



**PERMIT CARD – PLEASE POST AT JOB SITE**

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

<p><b>Scope of Work:</b> BUILDING: Sign approx 132 sf</p> <p><b>comments:</b> Unit 5130 of 5120 Conway Rd (OCPA).</p> <p><b>Project Information</b>          Address: 5130 S. Conway Rd, Belle Isle, FL 32812          Parcel ID: 17-23-30-0000-00-062          Property Owner: SJS Belle Isle Commons (Planet Fitness)          Phone Number: none</p> <p>*****          Company Name: Guy Wingo Signs Inc          Contractor Name: Wingo, Guy          License Number: ES0000424          Address: 2682 Pemberton Dr, Apopka, FL 32703          Phone Number: 407 297 1251</p>	<p align="center"><b>Permit Number: 2016-04-017</b></p> <p align="right"><b>Date of Application: 04/12/2016</b>  <b>Date Permit Issued: 04/14/2016</b></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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**BUILDING FEATURES**

<p><b>IMPACT FEES</b></p> <p>School \$          Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$165.00</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>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 \$          Sign \$66.00</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p align="center"><b>TOTAL FEES \$235.00</b></p> <p><b>Date Paid</b> <u>4-27-16</u></p> <p><b>CC or Check #</b> <u>MC 1513</u></p> <p><b>Amount Paid</b> <u>235.00</u></p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p align="center"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:          Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)  <b>Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</b></p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> <b>GAS</b> ___ Natural ___ LP    <input type="checkbox"/> <b>MECHANICAL</b>    <input type="checkbox"/> <b>ELECTRICAL</b>    <input type="checkbox"/> <b>LOW VOLTAGE</b></p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** 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.



# 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)

**RECEIVED**  
APR 12 2016

## Building Permit (Land Use) Application

DATE: 4.7.16

PERMIT # 2016-04-017

PROJECT ADDRESS 5130 S Conway Rd, Orlando, FL 32812, Belle Isle, FL  32809  32812

PROPERTY OWNER Sjs Belle Isle Commons LLC PHONE 407-423-5400 VALUE OF WORK (labor & material) \$ 2,050<sup>00</sup>  
c/o Crossman & Company

**PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS**

Installation of one (1) illuminated wall sign

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: 17-23-30-0000-00-062

To obtain this information, please visit <http://www.ocpal.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 \_\_\_\_\_

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
	Date: Sent	RCD	
ZONING	<input checked="" type="checkbox"/>	N	\$ <u>165.-</u>
CERT OF OCC	<input type="checkbox"/>	N	\$ _____
TRAFFIC	<input type="checkbox"/>	N	\$ _____
SCHOOL	<input type="checkbox"/>	N	\$ _____
FIRE	<input type="checkbox"/>	N	\$ _____
SWIMMING POOL	<input type="checkbox"/>	N	\$ _____
SCREEN ENCLOSURE	<input type="checkbox"/>	N	\$ _____
ROOFING	<input type="checkbox"/>	N	\$ _____
BOAT DOCK	<input type="checkbox"/>	N	\$ _____
BUILDING	<input type="checkbox"/>	N	\$ _____
WINDOW(S)	<input type="checkbox"/>	N	\$ _____
DOOR(S)	<input type="checkbox"/>	N	\$ _____
FENCE	<input type="checkbox"/>	N	\$ _____
SHED	<input type="checkbox"/>	N	\$ _____
DRIVEWAY	<input type="checkbox"/>	N	\$ _____
OTHER <u>sign</u>	<input type="checkbox"/>	N	\$ <u>66.-</u>
3% FL SURCHARGE			<u>4.-</u>
TOTAL			<u>235.-</u>
By Owner Form	Y	NA	
Notice of Commencement	Y	NA	
Power of Attorney	Y	NA	
Contractor Packet Incuded?	Y	N	
<b>OTHER PERMITS REQUIRED:</b>			
ELECTRICAL	Y	NA	
PREPOWER	Y	NA	
MECHANICAL	Y	NA	
PLUMBING	Y	NA	
ROOFING	Y	NA	
GAS	Y	NA	

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)  
 CONSTRUCTION TYPE Aluminum Channel Letters w/ Acrylic Faces  
 OCCUPANCY GROUP  Comm Res:  Single Fam  Multi Fam  
 #BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ TOTAL SQ.FT. 131.97  
 MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_  
 MIN. FLOOD ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_  
 WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

BUILDING REVIEWER [Signature] DATE 4-13-16  
 VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 4-14-16

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.

