(Survey Related Data) See sheet 2 of 2 for Sketch of survey. SURVEY IS NOT COMPLETE WITHOUT ALL SHEETS.

BOUNDARY SURVEY

Vicinity Map — Not-to-Scale

Surveyors Notes:

1. THIS SURVEY IS BASED UPON RECORD INFORMATION PROVIDED BY CLIENT. NO SPECIFIC SEARCH OF THE PUBLIC RECORD HAS BEEN MADE BY THIS OFFICE UNLESS OTHERWISE NOTED.
2. ANY FENCES SHOWN HEREON ARE ILLUSTRATIVE OF THEIR GENERAL POSITION ONLY. FENCE TIES SHOWN ARE TO GENERAL CENTERLINE OF FENCE. THIS OFFICE WILL NOT BE RESPONSIBLE FOR DAMAGES RESULTING FROM THE REMOVAL OF, OR CHANGES MADE TO, ANY FENCES UNLESS WE HAVE PROVIDED A SURVEY SPECIFICALLY LOCATING SAID FENCES FOR SUCH PURPOSES.
3. GRAPHIC REPRESENTATIONS MAY HAVE BEEN EXAGGERATED TO MORE CLEARLY ILLUSTRATE MEASURED RELATIONSHIPS - DIMENSIONS SHALL HAVE PRECEDENCE OVER SCALED POSITIONS.
4. UNDERGROUND IMPROVEMENTS HAVE NOT BEEN LOCATED EXCEPT AS SPECIFICALLY SHOWN.
5. ELEVATIONS ARE BASED UPON NATIONAL GEODETIC VERTICAL DATUM (N.G.V.D. 1929) OR NORTH AMERICAN VERTICAL DATUM (N.A.V.D. 1988) AS SHOWN HEREON.
6. ALL BOUNDARY AND CONTROL DIMENSIONS SHOWN ARE FIELD MEASURED AND CORRESPOND TO RECORD INFORMATION UNLESS SPECIFICALLY NOTED OTHERWISE.
7. ANY CORNERS SHOWN AS "SET" HAVE EITHER BEEN SET ON THE DATE OF FIELD WORK, OR WILL BE SET WITHIN 1-2 WEEKS OF SAID DATE AND ARE IDENTIFIED WITH A CAP MARKED LB (LICENSED BUSINESS) #8507.
8. UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL OR DIGITAL SEAL OF A FLORIDA LICENSED SURVEYOR OR MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PURPOSE ONLY AND IS NOT VALID.
9. ALL DATES SHOWN WITHIN THE REVISION BLOCK HEREON ARE FOR INTEROFFICE FILING USE ONLY AND IN NO WAY AFFECT THE DATE OF THE FIELD SURVEY STATED HEREIN. UNLESS OTHERWISE NOTED.
10. BEARINGS FOLLOWED BY A (M) HAVE BEEN COLLECTED IN FIELD AND ARE IN STATE PLANE (GRID) BEARING BASIS.

Job Number : 250365-SE	Field:
Drawn By : A.C.V.	Date of Field Work : 06/30/2025
Revisions	
08/06/2025 - TOPO UPDATE - P. A.	

Bearing Basis:

CENTER LINE OF SOUTHWEST 136th STREET AS S 90°00'00" W (WEST)
ALL BEARINGS SHOWN HEREON REFERENCED THERETO.

Elevations, if shown:

Benchmark: T 618
Benchmark Elev.: 7.36'
Benchmark Datum: N.G.V.D. 29

Elevations on Drawing are in:
N.G.V.D.29 ■ N.A.V.D.88 □

CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY MEETS THE STANDARDS OF PRACTICE AS OUTLINED IN CHAPTER 5J-17.051 & 5J-17.052 OF THE FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES, AND THAT THE ELECTRONIC SIGNATURE AND SEAL (IF AFFIXED) HEREON MEETS PROCEDURES AS SET FORTH IN CHAPTER 5J-17.062. PURSUANT TO SECTION 472.025, FLORIDA STATUTES.

PABLO A. ALVAREZ LICENSE No. PSM #7274 STATE OF FLORIDA PROFESSIONAL LAND SURVEYOR

Digitally signed by Pablo A Alvarez
Date: 2025.08.12 10:32:46 -04'00'

SIGNATURE _____ DATE: 8-12-2025

PABLO ALVAREZ - PROFESSIONAL SURVEYOR AND MAPPER FLORIDA REGISTRATION NO. 7274 (NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OR THE ELECTRONIC SEAL (IF AFFIXED) OF THE FLORIDA LICENSED SURVEYOR AND MAPPER SHOWN ABOVE)

Survey Related Information and Certifications:

CERTIFIED TO
VANESSA RAQUEL BOOTH

Abbreviation Legend (Some items in legend may not appear on drawing)

A OR AL = ARC LENGTH
AT&T = AMERICAN TELEPHONE & TELEGRAPH
BFP = BACKFLOW PREVENTER
BSL = BUILDING SETBACK LINE
C/O = CLEANOUT
CA = CENTRAL ANGLE
CATV = CABLE TV RISER
CF = CALCULATED FROM FIELD
CH = CHORD DISTANCE
CONC. = CONCRETE
CR = CALCULATED FROM RECORD
DE = DRAINAGE EASEMENT
EL OR ELEV = ELEVATION
EM = ELECTRIC METER
FPL = FLORIDA POWER AND LIGHT
F.F.E. = FINISHED FLOOR ELEV.
FIR = FOUND IRON ROD
FN = FOUND NAIL
FND = FOUND
G.F.F.E = GARAGE FINISHED FLOOR ELEV.
ICV - IRRIGATION CONTROL VALVE
L= LEGAL DESCRIPTION
M = MEASURED
OHC = OVERHEAD CABLE
P = PLAT
PC = POINT OF CURVATURE
PCC = POINT OF COMPOUND CURVATURE
PH = POOL HEATER
PI = POINT OF INTERSECTION
PK = PARKER KAELON
R = RADIUS
POB = POINT OF BEGINNING
POC = POINT OF COMMENCEMENT
PP = POOL PUMP
PRC = POINT OF REVERSE CURVATURE
QTR = QUARTER
RNG = RANGE
ROW = RIGHT OF WAY
SEC = SECTION
TR = TELEPHONE RISER
TWP = TOWNSHIP
UE = UTILITY EASEMENT
UP = UTILITY POLE
WM = WATER METER
WV = WATER VALVE

Symbols (Some items in legend may not appear on drawing - Not to Scale)

= UTILITY POLE
= LIGHT POLE
= CATCH BASIN
= FIRE HYDRANT
= MANHOLE
= WATER VALVE
= WATER METER
Ⓦ = WELL
℄ = CENTER LINE
℞ = PARTY WALL
A/C = AIR CONDITIONER
Ⓢ = SEPTIC LID
xx.xx = ELEV. SHOT
= HANDICAP SPACES
= TEMPORARY SITE BENCHMARK
= SEC. QTR. CORNER
= SECTION CORNER

Line types

BOUNDARY
BUILDING
EASEMENT
CHAIN LINK FENCE — x —
WOOD FENCE — // —
METAL FENCE
OVERHEAD — I —

Legal Description:

LOT 1, BLOCK 1, OF HERMAN MANOR, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 67, PAGE 150, OF THE PUBLIC RECORDS OF MIAMI-DADE COUNTY, FLORIDA.

Platted Easements & Notable Conditions (unplatted easements also listed if provided):

- 6' U.E. ALONG AND ADJACENT TO WESTERLY AND NORTHERLY BOUNDARY LINES OF SUBJECT LOT.
- FENCES EXTEND THROUGH THE WESTERLY AND NORTHERLY EASEMENTS.
- ASPHALT DRIVEWAY EXTENDS THROUGH THE WESTERLY EASEMENT.

PRINTING INSTRUCTIONS

WHEN PRINTING THIS PDF IN ADOBE. SELECT "ACTUAL SIZE" TO ENSURE CORRECT SCALING. **DO NOT USE "FIT".**

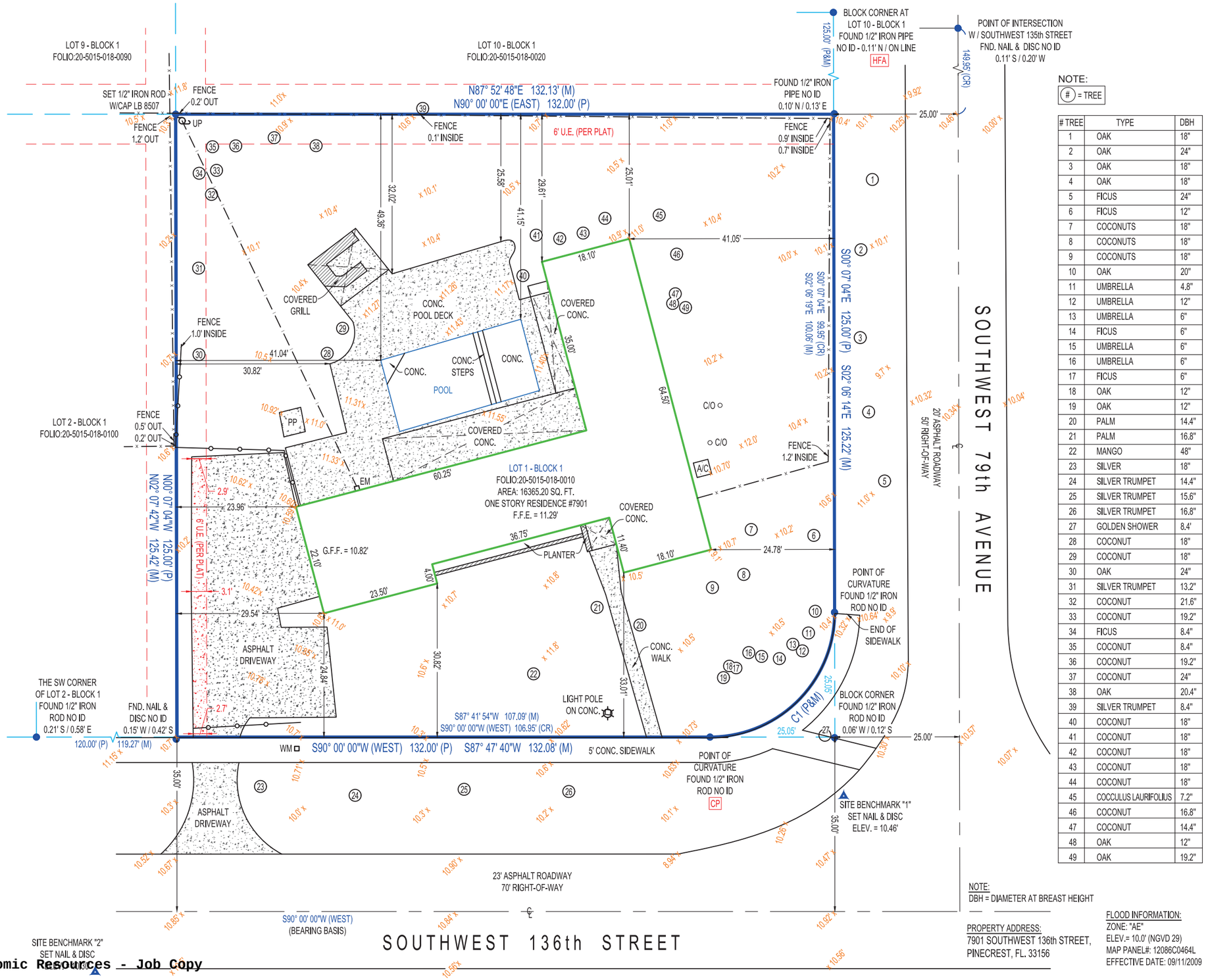
This survey has been issued by the following Landtec Surveying office:
840 US Hwy 1, Suite 330
North Palm Beach, Florida 33408
Office: (561) 210-9344 www.LandtecSurvey.com
Email: Construction@landtecsurvey.com

LANDTEC SURVEYING and Lien
LICENSED BUSINESS No. 8507

(Sketch of Survey) See sheet 1 of 2 for Survey Related Information. SURVEY IS NOT COMPLETE WITHOUT ALL SHEETS.

BOUNDARY SURVEY

SCALE:1"=20'



NOTE:
(#) = TREE

# TREE	TYPE	DBH
1	OAK	18"
2	OAK	24"
3	OAK	18"
4	OAK	18"
5	FICUS	24"
6	FICUS	12"
7	COCONUTS	18"
8	COCONUTS	18"
9	COCONUTS	18"
10	OAK	20"
11	UMBRELLA	4.8"
12	UMBRELLA	12"
13	UMBRELLA	6"
14	FICUS	6"
15	UMBRELLA	6"
16	UMBRELLA	6"
17	FICUS	6"
18	OAK	12"
19	OAK	12"
20	PALM	14.4"
21	PALM	16.8"
22	MANGO	48"
23	SILVER	18"
24	SILVER TRUMPET	14.4"
25	SILVER TRUMPET	15.6"
26	SILVER TRUMPET	16.8"
27	GOLDEN SHOWER	8.4'
28	COCONUT	18"
29	COCONUT	18"
30	OAK	24"
31	SILVER TRUMPET	13.2"
32	COCONUT	21.6"
33	COCONUT	19.2"
34	FICUS	8.4"
35	COCONUT	8.4"
36	COCONUT	19.2"
37	COCONUT	24"
38	OAK	20.4"
39	SILVER TRUMPET	8.4"
40	COCONUT	18"
41	COCONUT	18"
42	COCONUT	18"
43	COCONUT	18"
44	COCONUT	18"
45	COCCULUS LAURIFOLIUS	7.2"
46	COCONUT	16.8"
47	COCONUT	14.4"
48	OAK	12"
49	OAK	19.2"

CURVE TABLE				CHORD LENGTH	CHORD BEARING
	LENGTH	RADIUS	DELTA		
C1	39.32'	25.00'	90°07'04"	35.39'	S44°56'28"W

Job Number : 250365-SE	Field:
Drawn By : A.C.V.	Date of Field Work : 06/30/2025
Revisions	
08/06/2025 - TOPO UPDATE - P. A.	

This survey has been issued by the following Landtec Surveying office:
840 US Hwy 1, Suite 330
North Palm Beach, Florida 33408
Office: (561) 210-9344 www.LandtecSurvey.com
Email: Construction@landtecsurvey.com

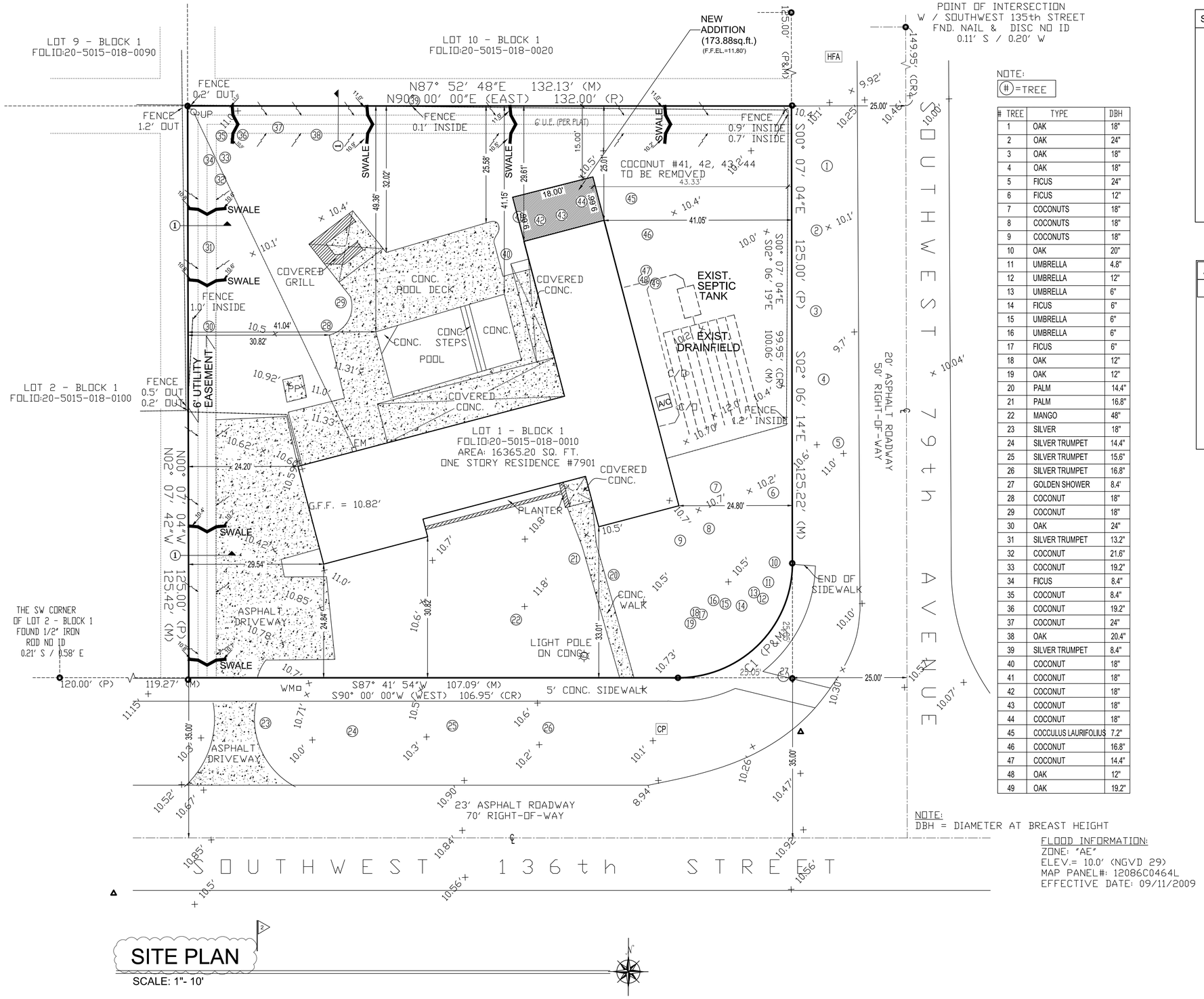
LANDTEC SURVEYING and Lien

LB#3115 BUSINESS No.

NOTE:
DBH = DIAMETER AT BREAST HEIGHT

PROPERTY ADDRESS:
7901 SOUTHWEST 136th STREET,
PINECREST, FL. 33156

FLOOD INFORMATION:
ZONE: "AE"
ELEV.= 10.0' (NGVD 29)
MAP PANEL#: 12086C0464L
EFFECTIVE DATE: 09/11/2009



SITE PLAN

SCALE: 1"- 10'

NOTE:
(#) = TREE

# TREE	TYPE	DBH
1	OAK	18"
2	OAK	24"
3	OAK	18"
4	OAK	18"
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46	COCONUT	16.8"
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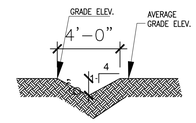
49	OAK	19.2"

NOTE:
DBH = DIAMETER AT BREAST HEIGHT

FLOOD INFORMATION:
ZONE: "AE"
ELEV.= 10.0' (NGVD 29)
MAP PANEL#: 12086C0464L
EFFECTIVE DATE: 09/11/2009

STORMWATER DRAINAGE SWALE DETAIL:

SWALE AND ALL DISTURBED AREAS TO BE SODDED TO MATCH EXISTING CONDITIONS



① DRAINAGE SWALE DETAIL (GRASSED SWALE) SCALE: N.T.S.

