

JOHNSON COUNTY EMA STORAGE BUILDING

ADDENDUM NO. 3

December 3, 2025

The information contained in this Addendum modifies supplements or replaces information contained in the Project Manual and on the Drawings and is hereby made a part of the Contract Documents.

Acknowledge receipt of this addendum on the Bid Form.

BIDS DUE: December 8th, 2025

APPLICABLE TO THE PROJECT MANUAL

A. REVISED PROJECT MANUAL PAGES:

DIVISIONS 1 THROUGH 32 SPECIFICATIONS:

The replacement pages identified below include modifications made to the original Project Manual sections. Revised or added information is indicated by **shaded** type in the text. Areas where information has been deleted are identified by ~~striking out~~ the text. Insert replacement pages into the Project Manual ahead of the pages they replace.

Document or Section

Quantity of Pages

B. ADDED / DELETED DOCUMENTS AND SECTIONS

The Documents and Sections identified below shall be added / removed in the Project Manual.

Document or Section

Document or Section Name

Iowa DNR Permit

C. SUBSTITUTIONS/APPROVED MANUFACTURERS

The following products and manufacturers are approved for bidding. Approved products shall conform to all the requirements specified. Final acceptance is contingent upon receipt and approval of final shop drawings and product information.

08 36 13 Sectional Doors

Clopay 3728

08 36 13 Sectional Doors

Midland Garage Door 2" ThermoGuard

13 34 00 Pre Engineered Post Frame Buildings

Pro-Line Building Company

JOHNSON COUNTY EMA STORAGE BUILDING

ADDENDUM NO. 3

December 3, 2025

APPLICABLE TO THE DRAWINGS

A. DRAWING REVISIONS: Incorporate the following revisions into the respective contract drawings.

Drawing No.

E1.00 – ELECTRICAL POWER & DATA PLAN

1. Replace sheet with attached.

M000 – MECHANICAL GENERAL INFORMATION

1. Replace sheet with attached.

END OF DOCUMENT 00 90 10

DEPARTMENT OF NATURAL RESOURCES
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOTICE OF GENERAL PERMIT COVERAGE UNDER
GENERAL PERMIT NO. 2

STORM WATER DISCHARGE ASSOCIATED WITH CONSTRUCTION ACTIVITY

This notice of general permit coverage for a storm water discharge associated with construction activity is issued pursuant to the authority of section 402 (b) of the Clean Water Act (U.S.C. 1342(b)), Iowa Code 455B.174, and subrule 567--64.4(2), Iowa Administrative Code. A Notice of Intent has been filed with the Iowa Department of Natural Resources that this storm water discharge complies with the terms and conditions of NPDES General Permit No. 2. Authorization is hereby issued to discharge storm water associated with industrial activity as defined in Part VIII of the Iowa Department of Natural Resources NPDES General Permit No. 2 in accordance with the terms and conditions set forth in the permit.

Owner:

**JOHNSON COUNTY EMERGENCY MANAGEMENT
AGENCY AND COMMISSION
4529 MELROSE AVE
IOWA CITY IA 52246
(319)356-6761**

Contact:

**DAVE WILSON
JOHNSON COUNTY EMERGENCY MANAGEMENT
AGENCY AND COMMISSION
4529 MELROSE AVE
IOWA CITY IA 52246
(319)356-6761**

Permit Coverage Issued To:

**PARK PLACE CITY CENTER, PART THREE; LOT 1 - EMERGENCY
SERVICES BUILDING
2000 BAILEY WAY
in TIFFIN, JOHNSON COUNTY
located at**

| 1/4 Section | Section | Township | Range |
|-------------|---------|----------|-------|
| SW | 22 | 80 | 07W |

Coverage Provided Through: 12/1/2026
NPDES Permit Discharge Authorization Number: 46796 - 46370
Discharge Authorization Date: 12/1/2025
Acres Disturbed: 3.9

**Project Description : OTHER : CONSTRUCTION OF AN EMERGENCY SERVICES
BUILDING, ASSOCIATED PARKING AND UTILITIES**



IOWA DEPARTMENT OF NATURAL RESOURCES
NOTICE OF INTENT FOR COVERAGE UNDER
NPDES STORM WATER GENERAL PERMIT

CASHIER'S USE ONLY
0253-542-SW08-0581

Name

No. 1 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY"

or

No. 2 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR CONSTRUCTION ACTIVITIES"

or

No. 3 FOR "STORM WATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR ASPHALT PLANTS, CONCRETE BATCH PLANTS, ROCK CRUSHING PLANTS, AND CONSTRUCTION SAND AND GRAVEL FACILITIES."

PERMIT INFORMATION

Has this storm water discharge been previously permitted? ☐ Yes ☒ No

If yes, please list authorization number

Under what General Permit are you applying for coverage?

General Permit No. 1 ☐

General Permit No. 2 ☒

General Permit No. 3 ☐

PERMIT FEE OPTIONS

For coverage under NPDES General Permit No. 1, No. 2, or No. 3, the following fees apply:

☒ Annual Permit Fee \$175 (per year) Maximum coverage is one year.

☐ 3-year Permit Fee \$350 Maximum coverage is three years.

☐ 4-year Permit Fee \$525 Maximum coverage is four years.