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wo 66535



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
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**SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH 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.

PLANNING & ZONING APPROVAL:

DATE: 4/15/16

APPROVED  
*[Signature]*

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

CONSTRUCTION TYPE Aluminum Channel Letters w/ Acrylic Faces  
 OCCUPANCY GROUP  Comm  Res:  Single Fam  Multi Fam  
 #BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ TOTAL SQ.FT. 131.97  
 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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Wind Exposure Category: B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

SPRINKLERS REQ'D Y \_\_\_\_\_ N \_\_\_\_\_  
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent RCD

REVIEW	Date: Sent	Y	N	RCD
ZONING	<input checked="" type="checkbox"/>	Y	N	\$ 165
CERT OF OCC	<input type="checkbox"/>	Y	N	\$
TRAFFIC	<input type="checkbox"/>	Y	N	\$
SCHOOL	<input type="checkbox"/>	Y	N	\$
FIRE	<input type="checkbox"/>	Y	N	\$
SWIMMING POOL	<input type="checkbox"/>	Y	N	\$
SCREEN ENCLOSURE	<input type="checkbox"/>	Y	N	\$
ROOFING	<input type="checkbox"/>	Y	N	\$
BOAT DOCK	<input type="checkbox"/>	Y	N	\$
BUILDING	<input type="checkbox"/>	Y	N	\$
WINDOW(S)	<input type="checkbox"/>	Y	N	\$
DOOR(S)	<input type="checkbox"/>	Y	N	\$
FENCE	<input type="checkbox"/>	Y	N	\$
SHED	<input type="checkbox"/>	Y	N	\$
DRIVEWAY	<input type="checkbox"/>	Y	N	\$
OTHER sign	<input type="checkbox"/>	Y	N	\$ 66

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

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wo 66535



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**Building Permit (Land Use) Application**

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

Owner's Name Sjs Belle Isle Commons LLC  
c/o Crossman & Company  
 Owner's Address 3333 S Orange Ave, Suite 201, Orlando, FL 32806

**PERMIT #** 2016-04-07

5130 S CONWAY RD, ORLANDO, FL 32812

Contractor Name	Guy Wingo	Company Name	Guy Wingo Signs, Inc
License #	ES0000424	Company Address	2682 Pemberton Dr
Contact Phone/Cell	407-578-1132	City, State, ZIP	Apopka, FL 32703
Contact Email	signs@mpinet.net	Contact Fax	407-297-1251

**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.municode.com](http://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.

<p><b>Owner Signature</b> <u>See Attached Letter of Authorization</u></p> <p>The foregoing instrument was acknowledged before me this <u>  </u>/<u>  </u>/<u>  </u> by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner _____          State of Florida          County of <u>Orange</u></p>	<p align="center"><b>Impervious Surface Ratio Worksheet</b>          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</p> <ol style="list-style-type: none"> <li>Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).              Total Lot Area _____ X 0.35 =              Allowable Impervious Area (BASE) _____</li> <li>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.             <ul style="list-style-type: none"> <li>• House _____</li> <li>• Driveway _____</li> <li>• Walkway _____</li> <li>• Accessory Buildings _____</li> <li>• Pool &amp; Spa _____</li> <li>• Deck &amp; Patio _____</li> <li>• Other _____</li> </ul>             Actual Impervious Area (AIA) _____</li> <li>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.</li> <li>If AIA is greater than BASE, then onsite retention <b>must be provided</b>.</li> </ol> <p><u>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</u></p>
<p><b>Contractor Signature</b> <u>[Signature]</u> <u>Guy Wingo</u></p> <p>COMPANY NAME <u>Guy Wingo Signs, Inc</u></p> <p>The foregoing instrument was acknowledged before me this <u>4/7/16</u> by <u>GUY WINGO</u> who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner _____          State of Florida          County of <u>Orange</u></p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p align="center"><b>GEORGE R. CUNNINGHAM</b>              MY COMMISSION # FF 973474              EXPIRES: July 20, 2020              Bonded Thru Notary Public Underwriters</p> </div>

**RICK SINGH** | Certified Florida Appraiser  
 State-Certified Residential Real Estate Appraiser RD3141

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ORANGE COUNTY PROPERTY APPRAISER

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### 5120 Conway Rd

< 17-23-30-0000-00-062 >

Name(s) Sjs Belle Isle Commons LLC Property Name Belle Isle Commons Mailing Address On File 1114 Wynnwood Ave Cherry Hill, NJ 08002-3294 Incorrect Mailing Address?	Physical Street Address 5120 Conway Rd Postal City and Zipcode Orlando, FL 32812 Property Use 1600 - Community Shopping Municipality Belle Isle
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302317000000062 01/13/2011

