

e-Permitting

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MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 10/01/2024
 MUNICIPAL NO.2024-017537 FOLIO: 3220130010058
 JOB SITE ADDRESS 5790 NW 165 TER
 PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS
 LEGAL 13 52 40 1.423 AC M/L FL FRUIT LANDS CO SUB 1
 APPLICATION TYPE ALTER INTERIOR 0 SQFT 0 UNITS 0 FLOORS
 OWNER NAME 16401 NW 58TH SP LLC
 CONTRACTOR SUMMIT FIRE & SECURITY LLC
 QUALIFIER
 PERMIT TYPE MUNICIPAL ELEC
 CATEGORIES 0004 MUNICIPAL FIRE ALARM

DATE: 10/01/2024 PROCESS NUMBER: M2024004871 NEW
 FIRE 40000 ALTERATIONS 137.57 FIRE 1 FIRE ALARM UP 117.70
 FIRE 121 ALARM ACCP TE 371.27 UBS1 1 BLDG 7.5% UPF 1.88
 UPMU 25 UPFRONT FEE F 25.00

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REQUIRED INSPECTIONS INIT DATE
 FIRE
 0004 FIRE ALARM
 209 FIRE FINAL

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 10/01/2024
 MUNICIPAL NO.2024-017537 PROCESS NO. M2024004871 FOLIO: 3220130010058
 JOB SITE ADDRESS 5790 NW 165 TER
 PROPOSED USE OFFICE - PROFESSIONAL BUILDINGS

DATE: 8/26/2024 PROCESS NUMBER: M2024024013 REVISED *AMT. PAID 69.79
 FIRE 1 MINOR PLAN REVISION 92.89
 FIRE 1 FIRE REVISION UPFRONT FEE 23.10
 UPMU 25 UPFRONT FEE FOR MUNICIPALITY 25.00

DATE: 7/24/2024 PROCESS NUMBER: M2024021481 REVISED
 FIRE 1 MINOR PLAN REVISION 92.89

FIRE 1 FIRE REVISION UPFRONT FEE 23.10
UPMU 25 UPFRONT FEE FOR MUNICIPALITY 25.00

9/20/2024 12:33 BNZWEB1 182409203605 WEBIPAS 69.79

MUNICIPAL REVISE PERMIT AND INSPECTION RECORD 10/01/2024
MUNICIPAL NO.2024-017537 PROCESS NO. M2024004871 FOLIO: 3220130010058
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TO SCHEDULE A FIRE INSPECTION, PLEASE VISIT THE WEB AT
WWW.MIAMIDADE.GOV/BUILDING OR WWW.MIAMIDADE.GOV/FIRE. YOU WILL
NEED TO PROVIDE YOUR TEN DIGIT MUNICIPAL INSPECTION NUMBER AND
INSPECTION TYPE. THE INSPECTION TYPE CAN BE FOUND ON YOUR
INSPECTION REQUIREMENTS AND RECORDS CARD.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING AN INSPECTION,
SCHEDULING A PRELIMINARY INSPECTION, OR LOAD BANK TEST
INSPECTION, PLEASE CALL FIRE PREVENTION AT 786-331-4800.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING A PLAN REVIEW,
PLEASE CALL FIRE ENGINEERING AT (786) 315-2771.

**BE ADVISED THIS IS NOT A PERMIT. PERMIT IS TO BE ISSUED BY
YOUR CORRESPONDING MUNICIPAL BUILDING DEPARTMENT.

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This page was last edited on: February 23, 2004

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Miami-Dade Department of Regulatory and Economic Resources CONTACT INFORMATION FOR PERMIT APPLICATION

FIRST NAME <i>(print clearly)</i> STEPHANIE	LAST NAME <i>(print clearly)</i> ZABLAH
MOBILE PHONE 954-635-7636	OFFICE/HOME PHONE
EMAIL <i>(required so you can be notified on the status of your plans)</i> PERMITTING@FIRECONTROLS.NET	

COMMENTS *(If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans.)*

PLANS *(check all that apply)*

Please indicate if plans qualify for the following expedited plan reviews:

- | | | |
|--|---|--|
| <input type="checkbox"/> GOV'T PROJECT/DEPT _____ | <input type="checkbox"/> GREEN BLDG* <i>(new construction only)</i> | <input type="checkbox"/> PACE PROJECT* |
| <input type="checkbox"/> AFFORDABLE/WORKFORCE HOUSING* | <input type="checkbox"/> ECONOMIC SIGNIFICANCE* | <input type="checkbox"/> CONCIERGE |
- (*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)*

REQUESTED PLAN REVIEWS *(check all that apply for rework only)*

- | | | | | | |
|--------------------------------------|--|---|---|--|---|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG/HCAP | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input checked="" type="checkbox"/> FIRE | <input type="checkbox"/> ROOF |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF | <input type="checkbox"/> LPGX | <input type="checkbox"/> SHOP DRAWING |
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM AIR | <input type="checkbox"/> DERM AIRPORT | <input type="checkbox"/> DERM ASBESTOS | <input type="checkbox"/> DERM COASTAL | <input type="checkbox"/> DERM FLOOD |
| <input type="checkbox"/> DERM GREASE | <input type="checkbox"/> DERM INDUSTRIAL | <input type="checkbox"/> DERM PAVING & DRAINAGE | <input type="checkbox"/> DERM POLLUTION | <input type="checkbox"/> DERM PRE-TREATMENT | <input type="checkbox"/> DERM SOLID WASTE |
| <input type="checkbox"/> DERM TANKS | <input type="checkbox"/> DERM TREES | <input type="checkbox"/> DERM WATER TREATMENT | <input type="checkbox"/> DERM WETLANDS | <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK |
| <input type="checkbox"/> DOH/HRS | | | | | |

OPTIONAL PLAN REVIEWS *(check all that apply)*

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> BLDG | <input type="checkbox"/> ELEC | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> STRU |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

OPR DERM INITIAL REVIEWS *(check all that apply)*

- | | |
|------------------------------------|---|
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM SPECIALTY <i>(You will be notified after core review is complete for additional fees)</i> |
|------------------------------------|---|

OPR DERM REWORK *(OPR for specialty only available at PIC)*

- | | | | | | |
|--------------------------------|-------------------------------------|-----------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> TREE | <input type="checkbox"/> GREASE | <input type="checkbox"/> ASBESTOS | <input type="checkbox"/> COASTAL | <input type="checkbox"/> AIR | <input type="checkbox"/> PAVING & DRAINAGE |
| <input type="checkbox"/> TANKS | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> WETLAND | <input type="checkbox"/> PRE-TREATMENT | <input type="checkbox"/> CORE | <input type="checkbox"/> FLOOD |

FOR OFFICE USE ONLY

To be completed by Permit and Occupancy Representative or Plans Processing Specialist

APPLICATION DATE	CLERK NAME	ARRIVAL TIME
PROCESS NUMBER	PROCESS NUMBER	PROCESS NUMBER
<input type="checkbox"/> RE-ISSUE	<input type="checkbox"/> PLAN REVISION	<input type="checkbox"/> REWORK
<input type="checkbox"/> SHOP DRAWING		



BACKFLOW
L1M02
VS

CP1.4.1
B1
EOL-WP



ALL NON-WEATHERPROOF
DEVICES MOVED TO CEILING
MOUNT.

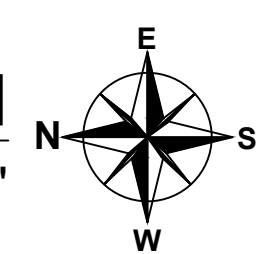
LOADING/UNLOADING/PARKING
123
OPEN PARKING AREA

Digitally signed by
Milton J
Malpartida
Date:
2024.08.20
14:14:57
-04'00'

SCALE: 1/8"=1'-0" (IN FEET)
0 4 8 16'

FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"



Note:
This item has been digitally signed and sealed
by Milton Malpartida, P.E. on the date adjacent to the seal.
Printed copies of this document are not considered
signed and sealed and the signature must be verified
on any electronic copies.

seal
MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: X/1/2024

I HEREBY CERTIFY THAT THESE PLANS
WERE PREPARED BY ME OR UNDER
MY SUPERVISION, AND TO THE BEST
OF MY KNOWLEDGE, COMPLY WITH
ALL APPLICABLE CODES.
Project No. _____

SUMMIT
FIRE & SECURITY
4009 NE 6TH AVE.
FT. LAUDERDALE, FLORIDA 33334
(954)958-9111 (954)958-9933 FAX
EC13005133
ETL 100101197ATL-001
WWW.SUMMITFIRESECURITY.COM

If any document prepared by Summit Fire & Security are altered in any manner by owner, its agents or by any third party if construction is not in accordance with unaltered documents prepared by Summit Fire & Security then it is understood that Summit Fire & Security has no liability in whole or in part, related to the project and that the owner and its agents indemnify and holds harmless Summit Fire & Security for any and all acts related to the project. This concept drawings are for information only to potential system arrangement. Contractor shall field verify all information contained on these drawings and is responsible for design and installation of the system in accordance with the specs. To the best of our knowledge the drawings and specifications submitted herewith, comply with existing interpretations and provisions of the applicable N.F.P.A. codes in effect at the date shown below. No warranty express or implied is hereby given.

DATE: 11/29/2023

SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:
PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: **W.D.** CHECKED BY: **J.L.**

REVISION: 6/27/2024 PER. AHJ

REVISION: 8/19/2024 FIELD CONDITIONS

REVISION: . . .

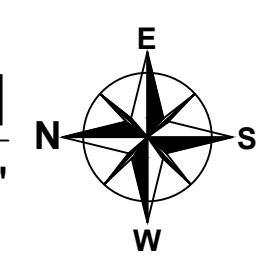
SHEET TITLE
FIRE ALARM FLOOR PLAN

SHEET NO.
FA1 OF 5



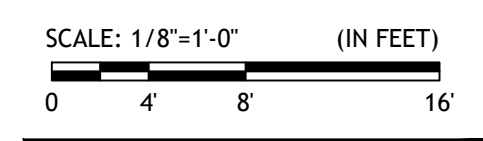
ALL NON-WEATHERPROOF DEVICES MOVED TO CEILING MOUNT.

SECOND FLOOR PLAN
SCALE: 1/8" = 1'-0"



Digitally signed by Milton J Malpartida
Date: 2024.08.20 14:15:28 -04'00'

Note:
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seal
MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: XX/XX/2024

I HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY SUPERVISION, AND TO THE BEST OF MY KNOWLEDGE, COMPLY WITH ALL APPLICABLE CODES.
Project No. _____

SUMMIT
FIRE & SECURITY
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DATE: 11/29/2023
SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:
PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: **W.D.**
CHECKED BY: **J.L.**

REVISION: 6/27/2024 PER. AHJ
REVISION: 8/19/2024 FIELD CONDITIONS

SHEET TITLE:
FIRE ALARM FLOOR PLAN

SHEET NO.:
FA2 OF 5

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DATE: 11/29/2023

SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:

PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: **W.D.** CHECKED BY: **J.L.**

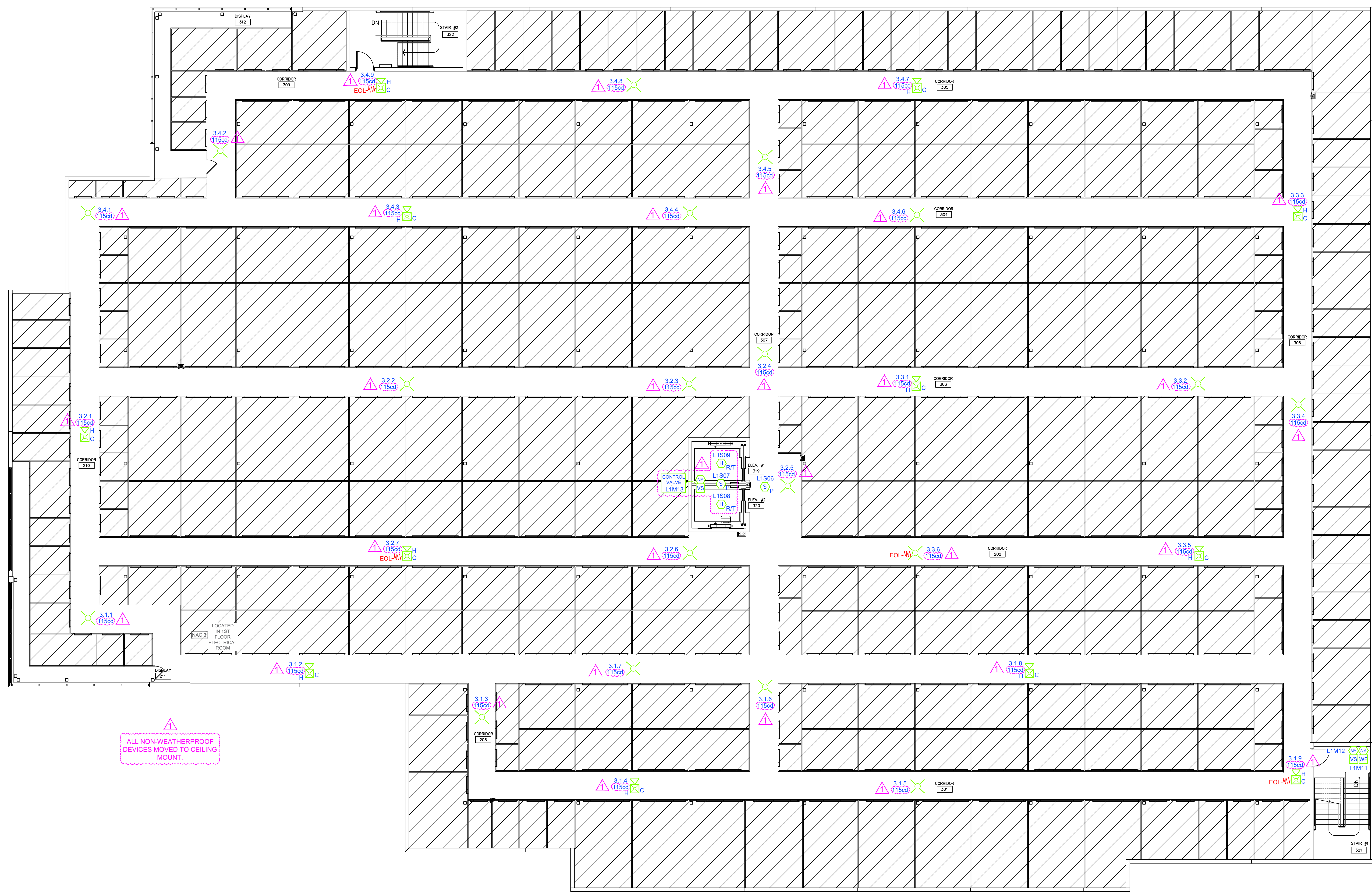
REVISION: 6/27/2024 PER. AHJ

REVISION: 8/19/2024 FIELD CONDITIONS

REVISION: . . .

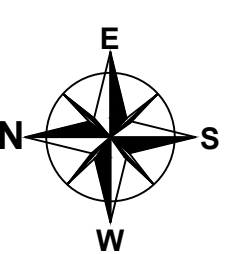
SHEET TITLE
FIRE ALARM FLOOR PLAN

SHEET NO.
FA3 OF 5

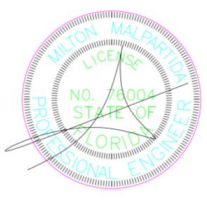


ALL NON-WEATHERPROOF DEVICES MOVED TO CEILING MOUNT.

