



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: POOL ENCLOSURE: 60' x 9.5'

Permit Number: 2014-10-018

Comments: None

Date of Application: 10/11/2013

Date Permit Issued: 10/21/2013

Project Information

Address: 4329 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: Surrey Homes
Phone Number: None

Company Name: Bob's Pool Service Inc.
Contractor Name: Wendorf, Eric
License Number: SCC131149997
Address: 850 E. Semoran Blvd, Casselberry, FL 32707
Phone Number: 407-834-7100

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 \$

ZONING FEES

Zoning Fee \$165.00

UNIVERSAL ENG - BUILDING FEES

Demo Building \$ \$175.50
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical Fee \$
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$
Gas Fee \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.63
Surcharge Fee \$2.63

TOTAL FEES \$345.76

Date Paid 11-19-13

CC or Check # 352688

Amount Paid 345.76

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

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel) Wall Reinforcing on Masonry Building

4th _____ (Exterior Framing) (Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1ST ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1ST _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BidScheduling@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.



City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org
Building Permit (Land Use) Application

DATE: 10/10/13 PERMIT # 2014-10-18
 PROJECT ADDRESS 4329 ISLE VISTA AVE Belle Isle, FL 32809 X 32812
 PROPERTY OWNER Surrey Homes PHONE _____ VALUE OF WORK (labor & material) \$ 6000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

INSTALL POOL ENCLOSURE

- Please provide information, if applicable.
- Survey specific foundation plan required to show compliance with zoning setbacks
 - **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
 - **PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6, FOR NEW / ALTERED / ADDITIONS to Septic System**
 - 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 TAX I.D. NUMBER 20-23-30-0688-00-850

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK. Note, this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Attached Survey 2 SETS and Construction Plans 2 SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review
 CONSTRUCTION TYPE _____ Res: _____ Single Fam _____ Multi Fam
 OCCUPANCY GROUP _____ #UNITS_#STORIES _____ TOTAL SQ.FT. _____
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER Michelle Buisst DATE 10-11-2013
 NOTES _____

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Waste Management 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 Waste Management at 407-788-0800 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 Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

RETAIN ORIGINAL AT CITY HALL - Updated 08/2012 FORM #LANDUSE002 - 1 of 2 Page Form

Wind Load Category: A ___ B ___ C ___ D ___	SPRINKLERS REQ'D Y ___ N ___
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent: _____ RCD _____	
ZONING <u>Y</u> <u>165⁰</u>	
CERT OF OCC Y ___ N ___	
TRAFFIC Y ___ N ___	
SCHOOL Y ___ N ___	
FIRE Y ___ N ___	
SWIMMING POOL Y ___ N ___	
POOL ENCLOSURE Y ___ N ___	
BOAT DOCK Y ___ N ___	
BUILDING <u>Y</u> <u>175.50</u>	
WINDOW(S) Y ___ N ___	
DOOR(S) Y ___ N ___	
OTHER Y ___ N ___	
3% FL SURCHARGE <u>5.26</u>	
TOTAL <u>345.76</u>	
By Owner Form Y ___ NA ___	
Notice of Commencement Y ___ NA ___	
Power of Attorney <u>Y</u> ___ NA ___	
Contractor Packet On File? <u>Y</u> ___ N ___	
OTHER PERMITS REQUIRED:	
ELECTRICAL Y ___ NA ___	
PREPOWER Y ___ NA ___	
MECHANICAL Y ___ NA ___	
PLUMBING Y ___ NA ___	
ROOFING Y ___ NA ___	
GAS Y ___ NA ___	
OTHER: _____	



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DATE: 10/10/13 PERMIT # 2014-10-18
 PROJECT ADDRESS 4329 ISLE VISTA AVE Belle Isle, FL 32809 X 32812
 PROPERTY OWNER Surrey Homes PHONE _____ VALUE OF WORK (labor & material) \$ 6000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

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- Survey specific foundation plan required to show compliance with zoning setbacks
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Attached Survey 2 SETS and Construction Plans 2 SETS
 Date: 10/15/13 By: [Signature]

PLANNING & ZONING APPROVAL: _____ DATE _____ City of Belle Isle

PLEASE COMPLETE for Building Review
 CONSTRUCTION TYPE _____ Res: _____ Single Fam _____ Multi Fam
 OCCUPANCY GROUP _____ #BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] BUSS7 DATE 10-11-2013
 NOTES _____

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RETAIN ORIGINAL AT CITY HALL - Updated 09/2012 FORM #LANDUSE002 - 1 of 2 Pages Form

Wind Load Category: A _____ B _____ C _____ D _____	SPRINKLERS REQ'D _____	Y _____	N _____
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW _____	Date: Sent _____ RCD _____		
ZONING _____	Y _____	N _____	\$ <u>165.00</u>
CERT OF OCC _____	Y _____	N _____	\$ _____
TRAFFIC _____	Y _____	N _____	\$ _____
SCHOOL _____	Y _____	N _____	\$ _____
FIRE _____	Y _____	N _____	\$ _____
SWIMMING POOL _____	Y _____	N _____	\$ _____
POOL ENCLOSURE _____	Y _____	N _____	\$ _____
BOAT DOCK _____	Y _____	N _____	\$ <u>175.50</u>
BUILDING _____	Y _____	N _____	\$ _____
WINDOW(S) _____	Y _____	N _____	\$ _____
DOOR(S) _____	Y _____	N _____	\$ _____
OTHER _____	Y _____	N _____	\$ _____
3% FL SURCHARGE _____			<u>10.22</u>
TOTAL _____			
By Owner Form _____	Y _____	NA _____	
Notice of Commencement _____	Y _____	NA _____	
Power of Attorney _____	Y _____	NA _____	
Contractor Packet On File? _____	Y _____	N _____	
OTHER PERMITS REQUIRED:			
ELECTRICAL _____	Y _____	NA _____	
PREPOWER _____	Y _____	NA _____	
MECHANICAL _____	Y _____	NA _____	
PLUMBING _____	Y _____	NA _____	
ROOFING _____	Y _____	NA _____	
GAS _____	Y _____	NA _____	
OTHER: _____			



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

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

Owner's Name Surrey Thomas **PERMIT # 2014-10-18**

Owner's Address 1031 LOUISIANA AVE W.P. FL

Fee Simple Titleholder's Name (if other than owner's) _____

Address _____	City _____	State _____	Zip Code _____
Contractor's Name <u>BOBS POOLS</u>	Architect/Engineer's Name _____		
Contractor's Address <u>850 E. SEMORAN BLVD</u>	Architect/Engineer's Address _____		
City, State, ZIP <u>FL 32707</u>	City, State, ZIP _____		
License # <u>SCC131149997</u>	License # _____		
Contact Phone/Cell <u>407-834-7100</u>	Contact Phone/Cell _____		
Contact Email <u>BOBSP00L850@YAH00.COM</u>	Contact Email _____		

