



**STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES**

**DISCRIMINATION**

**REQUIRED ADDENDUM I**

**LEASE NUMBER: 760:0520**

An entity who has been placed on the Discriminatory Vendor List may not submit a bid or proposal to provide goods or services to a public entity, may not submit a bid or proposal with a public entity for the construction or repair of a public building or public work, may not submit bids or proposals on leases of real property to a public entity, may not perform work as a contractor, supplier subcontractor or consultant under contract with any public entity and may not transact business with any public entity.

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES**

**PUBLIC ENTITY CRIME STATEMENT**

**REQUIRED ADDENDUM II**

**LEASE NUMBER: 760:0520**

**Public Entity Crime Statement:** 287.133 Florida Statutes places the following restrictions on the ability of persons convicted of public entity crimes to transact business with the department:

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Date



**STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES**

**FAILURE TO COMPLY**

**ADDENDUM III**

**LEASE NUMBER: 760:0520**

In the event that Lessor fails to comply with any term or provision of this Lease after written notice, Lessee reserves the option to 1) setoff and deduct from the rental amount due Lessor under this lease such sums as Lessee determines are required to remedy the default of Lessor; 2) do whatever Lessor is obligated to do under the terms of this Lease; and Lessor agrees to reimburse Lessee on demand for any reasonable expenses which Lessee may incur in thus effecting compliance with Lessor's obligation under this Lease; and Lessee hereby covenants and agrees to use its best efforts to mitigate damages caused thereby; 3) terminate this Lease and vacate the premises, but without prejudice to any remedy which might otherwise be used by the Lessee for any breach of the Lessor's covenants contained herein; 4) bring suit for damages against Lessor for any expense (including reasonable attorney's fees) Lessee may incur by reason of a delay in the Commencement Date of this Lease, except for any such delay caused solely by any delay, default or omission of Lessee.

Lessee is required to give Lessor written notice setting forth in reasonable detail the nature and extent of such failure and Lessor will be given thirty (30) days to cure such failure. If such failure cannot reasonably be cured within such thirty (30) day period, the length of such period shall be extended for the period reasonably required therefor, if Lessor commences curing such failure within such thirty (30) day period and continues the curing thereof with reasonable diligence and continuity. Reason for setoff of amounts due under this Lease shall include, but are not limited to, remedying heating and air conditioning equipment and roofing deficiencies. Each occasion of setoff of rental amounts due under this Lease shall be contingent upon the prior approval of Lessee's legal counsel.

Department of Highway Safety and Motor  
Vehicles

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Lessor

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Lessee Signature



STATE OF FLORIDA

DEPARTMENT OF MANAGEMENT SERVICES
DISCLOSURE STATEMENT
Addendum IV

Lease No: 760:0520

Authority: Paragraphs 255.249(4)(h)(i), 255.01 F.S.

Check One: \_\_\_ Privately Owned \_\_\_ Entity Holding Title \_\_\_ Publicly \_\_\_ Owned

Name of Entity: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Facility Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Net Rentable Square Footage in Building: \_\_\_\_\_

Federal Identification No. (F.I.N. or S.S.N.): \_\_\_\_\_

PUBLICLY OWNED FACILITIES COMPLETE THIS AND SIGNATURE PORTION ONLY:
IS THIS FACILITY FINANCED WITH LOCAL GOVERNMENT OBLIGATIONS OF ANY TYPE?

\_\_\_ YES \_\_\_ NO

This is to certify that the following individual(s) or entity holds 4% or more interest and/or the following public official(s), agent(s) or employee(s) holds any interest in the property or in the entity holding title to the property being leased to the State.

This is to certify that all beneficial interest is represented by stock in a corporation registered with the Securities and Exchange Commission or is registered pursuant to Chapter 517, Florida Statutes, which stock is for sale to the general public. \_\_\_ Yes \_\_\_ No

If entity is a Corporation (not registered with the Securities and Exchange Commission), provide information for any individual holding 4% or more interest in the Corporation. If no one holds more than 4% then so state.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

(Attach additional pages if necessary)

The equity of all others holding interest in the above named property totals: \_\_\_\_\_.

If a public official, agent or employee provide:

Name of individual: \_\_\_\_\_

Name of public agency: \_\_\_\_\_

Position held: \_\_\_\_\_

**If Owner(s) is an Individual:**

\_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(Manual Signature)

\_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(Manual Signature)

Date Signed: \_\_\_\_\_

**If Owner(s) is Corporation,  
Partnership, Trust, etc:**

\_\_\_\_\_  
Print or Type Name Corporation, Partnership,  
Trust, etc.

CORPORATE  
SEAL

\_\_\_\_\_  
Authorized Signature

This is to certify that I, \_\_\_\_\_, as \_\_\_\_\_,  
(Print or Type Name) (Print or Type Title)  
am authorized to sign for the required information thereon.

