



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - 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 City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, 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

Scope of Work: BUILDING: Install siding on SFR

Comments: None

Project Information

Address: 5018 Dorian Avenue, Belle Isle, FL 32812
Parcel ID: 17-23-30-4384-02-530
Property Owner: Corcoran, Brett
Phone Number: 610-573-8768

Company Name: Lowe's Home Centers Inc.
Contractor Name: Cafaro, Peter
License Number: CGC1508417
Address: 4948 Tellson Place, Orlando, FL32812
Phone Number: 407-468-1010

Permit Number: 2014-02-021

Date of Application: 02/13/2014

Date Permit Issued: 02/20/2014

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL_ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$97.50
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$101.50

Date Paid 2-20-14

CC or Check # VUW 9707

Amount Paid 101.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions

Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st _____ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/Mechanical/
Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>
login ID = cobi@universalengineering.com password = [universa113](https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63)



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

received
 2-13-14

Building Permit (Land Use) Application

DATE: 2/12/14 PERMIT # 2014-02-021
 PROJECT ADDRESS: 5018 Dorian Ave Belle Isle, FL 32806 32812
 PROPERTY OWNER: Corcoran, Brett PHONE: 610 573 8768 VALUE OF WORK (labor & material) \$: 10,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

INSTALL SIDING ON SFR

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-387-4100); please provide a copy of their report
- **SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homesteaded

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: _____

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH 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 _____ Res: _____ Single Fam _____ Multi Fam
 OCCUPANCY GROUP _____ Comm _____ TOTAL SQ.FT. _____
 #BLDG. #UNITS, #STORIES _____ MAX. OCCUPANCY _____
 MAX. FLOOR LOAD _____ LOW FLOOR ELEV. _____
 MIN. FLOOR ELEV. _____ WELL _____ SEPTIC _____
 WATER SERVICE _____

BUILDING REVIEWER _____ DATE 2/18/2014
 NOTES _____

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."

Republic Services 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 Republic Services at 407-293-8000 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 Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW		
ZONING	Y	N
CERT OF OCC	Y	N
TRAFFIC	Y	N
SCHOOL	Y	N
FIRE	Y	N
SWIMMING POOL	Y	N
SCREEN ENCLOSURE	Y	N
ROOFING	Y	N
BOAT DOCK	Y	N
BUILDING	Y	N
WINDOW(S)	Y	N
DOOR(S)	Y	N
FENCE	Y	N
SHED	Y	N
DRIVEWAY	Y	N
OTHER <u>Siding</u>	Y	N

3% FL SURCHARGE

TOTAL

By Owner Form	<input checked="" type="radio"/> Y	NA
Notice of Commencement	<input type="radio"/> Y	NA
Power of Attorney	<input checked="" type="radio"/> Y	NA
Contractor Packet Included?		N
OTHER PERMITS REQUIRED:		
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA

\$ 97.50
4.00
101.50



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

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

PERMIT # _____

Owner's Name Corcoran, Brett
 Owner's Address 5018 Dorian Ave Belle Isle, FL 32812-1115

Contractor Name	PETER A CAFARO	Company Name	LOWE'S HOME CENTERS, INC.
License #	CGC1508417	Company Address	PO BOX 781993
Contact Phone/Cell	407 468-1010	City, State, ZIP	ORLANDO, FL 32878-1993
Contact Email	EHOLMES777@AOL.COM	Contact Fax	407 468-1010

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 \$2000(+) or if AC Replacement \$7500(+) 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.

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. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

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

Owner Signature [Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2014 by Brett Corcoran, who is personally known to me and who produced divers's key as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange

Contractor Signature
 COMPANY NAME LOWE'S HOME CENTERS, INC.

The foregoing instrument was acknowledged before me this 21st day of July, 2014 by PETER A CAFARO, who is personally known to me and who produced PERSONALLY KNOWN as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange

- Impervious Surface Ratio Worksheet**
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio
- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ X 0.35 = _____
 Allowable Impervious Area (BASE) _____
 - 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 _____
 - 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.
 Actual Impervious Area (AIA) _____
 - 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 (TP-40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

PROJECT NUMBER 0115.1400089.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-02-021
Property Owner	Corsgran, Brett
Address	5078 Darian Ave
Nature of Improvement	Install siding on SFR
Received Application	2-13-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	2/18/2014
Comments	
1.	220-14 sq emailed Nan it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Approved

