



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

## PERMIT 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:** IRRIGATION: 1 system with 52 heads

**Comments:** Backflow Preventer must be installed & tested;  
 Report must be posted w/ permit for final inspection.

**Project Information**  
 Address: 5107 Oak Island Road, Belle Isle, FL 32809  
 Parcel ID: 18-23-30-7184-00-060  
 Property Owner: Heidbrink, Paul  
 Phone Number: 407-924-4938  
 \*\*\*\*\*  
 Company Name: LNE Outdoor Services, Inc.  
 Contractor Name: Cline, Russel  
 License Number: IS0000328  
 Address: 6501 Randolph Avenue, Orlando, FL 32809  
 Phone Number: 407-709-6804

**Permit Number: 2014-04-044**  
 Date of Application: 04/22/2014  
 Date Permit Issued: 04/30/2014

**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) \$  
 Driveway \$  
 Electrical \$  
 Fence \$  
 Gas \$  
 Irrigation \$111.00 ATF  
 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 \$115.00**

Date Paid 7-3-14

CC or Check # amex 51002

Amount Paid 115

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 (F-S 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

1 BUILDING

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

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

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

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

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

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

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

7<sup>th</sup> \_\_\_\_\_ (Drywall)

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

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

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

1 ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

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

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

CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

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

Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto: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  
Permit Application Review Sheet

Permit Number	2014-04-044
Property Owner	HELD BRINK, PAUL
Address	5107 Oak Island Rd
Nature of Improvement	Plumbing - 52 heads of irrigation
Received Application	4-22-14
Sent for Stormwater Review	✓
Stormwater Approved	
Sent for Zoning Review	✓
Zoning Approved	
Applied for Variance	✓
Variance Approved	
Sent to BO for Review	4-22-14
Building Official Approved	4-29-2014
Comments	
1.	GLWV Bx Lic ✓ NEED NOC
2.	<del>Provide Irrigation</del> review w/o 36728
3.	4-23-2014 AF Provide Irrigation Plans Showing: sizes of
4.	pipe sections, location and types of heads,
5.	flow per gallons (gpm), rain/moisture sensor
6.	and backflow prevention device.
7.	4-24-14 Susan Sent email re above ✓
8.	4-28-14 Susan Got info - attached - resubmitted w/ # 36888
9.	4-30-14 sq Emailed cont it's ready + we need NOC
10.	5-8-14 sq emailed reminder
11.	5-28-14 sq " "
12.	7-1-14 sq Called homeowner Paul, who confirmed system was installed. Called Mitch who stated he would handle (PO was "out of town" and could not sign the NOC.)



# COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 4-29-2014

Permit Type:	<u>Plumbing</u>	Job Cost:	\$ <u>4500-</u>
Permit Fee:	\$ <u>37-</u>		
Plans Review Fee:	\$ <u>18.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
<b>TOTAL BUILDING FEE:</b>	\$ <u>59.50</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits



**City of Belle Isle**  
 Universal Engineering Sciences 3632 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universaleng.com](http://www.universaleng.com)

**APPLICATION FOR PLUMBING PERMIT**

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

2014-04-04 RECEIVED  
 4-23-14

DATE OF APPLICATION: 4-8-14

PERMIT NUMBER: \_\_\_\_\_

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address: 5107 Oak Island Rd State: FL  32800  32812

Property Owner: Paul Heidbrink Phone: 407-624-4938

Property Owner's Mailing Address: 5107 Oak Island Rd City: Belle Isle

State: FL Zip Code: 32809 Permit Id Number: 18-23-30-7184-00-080  
To obtain this information, please visit <http://www.aol.com/central/florida/plumbing-permit>

Case of Building:  New  Alteration  Addition  Repair  Commercial  Other   
 Type of Work:  Sewer  Re-pipe  Re-pipe

YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION  
 to Septic System - ORANGE COUNTY DOCUMENT #4E-4

