



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: 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: DOOR: rear entry, size-for-size

Comments: None

Project Information

Address: 5120 Louvre Avenue, Belle Isle, FL 32812
Parcel ID: 17-23-30-4379-02-270
Property Owner: Santos, Shirley
Phone Number: 239-728-4942

Company Name: Decker Doors, Inc.
Contractor Name: Decker, Daniel
License Number: CBC1250499
Address: 724 Brooks Court, Winter Springs, FL 32708
Phone Number: 407-696-0830

Permit Number: 2014-12-022

Date of Application: 12/18/2013

Date Permit Issued: 12/19/2013

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$49.50
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 \$53.50

Date Paid 12-23-13

CC or Check # 13566

Amount Paid 53.50

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 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
(Footing/Foundation)

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 BidScheduling@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 = universal13



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

Received
 12-18-13

DATE: 12-17-13 PERMIT # 2014-12-022

PROJECT ADDRESS 5120 LOUVRE AVE BELLE ISLE Belle Isle, FL 32809 Y 32812
 PROPERTY OWNER Shirley Santos PHONE 239-728-4942

NATURE OF PROPOSED IMPROVEMENTS Replace Rear Entry door unit

- **ISR** - impervious surface calculations required for all building Attached (on 2nd page) or on Plans Submitted
- **DEMOLITION PERMIT NUMBER** _____ If Applicable, DEP- ASBESTOS FORM CLEARANCE _____
- **BOAT DOCK:** DEP Clearance Required with Application - Date of Report/Number _____
- **PROVIDE SEPTIC RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6, 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
- **Boat Navigable Waterways:** if applicable, Marine Contractor Insurance # _____

PLEASE COMPLETE for City of Belle Isle Zoning Review
 PARCEL TAX I.D. NUMBER SEC 11-25-20-4379-02-270 SUBDIVISION _____
 LEGAL DESCRIPTION LOT LAKE COUNTRY BLOCK _____ NO. OF PARKING SPACES, ZONING TECH _____ FLOOD
 ZONING CLASS _____ HEIGHT LIMIT _____ SIDEWALKS REQ'D _____ PAVED DRIVE REQ'D _____
 PERMIT NO. _____ F.L.U. DESIGNATION _____ SIDE _____
 SETBACKS: FRONT _____ REAR _____ SIDE _____

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROUGH 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 Resident a Traffic Impact Fee and School Impact will be assessed.
 Attached Survey _____ SETS and Construction Plans _____ SETS
 SPRINKLERS REQ'D _____ Y _____ N _____
 If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW
 Date: Sent _____ RCD _____

PLANNING & ZONING APPROVAL: _____ DATE _____
PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____ OWNER EST VALUE \$ 2607
 OCCUPANCY GROUP _____ Comm _____ Res: _____ Single Fam _____ Multi Fam _____
 #BLDG. #UNITS #STORIES _____ TOTAL SQ.FT. _____
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ DATE _____
 NOTES 250
80
330 + 16.50 =

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
 Updated 02/2012 - FORM #LANDUSE002 - 2 Page Form

By Owner Form	Y	N	\$
Revision	Y	N	\$
Notice of Commencement	Y	NA	\$
Power of Attorney	Y	NA	\$
3% FL SURCHARGE	Y	NA	\$
TOTAL			53.50

GOVT. OWNED	Y	N	\$
THRESH INSP. REQ'D	Y	N	\$
PLAN (FORMAT?)	Y	N	\$
OTHER PERMITS REQUIRED	Y	N	\$
ELECTRICAL	Y	N	\$
PREPOWER	Y	N	\$
MECHANICAL	Y	N	\$
PLUMBING	Y	N	\$
ROOFING	Y	N	\$
GAS	Y	N	\$
HOLD C/O	Y	N	\$
CERT OF OCCUPANCY	Y	N	\$
ZONING	Y	N	\$
TRAFFIC \$1430	Y	N	\$
SCHOOL	Y	N	\$
ENGINEERING	Y	N	\$
FIRE	Y	N	\$
ENVIRO. PROT.	Y	N	\$
PLANNING	Y	N	\$
BOAT DOCK	Y	N	\$
BUILDING	<input checked="" type="checkbox"/>	N	\$ <u>49.50</u>
STORMWATER	Y	N	\$



City of Belle Isle
1600 Neta 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 # _____

Owner's Name Shirley Santos
Owner's Address 5130 Louvre Ave Belle Isle FL 32812
Fee Simple Titleholder's Name (if other than owner's) _____

Address	City	State	Zip Code
Contractor's Name <u>Decor Doors Inc</u>	Architect/Engineer's Name		
Contractor's Address <u>724 Brooks Ct</u>	Architect/Engineer's Address		
City, State, ZIP <u>Winter Springs FL 32708</u>	City, State, ZIP		
License # <u>CBG1250499</u>	License #		
Contact Phone/Cell <u>407-690-0830</u>	Contact Phone/Cell		

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 A/C 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 for 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 ELECTRICAL, PLUMBING, GAS, SIGNS, POOLS, MECHANICAL, 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 Shirley E. Santos
The foregoing instrument was acknowledged before me this 12/13/13
by Shirley E. Santos who is personally known to me
and who produced FL DL
as identification and who did not take an oath.

Notary as to Owner Pedro Rodriguez
Commission No. _____
State of FL County of Orange.
My Commission expires: 10/11/16

Contractor Signature David T. Decker
The foregoing instrument was acknowledged before me this 12/2/13
by David T. Decker who is personally known to me
and who produced _____
as identification and who did not take an oath.