THIRD FLOOR PLAN
SCALE: 1/8" = 1'-0"



Digitally signed by
Milton J Malpartida
Date: 2024.08.20
14:15:51
-04'00'



Note:
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SCALE: 1/8"=1'-0" (IN FEET)
0 4 8 16

seal
MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: X/X/2024

I HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY SUPERVISION, AND TO THE BEST OF MY KNOWLEDGE, COMPLY WITH ALL APPLICABLE CODES.
Project No. _____

FCI-S3 FIRE ALARM CONTROL PANEL

ITEM	DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)		
1	FCI-S3 MAIN BOARD	0.1110	x 1	= 0.1110	0.2430	x 1	= 0.2430		
2	ASD-PL3 SMOKE DETECTOR	0.0002	x 6	= 0.0012	0.0045	x 6	= 0.0270		
3	ATD-L3 HEAT DETECTOR	0.0002	x 5	= 0.0010	0.0045	x 5	= 0.0225		
4	MS-7AF MANUAL PULL STATION	0.0003	x 7	= 0.0021	0.0070	x 7	= 0.0490		
5	JAMM-2F MONITOR MODULE	0.0004	x 16	= 0.0064	0.0005	x 16	= 0.0080		
6	AOM-2RF RELAY MODULE	0.0004	x 6	= 0.0024	0.0065	x 6	= 0.0390		
7	SSU-RIC PAINI	0.0000	x 1	= 0.0000	0.0150	x 1	= 0.0150		
8	302-135 WP HEAT DETECTOR	0.0000	x 2	= 0.0000	0.0020	x 2	= 0.0040		
9	NAC #4 SPRINKLER BELL	0.0000	x 1	= 0.0000	0.0311	x 1	= 0.0311		
10	-	0.0000	x 0	= 0.0000	0.0000	x 0	= 0.0000		
11	-	0.0000	x 0	= 0.0000	0.0000	x 0	= 0.0000		
TOTAL SYSTEM STANDBY (AMPS)				0.1241	TOTAL SYSTEM ALARM (AMPS)				0.4362

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY SUPPLIED
24	X 0.124	= 2.978	0.083	X 0.436	= 0.036		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMP/ HOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY REQUIRED	AMP/HOUR BATTERY SUPPLIED
2.978	0.036	= 3.015	X 1.2	= 3.6	8

POWER SUPPLY #1

DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)		
HPF-PS10	0.156	x 1	= 0.156	0.185	x 1	= 0.185		
CIRCUIT #1				0.688	x 1	= 0.688		
CIRCUIT #2				0.510	x 1	= 0.510		
CIRCUIT #3				0.510	x 1	= 0.510		
CIRCUIT #4				0.577	x 1	= 0.577		
TOTAL SYSTEM STANDBY (AMPS)				0.156	TOTAL SYSTEM ALARM (AMPS)			2.440

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY SUPPLIED
24	X 0.156	= 3.744	0.083	X 2.440	= 0.203		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMP/ HOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY REQUIRED	AMP/HOUR BATTERY SUPPLIED
3.744	0.203	= 3.947	X 1.2	= 4.736	8

POWER SUPPLY #2

DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)		
HPF-PS10	0.156	x 1	= 0.156	0.185	x 1	= 0.185		
CIRCUIT #1				0.688	x 1	= 0.688		
CIRCUIT #2				0.760	x 1	= 0.760		
CIRCUIT #3				0.510	x 1	= 0.510		
CIRCUIT #4				0.510	x 1	= 0.510		
TOTAL SYSTEM STANDBY (AMPS)				0.156	TOTAL SYSTEM ALARM (AMPS)			3.041

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY SUPPLIED
24	X 0.156	= 3.744	0.083	X 3.041	= 0.252		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMP/ HOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY REQUIRED	AMP/HOUR BATTERY SUPPLIED
3.744	0.252	= 3.996	X 1.2	= 4.795	8

POWER SUPPLY #3

DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)		
HPF-PS10	0.156	x 1	= 0.156	0.185	x 1	= 0.185		
CIRCUIT #1				0.630	x 1	= 0.630		
CIRCUIT #2				0.960	x 1	= 0.960		
CIRCUIT #3				0.630	x 1	= 0.630		
CIRCUIT #4				0.900	x 1	= 0.900		
TOTAL SYSTEM STANDBY (AMPS)				0.156	TOTAL SYSTEM ALARM (AMPS)			3.335

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY SUPPLIED
24	X 0.156	= 3.744	0.083	X 3.335	= 0.277		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMP/ HOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMP/ HOUR BATTERY REQUIRED	AMP/HOUR BATTERY SUPPLIED
3.744	0.277	= 4.021	X 1.2	= 4.825	8

VOLTAGE DROP CALCULATIONS

VD = 2 x L x R x I
1000
VD = VOLTAGE DROP
L = ONE-WAY LENGTH OF CIRCUIT
R = CONDUCTOR RESISTANCE IN OHMS PER THOUSAND FEET
I = LOAD CURRENT

CIRCUIT NUMBER	WIRE RUN ONE WAY (FEET)	OHMS PER THOUSAND	VOLTAGE DROP	VOLTAGE READING AT LAST DEVICE	VOLTAGE DROP AT END	ACCEPTABLE VOLTAGE DROP			
CIRCUIT #1	209	4.89	16	0.688	1.345	20.4	19.06	7%	YES
CIRCUIT #2	289	4.89	16	0.510	1.441	20.4	18.86	7%	YES
CIRCUIT #3	362	4.89	16	0.510	1.811	20.4	18.59	9%	YES
CIRCUIT #4	366	4.89	16	0.677	2.065	20.4	18.33	10%	YES

VOLTAGE DROP CALCULATIONS

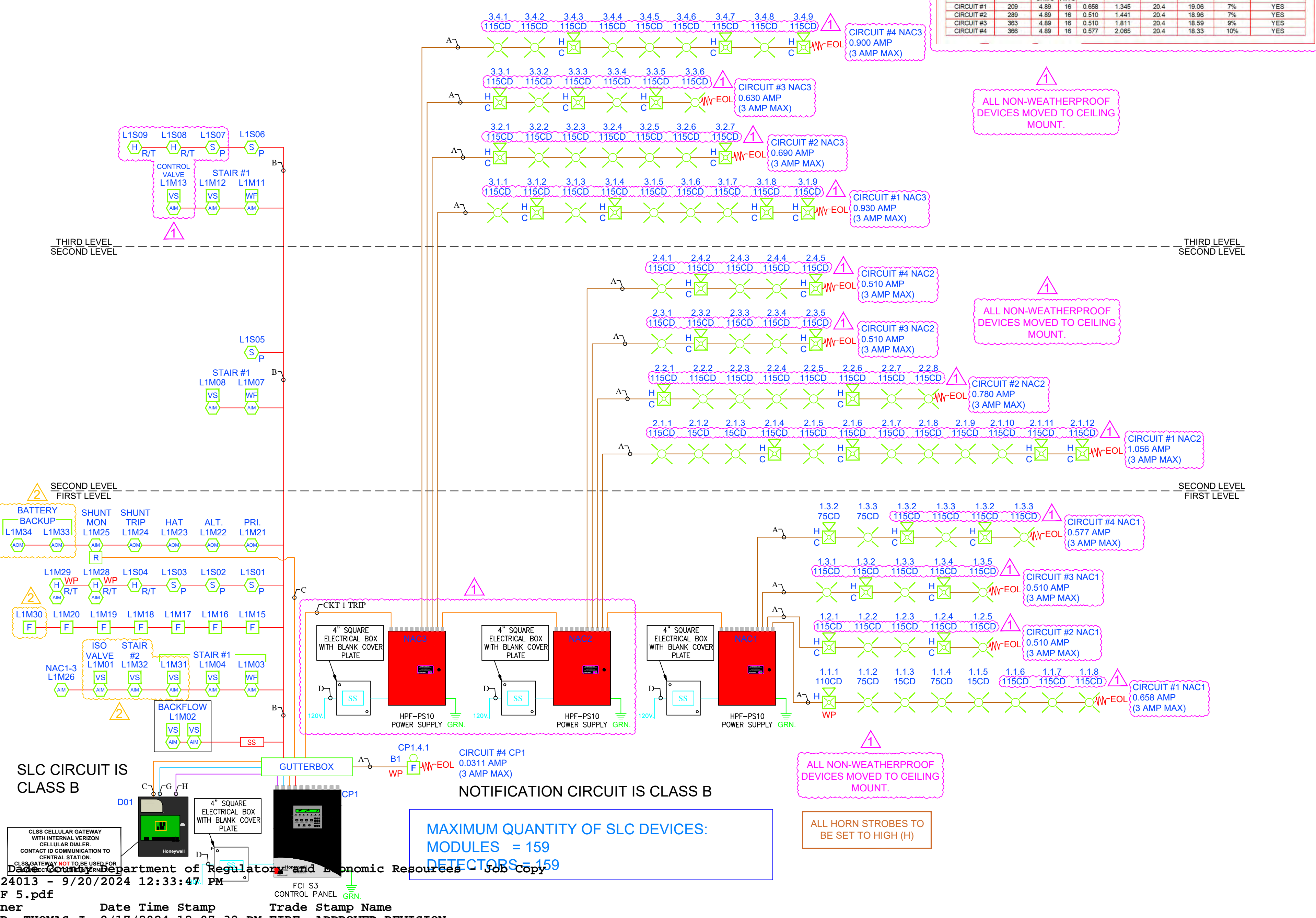
VD = 2 x L x R x I
1000
VD = VOLTAGE DROP
L = ONE-WAY LENGTH OF CIRCUIT
R = CONDUCTOR RESISTANCE IN OHMS PER THOUSAND FEET
I = LOAD CURRENT

CIRCUIT NUMBER	WIRE RUN ONE WAY (FEET)	OHMS PER THOUSAND	VOLTAGE DROP	VOLTAGE READING AT LAST DEVICE	VOLTAGE DROP AT END	ACCEPTABLE VOLTAGE DROP			
CIRCUIT #1	383	4.89	16	1.056	3.996	20.4	16.44	19%	YES
CIRCUIT #2	358	4.89	16	0.760	2.756	20.4	17.69	13%	YES
CIRCUIT #3	362	4.89	16	0.510	1.806	20.4	18.59	9%	YES
CIRCUIT #4	278	4.89	16	0.510	1.377	20.4	19.02	7%	YES

VOLTAGE DROP CALCULATIONS

VD = 2 x L x R x I
1000
VD = VOLTAGE DROP
L = ONE-WAY LENGTH OF CIRCUIT
R = CONDUCTOR RESISTANCE IN OHMS PER THOUSAND FEET
I = LOAD CURRENT

CIRCUIT NUMBER	WIRE RUN ONE WAY (FEET)	OHMS PER THOUSAND	VOLTAGE DROP	VOLTAGE READING AT LAST DEVICE	VOLTAGE DROP AT END	ACCEPTABLE VOLTAGE DROP			
CIRCUIT #1	408	4.89	16	0.930	3.693	20.4	16.71	19%	YES
CIRCUIT #2	315	4.89	16	0.650	2.236	20.4	18.27	10%	YES
CIRCUIT #3	362	4.89	16	0.510	2.415	20.4	17.98	12%	YES
CIRCUIT #4	409	4.89	16	0.900	3.600	20.4	16.80	19%	YES



NOTE: WIRE COLORS ARE FOR RISER REFERENCE ONLY, AND DO NOT REFLECT ACTUAL FIELD COLORS.

WIRE LEGEND

SYMBOL	WIRE TYPE AND DESCRIPTION	LABELLED COLOR	WIRE COLOR
A	16-2 FPL WIRE FOR HORNS AND STROBES	BROWN	BROWN
B	18-2 WIRE FPL FOR DATA COMMUNICATION	RED	RED
C	16-2 FPL 24V POWER/PANEL TRIP	ORANGE	ORANGE
D	HIGH VOLTAGE		
E	2#12 AWG THIN WIRE FOR POWER SUPPLY AND AND PANEL TO 120 VOLT POWER	CYAN	CYAN
F	OTHER		
G	RS-232 DATA TRANSMISSION WIRE (CONTROL FUNCTIONALITY)	BLUE	BLUE
H	RS-485 DATA TRANSMISSION WIRE (EVENT HANDLING)	PURPLE	PURPLE

SCALE: 1/8"=1'-0" (IN FEET)

Digitally signed by Milton J Malpartida
Date: 2024.08.20 14:16:14 -04'00'

Project No. _____ seal

MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: XX/XX/2024

REVISION: 6/27/2024 PER. AHJ

REVISION: 8/19/2024 FIELD CONDITIONS

SHEET TITLE: FIRE ALARM RISER & CALCS

SHEET NO.: FA4 OF 5

SUMMIT
FIRE & SECURITY

4009 NE 6TH AVE.
FT. LAUDERDALE, FLORIDA 33334
(954)958-9111 (954)958-9933 FAX
EC13005133
ETL 100101197ATL-001
WWW.SUMMITFIRESECURITY.COM

If any document prepared by Summit Fire & Security is altered in any manner by construction is not in accordance with unaltered documents prepared by Summit Fire & Security then it is understood that Summit Fire & Security has no liability in whole or in part, related to the project and that the owner and its agents indemnify and hold harmless Summit Fire & Security for any and all acts related to the project. This concept drawings are for information only to potential system arrangement. Contractor shall verify all information contained on these drawings and is responsible for design and installation of the system in accordance with the specs. To the best of our knowledge the drawings and specifications submitted herewith, comply with existing interpretations and provisions of the applicable N.F.P.A. codes in effect at the date shown below. No warranty express or implied is hereby given.

DATE: 11/29/2023
SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:
PROJECT MANAGER: ROBERT ALVAREZ
DRAWN BY: W.D. CHECKED BY: J.L.
REVISION: 6/27/2024 PER. AHJ
REVISION: 8/19/2024 FIELD CONDITIONS

EXAMINER: DATE TIME STAMP: 9/17/2024 12:07:39 PM
TRADE STAMP NAME: FIRE APPROVED REVISION

SCOPE OF WORK

- 1) INSTALL NEW FIRE ALARM CONTROL PANEL, POWER SUPPLIES, DIALER, PULL STATIONS, CONTROL RELAYS, SMOKE DETECTORS, HEAT DETECTORS, STROBES AND HORN STROBES PER FLOOR PLAN.
- 2) SYSTEM TO BE TESTED WITH FIRE DEPARTMENT ON COMPLETION.

GENERAL NOTES

- 1) THE FIRE ALARM SYSTEM IS U.L. LISTED AS POWER LIMITED & OF THE GENERAL ALARM TYPE PER NFPA 72, 2019 EDITION, AND THE FLORIDA FIRE PREVENTION CODE 8TH EDITION. ALL EQUIPMENT IS COMPATIBLE AND LISTED FOR ITS INTENDED USE.
- 2) THE FIRE ALARM PANEL IS PROVIDED WITH STANDBY BATTERY PER NFPA 72 2019 WITH 24 HOURS STANDBY AND 5 MINUTES ALARM. SHOULD LOSS OF NORMAL 120VAC OPERATING POWER OCCUR, THE FIRE ALARM PANEL WILL AUTOMATICALLY TRANSFER TO THE STANDBY BATTERY.
- 3) A BREAK IN ANY FIELD WIRING OR GROUNDING OF ANY CONDUCTOR WILL RESULT IN THE ACTIVATION OF THE FIRE ALARM PANEL TROUBLE BUZZER, WHICH CAN BE SILENCED BY OPERATING THE "TROUBLE SILENCE" BUTTON ON THE FIRE ALARM PANEL.
- 4) PULL STATIONS TO BE MOUNTED AT 48" AFF PER THE ADA CODE.
- 5) DETECTORS SHALL NOT BE LOCATED IN A DIRECT AIRFLOW OR CLOSER THAN 1 M (3 FT) FROM AN AIR SUPPLY DIFFUSER OR RETURN AIR OPENING. NFPA 72(2019)
- 6) POWER UP AND POWER DOWN OF THE FIRE ALARM PANEL MUST BE DONE IN THE PROPER SEQUENCE:
POWER DOWN: DISCONNECT BATTERY AND THEN TURN OFF THE AC POWER AT THE BREAKER.
POWER UP: TURN ON THE AC POWER AT THE BREAKER AND THEN CONNECT THE BATTERY.
NOTE: DO NOT DISCONNECT THE AC POWER FEED FROM THE TERMINAL BLOCK TO DISCONNECT POWER.
- 7) THE 120VAC POWER FEED FOR THE FIRE PANEL AND BOOSTER POWER SUPPLIES MUST BE FROM A DEDICATED BREAKER, AND THE BREAKER MUST BE IDENTIFIED AS "FIRE ALARM CIRCUIT".
- 8) THE CONTROL (RELAY) MODULE FOR AHU SHUTDOWN SHALL BE LOCATED WITHIN THREE (3) FEET OF THE DEVICE BEING CONTROLLED. NFPA 101 (2021) THE CONTROL MODULE SHALL BE LOCATED SUCH THAT THE FRONT MOUNTED LED IS VISIBLE UPON ENTRY INTO MECHANICAL ROOM. THE RELAY CONTACTS HAVE A MAXIMUM CAPABILITY OF 1.0 AMPS @ 24V AND 0.3 AMPS @ 120VAC. CONTRACTOR MUST VERIFY THAT THE SHUTDOWN CIRCUIT DOES NOT EXCEED THESE MAXIMUM CURRENT RATINGS.
- 9) THE INSTALLING CONTRACTOR SHALL SET THE DEVICE ADDRESS AS IDENTIFIED ON THE FLOOR PLAN AND RISER PAGE (S).
- 10) WALL MOUNTED HORNS AND STROBES TO BE AT 80" TO BOTTOM OR 6" FROM CEILING WHICH EVER IS LOWER.
- 11) NOTIFICATION APPLIANCE CIRCUIT SHALL BE "CLASS B"
- 12) SIGNALING LINE CIRCUITS (SLC) SHALL BE "CLASS B"
- 13) ALL DEVICES ARE COMPATIBLE
- 14) ALL DUCT DETECTORS WILL SEND A SUPERVISORY SIGNAL TO FIRE ALARM PANEL.
- 15) CONDUIT SHALL NOT EXCEED 40% OF CONDUIT CAPACITY.
- 16) ALL AUDIBLE DEVICES SHALL BE 3 PULSE TEMPORAL.
- 17) ALL STROBE LIGHTS SHALL BE SYNCHRONIZED.
- 18) THIS IS A NEW, MULTI STORY BUILDING. BUILDING IS PROTECTED BY A FIRE SPRINKLER SYSTEM.
- 19) THE ROOM CONTAINING THE FACP IS MECHANICALLY VENTILATED.
- 20) MAX MOUNTING HEIGHT OF FACP & POWER SUPPLIES IS SIX FEET TO TOP OF ENCLOSURES.
- 21) THIS IS A NEW CERTIFICATED CENTRAL STATION FIRE ALARM.

