



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: 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: signage on entry wall

**Comments:** Building 7 & 8

### Project Information

Address: 2323 McCoy Rd, Belle Isle, FL 32809  
Parcel ID: 30-23-30-6681-00-808  
Property Owner: McCoy Enterprises Group  
Phone Number: 407 228 4645  
\*\*\*\*\*  
Company Name: Creative Signs, Inc  
Contractor Name: DiSalvatore, Antonio  
License Number: ES12001164  
Address: 2301 N. Hiwassee Rd, Apopka, FL 32703  
Phone Number: 407 293 7680

**Permit Number: 2016-03-064**

**Date of Application: 03/29/2016**

**Date Permit Issued: 04/08/2016**

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

### BUILDING FEATURES

#### IMPACT FEES

School \$  
Traffic \$

#### ZONING FEES

Zoning Fee \$165.00

#### UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$  
Demo \$  
Building \$63.00  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical \$  
Temp Pole \$  
Plumbing \$  
Mechanical \$  
Gas \$  
Roofing \$  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$  
Fire Alarm \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$232.00**

Date Paid 4-14-16

CC or Check # visa 3258

Amount Paid 232.00

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

#### BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions

Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

#### BUILDING

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_ (Slab)  
3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)  
4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)  
5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/  
Electrical Rough-Ins & Windows/Doors Installed)  
6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)  
7<sup>th</sup> \_\_\_\_\_ (Drywall)  
8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)  
9<sup>th</sup> \_\_\_\_\_ (Other)  
10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

#### ROOFING

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_  
2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_  
3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

#### PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)  
3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

#### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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](mailto:cobi@universalengineering.com)

password = universal13

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2016-03-064
Property Owner	McCoy Enterprises Group LLC
Address	2323 McCoy Rd
Nature of Improvement	Sign on side of <del>Building</del>
Received Application	3-29-16 front wall entry
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	4-5-16
Zoning Approved	4/6/16 xll
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	
Comments	
1.	Susan 3-29-16 Emailed contractor Matthew need all
2.	<del>credentials - sign drawing w/ dimensions &amp; signature</del>
3.	✓ sitation Ready ✓ page 2
4.	Susan 4-5-16 Rec'd info sent for zoning review
5.	Susan 4-6-16 Building review wo 66279
6.	
7.	
8.	
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](http://www.universalengineering.com)

## Building Permit (Land Use) Application

DATE: 3-23-16

PERMIT # \_\_\_\_\_

PROJECT ADDRESS 2323 McCoy Rd, Belle Isle, FL  32809  32812

PROPERTY OWNER Palm Square at Belle Isle Condominium Assn Inc PHONE 407 VALUE OF WORK (labor & material) \$ 1300

McCoy Enterprises Group LLC

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS  
Installation of signage on existing wall

Please provide information, if applicable.

- **SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- **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: 30-23-30-6681-00-001

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.** Survey specific foundation plan required to show compliance with zoning setbacks. 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

PLANNING & ZONING APPROVAL: \_\_\_\_\_  
DATE \_\_\_\_\_

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

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 4-7-16

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 4-6-16

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.

permit 42  
review 21  
63

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE			
REVIEW	Date: Sent	RCD	
ZONING	<input checked="" type="radio"/>	N	\$ 165.-
CERT OF OCC	<input type="radio"/>	N	\$
TRAFFIC	<input type="radio"/>	N	\$
SCHOOL	<input type="radio"/>	N	\$
FIRE	<input type="radio"/>	N	\$
SWIMMING POOL	<input type="radio"/>	N	\$
SCREEN ENCLOSURE	<input type="radio"/>	N	\$
ROOFING	<input type="radio"/>	N	\$
BOAT DOCK	<input type="radio"/>	N	\$
BUILDING	<input type="radio"/>	N	\$
WINDOW(S)	<input type="radio"/>	N	\$
DOOR(S)	<input type="radio"/>	N	\$
FENCE	<input type="radio"/>	N	\$
SHED	<input type="radio"/>	N	\$
DRIVEWAY	<input type="radio"/>	N	\$
OTHER <u>sign</u>	<input checked="" type="radio"/>	N	\$ 63.-
3% FL SURCHARGE			4.-
TOTAL			232.00
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

DATE: 3-23-16

PERMIT # \_\_\_\_\_

PROJECT ADDRESS 2323 McCoy Rd, Belle Isle, FL  32809  32812

PROPERTY OWNER Palm Square at Belle Isle Condominium Assn Inc PHONE 407-581-8161 VALUE OF WORK (labor & material) \$ 1300  
McCoy Enterprises Group LLC

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Installation of signage on existing wall

Please provide information, if applicable.