Notary as to Owner Michelle Snyder
Commission No. EE001130
State of FL County of Orange.
My Commission expires: 11/22/14

Certificate of Competency

Contractor's Certificate of Competency # EE044430
RETAIN ORIGINAL AT PERMIT OFFICE - Updated 02/2012
FORM # LANDUSE002 - 2 of 2 Page Form

<p>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</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Allowable Impervious Area (BASE) _____</p> <p>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.</p> <ul style="list-style-type: none"> House _____ Driveway _____ Walkway _____ Accessory Buildings _____ Pool & Spa _____ Deck & Patio _____ Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>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.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>. Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: <u>7.5 inches rainfall / 12 inches pifoot</u> X (result from line 4) = cubic feet of storage volume needed</p>	<p>Notary Public, State of Florida PEDRO RODRIGUEZ Commission # EE 944908 My comm. expires Oct. 11, 2016</p>
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Permit Number: _____
Folio/Parcel Identification Number: 17-23-30-4379-02-270
Prepared by: Daniel T. Decker

Return to: Daniel T. Decker
724 Brooks CT
Winter Springs, FL 32708

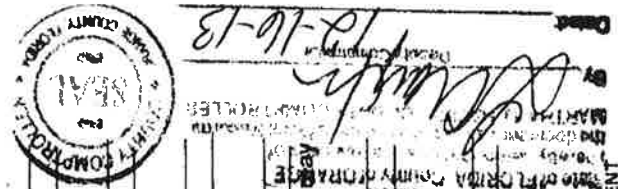


NOTICE OF COMMENCEMENT

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.

- Description of property** (legal description of the property, and street address if available)
Lake Conway Estates Section 3 Y/19 Lot 227 5120 Louvre Ave Belle Isle, FL 32812
- General description of improvement**
Replace rear entry door unit.
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Shirley Santos
Address 5120 Louvre Ave Orlando, FL 3812
Interest in Property 100%
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Decker Doors Inc Telephone Number 407-696-0830
Address 724 Brooks Ct. Winter Springs, FL 32708
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- 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 _____
- 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 _____
- 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 1, 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.

Shirley E. Santos Signatory's Title/Office Shirley Santos
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 13 day of 12/13 by Shirley E. Santos
as owner for SELF (month/year) name of person

Type of authority, e.g., officer, trustee, attorney in fact Shirley E. Santos
Shirley E. Santos Print, type, or stamp commission number of Notary Public
Signature of Notary Public - State of Florida Pedro A. Rodriguez Notary Public, State of Florida
Commission # EE 84508



Personally Known OR Produced ID FLDL
Type of ID Produced

Firm/Power: September 26, 2011

Santos Residence
5120 Louvre Ave
Belle Isle, FL 32812

Replace rear entry door unit

Opening will meet 35 PSF +/- requirement



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

Product Approval Form

DATE: 12-02-13 PERMIT # _____
 PROJECT ADDRESS 512D LOUVRE AVE Belle Isle, FL 32809 ✓ 32812

As required by Florida Statue 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 available onsite for inspections:
1. Copy of this Product Approval Cover Sheet stamped with OCDBS approval
 2. A copy of the manufacturer's installation details and requirements for each product stamped with OCDBS approval. (Approved in the office)
 3. A copy of the internet screen showing PA#, approval, and code edition stamped with OCDBS approval.

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging				Sliding			
<i>Sliding</i>	<i>Jeld Wen</i>	<i>P17011M, 17011L, 17011R</i>	<i>FL10976-1</i>	Soffits			
Other				Storefront			
				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				OTHER			
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

*Manufacturer's installation instructions for asphalt shingles are not required to be submitted to the office, but must be available onsite.

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 Dawn T. DeWitt Date 12-02-13

**RETAIN A COPY FOR OFFICE USE AND RETURN ORIGINAL TO APPLICANT
 THE ORIGINAL IS A WHITE FORM - FORM #PRODAPP012**



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FL # FL10976-R4
Application Type Revision
Code Version 2010
Application Status Approved
 *Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
 Archived

Product Manufacturer Address/Phone/Email

JELD-WEN
 3737 Lakeport Blvd
 Klamath Falls, OR 97601
 (800) 535-3936
 fbc@jeld-wen.com

Authorized Signature

Janet Gerard
 fbc@jeld-wen.com

Technical Representative Address/Phone/Email

JELD-WEN Corporate Customer Service
 3737 Lakeport Blvd.
 Klamath Falls, OR 97601
 (800) 535-3936
 customerserviceagents@jeld-wen.com

Quality Assurance Representative Address/Phone/Email

Category Subcategory

Exterior Doors
 Sliding Exterior Door Assemblies

Compliance Method

Certification Mark or Listing

Certification Agency Validated By

American Architectural Manufacturers Association
 American Architectural Manufacturers Association

Referenced Standard and Year (of Standard)

Standard
 AAMA/WDMA/CSA 101/T.S.2/A440

Year
 2005

Equivalence of Product Standards Certified By

Florida Licensed Professional Engineer or Architect
 FL10976_R4_Equiv_SA10976_SS.pdf

Product Approval Method

Method 1 Option A

Date Submitted

05/24/2013

Date Validated
 Date Pending FBC Approval
 Date Approved

05/24/2013
 06/03/2013

Summary of Products

FL #	Model, Number or Name	Description
10976.1	Premium Atlantic Vinyl	Bypass Sliding Patio Door (3800) 190.625" x 95.5" Insulated Glass (3/16" - 3/16" Tempered) (Safety Glazing)
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		Certification Agency Certificate FL10976_R4_C_CAC_XXXX_C50-190.625x95.5.pdf Quality Assurance Contract Expiration Date 06/16/2015 Installation Instructions FL10976_R4_II_PAV3800_NCTL_210-3576-3 (Bypass).pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports FL10976_R4_AE_PAV3800_NCTL_210-3576-3 (Bypass).pdf Created by Independent Third Party: Yes
10976.2	Premium Atlantic Vinyl	Pocket Sliding Patio Door (3800) 190.125" x 95.5" Insulated Glass (3/16" - 3/16" Tempered) (Safety Glazing)
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		Certification Agency Certificate FL10976_R4_C_CAC_XXXX_C50-190.125x95.5.pdf Quality Assurance Contract Expiration Date 06/16/2015 Installation Instructions FL10976_R4_II_PAV3800_NCTL_210-3576-4 (Pocket).pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports FL10976_R4_AE_PAV3800_NCTL_210-3576-4 (Pocket).pdf Created by Independent Third Party: Yes

[Back](#) [Next](#)

Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32399 Phone: 850-487-1824

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850-487-1395. Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S., must provide the Department with an email address if they have one. The email address provided may be used for official communication with the licensee, however, email addresses are public records. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click here.