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

Update Information

#### Property Description

BEG 225.14 FT W & 50 FT N OF SE COR OF SW1/4 OF SE1/4 OF SEC 17-23-30 TH RUN W 430.17 FT N 732.63 FT E 204.44 FT S 145 FT E 400 FT S 187.31 FT W 172.24 FT S 400.41 FT TO POB

Total Land Area 314,646 sqft (+/-) | 7.22 acres (+/-) GIS Calculated Notice

#### Land (includes working values)

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1600 - Community Shopping	C-1	314646 SQUARE FEET	\$6.00	\$1,887,876	\$0.00	\$1,887,876

Page 1 of 1 (1 total records)

#### Buildings (includes working values)

Important Information		Structure			
	<b>Model Code:</b> 04 - Commercial <b>Type Code:</b> 1600 - Community Shopping <b>Building Value:</b> \$338,840 <b>Estimated New Cost:</b> \$646,642	<b>Actual Year Built:</b> 1981 <b>Beds:</b> 0 <b>Baths:</b> 0.0 <b>Floors:</b> 1	<b>Gross Area:</b> 7367 sqft <b>Living Area:</b> 6445 sqft <b>Exterior Wall:</b> Concrete/Cinder Block <b>Interior Wall:</b> Drywall		
	<b>Model Code:</b> 04 - Commercial <b>Type Code:</b> 1100 - Stores, 1 Story <b>Building Value:</b> \$380,077 <b>Estimated New Cost:</b> \$725,338	<b>Actual Year Built:</b> 1981 <b>Beds:</b> 0 <b>Baths:</b> 0.0 <b>Floors:</b> 1	<b>Gross Area:</b> 12012 sqft <b>Living Area:</b> 10252 sqft <b>Exterior Wall:</b> Concrete/Cinder Block <b>Interior Wall:</b> Drywall		
	<b>Model Code:</b> 04 - Commercial <b>Type Code:</b> 1100 - Stores, 1 Story <b>Building Value:</b> \$363,280 <b>Estimated New Cost:</b> \$693,282	<b>Actual Year Built:</b> 1981 <b>Beds:</b> 0 <b>Baths:</b> 0.0 <b>Floors:</b> 1	<b>Gross Area:</b> 11375 sqft <b>Living Area:</b> 9052 sqft <b>Exterior Wall:</b> Concrete/Cinder Block <b>Interior Wall:</b> Drywall		
	<b>Model Code:</b> 04 - Commercial <b>Type Code:</b> 1600 - Community Shopping <b>Building Value:</b> \$149,283 <b>Estimated New Cost:</b> \$284,891	<b>Actual Year Built:</b> 1981 <b>Beds:</b> 0 <b>Baths:</b> 0.0 <b>Floors:</b> 1	<b>Gross Area:</b> 3720 sqft <b>Living Area:</b> 3200 sqft <b>Exterior Wall:</b> Concrete/Cinder Block <b>Interior Wall:</b> Drywall		
	<b>Model Code:</b> 04 - Commercial <b>Type Code:</b> 1600 - Community Shopping <b>Building Value:</b> \$1,675,715 <b>Estimated New Cost:</b> \$3,197,929	<b>Actual Year Built:</b> 1981 <b>Beds:</b> 0 <b>Baths:</b> 0.0 <b>Floors:</b> 1	<b>Gross Area:</b> 38972 sqft <b>Living Area:</b> 34665 sqft <b>Exterior Wall:</b> Concrete/Cinder Block <b>Interior Wall:</b> Drywall		

Page 1 of 2 (7 total records) 1 2 >

#### Extra Features (includes working values)

Description	Date Built	Units	XFOB Value
PKSP - Parking Space	01/01/1981	240 Unit(s)	\$120,000
PKSP - Parking Space	01/01/1981	17 Unit(s)	\$8,500
PT3 - Patio 3	01/01/2005	1 Unit(s)	\$4,000
OSB1 - Standard Opn Stg Bin	01/01/2005	1 Unit(s)	\$1,000
PVAS - Pav Asph	01/01/1981	42000 Square Feet	\$84,000
PVCN - Pav Con	01/01/1981	6700 Square Feet	\$20,100
WLDC - Wall Dec	01/01/1981	700 Unit(s)	\$14,000