ADDITIONAL REFERENCE CODES

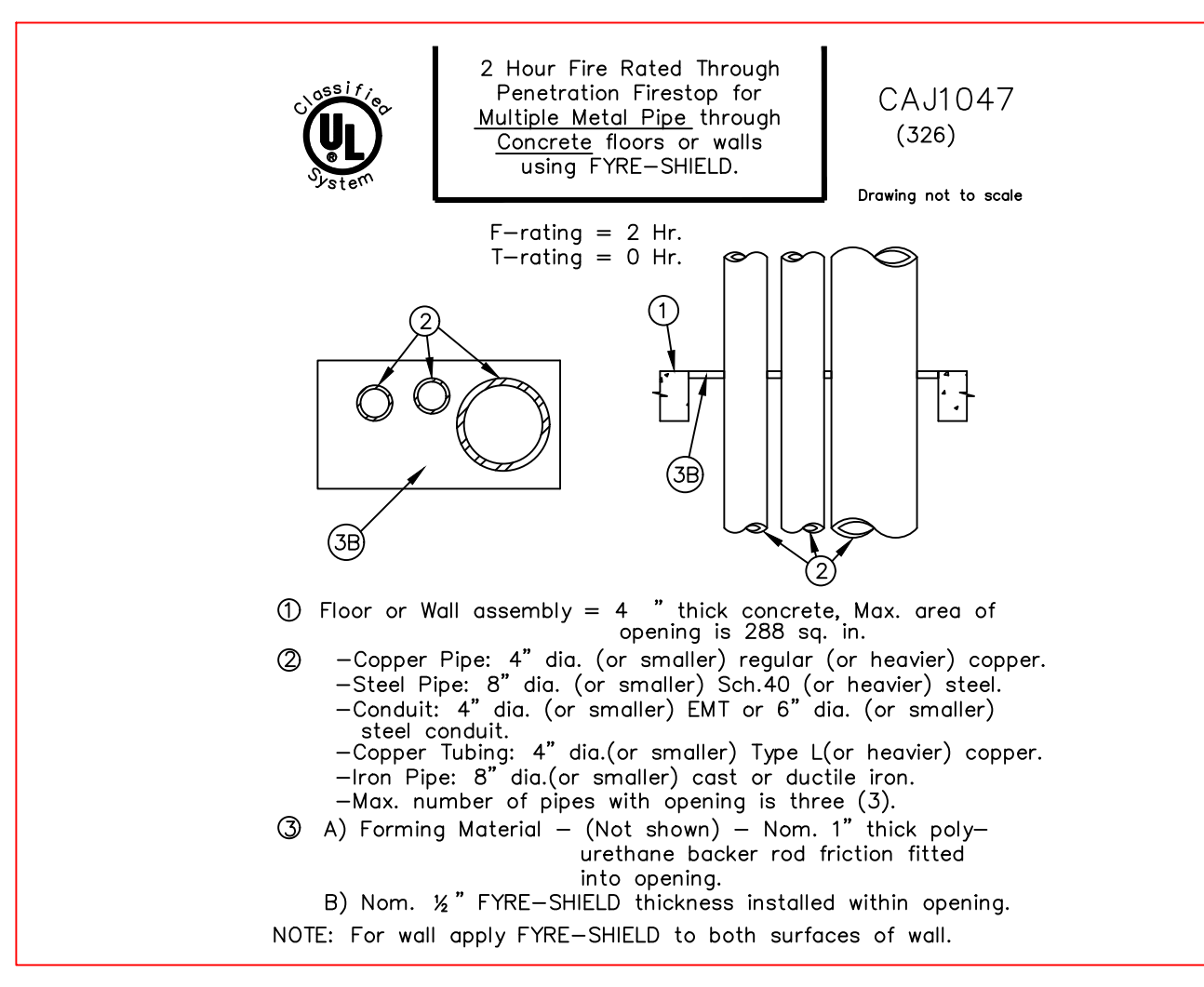
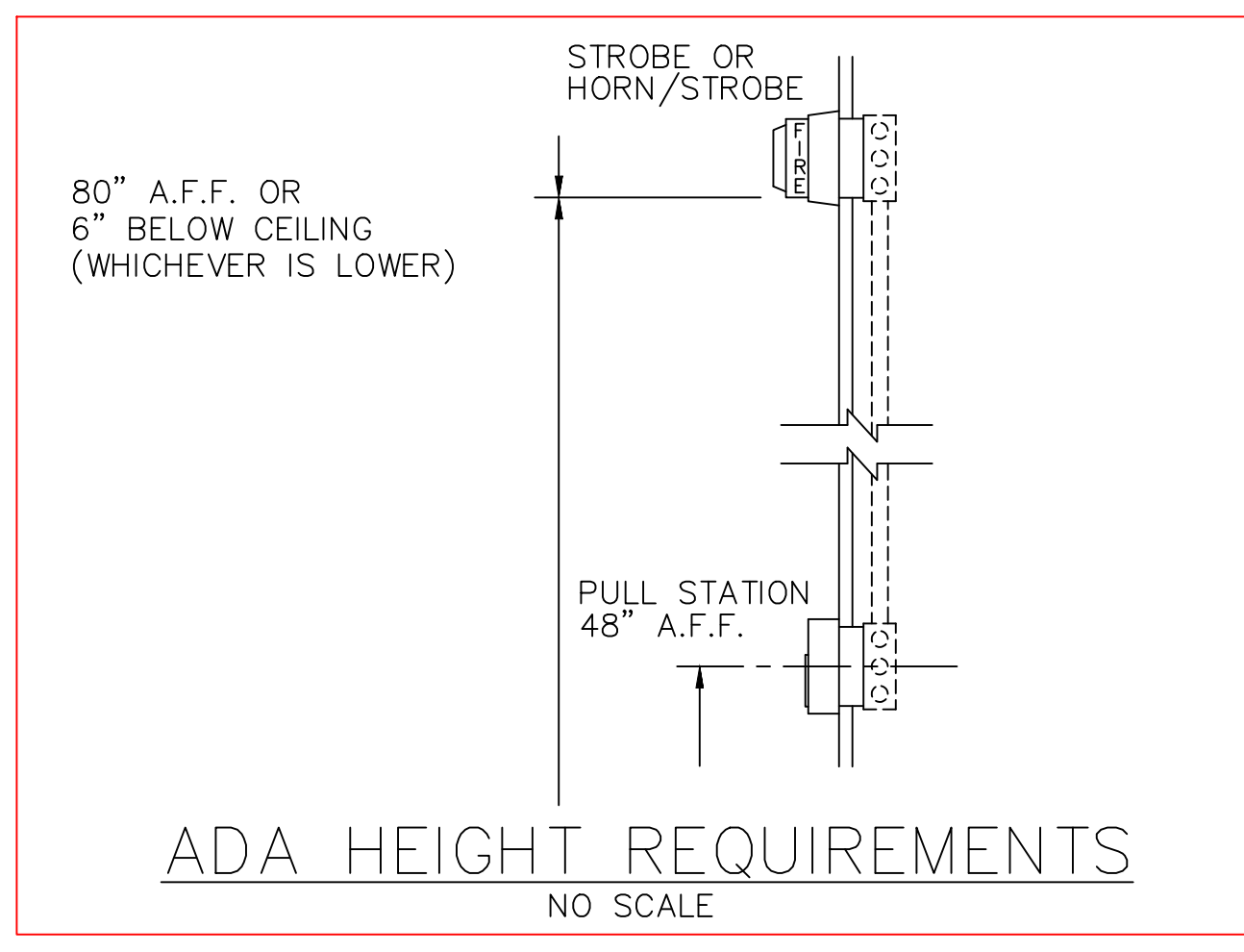
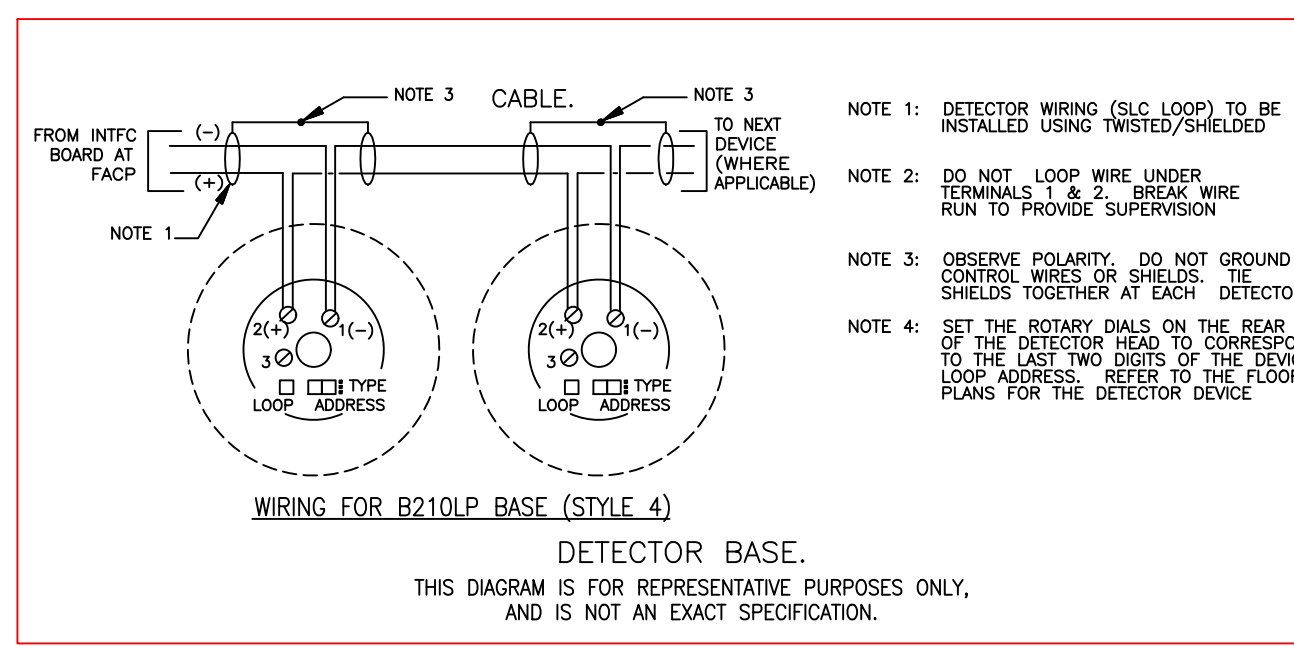
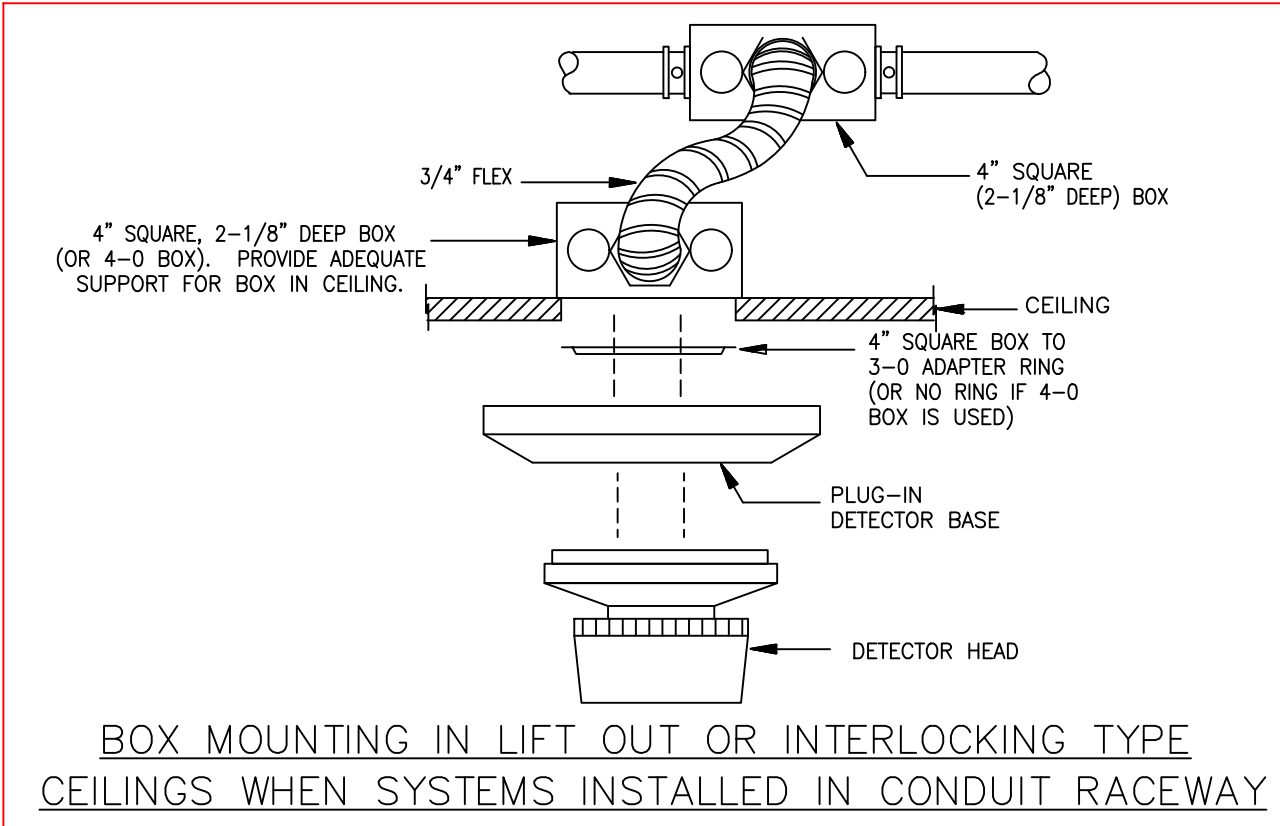
- NFPA 1, 2021 EDITION
- NFPA 13, 2019 EDITION
- NFPA 70, 2020 EDITION
- MIAMI- DADE COUNTY CODE SECTION 14-61
- FIRE PREVENTION CODE, 8TH EDITION
- NFPA 72, 2019 EDITION
- NFPA 101, 2021 EDITION

AMBIENT SOUND

- PER NFPA 72. ALL AREAS SHALL MEET 15dB ABOVE REQUIREMENT AT TIME OF INSPECTION.
- TABLE A.18.4.3. STORAGE OCCUPANCIES AVERAGE 30dBA.

SEQUENCE OF OPERATION

- 1.) THE FIRST ACTIVATION OF ANY MANUAL FIRE ALARM PULL STATION OR THE AUTOMATIC ACTIVATION OF THERMAL DETECTOR, SMOKE DETECTOR, & WATERFLOW SWITCH SHALL IMMEDIATELY RESULT IN THE FOLLOWING:
 - A. NOTIFY THE UL LISTED CENTRAL STATION.
 - B. ACTIVATE ALL AUDIBLE/VISUAL EVACUATION/NOTIFICATION APPLIANCES.
 - C. IF AUDIBLE APPLIANCES ARE SILENCED, VISUAL APPLIANCES SHALL STOP FLASHING NFPA-72, 2019 Edition.
 - D. ALL AUDIBLE ALARM NOTIFICATION APPLIANCES SHALL SOUND ALARM THROUGHOUT THE BUILDING UNTIL SILENCED AT THE FIRE ALARM CONTROL PANEL.
 - E. WATERFLOW ALARMS SHALL NOT SILENCE ANY ALARM NOTIFICATION APPLIANCE UNTIL WATERFLOW HAS CEASED.
 - F. ANY SUBSEQUENT DEVICE ALARM SHALL REACTIVATE THE ALARM NOTIFICATION APPLIANCES.
 - G. THE SYSTEM ALARM LED SHALL FLASH ON THE DISPLAY UNIT. THE SYSTEM ALARM LED SHALL FLASH ON THE CONTROL PANEL UNTIL THE ALARM HAS BEEN ACKNOWLEDGED. ONCE ACKNOWLEDGED, THIS SAME LED SHALL LATCH ON. A SUBSEQUENT ALARM RECEIVED FROM ANOTHER DEVICE SHALL FLASH THE SYSTEM ALARM LED ON THE CONTROL PANEL. THE LED DISPLAY SHALL SHOW THE NEW ALARM INFORMATION.
 - H. DISPLAY ALL ALARM/STATUS INFORMATION AT FACP & REMOTE ANNUNCIATOR.
- 2.) RECEIPT OF SPRINKLER WATERFLOW SIGNAL:
 - A) FLOW BELL SHALL SOUND UPON ACTIVATION OF FLOW SWITCH ONLY.
 - B) FLOW BELL SHALL SOUND AS LONG AS WATER IS FLOWING.
 - C) FLOW BELL SHALL NOT BE CAPABLE OF BEING SILENCED FROM FACP.
 - D) DISPLAY ALL ALARM/STATUS INFORMATION AT REMOTE ANNUNCIATOR.
- 3.) ACTIVATION OF SUPERVISORY CONDITION:
 - A) ANNUNCIATION OF SUPERVISORY ALARM AT FACP.
 - B) DEVICE ADDRESS AND SUPERVISORY ALARM CONDITION INDICATED AT FACP.
 - C) SUPERVISORY SIGNAL TRANSMITTED TO LISTED CENTRAL STATION.
 - D) DISPLAY ALL ALARM/STATUS INFORMATION AT REMOTE ANNUNCIATOR.
- 4.) ACTIVATION OF ANY TROUBLE CONDITION:
 - A) TROUBLE SIGNAL TRANSMITTED TO LISTED CENTRAL STATION.
 - B) ANNUNCIATION OF TROUBLE ALARM AT FACP.
 - C) DEVICE ADDRESS AND TROUBLE ALARM CONDITION INDICATED AT FACP.
 - D) DISPLAY ALL ALARM/STATUS INFORMATION AT REMOTE ANNUNCIATOR.