Product Approval Acceptance:



A.L.I.

(Validator / Operations Administrator)

**AAMA
CERTIFICATION PROGRAM****AUTHORIZATION FOR PRODUCT CERTIFICATION**JELD-WEN Windows & Doors
P.O. Box 1329
Klamath Falls, OR 97601

Attn: Jason Kantola

The product described below is hereby approved for listing in the next issue of the AAMA Certified Products Directory. The approval is based on successful completion of tests, and the reporting to the Administrator of the results of tests, accompanied by related drawings, by an AAMA Accredited Laboratory.

1. The listing below will be added to the next published AAMA Certified Products Directory:

SPECIFICATION	RECORD OF PRODUCT TESTED		
	COMPANY AND CODE	SERIES MODEL & PRODUCT DESCRIPTION	MAXIMUM SIZE TESTED
AAMA/WDM/ACSA 101/I.S.2/A440-05 SD-C50-4841x2428 (191x96)			
JELD-WEN Windows & Doors Code: JW	CPD NO. 3657	PREMIUM ATLANTIC VINYL BYPASS SGD (PVC)(OXXX)(OG)(INS GL) (REINF)(ASTM)	FRAME 4841 mm x 2426 mm (15'11" x 8'0") PANEL 1232 mm x 2359 mm (4'1" x 7'9")

2. This Certification will expire **June 16, 2015** (extended from **June 16, 2013** per AAMA 106-13) and requires validation until then by continued listing in the current AAMA Certified Products Directory.

3. Product Tested and Reported by: **National Certified Testing Laboratories**

Report No.: 210-3676-3

Date of Report: June 23, 2009

Validated for Certification

Associated Laboratories, Inc.

Authorized for Certification

American Architectural Manufacturers Association

Date: May 23, 2013

Cc: AAMA
JGS

ACP-04 (Rev. 1/11)

DOUGLAS PRESTON, P.E.

101 Rosebud Lane, Georgetown, TX 78633, Phone: 254.493.8860

WINDOW ANCHOR EVALUATION REPORT

AER Report No.: 09.04.210.3576.3

Window Manufacturer: Jeld-Wen Windows & Doors
P.O. Box 1329
Klamath Falls, OR 97601
Manufacturing Locations: Venice, FL & Gainesville, GA

Product Name & Description: Prem. Atlantic PVC 3800 Non-Impact Sliding Patio Door,
191"x96"/OXXX, SD-C50

Structural Test Report No.: NCTL210.3576.3; dated 6.16.09
Signed by Mark Bennett & Christopher Bennett

Impact Test Report No.: NCTL210.3576.3; dated 6.16.09
Signed by Mark Bennett & Christopher Bennett

Jeld-Wen Drawing Nos.: PAV3800 NCTL210.3576.3, Sheets 1 thru 5, Rev. 00,
Sealed by Doug Preston, PE; dated 12.11.09

Statement of Compliance: This document is a window anchor evaluation report issued to demonstrate that the required installation anchors per the above named Jeld-wen drawings are compliant with the 2007 Florida Building Code. This compliance is based on the State of FL Product Approval, Dept of Community Affairs-FL Building Commission state statute Rule Chapter No 9B-72.070, Method 1.A.

Limitations/Conditions of Compliance:

1. Max. Design Pressures: +50 psf; -50 psf
2. Max. Window Size: 191" x 96"
3. Window Glazing: Per NCTL test report(s) named above
4. Windows must be installed per the Jeld-Wen drawings named in this report. This specifically is in regards to anchor sizing and embedment.
5. Anchors/fastener must be installed per the anchor/fastener manufacturer's requirements.
6. Where shimming is required, material must comply with the 2007 FBC.

Statement of Independence: I, Douglas Preston, PE have issued this report for Jeld-Wen Windows & Doors. In no way do I or will I acquire financial interest in Jeld-Wen as a company or in sales/distribution of the above named product. Additionally, I do not have or will not acquire financial interest from the approval process of the product named above.



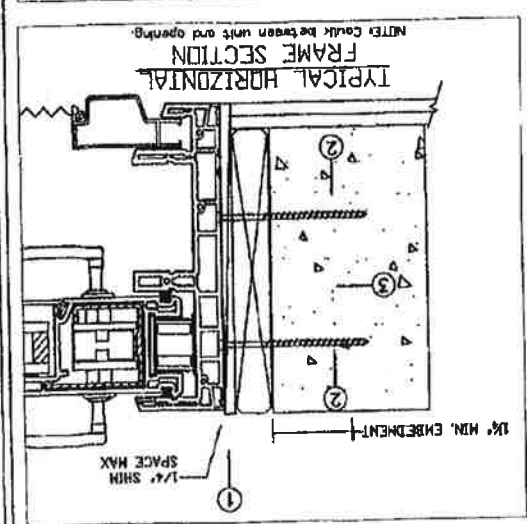
Douglas S. Preston, PE
FL No. 53291
Dec. 11, 2009

