

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-04-025
Property Owner	Reynolds, Kevin
Address	2509 Nela Ave
Nature of Improvement	Building: Pool
Received Application	4-10-15
Sent for Stormwater Review	4-10-15 WO 49462 for 4-13-15 (memo)
Stormwater Approved	4/13/15
Sent for Zoning Review	4-10-15 WO 49462 for 4-13-15 (memo)
Zoning Approved	4/13/15
Applied for Variance	✓ case # 2015-03-006
Variance Approved	✓
Sent to BO for Review	4-14-15
Building Official Approved	
Comments	
1.	Susan 4-10-15 All OK for both Pool/Electrical
2.	Need DOE get it ✓
3.	4/13/15 The plan approved variance applied for
4.	and granted #2015-03-006
5.	Susan 4-14-15 review WO # pool: 49766
6.	electrical: 49764
7.	plumbing: 49765
8.	Susan 4-17-15 emailed it's ready ✓
9.	
10.	
11.	
12.	



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: in-ground gunite pool Comments: None Project Information Address: 2509 Nela Avenue, Belle Isle, FL 32809 Parcel ID: 19-23-30-5888-03-160 Property Owner: Reynolds, Kevin Phone Number: None ***** Company Name: Artesian Pools Inc Contractor Name: Cooper, William License Number: CPC1457037 Address: 7347 E. Colonial Drive, Orlando, FL 32807 Phone Number: 407 249 1764	Permit Number: 2015-04-025 Date of Application: 04/10/2015 Date Permit Issued: 04/16/2015 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 \$ Traffic \$ ZONING FEES Zoning Fee \$165.00 UNIVERSAL ENG - BUILDING FEES Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$199.50 Sign \$ SURCHARGE FEES Surcharge Fee \$2.99 Surcharge Fee \$2.99 TOTAL FEES \$370.48 Date Paid <u>4-16-15</u> CC or Check # <u>370.48</u> Amount Paid <u>370.48</u> 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 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) ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> 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 BD scheduling@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

Pool

RECEIVED
4-10-15



City of Belle Isle

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

Building Permit (Land Use) Application

DATE: _____

PERMIT # 2015-04-025

PROJECT ADDRESS 2509 Nela Ave., Belle Isle, FL 32809 32812

PROPERTY OWNER Kevin Reynolds PHONE (407) 739-7956 VALUE OF WORK (labor & material) \$ 28,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Install in-ground Gunite Pool

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: 19-23-30-5888-03-160

To obtain this information, please visit <http://www.ocpaf1.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. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 4/14/15

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 4-10-15

Per FSS 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."

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.

Page 1 of 2

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y <input type="checkbox"/>	N <input type="checkbox"/>	
If Required – SUBMIT COPY OF PLANS FOR FIRE REVIEW			
	Date: Sent		RCD
ZONING	<input checked="" type="radio"/>	N	\$ 165.-
CERT OF OCC	Y	N	\$
TRAFFIC	Y	N	\$
SCHOOL	Y	N	\$
FIRE	Y	N	\$
SWIMMING POOL	Y	N	\$ 199.50
SCREEN ENCLOSURE	Y	N	\$
ROOFING	Y	N	\$
BOAT DOCK	Y	N	\$
BUILDING	Y	N	\$
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

3% FL SURCHARGE \$ 5.98
TOTAL \$ 370.48

By Owner Form Y NA
 Notice of Commencement Y NA
 Power of Attorney Y NA
 Contractor Packet Included? Y N

OTHER PERMITS REQUIRED:
 ELECTRICAL NA
 PREPOWER Y NA
 MECHANICAL Y NA
 PLUMBING NA
 ROOFING Y NA
 GAS Y NA



Pool

RECEIVED
4-16-15



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Building Permit (Land Use) Application

To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT # 215-04-025

Owner's Name Kevin Reynolds

Owner's Address 2509 NEIA AVE BELLE ISLE FL 32809

Contractor Name <u>Artesian Pools Inc. Wm.K. Cooper</u>	Company Name <u>Artesian Pools Inc</u>
License # <u>CPC1457037</u>	Company Address <u>7347 E. Colonial Drive</u>
Contact Phone/Cell <u>(407) 249 1764</u>	City, State, ZIP <u>Orlando, FL 32807</u>
Contact Email <u>artesianpoolskeith@cfl.rr.com</u>	Contact Fax <u>(407) 277-1783</u>

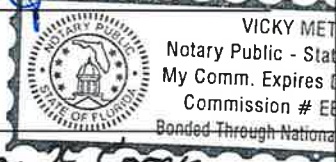
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain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

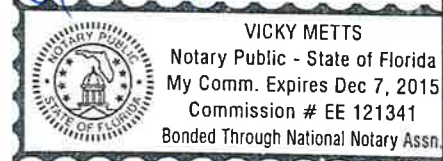
Owner Signature
The foregoing instrument was acknowledged before me this 4/9/15
by Kevin Reynolds who is personally known to me
and who produced _____
as identification and who did not take an oath.

Notary as to Owner Vicky Metts
State of Florida
County of Orange



Contractor Signature William K Cooper
COMPANY NAME Artesian Pools Inc
The foregoing instrument was acknowledged before me this 4/9/15
by Wm Keith Cooper who is personally known to me
and who produced _____
as identification and who did not take an oath.

Notary as to Owner Vicky Metts
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 15,362 X 0.35 =
Allowable Impervious Area (BASE) 5377
- 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 2071
Driveway 1969
Walkway _____
• Accessory Buildings n/a
• Pool & Spa 476
• Deck & Patio _____
• Other _____
Actual Impervious Area (AIA) 4516
- 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

fftarkoe@hotmail.com

Permit Number:
Folio/Parcel Identification Number: 19-23-30-5888-03-160
Prepared by: William Keith Cooper
7347 East Colonial Drive, Orlando FL 32807
Return to: (Same As Above)



Job # 138-15

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.