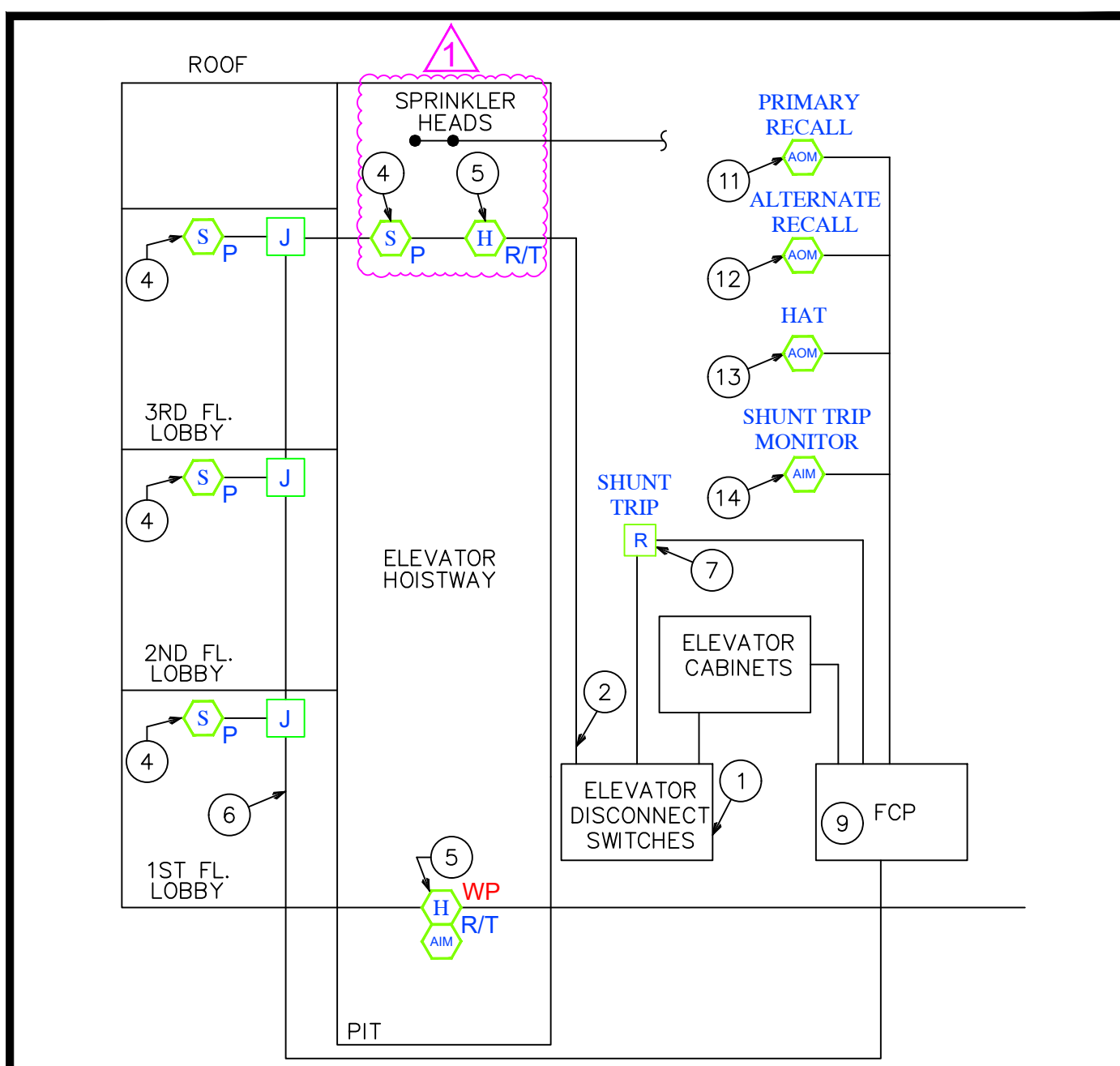


BUILDING NOTES

1. OCCUPANCY: STORAGE GROUP S-1
2. OCCUPANCY NOTIFICATION METHOD: TOTAL EVACUATION
3. RIGID CONDUIT IS EXPECTED TO BE INSTALLED FOR ANY WALL MOUNTED DEVICES. FREE WIRE IS EXPECTED TO BE USED FOR ALL OTHER DEVICES UNLESS FIELD CONDITIONS PERMIT OTHERWISE.
4. SQUARE FOOTAGE:
 - 1ST FLOOR: 26,314 SF
 - 2ND FLOOR: 33,783 SF
 - 3RD FLOOR: 33783 SF

ELEVATOR RECALL SEQUENCE OF OPERATION

- THE ACTIVATION OF A SMOKE SENSOR OR HEAT SENSOR LOCATED IN ANY ELEVATOR LOBBY, MACHINE ROOM OR ELEVATOR SHAFT (AS APPLICABLE) SHALL INITIATE THE ELEVATOR RECALL FUNCTION AS WELL AS ACTIVATING THE REQUIRED SYSTEM GENERAL SEQUENCE OF OPERATION.
- SMOKE SENSORS:**
- 1) SMOKE SENSORS LOCATED AT THE FIRST FLOOR ELEVATOR LOBBY SHALL SEND THE ELEVATOR CAR(S) TO THE DESIGNATED ALTERNATE RECALL FLOOR. THE DESIGNATED ALTERNATE FLOOR SHALL BE THE NEXT LEVEL ABOVE THE FIRST FLOOR.
 - 2) ALL SMOKE SENSORS LOCATED ABOVE THE FIRST FLOOR AND NOT IN THE COMMON ATRIUM OR OPEN AREA, SHALL RECALL THE ELEVATOR CAR(S) TO THE FIRST FLOOR.
 - 3) SMOKE SENSORS LOCATED IN THE ELEVATOR MACHINE ROOM SHALL RECALL THE ELEVATOR CAR(S) TO THE FIRST FLOOR UNLESS THE ELEVATOR MACHINE ROOM IS ADJACENT TO THE ELEVATOR SHAFT. IF THE ELEVATOR MACHINE ROOM IS ADJACENT TO THE ELEVATOR SHAFT, THE ELEVATOR CAR(S) SHALL BE RECALLED TO THE DESIGNATED ALTERNATE FLOOR.
 - 4) SMOKE SENSORS LOCATED AT THE TOP OF THE ELEVATOR SHAFT, SHALL RECALL THE ELEVATOR TO THE FIRST FLOOR.
 - 5) WHEN ELEVATOR RECALL IS ACTIVATED AND ELEVATOR(S) IS RECALLED TO ITS DESIGNATED FLOOR THE ELEVATOR DOORS SHALL OPEN AND REMAIN IN THE OPEN POSITION.
- HEAT SENSORS:**
- 1) HEAT SENSORS LOCATED IN THE ELEVATOR MACHINE ROOM SHALL ACTIVATE THE ELEVATOR SHUNT TRIP. ELEVATOR SHUNT TRIP POWER SHALL BE MONITORED BY THE FIRE ALARM SYSTEM.
 - 2) HEAT SENSORS LOCATED AT THE TOP OF THE ELEVATOR SHAFT, SHALL RECALL THE ELEVATOR TO THE FIRST FLOOR.
 - 3) HEAT SENSORS LOCATED IN THE ELEVATOR PIT SHALL RECALL THE ELEVATOR TO THE ALTERNATE FLOOR.



- THIS DIAGRAM IS AN APPROXIMATION. PLEASE CONSULT YOUR ELECTRICAL ENGINEER FOR THE SPECIFIC REQUIREMENTS OF YOUR PROJECT.
- NOTES:
1. ELEVATOR DISCONNECT SWITCH WITH SHUNT TRIP.
 2. ELEVATOR FIRE FIGHTERS SERVICE RECALL WIRING.
 3. OPTIONAL FIRE SPRINKLER SHUT OFF VALVE. TAMPER SWITCH WIRING CONNECTED TO MAIN FIRE ALARM PANEL/WIRE COMPONENTS PER FLORIDA STATE FIRE MARSHALL REQUIREMENTS.
 4. ELEVATOR LOBBY AND TOP OF HOIST WAY SYSTEM SMOKE DETECTORS CONNECTED TO ACTIVATE FIRE FIGHTERS SERVICE RECALL.
 5. SYSTEM HEAT DETECTOR (135°F) LOCATED WITHIN 24" OF SPRINKLER HEAD. CONNECT DETECTORS IN PARALLEL TO RECALL TO ALTERNATE FLOOR CONTACTS FOR SHUNT-TRIP OPERATIONS.
 6. FIRE ALARM SYSTEM WIRING TO HEAT & SMOKE DETECTORS.
 7. SHUNT TRIP CONTROL POWER MONITOR.
 8. SHUNT TRIP CONNECTED TO AUXILIARY CONTACTS OF SYSTEM HEAT DETECTORS & SHUNT TRIP IN DISCONNECT SWITCH FOR ELEVATOR SHUT DOWN.
 9. FIRE ALARM PANEL
 10. ON BATTERY LOWERING OPERATION. IF APPLICABLE PROVIDE A NORMALLY CLOSED DRY CONTACT TO THE CONTROLLER THAT WILL OPEN WHEN THE SHUNT TRIP IS ACTIVATED.
 11. PRIMARY ELEVATOR RECALL CONTROL RELAY
 12. ALTERNATE ELEVATOR RECALL CONTROL RELAY
 13. HAT ACTIVATION RELAY
 14. SHUNT TRIP CONTROL RELAY
 15. SHUNT TRIP CONTROL RELAY

ELEVATOR FIRE SAFETY STANDARD

8416*070296

Project No. _____

seal

MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: XX/XX/2024

Scale: 1/8"=1'-0" (IN FEET)

0 4 8 16

Note: This item has been digitally signed and sealed by Milton Malpartida, P.E. on the date adjacent to the seal. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

Digitally signed by Milton J Malpartida Date: 2024.08.20 14:16:39 -04'00'

SUMMIT
FIRE & SECURITY

4009 NE 6TH AVE.
FT. LAUDERDALE, FLORIDA 33334
(954)958-9111 (954)958-9933 FAX
EC13005133
ETL 80101197ATL-001
WWW.SUMMITFIRESECURITY.COM

Intertek

If any document prepared by Summit Fire & Security are altered in any manner by owner, its agents or by any third party if construction is not in accordance with unaltered documents prepared by Summit Fire & Security then it is understood that Summit Fire & Security has no liability in whole or in part, related to the project and that the owner and its agents indemnify and hold harmless Summit Fire & Security for any and all acts related to the project. This concept drawings are for information only to potential system arrangement. Contractor shall field verify all information contained on these drawings and is responsible for design and installation of the system in accordance with the specs. To the best of our knowledge the drawings and specifications submitted herewith, comply with existing interpretations and provisions of the applicable N.F.P.A. codes in effect at the date shown below. No warranty express or implied is hereby given.

DATE: 11/29/2023
SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014

JOB NUMBER: 23-125.0

LICENSED ENGINEER:
PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: W.D.
CHECKED BY: J.L.

REVISION: 6/27/2024 PER. AHJ
REVISION: 8/19/2024 FIELD CONDITIONS

SHEET TITLE: FIRE ALARM NOTES
SHEET NO.: FA5 OF 5

MIAMI-DADE COUNTY

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

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

9/20/2024 12:33:47 PM

Tracking #	Process #	Permit #
3224024013	M2024024013	2024017537

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

Process #	Review	Disposition	Reviewer	Date
M2024024013	FIRE	A	CARTER, THOMAS J.	9/17/2024
M2024024013	UPFRONT FEES	A	WEB APPLICATION ID	9/4/2024

Disclaimer.

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

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

Stamp Name	Trade	Disposition	Stamp Description
APPROVED REVISION	FIRE	A	Approved Revision
Reference Only.	FIRE	R	Reference only.

Permitting-fl@summitfiresecurity.com

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way) • Miami, Florida 33175-2474 • (786) 315-2000

APPLICATION FOR MUNICIPAL PERMIT APPLICANTS

THAT REQUIRE PLAN REVIEW FROM MIAMI-DADE FIRE RESCUE

AND/OR ENVIRONMENTAL SERVICES

M2024024013

REV2024-2075

3224024013

PROVIDE MUNICIPAL PROCESS NUMBER HERE

2024017537

LOCATION OF IMPROVEMENTS	Job Address <u>5790 NW 165 TERR</u>		CONTRACTOR INFORMATION	Contractor No. <u>EC13005133</u>	
	Folio <u>32-2013-001-0061</u>			Last four (4) digits of Qualifier No. <u>2086</u>	
TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land <input checked="" type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire		<input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tent		Current use of property <u>OFFICE BUILDING</u> Description of Work <u>FIRE ALARM REVISION</u> Sq. Ft. _____ Units _____ Floors _____ Value of Work <u>0</u>
	<input type="checkbox"/> Lot _____ Block _____ <input type="checkbox"/> Subdivision _____ PBpg _____ <input type="checkbox"/> Metes and bounds _____				
PERMIT TYPE	<input type="checkbox"/> MBLD* Category _____ <input checked="" type="checkbox"/> MELE <u>04</u> <input type="checkbox"/> MPLU _____ <input type="checkbox"/> MLPG _____ <input type="checkbox"/> MMEC _____ <input type="checkbox"/> FIRE _____	REVIEW STATUS	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-Stamp <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire	PROPERTY OWNER'S INFO	Owner <u>1640 NW 58th LLC</u> Address <u>100 Wilshire Blvd #400</u> City <u>Santa Monica</u> State <u>CA</u> Zip <u>90401</u> Phone _____ Last four (4) digits of _____ Owner's Social Security No. _____
PERMIT CONTACT	Name <u>STEPHANIE ZABLAH</u> Address <u>6555 POWERLINE RD</u> City <u>FT LAUDERDALE</u> State <u>FL</u> Zip <u>33309</u> Phone <u>954-635-7636</u>		ARCHITECT / ENGINEER	Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____	
FIRE SPECIAL REQUEST PLAN REVIEW (SRI)	<p>I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible. There is a minimum charge of one-hour. Please contact the Fire Department for current rate.</p> 1 st Request: _____ Date: _____ 2 nd Request: _____ Date: _____ 3 rd Request: _____ Date: _____				
<p>If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida, a hold on the review may be placed on this application.</p>					

MASTER PERMIT # 2024017537

Miami-Dade Department of Regulatory and Economic Resources CONTACT INFORMATION FOR PERMIT APPLICATION

FIRST NAME <i>(print clearly)</i> STEPHANIE	LAST NAME <i>(print clearly)</i> ZABLAH
MOBILE PHONE 954-635-7636	OFFICE/HOME PHONE
EMAIL <i>(required so you can be notified on the status of your plans)</i> permittingfl@summitfiresecurity.com	

COMMENTS *(If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans.)*

We are doing a revision / Change of Contractor

PLANS *(check all that apply)*

Please indicate if plans qualify for the following expedited plan reviews:

- | | | |
|--|---|--|
| <input type="checkbox"/> GOV'T PROJECT/DEPT _____ | <input type="checkbox"/> GREEN BLDG* <i>(new construction only)</i> | <input type="checkbox"/> PACE PROJECT* |
| <input type="checkbox"/> AFFORDABLE/WORKFORCE HOUSING* | <input type="checkbox"/> ECONOMIC SIGNIFICANCE* | <input type="checkbox"/> CONCIERGE |
- (*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)*