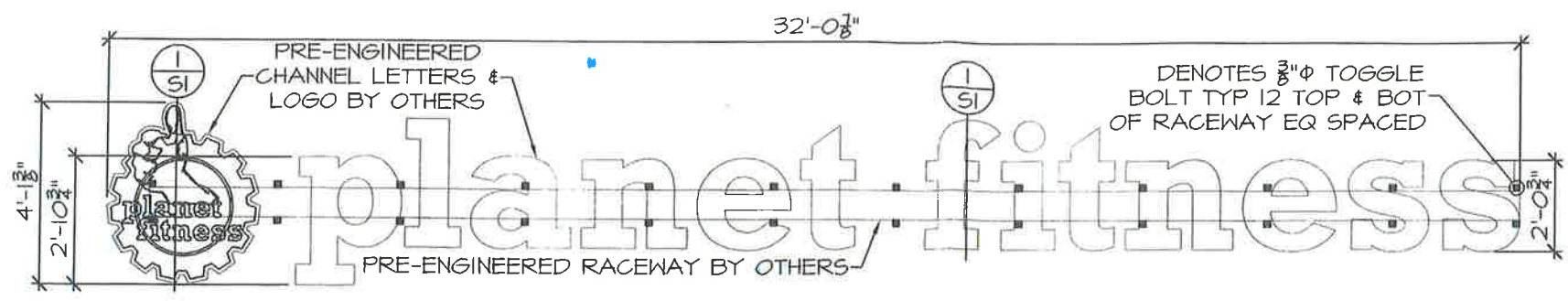
Page 1 of 1 (7 total records)

This Data Printed on 01/12/2016 and System Data Last Refreshed on 01/11/2016

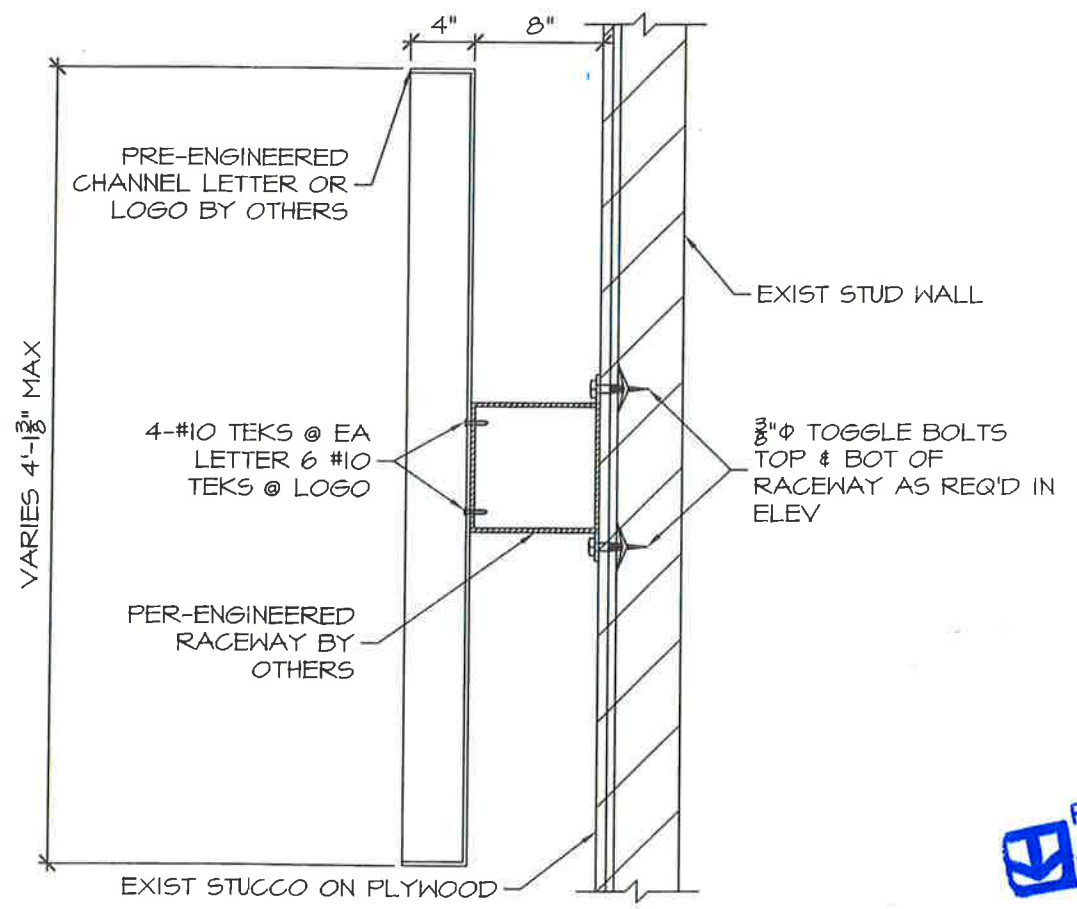
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 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801  
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044  
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https://www.ocpafll.org/searches/ParcelSearch.aspx

