

Scope of Work:

**Project Information** 

NONE .

comments:

Address:

#### 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

Permit Number: 2016-04-032

WARNING TO OWNER: "YOUR FAILURE TO RECORD A

Date of Application: 04/21/2016

Date Permit Issued: 04/25/2016

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 Applicable City, Orange County, State of Florida and/or redefail codes and/or orange in Superior Super COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

BUILDING: repairs to second story balcony

1438 Belle Vista Drive, Belle Isle, FL 32812

Address: 1438 Belle Vista Drive, Belle I Parcel ID: 24-23-29-5306-01-130 Property Owner: Muszynski, Alexander Phone Number: none		30 er	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	
	Quality First Builder : Burket, John	s LLC lando, FL 32811	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 FEAT	URES	
IMPACT FEES			BUILDING INSPECTOR USE ONLY	
School	\$	_	DIEDING INSPECTOR USE ONLY	
Traffic	\$ \$	IF APPLICABLE:		
Trailic	Ψ		Been Met? YES NO Have Stormwater Approval Conditions	
ZONING FEES		Have Zonning Approval Conditions	Been Met? 123 NO have Stormwater Approval Conditions	
Zoning Fee	\$165.00	Been Met? YES NO Silt fencin	g in place? YES NO Turbidity Barrier in place? YES NO	
LINIVEDOAL EN		BUILDING		
UNIVERSAL EN	G - BUILDING FEES	1 <sup>st</sup>	(Footing/Foundation)	
0-4-60	•	Survey specific foundation pla	n must be onsite before slab pour. Approved Plan on Site?	
Cert of Occ	\$	Carro, opcomo roundamen pre		
Demo	\$	2 <sup>nd</sup>	(Slab)	
Building	\$271.50	-	(Gidd)	
Fence	\$ \$	3 <sup>rd</sup>	(Lintel)(Wall Reinforcing on Masonry Building)	
Driveway	\$	3	(Linter)(vvali Remorting on Masonly Building)	
Shed	\$	4 <sup>th</sup>	(Exterior Framing)(Roof/Wall Sheathing)	
Window(s)	\$	4 :	(Exterior Framing)(Roon/vvaii Sheathing)	
Door(s)	\$	5 <sup>th</sup>	(Framing) (To be made after Diumbing/ Mechanical)	
PrePower	\$	3		
Electrical	\$ \$		Electrical Rough-Ins & Windows/Doors Installed)	
Temp Pole	\$	cth	(Insulation to be Made After Roof Installed)	
Plumbing	\$	6 <sup>th</sup>	(Insulation to be Made After Roof Installed)	
Mechanical	\$	7 <sup>th</sup>	(D II)	
Gas	\$	7 <sup>th</sup>	(Drywall)	
Roofing	\$	8 <sup>th</sup>	(O: L         D :     )	
Boat Dock	\$	8 <sup>th</sup>	(Sidewalk/Driveway)	
Screen Encl	\$	ath.		
Swimming Pool	\$	9 <sup>th</sup>	(Other)	
Sign	\$			
		10"'	(Final – After MEP and Other Applicable Finals)	
SURCHARGE FI	EES			
0	¢4.07	ROOFING		
Surcharge Fee	\$4.07	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing		
Surcharge Fee	\$4.07	nd nd		
		2" ROOFING Covering In-Progress		
│ TOTAL F	FFS \$444 64			

FI PI LIMBING (Pool Pining Solar Irrigation Water Treatment Equip Etc.)

