

Multi-family

Fema = 14.4720

BUILDING PERMIT APPLICATION
TOWN OF LONGBOAT KEY BUILDING DEPT.
610 General Harris Street
Longboat Key, Florida 34228
(813) 383-3721 Fax: (813) 383-9353

REVIEWED BY LB - 9/6/94
APPLC.# 4834 BP.# 11791
BLDG. PERMIT FEE \$ 169.45
Receipt # _____ Date: _____

COMPLETE ALL INFORMATION; ENTER NA OR STRIKE THROUGH IF NOT APPLICABLE

SITE: (job location)

1. complex/project LONG BOAT PASS APARTMENTS
2. street#/name 380 Northshore Rd
3. unit/apt/suite UNIT # 8

4. county _____ 5. parcel# _____
6. subdivision _____ 7. lot # _____
8. block # _____ 9. zoning district _____
10. current use _____ future land use _____
11. proposed use _____ comp plan consistency _____

WORK:

X 1. total improvement cost: \$ 8,611.44 2. related permits: _____
X 3. description of work (be specific): From Estimating Form Remodel KIT, install new cabinets kit + bath, new sink + lavatory, install necessary electrical fixtures + recept's, remove non-load bearing wall to extend cabinets into living room area

STAFF USE—SBCCI EVAL: _____ gross sf; _____ const type; _____ cat/class
\$ _____ SBCCI Cost evaluation

PROPERTY OWNER:

1. owner name Edward A. Berkowski
2. street#/name 380 Northshore Rd (P.O. Box 161)
3. city/state/zip Longboat Key Florida 34228
4. phone (813) 383-1482

TENANT (COMMERCIAL PROJECTS):

1. business name _____ Not Applicable: _____
2. business owner _____
3. owner address _____
4. city/state/zip _____
5. phone () _____ SITE PLAN EXEMPTION # _____

CONTRACTOR:

X 1. state reg/lic# CG C024930 Owner as Contractor: N/A
2. company name Bellaire Construction Inc
3. street#/name 4804 26th Ave. W.
4. city/state/zip Bradenton, Fla 34209
5. phone (813) 792-1730 FAX: () _____ Dedicated? _____
6. qualifier Fred J. Alphenaar

BUILDING PERMIT APPLICATION continued

ARCHITECT:

- 1. state reg/lic# _____ Not Applicable:
- 2. company name _____
- 3. street#/name _____
- 4. city/state/zip _____
- 5. phone () _____
- 6. qualifier _____

ENGINEER:

- 1. state reg/lic# _____ Not Applicable:
- 2. company name _____
- 3. street#/name _____
- 4. city/state/zip _____
- 5. phone () _____
- 6. qualifier _____

BUILDING:

	EXISTING / NEW ^{Not}		EXISTING / NEW
1. lot size (sq ft)	_____	15. front setback	_____
2. structures & areas 6"+ above grade (sq ft)	_____	16. rear setback	_____
3. non-open space (#2 plus impermeable area (sq ft)	_____	17. left side setback	_____
*4. SBCCI type construction	<u>IV</u>	18. right side setback	_____
5. # of dwelling units	<u>9</u> / <u>1</u>	19. water setback	_____
6. stories above grade	<u>1</u> / <u>1</u>	20. height ('above grade)	_____
7. stories over parking/bfe	<u>0</u> / <u>0</u>	21. height ('above bfe)	_____
8. radon area (sq ft)	_____	22. air cond area (sq')	_____
9. # of parking spaces	_____	23. flood zone	_____
10. # bedrooms	_____	24. base flood elev (ft)	_____
11. # baths	_____	25. FEMA improvmt value on this permit (attach Estimating Form) \$	_____ <input checked="" type="checkbox"/>
12. # bath fixtures	_____	26. market value struct	\$ _____
13. roof type	_____	27. land value	\$ _____
*14. fire sprinklers?	<u>NO</u> / <u>NO</u>		

TREE REMOVAL:

1. circle one: NONE EXISTING NONE REMOVED TO BE RELOCATED TO BE REMOVED

NAME OF APPLICANT Fred J. Alphenaar
 (please type or print) Contractors must use company qualifiers name

Fred J. Alphenaar 8-29-94
 SIGNATURE OF APPLICANT DATE

BUILDING PERMIT APPLICATION continued

ARCHITECT:

- 1. state reg/lic# _____ Not Applicable:
- 2. company name _____
- 3. street#/name _____
- 4. city/state/zip _____
- 5. phone () _____
- 6. qualifier _____

ENGINEER:

- 1. state reg/lic# _____ Not Applicable:
- 2. company name _____
- 3. street#/name _____
- 4. city/state/zip _____
- 5. phone () _____
- 6. qualifier _____

BUILDING:

	EXISTING / NEW ^{170x}	EXISTING / NEW
1. lot size (sq ft)	_____	15. front setback _____
2. structures & areas 6"+ above grade (sq ft)	_____	16. rear setback _____
3. non-open space (#2 plus impermeable area (sq ft)	_____	17. left side setback _____
*4. SBCCI type construction	_____ <input checked="" type="checkbox"/>	18. right side setback _____
5. # of dwelling units	9 / 1	19. water setback _____
6. stories above grade	1 / 1	
7. stories over parking/bfe	0 / 0	20. height ('above grade) _____
8. radon area (sq ft)	_____	21. height ('above bfe) _____
9. # of parking spaces	_____	22. air cond area (sq') _____
10. # bedrooms	_____	23. flood zone _____
11. # baths	_____	24. base flood elev (ft) _____
12. # bath fixtures	_____	25. FEMA improvmt value on this permit (attach Estimating Form) \$ <u>8,611.44</u>
13. roof type	_____	26. market value struct \$ <u>59,500</u>
*14. fire sprinklers?	NO / NO	27. land value \$ _____

TREE REMOVAL:

1. circle one: NONE EXISTING NONE REMOVED TO BE RELOCATED TO BE REMOVED

NAME OF APPLICANT Fred J. Alphenaar
 (please type or print) Contractors must use company qualifiers name

Fred J. Alphenaar
 SIGNATURE OF APPLICANT DATE 8-29-94

**THE ESTIMATING FORM
TOWN OF LONGBOAT KEY**

Form for Estimating the Cost of Residential Improvements

This form establishes the procedure for Estimating the Cost of an Addition to or the remodeling of (remodeling includes repair, reconstruction, rehabilitation, renovation or other improvements to an existing structure), an Existing Structure for purposes of Determining the cost of construction. This form will establish if the proposed work is a Substantial Improvement (as defined in the Town of Longboat Key Code of Ordinances Chapter 154) to the structure.

The calculation of the overall estimate is based on both decorative and structural items. Labor, materials, overhead, profit and demolition costs are to be included. Excluded from the overall cost are plans, specifications, surveys and building and development permits, and other items which are separate from and incidental to the improvement, e.g., walkways, driveways, landscaping.

This cost estimate furnished by following the procedures set forth below shall be accepted as an estimate of costs based upon the prevailing costs in the Town for typical residential construction.

Procedure

Please follow these step-by-step instructions, fill in the blanks as appropriate and furnish any attachments as may be called for.

PART 1. For new floor area (square footage added to an existing structure).

- A. If the addition is for space that is typically air-conditioned space, then complete this part 1A.

Gross s.f. of new floor area including kitchen & baths:		s.f.	
Multiply:	X	\$55.00/s.f.	
Sub-total is 1A		\$	

- B. If the addition includes a new or relocated kitchen, also complete this Part 1B.

Gross s.f. in kitchen:		s.f.	
If the kitchen addition exceeds 100 gross s.f. subtract:	-	100	s.f.
Enter difference, or enter zero if gross s.f. are less than 100:		s.f.	
Multiply difference by:	X	\$12.00/s.f.	
(This line cannot be less than zero):		\$	
Add:	+	\$5000.00	
Sub-total 1B:		\$	

C. If the addition includes a new or relocated bathroom, also complete this Part 1C.

Gross s.f. in bath: _____ s.f.

If the bathroom exceeds 60 gross s.f., subtract: - 60 s.f.

Enter difference, or zero if gross s.f. are less than 60 s.f.: _____ s.f.

Multiply difference by: X \$12.00/s.f.

(This line cannot be less than zero): \$ _____

Add \$2500 for complete bath (lavatory, water closet, tub and/or shower)

Add \$1500 for half bath (lavatory, water closet)

Add: + \$2500 or \$1500

Sub-total 1C: \$ _____

REPEAT THIS PART 1C CALCULATION FOR EACH BATH AND EACH HALF BATH.

D. If the addition includes unfinished, typically non-air-conditioned square footage, e.g., garages, porches, storage rooms, workshops, mechanical rooms and attics (if the attic space contains 60 s.f. or more of floor area and minimum ceiling height of 7'-0"), then complete this Part 1D.

Gross s.f. of space described in this Part 1D: _____ s.f.

Multiply: X \$32.00/s.f.

Sub-total 1D: \$ _____

E. TOTAL ESTIMATED COST FOR NEW FLOOR AREA (SQUARE FOOTAGE ADDED TO AN EXISTING STRUCTURE).

Sub-total 1A \$ _____

Sub-total 1B \$ _____

Sub-total 1C \$ _____

Sub-total 1D \$ _____

PART 1 TOTAL \$ 0

PART 2. For remodeling floor area (square footage improved within existing wall(s) of the structure, covered by an existing permanent roof).

- A.** If the project includes minor remodeling, such as new/replacement doors, windows, interior finishes and painting only; or ceiling support structure modification to accommodate a second story addition, complete this Part 2A.

Gross s.f. of this minor remodeling
(include kitchen and bath area): 72 s.f.
Multiply: X \$12.00/s.f.
Sub-total 2A \$ 1,111.44

- NA** **B.** If the project includes minor remodeling, such as new/relocated walls, doors or windows and new interior finishes, electrical and relocated HVAC, complete this Part 2B.

Gross s.f. of this minor remodeling,
(include kitchen and baths): _____ s.f.
Multiply: X \$30.00/s.f.
Sub-total 2B \$ _____

- NA** **C.** If the project includes major remodeling, such as exterior wall removal and/or relocation, removal of ceiling support structures, roof removal, creation of volume ceilings (above 8'-00" fin. flr.) clerestories, relocated electrical and HVAC, etc., complete this Part 2C.

Gross s.f. of this major remodeling
(include kitchen and bath area): _____ s.f.
Multiply: X \$63.00/s.f.
Sub-total 2C \$ _____

- D.** If the project includes a new or relocated kitchen, complete this Part 2D.

Gross s.f. in kitchen: 30 s.f.
If the kitchen areas exceeds 100 gross s.f., subtract: - 100 s.f.
Enter difference or zero if gross s.f.
are less than 100 s.f.: 0 s.f.
Multiply: X \$30.00/s.f.
(This line cannot be less than zero): \$ 0
Add: + \$5000.00
Sub-total 2D: \$ 5,000.00

E. If the project includes a new or relocated bathroom, complete this Part 2E.

Gross s.f. in bath: _____ s.f.

If the bathroom area exceeds 60 gross s.f., subtract: - 60 s.f.

Enter difference or zero if gross s.f. are less than 100 s.f.: _____ s.f.

Multiply difference by: X \$12.00/s.f.

(This line cannot be less than zero): \$ _____

Add \$2500 for complete bath (lavatory, water closet, tub and/or shower)

Add \$1500 for half bath (lavatory, water closet)

Add: + 2500 or \$1500

* *New Cabinets + Lavatory only*

Sub-total 2E: \$ 2500

REPEAT THIS PART 2E CALCULATION FOR EACH BATH AND EACH HALF BATH.

F. If existing, previously non-air conditioned space is being air conditioned, such as when a garage is converted to a family room, or if an existing air conditioning system is being totally replaced, then complete this Part 2F.

Gross s.f. of newly air conditioned space or space for which A/C system was replaced: _____ s.f.

Multiply: X \$3.00/s.f.

(This line cannot be less than zero): \$ _____

Sub-total 2F: \$ _____

G. Total estimated cost for remodeled floor area (square footage improved within existing walls of the structure, covered by an existing permanent roof).