DATE: 09/16/2009 SCALE: NTS TITLE: Premium Atlantic Vinyl (3800) Sliding Patio Door Masonry Installation (191.625" x 95.50")	PROJECT ENGINEER: M. Tezstaff CHECKED BY: M. Tezstaff APPROVED BY: <i>[Signature]</i> PART/PROJECT NO.: IDENTIFIER NO.: 210-3576-3	CAD DWG. No.: PAV3800_NCTL210-3576-3 REV: 00 SHEET: 1 of 5
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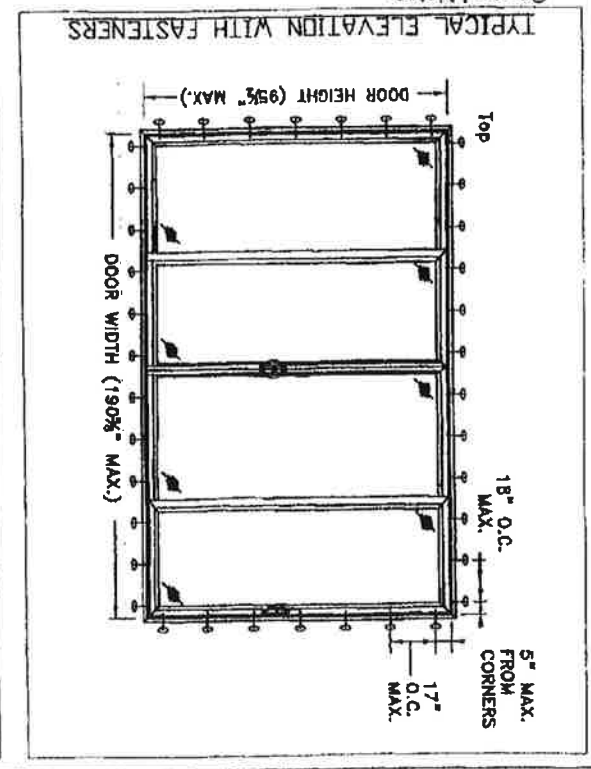
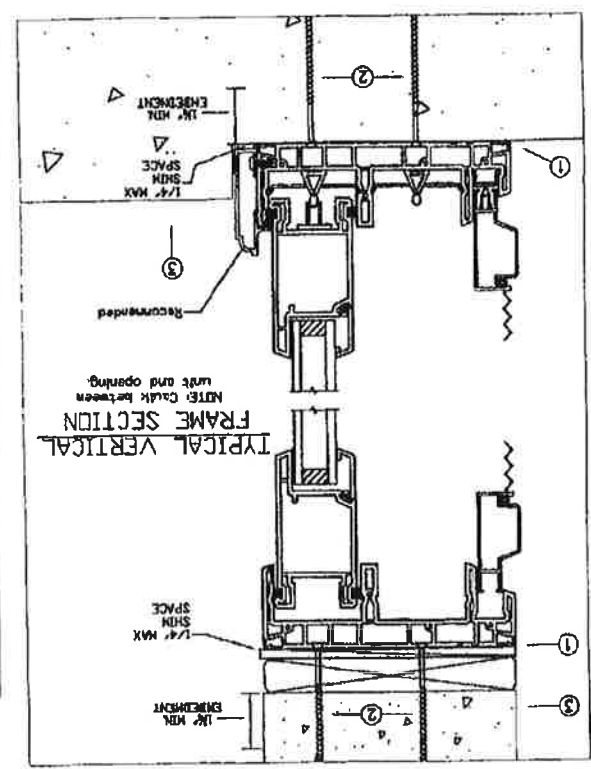
This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the door or go to www.jeld-wen.com/resources/installation.

This drawing and its contents are the property of JELD-WEN, Inc. and are for the expressed use of determining anchor requirements for this product only.

Max Frame 190 7/8" x 95 1/2" +50/-50 DP IMPACT	Uniform Design Pressure as Tested: +30/-20 psf per AMVA/IRMA/CSA 181/15 2/44-03
--	--



MASONRY (NCTL 210-3576-3)



MASONRY (NCTL 210-3576-3)

Installation Notes:
 1. Seal frame to substrate.
 2. Use two (2) 3/8" Tapcons or equivalent fasteners through frame with sufficient length to penetrate a minimum of 1 1/4" into the masonry at each location.
 3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the permit holder, architect or engineer of record for the project of installation.

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300.
- Use structural or composite shims where required.
- Installation methods can be interchanged within the same opening.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

PROJECT ENGINEER: ---	DATE: 09/16/2009	PROJECT NAME AND LOCATION: Premium Atlantic Vinyl (3800) Sliding Patio Door
DRAWN BY: M. Tezlaft	SCALE: NTS	WOOD FRAME (190.625" x 95.50")
CHECKED BY: ---	TITLE: ---	APPROVED BY: ---
PART/PROJECT NO.: ---	IDENTIFIER No: 210-3576-3	PLANT NAME AND LOCATION: Venice Window Division
REV: 00	SHEET 2 of 5	CD DWG. NO.: PAV3800_NCTL210-3576-3

See SAT 1, .121109

M. Tezlaft

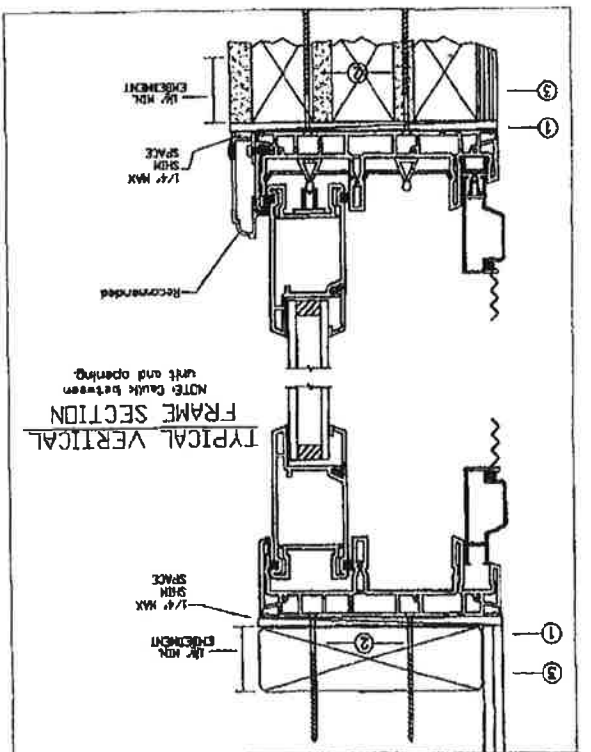
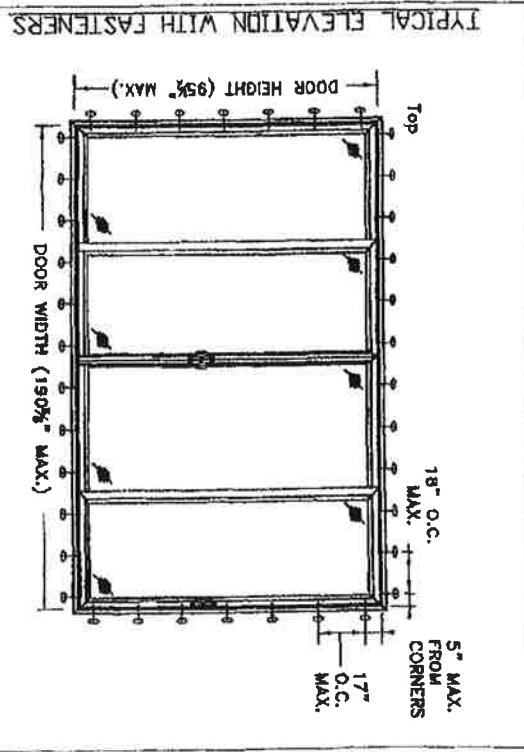
This drawing and its contents are the property of JELD-WEN, Inc. and are for the expressed use of determining anchor requirements for this product only.

