

received  
12-4-13



**City of Belle Isle**  
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

### PERMIT EXTENSION

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Date: 12/4/13

Permit Number: 2013-06-025  
Original Permit Number Issued

Contact Name Stephanie Williams Phone: 321 411 2300

Project Address 5010 Porian Ave. Belle Isle, FL 32809 32812

Reason for Extension Need to have an in progress / dry-in inspection and final inspection.

Notice of Commencement Expiration Date 04/2014 (if applicable)

FBC 105.4.1.1 "If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work."

The City of Belle Isle issues this extension in place of a new permit.

**EXTENSION IS GOOD FOR 90 DAYS FROM ISSUANCE!**



Date \_\_\_\_\_ Finalized/Inspected by: \_\_\_\_\_

Fee: \$ <u>31.00</u>	Cash/Check #: <u>AMEX 61028</u>	Date Rec'd: <u>12-10-13</u>	Rec'd By: <u>ecg</u>
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To schedule an inspection please email your request to: [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com)

PROJECT NUMBER 0115-1300469.0000

TASK NUMBER 01

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2013-06-025
Property Owner	Williams
Address	5010 Downin Ave
Nature of Improvement	Extension: ReRoof
Received Application	12-4-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-4-13
Building Official Approved	12-10-2013
Comments	
1.	12-10-13 cq emailed Katlynn it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809 \* Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

## PERMIT – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable Town, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

### Project Information:

**Scope of Work** Re-ROOF: 2sqsq Asphalt Shingles, 5 sqsq Polyglass Modified Bitumen  
**FL Product Approval Must be on site.**

**Address** 5010 DORIAN AVENUE, BELLE ISLE  
**Parcel ID** 17-23-30-4384-02-540  
**Property Owner** MARY HOULIHAN  
**Phone** 407-434-2182

**Contractor** COLLIS ROOFING INC  
**Name** JACK LANIER  
**License Number** CCC058022  
**Address** PO BOX 520668, LONGWOOD  
**Phone Number** 321-441-2300

### Permit Number: 2013-06-025

**Date of Application** 06/06/2013

**Date Permit Issued** 06/07/2013

**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 LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

### BUILDING FEATURES

#### IMPACT FEES

School \_\_\_\_\_  
Traffic \_\_\_\_\_

#### CITY OF BELLE ISLE - ZONING FEES

Zoning Fee 30.00  
Tree Removal \_\_\_\_\_  
Fence \_\_\_\_\_  
Driveway \_\_\_\_\_  
Pavers \_\_\_\_\_

#### UNIVERSAL ENG - BUILDING FEES

Pre-Demo \_\_\_\_\_  
Building Fee \_\_\_\_\_  
Cert of Occupancy \_\_\_\_\_  
Prepower \_\_\_\_\_  
Electrical Fee \_\_\_\_\_  
Temp Pole \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Mechanical Fee \_\_\_\_\_  
Gas Fee \_\_\_\_\_  
Revision Fee \_\_\_\_\_  
Roofing 40.00

#### SURCHARGE FEES

Surcharge Fee 4.00

**TOTAL FEES** 74.00

**Date Paid** 06/06/2013

**Check #** CHK58515

CITY OF BELLE ISLE  
BUILDING DEPARTMENT  
RCO: *[Signature]*  
PERIMETER CONTROL:

#### BUILDING INSPECTOR USE ONLY

IF APPLICABLE: Silt fencing in place? YES  NO  Turbidity Barrier in place? YES  NO

#### BUILDING/ROOFING

ROOFING Dry-in/Flashing \_\_\_\_\_

ROOFING Other /FINAL \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)

Survey specific foundation plan must be submitted and approved by the City before slab pour.

Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/

Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

8<sup>th</sup> \_\_\_\_\_ (Other)

9<sup>th</sup> \_\_\_\_\_ (Final to be Made After Plumb/ Mech/Elect Finals)

#### PLUMBING (INCL-Pool-Piping, Solar, Irrigation and Water Treatment Equip.)

1<sup>st</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

#### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  HOOD VENTILATION  REFRIGERATION

MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

*If work is being performed on a lakefront property, you are required to call 407-851-7730 for inspection of your silt fencing and/or turbidity barrier PRIOR TO COMMENCING WORK. If this is not done, a Stop Work Order will be issued.*

The person accepting the listed permit shall conform to the terms of the applications on file in the City Office and construction shall conform to the requirements of the FI Building Codes. To schedule an inspection please email your request to: [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com) a confirmation email reply will follow. INSPECTION REQUESTS can be made from 8:00am-1:00pm Monday-Friday. It is requested that inspections be scheduled 24 hours in advance via email. Please include the following in your request: Permit #, current date, project address & lot number, the builder name, the date of the inspection, a contact name & phone number for someone on site should our inspector need to reach them, requested time frame of inspection – A.M. or P.M.  
Updated: 07/2012 - FORM #PERMIT001

