



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: DOOR: garage, size-for-size

Comments: None

Project Information

Address: 1639 Pam Circle, Belle Isle, FL 32809
 Parcel ID: 30-23-30-0610-00-890
 Property Owner: Kunister, Anna
 Phone Number: 407-859-1067

 Company Name: Holly Homes, Inc.
 Contractor Name: Nutt, Andres
 License Number: CBC1255694
 Address: 2220 Cypress Cove Drive, Tavares, FL 32778
 Phone Number: 352-308-6127

Permit Number: 2014-07-013
 Date of Application: 07/07/2014
 Date Permit Issued: 07/07/2014

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

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$37.50
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$
 Plumbing \$
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$41.50

Date Paid 7-8-14
CC or Check # VVA 3735
Amount Paid 41.50

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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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.



City of Belle Isle

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Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Received
7-7-14

Building Permit (Land Use) Application

DATE: 7/2/14 PERMIT # 2014-07-013

PROJECT ADDRESS 1639 PAM CIRCLE ORLANDO FL Belle Isle, FL 32809 32812

PROPERTY OWNER ANNA KUNSTER PHONE 407.899.1067 VALUE OF WORK (labor & material) \$ 800

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

NEW GARAGE POOL INSTALLATION "GAI MODEL 2050"
FL

- Survey specific foundation plan required to show compliance with zoning setbacks.
- BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- 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 homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 30.23.30.0610.00.870

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

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

Attached Survey ___ SETS and Construction Plans ___ SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____

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 _____

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

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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 Date: Sent _____ RCD _____

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)	<input checked="" type="checkbox"/> Y	N	\$ <u>31.50</u>
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

3% FL SURCHARGE 4.00

TOTAL 41.50

By Owner Form NA

Notice of Commencement Y NA

Power of Attorney Y NA

Contractor Packet Included? Y N

OTHER PERMITS REQUIRED:

ELECTRICAL Y NA

PREPOWER Y NA

MECHANICAL Y NA

PLUMBING Y NA

ROOFING Y NA

GAS Y NA



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

Owner's Name	ANNA KUNSTER		
Owner's Address	1629 PALM CIRCLE ORLANDO, FL 32809		
Contractor Name	ANDREW KOTT	Company Name	FOXY HOMES LLC
License #	CBC1255694	Company Address	220 CYPRESS COVE DRIVE
Contact Phone/Cell	352.308.6127	City, State, ZIP	JAMES, FL 32718
Contact Email	AKOTT@AOL.COM	Contact Fax	--

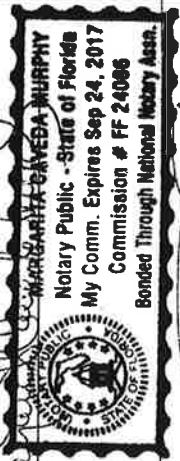
PERMIT #

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.fishbase.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 Anna Kuster
 The foregoing instrument was acknowledged before me this 13 day of 2014
 by ANNA M. KUNSTER who is personally known to me
 and who produced FLDLK523-053-59-875-0
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange



Contractor Signature Foxy Homes, Inc.
 COMPANY NAME FOXY HOMES, INC.
 The foregoing instrument was acknowledged before me this 13 day of 2014
 by _____ who is personally known to me
 and who produced _____
 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	
1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35= _____	
2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc	
• House _____	
• Driveway _____	
• Walkway _____	
• Accessory Buildings _____	
• Pool & Spa _____	
• Deck & Patio _____	
• Other _____	
Actual Impervious Area (AIA) _____	
3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.	
4. If AIA is greater than BASE, then onsite retention must be provided .	
Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed	



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

Owner's Name ANNA KUNSTER PERMIT # _____
 Owner's Address 1039 PALM CIRCLE ORLANDO, FL 32809
 Contractor Name ANDREW NUTT Company Name HOWL HOMES INC
 License # CBC1255684 Company Address 2220 CYPRESS COVE DRIVE
 Contact Phone/Cell 352.308.6127 City, State, ZIP TALLAHASSEE, FL 32310
 Contact Email ANNUTT@FLOTEL.COM Contact Fax _____

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/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 _____
 The foregoing instrument was acknowledged before me this ___/___/___
 by _____ who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner _____
 State of Florida _____
 County of Orange _____

Contractor Signature _____
 COMPANY NAME HOWL-HOMES, INC.
 The foregoing instrument was acknowledged before me this 7.3.14
 by ANDREW NUTT who is personally known to me
 and who produced FLDLTX91018
 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

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ X 0.35 =
 Allowable Impervious Area (BASE) _____

2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.
Examples include house, pool, deck, driveway, accessory building, etc

- House _____
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____

3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.

