

## Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0605-21 Date Received 5/5/06 By JW Permit # 24501  
 Application Approved by - Zoning Official RJK Date 09.05.06 Plans Examiner DKJTH Date 5-5-06  
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3  
 Comments \_\_\_\_\_

Applicants Name Douglas C. Hill Phone (904)-891-6324  
 Address 3738 Haslett Dr East Jacksonville, FL 32277  
 Owners Name Sherry Smith Phone (386) 755-0279  
 911 Address 951 S.E. October Road Lake City, FL 32025  
 Contractors Name Doug Hill Contracting, Inc. Phone (904) 891-6324  
 Address 3738 Haslett Drive East Jacksonville, FL 32277  
 Fee Simple Owner Name & Address Sherry Smith  
 Bonding Co. Name & Address \_\_\_\_\_  
 Architect/Engineer Name & Address Lawrence Bennet South Daytona P.F.  
 Mortgage Lenders Name & Address Cash

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy  
 Property ID Number 02-65-17-09553-012 HX WX Estimated Cost of Construction \$9,700.00  
 Subdivision Name Bolling Hills Lot 29 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_  
 Driving Directions 41 & 441 → East on 41, South on October Rd, Approximate mile, Drive on left side of Road

Type of Construction Screened Pool Enclosure Number of Existing Dwellings on Property \_\_\_\_\_  
 Total Acreage 10 Lot Size \_\_\_\_\_ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive  
 Actual Distance of Structure from Property Lines - Front 194.20' Side 260' Side 200' Rear 580'  
 Total Building Height 12 Ft Number of Stories \_\_\_\_\_ Heated Floor Area \_\_\_\_\_ Roof Pitch 4/12

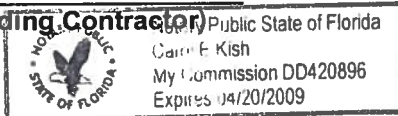
Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Agent (Including Contractor) \_\_\_\_\_

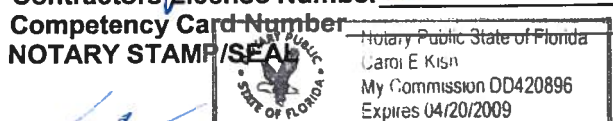
STATE OF FLORIDA  
COUNTY OF COLUMBIA



Sworn to (or affirmed) and subscribed before me  
 this 20th day of April 2006.

Personally known / or Produced Identification \_\_\_\_\_

Contractor Signature \_\_\_\_\_  
 Contractors License Number SCC131149801



Notary Signature \_\_\_\_\_

- JW called Douglas - on 5.9.06 - left message - NEILL BE AD THURMAN

# Columbia County Property Appraiser

DB Last Updated: 4/6/2006

Parcel: 02-6S-17-09553-012 HX WX

## 2006 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

### Owner & Property Info

Search Result: 1 of 1

|                        |                                                                                                                                                                                                                                                                                 |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Owner's Name</b>    | SMITH SHERRY R                                                                                                                                                                                                                                                                  |
| <b>Site Address</b>    | OCTOBER                                                                                                                                                                                                                                                                         |
| <b>Mailing Address</b> | 951 SE OCTOBER RD<br>LAKE CITY, FL 32025                                                                                                                                                                                                                                        |
| <b>Description</b>     | COMM 420 FT S OF NW COR OF SE1/4 FOR A POB, RUN E 840 FT, S 518.57 FT, W 840 FT, NS 518.57 FT, W 840 FT, N (AKA LOT 29 ROLLING HILLS S/D SE1/4 FOR A POB, RUN E 840 FT, UNREC) ORB 523-239, DC JULIAN COMM 420 FT S OF NW COR OF J SMITH 740-1078, 518.57 FT TO POB, EX RD R/W. |

|                         |                     |
|-------------------------|---------------------|
| <b>Use Desc. (code)</b> | IMPROVED A (005000) |
| <b>Neighborhood</b>     | 2617.02             |
| <b>Tax District</b>     | 3                   |
| <b>UD Codes</b>         | MKTA02              |
| <b>Market Area</b>      | 02                  |
| <b>Total Land Area</b>  | 10.000 ACRES        |

### Property & Assessment Values

|                              |          |             |
|------------------------------|----------|-------------|
| <b>Mkt Land Value</b>        | cnt: (1) | \$12,339.00 |
| <b>Ag Land Value</b>         | cnt: (1) | \$3,510.00  |
| <b>Building Value</b>        | cnt: (1) | \$51,163.00 |
| <b>XFOB Value</b>            | cnt: (3) | \$6,650.00  |
| <b>Total Appraised Value</b> |          | \$73,662.00 |

|                            |                           |
|----------------------------|---------------------------|
| <b>Just Value</b>          | \$127,752.00              |
| <b>Class Value</b>         | \$73,662.00               |
| <b>Assessed Value</b>      | \$59,923.00               |
| <b>Exempt Value</b>        | (code: HX WX) \$25,500.00 |
| <b>Total Taxable Value</b> | \$34,423.00               |

### Sales History

| Sale Date | Book/Page | Inst. Type | Sale Vlmp | Sale Qual | Sale RCode | Sale Price |
|-----------|-----------|------------|-----------|-----------|------------|------------|
| NONE      |           |            |           |           |            |            |

### Building Characteristics

| Bldg Item                                                                            | Bldg Desc           | Year Blt | Ext. Walls     | Heated S.F. | Actual S.F. | Bldg Value  |
|--------------------------------------------------------------------------------------|---------------------|----------|----------------|-------------|-------------|-------------|
| 1                                                                                    | SINGLE FAM (000100) | 1983     | BD/Batten (06) | 1431        | 1615        | \$51,163.00 |
| <b>Note:</b> All S.F. calculations are based on <u>exterior</u> building dimensions. |                     |          |                |             |             |             |

### Extra Features & Out Buildings

| Code | Desc       | Year Blt | Value      | Units   | Dims        | Condition (% Good) |
|------|------------|----------|------------|---------|-------------|--------------------|
| 0210 | GARAGE U   | 0        | \$3,500.00 | 1.000   | 20 x 40 x 0 | (.00)              |
| 0269 | RVP HOOKUP | 0        | \$1,350.00 | 1.000   | 0 x 0 x 0   | (.00)              |
| 0060 | CARPORT F  | 2005     | \$1,800.00 | 360.000 | 18 x 20 x 0 | (.00)              |

### Land Breakdown

| Lnd Code | Desc             | Units    | Adjustments         | Eff Rate    | Lnd Value   |
|----------|------------------|----------|---------------------|-------------|-------------|
| 000100   | SFR (MKT)        | 1.000 AC | 1.00/1.00/1.00/1.00 | \$12,339.60 | \$12,339.00 |
| 006677   | PECANS (AG)      | 9.000 AC | 1.00/1.00/1.00/1.00 | \$390.00    | \$3,510.00  |
| 009910   | MKT.VAL.AG (MKT) | 9.000 AC | 1.00/1.00/1.00/1.00 | \$0.00      | \$57,600.00 |

Columbia County Property Appraiser

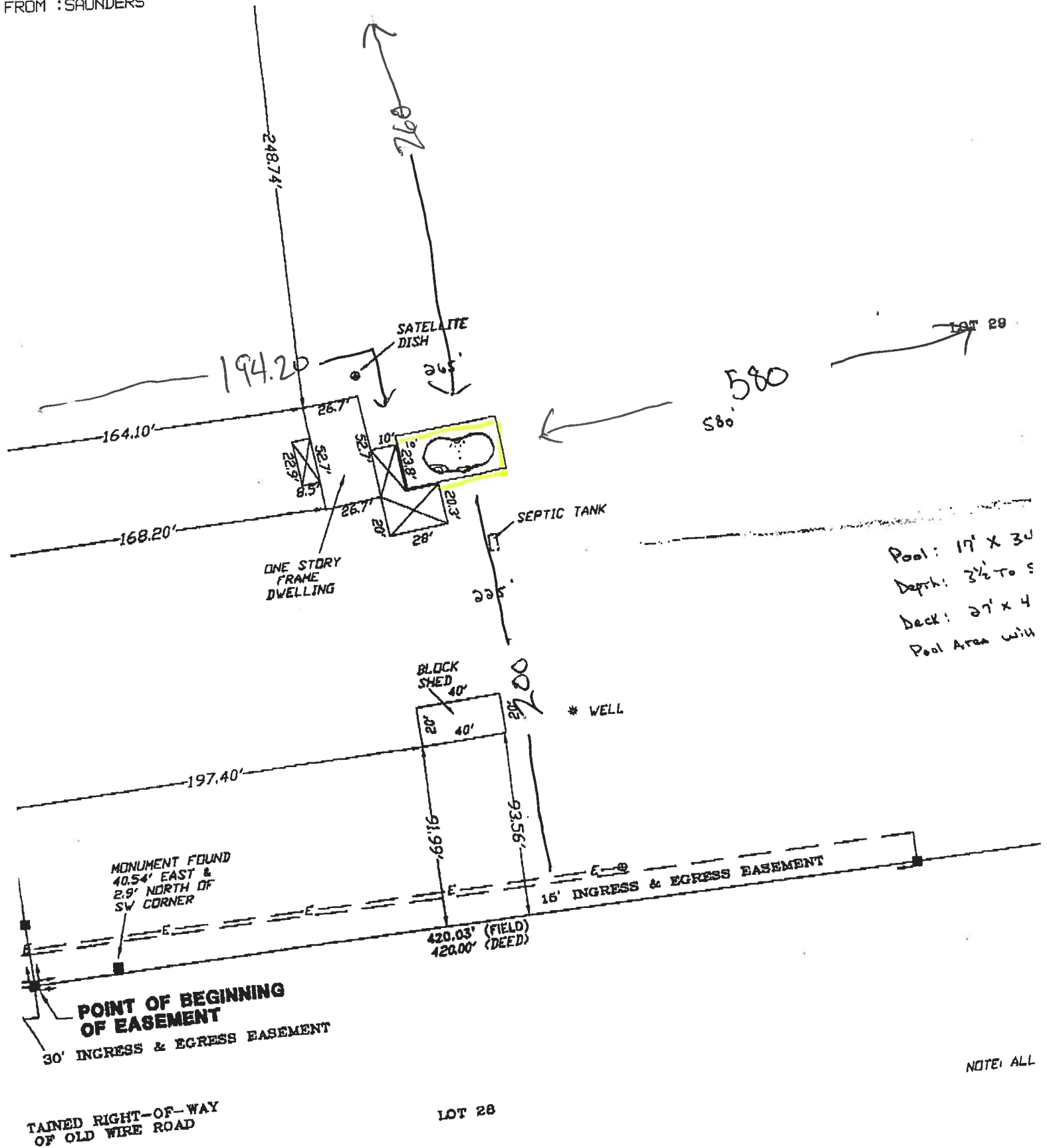
DB Last Updated: 4/6/2006

1 of 1

FROM : SAUNDERS

FAX NO. : 9042624304

May. 05 2006 07:37AM P1



NOTE: ALL

January 01, 2006

LAWRENCE E. BENNETT, P.E.  
P.O. BOX 214368  
SOUTH DAYTONA, FL 32121  
386-767-4774

TO ALL BUILDING DEPARTMENTS

Re: Master File Engineering  
"ALUMINUM STRUCTURES DESIGN MANUAL"  
2004 edition & 2006 edition

Dear Building Official/Plans Examiner,

This is to certify that the following contractor/company is hereby authorized to use my 2004 ed "ALUMINUM STRUCTURES DESIGN MANUAL" during the year 2006. When we publish and distribute the 2006 ed of the "ALUMINUM STRUCTURES DESIGN MANUAL", they will be authorized to use that manual for the remainder of 2006.

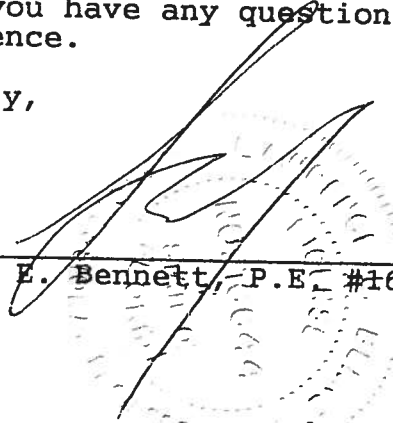
Our authorization is based on a January to January basis regardless of the edition of the manual. This authorization also applies to contractor master file drawings, "ONE PERMIT ONLY" drawings or any "site specific" drawings that I may furnish the contractor.

Douglas C Hill  
SCC131149801  
Doug Hill Contracting, Inc  
3738 Haslett Dr E  
Jacksonville, FL 32277

They are hereby added to my 2006 MASTERFILE LIST

Should you have any questions please contact me at your convenience.

Sincerely,

  
Lawrence E. Bennett, P.E. #16644

NOTICE OF COMMENCEMENT FORM  
COLUMBIA COUNTY, FLORIDA

\*\*\*THIS DOCUMENT MUST BE RECORDED AT THE COUNTY  
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION.\*\*\*

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 02-65-17-09553-012 HX WX

1. Description of property: (legal description of the property and street address or 911 address)  
Lot 29 Rolling Hills  
951 S.E. October Road Lake City, FL 32025
2. General description of improvement: Screened Pool Enclosure
3. Owner Name & Address Sherry Smith 951 S.E. October Road  
Lake City, FL 32025 Interest in Property Fee Simple
4. Name & Address of Fee Simple Owner (if other than owner): \_\_\_\_\_
5. Contractor Name Doug Hill Contracting, Inc. Phone Number (904) 891-6324  
Address 3738 Haslett Drive East Jacksonville, FL 32277
6. Surety Holders Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Amount of Bond \_\_\_\_\_
7. Lender Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_
8. Persons within the State of Florida designated by the C  
served as provided by section 718.13 (1)(a) 7; Florida Statute  
Name J. F. DC, P. Dewitt Cason, Columbia County B:1082 P:2385  
Address \_\_\_\_\_  
Inst: 2006011038 Date: 05/05/2006 Time: 11:15
9. In addition to himself/herself the owner designates \_\_\_\_\_  
\_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -  
(a) 7. Phone Number of the designee \_\_\_\_\_
10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,  
(Unless a different date is specified) \_\_\_\_\_

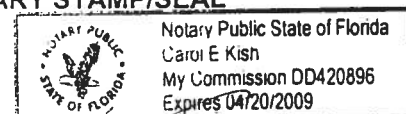
NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

X Sherry Smith  
Signature of Owner

Sworn to (or affirmed) and subscribed before  
day of 20th April, 2006

NOTARY STAMP/SEAL



[Signature]  
Signature of Notary

# 2005-2006 OCCUPATIONAL LICENSE TAX

**MIKE HOGAN**

## OFFICE OF THE TAX COLLECTOR

CITY OF JACKSONVILLE and/or COUNTY OF DUVAL, FLORIDA

231 EAST FORSYTH STREET ROOM 130, JACKSONVILLE, FL 32202 PHONE: (904)630-2080 FAX: (904)630-1432  
Note - A penalty is imposed for failure to keep this license exhibited conspicuously at your establishment or place of business.  
This license is furnished in pursuance of chapter 770-772 City ordinance codes.