Sub-total 2A \$ 1,111.44

Sub-total 2B \$ _____

Sub-total 2C \$ _____

Sub-total 2D \$ 5,000.00

Sub-total 2E \$ 2,500.00

Sub-total 2F \$ _____

PART 2 TOTAL \$ 8,611.44

PART 3: If the project involves construction costs that were not included in the Parts 1 or 2 above, then submit itemized estimate of these additional costs and add this total to the totals of Parts 1 and 2.

PART 4 Bath - cost w/ contract - see 2.E

Total Part 1	\$ <u> </u>
Total Part 2	X \$ <u> </u>
Total Part 3	Bath \$ <u>see 2.E</u>
Grand Total	\$ <u>8,611.44</u>

COMPLETED BY: Fred J. Alphenaar
signature
Fred J. Alphenaar
print or type name
8-29-94
date

COMPLETED FOR: Edward A. Borkowski
property owner's name

install new Kitchen & Bath Cabinets w/new sink &
brief description of project
Lavatory, remove one non load bearing wall &
raise (eliminate) Kit soffitt

LOCATION: 380 Northshore Rd, Longboat Key, Fla 34228
street address of project

TOWN OF LONGBOAT KEY

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**** MANATEE PROPERTY OWNER INFORMATION as of 09-94 ****

This information is believed to be correct but is not warranted.

09-06-94

PARCEL ID 7812910458

geobase name..... LONGBOAT PASS APARTMENTS

geobase address..... 380 N SHORE RD

county's site address.... 380 NORTH SHORE RD, UNIT 8

subdivision..... 07812900 LONG BOAT PASS CONDOMINIUM

section/township/range... 15-35S-16E

legal description..... UNIT 8 LONGBOAT PASS CONDOMINIUM

year built..... 1969

effective year built.....

dor use code..... 0400

land value..... \$14,900 -

improvements value..... \$44,600

assessed value..... \$59,500

Property Appraiser office 9/6/94

\$59,500 Total App H. Hollinsworth

OWNER NAME & ADDRESS

UTILITY BILLING ADDRESS - CC

BORKOWSKI, EDWARD A

BORKOWSKI, NANCY D

P O BOX 26172

AKRON OH 44319

LONGBOAT PASS APTS

* KEY INCOME TAX * BUSSIN

SERVICES

5500 MARINA DR

HOLMES BEACH FL

34218

last sale..... 08-11-92 for \$65,000

prior owner..... DAVIS, RACHEL W

prior sale.....

use total value since Sarasota Co doesn't breakout land food or imp. - also

**** LAND USE DATA **** for LONGBOAT PASS APARTMENTS

Manatee assigns a 30% value to land for all Condos

address..... 380 N SHORE RD

property..... LONGBOAT PASS APTS

property..... AKA 201 N SHORE RD

zoning..... R-3MX-MIXED RESIDENTIAL (3DU/A)

principal land use..... MULTI-FAMILY

accessory land uses.....

units..... 9

acres..... 0.61

density..... 14.75

GMD proximity..... WEST

waterfront yards..... PASS

on ECL.....

Land Acq exempt.....

Beach Taxing District.... A

PAID

CONSTRUCTION INDUSTRY

NOTICE OF ELECTION TO BE EXEMPT FROM THE PROVISIONS OF THE FLORIDA WORKERS' COMPENSATION LAW

MAIL TO: Department of Labor & Employment Security
Bureau of W.C. Compliance
2728 Centerview Drive, 100 Forrest Bldg,
Tallahassee, Florida 32399-0661

1-22-94

STATE USE ONLY
POSTMARK DATE 12 22 93
This notice shall be in effect for two (2) years in effect
effective date of 1-22-94 until 1-22-96
or until revoked whichever comes first.

PLEASE TYPE OR PRINT
450942

RE: Bellaire Construction Inc.
(Legal Business Name of Sole Proprietorship Partnership or Corporation) (DBA If Applicable)
4804 26th Ave. W.
(Mailing Address) (Street Address if different)
Bradenton, FL 34209 591563068
(City) (State) (Zip) (Federal Employer Identification Number)

Nature of Business or Trade: General Contractor (Building)

As of 12:01 a.m. 30 days following the date of the mailing of this form, you are hereby notified that the following Sole Proprietor, Partner or Corporate Officer of the above named business does elect to be exempt from the provisions of the Florida Workers' Compensation Law. I understand that by this action I am not entitled to benefits under chapter 440, Florida Statutes. By filing this form I have not exceeded the exemption limit of three Partners or three Corporate Officers. I further certify that any employees of the business named above are covered by workers' compensation insurance.

The following are the certified or registered licenses held by me pursuant to chapter 489 Florida Statutes (If none, so state):
(1) Type: General Contractor Number: CGC024930 (2) Type: _____ Number: _____

INSURANCE CARRIER INFORMATION (If Applicable): A construction industry employer with one (1) or more employees must maintain Workers' Compensation coverage. Failure to comply will result in a five-hundred dollar (\$500) fine and a one-hundred dollar (\$100) fine for each day of noncompliance (see section 440.43, F.S.).

Name of Carrier _____
Carrier Address _____
Policy Number _____ **EFFECTIVE DATE** _____
Insurance Agent (Agency) _____
Agency Address _____

Signature Fred J. Alphenaar Social Security Number 386-32-1899
Type/Print Name Fred J. Alphenaar
Position: Proprietor _____ /Partner _____ /or/Officer (Title) Pres./Owner

IMPORTANT: Individual exemption filing fee, pursuant to Section 440.05, F.S., is seven dollars and fifty cents (\$7.50) and is payable only by money order or cashier's check, to W.C. Administrative Trust Fund. Failure to enclose fee will result in return of request and delay of certification.

STATE OF Florida COUNTY OF Manatee
SWORN TO AND SUBSCRIBED BEFORE ME THIS 21st DAY OF December 1993

AT Bradenton, FLORIDA, do hereby certify that the foregoing instrument is a true and correct copy of the original as shown to me by Fred J. Alphenaar, who produces a valid Driver's License # A415-250-33-229 and a valid Florida Driver's License # CC038831 on 12/21/93.
NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: SEPT. 28, 1994.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

MEMORANDUM

DATE: 8/31/94

Bill Dobra, HVAC/Electrical Inspector
Dan Gaffney, Director PZB
Harvey Hill, Building Inspector
Carroll Mooneyhan, Fire Marshall
Scott Pichett, Planner
Steve Schield, Environmental/Parks Officer
Richard Simcoe, Building Official
Dick Wells, Plumbing Inspector
Public Works/Utilities Department

To: Carol T Conover, Permit Clerk

SUBJECT: PLANS SUBMITTAL FOR 380 North Shore #8

PLEASE REVIEW THE ATTACHED PLANS AND RETURN THEM TO ME WITH YOUR COMMENTS AT YOUR EARLIEST CONVENIENCE.

PLANS APPROVED.

NO FURTHER FIRE PROTECTION PLANS REQUIRED.

WILL A PERMIT BE REQUIRED? _____ TYPE: _____

INSPECTIONS REQUIRED/NUMBER: No

ANY NOTABLE CONDITIONS/REQUIEMENTS FOR THE PERMIT?

SIGNATURE: [Signature] DATE: 9/2/94

TOWN OF LONGBOAT KEY

PROJECT TRACKING SHEET PERMIT APPLICATION

PROJECT: 380 North Shore #8 SUBMITTAL DATE: 8/30/94
Fema

THE FOLLOWING ITEMS WERE SUBMITTED

	#copies	Other:
COMPLETE APPLICATION	[X]	
CURRENT SURVEY	[]	
SITE PLAN	[3]	
ELECTRICAL PLAN	[]	
AC/MECHANICAL PLAN	[]	
STRUCTURAL PLAN	[]	
PLUMBING PLAN	[]	
ENERGY CODE FORMS	[]	
FEMA ESTIMATING FORM	[X]	
CONTRACT	[]	
HOMEOWNER AFFIDAVIT	[]	

REVIEW/APPROVAL:

DATE DISTRIB	PERMIT NEEDED/ # INSPECTIONS	1ST REVIEW RECEIVED	2ND REVIEW RECEIVED	APPROVED FOR PERMIT (DATE/INITIAL)
<u>8/31</u> Fire Dpt	<u>Yes Both</u>	_____	_____	<u>OK 8-31-94 [Signature]</u>
<u>11</u> HARV/Elec	<u>yes</u>	_____	_____	<u>OK 8-31-94 [Signature]</u>
<u>11</u> Plumb	<u>yes</u>	_____	_____	<u>OK 8-31-94 [Signature]</u>
<u>9/3</u> Bldg/HH	_____	_____	_____	_____
<u>7/3</u> Bldg/RS	<u>[Signature]</u>	_____	_____	_____
Zoning	_____	_____	_____	_____
P/W-	_____	_____	_____	_____

1ST REVIEW SUBMITTED TO APPLICANT: DATE _____ METHOD _____

DATE 1ST REVISION RECEIVED: _____

DATE SUBMITTED TO REVIEWERS: _____

2ND REVIEW SUBMITTED TO APPLICANT: DATE _____ METHOD _____

DATE 2ND REVISION RECEIVED: _____

DATE SUBMITTED TO REVIEWERS: _____

APPROVED FOR PERMIT: _____ BY _____

APPLICANT CALLED: _____ SPOKE WITH _____

MEMORANDUM

DATE: 8/31/94

TO: Bill Dobra, HVAC/Electrical Inspector
Dan Gaffney, Director PZB
Harvey Hill, Building Inspector
Carroll Mooneyhan, Fire Marshall
Scott Pichett, Planner
Steve Schield, Environmental/Parks Officer
Richard Simcoe, Building Official
Dick Wells, Plumbing Inspector
Public Works/Utilities Department

FROM: Carol T Conover, Permit Clerk

SUBJECT: PLANS SUBMITTAL FOR 380 North Shore #8

PLEASE REVIEW THE ATTACHED PLANS AND RETURN THEM TO ME WITH YOUR COMMENTS AT YOUR EARLIEST CONVENIENCE.

No HVAC shown and what elect is shown is not to code.

Assume 2 elect + 2 HARV unless the contractor can show otherwise

WILL A PERMIT BE REQUIRED? Yes TYPE: Elect + HVAC

INSPECTIONS REQUIRED/NUMBER: (2) each minimum

ANY NOTABLE CONDITIONS/REQUIEMENTS FOR THE PERMIT?

SIGNATURE: [Signature] DATE: 8-31-94

MEMORANDUM

DATE: 8/31/94

TO: Bill Dobra, HVAC/Electrical Inspector
Dan Gaffney, Director PZB
Harvey Hill, Building Inspector
Carroll Mooneyhan, Fire Marshall
Scott Pichett, Planner
Steve Schield, Environmental/Parks Officer
Richard Simcoe, Building Official
- Dick Wells, Plumbing Inspector
Public Works/Utilities Department

FROM: Carol T Conover, Permit Clerk

SUBJECT: PLANS SUBMITTAL FOR 380 North Skene #8

PLEASE REVIEW THE ATTACHED PLANS AND RETURN THEM TO ME WITH YOUR COMMENTS AT YOUR EARLIEST CONVENIENCE.

WILL A PERMIT BE REQUIRED? _____ TYPE: _____

INSPECTIONS REQUIRED/NUMBER: _____

ANY NOTABLE CONDITIONS/REQUIEMENTS FOR THE PERMIT?

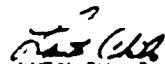
SIGNATURE: _____ DATE: _____

AC# 2788571 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

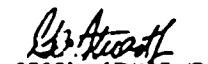
DATE	LICENSE NO.	BATCH NO.
07/23/94	CG C024930	94900157

THE CERTIFIED GENERAL CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR
EXPIRING AUG 31, 1996

ALPHENAAR, FRED JAMES
BELLAIRE CONSTCTIN INC
4804 26TH AVE W
BRADENTON FL 34209-6104


GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE


SECRETARY, D.B.P.R.