ZONING LEGEND

BUILDING DISPOSITION

LOT OCCUPATION	PROVIDED
a- LOT AREA	16,365.20 SQ.FT.
b- HOUSE AREA	2,441.29 SQ. FT.
c- ADDITION AREA	173.88 SQ.FT.
d- LOT COVERAGE	16%
e- IMPERVIOUS AREA	5,884.50 SQ. FT.
f- PERVIOUS AREA	10,480.70 SQ.FT.
g- PERVIOUS PERCENTAGE	64.04%

BUILDING SETBACK	REQUIRED	PROVIDED
a- FRONT	25 FT. MIN.	25 FT.
b- REAR	15 FT.MIN.	15 FT.
c- SIDE STREET	15 FT.MIN.	24.8 FT
d- SIDE INTERIOR	15 FT.MIN.	24.2 FT.

STATE OF FLORIDA PROFESSIONAL ENGINEER No. 50465 FAUSTO GUERRERO

This item has been digitally signed and sealed by FAUSTO GUERRERO, P.E. on the date adjacent to the seal.

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FAUSTO GUERRERO ENGINEER
FL. P.E.# 50465 (786) 443 1685
PHONE NUMBER: 19552 SW 133rd AVENUE, MIAMI, FL, 33177

Digitally signed by Fausto E Guerrero
Date: 2025.08.15 18:06:54 -04'00'

CONSULTANT:

PROJ. MANAGER:
PEDRO PUERTO/C.B.S.
305-262-8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:
2	08-15-25	

DATE: 05-02-25
JOB NUMBER: 25-10

TITLE:

A-1.1

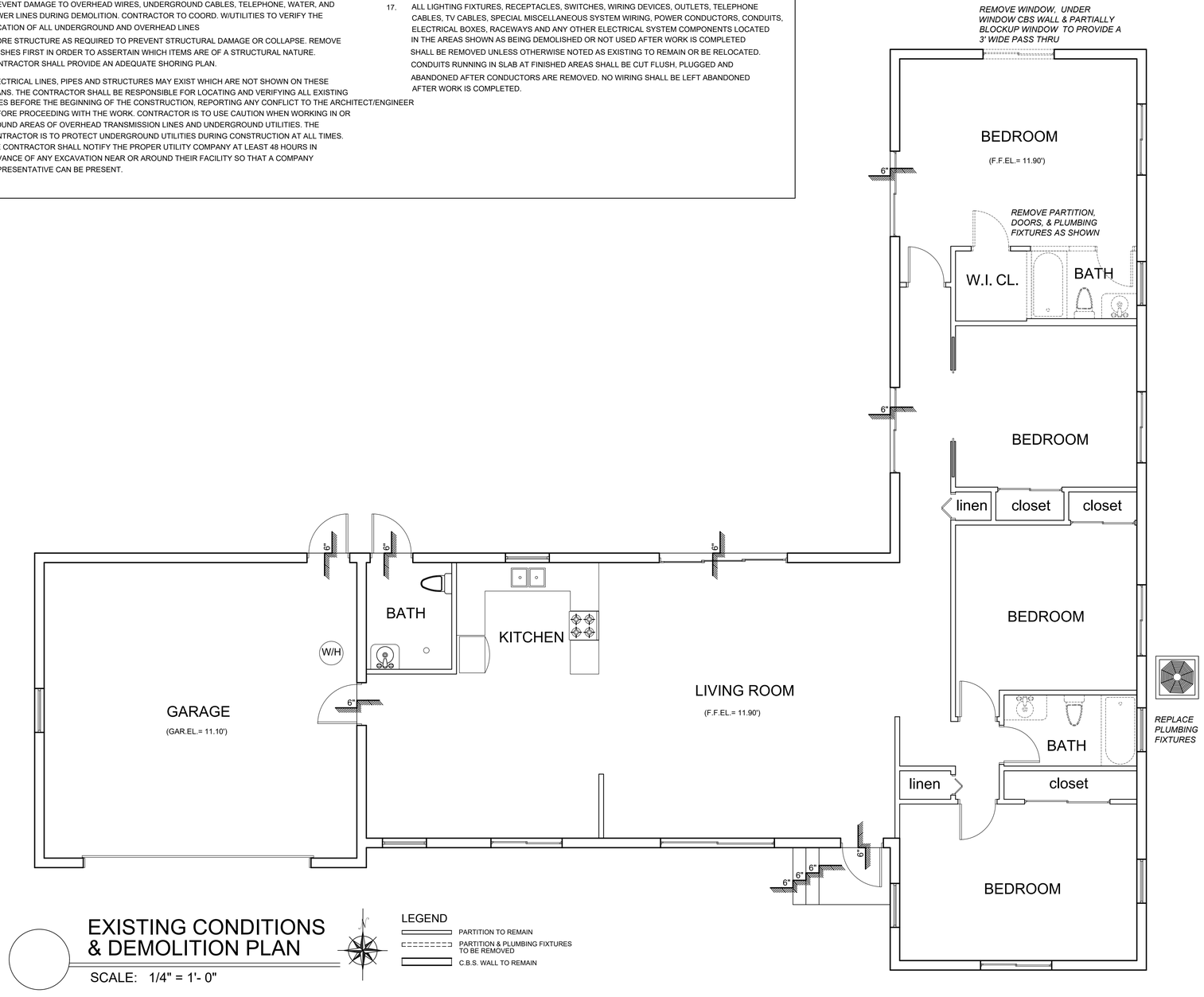
DEMOLITION NOTES

1. GENERAL:
   - A. CONTRACTOR TO PROVIDE PERMITS AND NOTICES AUTHORIZING DEMOLITION.
   - B. CONTRACTOR TO PROVIDE PERMIT FOR TRANSPORT AND DISPOSAL OF DEBRIS.
   - C. CONTRACTOR SHALL SUBMIT A SCHEDULE FOR DEMOLITION PROCEDURES AND SEQUENCE OPERATIONAL.
   - D. CONTRACTOR SHALL BE RESPONSIBLE FOR SAFETY AND SUPPORT OF STRUCTURE AND SHALL BE RESPONSIBLE FOR DAMAGE OR INJURY RELATED TO ANY PORTION OF THE WORK.
   - E. CONTRACTOR SHALL CEASE OPERATIONS AND NOTIFY THE ARCHITECT/ENGINEER IMMEDIATELY IF SAFETY OF STRUCTURE APPEARS TO BE ENDANGERED. TAKE PRECAUTIONS TO PROPERLY SUPPORT STRUCTURE. DO NOT RESUME OPERATION UNTIL SAFETY IS RESTORED.
2. CONTRACTOR TO VERIFY ALL STRUCTURAL CONDITION AND IDENTIFY AND CAP ALL UTILITIES EXISTING IN THE CONSTRUCTION AREA BEFORE COMENCING WITH DEMOLITION. NOTIFY ARCHITECT/ENGINEER OF ANY DISCREPANCES BEFORE PROCCEEDING WITH THE WORK.
3. PERFORM WORK IN SAFE AND CAUTIOUS MANNER TO AVOID ACCIDENTS OR PROPERTY DAMAGE.
4. CONTRACTOR IS TO USE ADEQUATE MEANS AND METHODS OF DEMOLITION AND REMOVAL FOR THE TYPE OF WORK PERFORMED. CONTRACTOR SHALL PERFORM DEMOLITION IN ACCORDANCE WITH APPLICABLE CODES AND AUTHORITIES HAVING JURISDICTION.
5. CONTRACTOR SHALL COORDINATE WITH OWNER OR OWNER'S REPRESENTATIVE REGARDING THE TEMPORARY STORAGE OF EQUIPMENT AND MATERIALS DURING CONSTRUCTION
6. ALL FINISHES AND SURFACES NOT IDENTIFIED FOR DEMOLITION TO WHICH ARE DAMAGED DURING DEMOLITION AND NEW CONSTRUCTION SHALL BE REPAIRED OR REPLACED TO THE SATISFACTION OF THE OWNER'S REPRESENTATIVE AT NO ADDITIONAL COST TO OWNER. PREVENT DAMAGE TO ADJOINING STRUCTURES AND OWNER'S SALVAGED PROPERTY DURING DEMOLITION.
7. CONTRACTOR SHALL BE RESPONSIBLE FOR MAINTAINING CONTAINERIZED DEBRIS SERVICE FOR REMOVAL OF ALL DEBRIS FROM ALL TRADES AND ALL WORK RELATING TO THE PROJECT.
8. ALL ITEMS IDENTIFIED AS DEMOLITION AND/OR REMOVAL SHALL BE PROPERLY DISPOSED OF BY CONTRACTOR. REMOVAL, DISPOSAL AND DEMOLITION OF HAZARDOUS MATERIALS SHALL BE DONE IN ACCORDANCE WITH ALL APPLICABLE CODES, RULES AND REGULATIONS. REMOVAL AND DEMOLITION OF HAZARDOUS MATERIALS SHALL BE PERFORMED BY COMPANY LICENSED AND QUALIFIED TO DO SO.
9. ALL BUILDING CONSTRUCTION AFFECTED BY THE REMOVAL, RELOCATION, INSTALLATION OF ANY PIECE OF EQUIPMENT SHALL BE REPAIRED AND FINISHED AS REQUIRED TO MATCH EXISTING CONDITION WHEN REMOVING ABANDONED PIPES AND ELECTRICAL FIXTURES OR RECEPTACLES REROUTE OR CAP LINES AS INDICATED ON THE CONTRACT DRAWINGS OR AS NECESSARY FOR NEW WORK WITHOUT AFFECTING NORMAL
10. REMOVE ALL DEMOLITION MATERIALS, DEBRIS, AND RUBBISH FROM SITE IMMEDIATELY ON COMPLETION OF DEMOLITION WORK. DO NOT PERMIT ANY ACCUMULATION OF DEBRIS ON SITE. TRANSPORT ALL DEMOLITION MATERIALS WITHOUT SPILLAGE ON STREETS. LEAVE SITE NEAT AND ORDERLY ON COMPLETION OF DEMOLITION WORK.
11. PREVENT DAMAGE TO OVERHEAD WIRES, UNDERGROUND CABLES, TELEPHONE, WATER, AND SEWER LINES DURING DEMOLITION. CONTRACTOR TO COORD. W/UTILITIES TO VERIFY THE LOCATION OF ALL UNDERGROUND AND OVERHEAD LINES
12. SHORE STRUCTURE AS REQUIRED TO PREVENT STRUCTURAL DAMAGE OR COLLAPSE. REMOVE FINISHES FIRST IN ORDER TO ASSERTAIN WHICH ITEMS ARE OF A STRUCTURAL NATURE. CONTRACTOR SHALL PROVIDE AN ADEQUATE SHORING PLAN.
13. ELECTRICAL LINES, PIPES AND STRUCTURES MAY EXIST WHICH ARE NOT SHOWN ON THESE PLANS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR LOCATING AND VERIFYING ALL EXISTING LINES BEFORE THE BEGINNING OF THE CONSTRUCTION, REPORTING ANY CONFLICT TO THE ARCHITECT/ENGINEER BEFORE PROCEEDING WITH THE WORK. CONTRACTOR IS TO USE CAUTION WHEN WORKING IN OR AROUND AREAS OF OVERHEAD TRANSMISSION LINES AND UNDERGROUND UTILITIES. THE CONTRACTOR IS TO PROTECT UNDERGROUND UTILITIES DURING CONSTRUCTION AT ALL TIMES. THE CONTRACTOR SHALL NOTIFY THE PROPER UTILITY COMPANY AT LEAST 48 HOURS IN ADVANCE OF ANY EXCAVATION NEAR OR AROUND THEIR FACILITY SO THAT A COMPANY REPRESENTATIVE CAN BE PRESENT.
14. WHEN ELECTRICAL DEVICES ARE INSTALLED IN PARTITIONS OR CEILINGS TO BE REMOVED, THE CONTRACTOR SHALL DISCONNECT THEM UP TO THE NEXT OUTLET TO REMAIN OR BACK TO THE PANEL BOARD. IF EXISTING TO REMAIN OUTLETS ARE FED THROUGH DEMOLISHED PARTITIONS OR CEILINGS, THE CIRCUIT SHALL BE REARRANGED TO MAINTAIN CIRCUIT CONTINUITY. WIRE SHALL BE REMOVED BACK TO SOURCE FROM INACCESSIBLE RACEWAYS NOT REUSED. INSTALL BLANK PLATES ON FLUSH OUTLETS NOT REUSED. PLATE COLOR SHALL MATCH ADJACENT SURFACE AS NEAR AS POSSIBLE IN FINISHED AREAS.
15. SALVAGED MATERIALS SHALL BE REMOVED, CLEANED, AND PREPARED FOR RE-INSTALLATION. OWNER MAINTAINS OWNERSHIP OF ALL MATERIALS UNLESS OTHERWISE SPECIFIED.
16. WHERE DEMOLITION WORK REQUIRES TEMPORARY INTERRUPTION OF ELECTRICAL, TELEPHONE, TV, ALARM OR COMMUNICATION SERVICES, RESPECTIVE UTILITIES COMPANY REPRESENTATIVES SHALL BE NOTIFIED AS NECESSARY, AND ALL WORK DONE SHALL BE UNDER SUPERVISION AND THEIR ESTABLISHED STANDARDS.
17. ALL LIGHTING FIXTURES, RECEPTACLES, SWITCHES, WIRING DEVICES, OUTLETS, TELEPHONE CABLES, TV CABLES, SPECIAL MISCELLANEOUS SYSTEM WIRING, POWER CONDUCTORS, CONDUITS, ELECTRICAL BOXES, RACEWAYS AND ANY OTHER ELECTRICAL SYSTEM COMPONENTS LOCATED IN THE AREAS SHOWN AS BEING DEMOLISHED OR NOT USED AFTER WORK IS COMPLETED SHALL BE REMOVED UNLESS OTHERWISE NOTED AS EXISTING TO REMAIN OR BE RELOCATED. CONDUITS RUNNING IN SLAB AT FINISHED AREAS SHALL BE CUT FLUSH, PLUGGED AND ABANDONED AFTER CONDUCTORS ARE REMOVED. NO WIRING SHALL BE LEFT ABANDONED AFTER WORK IS COMPLETED.

GENERAL NOTES:

1. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS, ELEVATIONS AND ANGLES AND ALL OTHER EXISTING CONDITIONS PRIOR TO COMMENCING ANY WORK. CONTRACTOR TO ALSO VERIFY AND APPROVE ALL INFORMATION ON DRAWINGS. ACCEPTANCE OF THESE PLANS CONSTITUTES APPROVAL. PLEASE NOTIFY ENGINEER BY CERTIFIED MAIL OF ANY CONFLICTS OR DISCREPANCIES, IF ANY.
2. CONTRACTOR SHALL FURNISH AND BE SOLELY RESPONSIBLE FOR ALL TEMPORARY BRACING AND SHORING REQUIRED TO MAINTAIN PLUMBNESS AND STABILITY OF ALL STRUCTURAL ELEMENTS DURING CONSTRUCTION.
3. THE CONTRACTOR SHALL OBTAIN FROM ALL SUBCONTRACTORS THE FINAL APPROVED SITE AND LOCATION OF ALL OPENINGS TO BE PROVIDED FOR RESPECTIVE TRADES. HE SHALL BE RESPONSIBLE FOR LOCATION AND DETAILS.
4. ALL CONCRETE FOR FOUNDATIONS & SLABS ON GRADE SHALL REACH 2500 P.S.I. COMPRESSIVE STRENGTH AT 28 DAYS, AND ALL COLUMNS, GROUTED CELLS, SLABS ABOVE GRADE AND TIE BEAMS SHALL REACH 3000 P.S.I. COMPRESSIVE STRENGTH MINIMUM AT 28 DAYS UNLESS OTHERWISE NOTED.
5. CONTRACTOR/OWNER SHALL BE RESPONSIBLE FOR VERIFYING REQUIRED GRADE & FINISHED FLOOR ELEVATIONS WITH RESPECT TO DADE COUNTY FLOOD CRITERIA, EXISTING CROWN OF ROAD ELEVATIONS, FEDERAL FLOOD CRITERIA OR ANY OTHER GOVERNING BODY.
6. OWNER AND CONTRACTOR SHALL NOTIFY ENGINEER IN WRITING, BY CERTIFIED MAIL UPON COMMENCEMENT PROJECT.

PLEASE NOTE - IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO FIELD VERIFY ALL JOB CONDITIONS AND DIMENSIONS.



EXISTING CONDITIONS & DEMOLITION PLAN

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

LEGEND
- PARTITION TO REMAIN
- PARTITION & PLUMBING FIXTURES TO BE REMOVED
- C.B.S. WALL TO REMAIN

FAUSTO GUERRERO ENGINEER
FL. P.E.# 50465 1685
PHONE NUMBER: (786) 443 19552 SW 133rd AVENUE, MIAMI, FL, 33177

FAUSTO E. GUERRERO No. 50465 STATE OF FLORIDA PROFESSIONAL ENGINEER

This item has been digitally signed and sealed by FAUSTO GUERRERO, P.E. on the date adjacent to the seal.

Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

SEAL

FAUSTO E. GUERRERO No. 50465 STATE OF FLORIDA PROFESSIONAL ENGINEER

Digitally signed by Fausto E Guerrero
Date: 2025.05.17 12:33:18 -04'00'

CONSULTANT:

PROJ. MANAGER:
PEDRO PUERTO/C.B.S.
305-262-8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:

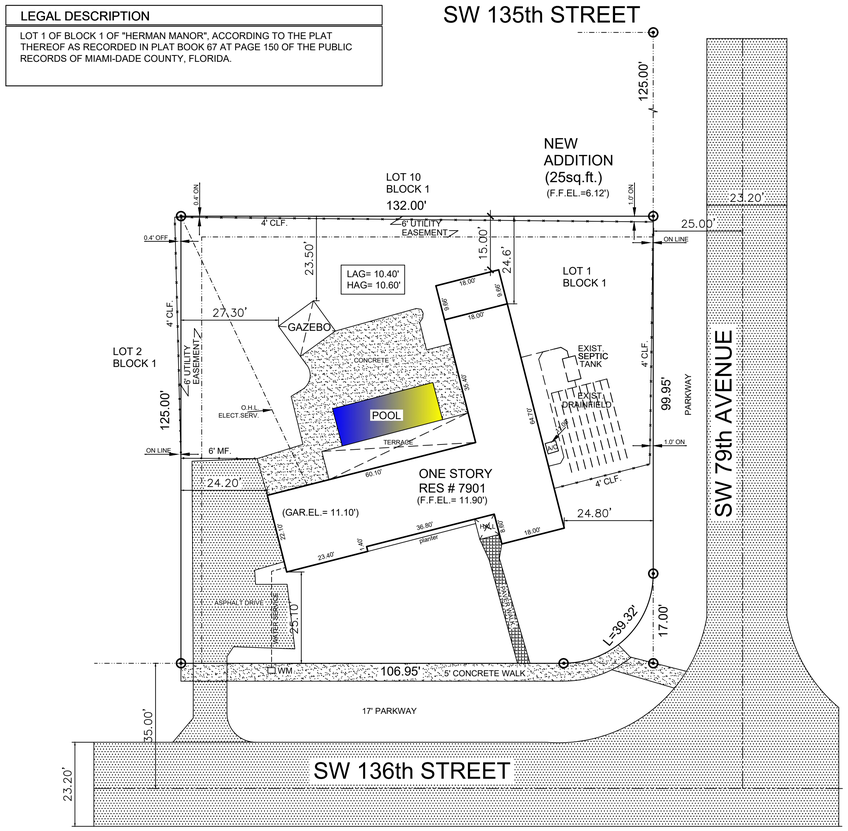
DATE: 05-02-25
JOB NUMBER: 25-10

TITLE:

A-1

LEGAL DESCRIPTION

LOT 1 OF BLOCK 1 OF "HERMAN MANOR", ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 67 AT PAGE 150 OF THE PUBLIC RECORDS OF MIAMI-DADE COUNTY, FLORIDA.



