

CITY OF JACKSONVILLE RESIDENTIAL COVER SHEET

SQUARE FOOTAGE INFORMATION :

- CONDITIONED SPACE FIRST FLOOR _____ S.F.
- CONDITIONED SPACE SECOND FLOOR _____ S.F.
- CONDITIONED SPACE THIRD FLOOR _____ S.F.
- UNCONDITIONED SPACE _____ S.F.
- UNENCLOSED SPACE _____ S.F.
- LOT AREA (EXCLUDING WETLANDS AND BODIES OF WATER) _____ S.F.

STRUCTURE HEIGHT AND # OF STORIES

- MAXIMUM HEIGHT OF THE STRUCTURE IN FT. _____
- NUMBER OF STORIES _____

TYPE OF CONSTRUCTION

- TYPE (INDICATE ONE: I, II, III, IV, V, VI) _____
- PROTECTION, INDICATE ONE: (PROTECTED OR UN PROTECTED) _____
- INDICATE ONE, (SPRINKLED OR UNSPRINKLED) _____

MATERIAL INFORMATION

ROOFING (MATERIAL SHALL MEET THE THE REQUIREMENTS OF CHAPTER 15, FLORIDA BUILDING CODE).

- ROOF UNDERLAYMENT - ASTM _____ TYPE _____
- ROOF FLASHING - GAUGE MATERIAL
DRIP _____ GAUGE CAP _____ GAUGE
RAKE _____ GAUGE VALLEY _____ GAUGE
- ROOF MATERIAL - _____
- FASTENING - _____

WIND ZONE INFORMATION (UNLESS SPECIFIED BY THE ENGINEER OF RECORD)

NOTE: THIS STRUCTURE HAS BEEN DESIGNED IN ACCORDANCE WITH, AND MEETS THE REQUIREMENTS OF SECTION 1606 OF THE 2001 EDITION OF THE FLORIDA BUILDING CODE.

THIS BUILDING, (15/15 NOT), LOCATED IN THE WIND BORNE DEBRIS REGION

- BUILDING, INDICATE ONE: (ENCLOSED OR PARTIALLY ENCLOSED) _____
- BASIC WIND SPEED (M.P.H. - 3-SECOND GUST) _____
- WIND IMPORTANCE FACTOR _____
- BUILDING CATEGORY _____
- WIND EXPOSURE CATEGORY _____
- INTERNAL PRESSURE COEFFICIENT _____

WIND ZONE INFORMATION (UNLESS SPECIFIED BY THE ENGINEER OF RECORD)

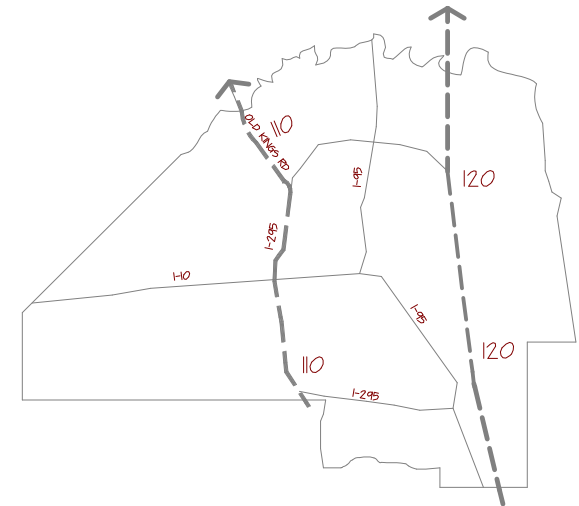
| DESIGN PRESSURE | | | | |
|-----------------|---------|---|---------|---|
| SIZE | ZONE, 4 | | ZONE, 5 | |
| | + | - | + | - |
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DIMENSION OF ZONE 5 IN FT. _____

| PLAN INDEX | |
|------------|------------------|
| DWG. NO. | TITLE |
| | SITE PLAN |
| | FOUNDATION |
| | 1st. FLOOR PLAN |
| | 2nd. FLOOR PLAN |
| | STRUCTURAL PLANS |
| | ELEVATION PLANS |

PROJECT LOCATION MAP

* INDICATES PROJECT LOCATION



| REV. # | DESCRIPTION | DWG. DATE |
|--------|-------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

DESIGN PROFESSIONAL
(NAME, ADDRESS, AND PHONE NUMBER)

CUSTOM DESIGNED FOR:
SUBDIVISION-UNIT-LOT #

PLAN NAME
CONTRACTOR NAME, ADDRESS AND PHONE NUMBER

DRAWN BY:
DESIGNED BY:
SCALE:
DATE:
JOB NO. _____
SHEET NO. _____
of