

Department of Business and Professional Regulation
FLORIDA BUILDING COMMISSION
1940 North Monroe Street
Tallahassee, Florida 32399-0772
Form FBC 2012-01
Request for Waiver

NOTICE TO WAIVER APPLICANTS

Please make certain you comply with the following:

- X The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- X If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- X Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree. Two estimates substantiating a claim for disproportionate cost must be included.
- X Petitioners are strongly advised to participate in the Council's conference call, webinar or onsite meeting for application review. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your participation in the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information – from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed is a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Section at (850) 487-1824.

Please mail this application to the Department of Business and Professional Regulation at the address above. **Include a copy of the application, photos where appropriate and drawings or plans on a CD in PDF format. NOTE: Please do not send files in CAD format but rather provide the files in pdf format.**

This application is available in alternate formats upon request.

LIST OF REQUIRED INFORMATION:

1. _____ Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:

Project site plan if pertinent to the application

24" x 36" minimum size drawings

Building/project sections (if necessary to assist in understanding the waiver request)

Enlarged floor plan(s) of the area in question

2. _____ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.

3. _____ If you feel photographs and/or renderings are necessary for your presentation, provide legible color copies of the photographs and/or renderings on the CD with the application and plans in jpeg, tif or pdf format.

4. _____ Please submit one hard copy of this application and attachments to the Florida Building Commission, Department of Business and Professional Regulation.

General Information:

a. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

Your application will be reviewed by the Accessibility Advisory Council. You will have the opportunity to answer questions and/or make a short presentation **not to exceed 15 minutes**. The Council will provide recommendations to the Florida Building Commission. The Commission will review the application, where you will have another opportunity to answer questions and /or give a short presentation **not to exceed 15 minutes**. The Commission will consider all information and the Council's recommendation before voting on the waiver.

This application is available in alternate formats upon request.

**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS
OF CHAPTER 553, PART II, FLORIDA STATUTES**

Your application will be reviewed by the Accessibility Advisory Council and its recommendations will be presented to the Florida Building Commission. You will have the opportunity to answer questions and/or make a short presentation, not to exceed 15 minutes, at each meeting. The Commission will consider all information presented and the Council's

recommendation before voting on the waiver request.

1. Name and address of project for which the waiver is requested.

Name: FRESHAVELI

Address: 20 NE 41 ST # 3
MIAMI, FL 33137

2. Name of Applicant. If other than the owner, please indicate relationship of applicant to owner and written authorization by owner in space provided:

Applicant's Name: MANUEL SOTO

Applicant's Address: 20 NE 41 ST # 3 MIAMI, FL 33137.

Applicant's Telephone: (787) 396 8274 FAX: (786) 364 7121

Applicant's E-mail Address: FRESHAVELI@LIVE.COM

Relationship to Owner: TENANT

Owner's/Tenant's Name: _____

Owner's Address: _____

Owner's Telephone: (305) 498 1227 FAX _____

Owner's E-mail Address: _____

Signature of Owner: _____

3. Please check one of the following: N/A

New construction.

Addition to a building or facility.

Alteration to an existing building or facility.

Historical preservation (addition).

Historical preservation (alteration).

4. **Type of facility.** Please describe the building (square footage, number of floors). Define the use of the building (i.e., restaurant, office, retail, recreation, hotel/motel, etc.)

COMMERCIAL BUILDING. 2 FLOORS 4 UNITS

2877 SQ. FT. OUR UNIT #3 640 SQ FT.

STYLING OFFICE (BARBERSHOP 1 CHAIR)

5. **Project Construction Cost** (Provide cost for new construction, the addition, or the alteration) :

6. **Project Status:** Please check the phase of construction that best describes your project at the time of this application. Describe status.

Under Design Under Construction*

In Plan Review Completed*

* Briefly explain why the request has now been referred to the Commission.

REQUESTING WAIVER FOR ACCESSIBILITY
LIFT.(ELEVATOR)

7. **Requirements requested to be waived.** Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

Issue

1: _____

Issue

2: _____

Issue

3: _____

8. **Reason(s) for Waiver Request:** The Florida Building Commission may grant waivers of Florida-specific accessibility requirements upon a determination of unnecessary, unreasonable or extreme hardship. Please describe how this project meets the following hardship criteria. Explain all that would apply for consideration of granting the waiver.

The hardship is caused by a condition or set of conditions affecting the owner which does not affect owners in general.

Substantial financial costs will be incurred by the owner if the waiver is denied.

COSTS EXCEEDING BUDGET.

The owner has made a **diligent investigation** into the costs of compliance with the code, but cannot find an efficient mode of compliance. Provide detailed cost estimates and, where appropriate, photographs. Cost estimates must include bids and quotes.

9. **Provide documented cost estimates for each portion of the waiver request and identify any additional supporting data which may affect the cost estimates.** For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be provided, documented by quotations or bids from at least two vendors or contractors.

a. \$31,500. DOES NOT INCLUDE REQUIRED

PIT

b. _____

C. _____

10. Licensed Design Professional: Where a licensed design has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

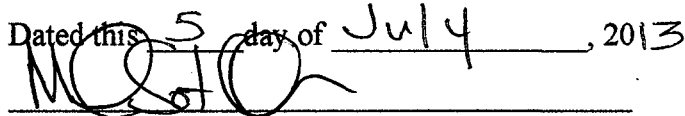
Signature _____ **Printed Name**

Phone number _____

(SEAL)

CERTIFICATION OF APPLICANT:

I hereby declare that the applicable documents in support of this Request for Waiver are attached for review by the Florida Building Commission and that all statements made in this application are to the best of my knowledge true and correct.

Dated this 5 day of July, 2013


Signature

MANUEL SOTO

Printed Name

I understand that if I falsify, misrepresent, or omit any material information on this document, the Commission may revoke any order and will notify the building official of the permitting jurisdiction.

KNOWINGLY MAKING A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY IS A MISDEAMEANOR OF THE SECOND DEGREE PURSUANT TO SECTION 837.06 F.S. AND SECTION 775.083, F.S.

REVIEW AND RECOMMENDATION BY LOCAL BUILDING DEPARTMENT.

Please state why the issue is being referred to the Florida Building Commission as well as a recommendation for disposition. The Building Official or his or her designee should review the application and indicate that to the best of his or her knowledge, all information stipulated herein is true and accurate. Further, if this project is complete, explain why it is being referred to the Commission. The Building Official or his or her designee should sign a copy of the plans accompanying this application as certification that such plans are the same as those submitted for building department review. Please reference the applicable section of the Accessibility Code.

a. _____

b. _____

c. _____

Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

Yes No Cost of Construction _____

Comments/Recommendation _____

Jurisdiction _____

Building Official or Designee _____

Signature

Printed Name

Certification Number

Telephone/FAX

Email Address

Address: _____

Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: Fill out pages _____ only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda.

I, _____, a licensed architect/engineer in the state of Florida, whose Florida license number is _____, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) _____, for which the Owner seeks a waiver of one or more accessibility requirements in an application to which this Certification is attached.

2. I hereby certify that to the best of my knowledge and belief to the Florida Building Commission that the design documents for the (insert project described in paragraph 1 above) _____ are the same as the design documents previously submitted to the Commission and referenced in paragraph 3 below, except that the two projects are built or to be built on different parcels of land at different locations.

3. The licensed design professional of record (identify the licensed design professional of record), _____, prepared the design documents for the project known as _____, for which the majority of the Accessibility Advisory Council recommended approval and the Commission granted a waiver of one or more accessibility requirements in Final Order No. _____.

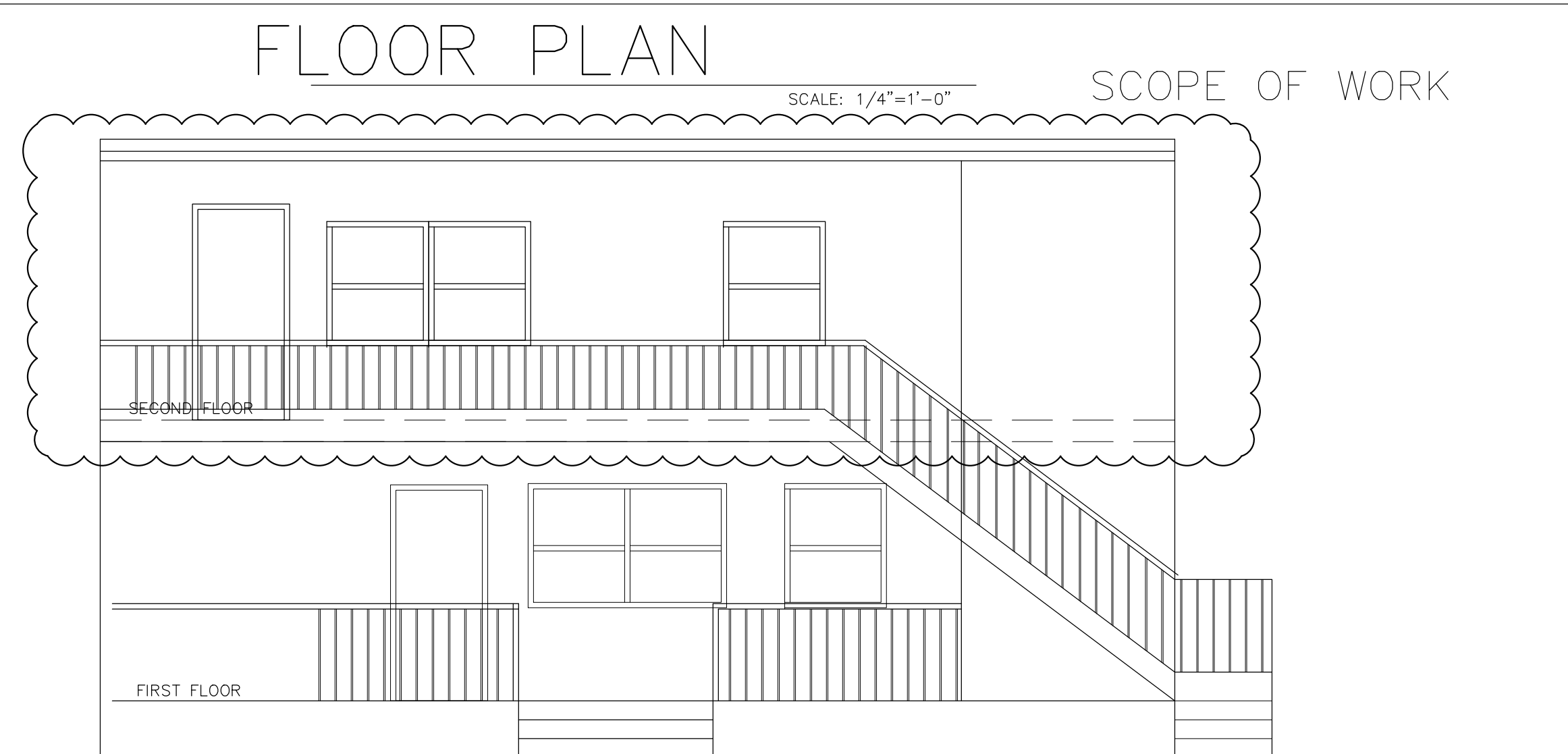
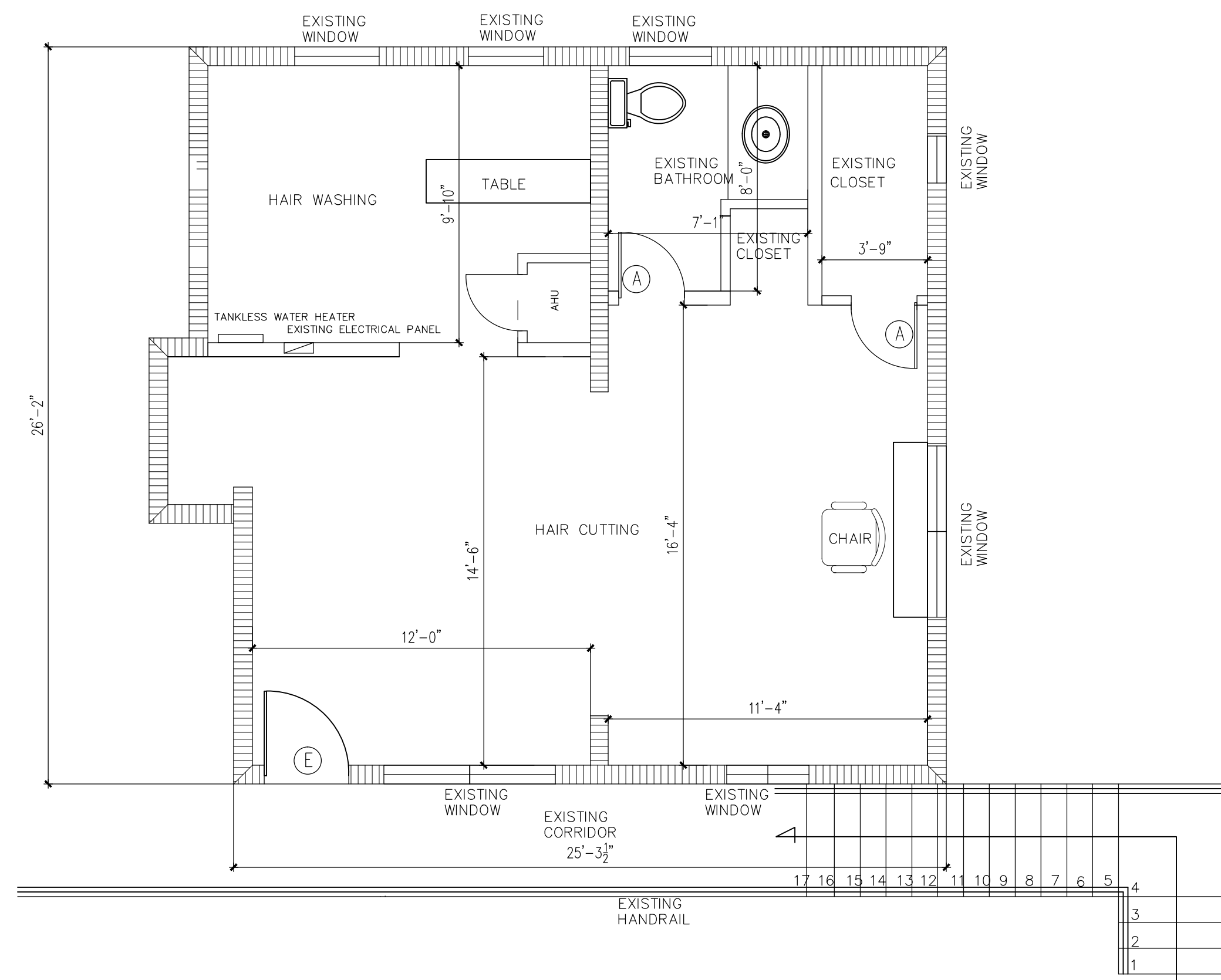
Printed Name: _____ Affix certification seal below:

Address: _____

Telephone: _____

Fax: _____

E-Mail Address: _____

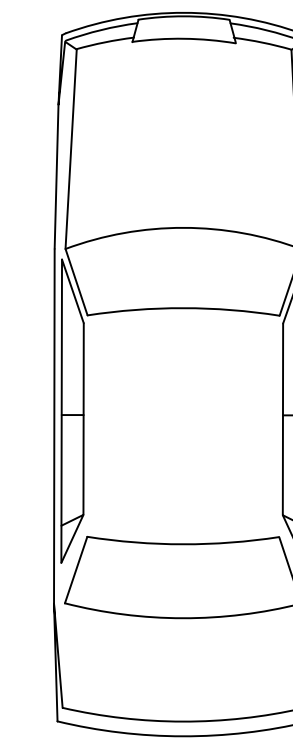
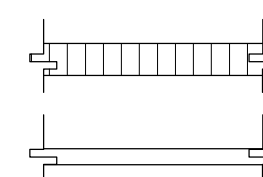


ELEVATION

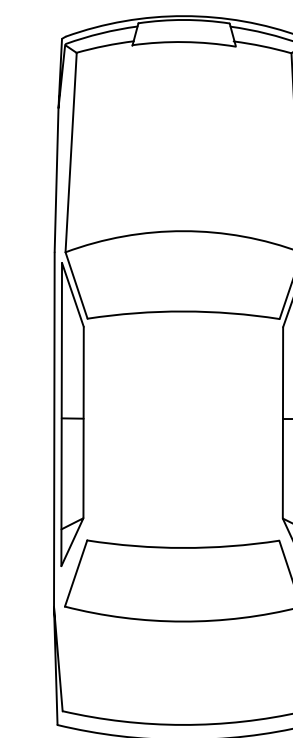
SCALE: 1/4"=1'-0"

WALL SCHEDULE

- EXISTING MANSORY WALL TO REMAIN
- EXISTING INTERIOR PARTITION



20 AVAILABLES PARKING SPACES ACCORDING WITH MIAMI PARKING AUTHORITY



DOOR SCHEDULE

MARK	DESCRIPTION	SIZE			MATERIAL	
		W	H	T	DOOR	FRAME
(A)	H.C WOOD (EXISTING)	2'-4"	6'-8"	1 3/4"	WOOD	WOOD
(E)	EXISTING	3'-0"	6'-8"	1 3/4"	METAL	MTL

- NOTES:
- OPEN TO OUTSIDE
 - HANDICAP ACCESS AND HARDWARE
 -

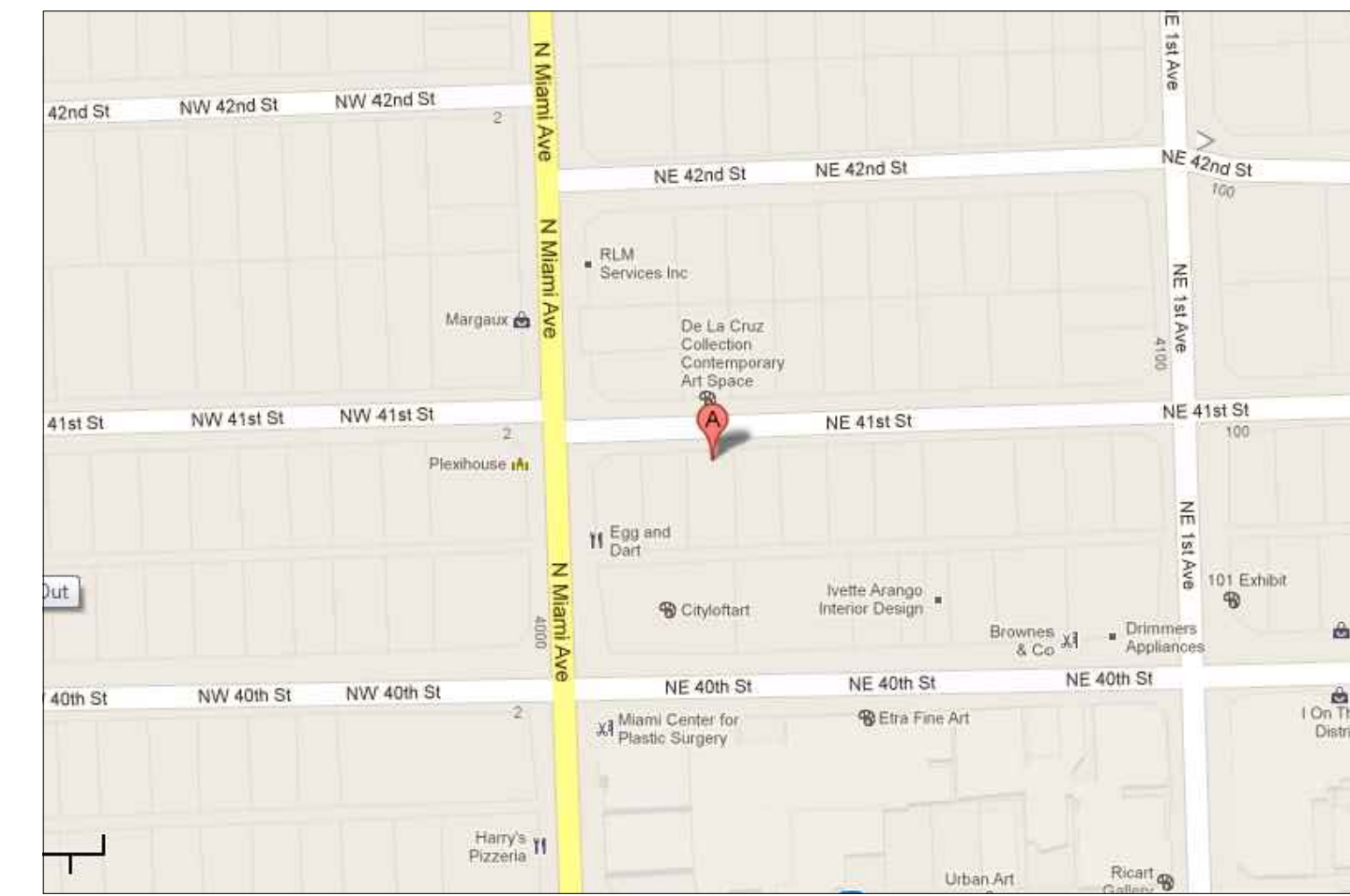
SAFETY NOTES FOR DOORS

(CLOSETS AND BATHROOMS)
 NFPA 101 - 1994 CHAPTER-21
 (21-2.4.3) EVERY CLOSET DOOR LATCH SHALL BE SUCH THAT CHILDREN CAN OPEN THE DOOR FROM INSIDE THE CLOSET
 (21-2.4) EVERY BATHROOM DOOR LOCK SHALL BE DESIGNED TO PERMIT THE OPENING OF THE LOCKED DOOR FROM THE OUTSIDE IN AN EMERGENCY.

SCOPE OF WORK

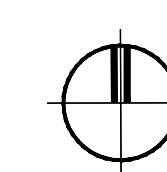
AS BUILT OF A NEW STYLE OFFICE.
 CHANGE OF USE APPLICATION: PRIOR OCCUPANCY RESIDENTIAL.

TOTAL AREA = 602 SQ. FT.