Date Signed: \_\_\_\_\_

Disclosure Statement

Additional Page

Lease No.: 760:0520

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Occupation: \_\_\_\_\_

Occupational Address: \_\_\_\_\_

Percent of Interest: \_\_\_\_\_

**Lease No. 760:0520**

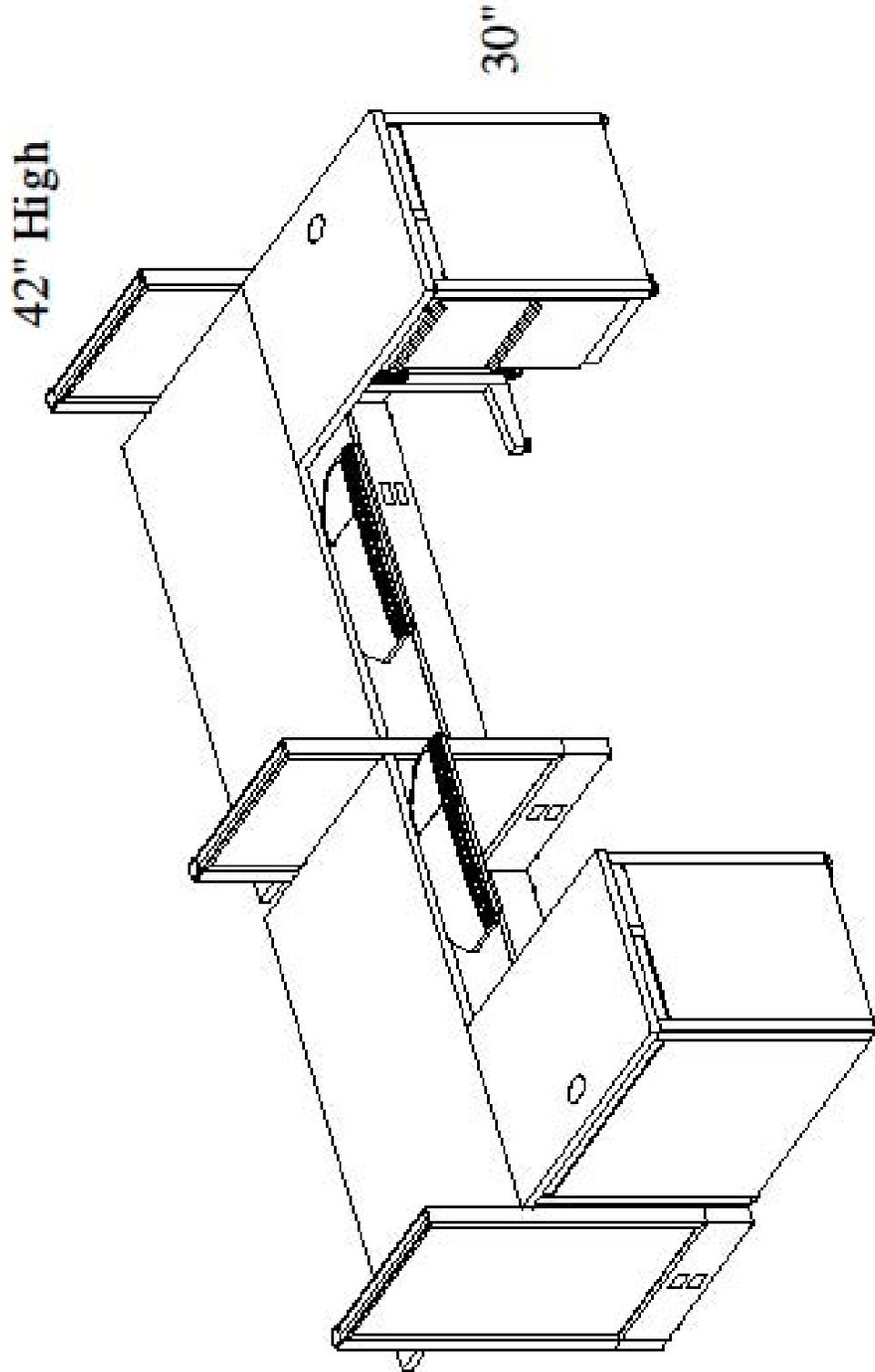
**Addendum V**

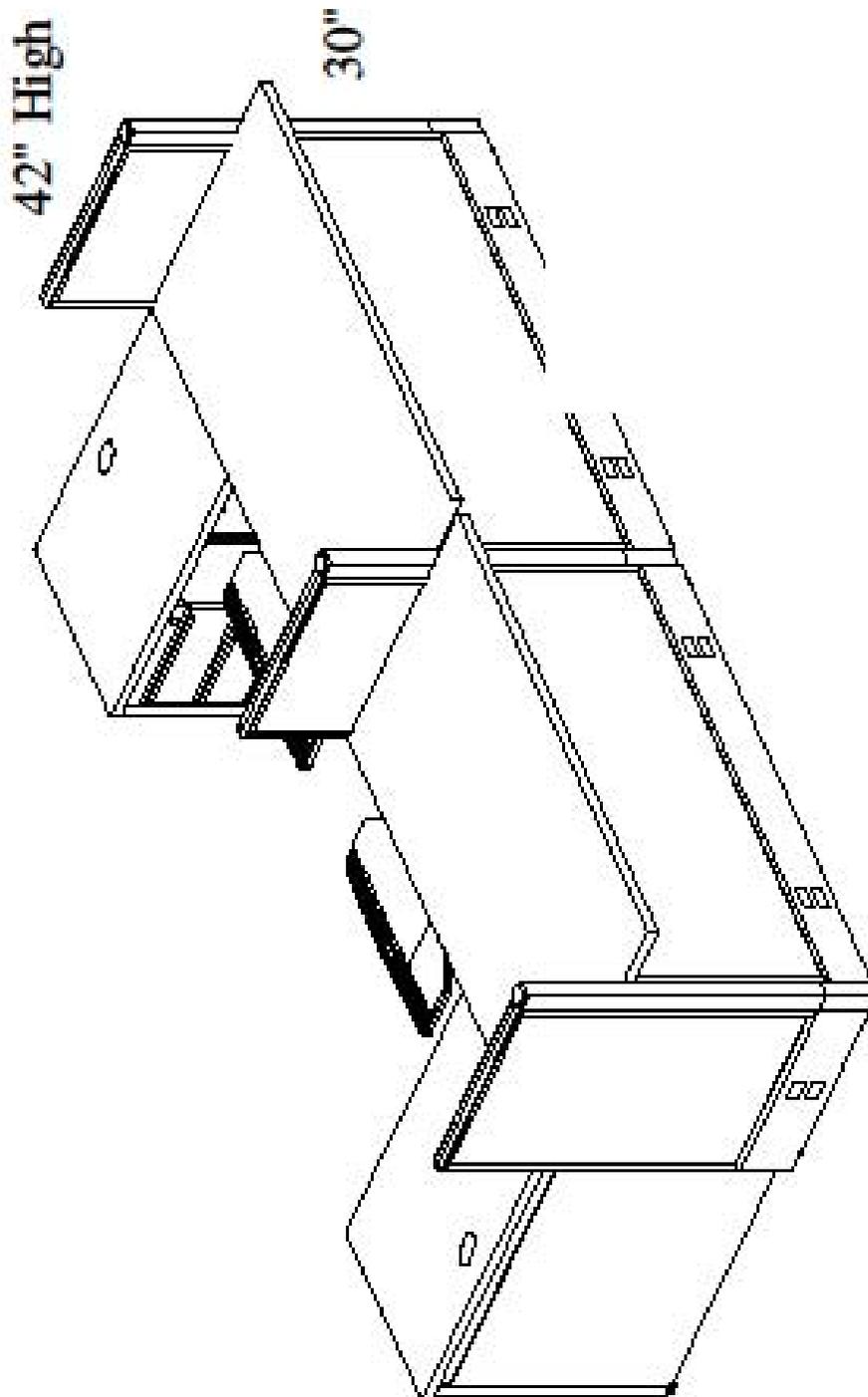
**ATTENTION PROPOSER:**

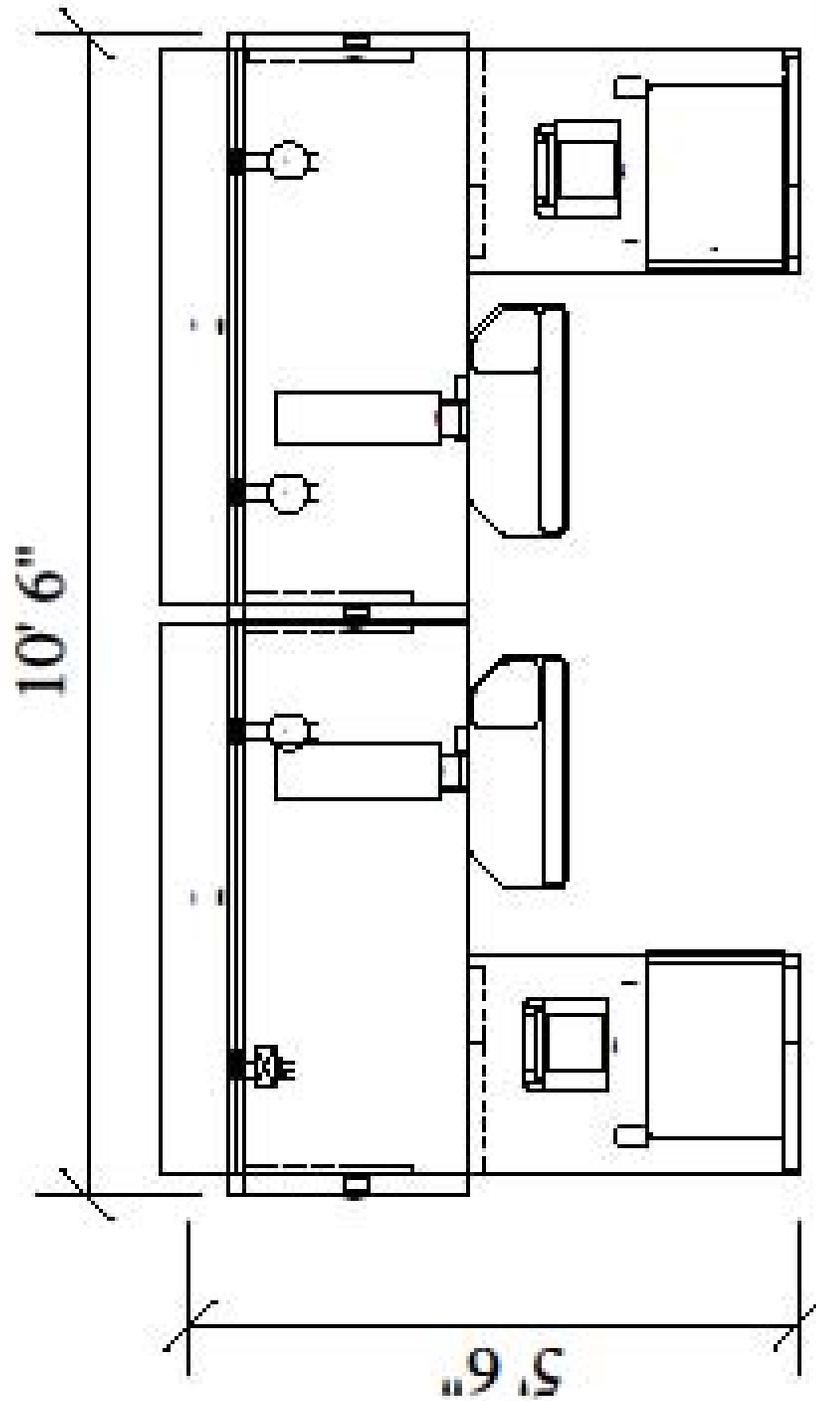
Include an existing layout for the proposed site and identify any fixed internal structures.