SITE PLAN

SCALE: 1"- 20'

NOTE:
THERE ARE NO PERTINENT FIXTURES ON ADJACENT PROPERTIES AND ACCROSS THE STREET THAT MAY AFFECT THE ONSITE SEWAGE SYSTEM INSTALLATION

TERMITE PROTECTION

THE BUILDING MUST HAVE A PRE-CONSTRUCTION TREATMENT FOR PROTECTION AGAINST SUBTERRANEAN TERMITES.
A CERTIFICATE OF COMPLIANCE SHALL BE ISSUED TO THE BUILDING DEPARTMENT BY THE LICENSED PEST CONTROL COMPANY WICH CONTAINS THE FOLLOWING STATEMENT.
"THIS BUILDING HAS RECEIVED A COMPLETE TREATMENT FOR THE PREVENTION OF SUB-TERRANEAN TERMITES. TREATMENT IS IN ACCORDANCE WITH THE RULES AND LAWS AS ESTABLISHED BY THE FLORIDA DEPARTMENT OF A AGRICULTURE AND CONSUMER SERVICES"

SOIL STATEMENT:

SOIL CONDITION AT SITE BY VISUAL INSPECTION INDICATES AN ALLOWABLE BEARING CAPACITY OF 2,000 P.S.F. (UNDISTURBED SAND AND/OR ROCK).
PRIOR TO THE INSTALLATION OF ANY FOOTING FOUNDATION SYSTEM FOR NEW BUILDINGS, STRUCTURES OR ADDITIONS THE BUILDING OFFICIAL SHALL BE PROVIDED WITH A STATEMENT FROM AN ARCHITECT OR ENGINEER TO CERTIFY THE PRESUMPTIVE SOIL BEARING CAPACITY.

SOIL COMPACTION

SOIL SHALL BE COMPACTED TO A MINIMUM OF 95 PERCENT OF MODIFIED PROCTOR IN A ACCORDANCE WITH A.S.T.M. D-1557 AND COMPACTED AND TESTED IN LIFTS NOT TO EXCEED 12 INCHES.

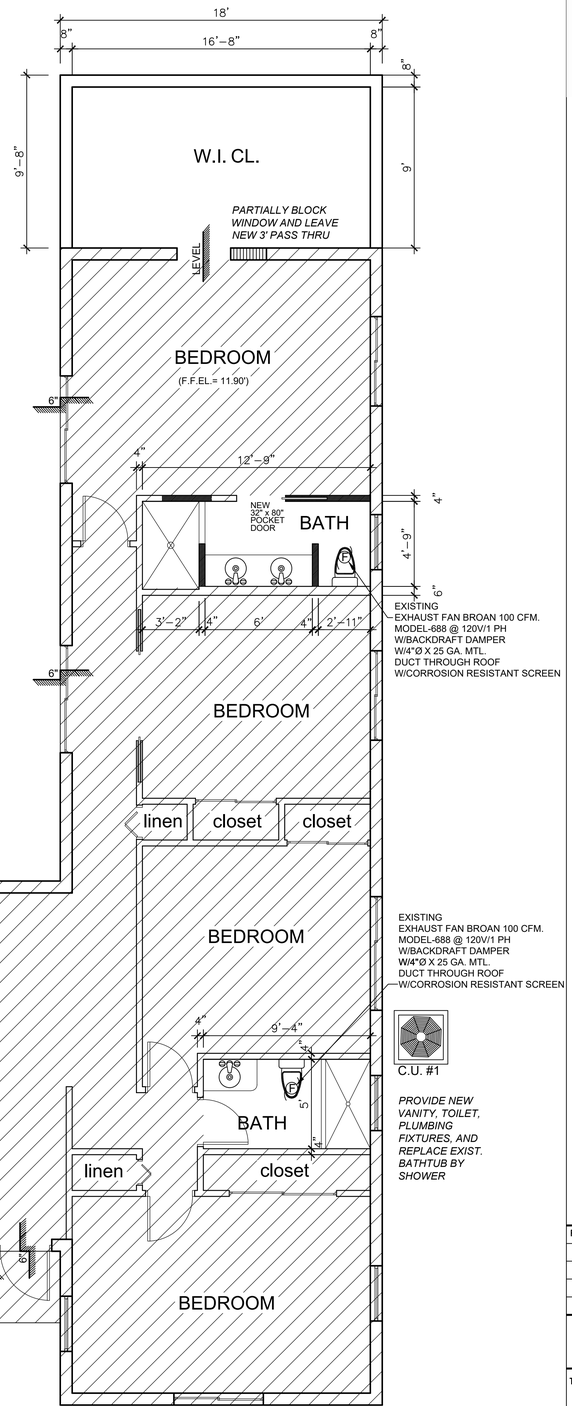
RADON RESISTANCE

PROVIDE 6 MIL.VAPOR BARRIER AT CONCRETE SLAB

SOIL PREPARATION:

THE AREA UNDER FOOTING, FOUNDATIONS AND CONCRETE SLAB ON GRADE SHALL HAVE ALL VEGETATION, STUMPS, ROOTS AND FOREIGN MATERIALS REMOVED PRIOR TO THEIR CONSTRUCTION. FILL MATERIAL SHALL BE FREE OF VEGETATION AND FOREIGN MATERIAL

LEGAL DESCRIPTION



SCOPE OF WORK

- ADDITION OF WALKING CLOSET.
- REMODELING OF MASTER BATH AND REPLACEMENT OF PLUMBING FIXTURES AND BATHTUB BY SHOWER AT SECONDARY BATHROOM.

FLOOR PLAN

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

LEGEND

- *EXISTING PARTITIONS TO REMAIN*
- *NEW PARTITIONS*
- *EXISTING C.B.S. WALLS TO REMAIN*
- *NEW C.B.S. WALLS*

THE CONSTRUCTION DOCUMENTS HAVE BEEN PREPARED IN COMPLIANCE WITH FBC 2023, 8TH EDITION

FAUSTO GUERRERO
ENGINEER
FL. P.E.# 50465 443 1685
PHONE NUMBER: (786) 19552 SW 133rd AVENUE, MIAMI, FL, 33177

STATE OF FLORIDA PROFESSIONAL ENGINEER No. 50465

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Date: 2025.05.17 12:34:09 -04'00'

CONSULTANT:

PROJ. MANAGER:
PEDRO PUERTO/C.B.S.
305-262-8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

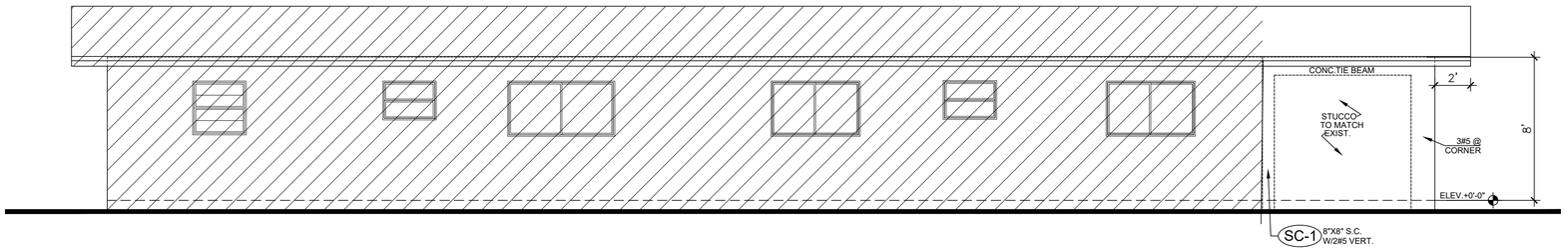
7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:

DATE: 05-02-25
JOB NUMBER: 25-10

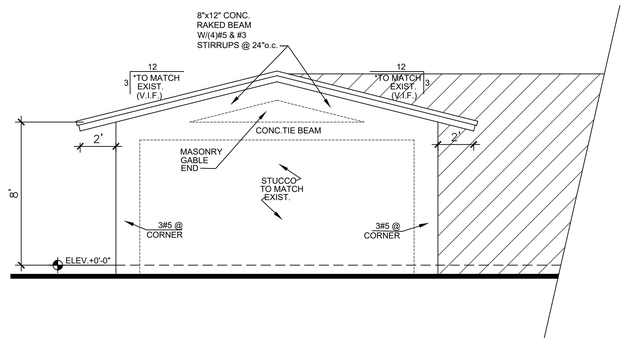
TITLE:

A-2



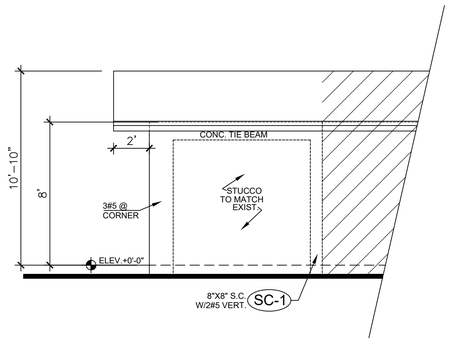
EAST ELEVATION

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



NORTH ELEVATION

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



WEST ELEVATION

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

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7901 SW 136th STREET PINECREST, FL. 33156

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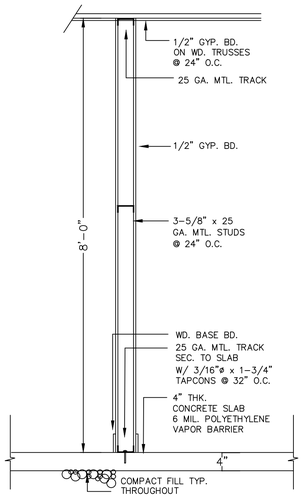
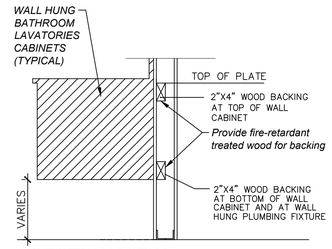
A-3



NON-BEARING PARTITION

scale: 3/4"= 1'-0"

NOTE: STUDS SUPPORTING WALL HUNG PLUMBING FIXTURES AND WALL CABINETS SHALL BE NOT LESS THAN 2"x4" @ 16" o.c. OR 20 GA STUDS @ 16" o.c.



SECTION VIEW

- PROVIDE BACKING FOR WALL CABINET F.B.C. 2905N.1.2

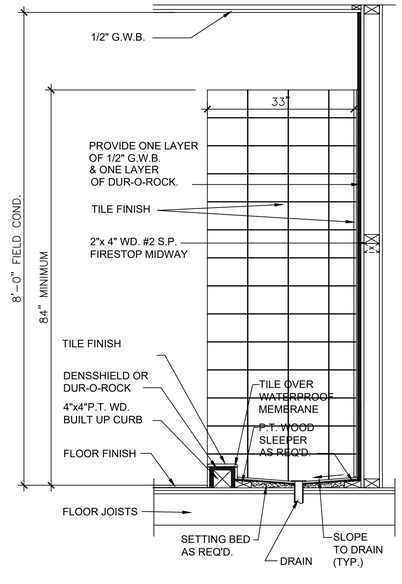
(2.) A MINIMUN 2" X 4" HORIZONTAL WOOD MEMBER, SECURELY FASTENED TO NOT LESS THAN 2 SUCH STUDS, SHALL BE INSTALLED FOR THE ATTACHEMENT OF EACH WALL HUNG PLUMBING FIXTURE AND WALL CABINET.

- PROVIDE 20 GA. MTL. STUDS @ 16" O.C. @ BATHROOM CABINETS WALL

WOOD BACKING TYPICAL DETAIL

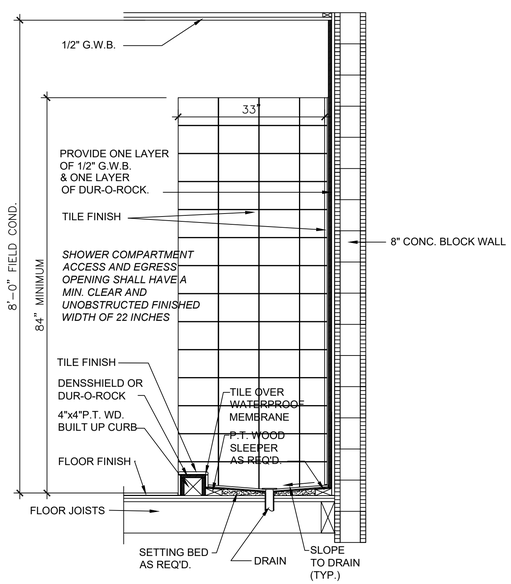
scale: 3/4"= 1'-0"

NOTE:
ALL NEW AND EXISTING WALL PENETRATIONS SHALL BE SEALED.



SHOWER SECTION DTL.

SCALE: 3/4" = 1'- 0"



SHOWER SECTION DTL.@CBS WALL

SCALE: 3/4" = 1'- 0"

APPLICATION OF CERAMIC OR PLASTIC WALL TILE OR: PLASTIC FINISHED WALL PANELS OVER GYPSUM BOARD:

A.1.2.1 136.1, AMERICAN NATIONAL STANDARD FOR ORGANIC ADHESIVES FOR INSTALLATION OF CERAMIC TILE, TYPE I OR TYPE II, SHALL BE APPLIED OVER ALL SURFACES THAT HAVE BEEN FINISHED WITH JOINT COMPOUND AND ALLOWED TO CURE BEFORE THE APPLICATION OF TILE BEGINS.

A.1.2.2 CUT EDGES AND OPENINGS AROUND PIPES AND FIXTURES SHALL BE CAULKED FLUSH WITH WATERPROOF, FLEXIBLE SEALANT OR ADHESIVE COMPLYING WITH ANSI A 136.1, AMERICAN NATIONAL STANDARD FOR ORGANIC ADHESIVES FOR INSTALLATION OF CERAMIC TILE, TYPE I OR TYPE II. THE TILE, WALL PANEL, OR OTHER SURFACING MATERIAL MANUFACTURER'S SPECIFICATIONS SHALL BE FOLLOWED.

A.1.2.3 TILE OR WALL PANELS SHALL BE APPLIED DOWN TO THE TOP SURFACE OR EDGE OF THE FINISHED SHOWER FLOOR, RETURN, OR TUB AND SHALL OVERLAP THE TOP LIP OF THE RECEPTOR, SUB-PAN, OR TUB AND SHALL COMPLETELY COVER THE AREAS SPECIFIED IN SECTIONS A.1.2.3 (a) through A.1.2.3(e). (see figure)

(a) TUBS WITHOUT SHOWERHEADS - SURFACING MATERIAL SHALL EXTEND NOT LESS THAN 6 IN ABOVE THE RIM OF THE TUB.

(b) TUBS WITH SHOWERHEADS - SURFACING MATERIAL SHALL EXTEND NOT LESS THAN 5 FT ABOVE THE RIM OF THE TUB OR 6 IN. ABOVE THE HEIGHT OF THE SHOWERHEAD, WHICHEVER IS HIGHER.

(c) SHOWER STALLS- SURFACING MATERIAL SHALL EXTEND NOT LESS THAN 6 FT. ABOVE THE SHOWER DAM OR 6 IN. ABOVE THE HEIGHT OF THE SHOWERHEAD, WHICHEVER IS HIGHER.

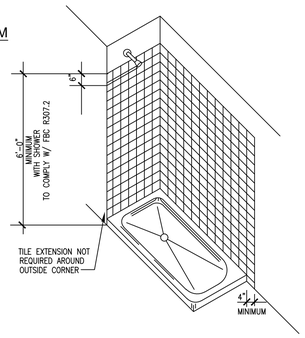
(d) CEMENT BOARD DUROCK WINDOW SILLS AND JAMBS IN SHOWER OR TUB ENCLOSURES SHALL BE COVERED TO A HEIGHT NOT LESS THAN AS SPECIVIED FOR THE WALL

(e) SURFACING MATERIAL SHALL BE APPLIED TO THE FULL SPECIFIED HEIGHT FOR A DISTANCE OF NOT LESS TAN 4 IN. (100 mm) BEYOND AN OUTSIDE CORNER ARE EXCLUDED.

INTERIOR AND EXTERIOR APPLICATIONS AND FINISHING OF CEMENT BOARD, OTHER THAN GYPSUM VENEER BASE AND PLASTER, SHALL BE DONE IN ACCORDANCE WITH PBC 2004 OR GA 216

BACKING FOR DUROCK SHALL BE WATERPROOFING 30# FELT(OR EQUAL)

BACKING BOARD FOR CERAMIC TILE TO BE CEMENT FIBER OR GLASS MAT. R702.4.2

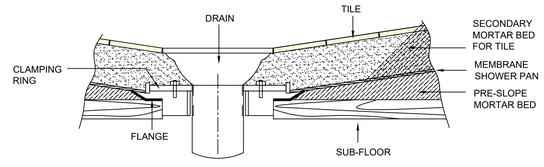


TILE IN BATH AND SHOWER SHOULD BE BROUGHT UP TO THE LEVELS SHOWN

SCALE 1/2" = 1'-0"

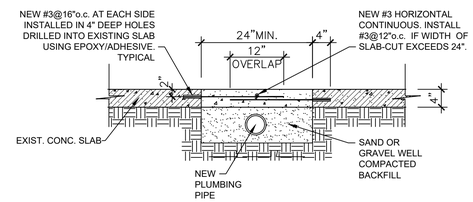
BATHROOM TILE NOTES

ALL BATHROOMS SHALL HAVE TILE FLOOR & BASE OR OTHER APPROVED IMPERVIOUS MATERIAL UNTIL 72" HIGH AT WALLS.
ALL WINDOWS WITHIN 12" OF ALL DOORS SHALL BE SAFETY GLASS & TEMPERED GLASS AT ALL TUBS & SHOWER ENCLOSURES.



SHOWER PAN DETAIL

N.T.S.



TYPICAL SLAB REPAIRS AT PLUMBING TRENCH

SCALE: 3/4" = 1'- 0"

NOTES:
1- CONCRETE COMPRESSIVE STRENGTH = 3,000 PSI
2- REINFORCING TO BE DEFORMED BARS CONFORMING TO ASTM A615, GRADE 60.
3- CLEAN AND ROUGHEN CONTACT THE SURFACE WITH NEW CONCRETE AND PROVIDE BONDING AGENT. TYPICAL.