VALUATION OF JOB (Labor & materials) \$ 4,500.00

FEATURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposal		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Sps	
Sewer		Solder	
Catch Basins/Sumps		Pool Piping	
Synfos Sink		Traps (if Systems / # Heads)	52
Lavatory (Bathroom Sink)		Water Explainer	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	
		3% State Surcharge (\$4.00 minimum)	55.50
		Permit/Review Fee Grand Total	4.00

Building Official: McFelix Date: 4/29/2014

I hereby certify that the above is true and correct to the best of my knowledge and I have Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and any Ordinance regarding same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any other Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE: [Signature] LICENSE # 180000328  
 LICENSE HOLDER NAME: Russell Cling COMPANY NAME: LINE Outdoor Services INC  
 Street Address: 6501 Randolph Ave State: FL Zip Code: 32809 Phone Number: 407-709-8804  
 City: Orlando  
 Email Address: LNEMITCH@AOL.COM

NOTE: The Building Permit Number is required if any plumbing installation is associated with any construction or alteration where a Building Permit has been issued.



City of Belle Isle  
Universal Engineering Services, 3632 Meacham Blvd., Orlando, FL 32811  
Tel: 407-351-8161 \* Fax: 407-351-0313 \* www.belleisle.com

**APPLICATION FOR PLUMBING PERMIT**

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

DATE OF APPLICATION: 4-0-14 PERMIT NUMBER:  
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT  
Project Address: 5107 Oak Island Rd. Site No. FL 0400 04112  
Property Owner: Paul Hebbornik Phone: 407-424-4938  
Property Owner's Mailing Address: 5107 Oak Island Rd. City: Belle Isle  
State: FL Zip Code: 32808 Permit # Number: 19-22-30-7164-00-080

To which the provisions, please visit: [www.belleisle.com/permits/plumbing.htm](http://www.belleisle.com/permits/plumbing.htm)  
Class of Building:  New  Alteration  Addition  Repair  Type of System:  Sewer  Other   
Type of Work:  New  Alteration  Addition  Repair  Type of System:  Sewer  Other   
YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION  
to Septic System - CHANGE COUNTY DOCUMENT 64-4

VALUATION OF JOB (labor & materials) \$ 4,500.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Disinfectant	
Bathrooms		Laundry Tubs	
Urinals		Freeze Closets	
Dishwash		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Sps	
Sewer		Scales	
Catch Basins/Pumps		Food Piping	
Bowling Ball		Traps (if Systems / if Means)	32
Laboratory (Bathroom Only)		Water Sinks	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	
Septic System			

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Total Fees: \_\_\_\_\_  
5% Shop Drawings (if not included) \_\_\_\_\_  
Permit/Inspection Fee Grand Total: \_\_\_\_\_

I hereby certify that the above is true and correct to the best of my knowledge and I have Application for Permit as outlined above, and I have in general I agree to conform to all Florida Building Code Regulations and all applicable codes, ordinances, rules and regulations and to cooperate with other agencies. The issuance of this permit does not grant permission to violate any applicable laws, rules, codes, ordinances, rules and regulations of any other jurisdiction.

LICENSE HOLDER SIGNATURE: *[Signature]* LICENSE # 150000228  
LISENSEE HOLDER NAME: RICHARD COMPANY NAME: LINE Outdoor Services INC  
Street Address: 6601 Randolph Ave. Phone Number: 407-709-8604  
City: Orlando State: FL Zip Code: 32809  
Email Address: LINEMITCH@aol.com

NOTE: The Building Permit Number is required if the plumbing installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number: \_\_\_\_\_

*line.mitch@aol.com*

Permit Number: 2014-04-044  
Folio/Parcel Identification Number: 18-23-30-7169-00-060  
Prepared by: Mitchell B Lee

DOCH 20140329098 B: 10768 P: 3339  
07/03/2014 09:52:56 AM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: LNE OUTDOOR SERVICES INC



**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)  
5107 Oak Island Rd
2. **General description of improvement**  
Install Irrigation System \$4,500.00
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Paul Heidbrink  
Address 5107 Oak Island  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_

4. **Contractor**  
Name LNE Outdoor Services Inc Telephone Number 407-709-6804  
Address 6501 Randolph Ave Orlando, FL 32809  
Surety (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

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 \_\_\_\_\_ Telephone Number \_\_\_\_\_

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 \_\_\_\_\_ Telephone Number \_\_\_\_\_

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.