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



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

Building Permit (Land OSe	) Application			
DATE: 4/21/16	PERMIT # 2016-04-032			
PROJECT ADDRESS1438 Belle Vista Dr	, Belle Isle, FL3280932812			
PROPERTY OWNER <u>Alexander Muszynski</u> PHONE <u>V</u>	ALUE OF WORK (labor &material) \$ 40,000			
PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS				
Repairs to existing 2nd Floor Balcony				
Please provide information, if applicable.				
<ul> <li>SINGLE FAMILY RESIDENCE: 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of N</li> <li>BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide septic SYSTEM (RESIDENTIAL): – Provide verification of OC Health Dept approval for on-septic Homeowners will be required to have a contractor on record for homes that are rented and/or</li> </ul>	a copy of their report ite septic tank system, per FAC Chap. 64E-6			
Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 24-23-29-	5306-01-130			
	isit http://www.ocpafl.org/Searches/ParcelSearch.aspx			
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with	Wind Exposure Category: B C D			
zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed	SPRINKLERS REQ'D Y N			
Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.	If Required – SUBMIT COPY OF PLANS FOR FIRE  REVIEW Date: SentRCD			
PLANNING & ZONING APPROVAL:	ZONING OP N SL65.			
DATE	ZONING N \$160.			
PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)	TRAFFIC Y N \$			
CONSTRUCTION TYPE	SCHOOL			
OCCUPANCY GROUP        Comm         Res:        Single Fam        Multi Fam           #BLDG.        #UNITS _#STORIES        TOTAL SQ.FT.	SWIMMING POOL Y N \$			
MAX. FLOOR LOAD MAX. OCCUPANCY	SCREEN ENCLOSURE Y N \$			
MIN. FLOOD ELEVLOW FLOOR ELEV WATER SERVICEWELLSEPTIC	ROOFING Y N \$ BOAT DOCK Y N \$			
1	BUILDING ON STATE			
BUILDING REVIEWER MOUTH B NL DATE 4/25/14	WINDOW(S)			
BUILDING REVIEWER	FENCE y N \$			
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE DATE	SHED Y N \$			
Per FSS 105.3.3:	DRIVEWAY Y N \$ OTHER Y N \$			
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	3% FL SURCHARGE -10+4.0 8.14			
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,	2/11/4 (11			
and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."	TOTAL			
Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste,	By Owner Form Y NA Notice of Commencement Y NA			
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.				
	OTHER PERMITS REQUIRED:  ELECTRICAL Y NA			
SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.	PREPOWER Y NA			
	MECHANICAL Y NA			
Page 1 of 2 39 KY\$ 156	PLUMBING Y NA ROOFING Y NA			
18 15.7	GAS Y NA			



#### City of Belle Isle

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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

Alexander Muszynski

Notary as to Owner \_ Yound a Short

**BELINDA A SHANKLE** 

Commission # FF 086020

lotary Public - State of Florida My Comm. Expires May 17, 2018

construction and zoning.

Owner's Address 1438 Belle Vista Dr, Belle Isle, FL 32809

Contractor Name John F Burket	Company Name Quality First Builders, LLC
License #CGC037491	Company Address 4500 36th Street
Contact Phone/Cell 407-236-0920	City, State, ZIP Orlando, FL 32811
Contact Email Gary@QFBuilders.com	Contact Fax 407-236-0135

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

Impervious Surface Ratio Worksheet SIGN HERE Owner Signature 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 The foregoing instrument was acknowledged before me this 4 /18 / 16 Total Lot Area (soft) X 0.35 = Allowable Impervious Area (BASE). by Alexander Muszynshi who is personally known to me Total Lot Area \_\_\_\_\_ X 0.35= and who produced 1 Allowable Impervious Area (BASE)\_ as identification and who did not take an oath. Calculate the "proposed" impervious area on the lot. This includes the Notary as to Owner sum of all areas that do not allow direct percolation of rainwater. State of Florida Examples include house, pool, deck, driveway, accessory building, etc BELINDA A SHANKLE County of Orange lotary Public - State of Florida House ly Comm. Expires May 17, 2018 Commission # FF 086020 Driveway \_\_\_\_\_ Walkway Contractor Signature Accessory Buildings COMPANY NAME Pool & Spa \_\_\_ The foregoing instrument was acknowledged before me this 4 18 16 Deck & Patio \_\_\_\_\_ who is persenally known to me Other and who produced as identification and who did not take an oath.