1/12/2016



**WALL SIGN ELEVATION**  
SCALE: 1/4" = 1'-0"

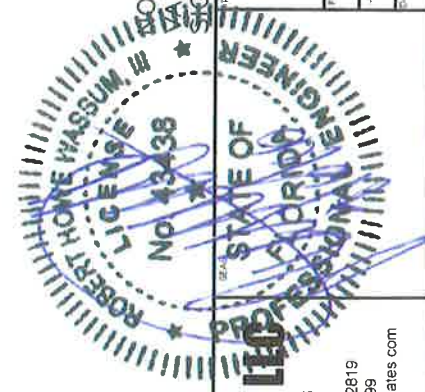


**SECTION I**  
SCALE: 1" = 1'-0"

Reviewed for Code Compliance  
Universal Engineering Sciences

**NOTES:**

1. WIND LOAD ASSUMPTIONS BASED ON ASCE 7-10, 5th ED FBC 2014 140 MPH REGION, RISK CAT II, EXP C.
2. CONTRACTOR IS RESPONSIBLE FOR ALL WATERPROOFING AT PENETRATIONS THRU EXIST WALL.
3. ANCHORS: TOGGLE BOLTS & TEK SCREWS BY BUILDEX.
4. PRE-ENGINEERED CHANNEL LETTER RACEWAY & LOGO BY OTHERS.
5. HEIGHT OF SIGN ABOVE GRADE NOT TO EXCEED 20'-0" MAX.



NOTE: THIS PLAN IS NOT VALID WITHOUT ORIGINAL SIGNATURE & SEAL.

PROJECT	PLANET FITNESS WALL SIGN BELL ISLE COMMONS 5126 S. CONWAY RD., BELLE ISLE, FL
FOR	CAPITAL SIGN
DATE	08-16-11
SCALE	4-6-16 1 OF 1

**R3 Associates, Inc.**  
Rob Wassum, P.E. #43438  
CA # 31177  
5500 Turkey Lake Rd., Orlando, FL 32819  
Tel: (321) 246-0595 or 321-303-6699  
rob.wassum@gmail.com • www.R3Associates.com

