



# 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: 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:** ELECTRICAL: Replace Raisor over amp box - damaged due to tree falling

**Comments:** None

### Project Information

**Address:** 5126 Louvre Avenue, Belle Isle, FL 32812  
**Parcel ID:** 17-23-30-4379-02-280  
**Property Owner:** Colfin AI-FI 4 LLC  
**Phone Number:** 352 655 7994  
\*\*\*\*\*  
**Company Name:** R. O. G. Electric, Inc  
**Contractor Name:** Olive, Randy  
**License Number:** EC13005673  
**Address:** 4114 Woodacre Lane, Tampa, FL 33634  
**Phone Number:** 813 732 8218

**Permit Number: 2014-07-037**

**Date of Application: 07/21/2014**

**Date Permit Issued: 07/23/2014**

**WARNING TO OWNER:** "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

### BUILDING FEATURES

#### IMPACT FEES

School \$  
Traffic \$

#### ZONING FEES

Zoning Fee \$

#### UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$  
Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical \$109.50  
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 \$113.50**

#### Date Paid

7-23-14

#### CC or Check #

MC8728

#### Amount Paid

113.50

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

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_  
(Footing/Foundation)

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)

#### ROOFING

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 \_\_\_\_\_

#### 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.

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](mailto:cobi@universalengineering.com)

password = universal13

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-07-037
Property Owner	Collin ALFL4 LLC
Address	5126 Louvre Avenue
Nature of Improvement	Electrical - repair riser above amp box damaged by falling tree
Received Application	
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	7-23-14
Building Official Approved	7-23-2014
Comments	
1.	Sum 7-22-14 GL, DL, WC ✓ review w/ # 31545
2.	
3.	
4.	<del>ROSS #1</del>
5.	
6.	
7.	
8.	Inspection has to be ADDED
9.	To dispatch for used 7-23
10.	(missed close-out / email)
11.	
12.	



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

**RECEIVED**  
 7-21-14

**APPLICATION FOR ELECTRICAL 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 AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 07/18/2014 PERMIT NUMBER: 2014-07-037

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

Project Address: 5128 Louvre Ave 5126 Lavne Belle Isle FL 32809 32812  
 Property Owner: Colin A. Fl 4 LLC Colin A Fl 4 LLC Phone: (352) 655-7904 352-655-7994

Property Owner's Mailing Address: 3215 E Via De Ventura, Belle 201 City: Scottsdale

State: AZ Zip Code: 85258 To obtain this information, please visit: <http://www.copsfl.org/searched/fairnesssearch.asp>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
 Type of Work: New  Alteration  Addition  Repair  Low Voltage New  Existing

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher	Exhaust Fan	Disposal	Water Heater
Hood Fan	Dryer	Paddle Fan	Outlet
Fixtures	Spa	Pool	Switches
Electric Signs	Meter Reset	Low Voltage	Stoves
Pumps	Motors	Air Conditioning (tons)	Furnace (KW)

Temporary Construction Pole: One (1) New Meter Service Amperage/Voltage/Phase

Meter Service Upgrade from: Amperage/Voltage/Phase to: Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) Replace Riser overhead of existing 200 Amp Service - damaged by falling tree

Other: Replace the Riser Over head on the Existing 200 Amp Electrical Service for Weather Damage.

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE (IF NO METER SERVICE WORK BEING DONE. USE VALUATION OF JOB FOR PERMIT FEE)

VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED \$ 500.00)

Permit Fee = \$ 73.00  
 Review Fee = \$ 36.50  
 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 113.50

Building Official: Angela Pury Date: 7-23-2014  
 Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the above is true and correct to the best of my knowledge.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes a and/or ordinances.

LICENSE HOLDER SIGNATURE: [Signature] LICENSE # EC 13005673

LICENSE HOLDER NAME: Randy Olive COMPANY NAME: R.O.G. ELECTRIC, INC.

Street Address: 4114 Woodloch Lane

City/Town: State: FL Zip Code: 33024 Phone Number: 813-732-8218

Email Address: rogelectrics@gmail.com

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

Randy Olive rogelectrics1@gmail.com Building Permit Number

Colin A. Fl 4 LLC

Contractor William that 352-835-7881

500.00

109.50





# COBI Permit Fee Calculation Form



Reviewer Signature: AR.

Date: 7-23-2014

Permit Type:	_____	Job Cost:	<u>\$ 500 -</u>
Permit Fee:	<u>\$ 73.00</u>		
Plans Review Fee:	<u>\$ 38.50</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>	<b><u>\$ 113.50</u></b>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
07/21/2014

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
ALL BUSINESS UNDERWRITERS		PHONE:	
BOX 3075		TOL. NO. EXT: 727-403-9470	
DUNNELLON, FL 34430		FAX (A/C. NO.): 352-465-0666	
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ACCIDENT INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		MAC #	

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	ADJ. INSURER (M/D/Y) (W/D)	POLICY NUMBER
A	<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"/> PRO. <input type="checkbox"/> LOC <input type="checkbox"/> LDC <input type="checkbox"/> OTHER:	10/21/13	10/21/14
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below		
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A		
	LIMITS EACH OCCURRENCE \$ 1,000,000 SERVICE CONTRACTED PREMISES (EB occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000 COMBINED SINGLE LIMIT (EB accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 501, Additional Remarks Schedule, may be attached if more space is required)  
ELECTRICIAN FOR HOMEOWNERS AND BUSINESS' - FLORIDA LICENSE # EC-13006673