1. **Description of property** (legal description of the property, and street address if available)
Nela Isle (Section) 0/99 Lot 16 & BEG NW COR thereof Run NLY 485 FT to Lake Conway E to A Line D of Lot 16 S 48 FT ML to NE COR of SA10 Lot W to POB 2509 Nela Isle

2. **General description of improvement(s)**
Install In-ground gunite swimming pool

3. **Owner information**
Name Kevin Reynolds Telephone Number 407 739 7956
Address 2509 Nela Isle Belle Isle, FL 32809 Interest in Property Owner

4. **Fee Simple Title Holder** (if other than owner shown above)
Name N/A Telephone Number _____
Address _____

5. **Contractor**
Name Artesian Pools, Inc Telephone Number 407-249-1764
Address 7347 East Colonial Drive, Orlando, FL 32807

6. **Surety** (if any)
Name N/A Telephone Number _____
Address _____ Amount of bond \$ _____

7. **Lender** (if any)
Name _____ Telephone Number _____
Address _____

8. **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 William Keith Cooper Telephone Number 407-249-1764
Address 7347 East Colonial Drive, Orlando, FL 32807

9. **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 Same As Above Telephone Number _____
Address _____

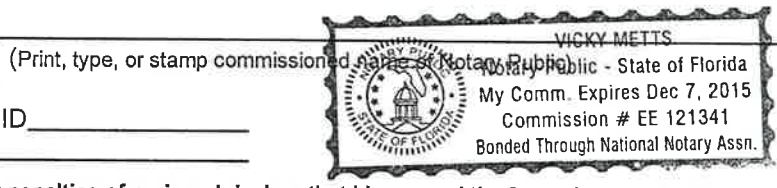
10. **Expiration date of notice of commencement** (the expiration date is one year from the date of recording unless a different date is specified) _____

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 1, 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.

11. [Signature] Signature of Owner Kevin Reynolds Signatory's Printed Name/Title/Office Belle Isle
(or Owner's Authorized Officer/Director/Partner/Manager §713.13[1][d])

The foregoing instrument was acknowledged before me this 31 day of March 2015 by Kevin Reynolds
as self for Artesian Pools, Inc
(Type of authority, e.g., officer, trustee, attorney in fact) (Name of party on behalf of whom instrument was executed)

[Signature]
Signature of Notary Public - State of Florida



Personally Known OR Produced ID _____
Type of ID Produced _____

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.

[Signature]
Signature of Natural Person Signing on Line 11-Above

State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of the document as recorded in the Official Records.
MARTHA O. HAYNIE, COMPTROLLER
By: [Signature] Deputy Comptroller
Dated: 4-6-15



Artesian

POOLS

7347 E. COLONIAL DRIVE
ORLANDO, FLORIDA 32807
407-249-1764

CPC1457037

FAX 407-277-1783

Date: 3-31-15

TO WHOM IT MAY CONCERN:

This letter serves as authorization for Nan Holmes, Mindy Holmes, and Raymond Holmes to pull permits under my name. The attorney in fact is to have full authority to deliver applications for permits and other such documents as are reasonably necessary to obtain said pool permit. For the subdivision and lot(s) specified below:

Job Address: 2509 Nela Ave. Belle Isle, FL 32809

Subdivision: Nela Isle

Lot: 16 Block: _____

Parcel ID# 19-23-30-5888-03-160

Wm Keith Cooper

Wm. Keith Cooper
CPC 1457037

STATE OF FLORIDA

COUNTY OF ORANGE:

The forgoing instrument was acknowledged before me by Wm. Keith Cooper, who is personally known to me and who did not take an oath.

Sworn to and subscribed before me this 31 day of March 20 15.

Vicky Metts
Notary Public

Vicky Metts
Notary Printed Name

Mary Fule
Witness

Joseph A. E.
Witness





COBI Permit Fee Calculation Form



Reviewer Signature: _____

Date: _____

POOL

Permit Type:	<u>pool</u>	Job Cost:	\$ <u>28,000</u>
Permit Fee:	\$ <u>133.-</u>		
Plans Review Fee:	\$ <u>66.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.99</u>		
1.5% State Fee:	\$ <u>2.99</u>		
+ 165. zoning			
TOTAL BUILDING FEE:	\$ <u>370.48</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

1st 1K = 25.-

27x4 =

$$\begin{array}{r} 25.- \\ 108 \\ \hline 133.- \div 2 = \\ 66.50 \\ \hline 199.50 \end{array}$$



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

RESIDENTIAL SWIMMING POOL
SAFETY AFFIRMATION

Date: 4-9-15

Permit #: _____

I, William K Cooper Artesian Pools, License # CPC1457037
(print contractor's name)

hereby affirm that the pool will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirements of Florida Statute 515.29 and the 2010 Florida Building Code, Residential Section R4101.17.

Check the applicable barrier requirements from the following options and show on the site plan:

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC R4101.17, Exception.
- The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4101.17.1.15.
- The pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4101.1.1 through R4101.1.8.
- The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC R4101.1.1 through R4101.1.8.

Does any part of the barrier consist of dwelling walls which contain doors or windows?

Yes No If yes, then check which of the two options below are applicable:

- All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4101.17.1.9(1) unless Exceptions a, b or c apply.
- All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4101.17.1.9, exception 2.

I understand that the above indicated shall be installed before the time of pool safety inspection per FBC R4101.19.

William K Cooper
(contractor's signature)

[Signature]
(property owner's signature)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2014

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).