Permit Number: _____
Folio/Parcel Identification Number: 17-23-30-4384-02-530
Prepared by: Lowe's Home Centers, Inc. # 1548
PO Box 781993
Orlando, FL 32878-1993
Return to: LOWE'S HOME CENTERS, INC
PO BOX 781993
ORLANDO, FL 32878-1993



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 SECS Y 112 LOT 253

2. General description of improvement
REMOVE & REPLACE SIDING

3. Owner information or Lessee information if the Lessee contracted for the improvement
Name Brett Corcoran
Address 5018 Dorian Ave Belle Isle FL 32812-1115
Interest in Property _____

- Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____

4. Contractor
Name LOWE'S HOME CENTERS, INC. Telephone Number 407 393-9150 x120
Address PO BOX 781993 ORLANDO, FL 32878-1993

5. Surety (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____

6. Lender
Name _____ 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 _____ 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 _____ 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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

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

The foregoing instrument was acknowledged before me this 28th day of Jan, 2014 by Brett Corcoran for _____
as _____, e.g., officer, trustee, attorney in fact, name of person
Type of authority, e.g., officer, trustee, attorney in fact _____
Name of party on behalf of whom instrument was executed _____

Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public _____

Personally Known _____ OR Produced ID XX
Type of ID Produced _____ Drivers License _____



Form Revised: September 26, 2011



By: [Signature]
Deputy Comptroller
MARTHA O. HAYNIE, COUNTY COMPTROLLER
I hereby certify that this is a true copy of the document as reflected in the Official Records.
State of Florida, County of Orange
Dated: _____



Lowes Home Centers Inc
 Permit & License Administration
 PO Box 781993
 Orlando, FL 32878 – 1993
 Bus. 407/832-8085
 Fax. 407/393-9151

Limited Power of Attorney

Date: 2/12/14

To: Building Department

From: Peter Anthony Cafaro III

I hereby name and appoint Nan Holmes, Mindy Holmes, Raymond Holmes and Jackie Caines, a permit service for Lowe's, to be my lawful attorney in fact to act for me and apply to

Belle Isle for a Building permit for work to be performed at a location described as:

(Address of Job) 5018 Dorian Ave
 (Owner of Property) Brett Cooper

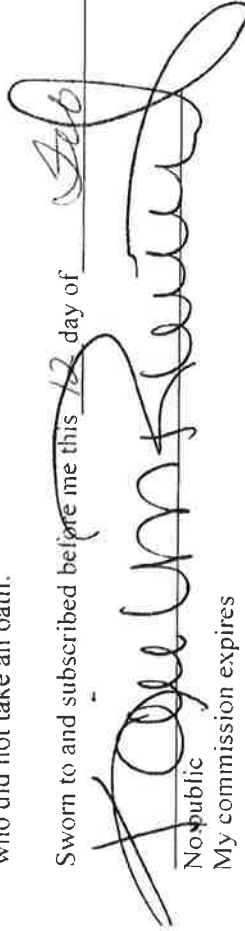
And to sign my name and do all things necessary to this appointment.

Thank you for your assistance.

Sincerely,


 Peter Anthony Cafaro III
 State License Qualifier
 CGC1508417
 CCC1326824

State of Florida County of Orange
 The forgoing instrument was acknowledged before me as Peter Anthony Cafaro III, who is personally known to me and who did not take an oath.

Sworn to and subscribed before me this 12 day of Feb, 2014

 Notary Public
 My commission expires





City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 • Fax 407-581-0313 • www.universalengineering.com

Product Approval Form

DATE: 2/12/14 PERMIT # _____
 PROJECT ADDRESS 5018 Dorian Ave Belle Isle, FL 32809 32812

As required by Florida Statute 553.842 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 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 from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's *installation* details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging				Sliding	PLYGEM	VISION PRO	FL15152
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS							
Single/Double Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Formis							
Lintels							
Other							

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 *Adam Goldman* Date 2/12/14



[BCIS Home](#)
[Log In](#)
[User Registration](#)
[Hot Topics](#)
[Submit Surcharge](#)
[Stats & Facts](#)
[Publications](#)
[FBC Staff](#)
[BCIS Site Map](#)
[Links](#)
[Search](#)



[Licenses](#)
[Proficiency](#)
[Regulations](#)
[Standards](#)

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)

FL # FL15152
Application Type New
Code Version 2010
Application Status Approved
Comments
Archived

