHECKLIST

For Office Use Only

- Architectural/Engineering Affidavit for Job Value (if alteration/remodeling)
- Total Gross Square Footage
- Final Boundary Survey (Signed & Sealed by Professional Surveyor)
- MDWSD Compliance Letter
- Final Elevation Certificate
- Flood Proofing Certificate (Commercial Building only)
- Fire Penetration Affidavit (If applicable)

Comments:

CO/CC Issued by: _____ Date Issued: _____



MIAMI BEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

BUILDING DEPARTMENT

Tel: (305) 673-7610 Extension 6117, 6817, 6770

Fax: (305) 673-7264

FIRE PENETRATION AFFIDAVIT

Date: 2/11/2011

Reference: Permit Number: B1100859
Job Site Address: 4385 COLLINS AV.

I, ARLAN SHERIDAN, the Qualifying Agent or AS CONSTRUCTION AND MGMT INC

C.O.C Number 11101 hereby certify that all penetrations through walls, ceilings, floors and other barriers resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic ducts, penetrations from similar building service equipments installed in connection with the above permit, have been protected by approved materials or devices meeting the acceptance criteria of AMERICAN SOCIETY FOR TESTING MATERIALS E814 and have been installed by qualified persons in accordance with the manufacturer's specifications and in compliance with the Florida Building Code.

ARLAN SHERIDAN V.P.
Print Name and Title

[Signature]
Signature

Witness:
JULIE MEDINA
Print Name

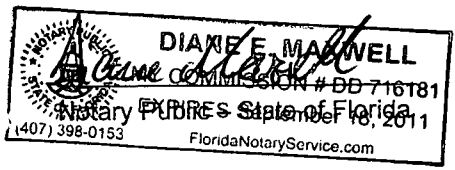
[Signature]
Signature

SANDOR SCHER
Print Name

[Signature]
Signature

Acknowledgement

Sworn to and subscribed before me on this 12 day of FEB 2011.



TO BE GIVEN TO THE BUILDING INSPECTOR AT THE TIME OF THE FRAMING INSPECTION & ENGINEERING INSPECTOR AT THE TIME OF THE CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION.

We are committed to providing excellent public service and safe to all who live, work, and play in our vibrant, tropical, historic community.

CERTIFICATE OF COMPLETION & CERTIFICATE OF OCCUPANCY CHECK LIST

Address: 30011101

BCO/BCC: _____

C.O./C.C. Requirements

- Final Accessibility Inspection
- Final Electrical Inspection
- Final Plumbing Inspection
- Final Mechanical Inspection
- Final Fire Inspection (Alarms & Sprinklers)
- Final Building Inspection
- Final Elevator
- Final Engineering
- Final Planning & Zoning
- Final Concurrency
- Final Public Works

- Final Survey (2 copies)
- Pile Log
- Threshold Inspection
- Railing Inspection (Threshold)
- Glazing Inspection (Threshold)
- Concrete Test (50 CU-YD)
- Elevation Certificate (2 copies)
- Flood proofing Certificate (2 copies)
- Proof of Impact Fee- Dade County
- Water & Sewer Compliance Letter (Ordinance 89-95)
- Certificate's Fee
- AE Final Job Value Affidavits/Fee

T.C.O./T.C.C. Requirements

- Partial Final Accessibility Inspection
- Partial Final Electrical Inspection
- Partial Final Plumbing Inspection
- Partial Final Mechanical Inspection
- Partial Final Fire (Alarm & Sprinkler.)
- Partial Building Inspection
- Partial Final Elevator
- Partial Final Engineering
- Partial Final Planning & Zoning
- Partial Final Concurrency
- Partial Final Public Works

- Final Survey (2 copies)
- Pile Log
- Threshold Inspection
- Railing Inspection (Threshold)
- Glazing Inspection (Threshold)
- Concrete Test (50 CU-YD)
- Elevation Certificate (2 copies)
- Flood proofing Certificate (2 copies)
- Proof of Impact Fee – Dade County
- Ordinance 89-95 - Water & Sewer
- Certificate's Fee
- AE Final Job Value Affidavits/Fee

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

04-18-2008

Activity Number: **BE081548**

Status: APPROVED

Issued By: **BUILTRIL**

Site Address: 4385 COLLINS AV MBCH
Parcel #: 32260012140

Applied: 04/04/2008
Approved: 04/18/2008
Completed:
To Expire: 10/15/2008

Valuation: \$1,657,750.00

Applicant: MEISNER ELECTRIC INC OF FLA Property Owner: RYDER PROPERTIES LLC
220 NE 1ST STREET C/O MITCHELL HOLDINGS LLC
DELRAY BCH FL 33444 41 EAST 60 ST 6TH FLOOR 10022
561-278-8362 x 368

Description: B0702784/elec. for (67) units
Inspector Area: C Class Code: R2

DETAIL LIST

Electrical Fees

Rough Wiring Outlets:	302	\$758.00
Temporary Service:	0	\$0.00

Subfeed for Construction/# of Service:

Up to 100 Amps:	108	\$972.00
101 to 200 Amps:	19	\$228.00
201 to 400 Amps:	49	\$686.00
401 to 600 Amps:	0	\$0.00
601 to 800 Amps:	4	\$84.00
Over 800 Amps:	24	\$192.00
Service Repair/Meter Change:	0	\$0.00
Other Fees:		\$0.00
Other Fees Explanation:		

Equipment Outlets - Permanent Connection

Equipment Outlet Ex Wall/Window AC:	0	\$0.00
Ranges or Range Tops:	30	\$360.00
Ovens:	0	\$0.00
Water Heaters:	6	\$72.00
Space Heaters:	0	\$0.00
Washing Machines:	0	\$0.00
Dryers:	33	\$396.00
Fans - w/Fraction HP Motors:	132	\$1,584.00
Garbage Disposals:	0	\$0.00
Dishwashers:	22	\$264.00

PAID

APR 18 2008

CITY OF MIAMI BEACH
BUILDING DEPARTMENT

B0702784

PO TO 2184

Activity Number: BE081548

Equipment Outlets - Permanent Connection - Cont.

Refrigerator:	22	\$264.00
Deep Freezer:	0	\$0.00
Wall/Window A.C.:	0	\$0.00
A.C. - Not Wall/Window:	91	\$819.00
Motors Up to 1 HP:	4	\$48.00
Motors from 2 HP thru 10 HP:	122	\$7,076.00
Motors Greater than 10 HP:	9	\$31.50
Portable X-ray (DDS):	0	\$0.00
Stationary X-ray (MD):	0	\$0.00
Diathermic Units:	0	\$0.00
Isolation Units:	0	\$0.00

Antenna-TV-Intercom-Phones

Antenna, Outlets, etc.:	0	\$0.00
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:	2405	\$4,201.75
Combination Light Fixtures:	0	\$0.00
Streamed/Festoon Lights:	0	\$0.00
Plugmold:	0	\$0.00

Generator/Transformers

Up to 5 KVA/KW:	0	\$0.00
6 to 10 KVA/KW:	0	\$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:	2	\$150.00
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

Special Purpose Outlets

Special Purpose Commercial Outlets:	0	\$0.00
Painting, Bake Oven, Outlet:	0	\$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:	0	\$0.00
Commercial/Multi-Family Combo:	0	\$0.00
Temporary Equipment Gr. for Carnival/Circus:	0	\$0.00

Fire Safety

Floor Accept Test Alarm System:		\$0.00
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SFBC Compliance Fees

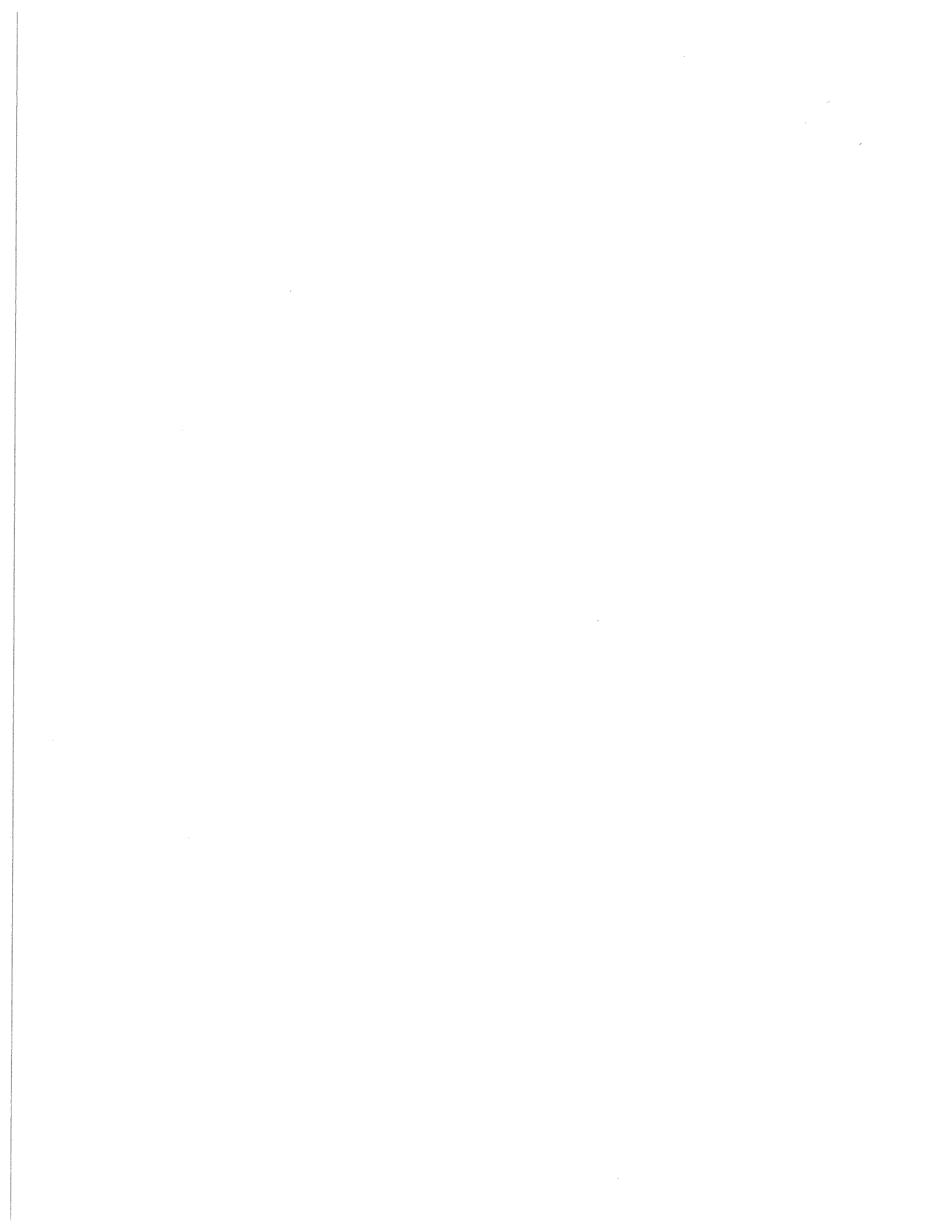
SFBC Compliance Fee:		\$0.00
Training Fee:		\$1,658.00
Extra Fee - Penalty:		\$0.00
Sanitation Fee:		\$1,500.00