☐ 5-year Permit Fee \$700 Maximum coverage is five years.

Checks should be made payable to the Iowa Department of Natural Resources.

FACILITY OR PROJECT INFORMATION

Enter the name and full address/location (not mailing address) of the facility or project for which permit coverage is requested.

NAME: Lot 1 Park Place City Center Part Three

COUNTY: Johnson County

STREET ADDRESS OF SITE: 2000 Bailey Way

CITY: Tiffin

STATE: IA

ZIP CODE: 52340

Give the facility location or location of construction site by section/township/range and latitude/longitude:

| ¼ SECTION | SECTION | TOWNSHIP | RANGE | ¼ SECTION | SECTION | TOWNSHIP | RANGE |
|-----------|---------|----------|-------|-----------|---------|----------|-------|
| SW | 22 | 80N | 7W | | | | |
| | | | | | | | |

Facility SIC Code: Facility NAICS Code:

SIC and NAICS codes refer to the Standard Industrial Classification and the North American Industry Classification System code numbers used to classify establishments by type of economic activity. Complete for General Permits No. 1 and No. 3.

CONTACT INFORMATION

Provide the name, mailing address, email address, and telephone number of a contact person. Attach additional information as needed. This will be the address to which all correspondence will be sent and to which all questions will be directed.

NAME: Dave Wilson

PHONE: 319-356-6761

COMPANY NAME (if applicable): Johnson County Emergency Management Agency & Commission

STREET ADDRESS: 4529 Melrose Ave

CITY: Iowa City

STATE: Iowa

ZIP CODE: 52246

EMAIL ADDRESS: dave.wilson@jecc-ema.org

Check the appropriate box to indicate the legal status of the operator of the facility.

☐ Federal ☐ State ☒ Public ☐ Private ☐ Other (specify)

OWNER INFORMATION Enter the name and full address of the owner of the facility.

NAME: Johnson County Emergency Management Agency & Commission PHONE: 319-356-6761
STREET ADDRESS: 4529 Melrose Ave
CITY: Iowa City STATE: IA ZIP CODE: 52246
EMAIL ADDRESS: dave.wilson@jecc-ema.org

OUTFALL INFORMATION

Discharge start date, i.e., when did/will the site begin operation or 10/1/92, whichever is later: 12/1/2025

Is any storm water monitoring information available describing the concentration of pollutants in storm water discharges?

☐ Yes ☒ No

NOTE: Do not attach any storm water monitoring information with the application.

List receiving water(s) to the first uniquely named waterway in Iowa (e.g., ditch to unnamed tributary to Mud Creek to Cedar River):
unnamed tributary to Buffalo Creek, to Clear Creek, to the Iowa River

Note compliance With the Following Conditions:

| | Yes | No |
|--|-------------------------------------|--------------------------|
| Has the Storm Water Pollution Prevention Plan been developed prior to the submittal of this NOI and does the plan meet the requirements of the applicable General Permit? (do not submit the SWPPP with the NOI) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Will the Storm Water Pollution Prevention Plan comply with approved State (Section 161A.64, Code of Iowa) or local sediment and erosion plans? (for General Permit 2 only) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Has a public notice been published for at least one day, in the newspaper with the largest circulation in the area where the discharge is located, and is the proof of notice attached? (new applications only) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL INFORMATION FOR GENERAL PERMIT NO. 2 AND GENERAL PERMIT NO. 3 APPLICANTS.

Description of Project (describe in one sentence what is being constructed):
construction of a services building, associated parking and utilities

For General Permit No. 3 - Is this facility to be moved this year? ☐ Yes ☐ No

Number of Acres of Disturbed Soil (Construction Activities Only): 4.59

Estimated Timetable for Activities/Projects, i.e., approximately when did/will the project begin and end:
construction to begin December 2025 and continue through following year with final grading and stabilization fall 2026

CERTIFICATION – ALL APPLICATIONS MUST BE SIGNED

Only the following individuals may sign the certification. State regulations require this form to be signed by one of the following:

- Corporations.* A responsible corporate officer; either: (1) A president, secretary, treasurer, or vice -president in charge of a principal business function, or other person who performs similar functions: or (2) The manager of manufacturing, production or operating facilities, if authority to sign documents has been assigned or delegated in accordance with corporate procedures.
- Partnerships.* In the case of a partnership, a general partner.
- Sole proprietorships.* In the case of a sole proprietorship, the proprietor.
- Municipal, state, federal, or other public agency.* Either the principal executive officer or the ranking elected official. A principal executive officer includes: (1) The chief executive officer, or (2) A senior executive officer responsible for a unit of the agency.
- Storm water discharge associated with industrial activity from construction activities.* In the case of a storm water discharge associated with construction activity, either the owner of the site or the general contractor.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I further certify that the terms and conditions of the general permit will be met. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Dave C Wilson
NAME (print or type)

Dave C Wilson

SIGNATURE

Digitally signed by Dave C Wilson
Date: 2025.11.18 18:19:05 -06'00'

Director Johnson County
EMA Commission & Agency
TITLE AND COMPANY NAME OF SIGNATORY

11/18/25
DATE

Submit this form to: Storm Water Coordinator, Iowa Department of Natural Resources, 502 E 9th St., Des Moines, Iowa 50319

5. CERTIFICATIONS

For each erosion control measure, the General Contractor must clearly identify the subcontractors that will implement the measures identified on this Pollution Prevention Plan. All subcontractors coming on-site must sign the following certification statement before conducting any professional service at the site identified in the Storm Water Pollution Prevention Plan.