> 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.

Actual Impervious Area (AIA) \_\_\_\_\_

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

State of Florida

County of Orang



#### LIMITED POWER OF ATTORNEY

I, John F. Burket, hereby authorize <b>ERICK DE DIOS/AARON HAUCH BRIAN</b> to obtain a permit for the following:
Lot_13 Subdivision Lynnwood Shores
Address 1438 Beila Vista Dr. Beile Isle, FL 32809
Parcel ID 24-23-29-5306-01-130
Owner of Property Alexander Muszynski
Address 1438 Bella Vista Dr Bell. Isle, FL 32809
John F. Burket, President Quality First Builders, LLC
Quanty First Bunders, LLC
Sworn to and subscribed to me this 18 day of $\triangle \sim 1$ , 2016, by

John F. Burket who is personally known to me and who did take an oath.



	Permit Number:	ń.
F	olio/Parcel ID #: 24-23-29-5306-01-130	D00# 204000
F	Prepared by: Quality First Builders	DOC# 20160201658 04/21/2016 12:21:44 PM Page 1 of 1
4	4500 36th Street	Rec Fee: \$10.00 Page 1 of 1
(	Orlando, FL 32811	Martha O. Haynie, Comptroller
	leturn to: Quality First Builders	Martha O. Haynie, Comptroller Orange County, FL MB - Ret To: QUALITY FIRST BUILDERS
2	500 36th Street	THE RISE SIZE LINE IN THE PLANE OF THE PARTY
(	Orlando, FL 32811	
-		
	Maria	
	NOTICE OF COMMENCEME	NT
S	tate of Florida. County of Orange	¥
T.	he undersigned hereby gives notice that improvement will	he made to cortain roof present
W	ith Chapter 713, Florida Statutes, the following information  Description of property (legal description of the property)	n is provided in this Netice of O
1.		
		Dr.
2.	General description of improvement	
	Second Flan Balance	200 x 000
3.	Owner intornation of Lessee information if the Local	neclation
		ee contracted for the improvement
	Address 1438 Belle Vista Dr, Belle Isle, FL 32809	
	Interest in Property Owner	
	Name and address of fee simple titleholder (if differently Name N/A	
	Name N/A	ent from Owner listed above)
	Address	
4.	Contractor	15.5
•••	Name Quality First Builders	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Address 4500 36th St, Orlando, FL 32811	Telephone Number 407-236-0920 3 5 5 7
5	Surety (if applicable and St. Ollando, FL 32811	10 10
V.	Surety (if applicable, a copy of the payment bond is atta	ched)
	Name Address	Telephone Number
6	Lender	Amount of Bond \$
0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name N/A	Telephone Number
~	Address	
7.	Persons within the State of Florida designated by Over be served as provided by §713.13(1)(a)7. Florida State	Wher upon whom notices or other desured
	be served as provided by §713.13(1)(a)7, Florida Sta	tutes.
	TAGING TAY	
_	Audress	
8.	In addition to himself or herself, Owner designates t Notice as provided in §713.13(1)(b). Florida Statutes	he following to receive a comment
	Notice as provided in §713.13(1)(b), Florida Statutes.	no following to receive a copy of the Lienor's
	Name 14/A	
_	Address .	Telephone Number
9.	Expiration date of notice of commencement (the expiration and final payment to the contractor, but will	ration data may not be to the
	construction and final payment to the contractor, but will different date is specified)	be 1 year from the perfore the completion of
	different date is specified)	be 1 year from the date of recording unless a
WA	RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PA	R THE EVERDATION OF THE MAN
DEC	CONSIDERED IMPROPER PAYMENTS MADE BY THE OWNER AFTE BULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PR	RT I. SECTION 713 13 FLORIDA STATUTES AND STATUTES
REC	OULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPRIED AND POSTED ON THE JOB SITE BEFORE THE FIRST INS	OPERTY. A NOTICE OF COMMENCEMENT MUST BE
WIT	ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSI H YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WOR	PECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
	H YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WOR	RK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
	alical la	
Sign	ature of Owner or Lessee, or Owner's or Lessee's Adthorized Officer/Di	- Owner
	y y juli vitzed chicenty	rector/Partner/Manager Signatory's Title/Office
The	foregoing instrument was acknowledged before me this	18 day of 4/16 by Alexander Muszynshi
	a dominowicaged before the this	10 day of 4116 by Stepander Miszynchia
as _	QUON A I	
	Type of autionity, e.g., officer, trustee, attorney in fact	Name of party on babell of his zynshi
	Burde allance	Name of party on behalf of whom instrument was executed
-	Signature of Notary Public - State of Florida	
	State of Florida	Print, type, or stamp commissioned name of Notary Public
Pers	conally KnownOR_Produced ID	The of Notary Public
Tyna	e of ID ProducedOR Produced ID	BELINDA A SHANKLE
ype	on its / roduced	Notary Public - State of Florida
		My Comm. Expires May 17, 2018
		Commission # FF 086020