Product Manufacturer Ply Gem Siding Group
Address/Phone/Email 2405 Campbell Road
 Sidney, OH 45365
 (937) 498-6720
 alan.hoying@plygem.com

Authorized Signature
 Alan Hoying
 alan.hoying@plygem.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category Panel Walls
Subcategory Siding

Compliance Method Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report Allen N. Reeves
Florida License PE-19354
Quality Assurance Entity Architectural Testing, Inc.
Quality Assurance Contract Expiration Date 12/31/2014
Validated By Luis R. Lomas P.E.
 Validation Checklist - Hardcopy Received

Certificate of Independence [FL15152_RO_COI_GeorgiaPacificSidingCOI-2010FBC.pdf](#)

Referenced Standard and Year (of Standard) **Standard** ASTM D3679 **Year** 2006

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

01/27/2012

Date Validated

04/11/2012

Date Pending FBC Approval

04/25/2012

Date Approved

06/11/2012

Summary of Products	
Go to Page	Page 1 / 2
FL #	Model, Number or Name
15152.1	Georgia Pacific Board & Batten
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure	
15152.2	Georgia Pacific Castle Ridge
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure	
15152.3	Georgia Pacific Cedar Lane Select
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure	
15152.4	Georgia Pacific Cedar Spectrum
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure (Method 2 - Polypropylene)	
15152.5	Georgia Pacific Cedar Spectrum
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure (Method 2 - Polypropylene)	
15152.6	Georgia Pacific Cedar Spectrum
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No	

<p>Design Pressure: N/A Other: See Evaluation Report for Design Pressure (Method 2 - Polypropylene)</p>	<p>Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_ATT-CCRR0164Report.pdf FL15152_R0_AE_GPCedarSpectrumShingle-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.7 Georgia Pacific Chatham Ridge Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure</p>	<p>Triple 3 Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_GeorgiaPacificChathamRidge-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.8 Georgia Pacific D5 Vertical Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure</p>	<p>Double 5 Vertical Siding Installation Instructions FL15152_R0_II_GPVerticalSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_GeorgiaPacificD5Vertical-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.9 Georgia Pacific Forest Ridge Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure.</p>	<p>Double 4, Double 5 Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_GeorgiaPacificForestRidge-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.10 Georgia Pacific Heritage Hill Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure</p>	<p>Double 4, Double 4 1/2 Dutch Lap, Double 5 Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_GeorgiaPacificHeritageHill-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.11 Georgia Pacific High Performance Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure</p>	<p>Double 6 Insulated Installation Instructions FL15152_R0_II_GPIInsulatedSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_GPSeasonsHighPerformance-2010FBC.pdf FL15152_R0_AE_GP-VinylSiding Analysis-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.12 Georgia Pacific Oakside Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure</p>	<p>Double 4, Double 4 Dutch Lap, Double 4 1/2 Dutch Lap, Double 5 Dutch Lap Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports FL15152_R0_AE_GeorgiaPacificOakside-2010FBC.pdf Created by Independent Third Party: Yes</p>
<p>15152.13 Georgia Pacific Park Ridge Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See Evaluation Report for Design Pressure.</p>	<p>Double 4 Dutch Lap, Double 4 1/2 Dutch Lap, Double 5 Dutch Lap Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes Evaluation Reports Created by Independent Third Party: Yes</p>

15152.14	Georgia Pacific Parkside	FL15152_R0_AE_GeorgiaPacificParkRidge-2010FBC.pdf Created by Independent Third Party: Yes
<p>Double 4, Double 4 Dutch Lap, Triple 3 1/3, Double 4 1/2 Dutch Lap, Double 5, Double 5 Dutch Lap</p> <p>Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GeorgiaPacificParkside-2010FBC.pdf Created by Independent Third Party: Yes</p>		
15152.15	Georgia Pacific Shadow Ridge	Double 4 Dutch Lap, Double 5 Dutch Lap
<p>Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GeorgiaPacificShadowRidge-2010FBC.pdf Created by Independent Third Party: Yes</p>		
15152.16	Georgia Pacific Somerset	6 1/2 Beaded
<p>Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GeorgiaPacificSomerset-2010FBC.pdf Created by Independent Third Party: Yes</p>		
15152.17	Georgia Pacific Vision Pro	Double 4, Double 4 Dutch Lap, Double 5, Double 5 Dutch lap
<p>Installation Instructions FL15152_R0_II_GeorgiaPacificVinylSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GeorgiaPacificVisionPro-2010FBC.pdf Created by Independent Third Party: Yes</p>		
15152.18	Truewall Board & Batten Series 4800	7" Vertical Siding
<p>Installation Instructions FL15152_R0_II_TruewallVertSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GP_TruewallBoardandBatten-2010FBC.pdf Created by Independent Third Party: Yes</p>		
15152.19	Truewall Series 3800	Double 4, Double 4 Dutch Lap, Double 4 1/2 Dutch lap, Double 5, Double 5 Dutch lap
<p>Installation Instructions FL15152_R0_II_TruewallSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GP_TruewallSeries3800-2010FBC.pdf Created by Independent Third Party: Yes</p>		
15152.20	Truewall Series 4000	Double 4, Double 4 Dutch Lap, Double 5, Double 5 Dutch lap
<p>Installation Instructions FL15152_R0_II_TruewallSidingInstallation-2010FBC.pdf Verified By: Allen N. Reeves 19354 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL15152_R0_AE_GP_TruewallSeries4000-2010FBC.pdf Created by Independent Third Party: Yes</p>		