I certify under penalty of law that this document and that all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Johnson County
913 S Dubuque St
Iowa City, IA 52240

By: _____

Date: _____

EMA
Director

Title

Grading Contractor

I certify under penalty of law that I understand the terms and conditions of the general National Pollutant Discharge Elimination System (NPDES) permit that authorizes the storm water discharges associated with industrial activity from the construction site as part of this certification. Further, by my signature, I understand that I am becoming a co-permittee, along with the owner(s) and other contractors and subcontractors signing such certifications, to the Iowa Department of Natural Resources NPDES General Permit No. 2 for "Storm Water Discharge Associated with Industrial Activity for Construction Activities" at the identified site. As a co-permittee, I understand that I, and my company, are legally required under the Clean Water Act and the Code of Iowa, to ensure compliance with the terms and conditions of the storm water pollution prevention plan developed under the City Ordinance and the terms of the City permit.

Responsibilities Include: _____

Contractor: _____

Contact Info: _____

By: _____ Title _____ Date _____



| | |
|-------|---------------|
| Scale | 3/16" = 1'-0" |
|-------|---------------|

| MARK | MFG. | MODEL | SERVICE | HTG. CAPACITY (Mbh) | | TEMP. RISE (°F) | LENGTH | VIPH/Hz | TOTAL UNIT AMPS |
|------------|--------|------------|---------|---------------------|--------------|-----------------|--------|----------|-----------------|
| | | | | INPUT (Mbh) | OUTPUT (Mbh) | | | | |
| IR-1- IR-4 | MODINE | IPOT200S01 | SHOP | 200.0 | 160.0 | 47.0 | 60'-0" | 120/1/60 | 4.8 |

| MARK | MFG. | MODEL | TYPE | SERVICE | AIRFLOW (CFM) | ESP (IN WC) | MTR. POWER (AMPS) | VPH/Hz | NOTES |
|-------|------|----------|---------|-----------|------------------|----------------|----------------------|----------|-------|
| EF-1 | COOK | GCVF-150 | CEILING | SEE PLANS | 120 | 0.25 | 0.44 | 115/1/60 | 1,2,3 |
| EF-2 | COOK | GCVF-100 | CEILING | SEE PLANS | 50 | 0.25 | 0.26 | 115/1/60 | 2,3,4 |
| WEF-1 | COOK | XWHD | WALL | SEE PLANS | 2500 /6550 | 0.20 | 1-1/2 HP | 208/3/60 | 5,6,7 |
| WEF-2 | COOK | XWHD | WALL | SEE PLANS | 2500 / 6550 | 0.20 | 1-1/2 HP | 208/3/60 | 5,6,7 |

- 1) FAN SHALL BE INTERLOCKED WITH LOCAL LIGHT SWITCH.
- 2) PROVIDE SPEED CONTROLLER FOR FAN SPEED ADJUSTMENT.
- 3) EXHAUST FANS SHALL BE PROVIDED WITH MANUFACTURER'S INSTALLED DISCHARGE BACKFIRE DAMPER.
- 4) FAN SHALL BE PROVIDED WITH DEDICATED WALL SWITCH.
- 5) FAN SHALL BE INTERLOCKED WITH CO2 AND NO2 SYSTEM AS WELL AS GRAVITY INTAKE LOW VOLTAGE DAMPER ACTUATORS.
- 6) UPON CO2 AND OR NO ALARM FAN SHALL ENGAGE HIGH MAX AIR FLOW UNTIL LEVELS ARE SATISFIED. MINIMUM AIRFLOW SHALL BE NORMAL OPERATION.
- 7) PROVIDE FAN WITH 2.00 HP VFD.

| MARK | MFG. | MODEL | SERVES | MATERIAL | DESCRIPTION | FACTORY FINISH | BLOW PATTERN | NOTES |
|------|-------|-------|-----------|----------|--------------------|----------------|--------------|-------|
| A | TITUS | TMS | SEE PLANS | STEEL | SUPPLY DIFFUSER | ARCH TO SPEC. | 4-WAY | 24x24 |
| B | TITUS | TMS | SEE PLANS | STEEL | SUPPLY DIFFUSER | ARCH TO SPEC. | 4-WAY | 12x12 |
| C | TITUS | 350RL | SEE PLANS | STEEL | SIDE WALL DIFFUSER | ARCH TO SPEC. | DOUBLE DEFL. | 10x6 |
| D | TITUS | 350RL | SEE PLANS | STEEL | RETURN GRILLE | ARCH TO SPEC. | NA | 24x24 |