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Digitally signed by Fausto E Guerrero
Date: 2025.05.17 12:34:59 -04'00'

CONSULTANT:

PROJ. MANAGER:
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7901 SW 136th STREET PINECREST, FL. 33156

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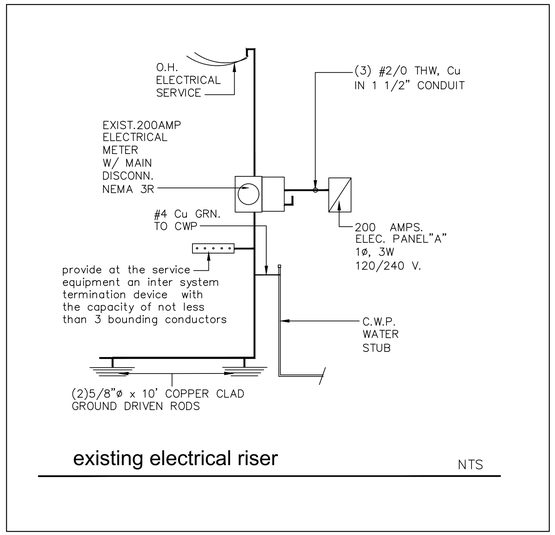
A-4



existing electrical riser

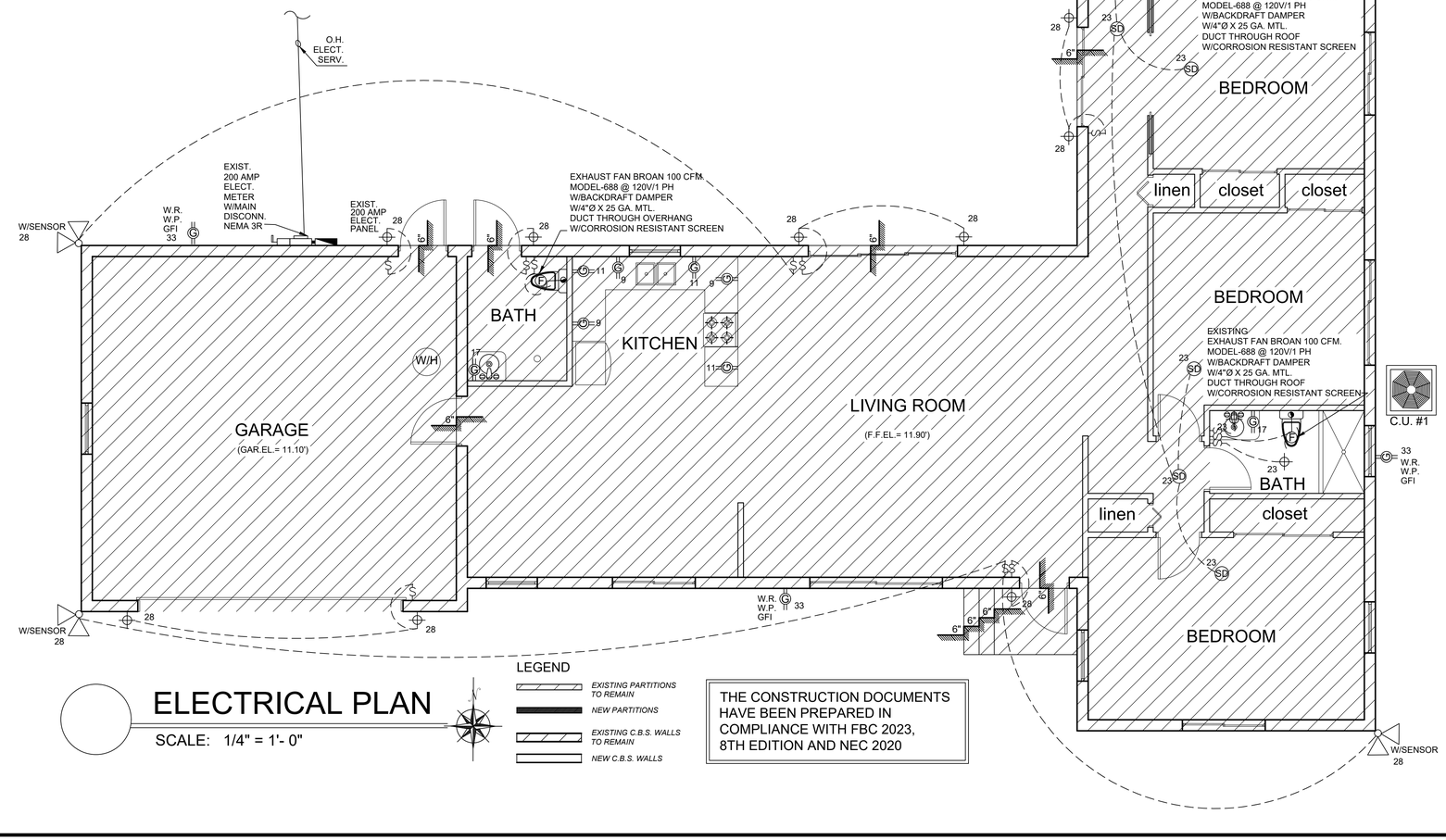
NTS

ELECTRICAL LEGEND

- SWITCH
- DUPLEX RECEPTACLE
- G.F.I. DUP. RECEPT.
- 240 V. OUTLET
- LIGHT FIXTURE
- HEATER LIGHT
- RECESSED DOWNLIGHT
- TELEPHONE
- TV TELEVISION
- DISCONNECT
- ELECTRIC PANEL
- CLG. FAN W/ LIGHT & P.C.
- F EXHAUST FAN
- DBL. F48 FLUORESCENT LAMP
- SD SMOKE DETECTOR
- FLOOD LIGHT
- WP WEATHER-PROOF

SCOPE OF ELECTRICAL WORK

- ADD LIGHT AT NEW W.I. CL. AND RELOCATE TWO EXTERIOR CORNER LIGHTS AS SHOWN ON PLAN.
- PROVIDE V.P. H.HAT LIGHT AT SHOWER, RECEPTACLES FOR MIRROR LIGHTS, AND LIGHTING AT CEILING, IN MASTER BATHROOM.



ELECTRICAL PLAN

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

LEGEND

- EXISTING PARTITIONS TO REMAIN
- NEW PARTITIONS
- EXISTING C.B.S. WALLS TO REMAIN
- NEW C.B.S. WALLS

THE CONSTRUCTION DOCUMENTS HAVE BEEN PREPARED IN COMPLIANCE WITH FBC 2023, 8TH EDITION AND NEC 2020

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PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:

DATE: 05-02-25
JOB NUMBER: 25-10

TITLE:

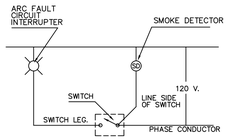
E-1

NOTES:

SMOKE DETECTORS ARE BATTERY BACK UP, 36" AWAY FROM ANY A/C VENT, AND INTERCONNECTED.

HARD WIRED CARBON MONOXIDE DETECTOR W/BATTERY BACKUP

NOTE:
ALL SMOKE ALARM SHALL COMPLY WITH FBC R 314, 315, NFPA 72, UL 217, AND UL 2034.



NOTE:
SMOKE DETECTOR SHALL BE HARDWIRED (110 VOLT TYPE) TO A NON-SWITCHABLE ARC FAULT CIRCUIT INTERRUPTER, WITH BATTERY BACK-UP AND SHALL NOT BE CONNECTED ONTO THE LOAD SIDE OF GROUND FAULT CIRCUIT INTERRUPTER. ALL SMOKE DETECTORS WITHIN EACH UNIT SHALL BE INTERCONNECTED.

smoke detector connection detail

NTS

NOTE:
ALL 120 VOLT, SINGLE PHASE, 15 AND 20 AMPERE BRANCH CIRCUITS (MODIFIED, REPLACED, OR EXTENDED) SUPPLYING OUTLETS OR DEVICES INSTALLED IN DWELLING UNIT BEDROOMS, LIVING ROOMS., DINING ROOMS., FAMILY ROOMS., PARLORS, LIBRARIES, DENS, SUNROOMS, RECREATION ROOMS, CLOSET, HALLWAYS, KITCHENS, LAUNDRY AREAS, AND ALL SIMILAR ROOMS OR AREAS, SHALL BE PROTECTED BY A LISTED UL AFCI COMBINATION TYPE & TAMPER RESISTANT. 2017 NEC, SECTION 210.12.

NOTE:
NON-LOCKING RECEPTACLES IN DAMP AND WET LOCATIONS SHALL BE LISTED WEATHER-
RESISTANT (IN ADDITION TO PROVISION OF THE REQUIRED TYPE OF COVERS) NEC 406.8 (A) & (B).

NOTE:
TAMPER RESISTANT RECEPTACLES ARE REQUIRED FOR ALL 15 AND 20 AMP 125 VAC RECEPTACLES

NOT LESS THAN 90% OF THE LAMPS SHALL HAVE AN EFFICACY OF AT LEAST 45 LUMENS/W OR NOT LESS THAN 65 LUMENS/W - FBC RE404

THE CONSTRUCTION DOCUMENTS HAVE BEEN PREPARED IN COMPLIANCE WITH FBC 2023, 8TH EDITION AND NEC 2020

Electrical Notes:

1. ALL WORK SHALL COMPLY WITH THE LATEST EDITION ON THE "NATIONAL ELECTRICAL CODE" (NEC) & THE "FLORIDA BUILDING CODE" (FBC).
2. ALL CABLE SHALL BE COPPER UNLESS OTHERWISE NOTED AND APPROVED.
3. INDOORS CONDUIT SHALL BE EMT OR RMX CABLE.
4. OUTDOORS UNDERGROUND CONDUITS SHALL BE SCHEDULE-40 PVC UNDER PAVED AREAS.
5. CONTRACTOR SHALL FURNISHED ALL LABOR, MATERIALS AND EQUIP. FOR A COMPLETE ELEC. INST. IN ACCORDANCE WITH THE ELECTRICAL DRAWINGS AND APPLICABLE CODES AND REGULATIONS.
6. ELEC. CONTRACTOR TO COORDINATE ALL OUTLET LOCATIONS WITH BLDG. AND ARCH. FIXTURES.
7. ELCT. CONTRACTOR TO PROVIDE EMPTY CONDUITS AS REQD. FOR TELEPHONE LINES & T.V. LINES.
8. ALL MOUNTING HARDWARE SHALL BE BY CONTRACTOR.
9. ALL LIGHT FIXTURES AND FANS TO BE SELECTED BY OWNER, UNLESS OTHERWISE NOTED.
10. ELECTRICAL CONTRACTOR SHALL VERIFY FIELD CONDITIONS PRIOR TO COMENCING ANY WORK. CONTRACTOR TO VERIFY AND APPROVE ALL INFORMATION ON DRAWINGS. ACCEPTANCE OF THESE PLANS CONSTITUTES APPROVAL. PLEASE NOTIFY ARCHITECT / ENGINEER BY CERTIFIED MAIL ON ANY CONFLITS OR DISCREPANCIES IF ANY.

TYPE : SQUARE "D" or APPROVED EQUAL
SERVICE :
VOLTAGE : 240/120V 1 0 - 3/W
MOUNTING : SURFACE

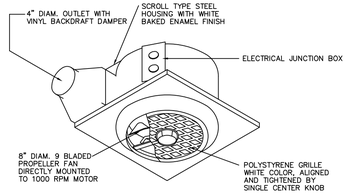
PANEL :

MAIN BUS : 200 AMPS
NEUTRAL : 200 AMPS
MAINS : 200 AMPS
LOCATION :

AMPS	POLES	TOTAL V.A.	COND SIZE+	WIRE	REMARKS	CKT. NO.		CKT. NO.	REMARKS	WIRE	COND SIZE+	TOTAL V.A.	POLES	AMPS
50	2	12000	1"	3#6 & 1#10 EQ GROUND	RANGE/OVEN	1		2	A.H.U	6	1"	10000	2	60
						3		4						
25	2	4500	1/2"	10	WATER HTR.	5		6	WASHER	12	1/2"	1500	1	20
						7		8	KITCHEN LIGHT	14	1/2"	750	1	15
20	1	1500	1/2"	12	SMALL APPL.	9		10						
↓	↓	↓	↓	↓	↓	11		12	C.U.	10	1/2"	4200	2	30
					SPARE	13		14						
20	1	900	1/2"	12	GFI RECEPT.	15		16	REFRIGERATOR	12	1/2"	1500	1	20
20	1	900	1/2"	12	BATH GFI	17		18	LIVING RM LIGHT	14	ROMEX	*	1	15
30	2	5000	1/2"	3#10 & 1#10 EQ GROUND	DRYER	19		20	LIVING RM RECEP.					
						21		22	LIVING RM RECEP.					
15	1	*	ROMEX	14	BRM.LT & SMOKE DET.	23		24	GARAGE RECEP.					
					BEDROOM OUTLETS	25		26	GARAGE LIGHT					
						27		28	EXTERIOR LIGTHS	↓	↓	↓	↓	↓
						29		30						
						31		32						
20	1	900	1/2"	12	EXTERIOR GFI	33		34						
						35		36						
						37		38						
						39		40						
						41		42						

DEMAND LOAD : 30,510 W = 127 AMP
(SEE LOAD CALCULATION) 10,000 AIC

FEEDER : 3 # 2/0 THWN CU IN 1-1/2"Ø COND
FED FROM : SERVICE.



TYPICAL CEILING EXHAUST FAN DETAIL

FAN no.	CFM	VOLTS/PHASE	MODEL	MFR.	ACCESSORIES
EF-1	100	120 V/ 1 HP/	688	BROAM OR EQUAL	W/ BACKDRAFT DAMPER W/4"ø x 26 GA MTL. DUCT THOUGH ROOF OR O.H.

ELECTRICAL LOAD CALCULATION

A. - GENERAL LIGHTING LOAD
2,625 SQ. FT. @ 3W/SQ. FT. = 7,875 WATT

B. - TWO SMALL APPLIANCE
CIRCUITS X 1,500 = 3,000 WATT

C. - FIXED APPLIANCES:

RANGE	12000
REFRIGERATOR	1500
DRYER	5000
WASHER	1500
WATER HTR.	4500

D. - ONE G.F.I. BATH CIRCUIT
X 900 = 900 WATTS

CONNECTED LOAD LESS A/C =36,275 WATT
10000 W @ 100% = 10,000 WATT
REST W @ 40% =10,510 WATT
A/C (or heating) @ 100% =10.000 WATT
DEMAND LOAD = 30,510 / 240 WATT = 127 AMP @ 240/120 V

SERVICE SIZE = 200 AMP

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PROJECT INFORMATION

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TITLE:

E-2

WATER LEGEND

COLD WATER — — — — — —

HOT WATER - - - - - - - - - -

DRAINAGE LEGEND

EXIST.SEWER

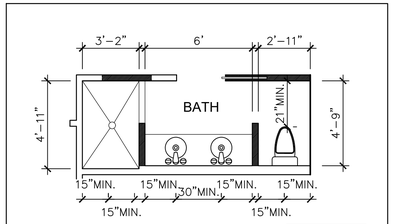
NEW SEWER

3"@ 1/8" SLOPE
2"@ 1/4" SLOPE
1-1/2"@ 1/4" SLOPE

NOTE:
THERE ARE NO PERTINENT FIXTURES ON ADJACENT PROPERTIES AND ACCROSS THE STREET THAT MAY AFFECT THE ONSITE SEWAGE SYSTEM INSTALLATION

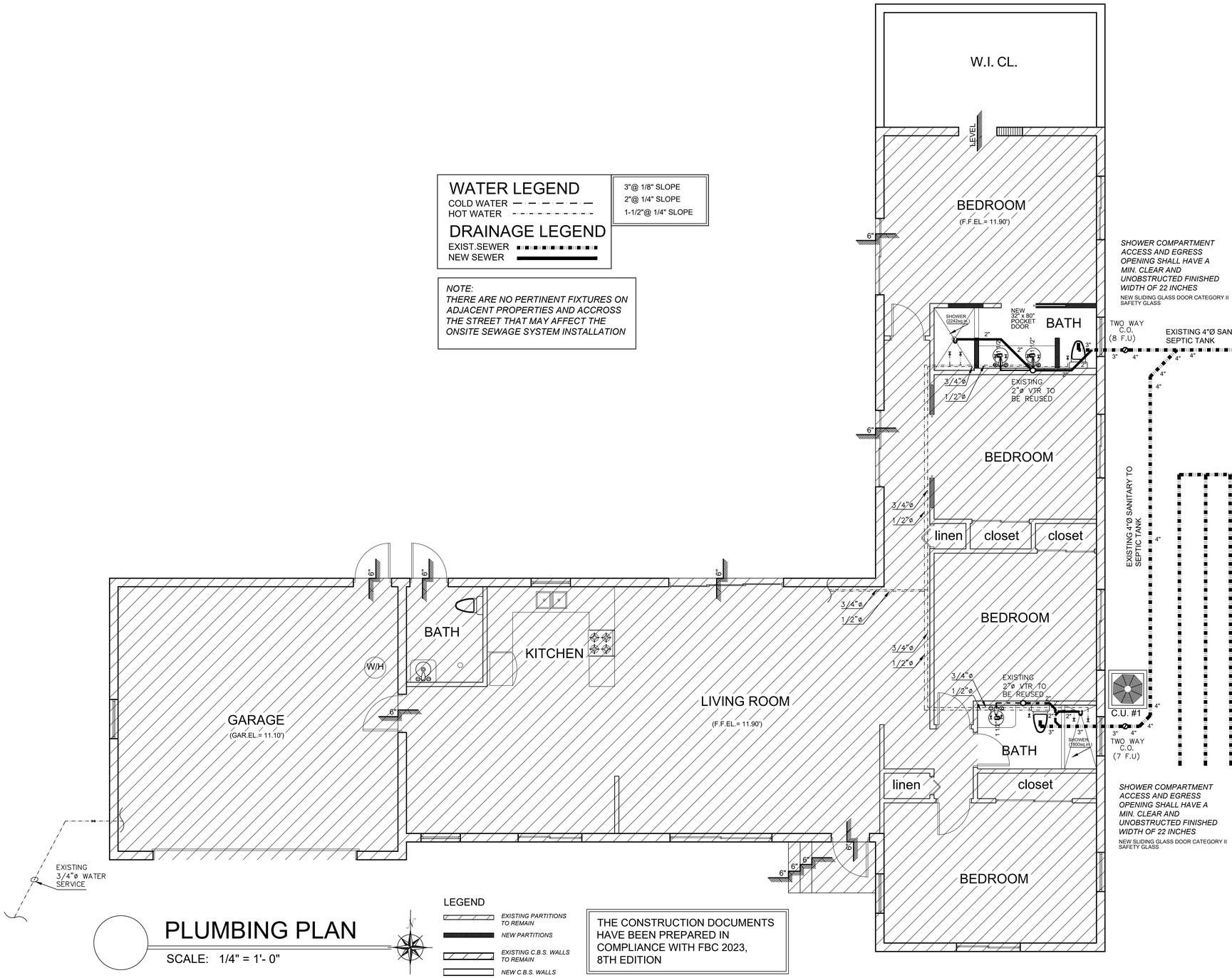
SCOPE OF PLUMBING WORK

- PROVIDE A DOUBLE SINK AT MASTER BATHROOM AND RELOCATE TOILET & NEW BIGGER SHOWER REPLACE ALL CAST IRON PIPES BY NEW PVC SCH.40
- AT INTERMEDIATE BATHROOM REPLACE EXISTING BATHTUB BY A NEW SHOWER. REPLACE ALL CAST IRON PIPES BY NEW PVC SCH.40



Dimensions Dtl.

Shower area = 900 sq.in.min.