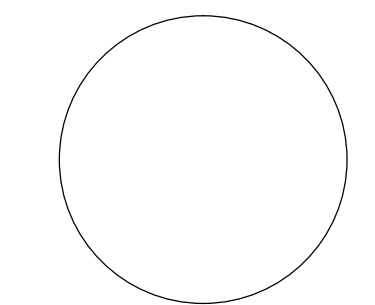
KEY PLAN LOCATION

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



INDEX OF DRAWINGS

- SHEET 1 : (A 1) FLOOR PLAN AND KEY PLAN
- SHEET 2 : (A 2) LIFE SAFETY PLAN
- SHEET 3 : (M 1) EXISTING MECHANICAL PLAN
- SHEET 4 : (E - 1) EXISTING ELECTRICAL
- SHEET 4 : (P - 1) EXISTING PLUMBING



DESIGN 2004
 PRODUCTIONS LLC
 CA # 9844
 ENGINEERING SERVICES

F.N # G02308900335
 513854-0
 01 01318

4471 N.W. 36 ST.
 SUITE # 206
 MIAMI SPRINGS
 FLORIDA 33166

MOBIL (305)-915-7625

E-MAIL D2004PRODUCTION@AOL.NET

REVISION	BY:

CILBERTO GAVARRETE
 Professional Engineer
 Professional Engineer
 # 51371
 State of Florida

SEAL, SIGN AND DATE:

PROPOSED NEW
 PERSONAL STYLING OFFICE
TO: FRESHAVELI - MANUEL SOTO
 UNIT 3
 20 NE 41 ST. MIAMI FL

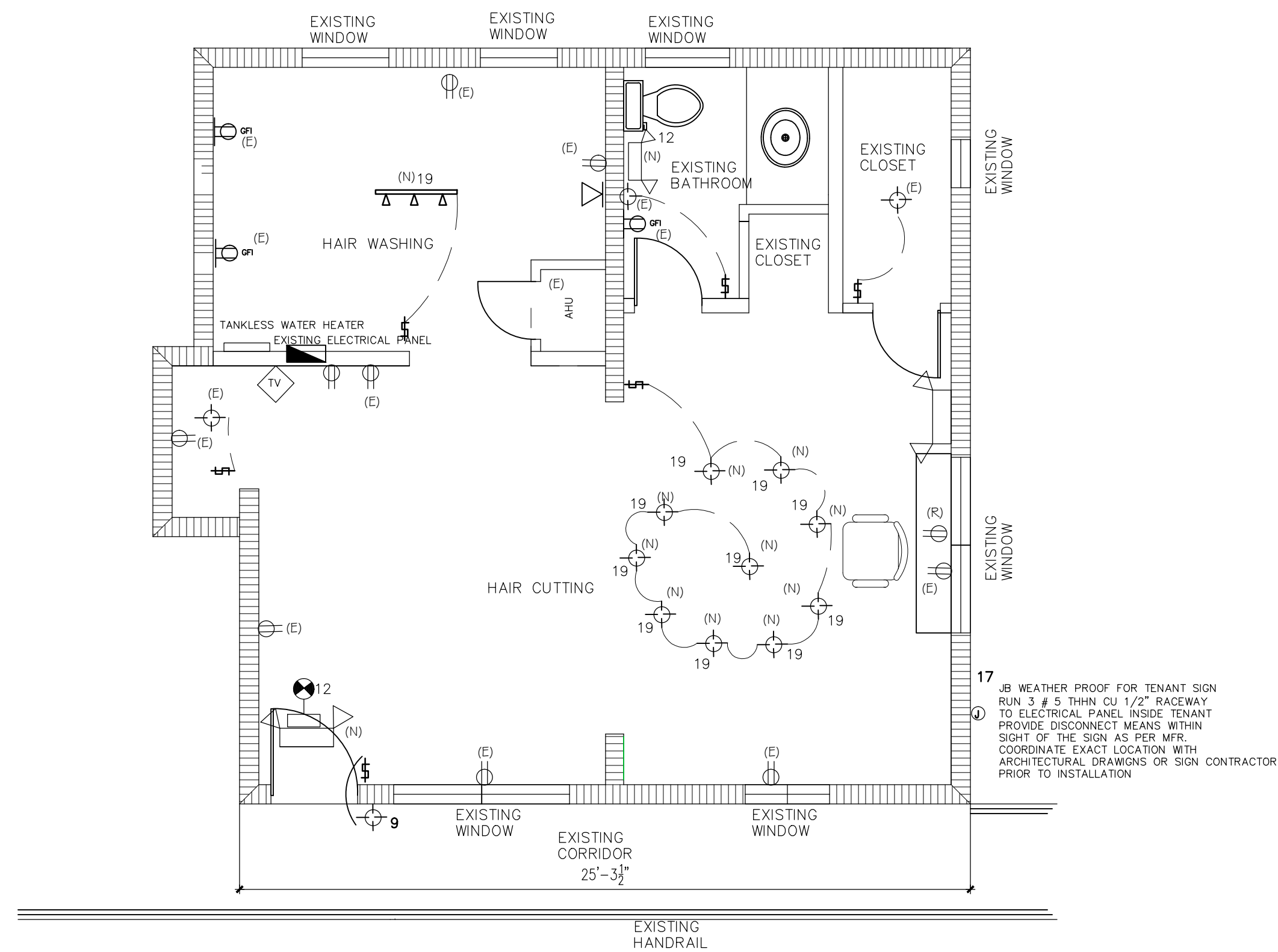
DRAWN BY:

SCALE:

DATE: 05/-2013

SHEET 3:

A-1



ELECTRICAL PLAN
SCALE 1/4" = 1'

(EXISTING)													
PANEL	AMPS	VOLTAGE	CIRCUITS	WIRE	PHASE	MAIN/AIC	MOUNTING	LOCATION	CATALOG NUMBER				
A	150	120/240	24		1	22,000 SERIES RATED	FLUSH	INSIDE					
CKT. NO.	COND. WIRE	INCH	POLE	AMPS	SERVING	WATTS	CKT. NO.	COND. WIRE	INCH	POLE	AMPS	SERVING	WATTS
1	8	3/4	2	50		1700	2	8	3/4	2	30	W.H.	11,400
3	8	3/4	2	50		1700	4	8	3/4	2	30	W.H.	11,400
5	8	3/4	2	50		1700	6	8	3/4	2	30	W.H.	11,400
7	8	3/4	2	50	AHU UNIT	5327	8	8	3/4	2	30	C.U. UNIT	5000
9	12	1/2	1	20	LIGHTS	1080	10	12	1/2	1	20	EMERGENCY LIGHTS & EXIT SIGN	360
11	12	1/2	1	20	REF	700	12	12	1/2	1	20	EMERGENCY LIGHTS & EXIT SIGN	360
13	14	1/2	1	15	RECEPTACLES	540	14	10	1/2	1	20	WINDOW SIGN	1600
15	12	1/2	1	20	RECEPTACLES	270	16	12	1/2	1	20	WINDOW SIGN	1600
17	12	1/2	1	20	EXTERIOR SIGN	1200	18	12	1/2	1	20	WINDOW SIGN	1600
19	12	1/2	1	20	LIGHTS	660	20	12	1/2	1	20	WINDOW SIGN	1600
21	-	-	-	-	SPACE	-	22	-	-	-	-	-	-
23	-	-	-	-	SPACE	-	24	-	-	-	-	-	-

CONNECTED LOAD = 29837 W
AMPERES @ 240 V/ 10 = 125 A.

ELECTRICAL LEGEND

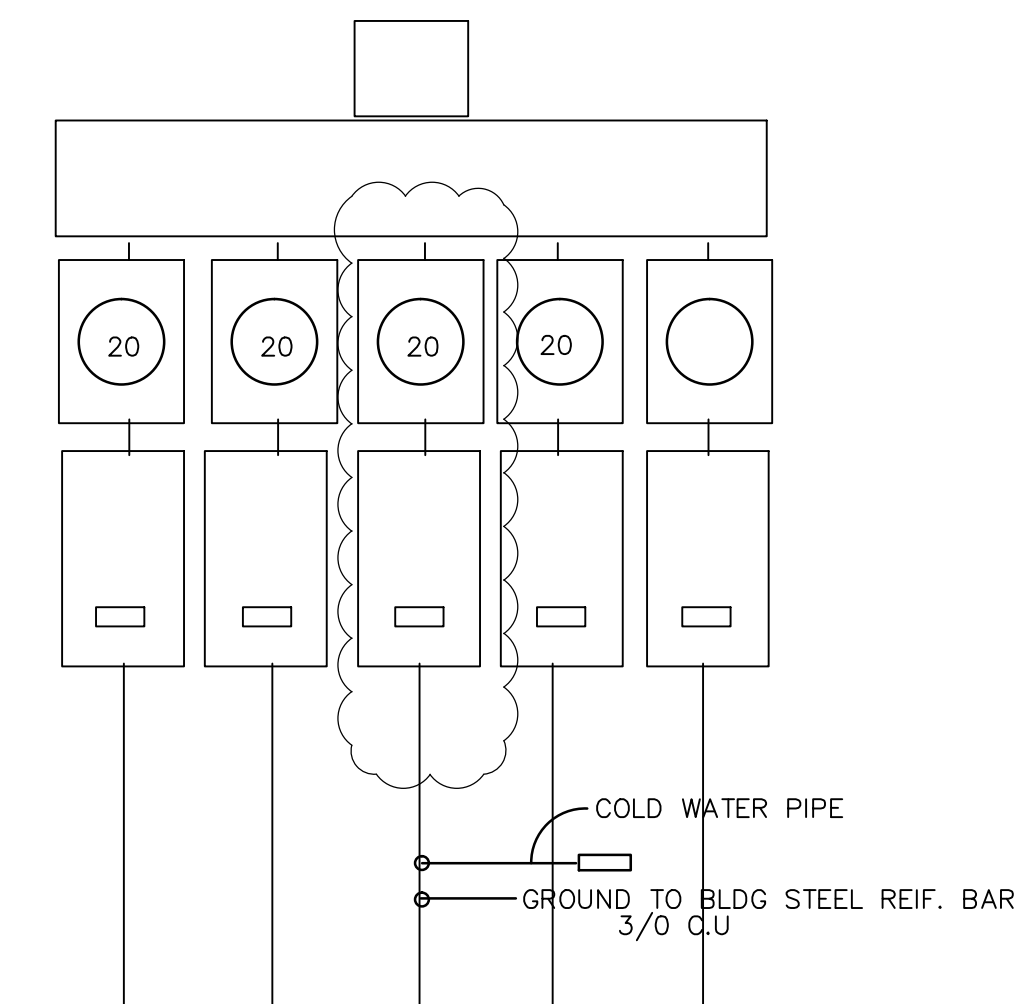
- COMBO OF EXIT SIGN & EMERGENCY LIGHT WITH BATTERY BACK UP
- EMERGENCY LIGHT WITH BATTERY BACK UP
- TELEPHONE JACK
- ELECTRICAL PANEL
- ELECTRICAL METER
- G.F.C.I. 110 DUPLEX OUTLET
- EXHAUST FAN VENTILATION
- (E) EXISTING FIXTURE TO REMAIN
- TOGGLE SWITCH
- LIGHTING FIXTURE