PRODUCER Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 Kenneth M Brown	CONTACT NAME: Kenneth M Brown PHONE (A/C, No, Ext): 321-397-3870 E-MAIL ADDRESS:	FAX (A/C, No): 321-397-3888
	INSURER(S) AFFORDING COVERAGE	
INSURED Artesian Pools Inc 7347 E Colonial Dr Orlando, FL 32807	INSURER A: Amerisure Mutual Ins. Co	NAIC # 23396
	INSURER B: Amerisure Ins Company	19488
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

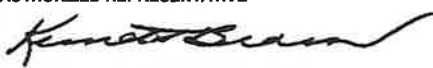
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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-JECT <input type="checkbox"/> LOC OTHER:			CPP13237191403	01/01/2015	01/01/2016	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/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA13237201502	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CU13237211702	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC138451314	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

BELLEIS City of Belle Isle P.O. Box 593135 1600 Nela Ave Belle Isle, FL 32859	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 
--	--

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STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CPC1457037	

The RESIDENTIAL POOL/SPA CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2016

COOPER, WILLIAM KEITH
 ARTESIAN POOLS, INC.
 7347 E COLONIAL DRIVE
 ORLANDO FL 32807



ISSUED: 07/07/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407070001070

cott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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

	2014	EXPIRES	9/30/2015	3200-0970546
3200	RETAIL-POOL SUPPLIES	\$30.00	1	EMPLOYEE
				5000 BUSINESS OFFICE
				\$30.00 10 EMPLOYEE

TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

COOPER ALAN PRESIDENT

ARTESIAN POOLS INC
 COOPER ALAN PRESIDENT
 7347 E COLONIAL DR
 ORLANDO FL 32807-6386

7347 E COLONIAL DR
 U - ORLANDO, 32807

PAID: \$60.00 0099-00639426 8/15/2014

cott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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

	2014	EXPIRES	9/30/2015	1805-0962514
1805	POOL CONTRACTOR	\$70.00	31	EMPLOYEE

TOTAL TAX \$70.00
 PREVIOUSLY PAID \$70.00
 TOTAL DUE \$0.00

COOPER ALAN

ARTESIAN POOLS INC
 COOPER ALAN
 7347 E COLONIAL DR
 ORLANDO FL 32807-6386

7347 E COLONIAL DR
 U - ORLANDO, 32807

PAID: \$70.00 0099-00639428 8/15/2014

Local Business Tax Receipt Orange County, Florida

- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

Sign up for e-Notify...

2509 Nela Ave < 19-23-30-5888-03-160 >

Name(s)	Physical Street Address
Reynolds Kevin	2509 Nela Ave
Reynolds Jacqueline B	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32809
2509 Nela Ave	Property Use
Belle Isle, FL 32809-6170	0130 - Sfr - Lake Front
Incorrect Mailing Address?	Municipality
	Belle Isle



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

Update Information

Property Description

View Plat

NELA ISLE (ISLAND SECTION) O/99 LOT 16 & BEG NW COR THEREOF RUN NLY 61.85 FT TO LAKE CONWAY E TO A LINE N OF E LINE OF LOT 16 S 48 FT M/L TO NE COR OF SAID LOT W TO POB

Total Land Area 15,362 sqft (+/-) | 0.35 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	\$290,000.00	\$290,000	\$0.00	\$290,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure				
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1999	Gross Area:	4445 sqft
	Type Code:	0103 - Single Fam Class III	Beds:	3	Living Area:	2805 sqft
	Building Value:	\$258,734	Baths:	2.5	Exterior Wall:	Above-Average Materials
	Estimated New Cost:	\$289,088	Floors:	2	Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
BD3 - Boat Dock 3	05/11/1999	1 Unit(s)	\$15,000
BC2 - Boat Cover 2	05/11/1999	1 Unit(s)	\$4,000
FPL3 - Good Fireplace	05/11/1999	1 Unit(s)	\$6,000

Page 1 of 1 (3 total records)

This Data Printed on 03/30/2015 and System Data Last Refreshed on 03/29/2015

BOUNDARY SURVEY

DESCRIPTION

LOT 16, BLOCK C, NELA ISLE, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK O, PAGE 99, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.

ZONING

APPROVED

[Signature]

City of Belle Isle

SURVEYORS NOTES:

- NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.
- LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHTS OF WAY, EASEMENTS, OWNERSHIP, OR OTHER INSTRUMENTS OF RECORD, BY THIS FIRM.
- REVISIONS DO NOT CONSTITUTE A RECERTIFICATION OF THE EXISTING FIELD CONDITIONS OF THIS SURVEY.
- BEARINGS SHOWN HEREON ARE BASED ON THE FOLLOWING: THE WEST LINE OF LOT 16 AS N09°43'27"E (ASSUMED).
- THE DESCRIPTION SHOWN HEREON WAS SUPPLIED BY THE CLIENT.
- UNDERGROUND IMPROVEMENTS AND INSTALLATIONS HAVE NOT BEEN LOCATED.
- THE LANDS SHOWN HEREON LIE PARTIALLY WITHIN ZONE X (AREAS DETERMINED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN) WITH PORTIONS LYING WITHIN ZONE AE, FEMA ELEVATION 88.0 (NAVD 1988) ACCORDING TO "FIRM" MAP NO. 12085C0430F AND COMMUNITY NO. 120181 04-30 F, DATED SEPTEMBER 25, 2008.
- THE COMMUNITY HAS DETERMINED THAT THE NORMAL HIGH WATER (NHW) ELEVATION FOR LAKE CONWAY IS 86.9 (NGVD 1929).
- THE ELEVATIONS SHOWN HEREON ARE BASED ON ORANGE COUNTY DATUM PER BENCH MARK NUMBER L1500025, ELEVATION = 91.468 (NAVD 1988) AND CONVERTED TO 92.428 (NGVD 1929) VIA VERTCON.
- THE WATER BOUNDARY IS SUBJECT TO CHANGE DUE TO NATURAL CAUSES AND MAY NOT REPRESENT THE ACTUAL LIMITS OF TITLE.
- THE ELECTRONIC FILE FOR THIS PROJECT IS THE PROPERTY OF BISHMAN SURVEYING AND MAPPING, INC. AND IS NOT THE PROPERTY OF THE CLIENT.