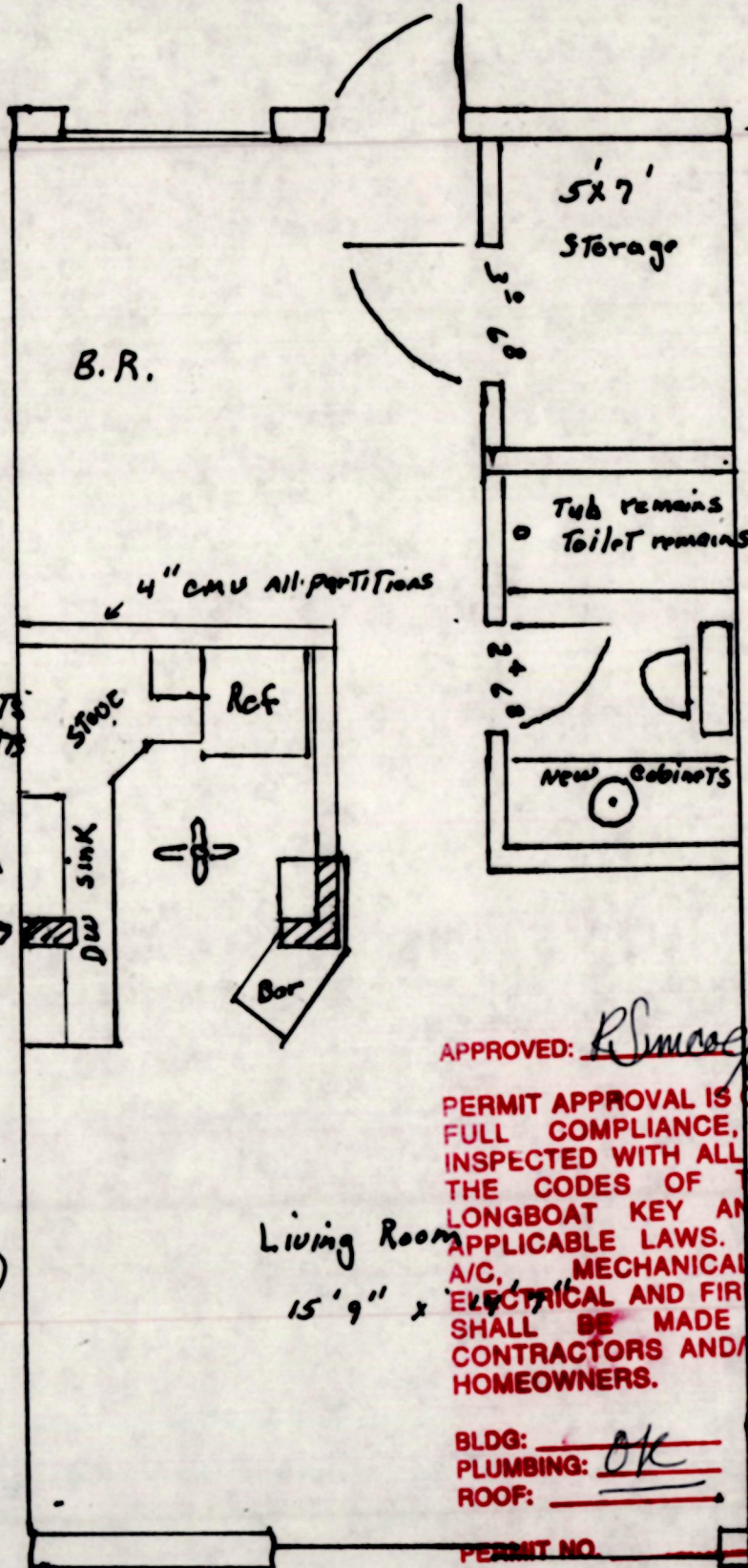


Bellaire Construction, Inc.

4804 26TH AVE W BRADENTON, FL 34209 PHONE 813/792-1730

Wood Trusses 2x4
2 ft centers running
North + South

- EXT + Party walls
8" CMU



all New cabinets
Remove soffits
Floor remains
as is
add ceiling fan

Remove
shaded walls

4" CMU All partitions

Tub remains
Toilet remains

well beam
3/4" Form.
all wall
Perimeter
and parti
8" + 4" CMU

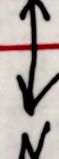
APPROVED: *R. Simcoe* **Detail section**
9/2/94

PERMIT APPROVAL IS CONDITIONED ON FULL COMPLIANCE. WHEN FIELD INSPECTED WITH ALL PROVISIONS OF THE CODES OF THE TOWN OF LONGBOAT KEY AND ALL OTHER APPLICABLE LAWS. ALL BUILDINGS, A/C, MECHANICAL, PLUMBING, ELECTRICAL AND FIRE INSTALLATIONS SHALL BE MADE BY LICENSED CONTRACTORS AND/OR RESIDENTIAL HOMEOWNERS.

BLDG: _____
PLUMBING: OK
ROOF: _____
ELEC: _____
MECH: OK
FIRE: _____

PERMIT NO. _____

FILE COPY



Residence:

Edward A. Borkowski
360 Northshore Rd
(P.O. Box 161)
Longboat Key Fla
34228

scale 1/4" = 1 ft.

PLUMBING PERMIT APPLICATION

TOWN OF LONGBOAT KEY BUILDING DEPT.

610 General Harris Street
Longboat Key, Florida 34228
(813) 383-3721 Fax: (813) 383-9353

REVIEWED BY RS/ee
APPLC.# 5068 PP.# 5454
PERMIT FEE \$ 75
Receipt # RS05429 Date: 10/19/94

SITE: (job location)

1. complex/project _____
2. street#/name 380 N. Shore Rd
3. unit/apt/suite Unit 8

PLUMBING CONTRACTOR

1. state reg/lic# DF0064083 RESIDENT HOMEOWNER
2. company name WYMAN P/BT AS CONTRACTOR []
3. street#/name 3002 44TH AVE W
4. city/state/zip Brad. Fla
5. phone () 755-1595 fax () 758-6998
6. license holder Richard Kuntz

GENERAL CONTRACTOR (provide information available):

1. state reg/lic# _____ Building Permit # BP 11791
2. company name _____ Bldg Permit Pending []
3. qualifier _____ No GC or Bldg Permit []

*WORK:

1. description of work (be specific): Replace Pit Sink, Install
Drainwash replace hose

Three sets of PLUMBING plans must be submitted for review/approval; select option
 plans were approved with Bldg plans (complete Gen Contractor section)
 plans are attached to this application
 plans to be submitted with Bldg Permit (complete General Contractor section)
PLUMBING permit approval contingent on Building permit issuance

PROPERTY OWNER (required):

1. owner name BORKOWSKI
2. street#/name 380 N. Shore Rd
3. city/state/zip L.B.K
4. phone () _____

TENANT (COMMERCIAL & RESIDENTIAL RENTALS):

1. business name _____ NOT APPLICABLE: _____
2. business owner _____
3. owner address _____
4. city/state/zip _____
5. phone () _____ SITE PLAN EXEMPTION # _____

PLUMBING PERMIT APPLICATION

FEES:

FIXTURE SCHEDULE: NUMBER
 Newly added only-not changeouts)

FEE CALCULATION

Toilets _____
 Urinals _____
 Bidets _____
 Lavatories _____
 Bath tubs _____
 Showers _____
 Jacuzzi _____
 Spas _____
 Kitchen Sinks _____
 Garbage disposals ... _____
 Dish washers 1 _____
 Washing Machines _____
 Laundry tubs _____
 Slop sinks _____
 Water heaters _____
 Solar heater panels . _____
 Drinking fountains .. _____
 Soda fountain drain . _____
 Bar drains _____
 Roof drains _____
 Floor drains _____
 Sand traps _____
 Grease traps _____
 Water pumps _____
 TOTAL..... 1 _____
 If 1-20, enter in 401 above
 If over 20, enter in 402 above

PLUMBING FIXTURES (total at bottom left)
 401 first 20..# fixtures 1 X \$ 6.25 = 6.25
 402 over 20...# fixtures _____ X \$ 5.00 = _____
BUILDING SEWERS
 403 4-INCH AND NOT OVER 50 FEET LONG
 (beyond 5 feet from structure)\$17.50 = _____
 404 EACH ADDITIONAL 50 FEET
 # 50' sections _____ X \$ 8.75 = _____
 405 LARGER SEWERS: each 100 foot section or
 fraction thereof/per inch diameter.
 _____ X _____ X \$ 9.40 = _____
 # sections in. diameter
 406 LAWN SPRINKLER/IRRIGATION SYSTEMS
 \$15.00 = _____
 407 WATER DRAINAGE, WASTE or VENT PIPING
 repair or alteration.....\$18.75 = 18.75
 408 WATER SERVICE: New Constr.....\$31.25 = _____
 409 MISCELLANEOUS for: _____
 _____ Fee by Bldg Dept _____
 410 REINSPECTION, when work is not ready
 or does not meet code. \$31.25 = _____
 411 SEPTIC TANKS, GREASE TRAPS, OIL
 SEPARATORS, TRAPS, ETC.,
 in excess of 500 gals.....\$31.25 = _____
 412 TRAILER CONNECTION\$31.25 = _____
 413 PERMIT ISSUANCE, 1st building \$50.00
 # additional bldgs _____ X \$50.00 _____

TOTAL PERMIT FEE = ~~30.00~~
75.00

Richard Guenther
 Signature of Licensed Contractor (no agents)
 OR Resident Homeowner acting as contractor

10-14-94
 Date

IF RESIDENT HOME OWNER IS ACTING AS CONTRACTOR, HOMEOWNER'S AFFIDAVIT MUST BE ATTACHED

BUILDING PERMIT APPLICATION

TOWN OF LONGBOAT KEY BUILDING DEPT.
610 General Harris Street
Longboat Key, Florida 34228
(813) 383-3726 Fax: (813) 383-9353

REVIEWED BY JTB

APPLC.# 3956 BP.# 11436
BLDG. PERMIT FEE \$ 37.50
Receipt # 1504106 Date: 3/28/94

COMPLETE ALL INFORMATION; ENTER NA OR STRIKE THROUGH IF NOT APPLICABLE

SITE: (job location)

1. complex/project Longboat Pass Condos
2. street#/name 380 North Shore Road
3. unit/apt/suite _____

4. county Manatee 5. parcel# _____
6. subdivision _____ 7. lot # 5,6,7,8
8. block # _____ 9. zoning district _____
10. current use Condo future land use _____
11. proposed use _____ comp plan consistency _____
12. occupancy sq ft _____ comp plan concurrency _____

WORK:

1. total improvement cost: \$ 1569 2. related permits: _____
3. description of work (be specific): Put Wood fence Down
each side of Property - Replacement fence

PROPERTY OWNER:

1. owner name _____
2. street#/name 380 North Shore Road
3. city/state/zip Longboat Key, Florida
4. phone () _____

TENANT (COMMERCIAL PROJECTS):

1. business name _____ Not Applicable: _____
2. business owner _____
3. owner address _____
4. city/state/zip _____
5. phone () _____ SITE PLAN EXEMPTION # _____

CONTRACTOR:

1. state reg/lic# _____ Owner as Contractor: _____
2. company name Cypress fence inc.
3. street#/name 4413 30th St W.
4. city/state/zip Bradenton, Fl. 34205
5. phone (813) 794-0569
6. qualifier KEITH ISNER

BUILDING PERMIT APPLICATION continued

ARCHITECT:

1. state reg/lic# _____ Not Applicable: _____
2. company name _____
3. street#/name _____
4. city/state/zip _____
5. phone () _____
6. qualifier _____

ENGINEER:

1. state reg/lic# _____ Not Applicable: _____
2. company name _____
3. street#/name _____
4. city/state/zip _____
5. phone () _____
6. qualifier _____

BUILDING:

	EXISTING / NEW		EXISTING / NEW
1. site area (sq ft)	_____ / _____	15. front setback	_____ / _____
2. structures & areas 6"+ above grade (sq ft)	_____ / _____	16. rear setback	_____ / _____
3. impermeable area (sq ft)	_____ / _____	17. left side setback	_____ / _____
4. SBCCI type construction	_____ / _____	18. right side setback	_____ / _____
5. # of dwelling units	_____ / _____	19. water setback	_____ / _____
6. stories above grade	_____ / _____		
7. stories over parking/bfe	_____ / _____	20. height ('above grade)	_____ / _____
8. radon area (sq ft)	_____ / _____	21. height ('above bfe)	_____ / _____
9. # of parking spaces	_____ / _____	22. air cond area (sq')	_____ / _____
10. # bedrooms	_____ / _____	23. flood zone	_____ / _____
11. # baths	_____ / _____	24. base flood elev (ft)	_____ / _____
12. # bath fixtures	_____ / _____	25. FEMA improvmt value on this permit (attach Estimating Form) \$	_____ / _____
13. roof type	_____ / _____	26. market value struct	\$ _____
14. fire sprinklers?	_____ / _____	27. land value	\$ _____

TREE REMOVAL:

1. circle one: NONE EXISTING NONE REMOVED TO BE RELOCATED TO BE REMOVED

NAME OF APPLICANT

(please type or print) Contractors must use company qualifiers name

SIGNATURE OF APPLICANT _____

DATE _____

0.0000

LONGBOAT PASS CONDOMINIUM

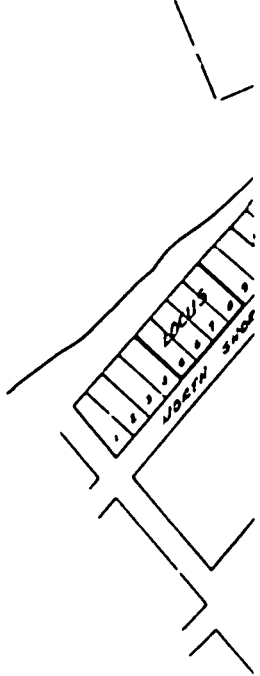
DESCRIPTION

BEING LOTS 5, 6, 7, AND 8, BLOCK 40, LONGBOAT PASS, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 6, PAGE 66, OF THE PUBLIC RECORDS OF MANATEE COUNTY, FLORIDA.

NOTES

WITHIN THE ABOVE DESCRIBED BOUNDS ARE COMMON ELEMENTS, EXCEPT THE APARTMENTS AS SHOWN HEREIN, WHICH ARE FURTHER DETAILED AND DESCRIBED HEREON.

EACH LIVING OR DWELLING UNIT OF THE CONDOMINIUM APARTMENT AS SHOWN HEREIN AND HERewith IS FURTHER DETAILED BY DIMENSIONS FROM UNFINISHED WALL TO UNFINISHED WALL, AND FROM UNFINISHED CEILING TO FINISHED FLOOR, EXCEPT FOR WINDOWS AND DOORS, IN WHICH CASE, THE INTERIOR FACE OF ALL WALL RECESSED WINDOWS AND DOORS SHALL GOVERN WHEN SUCH WINDOW AND DOOR FACES ARE PARALLEL AND RECESSED TO THE RESPECTIVE WALLS OF WHICH THE WINDOWS AND DOORS ARE CONTAINED, AND THAT EACH RESPECTIVE LIVING OR DWELLING UNIT CONSISTS OF THE SPACE BOUNDED BY A VERTICAL PROJECTION OF THE BOUNDARY LINES AS SHOWN HEREON AND HERewith DESCRIBED, AND THE HORIZONTAL PLANES OF THE CEILING AND FLOOR ELEVATIONS AS SHOWN FOR EACH RESPECTIVE LIVING OR DWELLING UNIT; PROVIDED HOWEVER THE ACTUAL LOCATION OF THE WALLS, CEILINGS, AND FLOORS AS THEY MAY EXIST FROM TIME TO TIME SHALL CONTROL AND MARK THE RESPECTIVE UNITS.



CERTIFICATE OF SURVEYOR

STATE OF FLORIDA } S.S.
COUNTY OF MANATEE

I, THE UNDERSIGNED REGISTERED LAND SURVEYOR DO HEREBY CERTIFY THAT A SURVEY WAS MADE OF THE LANDS AS SHOWN HEREON BY A DULY REGISTERED SURVEYOR, AND THAT THIS PLAT PLAN IS A TRUE REPRESENTATION OF THE IMPROVEMENTS DESCRIBED TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER CERTIFY THAT THIS PLAT PLAN, TOGETHER WITH THE WORDING OF THE DECLARATION AND EXHIBITS THEREUNTO ATTACHED, AS RECORDED IN OFFICIAL RECORD BOOK 426, PAGE 57, OF THE PUBLIC RECORDS OF MANATEE COUNTY, FLORIDA, IS A TRUE REPRESENTATION OF THE IMPROVEMENTS DESCRIBED, AND IT CAN BE DETERMINED THEREFROM THE IDENTIFICATION, LOCATION, DIMENSIONS, AND SIZES OF EACH LIVING OR DWELLING UNIT CONTAINED THEREON.

WITNESS MY HAND AND OFFICIAL SEAL AT REDDENTON, FLORIDA, THIS 1ST DAY OF OCTOBER A.D. 19 62.

Leo Miller
REGISTERED LAND SURVEYOR
FLORIDA CERTIFICATE NO. 1215



REVIEWED BY

R Hill/co

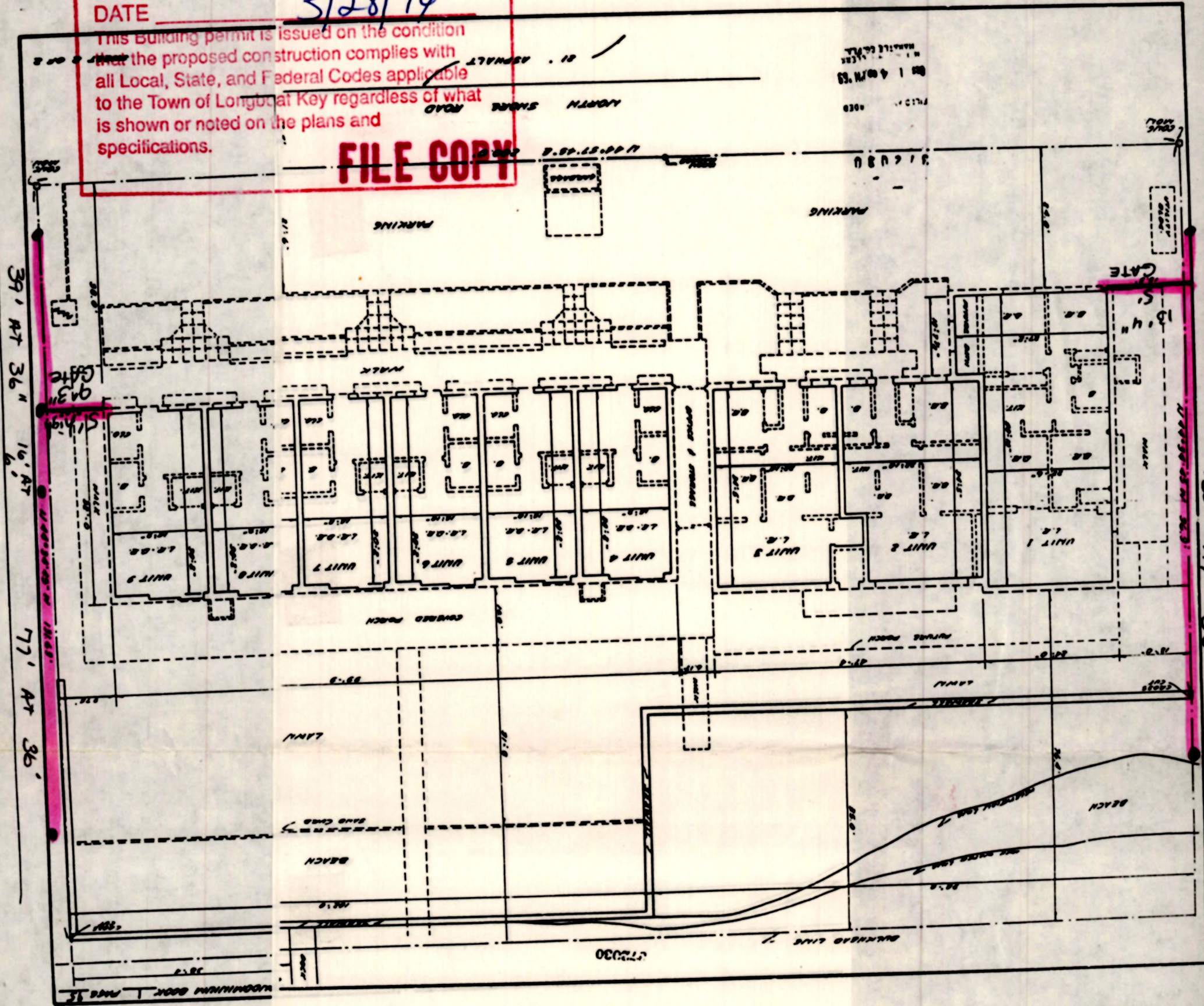
DATE

3/28/94

This Building permit is issued on the condition that the proposed construction complies with all Local, State, and Federal Codes applicable to the Town of Longboat Key regardless of what is shown or noted on the plans and specifications.

FILE COPY

NO. 1
APR 14 1994
PLANNING DEPT.
MUNICIPAL OFFICE





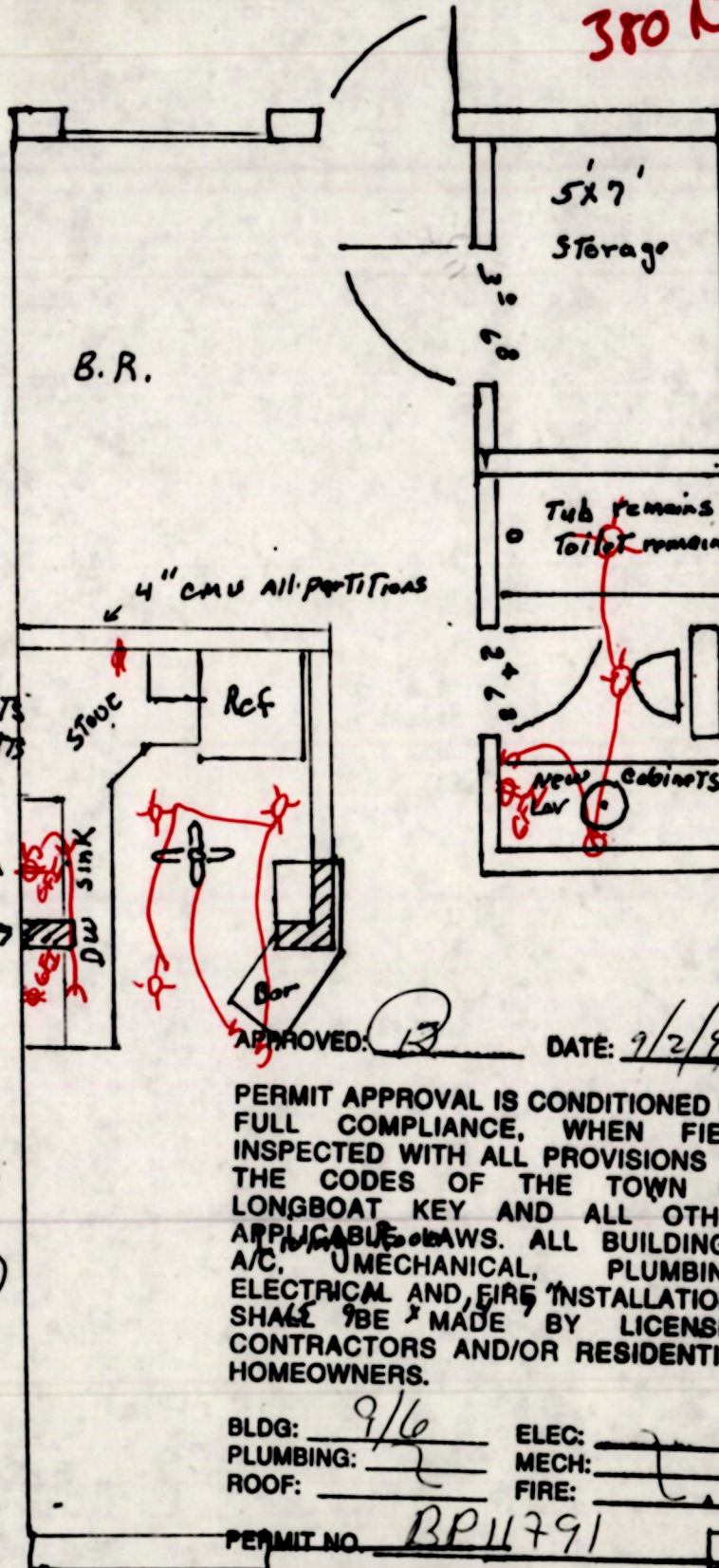
Bellaire Construction, Inc.