- **SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
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- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

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**SPECIAL CONDITIONS:** STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with zoning setbacks. 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.

**ZONING APPROVAL**  
Date 4/6/16 By [Signature]  
DATE \_\_\_\_\_ City of Belle Isle

PLANNING & ZONING APPROVAL:

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

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 \_\_\_\_\_ DATE \_\_\_\_\_

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE \_\_\_\_\_ DATE \_\_\_\_\_

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Specialty Permits are subject to additional fees and conditions. E... ..

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	\$ _____
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	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 \_\_\_\_\_

TOTAL \_\_\_\_\_

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



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32824  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalsciences.com](http://www.universalsciences.com)

RECEIVED  
 MAR 23 2016

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

Owner's Name Palm Square At Bell Isle Condominium Assn inc PERMIT # 2016-03-064  
 Owner's Address \_\_\_\_\_

Contractor Name <u>Antonio D. Silvestre</u>	Company Name <u>Creative Signs Inc</u>
License # <u>ES12001164</u>	Company Address <u>2301 N Highway 334 Rd</u>
Contact Phone/Cell <u>407-293-9393</u>	City, State, ZIP <u>APUPK FL 32703</u>
Contact Email <u>Matthew@creative-signs-inc.com</u>	Contact Fax <u>407-293-9680</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](http://www.floridabuilding.org)) and City Ordinances ([www.belleislecode.com](http://www.belleislecode.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 [Signature]  
 The foregoing instrument was acknowledged before me this 3/23/2016  
 by Matthew Boyce who is personally known to me  
 and who produced \_\_\_\_\_  
 as identification and who did not take an oath.

Notary as to Owner Wanda S. Clary  
 State of Florida  
 County of Orange  
 WANDA S. CLARY  
 MY COMMISSION # FF 168542  
 EXPIRES: October 25, 2018  
 Reeded Thru Budget Notary Services

Contractor Signature [Signature]  
 COMPANY NAME Creative Signs Inc  
 The foregoing instrument was acknowledged before me this 3/23/2016  
 by Antonio D. Silvestre who is personally known to me  
 and who produced \_\_\_\_\_  
 as identification and who did not take an oath.

Notary as to Owner Wanda S. Clary  
 State of Florida  
 County of Orange  
 WANDA S. CLARY  
 MY COMMISSION # FF 168542  
 EXPIRES: October 25, 2018  
 Reeded Thru Budget Notary Services

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 3230 X 0.35 = 1130.5  
 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 \_\_\_\_\_
  - Walkway \_\_\_\_\_
  - Accessory Buildings \_\_\_\_\_
  - Pool & Spa \_\_\_\_\_
  - Deck & Patio \_\_\_\_\_
  - Other Sign 20.28 sq ft
 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



COMPLETE SIGN SERVICE SINCE 1981

**Creative Signs, Inc**

2301 N. Hiwassee Rd.  
Apopka, FL 32703

Ph. 407.293.9393 Fx. 407.293.7680

tonyd@creativesignsinc.com

March 23, 2016  
City of Belle Isle  
Zoning & Building Dept.

---

To whom it may concern,

This is a letter of authorization for Matthew Boyce, to act as an agent of Creative Signs Inc, in obtaining a Sign Permit, for Palm Square at Belle Isle Condominium Assn Inc., located at 2323 Mccoy Rd, Orlando, FL 32809.

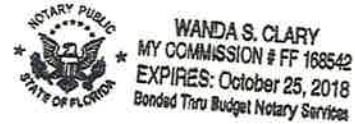
Thanking you in advance.

Antonio DiSalvatore

On this day, March 23, 2016, appeared Antonio DiSalvatore whom is known to me. Signed and sealed before me on this day, in Orange County, FL.