Lot Size 15, 362

HOUSE 2,071

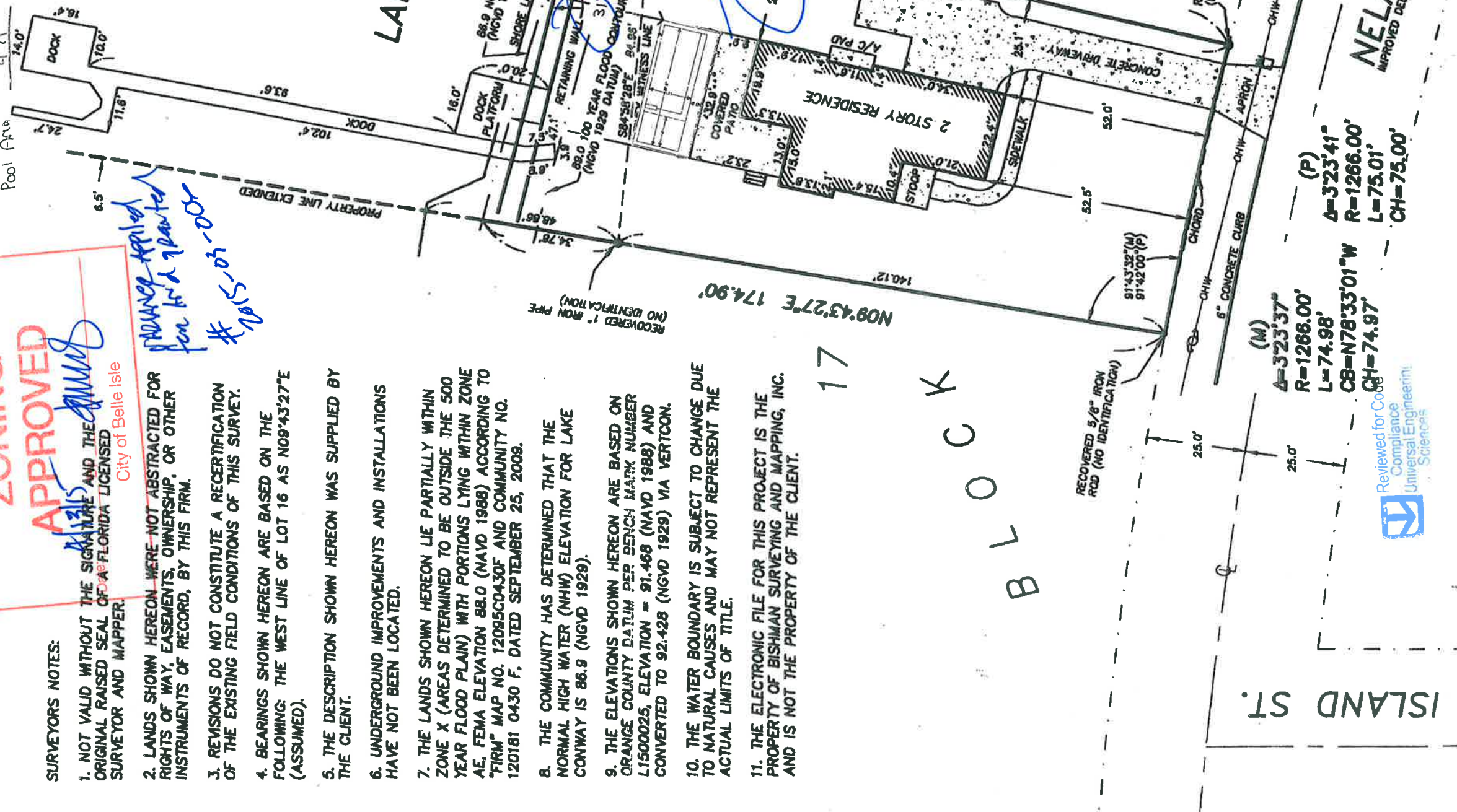
Dr. Veway 1,969

Pool Area 471

Impervious 30%

LEGEND:

(M)	MEASURED
(P)	PLAT
(C)	CALCULATED
(D)	DESCRIPTION
F.A.C.	FLORIDA ADMINISTRATIVE CODE
☉	CENTERLINE
L.B.	LICENSED BUSINESS MAPPER
P.S.M.	PROFESSIONAL SURVEYOR & MAPPER
O.R.	OFFICIAL RECORDS BOOK
P.G.	PAGE
P.R.M.	PERMANENT REFERENCE MONUMENT
NAVD	NORTH AMERICAN VERTICAL DATUM
NGVD	NATIONAL GEODETIC VERTICAL DATUM
A/C	AIR CONDITIONER
☒	WATER METER
OHW	OVERHEAD UTILITY WIRES
□	WOOD FENCE
○	CHAIN LINK FENCE
◡	WOODEN UTILITY POLE
⊞	POMER METER
⊞	TELEPHONE RISER
⊞	RECLAIMED WATER METER
⊞	CABLE TELEVISION RISER



(M)
 $\Delta = 3'23.37"$
 $R = 1266.00'$
 $L = 74.98'$
 $CB = N78°33'01"W$
 $CH = 74.97'$