SHOWER COMPARTMENT ACCESS AND EGRESS OPENING SHALL HAVE A MIN. CLEAR AND UNOBSTRUCTED FINISHED WIDTH OF 22 INCHES

NEW SLIDING GLASS DOOR CATEGORY II SAFETY GLASS

SHOWER COMPARTMENT ACCESS AND EGRESS OPENING SHALL HAVE A MIN. CLEAR AND UNOBSTRUCTED FINISHED WIDTH OF 22 INCHES

NEW SLIDING GLASS DOOR CATEGORY II SAFETY GLASS

PLUMBING PLAN

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

LEGEND

- *EXISTING PARTITIONS TO REMAIN*
- *NEW PARTITIONS*
- *EXISTING C.B.S. WALLS TO REMAIN*
- *NEW C.B.S. WALLS*

THE CONSTRUCTION DOCUMENTS HAVE BEEN PREPARED IN COMPLIANCE WITH FBC 2023, 8TH EDITION

FAUSTO GUERRERO
ENGINEER
FL. P.E.# 50465 443 1685
PHONE NUMBER: (786) 19552 SW 133rd AVENUE, MIAMI, FL, 33177

FAUSTO E. GUERRERO LICENSE No. 50465 STATE OF FLORIDA PROFESSIONAL ENGINEER

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Date: 2025.05.17 12:36:11 -04'00'

CONSULTANT:

PROJ. MANAGER:
PEDRO PUERTO/C.B.S.
305–262–8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

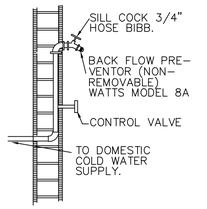
7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:

DATE: 05–02–25
JOB NUMBER: 25–10

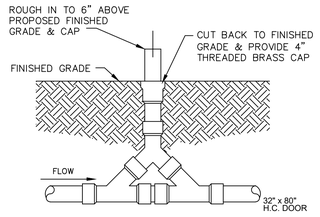
TITLE:

P-1



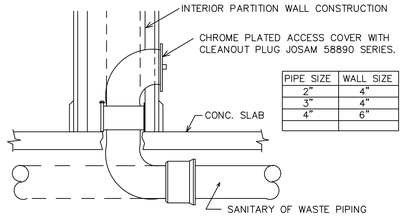
hose bibb detail

N.T.S.



2-Way Clean -Out Detail

N.T.S.



PIPE SIZE	WALL SIZE
2"	4"
3"	4"
4"	6"

wall cleanout detail

N.T.S.

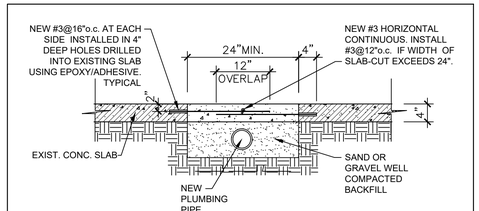
NOTE: PROVIDE ANTI-SCALD VALVES AT SHOWER. PRESSURE CONTROL AS PER FBC P2708.3

PLUMBING NOTES:

1. ALL PLUMBING SHALL BE DONE IN ACCORDANCE WITH THE FLORIDA BUILDING CODE, STATE AND LOCAL ORDINANCES.
   A. FIXTURES ARE TO COMPLY WITH FBC
   B. PROVIDE CLEANOUTS AS PER FBC
2. PLUMBING CONTRACTOR SHALL PAY ALL FEES, INSPECTION AND CONNECTION CHARGES REQUIRED.
3. PLUMBING CONTRACTOR SHALL GUARANTEE ALL WORK FREE OF DEFECTS IN MATERIAL AND WORKMANSHIP FOR A PERIOD OF ONE YEAR FROM DATE OF ACCEPTANCE.
4. SUBMIT SHOP DRAWINGS TO ENGINEER FOR APPROVAL OF ALL EQUIPMENT, MATERIALS AND LAYOUTS PRIOR TO INSTALLATION.
5. OFFSET PIPING AS REQUIRED TO CLEAR BUILDING STRUCTURE, DUCTWORK, ETC. AS REQUIRED BY FIELD CONDITIONS. COORDINATE WITH ALL EXISTING AND NEW WORK.
6. PLUMBING CONTRACTOR SHALL VERIFY ALL SPACE CONDITIONS AND DIMENSIONS AT JOB SITE PRIOR TO FABRICATION AND INSTALLATION OF MATERIALS AND EQUIPMENT.
7. COORDINATE WORK WITH OTHER TRADES.
8. FURNISH AND INSTALL PLUMBING FIXTURES AS SPECIFIED IN FIXTURE SCHEDULE, OR EQUAL.
9. EACH PLUMBING FIXTURE SHALL BE PROVIDED WITH AIR CHAMBERS AS PER F.B.C.
10. PROVIDE SHUT OFF VALVE FOR EACH FIXTURE.
11. WHEREVER DISSIMILAR METALS ARE TO BE JOINED, A DIELECTRIC FITTING SHALL BE PROVIDED TO CONNECT BOTH TYPES OF PIPES.
12. PROVIDE PIPING AS FOLLOWS:
DOMESTIC COLD/HOT WATER PIPING AND EWH P&T RELIEF DRAIN PIPE: COPPER TUBE TYPE L OR M ABOVEGROUND WITH SOLDERED JOINTS, MIN. 125 LB. WOG BRONZE VALVES.

FIXTURE UNITS PER FIXTURE

IDENT. SYMBOL	TYPE OF FIXTURE	FIXTURE UNITS	FIXTURE UNITS TOTAL	REMARKS
W.C.	WATER CLOSET	4	8	NEW
SHOWER	SHOWER	2	4	
JACUZZI				
LAV.	LAVATORY	1	3	
W	WASHER	4	4	
TOTAL			21	



TYPICAL SLAB REPAIRS AT PLUMBING TRENCH
SCALE: 3/4" = 1'- 0"

NOTES:
1- CONCRETE COMPRESSIVE STRENGTH = 3,000 PSI
2- REINFORCING TO BE DEFORMED BARS CONFORMING TO ASTM A615, GRADE 60.
3- CLEAN AND ROUGHEN CONTACT THE SURFACE WITH NEW CONCRETE AND PROVIDE BONDING AGENT. TYPICAL.

PLUMBING FIXTURE SCHEDULE

IDENT. SYMBOL	TYPE OF FIXTURE	No. REQ.	MANUFACFTURER AND CATALOG No.	PIPE CONNECTION SIZES CW	HW	S & W	VENT	TRAP	REMARKS
WC	WATER CLOSET	1	AS PER OWNER REQUEST	1/2"	1/2"	3"	3"	-	
SH	SHOWER	1		1/2"	1/2"	2"	2"	2"	PROVIDE W. MACH. BOX
JACUZZI									
LAV.	LAVATORY	1		1/2"	1/2"	1 1/2"	2"	1 1/2"	
W.	WASHER	1		1/2"	1/2"	2"	2"	2"	PROVIDE W. MACH. BOX

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7901 SW 136th STREET PINECREST, FL. 33156

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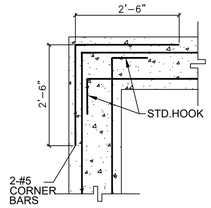
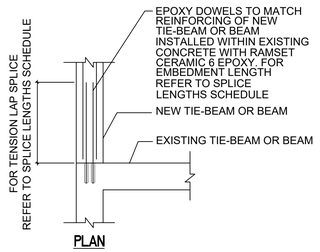
P-2



TYPICAL TIE-BEAM
CORNER BAR DETAIL
N.T.S.



CONNECTION BETWEEN
EXIST. AND NEW TIE-BEAM
N.T.S.

MASONRY WALL NOTES :

1- MORTAR & GROUT- MUST COMPLY WITH ACI 530-13 CODE

2. CLEAN MASONRY CELLS TO OBTAIN A MINIMUM 3"X3" UNOBSTRUCTED CONTINUOS VERTICAL CAVITY. PLACE 3000 PSI GROUT FILL IN 4 FT LIFTS MAXIMUM UNLESS SPECIAL GROUT IS USED. CLEANOUT OPENINGS SHALL BE PROVIDED WHERE GROUT POOR EXCEED 4 FT IN HEIGHT.

3. 8" CMU WALLS SHALL BE REINF. W/#5 VERT. @ 32" O.C. MAX. WITHIN 3,000 PSI GROUT FILLED CELLS AND 9 GA LADDER HORIZONTAL EVERY TWO COURSES UNLESS OTHERWISE NOTED.

4. COMPRESSIVE STRENGTH OF MASONRY WALLS ON SHALL BE AS FOLLOWS: 1,500 PSI BASED IN A COMPRESSIVE STRENGTH OF MASONRY UNIT OF 1,900 PSI WITH TYPE M MORTAR

5. GROUT SHALL BE PLASTIC MIX HAVING MAXIMUM SLUMP OF 9 INCHES =/- 1 INCH.

6. GROUNTING SHALL BE A CONTINUOUS OPERATION IN LIFTS NOT EXCEEDING 4 FEET AND A MAXIMUM POUR OF 12 FEET.

GROUND FLOOR NOTES :

1. CONTRACTOR SHALL FIELD VERIFY ALL DIMENSIONS AND CONDITIONS PRIOR TO BEGIN ANY CONSTRUCTION.

2. CONTRACTOR SHALL COORDINATE ALL DIMENSIONS WITH THE ARCHITECTURAL DRAWINGS ANY DISCREPANCY SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT OR ENGINEER BEFORE PROCEEDING WITH THE WORK.

3. FLOOR SLAB CONSISTS OF A 4" CONCRETE SLAB ON WELL COMPACTED FILL OVER A POLYETHYLENE VAPOR BARRIER AND REINFORCED WITH 6x6-W1.4x1.4 WWF (UON) LAPPED 6 INCHES WWF SHALL BE PLACED 2"BELOW THE TOP OF THE SLAB IN ORDER TO BE EFFECTIVE.

4. CENTERLINE OF COLUMN OR WALL IS CENTERLINE OF FOOTING (UON).

TERMITE PROTECTION

THE BUILDING MUST HAVE A PRE-CONSTRUCTION TREATMENT FOR PROTECTION AGAINST SUBTERRANEAN TERMITES.
A CERTIFICATE OF COMPLIANCE SHALL BE ISSUED TO THE BUILDING DEPARTMENT BY THE LICENSED PEST CONTROL COMPANY WICH CONTAINS THE FOLLOWING STATEMENT.
"THIS BUILDING HAS RECEIVED A COMPLETE TREATMENT FOR THE PREVENTION OF SUB-TERRANEAN TERMITES. TREATMENT IS IN ACCORDANCE WITH THE RULES AND LAWS AS ESTABLISHED BY THE FLORIDA DEPARTMENT OF A AGRICULTURE AND CONSUMER SERVICES"

SOIL STATEMENT:

SOIL CONDITION AT SITE BY VISUAL INSPECTION INDICATES AN ALLOWABLE BEARING CAPACITY OF 2,000 P.S.F. (UNDISTURBED SAND AND/OR ROCK).
PRIOR TO THE INSTALLATION OF ANY FOOTING FOUNDATION SYSTEM FOR NEW BUILDINGS, STRUCTURES OR ADDITIONS THE BUILDING OFFICIAL SHALL BE PROVIDED WITH A STATEMENT FROM AN ARCHITECT OR ENGINEER TO CERTIFY THE PRESUMPTIVE SOIL BEARING CAPACITY.

SOIL COMPACTION

SOIL SHALL BE COMPACTED TO A MINIMUM OF 95 PERCENT OF MODIFIED PROCTOR IN A ACCORDANCE WITH A.S.T.M. D-1557 AND COMPACTED AND TESTED IN LIFTS NOT TO EXCEED 12 INCHES.

RADON RESISTANCE

PROVIDE 6 MIL.VAPOR BARRIER AT CONCRETE SLAB

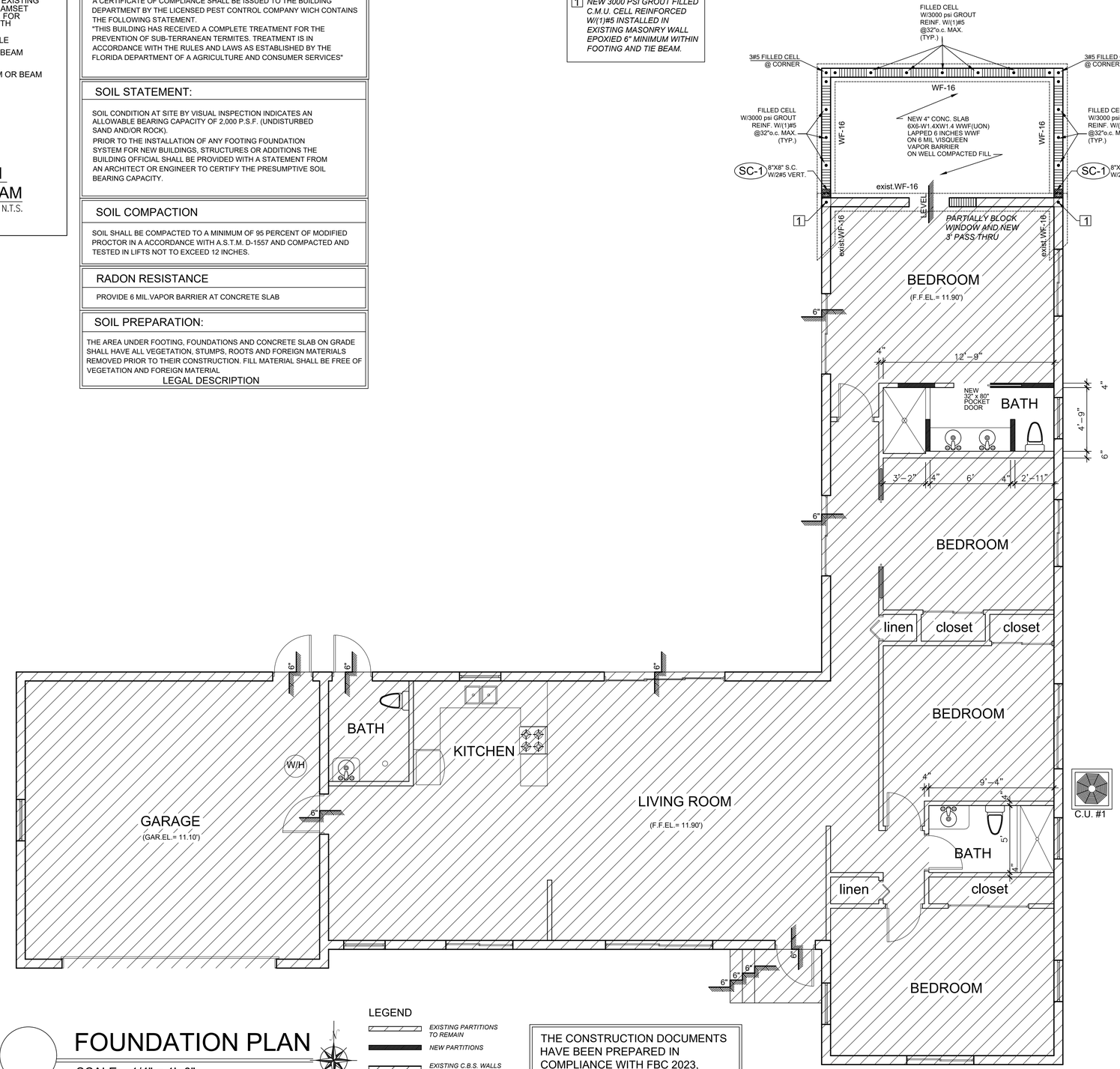
SOIL PREPARATION:

THE AREA UNDER FOOTING, FOUNDATIONS AND CONCRETE SLAB ON GRADE SHALL HAVE ALL VEGETATION, STUMPS, ROOTS AND FOREIGN MATERIALS REMOVED PRIOR TO THEIR CONSTRUCTION. FILL MATERIAL SHALL BE FREE OF VEGETATION AND FOREIGN MATERIAL

LEGAL DESCRIPTION

LEGEND:

1 *NEW 3000 PSI GROUT FILLED C.M.U. CELL REINFORCED W/(1)#5 INSTALLED IN EXISTING MASONRY WALL EPOXIED 6" MINIMUM WITHIN FOOTING AND TIE BEAM.*



FOUNDATION PLAN

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

LEGEND
- *EXISTING PARTITIONS TO REMAIN*
- *NEW PARTITIONS*
- *EXISTING C.B.S. WALLS TO REMAIN*
- *NEW C.B.S. WALLS*

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PROJ. MANAGER:
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305–262–8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:

DATE: 05–02–25
JOB NUMBER: 25–10

TITLE:

S-1

DESIGN CRITERIA

ROOF LOADS SHALL BE AS FOLLOWS:

1. ROOF (DL) =10 P.S.F.
2. ROOF (SDL) = 20 P.S.F. (W/O ROOF COVERING)
3. ROOF (LL) = 30 P.S.F.
4. UPLIFT DUE TO WIND LOAD ; AS PER ASCE 7/22.

WIND SPEED = 175 MPH
EXPOSURE/GROUND ROUGHNESS : "C"

ROOF WIND GROSS UPLIFT PRESSURE

ZONE	10 S.F. OR LESS PSF
1	-73.8
2	-97.8
3	-128.4

a= 3.0 FT

INTERPOLATE FOR INTERMEDIATE VALUES OF TRIBUTARY AREA

BEAM SCHEDULE

MARK	SIZE	REINFORCEMENT BOTT	REINFORCEMENT TOP	#3 TIES	TOP OF BM. ELEV.
TB	8"x 12" CONC.TIE BM.	2 #5	2 #5	#3 STIRRUPS @ 48"o.c. & #3 @ 12"o.c. OVER OPENINGS AND (4) #3 @12" o.c. AT CORNERS	+8'-0"
RB	8"x 12" CONC.RAKED BM.	2 #5	2 #5	#3 STIRRUPS @ 24"o.c. & AND (4) #3 @12" o.c. AT CORNERS	VARIES

FOUNDATION SCHEDULE

MARK	DIMENSIONS	REINFORCING STEEL
WF-16	16" x 12" CONT. WALL FTG.	2#5 CONT. BOTTOM

COLUMN SCHEDULE

MARK	DIMENSIONS	REINFORCING STEEL
FC	1 #5 VERT. IN CONCRETE FILLED CELLS. AS SHOWN ON PLAN	#5 FR. FTG. TO T/B TOP STL.
SC 8x8	8"x 8" CONC. STARTER COL.	(2) #5 VERT. NOTE: FOR STARTER COL"S, PROVIDE # 5 x 12" HOR DOWELS @ 24" O.C. TO EXIST. SOLID CONC. (TYP.)