4804 26TH AVE W BRADENTON, FL 34209 PHONE 813/792-1730

CP. 5817
9/19/94

380 N. Shore #9

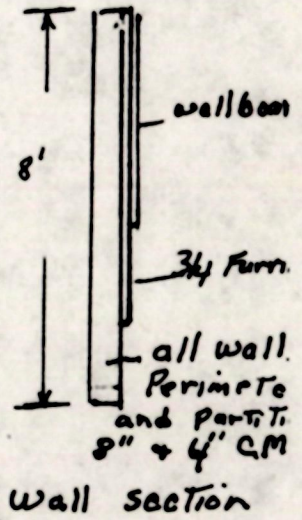
Wood Trusses 2x4
2 ft centers running
North + South



all New cabinets
Remove soffits
Floor remains
as is
add ceiling fan

Remove
shaded walls

APPROVED: RB DATE: 9/2/94



residence:
Edward A. Borkowski
180 North Shore Rd
(P.O. Box 161)
Longboat Key Fla
34228

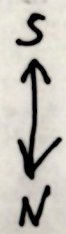
PERMIT APPROVAL IS CONDITIONED ON FULL COMPLIANCE, WHEN FIELD INSPECTED WITH ALL PROVISIONS OF THE CODES OF THE TOWN OF LONGBOAT KEY AND ALL OTHER APPLICABLE LAWS. ALL BUILDINGS, A/C, MECHANICAL, PLUMBING, ELECTRICAL AND FIRE INSTALLATIONS SHALL BE MADE BY LICENSED CONTRACTORS AND/OR RESIDENTIAL HOMEOWNERS.

BLDG: 9/6 ELEC:
 PLUMBING: MECH:
 ROOF: FIRE:

PERMIT NO. BP11791

scale 1/4" = 1 ft.

JOB SITE

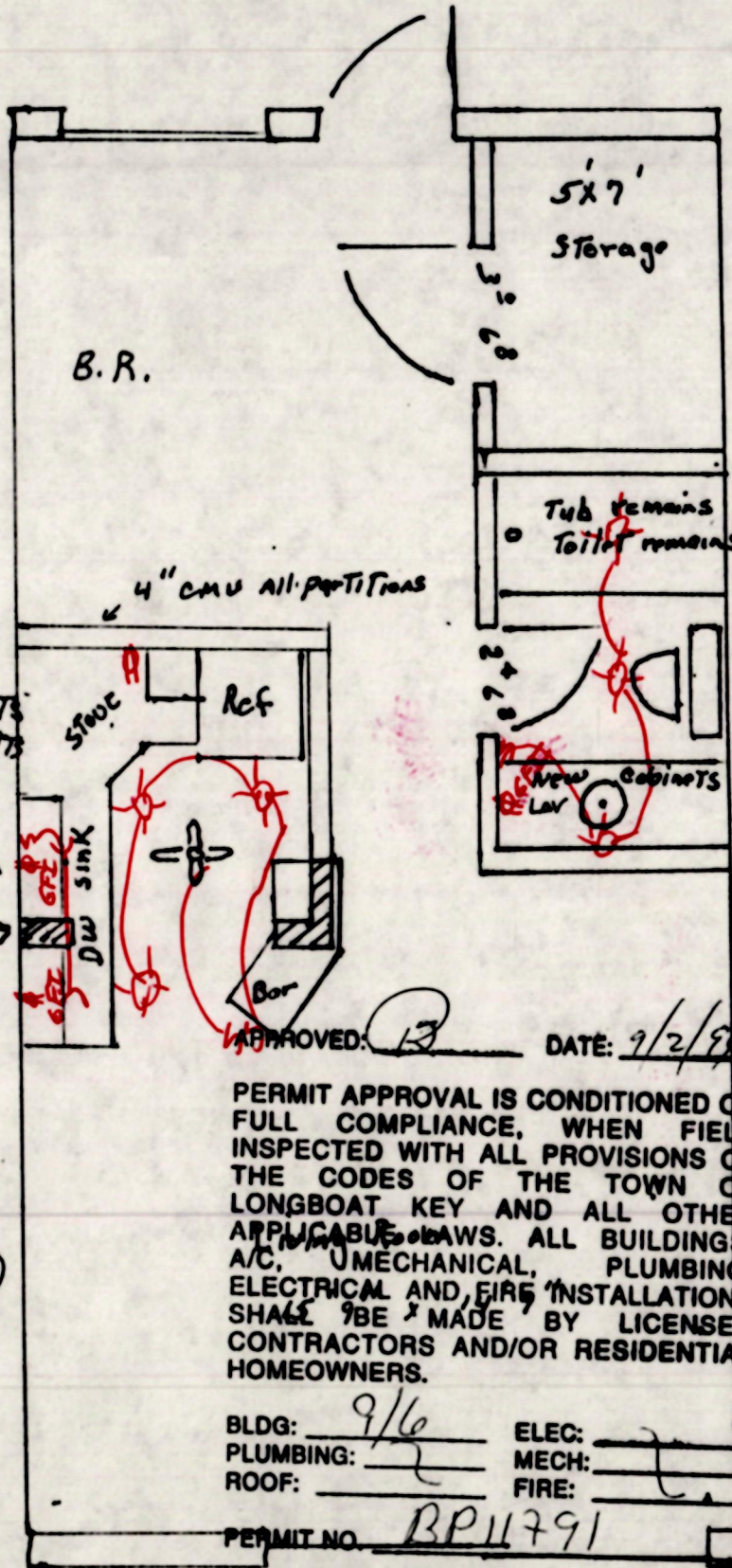




Bellaire Construction, Inc.

4804 26TH AVE W BRADENTON, FL 34209 PHONE 813/792-1730

Wood Trusses 2x4
2 ft centers running
North + South



- EST + Party walls
8" CMU

B.R.

5'x7'
Storage

Tub remains
Toilet remains

4" CMU All Partitions

all New cabinets
Remove soffits
Floor remains
as is
add ceiling fan

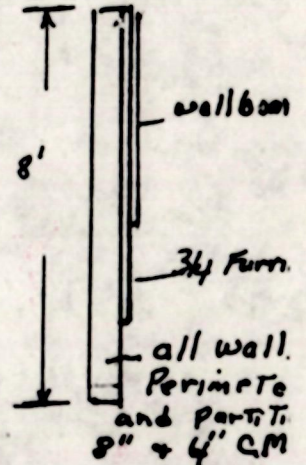
Remove
shaded walls

5FOUC A Ref

DW SINK

APPROVED: *B*

DATE: 9/2/94



Wall section

Residence:
Edward A. Borkowski
380 Northshore Rd
(P.O. Box 161)
Longboat Key Fla
34228

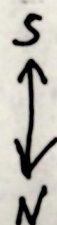
PERMIT APPROVAL IS CONDITIONED ON FULL COMPLIANCE, WHEN FIELD INSPECTED WITH ALL PROVISIONS OF THE CODES OF THE TOWN OF LONGBOAT KEY AND ALL OTHER APPLICABLE LAWS. ALL BUILDINGS, A/C, MECHANICAL, PLUMBING, ELECTRICAL AND FIRE INSTALLATIONS SHALL BE MADE BY LICENSED CONTRACTORS AND/OR RESIDENTIAL HOMEOWNERS.

BLDG: 9/6 ELEC:
PLUMBING: MECH:
ROOF: FIRE:

PERMIT NO. BP11791

scale 1/4" = 1 ft.

JOB SITE



SPECIFICATIONS

OUTLINE SPECIFICATIONS

1. General Requirements

- A. Contractor shall obtain all permits and pay all fees for the construction of this project.
- B. Contractor shall provide and maintain all necessary temporary utilities, shoring, etc.
- C. Conform all work to all applicable codes.
- D. Make no change in these notes or drawings without the written consent of the Architect.
- E. Contractor to verify all details, dimensions, and field conditions before proceeding with construction. Where not clearly shown, obtain exact information from the Architect.
- F. Use only the most recent drawings.
- G. Architect reserves the right to make changes as required due to job conditions.
- H. Architect not responsible for construction not carried out in accordance with construction documents.
- I. Report any discrepancies in the drawings to the Architect. Do not scale from drawings.
- J. Shop Drawings: Where called for in these drawings or specifications, submit shop drawings to Architect in triplicate for review and approval. Shop drawings shall be approved by the Contractor prior to the submission to the Architect.
- K. Insurance: The Contractor shall provide the following insurance for all of their employees and subcontractors: Workman's Compensation, \$200,000; Bodily Injury Liability, \$50,000; Property Damage Liability. Owner shall maintain liability and risk insurance for the duration of the project. Owner shall be responsible for the work of his own force.
- L. Attachment of new construction to existing construction shall not indicate certification by the Architect that the existing construction conforms to the current code requirements of the authority having jurisdiction.
- M. Contractor to provide window or exterior door unit manufacturer's certification that sizes, configurations, glazing, and hardware meet or exceed minimum requirements of the authority having jurisdiction. Installation fasteners size, type, and spacing shall be in strict accordance with manufacturer's written instructions.

2. General Demolition Notes

- A. Fully shored and brace existing walls or roof systems against vertical or lateral forces during construction.
- B. Sequence work to minimize duration of temporary shoring and bracing.
- C. Install new posts, studs, headers, anchors, fasteners, and permanent bracing prior to removal of temporary shoring and bracing.
- D. Where top supporting walls support a common roof system, sequence work to avoid compromise of each wall.
- E. Disconnect electrical service prior to demolition. Provide temporary electrical service for construction.
- F. Where existing ceiling joists or tension members are to be removed, install new tension members prior to removal of existing members. Leave main ceiling joists support beam intact until all new joists and tension members are secured in place.
- G. Remove only those windows and doors shown on Demolition Plan.
- H. Remove existing water heater and cap existing plumbing as required.
- I. Remove existing wall-hung air conditioning unit.
- J. Remove all plumbing fixtures and cap existing plumbing as required.
- K. Remove all appliances.
- L. Remove existing gas tank; cap line(s) as required. Remove if necessary.
- M. Remove all cabinetry.
- N. Remove all floor covering.
- O. Remove or support existing slabs for installation of new footings where indicated.
- P. Remove all non-load bearing partitions as shown on plan.
- Q. Repair roof as required (not in contract).
- R. Repair roof structure and tie beam framing as required (not in contract).

3. Site Work

- A. Contractor shall perform clearing and grubbing as required to free the site of any organic materials, roots, etc.

4. Concrete

- A. Comply with the provisions of ACI 318, "Building Code Requirements for Reinforced Concrete."
- B. Strength: Structural poured cells, slabs, and footings: 3,000 psi in 28 days.
- C. Slump limits: Not less than 3" and not more than 6".
- D. Reinforcement: ASTM A-615, deformed, Grade 40.
- E. Support: Use wire bar type supports; comply with CSI recommendations.

- F. Provide standard reinforcement splices and hooks.
- G. Deposit and consolidate concrete in a continuous operation until the placing of section is completed. Bring slab surface to correct level and leave it free from bumps or hollows. Apply liquid curing compound according to manufacturer's directions.
- H. Foot Footings: Remove any water from excavations prior to pouring of any concrete.
- I. All footings shall bear below grade on undisturbed soil.

5. Masonry

- A. Concrete block: ASTM C-90, cured 28 days minimum.
- B. Mortar: ASTM type M or S.
- C. Lay masonry in running bond, plumb, and straight. Cut flush mortar joints to receive communication coating.