(P)
 $\Delta = 3'23.41"$
 $R = 1266.00'$
 $L = 75.01'$
 $CH = 75.00'$



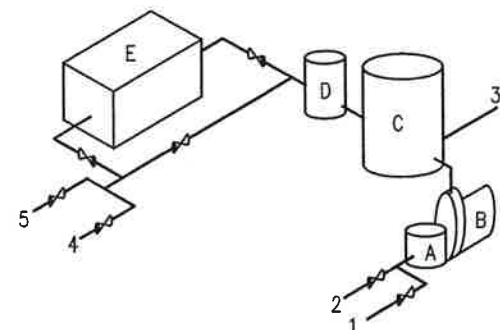
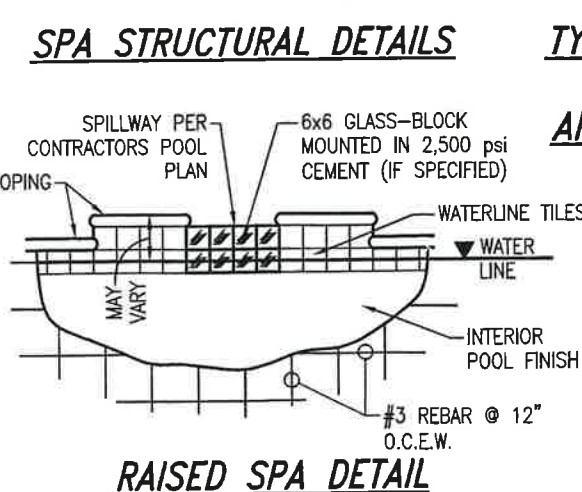
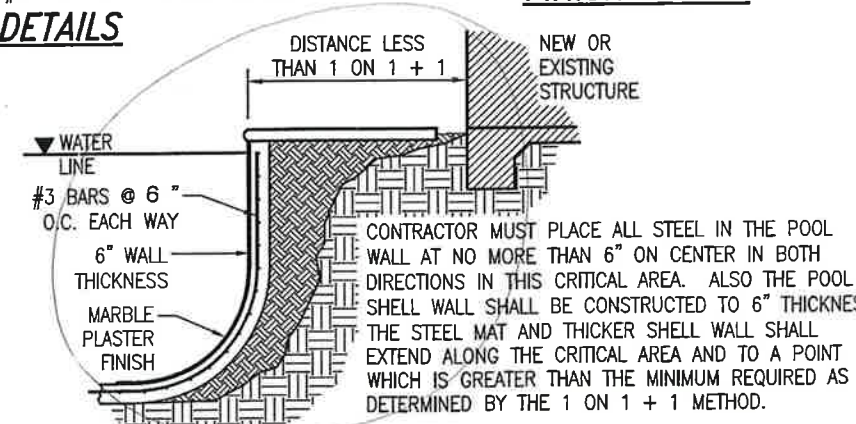
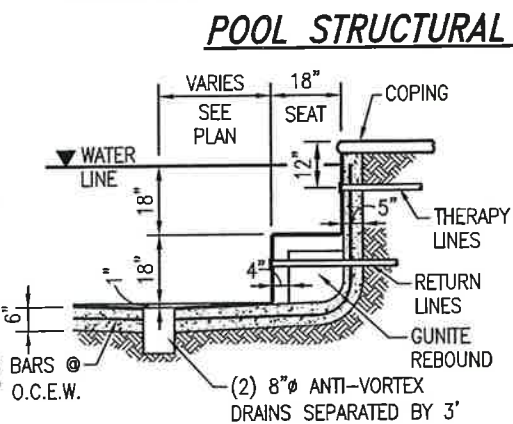
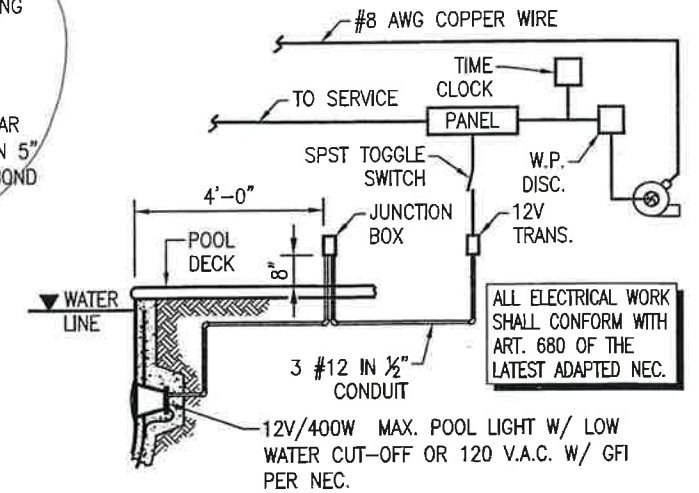
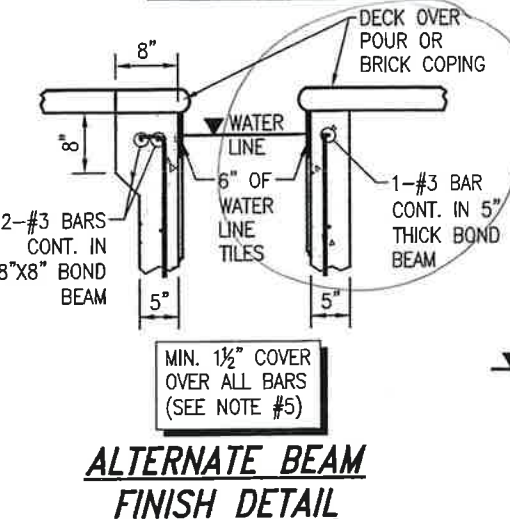
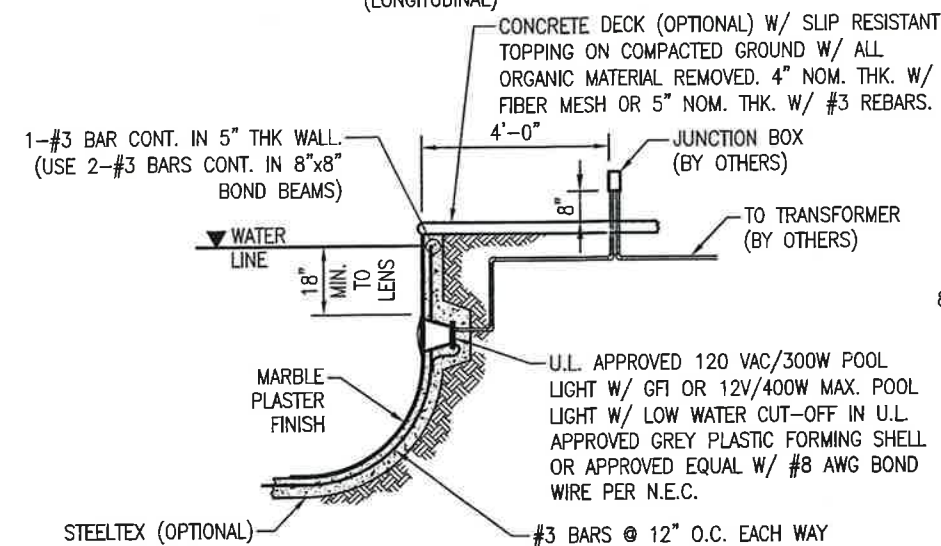
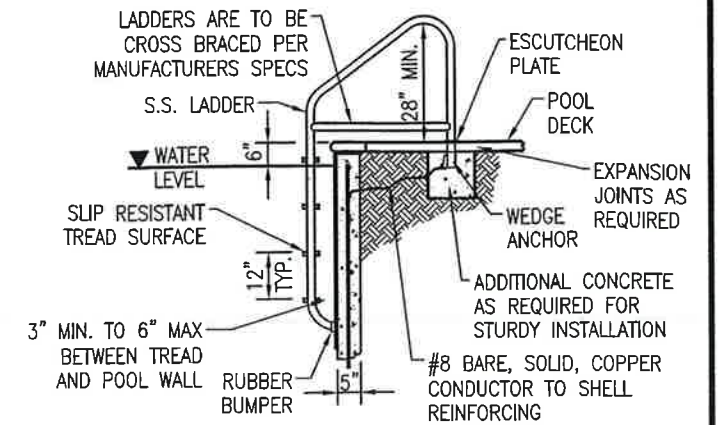
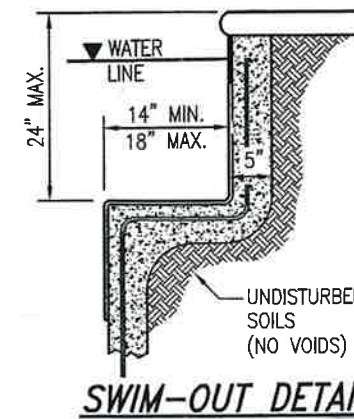
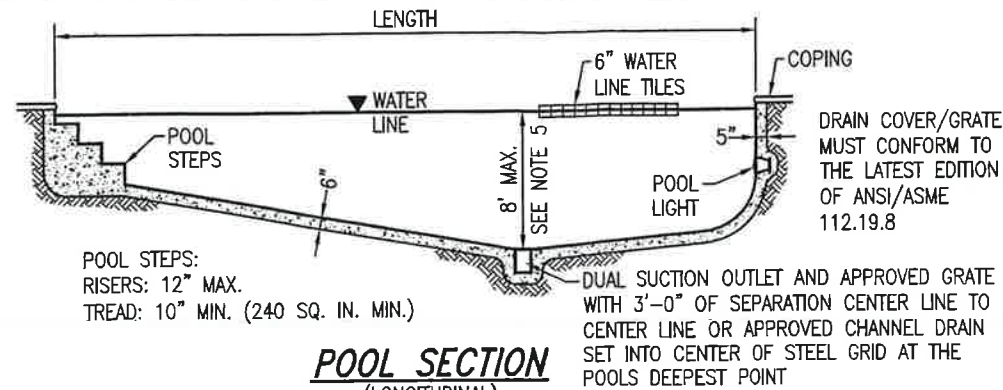
JOB NUMBER:	15021.000
SURVEY DATE:	03/02/15
FIELD BY:	T. CONARD
FIELD BOOK:	1502
PAGES:	39
FIELD FILE:	15021TC.MJF