## MUSZYNSKI RAILING 1438 BELLE VISTA DR. BELLE ISLE, FL 32808

#### **ENGINEER'S NOTES**

DESIGN CRITERIA 2014 FLORIDA BUILDING CODE, 5TH EDITION USING ASCE 7-10

- 1. DESIGNED FOR WIND SPEEDS OF Vult 140 MPH
- 2. WIND IMPORTANCE FACTOR = 1.0.
- 3. BUILDING CATEGORY = "OPEN"
- 4. WIND EXPOSURE = "C".
- 5. POINT LOAD PRESSURE 250LB

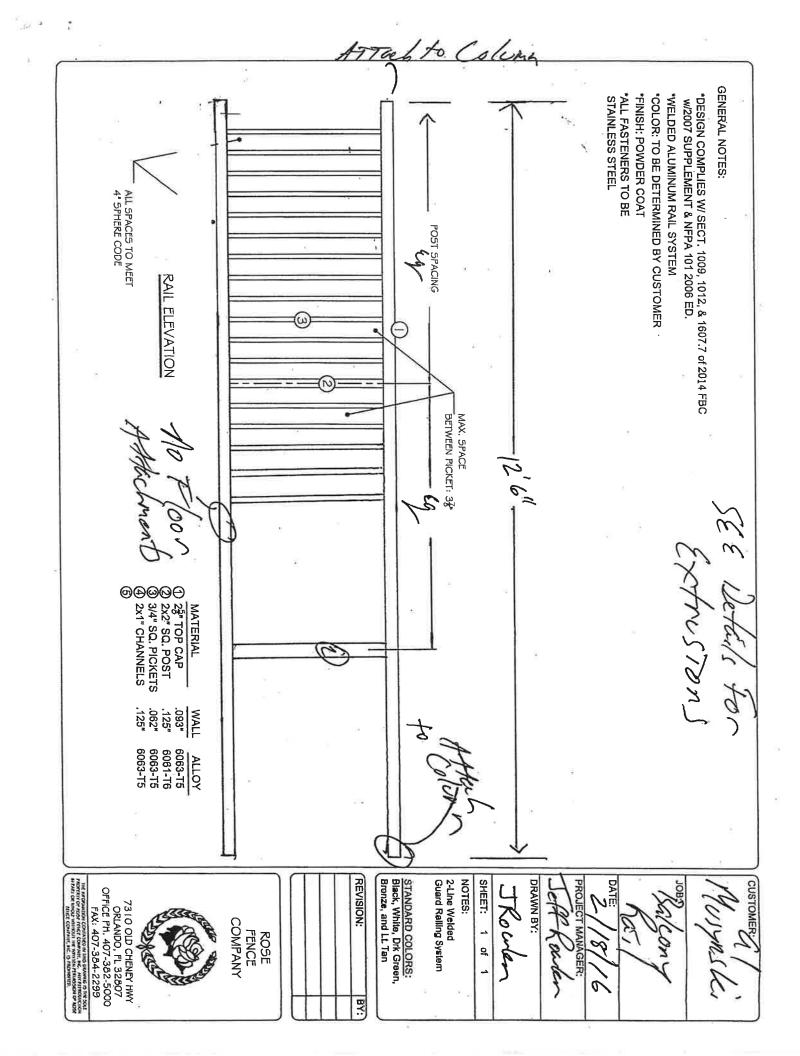
CHAD S. LINN, P.E.