DOUG HILL CONTRACTING, INC  
DOUGLAS C HILL  
PEDDLER OF SERVICES  
3738 HASLETT DR E  
JACKSONVILLE, FL 32277

03

ACCOUNT NUMBER: 143916-0000-5

LOCATION ADDRESS: 3738 HASLETT DR E  
32277

DESCRIPTION: CONTRACTOR, ALL TYPES

|                                  |                         |
|----------------------------------|-------------------------|
| County License Code: 770.307-001 | County Tax: \$11.25     |
| Municipal License Code: 772.309  | Municipal Tax: \$31.25  |
|                                  | Total Tax Paid: \$42.50 |

VALID FROM OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

RCPT #: 001T000027 DATE: 8/05/2005 AMT: \$42.50

## ATTENTION

**\*\*\*The Following Construction Contractors Require Additional Licensure\*\*\***

ALARM  
RESIDENTIAL  
ELECTRICAL  
MECHANICAL  
GENERAL  
UNDERGROUND UTILITY  
REFRIGERATION

POOL  
BUILDING  
SHEET METAL  
PLUMBING  
CARPENTRY  
HEATING

ALUMINUM/VINYL  
ROOFING  
SOLAR  
IRRIGATION  
WATER TREATMENT  
AIR CONDITIONING

This is an occupational license tax only. It does not permit the licensee to violate any existing regulatory or zoning laws of the County or City. Nor does it exempt the licensee from any other license or permit required by law. This is not a certification of the licensee's qualification.

*Mike Hogan*  
TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION

| <b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | DATE (MM/DD/YYYY)<br>2/22/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|--------------------|------------|----------------------------|------------|-----------------------------|------------|--|------------|--|
| <b>PRODUCER</b><br>Harper Insurance Agency<br>670 Kingsley Ave., #2<br>Orange Park, FL 32073                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                               |               | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| <b>INSURED</b><br>Douglas C Hill<br>Doug Hill Contracting, Inc.<br>3738 Haslett Dr E<br>Jacksonville, FL 32277                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                               |               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left; padding: 2px;">NAIC #</th> </tr> <tr> <td style="padding: 2px;">INSURER A: Penn America Insurance Company</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER B:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER C:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER D:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER E:</td> <td style="padding: 2px;"></td> </tr> </table> |                                   | INSURERS AFFORDING COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAIC #               | INSURER A: Penn America Insurance Company |                    | INSURER B: |                            | INSURER C: |                             | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAIC #                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| INSURER A: Penn America Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| INSURER B:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| INSURER C:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| INSURER D:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| INSURER E:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| <b>COVERAGES</b><br>THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| INSR ADD'L LTR INSRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                             | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | PAC6551972    | 01/11/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01/11/2007                        | EACH OCCURRENCE \$300,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$300,000<br>GENERAL AGGREGATE \$600,000<br>PRODUCTS - COM/OP AGG \$300,000                                                                                                                                                                                                                                                                       |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>_____<br>DEDUCTIBLE<br>RETENTION \$                                                                                                                                                                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below                                                                                                                                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">WC STATU-TORY LIMITS</td> <td style="padding: 2px;">OTH-ER</td> </tr> <tr> <td style="padding: 2px;">E.L. EACH ACCIDENT</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">E.L. DISEASE - EA EMPLOYEE</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">E.L. DISEASE - POLICY LIMIT</td> <td style="padding: 2px;">\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER                                    | E.L. EACH ACCIDENT | \$         | E.L. DISEASE - EA EMPLOYEE | \$         | E.L. DISEASE - POLICY LIMIT | \$         |  |            |  |
| WC STATU-TORY LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OTH-ER                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| E.L. EACH ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                                                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| E.L. DISEASE - EA EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                                                                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| E.L. DISEASE - POLICY LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OTHER                                                                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |
| <b>CERTIFICATE HOLDER</b><br>Columbia County Building<br>and Zoning Department<br>P.O. Box 1529<br>Lake City, FL 32056-1529                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |               | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE:                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                           |                    |            |                            |            |                             |            |  |            |  |



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

(850) 487-1395

HILL, DOUGLAS CRAIG  
DOUG HILL CONTRACTING INC  
3738 HASLETT DRIVE EAST  
JACKSONVILLE FL 32277-2015



STATE OF FLORIDA

AC# 2378315

DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

SCC131149801 01/06/06 050437653

CERTIFIED SPECIALTY CONTRACTOR  
HILL, DOUGLAS CRAIG  
DOUG HILL CONTRACTING INC

IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date: AUG 31, 2006 L06010600058

DETACH HERE

AC# 2378315

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06010600058

| DATE       | BATCH NUMBER | LICENSE NBR  |
|------------|--------------|--------------|
| 01/06/2006 | 050437653    | SCC131149801 |

The SPECIALTY STRUCTURE CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2006

HILL, DOUGLAS CRAIG  
DOUG HILL CONTRACTING INC  
3738 HASLETT DRIVE EAST  
JACKSONVILLE FL 32277-2015

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

(850) 487-1395

DOUG HILL CONTRACTING INC  
3738 HASLETT DRIVE EAST  
JACKSONVILLE FL 32277



STATE OF FLORIDA

AC# 2460553

DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

QB45214

03/03/06 000000000

QUALIFIED BUSINESS ORGANIZATION  
DOUG HILL CONTRACTING INC

(NOT A LICENSE TO PERFORM WORK.  
ALLOWS COMPANY TO DO BUSINESS IF  
IT HAS A LICENSED QUALIFIER.)

IS QUALIFIED under the provisions of Ch.489 FS.

Expiration date: AUG 31, 2007

L06030300373

DETACH HERE

AC# 2460553

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06030300373

| DATE       | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 03/03/2006 | 000000000    | QB45214     |

The BUSINESS ORGANIZATION

Named below IS QUALIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2007

(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS  
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

DOUG HILL CONTRACTING INC  
3738 HASLETT DRIVE EAST  
JACKSONVILLE FL 32277

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

SIMONE MARSTILLER  
SECRETARY



# Aluminum Association of Florida, Inc.

The New Standard for Construction Excellence

## State Office

1650 S. Dixie Hwy.  
Suite 500  
Boca Raton, FL 33432  
Phone: 561/362-9019  
Fax: 561/395-8557  
Internet: [www.aaof.org](http://www.aaof.org)  
E-mail: [info@aaof.org](mailto:info@aaof.org)

Executive Director  
PAUL E. SAUNDERS

## Officers

President  
SCOTT MYERS  
Myers Construction &  
Aluminum Design

First Vice President  
MIKE MOBERLEY  
Tropical Windows

Second Vice President  
RICHARD MOORE  
Master Craft  
Aluminum Products

Secretary  
JIMMY MOORE  
Aluminum Contractors

Treasurer  
GLEN KOHLENBERG  
Precise Aluminum

## GUIDE TO ALUMINUM CONSTRUCTION IN HIGH WIND AREAS

### LETTER OF AUTHORIZATION

DATE: MAR - 6 2006

## TO ALL CODE ENFORCEMENT AGENCIES:

THIS CREDENTIAL IS TO AUTHORIZE (USER ID# 41014):

DOUGLAS C. HILL  
DOUG HILL CONTRACTING, INC.  
3738 HASLETT DR. EAST  
JACKSONVILLE, FL 32277

To utilize the Aluminum Association of Florida Guide to Aluminum Construction in High Wind Areas as "Master File Engineering". This letter also authorizes the registered user (above) to make whatever photocopies of pages of this book for building permit submittal packages that may be required.

If you do not have copies of this book, it is available purchase from the AAF.

Please be advised that as of October 2003, this book has been adopted as a prescriptive construction guide by the Florida Building Commission (paragraph 1601.1). This Code change was implemented in October 2005. If your code enforcement agency elects to voluntarily permit the use of this publication without a sealed letter, then this letter of authorization is unnecessary.

However, pending acceptance by the local building department, please accept this letter as permission for the user to utilize the technical information for construction.

Your cooperation is greatly appreciated.

Sincerely,

Robert S. Monsour, P.E. (FL# 11955)  
RAMMS Engineering, Inc.  
2100 West 76th Street - Suite 311  
Hialeah, Florida

The Professional  
Trade Association for  
Aluminum Contractors,  
Fabricators, Suppliers  
and Related Businesses



02-01-2006

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 02/20/2006 \*\* EXPIRATION DATE: 02/20/2008

PERSON: HILL DOUGLAS C

FEIN: 331021825

BUSINESS NAME DOUG HILL CONTRACTING INC  
AND ADDRESS: 3738 HASLETT DR E  
JACKSONVILLE FL 32277

SCOPE OF BUSINESS OR TRADE: 1- ALUMINUM/VINYL INSTALLATION 2- PAINTING  
3- GUTTER INSTALLATION 4- CLEANING /DEBRIS REMOVAL(5610)

**IMPORTANT:** Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
**CONSTRUCTION INDUSTRY**  
CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW



EFFECTIVE: 02/20/2006

\*\* EXPIRATION DATE: 02/20/2008

PERSON: DOUGLAS C HILL

FEIN: 331021825

BUSINESS NAME DOUG HILL CONTRACTING INC  
AND ADDRESS: 3738 HASLETT DR E  
JACKSONVILLE, FL 32277

SCOPE OF BUSINESS OR TRADE:

1- ALUMINUM/VINYL INSTALLATION 2- PAINTING  
3- GUTTER INSTALLATION 4- CLEANING /DEBRIS REMOVAL(5610)

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**IMPORTANT**

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04



02-13-2006

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 01/13/2006 \*\* EXPIRATION DATE: 01/13/2008

PERSON: MORTON THOMAS A

FEIN: 331021825

BUSINESS NAME DOUG HILL CONTRACTING INC  
AND ADDRESS: 3738 HASLETT DR E  
JACKSONVILLE FL 32277

SCOPE OF BUSINESS 1- GUTTER INSTALLATION 2- SCREENING  
OR TRADE: 3- CLEANING /DEBRIS REMOVAL(5610)

**IMPORTANT:** Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

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PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
**CONSTRUCTION INDUSTRY**  
CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE: 01/13/2006

\*\* EXPIRATION DATE: 01/13/2008

PERSON: THOMAS A MORTON

FEIN: 331021825

BUSINESS NAME DOUG HILL CONTRACTING INC  
AND ADDRESS: 3738 HASLETT DR E  
JACKSONVILLE, FL 32277

SCOPE OF BUSINESS OR TRADE:

1- GUTTER INSTALLATION 2- SCREENING  
3- CLEANING /DEBRIS REMOVAL(5610)



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**IMPORTANT**

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QUESTIONS? (850) 413-1609

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.



02-13-2006

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 01/13/2006 \*\* EXPIRATION DATE: 01/13/2008

PERSON: FIELDS CHRISTOPHER M

FEIN: 331021825

BUSINESS NAME DOUG HILL CONTRACTING INC  
AND ADDRESS: 3738 HASLETT DR EAST  
JACKSONVILLE FL 32277

SCOPE OF BUSINESS OR TRADE: 1- GUTTER INSTALLATION 2- SCREENING  
3- CLEANING /DEBRIS REMOVAL(5610)

**IMPORTANT:** Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

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DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

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STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE: 01/13/2006

\*\* EXPIRATION DATE: 01/13/2008

PERSON: CHRISTOPHER M FIELDS

FEIN: 331021825

BUSINESS NAME DOUG HILL CONTRACTING INC  
AND ADDRESS: 3738 HASLETT DR EAST  
JACKSONVILLE, FL 32277

SCOPE OF BUSINESS OR TRADE:

1- GUTTER INSTALLATION 2- SCREENING  
3- CLEANING /DEBRIS REMOVAL(5610)



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QUESTIONS? (850) 413-1609

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

# 2005-2006 OCCUPATIONAL LICENSE TAX

**MIKE HOGAN**

## OFFICE OF THE TAX COLLECTOR

CITY OF JACKSONVILLE / COUNTY OF DUVAL, FLORIDA

231 EAST FORSYTH STREET ROOM 130, JACKSONVILLE, FL 32202 PHONE: (904)630-2080 FAX: (904)630-1432

Note - A penalty is imposed for failure to keep this license exhibited conspicuously at your establishment or place of business.

This license is furnished in pursuance of chapter 770-772 City ordinance codes.