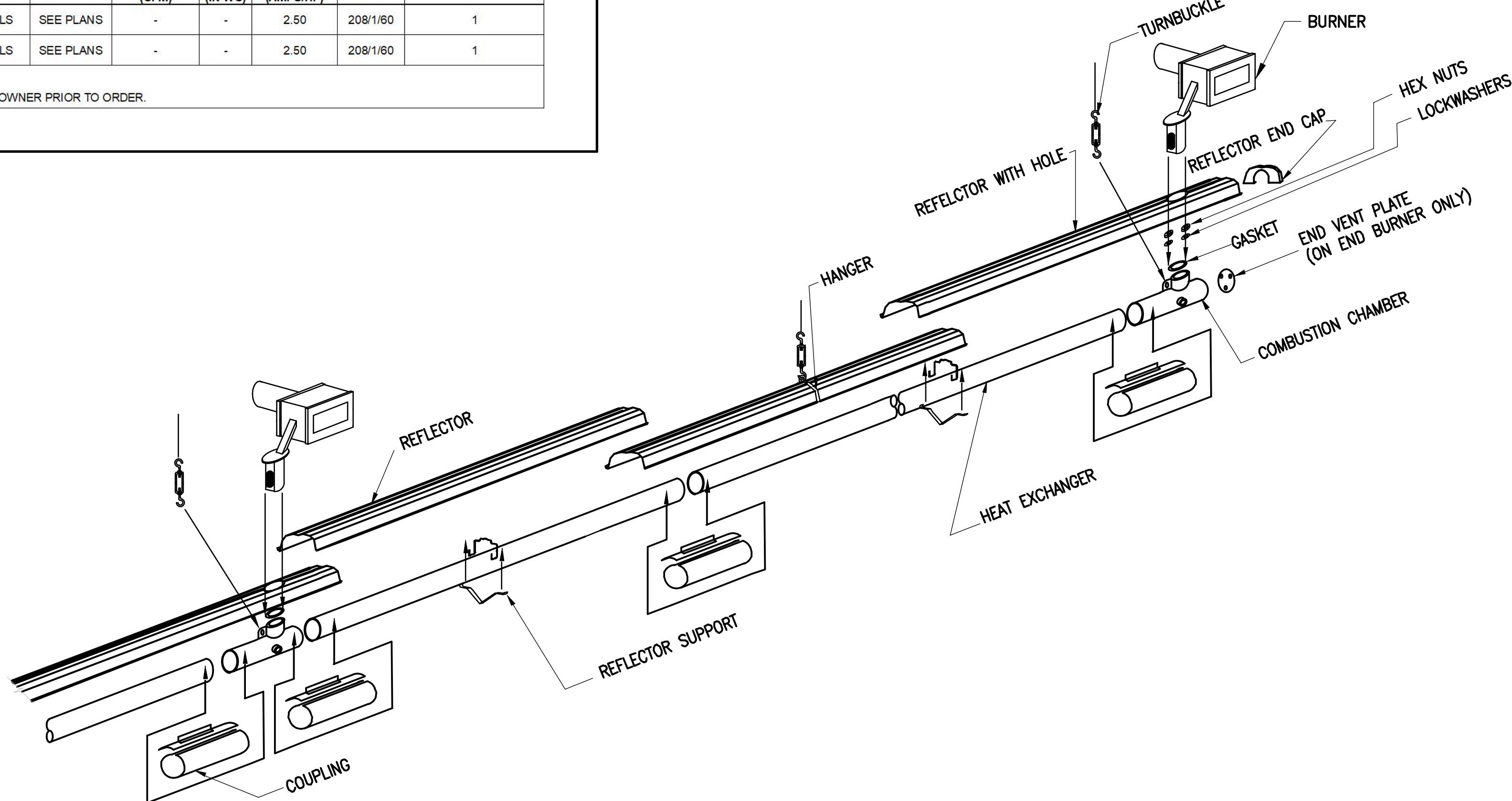
NOTES:
1. AIR DEVICES A,B & C SHALL BE PROVIDED WITH OPTIONAL ASD (AIR SCOOP DAMPER)

| | MFG. (INDOOR) | COIL | FURNACE | MARK (OUTDOOR) | MFG. (INDOOR) | MODEL # (SIZES) | MN EFF. (SEER 2) | NOMINAL TONnage | EVAPORATOR FAN DATA | | | | | | | | COOLING DATA | | | | | | GAS HEATING | | | | ELECTRICAL DATA - AHU | | | | ELECTRICAL DATA - CU | | | |
|-------|------------------|------------|--------------|-------------------|------------------|--------------------|---------------------|--------------------|---------------------|----|-------------|---|---------------|------|------------|------|--------------|-------------|-------------|----------------------|---------------------------|------------------|-------------------|-------------------------|--------------------------|-------|-----------------------|------------|------------|-------------|----------------------|------------|--|--|
| | | | | | | | | | SUPPLY AIRFLOW | | OSA AIRFLOW | | ESP (IN. WC.) | | MAX FAN HP | | FAN TYPE | | RPM | TOTAL CAPACITY (MBH) | SENSIBLE CAPACITY (BTU/H) | LAT (DB/WB) (°F) | OSHA (DB/WT) (°F) | HEATING INPUT (MMBtu/h) | HEATING OUTPUT (MMBtu/h) | A/FUE | V/PHI(HVAC) | MCA (AMPS) | MOP (AMPS) | V/PHI(HVAC) | MCA (AMPS) | MOP (AMPS) | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AHU-1 | DAIKIN | CAPFAA222B | DM96/DCE036R | ACCU-1 | DAIKIN | DCC65A0441 | 14.3 | 2.0 | 700 | 65 | 0.50 | 1 | EC | 1050 | 22.3 | 15.6 | 70.0 / 65.2 | 58.4 / 57.5 | 80.0 / 76.0 | 60.0 | 0.93 | 1201/62 | 7.8 | 15.0 | 2080/60 | 16.8 | 20.0 | | | | | | | |