CHAD S. LINN, P.E. P.O. BOX 140024 ORLANDO, FL 32814 407-252-6433

clinn@linnengineering.com

Reviewed for Code
Compliance
Universal Engineering
Sciences

MB/2 /14

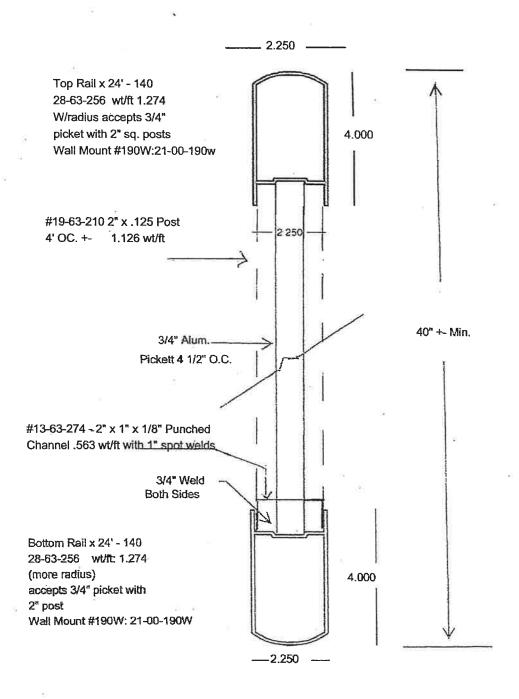




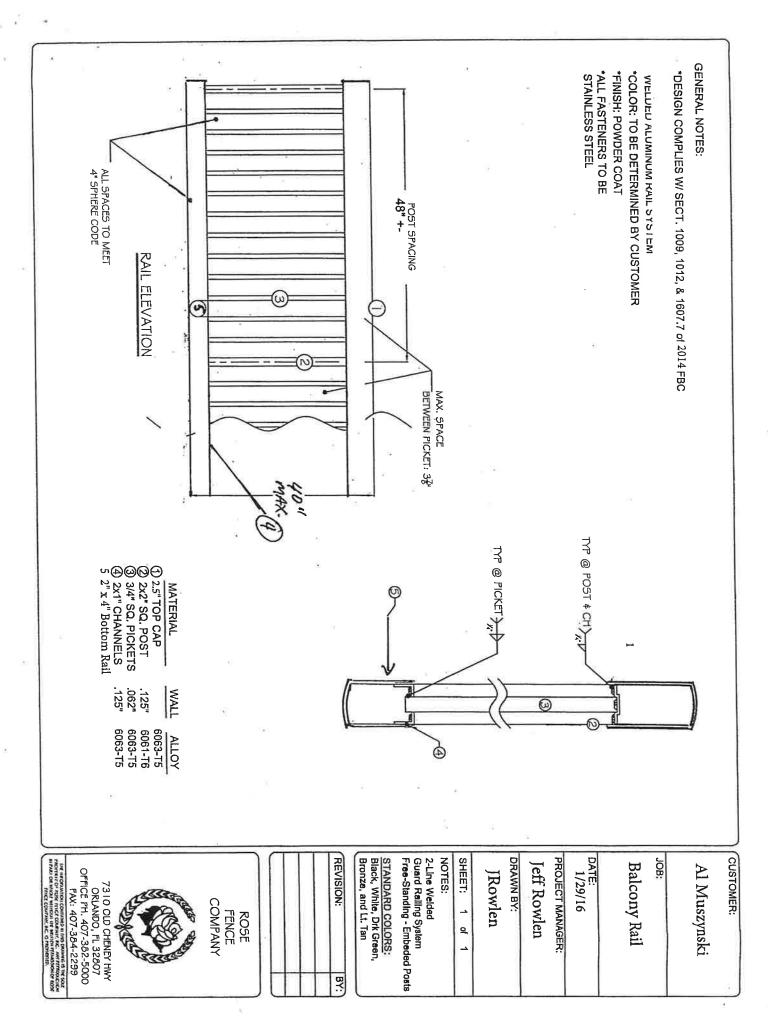
# Rose Fence Company

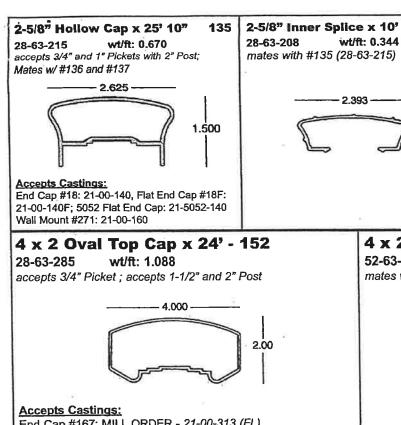


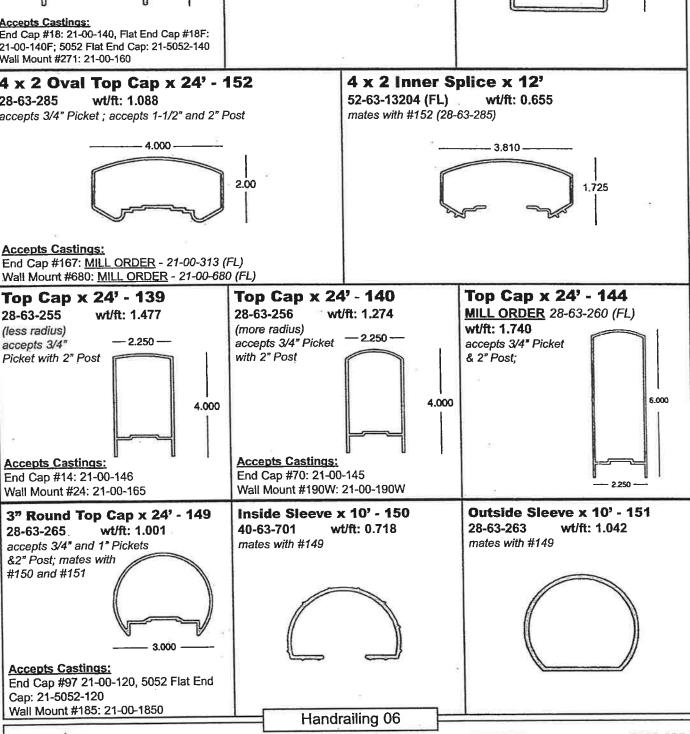
7310 Old Cheney Hwy • Orlando, FL 32807 Ph: 407.382.5000 • Fax: 407.384.2299 Email: <u>inforose@rosefencecompany.com</u>



Page 1 of 1









**EMS FL** 1-800-432-2204 (561) 588-4780 - fax

EMS NC 1-800-343-8154 (704) 391-2267 - fax (281) 656-2297 - fax (314) 344-3349 - fax

**EMS TX** 1-800-996-6061

2-5/8" Outside Sleeve x 20'