Activity Number: BE081548

Additional Fees

1st Reinspection:	\$0.00
Continued Reinspections:	\$0.00
Change of Contractor:	\$0.00
Permit Extension:	\$0.00
Permit Card Replacements:	\$0.00
Overtime Inspection Fees:	<u>\$0.00</u>
Total of All Fees:	\$21,779.45
Total of Payments:	\$21,779.45
Balance Due:	\$0.00





MIAMI BEACH

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

DATE 3/14/08 PERMIT # BE081578

If subsidiary or revision, provide the Master building permit number here B: 0702784

IS THIS PERMIT ASSOCIATED WITH A VIOLATION? If so; BV# _____

For **DEMOLITION** provide the year the structure was built _____ Historic District Yes No

Type of Property Single Family Commercial Multi-Family/Condo

TYPE OF IMPROVEMENT : Building Electrical Plumbing Mechanical REVISION

Describe Elec for 67 Unit Condo/Hotel

Job Value 1,657,750 ~~788,750~~ Square Feet _____ Linear Feet _____ Pool Gallage _____ No. of units _____

Job Address 4385 COLLINS AVE

Folio # _____ Unit # _____

City MIAMI BEACH State FL Zip 33140 Phone _____

Owner/Owner Builder RYDER PROPERTIES Drivers License No. _____

Address 41 EAST 60th STREET

City NEW YORK State NY Zip 10022 Phone _____

Fee Simple Titleholder's Name (if other than owner) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Contractor MEISNER ELECTRIC INC. License No. EC0000418

Address 220 NE 1ST ST

City DELRAY BEACH State FL Zip 33444 Phone 561-278-8362

Cell# _____ Fax # _____

Architect _____ License No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

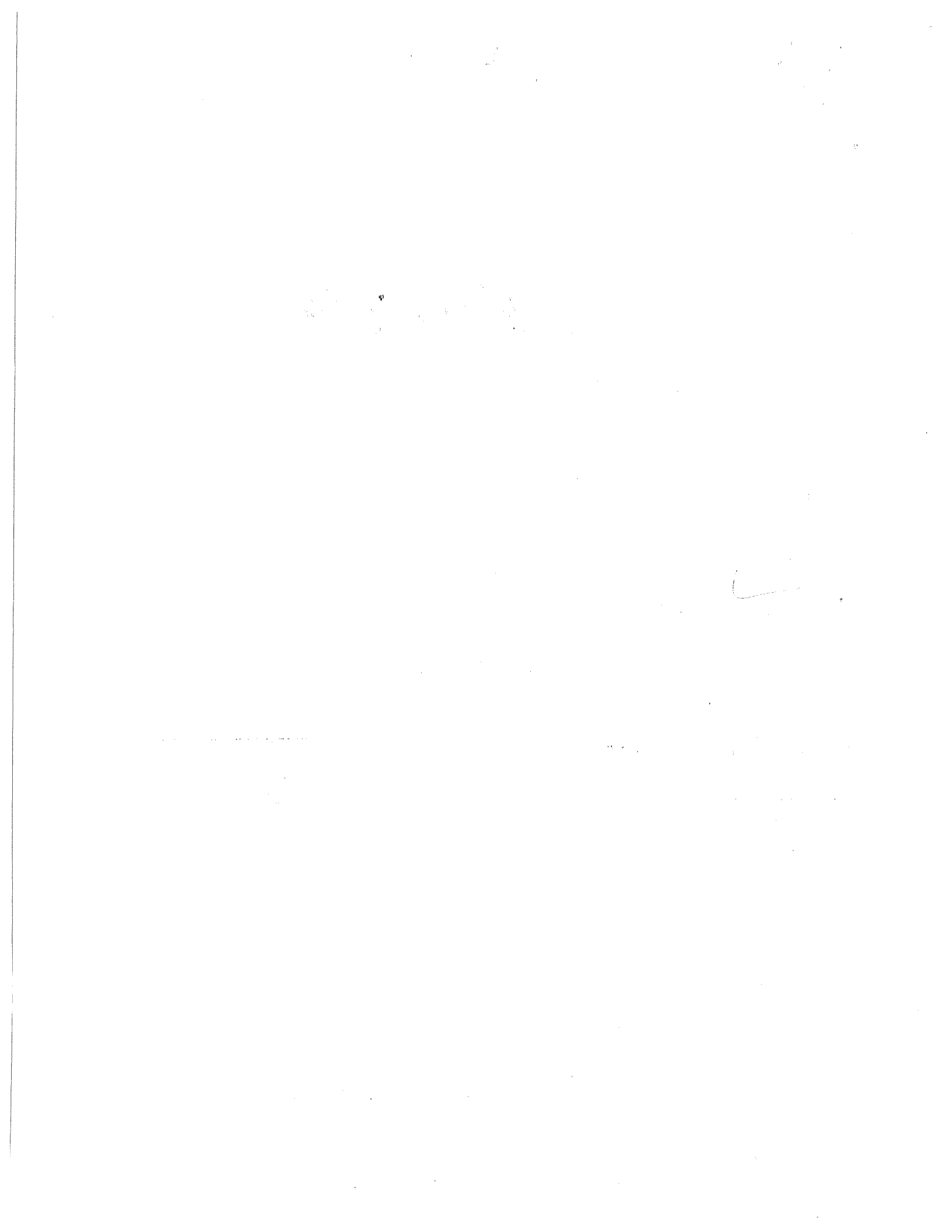
Engineer _____ License No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

PLEASE COMPLETE SHADED AREAS

BUILDING WORK PERMIT APPLICATIONS ARE AVAILABLE ON THE MIAMI BEACH WEBSITE AT :WWW.MIAMIBEACHFL.GOV



Bonding company Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Mortgage Lender's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

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 **SEPARATE PERMITS** are required for *Electrical, Mechanical, Plumbing, Signs, Swimming Pools, Spas, Windows, Sliding Glass Doors and Roofing.*

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

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

* If the contractor is going to be hired by the tenant, check here.

CP
Signature of Owner or Agent

Signature of Tenant

Tim D. Owen
Signature of Qualifier

David Mitchell
Printed Name of Owner or Agent

Printed Name of Tenant

TIM D. OWEN
Printed Name of Qualifier

Date 4-4-08

Date _____

Date 3/14/08

Edith Anne White
Signature of Notary Public

Signature of Notary Public

Edith Anne White
Signature of Notary Public

Identification _____

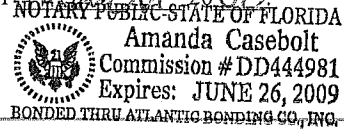
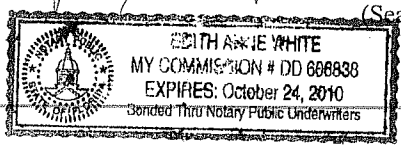
Identification _____

Identification _____

Sworn to and subscribed before me this 4 day of April 2008
(Seal)

Sworn to and subscribed before me this _____ day of _____ 20____
(Seal)

Sworn to and subscribed before me this 14th day of March 2008
(Seal)



WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT SHOULD BE FILED AT: 22 NW 1ST STREET, MIAMI, FL

STATE OF FLORIDA

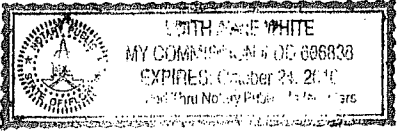
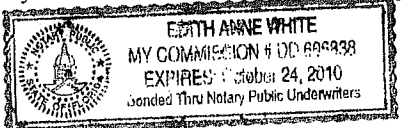
COUNTY OF DADE

David Mitchell
Print Owner's Name

David Mitchell
Owner's Signature
Sworn to and subscribed before me this 4 day of April 2008, by: David Mitchell

() Personally Known () Produced Identification - Type of Identification _____

Edith Anne White
Signature of Notary Public (Seal)



Application Approved By: _____

Permit Clerk

Faint, illegible text or markings in the lower-left quadrant.

Faint, illegible text or markings in the lower-right quadrant.

Faint, illegible text or markings in the bottom-left quadrant.

Faint, illegible text or markings in the bottom-right quadrant.



MIAMI BEACH

Building Department
1700 Convention Center Drive, 2nd Flr
Miami Beach, FI 33139
Fax (305) 604-4870

Office (305) 673-7610

ELECTRICAL FEE SHEET

ATTENTION APPLICANT: You are responsible for filling out this application correctly. If you have any questions concerning what category your work falls under, PLEASE see an electrical inspector. Any work commenced without a permit being issued will be subject to a double fee plus a \$115.00 fine. The minimum fee for an electrical permit is \$60.00. This minimum does not include other applicable surcharges. Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. I understand that perjury is a felony of the third degree.

Signature: Jim D. Owen (L.S.)