HILL, DOUGLAS C  
DOUG HILL CONTRACTING, INC  
PEDDLER OF SERVICES  
3738 HASLETT DR E  
JACKSONVILLE, FL 32277

03

ACCOUNT NUMBER: 223937-0000-8

LOCATION ADDRESS: 3738 HASLETT DR E  
32277

DESCRIPTION: QUALIFYING AGENT, CONTRACTORS

County License Code: 770.000-005  
Municipal License Code: 772.325

County Tax: N/A  
Municipal Tax: \$100.00  
Total Tax Paid: \$100.00

VALID FROM OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

RCPT #: 001/12/3061/0014/02222006 DATE: 2/21/2006 AMT: \$100.00

## ATTENTION

**\*\*\*The Following Construction Contractors Require Additional Licensure\*\*\***

ALARM  
RESIDENTIAL  
ELECTRICAL  
MECHANICAL  
GENERAL  
UNDERGROUND UTILITY  
REFRIGERATION

POOL  
BUILDING  
SHEET METAL  
PLUMBING  
CARPENTRY  
HEATING

ALUMINUM/VINYL  
ROOFING  
SOLAR  
IRRIGATION  
WATER TREATMENT  
AIR CONDITIONING

This is an occupational license tax only. It does not permit the licensee to violate any existing regulatory or zoning laws of the County or City. Nor does it exempt the licensee from any other license or permit required by law. This is not a certification of the licensee's qualification.

  
TAX COLLECTOR

**THIS BECOMES A RECEIPT AFTER VALIDATION**

January 01, 2006

LAWRENCE E. BENNETT, P.E.  
P.O. BOX 214368  
SOUTH DAYTONA, FL 32121  
386-767-4774

TO ALL BUILDING DEPARTMENTS

Re: Master File Engineering  
"ALUMINUM STRUCTURES DESIGN MANUAL"  
2004 edition & 2006 edition

Dear Building Official/Plans Examiner,

This is to certify that the following contractor/company is hereby authorized to use my 2004 ed "ALUMINUM STRUCTURES DESIGN MANUAL" during the year 2006. When we publish and distribute the 2006 ed of the "ALUMINUM STRUCTURES DESIGN MANUAL", they will be authorized to use that manual for the remainder of 2006.

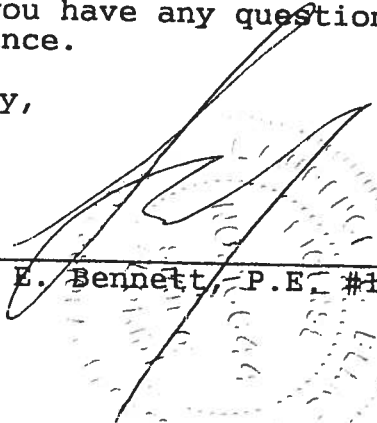
Our authorization is based on a January to January basis regardless of the edition of the manual. This authorization also applies to contractor master file drawings, "ONE PERMIT ONLY" drawings or any "site specific" drawings that I may furnish the contractor.

Douglas C Hill  
SCC131149801  
Doug Hill Contracting, Inc  
3738 Haslett Dr E  
Jacksonville, FL 32277

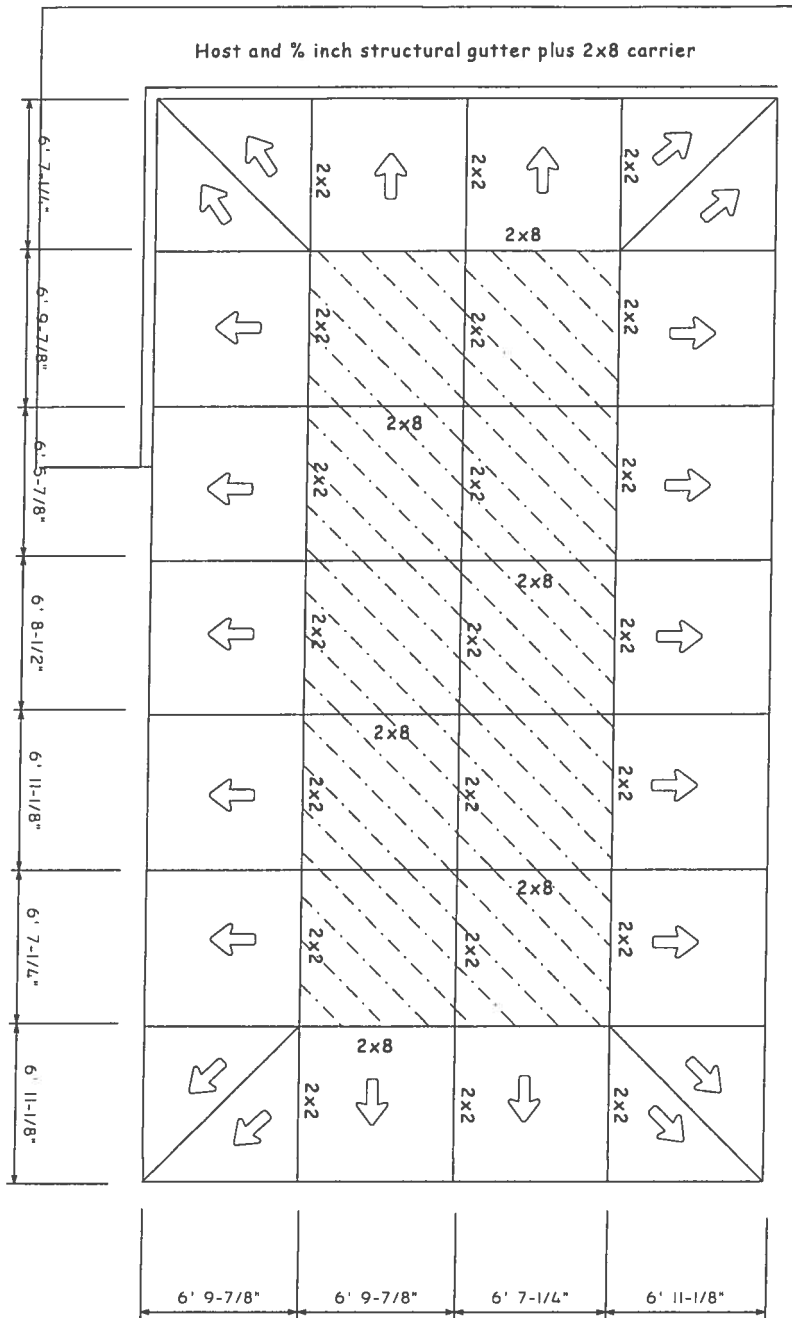
They are hereby added to my 2006 MASTERFILE LIST

Should you have any questions please contact me at your convenience.

Sincerely,

  
\_\_\_\_\_  
Lawrence E. Bennett, P.E. #16644

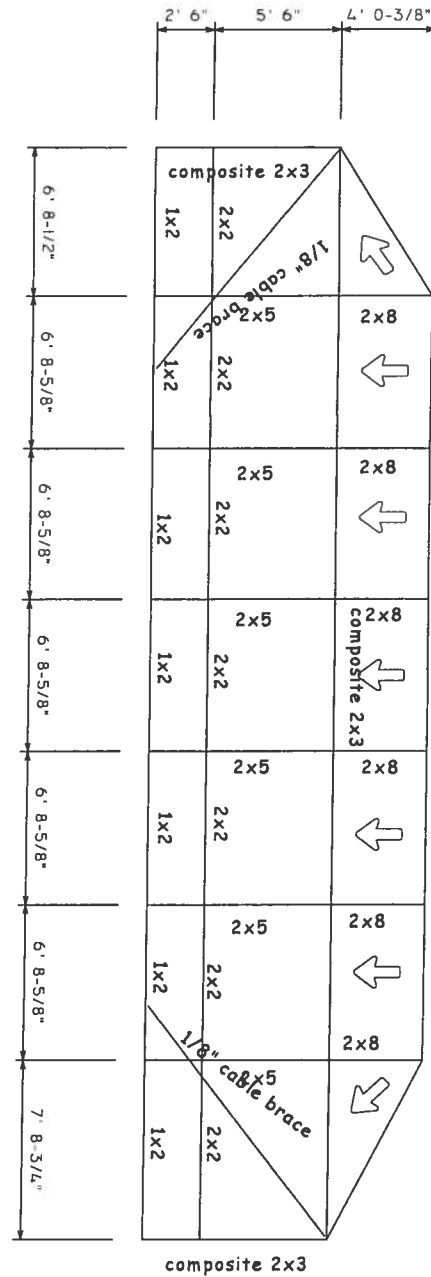
OFFICE COPY



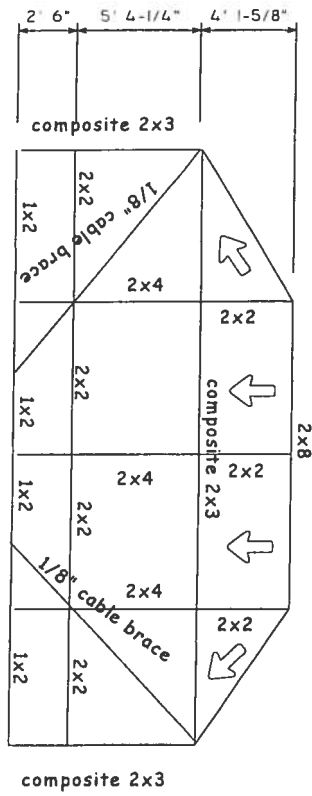
Plan View



# REAR ELEVATION

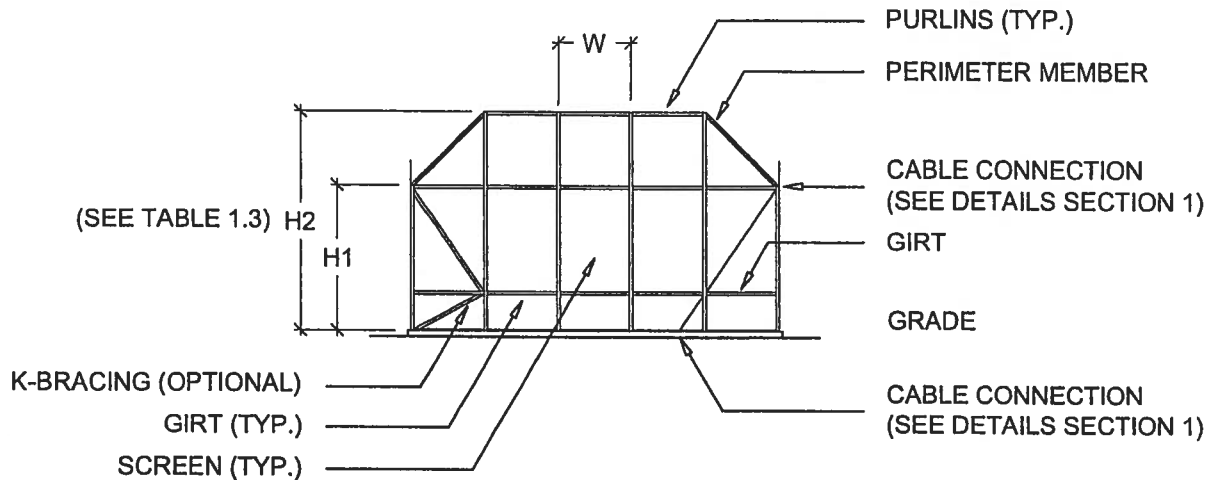


# SIDE ELEVATION



## SECTION 1

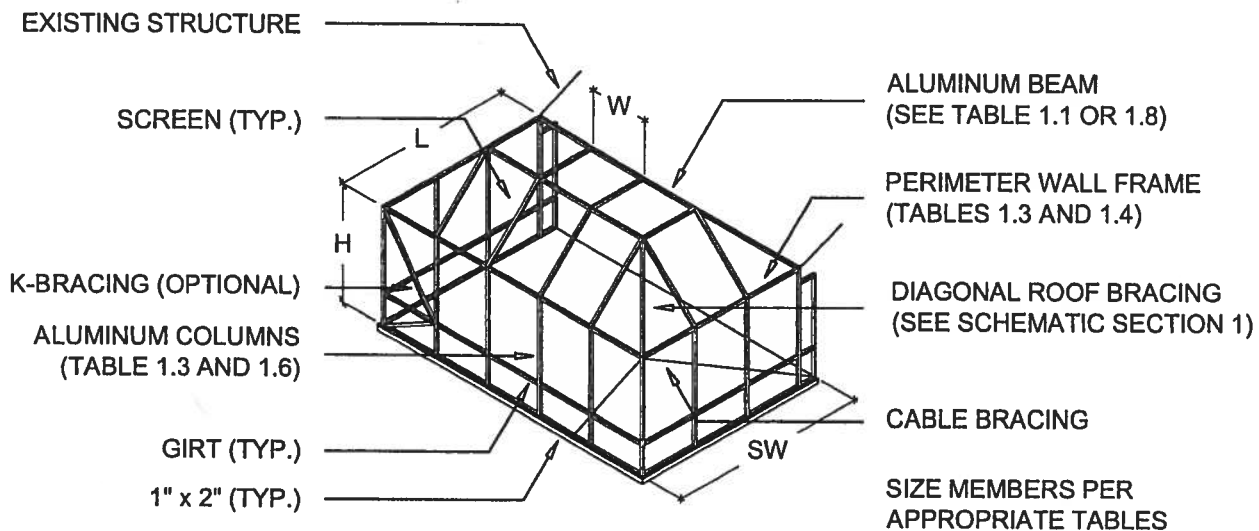
## SCREENED ENCLOSURES



NOTE: USE  $H_2$  FOR CABLE AREA CALCULATION

### TYPICAL MANSARD ROOF - ELEVATION

SCALE: N.T.S.



### TYPICAL MANSARD ROOF - ISOMETRIC

SCALE: N.T.S.

CONNECTION DETAILS AND NOTES ARE FOUND IN THE SUBSEQUENT PAGES.

