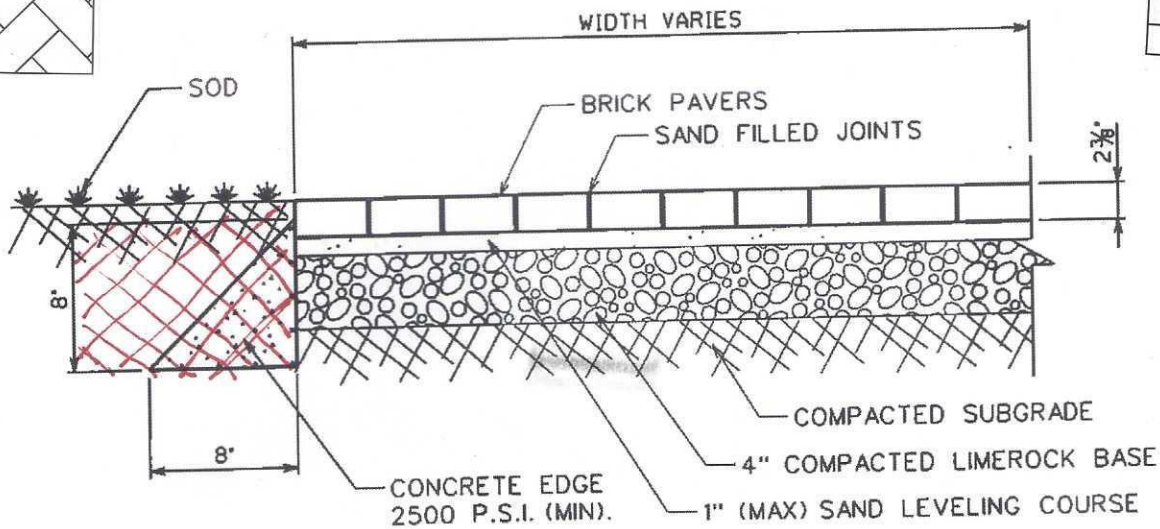


45° Herringbone

90° Herringbone



CROSS SECTION

SCALE: N.T.S.

NOTES:

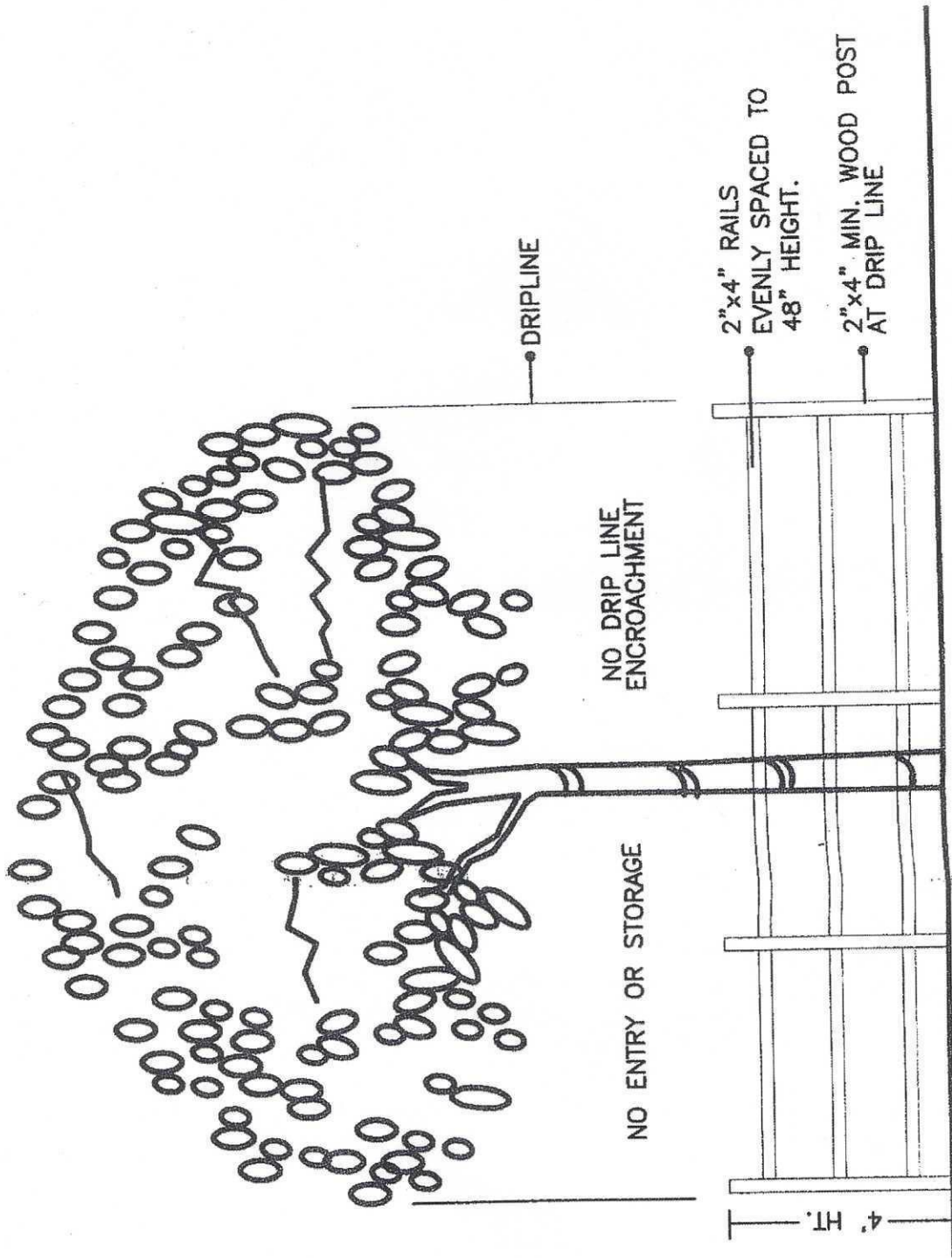
1. PORTLAND CEMENT SHALL CONFORM TO ASTM. SPECIFICATION C-150.
2. AGGREGATES SHALL CONFORM TO ASTM. SPECIFICATION C-33.
3. AVERAGE COMPRESSIVE STRENGTH OF PAVER BRICKS SHALL BE NOT LESS THAN 8000 P.S.I. WITH NO INDIVIDUAL BRICK LESS THAN 7200 P.S.I. IN ACCORDANCE WITH TESTING PROCEDURES OF ASTM. STANDARD C-140.
4. AVERAGE ABSORPTION SHALL NOT BE GREATER THAN 5% WITH A MAXIMUM TOLERANCE NOT TO EXCEED 7%.
5. THE SAND LEVELING COURSE SHALL BE A WELL GRADED CLEAN WASHED SHARP SAND WITH 100% PASSING A $\frac{3}{8}$ " SIEVE SIZE AND A MAXIMUM OF 3% PASSING A No. 200 SIEVE SIZE. MASON SAND NOT BE USED. MAXIMUM THICKNESS OF SAND SHALL BE 1 INCH.
6. ALL EDGES OF PAVER BRICKS SHALL BE RESTRAINED AS SHOWN ON SKETCH.
7. ALL UNSUITABLE, UNSTABLE AND ORGANIC MATERIAL SHALL BE REMOVED PRIOR TO SUBGRADE PREPARATION.
8. THE PAVER BRICKS SHALL BE INSTALLED IN A MANNER AND PATTERN AS REQUIRED BY MANUFACTURER'S SPECIFICATIONS.

CITY OF PLANTATION
 ENGINEERING STANDARDS
 PLANTATION, FLORIDA

SCALE:
 N.T.S.