ITEMS

UNIT NUMBER PRICE EACH SUB TOTAL

1. Minimum Permit Fee including repair work per permit (Unless other minimum fee is specified): \$60.00

ROUGH WIRING OUTLETS

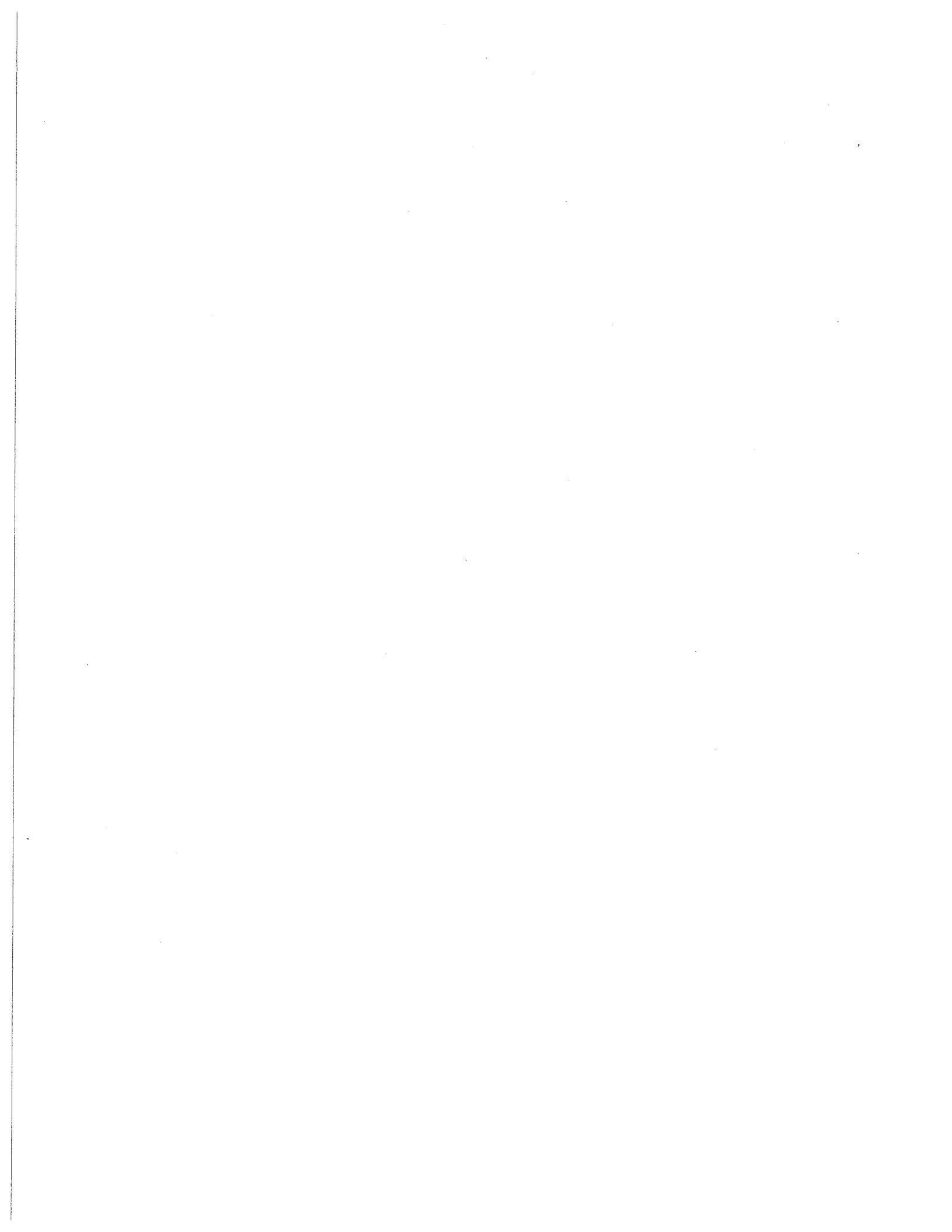
3. Light, Receptacles and Switch
4. For 1 through 10 outlets \$28.00 280 -
For each additional after 10 outlets \$2.50 292 730 -

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. 1 \$72.00 72 -
8. Sub feeds
9. 100 amps and under 108 \$9.00 972 -
10. 101 amps to 200 amps 14 \$12.00 168 -
11. 201 amps to 400 amps 6 \$14.00 84 -
12. 401 amps to 600 amps \$15.00
13. 601 amps to 800 amps 1 \$21.00 21 -
14. For each additional 100 amps over 800 amps 12 \$8.00 96 -
15. Service repairs and/or meter change \$75.00

SWITCHBOARDS

16. (Same as Services shown above by amps)
17. 100 amps and under 3 \$9.00 27 -
18. 101 amps to 200 amps 5 \$12.00 60 -
19. 201 amps to 400 amps 43 \$14.00 602 -
20. 401 amps to 600 amps \$15.00
21. 601 amps to 800 amps 3 \$21.00 63 -
22. For each additional 100 amps over 800 amps 12 \$8.00 96 -



ITEMS	UNIT NUMBER	PRICE EACH	SUB TOTAL
EQUIPMENT OUTLETS OR PERMANENT CONNECTIONS			
23. For each range outlet	<u>30</u>	\$12.00	
24. For each range top outlet		\$12.00	
25. For each oven outlet		\$12.00	
26. For each water heater outlet	<u>6</u>	\$12.00	<u>72.00</u>
27. For each space heater outlet	<u>N/A</u>	\$12.00	
28. For each washing machine outlet / DRYER	<u>33</u>	\$12.00	<u>396.00</u>
29. For each dryer outlet	<u>N/A</u>	\$12.00	
30. For each fan outlet (with HP motor) 1HP - 125HP	<u>132</u>	\$12.00	<u>1584.00</u>
31. For each garbage disposal outlet	<u>N/A</u>	\$12.00	
32. For each dishwasher outlet	<u>22</u>	\$12.00	<u>264</u>
33. For each deep freezer outlet	<u>N/A</u>	\$12.00	
34. For each refrigerator outlet	<u>22</u>	\$12.00	<u>264</u>
35. For each air conditioning outlet (window or through wall units)	<u>N/A</u>	\$15.00	
36. For each ton for central units outlet (Minimum \$13.00)	<u>91</u>	\$9.00	<u>819.00</u>

ITEMS	UNIT NUMBER	PRICE EACH	SUB TOTAL
FOR MOTORS			
37. Each up to 1 horsepower	<u>4</u>	\$12.00	<u>48.00</u>
38. From 2 horsepower to 10 horsepower	<u>122</u>	\$58.00	<u>7076.00</u>
39. Each horsepower over 10 horsepower	<u>9</u>	\$3.50	<u>31.50</u>

MACHINE OUTLETS OR PERMANENT CONNECTIONS			
40. For portable dentist x-ray	<u>N/A</u>	\$30.00	
41. For stationary doctor x-ray	<u>N/A</u>	\$40.00	
42. For diathermic	<u>N/A</u>	\$30.00	
43. For isolation units	<u>N/A</u>	\$58.00	

GENERATORS AND TRANSFORMER, COMMERCIAL HEATING EQUIPMENT			
44. Each generator or transformer up to			
45. 5 KVA or KW		\$7.50	
46. Each generator or transformer over			
47. 6 KVA or KW through 10 KVA or KW		\$15.00	
48. Each generator transformer over			
49. 11 KVA through 15 KVA or KW		\$19.00	
50. Each generator or transformer over			
51. 20 KVA or KW through 20 KVA or KW		\$26.00	
52. Each generator or transformer over			
53. 21 KVA or KW through 25 KVA or KW		\$40.00	
54. Each generator or transformer over			
55. 26 KVA or KW through 50 KVA or KW	<u>2</u>	\$75.00	<u>150.00</u>
56. Each generator or transformer over		\$0.85	
57. 50 KVA or KW, each additional KVA or KW	<u>512.5</u>	\$1.75	<u>897</u>





ITEMS UNIT NUMBER PRICE EACH SUB TOTAL

TEMPORARY WORK ON CIRCUSES/CARNIVALS

87. Per show _____ \$300.00 _____

FIRE DETECTION SYSTEM OR REPAIRS

88. For installation for central system 1 \$30.00 30
 89. For each smoke detectors 136 \$3.00 408
 90. For each head or target area, with product or wire with similar character 649 \$3.00 1947
 91. For each speaker 197 \$3.00 591.00
 92. For each strobe light 187 \$3.00 561.00
 93. For each bell alarm station 128 \$3.00 384.00
 94. For each proximity station 1 \$3.00 3.00
 95. For semi-annual reinspection fee _____ \$30.00 _____

MASTER TELEVISION, INTERCOM, BURGLAR ALARM, TELEPHONE AND RADIO

96. For antenna master control _____ \$40.00 _____
 97. For television and radio antenna devices _____ \$28.00 _____
 98. For all outlets 33 \$28.00 924.00
 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 1 \$1.50 1.50
 Minimum _____

DADE COUNTY CODE COMPLIANCE FEE

114. For every \$1,000.00 of job valuation _____ \$0.60 900.00

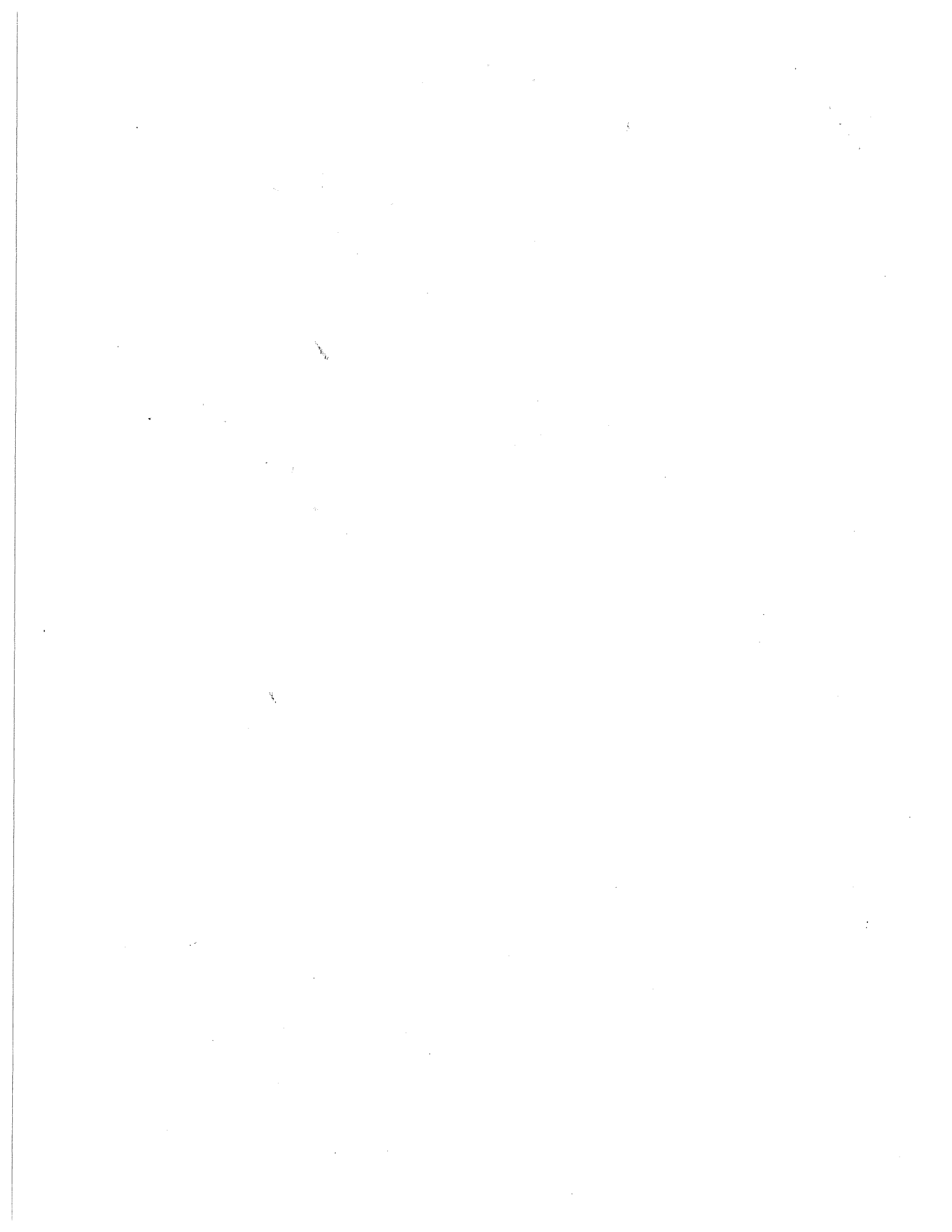
MIAMI BEACH TRAINING FEE

115. For every \$1,000.00 of job valuation or fractional part thereof _____ \$1.00 1500.00

SANITATION FEE

116. For every \$100.00 of estimated cost or fractional part _____ \$0.30 1500.00
 Minimum of \$20 maximum of \$1,500.00 _____ 30,541