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CITY OF BELLE ISLE / UNIVERSAL ENGINEERING SVS 3532 MAGGIE BOULEVARD ORLANDO, FLORIDA, 32811 FAX TO: 407-561-0313	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 (2013/04)

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JEFF ATINATER  
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: 10/18/2013      EXPIRATION DATE: 10/18/2015

PERSON: OLIVA      RANDY      A

FEIN: 461676157

**BUSINESS NAME AND ADDRESS:**

R O G ELECTRIC INC

4114 WOODACRE LANE  
TAMPA FL 33624

**SCOPES OF BUSINESS OR TRADE:**

LICENSED ELECTRICAL  
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 be exempt from workers' compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., a certificate of election to be exempt from this chapter is not valid if the scope of the business of the corporation is not exempt. Pursuant to Chapter 440.05(13), F.S., a certificate of election to be exempt from workers' compensation is not valid if the person named on the certificate is not an officer of the corporation. The Department may require a certificate of exemption to be filed by the person named on the certificate.

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

QUESTIONS? (850) 415-1609



100%

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE



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

CONSTRUCTION INDUSTRY EXEMPTION  
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW

ISSUANCE DATE 10/18/2013

PERSON CUYA

PER 4519991

EXPIRATION DATE 10/18/2015

STATUS 1000

BUSINESS NAME AND ADDRESS:  
R O G ELECTRIC INC

4114 WOODACRE LANE FL 33624  
TAMPA

SCOPE OF BUSINESS OR TRA

LICENSED ELECTRICAL  
CONTRACTOR

F I L D H E R E

**IMPORTANT**

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who signs a certificate of election to be exempt from the payment of workers' compensation insurance on behalf of the corporation may not receive benefits or compensation under the certificate.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt from the payment of workers' compensation insurance based on the date of election to be exempt.

Overseas Chapter 440.05(13), F.S., requires a decision to be signed and certification of election to be signed when the election is revoked, if, at any time after the filing of the notice of the issuance of the certificate, the person named on the certificate is not a shareholder or partner in the corporation. The decision shall include a certificate of any time for failure of the person named on the certificate to meet the requirements of this section.

DPB-F2-OWC-252. CERTIFICATE OF ELECTION TO BE EXEMPT. REVISED 07-12

QUESTIONS? (850)415-1600

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD



LICENSE NUMBER  
EC13005673

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489, F.S.  
Expiration date: AUG 31, 2016

OLIVA, RANDY ARMANDO  
R. O. G. ELECTRIC, INC.  
4114 WOODACRE LN  
TAMPA, FL 33624

ISSUED: 07/01/2014      DISPLAY AS REQUIRED BY LAW      SEQ # L1407010001923

2014 - 2015 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT      EXPIRES SEPTEMBER 30, 2015

OCC. CODE

090.008002 Contractor

1 Employees

ACCOUNT NO.	271651
RENEWAL	

Receipt Fee	18.00
Hazardous Waste Surcharge	0.00
Law Library Fee	0.00

BUSINESS    R. O. G. ELECTRIC INC  
4114 WOODACRE LN  
TAMPA, FL 33624

NAME        R. O. G. ELECTRIC INC  
MAILING     4114 WOODACRE LN  
ADDRESS    TAMPA, FL 33624

Paid 13-821-000136  
07/10/2014 18.00

# 2014-2015

## BUSINESS TAX RECEIPT

DOUG BELDEN, TAX COLLECTOR

HAS HEREBY PAID A PRIVILEGE TAX TO ENJOY  
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

813-635-5280  
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.



Searches
Sales Search
Results
Property Record Card
My Favorites
Sign up for e-Notify...

**5126 Louvre Ave** < 17-23-30-4379-02-280 >

Name(s)  
Colfin AI-FI 4 LLC

Mailing Address, On File  
5126 Louvre Ave  
Povul City and Escondo  
Orlando, FL 32812

C/O Cash Manager  
9305 E Via De Ventura Ste 201  
Scottsdale, AZ 85258

Incorrect Mailing Address?  
0103 - Single Fam Class III  
Municipality  
Belle Isle

**Values, Exemptions and Taxes** | **Property Features** | **Sales Analysis** | **Location Info** | **Market Stats**

**Property Description**  
LAKE CONWAY ESTATES SECTION 3 Y/19 LOT 228

**Total Land Area** 11,875 sqft (+/-) | 0.27 acres (+/-) | **GIS Calculated** | **Notice**

**Land**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$75,000.00	\$75,000	\$0.00	\$75,000

Page 1 of 1 (1 total records)



302317437902280 08/23/2006

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

**Buildings**

**Important Information**

Model Code:	Type Code:	Building Value:	Estimated New Cost:	Structure
01 - Single Fam Residence	0103 - Single Fam Class III	\$89,291	\$156,651	Actual Year Built: 1962 Gross Area: 2894 sqft Living Area: 1863 sqft Exterior Wall: Concrete/Cinder Block Interior Wall: Plastered

Page 1 of 1 (1 total records)

**Extra Features**

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1962	1 Unit(s)	\$2,500
PT2 - Patio 2	01/01/1962	1 Unit(s)	\$2,000
PTNV - Patio No Value	01/01/2010	1 Unit(s)	\$0

Page 1 of 1 (3 total records)

This Data Printed on 07/23/2014 and System Data Last Refreshed on 07/22/2014

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 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801  
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044  
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