



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.

<p>Scope of Work: BUILDING: soffit/faccia</p> <p>Comments: To close out OC permit #B96014360.</p> <p>Project Information Address: 5127 Mortier Avenue, Belle Isle, FL 32812 Parcel ID: 17-23-30-4378-02-200 Property Owner: Given, Margaret Phone Number: 781-775-9595 ***** Company Name: BY OWNER Contractor Name: License Number: Address: Phone Number:</p>	<p style="text-align: right;">Permit Number: 2014-06-008</p> <p style="text-align: right;">Date of Application: 06/03/2014 Date Permit Issued: 06/04/2014</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Demo \$ Building \$50.00 Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$54.00</p> <p>Date Paid <u>6-6-14</u></p> <p>CC or Check # <u>visa 1012</u></p> <p>Amount Paid <u>54.00</u></p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com password = universal13



City of Belle Isle

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received
06-03-14

Building Permit (Land Use) Application

DATE: x 06/03/2014

PERMIT # 2014-06-008

PROJECT ADDRESS x 5127 Mortier Ave Belle Isle, Belle Isle, FL 32809 32812

PROPERTY OWNER x Margaret A. Given PHONE x 781 445-9595 VALUE OF WORK (labor & material) \$ _____

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS x email -

Inspection on OC permit B96014360 soffit/fascia

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); 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: x 17-23-30-4378-02-200

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.

Wind Exposure Category: B C D

Attached Survey _____ SETS and Construction Plans _____ SETS na

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. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER Angel R. Perez BU1557 DATE 6/04/2014

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

Per FSS 105.3.3:

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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.

REVIEW	Date: Sent	RCD	Y <input type="checkbox"/>	N <input type="checkbox"/>	\$
ZONING			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
CERT OF OCC			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
TRAFFIC			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
SCHOOL			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
FIRE			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
SWIMMING POOL			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
SCREEN ENCLOSURE			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
ROOFING			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
BOAT DOCK			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
BUILDING			Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	\$ _____
WINDOW(S)			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
DOOR(S)			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
FENCE			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
SHED			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
DRIVEWAY			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ _____
OTHER <u>Inspection</u>			Y <input type="checkbox"/>	N <input type="checkbox"/>	\$ <u>50.00</u>
3% FL SURCHARGE					<u>4.00</u>
TOTAL					_____
By Owner Form			<input checked="" type="checkbox"/>	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	



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

PERMIT # _____

Owner's Name * Margaret A Given

Owner's Address * 5129 Hortier Ave

Contractor Name <u>By OWNER</u>	Company Name
License #	Company Address
Contact Phone/Cell	City, State, ZIP
Contact Email	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 Margaret Given
 The foregoing instrument was acknowledged before me this 6, 3, 2014
 by Margaret Given who is personally known to me
 and who produced PI-Drivers Identification
 as identification and who did not take an oath.
 Notary as to Owner _____
 State of Florida _____
 County of Orange _____



Contractor Signature _____
 COMPANY NAME _____
 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 _____

Impervious Surface Ratio Worksheet
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ X 0.35 =
 Allowable Impervious Area (BASE) _____
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.
 - House _____
 - Driveway na
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____
 Actual Impervious Area (AIA) _____
- 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.
- 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

Expired OC permit
#B96014360

PROJECT NUMBER 0115.1400296.0000

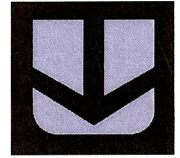
TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-06-008	
Property Owner	Given	
Address	5127 Mottier Ave	
Nature of Improvement	Building	
Received Application	6-3-14	
Sent for Stormwater Review		
Stormwater Approved		
Sent for Zoning Review		
Zoning Approved		
Applied for Variance		
Variance Approved		
Sent to BO for Review	6-3-14	W037885
Building Official Approved	6-04-2014	
Comments		
1.	6-4-14 ucg	emailed meq it's ready
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



COBI Permit Fee Calculation Form



Reviewer Signature: _____ AP.

Date: _____ 6/04/2014

Permit Type:	<u>Bldg</u>	Job Cost:	\$ <u>0</u>
Permit Fee:	\$ <u>50 - (Re-Inspection)</u>		
Plans Review Fee:	\$ <u>0</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
TOTAL BUILDING FEE:	\$ <u>54.00</u> (does not include Zoning fees or Deposits)		

Note: Total gets doubled for SWO/AFT permits



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OWNER BUILDER DISCLOSURE STATEMENT

Per Florida Statue 455.228:

**Homeowners hiring unlicensed Contractors may be
subject a fine of up to \$5,000.00!**

Before me this day personally appeared X Margaret A. Given, who being duly sworn, deposes, and says as follows. "I hereby acknowledge that I have read and fully understand the individual provisions of this instrument."