TOTAL ELECTRICAL PERMIT FEE



CITY OF MIAMI BEACH
Building Department
1700 Convention Ctr Drive, 2nd Floor
Miami Beach, Florida 33139
Inspections: (305) 673-7370
Office: (305) 673-7610

BE111021 B1100859 APP

Bldg Sub Permit Electric

Activity Number: BE111021

02-02-2011

Status: APPROVED

Issued By: BUILRODR

Site Address: 4385 COLLINS AV MBCH
Parcel #: 32260012140

Applied: 02/02/2011
Approved: 02/02/2011
Completed:
To Expire: 08/01/2011

Valuation: \$2,500.00

Applicant: SOS ELECTRICAL CONTRACTORS INC
3005 SW 99 COURT
MIAMI FL 33165
305-226-8400

Property Owner: RYDER PROPERTIES LLC
SHO LANDLORD (FL) QRS 16-104 INC
20-35 9TH AVE 10014

Description: B1100859///NEW TIKY BAR,1 240-V,30-A OUTLET,10
Inspector Area: C Class Code: A2

DETAIL LIST

Electrical Fees

Rough Wiring Outlets:	10	\$0.00
Temporary Service:	0	\$0.00

Subfeed for Construction/# of Service:

Up to 100 Amps:	0	\$0.00
101 to 200 Amps:	0	\$0.00
201 to 400 Amps:	0	\$0.00
401 to 600 Amps:	0	\$0.00
601 to 800 Amps:	0	\$0.00
Over 800 Amps:	0	\$0.00
Service Repair/Meter Change:	0	\$0.00
Other Fees:		\$0.00

Other Fees Explanation:

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:	2	\$0.00
Garbage Disposals:	0	\$0.00
Dishwashers:	0	\$0.00

Activity Number: BE111021

Equipment Outlets - Permanent Connection - Cont.

Refrigerator:	0	\$0.00
Deep Freezer:	0	\$0.00
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	\$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

Antenna-TV-Intercom-Phones

Antenna, Outlets, etc.:	0	\$0.00
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:	15	\$0.00
Combination Light Fixtures:	0	\$0.00
Streamed/Festoon Lights:	0	\$0.00
Plugmold:	0	\$0.00

Generator/Transformers

Up to 5 KVA/KW:	0	\$0.00
6 to 10 KVA/KW:	0	\$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	\$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

Special Purpose Outlets

Special Purpose Commercial Outlets:	0	\$0.00
Painting, Bake Oven, Outlet:	0	\$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:	0	\$0.00
Commercial/Multi-Family Combo:	0	\$0.00
Temporary Equipment Gr. for Carnival/Circus:	0	\$0.00

Fire Safety

Floor Accept Test Alarm System:		\$0.00
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SFBC Compliance Fees

SFBC Compliance Fee:		\$0.00
Training Fee:		\$0.00
Extra Fee - Penalty:		\$0.00
Sanitation Fee:		\$0.00

Activity Number: BE111021

Additional Fees

1st Reinspection:	\$0.00
Continued Reinspections:	\$0.00
Change of Contractor:	\$0.00
Permit Extension:	\$0.00
Permit Card Replacements:	\$0.00
Overtime Inspection Fees:	<u>\$0.00</u>
Total of All Fees:	\$0.00
Total of Payments:	\$0.00
Balance Due:	\$0.00



w/c

BUILDING DEPARTMENT

1700 Convention Center Drive | Miami Beach, FL 33139
Office: 305.673.7610 | Fax: 305.673.7857

A2

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE _____ EDITION

BE111021

Date: 02/04/11		DATA INFORMATION PLEASE PRINT (USE BLACK OR BLUE INK)			Permit No: (For office use only)	
Parcel/ Folio No. 32260012140				Job Address: 4385 Collins Ave		
If subsidiary or revision; provide the Master Building Permit Number: B1100859				Is this permit associated with a violation? If yes, BV #:		
Type of Service: Check Applicable		<input checked="" type="checkbox"/> New Permit Application		<input type="checkbox"/> Revision		Change of: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer
				<input type="checkbox"/> Shop Drawings		<input type="checkbox"/> Occupant Content
Type of Permit: Check Applicable Provide permit detail on page 4		<input type="checkbox"/> Building	<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire
					<input type="checkbox"/> Special Events	<input type="checkbox"/> Demolition Year Built: _____
Type of Property: Check Applicable		<input checked="" type="checkbox"/> Commercial			<input type="checkbox"/> Residential (SFH or Duplex)	
					<input type="checkbox"/> Multi - Family	
Type of Improvement: Check Applicable		<input checked="" type="checkbox"/> New Construction		<input type="checkbox"/> Addition		<input type="checkbox"/> Reconfiguration of space
						<input type="checkbox"/> Remove & Replace
Type of Review: Check Applicable		<input checked="" type="checkbox"/> Regular Walk Thru	<input type="checkbox"/> 24 Hour Walk Thru	<input checked="" type="checkbox"/> Drop Off	<input type="checkbox"/> Electronic Plan Review	<input type="checkbox"/> Expedited Plan Review (O.T. Payment Required)
Type of Project: Check Applicable		<input type="checkbox"/> City Project	<input type="checkbox"/> Historic	<input type="checkbox"/> Housing Urban Development (HUD)	<input type="checkbox"/> Leadership in Energy & Environmental (LEED)	<input type="checkbox"/> Special Inspector
						<input checked="" type="checkbox"/> Private Provider
Type of Occupancy: Check Applicable		<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall)		<input type="checkbox"/> I-1 Institutional (Ambulatory)		<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes)
		<input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar)		<input type="checkbox"/> I-2 Institutional (Non Ambulatory)		<input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person)
		<input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall)		<input type="checkbox"/> M -Department Store / Drug Store		<input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage))
Square feet for each occupancy type ¹ :		<input type="checkbox"/> B - Business		<input checked="" type="checkbox"/> R-1 Residential Transient (Boarding House/ Hotel/Motel)		<input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage))
1. _____		<input type="checkbox"/> D/E -Daycare & Educational		<input type="checkbox"/> R-2 Residential Permanent (Apartment/Dormitory/ Timeshare)		<input type="checkbox"/> S-2 Storage (Parking Garage)
2. _____						
3. _____						
Other:		Job Value: \$2500.00			Square Ft:	
Description of Work: Please be specific with description		New Tiky Bar, 1 240V/30A Outlet, 10 GFCI 15 Lights, 2 Ceiling Fan				
Extent of Work: Check Applicable		<input type="checkbox"/> Alteration Level I			<input type="checkbox"/> Alteration Level III	
		<input type="checkbox"/> Alteration Level II			<input type="checkbox"/> Change of Occupancy	
Building Information:		Number of Units:		Height of Building:		Number of Stories:
New Construction/Addition:		Job Value \$:		Sq Ft:		
Alteration/Reconfiguration of space:		Job Value \$:		Sq Ft:		

¹ For reconfiguration of space (i.e. alteration/remodeling), provide the area of work as define in the FBC-Existing Building Chapter 2.

Architect:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____
Bonding Company Name:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____
Contractor:	Name: <u>SOS elect. Contractors</u> Address: <u>3009 SW 99 Ct</u> Suite No: _____ City/State/Zip Code: <u>Miami FL 33165</u> Email Address: <u>soselectric1@aol.com</u> License No: <u>EC # 13003020</u> Office#: <u>305) 226-8400</u> Cell#: _____	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ Driver License No: _____ Office#: _____ Cell#: _____

ATTENTION:
Important Notice
Please Read Carefully

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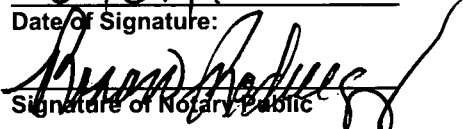
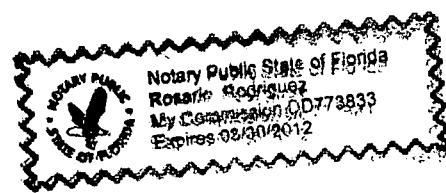
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Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or certificate of occupancy

Owner	Tenant (If Applicable)	Qualifier
		
Signature of Owner of Agent:	Signature of Tenant:	Signature of Qualifier:
Printed Name of Owner of Agent:	Printed Name of Tenant:	Printed Name of Qualifier: Carlos Sosa
Date of Signature:	Date of Signature:	Date of Signature: 02/01/11
Signature of Notary Public	Signature of Notary Public	Signature of Notary Public: 
Identification	Identification	Identification: S 200-100-63-174-0
Swore to and subscribed before me this _____ day of _____ 20 _____	Swore to and subscribed before me this _____ day of _____ 20 _____	Swore to and subscribed before me this 01 day of Feb 2011
(SEAL)	(SEAL)	(SEAL) 

THE SIGNATURE REQUIRED BELOW IS FOR *OWNER/BUILDER APPLICANTS ONLY*. PLEASE DO NOT SIGN BELOW IF THIS IS NOT AN OWNER/BUILDER APPLICATION.

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STATE OF FLORIDA _____ COUNTY OF _____

Print Owner's Name _____ Owner's Signature _____

Sworn to and subscribed before me this _____ day of _____ 20 _____, by _____

- Personally
- Produced Identification – Type of Identification _____

Signature of Notary Public _____ (SEAL)

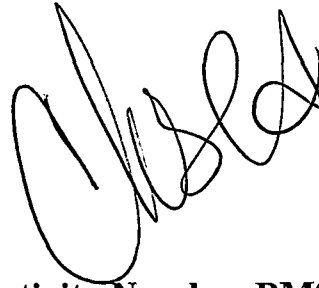
Application Approval By: _____ Permit Clerk Signature _____ Date _____