GENERAL ELECTRICAL NOTES

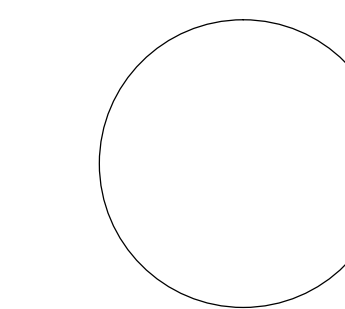
- ALL ELECTRICAL WORK PERFORMED UNDER THIS CONTRACT SHALL COMPLY WITH LOCAL CODES AND ORDINANCE & ALL STANDARDS OF CONSTRUCTION ESTABLISHED BY THE LANDLORD.
- ALL CONDUCTORS SHALL BE THHN OR THWN COPPER. ALL EXPOSED CONDUITS SHALL BE RUN AS NEAT AS POSSIBLE AND PAINTED TO MATCH COLOR OF SURROUNDINGS. P.V.C. CONDUIT SHALL ONLY BE USED IN SLAB OR UNDERGROUND AT A MINIMUM DEPTH OF 24".
- FLEXIBLE CONDUIT SHALL BE USED FOR CONNECTION TO ALL VIBRATING EQUIPMENT SUCH AS MOTORS, ETC.
- ALL WIRING DEVICES SHALL BE LEVITON "DECORA" SERIES OR EQUAL AS APPROVED BY ARCHITECT OR ENGINEER. COLOR SELECTED BY ARCHITECT.
- ALL RECEPTACLES SHALL BE INSTALLED AT 12" A.F.F. UNLESS OTHERWISE NOTED.
- ELECTRICAL POWER AND CONTROL WIRING FOR HVAC AND MECHANICAL EQUIPMENT SHALL BE FURNISHED AND INSTALLED BY THE ELECTRICAL CONTRACTOR.
- ELECTRICAL CONTRACTOR SHALL VERIFY THE CEILING FINISHES AND SUSPENSION SYSTEM FOR SELECTION OF THE PROPER TRIM AND SUPPORT ARRANGEMENT OF THE FIXTURE.
- ELECTRICAL CONTRACTORS SHALL COORDINATE HIS WORK WITH THE ARCHITECT BEFORE ROUGH INSTALLATION OF LIGHTS, RECEPTACLES, SWITCHES AND EQUIPMENT FOR EXACT LOCATIONS.
- ALL ELECTRICAL EQUIPMENT MUST BE U.L. APPROVED.
- NEW FIRE ALARM DEVICES SHALL BE FROM SAME MANUFACTURER AND 100% COMPATIBLE WITH EXISTING BUILDING FIRE ALARM SYSTEM. THE ELECTRICAL CONTRACTOR SHALL SUBMIT FOR PERMIT COMPLETE FIRE ALARM SHOP DWGS. SHOWING CONNECTIONS OF NEW DEVICES WITH THE EXISTING FIRE ALARM PANEL.

SCOPE OF WORK

ADD TWO NEW ELECTRICAL CIRCUIT CONNECTION FOR NEW FIXTURES LIGHTS, SIGN AND EMERGENCY LIGHTS TO BE CONNECTED TO THE EXISTING ELECTRICAL PANEL SHOWN.



ELECTRICAL RISER
DIAGRAM (EXISTING TO REMAIN AT THIS FLOOR) CONDITION NO WIRE SIZED VERIFIED, NO WORK TO BE PERFORMANCE



DESIGN 2004
PRODUCTIONS LLC
CA # 9844
ENGINEERING SERVICES

F.N # G02308900335
513854-0
01 01318

4471 N.W. 36 ST.
SUITE # 206
MIAMI SPRINGS
FLORIDA 33166

MOBIL (305)-915-7625

E-MAIL D2004PRODUCTION@AOL.NET

REVISION	BY:

CLEBERTO GAVARRONE
Professional Engineer
Professional Engineer
51371
State of Florida
SEAL, SIGN AND DATE:

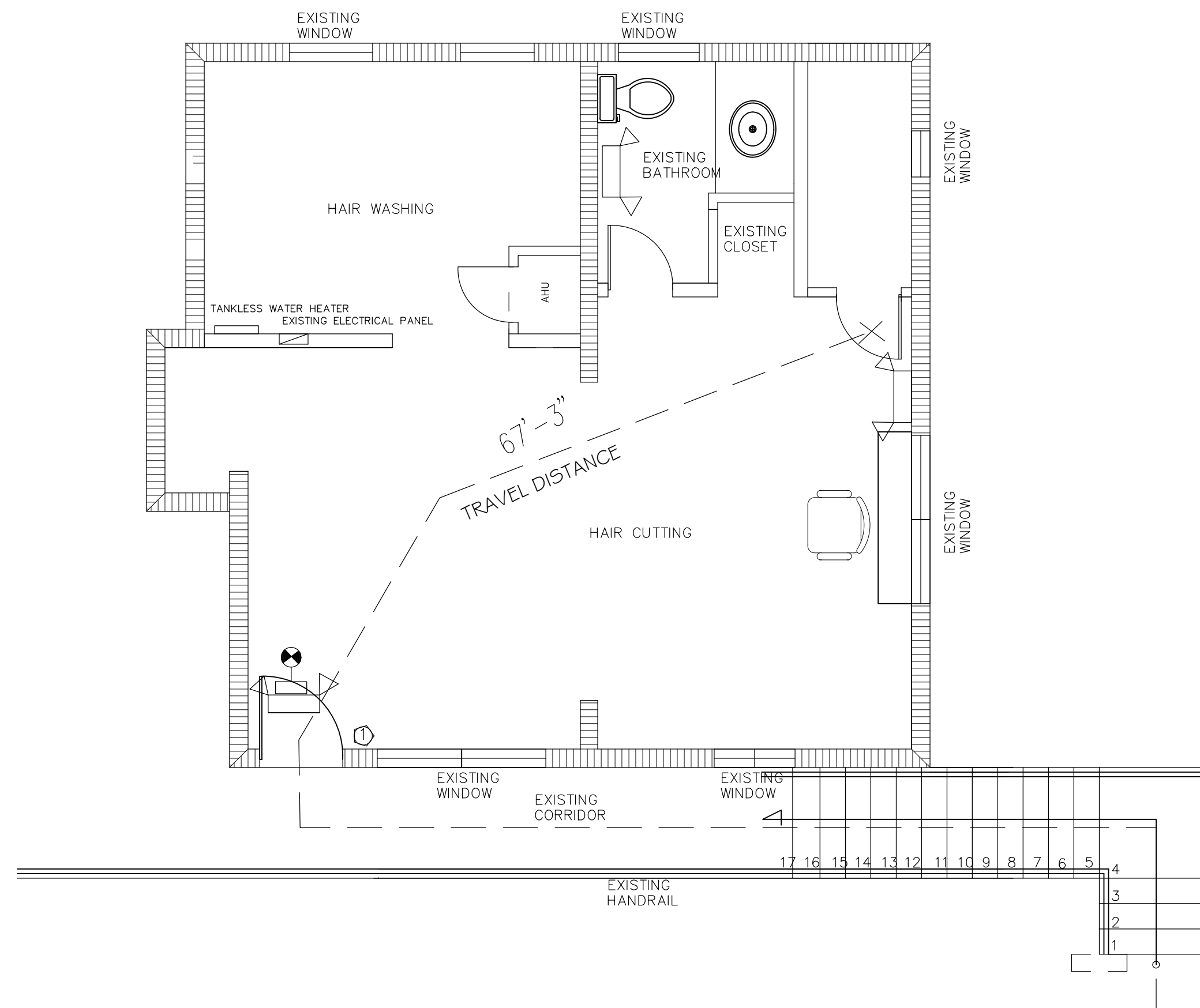
PROPOSED NEW
PERSONAL STYLING OFFICE
TO: FRESHAVELI - MANUEL SOTO
UNIT 3
20 NE 41 ST. MIAMI FL

DRAWN BY:

SCALE:

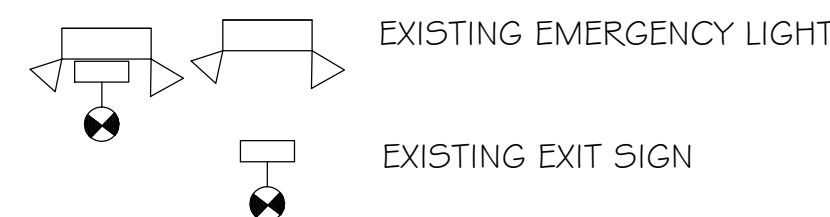
DATE: 05/-2013

SHEET 3:



LIFE SAFETY PLAN

SCALE 1/4" = 1'



A SIGN WITH "PUSH FOR ASSISTANCE" TO BE PROVIDED AT THE STAIR ACCORDING WITH ADA REGULATIONS 2010, SMALL BUSINESS.

In some instances, especially in older buildings, it may not be readily achievable to remove some architectural barriers. For example, a restaurant with several steps leading to its entrance may determine that it cannot afford to install a ramp or a lift. In this situation, the restaurant must provide its services in another way if that is readily achievable, such as providing takeout service. Businesses should train staff on these alternatives and publicize them so customers with disabilities will know of their availability and how to access them.

When barrier removal is not possible, alternatives such as curbside service should be provided.

APPLICABLE CODES

FLORIDA BUILDING CODE 2010 AND SUPPLEMENTS
 NFPA 101 (2009)
 FLORIDA ACCESSIBILITY CODE 2010

CONSTRUCTION TYPE

TYPE V A

OCCUPANCY, F.B.C 2010	
PROJECT DATA: FLORIDA BUILDING CODE-2010 EDITION	
304.1 Business Group B. Business Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office	
1004.1.1 MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANT	
OCCUPANCY	FLOOR AREA IN SQ. FT. PER OCCUPANT
Business area	602 SQFT / 100 GROSS = 6 OCCUPANCY MAX.
BATHROOMS:	46 SQ. FT.

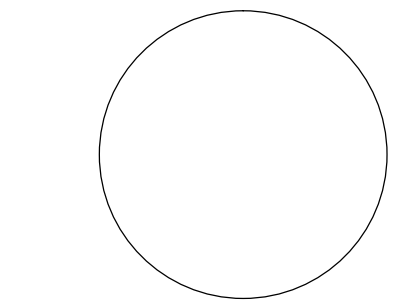
FLAME SPREAD CHART FOR INTERIOR WALLS & CEILING FINISH				MIN. INTERIOR FINISH CLASSIFICATION FBC TABLE 803 .9		
CLASS / MATERIAL	FLAME SPREAD RATING	SMOKE DEVELOPED	FLAME SPREAD CLASS	DCC	NON SPRINKLERED EXITS	OTHER SPACES
A	0 - 25	0 - 450	I	②	B	C
B	26 - 75	0 - 450	II			
C	76 - 200	0 - 450	III			
GYP/SUM WALLBD.	10 - 15		I			
DOUGLAS FIR	90		III			
RED/WHITE OAK	100		III			
OAK PLYWOOD	125-185		III			

EGRESS DOOR NOTES:
 ALL DOORS IN THE MEANS OF EGRESS SHALL BE SINGLE ACTION RELEASE, NOT REQUIRE THE USE OF A KEY, TOOL, OR SPECIAL KNOWLEDGE TO OPEN FROM THE EGRESS SIDE.

TRAVEL DIST. TO EXIT AS PER F.B.C 2007, 1016.1		
OCCUPANCY CLASSIFICATION	WITHOUT SPRK. SYSTEM.	TRAVEL DIST. TO EXIT (FT) PROPOSED
GROUP B	150 FT	L= 43'-9"

NOTE: POSTING OF OCCUPANT LOAD 6 PEOPLE MAX. POSTED SIGNS SHALL BE OF AN APPROVED LEGIBLE PERMANENT DESIGN AND SHALL BE MAINTAINED BY THE OWNER OR AUTHORIZED AGENT.

FE FIRE EXTINGUISHER:
 ① FIRE EXTINGUISHER, TYPE ABC, 5 LBS CAPACITY, MOUNTED @48" AFF TO HANDLE.