6. Carpentry

- A. Wood Framing Notes:
 1. Concealed joists, headers, blocking, plates, ledgers: No. 2 Southern Pine Fb = 1,300 psi min. pressure treated LP-2 in contact with concrete if exposed to weather, LP-2 in contact with ground.
 2. Posts: Southern Pine, stud grade.
 3. Concealed posts: No. 1 Southern Pine or Fir, Fb = 1,500 psi min.
 4. Exposed beams, rafters, posts, stringers, trusses, No. 1 Southern Pine Fb = 1,500 psi min. pressure treated LP-2 where exposed to weather.
 5. Posts embedded in ground: No. 1 Southern Pine, pressure treated for ground contact, LP-2.
 6. Decking: 1" x 5-1/2" Southern Pine, 30 year "warranted."
 7. Sheathing (where necessary): Roof: APA rated sheathing, Exp. 1, 19/32" min. Fasteners: 10d deformed shank, 6" o.c.
 8. Framing accessories: "Simpson Strong-Tie" (SST) with fasteners per manufacturer's printed instructions. Use Simpson HD nails where common nails may protrude through wood member.
 9. Accessories exposed to weather: All steel plate fabrications, bolts, hex nuts, washers, nails: hot dipped galvanized (after fabrication) min. 1 oz. per sq. ft. coverage. Bolts: ASTM 315. Steel: ASTM A-36.
 10. Window fasteners: deformed shank.

7. Thermal and Moisture Protection

- A. Insulation
 1. Materials
 - a. All exterior and wall: NOM 4" R-11 Kraft-faced fiberglass bats.
 - b. Ceilings: NOM 6" R-19 bats.
 2. Installation
 - a. Snuggly fit insulation in all areas indicated and secure in place.
 - b. Install prop vents between all rafters where insulation may stop air flow.

8. Cabinetry

1. Submit shop drawings to Architect for approval prior to fabrication of any cabinetry.
2. Install all casework plumb and true and in alignment. Leave work free from defects in material and workmanship.

9. Finishes

- A. Wood Doors
 1. Louvered interior: Fully louvered.
 2. Solid core interior: Flush panel paint grade Birch or Beech veneer.
 3. Exterior French or solid core: Simpson, Morgan or approved equal in priming frames.
 4. Builder's hardware, exterior thresholds, and all protections: to be selected by Interior Designer or Contractor.
- B. Wood Windows
 1. Andersen Patco Shield casement windows, screens, extension jamb. Color: white. Glazing: clear, see general requirements.
 2. Installation: Install per manufacturer's written instructions.
- C. Glass and Glazing
 1. Wood doors: Fully tempered clear glass.
 2. Mirrors: 1/4" polished plate with concealed mounting.

10. Plumbing

- A. Design and install a complete working system of water supply, fixtures, soil, waste and vent piping in accordance with drawings, good practice, and applicable codes. Utilize existing roof vent locations where practicable.
 - H. Hot water heater: Rheem or Jackson 40 gallon.
 - I. Remove existing slab where required to install new piping.
 - J. Replace existing piping that exhibits signs of excessive deterioration.
 - K. New water lines may be run in attic space per applicable codes and provided work does not conflict with other trades.
 - L. All sanitary waste and domestic water piping to be hydrostatically tested for a minimum of 24 hours prior to concealment.
 - M. Fixtures
 1. Kitchen sink: Moen "Equalizer" EDE-3221-3 with 7823A faucet.
 2. Toilet: Am. Standard "Cadet" Water Saver 2124.336 (add seat).
 3. Fiberglass bath module: Glas Tec 636 shower with Moen "Chateau" 2724A.
 4. Tub: Am. Standard 017.133 LHD with Moen "Chateau" 2739-A.
 5. Lavatories: Am. Standard 0491.019 (white) with Moen 4625A faucet.

11. Electrical

- A. Design and install a complete working electrical system according to all applicable codes including but not limited to the following:
 1. Service entrance, panelboards and disconnects: (Square D) Verify locations with Owner. Inspect, reuse existing panelboard if practicable.
 2. Conductors: Non-metallic sheathed cable - all copper (CITEC or equal). Conduit where required at exterior outlets.
 3. Grounding.
 4. Wiring devices: Leviton.
 5. Testing.
 6. Fixture installation: Refer to drawings for fixture selection.
 7. Telephone pre-wiring, CATV pre-wiring.
 8. Refrigerator to be on separate 15A circuit, clothes washer to be on separate 20A circuit. Ground-fault circuitry per code.
 9. Smoke detectors per code.
 10. Provide one year warranty.
 11. Reuse existing components where practicable. Provide outlets or devices as required by codes where indicated on drawings or not.

12. Ceramic Tile

1. Materials
 - a. Furnish standard color samples showing full range for selection by Interior Designer and Owner for this set application.
 - b. Ceramic floor and wall tile: American-Orlean or approved equal.
 - c. Grout, w/lat, leveling agents: Latitecra.
 - d. Verify extent of tile work with Owner and Interior Designer.
2. Installation
 - a. Installation of tile work shall indicate acceptance of substrate conditions. Insure that all joints in work by others are properly sealed to the satisfaction of the installer.
 - b. Existing floor joints or cracks: Carefully inspect existing floor surfaces for cracks and advise Owner of correctional measures prior to proceeding with the work. It is intended that no existing cracks be perpetuated to the surface of the work.
 - c. Lay tile pattern symmetrically with even joints on all floor and wall surfaces. Lay tile square with room.

13. Drywall

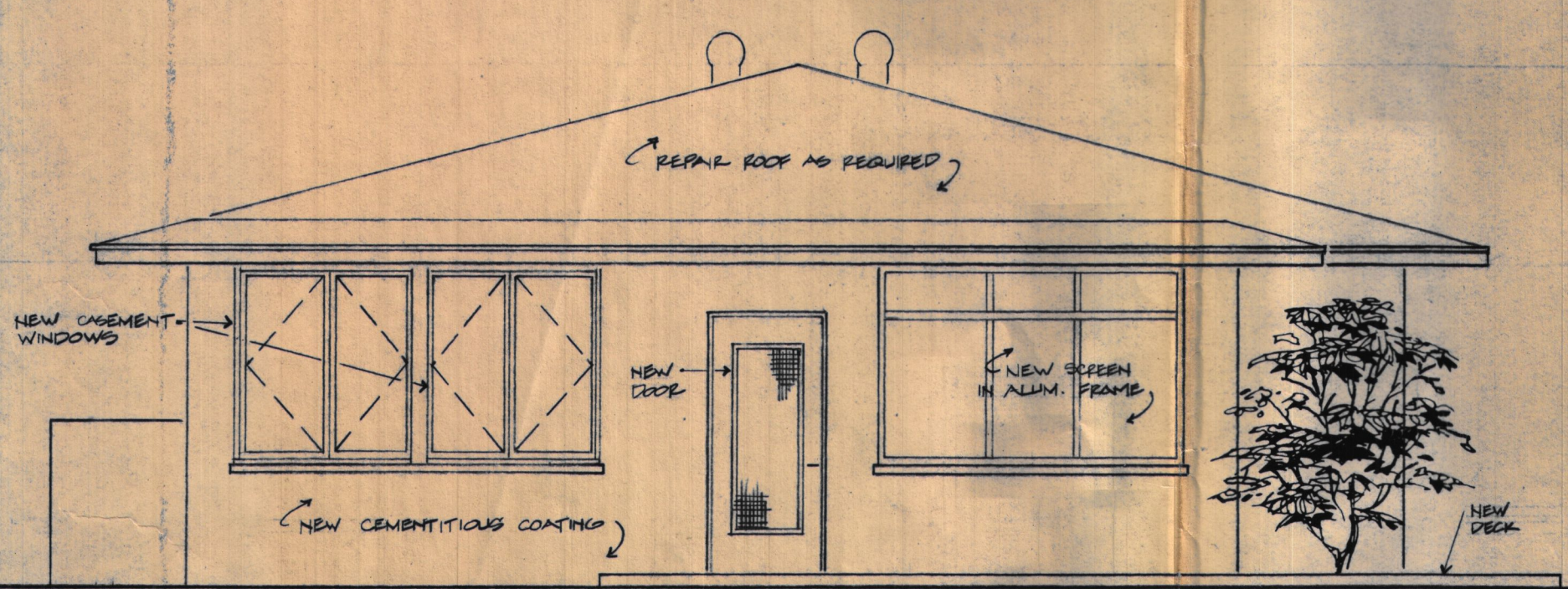
1. Comply with Gypsum Association GA-216, "Recommendation Specifications for the Application and Finishing of Gypsum Board."
2. Provide materials from one manufacturer and install in accordance with manufacturer's printed instructions.
3. Provide extra blocking as required to adequately support edges of boards.
4. Tub/shower surrounds: "Wunderboard" or "Durock" (if single piece fiberglass unit not selected).
5. Application of drywall shall indicate acceptance of the substrate conditions.
6. Finish selection by Interior Designer.

14. Painting

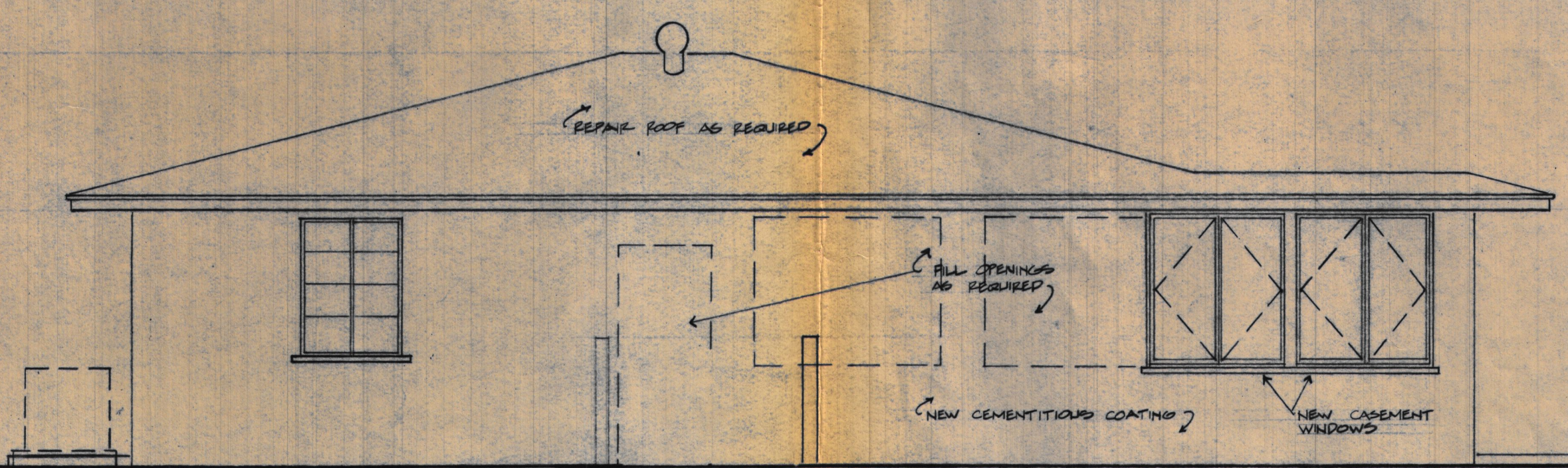
1. Materials
 - a. Provide full range color samples to Interior Designer and Owner for all interior and exterior surfaces to be painted or stained.
 - b. Use products from one manufacturer's Premium Grade line. Primer: Porter Paint Co. or approved equal.
 - c. Verify extent of painting or staining with Contractor or Interior Designer and submit complete schedule for approval prior to commencement of the work.
2. Application
 - a. Apply paint in accordance with manufacturer's printed instructions.
 - b. Apply additional coats when undercoats, stains, or other conditions show through final coat until paint is of uniform color, finish, and appearance.
 - c. Leave work free from defects in materials and workmanship.
 - d. Leave minimum one (1) quart of each paint or stain used on project, clearly labeled with color and/or manufacturer's product numbers for Owner use.