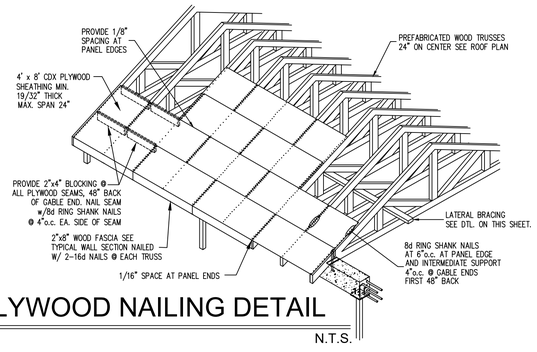
ROOF METAL CONNECTOR

MARK	CONNECTOR	MFR.	DADE COUNTY NOA. No.	NAILS	UPLIFT CAPACITY	LATERAL CAPACITY L1	LATERAL CAPACITY L2
1	1-NVSTA-20	NU-VUE	24-0213.07	SEAT: 6-10d X 1 1/2" JOIST: 7-10d X 1 1/2" EMB: 4" (MIN.)	1,331	887	1,335
2	1-NVJH-26	NU-VUE	24-0213.09	HEADER: 10-10dX 1 1/2" JOIST: 6-10d X 1 1/2"	G= 1,240 U= 821		
3	1-NVSNP-3	NU-VUE	24-0213.05	6-8d X 1 1/2" EACH END	G= 570 U= 570		

ROOF NOTES

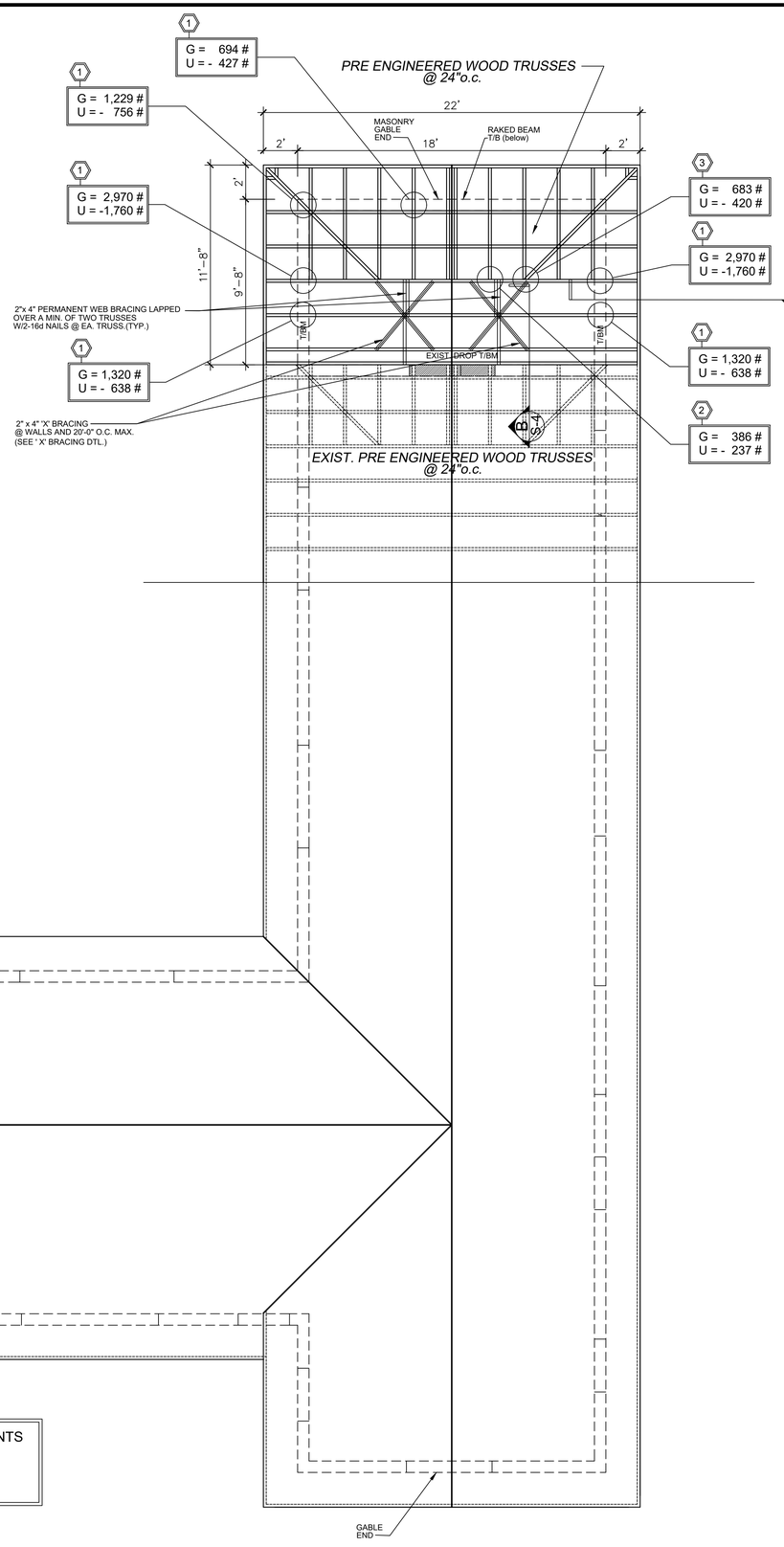
1. USE 5/8" PLYWOOD ROOF SHEATHING ATTACHED WITH 8d RING SHANK NAILS AT 6" O.C. AT PANEL EDGES AND AT INTERMEDIATE SUPPORTS & 8d RING SHANK NAILS @ 4" O.C. THRU BOUNDARIES
2. SHEATHING SHALL BE CONTINUOUS OVER 2 OR MORE SPANS WITH FACE GRAIN PERPENDICULAR TO SUPPORTS AND SHALL HAVE STAGGERED JOINTS.
3. STRUCTURAL LUMBER TO HAVE A MIN. DESIGN VALUE FOR EXTREME FIBER ACCORDING TO NDS (2013 ADDENDUM) USE #2 SOUTHERN YELLOW PINE OR BETTER.
4. ALL LUMBER IN CONTACT WITH MASONRY OR CONCRETE SHALL BE PRESSURE TREATED.
5. WOOD RAFTERS TO BE DESIGNED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE
6. ALL ROOF MEMBERS TO BE SECURED TO TIE BEAMS OR OTHER STRUCTURAL MEMBERS WITH HURRICANE STRAPS AS SHOWN IN THE METAL CONNECTOR SCHEDULE ON THE CONTRACT DRAWINGS.
7. COORDINATE ALL SLOPES AND LOCATIONS OF ALL CHASSES WITH ARCHITECTURAL AND MEP DRAWINGS.
8. COORDINATE RAFTERS LAYOUT WITH ARCHITECTURAL DRAWINGS.
9. FLOOR LOADS SHALL BE AS FOLLOWS:

   DL= 20 PSF
   LL= 30 PSF



PLYWOOD NAILING DETAIL

N.T.S.



ROOF FRAMING PLAN

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SPLICE LENGTHS

fc=3,000 psi, fs=60,000 psi, cover > db,
spacing > db, uncoated bar and normal weight concrete

BAR	TENSION LAP SPLICE FOR "TOP BARS"	TENSION LAP SPLICE FOR "OTHER BARS"	COMPRESSION LAP SPLICE
#4	29"	22"	
#5	36"	28"	
#6	43"	33"	
#7	63"	49"	
#8	72"	55"	

NOTE: 1. THIS SCHEDULE APPLIES FOR ALL SITUATIONS AND CONDITIONS UNLESS OTHERWISE NOTED.

THE CONSTRUCTION DOCUMENTS HAVE BEEN PREPARED IN COMPLIANCE WITH FBC 2023, 8TH EDITION

STRUCTURAL GENERAL NOTES

CODES

1. FLORIDA BUILDING CODE, 2023 8TH EDITION.
2. AMERICAN INSTITUTE OF STEEL CONSTRUCTIONS "SPECIFICATIONS FOR STRUCTURAL STEEL BUILDING-ALLOWABLE STRESS DESIGN AND PLASTIC DESIGN", LATEST EDITION.
3. AMERICAN CONCRETE INSTITUTE "BUILDING CODE REQUIREMENTS FOR STRUCTURAL CONCRETE" ACI 318-19.
4. AMERICAN FOREST AND PAPER ASSOCIATIONS "NATIONAL DESIGN SPECIFICATION FOR WOOD CONSTRUCTION", 2015 EDITION ("NDS").
5. AMERICAN CONCRETE INSTITUTE "BUILDING CODE REQUIREMENTS FOR MASONRY STRUCTURE" ACI 530-14, 531-13. 1-2011/ASCE 7-22.
6. ALL CONSTRUCTION SHALL COMPLY WITH ACI-301, LATEST EDITION.
7. ALL REINFORCED STEEL SHALL BE DETAILED TO COMPLY WITH ACI-SP-04.
8. ALL STEEL PLACING SHOP DRAWING SHALL BE PREPARED IN ACCORDANCE WITH ACI-SP-04.

COORDINATION

1. STRUCTURAL DRAWINGS SHALL BE WORKED TOGETHER WITH ARCHITECTURAL, MECHANICAL AND ELECTRICAL DRAWINGS TO LOCATE DEPRESSED SLABS, SLOPES, DRAINS, OUTLETS, OPENINGS, REGLETS, BOLT SETTINGS, SLEEVES, ETC. DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER BEFORE PROCEEDING WITH THE WORK. NO DIMENSIONS SHALL BE SCALED FROM DRAWINGS.
2. GENERAL CONTRACTOR SHALL CHECK, REVIEW AND VERIFY ALL PLANS, DIMENSIONS AND SITE CONDITIONS PRIOR TO CONSTRUCTION. ANY DISCREPANCIES OR OMISSIONS NOTED ON THE DRAWINGS OR IN THE SPECIFICATIONS OR ANY VARIATIONS NEEDED IN ORDER TO CONFORM TO CODES, RULES AND REGULATIONS SHALL BE NOTIFIED IN WRITING TO THE ARCHITECT-ENGINEER. ANY SUCH DISCREPANCIES, OMISSION OR VARIATIONS NOT REPORTED DURING THE BIDDING PERIOD SHALL BE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR WHO SHALL PERFORM THE WORK AS PER THE ARCHITECT-ENGINEER'S INSTRUCTIONS.
3. THE DRAWINGS SHOW SECTIONS AND DETAILS FOR SPECIFIC CONDITIONS. THE SECTIONS AND DETAILS ARE TO APPLY TO OTHER SIMILAR CONDITIONS NOT SPECIFICALLY SHOWN.

CONSTRUCTION LAYOUT

FOR THE ACCURATE LOCATION AND ORIENTATION OF MASONRY WALLS AND STRUCTURES REFER TO ARCHITECTURAL DRAWINGS.

PRECAUTIONS

1. WHEN PERFORMING WORK BELOW GRADE, CARE SHALL BE TAKEN TO AVOID DAMAGING ANY EXISTING UTILITIES. ANY UNKNOWN OR DAMAGED UTILITIES SHALL BE REPORTED TO ALL AFFECTED PARTIES, INCLUDING THE ENGINEER. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR ALL EXCAVATION PROCEDURES INCLUDING LAGGING, SHORING, AND PROTECTION IN ACCORDANCE WITH THE BUILDING DEPARTMENT REGULATIONS.
2. NO BACKFILL SHALL BE PLACED AGAINST ANY STRUCTURE UNTIL HAS ATTAINED THE SPECIFIED 28-DAY CONCRETE STRENGTH.

CONCRETE SLAB ON FILL

1. SELECTED FILL MATERIALS SHALL BE CLEAN CRUSHED LIME STONE (3" MAX. PARTICLE) OR CLEAN FINE SAND. THE FILL PLACEMENT SHOULD OCCUR IN THE DRY AND COMPACTED TO A MINIMUM OF 95 PERCENT OF THE MODIFIED PROCTOR MAXIMUM DRY DENSITY.

CAST-IN-PLACE CONCRETE

1. CONCRETE STRENGTH AT 28 DAYS SHALL BE AS FOLLOWS:
   - SLAB ON FILL. . . . . 3000 PSI
   - COLUMNS . . . . . 3000 PSI
   - STRUCTURAL SLABS. . . . . 3000 PSI (U.O.N.)
   - BEAMS . . . . . 3000 PSI (U.O.N.)
2. CONCRETE SHALL NOT BE DROPPED THROUGH REINFORCING STEEL (AS IN WALLS, COLUMNS, AND DROP CAPITALS) SO AS TO CAUSE SEGREGATION OF AGGREGATES . USE HOPPERS, CHUTES OR TRUNKS OF VARYING LENGTHS SO THAT THE FREE UNCONFINED FALL OF CONCRETE SHALL NOT EXCEED 5 FEET, AND A SUFFICIENT NUMBER SHALL BE USED TO ENSURE THE CONCRETE IS BEING KEPT LEVEL AT ALL TIMES .
3. SLABS ON GRADE SHALL BE PLACED OVER 6 ML VISQUEEN OR APPROVED EQUAL, AND SHALL BE ISOLATED BY PREMOLDED JOINT FILLER.
4. JOINT SHALL BE FILLED AND SEALED AS INDICATED ON THE CONTRACT DRAWINGS AND FOLLOWING THE MANUFACTURE SPECIFICATIONS.
5. SAW CUT CONTROL JOINTS SHALL BE SAWED AS SOON AS THE CONCRETE IS HARD ENOUGH NOT TO BE TORN OR DAMAGE BY THE BLADE. JOINTS SHALL BE DONE AS SHOWN ON THE CONTRACT DRAWINGS.

STEEL REINFORCEMENT

1. STEEL REINFORCEMENT FOR ALL BARS SHALL CONFORM TO ASTM A615, GRADE 60
2. WELDED WIRE FABRIC SHALL CONFORM TO ASTM A185.
3. ALL REINFORCING SHALL BE DETAILED AND FABRICATED CONFORMING TO ACI 315. PLACING OF BARS SHALL CONFORM TO CRSI "RECOMMENDED PRACTICES FOR PLACING REINFORCING BARS. NO DEVIATION FROM THE STRUCTURAL PLANS SHALL BE WITHOUT THE EXPRESS WRITTEN CONSENT OF THE ARCHITECT-ENGINEER .
4. ALL LONGITUDINAL REINFORCEMENT BARS SHALL BE LAPPED 30 DIA. AT SPLICE CORNERS, UON. ALL OTHERS SPLICES SHALL BE AS SHOWN IN THE SPLICE LENGTH SCHEDULE ON THE CONTRACT DRAWINGS. ALL WALLS AND COLUMNS SHALL BE DOWELED IN FOOTINGS, WALLS, BEAMS, OR SLABS WITH BARS OF THE SAME SIZE AND SPACING AS THE BARS ABOVE.
5. ALL BARS SHALL BE SECURELY HELD IN PLACE DURING CONCRETE POURING. IF REQUIRED, ADDITIONAL BARS SHALL BE PROVIDED BY THE CONTRACTOR TO FURNISH SUPPORT FOR THE BARS.
6. EPOXY REBARS SHALL BE EMBEDED AS SPECIFIED BY THE MANUFACTURER.

WOODEN STRUCTURES

1. STRUCTURAL LUMBER TO HAVE A MIN DESIGN VALUE FOR EXTREME FIBER IN BENDING ACCORDING TO NDS-2015. USE #2 SOUTHERN YELLOW PINE OR BETTER.
2. ALL ROOF MEMBERS TO BE SECURED TO TIE BEAMS OR OTHER STRUCTURAL MEMBERS WITH HURRICANE STRAPS AS SHOWN IN THE METAL CONNECTOR SCHEDULE ON THE CONTRACT DRAWINGS.
3. ALL LUMBER IN CONTACT WITH MASONRY OR CONCRETE SHALL BE PRESSURE TREATED.

REINFORCEMENT CLEARANCE

CLEARANCE OF STEEL REINFORCEMENT FROM FACE OF CONCRETE TO THE OUTERMOST BAR SHALL BE AS FOLLOWS, UNLESS OTHERWISE NOTED. ON THE DRAWINGS.

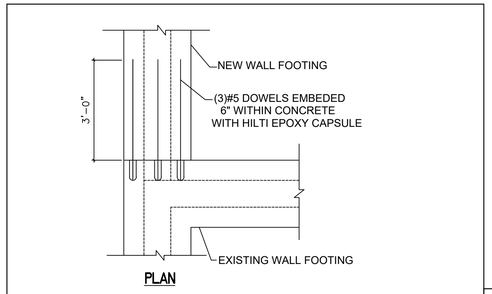
CONCRETE CAST AGAINST GROUND	3"
FORMED CONCRETE IN CONTACT W/ GROUND	2"
BEAMS AND COLUMNS	1-1/2"
SLABS	1"
FOOTINGS	2" TOP 3" BOTTOM AND SIDES
TIE COLUMNS	1-1/2" TO TIES

MASONRY

1. MASONRY UNITS SHALL CONFORM TO ASTM C-90, TWO CELL HOLLOW, LOAD BEARING CONCRETE BLOCK OF 8 INCHES BY 16 INCHES. CONCRETE MASONRY SHALL HAVE AN AVERAGE PRISM STRENGTH (f'm) OF 1500 PSI. MASONRY GROUT SHALL BE A PEAROCK MIX WITH A MAXIMUM AGGREGATE SIZE OF 3/8 INCH AND A 28 DAY COMPRESSIVE STRENGTH OF 3000 PSI. CELLS TO BE FILLED WITH GROUT AS INDICATED ON DRAWING.
2. THE PLACEMENT OF MASONRY UNITS SHALL BE "RUNNING BOND" TYPE. HORIZONTAL AND VERTICAL JOINTS SHALL BE THREE-EIGHTHS OF AN INCH IN THICKNESS. MORTAR USED TO BOND MASONRY SHALL BE TYPE M AND SHALL HAVE A MINIMUM AVERAGE COMPRESSIVE STRENGTH OF 2500 PSI. PROPERTIES AND PROPORTIONS SHALL COMPLY WITH ASTM C270. FOR INTERIOR LOAD BEARING WALLS THE MORTAR SHALL BE TYPE M OR S. FOR INTERIOR WALLS ABOVE GRADE AND NOT SUPPORTING LOADS THE MORTAR SHALL BE TYPE M, S, OR N.
3. HORIZONTAL REINFORCEMENT SHALL BE 9 GA LADDER TYPE AT 16" O/C. VERTICAL REINFORCEMENT SHALL BE IN ACCORDANCE WITH THE LAYOUTS SHOWN ON THE DRAWINGS.
4. WHENEVER ANCHOR BOLTS ARE TO BE SET IN MASONRY TWO CELLS AT THE SETTING LOCATION SHALL BE FILLED WITH 3500 PSI GROUT.

STEEL

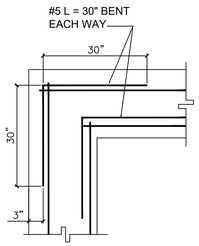
1. ALL STRUCTURAL STEEL ROLLED SHAPES, BARS AND PLATES SHALL CONFORM TO ASTM A 36, FY=36 KSI, UON.
2. STRUCTURAL TUBING SHALL CONFORM TO ASTM A 500, GRADE B, FY=46KSI.
3. STEEL PIPES SHALL CONFORM TO ASTM A 53, TYPE S, GRADE B, FY=35KSI.
4. ANCHOR BOLTS SHALL CONFORM TO ASTM A 307.
5. WELDING ELECTRODES SHALL BE E 70 SERIES, LOW HYDROGEN.
6. TYPE AND EMBEDMENT LENGTH OF CONCRETE MECHANICAL ANCHORS SHALL BE AS SHOWN ON THE CONTRACT DRAWINGS.



PLAN

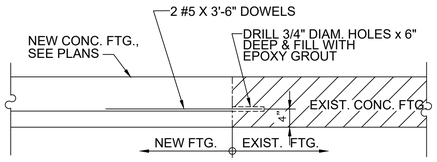
CONNECTION BETWEEN EXISTING AND NEW WALL FOOTING

N.T.S.



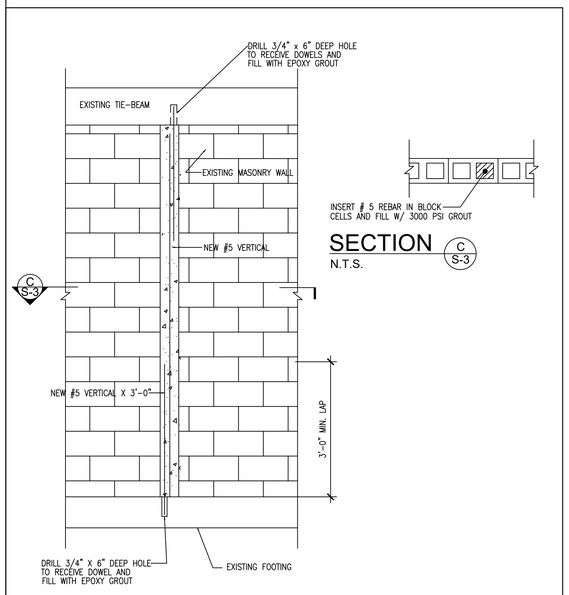
TYPICAL FOOTING CORNER BAR DETAIL

N.T.S.