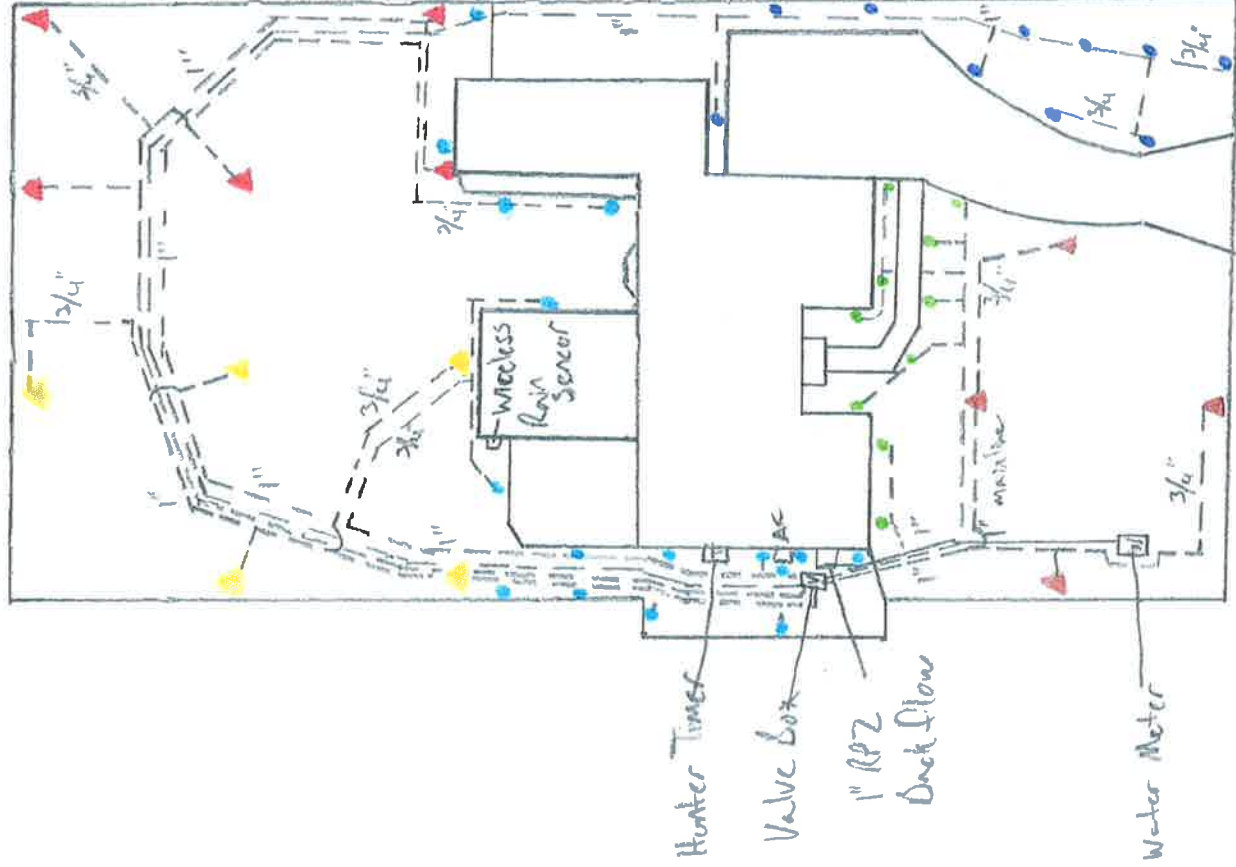
Paul Heidbrink Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
Owner Signatory's Title/Office

The foregoing instrument was acknowledged before me this 2 day of July, 2014 by Paul D. Heidbrink  
as Owner for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact \_\_\_\_\_ name of person

Signature of Notary Public - State of Florida  
Paul Heidbrink Signature of Notary Public, State of Florida  
Print Name of Notary Public: JONATHAN S. ESTABROOK  
My comm. expires Nov. 01, 2016