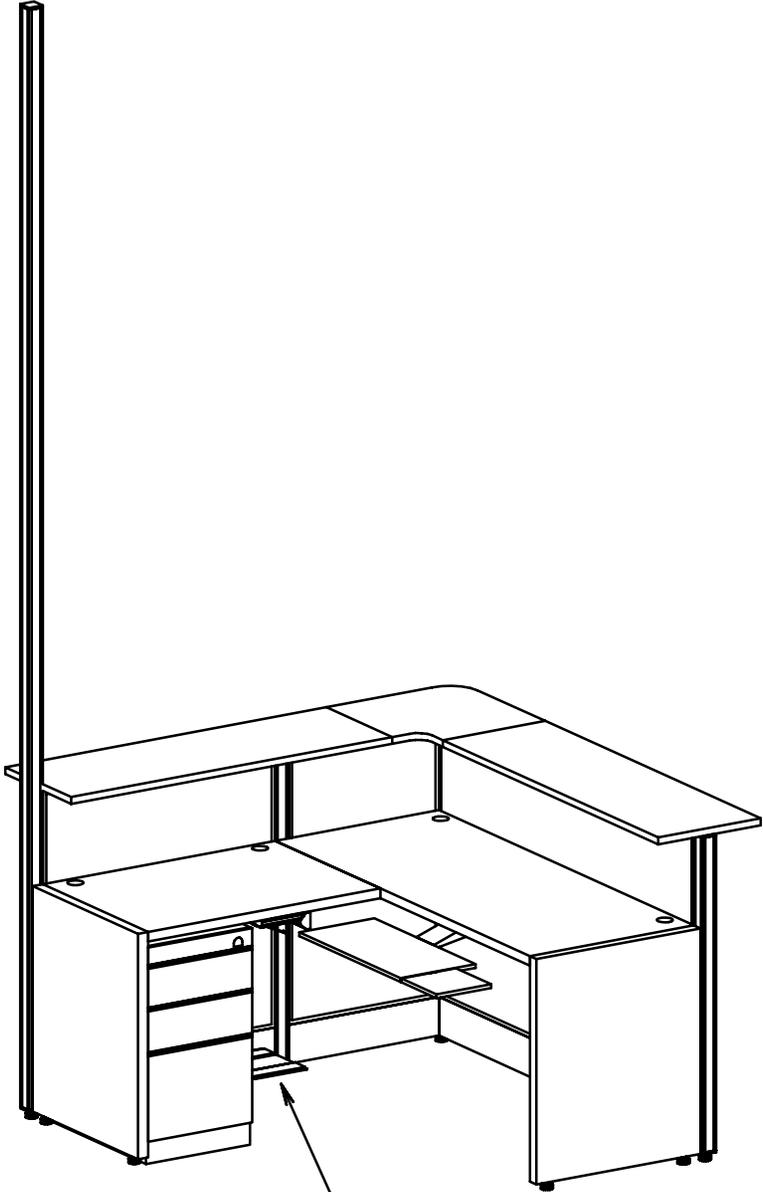
# Addendum VI

## Examiners Workstations



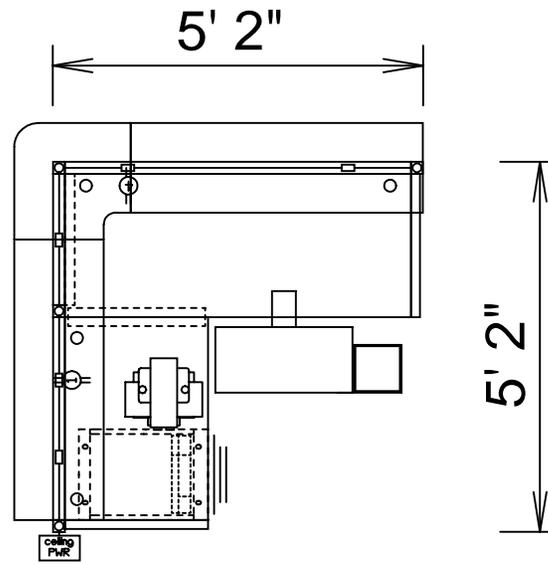






CPU Carriage

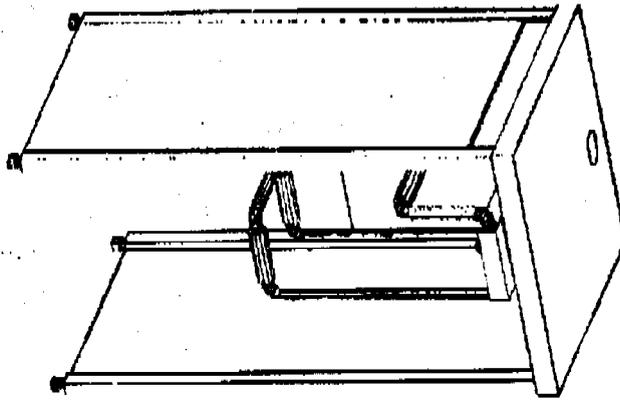
Reception



Reception

# Addendum VIII

## Kiosk Isometric



**39" High  
Hutches can not be used  
with this Ht Desk**

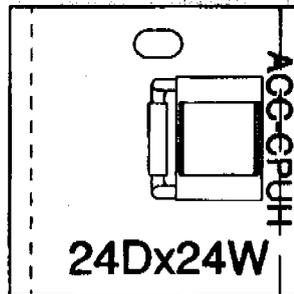
# Addendum VIII

## Kiosk Isometric

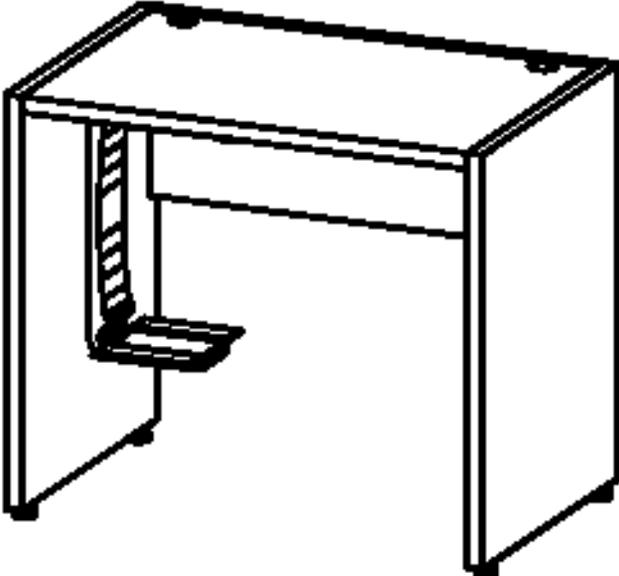
**DL Kiosk-SCR#64855**

**39" High**

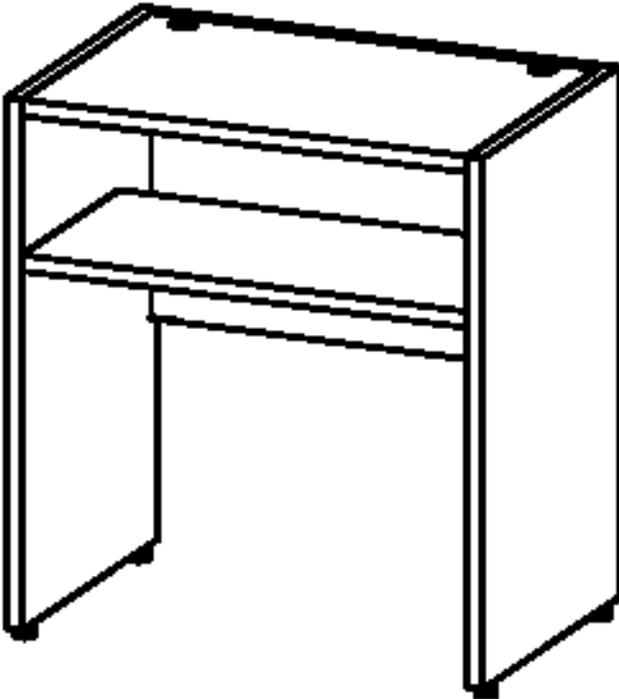
**Hutches can not be used  
with this Ht Desk**



# Addendum IX



ADA



Stand

ADLTS Typicals

## DIVISION OF STATE FIRE MARSHAL

### Plans Review Fees, Procedures and Requirements

The plans for all construction of any new state owned or state lease building and renovation or alteration of any existing state owned or state leased building are subject to review and approval of the Division of State Fire Marshal for compliance with the Uniform Fire Safety Standards prior to commencement of construction or change of occupancy. The Division of State Fire Marshal may inspect state owned and state leased spaces as necessary prior to occupancy or during construction, renovation, or alteration to ascertain compliance with the uniform fire safety standards as per Florida Statutes 633.085 and 69A-52, Florida Administrative Code.

69A-3.009 (12), FAC, defines a state owned building as:

(a) "State-owned building," as used in Chapter 633, F.S., and any rule adopted by the State Fire Marshal, except as provided in paragraph (b) of this subsection, means any structure used or intended for supporting or sheltering any use or occupancy of which the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the record owner of the legal title to such structure.

(b) "State-owned building" does not mean or include a pole barn, a picnic shelter, a lift station, an animal pen, an animal feeder, a pump house, a one-family private residence, a two-family private residence, a forestry fire tower or other fire tower, a radio tower, a building no longer in use, an empty building, or a greenhouse.

#### DESIGN CRITERIA

**The Life Safety portion of the plans shall be designed in accordance with the National Fire Protection Association (NFPA) 101, Life Safety Code; NFPA 1, Fire Prevention Code; and adopted NFPA Standards. See Florida Administrative Code 69A-3.012 for the adopted edition of NFPA 101 & 1 and a list of adopted NFPA Standards.**

(<http://fac.dos.state.fl.us/>)

## PLANS REVIEW FEES

The fee for plans review is determined by multiplying the estimated construction/ renovation cost of the building, by the constant 0.0025. The minimum fee is \$100.00. This does not include the cost of the land, site improvements, civil work or furniture & equipment.

### **Example:**

\$1,000,000.00 Construction Cost x .0025 = 2,500.00 Fee

## METHOD OF PAYMENT

After plans are received an invoice will be prepared and sent at which time payment can be made by personal check, money order or, if a state agency is paying, a Samas - Journal Transfer. Please make check or money order payable to the Department of Financial Services. Fill in the memo portion with "SFM Plans Review fee" and return payment with invoice.