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 ENGINEERING SERVICES

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 01 01318

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 MIAMI SPRINGS
 FLORIDA 33166

MOBIL (305)-915-7625

E-MAIL D2004PRODUCTION@AOL.NET

REVISION	BY:

CLEBERTO GALVAERRE
 Professional Engineer
 # 51371
 State of Florida
 SEAL, SIGN AND DATE:

PROPOSED NEW
 PERSONAL STYLING OFFICE
TO: FRESHAVELI - MANUEL SOTO
 UNIT 3
 20 NE 41 ST. MIAMI FL

DRAWN BY:

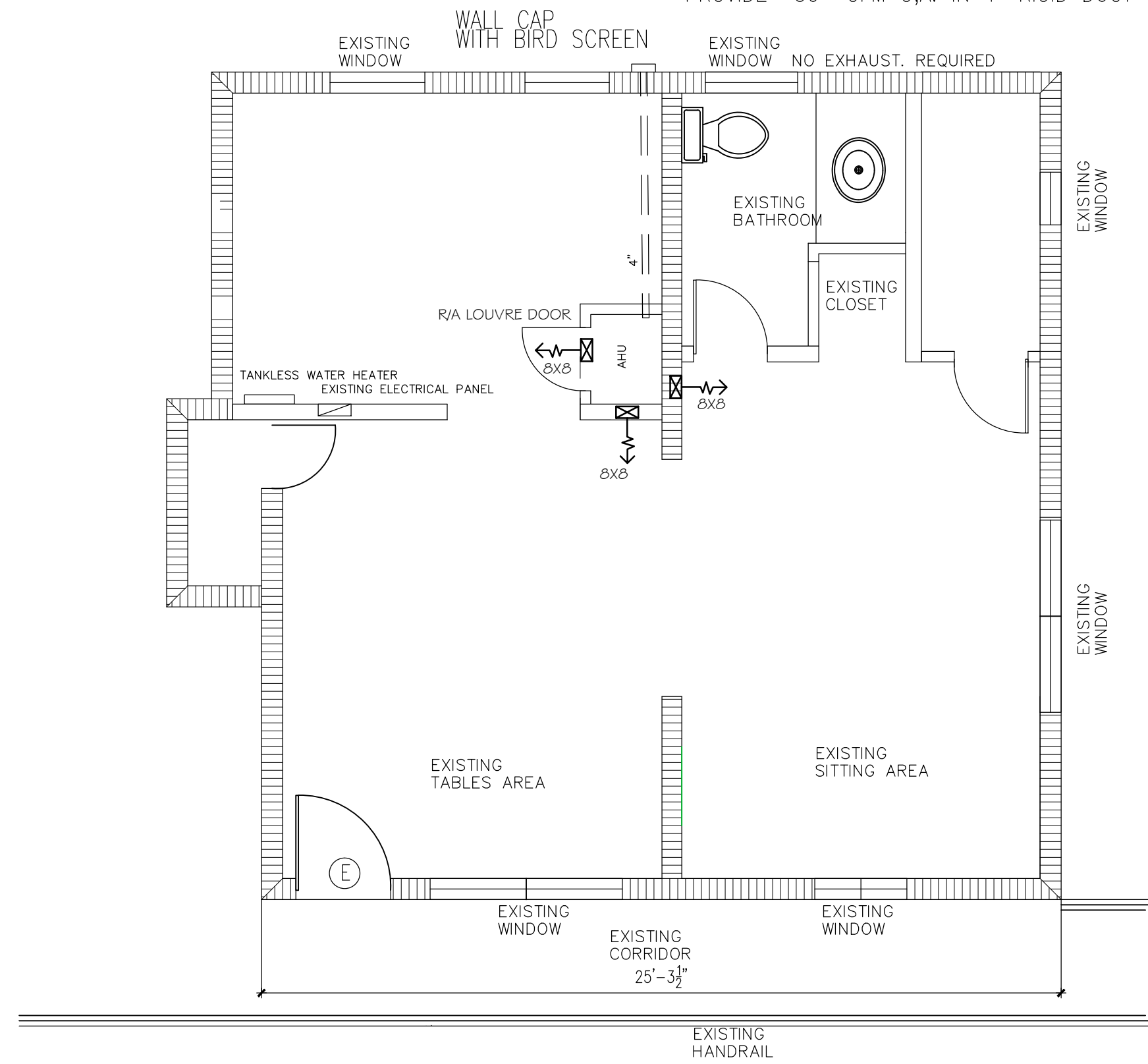
SCALE:

DATE: 05/-2013

SHEET 3:

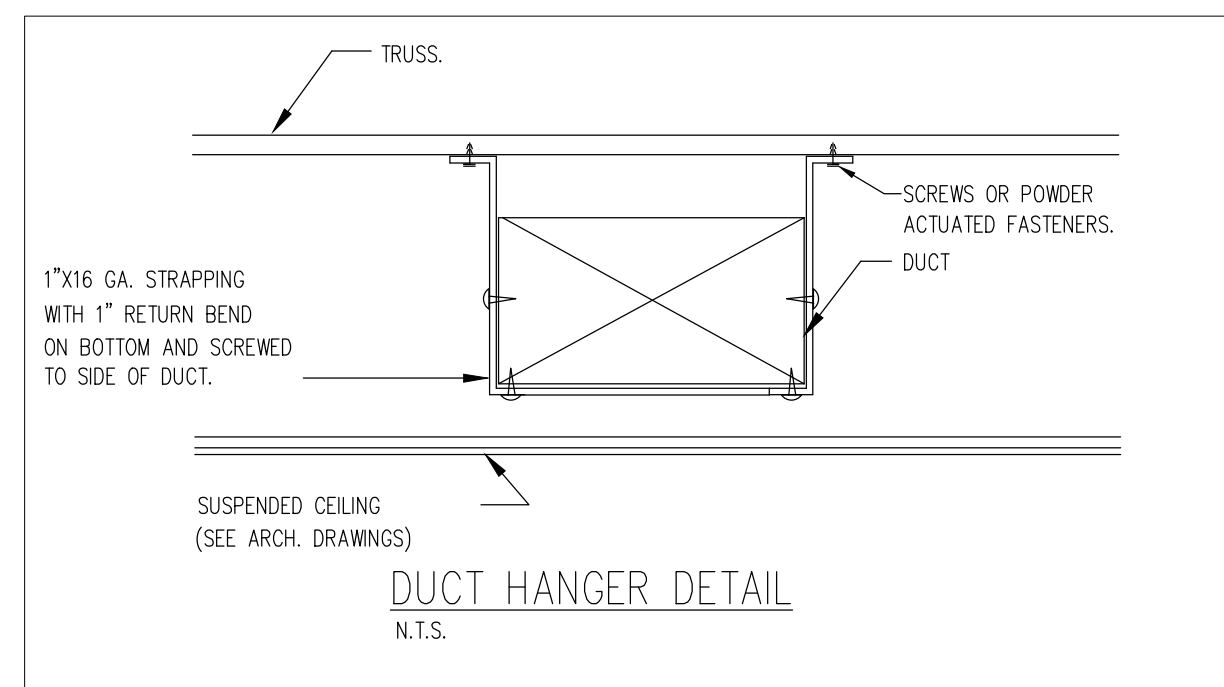
LS-1

O.A. REQUIRED
 602.SQ FT X 0.06 CFM = 36.2
 REQUIRED 37
 PROVIDE 50 CFM O.A. IN 4" RIGID DUCT



MECHANICAL PLAN

SCALE 1/4" = 1'

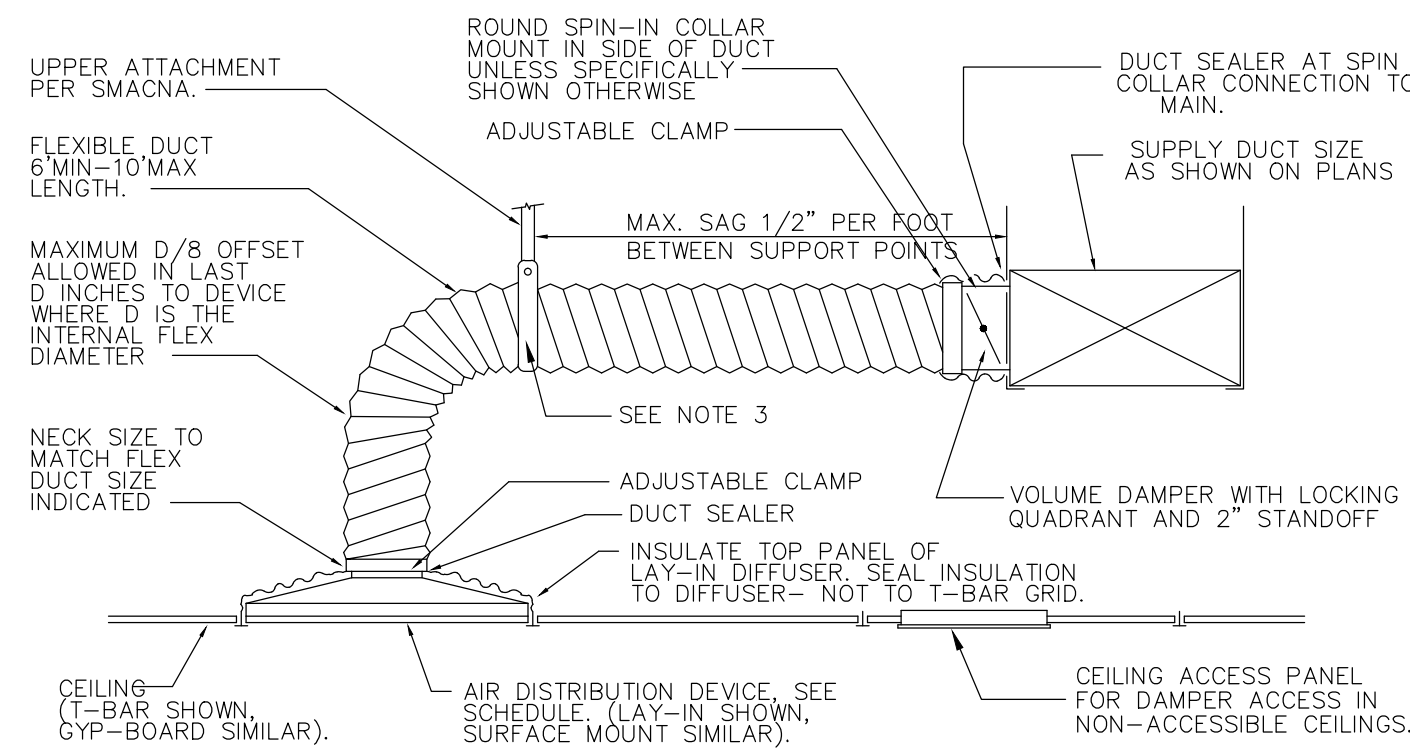


HVAC DESIGN CHART (EXISTING)

HVAC DESIGN REQUIRES	YES	NO
DUCT SMOKE DETECTOR		✓
FIRE DAMPER(S)		✓
SMOKE DAMPER(S)		✓
FIRE RATED ENCLOSURE		✓
FIRE RATED ROOF/FLOOR		✓
FIRE RATED CEILING ASSEMBLY		✓
FIRE STOPPING		✓
SMOKE CONTROL		✓

SPECIFICATIONS. (GODMAN AR 32-1 EXISTING UNIT)