www.jeld-wen.com/resources/installation.

Instructions packaged with the door or go to conditions. For the complete installation procedure, see the address the sealing consideration that may arise in different wall is not intended as a guide to the installation process and does not performance (where applicable) up to the size limitations noted. It product to achieve the rated design pressure and impact the This schedule addresses only the fasteners required to anchor the

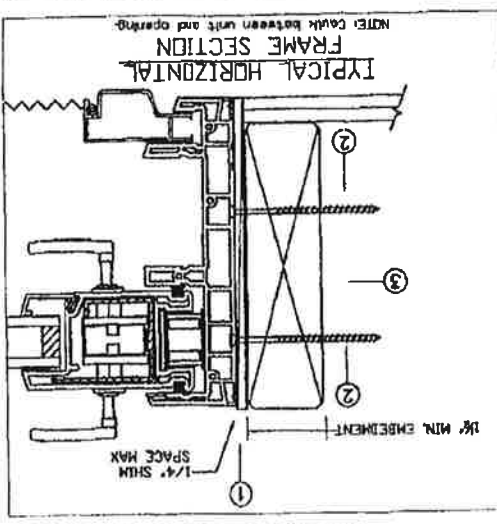
- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300.
- Use structural or composite sills where required.
- Installation methods can be interchanged within the same opening.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

- Installation Notes:
1. Seal frame to substrate.
 2. Use two (2) #10 or greater fasteners through frame with sufficient length to penetrate a minimum of 1 1/2" into the wood framing at each location.
 3. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the permit holder, architect or engineer of record for the project of installation.



Max Frame	DP	IMPACT
190% x 95%	+50/-50	ND

Uniform Design Pressure as tested 150/-50 psf per ANSI/VDMA/CSA 101/15.2/44-03.



WOOD FRAME (NCTL 210-3576-3)

This schedule addresses only the fasteners required to anchor the product to achieve the rated design pressure and impact performance (where applicable) up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the door or go to www.jeld-wen.com/resources/installation.

This drawing and its contents are the property of JELD-WEN, Inc. and are for the expressed use of determining anchor requirements for this product only.

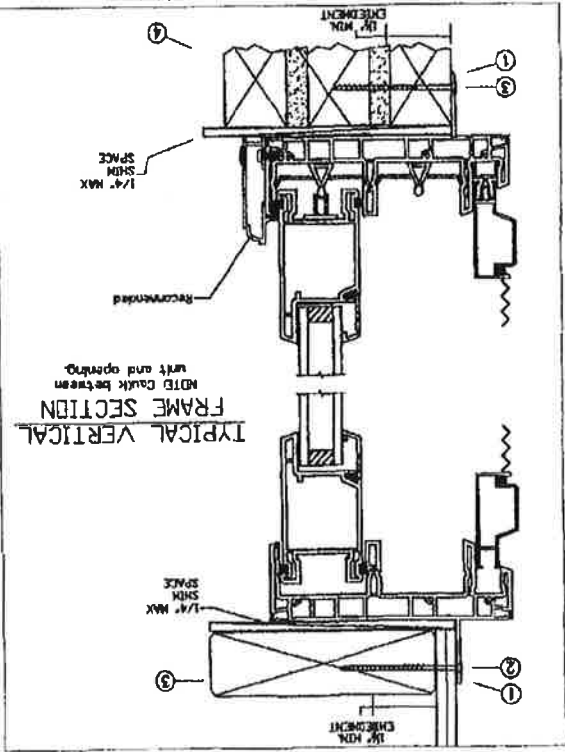
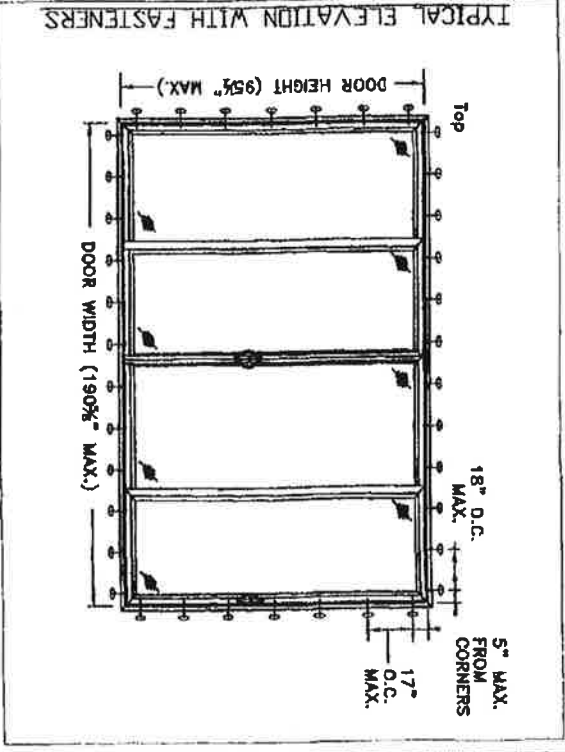
PROJECT ENGINEER: M. Teztaff
 DATE: 09/16/2009
 SCALE: NTS
 CHECKED BY: M. Teztaff
 APPROVED BY: [Signature]
 PART/PROJECT NO: [Signature]
 IDENTIFIER NO: 210-3576-3