JUN-06-2013 07:57

P.002



### City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809  
Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

## Building Permit (Land Use) Application

DATE: 5/31/2013 6/6/13

PERMIT # 2013-06-025

PROJECT ADDRESS 5010 Dorian Ave, 1 Belle Isle, FL 32809 32812

PROPERTY OWNER Mary Houlahan PHONE 407-434-1801 VALUE OF WORK (labor & material) \$ 3,884.00

**PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS**

Roof Replacements - GAF HD Asphalt shing (g - 2 squares  
Polyglass Modified Bitumen - 5 squares

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- **PROVIDE SEPTIC RESIDENTIAL SYSTEM VERIFICATION - QC DOCUMENT 048-0, FOR NEW / ALTERED / ADDITIONS** to Septic System
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-4384-00-540

To obtain this information, please visit <http://www.ocanfl.com/Searches/ParcelSearch.aspx>

**SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCRoACH INTO ANY EASEMENT OR REQUIRED SETBACK.** Note, this Zoning Approval MAY or MAY NOT be in conflict with your **Deed Restrictions.** For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey SETS and Construction Plans SETS

PLANNING & ZONING APPROVAL: \_\_\_\_\_  
DATE \_\_\_\_\_

**PLEASE COMPLETE for Building Review**

CONSTRUCTION TYPE Roof Replacement

OCCUPANCY GROUP Comm Res: 20 Single Fam \_\_\_\_\_ Multi Fam \_\_\_\_\_

#BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ TOTAL SQ.FT. \_\_\_\_\_

MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_

MIN. FLOOD ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_

WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

BUILDING REVIEWER	DATE

Per FSS 105.3.3:  
An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Waste Management is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Waste Management at 407-788-0800 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

RETAIN ORIGINAL AT CITY HALL - Use No. 10972012 FORM LAND USE 002 - 1 of 2 Page Form

Wind Load Category: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

SPRINKLERS REQ'D	Y	N	RCD
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
ZONING	<input checked="" type="checkbox"/>	N	\$ <u>30.00</u>
CERT OF OCC	<input type="checkbox"/>	N	\$ _____
TRAFFIC	<input type="checkbox"/>	N	\$ _____
SCHOOL	<input type="checkbox"/>	N	\$ _____
FIRE	<input type="checkbox"/>	N	\$ _____
SWIMMING POOL	<input type="checkbox"/>	N	\$ _____
POOL ENCLOSURE	<input type="checkbox"/>	N	\$ _____
BOAT DOCK	<input type="checkbox"/>	N	\$ _____
BUILDING	<input type="checkbox"/>	N	\$ _____
WINDOW(S)	<input type="checkbox"/>	N	\$ _____
DOOR(S)	<input type="checkbox"/>	N	\$ _____
OTHER <u>Roof</u>	<input type="checkbox"/>	N	\$ <u>40.00</u>
3% FL SURCHARGE			<u>4.00</u>
TOTAL			<u>74.00</u>
By Owner Form	<input type="checkbox"/>	NA	
Notice of Commencement	<input type="checkbox"/>	NA	
Power of Attorney	<input type="checkbox"/>	NA	
Contractor Packet On File?	<input type="checkbox"/>	N	
<b>OTHER PERMITS REQUIRED:</b>			
ELECTRICAL	<input type="checkbox"/>	NA	
PREPOWER	<input type="checkbox"/>	NA	
MECHANICAL	<input type="checkbox"/>	NA	
PLUMBING	<input type="checkbox"/>	NA	
ROOFING	<input type="checkbox"/>	NA	
GAS	<input type="checkbox"/>	NA	
OTHER:			

1 25  
15  
40  
1000  
3 x 5  
NO Review 1/2

CHK # 58515

**City of Belle Isle**  
**Building Permit Application Review Sheet**

2013-05-066	2013-06-025
Property Owner	MARY HOULAHAN
Address	5010 DORIAN AVENUNE
Nature of Improvement	ROOF REPLACEMENT
Received Application	6/6/13
Zoning Clerk Review	N/A
Zoning Complete Date	N/A
Zoning Passed	N/A
Variance Approved	n/a
Universal Eng Notified	
Universal Eng Pickup	
Universal Eng Approved	
<b>Comments</b>	
1.	
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Permit Number: 2013-06-025  
 Folio/Parcel ID #: 17-23-30-4384-02-540  
 Prepared by: Stephanie Williams  
 Return to: Collis Roofing  
P.O. Box 520688  
Longwood, Fl. 32752-0688