REQUESTED PLAN REVIEWS *(check all that apply for rework only)*

- | | | | | | |
|--------------------------------------|--|---|---|--|---|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG/HCAP | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input checked="" type="checkbox"/> FIRE | <input type="checkbox"/> ROOF |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF | <input type="checkbox"/> LPGX | <input type="checkbox"/> SHOP DRAWING |
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM AIR | <input type="checkbox"/> DERM AIRPORT | <input type="checkbox"/> DERM ASBESTOS | <input type="checkbox"/> DERM COASTAL | <input type="checkbox"/> DERM FLOOD |
| <input type="checkbox"/> DERM GREASE | <input type="checkbox"/> DERM INDUSTRIAL | <input type="checkbox"/> DERM PAVING & DRAINAGE | <input type="checkbox"/> DERM POLLUTION | <input type="checkbox"/> DERM PRE-TREATMENT | <input type="checkbox"/> DERM SOLID WASTE |
| <input type="checkbox"/> DERM TANKS | <input type="checkbox"/> DERM TREES | <input type="checkbox"/> DERM WATER TREATMENT | <input type="checkbox"/> DERM WETLANDS | <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK |
| <input type="checkbox"/> DOH/HRS | | | | | |

OPTIONAL PLAN REVIEWS *(check all that apply)*

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> BLDG | <input type="checkbox"/> ELEC | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> STRU |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

OPR DERM INITIAL REVIEWS *(check all that apply)*

- | | |
|------------------------------------|---|
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM SPECIALTY <i>(You will be notified after core review is complete for additional fees)</i> |
|------------------------------------|---|

OPR DERM REWORK *(OPR for specialty only available at PIC)*

- | | | | | | |
|--------------------------------|-------------------------------------|-----------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> TREE | <input type="checkbox"/> GREASE | <input type="checkbox"/> ASBESTOS | <input type="checkbox"/> COASTAL | <input type="checkbox"/> AIR | <input type="checkbox"/> PAVING & DRAINAGE |
| <input type="checkbox"/> TANKS | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> WETLAND | <input type="checkbox"/> PRE-TREATMENT | <input type="checkbox"/> CORE | <input type="checkbox"/> FLOOD |

FOR OFFICE USE ONLY

To be completed by Permit and Occupancy Representative or Plans Processing Specialist

APPLICATION DATE	CLERK NAME	ARRIVAL TIME
PROCESS NUMBER	PROCESS NUMBER	PROCESS NUMBER
<input type="checkbox"/> RE-ISSUE	<input type="checkbox"/> PLAN REVISION	<input type="checkbox"/> REWORK
<input type="checkbox"/> SHOP DRAWING		



HOLD HARMLESS

Re: Property located at (address and legal description) 5790 NW 165 Ter. Miami Lakes, FL 33014

Gentlemen:

As legal owner of subject property, I request the cancellation of permit number (in full) 2024017537, issued to (name of previous permit holder) FIRE CONTROLS INC (mailing address) PERMITTING@FIRECONTORLS.NET on (date) 07 / 19 / 2024 for the following reason CHANGE OF CONTRACTOR

Date of last inspection

I no longer authorize the previous permit holder to proceed with the work covered by the permit. I hereby apply as owner-builder, or authorize (new contractor) SUMMIT FIRE AND SECURITY to apply for such permits as construct or complete the construction on subject property.

I agree to hold Miami-Dade County, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Very truly yours,

OWNER

[Handwritten signature of Timothy Hobin]

Timothy Hobin

PRIME CONTRACTOR (only if Sub-Contractor holds the permit or if there is a change of qualifier)

[Handwritten signature of Christopher Peck]

Christopher Peck

STATE OF FLORIDA
COUNTY OF MIAMI-DADE:

Sworn to and subscribed before me by means of

[] physical presence OR [X] online notarizations

this 22nd day of JULY, 20 24,

by Timothy Hobin

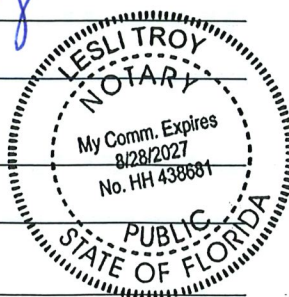
Signature of Notary Public

Print Name LESLI TROY (SEAL)

Personally known [X]

or Produced Identification

Type of Identification Produced



STATE OF FLORIDA
COUNTY OF MIAMI-DADE:

Sworn to and subscribed before me by means of

[X] physical presence OR [] online notarizations

this 22nd day of JULY, 20 24,

by Christopher Peck

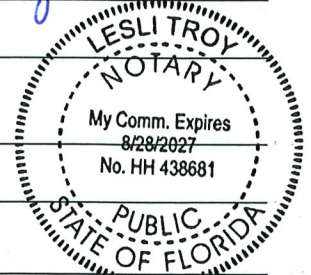
Signature of Notary Public

Print Name LESLI TROY (SEAL)

Personally known [X]

or Produced Identification

Type of Identification Produced



DEPARTMENT USE ONLY

Note: Hold Harmless letter must be signed by the owner of the property and the General Contractor in case of subsidiary permits or change of qualifier.

Miami Dade County Department of Regulatory and Economic Resources - Job Copy

3224021481 - 08/20/2024 431003264 PMPM Change Date: / / Fee: Last Valid Inspection: / /

Hold Harmless approved form referenced pdf

MIAMI-DADE COUNTY

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

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

8/7/2024 3:00:26 PM

Tracking #	Process #	Permit #
3224021481	M2024021481	2024017537

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

Process #	Review	Disposition	Reviewer	Date
M2024021481	FIRE	A	CARTER, THOMAS J.	8/5/2024
M2024021481	UPFRONT FEES	A	WEB APPLICATION ID	7/24/2024

Disclaimer.

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

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

Stamp Name	Trade	Disposition	Stamp Description
APPROVED REVISION	FIRE	A	Approved Revision
Reference Only.	FIRE	R	Reference only.

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way) • Miami, Florida 33175-2474 • (786) 315-2000

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

PROVIDE MUNICIPAL PROCESS NUMBER HERE				2024017537		
LOCATION OF IMPROVEMENTS	Job Address <u>5790 NW 165 TERR</u>		CONTRACTOR INFORMATION	Contractor No. <u>EC13005133</u>		
	Folio <u>32-2013-001-0061</u>			Last four (4) digits of Qualifier No. <u>2086</u>		
TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land <input checked="" type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire		<input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tent	Current use of property <u>OFFICE BUILDING</u>		
	<input type="checkbox"/> Lot _____ Block _____ Subdivision _____ PBpg _____ Metes and bounds _____			Description of Work <u>FIRE ALARM REVISION AND CHANGE OF CONTRACTOR</u> Sq. Ft. _____ Units _____ Floors _____ Value of Work <u>0</u>		
PERMIT TYPE	<input type="checkbox"/> MBLD* Category _____ <input checked="" type="checkbox"/> MELE <u>04</u> <input type="checkbox"/> MPLU _____ <input type="checkbox"/> MLPG _____ <input type="checkbox"/> MMEC _____ <input type="checkbox"/> FIRE _____		REVIEW STATUS	<input checked="" type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-Stamp <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire		
	PROPERTY OWNER'S INFO Owner <u>ABRAHAM GOMEZ</u> Address <u>66220 SW 136 AVE</u> City <u>SW RANCHES</u> State <u>FL</u> Zip <u>33330</u> Phone _____ Last four (4) digits of Owner's Social Security No. _____					
PERMIT CONTACT	Name <u>STEPHANIE ZABLAH</u>			ARCHITECT / ENGINEER	Owner _____	
	Address <u>6555 POWERLINE RD</u>				Address _____	
FIRE SPECIAL REQUEST PLAN REVIEW (SRI)	City <u>FT LAUDERDALE</u> State <u>FL</u> Zip <u>33309</u>			City _____ State _____ Zip _____		
	Phone <u>954-635-7636</u>			Phone _____		
I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible. There is a minimum charge of one-hour. Please contact the Fire Department for current rate.						
1 st Request: _____ Date: _____						
2 nd Request: _____ Date: _____						
3 rd Request: _____ Date: _____						
If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida, a hold on the review may be placed on this application.						



BUILDING PERMIT CATEGORIES

CATEGORY	DESCRIPTION	PERMIT TYPE
BUILDING		
01	GENERAL BUILDING—COMMERCIAL	MBLD
02	SUB—GENERAL BUILDING—RESIDENTIAL	MBLD
08	CANVAS AWNING	MBLD
10	COMMUNICATION TOWER	MBLD
15	DEMOLITION	MBLD
29	METAL AWNING & STORM SHUTTER	MBLD
48	SCREEN ENCLOSURES	MBLD
51	MURAL SIGNS (NON-ELECTRICAL)	MBLD
55	SWIMMING POOL	MBLD
56	TENNIS COURTS (SURFACE PAVING)	MBLD
86	TRAILER TIE DOWN	MBLD
88	WALK-IN COOLER	MBLD
91	MARINAS	MBLD
92	LOW SLOPE APPLICATIONS (GRAVEL, SMOOTH MODIFIED, SINGLE PLY)	MBLD
95	SHINGLES (ASPHALT, FIBERGLASS)	MBLD
96	SHINGLES (METAL ROOFS/WOOD SHINGLES & SHAKE)	MBLD
97	STAGE 2 VAPOR RECOVERY SYSTEM	MBLD
99	SOIL IMPROVEMENT	MBLD
0100	BULK STORAGE PROPANE TANK	MBLD
0101	REMOVABLE STORM PANELS	MBLD
0107	TILE ROOF	MBLD
0110	WATER MAIN	MBLD
0111	SITE PLAN	MBLD
0112	INDOOR EVENT/EXHIBIT	MBLD
0114	STATE, FEDERAL GOVERNMENT & SCHOOL BOARD PROPERTIES REVIEW	MBLD
ELECTRICAL		
04	FIRE ALARM SPECIALTY	MELE
16	SPECIALTY WIRING	MELE
34	SOLAR PHOTOVOLTAIC	MELE
38	GENERATORS	MELE
40	BUILDING PUBLIC RADIO ENHANCEMENT SYSTEM	MELE
PLUMBING		
0020	SEWER CONNECTION TO PUBLIC SYSTEM (THIS CATEGORY IS USED WHEN NO BUILDING PERMIT EXIST)	MPLU
0024	INTERCEPTOR/GREASE TRAPS (REPLACEMENT OR INSTALLATION THAT IS NOT PART OF A BUILDING PERMIT)	MPLU
LPGX		
01	LIQUEFIED PETROLEUM GAS	MLPG
02	MISCELLANEOUS	MLPG
04	LIQUEFIED PETROL. GAS/STATE	MLPG
MECHANICAL		
09	ABOVE/BELOW GROUND TANKS/PUMPS & POLLUTANT STORAGE SYSTEM	MMEC
38	COMMERCIAL HOODS	MMEC
43	FIRE CHEMICAL	MMEC
46	SPRAY BOOTHS	MMEC
48	SMOKE CONTROL	MMEC
52	RESIDENTIAL ELEVATOR	MMEC
57	FIRE SPRINKLER	FIRE

Miami-Dade County Department of Regulatory and Economic Resources - Job Copy
3224021481 - 8/7/2024 3:00:26 PM

Municipal permit.pdf
Miami-Dade County Department of Regulatory and Economic Resources - Job Copy
3224021013 - 9/20/2024 12:02:41 PM Trade Stamp Name
CARTER, THOMAS L 8/5/2024 12:52:07 PM FIRE Reference Only.
previously approved for reference.pdf



7/18/2024

STORQUEST SELF STORAGE – MIAMI LAKES

5790 NW 165th Terrace

Miami Lakes, FL 33014

Revision 1 Entry:

1. All non weatherproof devices moved to ceiling mount per request of owner.
2. Change all 110cd devices to 115cd as 110 is not offered for ceiling mount.
3. According to updated sprinkler drawings, sprinkler head moved to top of the elevator shaft. Sprinkler drawing will be attached to submittal for reference.
4. Added control valve at top of shaft for sprinkler heads
5. Added 1 smoke and 2 heat detectors at top of shaft
6. Update riser
7. Update calcs- calc runs were modified for the run of the circuit with an additional 60' to each circuit instead of 100' as vertical considerations aren't needed on every device.
8. Notes updated with changes

By: Whitney Durham

wdurham@summitfiresecurity.com

Whitney Durham

FDC

BACKFLOW
L1M02
VS

CP1.4.1
B1
EOL-WF
WP

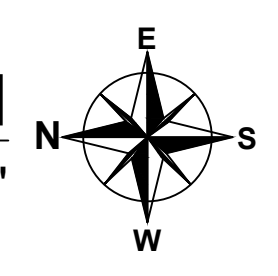


ALL NON-WEATHERPROOF
DEVICES MOVED TO CEILING
MOUNT.

LOADING/UNLOADING/PARKING
123
OPEN PARKING AREA

FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"



Digitally
signed by
Milton J
Malpartida
Date:
2024.07.18
13:45:53
-04'00'

SCALE: 1/8"=1'-0" (IN FEET)
0 4 8 16'

seal
MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: XIX/2024

I HEREBY CERTIFY THAT THESE PLANS
WERE PREPARED BY ME OR UNDER
MY SUPERVISION, AND TO THE BEST
OF MY KNOWLEDGE, COMPLY WITH
ALL APPLICABLE CODES.
Project No. _____

SUMMIT
FIRE & SECURITY

4009 NE 6TH AVE.
FT. LAUDERDALE, FLORIDA 33334
(954)958-9111 (954)958-9933 FAX
EC13005133
ETL 100101197ATL-001
WWW.SUMMITFIRESECURITY.COM

If any document prepared by Summit Fire & Security is altered in any manner by owner, its agents or by any third party if construction is not in accordance with unaltered documents prepared by Summit Fire & Security then it is understood that Summit Fire & Security has no liability in whole or in part, related to the project and that the owner and its agents indemnify and hold harmless Summit Fire & Security for any and all acts related to the project. This concept drawings are for information only to potential system arrangement. Contractor shall field verify all information contained on these drawings and is responsible for design and installation of the system in accordance with the specs. To the best of our knowledge the drawings and specifications submitted herewith, comply with existing interpretations and provisions of the applicable N.F.P.A. codes in effect at the date shown below. No warranty express or implied is hereby given.

DATE: 11/29/2023

SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:
PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: **W.D.** CHECKED BY: **J.L.**

REVISION: 6/27/2024 PER. AHJ
REVISION: . . .
REVISION: . . .

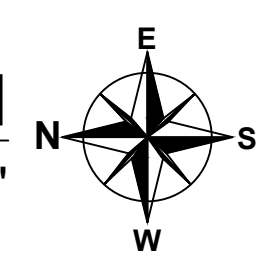
SHEET TITLE
FIRE ALARM FLOOR PLAN

SHEET NO.
FA1 OF 5



ALL NON-WEATHERPROOF DEVICES MOVED TO CEILING MOUNT.

SECOND FLOOR PLAN
SCALE: 1/8" = 1'-0"



Digitally signed by
Milton J Malpartida
Date: 2024.07.18
13:46:27
-04'00'

Note:
This item has been digitally signed and sealed by Milton Malpartida, P.E. on the date adjacent to the seal. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

SCALE: 1/8"=1'-0" (IN FEET)
0 4 8 16'

seal
MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: XX/XX/2024

I HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY SUPERVISION, AND TO THE BEST OF MY KNOWLEDGE, COMPLY WITH ALL APPLICABLE CODES.
Project No. _____

SUMMIT
FIRE & SECURITY
4009 NE 6TH AVE.
FT. LAUDERDALE, FLORIDA 33334
(954)958-9111 (954)958-9933 FAX
EC13005133
ETL 100101197ATL-001
WWW.SUMMITFIRESECURITY.COM

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DATE: 11/29/2023
SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:
PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: W.D.
CHECKED BY: J.L.

REVISION: 6/27/2024 PER. AHJ
REVISION: . . .
REVISION: . . .

SHEET TITLE
FIRE ALARM FLOOR PLAN

SHEET NO.
FA2 OF 5

If any document prepared by Summit Fire & Security are altered in any manner by owner, its agents or by any third party if construction is not in accordance with unaltered documents prepared by Summit Fire & Security then it is understood that Summit Fire & Security has no liability in whole or in part, related to the project and that the owner and its agents indemnify and hold harmless Summit Fire & Security for any and all acts related to the project. This concept drawings are for information only to potential system arrangement. Contractor shall field verify all information contained on these drawings and is responsible for design and installation of the system in accordance with the specs. To the best of our knowledge the drawings and specifications submitted herewith, comply with existing interpretations and provisions of the applicable N.F.P.A. codes in effect at the date shown below. No warranty express or implied is hereby given.