PLANT NAME AND LOCATION: JELD-WEN
 CAD DWG. NO.: PAV3800.NCT1210-3576-3
 REV: 00
 SHEET: 3 of 5
 TITLE: Premium Atlantic Vinyl (3800) Sliding Patio Door
 Nail Fin Installation (190.625" x 95.50")
 PROJECT ENGINEER: M. Teztaff
 DATE: 09/16/2009
 SCALE: NTS
 CHECKED BY: M. Teztaff
 APPROVED BY: [Signature]
 PART/PROJECT NO: [Signature]
 IDENTIFIER NO: 210-3576-3

- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
- All glazing shall conform to ASTM E1300.
- Use structural or composite shims where required.
- Installation methods can be interchanged within the same opening.
- An impact protective system is required where wind borne debris protection is required by local building code.
- Maximum sizes are buck sizes and do not include fin or flange.

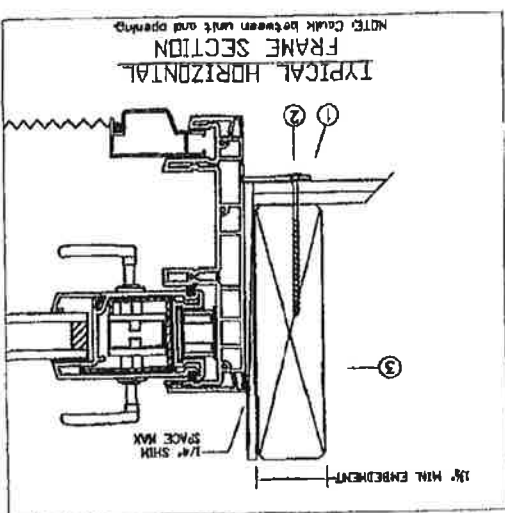
1. Seal nail fin to substrate.
2. Use two (2) #10 or greater fasteners through frame with sufficient length to generate a minimum of 1 1/2" into the wood framing at each location.
3. Use #10 or greater fasteners through nail fin with sufficient length to generate a minimum of 1 1/2" into the wood framing at each location.
4. Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the permit holder, architect or engineer of record for the project or installation.
5. We recommend using Tegratec™ installation (<http://www.jeld-wen.com/new/installationtechnology/>) for weatherproofing.

General Notes:



Max Frame	DP	190 3/8" x 95 1/2"	+50/-50	ND
IMPACT				

Uniform Design Pressure as Tested +50/-30 psf per MWV/VSM/CSA
 101/LS 2/11-10-03



NAIL FIN (NCTL 210-3576-3)

PROJECT ENGINEER:	DATE:	PROJECT ENGINEER:	DATE:
M. Teiteloff	11/30/2009	M. Teiteloff	11/30/2009
CHECKED BY:	SCALE:	CHECKED BY:	SCALE:
APPROVED BY:	NTS	APPROVED BY:	NTS
PART/PROJECT NO.:	TITLE:	PART/PROJECT NO.:	TITLE:
355 Center Court	Premium Atlantic Vinyl (3800) Sliding Patio Door	355 Center Court	Premium Atlantic Vinyl (3800) Sliding Patio Door
VENICE WINDOW DIVISION	VENICE WINDOW DIVISION	VENICE WINDOW DIVISION	VENICE WINDOW DIVISION
PAV3800, NCTL 210-3576-3	PAV3800, NCTL 210-3576-3	PAV3800, NCTL 210-3576-3	PAV3800, NCTL 210-3576-3
REV: 00	REV: 00	REV: 00	REV: 00
SHEET 4 of 5	SHEET 4 of 5	SHEET 4 of 5	SHEET 4 of 5

This drawing and its contents are the property of JELD-WEN, Inc. and are for the expressed use of determining anchor requirements for this product only.

www.jeld-wen.com/resources/installation

Instructions packaged with the door or go to the complete installation procedure, see the conditions. For the complete installation procedure, see the address the sealing consideration that may arise in different wall is not intended as a guide to the installation process and does not performance (where applicable) up to the size limitations noted. It product to achieve the rated design pressure and impact requirements for the stated conditions.

All glazing shall conform to ASTM E1300.