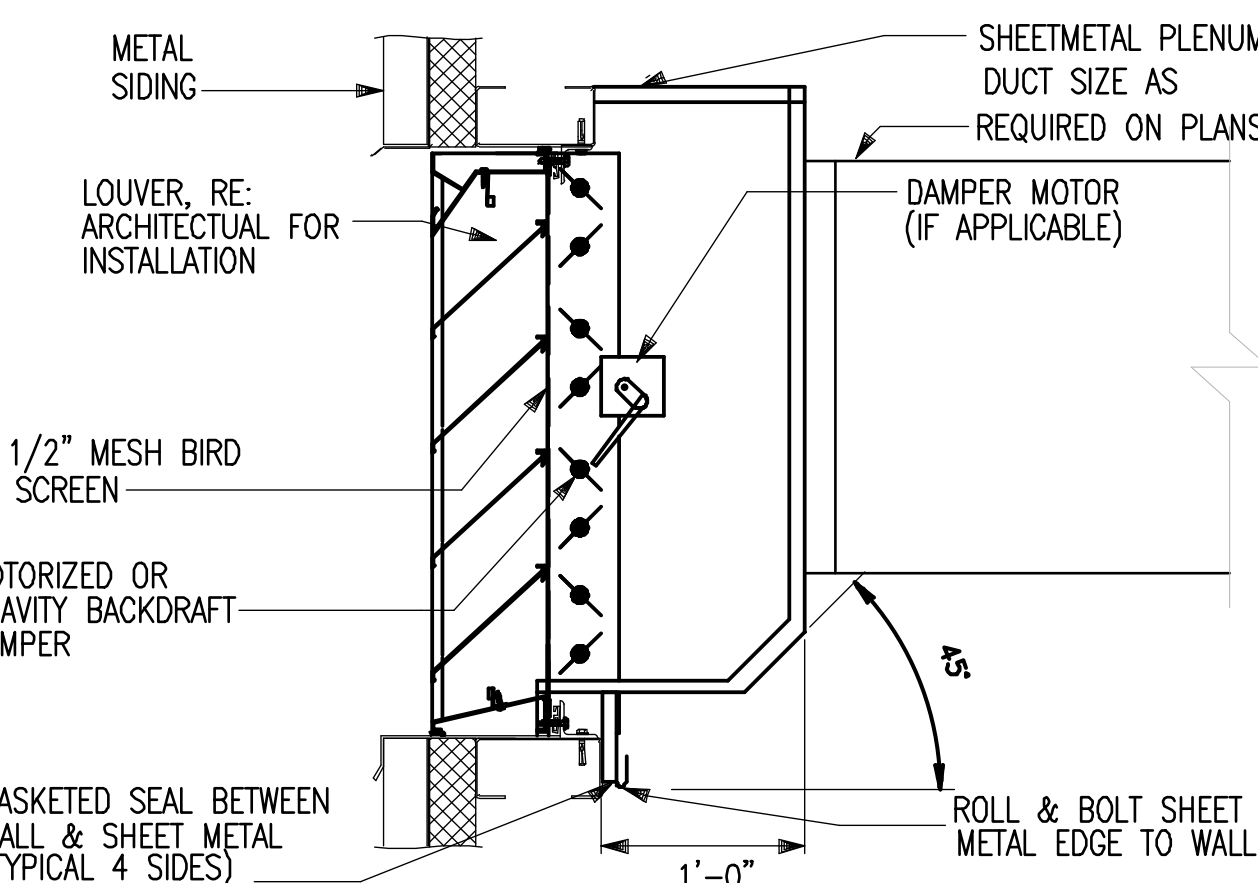
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|--|--|--|--|--|--|--|--|--|--|
| NOTES | | | | | | | | | |
| 1. PROVIDE ALL CONDENSING UNITS WITH LOUVERED HAIL GUARDS. WIRE MESH NOT ACCEPTABLE. | | | | | | | | | |
| 2. PROVIDE D427C2 7 DAY PROGRAMMABLE THERMOSTAT WITH HUMIDITY CONTROL. | | | | | | | | | |
| 3. AHU SHALL BE PROVIDED WITH W-SPEED FAN, DEFAULTING TO LOW SPEED. CONSTANT VOLUME OPERATION IS NOT ACCEPTABLE. | | | | | | | | | |
| 4. PROVIDE 2-STAGE COOLING. | | | | | | | | | |
| 5. PROVIDE GLOBAL PLASMA SOLUTIONS MODEL FC-48 BIPOLAR IONIZATION WITH SELF-CLEANING. INDOOR FCU. DUCT MOUNT NOT ACCEPTABLE. BIPOLAR IONIZATION SHALL BE INSTALLED BY FACTORY CERTIFIED TECHNICIAN, NO EXCEPTIONS. | | | | | | | | | |
| 6. PROVIDE 2-48VDC/40A/100W RH CONTROL AND INVERTER COMPRESSOR. PROVIDE RAINAL APR MODULATING CAPACITY CONTROL VALVE. RAINAL VALVE SHALL BE INSTALLED BY FACTORY AUTHORIZED REPRESENTATIVE. | | | | | | | | | |
| 7. CONTACT DIRECTV VAVNEE SATV HUB DIRECT HUB FOR PRICING ASSISTANCE. direct.vavneesatv@hvacdirect.com - 214-446-6668 | | | | | | | | | |