DATE: 11/29/2023

SCALE: AS-NOTED

STORQUEST SELF STORAGE
MIAMI LAKES
5790 NW 165TH TERRACE
MIAMI LAKES, FL 33014
JOB NUMBER: 23-125.0

LICENSED ENGINEER:

PROJECT MANAGER:
ROBERT ALVAREZ

DRAWN BY: **W.D.** CHECKED BY: **J.L.**

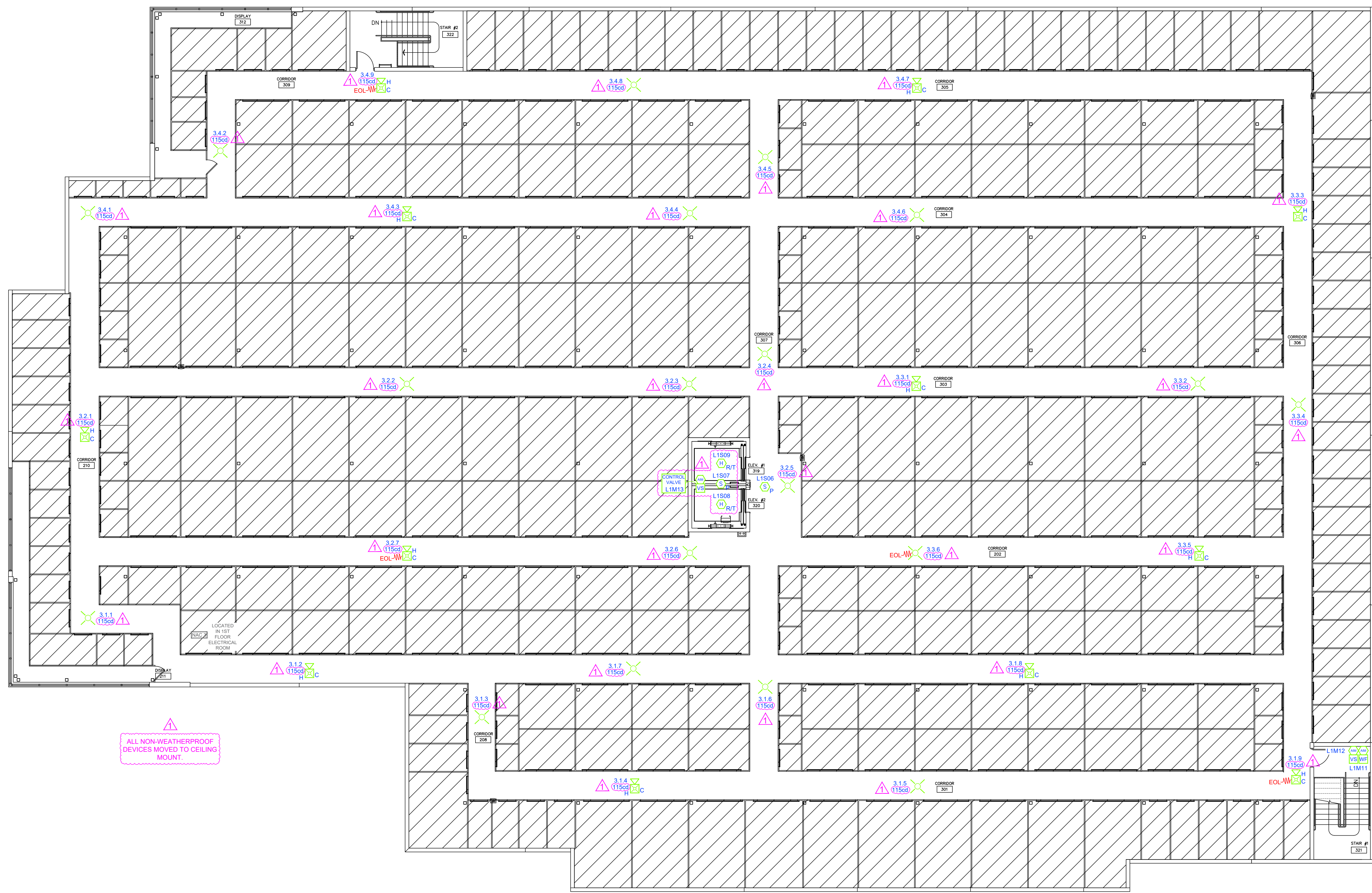
REVISION: 6/27/2024 PER. AHJ

REVISION: . . .

REVISION: . . .

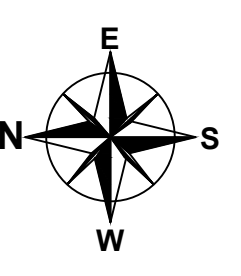
SHEET TITLE: **FIRE ALARM FLOOR PLAN**

SHEET NO. **FA3 OF 5**

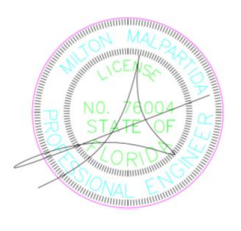


ALL NON-WEATHERPROOF DEVICES MOVED TO CEILING MOUNT.

THIRD FLOOR PLAN
SCALE: 1/8" = 1'-0"



Digitally signed by Milton J Malpartida
Date: 2024.07.18 13:46:51 -04'00'



SCALE: 1/8"=1'-0" (IN FEET)

seal
MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: X/X/2024

HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY SUPERVISION, AND TO THE BEST OF MY KNOWLEDGE, COMPLY WITH ALL APPLICABLE CODES.
Project No. _____

Note:
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FCI-S3 FIRE ALARM CONTROL PANEL

ITEM	DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)
1	FCI-S3 MAIN BOARD	0.1110	x 1	= 0.1110	0.2430	x 1	= 0.2430
2	ASD-PL3 SMOKE DETECTOR	0.0002	x 6	= 0.0012	0.0045	x 6	= 0.0270
3	ATD-L3 HEAT DETECTOR	0.0002	x 5	= 0.0010	0.0045	x 5	= 0.0225
4	MS-7AF MANUAL PULL STATION	0.0003	x 6	= 0.0018	0.0070	x 6	= 0.0420
5	JAMM-2F MONITOR MODULE	0.0004	x 13	= 0.0052	0.0005	x 13	= 0.0078
6	AOM-2RF RELAY MODULE	0.0004	x 4	= 0.0016	0.0065	x 4	= 0.0260
7	SSU-RIC PAIN	0.0000	x 1	= 0.0000	0.0150	x 1	= 0.0150
8	382-155 WP HEAT DETECTOR	0.0000	x 2	= 0.0000	0.0020	x 2	= 0.0040
9	NAC #4 SPRINKLER BELL	0.0000	x 1	= 0.0000	0.0311	x 1	= 0.0311
10	-	0.0000	x 0	= 0.0000	0.0000	x 0	= 0.0000
11	-	0.0000	x 0	= 0.0000	0.0000	x 0	= 0.0000
TOTAL SYSTEM STANDBY (AMPS)				0.1218	TOTAL SYSTEM ALARM (AMPS)		0.4144

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)		
24	X 0.122	= 2.923	0.083	X 0.414	= 0.034		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMPHOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMPHOUR BATTERY REQUIRED	AMPHOUR BATTERY SUPPLIED
2.923	0.034	= 2.958	X 1.2	= 3.5	8

POWER SUPPLY #1

DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)	
HPF-PS10	0.156	x 1	= 0.156	0.185	x 1	= 0.185	
CIRCUIT #1				0.688	x 1	= 0.688	
CIRCUIT #2				0.510	x 1	= 0.510	
CIRCUIT #3				0.510	x 1	= 0.510	
CIRCUIT #4				0.577	x 1	= 0.577	
TOTAL SYSTEM STANDBY (AMPS)				0.156	TOTAL SYSTEM ALARM (AMPS)		2.440

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)		
24	X 0.156	= 3.744	0.083	X 2.440	= 0.203		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMPHOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMPHOUR BATTERY REQUIRED	AMPHOUR BATTERY SUPPLIED
3.744	0.203	= 3.947	X 1.2	= 4.736	8

POWER SUPPLY #2

DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)	
HPF-PS10	0.156	x 1	= 0.156	0.185	x 1	= 0.185	
CIRCUIT #1				0.688	x 1	= 0.688	
CIRCUIT #2				0.510	x 1	= 0.510	
CIRCUIT #3				0.510	x 1	= 0.510	
CIRCUIT #4				0.577	x 1	= 0.577	
TOTAL SYSTEM STANDBY (AMPS)				0.156	TOTAL SYSTEM ALARM (AMPS)		3.041

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)		
24	X 0.156	= 3.744	0.083	X 3.041	= 0.252		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMPHOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMPHOUR BATTERY REQUIRED	AMPHOUR BATTERY SUPPLIED
3.744	0.252	= 3.996	X 1.2	= 4.795	8

POWER SUPPLY #3

DESCRIPTION	STANDBY CURRENT PER UNIT (AMPS)	QTY	TOTAL STANDBY CURRENT PER ITEM (AMPS)	ALARM CURRENT PER UNIT (AMPS)	QTY	TOTAL ALARM CURRENT (AMPS)	
HPF-PS10	0.156	x 1	= 0.156	0.185	x 1	= 0.185	
CIRCUIT #1				0.630	x 1	= 0.630	
CIRCUIT #2				0.630	x 1	= 0.630	
CIRCUIT #3				0.630	x 1	= 0.630	
CIRCUIT #4				0.630	x 1	= 0.630	
TOTAL SYSTEM STANDBY (AMPS)				0.156	TOTAL SYSTEM ALARM (AMPS)		3.335

STANDBY: 24 HOURS				ALARM: 5 MINUTES X 160 = 0.083 HOURS			
REQUIRED STANDBY TIME (HOURS)	TOTAL STANDBY CURRENT (AMPS)	REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM TIME (HOURS)	TOTAL ALARM CURRENT (AMPS)	REQUIRED ALARM CAPACITY (AMP-HR)		
24	X 0.156	= 3.744	0.083	X 3.335	= 0.277		

REQUIRED STANDBY CAPACITY (AMP-HR)	REQUIRED ALARM CAPACITY (AMP-HR)	REQUIRED AMPHOUR BATTERY	DERATING FACTOR 1.2	MINIMUM AMPHOUR BATTERY REQUIRED	AMPHOUR BATTERY SUPPLIED
3.744	0.277	= 4.021	X 1.2	= 4.825	8

VOLTAGE DROP CALCULATIONS

VD = 2 x L x R x I
1000
VD = VOLTAGE DROP
L = ONE-WAY LENGTH OF CIRCUIT
R = CONDUCTOR RESISTANCE IN OHMS PER THOUSAND FEET
I = LOAD CURRENT

CIRCUIT NUMBER	WIRE RUN ONE WAY (FEET)	OHMS PER THOUSAND	OHMS PER WIRE SIZE	TOTAL CIRCUIT DRAW	VOLTAGE DROP	POWER SUPPLY VOLTAGE	VOLTAGE READING AT LAST DEVICE	VOLTAGE DROP AT END	ACCEPTABLE VOLTAGE DROP
CIRCUIT #1	209	4.89	16	0.658	1.345	20.4	19.06	7%	YES
CIRCUIT #2	289	4.89	16	0.510	1.441	20.4	18.96	7%	YES
CIRCUIT #3	362	4.89	16	0.510	1.811	20.4	18.59	9%	YES
CIRCUIT #4	366	4.89	16	0.677	2.065	20.4	18.33	10%	YES

VOLTAGE DROP CALCULATIONS

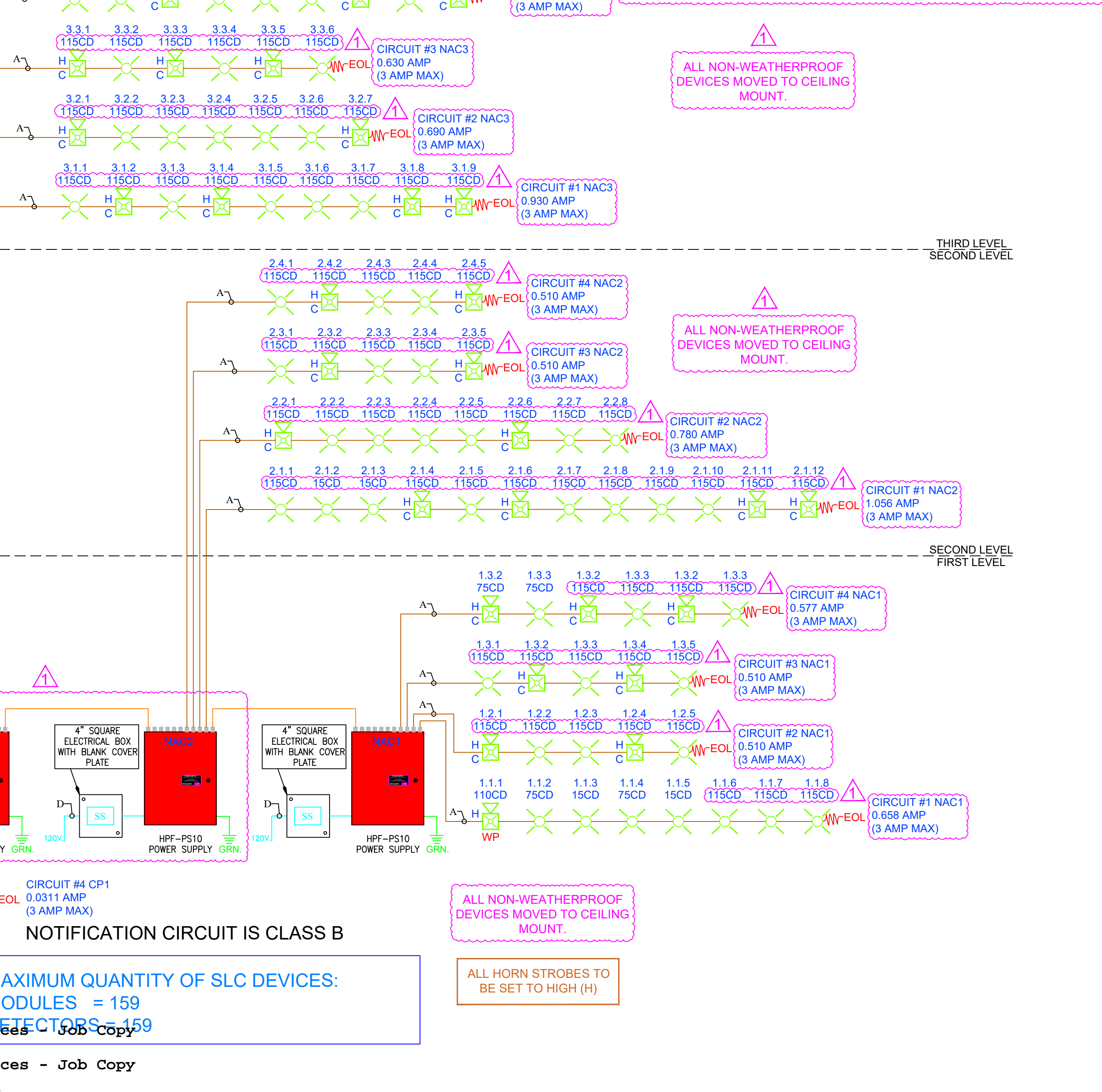
VD = 2 x L x R x I
1000
VD = VOLTAGE DROP
L = ONE-WAY LENGTH OF CIRCUIT
R = CONDUCTOR RESISTANCE IN OHMS PER THOUSAND FEET
I = LOAD CURRENT

CIRCUIT NUMBER	WIRE RUN ONE WAY (FEET)	OHMS PER THOUSAND	OHMS PER WIRE SIZE	TOTAL CIRCUIT DRAW	VOLTAGE DROP	POWER SUPPLY VOLTAGE	VOLTAGE READING AT LAST DEVICE	VOLTAGE DROP AT END	ACCEPTABLE VOLTAGE DROP
CIRCUIT #1	383	4.89	16	1.056	3.966	20.4	16.44	19%	YES
CIRCUIT #2	359	4.89	16	0.780	2.756	20.4	17.69	13%	YES
CIRCUIT #3	362	4.89	16	0.510	1.806	20.4	18.59	9%	YES
CIRCUIT #4	278	4.89	16	0.510	1.377	20.4	19.02	7%	YES

VOLTAGE DROP CALCULATIONS

VD = 2 x L x R x I
1000
VD = VOLTAGE DROP
L = ONE-WAY LENGTH OF CIRCUIT
R = CONDUCTOR RESISTANCE IN OHMS PER THOUSAND FEET
I = LOAD CURRENT

CIRCUIT NUMBER	WIRE RUN ONE WAY (FEET)	OHMS PER THOUSAND	OHMS PER WIRE SIZE	TOTAL CIRCUIT DRAW	VOLTAGE DROP	POWER SUPPLY VOLTAGE	VOLTAGE READING AT LAST DEVICE	VOLTAGE DROP AT END	ACCEPTABLE VOLTAGE DROP
CIRCUIT #1	408	4.89	16	0.930	3.693	20.4	16.71	18%	YES
CIRCUIT #2	315	4.89	16	0.650	2.126	20.4	18.27	10%	YES
CIRCUIT #3	362	4.89	16	0.510	2.415	20.4	17.98	12%	YES
CIRCUIT #4	409	4.89	16	0.900	3.600	20.4	16.80	18%	YES



WIRE LEGEND

SYMBOL	WIRE TYPE AND DESCRIPTION	LABELLED COLOR	WIRE COLOR
A	16-2 FPL WIRE FOR HORNS AND STROBES	BROWN	BROWN
B	18-2 WIRE FPL FOR DATA COMMUNICATION	RED	RED
C	16-2 FPL 24V POWER/PANEL TRIP	ORANGE	ORANGE
D	HIGH VOLTAGE		
E	2#12 AWG THIN WIRE FOR POWER SUPPLY AND AND PANEL TO 120 VOLT POWER	CYAN	CYAN
F	OTHER		
G	RS-232 DATA TRANSMISSION WIRE (CONTROL FUNCTIONALITY)	BLUE	BLUE
H	RS-485 DATA TRANSMISSION WIRE (EVENT HANDLING)	PURPLE	PURPLE

Project No. _____

seal

MILTON MALPARTIDA, P.E.
LICENSE No. 76004
STATE OF FLORIDA
Date: XX/XX/2024

Project Title: FIRE ALARM RISER & CALCS

SHEET No. FA4 OF 5

Date: 11/29/2023

SCALE: 1/8"=1'-0" (IN FEET)

0 4 8 16

Digitally signed by Milton J Malpartida
Date: 2024.07.18 13:47:15 -04'00'

I HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY SUPERVISION, AND TO THE BEST OF MY KNOWLEDGE, COMPLY WITH ALL APPLICABLE CODES.