## COVER LETTER

Please include a cover letter with the following information:

1. Is this a state-owned or state-leased building? (see definition on page 1)
2. Project description and project number
3. Building name, address and county, and building number
4. Site name and address.
5. Project square footage.
6. Occupancy type, construction type, and building height (feet and stories).
7. Is this a change in occupancy?
8. Estimated construction cost of the building or renovation. This does not include the cost of land, site improvements, civil work or furniture and equipment.
9. Architect's name and address.
10. Who (name and address) is responsible for paying the fee?
11. Where (name and address) should the plans be sent after the review?
12. Agency name, and state agency contact person (name and phone #) for this project.
13. Name and phone # of the local fire authority.
14. If this is state lease (either private sector lease or Department of Management Services facility), please provide the facility's name, lease number, state agency occupying the lease, and send copies of the cover letter to:

*Ronald S. Goldstein*

Bureau of Real Property Management  
4050 Esplanade Way, Suite 315  
Tallahassee, FL 32399-0950

*Nick Crim*

Operations and Maintenance  
Park Trammell Building  
1313 Tampa Street  
Tampa, FL 33602

## WHAT TO SUBMIT

Submit cover letter and two sets of contract documents (signed and sealed) and one signed and sealed set of specifications to:

### If Sending By Regular Mail

Division of State Fire Marshal  
Plans Review Section  
200 East Gaines Street  
Tallahassee, Florida 32399-0342

### If Sending By Overnight Service

Division of State Fire Marshal  
Plans Review Section  
325 John Knox Road, Atrium Building  
Tallahassee, Florida 32303

## PLANS SUBMISSION

The Division of State Fire Marshal will require the submitter to furnish two sets of contract documents (signed and sealed) and one set of signed and sealed specifications for review to the Plans Review Section. The submitter may, however, submit plans at an earlier stage, i.e., design review, in which case only one unsigned set needs to be submitted. **Only one design review will be allowed per project.** When the documents are approved for construction, the signed and sealed set will be stamped "APPROVED" and returned to the submitter. The stamped set of plans must be kept on the job site for the fire safety inspector's use at the time of inspection. It shall be the responsibility of the submitter to see that the "approved" set of plans is on the construction site before work begins and remains there until final inspection and approval has been issued. Plan approval is good for one year from the date of issue. The construction contract must be let within this period or the approval will expire and the plans must be re-submitted with another review fee. The editions of the pertinent codes that will apply to your project will be those that are adopted at the date of your first submittal, regardless of phase, i.e. 50% or final, and will not change even if a newer edition is adopted during the review process.

Any change orders or redesign during construction that affect life safety shall be submitted for review with the State Fire Marshal's file number indicated. There is no additional fee required for changes.

**The review process allows 30 calendar days for review of all state-owned property and 10 working days for review of state leased property.**

If there are any special circumstances or hazards that require further clarification, the reviewer will attempt to contact you; therefore, please include the name and telephone number of a contact person with your plan submission. Please remember that if you are called and asked for additional information or clarification, the reviewer needs this information in writing before he can approve the project. If the statutory time (10 working days on a lease or 30 calendar days on state owned) expires he must disapprove the project and a re-submittal process may add further delay to the project.

## PLAN INFORMATION

The following items are areas where we must have your assistance. Please ensure that all submittals address these necessary items where applicable and help us prevent lost time due to disapprovals based on lack of information.

- **Renovation or Alteration** - Any alteration or any installation of new equipment shall be installed under the requirement of new construction. The scope of work shall be identified clearly. Show the number of floors in the building and the location of the project under consideration in comparison to the entire floor and building.
- **Equivalency Concepts** - Any requirement of the code that a designer wishes to modify by alternative arrangements shall in no case afford less safety to life than the code presently requires. Any request to use equivalency concepts will only be considered when technical documentation is submitted.
- **Classification of Occupancy** - Plans shall indicate the type of occupancy based on N.F.P.A. 101, Chapter 6.
- **Change of Occupancy** - The designer shall identify the existing type of occupancy and clearly identify the new occupancy use and areas.
- **Floor Area** - The gross square footage of the building shall be indicated on the plans. All assembly rooms shall indicate the net floor area.
- **High Hazard Area** - Any areas of a building, structure, or parts thereof, containing highly combustible, flammable, explosive products or materials which are likely to burn rapidly shall be identified on the submittal. The designer shall identify amounts and types of hazardous materials used throughout the facility.
- **Means of Egress** - All three components of the means of egress (exit access, exit and exit discharge) shall be clearly identified. Travel distance to exits shall be detailed.
- **Occupant Load** - The occupant load for each floor and calculations showing how the load was obtained shall be shown. All assembly rooms, spaces, or areas shall be identified and calculated with calculations shown on plans.
- **Construction Type** - The type of construction shall be identified as per N.F.P.A. 220.
- **Atrium** - Any building in which the designer has incorporated an atrium shall have the atrium area clearly defined on the contract document. Atrium shall be in accordance with NFPA 101, 8.2.5.6.
- **Penetration of Smoke or Fire Barriers** - Passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic ducts and similar service equipment through smoke and/or fire barriers shall be detailed on the contract documents.
- **Fire Detection, Alarm and Communication Systems** - All existing or new systems shall be clearly identified on the plans. The type of system and the appropriate N.F.P.A. standard that was used for the design and installation shall be indicated on the plans and signed and sealed by the Engineer of Record.

- **Automatic Sprinkler System, Standpipes and Fire Pumps** - All existing or new systems shall be clearly identified on the plans. The type of system and appropriate N.F.P.A. standard, which was used for the design and installation, shall be indicated on the plans and signed and sealed by the Engineer of Record. Hydraulic calculations, also signed and sealed by the Engineer of Record, shall accompany the plans where applicable.
- **Correction Facilities** - The use condition of the area shall be clearly indicated as per NFPA 101, Chapter 22.
- **Lease Spaces** - If the leased space is on a floor located above the level of exit discharge (LED) a plan of the LED is required to be submitted to ensure proper exiting from the building.
- The plan shall have the correct name of the facility: Building Number, Office/Complex Name, Street Address, and City, County, and Zip Code, and any assigned lease number noted on the document.
- Include site plan to scale showing project, distances to nearby buildings, fences, parking, and location of hazardous features such as fuel storage or incinerators, and fire lanes if required by NFPA 1.
- Include floor plan(s) drawn to scale showing walls and partitions, openings, door swings, built-in features, changes in elevation such as steps or ramps, dimensions, and notes to indicate what is shown and the use (room name) of each space.
- Schedules for doors, windows and hardware.
- Drawings of HVAC systems.
- Show the following on plans, if applicable: exit markings, emergency lighting (type and location), fire extinguisher(s) (type and location), nationally tested wall assembly details for rated walls, stair and handrail details, interior finishes and their flame spread ratings.
- Show any special fire extinguishing systems such as dry chemical hood systems.

### **CONSTRUCTION INSPECTIONS**

The review fee will cover plans review and up to three (3) construction site inspections. (1) an underground fire main inspection (if applicable); (2) an intermediate inspection at approximately 65% completion (before covering walls and ceilings); (3) and a final inspection prior to occupancy. The intermediate (65%) inspection is optional at our discretion, and depends upon the size and complexity of the construction project. The purpose of construction site inspections is to ensure that the project is in fact constructed in accordance with the approved construction documents.

Any re-inspection required as a result of deficiencies found during the final occupancy inspection shall result in additional fees billed to the Contractor for re-inspection at a rate of \$65.00 per hour, per Inspector, portal to portal, plus expenses. With this in mind, the contractor should have completed his own systems testing and inspection punch list and made the corrections necessary in order to eliminate re-inspections as much as possible.

## HOW TO REQUEST AN INSPECTION

The following inspections must be considered:

1. Underground: **REQUIRED** if an underground fire main is installed. This inspection must be performed before cover-up.
2. Intermediate: **REQUIRED** if so indicated on the approval letter, or required by the SFM inspector during the initial on-site meeting.
3. Final: **REQUIRED**.