4. If AIA is greater than BASE, then onsite retention **must be provided**.
 Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed



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Product Approval Form

DATE: 7/2/14 PERMIT # _____

PROJECT ADDRESS: 1639 PAM CARLE Belle Isle, FL X 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 turned in with permit application and available onsite for inspections:

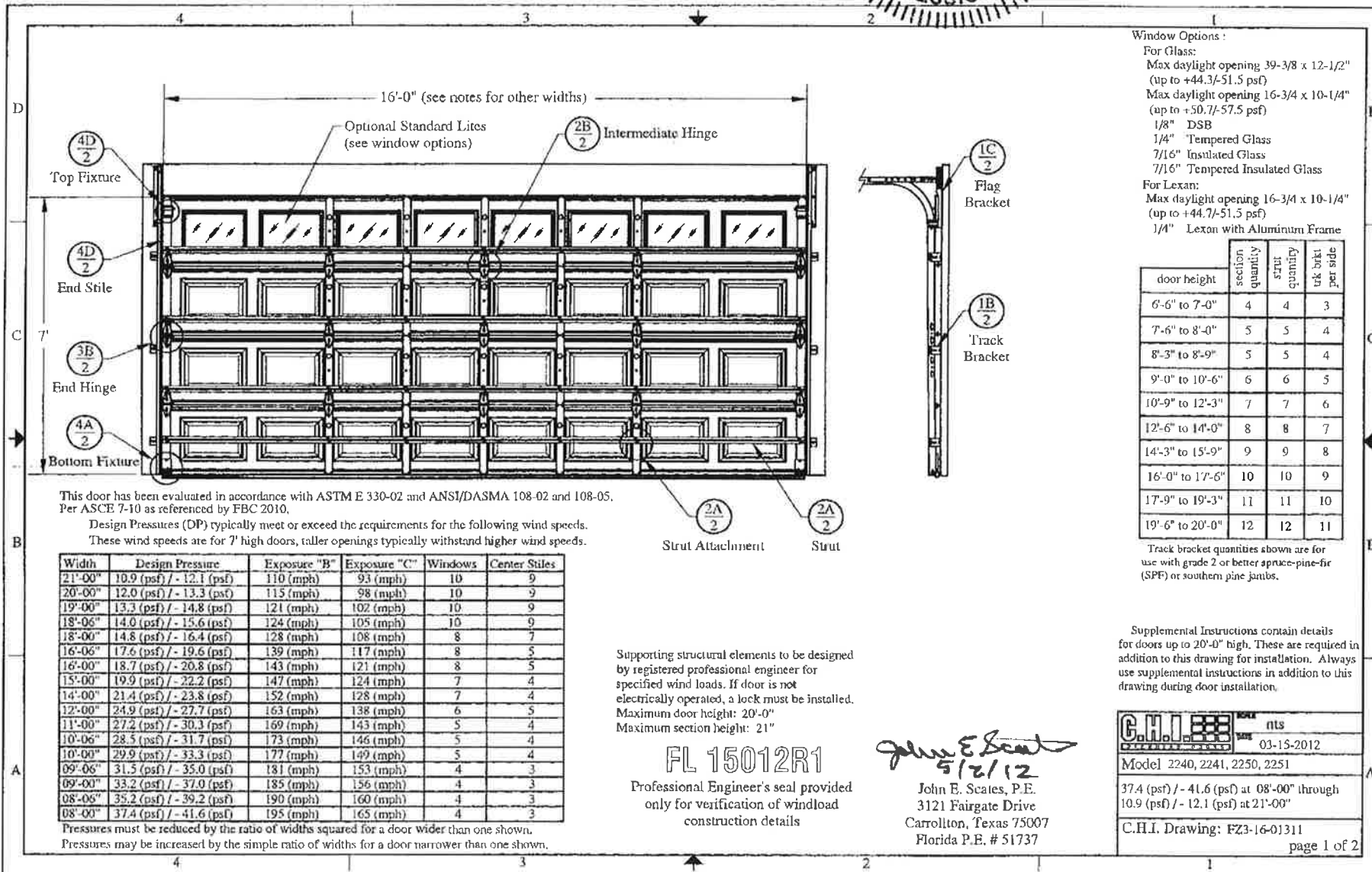
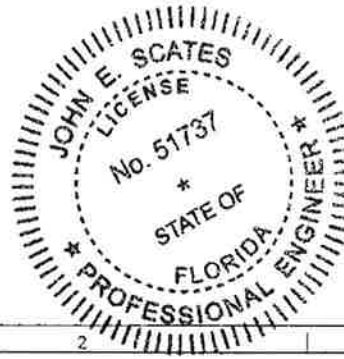
1. This Product Approval Cover Sheet
2. Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's *installation* details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS							
Swinging				Sliding	WALL PANELS		
Sliding				Soffits			
Sectional/Rollup	CHI	2250	FL 15012	Storefront			
Other			AI	Glass Block			
				Other			
WINDOWS							
Single/Dbf Hung				Asphalt Shingles	ROOFING PRODUCTS		
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							