  
Wanda S. Clary  
Notary

Seal



*Thank you for giving Creative Signs the opportunity to serve you.*



March 15, 2016

City of Belle Isle

Building & Zoning Dept.

To whom it may concern

This is a letter of authorization for Creative Signs to apply for a sign permit for wall signs for Palm Square Condo, located at 2323 McCoy Rd, Orlando, FL 32809.

Thank you,

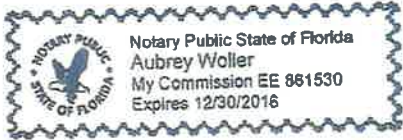
Authorized Agent Signature

Name

Signed and sealed before me on this day, 15th day March 2016 in Belle Isle, Fl.

By Uriel Uribe, who is personally known to me.

Notary



Date

3/15/16

Palm Square at Belle Isle Condominium Association Inc.

C/O FirstService Residential

385 Douglas Avenue, Ste. 3350 | Altamonte Springs, FL 32714

19"

30"

14"

6"



Approved for Code  
Compliance  
Structural Engineering,  
Srinivasan

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

Sign up for e-Notify...

**2323 Mccoy Rd** < 30-23-30-6681-00-001 >

Name(s)  
**Palm Square At Belle Isle Condominium Assn Inc**  
 Mailing Address On File  
**5145 Curry Ford Rd**  
**Orlando, FL 32812-8769**  
 Incorrect Mailing Address?

Physical Street Address  
**2323 Mccoy Rd**  
 Postal City and Zipcode  
**Orlando, FL 32809**  
 Property Use  
**0499 - Condo Assoc**  
 Municipality  
**Belle Isle**



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

**Property Description**

PALM SQUARE AT BELLE ISLE CONDOMINIUM 9344/1120 COMMON AREA

[View Plat](#)

**Land (includes working values)**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0499 - Condo Assoc	PUB	1 UNIT(S)	\$100.00	\$100	\$0.00	\$100

Page 1 of 1 (1 total records)

**Buildings (includes working values)**

Important Information		Structure			
	<b>Model Code:</b> 04 - Commercial	<b>Actual Year Built:</b> 1980	<b>Gross Area:</b> 3230 sqft		
	<b>Type Code:</b> 3400 - Rec/Meeting	<b>Beds:</b>	<b>Living Area:</b> 2924 sqft		
	<b>Building Value:</b> \$9	<b>Baths:</b>	<b>Exterior Wall:</b> Concrete Block Stucco		
	<b>Estimated New Cost:</b> \$224,089	<b>Floors:</b> 1	<b>Interior Wall:</b> Drywall		

Page 1 of 1 (1 total records)

**Extra Features (includes working values)**

Description	Date Built	Units	XFOB Value
PLC1 - Commercial Pool 1	01/01/1980	1 Unit(s)	\$4

Page 1 of 1 (1 total records)

This Data Printed on 03/11/2016 and System Data Last Refreshed on 03/10/2016



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**DISALVATORE, ANTONIO J JR  
CREATIVE SIGNS, INC.  
2301 NORTH HIAWASSEE ROAD  
APOPKA FL 32703**

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](http://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**

**ES12001164 ISSUED: 08/05/2014**

**CERT. SPECIALTY ELECTRICAL CONTR  
DISALVATORE, ANTONIO J JR  
CREATIVE SIGNS, INC.  
CERTIFIED AS:  
SIGN ELECTRICAL SPECIALIST**

**IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2016 L1408050002205**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
ES12001164	

The SPECIALTY ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016  
AS A SIGN ELECTRICAL SPECIALIST



**DISALVATORE, ANTONIO J JR  
CREATIVE SIGNS, INC.  
2301 NORTH HIAWASSEE ROAD  
APOPKA FL 32703**



ISSUED: 08/05/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408050002205

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

2600 MFG-SIGNS      2015      EXPIRES      9/30/2016      2600-0048964  
\$30.00      1      EMPLOYEE

TOTAL TAX      \$30.00  
REGULATED WASTE      \$50.00  
PREVIOUSLY PAID      \$80.00  
TOTAL DUE      \$0.00

DISALVATORE ANTONIO

CREATIVE SIGNS INC  
DISALVATORE ANTONIO  
2301 N HIAWASSEE RD  
APOPKA FL 32703

3410 N ORANGE BLOSSOM TRL  
U - ORLANDO, 32804

PAID: \$80.00 0099-00691024 8/20/2015

**Scott Randolph, Tax Collector**      **Local Business Tax Receipt**      **Orange County, Florida**

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PAID: \$80.00 0099-00691024 8/20/2015

This receipt is official when validated by the Tax Collector.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/29/2016

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 holder in lieu of such endorsement(s).