REVISED:
 11/12/09

RESIDENTIAL PAVER
 DRIVEWAY DETAIL



TREE PRESERVATION BARRICADE FENCING DETAIL

FRONT DOOR

WALK WAY

GARAGE DOOR

Sample
Diagram
DRIVEWAY

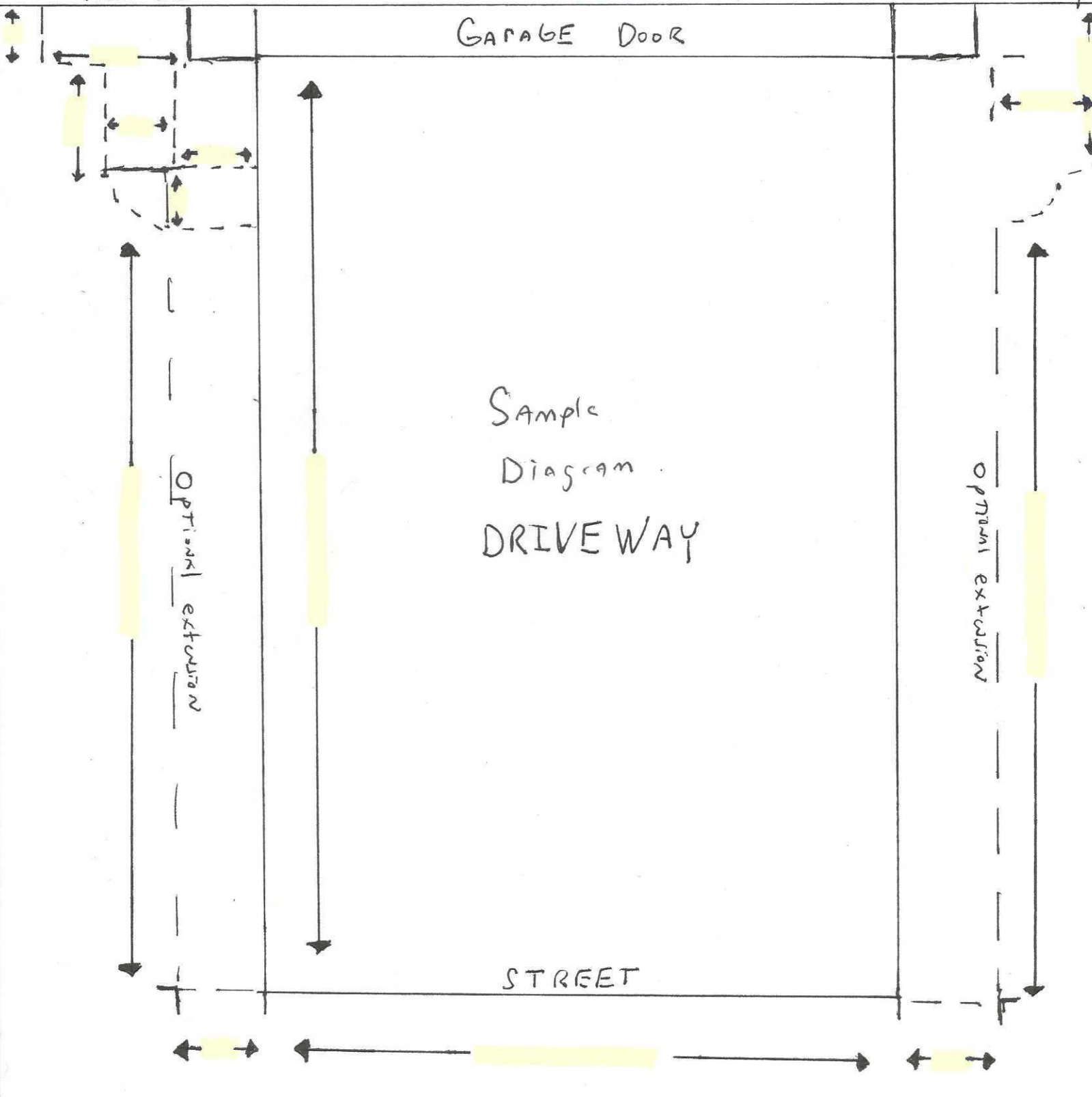
OPTIONAL
EXTENSION

OPTIONAL
EXTENSION

STREET

TOTAL SQUARE FOOTAGE _____

HOUSE ADDRESS _____





UNIFORM PERMIT APPLICATION

Building Department
401 NW 70 Terrace • Plantation, FL 33317
Ph: 954-797-2714 • Fax: 954-797-2273
Contractor Registration Fax: 954-797-2270
Inspection Line: 1-855-385-4323
Online Services: www.aca/plantation.org/citizenaccess