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

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, 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>Owner Signature <u>Thomas J. Gray as Purch. Mgr.</u></p> <p>The foregoing instrument was acknowledged before me this <u>10/11/13</u> by <u>TOM GRAY</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 Orange</p> <p><i>Melissa Reel</i> MELISSA REEL MY COMMISSION #FF035079 EXPIRES July 10, 2017 Florida Notary Service.com (407) 398-0153</p>	<p>Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 50-74 Impervious Surface Ratio of the City Code</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35= _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc</p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention must be provided. Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: <u>(7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</u></p>
<p>Contractor Signature <u>Eric Wendorf</u></p> <p>COMPANY NAME <u>BOBS POOLS</u></p> <p>The foregoing instrument was acknowledged before me this <u>10/10/13</u> by <u>ERIC WENDORF</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 Orange</p> <p><i>Melissa Reel</i> MELISSA REEL MY COMMISSION #FF035079 EXPIRES July 10, 2017 Florida Notary Service.com (407) 398-0153</p>	



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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 Surrey Homes **PERMIT # 2014-10-18**
Owner's Address 1031 LOUISIANA AVE W.P. FL
Fee Simple Titleholder's Name (if other than owner's) _____
Address _____ City _____ State _____ Zip Code _____

Contractor's Name	<u>BOBS POOLS</u>
Contractor's Address	<u>850 E. SEMORAN BLVD</u>
City, State, ZIP	<u>CASSELBERRY, FL 32707</u>
License #	<u>SCCI31149997</u>
Contact Phone/Cell	<u>407-834-7100</u>
Contact Email	<u>BOBSPool850@YAHOO.COM</u>

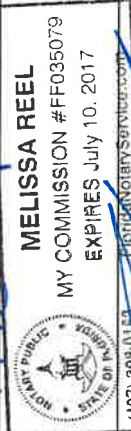
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain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

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, 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 Thomas J. Gray as Purch. Mgr.
The foregoing instrument was acknowledged before me this 10/11/13
by TOM GRAY who is personally known to me

and who produced as identification and who did not take an oath.
Notary as to Owner
State of Florida
County of Orange



Contractor Signature [Signature]
COMPANY NAME BOBS POOLS

The foregoing instrument was acknowledged before me this 10/10/13
by ERIC WENDOLF who is personally known to me

and who produced as identification and who did not take an oath.
Notary as to Owner
State of Florida
County of Orange



Impervious Surface Ratio Worksheet
Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 50-74 Impervious Surface Ratio of the City Code

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
Total Lot Area _____ X 0.35 = _____
Allowable Impervious Area (BASE) _____

2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.
Examples include house, pool, deck, driveway, accessory building, etc

- House _____
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____

3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.

4. If AIA is greater than BASE, then onsite retention **must be provided.**

Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: **(7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed**

LIMITED POWER OF ATTORNEY

I hereby name and appoint ERICA WENDORF of Bob's Pool Service, Inc. to be my lawful attorney in fact to act and apply to Belle Isle Building Department for a **SCREEN** permit for work to be performed at the location described as:

Parcel ID #: 20-23-30-0668-00-850
Address of Job: 4329 ISLE VISTA AVE
Property Owner: Sweeney

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

 SCC131149997
Eric M. Wendorf License Number

STATE OF Florida

COUNTY OF Orange

The foregoing instrument was acknowledged this 17 day of Sept 2016, by Eric M. Wendorf, who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

- Personally Known
- Produced Identification

Type of Identification _____ (SEAL)


Signature of Notary Public, State of Florida

Melissa Reel
Print or Type Name of Notary Public



PROJECT NUMBER 0115.1300578.0000

TASK NUMBER 11

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	<u>2014-10-18</u>
Property Owner	<u>Surrey Homes</u>
Address	<u>4329 Fsb Vista Ave</u>
Nature of Improvement	<u>Install Pool Enclosure</u>
Received Application	<u>10-11-13</u>
Sent for Stormwater Review	<u>10-14-13</u> <u>Cobi</u>
Stormwater Approved	<u>10-17-13</u>
Sent for Zoning Review	<u>10-14-13</u> <u>Cobi</u>
Zoning Approved	<u>10-17-13</u>
Applied for Variance	<u>/</u>
Variance Approved	
Sent to BO for Review	<u>10-11-2013</u>
Building Official Approved	<u>10-11-2013</u>
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Angel
Please sign the
attached plans,
per Phil for site
Done Thanks
AP 10/11



CERTIFICATE OF LIABILITY INSURANCE

BOBSP-1 OP ID: CB

DATE (MM/DD/YYYY)
02/05/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 K Derek Brown	Phone: 321-397-3870 Fax: 321-397-3888	CONTACT NAME: PHONE (AIC, No, Ext): E-MAIL ADDRESS: FAX (AIC, No):	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Bob's Pool Services Inc 850 E. Semoran Blvd. Casselberry, FL 32707	INSURER A: Amerisure Mutual Ins. Co INSURER B: Amerisure Ins Company INSURER C: INSURER D: INSURER E: INSURER F:		23396 19488

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 SUBR INSR INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP132977313	02/01/2013	02/01/2014	EACH OCCURRENCE \$ 1,000,000 DAILY AGGREGATED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		CA132977213	02/01/2013	02/01/2014	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0		CU132977413	02/01/2013	02/01/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> if yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC132961815	02/01/2013	02/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
fax 407-240-2222

CERTIFICATE HOLDER

CANCELLATION

BELLEIS

City of Belle Isle
1600 Nela Ave
Belle Isle, FL 32859

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
K Deel Brown

ACORD 25 (2010/05)

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE

(850) 487-1395

FL 32399-0783

WENDORF, ERIC M
BOB'S POOL SERVICE INC
850 E SEMORAN BLVD
CASSELBERRY

FL 32707-5304

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 barbecue 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

AC# 695889

SCC131149997 12/05/12 000000000

CERTIFIED SPECIALTY CONTRACTOR
WENDORF, ERIC M
BOB'S POOL SERVICE INC
SPECIALTY STRUCTURE CONTRACTOR

IS CERTIFIED under the provisions of ch. 489 FS
Expiration date: AUG 31, 2014 L12120500584

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC#695889

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12120500584

DATE	BATCH NUMBER	LICENSE NBR
12/05/2012	000000000	SCC131149997

The SPECIALTY STRUCTURE CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

WENDORF, ERIC M
BOB'S POOL SERVICE INC
850 E SEMORAN BLVD
CASSELBERRY

FL 32707-5304

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



LOCAL BUSINESS TAX RECEIPT
CITY OF CASSELBERRY
95 TRIPLET LAKE DRIVE
CASSELBERRY, FLORIDA 32707

Business name: BOB'S POOL SERVICE INC
Location address: 850 SR 436
City/State: CASSELBERRY FL 32707