<b>PRODUCER</b> Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750	<b>CONTACT NAME:</b> Ruth Munoz <b>PHONE (A/C, No, Ext):</b> 407-831-3832 <b>E-MAIL ADDRESS:</b> Ruth@blackadar.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> CREASIG-02 Creative Signs, Inc. 2301 N. Hiawasse Road Apopka FL 32703	<b>INSURER A:</b> FCCI Insurance Company <span style="float:right">NAIC # 10178</span>	
	<b>INSURER B:</b> Employers Preferred Insurance	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 507987584** **REVISION NUMBER:**

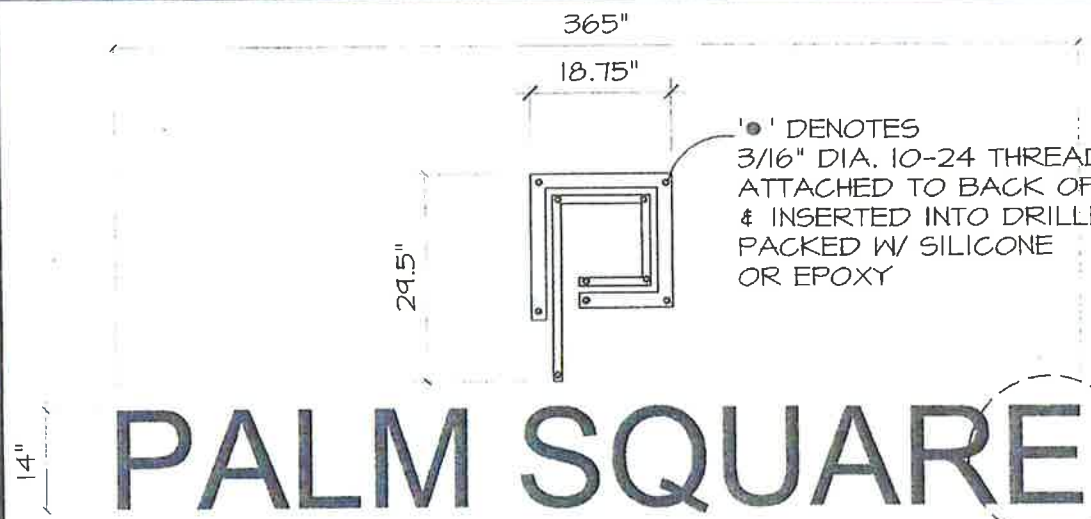
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			CP00191902	9/20/2015	9/20/2016	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 - COM/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA002795712	9/20/2015	9/20/2016	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			UMB00196791	9/20/2015	9/20/2016	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCV800116808	4/1/2016	4/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Certificate Holder is included as Additional Insured and Blanket Waiver of Subrogation applies; with regard to General Liability and Business Auto when required by written contract. Waiver of Subrogation applies to Workers' Compensation when required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Ave. Belle Isle FL 32809	<b>CANCELLATION</b>  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 
--	--



• DENOTES  
3/16" DIA. 10-24 THREADED  
ATTACHED TO BACK OF LETTERS  
& INSERTED INTO DRILLED HOLES  
PACKED W/ SILICONE  
OR EPOXY

# PALM SQUARE

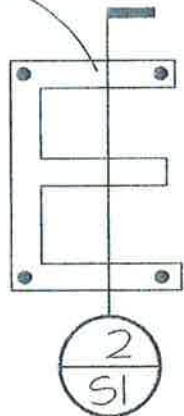
6" CONDOMINIUM

49.5"