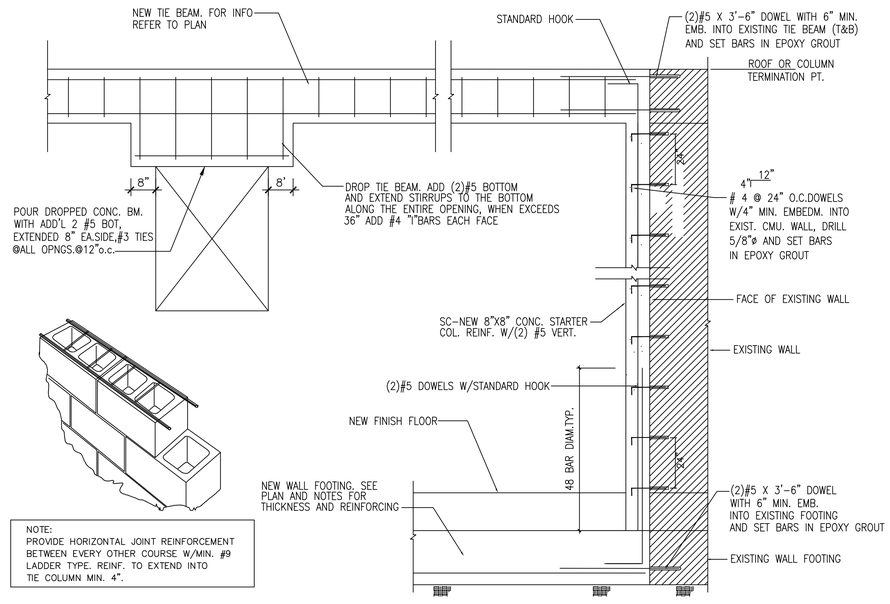
CONNECTION BETWEEN EXISTING AND NEW FOOTING

N.T.S.



TYPICAL NEW GROUT FILLED CELL DETAIL

N.T.S.



NOTE:
PROVIDE HORIZONTAL JOINT REINFORCEMENT BETWEEN EVERY OTHER COURSE W/MIN. #9 LADDER TYPE. REINF. TO EXTEND INTO TIE COLUMN MIN. 4".

8X8 STARTER COLUMN CONNECTION TO EXISTING STRUCTURE

SCALE 3/4" = 1'-0"

STATE OF FLORIDA — FAUSTO E. GUERRERO — No. 50465 — PROFESSIONAL ENGINEER

This item has been digitally signed and sealed by FAUSTO GUERRERO, P.E. on the date adjacent to the seal.

Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

FAUSTO GUERRERO
ENGINEER
FL. P.E.# 50465
PHONE NUMBER: (786) 443 1685
19552 SW 133rd AVENUE, MIAMI, FL, 33177

EAG Digitally signed by Fausto E Guerrero
Date: 2025.05.17 12:36:58 -04'00'

CONSULTANT:

PROJ. MANAGER:
PEDRO PUERTO/C.B.S.
305-262-8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

7901 SW 136th STREET PINECREST, FL. 33156

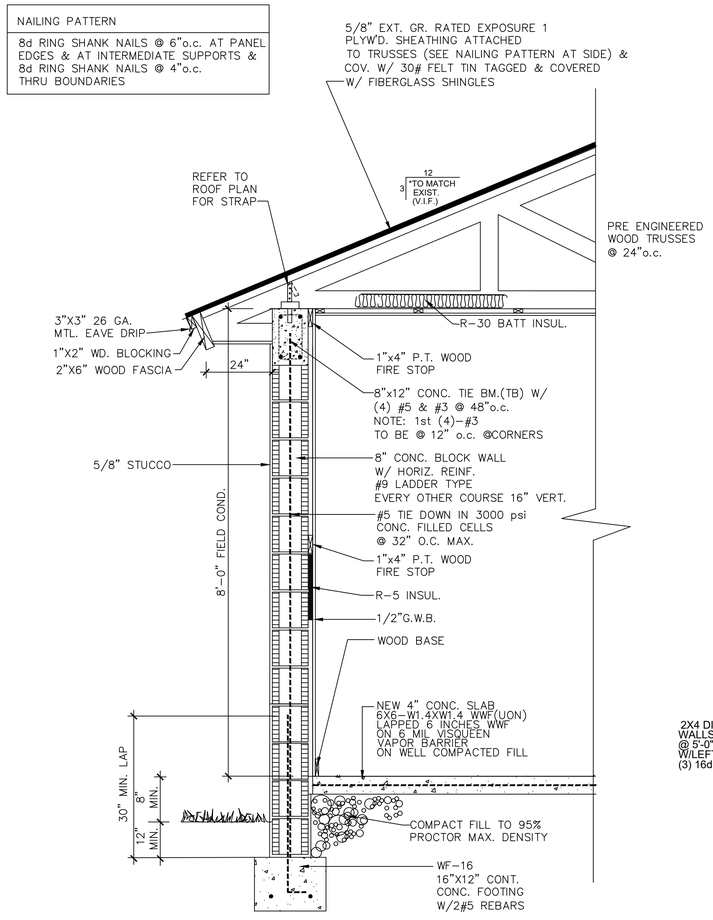
REVISION:	DATE:	DESCRIPTION:

DATE: 05-02-25
JOB NUMBER: 25-10

TITLE:

S-3

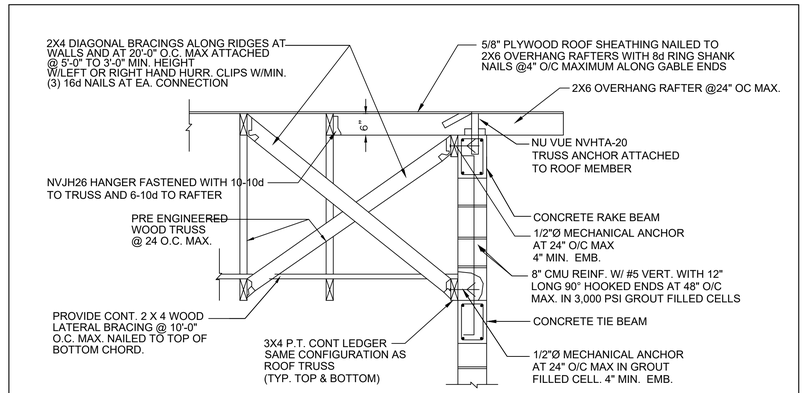
NAILING PATTERN
8d RING SHANK NAILS @ 6"o.c. AT PANEL EDGES & AT INTERMEDIATE SUPPORTS & 8d RING SHANK NAILS @ 4"o.c. THRU BOUNDARIES



A S-4 SECTION

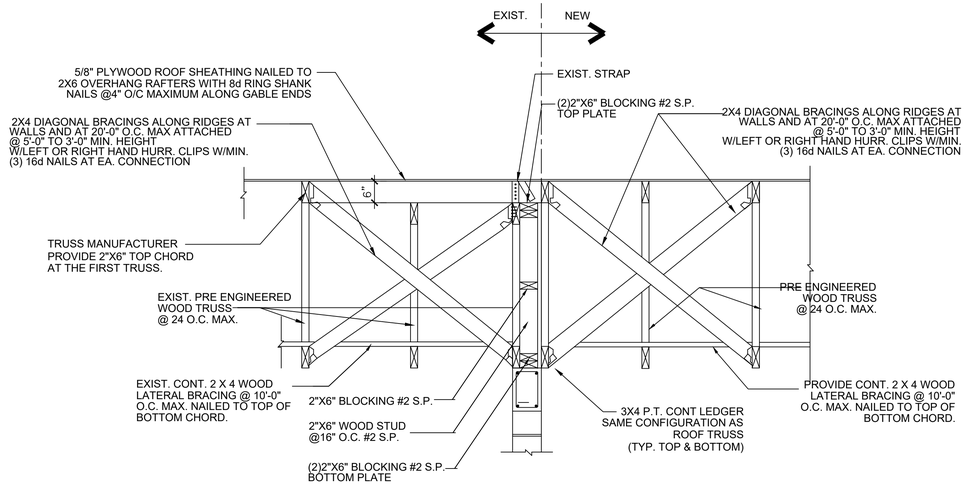
SCALE: 3/4" = 1'- 0"

THE CONSTRUCTION DOCUMENTS HAVE BEEN PREPARED IN COMPLIANCE WITH FBC 2023, 8TH EDITION



MASONRY GABLE END "X" BRACING DTL.

N.T.S.



B S-4 SECTION

N.T.S.

FAUSTO GUERRERO
ENGINEER
FL. P.E.# 50465
PHONE NUMBER: (786) 443 1685
19552 SW 133rd AVENUE, MIAMI, FL, 33177

FAUSTO GUERRERO No. 50465 STATE OF FLORIDA PROFESSIONAL ENGINEER

This item has been digitally signed and sealed by FAUSTO GUERRERO, P.E. on the date adjacent to the seal.

Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

SEAL

FAUSTO E. GUERRERO LICENSE No. 50465 STATE OF FLORIDA PROFESSIONAL ENGINEER

Digitally signed by Fausto E Guerrero Date: 2025.05.17 12:37:45 -04'00'

CONSULTANT:

PROJ. MANAGER:
PEDRO PUERTO/C.B.S.
305-262-8075

PROJECT INFORMATION

ADDITION & INT. REMODELING FOR RESIDENCE OF VANESSA SHAPIRO

7901 SW 136th STREET PINECREST, FL. 33156

REVISION:	DATE:	DESCRIPTION:

DATE: 05-02-25
JOB NUMBER: 25-10

TITLE:

S-4

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

2503.2250EC

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: VANESSA SHAPIRO

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
20-5015-018-0010

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL

A5. Latitude/Longitude: Lat. 25° 38' 40.14" Long. -80° 19' 19.77" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983 ☐ WGS 84

A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).

A7. Building Diagram Number: 1B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): N/A sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐ Yes ☐ No ☒ N/A

c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:
Non-engineered flood openings: N/A Engineered flood openings: N/A

d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.

e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.

f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.

A9. For a building with an attached garage:

a) Square footage of attached garage: 517 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐ Yes ☒ No ☐ N/A

c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:
Non-engineered flood openings: 0 Engineered flood openings: 0

d) Total net open area of non-engineered flood openings in A9.c: 0 sq. in.

e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): 0 sq. ft.

f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: THE VILLAGE OF PINECREST B1.b. NFIP Community Identification Number: 120425

B2. County Name: MIAMI-DADE B3. State: FLORIDA B4. Map/Panel No.: 12086C - 0464 B5. Suffix: L

B6. FIRM Index Date: 9/11/2009 B7. FIRM Panel Effective/Revised Date: 09/11/2009

B8. Flood Zone(s): AE & X B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 10

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☐ FIS ☒ FIRM ☐ Community Determined ☐ Other:

B11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: N/A ☐ CBRS ☐ OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐ Yes ☒ No

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: FDOT NGSS NETWORK ; ; Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☒ NGVD 1929 ☐ NAVD 1988 ☐ Other:

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? ☒ Yes ☐ No
If Yes, describe the source of the conversion factor in the Section D Comments area.

		Check the measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	11.9	☒ feet ☐ meters
b) Top of the next higher floor (see Instructions):	N/A	☒ feet ☐ meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	☒ feet ☐ meters
d) Attached garage (top of slab):	11.1	☒ feet ☐ meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	11.0	☒ feet ☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished	10.4	☒ feet ☐ meters
g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished	10.6	☒ feet ☐ meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A	☒ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☒ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: JUAN CAREAGA License Number: 6861

Title: PROFESSIONAL SURVEYOR AND MAPPER

Company Name: EXACTA LAND SURVEYORS, LLC

Address: 131 WEST BROADWAY STREET, SUITE 1001

City: OVIEDO State: FL ZIP Code: 32765

Signature: Date: 3/18/2025

Telephone: P: (866)735-1916 Ext.: Email:

JUAN CARLOS CAREAGA
License Number LS 6861
STATE OF FLORIDA
PROFESSIONAL SURVEYOR & MAPPER

JUAN C. CAREAGA
State of Florida Professional Surveyor and Mapper
License Number 6861
Exacta Land Surveyors, LLC | LB# 8291

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

NOTE: C2.E = AC UNIT PAD ON THE RIGHT SIDE OF THE BUILDING. A CONVERSION FACTOR OF +1.535 WAS USED TO CONVERT TO NGVD 1929 FROM NAVD 1988 USING THE NGS COORDINATE CONVERSION AND TRANSFORMATION TOOL (NCAT).

GENERIC ROAD ELEVATION 10.6

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. ☐ A local official completed Section H for insurance purposes.

G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.

G5. Permit Number: _____ G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). ***Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.***

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–8.** Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is: _____ ☐ feet ☐ meters ☐ above the LAG

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ ☐ feet ☐ meters ☐ above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

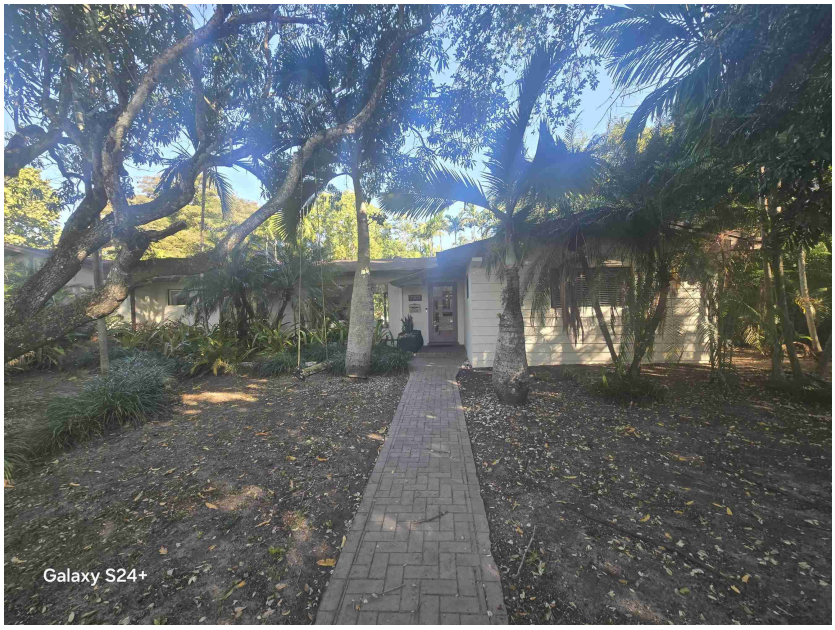


Photo One

Photo One Caption: Front View 03/14/2025

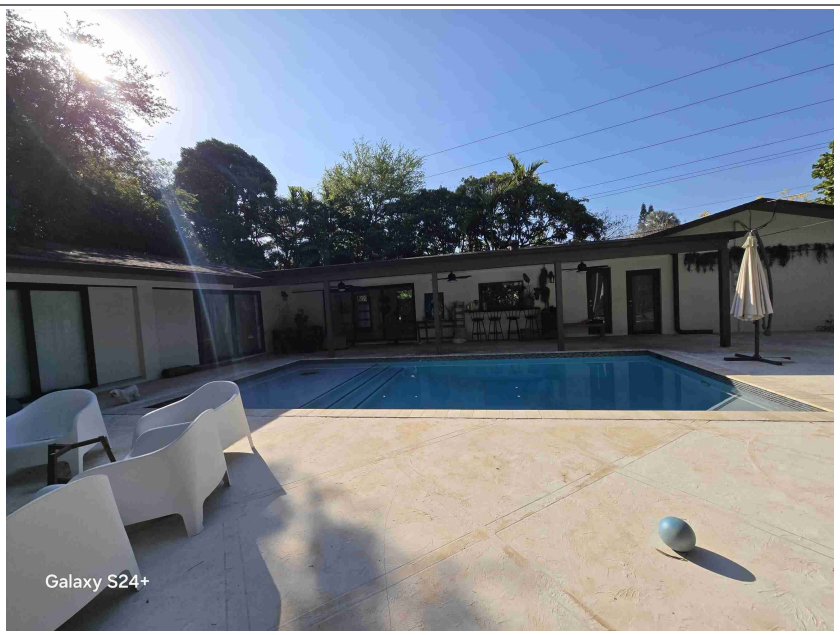


Photo Two

Photo Two Caption: Rear View 03/14/2025

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

Continuation Page

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption: Right Side View 03/14/2025

Photo Four

Photo Four Caption: Left Side View 03/14/2025

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

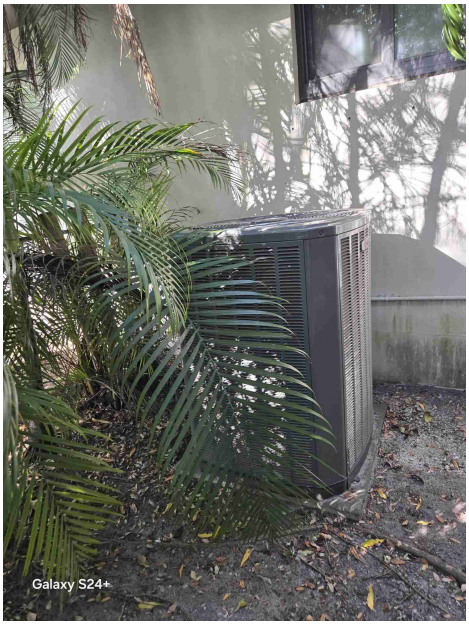


Photo Five

Photo Five Caption: A/C

Photo Six

Photo Six Caption: FEMA FLOOD ZONE MAP

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

2503.2250EC

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
7901 SW 136TH STREET

City: PINECREST State: FLORIDA ZIP Code: 33156

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Seven

Photo Seven Caption:

Photo Eight

Photo Eight Caption:

MIAMI-DADE COUNTY

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

http://www.miamidade.gov/building/home.asp

8/18/2025 7:32:39 AM

Tracking #	Process #	Permit #
2025018258	M2025018258	2025065900

THIS COPY OF PLANS MUST BE AVAILABLE ON BUILDING SITE OR AN INSPECTION WILL NOT BE MADE.

Process #	Review	Disposition	Reviewer	Date
M2025018258	DERM CORE	A	SARDINA, YALENYS	7/30/2025
M2025018258	DERM ONSITE SEWAGE TREATMENT & DISPOSAL SYSTEMS	N	VALDIVIESO MERA, JOSE	6/29/2025
M2025018258	DERM PAVING & DRAINAGE	A	URRA SANCHEZ, SERGUEI	8/18/2025
M2025018258	IMPACT FEES	A	INTERNET IMPACT FEES (IFS)	6/23/2025
M2025018258	UPFRONT FEES	A	WEB APPLICATION ID	6/20/2025
M2025018258	WASA	A	CHICA, HAROLD	7/7/2025

Disclaimer.

Subject to compliance with all Federal, State, and County Laws, rules and regulations. Miami-Dade County assumes no responsibility for accuracy of or results of these plans.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to the 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.