BOB'S POOL SERVICE INC
850 SR 436
CASSELBERRY FL 32707

ISSUE DATE: 9/27/2013
EXPIRATION DATE: 9/30/2014

TAX RECEIPT #	CLASSIFICATION	FEES PAID *
14 - 825	CONSTRUCTION	\$155.25

* FEES PAID INCLUDE CITY FEES AND MAY INCLUDE SEMINOLE COUNTY BUSINESS TAX RECEIPT FEES

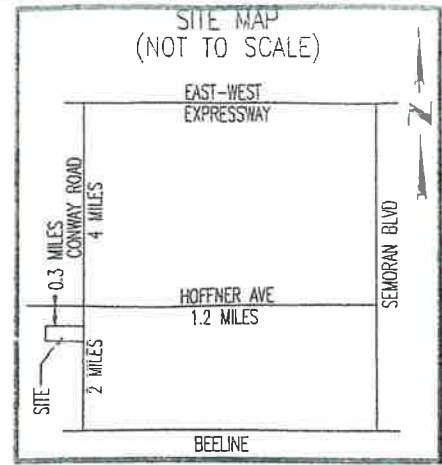
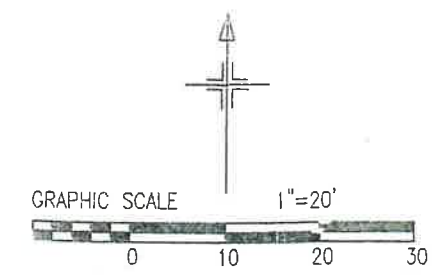
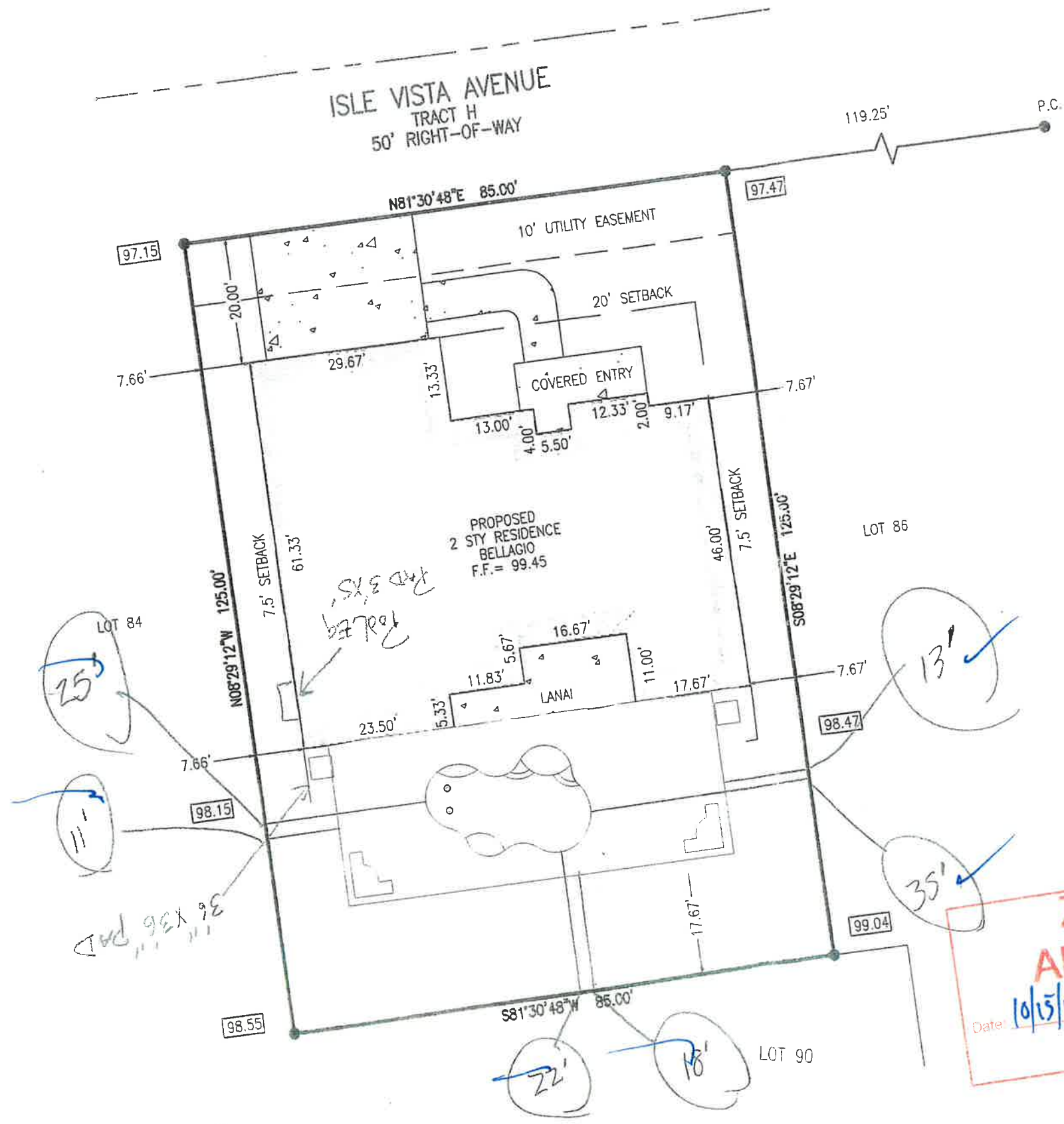
LICENSE COMMENTS & RESTRICTIONS:

CONSTRUCTION POOLS/NO OUTSIDE STORAGE/DISPLAY

**IMPORTANT: THIS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS.
PENALTY FOR FAILURE TO DO SO.**

LEGAL DESCRIPTION:

LOT 85, BELLE VISTA ON LAKE CONWAY, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 69, PAGES 12 THRU 15, INCLUSIVE, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.



LEGEND:

- | | |
|-----------------------------------|-------------------------------|
| A = ARC LENGTH | (M) = MEASURED |
| A/C = AIR CONDITIONING | (P) = PLAT |
| BLDG = BUILDING | PB = PLAT BOOK |
| (C) = CALCULATED | PC = POINT OF CURVATURE |
| CA = CENTRAL ANGLE | PG = PAGE |
| DE = DRAINAGE EASEMENT | PI = POINT OF INTERSECTION |
| DUE = DRAINAGE & UTILITY EASEMENT | PR = PROPOSED |
| EL = ELEVATION | R = RADIUS |
| FF = FINISHED FLOOR | SB = SETBACK |
| LB = LICENSED BUSINESS | SFR = SINGLE FAMILY RESIDENCE |
| LC = LONG CHORD | UE = UTILITY EASEMENT |
| LGP = LOT GRADING PLAN | |

- ⊙ = FOUND NAIL AND DISK STAMPED "PCP LB 5736"
- = FOUND 5/8" IRON ROD AND CAP STAMPED "CMS LB 7947"
- ⊕ = CABLE PEDESTAL ⊕ = ELECTRIC PEDESTAL
- = CLEAN OUT ⚡ = LIGHT POLE
- ∧ = NOT TO SCALE

- [Stippled Box] = CONCRETE
- [Brick Box] = BRICK
- [Hatched Box] = COVERED
- [Dashed Line] = FENCE LINE

SURVEYORS NOTES:

- BEARINGS SHOWN HEREON ARE BASED ON THE NORTH LINE OF THE SW 1/4 OF THE NE 1/4 OF SECTION 20-23-30 HAVING AN ASSUMED BEARING OF SOUTH 89°47'56" WEST.
- ELEVATIONS SHOWN HEREON ARE BASED ON THE BENCHMARK SHOWN ON SHEET 1 OF 3 OF SAID PLAT HAVING AN ELEVATION OF 98.29' UNKNOWN DATUM. (BENCHMARK IS LOCATED ON THE NORTH LINE OF LOT 55)
- ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY FLOOD INSURANCE RATE MAP COMMUNITY PANEL 12095C0455F, HAVING AN EFFECTIVE DATE OF SEPTEMBER 25, 2009, THE SUBJECT PROPERTY LIES IN A ZONE X.
- LEGAL DESCRIPTION SHOWN HEREON WAS PROVIDED BY CLIENT.
- ALL DISTANCES SHOWN ARE PLAT AND MEASURED UNLESS NOTED.
- THE MEASUREMENTS SHOWN HEREON ARE IN U.S. SURVEY FEET. THE ACCURACY OF THIS SURVEY EXCEEDS THE REQUIREMENTS OF FLORIDA ADMINISTRATIVE CODE 5J-17.

ZONING APPROVED

HEREBY CERTIFY THAT THIS SURVEY HAS BEEN PREPARED UNDER MY DIRECTION AND THAT THIS SURVEY HAS BEEN PREPARED IN ACCORDANCE WITH THE ADOPTED "MINIMUM TECHNICAL STANDARDS" AS REQUIRED BY CHAPTER 5J-17 FLORIDA ADMINISTRATIVE CODE PURSUANT TO SECTION 472.027, FLORIDA STATE STATUTES.

Date: 10/15/13 By: [Signature] City of Belle Isle

EDWARD J MIZO
PROFESSIONAL SURVEYOR AND MAPPER NO. 3376
THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

AREA=10,625 SQUARE FEET
LDING AREA=3,452 SQUARE FEET
IC AREA=2,653 SQUARE FEET
ERVIUOUS AREA=6,105 SQUARE FEET
3 AREA=4,520 SQUAPE FEET

07/09/13

BOUNDARY/PLOT PLAN SURVEY

BOUNDARY SURVEY/PLOT PLAN

LOT 85, BELLE VISTA ON LAKE CONWAY LYING IN SECTIONS 20 TOWNSHIP 23 S RANGE 30 E

CHARLIE MIZO SURVEYING, INC
PROFESSIONAL SURVEYORS AND MAPPERS

2005 W. BUSLEY DR., ORLANDO, FL 32804 (321) 200-4904
LICENSED BUSINESS NUMBER 7947

ASD ALUMINUM SCREEN DESIGN
ALUMINUM & Construction Engineering

Valerie

ASD ALUMINUM SCREEN DESIGN
ALUMINUM & Construction Engineering

Job # 17413

***Plan Types:**

- Screen Room
- Pool Screen/Cage
- Car Port
- Patio Cover
- Other: _____

CITY OF BELLEVILLE
THE PLANS AND SPECIFICATIONS
HAVE BEEN REVIEWED. FULL
COMPLIANCE WITH CODES AND
REGULATIONS ARE REQUIRED BY
THE PERMIT HOLDER

APPROVED *MLL* *10-11-2013*
BUI5590 Date: 9-10-13

Revision

New Isle Vista Ave

*Reference: 4329 Isle Vista 32812
*Project Address: Belle Isle 32812
*City: Belle Wendorf, Bob's Pools & Screens, Inc.

*Contractor Name: Eric Wendorf, Bob's Pools & Screens, Inc.
City: same

*Address: 850 E. Semoran Blvd
City: Casselberry Zip Code: same

*City: Casselberry Zip Code: 32707

*Phone/Fax: P: (407) 834-7100 / F: (407) 834-3197
Prepay Mail Prepay Pick up*

*Email: Plans Approval: Jeff. bobspools@gmail.com / Accounting: Bobspool14@aol.com

Choose One: Prepay Fed Ex Prepay Mail* Prepay Pick up*
Credit Card Online Only Credit Card Online Only*
*Email: Plans Approval: Jeff. bobspools@gmail.com and provide delivery and payment)

Choose One: Prepay Fed Ex Prepay Mail* Prepay Pick up*
Credit Card Online Only Credit Card Online Only*
*Email: Plans Approval: Jeff. bobspools@gmail.com and provide delivery and payment)

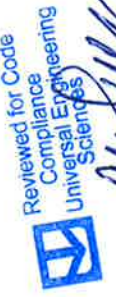
Choose One: Prepay Fed Ex Prepay Mail* Prepay Pick up*
Credit Card Online Only Credit Card Online Only*
*Email: Plans Approval: Jeff. bobspools@gmail.com and provide delivery and payment)

Choose One: Prepay Fed Ex Prepay Mail* Prepay Pick up*
Credit Card Online Only Credit Card Online Only*
*Email: Plans Approval: Jeff. bobspools@gmail.com and provide delivery and payment)



Engineer: Michael Thompson, MSc, P.E. (P.E. # 47509)
5200 Vineland Road - Suite 250 Orlando, FL 32811
Customer Service: 888-607-0747 Fax: 888-923-8181
Email: aluminumscreenesdesign@yahoo.com

Website: www.aluminumscreenesdesign.com (C.A. #9103)



McFallon

* Ultimate Wind Speed (mph): 130 Exposed Category: C Risk Category: 1

<http://www.atcouncil.org/windspeed>

Screen Room:

- Insulated Pan Roof
 Fascia Wall: Block Conventional
Uprights Top Plate Kick Plate Fill In

Pool Screen/Cage:

- Dome Gable Mansard
 Gutter Wall: Block Conventional
Beams 2 X 5 Uprights 2 X 4 Purlin 2 X 2
 Kick Plate Fill In

Car Port:

- Insulated Pan
 Fascia Wall: Block Conventional
Beams X Post X

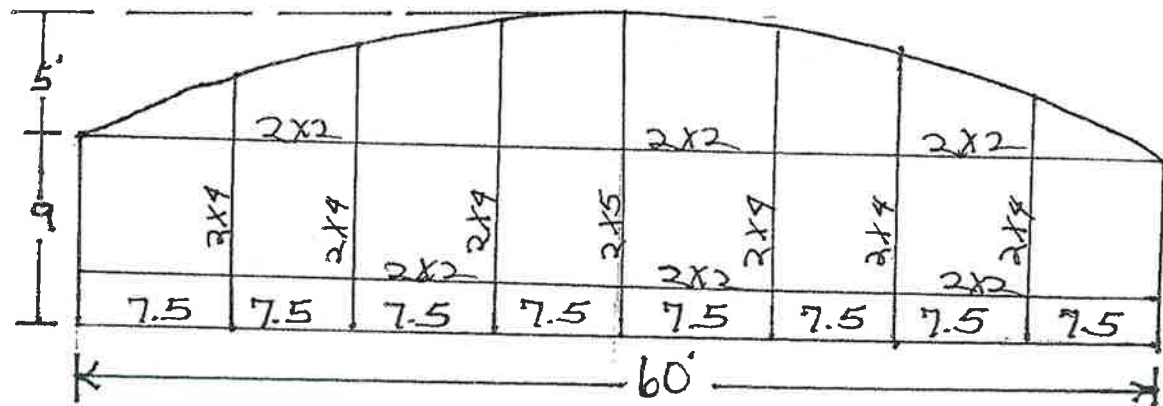
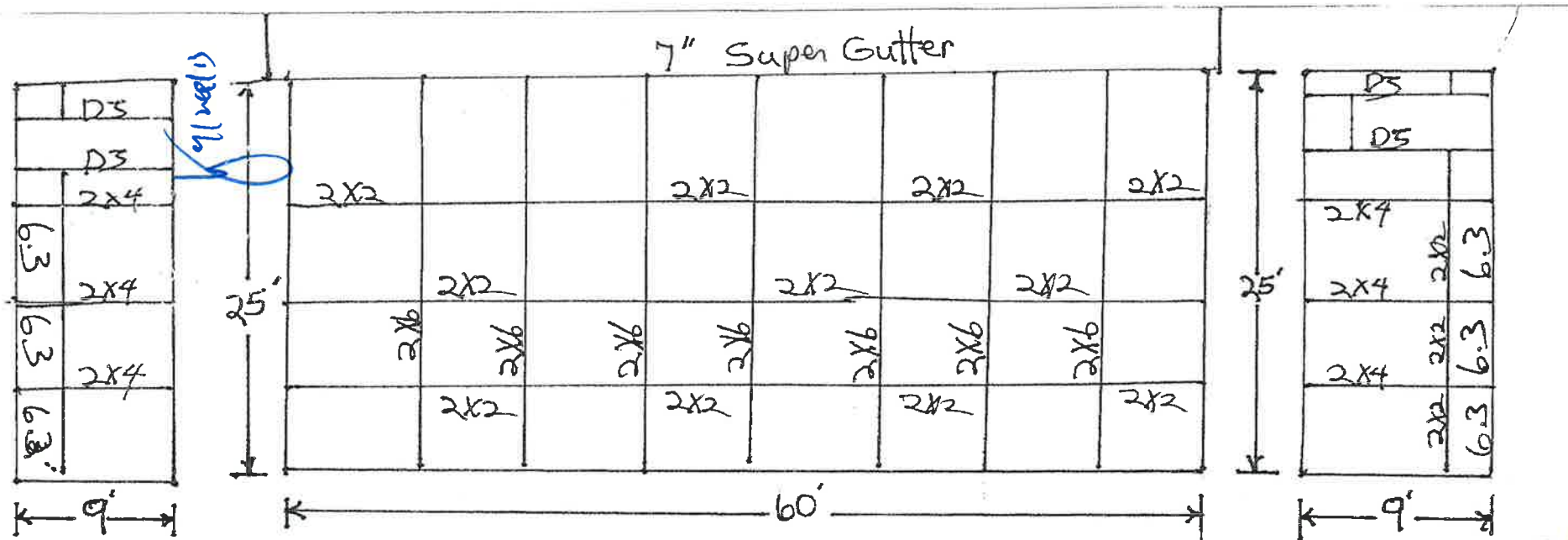
Patio Cover:

- Insulated Pan
 Fascia Wall: Block Conventional
Beams X Post X

Concrete:

- Existing New: 4" Slab Pier Ribbon Footer X Pavers

Other: Footer Detail on Pool Plan



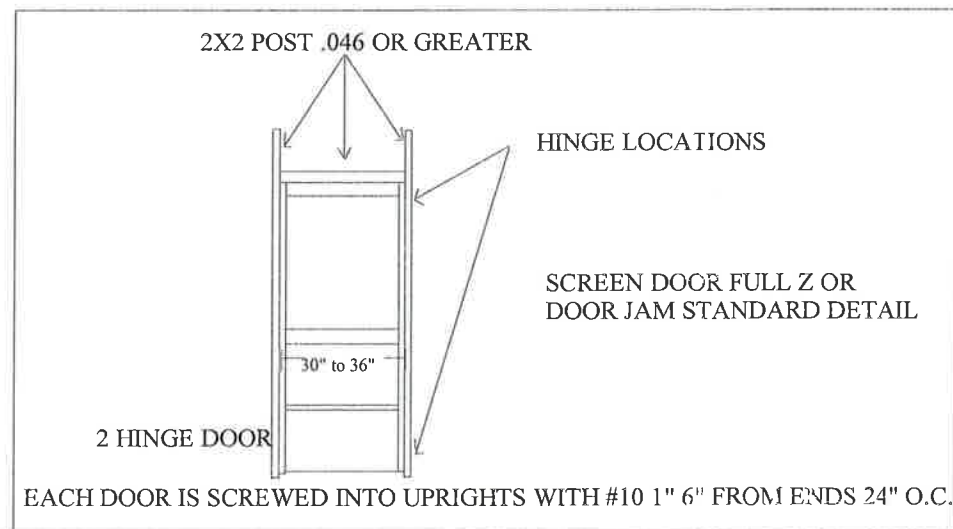
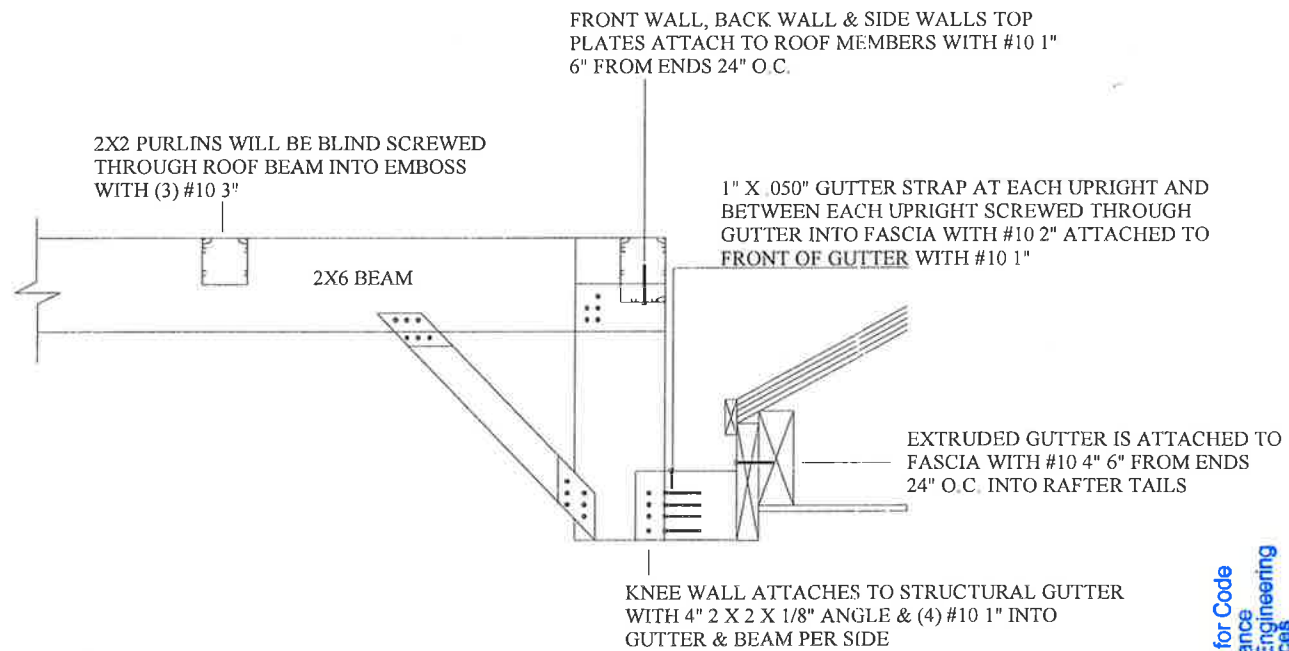
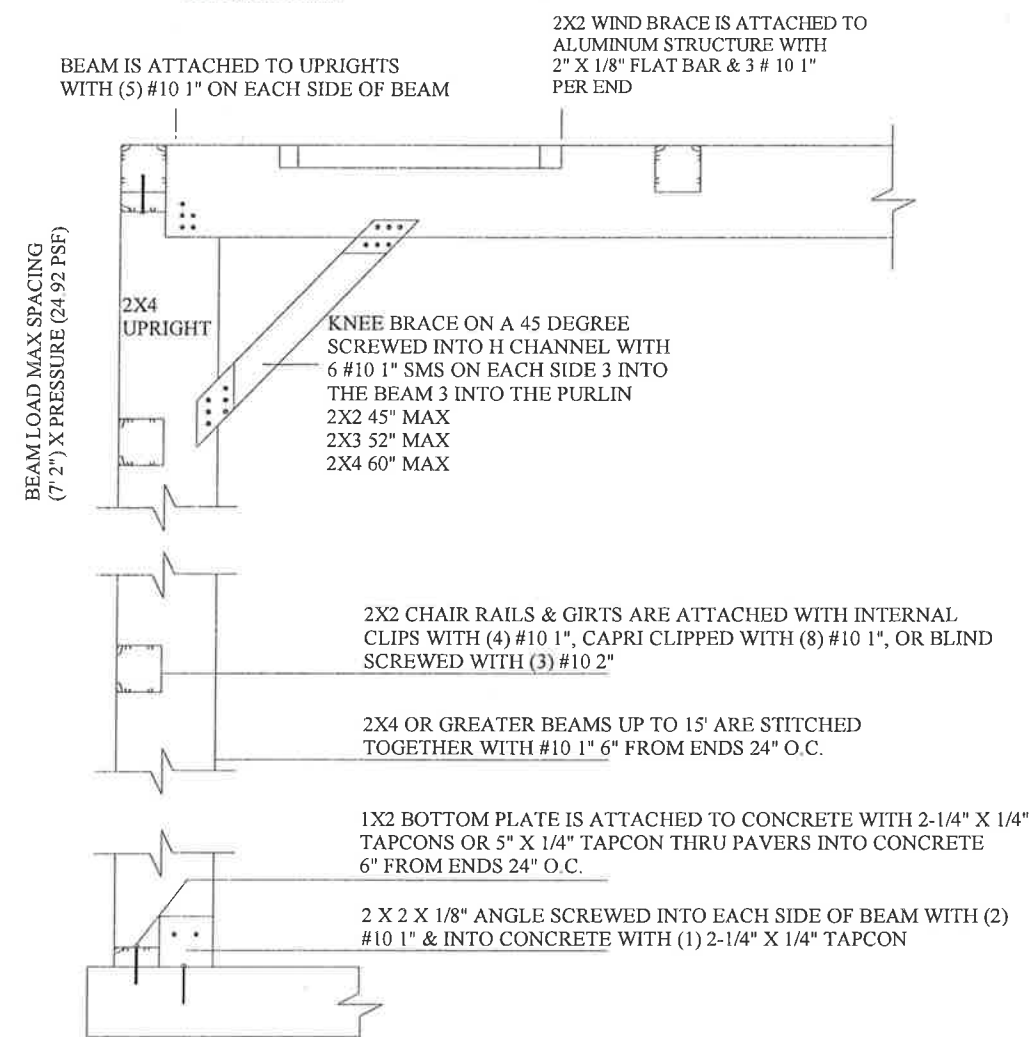
Reviewed for Code
Compliance
Universal Engineering
Sciences
M. J. [Signature]