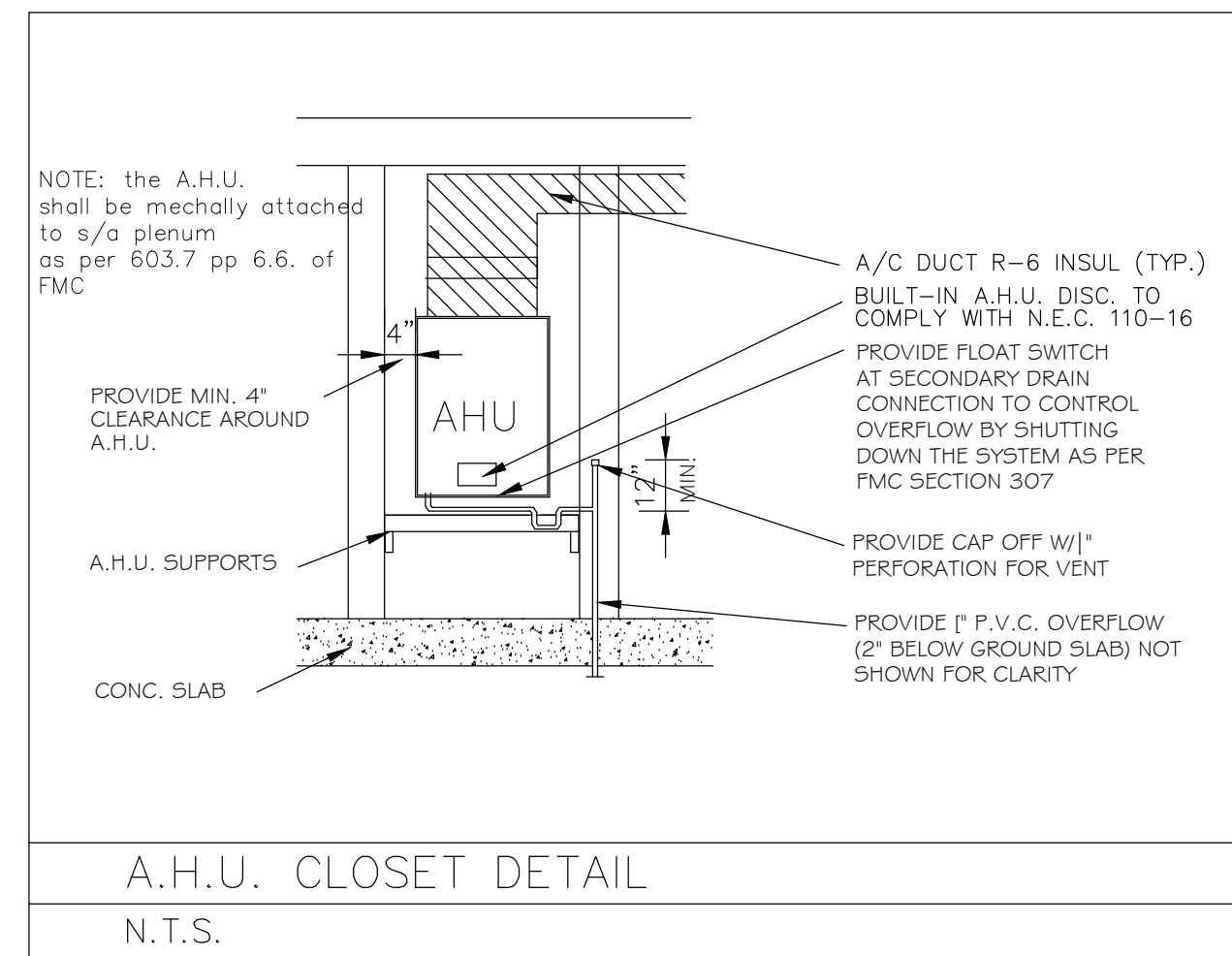
Cooling Capacity (btu) 36,000 Btu
 Heating Capacity (btu) 34,600 Btu
 EER 12.4 eef
 Compressor RLA 1.7
 Voltage-HZ / Phase 208/230 60 1 Phase
 Max Breaker Size 35 Amps
 Min/Max Volts 197/253
 Refrigerant Type R410 A
 Suction Line Size 7/8"
 Liquid Line Size 3/8"
 Unit Dimensions 31 5/8" W x 31 5/8" L x 27 3/8" H
 Sound Level 75 DB
 HEATER MODEL HKR.03



FLEXIBLE DUCT DETAIL (for new s.a)

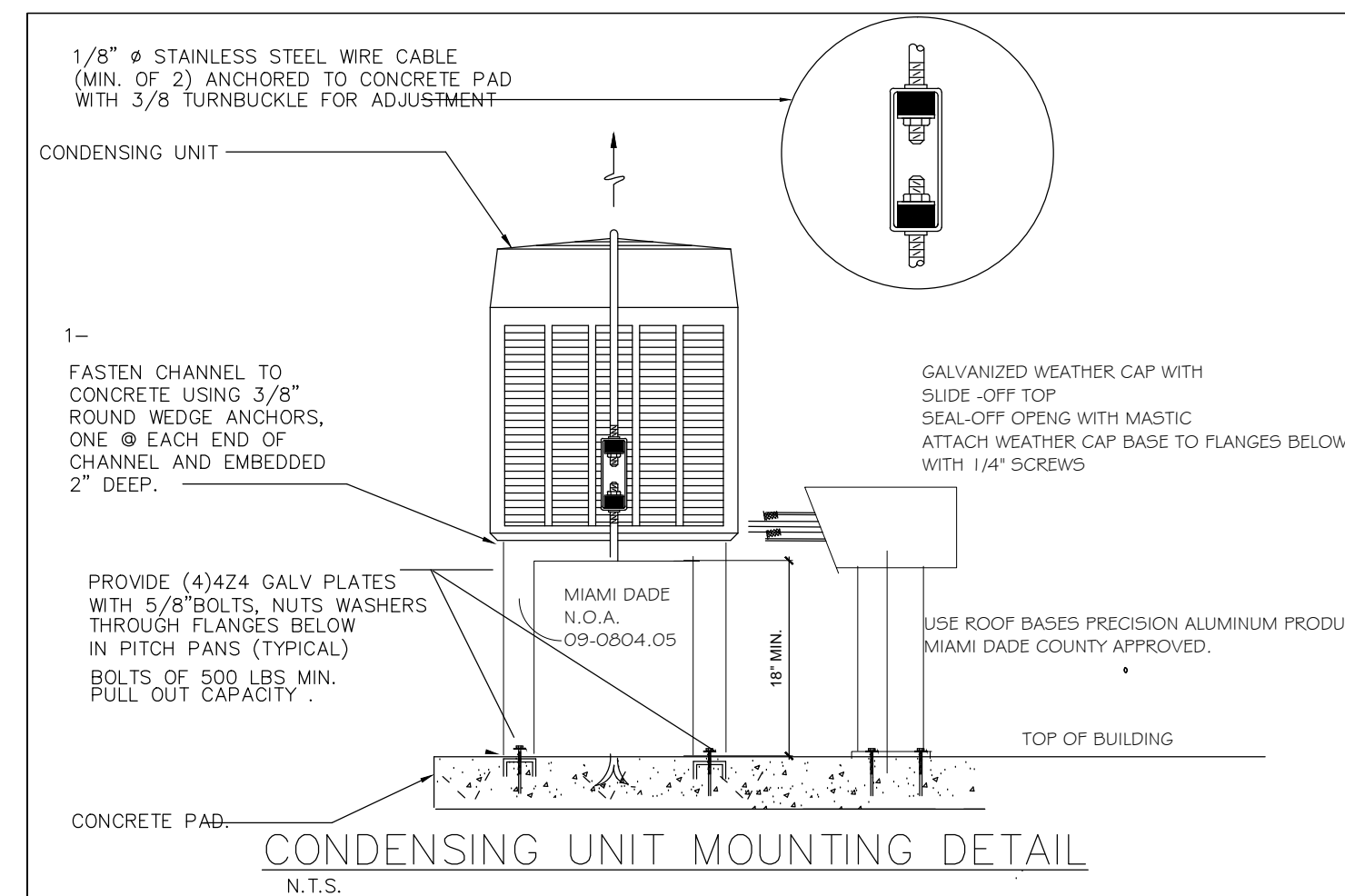
FLEXIBLE DUCT NOTES

- FLEXIBLE DUCTS SHALL BE ONE-PIECE AND SHALL NOT BE SPLICED TOGETHER.
- EXTEND FLEXIBLE DUCT INSULATION TO DUCT/DIFFUSER PANEL INSULATION AND SEAL WITH MASTIC.
- MINIMUM 1" WIDE 26 GALVANIZED STRAP HANGER WITH HEMMED EDGES PER SMACNA, FIGURE 3-10
- FLEXIBLE AIR DUCT SHALL BE FULLY EXTENDED AND NOT COMPRESSED WITH ELBOW RADIUS NO LESS THAN R/D = 1.0.



AHU UNIT MOUNTING DETAIL (EXISTING)

N.T.S.



GENERAL NOTES-HVAC

- GENERAL
 - ALL WORK SHALL be done in accordance with the Florida Building Code and with all applicable regulations.
 - DRAWINGS: Refer to all drawings for coordination of the HVAC 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. Compressors shall be guaranteed for a minimum of five years.
- SHOP DRAWINGS: Contractors shall submit for approval, within 30 days after signing contract, a minimum of five copies of fully descriptive literature, including but not limited to: fans, air outlets. No work shall proceed without approval of these submittals.
- DESIGN PARAMETERS:
 - Outdoor design temperature (Summer): 91° F
 - Outdoor design temperature (Winter): 46° F
 - Indoor design temperature (Summer): 75° F DB
 - Indoor design temperature (Winter): 70° F DB
 THERMOSTAT to be low voltage, one step cooling, one step heating and switching sub-base. All electrical wiring per manufacturer's recommendations.
- ELECTRICAL CONTROLS AND POWER WIRING: Under electrical contract.
- EQUIPMENT SPECIFIED BY manufacturer's number shall include all accessories, controls, etc., listed in the catalog as standard with the equipment. Optional or additional accessories shall be furnished as specified.

MATERIALS:

REFRIGERANT PIPING:

- Piping shall be type L soft drawn, copper tubing, dehydrated for refrigerant use. Sized as shown on drawings or as per manufacturer's recommendations.
 - INSULATION: refrigerant suction piping shall be insulated with 1/2 inch foamed plastic insulation, fire retardant type. All duct dimensions are clear inside dimensions. Insulation shall be installed in pipinf before assembly. No split insulation will be acceptable. Seal joints with manufacturer's approved adhesive and gray tape.
- #### DUCTWORK:
- All supply air ductwork shall be 1-1/2" thick fiberglass ductboard, fabricated and installed as per latest edition of SMACNA "Fibrous Glass Duct Manual". (R-6 MIN). All grilles, registers, diffusers shall be aluminum construction. White baked enamel finish. All supply air outlets shall be provided with opposite blade dampers.
 - All exhaust ductwork shall be galvanized sheet metal or aluminum duct not lighter than 26 gauge.
 - All duct dimensions are clear inside dimensions.
 - Flexible insulated ductwork with 1-1/2" thick fiberglass insulation with FRK vapor barrier. (R-6 MIN)

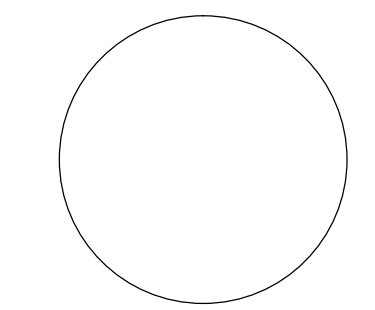
- TEST AND BALANCE: Contractor shall test and balance all ventilation and air conditioning systems.
- CONTROLS: Air conditioning unit shall be started and stopped thru individual thermostat. Individual thermostat shall start/stop supply fan and activate cooling/heating system as selected.