Go to Page

HR Engineering, Inc.

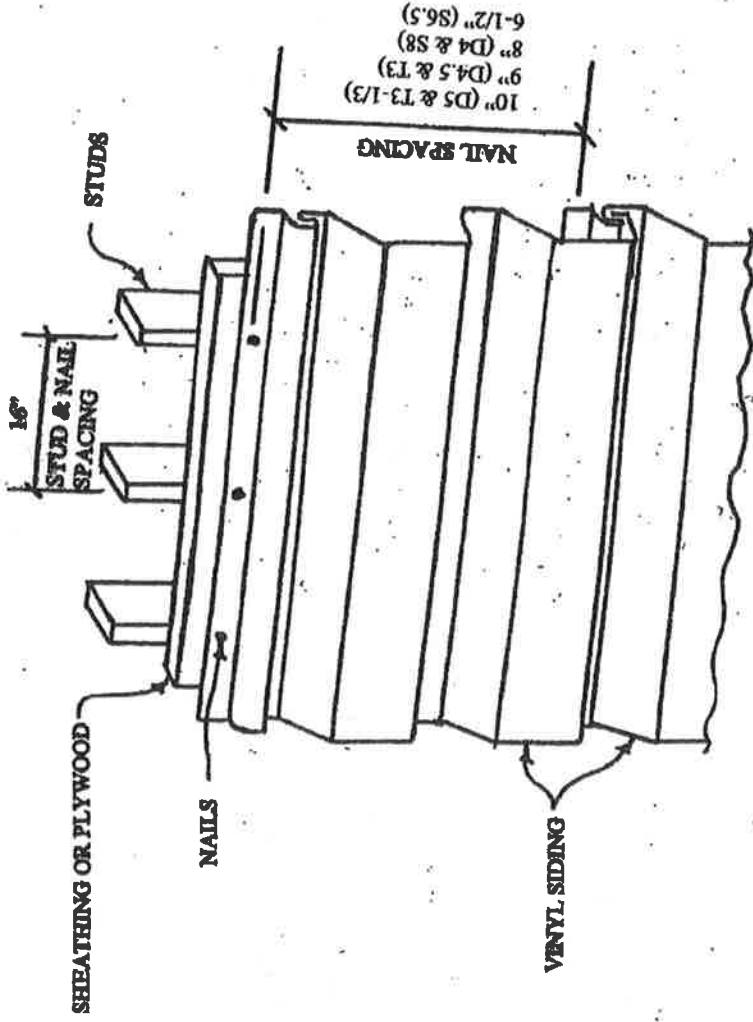
PLYGEM / GEORGIA
PACIFIC

DATE 20 JAN. 2012

BY: A. REEVES

PROJECT NO. 11120001 SHEET 1 OF 4

PROJECT NAME: VINYL SIDING INSTALLATION



PLYGEM / GEORGIA PACIFIC VINYL SIDING INSTALLATION

GENERAL NOTES

1. NAILS ARE GALVANIZED STEEL ROOFING NAILS, 1-1/2" LONG, WITH 1/8" DIAMETER SHANKS, AND 3/8" DIAMETER HEADS.
2. ALL STUDS MUST HAVE NAILS IN THEM AND ALL NAILS MUST BE IN STUDS.
3. SHEATHING MUST BE NAILABLE WITH A MINIMUM THICKNESS OF 5/8", AND PLYWOOD MUST BE A MINIMUM OF 1/2" THICK.
4. FOR ALLOWABLE DESIGN WIND LOADS ON VINYL SIDING USING THIS INSTALLATION PROCEDURE, SEE INDIVIDUAL EVALUATION REPORTS FOR PLYGEM / GEORGIA PACIFIC VINYL SIDING.
5. THE INSTALLATION DETAILS SHOWN ON THIS DRAWING ARE IN CONFORMANCE WITH FLORIDA BUILDING CODE 2010, PARAGRAPHS 1404.9 AND 1405.14; PLUS FLORIDA RESIDENTIAL CODE 2010, PARAGRAPH 703.11.