Bob's Pools & Screens
4329 Isle Vista Ave
Belle Isle Fl.
32812

Job # 17413

ALUMINUM SCREEN DESIGN

A DIVISION OF **DBE&C**
DESIGN-BUILDERS & CONTRACTORS



Reviewed for Code Compliance
 University of Engineering Sciences

ALUMINUMSCREENDESIGN.COM
 ALUMINUMSCREENDESIGN@YAHOO.COM
 PHONE #: 386-320-0256
 FAX #: 888-923-8181

DESIGN STATEMENT

METAL IS .046 THICKNESS OR GREATER, ALLOY IS 6005-T5
 ALL TAPCONS SHALL PROVIDE MINIMUM OF 1 1/8" EMBEDMENT DEPTH

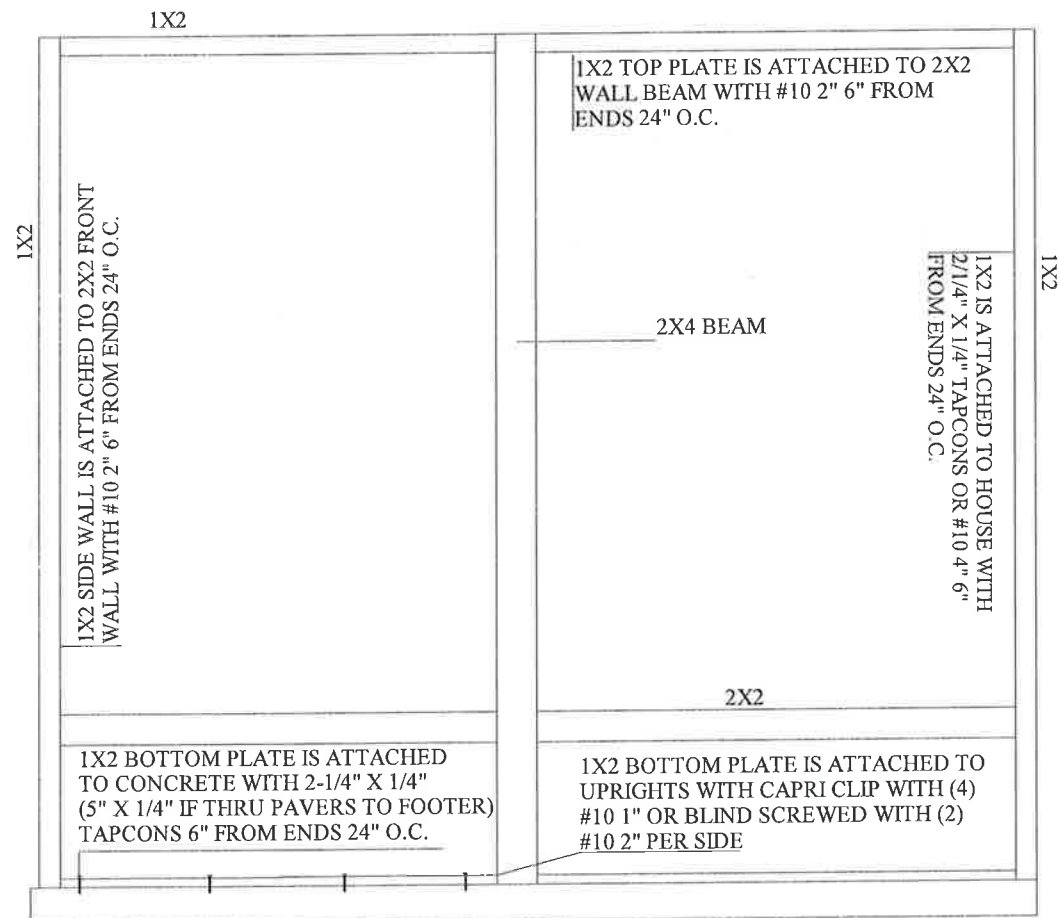
THIS STRUCTURE HAS BEEN DESIGNED IN ACCORDANCE TO MEET THE REQUIREMENTS OF THE 2010 EDITION OF THE FLORIDA BUILDING CODE FOR OPEN AND SEMI-OPEN STRUCTURES AND SHALL WITHSTAND ULTIMATE WIND SPEEDS OF 130 MPH (FOR 3 SECOND GUSTS) NOMINAL SPEED 101.4 MPH UP TO A 15FT ROOF HEIGHT, FACTOR OF 1.0, AND EXPOSURE C. RISK CATEGORY 1. CONTRACTOR SHALL FIELD VERIFY ALL PLANS DIMENSIONS PRIOR TO MATERIAL PURCHASE, FABRICATION AND CONSTRUCTION. CONTRACTOR SHALL NOTIFY THE ENGINEER IMMEDIATELY SHOULD SITE CONDITIONS DIFFER FROM CONSTRUCTION PLANS

MICHAEL THOMPSON
 5200 VINELAND RD.
 SUITE 250
 ORLANDO, FL 32811
 P.E. # 47509
 CA#9103

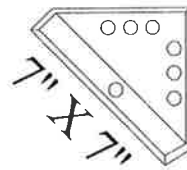
ALUMINUM SCREEN DESIGN

A DIVISION OF DBE&C
DESIGN BUILD BACKERS A CONTRACTOR

SIDE WALL DETAIL



CABLE DETAIL

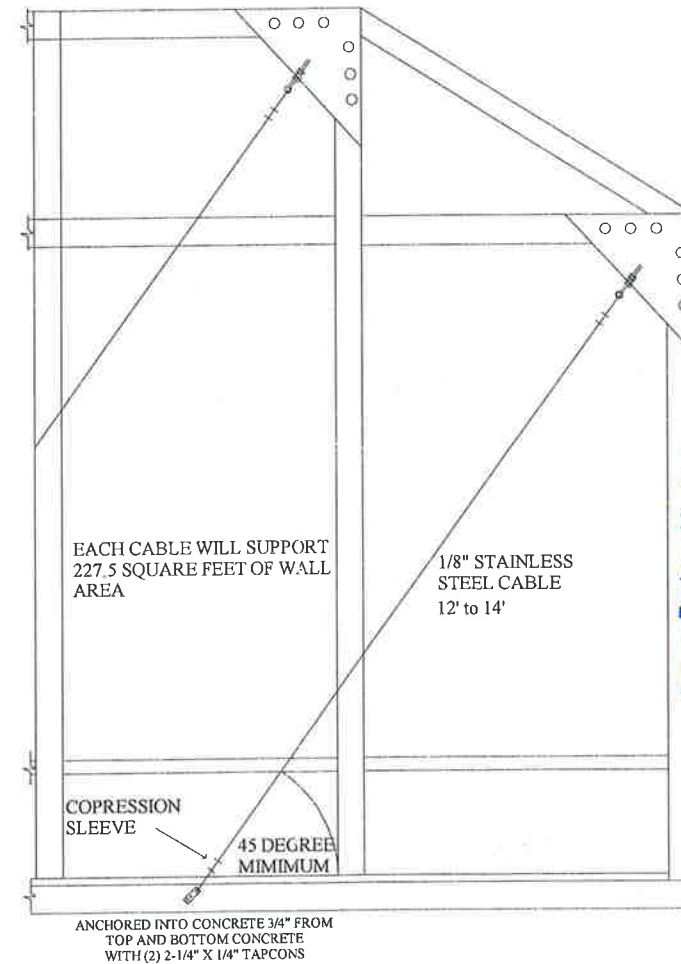


1/8" THICK ANGLE BRACKET CUT FROM 1" X 5" ANGLE ATTACHED TO UPRITE AND GIRT WITH 6 #10 1"

5/16" EYE BOLT WELDED CLOSED WITH DOUBLE NUTS COMPRESSION SLEEVE



SIDE VIEW COMPRESSION SLEEVE 3" A.S.T.M. A-36 STEEL CLIP WITH 2 2 1/4" X 1/4" TAPCONS



IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO INFORM THE HOMEOWNER THAT THE CABLES AND CABLE ATTACHMENT MUST BE INSPECTED BY THE HOMEOWNER AT LEAST TWICE A YEAR TO ELIMINATE ANY DEFICIENCIES ASSOCIATED WITH TENSION SLACK AND/OR CORROSION AND IF NECESSARY TO MAKE CORRECTIVE REPAIRS TO MAINTAIN THE CABLE FULL TENSION (NO SLACK) DESIGNED FOR STRUCTURAL LATERAL STABILITY