| MARK | MFG. | MODEL | TYPE | SERVICE | AIRFLOW (CFM) | ESP (IN WC) | MTR. POWER (AMPS/HP) | V/PH/Hz | NOTES |
|---------|----------|--------------|------|-----------|------------------|----------------|-------------------------|----------|-------|
| HVLS-01 | MACROAIR | AVD-370-10FT | HVLS | SEE PLANS | - | - | 2.50 | 208/1/60 | 1 |
| HVLS-02 | MACROAIR | AVD-370-10FT | HVLS | SEE PLANS | - | - | 2.50 | 208/1/60 | 1 |

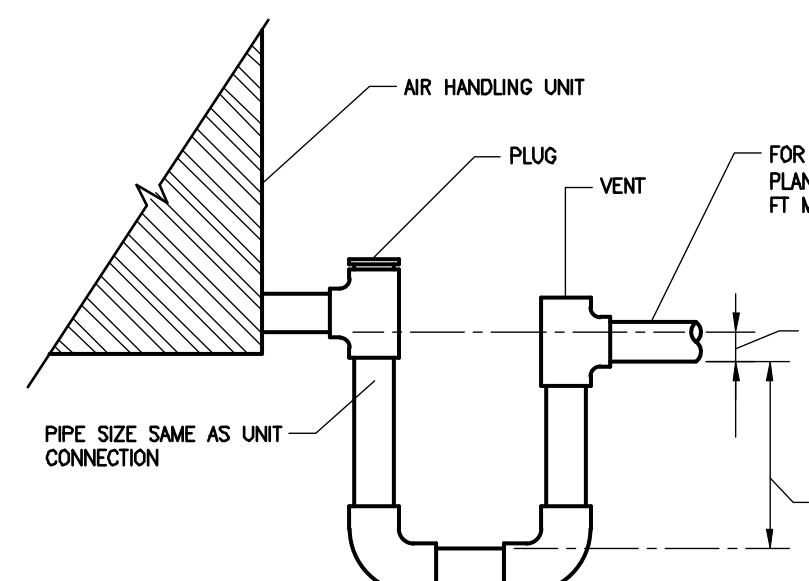
1. COORDINATE FINAL SELECTION AND FINISH WITH OWNER PRIOR TO ORDER.



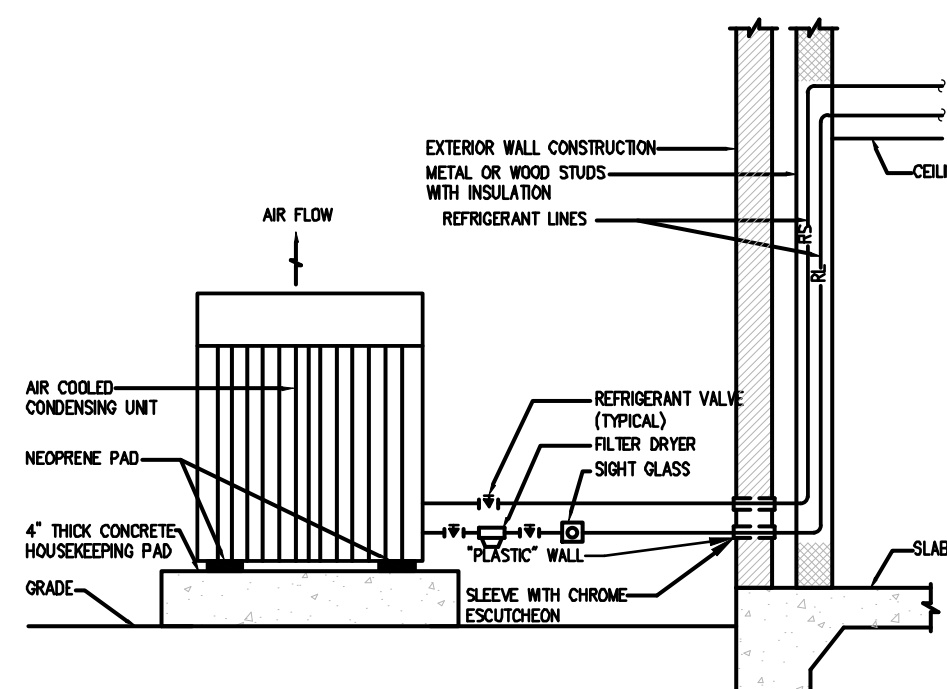
6 TYPICAL RADIANT HEATING
SYSTEM ASSEMBLY
SCALE: NONE