Allen N. Reeves
20 JAN. 2012

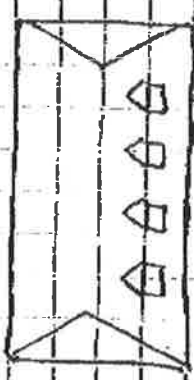
Allen N. Reeves, P.E., SECB
Structural Engineer
Florida License No. 19354

To: Loues #1598

Attn: Chris - ASE

Re: Brett Coleman

From: Mark Miller



* Vinyl siding Detail

Front

Scope of work: (LABOR ONLY)

- All work to be done is on the 4 Front Dormers, Both Gable Ends and entire 2nd floor Area on Rear of House
- Remove existing Full siding, Install 5/8" plywood sheathing, Tyvek Moisture Barrier, Vinyl siding and Associated vinyl trim.
- Haul Away debris from above referenced work.

SOB# IN. # MATERIALS:

12472	X 40	- plywood (4x8 sheets)	
14582	X 2	- Tyvek (per roll)	
29145	43187	160' - starter strip	(10)
29145	39063	600' - 5" channel	39266 X 2 - 6350 - 12'6" in stock
29145	115941	200' - Under sill trim	12'6"
29145	200774	10' - Outsider corner	90d
29145	531159	X 7/4.5g - Siding	144682 X 7 (410 Pieces)
29145	446622	X 2 - Siding nails (per 5 lb. box)	1097166 X 2
	24	- Caulking (per tube)	170.00 29543

Store # 1598

[Searches](#)
[Sales Search](#)
[Results](#)
[Property Record Card](#)
[My Favorites](#)

5018 Dorian Ave < 17-23-30-4384-02-530 >

Names:
 Corcoran Brett A
Mailing Address-On File:
 5018 Dorian Ave
 Belle Isle, FL 32812-1115
Incorrect Mailing Address?

Physical Street Address:
 5018 Dorian Ave
Postal City and Zipcode:
 Orlando, FL 32812
Property Use:
 0103 - Single Fam Class III
Municipality:
 Belle Isle

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

Property Description

LAKE CONWAY ESTATES SECTION 5 Y/112 LOT 253


Total Land Area 10,625 sqft (+/-) | 0.24 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$80,000.00	\$80,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1963	
	Type Code: 0103 - Single Fam Class III	Beds: 5	
	Building Value: \$123,865	Baths: 3.0	
	Estimated New Cost: \$186,544	Floors: 2	

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
FPL2 - Average Fireplace	01/01/1963	1 Unit
PT1 - Patio 1	12/31/2005	1 Unit
PL2 - Above Average Pool	12/31/2005	1 Unit

Page 1 of 1 (3 total records)

From: Riccaboni, Kari - Kari M <Kari.M.Riccaboni@Lowe.com>
To: eholmes777 <eholmes777@aol.com>
Sent: Fri, Dec 13, 2013 10:12 am
Subject: RE: STILL NO WC - JUST ATTACH TO REPLY ON THIS EMAIL - THANKS, NAN



Risk Management Department

Re: Lowe's Home Centers, Inc. Competency License
Florida General Contractor's License # CGC1508417, Peter Anthony Cafaro, III, Certified
General Contractor.
Florida Contractor's License # CCC1326824, Peter Anthony Cafaro, III, Certified Roofing
Contractor.

Dear Sir/Madam:

This letter will confirm that Lowe's Home Centers, Inc. (a wholly owned subsidiary of Lowe's Companies, Inc. (hereinafter "Lowe's")) intends to satisfy the general liability insurance requirement through a program of self-insurance. Lowe's self insures for each general liability claim in an amount up to and including \$3,000,000 which is the attachment point for Lowe's excess liability policy which is written through Steadfast Insurance Company as evidenced on our certificate of insurance. Lowe's Companies, Inc. maintains reserves to support this program of self insurance based on a review (performed at least annually) by a certified casualty actuary.