FOR OFFICE USE ONLY

1. **Kind of Permit (Check one):** Standalone Permit Sub Permit – Master/Related Permit# _____

2. **Trade (Check one):** Structural Electrical Mechanical Plumbing Engineering Other: _____

3. **Permit Holder:** Contractor Owner Builder (per FL Statutes 489) – see box 4 for contact information.

Company Name: _____ Qualifier's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

4. **Property Owner:** _____

Mailing Address (if different from job address): _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

5. Project Information

Job Address: _____ Folio #: _____

Legal Description: _____

Residential Non-Residential II Interior Exterior II Square Ft: _____ Lineal Ft: _____

Type of Work: New Addition Alteration/Completion Demo Repair Roofing Other: _____

Type of Construction: _____ Occupancy Group: _____ Occupant Load: _____

Tenant: _____ FBC/NEC Edition: _____

Description/Scope of Work: _____

Total Contract Cost: \$ _____

Application is hereby made to obtain a permit to do the 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 will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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

Signature of Owner or Authorized Representative (Circle One)

Signature of Contractor – Qualifier or Agent (Circle One)

Owner or Auth. Representative's Name & Title, if not Owner (Please Print)

Qualifier or Agent's Name (Please Print)

State Registration #:

State Cert./Cert. of Competency #:

Signature and Stamp of Notary Public, State of Florida

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is

personally known to me or has produced _____ as identification. Did Take an Oath Did Not Take an Oath

Signature and Stamp of Notary Public, State of Florida

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is

personally known to me or has produced _____ as identification. Did Take an Oath Did Not Take an Oath

FOR OFFICE USE ONLY

D.E.R.D #: _____ Permit Type: _____ Permit No: _____

Architect/Engineer's Name: _____
 Architect/Engineer's Address: _____
 Bonding Company: _____
 Bonding Company Address: _____
 Fee Simple Titleholder's Name (If other than owner): _____
 Fee Simple Titleholder's Address (If other than owner): _____
 Mortgage Lender's Name: _____
 Mortgage Lender's Address: _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

IMPORTANT: Give notice for Inspections as per Florida Building Code 110.4 and 110.5; All approved plans, permit card and specifications MUST be on the job when an inspection is made; and Permit shall expire as per Florida Building Code 105.11.2.1 if construction is not begun or suspended.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

All city streets, sidewalks and curb damaged due to the construction shall be repaired to the satisfaction of the Public Works Department prior to issuing the Certificate of Occupancy. City properties on which earth spills or other debris falls shall be cleaned immediately. The owner of the building and the undersigned agree to conform to all applicable laws of this jurisdiction.

FOR CITY USE ONLY BELOW THIS SECTION

PLAN REVIEW SUMMARY

<u>DEPARTMENT</u>	<u>APPROVED BY</u>	<u>DATE</u>	<u>DEPARTMENT</u>	<u>APPROVED BY</u>	<u>DATE</u>
ZONING			FIRE		
STRUCTURAL			LANDSCAPE		
ELECTRICAL			ENGINEERING		
MECHANICAL			UTILITIES		
PLUMBING					

Application Approval: _____ Date: _____

* This Permit does not become valid until signed by the Building Official or an Authorized Representative.