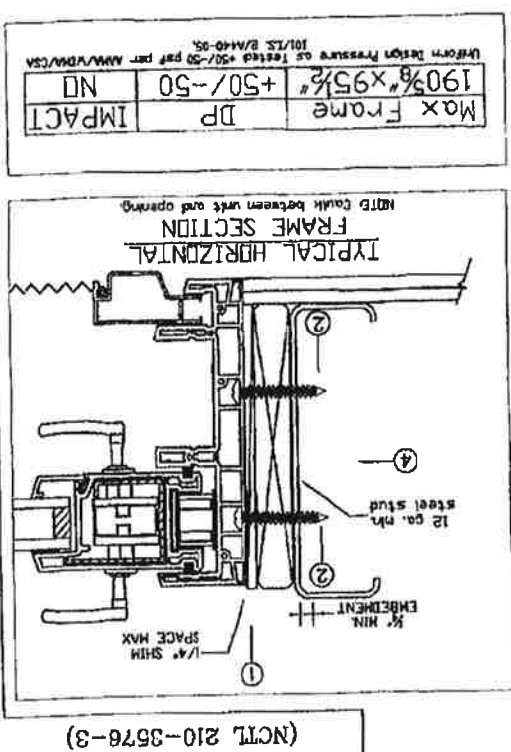
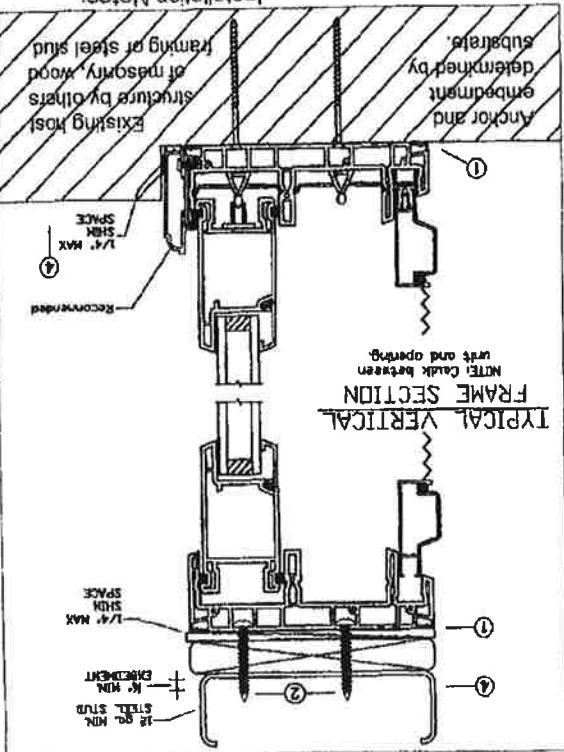
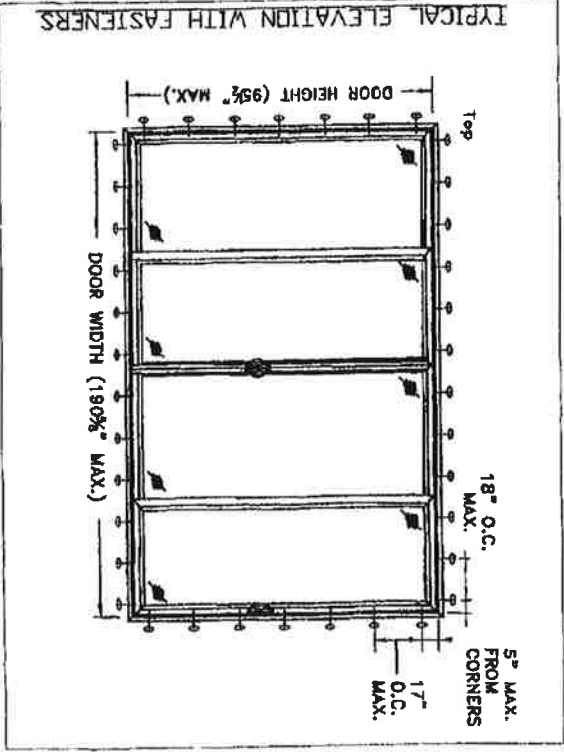
Use structural or composite shims where required.

Installation methods can be interchanged within the same opening.

An impact protective system is required where wind borne debris protection is required by local building code.

Maximum sizes are buck sizes and do not include fin or flange.

- General Notes:**
- The product shown herein is designed, tested and manufactured to comply with the 2007 Florida Building Code and industry standard requirements for the stated conditions.
 - All glazing shall conform to ASTM E1300.
 - Use structural or composite shims where required.
 - Installation methods can be interchanged within the same opening.
 - An impact protective system is required where wind borne debris protection is required by local building code.
 - Maximum sizes are buck sizes and do not include fin or flange.
- Installation Notes:**
- Seal frame to substrate.
 - Use two (2) #14 sheet metal screws or equivalent fasteners through frame with sufficient length to penetrate a minimum of 1/4" through the steel stud at each location.
 - Host structure (wood buck, stud framing and opening) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the permit holder, architect or engineer of record for the project of installation.



STEEL STUD (NCTL 210-3576-3)

SEMINOLE COUNTY GOVERNMENT

Florida's Natural Choice

Development Services

Windows 7 and Vista Setup



- **Step 1: Disable User Account Control (UAC).**
 - **IMPORTANT!** User Account Control (UAC) must be turned off **PRIOR** to installing the ePlan Review Components. For instructions on how to turn off UAC, click here for [Windows Vista instructions](#) or click here for [Windows 7 instructions](#). User Account Control may be turned back on after ePlan has been successfully run and allowed to install all ActiveX controls.
 - For a video tutorial on how to turn off UAC and install the ePlan Review Components, please see our video tutorial on [How to Install ePlan Components](#).

- **Step 2: Restart your computer.** This is required to ensure disabling UAC does not affect the installation of the components.

- **Step 3: Enable Compatibility View.** Most computers have received Windows updates that install the new Internet Explorer 10 which requires **Compatibility View** to be enabled for ePlan to work properly.
 - Open Internet Explorer and go to <https://eplan.seminolecountyfl.gov>
 - To enable **Compatibility View**, go to the Tools menu (if you don't see it, press the "Alt" key), then click on "Compatibility View".

- **Step 4: Disable pop-up blocking.** ePlan Review utilizes pop-ups. If you have a pop-up blocker enabled (enabled by default on Internet Explorer), you will have to either disable the blocker or allow an exception for the ePlan Review site.
 - To disable the blocker go to the Tools menu, Pop-up Blocker, and

Total: \$2,607.28 ETA: 12/11 Cibelle Isle Jeld-Wen-yes 239-728-4942 6869 1960

Home Search Feedback

Live 360

5120 Louvre Ave < 17-23 30-43-02-2/0 >

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

Name(s)
 Michèle & Remy Ann
 Physical Street Address
 5120 Louvre Ave
 Parcel City and Zip Code
 Orlanada, FL 32812
 Parcel Address
 5120 Louvre Ave
 Belle Isle, FL 32812, 1028
 Incorrect Valuing Address?

Name(s)
 Remy Ann
 Physical Street Address
 5120 Louvre Ave
 Parcel City and Zip Code
 Orlanada, FL 32812
 Parcel Address
 5120 Louvre Ave
 Belle Isle, FL 32812, 1028
 Incorrect Valuing Address?