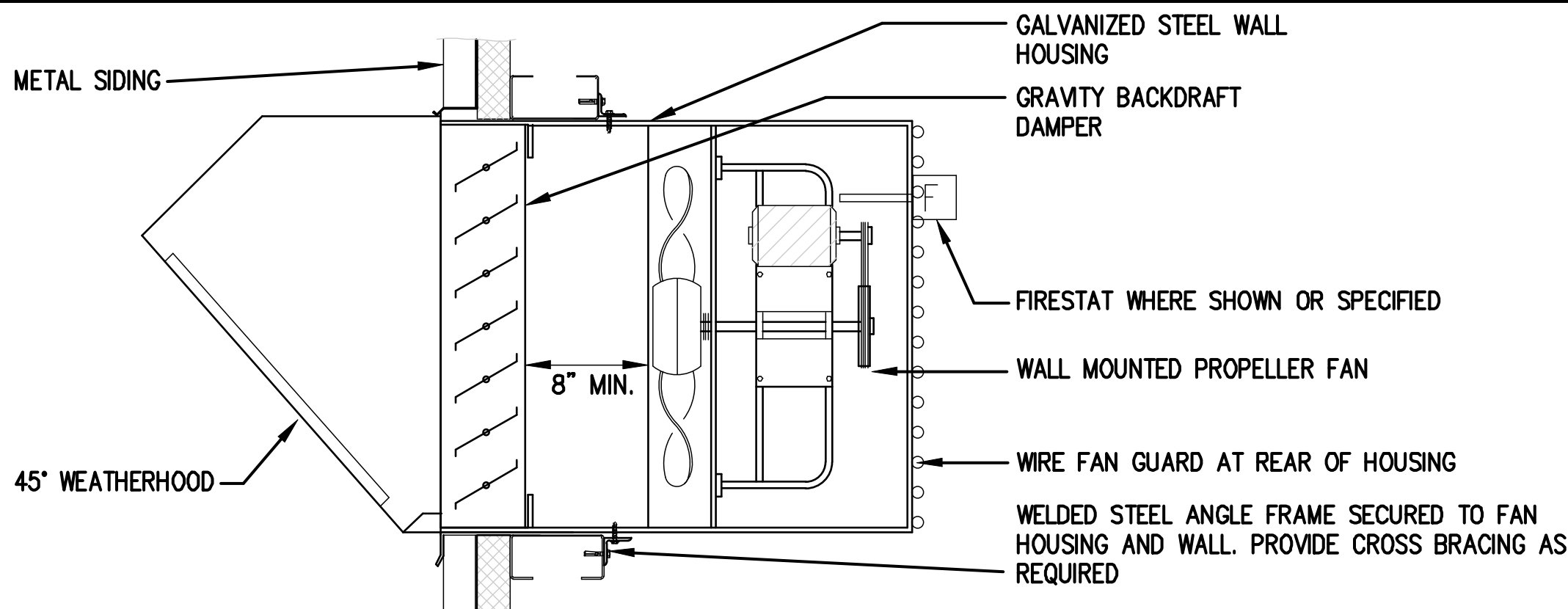
3 INTAKE / DISCHARGE LOUVER DETAIL
SCALE: NONE