Permit Fee: \$ _____	Permit No: _____
----------------------	------------------

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

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

1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) TAX FOLIO NO.: _____

SUBDIVISION _____ BLOCK _____ TRACT _____ LOT _____ BLDG _____ UNIT _____

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. OWNER INFORMATION: a. Name _____

b. Address _____ c. Interest in property _____

d. Name and address of fee simple titleholder (if other than Owner) _____

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____, 20____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____, as _____
(name of person) (type of authority, ... e.g. officer, trustee, attorney in fact)

For _____
(name of party on behalf of whom instrument was executed)

_____ Personally known or _____ produced the following type of identification: _____

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By _____ By _____

BELGARD
—HARDSCAPES—
BELGARD CLASSIC
COLOR COLLECTION

GRAY MIX
COLOR

Slate



More

on

Backs

BELGARD
—HARDSCAPES—
BELGARD CLASSIC
COLOR COLLECTION

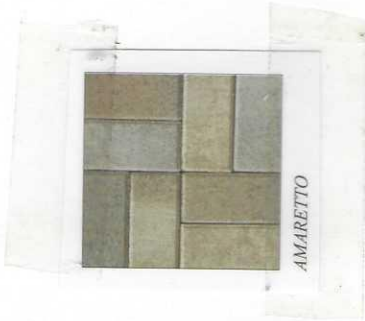
GRAY MIX
COLOR

Harvest Blend





**GEM PAVER
SYSTEMS, INC.**
MANUFACTURERS OF INTERLOCKING BRICK PAVERS



White mix



Grey mix

CROSS CREEK II HOMEOWNERS DRIVEWAY REPLACEMENT

As a CCII Homeowner you may choose to replace your existing driveway with Asphalt or Pavers. Pavers are the preferred choice for the community due to the flexibility to remove pavers for Tree pruning.

Below is the recommended Process / Requirements

1. Research a your Vendor prior to selecting. Many vendors have hidden charges so check BBB.org and obtain an all inclusive contract.
 2. You will be required to pay permit fee beyond contract price
 3. Additional fee's unknown may arise beyond the Vendor's control such as sprinkler damage, root pruning, sod or landscaping replacement. The community needs to be involved in each one of these as the vendor is not to replace our sprinkler lines. It is the home owners responsibility to communicate and coordinate with the property manager to determine resources, availability and scheduling to align with the project schedule. Failure to do so will incur fees.
 4. Obtain Architecture approval from the CCII board. You will need the following:
 - a. Select a Paver color from the approval palette
 - b. Select Design 90 Degree or 45 Degree Herringbone for standard 4" brick only.
 - c. Provide Diagram estimating the requested area to paved
 - d. Provide House Survey with highlighted area
 5. Once ARC form is approved: Validate and Sign Vendor Proposal, Fill out City Permit and Fill out Notice of Commencement. Note: Make sure your vendor using the Survey and the City approves the Survey based on the design and area you are requested. The city uses the survey as the guide for approval. Any modification of the Survey by the City will impact your design and the community should be notified
 6. Installation is Scheduled: Coordinate with CCII Property Manager to align schedule with CCII vendors to support sprinkler tests, root pruning, landscape replacements * additional fee may be occur
- CCII Paver Requirements that must be performed by vendor as part of the installation:
1. The community requires an 8" square concrete edge border
 2. Recommended to have sprinkler test conducted 1 day after excavation of old driveway
 3. Sprinklers, Landscaping and Sod may incur additional charges to the homeowner
 4. If root pruning is needed, the communities arborist must approve areas to be pruned
 5. Any line breaks, sprinkler, cable, water... are responsibility of the home owner to repair
 6. Any Street or Sidewalk damage is responsibility of the home owner to repair
 7. Once job is complete, notify property manager and a second sprinkler test will be conducted prior to any landscape, sod replacements that may be needed to insure proper watering.

N Ricardo's Brick Pavers, Inc.

Office Address: 1540 N Powerline Rd

Pompano Beach - FL - 33069

Toll Free: (800) 846-8179

Direct Line: +1 (954) 977-4347

Fax: +1 (954) 977-4348

E-Mail: info@brickpaversflorida.com

Business Hours:

Mon - Frid: 9am - 5pm

Sat: 9am - 2pm

Sun: Closed

THIS NOT AN ENDORSEMENT FROM THE BOARD OF DIRECTIONS

VENDOR HAS DONE THE MAJORITY OF THE DRIVEWAY INSTALLATIONS IN THE COMMUNITY