**Lawrence E. Bennett, P.E. FL # 16644**

CIVIL ENGINEER - DEVELOPMENT CONSULTANT

P.O. BOX 214368, SOUTH DAYTONA, FL 32121

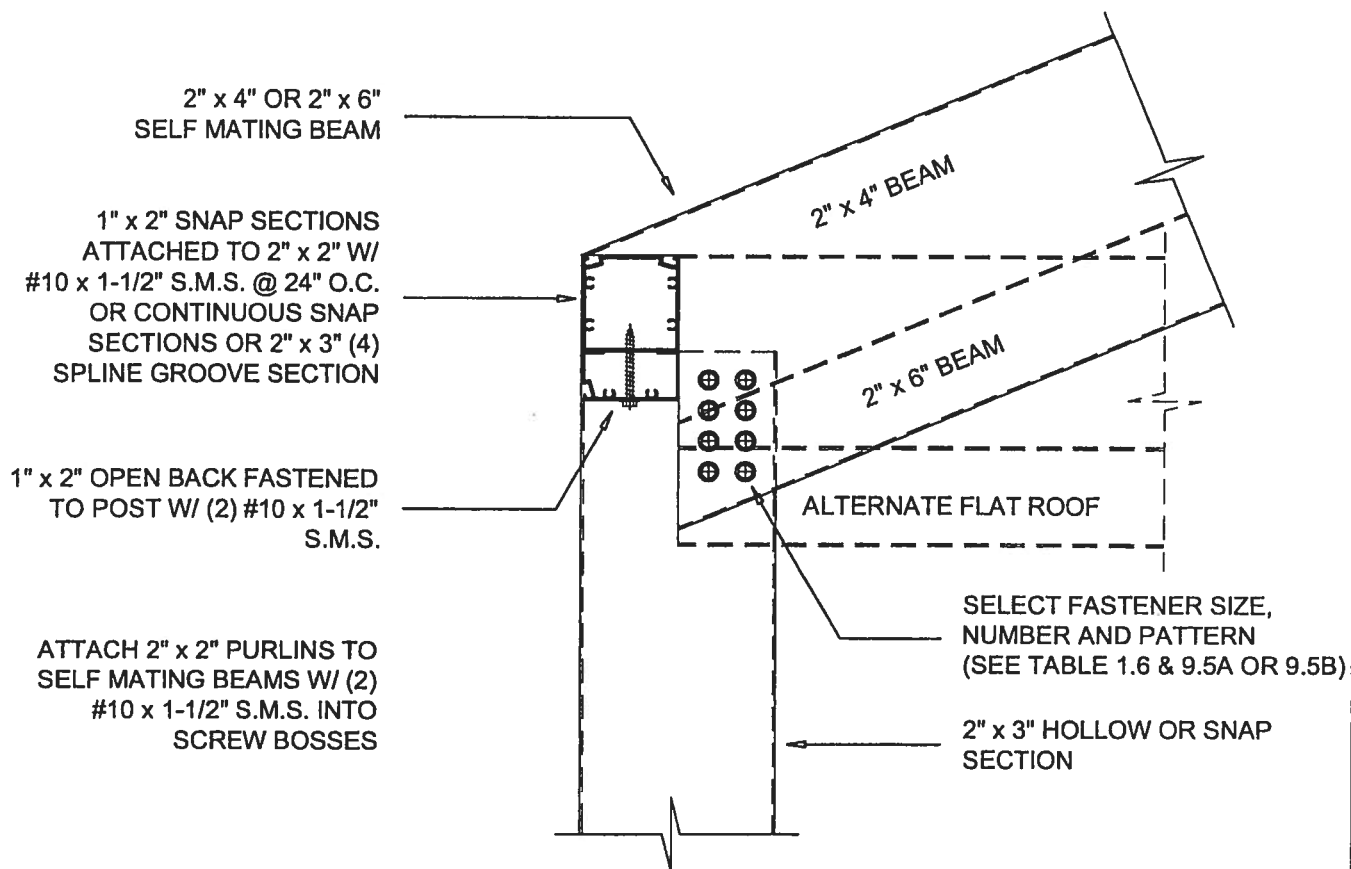
TELEPHONE: (386) 767-4774

FAX: (386) 767-6556

# SECTION 1

# SCREENED ENCLOSURES

MINIMUM POST SIZES  
REQUIRED FOR EACH BEAM  
SIZE (SEE TABLE 1.6)



## SLOPING BEAM TO UPRIGHT CONNECTION DETAIL (PARTIAL LAP)

SCALE: 3" = 1'-0"

Lawrence E. Bennett, P.E. FL # 16644

CIVIL ENGINEER - DEVELOPMENT CONSULTANT

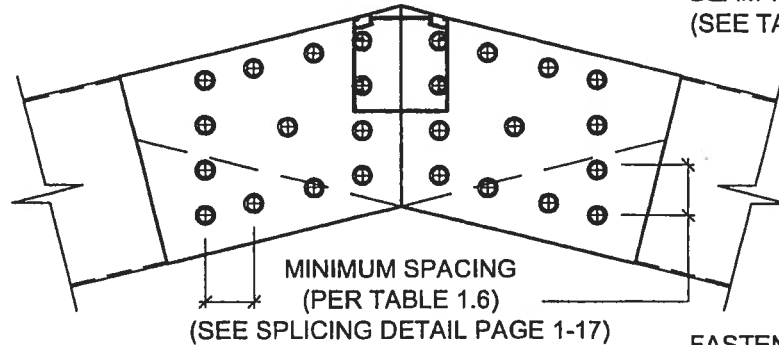
P.O. BOX 214368, SOUTH DAYTONA, FL 32121

TELEPHONE: (386) 767-4774

FAX: (386) 767-6556

2" x 2" PURLINS ATTACHED  
TO BEAM W/ MIN.  
(3) #10 x 1-1/2" S.M.S.

CUT 2" x 4", 2" x 5", OR 2" x 6"  
BEAMS TO SLIDE OVER EACH  
OTHER 2" x 7" & LARGER  
PROVIDE GUSSET PLATE  
(INSIDE OR OUTSIDE BEAM)  
SAME WALL THICKNESS AS  
BEAM WALLS OR LARGER  
(SEE TABLE 1.6)

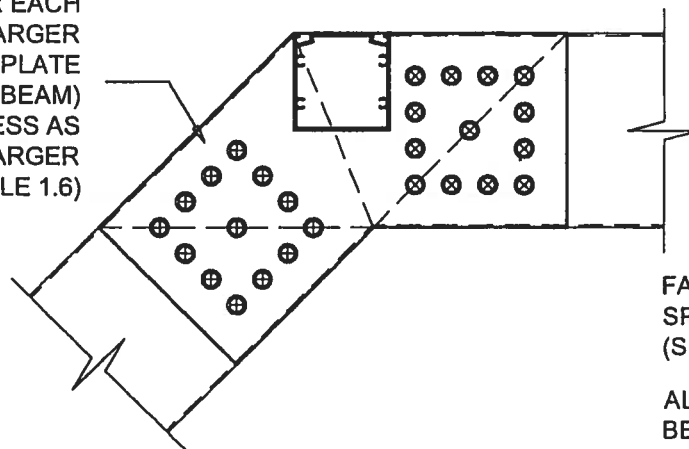


FASTENER SIZE, NUMBER AND  
SPACING PER PAGE 1-19  
(SEE TABLE 1.6)

**TYPICAL SIDE PLATE CONNECTION DETAIL**

SCALE: 3" = 1'-0"

CUT 2" x 4", 2" x 5", OR 2" x 6"  
BEAMS TO SLIDE OVER EACH  
OTHER 2" x 7" & LARGER  
PROVIDE GUSSET PLATE  
(INSIDE OR OUTSIDE BEAM)  
SAME WALL THICKNESS AS  
BEAM WALLS OR LARGER  
(SEE TABLE 1.6)



FASTENER SIZE, NUMBER AND  
SPACING PER PAGE 1-19  
(SEE TABLE 1.6)

ALL GUSSET PLATES SHALL  
BE A MINIMUM OF 5052 H-32  
ALLOY OR HAVE A MINIMUM  
YIELD STRENGTH OF 23 ksi

**TYPICAL SIDE PLATE CONNECTION DETAIL - MANSARD ROOF**

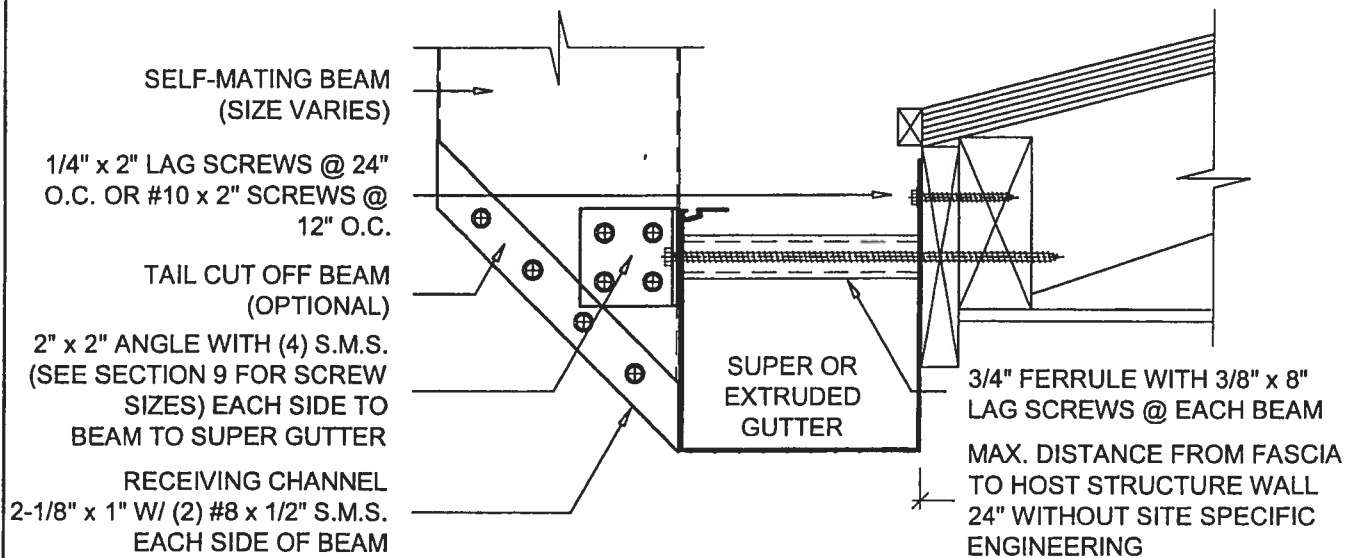
SCALE: 3" = 1'-0"

Lawrence E. Bennett, P.E. FL # 16644

CIVIL ENGINEER - DEVELOPMENT CONSULTANT  
P.O. BOX 214368, SOUTH DAYTONA, FL 32121  
TELEPHONE: (386) 767-4774  
FAX: (386) 767-6556

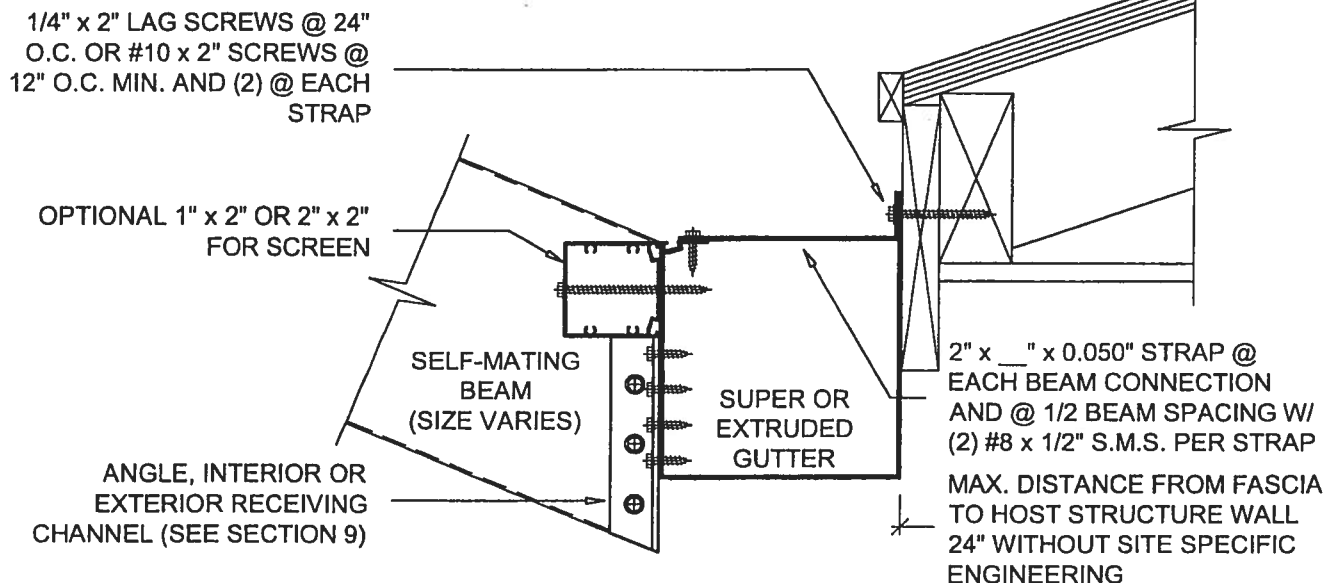
## SECTION 1

## SCREENED ENCLOSURES



### SELF MATING BEAM AND SUPER OR EXTRUDED GUTTER CONNECTION

SCALE: 3" = 1'-0"



### SELF MATING BEAM CONNECTION TO SUPER OR EXTRUDED GUTTER

SCALE: 3" = 1'-0"