2.830 -

mates with #135 (28-63-215)

wt/ft: 0.840

1.705

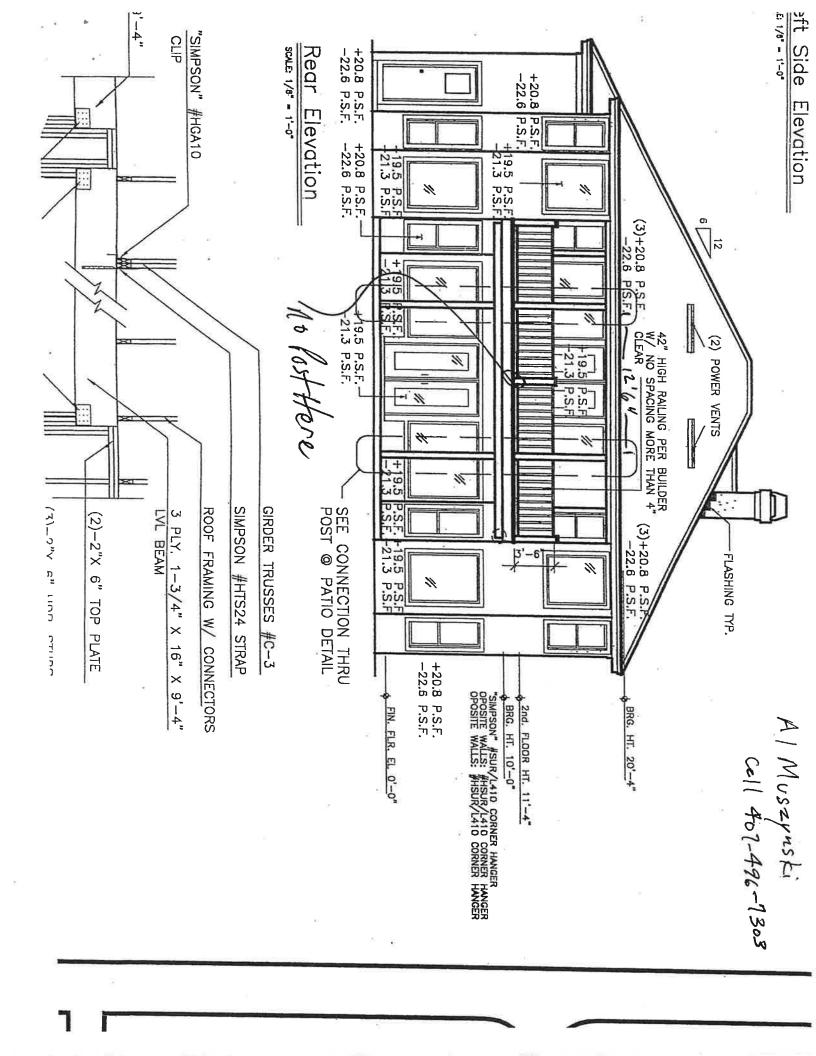
28-63-225

136

**EMS MO** 1-888-822-6061

Eastern Metal Subuly

Additional Locations: West Palm Beach & Lakeland, FL; Newark, DE and Birmingham, AL Quality Shapes In Aluminum website: www.EasternMetal.com e-mail: info@EasternMetal.com version: 08/25/15



3/1/14/00 AMAIL OF LOTTION

#### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783

(850) 487-1395

BURKET, JOHN F QUALITY FIRST BUILDERS LLC 5014 KEENELAND CIRCLE ORLANDO FL 32819

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC037491

ISSUED: 07/06/2014

CERTIFIED GENERAL CONTRACTOR BURKET, JOHN F QUALITY FIRST BUILDERS LLC

IS CERTIFIED under the provisions of Ch. 489 FS. Expiration date = AUG 31, 2016 L1407060000441

**DETACH HERE** 

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CGC037491

The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2016



BURKET, JOHN F QUALITY FIRST BUILDERS LLC 4500 36TH STREET ORLANDO FL 32811



ISSUED: 07/06/2014

DISPLAY AS REQUIRED BY LAW

SEQ# L1407060000441

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

is local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other ful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

**EXPIRES** 9/30/2016 2015 1801-1067708 1801 CERT GENERAL CONTR \$30.00 EMPLOYEE \$ 5000 BUSINESS OFFICE \$30.00 3 EMPLOYEE |