The construction documents must be approved prior to commencing construction of the project. Any request for the use of an alternative system, or change made to the approved plans must be approved by the Plans Review Section prior to its installation. Throughout the various construction phases, ALL requests for inspection shall be made at least five (5) working days in advance using the enclosed DFS Form DI4-1528. The request may be forwarded by mail or facsimile to the Plans Review Section (see form for fax # and address).

The Plans Review Section will route the request to the appropriate field office where the local field inspector will then contact the requestor to make final arrangements for the inspection.

This request form has to be completed in its entirety, otherwise, the request for inspection will not be granted. Additionally, if the plans are found to be disapproved or rejected by this office, the inspection will not be performed and a stop work order may be issued until the plans are submitted, approved, and the plans review fee is paid in full. Should you have any questions, please notify the Plans Review Section (850) 413-3733 prior to mailing this request form.

Should the project not pass inspection due to various deficiencies, a re-inspection within 30 days should be scheduled with the Inspector at that time. If the corrections cannot be made within that required time frame, it is the responsibility of the agency or requesting party to complete the attached inspection request form (DI4-1528) and submit it to Plans Review Section in Tallahassee, noting the date in which the project will be ready for re-inspection in order for him to reschedule the site for a re-inspection.

The following checklists have been provided for your use in preparing plans that contain sprinkler and fire alarm systems.

### FIRE ALARM CHECKLIST

1. The fire alarm contractor shall be licensed for the scope of work submitted.
2. Provide contractor's names, address, phone and license number.
3. Provide job site address, occupancy type, design criteria (NFPA standard)
4. General description of how the system will operate. What will activate the system; will it go into general alarm or ring by zone; will it annunciate; will it be monitored by a central station; will the air handling system be shut down, elevator recall, etc.
5. Itemized list of equipment to be used showing quantity, manufacturer, model number, type of device, and CFM number.
6. Calculations to be complete. Indicate all electric current required in supervision and alarm conditions. Provide calculations on battery manufacturer's standard form.
7. Denote capacity of battery, and confirm adequate size when operating under the full-calculated load.
8. Voltage drop calculations showing that voltage drop does not exceed 5% drop.
9. Cut sheets for each type of device being installed.

10. Drawing showing location of devices, wire runs, number of conductors, zones, end-of-line resistors, and typical wiring method used on the devices.
11. If fire alarm work is resultant from an inspection (State Fire Marshal, fire department, etc.) provide copy of report.
12. Submittal must be complete. Examples: Candela ratings of strobes shall be identified. Ceiling heights shall be indicated when ceiling mounted strobes are used. Reflected ceilings are to be clearly denoted. Include light fixture types/locations, HVAC opening types/locations, and all architectural features (joist, beams, coffers, furr, etc.) extending more than 4 inches from the ceiling plane. Rooms, spaces and areas shall be identified.
13. Differentiate between all existing and proposed components. If system or portion is existing, indicate date of existing system installation, or date of prior substantial system renovation.

### SPRINKLER SYSTEM CHECKLIST

1. Occupancy class of each area or room identified.
2. All sprinklers identified by make, type, orifice size, temperature rating, thermal sensitivity, including all existing heads affecting the scope of work.
3. For large storage areas, provide storage height, method of storage, description of commodities, etc. If project is specialized storage design (NFPA 231, 231C, etc.) provide complete design statement denoting methodology for arriving at project area/densities.
4. All piping identified by size, type, inside diameter, and schedule, including all existing piping affecting the scope of work.
5. All ceiling information: heights, types, architectural profiles (vaults, coffers, furr, etc.), construction assembly (combustible ceiling or framing? significant combustibles in ceiling cavity, etc.)
6. Sprinkler obstructions denoted (suspended light fixtures, dust work, architectural items, etc.)
7. H.V.A.C. openings shown
8. Method of maintaining sprinkler system at or above 40 degrees F identified. Describe all unheated areas and explain methodology of all types, sizes, locations, etc. of freeze protection devices.
9. Graphically highlight each hydraulic area, title each area on the plans, with matching title on each calculation set.
10. Location and rating of firewalls, unprotected vertical openings, and other assemblies affecting sprinkler design.
11. Size of city main at street, denoting dead end or circulating (or denote private supply)
12. Total area protected by each system on each floor.
13. Location, type, and listing of hangers.
14. Underground pipe size, length, location, type, point of connection to city main, bury depth, thrust blocks, and all appurtenances (valve types, water meters, valve pits, backflow preventers, etc.)
15. All hydraulic name plate information.
16. Setting for pressure reducing valve denoted.

### HYDRAULIC CALCULATIONS FOR SPRINKLER SYSTEMS

17. Verify the water supply, test location, date (must be 12 months current) peak demand time (or calculated adjustment), and account for test elevation at calculations.
18. Verify hazard classification (light, ordinary, special occupancy, etc.).
19. Verify the design criteria (density/sq. ft. over the hydraulic design area).
20. Verify the location of the area calculated (most hydraulically demanding is not always the most physically remote)

21. Verify the dimensions of the area calculated (design area shall not extend beyond designated area served by each sprinkler). Sufficient length parallel to the branch lines or cross-mains, as required.
22. Verify the densities (sprinklers flowing at or above minimum required flow rate).
23. Verify the pipe sizes, lengths, equivalent lengths of fittings, and flow paths (account for all pressure losses).
24. Verify the hose demand.
25. Confirm that the system demand is at or less than the available water supply (include demand vs. supply graph)

#### MATERIAL CUT SHEETS FOR SPRINKLER SYSTEMS

26. Sprinklers, pipes, valves, pressure-reducing devices, flow switches, backflow preventers, water meters (all system devices effecting hydraulic design, whether existing or proposed).
27. Fire pump type, size, and design curves (provide current pump test for existing pump)



**STATE FIRE MARSHAL  
REQUEST FOR BUILDING SITE INSPECTION**

**I. GENERAL INFORMATION** *(Print or Type)*

REQUESTOR'S NAME: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_

STATE AGENCY: \_\_\_\_\_

NAME, STREET ADDRESS, OR EXACT LOCATION OF FACILITY:

\_\_\_\_\_

COUNTY: \_\_\_\_\_

**II. TYPE OF INSPECTION:** *(CIRCLE APPROPRIATE ONE)*

FINAL, INTERMEDIATE, SPRINKLER SYSTEM *(ABOVE or BELOW GROUND)*

ALARM SYSTEM, HOOD SYSTEM, PRE-OCCUPANCY, BOILERS

OTHER (SPECIFY): \_\_\_\_\_

**III. REQUESTED INSPECTION DATE:** \_\_\_\_\_

*(Provide this office with a **MINIMUM** of five (5) working day's notice prior to requested date of inspection. The SFM inspector for this facility will contact you for final scheduling)*

**IV. STATE FIRE MARSHAL'S FILE #:** \_\_\_\_\_ *(Without this file #, your request will **not** be granted. Contact this office should you need assistance)*

**V. OCCUPANCY CLASSIFICATION:** \_\_\_\_\_

*(BUSINESS, ASSEMBLY, ETC.)*

**VI. SQUARE FOOTAGE & HEIGHT OF BUILDING:** \_\_\_\_\_

**VII. SPECIAL INFORMATION:**

LIST THE FACILITY'S LIFE SAFETY FEATURES:

\_\_\_\_\_

*(Sprinkler, Standpipe, Fire Alarm, Smoke Control, other)*

**VIII. TYPE OF BLDG. CONSTRUCTION:** \_\_\_\_\_

IX. SIGNATURE LINE \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SEND/FAX ALL REQUESTS TO**

**MARK HEALEY**

Bureau of Fire Prevention - Plans Review Section  
200 East Gaines Street [or] hand-deliver to 325 John Knox Road  
Tallahassee, Florida 32399-0342  
PHONE: (850) 413-3729 \* FAX: (850) 922-2553



**STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES**

**JANITORIAL SERVICES**

**ADDENDUM: XI**

The lessor agrees to furnish janitorial and cleaning services as part of this lease agreement. This includes furnishing all cleaning/maintenance equipment and cleaning supplies as required, including but not limited to, drinking cups at water fountains, bathroom tissues, paper towels, trash receptacle liners, hand soap (preferably liquid) and doormats at entrances to the facility. All supplies are to be of good quality acceptable in the janitorial profession and of satisfactory quality suitable to the needs of personnel.

Cleaning of the facility shall be accomplished in accord with the following schedule:

<b>FLOORS</b>	
<b>DAILY:</b>	Carpeted Areas – Vacuum Non-carpeted Areas – Dust mop Remove gum and other materials. Spot damp mop and to remove stains or spots.
<b>WEEKLY:</b>	Non-Carpeted Areas – Damp mop and spray buff.
<b>SEMI-ANNUALLY:</b>	Machine clean carpets in hallways. Other areas to be cleaned if their condition so dictates.
	Strip, reseal and wax all normally waxed floors.
<b>ANNUALLY:</b>	Machine clean all carpets throughout the facility.
<b>WALLS, CEILINGS, INTERIOR DOORS, LEDGES, ETC.</b>	
<b>WEEKLY:</b>	Spot Clean
	Clean light switch plates and surrounding wall areas.
	Dust windowsills, ledges, fixtures, etc.
<b>MONTHLY:</b>	Dust or vacuum HVAC registers.
<b>ANNUALLY:</b>	Clean all light fixture diffuses and dust light bulbs.
<b>WINDOWS AND GLASS</b>	
<b>DAILY:</b>	Spot clean entrances and vicinity glass both in and outside.
	Spot clean directory and internal glass or windows.
<b>SEMI-ANNUALLY:</b>	Clean inside of external windows.
<b>WATER FOUNTAINS</b>	
<b>DAILY:</b>	Clean and sanitize.
	Replenish supply of disposable cups (if applicable).

<b>FURNISHINGS</b>	
<b>AS NEEDED, BUT AT LEAST WEEKLY:</b>	Dust tables, chairs, desks, credenzas, file cabinets, bookcases, etc. Do not disturb any papers lying on desks or cabinets Dust and clean all ornamental wall decorations, picture, charts, chalkboards, etc. Dust draperies, venetian blinds, or curtains.
<b>SEMI-ANNUALLY:</b>	Vacuum all drapes, venetian blinds, or curtains.
<b>TRASH AND REFUSE</b>	
<b>DAILY:</b>	Empty and clean all trash receptacles. Receptacle liners are to be used. Change as necessary. Remove all collected trash to external dumpsters or trash containers. In conference rooms, reception areas, etc., remove accumulated trash, i.e. paper cups, soda cans, etc.
<b>CIGARETTE URNS AND ASHTRAYS</b>	
<b>DAILY:</b>	Empty and clean all cigarette urns. Empty and damp wipe all ashtrays.
<b>ELEVATORS – (If Applicable)</b>	
<b>DAILY:</b>	If carpeted, vacuum. If not carpeted, dust mop, remove gum and other materials, spot damp mop to remove stains or spots. Clean hardware and control panels.
<b>WEEKLY:</b>	Vacuum door tracks. Damp mop floors and spray buff if not carpeted.
<b>STAIRWELLS (If Applicable)</b>	
<b>DAILY:</b>	Remove accumulated trash. Spot sweep as required.
<b>WEEKLY:</b>	Sweep. Dust mop to remove stains. Dust handrails, ledges, etc. Spot clean walls and doors.
<b>RESTROOMS</b>	
<b>DAILY:</b>	Maintain in a clean and sanitary condition: floors, walls, doors, stalls, partitions, shelves, sinks, commodes, urinals, bath facilities, soap and towel dispensers Clean and polish mirrors. Empty and sanitize trash and sanitary napkin receptacles. Replenish supplies of tissue, towels, and soap. Check and replace, as necessary, deodorizer bars/room air freshener units.
<b>MONTHLY:</b>	Clean ceramic tile surfaces with a strong cleaner or bleach so that tile and grout have a uniform color.
<b>LOUNGE AND KITCHEN AREAS (If Applicable)</b>	
<b>DAILY:</b>	Clean and sanitize sinks and counter areas.
<b>EXTERIOR</b>	
<b>DAILY:</b>	Sweep outside area immediately adjacent to building entrances. Keep parking lot and surrounding grass areas free of trash.
<b>WEEKLY:</b>	Sweep all exterior access areas, i.e. sidewalks, porches, verandas, etc.

**MAINTENANCE SERVICES**

In reference to Articles III and V of the lease agreement:

1. Filters for HVAC shall be changed every 90 days at a minimum and more often as conditions warrant.
2. All painted surfaces in the facility shall be freshly painted at the commencement of this lease, if needed, and at least once every three years thereafter during the lease term and any renewals thereof. Touch up painting to be done as needed.
3. Perform such other services as are necessary to keep the facility clean and in a sanitary condition.

In providing any or all of the before mentioned services:

1. Janitorial staff are to only use necessary lighting in the areas in which they are actually working and turn off unnecessary lighting. Air conditioning equipment is not to be turned on for the exclusive use of the janitorial staff.
2. Only actual employees of the janitorial contractor are to be admitted to the premises.
3. During after hours cleaning, all outside doors are to be locked and janitorial staff are not to provide access into the facility to anyone.
4. Janitorial staff are to check exterior doors and windows to ensure the facility is secure at the time of leaving the facility.

