



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: BUILDING: Interior remodel/renovation Comments: Building 7, unit 706, plan A Project Information Address: 2323 McCoy Rd, Unit Belle Isle, FL 32809 Parcel ID: 30-23-30-6681-00-706 Property Owner: McCoy Enterprises Group Phone Number: 407 228 4645 ***** Company Name: Capri Contractors Inc Contractor Name: Prieto, Raphael & Sunia License Number: CGC058997 Address: 1216 Mount Vernon St, Orlando, FL 32803 Phone Number: 407 467 3594	Permit Number: 2015-12-042 Date of Application: 12/23/2014 Date Permit Issued: 01/07/2015 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.
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BUILDING FEATURES

IMPACT FEES School \$ <u>3921.- due</u> Traffic \$ <u>6-15</u> ZONING FEES Zoning Fee \$50.00 UNIVERSAL ENG - BUILDING FEES Cert of Occ \$ Demo \$ Building \$412.50 Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$6.19 Surcharge Fee \$6.19 TOTAL FEES \$474.88 Date Paid <u>3-3-15</u> CC or Check # <u>603729</u> Amount Paid <u>474.88</u>	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 <input type="checkbox"/> BUILDING 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final – After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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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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Building Permit (Land Use) Application

DATE: 12/22/2014

PERMIT # 2015-12-042

PROJECT ADDRESS 2323 McCoy Road Unit 706 Belle Isle, FL, Belle Isle, FL 32809 32812

PROPERTY OWNER McCoy Enterprises Group PHONE 407-228-4645 VALUE OF WORK (labor & material) \$ 50,590

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Building 7 Interior Renovation 6 of 27 Units "A"

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:** 30-23-30-6681-00-706

To obtain this information, please visit <http://www.ocpafi.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 2 SETS and Construction Plans 2 SETS

PLANNING & ZONING APPROVAL: _____
DATE _____

PLEASE COMPLETE for Building Review
CONSTRUCTION TYPE Interior Renovation

OCCUPANCY GROUP R-2 Comm Res: Single Fam Multi Fam

#BLDG. 7/27 #UNITS 27 #STORIES 3 TOTAL SQ.FT. 1165 sqft

MAX. FLOOR LOAD Units 40lbs/sqft/Corridors 100lbs/sq MAX. OCCUPANCY R-2

MIN. FLOOD ELEV. 96.35 LOW FLOOR ELEV. 96.35

WATER SERVICE Public 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	\$ <u>50</u>
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	<u>Y</u>	N	\$ <u>412.50</u>
WINDOW(S)	Y	N	\$ _____
DOOR(S)	Y	N	\$ _____
FENCE	Y	N	\$ _____
SHED	Y	N	\$ _____
DRIVEWAY	Y	N	\$ _____
OTHER	Y	N	\$ _____

3% FL SURCHARGE 12.38

TOTAL 474.88

By Owner Form	Y	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.

PERMIT #

Owner's Name McCoy Enterprises Group LLC
 Owner's Address 18851 NE 29th Ave Aventura, FL

Contractor Name <u>Rafael M Prieto</u>	Company Name <u>Capri Contractors Inc.</u>
License # <u>CGC 058997</u>	Company Address <u>1218 Mount Vernon Street</u>
Contact Phone/Cell <u>407-467-3594</u>	City, State, ZIP <u>Orlando, FL 32803</u>
Contact Email <u>capri.sunia@gmail.com</u>	Contact Fax <u>407-228-4648</u>

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including 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 [Signature]
 The foregoing instrument was acknowledged before me this 12/18/14
 by Isaac Perkel 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

SUNIA PRIETO
 Notary Public - State of Florida
 My Comm. Expires Jul 1, 2018
 Commission # FF 138229

Contractor Signature _____
 COMPANY NAME Capri Contractors Inc.
 The foregoing instrument was acknowledged before me this 12/18/14
 by SUNIA PRIETO 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

YUDIT GIL
 Notary Public - State of Florida
 My Comm. Expires Mar 17, 2015
 Commission # EE 64943
 Bonded Through National Notary Assoc.