CERTIFICATE OF AUTHORIZATION LB 7274

GENERAL NOTES

- For pool plan, size, deck, and special details, see Contractor's Pool Plan.
- Pool Walls shall be 5" thick and Floors shall be 6" thick and shall be pneumatically applied Concrete with a Compressive Strength of 3,000 psi in 28 days. Concrete Decks shall be 2,500 psi. Concrete construction will conform to ACI Standard 318.
- All Pool construction shall comply with Florida Building Code Building 2010 and Florida Building Code Residential 2010, ANSI/NSP National Standard-5 for Residential Inground Swimming Pools, ANSI/NSP National Standard-3 for Permanently Installed Residential Spas, ANSI/APSP-7 American National Standard for Suction Entrapment Avoidance In Swimming Pools, Wading Pools, Spas, Hot Tubs and Catch Basins ANSI/APSP/ICC-15 American National Standard for Residential Swimming Pool and Spa Energy Efficiency and the National Adapted National Electric Code 2008 (NEC).
- All Pool Piping to be Schedule 40 PVC, bearing the mark of NSF Approval unless otherwise noted.
- All Reinforcing Steel to conform to ASTM 615, Grade 40. Reinforcing shall be #3 bars at 12" on center in each direction, w/ 15" lap joints in walls and floors up to 6'. Over 6' use #3 bars at 6" on center in each direction in the areas over 6'.
If Concrete is cast against Bare Earth without a Separation Barrier, the minimum cover shall be 3". With a Barrier (SteelTex) between Concrete and Earth, the minimum cover shall be 1 1/2".
- All Metallic Pool Fittings within 5' of the inside wall and deck reinforcing steel to be bonded to the Pool Reinforcing Steel with #8 AWG Copper Wire. The #8 Copper Wire to be run internally and externally with the NEC approved PVC Light Conduit form the Light Niche to the Junction Box. Completion of the pool grounding to the Electrical Panel Ground to be by Electrician.
- Bond all Sheathed Cables, Raceways, Metal Piping and all Fixed Metal Parts not separated by a permanent barrier, if within 5'-0" Horizontally from Water and 12'-0" Vertically of Maximum Water Level.
- Equipotential Bonding to be accomplished in accordance with Article 680 of the National Adapted Electrical Code 2008 (NEC).
- Pool or Patio shall bear only on Rock or Clean Sand, which shall be compacted to provide a Structurally Safe Bearing Capacity. Any Unsuitable Material encountered in excavation shall be removed in its entirety and the area shall be backfilled with acceptable material and properly compacted. Where unsuitable Material cannot be removed, the pool must be redesigned.
- The Contractor must protect Existing Structures from failure by acceptable methods if required. The Engineer accepts no responsibility for the safety of Existing Structures.
- The Design Engineer assumes no responsibility for pool construction in Easements or Required Setback areas. Pool Contractor and/or Owner shall verify the layout and all dimensions shown prior to construction.
- Contractor shall determine the location of all Utilities in relation to the Pool and its Equipment and ensure minimum clearances in accordance with Local Regulations and Ordinances.
- Contractor shall provide adequate Temporary Fencing around the construction area to prevent unauthorized entry into the Pool Area.
- If a water supply is provided, a minimum 3" Atmospheric Break will be provided.
- All Structural, Filtration and Electrical details outlined in these drawings also relate to Spa Construction.
- All Pool and Spa Heaters shall be equipped with an On/Off Switch mounted for easy access to allow the Heater to be Shut Off without adjusting the Thermostat settings and to allow restarting without relighting the Pilot Light.
- WARNING!** To empty the Pool for any reason, the Hydrostatic Uplift Pressure must be eliminated. The Owner must consult a Contractor experienced in eliminating Uplift Pressure.