DOCH 20130287847 B: 10578 P: 3041  
 06/03/2013 10:33:07 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Martha O. Haynie, Comptroller  
 Orange County, FL  
 HB - Ret To: COLLIS ROOFING



**NOTICE OF COMMENCEMENT**

State of Florida, County of Orange

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

1. Description of property (legal description of the property, and street address if available)  
Lake Conway Estates section 5 1/4 Lot 254 - 5010 Dorrian Ave, Bell Isle, FL 32812
2. General description of improvement  
Roof Replacement
3. Owner information or Lessee information if the Lessee contracted for the improvement  
 Name Mary Houlahan  
 Address 5010 Dorrian Ave, Bell Isle, 32812  
 Interest in Property \_\_\_\_\_  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name N/A  
 Address \_\_\_\_\_
4. Contractor Collis Roofing  
 Name P.O. Box 520688 Telephone Number 321-441-2800  
 Address Longwood, FL 32752-0688
5. Surety (if applicable, a copy of the payment bond is attached)  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. Lender  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

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



Mary Houlahan Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
owner Signatory's Title/Office

The foregoing instrument was acknowledged before me this 31 day of May, 2013 by Mary Houlahan name of person

as owner for \_\_\_\_\_ Name of party on behalf of whom instrument was executed  
 Type of authority, e.g., officer, trustee, attorney in fact  
Stephanie Williams Signature of Notary Public - State of Florida  
 Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID FOL  
 Type of ID Produced 459  
 I hereby certify that this is a true copy of the document as reflected in the Official Records.  
 MARTHA O. HAYNIE, COUNTY COMPTROLLER  
 Or. S. Williams  
 Date: 6/3/13



JUN-06-2013 07:57

P.004



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 \* Fax 407-240-2222 \* www.cityofbelleislefl.org

Building Permit (Land Use) Application
To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT #2013-06-025

Owner's Name Mary Houlahan
Owner's Address 5010 Dorian Ave, Belle Isle, 32812
Fee Simple Titleholder's Name (if other than owner's) N/A
Address City State Zip Code

Table with contractor information: Contractor's Name (Collis Roofing), Contractor's Address (P.O. Box 528668, Longwood, FL 32752-0668), License # (CC058022), Contact Phone/Cell (321-441-2300), Contact Email (swilliams@collisroofing.com), Architect/Engineer's Name, Architect/Engineer's Address, City, State, ZIP, License #, Contact Phone/Cell, Contact Email.

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if AC Replacement \$7500(+) and posted on the job site before the first inspection.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted.

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

Owner Signature Mary Houlahan
The foregoing instrument was acknowledged before me this 5/31/13 by Mary Houlahan who is personally known to me and who produced FCOL H450 397-27-638-0 as identification and who did not take an oath.
Notary as to Owner: STEPHANIE JOY WILLIAMS, MY COMMISSION # EE847708, EXPIRES October 29, 2016.

Contractor Signature J. Douglas Lanier
COMPANY NAME Collis Roofing, Inc.
The foregoing instrument was acknowledged before me this 5/31/13 by J. Douglas Lanier who is personally known to me and who produced as identification and who did not take an oath.
Notary as to Owner: STEPHANIE JOY WILLIAMS, MY COMMISSION # EE847708, EXPIRES October 29, 2016.

Impervious Surface Ratio Worksheet
Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 50-74 Impervious Surface Ratio of the City Code
1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
Total Lot Area \_\_\_\_\_ X 0.35 = \_\_\_\_\_
Allowable Impervious Area (BASE) \_\_\_\_\_
2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.
Examples include house, pool, deck, driveway, accessory building, etc.
House \_\_\_\_\_
Driveway \_\_\_\_\_
Walkway \_\_\_\_\_
Accessory Buildings \_\_\_\_\_
Pool & Spa \_\_\_\_\_
Deck & Patio \_\_\_\_\_
Other \_\_\_\_\_
Actual Impervious Area (AIA) \_\_\_\_\_
3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
4. If AIA is greater than BASE, then onsite retention must be provided.
Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

JUN-06-2013 07:57

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**CITY OF BELLE ISLE,  
FLORIDA**

1800 Nela Avenue  
Belle Isle, Florida 32809  
(407) 851-7730 • FAX (407) 240-2222  
www.cityofbelleislefl.org

**POWER OF ATTORNEY**

Date: 5/31/2013

Permit #: 2013-06-085

I hereby name and appoint Ray Henderson of  
(print name)

Collis Roofing, Inc. to be my lawful attorney-in-fact to act for  
(company name)

me and apply to the City of Belle Isle Building Department for a Roof Replacement permit  
(type of permit)

for work to be performed at the following location:

5010 Dorian Ave., Belle Isle, FL  32809  32812 and  
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: J. Douglas Lanier

License Number: CC058022

Certified Contractor's Signature: [Signature]

The foregoing instrument was acknowledged before me this 31 days of May of 20 13

by J. Douglas Lanier who is personally known to me or who produced

as identification and who did not take an oath.