Lowe's Companies, Inc. is a Fortune 50 company and operates more than 1,700 stores in the US, Canada and Mexico. Lowe's sales in 2012 were in excess of \$52 billion. You may access Lowe's financial information at www.lowes.com.

Please feel free to contact me at (704) 758-3123 if you have any questions.

Very truly yours,

Shonna Splain
Insurance & Risk Administrator
Risk Management Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA Inc.
100 North Tryon Street, Suite 3200
Charlotte, NC 28202
Attn: For questions contact: insurancerequest@owes.com

47065-CASUA-ONLY-13-14 Liens FL LHC

INSURED
Lowe's Companies, Inc.
and Subsidiaries
1000 Lowe's Blvd. (28117)
PO Box 1000
Mooresville, NC 28115

CONTACT
NAME: _____ FAX: _____
PHONE No. Ext: _____ /A/C. No: _____
E-MAIL: _____
ADDRESS: _____

INSURER(S) AFFORDING COVERAGE

INSURER A:	National Union Fire Ins Co Pittsburgh PA	NAUC #	19445
INSURER B:	New Hampshire Insurance Company		23841
INSURER C:	Illinois National Ins Co		23817
INSURER D:	Safety National Casualty Corp.		15105
INSURER E:	Steadfast Insurance Company		26387
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** ATL-0309891-03 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL. SUBR. INSR. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		Self Insured - See Below			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
A	X ANY AUTO		CAS196309 (AOS)	04/01/2013	04/01/2014	COMBINED SINGLE LIMIT \$ 5,000,000
B	ALL OWNED AUTOS		CAS196310 (MA)	04/01/2013	04/01/2014	BODILY INJURY (Per person) \$
A	HIRED AUTOS		CAS196311 (VA)	04/01/2013	04/01/2014	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
E	X UMBRELLA LIAB	X	IPR5792301-00	04/01/2011	04/01/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATUS: OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)		WC019359017 AOS, WC019359015 MN	04/01/2013	04/01/2014	WC:StatEL-\$3mit; as \$2mil SIR
B	DESCRIPTION OF OPERATIONS below		WC019359016 WI WC019359018 AK,AZ WC019359019 NH, VT	04/01/2013	04/01/2014	WC:StatEL-\$3mit; as \$2mil SIR
A	Excess WC		XWC6636188 (AOS)	04/01/2013	04/01/2014	
A	Excess WC		XWC6636190 (FL)	04/01/2013	04/01/2014	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Insured is self insured for General Liability for the period of 4/01/2013 to 4/01/2014.

Lowe's Home Centers, Inc. is a named insured under the captioned policies. Florida General Contractor's License # CGC1508417, Peter Anthony Cafaro, III, Certified General Contractor. Florida Contractor's License # CCC132682A, Peter Anthony Cafaro, III, Certified Roofing Contractor.

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Diana Bentley

Diana Bentley

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE**

(850) 487-1395

FL 32399-0783

**CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC
PO BOX 781993
ORLANDO**

FL 32878-1993

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

AC# 6157140

CGC1508417

06/08/12 118200449

CERTIFIED GENERAL CONTRACTOR
CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2014 L12060800835

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEAR™ PATENTED PAPER

AC# 6157140

STATE OF FLORIDA

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# L12060800835

DATE	BATCH NUMBER	LICENSE NBR
06/08/2012	118200449	CGC1508417

**The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014**

**CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC
4948 TELLSON PL
ORLANDO**

FL 32812

**RICK SCOTT
GOVERNOR**

**KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW



Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

ORIGINAL	2013	EXPIRES 9/30/2014	1801-0590711
1801 CERTIFIED GENERAL CONT \$30.00 1	EMPLOYEE 5000 BUSINESS OFFICE		
1806 CERTIFIED ROOFING CONT \$30.00 1	EMPLOYEE		\$30.00 1 EMPLOYEE

TOTAL TAX \$90.00
 PREVIOUSLY PAID \$90.00
 TOTAL DUE \$0.00



CAFARO PETER A III QUALIFIER

LOWES HOME CENTERS INC
 PO BOX 781993
 ORLANDO FL 32878

4948 TELLSON PL (MOBILE)
 A - ORLANDO, 32812

PAID: \$90.00 099-00585774 7/19/2013

This receipt is official when validated by the Tax Collector.