<p>BUILDING: SPECIALTY PERMITS</p>	<input type="checkbox"/> Kitchen Renovation <input type="checkbox"/> Bath Renovation <input type="checkbox"/> Indoor Flooring, Sq.Ft. _____ <input type="checkbox"/> Generator, Sq.Ft. _____ <input type="checkbox"/> Solar (Photovoltaic)/Alternate Power _____ <input type="checkbox"/> Swimming Pool, gallons _____ (select one, new and renovation includes equipment) <input type="checkbox"/> New Pool <input type="checkbox"/> Renovation of existing pool <input type="checkbox"/> Resurfacing <input type="checkbox"/> Equipment relocation only <input type="checkbox"/> Swimming pool lighting only <input type="checkbox"/> Demolition <input type="checkbox"/> Total, # of stories _____ <input type="checkbox"/> Partial, Sq.Ft. _____ <input type="checkbox"/> Other (signs, fences or other then above) _____ <input type="checkbox"/> Marine <input type="checkbox"/> Docks, Sq.Ft. _____ <input type="checkbox"/> Seawall, linear feet _____ <input type="checkbox"/> Boat lift, # units _____ <input type="checkbox"/> Pilings/Moorings, # units _____ <input type="checkbox"/> Raise existing mechanical equipment on roof <input type="checkbox"/> Parking lot lighting <input type="checkbox"/> Access control, # devices _____	<input type="checkbox"/> Temporary and Special Events <input type="checkbox"/> Platform, select: first or re-approval (circle one) <input type="checkbox"/> Bleachers, select: first or re-approval (circle one) <input type="checkbox"/> Tents, # independent tents (not attached) _____ Sq.Ft. each unattached tent _____, etc. <input type="checkbox"/> Temporary chiller/generator, # units _____ <input type="checkbox"/> Temporary multi-seat toilet, # trailers _____ <input type="checkbox"/> Temporary toilet (per event), # events _____ <input type="checkbox"/> Amusement Ride _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Temporary power for construction <input type="checkbox"/> Temporary power for test <input type="checkbox"/> Trailer, # units _____ <input type="checkbox"/> Temporary electric work, # shows _____ <input type="checkbox"/> Water drainage risers and mains, # floors _____ <input type="checkbox"/> Natural gas, # appliances _____, # outlets _____ <input type="checkbox"/> Irrigation, # zones _____ <input type="checkbox"/> Heaters, <input type="checkbox"/> select: gas or electric (circle one) <input type="checkbox"/> select: new or replacement (circle one) <input type="checkbox"/> Cooling tower, new <input type="checkbox"/> Chiller replacement with structural work <input type="checkbox"/> AC unit new, # units _____ If commercial, CFM _____
<p>BUILDING: TRADE PERMITS</p>	<input type="checkbox"/> Painting <input type="checkbox"/> Windows/doors, # openings _____ <input type="checkbox"/> Shutters, # openings _____ <input type="checkbox"/> Storefront, Sq.Ft. _____ <input type="checkbox"/> Moving structures, Sq.Ft. _____ <input type="checkbox"/> Paving/concrete, Sq.Ft. _____ <input type="checkbox"/> Signs (non-electric), Sq.Ft. _____ <input type="checkbox"/> Roofing, re-roofing, waterproofing, Sq.Ft. _____ <input type="checkbox"/> Fences, walls, linear feet _____ <input type="checkbox"/> Awning, canopy or patio cover, Sq.Ft. _____ <input type="checkbox"/> Other _____	<p>ELECTRICAL: TRADE PERMITS</p> <input type="checkbox"/> Electrical demolition only <input type="checkbox"/> Electrical safety check for service reconnect <input type="checkbox"/> Electrical services, # meters _____ <input type="checkbox"/> Panel replacement, # panels _____ <input type="checkbox"/> Busway installation, linear feet _____ <input type="checkbox"/> Signs (electric), # signs _____ <input type="checkbox"/> Low voltage, # devices _____ <input type="checkbox"/> Empty conduit, # openings _____ <input type="checkbox"/> Generator Transfer Switch <input type="checkbox"/> Other _____ <p style="text-align: center;"><i>New Tiky Bar (see front)</i></p>
<p>PLUMBING: TRADE PERMITS</p>	<input type="checkbox"/> Plumbing only demolition <input type="checkbox"/> Fixtures <input type="checkbox"/> Rough, # units _____ <input type="checkbox"/> Sets, # sets _____ <input type="checkbox"/> Interceptors, # units _____ <input type="checkbox"/> Water drainage, # inlets _____ <input type="checkbox"/> Condensation drains <input type="checkbox"/> Dry or discharge wells, # wells _____ <input type="checkbox"/> Water/gas mains, linear feet _____ <input type="checkbox"/> Sanitary, storm or collector lines, linear feet _____ <input type="checkbox"/> Backflow protection, # devices _____ <input type="checkbox"/> Other _____	<p>MECHANICAL: TRADE PERMITS</p> <input type="checkbox"/> Mechanical only demolition <input type="checkbox"/> AC Replacement <input type="checkbox"/> HVAC, # units _____ <input type="checkbox"/> Window unit, # units _____ <input type="checkbox"/> Cooling tower, replacement <input type="checkbox"/> Chiller replacement without structural work <input type="checkbox"/> Refrigeration equipment replacement <input type="checkbox"/> Gas or oil furnace <input type="checkbox"/> Hood replacement, # hoods _____ <input type="checkbox"/> Duct work <input type="checkbox"/> Single Family Home, # drops _____ <input type="checkbox"/> All other occupancy type, linear feet _____ <input type="checkbox"/> Other _____
<p>ELEVATOR: TRADE PERMITS</p>	<input type="checkbox"/> Installation or major revamping <input type="checkbox"/> Commercial elevator, # stories _____ <input type="checkbox"/> Residential elevator, # elevators _____ <input type="checkbox"/> Wheelchair lift, # lifts _____ <input type="checkbox"/> Escalator, # escalators _____	<input type="checkbox"/> Elevator repair <input type="checkbox"/> Removal from service <input type="checkbox"/> Emergency power test <input type="checkbox"/> Elevator fire recall test <input type="checkbox"/> Temporary use <input type="checkbox"/> Other _____
<p>FIRE: PERMITS</p>	<input type="checkbox"/> Fire Suppression Permit <input type="checkbox"/> Cooking hood suppression, # of systems _____ <input type="checkbox"/> Room suppression, # of systems _____ <input type="checkbox"/> Minor work on existing systems <input type="checkbox"/> Fire Alarm Permit <input type="checkbox"/> Fire alarm system, Sq.Ft. _____ <input type="checkbox"/> Smoke alarms – 120v, # devices _____ <input type="checkbox"/> Minor work on existing systems <input type="checkbox"/> Incidental Permit <input type="checkbox"/> Fire Hydrant Flow Test Permit	<input type="checkbox"/> Fire Sprinkler Permit <input type="checkbox"/> Sprinkler systems, Sq. Ft. _____ <input type="checkbox"/> Standpiper system only (no sprinkler) Size (Inches) _____ Linear Ft. _____ <input type="checkbox"/> Minor work on existing systems <input type="checkbox"/> Fire Pump <input type="checkbox"/> Fire Pump Only, # of pumps _____ <input type="checkbox"/> Underground Fire Line Permit <input type="checkbox"/> Underground line or appurtenances, replace <input type="checkbox"/> Incidental (new installation-separate from sprinkler permit)

CITY OF MIAMI BEACH
Building Department
1700 Convention Ctr Drive, 2nd Floor
Miami Beach, Florida 33139
Inspections: (305) 673-7370
Office: (305) 673-7610

B0702784 BMS1002819 APP

Building Misc Fees



12-28-2012

Activity Number: BMS1002819

Status: CLOSED

Issued By: BUILCESJ

Site Address: 4385 COLLINS AV MBCH
Parcel #: 32260012140

Applied: 07/15/2010
Approved:

Valuation: \$0.00

Applicant: MOSS & ASSOCIATES LLC

Property Owner: RYDER PROPERTIES LLC
C/O MITCHELL HOLDINGS LLC
41 EAST 60 ST 6TH FLOOR 10022

Description: B0702784... Revision to: Tiki bar structure and
Inspector Area: C Class Code: R2

DETAIL LIST

Miscellaneous Fees

Microfilm Copies - Per # of:	0	\$0.00
Photostatic Copies - Per # of:	0	\$0.00
Fax Transmittal Pages - Per # of:	0	\$0.00
Special Project Fee:		\$0.00
Occupant Content Certificate - Per # of:	0	\$0.00
Builders Bond:		\$0.00
Certified Copies - Per # of:	0	\$0.00
Flood Zone Determination - Per # of:	0	\$0.00

NSF Check Amounts & Charges

Building Work Permit:	\$0.00	\$0.00
Electrical Work Permit:	\$0.00	\$0.00
Mechanical Work Permit:	\$0.00	\$0.00
Plumbing Work:	\$0.00	\$0.00
Demolition Work Permit:	\$0.00	\$0.00
Certificate of Completion:	\$0.00	\$0.00
Certificate of Occupancy:	\$0.00	\$0.00
Recertification:	\$0.00	\$0.00
Microfilm:	\$0.00	\$0.00
Photostatic Copies:	\$0.00	\$0.00
Miscellaneous Fees:	\$0.00	\$0.00
Bonds:	\$0.00	\$0.00
Fire Safety Fees:	\$0.00	\$0.00
Marine Structures:	\$0.00	\$0.00
Elevator/Escalator Fees:	\$0.00	\$0.00

Conversion Letters

Zoning Conversion Letter - Per # of:	0	\$0.00
Buildig Conversion Letter - Per # of:	0	\$0.00

Elevator Re-inspection Fees:

Elevator 1st Reinspection - Per Inspection:	0	\$0.00
Elevator Subsequent Inspection - Per Inspection:	0	\$0.00
Elevator - Other Fees:		\$0.00
Elevator - Explain Other Fees:		

Total of All Fees:		\$512.50
Total of Payments:		\$512.50
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)

07-15-2010

Receipt: R100016112

Activity Number: BMS1002819
Status: APPLIED

Date Applied: 07/15/2010
Date Completed:

Date Issued:
Date Expired:

Entered By: BUILCESJ

Site Address: 4385 COLLINS AV MBCH
Parcel #: 32260012140

Balance Due: \$0.00
Valuation: \$0.00

Applicant: MOSS & ASSOCIATES LLC

Owner: RYDER PROPERTIES LLC
C/O MITCHELL HOLDINGS LLC
41 EAST 60 ST 6TH FLOOR 10022

Description: B0702784... Revision to: Tiki bar structure and

Payments made for this receipt:

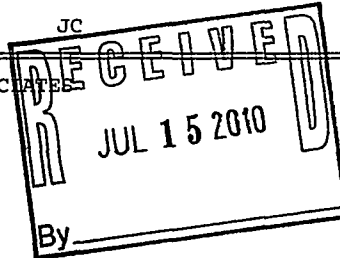
Type	Method	Desct.	Amount
Payment	Check	72856	500.00

Payment Made: 07/15/2010 10:01 AM Accepted By: JC

Total Payment: 500.00 Payee: MOSS AND ASSOCIATES

Current Payment Made to the Following Items:

Account Code	Description	Amount
011800032210	Building Permitting	500.00



Account Summary for Fees and Payments:

Item#	Description	Account Code	Tot Fee	Paid	Prev. Pmts	Cur. Pmts
10	Building Permitting	0118000322100	500.00	500.00	.00	500.00