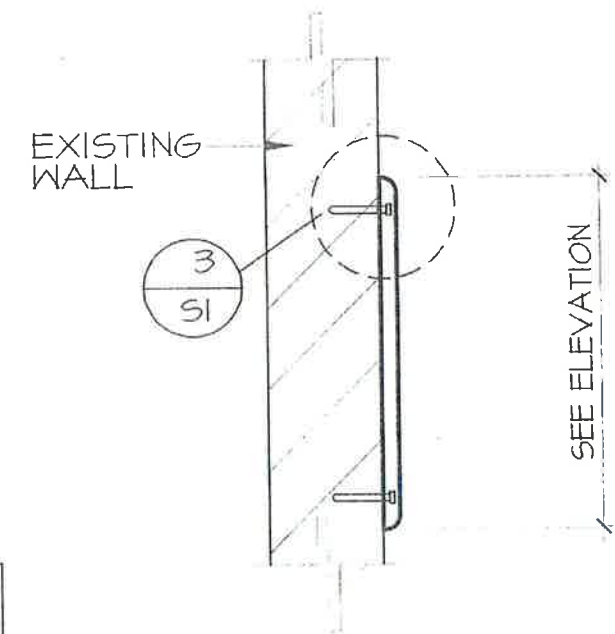
SIGN ELEVATION

SCALE: 3/8"=1'-0"

• DENOTES  
3/16" DIA. 10-24 THREADED  
ATTACHED TO BACK OF LETTERS  
& INSERTED INTO DRILLED HOLES  
PACKED W/ SILICONE  
OR EPOXY



1 TYPICAL FASTENER PATTERN DETAIL  
N.T.S.



2 SECTION  
SCALE: 1/2"=1'-0"

WIND DESIGN CRITERIA	
RISK CATEGORY	2
WIND VELOCITY	134 MPH V <sub>ult</sub>
EXPOSURE CATEGORY (MMRF)	B
COMPONENT & CLADDING PRESSURES	31.4 PSF
FORCE COEFFICIENT C <sub>f</sub>	1.2

NOTE:  
1. DESIGN WIND PRESSURE IN CONFORMANCE W/  
ASCE 7-10, 134 MPH V<sub>ult</sub> REGION, (PER F.B.C. 2014  
5TH ED.)  
3. ALUM: 6061-T6  
4. CONTRACTOR SHALL BE RESPONSIBLE FOR  
WATERPROOFING.

## OPTIONAL STUD ATTACHMENT EXISTING WALLS

CLEAR SILICONE @ EA.  
PADS

3/16" DIA. 10-24 THREADED  
STUDS W/ PADS AND  
INSERTED INTO DRILLED  
1/4" DIA. HOLES  
PACKED W/ SILICONE  
OR EPOXY

3 PAD ONLY MOUNTING  
SCALE: 3/8"=1'-0"

3 COMBINATION STUD & PAD MOUNTING  
SCALE: 3/8"=1'-0"

EXISTING WALLS

3/16" DIA. 10-24 THREADED  
STUDS INSERTED INTO  
1/4" DIA. DRILLED  
HOLES PACKED W/ SILICONE  
OR EPOXY

3 STUD ONLY FLUSH MOUNTED  
SCALE: 3/8"=1'-0"

reviewed for Code  
Compliance  
Universal Engineering  
Sciences

RECEIVED  
MAR 29 2016  
BY:

WAYNE GANBY, P.E.  
PE 033134  
720 S. ORANGE BLOSSOM TR.  
SUITE 364  
ORLANDO, FL. 32805

PROJ.: PALM SQUARE

CLIENT: CREATIVE SIGNS

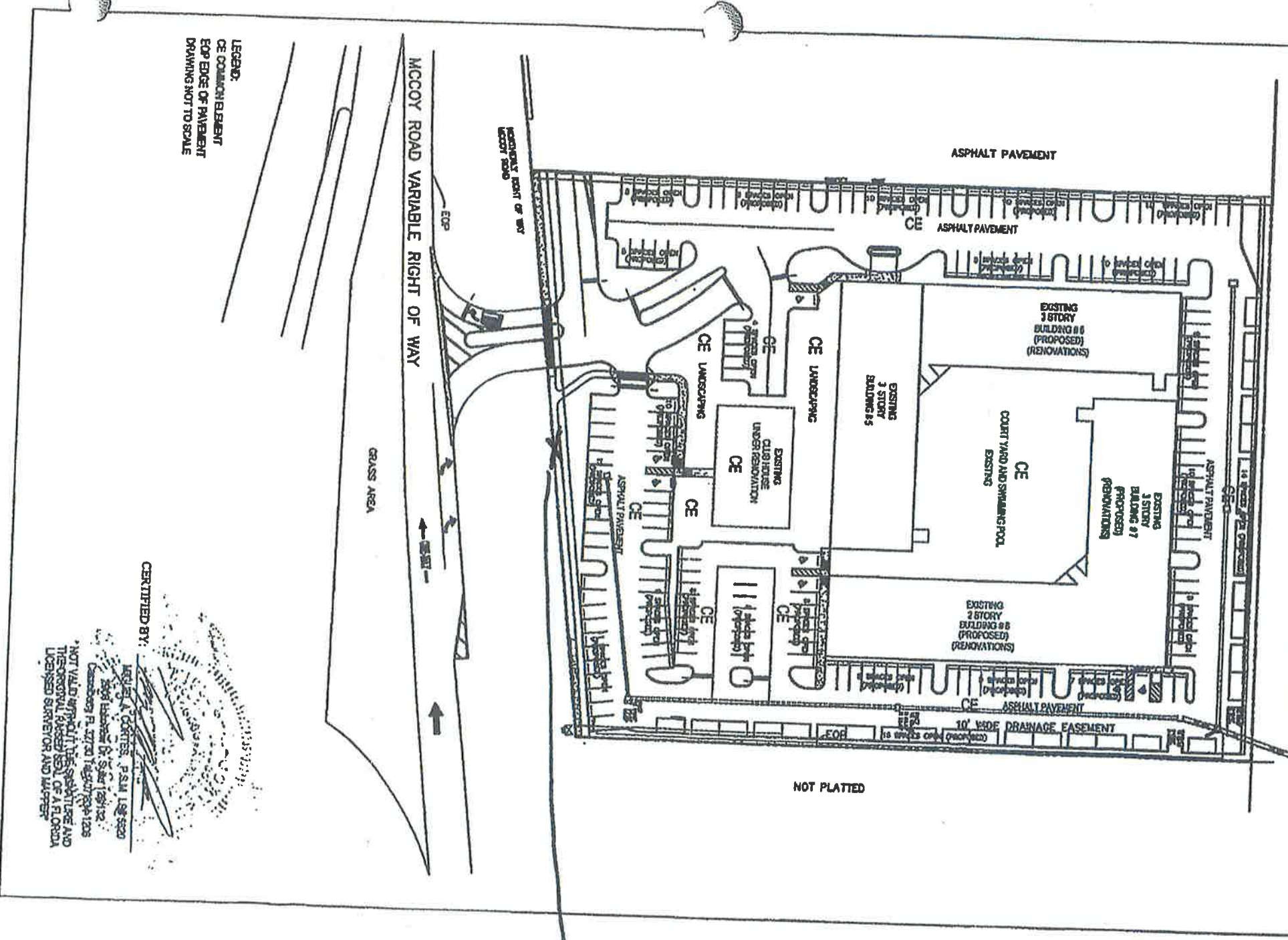
JOB#: 2016-203 DATE: 03-18-2016

1 OF 1 SHEET: S1

# SURVEY - SITE PLAN

## PALM SQUARE AT BELLE ISLE, A CONDOMINIUM

LEGAL DESCRIPTION  
 LOT 2, AND THE EAST 6.0% OF LOT 1, MCCOY ROAD DAYS INN  
 PLAT BOOK 31, PAGE 113 OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA



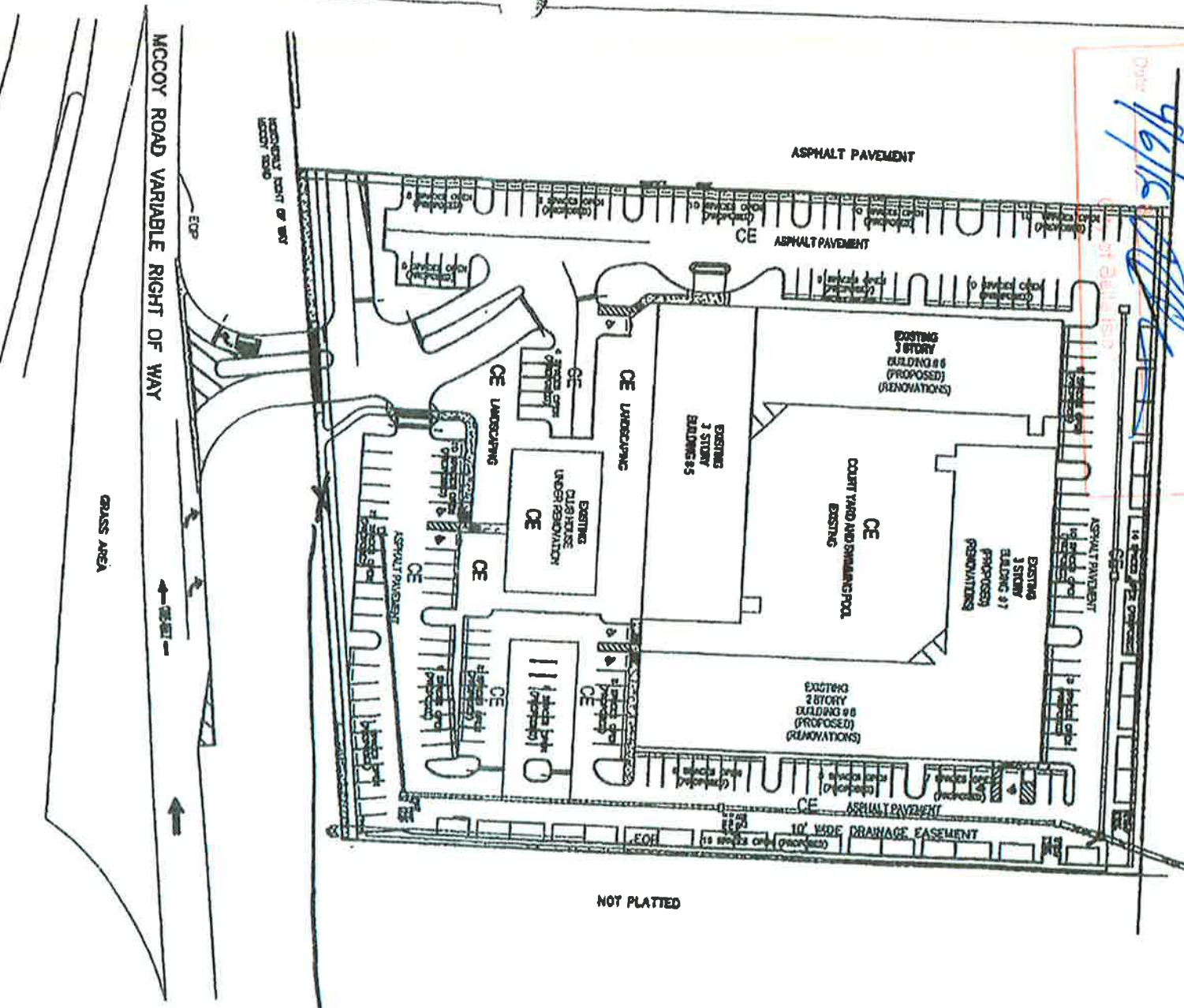
*on existing wall*

CERTIFIED BY:  
  
 HERI G. A. COOPER, P.S.M. License No. 12812  
 State of Florida  
 1208  
 \*NOT VALID WITHOUT THE SIGNATURE AND THE OFFICIAL PRESSED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER\*

**SURVEY - SITE PLAN**  
**PALM SQUARE AT BELLE ISLE, A CONDOMINIUM**

**ZONING**  
**APPROVED**

LEGAL DESCRIPTION  
 LOT 2, AND THE EAST 8.00' OF LOT 1, MCCOY ROAD DAYS INN  
 PLAT BOOK 31, PAGE 113 OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA



LEGEND:  
 CE COMMON ELEMENT  
 ECP EDGE OF PAVEMENT  
 DRAWING NOT TO SCALE

CERTIFIED BY:  
  
 MICHAEL A. CARTER, P.S.M. 194822  
 Registered Professional Surveyor  
 State of Florida  
 Commission No. 12703  
 NOT VALID WITHOUT THE SIGNATURE AND  
 THERMOFAXED SEAL OF A FLORIDA  
 LICENSED SURVEYOR AND MAPPER

*on existing  
 wall*