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 80-74: Impervious Surface Ratio

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE)
 Total Lot Area 205,167.60 x 0.35 = 75,808.66 (app PD)
 Allowable Impervious Area (BASE) 153,876.70 SF

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 60,412.74 SF
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other 92,558.14 SF (all other impervious surf)

Actual Impervious Area (AIA) Total = 142,970.88SF

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. 10,904.82 SF

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 (TP-40), 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: 12/15/2014 PERMIT # _____
 PROJECT ADDRESS 2323 McCoy Road Belle Isle, FL 32809 32812

As required by Florida Statute 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				WALL PANELS			
Swinging	<i>Plastpro</i>	In-Swing	<i>FL15180</i>	Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront	Coral	MS380	15784.1
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbt Hung	Sunshine	S-2000		Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof	EverGuard	TPO 45	10-0823,04
Mullion				Other			
Skylights	SoiaTube	104-110	03-104110				
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors	Simpson	See Below	See Below				
Truss Plates							
Insulation Forms							
Untels	Reinf. Con.	Reinf. Conc.	N/A				
Other	Steel Angle	4"x4"x1/4"	N/A				

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 *Mario Prieto* Date *12/22/14*
 Mario Prieto, Pres. Capri Contractors, Inc.

Simpson Connectors: LUS26; LUS28; CNW3/4"-5/8"; HCNW; ATS5/8"; HUD; HUD; HDU8-SDS2.5"; others as required.

Permit Number 2015-12-046

Parcel Identification Number _____

Prepared by: Sunia Piermont

Return to: Capri Contractors
1218 Mt. Vernon
Orlando, FL 32803

DOCH 20150158626 B: 10896 P: 4633
03/30/2015 02:04:23 PM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: CAPRI CONTRACTORS

Space Reserved for Recording



NOTICE OF COMMENCEMENT

State of Florida
County of Orange

The undersigned hereby gives notice that improvement(s) 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.

State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of
the document as recorded in the Official Records.
MARSHA D. HAYNIE, COUNTY COMPTROLLER
Deputy Comptroller
Date: 03-30-15



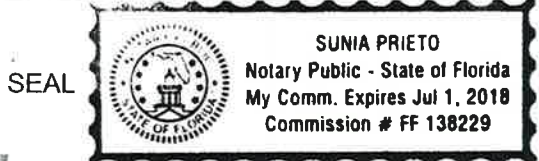
- Description of property** (legal description of the property, and street address if available) Unit 706
2323 McCoy Rd Belle Isle, FL
- General description of improvement(s)** Interior Renovation
- Owner information**
Name & Address P+K Management LLC 2323 McCoy Rd Belle Isle
Telephone & Fax Number (407) 228-4645
Interest in Property: owner
- Fee Simple Title Holder** (if other than owner shown above)
Name & Address _____
Telephone & Fax Number _____
- Contractor**
Name & Address Capri Contractors 1218 Mt. Vernon St. Orlando, FL
Telephone & Fax Number (407) 228-4645 228-4648 FAX
- Surety** (if any)
Name & Address _____
Telephone & Fax Number _____
Amount of bond \$ _____
- Lender** (if any)
Name & Address _____
Telephone & Fax Number _____
- 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 & Address _____
Telephone & Fax Number _____
- 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 & Address _____
Telephone & Fax Number _____
- Expiration date of notice of commencement** (the expiration date is one 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

11. _____ Isaac Perkel
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager Print Name

Sworn to (or affirmed) and subscribed before me this 30 day of March, 20 15
by Isaac Perkel as owner (type of authority, e.g. officer, trustee,
attorney in fact) for P+K mgmt LLC (name of party on behalf of whom instrument was
executed. personally known to me OR _____ produced _____ as identification.

Sunia Prieto
Signature of Notary
Name (print)



---AND---

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.



CITY OF BELLE ISLE, FLORIDA
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: 3/17/15

Permit #: 2015-12-042

I hereby name and appoint Sunia Piermont of
(print name)

Capri Contractors Inc. to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a building permit
(type of permit)

for work to be performed at the following location:

2323 McCoy Road/Unit 706, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: Rafael M Prieto

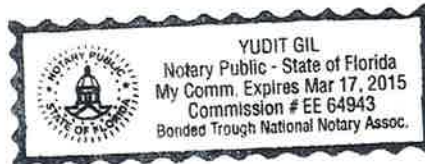
License Number: CGC 058997

Certified Contractor's Signature: *[Handwritten Signature]*

The foregoing instrument was acknowledged before me this 17 days of MARCH of 20 15
 by RAFAEL M. PRIETO who is personally known to me or who produced
 as identification and who did not take an oath.

State of Florida
 County of Orange

[Handwritten Signature]
 Notary Public, Orange County, Florida



(seal)