Lawrence E. Bennett, P.E. FL # 16644

CIVIL ENGINEER - DEVELOPMENT CONSULTANT

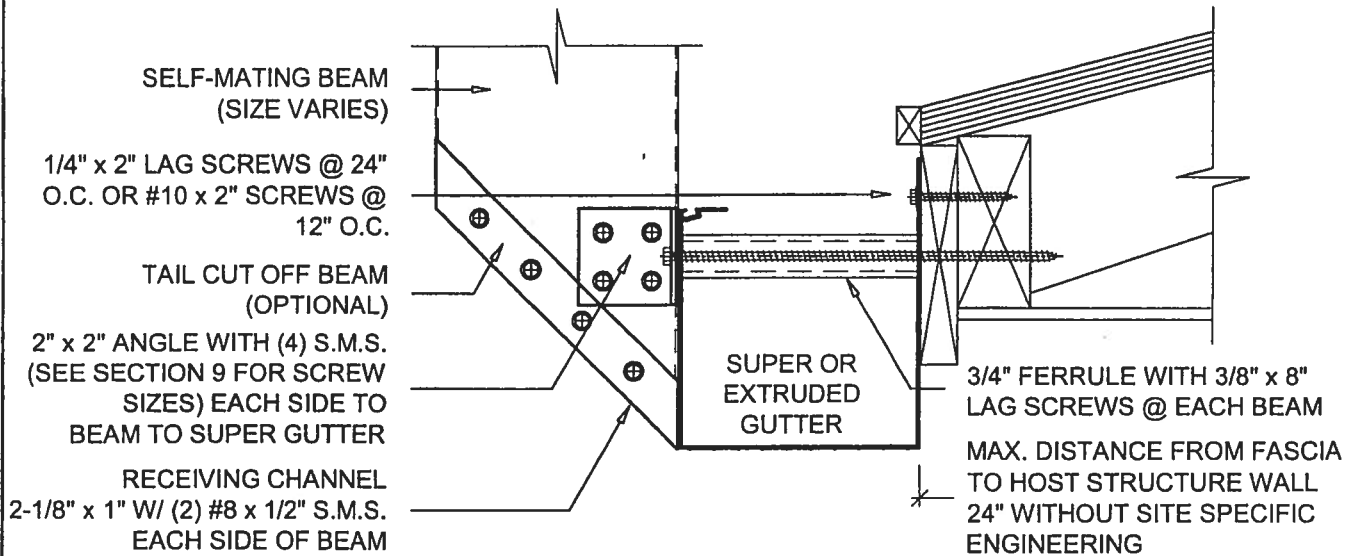
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TELEPHONE: (386) 767-4774

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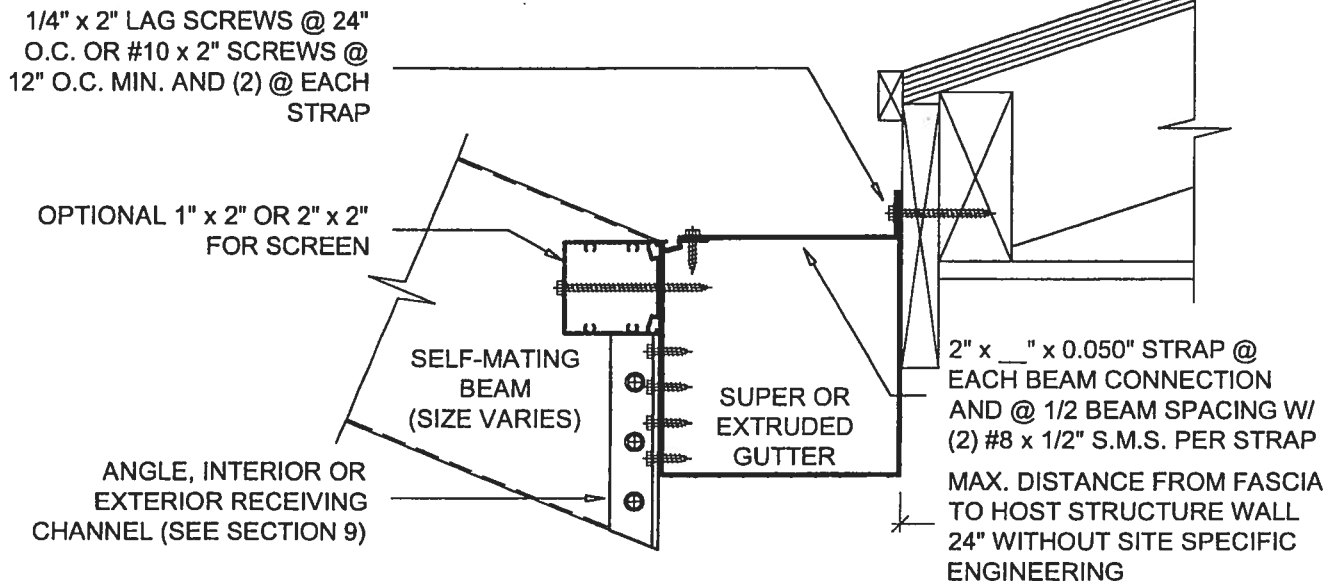
## SECTION 1

## SCREENED ENCLOSURES



### SELF MATING BEAM AND SUPER OR EXTRUDED GUTTER CONNECTION

SCALE: 3" = 1'-0"



### SELF MATING BEAM CONNECTION TO SUPER OR EXTRUDED GUTTER

SCALE: 3" = 1'-0"

Lawrence E. Bennett, P.E. FL # 16644

CIVIL ENGINEER - DEVELOPMENT CONSULTANT

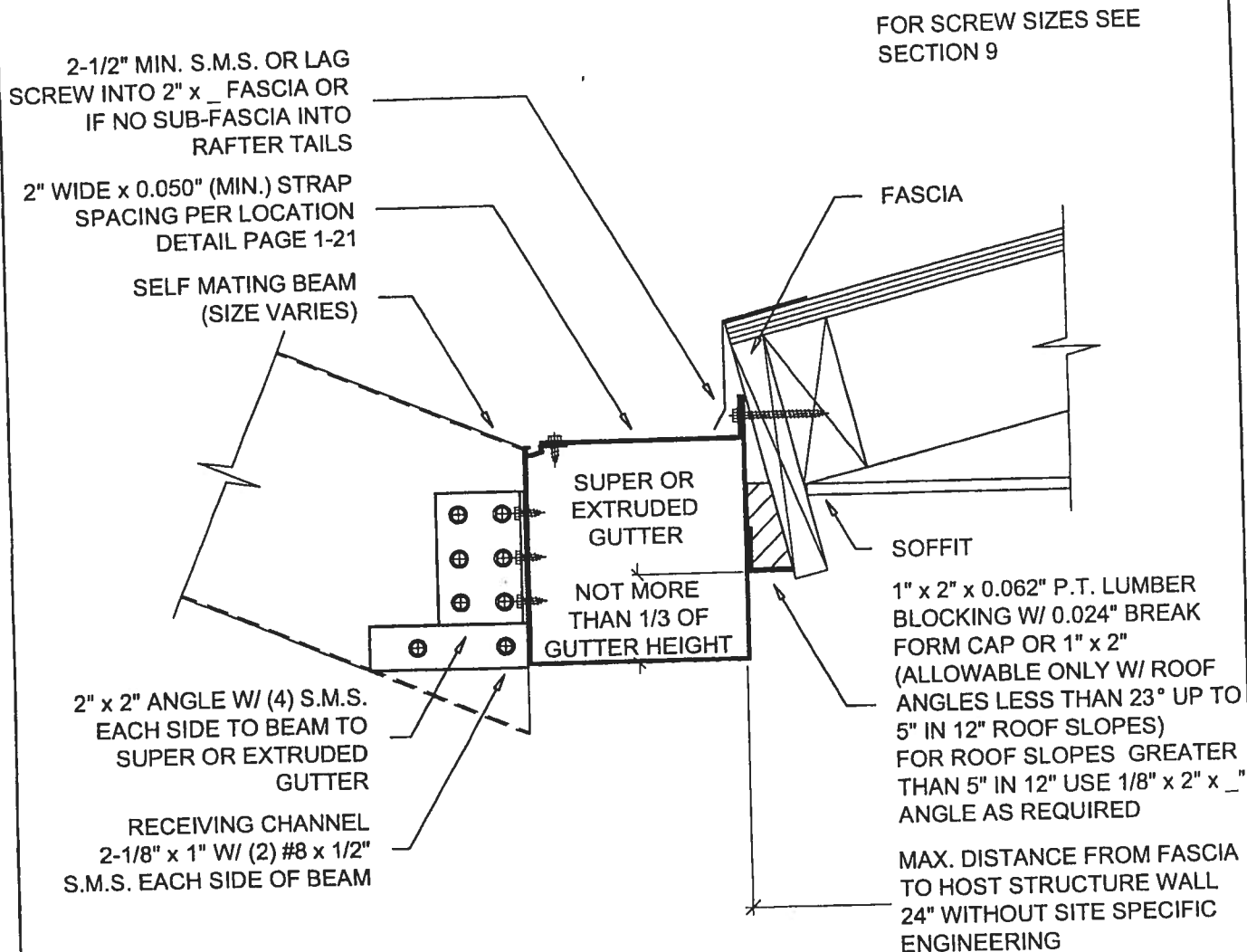
P.O. BOX 214368, SOUTH DAYTONA, FL 32121

TELEPHONE: (386) 767-4774

FAX: (386) 767-6556

# SECTION 1

## SCREENED ENCLOSURES



### TYPICAL SELF MATING BEAM AND SUPER OR EXTRUDED GUTTER CONNECTION

SCALE: 3" = 1'-0"

Lawrence E. Bennett, P.E. FL # 16644

CIVIL ENGINEER - DEVELOPMENT CONSULTANT  
P.O. BOX 214368, SOUTH DAYTONA, FL 32121  
TELEPHONE: (386) 767-4774  
FAX: (386) 767-6556

**CABLE BRACING****General Notes and Specifications:**

- 1) The following shall apply to the installation of cables as additional bracing to DIAGONAL bracing for pool enclosures:

- a) FRONT WALL CABLES - 7 x 7 OR 7 x 19 STAINLESS STEEL

| CABLE DIAMETER | TOTAL ALLOWABLE WALL AREA *  |
|----------------|------------------------------|
| 3/32"          | 233 Sq. Ft. / PAIR OF CABLES |
| 1/8"           | 445 Sq. Ft. / PAIR OF CABLES |

\* TOTAL WALL AREA = 100 % OF FRONT WALL + 50 % OF ONE SIDE WALL

EXAMPLE: FRONT WALL AREA @ 100% (8' x 32') = 256 Sq. Ft.

SIDE WALL AREA @ 50% ( 8' x 20') = 80 Sq. Ft.

TOTAL WALL AREA = 336 Sq. Ft.

233 Sq. Ft. x 2 sets = 466 Sq. Ft. > 336 Sq. Ft.; thus two sets of 3/32" cables is required.

- b) SIDE WALL CABLES - 7 x 7 OR 7 x 19 STAINLESS STEEL

| CABLE DIAMETER | SIDE WALL CABLE **          |
|----------------|-----------------------------|
| 3/32"          | ONE PER 233 Sq. Ft. OF WALL |
| 1/8"           | ONE PER 445 Sq. Ft. OF WALL |

\*\* SIDE WALL CABLES ARE NOT REQUIRED FOR SIDE WALLS LESS THAN 233 Sq. Ft.

- c) To calculate the required pair of cables for free standing pool enclosures use 100 % of each wall area & 50% of the area of one adjacent wall.

**NOTES:**

1. Where wall height is such that a girt is required between the top or eave rail and the chair rail, (i.e. a mid-rise girt), then the front wall shall have two cable pairs and they shall be attached to the top rail and the mid-rise rail. If more than one additional girt is required between the top or eave rail and the chair rail, then there shall be an additional front wall cable pair at that girt also.
2. Side walls do not require cables until the side wall area is greater than 233 Sq. Ft.. The side wall cable may be attached at the mid-rise girt or the top rail.
3. Standard rounding off rules apply. ie: if the number of cables calculated is less than 2.5 pairs use two cables; if the number of cables calculated is 2.5 pairs or greater use 3 pairs of cables.

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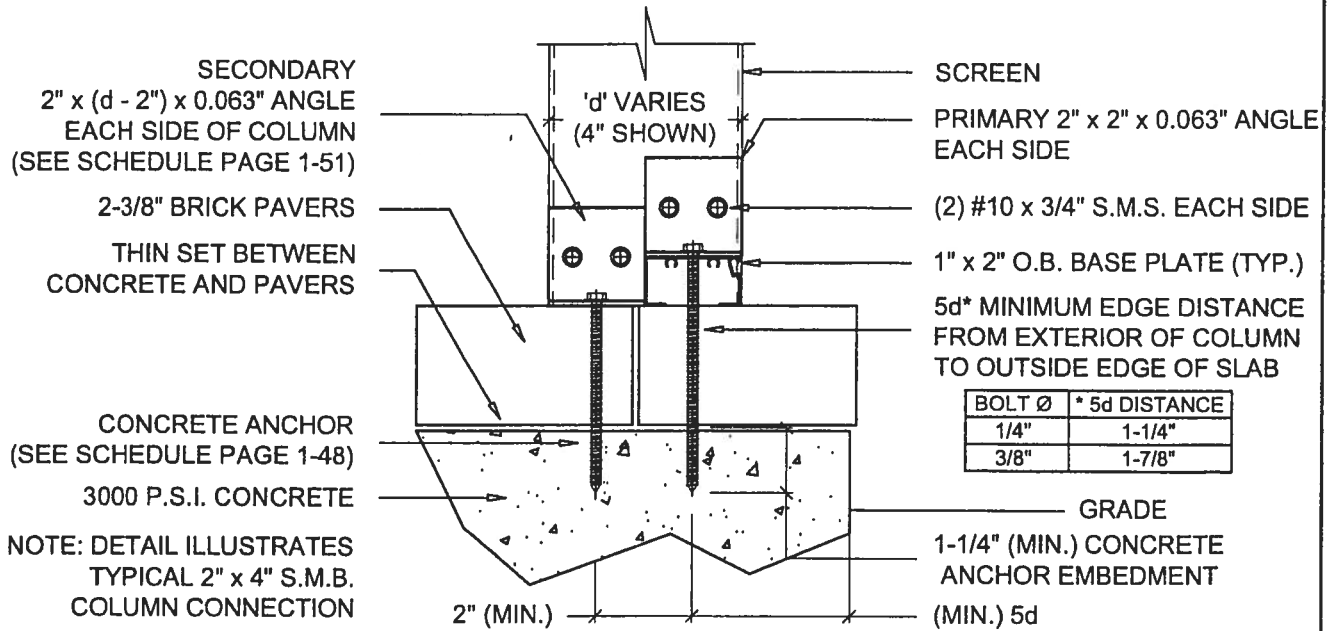