State of Florida  
County of Orange Seminole  
[Signature]  
Notary Public, Orange County, Florida





JUN-06-2013 07:57

P.006



**City of Belle Isle**  
 1600 Nela Avenue, Belle Isle, FL 32809  
 Tel 407-861-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

**Product Approval Form**

DATE: 5/31/2013 PERMIT # 2013-06-025  
 PROJECT ADDRESS 5010 Dorian Ave, Belle Isle Belle Isle, FL 32809 32812

As required by Florida Statue 563.042 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org) or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen showing PAN, approval and code edition stamped
3. Manufacturer's Installation details and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
<b>EXTERIOR DOORS</b>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/Double Hung				Asphalt Shingles	GAF	H-D	10124-128
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof	Polyglass	Modified	1654-129
Mullion				Other			
Skylights							
Other							
<b>STRUCTURAL COMPONENTS</b>				<b>OTHER</b>			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

Reviewed for Code Compliance  
 Universal Engineering Sciences

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature Paulo Samu

Date 5/31/2013

Home Search Feedback

ORANGE COUNTY PROPERTY APPRAISER

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**5010 Dorian Ave** # 17-28-30-4304-02,540

Location Moulton Mary E Tr Newbliss Catherine M Tr Home Address Use 5010 Dorian Ave Belle Isle, FL 32812-1115 Internal Mailing Address	Property Boundaries 5010 Dorian Ave Parcel Address Use Orlando, FL 32812 Property Use 0101 - Single Family Municipality Belle Isle
--	---

302317438402540 08/23/2008

[Values, Exemptions and Taxes](#)
[Property Features](#)
[Sales Analysis](#)
[Location Info](#)

[Update Information](#)  
[View Plat](#)

**Property Description**

LAKE CONWAY ESTATES SECTION 5 1/2, 112 LOT 254

**Total Land Area** 11,684 sqft (-/-) | 0.27 acres (-/-) GIS Calculated Notice

**Land**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0101 - Single Family	R-1-AA	1 LOT(S)	\$40,000.00	\$40,000	\$40,000	\$40,000

Page 1 of 1 (1 total records)

**Buildings**

Important Information		Structure	
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1968	Gross Area: 2221 sqft
	Type Code: 0101 - Single Family	Beds: 4	Living Area: 2281 sqft
	Building Value: \$80,215	Baths: 2.0	Exterior Walls: Concrete Block Stucco
	Estimated New Cost: \$351,351	Floors: 1	Interior Walls: Drywall

Page 1 of 1 (1 total records)

**Extra Features**

Description	Date Built	Units	X700 Value
PT12 - Average Fireplace	01/01/1978	1 Unit(s)	\$2,500
SCR1 - Screen 1	01/01/1990	1 Unit(s)	\$2,000

Page 1 of 1 (2 total records)

This Data Printed on 05/29/2013 and System Data Last Refreshed on 05/28/2013

[Site Notes](#) | [About Us](#) | [Contact Us](#) | [OCPAFL Home](#) | [Property Search](#)  
 Orange County Property Appraiser - 200 S. Orange Avenue, Suite 1700 - Orlando, FL 32801  
 Office Hours: 8:00 a.m. to 5:00 p.m., Monday - Friday - Phone: 407.838.5044  
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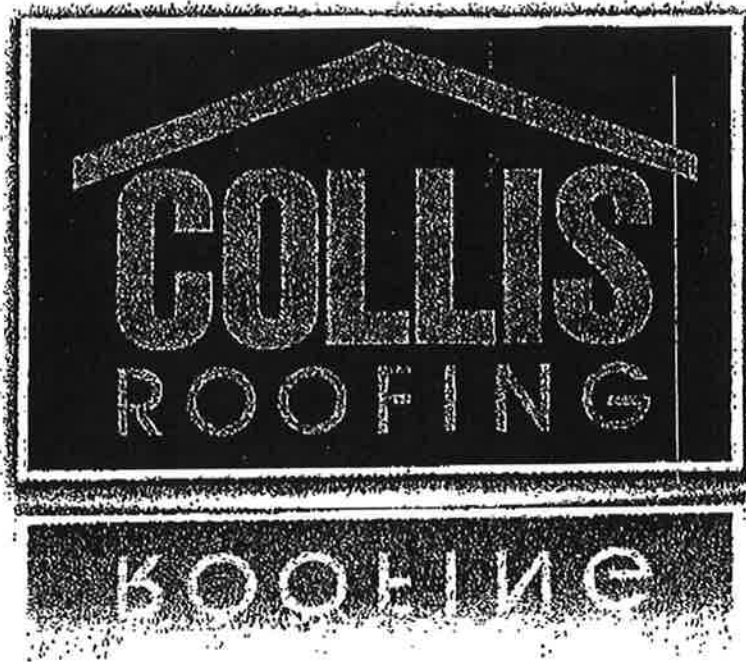
P.008