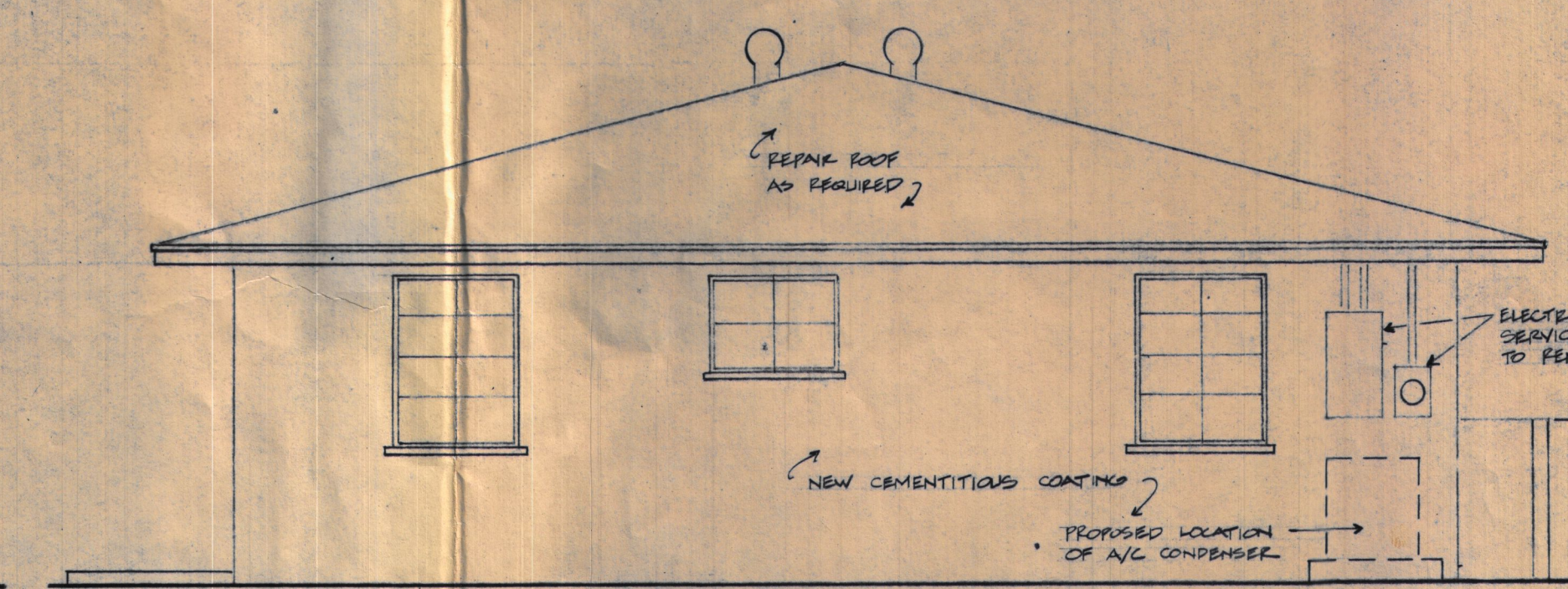
SITE PLAN
 1" = 10'-0"



NORTHWEST ELEVATION
 1/4" = 1'-0"



NORTHEAST ELEVATION
 1/4" = 1'-0"



SOUTHEAST ELEVATION
 1/4" = 1'-0"

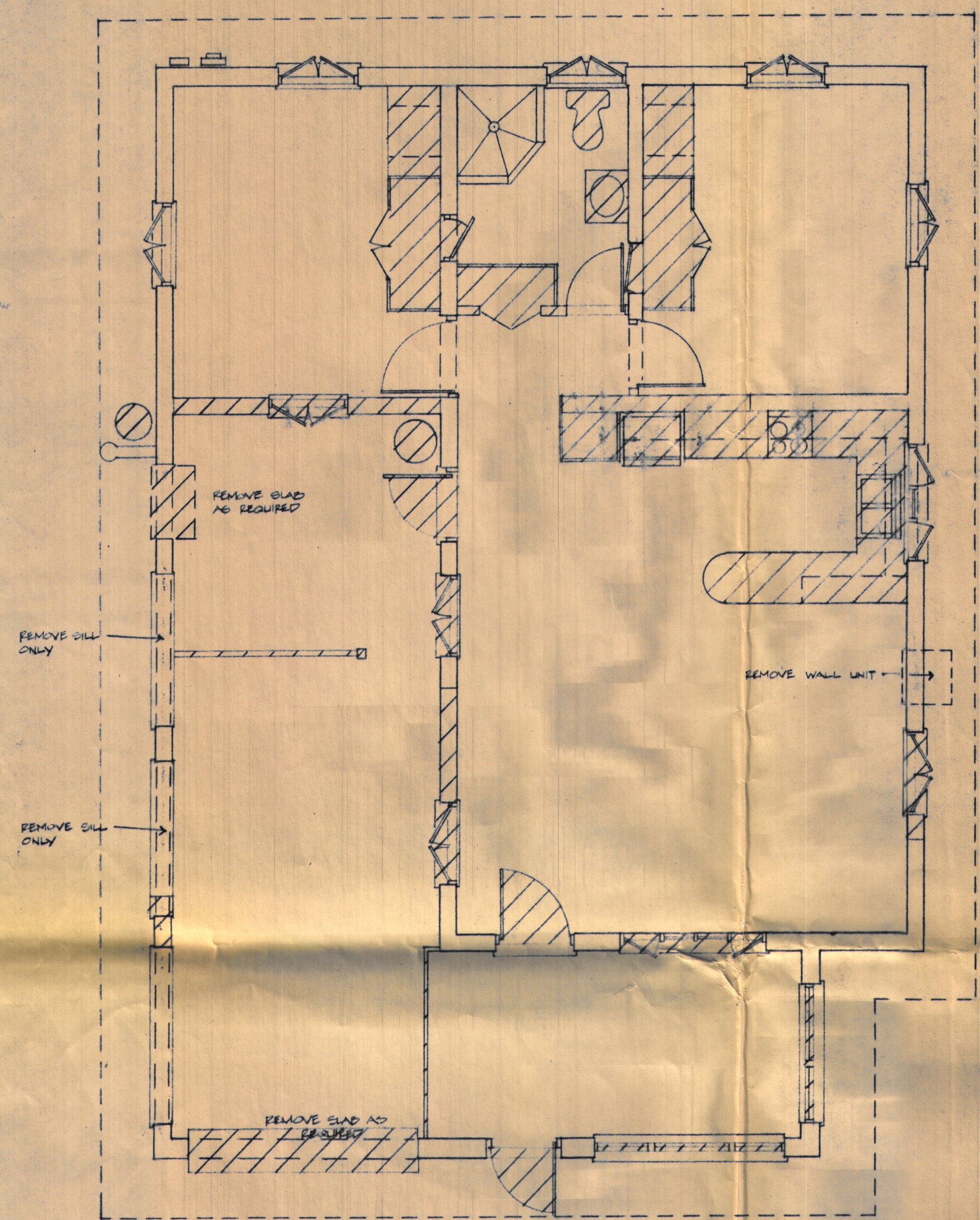
RECEIVED
 FEB 12 1988
 Town of Longboat Key
 7488

WINDOW SCHEDULE

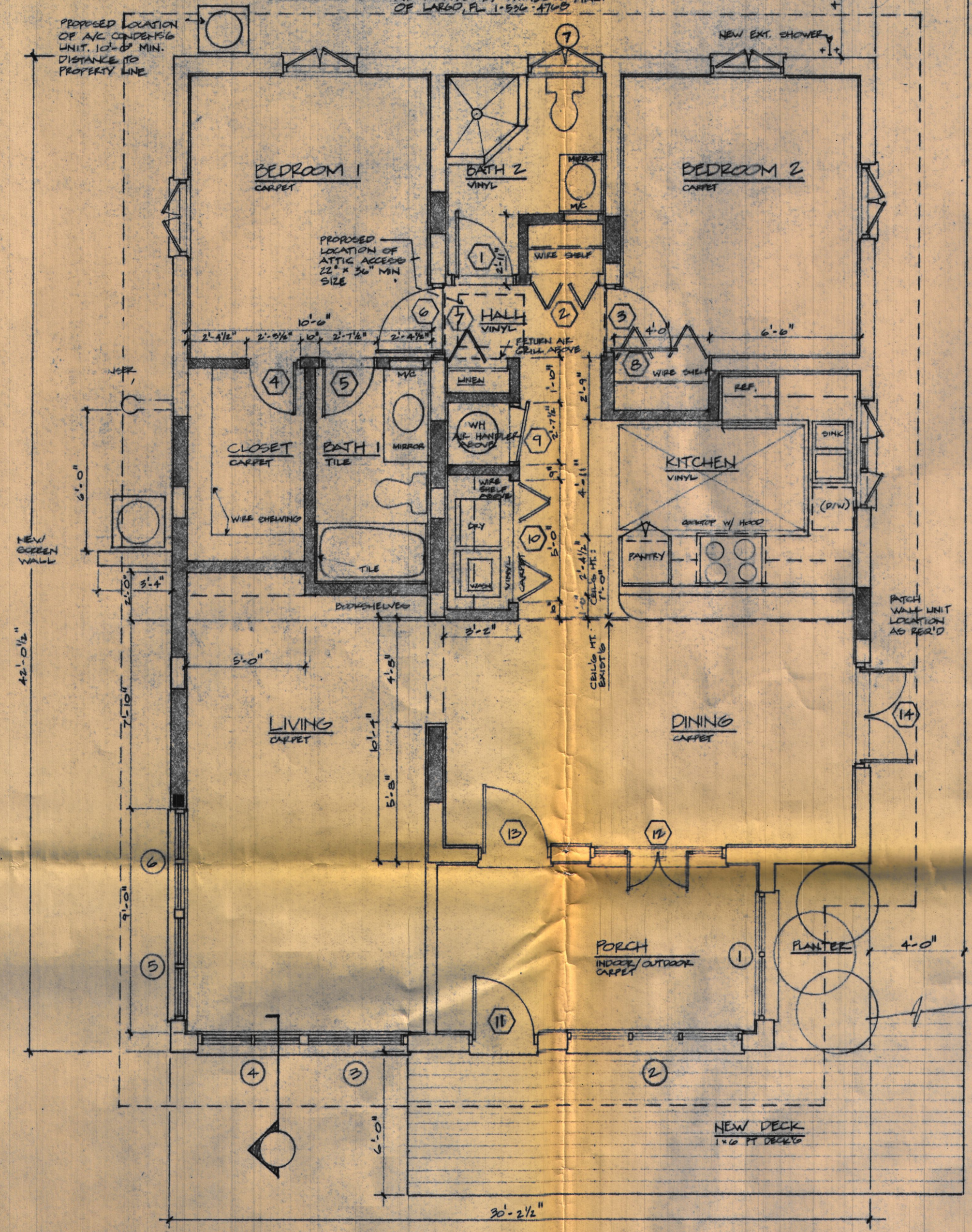
Number	Description	Notes/Dimensions
1	Screen in aluminum frame	5'-4 3/4" x 4'-10 1/2" (existing)
2	Screen in aluminum frame	7'-6" x 4'-10 1/2" (existing)
3	Clear Casement (white)	Anderson C35 4'-0 1/2" x 5'-0 3/8"
4		
5		
6		
7	DOUBLE HUNG ALUMINUM	5'-1" x 2'-0 1/2" NO MANTLE BY WINDOW, INC. OF LONGBOAT FL. 1-252-5715