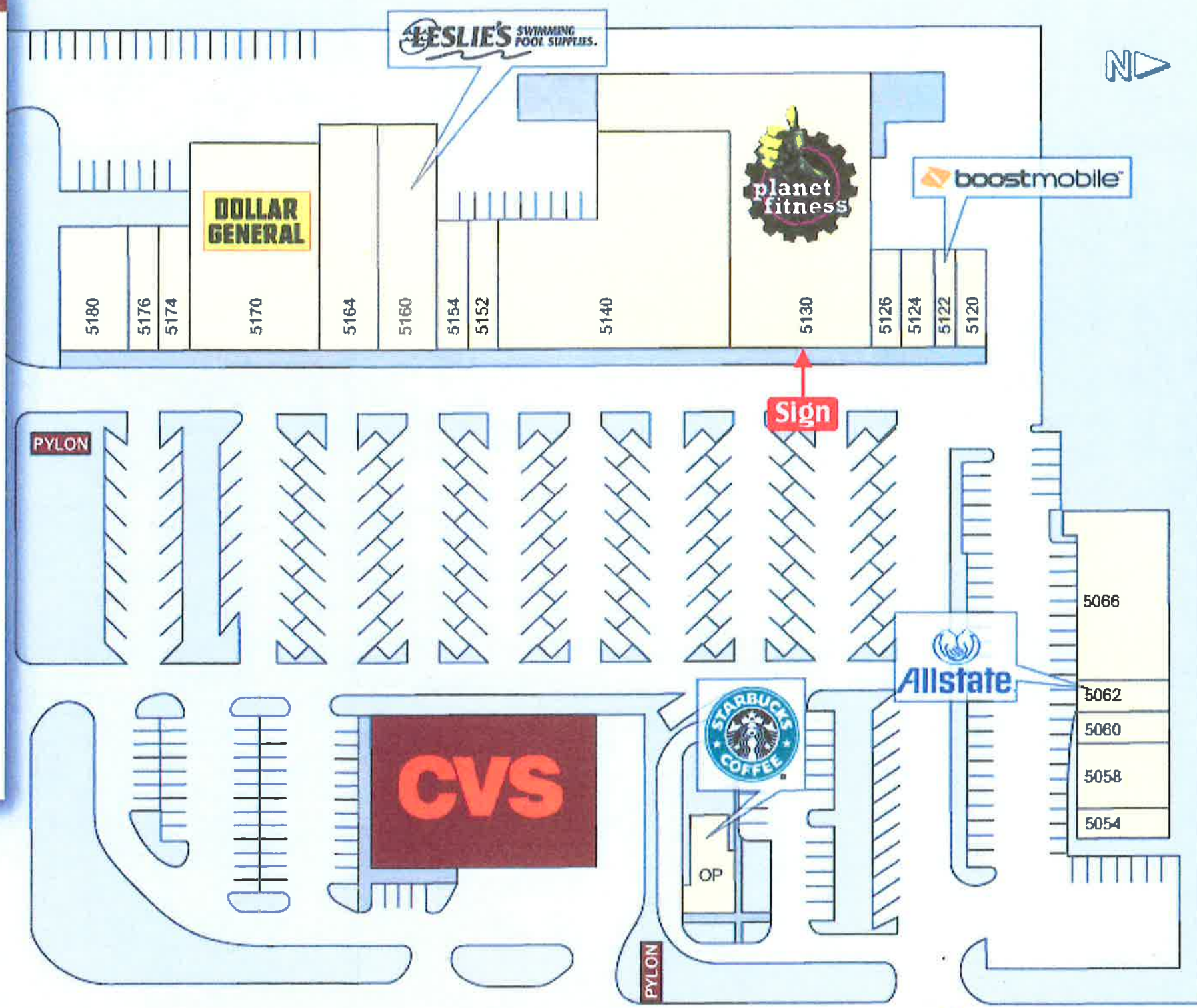
WIND DESIGN CRITERIA	
WIND VELOCITY	140 MPH
EXPOSURE CATEGORY (MWFRS)	C
DESIGN PRESSURE	60.49 psf (ULT) 36.30 psf (ASD)
GUST FACTOR	0.85
FORCE COEFFICIENT $C_f$	1.85

**S1**

## TENANT ROSTER

SUITE	TENANT	SIZE
5180	Cork & Fork	3,600
5176	Nail Salon	1,200
5174	Chai Thai	1,600
5170	Dollar General	11,050
5164	Pediatric	5,112
5160	Leslie's Pool Supply	5,174
5154	Legacy Chiropractic	2,000
5152	Sun Flower Restaurant	1,200
5140	Fellowship of Orlando	16,737
5130	Planet Fitness	18,000
5126	All 4 Pets	1,200
5124	Barber Shop	1,200
5122	Boost Mobile	900
5120	Bob's Restaurant	1,200
5066	La Petite Academy, Inc	4,501
5062	Allstate Insurance	1,146
5060	Nutrition	1,050
5058	Pharmacy	2,400
5054	Hair Salon	1,073
OP	Starbucks	1,750
<b>TOTAL</b>		<b>82,093</b>

CURRENT TENANT  
 TO BE LEASED  
 NOT OWNED



HOFFNER AVENUE

CONWAY ROAD  
(30.500 CPD)

Reviewed for Code Compliance  
 Universal Engineering Sciences

Internally Illuminated Logo & Channel Letters

32'-0 7/8"



planet fitness

4'-1 3/8"  
2'-10 3/4"

2'-0 3/4"

Disconnect Switch  
Located On End Of Raceway

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

INTERNALLY ILLUMINATED LOGO BOX & CHANNEL LETTERS

LOGO BOX

FACES: WHITE ACRYLIC - OVERLAID WITH A COMPUTER PRINTED VINYL GRAPHIC  
JEWELITE TRIM: BLACK  
BACKS AND RETURNS: BLACK  
ILLUMINATION: WHITE LED'S

CHANNEL LETTERS

FACES: WHITE ACRYLIC - OVERLAID WITH 3M 230-118 MULBERRY VINYL  
JEWELITE TRIM: BLACK  
BACKS AND RETURNS: BLACK  
ILLUMINATION: WHITE LED'S