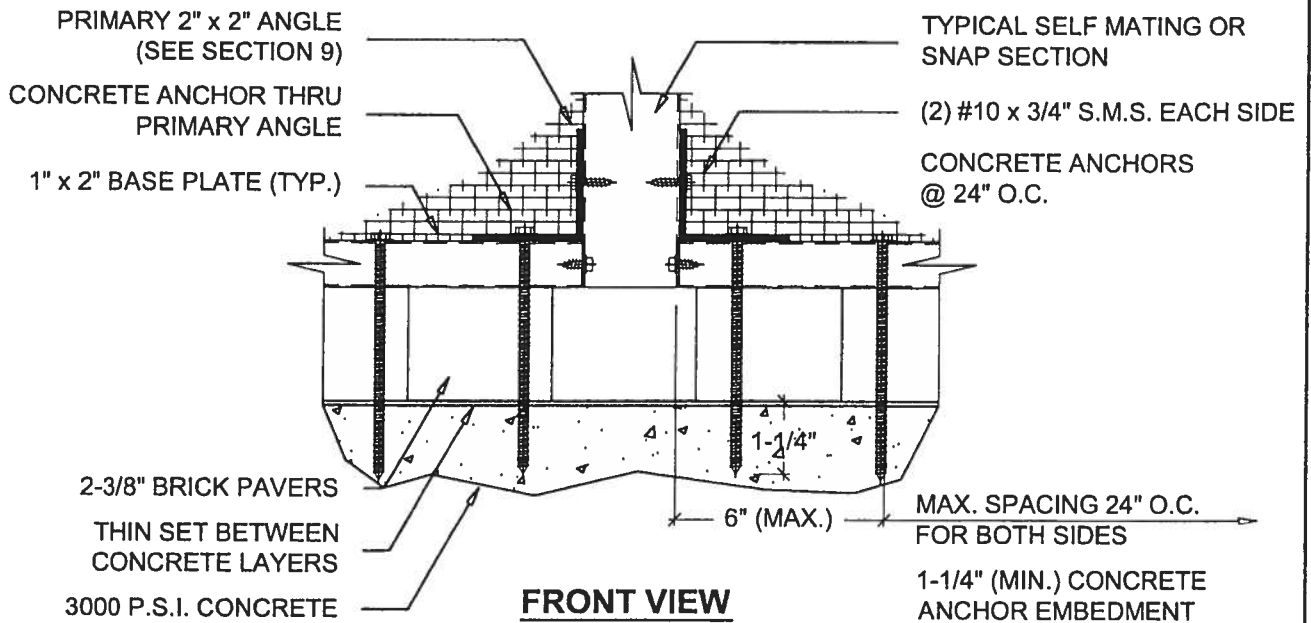
# SCREENED ENCLOSURES

# SECTION 1

ALL CONCRETE ANCHOR BOLTS TO BE RAWL EXPANSION BOLTS OR EQUIVALENT



**SIDE VIEW**



**FRONT VIEW**

**2" x 4" OR LARGER SELF MATING SECTION POST TO DECK/PAVER DETAILS**

SCALE: 3" = 1'-0"

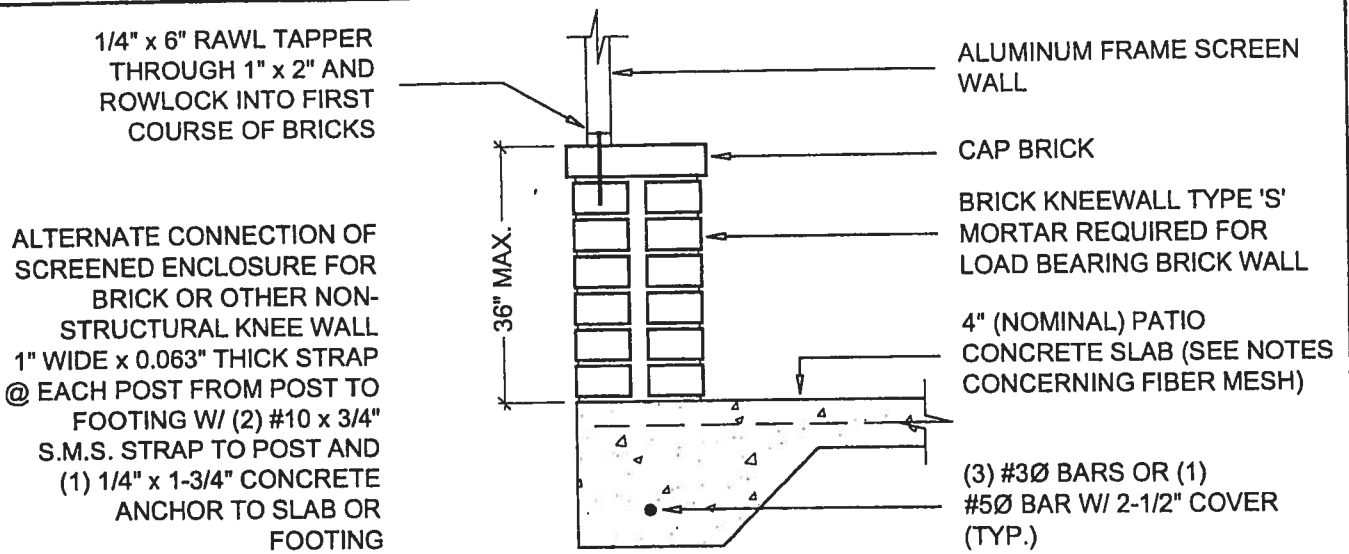
NOTE: FOR SIDE WALLS OF 2" x 4" OR SMALLER ONLY ONE ANGLE IS REQUIRED.

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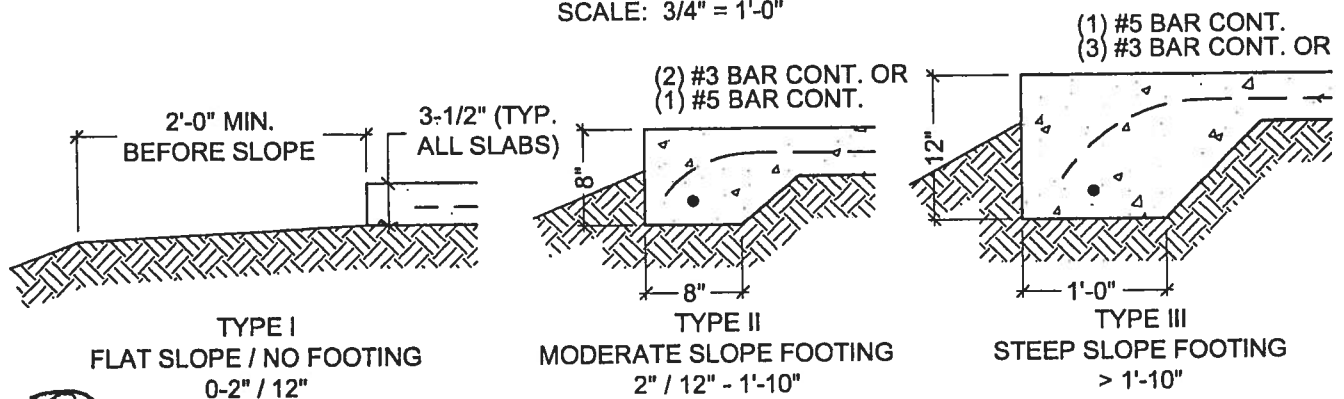
# SCREENED ENCLOSURES

## SECTION 1



### BRICK KNEEWALL AND FOUNDATION FOR SCREEN WALLS

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



#### Notes for all foundation types:

1. No footing required except when addressing erosion until the slab width in the direction of the primary exceeds 32 ft., then a Type II footing is required under the load bearing wall only unless the side wall exceeds 16 ft. in height or the enclosure is in a "C" exposure category in which case a Type II footing is required for all walls.
2. The foundations shown are based on a minimum soil bearing pressure of 1,500 PSF. Bearing capacity of soil shall be verified, using a pocket penetrometer, field soil test, or by a soil testing lab, to be above 1,500 PSF prior to placing the slab.
3. The slab / foundation shall be cleared of debris and roots and compacted prior to placement of concrete.
4. Monolithic slabs and footings shall be minimum 2,500 psi concrete with 6 x 6 - 10 x 10 welded wire mesh or crack control fiber mesh: Fibermesh ® Mesh, InForce™ e3™ (Formerly Fibermesh MD) per manufacturer's specification may be used in lieu of wire mesh.
5. If local building codes require a minimum footing, use Type II footing or footing sections required by local code. Local code governs.

### SLAB-FOOTING DETAILS

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

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## SECTION 1

## SCREENED ENCLOSURES

Table 1.1 Allowable Spans for Primary Screen Roof Frame Members  
Aluminum Alloy 6063 T-6

For Areas with Wind Loads up to 150 M.P.H. and Latitudes Below 30°-30'-00" North (Jacksonville, FL)

| Hollow Sections  | Tributary Load Width 'W' = Beam Spacing            |          |          |          |         |          |         |
|------------------|----------------------------------------------------|----------|----------|----------|---------|----------|---------|
|                  | 3'-0"                                              | 4'-0"    | 5'-0"    | 6'-0"    | 7'-0"   | 8'-0"    | 9'-0"   |
|                  | Allowable Span 'L' / bending 'b' or deflection 'd' |          |          |          |         |          |         |
| 2" x 2" x 0.044" | 9'-10" b                                           | 8'-7" b  | 7'-8" b  | 6'-11" b | 6'-6" b | 6'-1" b  | 5'-8" b |
| 2" x 2" x 0.055" | 10'-9" b                                           | 9'-4" b  | 8'-4" b  | 7'-7" b  | 7'-1" b | 6'-7" b  | 6'-3" b |
| 2" x 3" x 0.045" | 13'-4" b                                           | 11'-7" b | 10'-4" b | 9'-5" b  | 8'-9" b | 8'-2" b  | 7'-8" b |
| 2" x 4" x 0.050" | 14'-8" b                                           | 12'-8" b | 11'-4" b | 10'-4" b | 9'-7" b | 8'-11" b | 8'-5" b |

| Self Mating Sections       | Tributary Load Width 'W' = Beam Spacing            |           |           |           |           |          |          |
|----------------------------|----------------------------------------------------|-----------|-----------|-----------|-----------|----------|----------|
|                            | 3'-0"                                              | 4'-0"     | 5'-0"     | 6'-0"     | 7'-0"     | 8'-0"    | 9'-0"    |
|                            | Allowable Span 'L' / bending 'b' or deflection 'd' |           |           |           |           |          |          |
| 2" x 4" x 0.044 x 0.100"   | 19'-11" b                                          | 17'-4" b  | 15'-6" b  | 14'-2" b  | 13'-1" b  | 12'-3" b | 11'-6" b |
| 2" x 5" x 0.050" x 0.100"  | 24'-9" b                                           | 21'-5" b  | 19'-2" b  | 17'-6" b  | 16'-2" b  | 15'-2" b | 14'-3" b |
| 2" x 6" x 0.050" x 0.120"  | 28'-7" b                                           | 24'-9" b  | 22'-2" b  | 20'-3" b  | 18'-9" b  | 17'-6" b | 16'-6" b |
| 2" x 7" x 0.055" x 0.120"  | 32'-3" b                                           | 27'-11" b | 24'-11" b | 22'-9" b  | 21'-1" b  | 19'-9" b | 18'-7" b |
| 2" x 7" x 0.055" w/ insert | 42'-10" b                                          | 37'-1" b  | 33'-2" b  | 30'-4" b  | 28'-1" b  | 26'-3" b | 24'-9" b |
| 2" x 8" x 0.072" x 0.224"  | 41'-7" b                                           | 36'-1" b  | 32'-3" b  | 29'-5" b  | 27'-3" b  | 25'-6" b | 24'-0" b |
| 2" x 9" x 0.072" x 0.224"  | 45'-1" b                                           | 39'-1" b  | 34'-11" b | 31'-11" b | 29'-5" b  | 27'-8" b | 26'-1" b |
| 2" x 9" x 0.082" x 0.310"  | 49'-6" b                                           | 42'-11" b | 38'-4" b  | 35'-0" b  | 32'-5" b  | 30'-4" b | 28'-7" b |
| 2" x 10" x 0.092" x 0.369" | 59'-6" b                                           | 51'-7" b  | 46'-1" b  | 42'-1" b  | 38'-11" b | 36'-5" b | 34'-4" b |

| Snap Sections    | Tributary Load Width 'W' = Beam Spacing            |           |           |          |          |          |          |
|------------------|----------------------------------------------------|-----------|-----------|----------|----------|----------|----------|
|                  | 3'-0"                                              | 4'-0"     | 5'-0"     | 6'-0"    | 7'-0"    | 8'-0"    | 9'-0"    |
|                  | Allowable Span 'L' / bending 'b' or deflection 'd' |           |           |          |          |          |          |
| 2" x 2" x 0.044" | 11'-9" b                                           | 10'-2" b  | 9'-1" b   | 8'-4" b  | 7'-8" b  | 7'-2" b  | 6'-9" b  |
| 2" x 3" x 0.045" | 15'-1" b                                           | 13'-1" b  | 11'-8" b  | 10'-8" b | 9'-10" b | 9'-3" b  | 8'-8" b  |
| 2" x 4" x 0.045" | 18'-5" b                                           | 15'-11" b | 14'-3" b  | 13'-0" b | 12'-1" b | 11'-3" b | 10'-8" b |
| 2" x 6" x 0.062" | 31'-3" b                                           | 27'-1" b  | 24'-2" b  | 22'-1" b | 20'-5" b | 19'-2" b | 18'-0" b |
| 2" x 7" x 0.062" | 34'-9" b                                           | 30'-1" b  | 26'-11" b | 24'-7" b | 22'-9" b | 21'-3" b | 20'-1" b |

**Note:**

1. Thicknesses shown are "nominal" industry standard tolerances. No wall thickness shall be less than 0.040".
2. The structures designed using this section shall be limited to a maximum combined span and upright height of 55' and a maximum upright height of 20'. Structures larger than these limits shall have site specific engineering.
3. Spans are based on a minimum of 10# / Sq. Ft. for up to a 150 M.P.H. wind load.
4. Span is measured from center of beam and upright connection to fascia or wall connection.
5. Above spans do not include length of knee brace. Add horizontal distance from upright to center of brace to beam connection to the above spans for total beam spans.
6. Purlin spacing shall not exceed 6'-8". For beam spans greater than 40'-0" the beam at the center purlin and one purlin for each 14'-0" on each side of the center purlin shall include lateral bracing as shown in detail (48'-0") span with purlins at 6'-8" o.c. center purlin and (2) purlins each side of center purlin need lateral bracing.
7. Spans may be interpolated.