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license
MAG Initial
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. MAG Initial
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. MAG Initial
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. MAG Initial
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. MAG Initial
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. MAG Initial
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit, that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. MAG Initial
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. MAG Initial

Owner Builder Disclosure Statement

9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

MAJ Initial

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850)487-1395 or www.Call.Center@dbpr.state.fl.us for more information about licensed contractors.

MAJ Initial

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

Project Address: 5127 Mortier Ave Belle Isle, FL MAJ Initial

12. I agree to notify the City of Belle Isle Building/Zoning Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

MAJ Initial

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if any unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

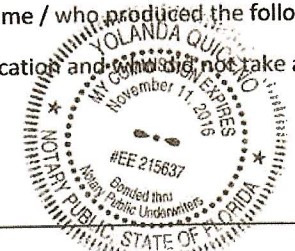
Signature: Margaret A Given (Signature of the property owner) Print: Margaret A. Given (Name of the property owner)

Signature: _____ (Signature of the property owner) Print: N (Name of the property owner)

Owner's Address: 5127 Mortier Ave Belle Isle, FL

The foregoing instrument was acknowledged before me this 6, 03, 2014

by Margaret Given who is personally known to me / who produced the following Florida Drivers Identification as identification and did not take an oath.

State of Florida / County of Orange Seal: 

Notary Signature Yolanda Quiroz



Building Permit

KEEP POSTED ON JOBSITE AT ALL TIMES
Orange County Division of Building Safety
201 South Rosalind Avenue
Orlando, Florida 32802-2687
Phone: 407-836-5550

DATE ISSUED: **October 03, 1996**

BUILDING PERMIT NUMBER: **B96014360**

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 Orange County, Florida.

The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or State of Florida codes and/or ordinances. There may be additional permits required from other governmental agencies.

In addition to the requirements of this permit, there may be additional restrictions applicable to the property that may be found in the public records of this county.

This permit becomes void if the work authorized is not commenced within 12 months or is suspended or abandoned for a period of 12 months after commencement. Work shall be considered suspended if an approved inspection has not been made within a 12 month period.

Tenant/Occupant:

Owner:

Project Address: **5127 Mortier Ave.
Orlando FL
32812**

Parcel I.D. Number: **17-23-30-4378-02-200**

Zoning District:

Contractor: **Michele M Southerland**

License #: **CRC0038174**

Address: **517 LAKE DESTINY Dr. S
ORLANDO, FL
328100000**

Building Code:

Value of Work: **\$4,500.00**

NOC: **Y**

Square Footage: **0**

Maximum Floor Load Allowable: **0**

No. of Stories: **0**

Maximum Number of Persons: **N/A**

Type of Construction:

No. of Units: **N/A**

Sprinkler Sys. Provided: **N/A**

Sprinkle Sys Req'd: **N/A**

Building Risk Category: **N/A**

Use & Occupancy Type: **R**

Wind Speed: **N/A** MPH

Wind Borne Debris Region: **N/A**

Threshold Building: **N**

Flood Plain: **N/A**

Nature of Work: **Alteration**

Low Floor Elevation: **N/A**

Additional Sub-permits required:

Issued By:

Special Considerations: **ALTERATIONS TO SFR.
MAKE EXTERIOR ALTERATIONS TO SFR BY INSTALLING SOFFIT AND FASCIA. SIDING ON
GABLE ENDS. LOT 20 PAINT**

REPORT DATE: 6/3/2014



Inspection History

Permit #:

Date Completed

Inspector

Inspection Type

Results

Date Completed	Inspector	Inspection Type	Results
[Redacted Content]			



Clear Choice Tax & Lien Service
5701 N. Pine Island Rd. Suite 250,
Tamarac, Florida 33321

Jason Talley
President

Telephone: 954-597-7141
Fax: 954-597-7253

SEARCH SUMMARY REPORT

To: First Service Title of Florida Winter Park
ATTN: Beth
File Number : 0514-3295
Owner Name: Given, Margaret A
Address: 5127 Mortier Ave
Folio #: 17 23 30 4378 02 200
Legal: LOT 20 BLK B LAKE CONWAY ESTATES SECTION ONE X/37

Office Number: 405-6250
Date: 05/29/2014

2013 PROPERTY TAXES :

Paid: (X) Yes () No
Amount Paid: \$2308.36 Date Paid: 11/15/2013
Assessed Value: \$155,256 Homestead Exemption: Yes

LOCATION OF SEARCH: BELLE ISLE

Code - No open code violations 407-851-7730 - cobibbateman@bellsouth.net Belle Isle
Utility - Balance \$0.00 (Services: water, sewer)
Contact: Russ / Allan 407-352-4313 - 4760 W Sand Lake Rd Belle Isle FL 32801
Lien (Fax with CC form) - No active liens
Contact: Stacey 407-851-7730 - cobisribreau@bellsouth.net Belle Isle FL 32809
Permits / Building Violations - 1 expired permit: #B96014360, soffitt/fascia
Contact: Francis 407-836-5678

Clear Choice Tax & Lien Service

By: _____