MIAMIBEACH

BUILDING DEPARTMENT

1700 Convention Center Drive | Miami Beach, FL 33139

Office: 305.673.7610 | Fax: 305.673.7857

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE _____ EDITION

Date: 7/15/2010		DATA INFORMATION PLEASE PRINT (USE BLACK OR BLUE INK)			Permit No: <i>BMS1002818</i> (For office use only)			
Parcel/ Folio No. 32260012140				Job Address: 4385 Collins Avenue				
If subsidiary or revision, provide the Master Building Permit Number: B0702784				Is this permit associated with a violation? If yes, BV #:				
Type of Service: Check Applicable		<input type="checkbox"/> New Permit Application	<input checked="" type="checkbox"/> Revision		Change of: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Occupant Content	
Type of Permit: Check Applicable Provide permit detail on page 4		<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire	<input type="checkbox"/> Special Events	<input type="checkbox"/> Demolition Year Built: _____
Type of Property: Check Applicable		<input checked="" type="checkbox"/> Commercial			<input type="checkbox"/> Residential (SFH or Duplex)		<input type="checkbox"/> Multi - Family	
Type of Improvement: Check Applicable		<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition	<input type="checkbox"/> Reconfiguration of space		<input type="checkbox"/> Remove & Replace	
Type of Review: Check Applicable		<input checked="" type="checkbox"/> Regular Walk Thru	<input type="checkbox"/> 24 Hour Walk Thru	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Electronic Plan Review		<input type="checkbox"/> Expedited Plan Review (O.T Payment Required)	
Type of Project: Check Applicable		<input type="checkbox"/> City Project	<input checked="" type="checkbox"/> Historic	<input type="checkbox"/> Housing Urban Development (HUD)	<input type="checkbox"/> Leadership In Energy & Environmental(LEED)	<input type="checkbox"/> Special Inspector	<input type="checkbox"/> Private Provider	
Type of Occupancy: Check Applicable		<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall)		<input type="checkbox"/> I-1 Institutional (Ambulatory)		<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes)		
Square feet for each occupancy type:		<input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar)		<input type="checkbox"/> I-2 Institutional (Non Ambulatory)		<input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person)		
1. _____		<input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall)		<input type="checkbox"/> M -Department Store / Drug Store		<input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage)		
2. _____		<input type="checkbox"/> B - Business		<input type="checkbox"/> M - Gas Station		<input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage)		
3. _____		<input type="checkbox"/> D/E -Daycare & Educational		<input type="checkbox"/> M - Retail/ Warehouse		<input type="checkbox"/> S-2 Storage (Parking Garage)		
Other:		Job Value\$:			Square Ft:			
Description of Work: Please be specific with description		REVISION TO: TIKI BAR STRUCTURE AND PARTIAL DUNE OVERLAY PLANTING						
Extent of Work: Check Applicable		<input type="checkbox"/> Alteration Level I <input type="checkbox"/> Alteration Level II			<input type="checkbox"/> Alteration Level III <input type="checkbox"/> Change of Occupancy			
Building Information:		Number of Units:		Height of Building:		Number of Stories:		
New Construction/Addition:		Job Value \$:			Sq Ft:			
Alteration/Reconfiguration of space:		Job Value \$:			Sq Ft:			

Architect:	Name: <u>ALLAN T. SHULMAN</u>	Engineer:	Name: <u>DOUGLAS WOOD&ASSOCIATES, INC.</u>
	Address: <u>100 NE 38TH STREET</u>		Address: <u>299 ALHAMBRA CIRCLE</u>
	Suite No: <u>NO.2</u>		Suite No: <u>510</u>
	City/State/Zip Code: <u>MIAMI, FL 33137</u>		City/State/Zip Code: <u>CORAL GABLES, FL 333134</u>
	Email Address: _____		Email Address: <u>WWW.douglaswood.biz</u>
	License No: <u>AR 0012763</u>		License No: <u>PE 910</u>
	<u>305-438-0609</u>		<u>305-461-3450</u>
	Office#: _____ Cell#: _____		Office#: _____ Cell#: _____

Bonding Company Name:	Name: _____	Fee Simple Title Holder: (If Other Than Owner)	Name: _____
	Address: _____		Address: _____
	Suite No: _____		Suite No: _____
	City/State/Zip Code: _____		City/State/Zip Code: _____
	Office#: _____ Cell#: _____		Office#: _____ Cell#: _____

Contractor:	Name: <u>MOSS CONSTRUCTION</u>	Property Owner:	Name: <u>RYDER PROPERTIES LLC.</u>
	Address: <u>614 SOUTH FEDERAL HWY</u>		Address: <u>41 EAST 60TH ST.6TH Flr.</u>
	Suite No: <u>200</u>		Suite No: _____
	City/State/Zip Code: <u>FT. LAUDERDALE, FL</u>		City/State/Zip Code: <u>NEW YORK, NY 10022</u>
	Email Address: _____		Email Address: _____
	License No: <u>CGC 042160</u>		Driver License No: _____
	<u>1-954-524-5678</u>		Office#: _____ Cell#: _____
	Office#: _____ Cell#: _____		

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Signature of Owner of Agent: _____ Printed Name of Owner of Agent: _____ Date of Signature: _____ Signature of Notary Public _____ Identification _____ Swore to and subscribed before me this ____ day of ____ 20 ____ (SEAL)	Signature of Tenant: _____ Printed Name of Tenant: _____ Date of Signature: _____ Signature of Notary Public _____ Identification _____ Swore to and subscribed before me this ____ day of ____ 20 ____ (SEAL)	Signature of Qualifier: <u>[Signature]</u> Printed Name of Qualifier: <u>Joseph L. Hanks</u> Date of Signature: _____ Signature of Notary Public <u>[Signature]</u> Identification <u>Personally Known</u> Swore to and subscribed before me this <u>15</u> day of <u>7</u> , 20 <u>10</u> (SEAL) <div style="border: 1px dashed black; padding: 5px; text-align: center;"> JOY FITZGERALD Comm# DD0661775 Expires 6/2/2011 Florida Notary Assn., Inc </div>

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STATE OF FLORIDA _____ COUNTY OF _____

Print Owner's Name _____ Owner's Signature _____

Sworn to and subscribed before me this ____ day of ____ 20 ____, by _____

- Personally
- Produced Identification – Type of Identification _____

Signature of Notary Public _____ (SEAL)

Application Approval By: _____ Permit Clerk Signature _____ Date _____

<p style="text-align: center;">BUILDING: SPECIALTY PERMITS</p>	<input type="checkbox"/> Kitchen Renovation <input type="checkbox"/> Bath Renovation <input type="checkbox"/> Indoor Flooring, Sq.Ft. _____ <input type="checkbox"/> Generator, Sq.Ft. _____ <input type="checkbox"/> Generator Transfer Switch <input type="checkbox"/> Solar Water Heater <input type="checkbox"/> Swimming Pool, gallons _____ <i>(select one, new and renovation includes equipment)</i> <input type="checkbox"/> New Pool <input type="checkbox"/> Renovation of existing pool <input type="checkbox"/> Resurfacing <input type="checkbox"/> Equipment relocation only <input type="checkbox"/> Swimming pool lighting only <input type="checkbox"/> Demolition <input type="checkbox"/> Total, # of stories _____ <input type="checkbox"/> Partial, Sq.Ft. _____ <input type="checkbox"/> Other (signs, fences or other then above) _____ <input type="checkbox"/> Marine <input type="checkbox"/> Docks, Sq.Ft. _____ <input type="checkbox"/> Seawall, linear feet _____ <input type="checkbox"/> Boat lift, # units _____ <input type="checkbox"/> Pilings/Moorings, # units _____ <input type="checkbox"/> Raise existing mechanical equipment on roof <input type="checkbox"/> Parking lot lighting <input type="checkbox"/> Irrigation, # zones _____	<input type="checkbox"/> Temporary and Special Events <input type="checkbox"/> Platform, select: first or re-approval (circle one) <input type="checkbox"/> Bleachers, select: first or re-approval (circle one) <input type="checkbox"/> Tents, # independent tents (not attached) _____ Sq.Ft. each unattached tent _____, _____, etc. <input type="checkbox"/> Temporary chiller/generator, # units _____ <input type="checkbox"/> Trailer, # units _____ <input type="checkbox"/> Temporary power for construction <input type="checkbox"/> Temporary power for test <input type="checkbox"/> Temporary multi-seat toilet, # trailers _____ <input type="checkbox"/> Temporary toilet (per event), # events _____ <input type="checkbox"/> Amusement Ride <input type="checkbox"/> Temporary electric work, # shows _____ <input type="checkbox"/> Backflow protection, # devices _____ <input type="checkbox"/> Water drainage risers and mains, # floors _____ <input type="checkbox"/> Natural gas, # appliances _____, # outlets _____ <input type="checkbox"/> Heaters, <input type="checkbox"/> select: gas or electric (circle one) <input type="checkbox"/> select: new or replacement (circle one) <input type="checkbox"/> Access control, # devices _____ <input type="checkbox"/> Cooling tower, new <input type="checkbox"/> Chiller replacement with structural work <input type="checkbox"/> AC unit new, # units _____ If commercial, CFM _____
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<p style="text-align: center;">MECHANICAL: TRADE PERMITS</p>	<input type="checkbox"/> Mechanical only demolition <input type="checkbox"/> AC Replacement <input type="checkbox"/> HVAC, # units _____ <input type="checkbox"/> Window unit, # units _____ <input type="checkbox"/> Cooling tower, replacement <input type="checkbox"/> Chiller replacement without structural work <input type="checkbox"/> Other _____	<input type="checkbox"/> Refrigeration equipment replacement <input type="checkbox"/> Gas or oil furnace <input type="checkbox"/> Hood replacement, # hoods _____ <input type="checkbox"/> Duct work <input type="checkbox"/> Single Family Home, # drops _____ <input type="checkbox"/> All other occupancy type, linear feet _____
<p style="text-align: center;">FIRE PERMITS</p>	<input type="checkbox"/> Cooking hood suppression, # systems _____ <input type="checkbox"/> Room fire suppression, # systems _____ <input type="checkbox"/> Fire alarm system, Sq.Ft. _____ <input type="checkbox"/> Electrical smoke detector, # devices _____ <input type="checkbox"/> Minor work on existing fire alarm	<p style="text-align: center;">ELEVATOR: TRADE PERMITS</p> <input type="checkbox"/> Installation or major revamping <input type="checkbox"/> Commercial elevator, # stories _____ <input type="checkbox"/> Residential elevator, # elevators _____ <input type="checkbox"/> Wheelchair lift, # lifts _____ <input type="checkbox"/> Escalator, # escalators _____ <input type="checkbox"/> Elevator repair <input type="checkbox"/> Removal from service <input type="checkbox"/> Emergency power test <input type="checkbox"/> Elevator fire recall test <input type="checkbox"/> Temporary use
<p style="text-align: center;">GOVERNMENTAL COMPLIANCE</p>	<input type="checkbox"/> Certificate of Occupancy, occupancy type _____ <input type="checkbox"/> B, Business, Sq.Ft. _____ <input type="checkbox"/> R-1, R-2 Building, # units _____ <input type="checkbox"/> Shell, height in feet _____ <input type="checkbox"/> Certificate of Completion, permit type(s) _____ <input type="checkbox"/> Forty/ten year Recertification, select: threshold or non-threshold building (circle one)	

CITY OF MIAMI BEACH
BUILDING DEPARTMENT
1700 CONVENTION CENTER DR
2ND FLOOR - CITY HALL
MIAMI BEACH, FLORIDA 33139
(305) 673-7610

COMPLETE DESCRIPTION

DATE: 01-10-2011

PERMIT NUMBER: **BMS1002819**

STATUS: CLOSED

JOBSITE ADDRESS: 4385 COLLINS AV MBCH

CONTRACTOR: MOSS & ASSOCIATES LLC

OWNER: RYDER PROPERTIES LLC

DESCRIPTION

B0702784... Revision to: Tiki bar structure and partial dune overlay planting.