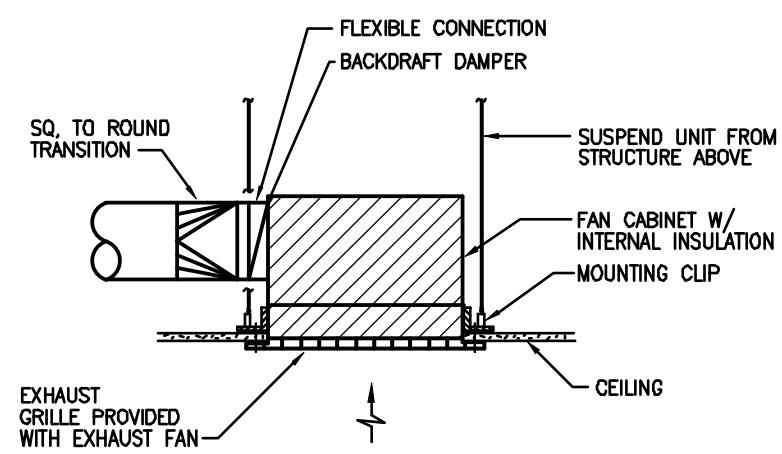
4 CONDENSATE TRAP DETAIL
SCALE: NONE



5 AIR COOLED CONDENSING UNIT DETAIL
SCALE: NONE



1 TYPICAL PROPELLER FAN DETAIL
SCALE: NONE



2 CENTRIFUGAL CEILING
MOUNTED EXHAUST FAN DETAIL
SCALE: NONE

1. CODES, RULES AND REGULATIONS — DESIGN OF SYSTEM
 - A) ALL WORK AND MATERIALS SHALL BE IN FULL ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS, ORDINANCES AND CODES.
 - B) WHEN THE DRAWINGS CALL FOR MATERIALS OR CONSTRUCTION OF A BETTER QUALITY OR LARGER SIZES THAN REQUIRED BY THE ABOVE MENTIONED CODES AND RULES, WORK SHALL BE AS SPECIFIED OR SHOWN RATHER THAN AS REQUIRED BY CODE. ALL ITEMS OR FEATURES OF THE MECHANICAL SYSTEMS REQUIRED BY CODE SHALL BE INCLUDED, EVEN THOUGH NOT SPECIFIED HEREIN.
 - C) INSTALLATION OF THE SYSTEMS SHALL BE IN ACCORDANCE WITH THE ABOVE MENTIONED CODES AND REGULATIONS AND ALSO SHALL CONFORM TO GOOD, ACCEPTED MECHANICAL PRACTICES.
2. PROVIDE AND INSTALL VOLUME DAMPERS IN ALL BRANCH DUCTS.
3. FLEXIBLE CONNECTIONS AT SUPPLY AND RETURN AIR OPENINGS OF ALL AIR CONDITIONING UNITS.
4. FLEXIBLE DUCTS TO BE R-8 GLASS-FLEX 6'-0" MAXIMUM IN LENGTH,
5. COORDINATE EXACT LOCATION OF ALL AIR OUTLETS AND INLETS (DIFFUSERS, REGISTERS AND GRILLES) WITH APPROPRIATE ARCHITECTURAL PLAN, AND VERIFY THEIR LOCATION WITH ARCHITECT ON THE JOB SITE BEFORE INSTALLATION. COLOR AS DIRECTED BY ARCHITECT & OWNER.
6. AUTOMATIC TEMPERATURE CONTROL DEVICE FOR REGULATION OF SPACE TEMPERATURE SHALL BE CAPABLE OF BEING SET FROM 55 TO 85°F, AND HAVE THE ABILITY TO OPERATE THE HEATING AND COOLING IN SEQUENCE. CONTROL SHALL BE ADJUSTABLE TO PROVIDE A RANGE OF UP TO 5°F BETWEEN FULL HEATING AND FULL COOLING.
7. APPLIANCES DESIGNED TO BE FIXED IN POSITION SHALL BE FASTENED IN PLACE.
8. A MAINTENANCE LABEL SHALL BE AFFIXED TO MECHANICAL EQUIPMENT AND A MAINTENANCE MANUAL SHALL BE PROVIDED FOR OWNERS USE.
9. PROVIDE ACCESS PANEL FOR ALL CEILING MOUNTED EQUIPMENT & YOUNG REGULATORS OR ACCESS PANEL FOR VOLUME DAMPERS.
10. PROVIDE MIN. 10'-0" SEPARATION BETWEEN POINT OF EXHAUST AND ANY FRESH AIR INTAKE, OR A/C UNIT OUTSIDE AIR INTAKE.
11. PROVIDE FIRE DAMPERS OR SMOKE/FIRE DAMPERS WHERE DUCT PENETRATES FIRE RATED CEILING OR WALL IF APPLICABLE.
12. TRANSVERSE JOINTS FOR ALL AIR SUPPLY DUCTS INSTALLED WHERE AIR LEAKAGE WOULD BE NON-BENEFICIAL TO THE OCCUPIED AREA, TEMPERATURE REQUIREMENTS SHALL BE SEALED WITH APPROVED MASTIC OR TAPE.
13. ALL DUCT SIZES SHOWN ON THE FLOOR PLANS ARE CLEAR INSIDE DIMENSIONS. CONTRACTOR SHALL ENLARGE DUCT SIZE IN ORDER TO ACCOMMODATE LINING INSIDE OF DUCT.
14. THE MECHANICAL CONTRACTOR SHALL SECURE AND PAY FOR ALL REQUIRED PERMITS AND FEES.
15. SHOP PRIME ALL MISCELLANEOUS INTERIOR BRACKETS AND HANGERS UNLESS GALVANIZED OR STAINLESS STEEL.
16. ENERGY CONSERVATION STANDARDS FOR NEW NONRESIDENTIAL BUILDINGS HAVE BEEN REVIEWED AND DESIGN SUBSTANTIALLY CONFORMS TO THEM.
17. EACH SINGLE SYSTEM PROVIDING HEATING OR COOLING AIR IN EXCESS OF 2,000 CFM SHALL BE EQUIPPED WITH AN AUTOMATIC SHUT-OFF. THE SMOKE DETECTOR SHALL BE INSTALLED IN THE RETURN AIR DUCT AHEAD OF THE OSASH INTAKE. SEE CODE FOR EXEMPTIONS AND LOCAL AUTHORITY FOR CODE INTERPRETATION, OR AS INDICATED ON PLAN.
18. ALL EQUIPMENT AND APPLIANCES ARE LISTED PRODUCTS, AND WILL BE INSTALLED ACCORDING TO THEIR LISTING, AND ALL LISTING INFORMATION WILL BE AVAILABLE FOR INSPECTION.
19. REFER TO DETAILS OR GUIDELINES FOR MECHANICAL CONSTRUCTION REQUIREMENTS. INSTALL IN FULL ACCORDANCE WITH PROPER CODES AND GUIDELINES.
20. COORDINATE IN THE FIELD THE EXACT LOCATION OF ALL CEILING MOUNTED GRILLES AND DIFFUSERS WITH LIGHT FIXTURES AND (ARCHITECTUAL) REFLECTED CEILING PLAN.
21. ALL EXTERIOR BRACKETS, CLAMPS, AND HANGERS SHALL BE HOT DIPPED GALVANIZED. COAT ALL CUT ENDS AND WELDS WITH "ZRC" COLD GALVANIZING COMPOUND.