SUMMIT
FIRE & SECURITY

4009 NE 6TH AVE.
FT. LAUDERDALE, FLORIDA 33334
(954)958-9111 (954)958-9933 FAX
EC13005133
ETL 100101197ATL-001
WWW.SUMMITFIRESECURITY.COM

Intertek

DATE: 11/29/2023

SCALE: AS-NOTED

STORQUEST SELF STORAGE
 MIAMI LAKES
 5790 NW 165TH TERRACE
 MIAMI LAKES, FL 33014
 JOB NUMBER: 23-125.0

LICENSED ENGINEER: _____

PROJECT MANAGER: **ROBERT ALVAREZ**

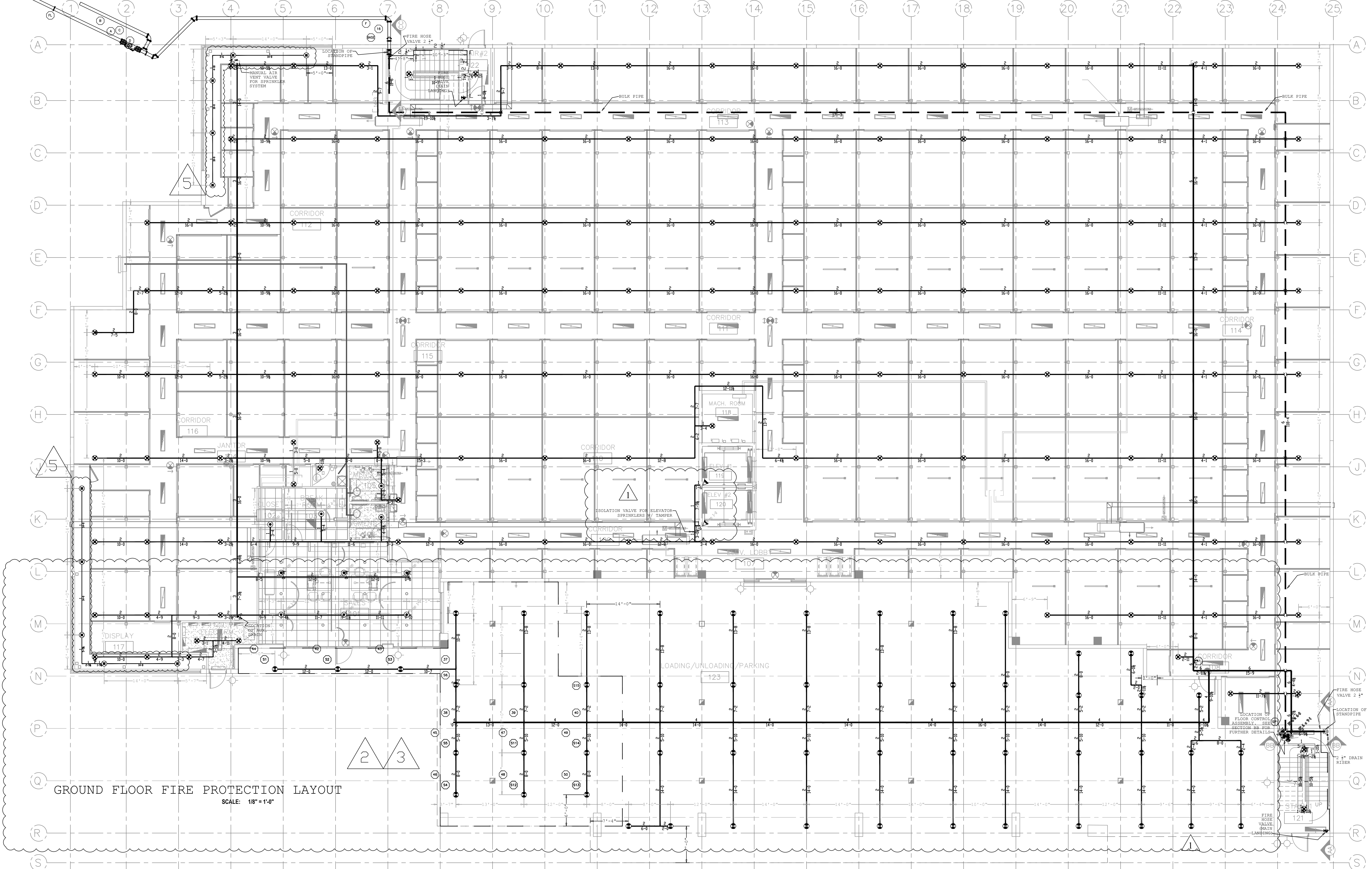
DRAWN BY: **W.D.** CHECKED BY: **J.L.**

REVISION: 6/27/2024 PER. AHJ

REVISION: _____

REVISION: _____

REVISION: _____



GROUND FLOOR FIRE PROTECTION LAYOUT
SCALE: 1/8" = 1'-0"

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SOUTHERN FIRE CONTROL, INC.
Fire Protection, Service & Inspections.

6861 S.W. 196 AVENUE BAY - 304
PEMBROKE PINES, FL 33325
CC # FPC16-000016
PH (954) 858-1880 FAX (954) 855-2716
WWW.SFCFL.COM

NO.	DATE	REVISION
1	11/15/23	SFC INTERNAL CHANGES/UPDATES
2	1/1/24	MDFR COMMENTS 12/13/23
3	1/29/24	MDFR COMMENTS 01/05/24
4	7/1/24	AS BUILT
5	7/9/24	AS NEW FIELD BUILD-OUT

SYMBOL	DESCRIPTION	NOTES
(X)	NEW THROUGHOUT	
(O)	NEW THROUGHOUT	
(X)	NEW THROUGHOUT	
(X)	NEW THROUGHOUT	

SYMBOL	DESCRIPTION	NOTES
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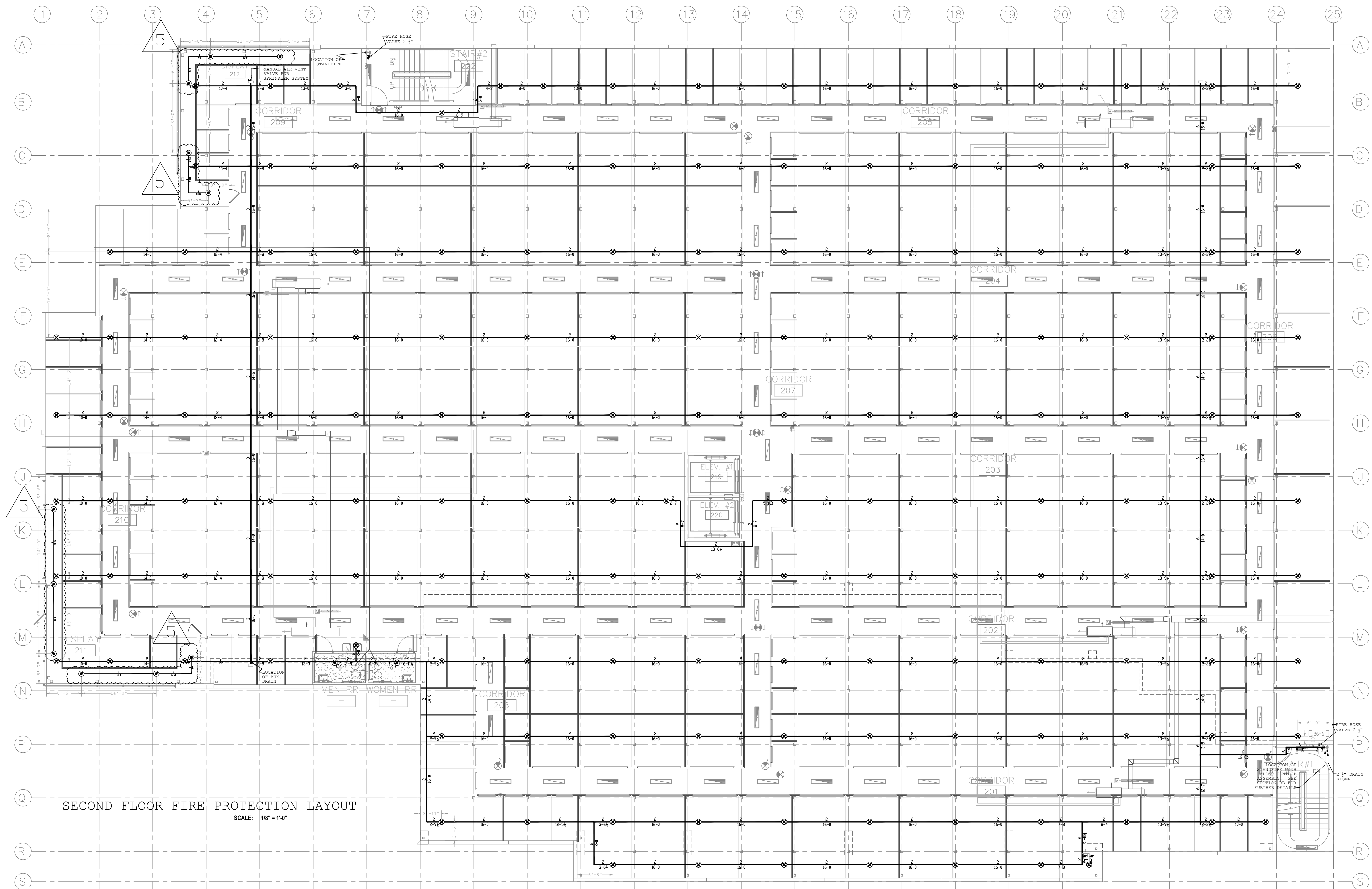
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STOREQUEST MIAMI LAKES
5790 NW 165TH TERRACE,
MIAMI LAKES, FL 33014

PERMIT NO.	
JOB NO.	
APPROVAL	MIAMI DADE COUNTY
DESIGNED BY	FDG
SCALE	NOTED
DATE	10/3/2023
TOTAL HEAD COUNT THIS AREA	203



SECOND FLOOR FIRE PROTECTION LAYOUT
SCALE: 1/8" = 1'-0"

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SOUTHERN FIRE CONTROL, INC.
Fire Protection, Service & Inspections.
6861 S.W. 196 AVENUE BAY - 304
PEMBROKE PINES, FL. 33325
CC # FPC16-000016
PHONE (954) 858-1600 FAX (954) 845-2718

NO.	DATE	REVISION
1	11/15/23	SFC INTERNAL CHANGES/UPDATES
2	1/1/24	MDFR COMMENTS 12/13/23
3	1/29/24	MDFR COMMENTS 01/05/24
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5	7/9/24	AS NEW FIELD BUILD-OUT