Example: Max. 'L' for 2" x 4" x 0.050" hollow section with 'W' = 5'-0" = 11'-4"

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# SCREENED ENCLOSURES

# SECTION 1

**Table 1.2 Allowable Spans for Secondary Screen Roof Frame Members**  
Aluminum Alloy 6063 T-6

For Areas with Wind Loads up to 150 M.P.H. and Latitudes Below 30°-30'-00" North (Jacksonville, FL)  
A. Sections Fastened To Beams With Clips

| Hollow Sections  | Tributary Load Width 'W' = Purlin Spacing          |          |          |          |          |         |          |
|------------------|----------------------------------------------------|----------|----------|----------|----------|---------|----------|
|                  | 3'-6"                                              | 4'-0"    | 4'-6"    | 5'-0"    | 5'-6"    | 6'-0"   | 6'-8"    |
|                  | Allowable Span 'L' / bending 'b' or deflection 'd' |          |          |          |          |         |          |
| 2" x 2" x 0.044" | 7'-8" d                                            | 7'-4" d  | 7'-0" d  | 6'-9" d  | 6'-6" b  | 6'-3" b | 5'-11" b |
| 2" x 2" x 0.055" | 8'-1" d                                            | 7'-9" d  | 7'-5" d  | 7'-2" d  | 6'-11" d | 6'-9" d | 6'-6" b  |
| 3" x 2" x 0.045" | 8'-8" d                                            | 8'-3" d  | 7'-11" d | 7'-8" d  | 7'-5" d  | 7'-3" d | 6'-11" d |
| 2" x 3" x 0.045" | 10'-9" d                                           | 10'-3" d | 9'-9" b  | 9'-3" b  | 8'-10" b | 8'-5" b | 8'-0" b  |
| 2" x 4" x 0.050" | 12'-2" b                                           | 11'-4" b | 10'-8" b | 10'-2" b | 9'-8" b  | 9'-3" b | 8'-9" b  |

| Snap Sections    | Tributary Load Width 'W' = Purlin Spacing          |          |          |          |          |          |          |
|------------------|----------------------------------------------------|----------|----------|----------|----------|----------|----------|
|                  | 3'-6"                                              | 4'-0"    | 4'-6"    | 5'-0"    | 5'-6"    | 6'-0"    | 6'-8"    |
|                  | Allowable Span 'L' / bending 'b' or deflection 'd' |          |          |          |          |          |          |
| 2" x 2" x 0.044  | 8'-5" d                                            | 8'-1" d  | 7'-9" d  | 7'-6" d  | 7'-3" d  | 7'-0" d  | 6'-9" d  |
| 2" x 3" x 0.045" | 11'-7" d                                           | 11'-1" d | 10'-8" d | 10'-4" d | 9'-11" b | 9'-6" b  | 9'-0" b  |
| 2" x 4" x 0.045" | 14'-8" d                                           | 14'-0" d | 13'-6" d | 12'-9" b | 12'-2" b | 11'-8" b | 11'-1" b |

B. Sections Fastened Through Beam Webs Into Screw Bosses

| Hollow Sections  | Tributary Load Width 'W' = Purlin Spacing          |          |           |          |           |          |          |
|------------------|----------------------------------------------------|----------|-----------|----------|-----------|----------|----------|
|                  | 3'-6"                                              | 4'-0"    | 4'-6"     | 5'-0"    | 5'-6"     | 6'-0"    | 6'-8"    |
|                  | Allowable Span 'L' / bending 'b' or deflection 'd' |          |           |          |           |          |          |
| 2" x 2" x 0.044" | 9'-2" b                                            | 8'-7" b  | 8'-1" b   | 7'-8" b  | 7'-4" b   | 6'-11" b | 6'-7" b  |
| 2" x 2" x 0.055" | 9'-11" b                                           | 9'-4" b  | 8'-10" b  | 8'-4" b  | 7'-11" b  | 7'-7" b  | 7'-3" b  |
| 2" x 3" x 0.050" | 12'-4" b                                           | 11'-7" b | 10'-11" b | 10'-4" b | 9'-10" b  | 9'-5" b  | 8'-11" b |
| 2" x 4" x 0.050" | 13'-7" b                                           | 12'-8" b | 11'-11" b | 11'-4" b | 10'-10" b | 10'-4" b | 9'-10" b |

| Snap Sections    | Tributary Load Width 'W' = Purlin Spacing          |          |         |         |         |         |          |
|------------------|----------------------------------------------------|----------|---------|---------|---------|---------|----------|
|                  | 3'-6"                                              | 4'-0"    | 4'-6"   | 5'-0"   | 5'-6"   | 6'-0"   | 6'-8"    |
|                  | Allowable Span 'L' / bending 'b' or deflection 'd' |          |         |         |         |         |          |
| 2" x 2" x 0.044" | 10'-11" b                                          | 10'-2" b | 9'-7" b | 9'-1" b | 8'-8" b | 8'-4" b | 7'-11" b |

## Notes:

1. Thicknesses shown are "nominal" industry standard tolerances. No wall thickness shall be less than 0.040".
2. Spans are based on a minimum of 10# / Sq. Ft. for up to a 150 M.P.H. wind load. 3. Span is measured from center of beam and upright connection to fascia or wall connection.
3. Span is measured from center of beam and upright connection to fascia or wall connection.
4. Purlin spacing shall not exceed 6'-8". For beam spans greater than 40'-0" the beam at the center purlin and one purlin for each 14'-0" on each side of the center purlin shall include lateral bracing as shown in detail (48'-0") span with purlins at 6'-8" o.c. center purlin and (2) purlins each side of center purlin need lateral bracing.
5. Spans may be interpolated.

**CHECK TABLE 1.6 FOR MINIMUM UPRIGHT SIZE FOR BEAMS.**

**Example:**

Max. 'L' for 2" x 4" x 0.050" hollow section fastened to beam with clips with 'W' = 5'-0" = 10'-2"

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## SECTION 1

## SCREENED ENCLOSURES

**Table 1.3 Allowable Post / Upright Heights for Primary Screen Wall Frame Members**  
**Aluminum Alloy 6063 T-6**  
**For 3 second wind gust at velocity of 120 MPH or an applied load of 14 # / sq. ft.\***

| Hollow Sections  | Tributary Load Width 'W' = Upright Spacing           |          |         |          |          |          |          |
|------------------|------------------------------------------------------|----------|---------|----------|----------|----------|----------|
|                  | 3'-0"                                                | 4'-0"    | 5'-0"   | 6'-0"    | 7'-0"    | 8'-0"    | 9'-0"    |
|                  | Allowable Height 'H' / bending 'b' or deflection 'd' |          |         |          |          |          |          |
| 2" x 2" x 0.044" | 8'-4" b                                              | 7'-3" b  | 6'-6" b | 5'-11" b | 5'-6" b  | 5'-1" b  | 4'-10" b |
| 2" x 2" x 0.055" | 9'-1" b                                              | 7'-11" b | 7'-1" b | 6'-5" b  | 5'-11" b | 5'-7" b  | 5'-3" b  |
| 2" x 3" x 0.045" | 11'-3" b                                             | 9'-9" b  | 8'-9" b | 7'-11" b | 7'-5" b  | 6'-11" b | 6'-6" b  |
| 2" x 4" x 0.050" | 12'-5" b                                             | 10'-9" b | 9'-7" b | 8'-9" b  | 8'-1" b  | 7'-7" b  | 7'-2" b  |

| Self Mating Sections       | Tributary Load Width 'W' = Upright Spacing           |           |           |           |           |           |           |
|----------------------------|------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
|                            | 3'-0"                                                | 4'-0"     | 5'-0"     | 6'-0"     | 7'-0"     | 8'-0"     | 9'-0"     |
|                            | Allowable Height 'H' / bending 'b' or deflection 'd' |           |           |           |           |           |           |
| 2" x 4" x 0.044 x 0.100"   | 16'-11" b                                            | 14'-8" b  | 13'-1" b  | 11'-11" b | 11'-1" b  | 10'-4" b  | 9'-9" b   |
| 2" x 5" x 0.050 x 0.100"   | 20'-11" b                                            | 18'-1" b  | 16'-2" b  | 14'-9" b  | 13'-8" b  | 12'-10" b | 12'-1" b  |
| 2" x 6" x 0.056 x 0.120"   | 24'-2" b                                             | 20'-11" b | 18'-9" b  | 17'-1" b  | 15'-10" b | 14'-10" b | 13'-11" b |
| 2" x 7" x 0.055 x 0.120"   | 27'-3" b                                             | 23'-7" b  | 21'-1" b  | 19'-3" b  | 17'-10" b | 16'-8" b  | 15'-9" b  |
| 2" x 7" x 0.055" w/ Insert | 36'-3" b                                             | 31'-4" b  | 28'-1" b  | 25'-7" b  | 23'-9" b  | 22'-2" b  | 20'-11" b |
| 2" x 8" x 0.072" x 0.224"  | 35'-2" b                                             | 30'-6" b  | 27'-3" b  | 24'-10" b | 23'-0" b  | 21'-6" b  | 20'-4" b  |
| 2" x 9" x 0.072" x 0.224"  | 38'-2" b                                             | 33'-0" b  | 29'-6" b  | 26'-11" b | 24'-11" b | 23'-4" b  | 22'-0" b  |
| 2" x 9" x 0.082" x 0.310"  | 41'-10" b                                            | 36'-3" b  | 32'-5" b  | 29'-7" b  | 27'-5" b  | 25'-8" b  | 24'-2" b  |
| 2" x 10" x 0.092" x 0.369" | 50'-4" b                                             | 43'-7" b  | 38'-11" b | 35'-7" b  | 32'-11" b | 30'-10" b | 29'-1" b  |

| Snap Sections    | Tributary Load Width 'W' = Upright Spacing           |           |          |          |          |           |           |
|------------------|------------------------------------------------------|-----------|----------|----------|----------|-----------|-----------|
|                  | 3'-0"                                                | 4'-0"     | 5'-0"    | 6'-0"    | 7'-0"    | 8'-0"     | 9'-0"     |
|                  | Allowable Height 'H' / bending 'b' or deflection 'd' |           |          |          |          |           |           |
| 2" x 2" x 0.044" | 9'-11" b                                             | 8'-7" b   | 7'-8" b  | 7'-0" b  | 6'-6" b  | 6'-1" b   | 5'-9" b   |
| 2" x 3" x 0.045" | 12'-9" b                                             | 11'-0" b  | 9'-10" b | 9'-0" b  | 8'-4" b  | 7'-10" b  | 7'-4" b   |
| 2" x 4" x 0.045" | 15'-7" b                                             | 13'-6" b  | 12'-1" b | 11'-0" b | 10'-2" b | 9'-7" b   | 8'-11" b  |
| 2" x 6" x 0.062" | 26'-5" b                                             | 22'-10" b | 20'-5" b | 18'-8" b | 17'-3" b | 16'-2" b  | 15'-3" b  |
| 2" x 7" x 0.062" | 29'-5" b                                             | 25'-5" b  | 22'-9" b | 20'-9" b | 19'-3" b | 17'-11" b | 16'-11" b |

\* For allowable heights at wind velocities other than 120 MPH, see conversion table 1A on the specification page for tables at the beginning of this section and example below.

**Note:**

1. Thicknesses shown are "nominal" industry standard tolerances. No wall thickness shall be less than 0.040".
2. Using screen panel width 'W' select upright length 'H'.
3. Above heights do not include length of knee brace. Add horizontal distance from upright to center of brace to beam connection to the above spans for total beam spans.
4. Site specific engineering required for pool enclosures over 20' in mean roof height.
5. Height is to be measured from center of beam and upright connection to fascia or wall connection.
6. Chair rails of 2" x 2" x 0.044" min. and set @ 36" in height can be considered as residential guardrails provided they are attached with min. (3) #10 x 1-1/2" S.M.S. into the screw bosses and do not exceed 8'-0" in span.
7. Heights may be interpolated.