Municipality: City of Belle Isle  
Store Frontage: 88'-0"  
Allowable Square Footage: 1.5 sf per 1 lf of frontage  
Square Footage Calculations: 88'-0" x 1.5 = 132 sf  
Proposed Sign: 4'-1 3/8" x 32'-0 7/8" = 131.97 sf

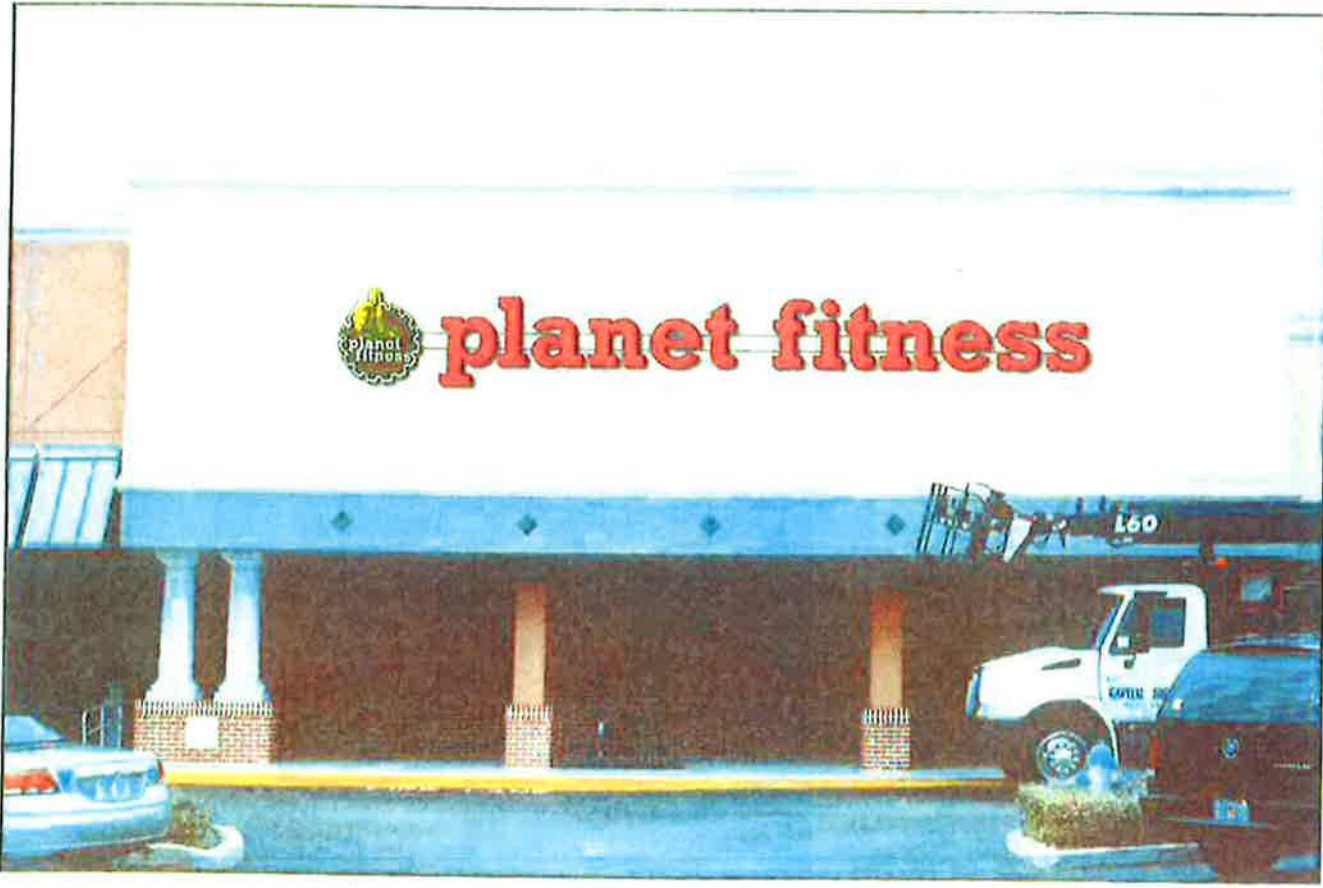


PHOTO ELEVATION - SCALE: 1/8" = 1'-0"



NOTE: TIME CLOCK OR PHOTO CELL REQ'D

**CAPITAL SIGN**  
DESIGN & CUSTOM METAL FABRICATION

2682 Pemberton Drive • Apopka, FL 32703  
PHONE: (407) 578-1132 FAX: (407) 297-1251  
www.CapitalSignDesign.com

CUSTOMER: Planet Fitness  
LOCATION: Belle Isle Commons  
SALES REP: Stasia Brewer  
DESIGNER: CHB  
DATE: 1.18.16