- All EXHAUST DUCTS shall be constructed of sheet metal, terminate outside the building, and be equipped with a backdraft damper.- (No T-Fin allowed)

- Ducts from "toilet rooms," shall discharge to the outside of the building, shall be terminated not less than 6 inches above the finished roof surface, and shall be screened with a corrosion resistant material having a mesh size not larger than 1/2 inch.- (Provide goose neck or rain cap on roof terminations)

- Clothes dryer exhaust duct shall "NOT" be screened,

- Clothes dryers exhaust ducts (or vents) shall comply with manufacturer's installation instructions, be constructed of a minimum 30 gauge metal pipe, having smooth interior surface with joints running in the direction of the air flow. Duct joints shall not be assembled with sheet metal screws or other fasteners which would extend into the duct.



DESIGN 2004
 PRODUCTIONS LLC
 CA # 9844
 ENGINEERING SERVICES

F.N # G02308900335
 513854-0
 01 01318

4471 N.W. 36 ST.
 SUITE # 206
 MIAMI SPRINGS
 FLORIDA 33166

MOBIL (305)-915-7625

E-MAIL D2004PRODUCTION@AOL.NET

REVISION	BY:
09/05/12	1

CLEBERTO GAVARRONE
 Professional Engineer
 Professional Engineer
 # 51371
 State of Florida
 SEAL, SIGN AND DATE:

PROPOSED NEW
 PERSONAL STYLING OFFICE
 TO: FRESHAVELI - MANUEL SOTO
 UNIT 3
 20 NE 41 ST. MIAMI FL

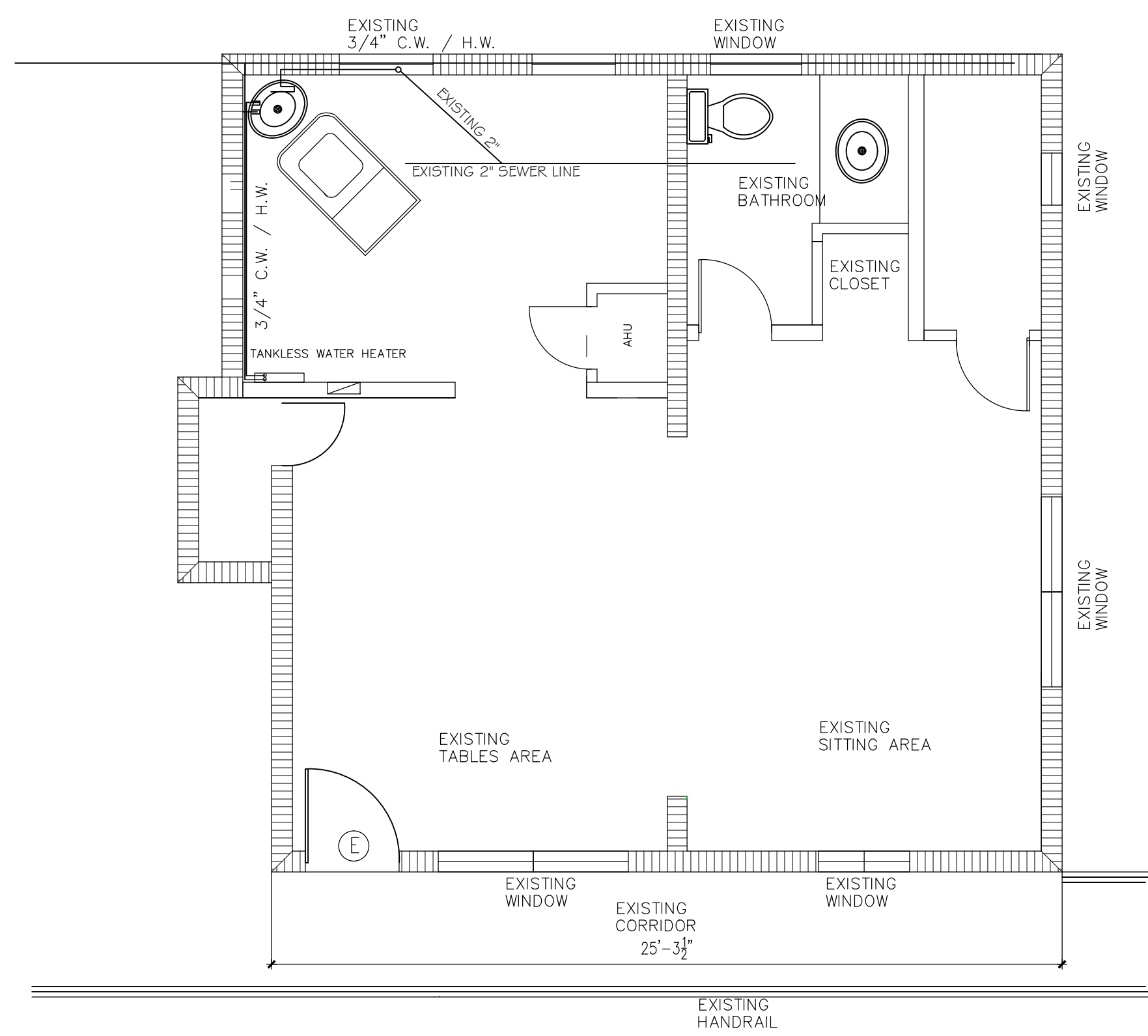
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SCALE:

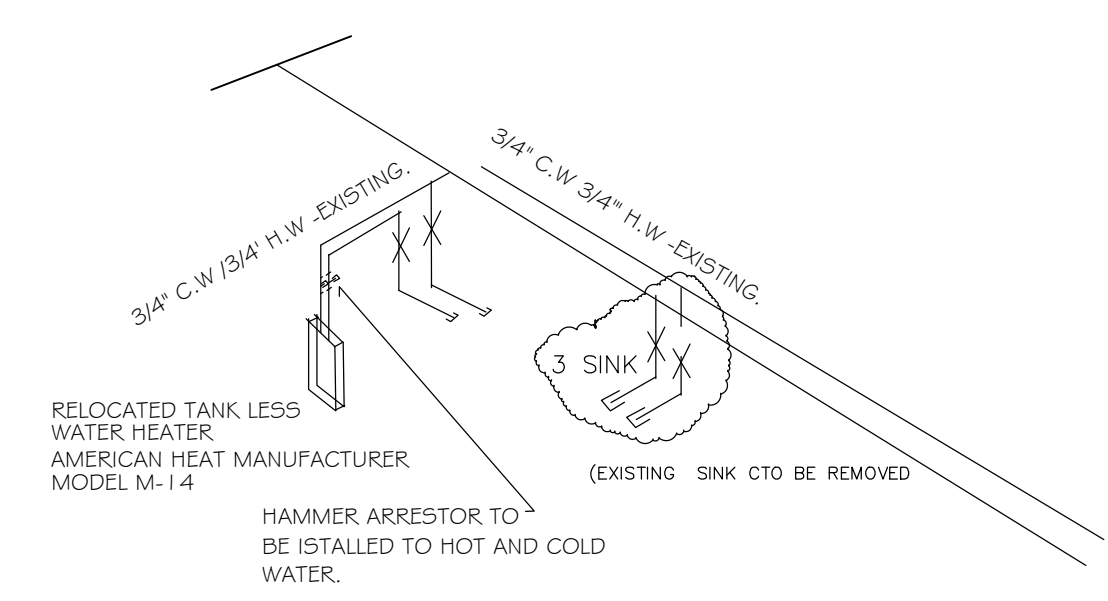
DATE:

SHEET 3:

M-1



WATER RISER DIAGRAM



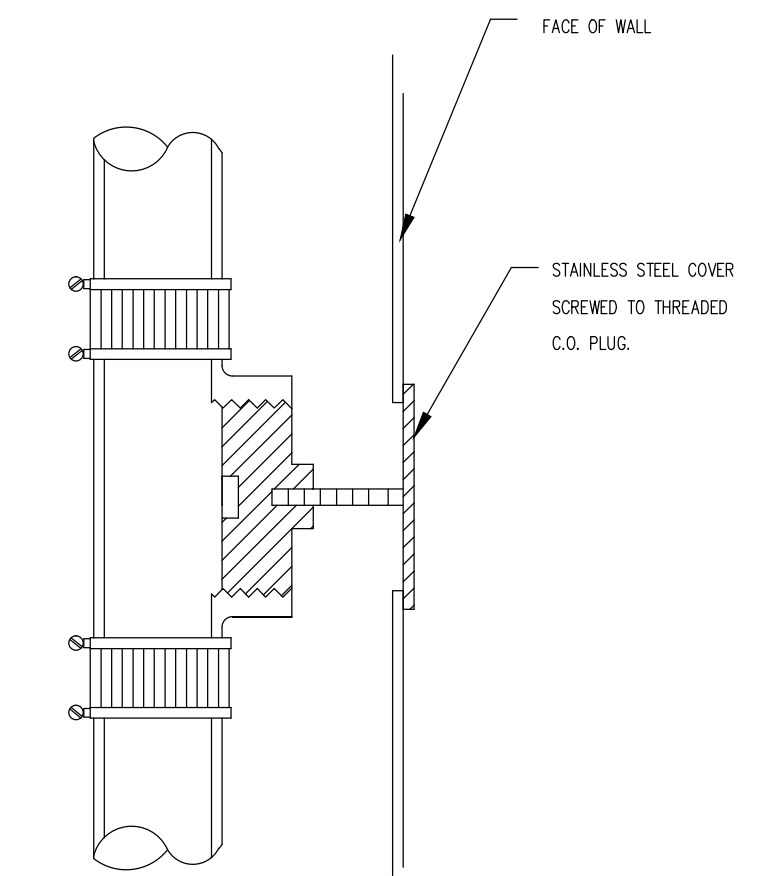
PLUMBING NOTES:

- ALL PLUMBING SHALL BE DONE IN ACCORDANCE WITH "PLUMBING F.B.C." AND ALL OTHER PERTAINING CODES AND ORDINANCES HAVING JURISDICTION.
- PLUMBING CONTRACTOR SHALL PAY ALL FEES, INSPECTIONS AND CONNECTION CHARGES REQUIRED.
- PLUMBING CONTRACTOR SHALL FURNISH AND INSTALL AIR CONDITIONING CONDENSATE DRAIN AND TRAP. SEE AIR CONDITIONING PLANS FOR LOCATION OF UNITS AND DRAINS.
- PLUMBING CONTRACTOR SHALL VERIFY ALL SPACE CONDITIONS AND DIMENSIONS AT JOB SITE PRIOR TO FABRICATION AND INSTALLATION OF MATERIALS AND EQUIPMENT.
- COORDINATE WORK WITH OTHER TRADES.
- SUBMIT SHOP DRAWINGS TO ENGINEER FOR APPROVAL OF ALL EQUIPMENT, MATERIALS AND LAYOUTS PRIOR TO INSTALLATION.
- FURNISH AND INSTALL BATHROOM FIXTURES AS SPECIFIED (BY ENGINEER).
- PLUMBING CONTRACTOR SHALL GUARANTEE ALL WORK FREE OF DEFECTS IN MATERIAL AND WORKMANSHIP FOR A PERIOD OF ONE YEAR FROM DATE OF ACCEPTANCE.
- EACH BATHROOM GROUP SHALL BE PROVIDED WITH AIR CHAMBERS AS PER FLORIDA BUILDING CODE.
- PROVIDE SHUT-OFF VALVE FOR EACH FIXTURE.
- WHEREVER DISSIMILAR METALS ARE TO BE JOINED, A DI- ELECTRIC FITTING SHALL BE PROVIDED TO CONNECT BOTH TYPES OF PIPES.
- PIPES:
 - COLD WATER PIPING DOWNSTREAM OF WATER METER SHALL BE TYPE "L" COPPER BELOW GROUND AND TYPE "M" COPPER ABOVE GROUND.
 - SANITARY WASTE AND VENT 4" AND SMALLER SHALL BE PVC SOIL PIPE.
 - CONDENSATE DRAIN PIPE SHALL BE SCHEDULE 40, PVC PIPE AND FITTINGS.
 - STORM LINES SHALL BE SAME AS FOR SANITARY SYSTEM.
- THERE SHALL BE NO JOINTS IN WATER LINES BELOW SLAB.
- PROVIDE ANTI-SCALD DIVERTORS @ ALL SHOWERS AND TUBS.