Reviewed for Code Compliance
 Universal Engineering Sciences

Michael Thompson

ALUMINUMSCREENDESIGN.COM
 ALUMINUMSCREENDESIGN
 @YAHOO.COM
 PHONE #: 386-320-0256
 FAX #: 888-923-8181

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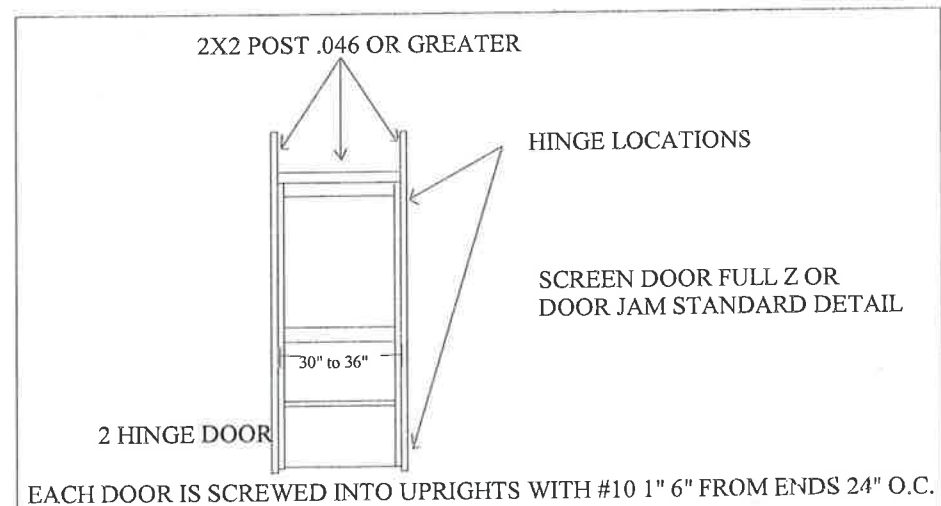
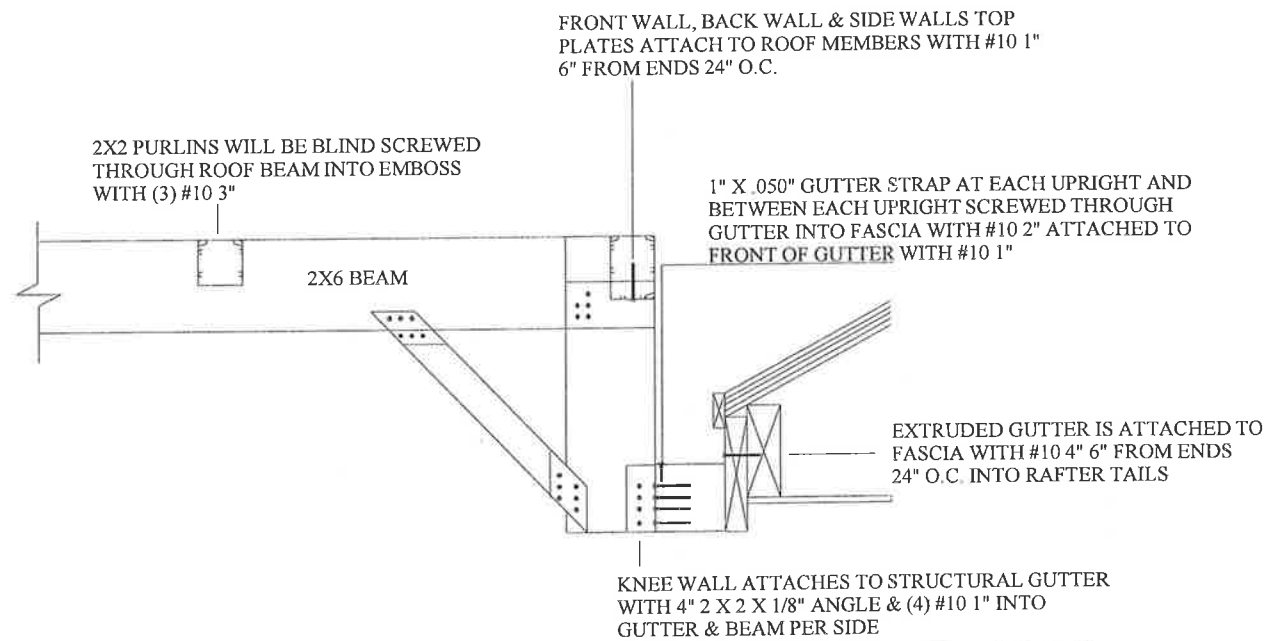
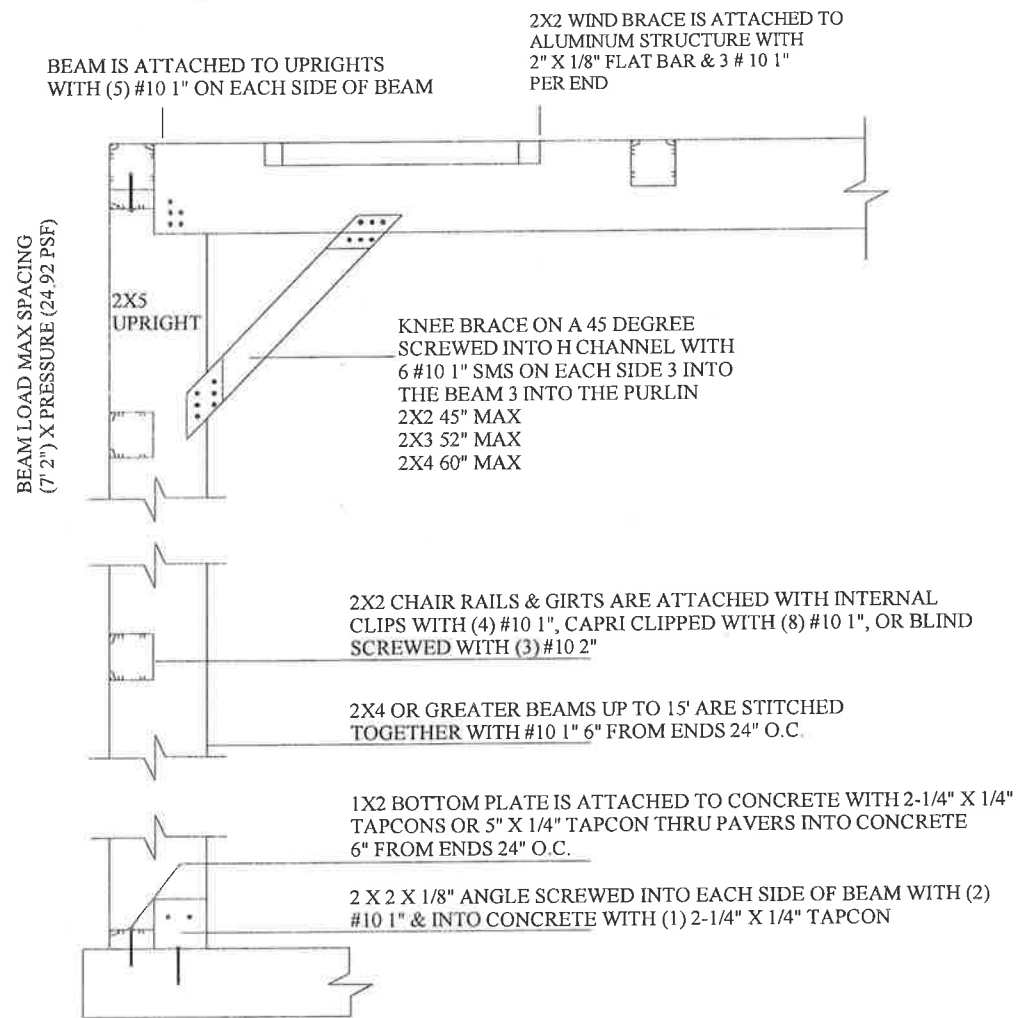
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