# COLLIS ROOFING, INC.

485 Commerce Way  
Longwood, FL 32750  
License# CCG068022



Phone - 321-441-2300  
Fax - 321-441-2313  
www.CollisRoofing.com



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## Project Proposal Prepared For

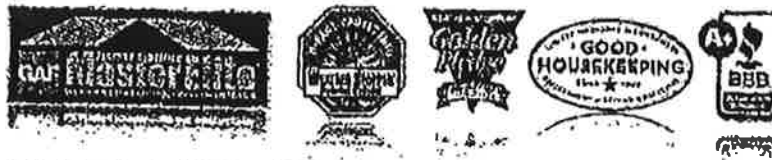
Date: 5/17/13

Phone: 407-434-2182

Attention: Cathy Houlahan

Email: Choulahan@ouc.com

Job Address: 5010 Dorian Ave  
Orlando, Fl. 32812



# SCOPE OF WORK

Collis Roofing, Inc. proposes to supply the labor and materials necessary to apply your roofing as follows:

- A. Remove 1 layer old shingles and underlayment and dispose of properly.
- B. Inspect existing decking for water damage or deterioration and replace as needed at the following rates:
 

<u>Decking - Plywood</u> - \$50.00 per sheet	<u>Fascia - Pine / Spruce</u> - \$6.00 per linear foot
<u>Decking - 1" Pine</u> - \$5.00 per linear foot.	<u>Fascia - Cedar</u> - \$8.00 per linear foot
<u>Framing - 2x4 / 2x6</u> - \$2.50 per linear foot.	<u>Fascia - 1x2 PT furring strips</u> - 2.50 per linear foot

*(Note: Any carpentry beyond the standard items listed above shall be performed at a rate of \$45.00 per man-hour plus material cost. These amounts are not included in the total below.)*
- C. Collis Roofing, Inc. will provide all applicable permits.

- 1. Re-nail roof deck per current building code (minimum 6" on center with 8d ring shank nails).
- 2. Supply and install 2 1/2" face drip edges (White) x **MF** around perimeter of roof per current building code and manufacturer specifications.
- 3. Supply and install all new plumbing boots and kitchen/bath vents.
- 4. **Install Modified Bitumen roofing system:**  
(15yr Manufacturers system warranty)
  - Supply and install Mid States ASTM 1970 Peel n Stick leak barrier as base sheet, 2 layers.
  - Supply and install Modified Bitumen SA
  - Reseal chimney Base.
  - Remove and replace necessary roof shingles where Modified Bitumen transition meets.

Haul away all debris to an approved facility and magnetically sweep job site upon completion.  
Supply a final release of lien for all labor and material upon completion.

**\$3,884.00 15yr Manufacturers Warranty**

With payment to be made as follows: **Upon Completion**

Respectfully submitted: Brian Hammond / Collis Roofing Project Estimator  
The above prices and scope of work are satisfactory and Collis Roofing, Inc. is hereby authorized to do the work as set forth above and in accordance with the terms and conditions attached hereto; payments will be made as outlined.

Date: 5/20/13 Approved By: Mary Houlahan

As Representative, Collis Roofing, Inc. [Signature]

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# Fax

To: Building Permit Dept. From: Stephanie Williams *Collis Roofing*

Fax: 407-240-2222 Phone: \_\_\_\_\_

Pages: 9 Date: 6/5/2013

Re: \_\_\_\_\_ CC: \_\_\_\_\_

- Urgent  
  For Review  
  Please Comment  
  Please Reply  
  Please Recycle

● Comments:

Please call 321-441-2300 and ask for Stephanie when permit is ready.

485 Commerce Way \* Longwood, FL 32750  
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