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 _____

Date 7/2/14



Window Options:
 For Glass:
 Max daylight opening 39-3/8 x 12-1/2"
 (up to +44.3/-51.5 psf)
 Max daylight opening 16-3/4 x 10-1/4"
 (up to +50.7/-57.5 psf)
 1/8" DSB
 1/4" Tempered Glass
 7/16" Insulated Glass
 7/16" Tempered Insulated Glass
 For Lexan:
 Max daylight opening 16-3/4 x 10-1/4"
 (up to +44.7/-51.5 psf)
 1/4" Lexan with Aluminum Frame

door height	section quantity	strut quantity	trk brkt per side
6'-6" to 7'-0"	4	4	3
7'-6" to 8'-0"	5	5	4
8'-3" to 8'-9"	5	5	4
9'-0" to 10'-6"	6	6	5
10'-9" to 12'-3"	7	7	6
12'-6" to 14'-0"	8	8	7
14'-3" to 15'-9"	9	9	8
16'-0" to 17'-6"	10	10	9
17'-9" to 19'-3"	11	11	10
19'-6" to 20'-0"	12	12	11

Track bracket quantities shown are for use with grade 2 or better spruce-pine-fir (SPF) or southern pine joists.

This door has been evaluated in accordance with ASTM E 330-02 and ANSI/DASMA 108-02 and 108-05. Per ASCE 7-10 as referenced by FBC 2010.
 Design Pressures (DP) typically meet or exceed the requirements for the following wind speeds. These wind speeds are for 7' high doors, taller openings typically withstand higher wind speeds.

Width	Design Pressure	Exposure "B"	Exposure "C"	Windows	Center Stiles
21'-00"	10.9 (psf) / - 12.1 (psf)	110 (mph)	93 (mph)	10	9
20'-00"	12.0 (psf) / - 13.3 (psf)	115 (mph)	98 (mph)	10	9
19'-00"	13.3 (psf) / - 14.8 (psf)	121 (mph)	102 (mph)	10	9
18'-06"	14.0 (psf) / - 15.6 (psf)	124 (mph)	105 (mph)	10	9
18'-00"	14.8 (psf) / - 16.4 (psf)	128 (mph)	108 (mph)	8	7
16'-06"	17.6 (psf) / - 19.6 (psf)	139 (mph)	117 (mph)	8	5
16'-00"	18.7 (psf) / - 20.8 (psf)	143 (mph)	121 (mph)	8	5
15'-00"	19.9 (psf) / - 22.2 (psf)	147 (mph)	124 (mph)	7	4
14'-00"	21.4 (psf) / - 23.8 (psf)	152 (mph)	128 (mph)	7	4
12'-00"	24.9 (psf) / - 27.7 (psf)	163 (mph)	138 (mph)	6	5
11'-00"	27.2 (psf) / - 30.3 (psf)	169 (mph)	143 (mph)	5	4
10'-06"	28.5 (psf) / - 31.7 (psf)	173 (mph)	146 (mph)	5	4
10'-00"	29.9 (psf) / - 33.3 (psf)	177 (mph)	149 (mph)	5	4
09'-06"	31.5 (psf) / - 35.0 (psf)	181 (mph)	153 (mph)	4	3
09'-00"	33.2 (psf) / - 37.0 (psf)	185 (mph)	156 (mph)	4	3
08'-06"	35.2 (psf) / - 39.2 (psf)	190 (mph)	160 (mph)	4	3
08'-00"	37.4 (psf) / - 41.6 (psf)	195 (mph)	165 (mph)	4	3

Pressures must be reduced by the ratio of widths squared for a door wider than one shown. Pressures may be increased by the simple ratio of widths for a door narrower than one shown.