- MAIN DRAIN LINE
 - SKIMMER LINE
 - WASTE LINE
 - RETURN LINE
 - PRESSURE CLEANING LINE (OPTIONAL)
- HAIR & LINT STRAINER
 - RECIRCULATION PUMP
 - FILTER
 - IN-LINE CHLORINATOR (OPTIONAL)
 - HEATER (OPTIONAL)



*Rolls
PX 2178*



7347 E Colonial Dr
Orlando FL 32807
(407) 249-1764
CPC1457037

Artesian Pools, Inc.

PLAN EXPIRES 1 YEAR FROM THE SIGNATURE DATE OR THE EFFECTIVE DATE OF A MAJOR FLORIDA BUILDING CODE CHANGE WHICHEVER IS SOONER

APR 02 2015

Date

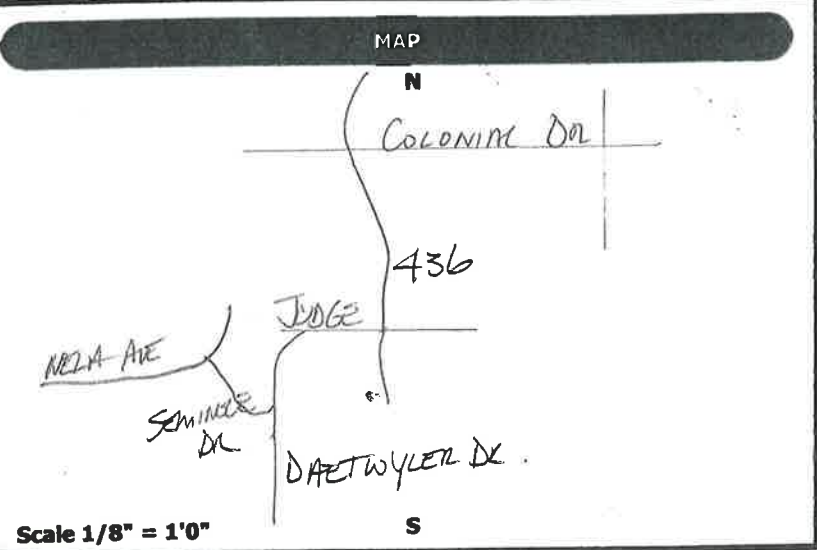
Gordon H. Shepardson
GORDON H. SHEPARDSON, P.E. P.A.
FL PE # 19333
2431 Alma Ave. Ste 124
Winter Park, FL 32792
Office: (407) 275-1099
Fax: (407) 275-1015

Swimming Pool Specification For:

KEVIN REYNOLDS
2509 NELA AVE
BELLE ISLE 32809

VOID IF ALTERED

Scale: None Rev 9 - 03/14/12 T



NOTE

Termite By OWNER Massay

Barrier/Alarms ALARMS By OWNER

Solar No

5" beam travertine coping bobcat

Screen Enclosure

Color No SCREEN

Roof Style _____

Wall Height _____

Elite Roof _____

Doors _____

Gutter _____

Quote _____

Job Notes _____

All slide enclosures do not roll from left to right, some roll front to back, please ask your designer for specifics

POOL SPECS

REFERENCE NO _____ DEPTH 4'-6"