[Sign up for e-Notify](#)
[View My Account](#)

Values, Exemptions and Taxes Property Features Sales Analysis Location Info Market Stats Update Information View Plot

Property Description

LAKE CONWAY ESTATES SECTION 3 V219 LOT 223

Total Land Area 10,625 sqft (1/4) 0.24 acres (1/4) CIS Calculated Notice

Land Land Use Code R 1 AA Zoning R 1 AA Land Units 11.0753 Unit Price \$80,000.00 Land Value \$80,000.00 Class Unit Price \$0.00 Class Value \$80,000.00

Buildings

Model Code: 0107 - Single Fam Residence Type Code: 0107 - Single Family Building Value: \$50,456 Estimated New Cost: \$107,311 (Age 1 of 1 total records)

Important Information

01 - Single Fam Residence 0107 - Single Family Building Value: \$50,456 Estimated New Cost: \$107,311

Structure

Actual Year Built: 1966 Beds: 3 Bath: 2.0 Rooms: 1

Gross Area: 2215 sqft Living Area: 1192 sqft Exterior Wall: Concrete/Corner 3 ckrk Interior Wall: Plasterred

Extra Features

SCRL - Split Enc 1 SHW - Sides No Value PTNY - Paved No Value (Age 1 of 1 total records)

Description

Date Built: 01/01/1966 Units: 1 Unit(s) XFOB Value: \$4,006

Date Built: 06/02/2008 Units: 1 Unit(s) XFOB Value: \$0

Date Built: 07/01/2010 Units: 1 Unit(s) XFOB Value: \$0

Page 1 of 1 (3 total records)

This Data Printed on 11/29/2013 and System Data Last Refreshed on 11/28/2013

Site Notice - About Us - Contact Us - OCPAFI Home - Property Search Orange County Property Appraiser - 250 S Orange Avenue, Suite 1760 - Orlando, FL 32811 Office Hours: 8:00 am to 5:00 pm Monday - Friday - Phone: 407.836.5024 Copyright © 2010 Orange County Property Appraiser. All rights reserved.



Prepared By and Return to:
Paula Randal
Chelsea Title, a division of FNT of Florida, Inc.
245 Citrus Tower Blvd., Ste 204
Clemment, FL 34711
File No. CT51-51-13-000753
Property Appraiser's Parcel I.D. (fno.) Number(s)
17-23-30-4379-02270

DOC# 29134623845 B: 16659 P: 0169
11/25/2013 03:44:50 PM Page 1 of 1
Rec Fee: \$18.00
Deed Doc Tax: \$1,035.00
DOR Admin Fee: \$8.00
Intangible Tax: \$8.00
Notary Public Stamp: \$8.00
Orange County, FL
Deed Controller
EX - Ret To: CHELSEA TITLE CO



WARRANTY DEED

THIS WARRANTY DEED dated October 28, 2013, by Betty Ann McKinley, an unmarried woman, hereinafter called the grantor, to Shirley E. Santos, a single person, whose post office address is 4818 S. Conway Rd. Apt 133, Orlando, FL 32812, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

WITNESSETH: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all the certain land situated in Orange County, Florida, to wit:

Lot 227, Lake Conway Estates, Section Three, according to the map or plat thereof, as recorded in Plat Book Y, Page(s) 19, of the Public Records of Orange County, Florida.

Subject to easements, restrictions, reservations and limitations of record, if any.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in any wise appertaining.

TO HAVE AND TO HOLD the same in Fee Simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple, that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2013.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

(Witness Signature)

LINDA SUBITI
(Print Name of Witness)

(Witness Signature)

Paula Randal
(Print Name of Witness)

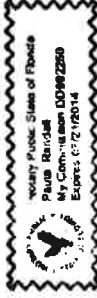
Betty Ann McKinley

Address:
5120 Louvre Ave
Belle Isle, FL 32812

State of Florida

County of Orange

The foregoing instrument was acknowledged before me this 25th day of October 2013, by Betty Ann McKinley, who has produced as identification and who executed the foregoing instrument and he/she/they acknowledged that he/she/they executed the same.



NOTARY PUBLIC
My Commission Expires:



CERTIFICATE OF LIABILITY INSURANCE

DECK000-01 MATERAT
DATE (MM/DD/YYYY)
12/12/2013

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 Insurance Office of America-LNG 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: PHONE (A/C No. Ext.): (407) 788-3000 FAX (A/C, No.): (407) 788-7933 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Mid-Continent Casualty Company NAIC # 23418 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
--	---

COVERAGES CERTIFICATE NUMBER: 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	ADDITIONAL SUBSCRIBER (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		04GL000888174	10/28/2013	10/28/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E&P OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (E&P OCCUR) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUS: <input type="checkbox"/> OTHER <input type="checkbox"/> TOLLY LIMITS <input type="checkbox"/> ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under: DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Town of Windermere 3532 Maggie Blvd. Orlando, FL 32811	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
---	--

ACORD 25 (2010/05)

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FL 32399-0783

**DECKER, DANIEL TRACEY
DECKER DOORS INC
724 BROOKS CT.
WINTER SPRINGS**

FL 32708

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!



DETACH HERE

C#6141858

STATE OF FLORIDA

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

SEQ# 112052700055

DATE	BATCH NUMBER	LICENSE NBR
5/27/2012	118191827	CBE1250499

he BUILDING CONTRACTOR
amed below IS CERTIFIED
nder the provisions of chapter
xpiration date: AUG 31, 2014

**DECKER, DANIEL TRACEY
DECKER DOORS INC
724 BROOKS CT.
WINTER SPRINGS**

FL 32708



**RICK SCOTT
GOVERNOR**

**KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW

THIS DOCUMENT HAS BEEN REPRODUCED FROM THE ORIGINAL FILED PAGES

CITY OF WINTER SPRINGS BUSINESS TAX RECEIPT

1126 East State Road 434
Winter Springs, FL 32708

Owner's Name and Mailing Address:

DANIEL T DECKER
724 BROOKS COURT
WINTER SPRINGS, FL 32708

Business ID: 425
Tax Year: 2014
Valid: 10/01/2013 - 09/30/2014
County: \$45.00
Type: REGULATED B

Business Location:
724 BROOKS

Business Name:
DECKER DOORS INC.

Category:

HBO2 - CLASS HOME BASED

Dear City of Winter Springs,

This is your annual City of Winter Springs
Seminole County Business Tax. Payment is due
automatically each year unless we are otherwise notified.

This receipt which also includes
receipts are renewed

Renewal requires that a copy of the active tax certificate, registration or license
be submitted for review.



[Handwritten signature]

City Manager

*** Business Tax must be exhibited conspicuously at your place of business ***