\_\_\_\_\_  
Lessee Signature

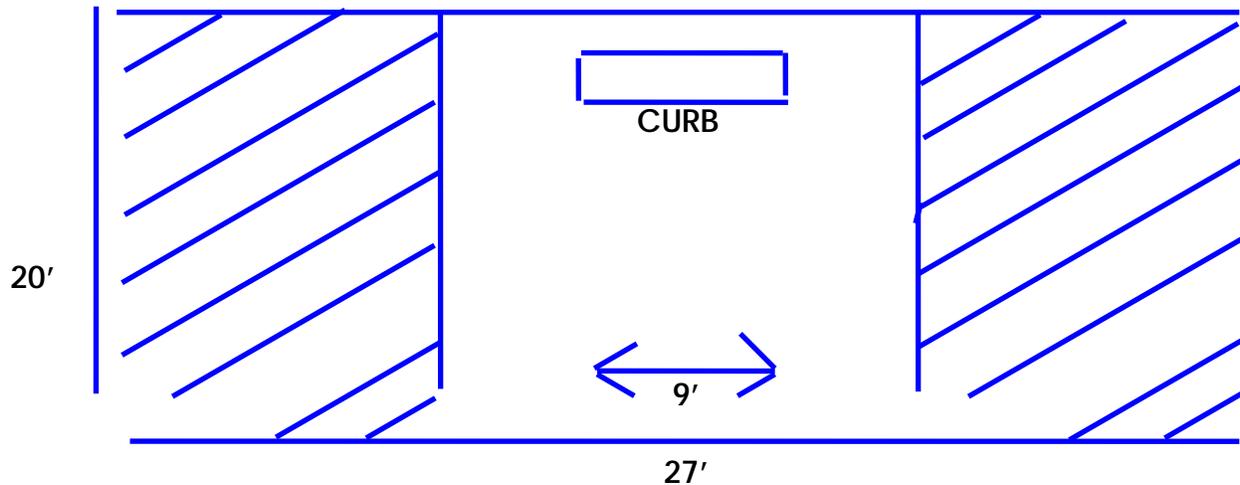
\_\_\_\_\_  
Lessor Signature

**(SEAL)**

## Addendum XII

### APPLICABLE TO DRIVER LICENSES TESTING FACILITIES ONLY

#### SAMPLE STANDARD CURB



Provide an unobstructed space twenty-seven (27) feet wide and twenty (20) feet long. The space shall be outlined and diagonally marked with yellow traffic paint to prohibit the general public from parking on or blocking the area during the driver license office hours. In the center of the space shall be a space nine (9) feet wide and twenty (20) feet long for the actual parking demonstration. There shall be a concrete curb six (6) inches high and eight (8) feet wide placed two (2) feet out from the front thus making the actual; parking stall 9' x 18'. This 9' x 20' space is also to be outlined with yellow traffic paint but not marked diagonally as the other portion. A diagram of the above requirement is shown above.

**COMMISSION AGREEMENT  
REPRESENTATION OF THE STATE OF FLORIDA AND ITS RESPECTIVE AGENCIES**

**Addendum XIII**

Agreement ("Agreement") is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 2009, by and between ("Owner") and The State of Florida ("Tenant"), and Cushman and Wakefield of Florida, Inc. (Broker).

The following provisions are true and correct and are the basis for this Agreement:

A. Owner has legal title to a property located at \_\_\_\_\_, in Volusia County, Florida on which tract is an office building/project commonly known as \_\_\_\_\_ the "Building"), and which is further described as, or a portion of, Property

Appraisers Parcel Number: \_\_\_\_\_.

B. Broker has presented the office space needs of Tenant to Owner and has and will render services in connection with the leasing of office space to the Tenant.

C. Should a Lease (herein so called) be consummated, Owner has agreed to pay The State of Florida a real estate commission in consideration for services rendered and to be rendered in consummating a Lease pursuant to the terms and conditions set forth herein.

D. Owner understands and agrees that Broker is serving solely as a representative of Tenants' interest. Likewise, Owner acknowledges that the applicable fee structure(s) defined below, as mutually agreed between Owner, Broker and Tenant, will be (has been) considered and included within the Owner's proposal for lease.

NOW THEREFORE, in consideration of the mutual promises set forth herein and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **AGREEMENT TO PAY COMMISSION.** Owner hereby agrees to pay a real estate commission to Tenant in a sum equal to four percent (4%) of the total Gross Rentals to be paid to Owner over the term of the lease (with no offset). Should a lease term be for a period greater than ten years, Owner will pay only two percent (2%) of the total Gross Rentals to be paid to Owner for the period exceeding the 120<sup>th</sup> month of rental payments. The commission on any expansion shall be equal to four percent (4%) of the total additional Gross Rents added to, or above the total rents of the original lease, if the tenant broker is involved. The commission on any renewal period or tenant-at-will period shall be two percent (2%) of Total Gross Rentals.
2. **PAYMENT OF COMMISSION.** The commission shall be due and payable to Tenant in cash (i) one half (1/2) at the time the Lease is signed and (ii) the balance on the earlier to occur of (a) the first day that Tenant occupies all or any portion of the space covered by the Lease, or (b) commencement of the term under the Lease. If Tenant's space is expanded or if the Lease is renewed, the commission in relation to such renewal or expansion will be due and payable in full at the time an modification or renewal notice covering the expansion or renewal is executed by Owner and Tenant, if Tenant Broker is involved. Tenant hereby agrees to pay to Broker said commissions based on a separate agreement between Tenant and Broker.
3. **SUCCESSORS AND ASSIGNS.** The obligation to pay and the right to receive any of the commissions described above shall inure to the benefit and obligation of the respective heirs, successors and/or assigns of Owner or Broker. In the event of a sale or an assignment of the Property which includes Tenant's demised premises, Owner agrees to secure from the purchaser or assignee a written recordable agreement under which the new owner or assignee assumes payment to Tenant of all commissions payable hereunder.
4. **REPRESENTATION OF TENANT.** Although Owner will pay the commission to Tenant, who will in turn pay Broker, Broker will not be representing Landlord in the contemplated lease transaction. Broker will be representing only Tenant in such transaction. Landlord acknowledges and agrees that it is responsible for any commissions due any other broker with respect to this transaction
5. Owner agrees to disclose to Broker and to Tenant any and all information which Owner has regarding the condition of the property including, but not limited, to structural, mechanical and soil conditions, the presence of and location of asbestos, PCB transformers, other toxic, hazardous or contaminated substances, and underground storage tanks in, on, or about the Property. Broker is authorized to disclose any such information to Tenant.

- 6. Each signatory to this Agreement represents and warrants that it has full authority to sign this Agreement on behalf of the party for whom he signs and that this Agreement binds such party.
- 7. This agreement constitutes the entire Agreement between Owner and Tenant and Broker and supersedes all prior discussions, negotiations, and agreements, whether oral or written. No amendment, alteration, cancellation or withdrawal of this Agreement shall be valid or binding unless made in writing and signed by both Owner and Tenant and Broker. This Agreement shall be binding upon, and shall benefit, the heirs, successors and assignees of the parties.

**8. NOTICES:**

To Broker: Judy Stenta, Sr. Account Manager, Global Client Solutions

..... Cushman and Wakefield of Florida, Inc.

..... 210 N. Franklin Street, Suite 3600, Tampa, FL 33602

To Owner:

..... \_\_\_\_\_

..... \_\_\_\_\_

To Tenant:

..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

9. LEGAL DESCRIPTION (if not attached as Exhibit "A")

AGREED AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2009

<p><b>TENANT AGENCY:</b></p>  <p>By _____ Print or Typewritten</p>  <p>_____ Title</p>	<p><b>OWNER:</b></p>  <p>By _____ Print or Typewritten</p>  <p>_____ Title</p>	<p><b>BROKER:</b></p>  <p>By _____ Print or Typewritten</p>  <p>_____ Title</p>
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