WIDTH & LENGTH 11' X 30'6" EST TOTAL GALLONS 12,400

SWIMOUT YES HAND RAIL / GRAB RAIL NO

DECK / TILE / INTERIOR

ACRYLIC COLOR NO TILE A7 60/6

RE-TOP EXISTING YES - TRAVERTINE GROUT CHARCOAL

COLOR BAND NO STEP TILE Spot 3'x3' BLUE BLEND

CANTILEVER NO DECO TILE NO

PAVER COLOR NO PAVER PATTERN FRENCH

BRICK COPING NO TRAVERTINE COPING STRAIGHT CUT

INTERIOR MATERIAL: DIAMOND BRITE - BLUE

NOTES: ALL TRAVERTINE IVORY

PUMP SIZE 1.5 HP 2500 POOL RETURNS 3+1 VAC LINE

FILTER TYPE & SIZE CANTERIDGE 2005 LIGHT (TYPE & QTY) INTELBRITE

CLEANING SYSTEM: ZONAC ON REMOTE

CHLORINATOR PENAIR INTELCHLOR

SPA NO GRANITE SIZE NO

THERAPY JETS _____ SPA FOUNTAIN _____

BLOWER _____ SPA LIGHT _____

HEATER & TYPE _____ AUTO CONTROLS _____

BOX WATERFALL NO DECK JETS NO

WATER BOWL _____ FIRE BOWL _____

FOUNTAIN _____ FOUNTAIN LIGHT _____

ROCKWORK _____

ACCESS APPROVAL NO DRIVEWAY APPROVAL YES in file

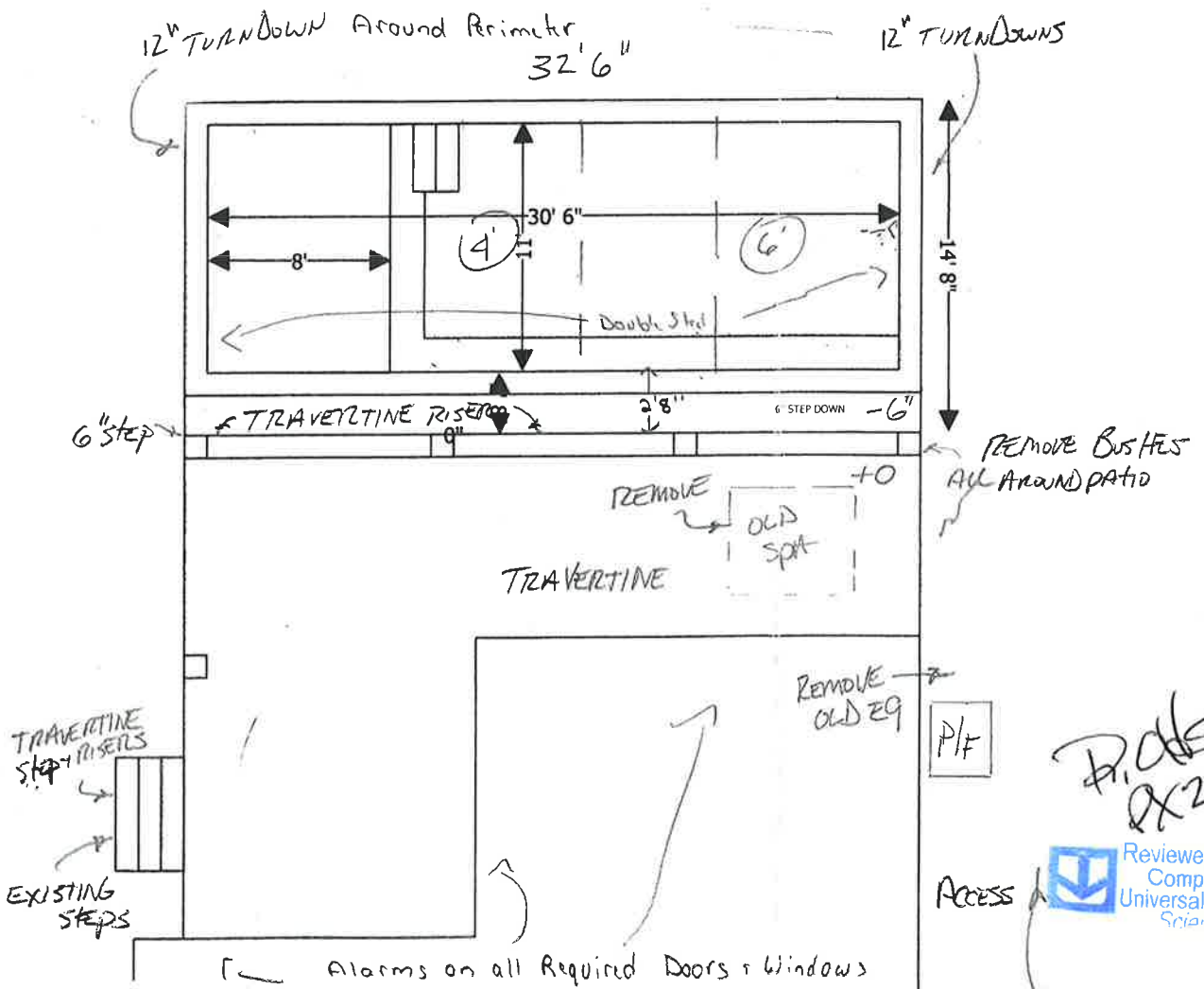
DIRT REMOVAL YES FENCE REMOVAL NO

TREE REMOVAL NO bushes FENCE RE-INSTALL NO

STUMP REMOVAL NO CONCRETE REMOVAL NO

SKIMMERS, DUAL MAIN DRAINS, NORMAL ELECTRICAL, TIME CLOCK, TEST KIT, BRUSH, POLE, MANUAL VAC, VAC HOSE, THERMOMETER, ROPES/FLOATS/HOOKS ARE INCLUDED. BROKEN SPRINKLER LINES WILL BE CAPPED AFTER PREGRADE AND RE-ROUTED BY HOMEOWNER

Other Options Remove OLD SPA & EQUIPMENT
REMOVE & TRASH HAUL BUSHES AROUND PATIO
TRAVERTINE EXISTING STEPS + CANAL



Reviewed for Code Compliance
 Universal Engineering
 Sciences

CUSTOMER INFORMATION

NAME: KEVIN REYNOLDS

ADDRESS: 2509 NELLA AVE

CITY: BELLE ISLE ZIP 32809

HOME PHONE 407-739-7956 WORK PHONE SAME

CELL PHONE SAME

LOT 16 BLOCK C SUBDIVISION NELLA

DESIGNER TONY ALLO DATE 3-27-15

Job # 138-15

CUSTOMER SIGNATURE _____