Stamp Name	Trade	Disposition	Stamp Description
Approved	DERM	A	Approved

Department of Regulatory and Economic Resources
Impact Fee Assessment

Process Number: M2025018258-0 **Batch:** **Collection Number:**

Folio: 2050150180010 **Site Address:** 7901 SW 136 ST

CP*: N **Assessment Date:** 06/23/2025

Fee Payer:

Online Payment available at:

https://wwwx.miamidade.gov/apps/rer/ImpactFeesPayments/default.aspx

Payment can be made by Credit Card, Cash, Check or Cashiers's Check Payable to Miami Dade County

CP*: Exempt from Public Records 119.071 Florida Statues
Y: Exempt
N: No Exempt
Blank: No info

Fee Type	Dist Id	Category Code	Cat Sufix	Category Description	Units	Fee	Extended Amount
AREA							
	1	5002	00	UNIT SIZE (SQ FT)	174	$0.9180	$159.73

Assessment Total Amount: $159.73

Deferral Amount: $0.00

Current Balance Due: $159.73

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street (Coral Way) • Miami, Florida 33175-2474 • (786) 315-2000

APPLICATION FOR MUNICIPAL PERMIT APPLICANTS THAT REQUIRE PLAN REVIEW FROM MIAMI-DADE FIRE RESCUE AND/OR ENVIRONMENTAL SERVICES

PROVIDE MUNICIPAL PROCESS NUMBER HERE BL2025-0684

LOCATION OF IMPROVEMENTS
Job Address 7901 SW 136 ST
Folio 20-5015-018-0010
Lot _____ Block _____
Subdivision _____ PBpg _____
Metes and bounds _____

CONTRACTOR INFORMATION
Contractor No. CGC 1528371
Last four (4) digits of Qualifier No. 7224
Contractor Name JRG Construction Group
Qualifier Name John Garcia
Address 9950 Kendale Blvd
City Miami State FL Zip 33176

TYPE OF IMPROVEMENTS
[ ] New Construction on Vacant Land
[ ] Alteration Interior
[ ] Alteration Exterior
[ ] Relocation of Structure
[ ] Enclosure
[ ] Repair
[ ] Repair Due to Fire
[ ] Demolish
[ ] Shell Only
[X] Addition Attached
[ ] Addition Detached
[ ] Re-Roof
[ ] Foundation Only
[ ] Tent

Current use of property Residence
Description of Work Addition / Bath remodel
Sq. Ft. 180 Units _____ Floors _____
Value of Work $ 80,000

PERMIT TYPE
[X] MBLD* Category 02
[ ] MELE
[ ] MPLU
[ ] MLPG
[ ] MMEC
[ ] FIRE

REVIEW STATUS
[ ] Chg. Contractor
[ ] Re-Issue
[ ] Re-Stamp
[ ] Revision
[ ] Not Applicable for Fire

OWNER'S NAME
Owner Vanessa Shapiro
Address 7901 SW 136 ST
City Miami State FL Zip 33156
Phone 786-251-7799
Last four (4) digits of Owner's Social Security No. 2255

PERSON TO PICK UP PLANS
Name John Garcia
Address 9950 Kendale Blvd
City Miami State FL Zip 33176
Phone 305-785-6293

ARCHITECT / ENGINEER
Owner _____
Address _____
City _____ State _____ Zip _____
Phone _____

FIRE SPECIAL REQUEST PLAN REVIEW (SRI)
I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible. There is a minimum charge of one-hour. Please contact the Fire Department for current rate.
1st Request: _____ Date: _____
2nd Request: _____ Date: _____
3rd Request: _____ Date: _____

PERA OPTIONAL PLAN REVIEW (OPR)
I am requesting Optional Plan Review (OPR) to be scheduled as soon as possible at the rate of $75 for each discipline. Additional review fees may apply.
1st Request: _____ Date: _____
2nd Request: _____ Date: _____
3rd Request: _____ Date: _____

123_01-192 4/16

PERMITTING HOURS
8:00 AM TO 2:00 PM
MONDAY – FRIDAY

CONTACT INFORMATION
T: 305.234.2121 F: 305.234.2133
building@pinecrest-fl.gov
INSPECTIONS: 305.234.2111
INSURANCE RENEWALS: renewals@pinecrest-fl.gov

VILLAGE OF PINECREST
Building & Planning Department
12645 Pinecrest Parkway,
Pinecrest, Florida 33156

MASTER PERMIT # _____

SUB PERMIT # _____

INSTRUCTIONS

STEP 1. APPLICATION WHICH MUST BE SIGNED BY THE PROPERTY OWNER & QUALIFIER; BOTH SIGNATURES MUST BE NOTARIZED. PERMITS/PLANS DROP OFF CLOSES @ 2:00 P.M.

STEP 2. SUBMIT THE COMPLETED APPLICATION WITH ALL NECESSARY DOCUMENTS TO THE BUILDING AND PLANNING DEPARTMENT FOR PROCESSING. REFER TO PERMIT CHECKLIST ONLINE AT: HTTPS://WWW.PINECREST-FL.GOV/Government/Building/Apply-for-a-Permit/All-Permits.

STEP 3. PROJECTS OVER $2,500 REQUIRE RECORDED NOTICE OF COMMENCEMENT POSTED AT JOBSITE PRIOR TO COMMENCEMENT OF CONSTRUCTION.

APPLICATION

JOB ADDRESS: 7901 SW 136 STREET **FOLIO #: 20-**5015-0180-010

DESCRIPTION OF WORK: ADDITION AND BATHROOM REMODEL **FLOOD ZONE:** X AH7 AE7 AE10 AE11

VALUE OF WORK: 82000 **PROJECT SQ. FT.:** 180 **NO. OF FLOORS:** 1

CONTACT: JOHN GARCIA **EMAIL:** JOHN@JRGconstructionGroup.com **PHONE:** 305-785-6293

PERMIT TYPE	(✓)	PERMIT CHANGE	(✓)	IMPROVEMENT TYPE	(✓)	CATEGORY	(✓)
BUILDING	✓	REVISION		NEW CONSTRUCTION		COMMERCIAL	
ELECTRICAL		RENEWAL		ALTERATION		RESIDENTIAL	✓
MECHANICAL		CHG OF CONTRACTOR		ADDITION	✓	APPRAISED BLDG. VALUE	
PLUMBING		CHG OF ARCH/EGR		DEMOLITION		$ 203000.00	
ZONING							

PROPERTY OWNER	
NAME	Vanessa Shapiro (Booth)
ADDRESS	7901 SW 136 STREET
	PINECREST, FL 33156
PHONE	786-251-7799
EMAIL	vbooth1033@gmail.com

CONTRACTOR	
COMPANY	JRG CONSTRUCTION GROUP LLC
QUALIFIER	JOHN GARCIA
ADDRESS	9950 KENDALE BLVD, MIAMI, FL 33176
LICENSE #	CGC 1528371
PHONE	305-785-6293
EMAIL	JOHN@JRGCONSTRUCTIONGROUP.COM

ARCHITECT	
NAME	
LICENSE #	
PHONE	
EMAIL	

ENGINEER	
NAME	
LICENSE #	
PHONE	
EMAIL	

OFFICE USE ONLY

☐ *PERMIT CLERK REVIEW COMPLETE.* *UPFRONT FEE AMOUNT PAID $* _____ *(if applicable)*

FEES TYPE	AMOUNT	FEES TYPE	AMOUNT
SCAN FEE ($3/PG)		ZONING/PLANNING	
BUILDING FEES		SOLID WASTE	
STORMWATER REVIEW		MUNICIPAL	
MIAMI-DADE COUNTY		STORM DRAINAGE	
FL DBR		IMPACT ADMIN	
FL DCA		SIDEWALK	
FINES		CONCURRENCY	
CERT. OF OCCUPANCY		EXPEDITE- REWORK	
CONSTRUCTION SIGN		**TOTAL DUE:**	

SECTION	BY	DATE
ZONING/PLANNING		
ELECTRICAL		
MECHANICAL		
PLUMBING		
PUBLIC WORKS		
STRUCTURAL		
STORMWATER		
BUILDING		
BUILDING OFFICIAL		

CONDITIONS OF APPROVAL

☐ *CONDITION DESCRIPTION:*

IMPORTANT NOTICES

1. DO NOT BEGIN ANY WORK WITHOUT HAVING RECEIVED YOUR VALIDATED PERMIT AND PERMIT CARD. APPLYING FOR A PERMIT DOES NOT GRANT THE RIGHT TO BEGIN CONSTRUCTION. HOURS OF CONSTRUCTION ARE LIMITED TO MONDAY THROUGH FRIDAY FROM 7:00 A.M. TO 6:30 P.M., SATURDAYS FROM 8:00 A.M. TO 4:00 P.M. NO CONSTRUCTION ON SUNDAYS OR STATE HOLIDAYS. NO INSPECTIONS WILL BE CONDUCTED ON WEEKENDS OR HOLIDAYS.
2. ALL CONSTRUCTION AND/OR DEMOLITION AREAS MUST BE MAINTAINED IN A CLEAN, NEAT AND SANITARY CONDITION FREE FROM CONSTRUCTION DEBRIS.
3. STREETS AND NEIGHBORING PROPERTIES SHALL BE KEPT FREE FROM DIRT AND DEBRIS.
4. SWALES MUST BE PROTECTED FROM BEING DAMAGED BY EQUIPMENT OR VEHICLES.
5. CONSTRUCTION TRAILERS ARE PROHIBITED ON SINGLE FAMILY RESIDENTIAL CONSTRUCTION SITES. OTHER CONSTRUCTION MAY HAVE A TRAILER, WHICH REQUIRES A SEPARATE PERMIT.
6. PORTABLE TOILETS FOR A CONSTRUCTION SITE REQUIRE A SEPARATE PERMIT.
7. DO NOT DISCHARGE WATER INTO THE RIGHT OF WAY OR STORM DRAINS WITHOUT APPROVAL FROM THE BUILDING AND PLANNING DEPARTMENT.
8. EQUIPMENT AND MATERIALS SHALL BE STORED WITHIN YOUR PROPERTY, NOT ON PUBLIC RIGHT OF WAY.
9. FLORIDA DEPARTMENT OF HEALTH APPROVAL IS REQUIRED FOR APPLICATIONS INVOLVING SEPTIC TANKS. DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM) AND/OR MIAMI DADE WATER AND SEWER DEPARTMENT (MDWASD) APPROVAL IS REQUIRED FOR APPLICATIONS INVOLVING SEWERS AND WATER.
10. THE ISSUANCE OF A DEVELOPMENT PERMIT BY THE VILLAGE DOES NOT IN ANY WAY CREATE ANY RIGHT ON THE PART OF AN APPLICANT TO OBTAIN A PERMIT FROM A STATE OR FEDERAL AGENCY AND DOES NOT CREATE ANY LIABILITY ON THE PART OF THE VILLAGE FOR ISSUANCE OF THE PERMIT IF THE APPLICANT FAILS TO OBTAIN REQUISITE APPROVALS OR FULFILL THE OBLIGATIONS IMPOSED BY A STATE OR FEDERAL AGENCY OR UNDERTAKES ACTIONS THAT RESULT IN A VIOLATION OF STATE OR FEDERAL LAW. IN ADDITION, ALL APPLICABLE STATE AND FEDERAL PERMITS SHALL BE OBTAINED BY THE APPLICANT BEFORE COMMENCEMENT OF THE DEVELOPMENT.

AFFIDAVIT

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATION AS INDICATED. I, THE OWNER OF THE PROPERTY, CERTIFY THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGARDING CONSTRUCTION IN THE VILLAGE OF PINECREST. I UNDERSTAND THAT SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL, WINDOW, FENCE, DRIVEWAY, ROOFING, SHUTTERS AND SIGNS AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL AGENCIES.

I, THE OWNER OF THE PROPERTY, HAVE DISCLOSED ALL INFORMATION RELATED TO ANY WORK AT THE PROPERTY PERFORMED IN THE PRIOR ONE (1) YEAR TO THE BUILDING OFFICIAL. FURTHER, I AM FULLY AWARE THAT IF THE CUMULATIVE COST OF WORK TO MY HOME OR BUSINESS UNDER THIS AND ANY OTHER PERMIT DURING THE ONE (1) YEAR PERIOD BEGINNING ON THE DATE OF THE FIRST IMPROVEMENT OR REPAIR TO THE STRUCTURE SUBSEQUENT TO JANUARY 1, 2015 EXCEEDS FIFTY PERCENT (50%) OF THE MARKET VALUE OF THE STRUCTURE, THE ENTIRE STRUCTURE MUST MEET THE PRESENT FEDERAL FLOOD CRITERIA FOR FINISHED FLOOR ELEVATION PLUS 1 FOOT. I AM ALSO FULLY AWARE THAT IF THE WORK AREA TO MY HOME OR BUSINESS UNDER THIS AND ANY OTHER PERMIT EQUALS OR EXCEEDS FIFTY PERCENT (50%) OF THE BUILDING AREA, THEN THE ALTERATION MUST CONFORM TO THE CURRENT CODE REQUIREMENTS OF THE FLORIDA BUILDING CODE, EXISTING BUILDINGS SECTION 604 ALTERATION LEVEL 3.

I, THE OWNER OF THE PROPERTY, UNDERSTAND THAT A PERMIT APPLICATION IS SUBJECT TO DENIAL AND A VALIDATED PERMIT OR PERMIT CARD IS SUBJECT TO REVOCATION OR MODIFICATION BASED UPON APPLICABLE DEEDS, COVENANTS, DECLARATIONS, EASEMENTS AND ANY OTHER LEGAL RESTRICTION. BY ISSUING A PERMIT, THE VILLAGE MAKES NO REPRESENTATION AS TO THE EXISTENCE OR VALIDITY OF ANY PROPERTY RESTRICTION.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU ARE SPENDING MORE THAN $2,500 OR INTEND TO OBTAIN FINANCING, YOU MAY WISH TO CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. THE NOTICE OF COMMENCEMENT MUST BE RECORDED AT: 22 N.W. 1ST STREET, 1ST FLOOR (305) 275-1155 EXTENSION 6. ONCE RECORDED, THE NOTICE OF COMMENCEMENT MUST BE POSTED AT THE JOB SITE IN ACCORDANCE WITH SECTION 713.35 OF FLORIDA STATUTES

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

SIGNATURE OF OWNER

Vanessa Booth

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF May ,20 25.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

SEAL: Notary Public State of Florida Alana Garcia My Commission HH 494519 Expires 3/1/2028

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED:

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

SIGNATURE OF CONTRACTOR QUALIFIER

John Garcia

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF may ,20 25

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

SEAL: Notary Public State of Florida Alana Garcia My Commission HH 494519 Expires 3/1/2028

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED:

Water and Sewer
PO Box 330316
Miami, Florida 33233-0316
T 786-268-5360 F 786-268-5150

VERIFICATION FORM

DATE:	July 7, 2025	BLDG PROCESS #:	M2025018258
VF#	25-2025-L-VF - 6376	INVOICE(S)#:	N00174413 N00174413

THIS FORM EXPIRES ONE YEAR FROM THE DATE ON THE FORM

PROJECT NAME:	SFR-CLUST. ADD/BTH RM -M2025018258 -7901 SW 136 ST
PROJECT/AGREEMENT NUMBER:	2025
PROJECT DESCRIPTION:	NEW ADDITION OF 174 SQFT TO AN EXISTING 1,818 SQFT SFR, TOTALING TO A 1,992 SQFT SFR AS PER ARCH PLANS. CCB PREM ID#01417980
IS THIS AN AFFORDABLE HOUSING PROJECT? **No**	

Folio	Address	Zip Code	Lot	Block	Proposed sq. ft.	Previous sq. ft.
2050150180010	7901 SW 136 ST	33156	1	1	1,992	1,818

Connection Type	Reason for Connection Information	Critical Habitat	Wetlands	Affordable Housing	SIR Inspection #
Water	Remodeling	No	No	No	N/A

THIS VERIFICATION LETTER CERTIFIES THAT AVAILABILITY OF A WATER AND/OR SEWER MAIN ONLY, AND IT DOES NOT GUARANTEE THE EXISTENCE OF A WATER SERVICE LINE, FIRE LINE OR OF A SEWER LATERAL WITH SUFFICIENT DEPTH TO SERVE THE PROPERTY. FOR ADDITIONAL INFORMATION EMAIL **NEWBUSINESSSUPVLIST@MIAMIDADE.GOV**. SHOULD IT BECOME NECESSARY TO INSTALL A SERVICE LINE AND/OR A SEWER LATERAL MDWASD REQUIRES THAT THE DEVELOPER RETAINS SERVICES FROM DESIGNERS AND CONTRACTORS WITH SKILL SETS FOR DESIGNING, BUILDING, AND CONNECTING TO PUBLIC WATER AND SEWER SYSTEMS. A WATER AND/OR SEWER AGREEMENT MAY BE REQUIRED. **AN INSPECTION FOR ANY EXISTING SERVICES WILL BE PROCESSED WITH THIS FORM, AND A SERVICE UPGRADE MAY BE REQUIRED WHICH MAY TAKE UP TO 12 WEEKS.**
THIS IS TO CERTIFY THAT THE MIAMI-DADE WATER AND SEWER DEPARTMENT **DOES HAVE** A(N) **8** INCH WATER MAIN AND/OR **DOES NOT HAVE** A(N) INCH GRAVITY SEWER MAIN ABUTTING THE SUBJECT PROPERTY.

Proposed Use	Square Footage/ # Units	Water Gallons Per Day	Sewer Gallons Per Day
SFR less than 3001 sqft (210 gpd/unit)	1	210	0

Previous Use	Square Footage/ # Units	Water Gallons Per Day	Sewer Gallons Per Day
2018 - SFR less than 3001 sqft (210 gpd/unit)	1	210	0

Water Service Area	**WASD Water**	**Sewer Service Area**	**WASD Sewer**
Net Water GPD	0	**Net Sewer GPD**	0
Net Water Cost ($)	$ 0.00	**Net Sewer Cost ($)**	$ 0.00
Water Basin Charge ($)	No	**Sewer Basin Charge ($)**	No
Total Connection Charges ($)			$ 0.00
Total Construction Connection Charges ($) (accrues interest daily)			$ 0.00
Construction Connection Charges Status			N/A

WE ARE WILLING TO SERVE THE SUBJECT PROPERTY, SUBJECT TO PROHIBITIONS, OR RESTRICTIONS OF GOVERNMENTAL AGENCIES HAVING JURISDICTION OVER MATTERS OF THE ANTICIPATED DAILY WATER AND/OR SEWAGE FLOW FOR THIS PROJECT WHICH WILL BE THE NUMBER OF GALLONS PER DAY INCREASE STATED ABOVE. IF "**WILL HAVE**", UPON PROPER CONVEYANCE AND PLACEMENT INTO SERVICE OF WATER AND/OR SEWER FACILITIES BY THE DEVELOPER UNDER AGREEMENT IF APPLICABLE WITH THE DEPARTMENT. FURTHERMORE, APPROVAL OF ALL SEWAGE FLOWS INTO THE DEPARTMENT'S SYSTEM MUST BE OBTAINED FROM D.E.R.M. SUBJECT TO RER'S TERMS AND CONDITIONS SET FORTH IN THE CONSENT DECREE (CASE NO. 1:12-CV-24400-FAM) OR DOH ONSITE SEWER TREATMENT & DISPOSAL SYSTEM RULES & STATUES.

Fixed Fee Item	Price ($)	Total Quantity	Total Fees ($)
Verification Form - Residential (R-A) Water	30	1.00	30.00
Total Fixed Fee			$ 30.00
Verification Form Total ($)			$ 30.00
Connection Charges Paid?			**No**

COMMENTS: Refunds are based on the payment date and are subject to State Statute 95-11. Some fees are not refundable.

CUSTOMER NAME: JOHN GARCIA

CUSTOMER PHONE:

Prepare by: Jennifer Hilarion
Printed Name of Reviewer

Approved by: Jacqueline Rodriguez
Printed Name of Supervisor