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

BURKET JOHN F

QUALITY FIRST BUILDERS LLC BURKET JOHN F 4500 36TH STREET ORLANDO FL 32811

4500 36TH ST A - ORLANDO, 32811

PAID: \$60.00 0099-00667745 7/6/2015 cott Randolph, Tax Collector

**Local Business Tax Receipt** 

Orange County, Florida

EMPLOYEE |

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

**EXPIRES** 

9/30/2016

1801-1067708

CERT GENERAL CONTR

\$30.00

ISINESS OFFICE

\$30.00 3

TOTAL TAX

TOTAL DUE

\$60.00 PREVIOUSLY PAID \$60.00

\$0.00

RKET JOHN F

4500 36TH ST A - ORLANDO, 32811 BURKET JOHN F 4500 36TH STREET ORLANDO FL 32811

QUALITY FIRST BUILDERS LLC

PAID: \$60.00 0099-00667745 7/6/2015



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/13/2016

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 noider in field of such	endorsement(s).				
PRODUCER 0C32187 0G98518	1-661-266-9390	CONTACT NAME:			
DRISCOLL & DRISCOLL INSURAN	CE AGENCY, INC.	PHONE (A/C, No, Ext): 661-266-9390	FAX (A/C, No): 661-26	66-9391	
41235 11TH ST WEST, STE A		ADDRESS: certs@driscollanddriscoll.com			
PALMDALE, CA 93551		INSURER(S) AFFORDING C	NAIC#		
		INSURERA: Crum & Forster Specia	alty Insurance Co.		
INSURED Quality First Builders, LLC dba QFB Property Restoration, 4500 36th Street		INSURER B: Ohio Security Insurance Company			
		INSURER C: Bridgefield Employers Insurance Company			
		INSURER D :			
Orlando, FL 32811		INSURER E :			
		INSURER F			
COVERAGES	CEDTIEICATE MIMDED, 45007061	DEVIS	LONI AUTHER		

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,

SR TR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A.	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		EPK-111156	02/01/16	02/01/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$50,000 \$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
ı	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC						S
В	AUTOMOBILE LIABILITY		BAS (17) 57 07 94 41	02/01/16	02/01/17	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS			+ 1		BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
A	UMBRELLA LIAB X OCCUR		BFX-104877	02/01/16	02/01/17	EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	DED RETENTIONS						\$
2	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		830-46941	02/01/16	02/01/17	X WC STATU- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A				E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
,	Contr Pollution Liability		EPK-111156	02/01/16	02/01/17	Per Occurrence	1,000,000
·	Contr Pollution Liability		EPK-111156	02/01/16	02/01/17	Per Aggregate	2,000,000
. 1	Professional Liability		BPK-111156	02/01/16	02/01/17	Claims Made	1,000,000

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

\*\* For Informational Purposes Only\*\*

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1600 Nela Avenue	AUTHORIZED REPRESENTATIVE
Belle Isle, FL 32809 USA	Mondiel

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## Property Record - 24-23-29-5306-01-130

Orange County Property Appraiser • http://www.ocpafl.org

## **Property Summary**

#### **Property Name**

1438 Belle Vista Dr

#### **Names**

Muszynski Alexander III

#### Municipality

BI - Belle Isle

#### **Property Use**

0104 - Single Fam Class IV

#### **Mailing Address**

1438 Belle Vista Dr Belle Isle, FL 32809-3505

#### **Physical Address**

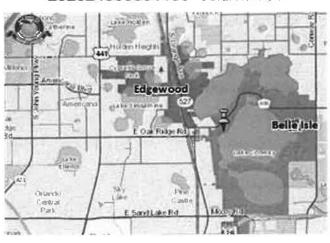
1438 Belle Vista Dr Orlando, FL 32809



**QR Code For Mobile Phone** 



292324530601130 08/28/2006





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### Value and Taxes