MIAMI BEACH

Approved - see Note
in LHM
1700 CONVENTION CENTER DRIVE
2ND FLOOR-CITY HALL
MIAMI BEACH, FL 33139
James

305-673-7610 (Phone)

(305) 673-7857 (Fax)

PERMIT CANCELLATION REQUEST

Date: 09 | 15 | 2010

REF: Contractor Name: MOSS & ASSOCIATES LLC

Permit Number: BMS1002819

Job Address: 4385 COLLINS AVENUE

Cancellation Reason: WERE REQUESTED BY JAMES LEGGETT

Contact Name: PATRICK BUSTEED

Phone Number: 786-210-1613 31

Work has: [x] not taken place. [] or, taken place.

Please be advised that this a request to cancel above referenced information. Should you need any further information please contact the above referenced person at the phone number indicated above.

As the owner of the referenced property , upon signing this affidavit and having my signature notarized, I am signing and attesting that work was not performed as originally requested on the permit that was pulled. Permit # BMS 1002819

Sincerely;

Patrick Busteed

Signature of Owner

PATRICK BUSTEED

Printed Name of Owner

Marco Catica

Signature of Contractor

MARCO CATICA

Printed Name of Contractor

Date 9/24/10

Date 9.15.10

Joy Fitzgerald

Signature of Notary Public

ID personally known

Joy Fitzgerald

Signature of Notary Public

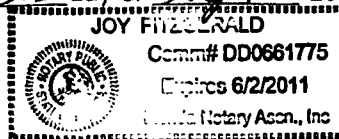
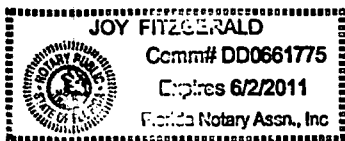
ID personally known

Sworn and subscribed before me this 23 day of Sept 20 10

Sworn and subscribed before me this 23 day of Sept 20 10

(Seal)

(Seal)



CITY OF MIAMI BEACH
Building Department
1700 Convention Ctr Drive, 2nd Floor
Miami Beach, Florida 33139
Inspections: (305) 673-7370
Office: (305) 673-7610

B1100859 BP110649 APP

Plumbing Work Permit

Activity Number: BP110649

02-02-2011

Status: APPROVED

P A I D

Issued By: BUILHOPK

Site Address: 4385 COLLINS AV MBCH

Parcel #: 32260012140

Applied: 02/02/2011

Approved: 02/02/2011

Completed:

To Expire: 08/01/2011

FEB 02 2011

Valuation: \$7,500.00

**CITY OF MIAMI BEACH
 BUILDING DEPARTMENT**

Applicant: PROFESSIONAL PLUMBING CORP
 1755 W 39 PL
 HIALEAH FL 33012
 305-822-8282

Property Owner: RYDER PROPERTIES LLC
 SHO LANDLORD (FL) QRS 16-104 INC
 20-35 9TH AVE 10014

Description: B1100859/plumbing for tiki bar

Inspector Area: C

Class Code: B

DETAIL LIST

Gas Works Fees

Wh-elec/Gas/Sol (200,000) - Per # of:	0	\$0.00
Water Service - Connections - Per # of:	0	\$0.00
Sewer-San-Storm Connection - Per # of:	0	\$0.00
Gas Piping Main - Per # of:	0	\$0.00
Gas Outlets - Per # of:	0	\$0.00
Test Existing Gas Piping - Per # of:	0	\$0.00
LP Tanks - Per # of:	0	\$0.00
Gas Meters - Per # of:	0	\$0.00
Portable Toilets - Per # of:	0	\$0.00
Lawn Sprinklers Heads - Per # of:	0	\$0.00
Other Fees:		\$0.00
Other Fees Explain:		

P A I D
 FEB 02 2011
**CITY OF MIAMI BEACH
 BUILDING DEPARTMENT**

Plumbing Fixture Roughing Fees

Bathtub Roughing - Per # of:	0	\$0.00
Bidet Roughing - Per # of:	0	\$0.00
Shower Roughing - Per # of:	0	\$0.00
Water Closet Roughing - Per # of:	0	\$0.00
Lavatory Roughing - Per # of:	0	\$0.00
Residence Sink Roughing - Per # of:	0	\$0.00
Dishwasher Roughing - Per # of:	0	\$0.00
Clothes Washer Roughing - Per # of:	0	\$0.00
Laundry Tray Roughing - Per # of:	0	\$0.00
Other Roughing Fees:		\$0.00
Other Roughing Fees Explained:		

Activity Number: BP110649**Plumbing Fixture Setting Fees**

Bathtub Setting - Per # of:	0	\$0.00
Bidet Setting - Per # of:	0	\$0.00
Shower Setting - Per # of:	0	\$0.00
Water Closet Setting - Per # of:	0	\$0.00
Lavatory Setting - Per # of:	0	\$0.00
Residence Sink Setting - Per # of:	0	\$0.00
Dishwasher Setting - Per # of:	0	\$0.00
Clothes Washer Setting - Per # of:	0	\$0.00
Laundry Tray Setting - Per # of:	0	\$0.00
Other Setting Fees:		\$0.00
Other Setting Fees Explained:		

Other Fixtures Roughing/Setting Fees

Floor Drain Roughing - Per # of:	0	\$0.00
3 Compartment Sink Roughing - Per # of:	0	\$0.00
Drinking Fountain Roughing - Per # of:	0	\$0.00
Urinal Roughing - Per # of:	0	\$0.00
Miscellaneous Sink Roughing - Per # of:	0	\$0.00
Flooring Drain Setting - Per # of:	0	\$0.00
3 Compartment Sink Setting - Per # of:	0	\$0.00
Drinking Fountain Setting - Per # of:	0	\$0.00
Urinal Setting - Per # of:	0	\$0.00
Miscellaneous Sink Setting - Per # of:	0	\$0.00
Other Fixed Roughing/Setting Fees:		\$0.00
New Swimming Pool/Spa:	0	\$0.00
Other Fixed Rough/Set Explained:		

Fixture Repiping Fees

Safe Waste - Per # of:	0	\$0.00
Grease Trap Interceptor - Per # of:	0	\$0.00
Repipe Kitchen - Per # of:	0	\$0.00
Repipe Bathroom - Per # of:	0	\$0.00
Swimming Pool/Spa Piping - Per # of:	0	\$0.00
Wells - Any Type - Per # of:	0	\$0.00
Condensate Drain - Per # of:	0	\$0.00
Roof Drain - Per # of:	0	\$0.00
Area Drain - Per # of:	0	\$0.00
Catch Basins - Per # of:	0	\$0.00
French Drains - Per # of:	0	\$0.00
Soakage Pits - Per # of:	0	\$0.00
Pumps or Ejectors - Per # of:	0	\$0.00
Sprinklers Flow Test - Per # of:	0	\$0.00
Fire Mains - Per # of:	0	\$0.00
Standpipes - Per # of:	0	\$0.00
Hose Racks or Hose Bibs - Per # of:	0	\$0.00
Fire Sprinklers Heads - Per # of:	0	\$0.00
Water/Gas Main-Pvt Prop - Per # of Feet:	0	\$0.00
Storm/Sanitary Collector Line - Per # of Feet:	0	\$0.00
Manholes - Per # of:	0	\$0.00
Repair Unapproved Water Closets - Per # of:	0	\$0.00
Installation of Temporary Toilets - Per # of:	0	\$0.00
Other Fixture Repiping Fees:		\$0.00
Plumbing Fees Other Than Gas:		\$0.00

Activity Number: BP110649

Fire Safety

Fire Pump and Underground Installation:		\$0.00
Commercial Underground Fuel Tank:		\$0.00
Acceptance Test - Sprinkler System - Per # of:	0	\$0.00
Acceptance Test - Standpipe System - Per # of:	0	\$0.00
Hydrant Only Flow Test - Per # of:	0	\$0.00

SFBC Compliance Fees

SFBC Compliance Fee:		\$0.00
Training Fee:		\$0.00
Extra Fee - Penalty:		\$0.00
Sanitation Fee:		\$0.00

Additional Fees

1st Reinspection:		\$0.00
Continued Reinspections:		\$0.00
Change of Contractor:		\$0.00
Permit Extension:		\$0.00
Permit Card Replacements:		\$0.00
Overtime Inspection Fees:		<u>\$0.00</u>

Total of All Fees:		\$0.00
Total of Payments:		\$0.00
Balance Due:		\$0.00



MIAMIBEACH

BUILDING DEPARTMENT

1700 Convention Center Drive | Miami Beach, FL 33139
Office: 305.673.7610 | Fax: 305.673.7857

WORK PERMIT APPLICATION

FLORIDA BUILDING CODE _____ EDITION

Date:		DATA INFORMATION PLEASE PRINT (USE BLACK OR BLUE INK)			Permit No: BP110649 (For office use only)	
Parcel/ Folio No. 32260012140				Job Address: 4385 Collins Ave.		
If subsidiary or revision; provide the Master Building Permit Number: B1100859				Is this permit associated with a violation? If yes, BV #: B1100859		
Type of Service: Check Applicable		<input checked="" type="checkbox"/> New Permit Application		<input type="checkbox"/> Revision		Change of: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer
Type of Permit: Check Applicable Provide permit detail on page 4		<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input checked="" type="checkbox"/> Plumbing	<input type="checkbox"/> Fire
Type of Property: Check Applicable		<input checked="" type="checkbox"/> Commercial			<input type="checkbox"/> Residential (SFH or Duplex)	<input type="checkbox"/> Multi - Family
Type of Improvement: Check Applicable		<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition		<input type="checkbox"/> Reconfiguration of space
Type of Review: Check Applicable		<input type="checkbox"/> Regular Walk Thru	<input type="checkbox"/> 24 Hour Walk Thru	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Electronic Plan Review	<input type="checkbox"/> Expedited Plan Review (O.T Payment Required)
Type of Project: Check Applicable		<input type="checkbox"/> City Project	<input type="checkbox"/> Historic	<input type="checkbox"/> Housing Urban Development (HUD)	<input type="checkbox"/> Leadership In Energy & Environmental (LEED)	<input type="checkbox"/> Special Inspector
Type of Occupancy: Check Applicable		<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall)		<input type="checkbox"/> I-1 Institutional (Ambulatory)		<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes)
Square feet for each occupancy type:		<input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar)		<input type="checkbox"/> I-2 Institutional (Non Ambulatory)		<input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person)
1. _____		<input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall)		<input type="checkbox"/> M -Department Store / Drug Store		<input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage)
2. _____		<input type="checkbox"/> B - Business		<input type="checkbox"/> M - Gas Station		<input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage)
3. _____		<input type="checkbox"/> D/E -Daycare & Educational		<input type="checkbox"/> M - Retail/ Warehouse		<input type="checkbox"/> S-2 Storage (Parking Garage)
Other:		Job Value\$: 7,500			Square Ft:	
Description of Work: Please be specific with description		Plumbing For Tiki bar				
Extent of Work: Check Applicable		<input type="checkbox"/> Alteration Level I <input type="checkbox"/> Alteration Level II			<input type="checkbox"/> Alteration Level III <input type="checkbox"/> Change of Occupancy	
Building Information:		Number of Units:		Height of Building:		Number of Stories:
New Construction/Addition:		Job Value \$:		Sq Ft:		
Alteration/Reconfiguration of space:		Job Value \$:		Sq Ft:		