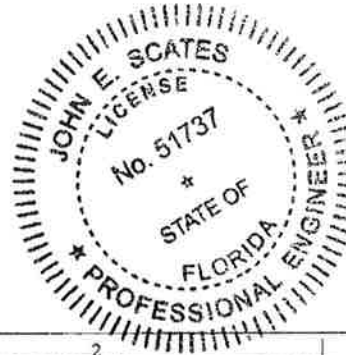
Supporting structural elements to be designed by registered professional engineer for specified wind loads. If door is not electrically operated, a lock must be installed. Maximum door height: 20'-0" Maximum section height: 21"

FL 15012R1

Professional Engineer's seal provided only for verification of windload construction details

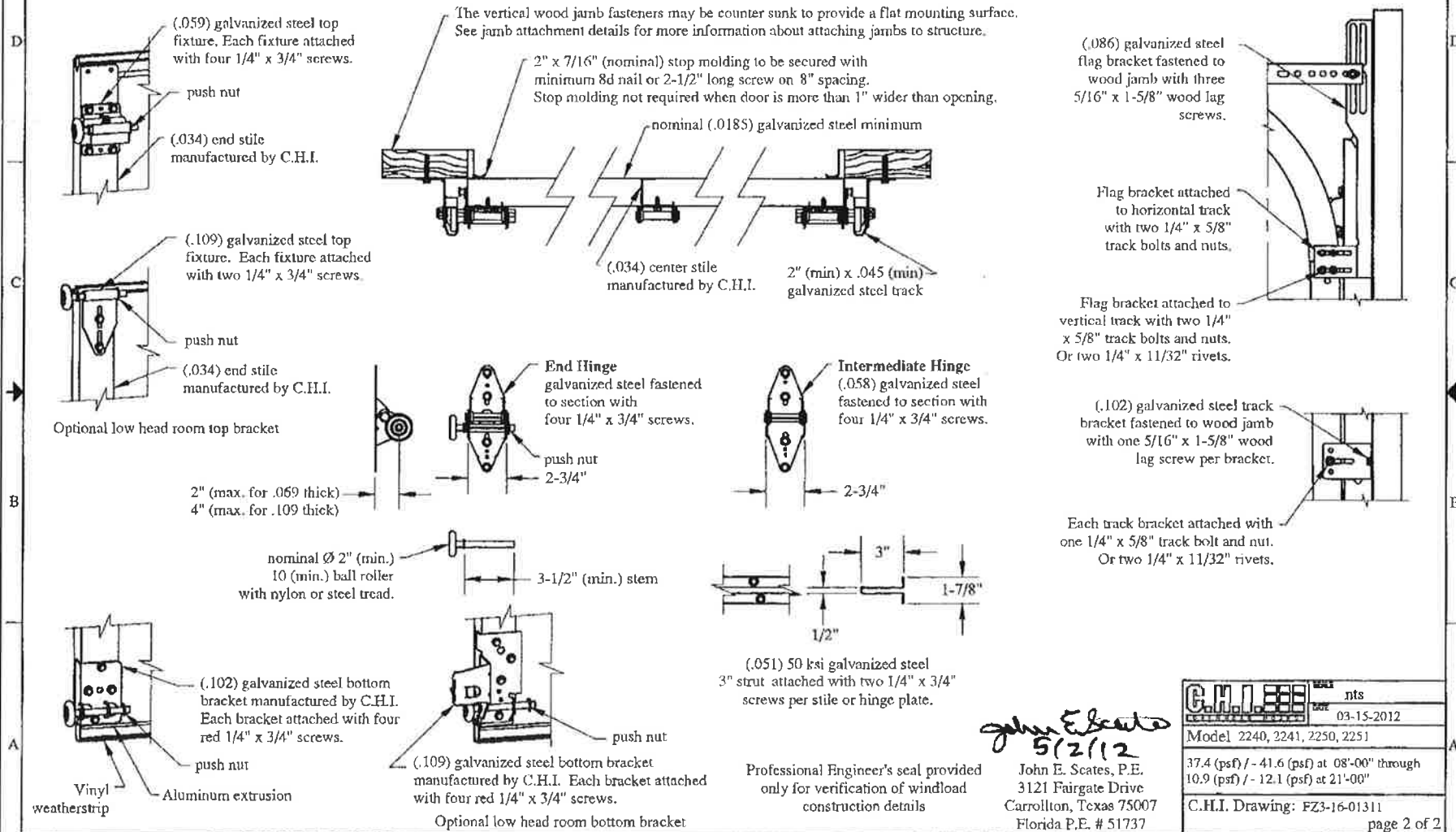
John E. Scates
 5/2/12
 John E. Scates, P.E.
 3121 Fairgate Drive
 Carrollton, Texas 75007
 Florida P.E. # 51737