**CHECK TABLE 1.6 FOR MINIMUM UPRIGHT SIZE FOR BEAMS.**

**IF SPANS FOR 'C' EXPOSURE CATEGORY AND/OR WINDZONES OTHER THAN 120 MPH ARE REQUIRED, SEE EXAMPLE ON SPECIFICATION PAGE FOR TABLES AT THE BEGINNING OF THIS SECTION.**

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# SCREENED ENCLOSURES

## SECTION 1

**Table 1.4 Allowable Post / Girt / Chair Rail Spans, Header Spans & Upright Heights for Secondary Screen Wall Frame Members**

Aluminum Alloy 6063 T-6

For 3 second wind gust at velocity of 120 MPH or an applied load of 14 # / sq. ft.\*

**A. Sections As Horizontals Fastened To Posts With Clips**

| Hollow Sections  | Tributary Load Width 'W'                              |          |         |          |         |          |          |
|------------------|-------------------------------------------------------|----------|---------|----------|---------|----------|----------|
|                  | 3'-6"                                                 | 4'-0"    | 4'-6"   | 5'-0"    | 5'-6"   | 6'-0"    | 6'-8"    |
|                  | Allowable Heights 'H' / bending 'b' or deflection 'd' |          |         |          |         |          |          |
| 2" x 2" x 0.044" | 6'-10" d                                              | 6'-6" b  | 6'-1" b | 5'-9" b  | 5'-6" b | 5'-3" b  | 5'-0" b  |
| 2" x 2" x 0.055" | 7'-3" d                                               | 6'-11" d | 6'-8" b | 6'-4" b  | 6'-0" b | 5'-9" b  | 5'-6" b  |
| 3" x 2" x 0.045" | 7'-9" d                                               | 7'-5" d  | 7'-1" d | 6'-10" d | 6'-7" b | 6'-4" b  | 5'-11" b |
| 2" x 3" x 0.045" | 9'-4" b                                               | 8'-9" b  | 8'-3" b | 7'-10" b | 7'-5" b | 7'-2" b  | 6'-9" b  |
| 2" x 4" x 0.050" | 10'-3" b                                              | 9'-7" b  | 9'-0" b | 8'-7" b  | 8'-2" b | 7'-10" b | 7'-5" b  |

| Snap Sections    | Allowable Heights 'H' / bending 'b' or deflection 'd' |         |          |         |         |         |         |
|------------------|-------------------------------------------------------|---------|----------|---------|---------|---------|---------|
| 2" x 2" x 0.044" | 7'-6" d                                               | 7'-2" d | 6'-11" d | 6'-8" b | 6'-4" b | 6'-1" b | 5'-9" b |

**B. Sections As Horizontals Fastened To Posts Through Side Into Screw Bosses**

| Hollow Sections  | Tributary Load Width 'W'                              |          |          |         |         |          |         |
|------------------|-------------------------------------------------------|----------|----------|---------|---------|----------|---------|
|                  | 3'-6"                                                 | 4'-0"    | 4'-6"    | 5'-0"   | 5'-6"   | 6'-0"    | 6'-8"   |
|                  | Allowable Heights 'H' / bending 'b' or deflection 'd' |          |          |         |         |          |         |
| 2" x 2" x 0.044" | 7'-9" b                                               | 7'-3" b  | 6'-10" b | 6'-6" b | 6'-2" b | 5'-11" b | 5'-7" b |
| 2" x 2" x 0.055" | 8'-5" b                                               | 7'-11" b | 7'-5" b  | 7'-1" b | 6'-9" b | 6'-5" b  | 6'-1" b |
| 3" x 2" x 0.045" | 9'-3" b                                               | 8'-8" b  | 8'-2" b  | 7'-9" b | 7'-5" b | 7'-1" b  | 6'-8" b |
| 2" x 3" x 0.045" | 10'-5" b                                              | 9'-9" b  | 9'-2" b  | 8'-9" b | 8'-4" b | 7'-11" b | 7'-7" b |
| 2" x 4" x 0.050" | 11'-6" b                                              | 10'-9" b | 10'-1" b | 9'-7" b | 9'-2" b | 8'-9" b  | 8'-4" b |
| Snap Sections    | Allowable Heights 'H' / bending 'b' or deflection 'd' |          |          |         |         |          |         |
| 2" x 2" x 0.044" | 9'-2" b                                               | 8'-7" b  | 8'-1" b  | 7'-8" b | 7'-4" b | 7'-0" b  | 6'-8" b |

\* For allowable heights at wind velocities other than 120 MPH, see conversion table 1A on the specifications for tables page at the beginning of this section and example below.

**Notes:**

1. Thicknesses shown are "nominal" industry standard tolerances. No wall thickness shall be less than 0.040".
2. Using screen panel width 'W' select girt lengths.
3. Site specific engineering required for pool enclosures over 20' in mean roof height.
4. Span is to be measured from center of beam and upright connection to fascia or wall connection.
5. Chair rails of 2" x 2" x 0.044" min. and set @ 36" in height can be considered as residential guardrails provided they are attached with min. (3) #10 x 1-1/2" S.M.S. into the screw bosses and do not exceed 8'-0" in span.
6. Girt spacing shall not exceed 6'-8".
7. Spans may be interpolated.

**IF HEIGHTS FOR 'C' EXPOSURE CATEGORY AND/OR WINDZONES OTHER THAN 120 MPH ARE REQUIRED, SEE EXAMPLE ON SPECIFICATION PAGE FOR TABLES AT THE BEGINNING OF THIS SECTION.**

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# SCREENED ENCLOSURES

# SECTION 1

**Table 1.6 Minimum Upright Sizes and Number of Screws for Connection of Roof Beams to Wall Uprights or Beam Splicing**

| Beam Size | Upright Size | Minimum Purlin, Girt & Knee Brace Size** | Deck Anchors | Notes       | Minimum Number of Screws* |            |            | Beam Stitching Screw @ 24" O.C. |
|-----------|--------------|------------------------------------------|--------------|-------------|---------------------------|------------|------------|---------------------------------|
|           |              |                                          |              |             | #8 x 1/2"                 | #10 x 1/2" | #12 x 1/2" |                                 |
| 2" x 3"   | 2" x 3"      | 2" x 2" x 0.044"                         | 2            | Full Lap    | 6                         | 4          | 4          | -                               |
| 2" x 4"   | 2" x 3"      | 2" x 2" x 0.044"                         | 2            | Full Lap    | 8                         | 6          | 4          | #8                              |
| 2" x 4"   | 2" x 4"      | 2" x 2" x 0.044"                         | 2            | Full Lap    | 8                         | 6          | 4          | #10                             |
| 2" x 5"   | 2" x 3"      | 2" x 2" x 0.044"                         | 2            | Full Lap    | 8                         | 6          | 4          | #8                              |
| 2" x 6"   | 2" x 3"      | 2" x 2" x 0.044"                         | 4            | Full Lap    | 10                        | 8          | 6          | #10                             |
| 2" x 6"   | 2" x 4"      | 2" x 2" x 0.044"                         | 4            | Partial Lap | 10                        | 8          | 6          | #10                             |
| 2" x 7"   | 2" x 4"      | 2" x 2" x 0.044"                         | 4            | Partial Lap | 14                        | 12         | 10         | #12                             |
| 2" x 8"   | 2" x 5"      | 2" x 3" x 0.044"                         | 6            | Partial Lap | 16                        | 14         | 12         | #14                             |
| 2" x 9"   | 2" x 6"      | 2" x 3" x 0.045"                         | 6            | Partial Lap | 18                        | 16         | 14         | #14                             |
| 2" x 9"   | 2" x 7"      | 2" x 4" x 0.050"                         | 8            | Partial Lap | 20                        | 18         | 16         | #14                             |
| 2" x 10"  | 2" x 8"      | 2" x 4" x 0.050"                         | 10           | Partial Lap | 20                        | 18         | 16         | #14                             |

| Screw Size  | Minimum Distance and Spacing of Screws |                  | Gusset Plate Thickness     |                |
|-------------|----------------------------------------|------------------|----------------------------|----------------|
|             | Edge To Center                         | Center To Center | Beam Size                  | Thickness      |
| #8          | 5/16"                                  | 5/8"             | 2" x 7" x 0.055" x 0.120"  | 1/16" = 0.063" |
| #10         | 3/8"                                   | 3/4"             | 2" x 8" x 0.072" x 0.224"  | 1/8" = 0.125"  |
| #12         | 1/2"                                   | 1"               | 2" x 9" x 0.072" x 0.224"  | 1/8" = 0.125"  |
| #14 or 1/4" | 3/4"                                   | 1-1/2"           | 2" x 9" x 0.082" x 0.306"  | 1/8" = 0.125"  |
| 5/16"       | 7/8"                                   | 1-3/4"           | 2" x 10" x 0.092" x 0.369" | 1/4" = 0.25"   |
| 3/8"        | 1"                                     | 2"               |                            |                |

\* Refers to each side of the connection of the beam and upright and each side of splice connection.

\*\* 0.082" wall thickness, 0.310" flange thickness

Note:

1. Connection of 2" x 6" to 2" x 3" shall use a full lap cut or 1/16" gusset plate.
2. All gusset plates shall be a minimum of 5052 H-32 Alloy or have a minimum yield strength of 23 ksi.
3. For beam splice connections the number of screws shown is the total for each splice with 1/2 the screws on each side of the cut.
4. The number of screws is based on the maximum allowable moment of the beam.
5. The number of deck anchors is based on RAWL R Tapper allowable load data for 2,500 psi concrete and / or equal anchors may be used. The number shown is the total use 1/2 per side.
6. Hollow splice connections can be made provided the connection is approved by the engineer.
7. If a larger than minimum upright is used the number of screws is the same for each splice with 1/2 the screws on each side of the cut.
8. All beam to upright connections for 2" x 7" beams or larger shall have an internal or external gusset plates. Gusset plates are required for mansard or gable splice connections.
9. For gusset plate connections 2" x 9" beams or larger use 3/4" long screws.
10. The side wall upright shall have a minimum beam size as shown above, ie., a 2" x 4" upright shall have a 2" x 3" beam.
11. Connect beam to upright w/ H-bar, gusset plate, or angle clips for each splice with 1/2 the screws on each side of the cut.
12. For girt size use upright size (i.e. 2" x 6"). Read the 2" x 6" beam row for min. girt of 2" x 2" x 0.044".

**Table 1.7 Minimum Size Screen Enclosure Knee Braces and Anchoring Required**  
Aluminum 6063 T-6

| Brace Length | Extrusion                | Anchoring System                                                                              |
|--------------|--------------------------|-----------------------------------------------------------------------------------------------|
| 0' - 2'-0"   | 2" x 2" x 0.044"         | 2" H-Channel With (3) #10 x 1/2" EACH SIDE                                                    |
| To 3'-0"     | 2" x 3" x 0.045"         | 2" H-Channel With (3) #10 x 1/2" EACH SIDE                                                    |
| To 4'-6"     | 2" x 4" x 0.044" x 0.12" | 2" H-Channel With (4) 3/4" long screws<br>(size to be determined by beam size, see table 9.6) |

(See Table 1.6 For Number And Size Of Screws)

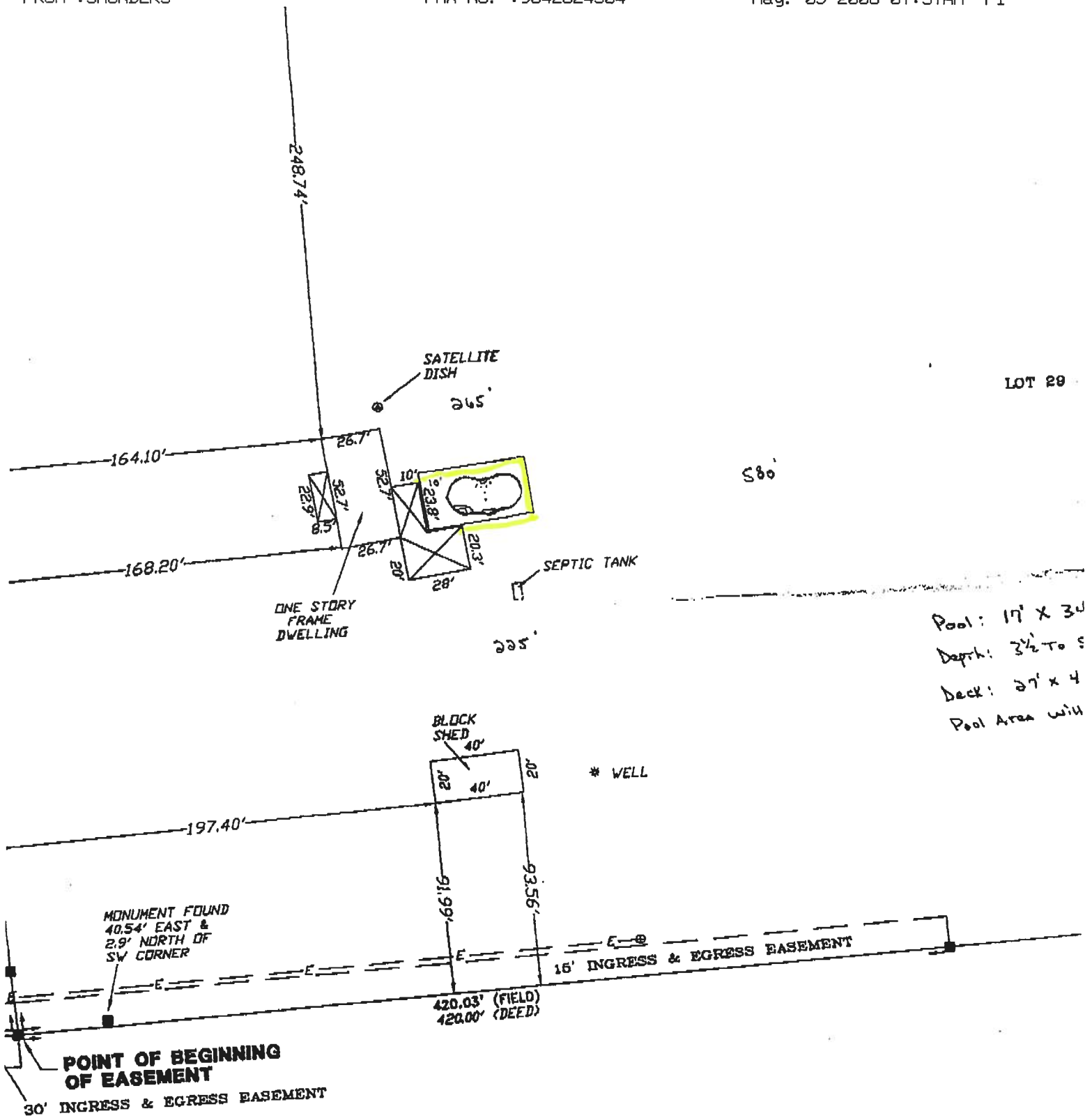
Note:

1. For required knee braces greater than 4'-6" contact engineer for specifications and details.
2. Cantilever beam detail shown on page 1-32 shall be used for host structure attachment when knee brace length exceeds 4'-6".

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LOT 29

Pool: 17' X 30'  
Depth: 3 1/2 To 5  
Deck: 27' X 4  
Pool Area will

TAIRED RIGHT-OF-WAY  
OF OLD WIRE ROAD

LOT 28

NOTE: ALL I