- Artwork
  - Design
  - Survey
- All boxes checked to Enter Order



E141002

LAYOUT APPROVALS

Customer

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Property Owner/Landlord

Signature \_\_\_\_\_  
Date \_\_\_\_\_

DATE: \_\_\_\_\_

REVISION:

A	
B	
C	
D	
E	
F	
G	
H	

Drawing # **18-1**



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
ES0000424	

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

WINGO, GUY CHARLES  
GUY WINGO SIGNS INC.  
2682 PEMBERTON DRIVE  
APOPKA FL 32703



ISSUED: 06/25/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406250001066



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR  
PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000  
www.seminoletax.org

VALID THROUGH 09/30/16

GUY WINGO SIGNS INC  
GUY CHARLES WINGO  
2682 PEMBERTON DR  
APOPKA, FL 32703  
GUY WINGO (OFFICER)

Account #: 159170

REGULATED  
License # - ES0000424  
Qualifier- GUY WINGO

Receipt #: OLHS2015090302734

Amount Paid: \$ 45.00

Date Paid: 09/03/2015



# CERTIFICATE OF LIABILITY INSURANCE

CAPIT-7 OP ID: DE

DATE (MM/DD/YYYY)

03/11/2016

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> Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 K. Derek Brown	<b>CONTACT NAME:</b> K. Derek Brown <b>PHONE (A/C, No, Ext):</b> 321-397-3870 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b> 321-397-3888
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Guy Wingo Signs Inc. 2682 Pemberton Drive Apopka, FL 32703-9402	<b>INSURER A:</b> Amerisure Ins Company <b>INSURER B:</b> Amerisure Mutual Ins. Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 19488 23396

**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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL20672990503	01/01/2016	01/01/2017	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
A	<b>AUTOMOBILE LIABILITY</b> <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			CA20672860502	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CU20897020202	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC206728906	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> BELLEIS City of Belle Isle 1600 Nela Avenue 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 
--	--

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## Letter of Authorization

This letter authorizes Guy Wingo Signs, Inc to obtain the necessary building/electrical permits and to sign and notarize the building/electrical permit applications as agent/representative for Capital Sign & Design and install the proposed signs for:

Project Name: Planet Fitness

Address: 5130 S Conway Rd

City: Belle Isle State: FL Zip Code: 32812

If you have any questions or need further assistance please do not hesitate to call.

Company Name: Capital Sign & Design

Address: 2682 Pemberton Dr

City: Apopka State: FL Zip Code: 32703


Telephone Number: 407-578-1132 Email: signs@mpinet.net

~~Signature~~ ~~Authorized Officer/Agent/Director/Manager~~ ~~Date~~

GUY WINGO OWNER  
Printed Name Title: Officer/Agent/Director/Manager

State of Florida  
County of Seminole

Sworn to and subscribed before me this 7 day of APRIL, 2016 by GUY WINGO (name of person acknowledged) who is X personally known to me or who has produced \_\_\_\_\_ (identification).

  
\_\_\_\_\_  
Notary Public  
Commission expires: \_\_\_\_\_  
(seal)

*"Where Your Imagination is Crafted into Reality"*



February 17, 2016

City of Belle Isle  
1600 Nela Ave  
Belle Isle, FL 32809

RE: **Planet Fitness**  
**5130 South Conway Road, Belle Isle, Florida 32812**

To Whom It May Concern:

This letter gives permission to **Capital Sign** and/or its agents to install a new sign on the façade at the above referenced location. This sign shall be similar to the attached specifications initialized by me. The sign also needs to meet the criteria of the local municipality. It is understood that the cost of said sign shall be the responsibility of the tenant and not the Landlord.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paula Trinidad'.

Paula Trinidad  
Property Specialist

State of Florida  
County of Orange

The foregoing instrument was acknowledged before me on this 17th day of February, 2016, by **Paula Trinidad**, who is personally known to me.

A handwritten signature in blue ink, appearing to read 'Danna Jessie D'Haiti'.  
Danna Jessie D'Haiti  
Notary Public

CROSSMAN & COMPANY / 3333 S. ORANGE AVENUE, SUITE 201, ORLANDO, FLORIDA 32806  
407.423.5400 MAIN / [www.crossmanco.com](http://www.crossmanco.com) / 407.423.4090 FAX  
LICENSED REAL ESTATE BROKER