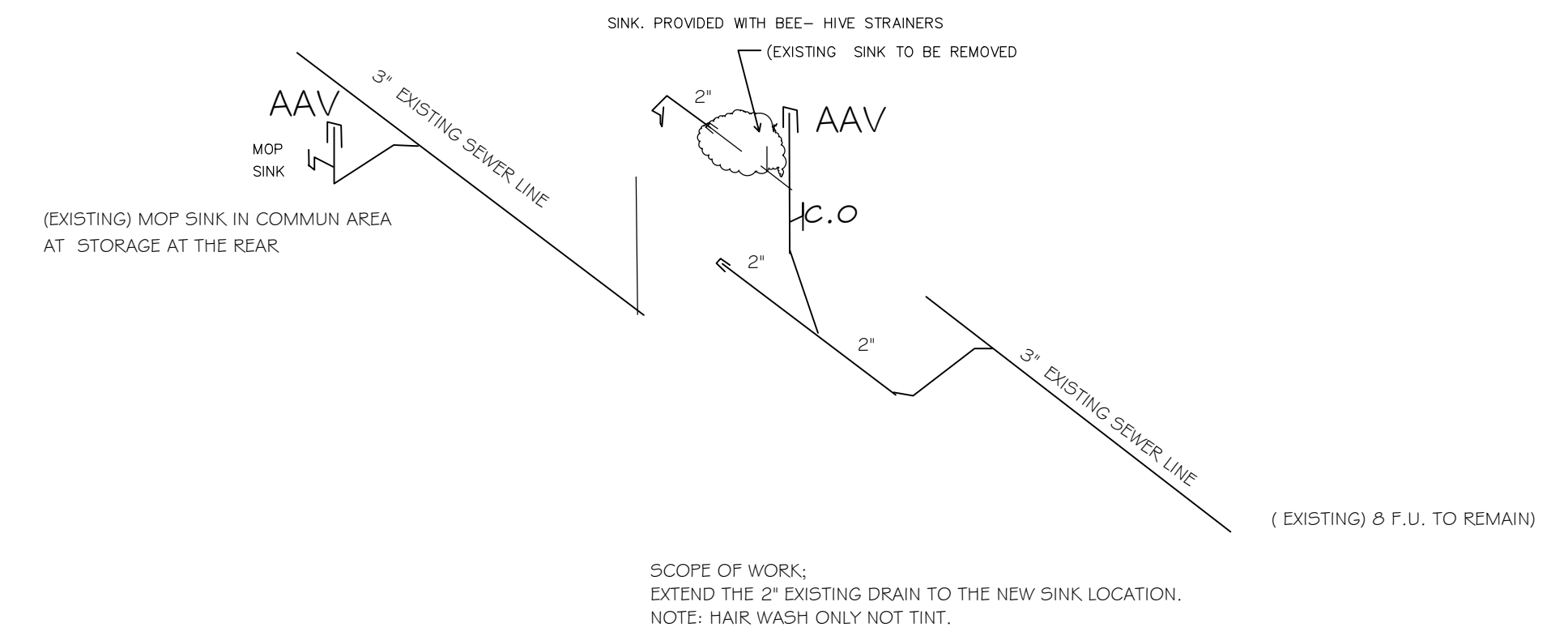
THE MAXIMUM WATER CONSUMPTION FLOW RATES AS PER MIAMI DADE ORDINANCE 08-14

PLUMBING FIXTURE OR FIXTURE FITTING	PLUMBING FIXTURE OR FIXTURE FITTING
LAVATORY FAUCET	1.0 GPM AT 60 PSI
SHOWER HEAD	1.5 GPM AT 80 PSI
SINK FAUCET	1.0 GPM AT 60 PSI
WATER CLOSET	1.28 GALLONS PER FLUSHING CYCLE

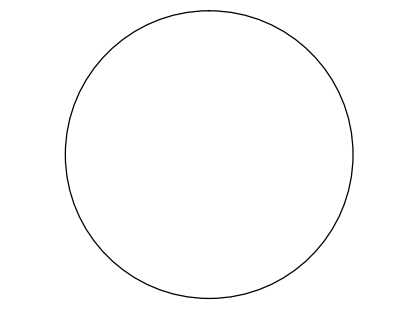
FIXTURE UNITS					
FIXTURE	#	COLD WATER	HOT WATER	SANITARY	F.U.
HAND SINK	1	3/4"	3/4"	2"	2
MOP SINK	1	1/2"	1/2"	2"	2



TYPICAL CLEANOUT DETAIL
N.T.S.



SEWER RISER DIAGRAM



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FAX (305)-620-0014

E-MAIL D2004PRODUCTION@AOL.NET

REVISION	BY:

CLEBERTO GANABARRE
Professional Engineer
Professional Engineer
51371
State of Florida
SEAL, SIGN AND DATE:

PROPOSED NEW
PERSONAL STYLING OFFICE
TO: FRESHAVELI - MANUEL SOTO
UNIT 3
20 NE 41 ST. MIAMI FL

DRAWN BY:

SCALE:

DATE:

SHEET 3:

ARQBUILT INC. CGC 1516312
9861 NW 2ND CT. Plantation Fl. 33324
Phone (305)8151941
arqbuilt@gmail.com

July 10, 2013

REF: Commercial project located at: 20 NE 41 ST UNIT 3. Miami Fl.

Exterior New Wheelchair Lift Installation

Dear MANUEL SOTO

We hereby propose to furnish the following work:

- **WHEELCHAIR LIFT:** Commercial 2 stops custom size to meet ADA, Cap type selection handing front and rear with auto door operator, hall call stations: flush mounted in frame, power supply of 110 VAC 60 hz. All electrical connections required.
- **PIT, FOUNDATION AND ENCLOSURE:** Exterior enclosure, include foundation, required pit, walls with reinforcing where required and roof. Finish to match exterior building appearance.
- **PERMIT AND INSPECTIOS REQUIRED BY CITY AND DIFFERENT ENTITIES.**

NOTE: OWNER TO PROVIDE APPROVED SET OF PLANS WITH LOCATION AND SPECIFICATIONS OF JOB

TOTAL: \$41,697.00

Payments:

50% when signed the contract

20% with progress at job

10% due completion and permit is closed

Contractor shall diligently pursue and substantially complete all work to be performed under this proposal within a reasonable period of time, taking into consideration delays that are beyond the control of the Contractor, including, but not limited to, weather conditions, delays in selection or delivery of materials and change orders requested by Client. The above price, specification and condition are satisfactory and are hereby accepted. You are authorized to perform the work as specified under this proposal. Payment shall be made as outlined above. In the event that litigation arises, here under the prevailing party, shall be entitled to reasonable attorney's fees and costs through final appeal. Venue shall lie exclusively in Miami Dade County, Florida and the parties shall waive trial by jury.

Note- This proposal may be withdrawn by us if not accepted within 15 days.

Accepted By (Owner):

Date:

By ARQBUILT INC:

South Shore Elevator Service Corp

3951 NW1st Street Miami, FL, 33126
Ph(786)205-6451~~Fax(305)603-9268
Web Address: www.sshorelevator.com
Email:sshorelevator@yahoo.com

To: Amelia Granados
20 NE 41 St #3
Miami, FL, 33137

From: South Shore Elevator Service.
Roger Villarnovo
Ph(305)878-9102
Fax(305)603-9268

Reference: Proposal for New Wheelchair Lift Installation.
Proposal Number: 14505

SCOPE OF WORK:

New Wheelchair Lift Installation

South Shore Elevator Service Corp would furnish you with one wheelchair lift with the following specifications:

1. Type: Inclinator not to exceed 144" vertical travel with clear plexiglass inserts
2. Project Type: Commercial
3. Power Supply: 110 VAC 60 hz
4. Number of Stops: 2-Stop
5. Outdoor Options: Yes
6. Pit Required: Yes (By others)
7. Floor to Floor Travel: Approx. 138"
8. Ramp: N/A
9. Underpan Sensor: Not Required
10. Cab Type Selection and Handing: Front and Rear
11. Landing Door Locations/Swing: Lower Level : RH; Upper Level RH
12. Cab Size: Custom Size to meet ADA
13. Car Station: Keyless

14. Lower Landing Entrance: Standard 80" High Door with plexiglass insert in door and WR500 locks **with Auto Door Operator (commander)**
15. Intermediate Landing1 Options: N/A
16. Intermediate Landing 2 Options: N/A
17. Upper Landing Entrance Options: 42" x 80" Pro Swing Door with Prolocks **and Auto Door Operator (commander)**
18. Locks : N/A
19. Hall Call Stations:
 - a. Bottom Landing: Flush mounted in frame
 - b. Upper Landing: Flush mounted in frame
20. Enclosure Extension above top landing: 83" enclosure extension above top landing
21. Enclosure Roof: Yes
22. Light Screen: N/A
23. Telephone: None
24. Elevator Contractor to use Stainless Steel 304 for anchoring where practicable.
25. Color: Standard Beige
26. Touch up Paint: No
27. Misc: N/A

PRICE: \$ 31,500.00 (Thirty one Thousand Five Hundred)

South Shore Procedure Payment and Scheduling:

We will not perform work, order material until down payment is received of 75% for all jobs over \$5,000.00 with 25% balance to be paid in full at job completion & 100% down-payment for all jobs under \$5,000.00-No exceptions. South Shore Elevator Service Corp may not release the elevator for public use until final payment and or any past due amounts have been received in full. We will not start on the job until the customer has completed all work by others and any code requirements the building would have to adhere to. We will not be responsible for any building fines by city for late inspections due to past due inspections.

This proposal #14505 when accepted by you below and approved by our authorized representative, constitute the entire contract between us.

CUSTOMER

Approved by an Authorized Representative

Date: _____

Signed: _____

Print Name: _____

Title: _____

Name of Company:

South Shore Elevator Service Corp

Approved by an Authorized Representative

Date: _____

Signed: _____

Print Name: _____

Title: _____

Message: Thank you for your business