SEE ADDENDUM #1 FOR LAYOUT & DETAILS OF HOT TUB/PATIO AREA

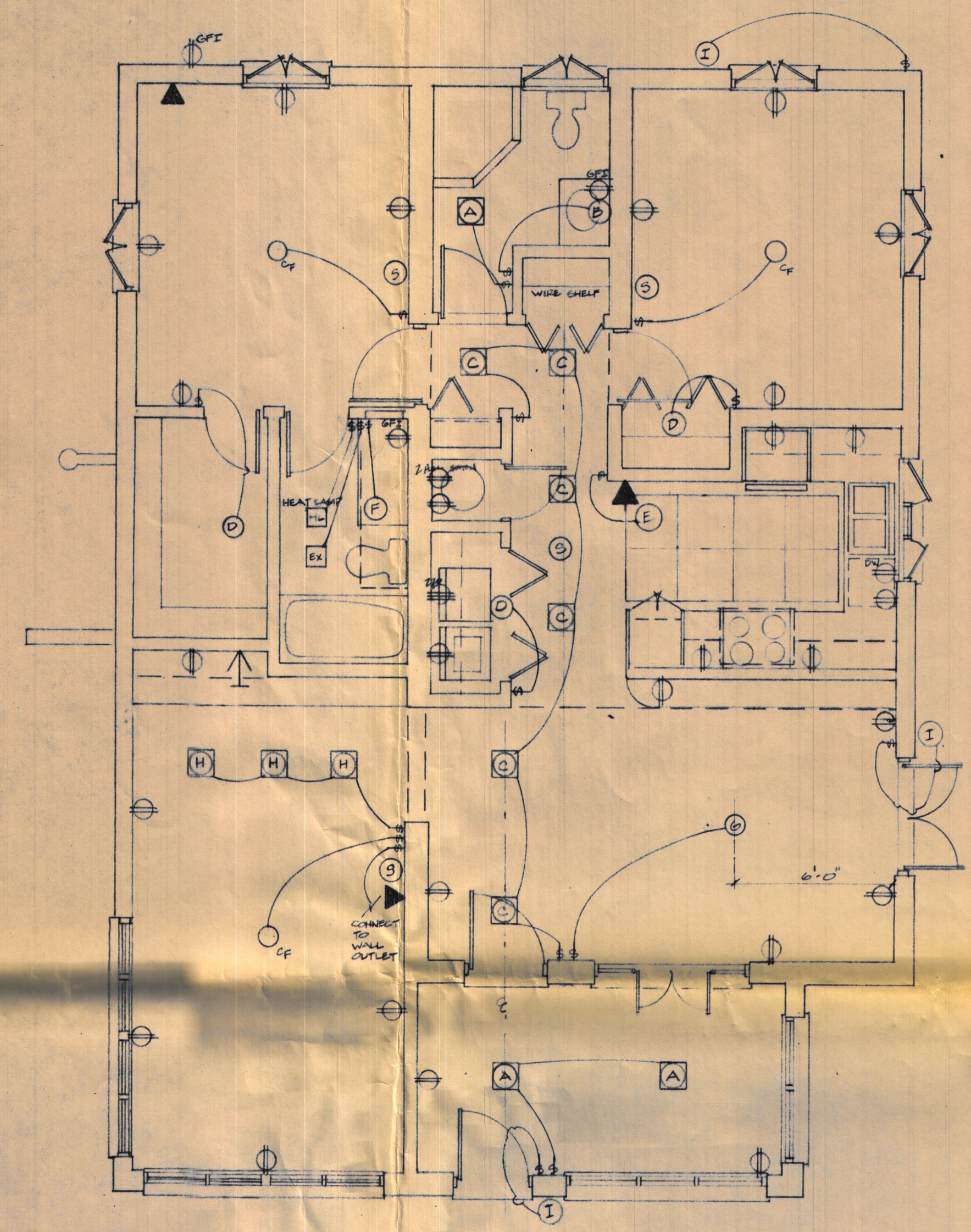
SEE LANDSCAPE PLAN FOR EXTERIOR LIGHTING PLAN



DEMOLITION PLAN
1/4" = 1'-0"

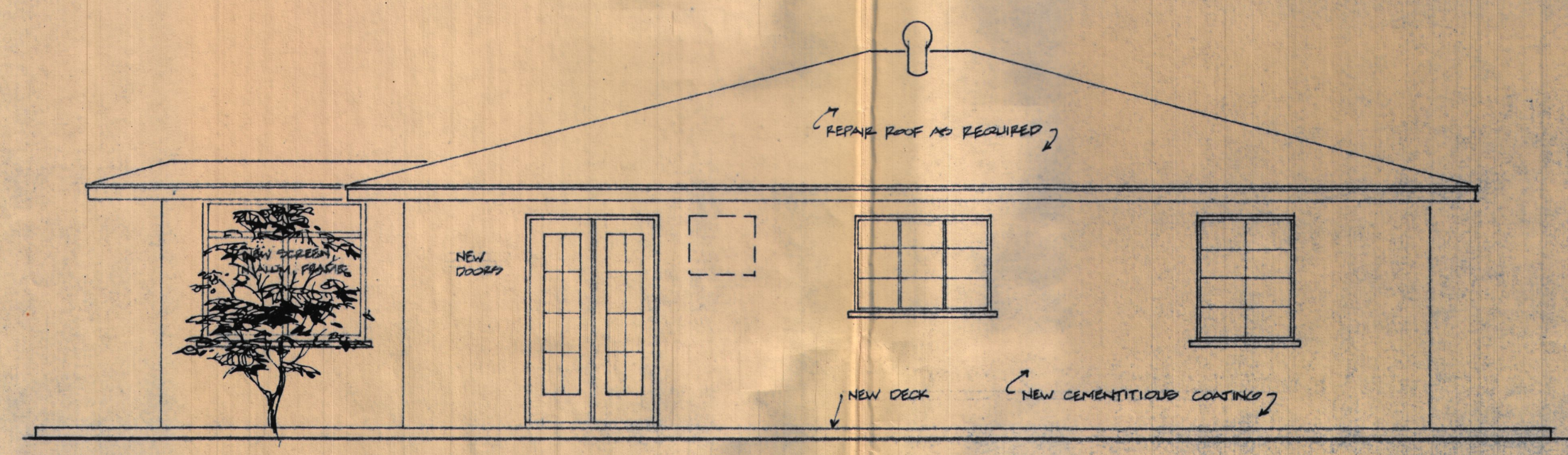


FLOOR PLAN
1/4" = 1'-0"

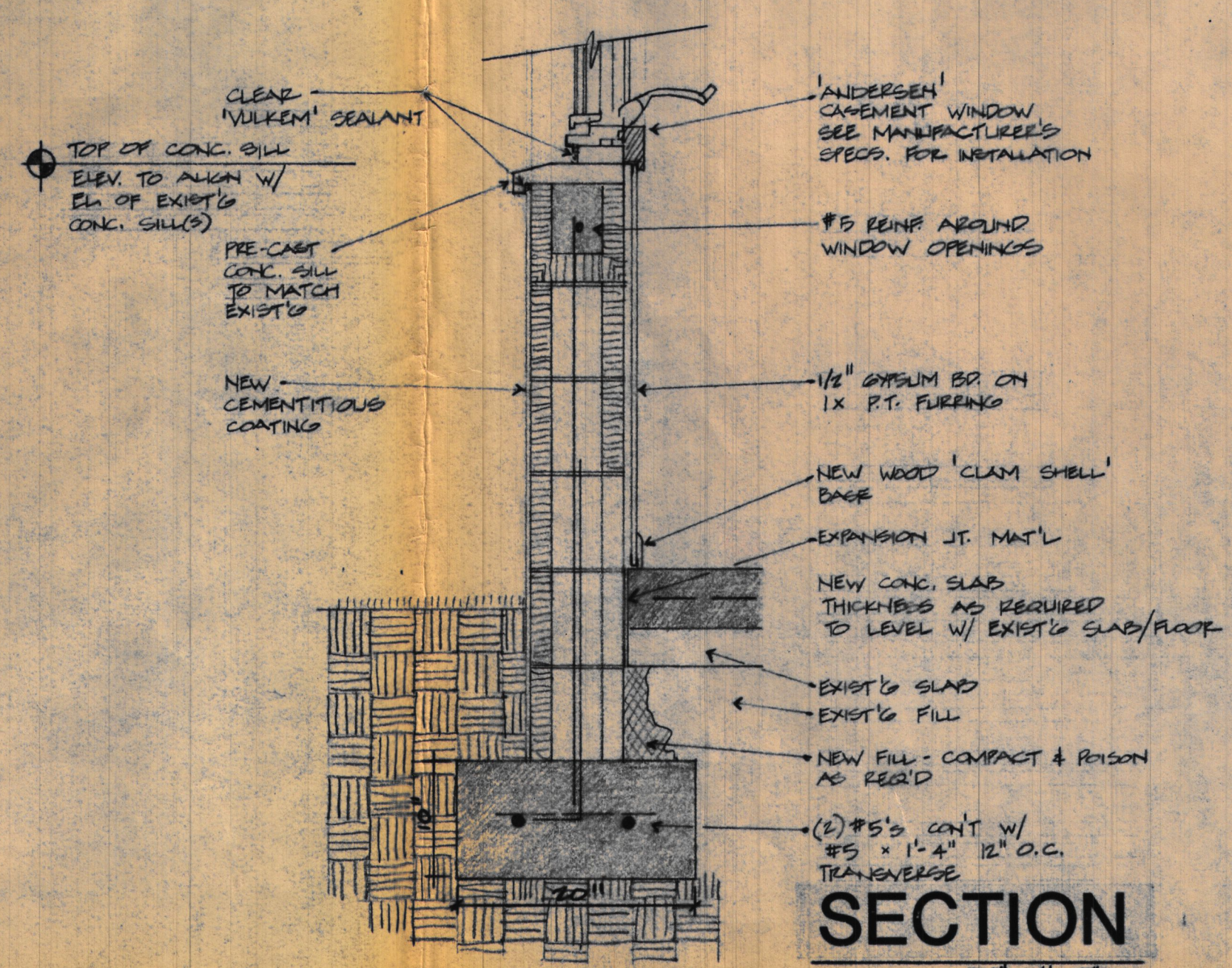


- LEGEND**
- ⊙ SMOKE DETECTOR - PROVIDE SHUTDOWN CAPABILITY & AIR-HANDLER IN CASE OF FIRE.
 - ⊕ 120 V. DUPLEX OUTLET
 - ⊖ 220 V. OUTLET

ELECTRICAL PLAN
1/4" = 1'-0"



SOUTHWEST ELEVATION
1/4" = 1'-0"



SECTION
1" = 1'-0"

DOOR SCHEDULE

Number	Type	Dimensions	Notes
1	Flush- SC	2'-8 5/8" x 8'-1 3/4"	
2	Louvered bi-fold	3'-0 5/8" x 8'-1 1/8"	
3	See door #1		
4	Louvered swinging	2'-0 5/8" x 8'-1 1/8"	
5	Flush- SC	2'-4 5/8" x 8'-1 3/4"	
6	See door #1		
7	Louvered bi-fold	3'-0 5/8" x 8'-1 1/8"	Modify as required to provide for return air grille above door
8	Louvered bi-fold	4'-0 5/8" x 8'-1 1/8"	
9	Flush- SC	2'-4 5/8" x 8'-1 3/4"	
10	Louvered bi-fold	5'-0 5/8" x 8'-1 1/8"	
11	Swinging screen door	2'-8 5/8" x 8'-1 3/4"	
12	(2) French door(s)	(2) 1'-5 1/2" x 2'-6 3/4" x 1 3/4"	fixed panels
13	French door	2'-8 5/8" x 8'-1 3/4"	
14	French door(s)	(2) 2'-0 5/8" x 8'-1 3/4"	

LIGHT FIXTURE SCHEDULE

Symbol	Fixture	Remarks
A	Progress P6682-29	100w, R-40 bulb
B	Lightolier 4240	Coordinate installation with cabinet installer
C	Lithonia RS-1	75w, R30 bulb
D	Progress P7155	Mount fixture over head of door
E	(4) 2-lamp fluorescent	Mount in drywall soffit over luminous ceiling. Selection of diffusers by Interior Designer
F	(3) 1-lamp fluorescent	Mount in drywall soffit with diffusers. Selection of diffusers
G	Dining Room fixture	Selection by Interior Designer
H	Progress P6676-29	
I	Lightolier 3655	Align top of fixture with top edge of head of door

- Notes:**
- Electrical Contractor to provide Interior Designer with layout of duplex outlets for approval.
 - Electrical Contractor to coordinate installation of cabinet valance lighting in kitchen with cabinet manufacturer.