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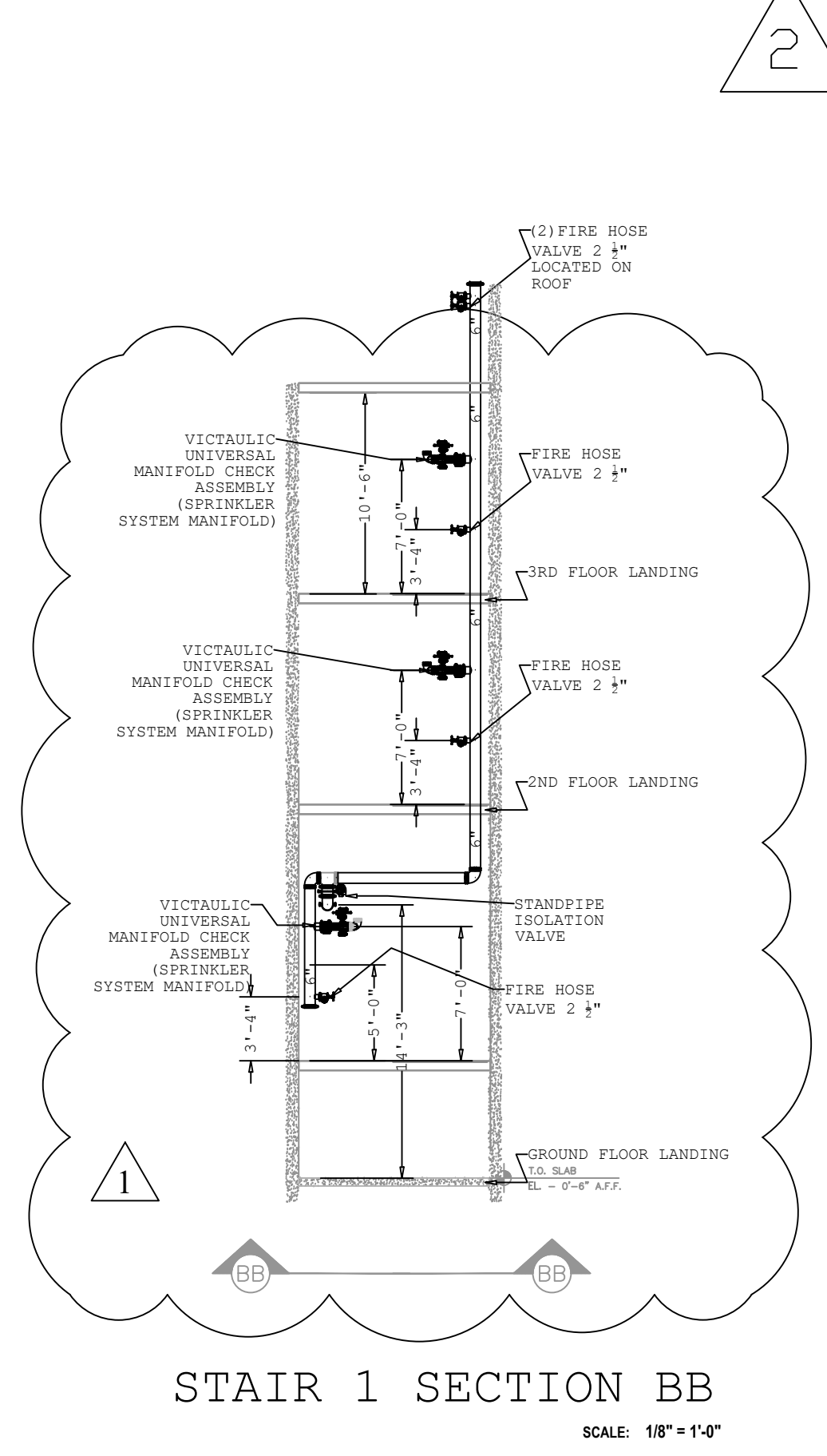
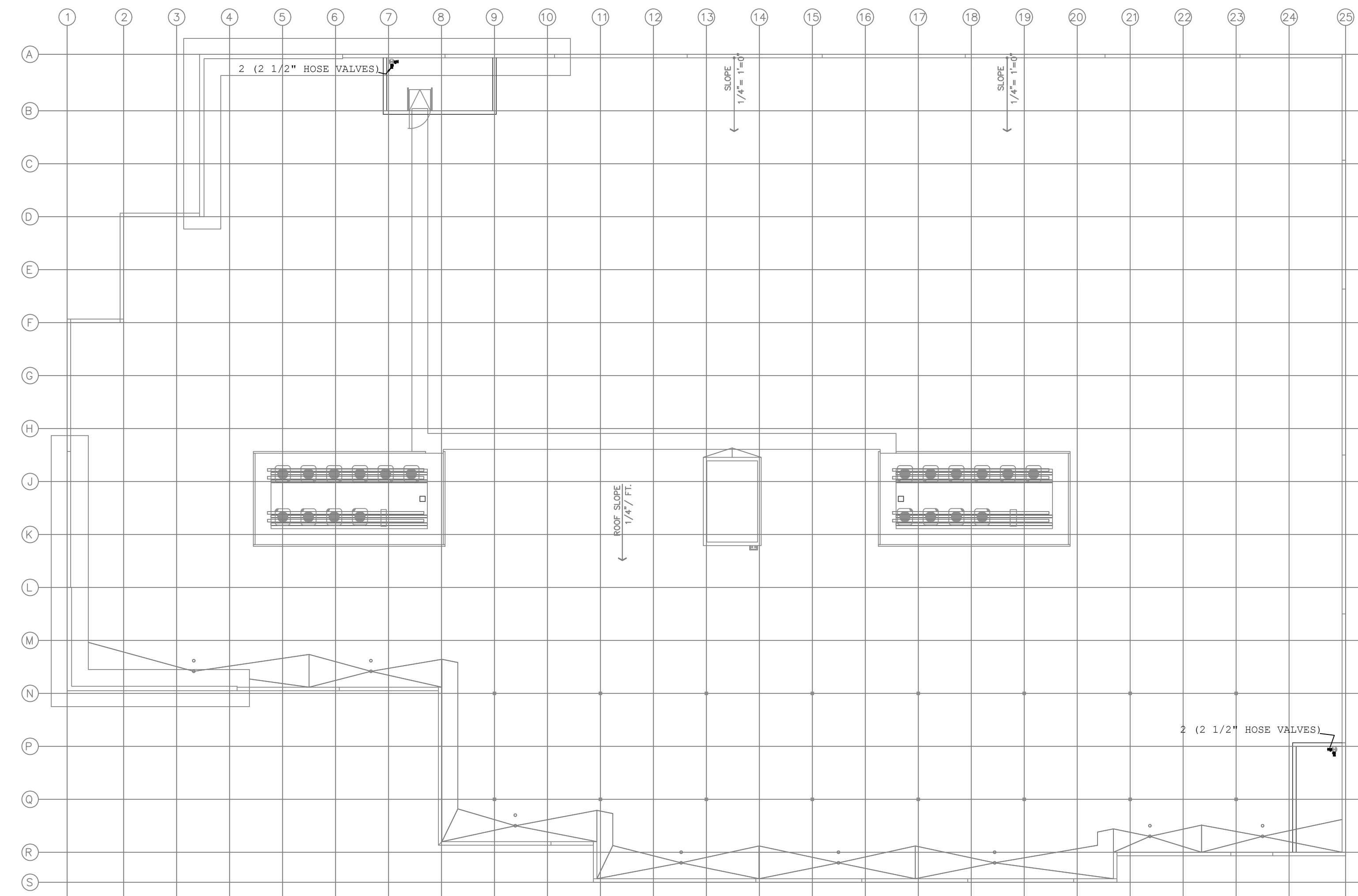
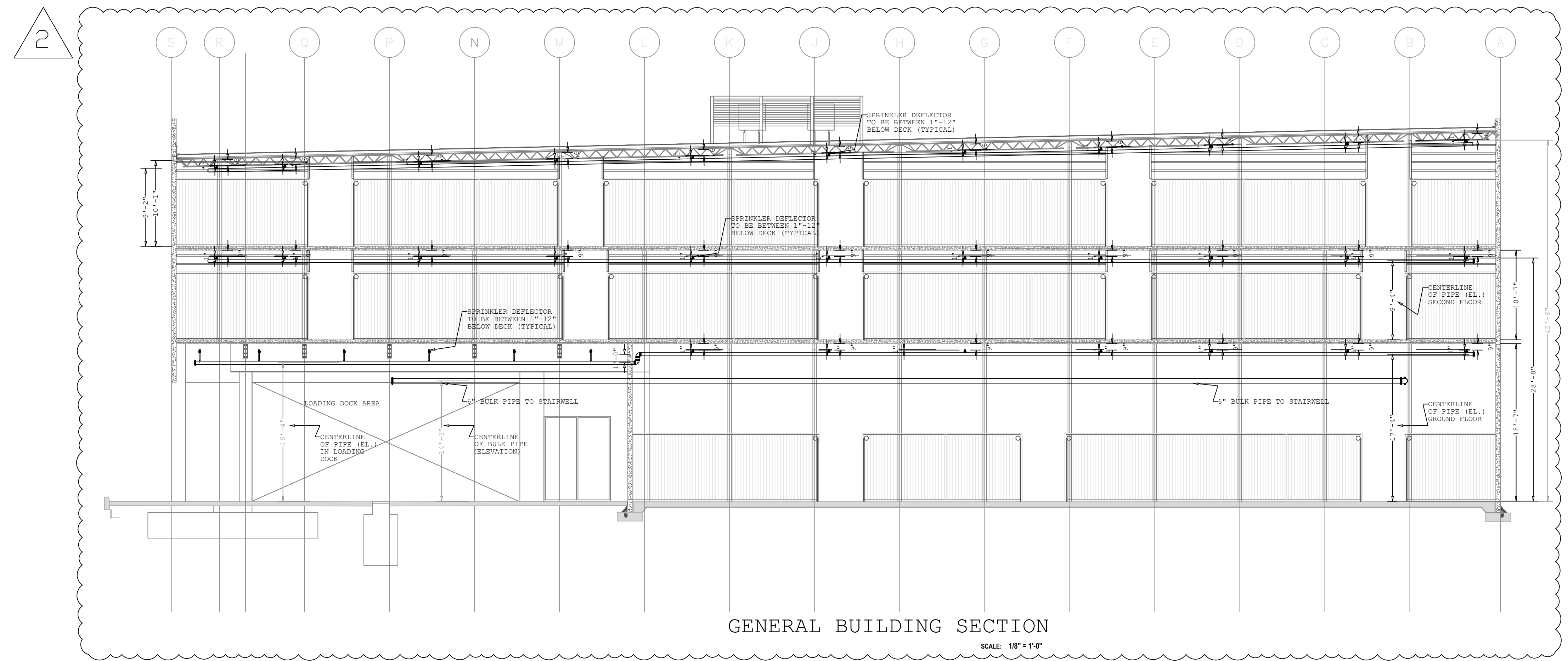
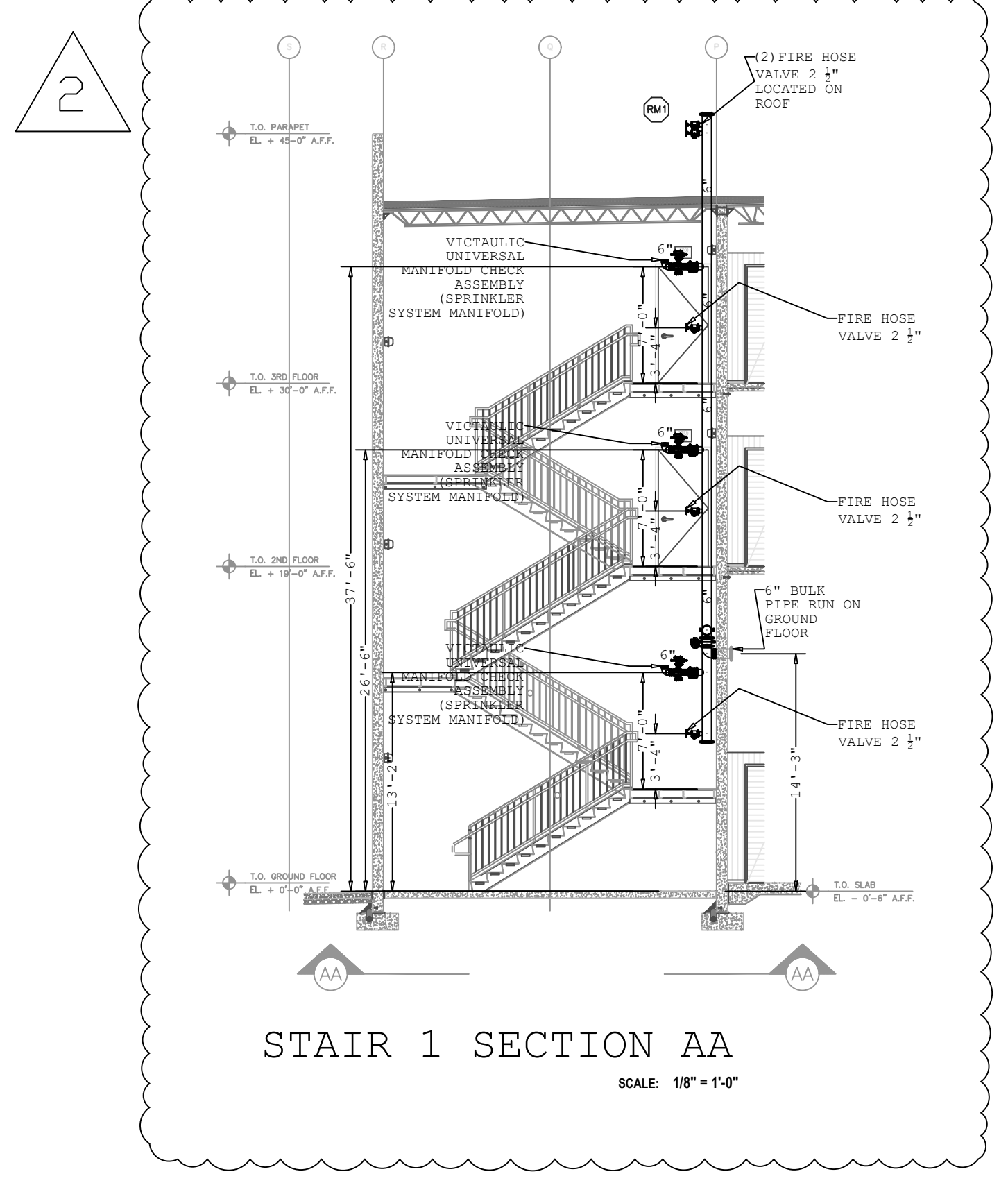
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(S)	NEW THROUGHOUT

Current Date

STOREQUEST MIAMI LAKES
5790 NW 165TH TERRACE,
MIAMI LAKES, FL 33014

PERMIT NO.	JOB NO.
APPROVAL	DESIGNED BY
	FDG
SCALE	NOTED
DATE	TOTAL HEAD COUNT THIS AREA
10/3/2023	165



SERIES UMC UNIVERSAL MANIFOLD CHECK ASSEMBLY

UMC UNIT INTEGRATES ALL NECESSARY COMPONENTS PER NFPA 13: CONTROL VALVE, CHECK VALVE, FLOW SWITCH, UNIVERSAL TEST AND DRAIN | SERIES UTD, ADJUSTABLE RELIEF VALVE | SERIES ARV, FLEXIBLE DRAIN HOSE, AND GAUGES.

STAIR 2 SECTION CC
SCALE: 1/8" = 1'-0"

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Fire Protection, Service & Inspections.

6861 S.W. 196 AVENUE BAY - 304
PEMBROKE PINES, FL. 33325
CC # FPC16-000016
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SYMBOL	DESCRIPTION	QUANTITY	UNIT	REMARKS
(Symbol)	VICTALIC NEW THROUGHOUT	485	STANDARD RESPONSE	
(Symbol)	VICTALIC NEW THROUGHOUT	12	QUICK RESPONSE	
(Symbol)	VICTALIC ELEVATOR / STAIRS	4	QUICK RESPONSE	
(Symbol)	DISPLAY AREA	31	ACTIVE	

Current Date

If signed digitally above, printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies

STOREQUEST MIAMI LAKES
5790 NW 165TH TERRACE,
MIAMI LAKES, FL 33014

PERMIT NO. _____
JOB NO. _____
APPROVAL _____
DESIGNED BY _____ FDG
SCALE _____ NOTED
DATE _____ 10/3/2023
TOTAL HEAD COUNT THIS AREA _____ 532

FP-5 of 5



8/19/2024

STORQUEST SELF STORAGE – MIAMI LAKES

5790 NW 165th Terrace

Miami Lakes, FL 33014

Revision 2 Entry:

1. Add door and pull station in Sales 101
2. Add tamper to first floor Stair #1 & #2
3. Relocate Pull Station L1M20 to the exit door inside Stair #2 122
4. Add 2 battery backup AOMs to Mech Rm 118

By: Whitney Durham

wdurham@summitfiresecurity.com

Whitney Durham



Address: 5790 NW 165 TER
Folio #: 3220130010058
MDC Process #: M2024024013
MDC Tracking #: 3224024013
Job Description: REV TO FIRE ALARM PLANS SEL2023-3338

Master Permit #: BLC2022-1704

Sub Permit #: SEL2023-3338

Revision #: REV2024-2075

OFFICE USE ONLY

ZONING	<input type="checkbox"/> Approved	Date	Disapproved	BUILDING	<input type="checkbox"/> Approved	Date	Disapproved	STRUCT.	<input type="checkbox"/> Approved	Date	Disapproved
	Date				Date				Date		
	Initials				Initials				Initials		
ROOFING	<input type="checkbox"/> Approved	Date	Disapproved	ELECT.	<input type="checkbox"/> Approved	Date	Disapproved	MECH.	<input type="checkbox"/> Approved	Date	Disapproved
	Date				Date				Date		
	Initials				Initials				Initials		
PLUMBING	<input type="checkbox"/> Approved	Date	Disapproved	FLOOD	<input type="checkbox"/> Approved	Date	Disapproved		<input type="checkbox"/> Approved	Date	Disapproved
	Date				Date				Date		
	Initials				Initials				Initials		

PLANS CHECKED-OUT

DATE	NAME

PLANS CHECKED-IN

DATE	NAME

	AMOUNTS
BASE PERMIT	
ZONING FEE	
CODE COMPLIANCE FEE	
TECHNOLOGY FEE	
DBPR SURCH. STATE	
DBPR SURCH. BUILDING	
SCANNING FEE	
WORK W/O PERMIT FEE	
UPFRONT FEE PAID	
BALANCE DUE:	



6601 Main St • Miami Lakes, Florida, 33014
 Office: (305) 827-4015 • Fax: (305) 558-9884
 Website: www.miamilakes-fl.gov

BUILDING PERMIT APPLICATION

Job Address: 5790 NW 165th Terrace

Unit #:

Folio #: 32-2013-015-0030 Owner-Builder:

Master Permit #: BL2022-1104

Sub Permit #: SEL2023-3338

Revision #: 15 REV 10/24-2025

OWNER INFORMATION	NAME: <u>1640 NW 58th SP LLL</u>	LEGAL USE/WORK	Current Use of Property: _____
	Address: <u>110 William Warren</u>		Job Description: <u>Rev-to Fire Alarm Plans</u>
	City, State, Zip: <u>300 Wilshire Blvd #400 Santa Monica CA 90401</u>		
	Phone #: <u>954 635 7636</u> Cell #: _____		JOB COST \$ <u>0.00</u> AREA/LENGTH: _____ SF/LF
	Email Address: <u>permittingfl@summitfiresecurity.com</u>		Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/>
CONTRACTOR INFORMATION	Company Name: <u>Summit Fire & Security</u>	ARCHITECT/ENGINEER	Code in Effect: _____
	Qualifier Name: <u>Jason Rountree</u>		Occupancy: _____
	License #: <u>EC1300-5133</u>		Construction Type: _____
	Address: <u>12320 Crystal Commerce Loop</u>		Flood Zone/B.F.E.: _____ F.F.E.: _____
	City, State, Zip: <u>FT. MYERS</u>		Firm Name: _____
Phone #: <u>954 635 7636</u> Cell #: _____	A/E of record: _____		
Email Address: <u>permittingfl@summitfiresecurity.com</u>	License #: _____		
Permit Type -- Check only One		Change to Permit -- Check only One	
<input type="checkbox"/> Building <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Sign <input type="checkbox"/> Roofing <input type="checkbox"/> P/W		<input type="checkbox"/> Extension <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Change Contractor <input type="checkbox"/> Shop Drawing <input type="checkbox"/> Cancellation	

Application is hereby made to obtain a permit to do work and installation 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, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, RE-ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling of inspections and obtaining final inspections in accordance with the plans and specification 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 ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER/CONTRACTOR 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.

X
 Signature of Owner or Owner's Agent _____ Date _____

X Jason Rountree
 Signature of Qualifier _____ Date 08/22/2024

Print Name of Owner or Owner's Agent _____

Print Name of Qualifier _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ 20____

by _____ (SEAL)

Personally known or I.D. _____

STATE OF Florida COUNTY OF Broward

Sworn to and subscribed before me this 22 August 2024

by Jason Rountree (SEAL)

Personally known or I.D. _____

STEPHANIE ZABLAH
 Notary Public - State of Florida
 Commission # HH 389980
 My Comm. Expires Apr 24, 2027
 Bonded through National Notary Assn.



NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions enforced by the homeowner's associations that may be 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.

NOTE: This application will be void if there are no reviews after six (6) months.