Personally Known OR Produced ID OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_

5107 Oak Island Rd.  
Permit # 2014-04-044



CITY OF BELLE ISLE  
THE PLANS AND SPECIFICATIONS  
HAVE BEEN REVIEWED. FULL  
COMPLIANCE WITH CODES AND  
REGULATIONS ARE REQUIRED BY  
THE PERMIT HOLDER  
APPROVED *McLure Buss*  
4/29/2014



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/10/2014

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 FORD INSURANCE AGENCY 1200 N. CENTRAL AVE # 107 P.O. BOX 422167 KISSIMMEE FL 34742-2167	CONTACT NAME: BROOKE MITCHELL PHONE NO. EXT: 407-847-5882 FAX (AE, MO): 407-847-0803 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : NORTH POINTE INSURANCE COMPANY INSURER B : F C B & I FUND INSURER C : INSURER D : INSURER E : INSURER F :
INSURED L-N-E OUTDOOR SERVICES, INC. 6804 S. RANDOLPH AVE. ORLANDO, FL 32809	

### 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	AGENCY NUMBER (INSR) (WV)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIR. DATE (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"/> PER JECT <input type="checkbox"/> LOC  AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UNOWNED AUTOS  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETARY OPERATIVE EXECUTIVE <input type="checkbox"/> Y/N <small>(If yes, describe under "DESCRIPTION OF OPERATIONS" below)</small>		3084107879	12/07/2013	12/07/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/DP AGG \$ 2,000,000 WORKERS COMPENSATION (EA occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ MED EXP (Per person) \$ MED EXP (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WORKERS COMPENSATION (OTHER) \$ EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
B	N/A		10538779	04/01/2014	04/01/2015	

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

### CERTIFICATE HOLDER

City of Belle Isle  
1600 Nara Ave  
Belle Isle, FL 32809  
Fax: 407-240-2222

### 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

Calthy A. Vickers

ACORD 25 (2010/05)

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is 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  
with authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

Orange County, Florida

\*\*\*ORIGINAL\*\*\*  
1812 REG IRRIGATION CONTRACTOR \$30.00 1 EMPLOYEE :

EXPIRES 9/30/2013

1812-0600524

TOTAL TAX \$30.00  
PREVIOUSLY PAID \$30.00  
TOTAL DUE \$0.00

CLINE RUSSEL J QUALIFIER

L N E OUTDOOR SERVICES INC  
CLINE RUSSEL J  
6501 RANDOLPH AVE  
WINTER GARDEN FL 32809

15 LIVE OAK RD (MOBILE)  
U - WINTER GARDEN, 34787  
PAID: \$30.00 99-563347 9/12/2012

**arl K. Wood, Tax Collector** **Local Business Tax Receipt** **Orange County, Florida**  
is 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  
with authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

\*\*\*ORIGINAL\*\*\*  
1812 REG IRRIGATION CONTRACTOR \$30.00 1 EMPLOYEE :

EXPIRES 9/30/2013

1812-0600524

TOTAL TAX \$30.00  
PREVIOUSLY PAID \$30.00  
TOTAL DUE \$0.00

CLINE RUSSEL J QUALIFIER

L N E OUTDOOR SERVICES INC  
CLINE RUSSEL J  
6501 RANDOLPH AVE  
WINTER GARDEN FL 32809

15 LIVE OAK RD (MOBILE)  
U - WINTER GARDEN, 34787  
PAID: \$30.00 99-563347 9/12/2012

This receipt is official when validated by the Tax Collector.



Orange County  
Division of Building Safety  
Certificate of Competency

Issue date: 07/25/2005

Expiration date: 09/30/2014

State Registration Number: IS0000328  
Company Name: L-N-E Outdoor Services  
Inc.  
Individual Information:  
Russell Jackson Cline  
15 Live Oak Rd.  
Winter Garden, FL, 34787

Contractor license trade: Plumbing  
Contractor license type: Registered P- Irrigation Specialty