Architect:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____	Engineer:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Email Address: _____ License No: _____ Office#: _____ Cell#: _____
Bonding Company Name:	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____	Fee Simple Title Holder: (If Other Than Owner)	Name: _____ Address: _____ Suite No: _____ City/State/Zip Code: _____ Office#: _____ Cell#: _____
Contractor:	Name: <u>Professional Plumbing Corp.</u> Address: <u>1755 W 39th Place</u> Suite No: _____ City/State/Zip Code: <u>Hialeah, FL 33012</u> Email Address: _____ License No: <u>CFL050560</u> Office#: <u>305 822-8282</u> Cell#: _____	Property Owner:	Name: <u>Ryder Properties LLC</u> Address: <u>1510 Landlord 20-35 9th Ave</u> Suite No: _____ City/State/Zip Code: <u>10014</u> Email Address: _____ Driver License No: _____ Office#: _____ Cell#: _____

ATTENTION:
Important Notice
Please Read Carefully

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, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, and Air Conditioners, Etc.**


CONDO CONVERSIONS are a change of use of the building and require a new certificate of occupancy. If this application implies a condo conversion, it shall be clearly stated in the description and on the plans; otherwise, the certificate of occupancy will be denied.

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

OWNER'S OR PERSON RESPONSIBLE FOR IMPROVEMENTS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and Zoning.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

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	Tenant (If Applicable)	Qualifier
<p>Signature of Owner of Agent: _____</p> <p>Printed Name of Owner of Agent: _____</p> <p>Date of Signature: _____</p> <p>Signature of Notary Public _____</p> <p>Identification _____</p> <p>Swore to and subscribed before me this _____ day of _____ 20 _____</p> <p>(SEAL)</p>	<p>Signature of Tenant: _____</p> <p>Printed Name of Tenant: _____</p> <p>Date of Signature: _____</p> <p>Signature of Notary Public _____</p> <p>Identification _____</p> <p>Swore to and subscribed before me this _____ day of _____ 20 _____</p> <p>(SEAL)</p>	<p><i>Manuel R. Alonso</i> Signature of Qualifier: _____</p> <p>Manuel R. Alonso Printed Name of Qualifier: _____</p> <p>1-31-11 Date of Signature: _____</p> <p><i>Eddy Jimenez</i> Signature of Notary Public _____</p> <p>PK Identification _____</p> <p>Swore to and subscribed before me this 31st day of Jan. 20 11</p> <p>(SEAL)</p> <div style="text-align: right;">  <p>Eddy Jimenez Commission # DD641042 Expires: FEB. 15, 2011</p> </div>

THE SIGNATURE REQUIRED BELOW IS FOR *OWNER/BUILDER APPLICANTS ONLY*. PLEASE DO NOT SIGN BELOW IF THIS IS NOT AN OWNER/BUILDER APPLICATON.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT SHOULD BE FILED AT: 22 NW FIRST STREET, MIAMI, FL

STATE OF FLORIDA _____ COUNTY OF _____

Print Owner's Name _____ Owner's Signature _____

Sworn to and subscribed before me this _____ day of _____ 20 _____, by _____

- Personally
- Produced Identification - Type of Identification _____

Signature of Notary Public _____ (SEAL)

Application Approval By: _____ Permit Clerk Signature _____ Date _____

BUILDING: SPECIALTY PERMITS	<input type="checkbox"/> Kitchen Renovation <input type="checkbox"/> Bath Renovation <input type="checkbox"/> Indoor Flooring, Sq.Ft. _____ <input type="checkbox"/> Generator, Sq.Ft. _____ <input type="checkbox"/> Solar (Photovoltaic)/Alternate Power <input type="checkbox"/> Swimming Pool, gallons _____ <i>(select one, new and renovation includes equipment)</i> <input type="checkbox"/> New Pool <input type="checkbox"/> Renovation of existing pool <input type="checkbox"/> Resurfacing <input type="checkbox"/> Equipment relocation only <input type="checkbox"/> Swimming pool lighting only <input type="checkbox"/> Demolition <input type="checkbox"/> Total, # of stories _____ <input type="checkbox"/> Partial, Sq.Ft. _____ <input type="checkbox"/> Other (signs, fences or other then above) _____ <input type="checkbox"/> Marine <input type="checkbox"/> Docks, Sq.Ft. _____ <input type="checkbox"/> Seawall, linear feet _____ <input type="checkbox"/> Boat lift, # units _____ <input type="checkbox"/> Pilings/Moorings, # units _____ <input type="checkbox"/> Raise existing mechanical equipment on roof <input type="checkbox"/> Parking lot lighting <input type="checkbox"/> Access control, # devices _____	<input type="checkbox"/> Temporary and Special Events <input type="checkbox"/> Platform, select: first or re-approval (circle one) <input type="checkbox"/> Bleachers, select: first or re-approval (circle one) <input type="checkbox"/> Tents, # independent tents (not attached) _____ Sq.Ft. each unattached tent _____, etc. <input type="checkbox"/> Temporary chiller/generator, # units _____ <input type="checkbox"/> Temporary multi-seat toilet, # trailers _____ <input type="checkbox"/> Temporary toilet (per event), # events _____ <input type="checkbox"/> Amusement Ride <input type="checkbox"/> Other _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Temporary power for construction <input type="checkbox"/> Temporary power for test <input type="checkbox"/> Trailer, # units _____ <input type="checkbox"/> Temporary electric work, # shows _____ <input type="checkbox"/> Water drainage risers and mains, # floors _____ <input type="checkbox"/> Natural gas, # appliances _____, # outlets _____ <input type="checkbox"/> Irrigation, # zones _____ <input type="checkbox"/> Heaters, <input type="checkbox"/> select: gas or electric (circle one) <input type="checkbox"/> select: new or replacement (circle one) <input type="checkbox"/> Cooling tower, new <input type="checkbox"/> Chiller replacement with structural work <input type="checkbox"/> AC unit new, # units _____ if commercial, CFM _____
BUILDING: TRADE PERMITS	<input type="checkbox"/> Painting <input type="checkbox"/> Windows/doors, # openings _____ <input type="checkbox"/> Shutters, # openings _____ <input type="checkbox"/> Storefront, Sq.Ft. _____ <input type="checkbox"/> Moving structures, Sq.Ft. _____ <input type="checkbox"/> Paving/concrete, Sq.Ft. _____ <input type="checkbox"/> Signs (non-electric), Sq.Ft. _____ <input type="checkbox"/> Roofing, re-roofing, waterproofing, Sq.Ft. _____ <input type="checkbox"/> Fences, walls, linear feet _____ <input type="checkbox"/> Awning, canopy or patio cover, Sq.Ft. _____ <input type="checkbox"/> Other _____	ELECTRICAL: TRADE PERMITS <input type="checkbox"/> Electrical demolition only <input type="checkbox"/> Electrical safety check for service reconnect <input type="checkbox"/> Electrical alteration/remodeling, Sq.Ft. _____ <input type="checkbox"/> Electrical services, # meters _____ <input type="checkbox"/> Panel replacement, # panels _____ <input type="checkbox"/> Busway installation, linear feet _____ <input type="checkbox"/> Signs (electric), # signs _____ <input type="checkbox"/> Low voltage, # devices _____ <input type="checkbox"/> Empty conduit, # openings _____ <input type="checkbox"/> Generator Transfer Switch <input type="checkbox"/> Other _____
PLUMBING: TRADE PERMITS	<input type="checkbox"/> Plumbing only demolition <input type="checkbox"/> Fixtures <input type="checkbox"/> Rough, # units _____ <input type="checkbox"/> Sets, # sets _____ <input type="checkbox"/> Interceptors, # units _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Water drainage, # inlets _____ <input type="checkbox"/> Condensation drains <input type="checkbox"/> Dry or discharge wells, # wells _____ <input type="checkbox"/> Water/gas mains, linear feet _____ <input type="checkbox"/> Sanitary, storm or collector lines, linear feet _____ <input type="checkbox"/> Backflow protection, # devices _____
MECHANICAL: TRADE PERMITS	<input type="checkbox"/> Mechanical only demolition <input type="checkbox"/> AC Replacement <input type="checkbox"/> HVAC, # units _____ <input type="checkbox"/> Window unit, # units _____ <input type="checkbox"/> Cooling tower, replacement <input type="checkbox"/> Chiller replacement without structural work <input type="checkbox"/> Other _____	<input type="checkbox"/> Refrigeration equipment replacement <input type="checkbox"/> Gas or oil furnace <input type="checkbox"/> Hood replacement, # hoods _____ <input type="checkbox"/> Duct work <input type="checkbox"/> Single Family Home, # drops _____ <input type="checkbox"/> All other occupancy type, linear feet _____
FIRE: PERMITS	<input type="checkbox"/> Cooking hood suppression, # systems _____ <input type="checkbox"/> Room fire suppression, # systems _____ <input type="checkbox"/> Fire alarm system, Sq.Ft. _____ <input type="checkbox"/> Minor work on existing fire alarm <input type="checkbox"/> Electrical smoke detector, # devices _____ <input type="checkbox"/> Other _____	ELEVATOR: TRADE PERMITS <input type="checkbox"/> Installation or major revamping <input type="checkbox"/> Commercial elevator, # stories _____ <input type="checkbox"/> Residential elevator, # elevators _____ <input type="checkbox"/> Wheelchair lift, # lifts _____ <input type="checkbox"/> Escalator, # escalators _____ <input type="checkbox"/> Elevator repair <input type="checkbox"/> Removal from service <input type="checkbox"/> Emergency power test <input type="checkbox"/> Elevator fire recall test <input type="checkbox"/> Temporary use <input type="checkbox"/> Other _____