C.H.I. nts
 03-15-2012
 Model 2240, 2241, 2250, 2251
 37.4 (psf) / - 41.6 (psf) at 08'-00" through 10.9 (psf) / - 12.1 (psf) at 21'-00"
 C.H.I. Drawing: FZ3-16-01311
 page 1 of 2



Strut (if applicable) not shown for clarity.

Details on some views may have been omitted for clarity.



John E. Scates
5/2/12

Professional Engineer's seal provided only for verification of windload construction details

John E. Scates, P.E.
3121 Fairgate Drive
Carrollton, Texas 75007
Florida P.E. # 51737

C.H.I. 888	nts
DATE	03-15-2012
Model	2240, 2241, 2250, 2251
37.4 (psf) / - 41.6 (psf) at 08'-00" through 10.9 (psf) / - 12.1 (psf) at 21'-00"	
C.H.I. Drawing:	FZ3-16-01311
	page 2 of 2



CERTIFICATE OF LIABILITY INSURANCE

HOLLHOM-01

MATERAT

DATE (MM/DD/YYYY)
7/3/2014

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: Dawn Silver	
		PHONE (A/C, No. Ext): (407) 788-3000	FAX (A/C, No): (407) 788-7933
		E-MAIL ADDRESS: Dawn.Silver@ioausa.com	
		INSURER(S) AFFORDING COVERAGE	
INSURED Holly Homes, Inc. 2220 Cypress Cove Drive Tavares, FL 32778		INSURER A : Mid-Continent Casualty Company	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		NAIC # 23418	

COVERAGES

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		04GL00901766	04/29/2014	04/29/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	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 (2014/01)

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JEFF ATWAHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 8/26/2013 EXPIRATION DATE: 8/26/2015

PERSON: NUTT ANDREW L

FEN: 141873612

BUSINESS NAME AND ADDRESS:
HOLLY HOMES INC

2220 CYPRESS COVE DRIVE

TAVARES FL 32778

SCOPE OF BUSINESS OR TRADE

LICENSED BUILDING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not receive benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notice of election to be exempt and certificates of election to be exempt shall be filed with the Department of Financial Services at any time after the filing of the notice of the issuance of the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

BOB MCKEE

LAKE COUNTY TAX COLLECTOR

2013 / 2014

LAKE COUNTY BUSINESS TAX RECEIPT

STATE OF FLORIDA

ACCT NO. 85118

RECEIPT NO. 8760015507

EXPIRES SEPTEMBER 30, 2014



EMPLOYEES 2

TYPE OF BUSINESS CONTRACTING
BUSINESS HOLLY HOMES INC
2220 CYPRESS COVE DR

ORIGINAL TAX 30.00
PENALTY 0.00
TRANSFER FEE 0.00
AMOUNT PAID 30.00
TOTAL DUE \$0.00

HOLLY HOMES INC
2220 CYPRESS COVE DR
TAVARES, FL 32778

Receipt #2013-0014570
Paid 07/22/2013 30.00

DETACH HERE

AC# 6226101

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12072501101

DATE	BATCH NUMBER	LICENSE NBR
07/25/2012	128017341	CBC1255694

The BUILDING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

NUTT, ANDREW L
HOLLY HOMES INC
2220 CYPRESS COVE DRIVE
TAVARES FL 32778

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

