



City of Belle Isle

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

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

Scope of Work: BUILDING: Interior remodel/renovation

Comments: Building 8, unit 821, plan A

Project Information

Address: 2323 McCoy Rd, Unit Belle Isle, FL 32809
Parcel ID: 30-23-30-6681-00-821
Property Owner: McCoy Enterprises Group
Phone Number: 407 228 4645

Company Name: Capri Contractors Inc
Contractor Name: Prieto, Raphael & Sunia
License Number: CGC058997
Address: 1216 Mount Vernon St, Orlando, FL 32803
Phone Number: 407 467 3594

Permit Number: 2015-12-084

Date of Application: 12/23/2014
Date Permit Issued: 01/07/2015

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

BUILDING FEATURES

IMPACT FEES

School \$
Traffic \$

ZONING FEES

Zoning Fee \$50.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$412.50
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$6.19
Surcharge Fee \$6.19

TOTAL FEES \$474.88

Date Paid 8-5-15

CC or Check # 004323

Amount Paid 474.88

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 _____ (Footing/Foundation)
Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____
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 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/ff/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle

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Building Permit (Land Use) Application

DATE: 12/22/2014

PERMIT # 2015-12-084

PROJECT ADDRESS 2323 McCoy Road/Unit 821 Belle Isle, FL, Belle Isle, FL 32809 32812

PROPERTY OWNER McCoy Enterprises Group PHONE 407-228-4645 VALUE OF WORK (labor & material) \$ 50,590

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Building 8 Interior Renovation

21 of 24 Units Unit A

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- **SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: **Parcel Id Number:** 30-23-30-6681-00-821

To obtain this information, please visit <http://www.ocpaf1.org/Searches/ParcelSearch.aspx>

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

Attached Survey 2 SETS and Construction Plans 2 SETS

PLANNING & ZONING APPROVAL: _____
DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE INTERIOR RENOVATION

OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

#BLDG. 8/24 #UNITS #STORIES 3 **TOTAL SQ.FT.** 1165 sqft

MAX. FLOOR LOAD Units 40lbs/sqft/Corridors 100lbs/sq MAX. OCCUPANCY R-2

MIN. FLOOD ELEV. 96.35 LOW FLOOR ELEV. 96.35

WATER SERVICE Public WELL SEPTIC

BUILDING REVIEWER _____ DATE _____

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

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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.

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	\$ <u>50.00</u>
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	<input checked="" type="checkbox"/> Y	N	\$ <u>412.50</u>
WINDOW(S)	Y	N	\$ _____
DOOR(S)	Y	N	\$ _____
FENCE	Y	N	\$ _____
SHED	Y	N	\$ _____
DRIVEWAY	Y	N	\$ _____
OTHER	Y	N	\$ _____

3% FL SURCHARGE 12.38

TOTAL 474.88

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

PERMIT # _____

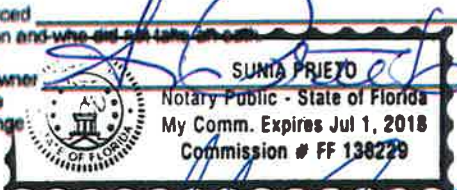
Owner's Name McCoy Enterprises Group LLC
 Owner's Address 18851 NE 29th Ave Aventura, FL


Contractor Name <u>Rafael M Prieto</u>	Company Name <u>Capri Contractors Inc.</u>
License # <u>CGC 058997</u>	Company Address <u>1216 Mount Vernon Street</u>
Contact Phone/Cell <u>407-467-3594</u>	City, State, ZIP <u>Orlando, FL 32803</u>
Contact Email <u>capri.sunia@gmail.com</u>	Contact Fax <u>407-228-4648</u>

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

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature [Signature]
 The foregoing instrument was acknowledged before me this 12/18/14
 by ISAAC FERKEL 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 Capri Contractors Inc.
 The foregoing instrument was acknowledged before me this 12/18/14
 by SUNIA PRIETO 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
 City Code, Section 50-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE)
 Total Lot Area 205,167.60 X 0.35 = 75 (App PD)
 Allowable Impervious Area (BASE) 183,876.70 SF
- 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 60,412.74 SF
 - Driveway _____
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other 92,558.14 SF (all other impervious surf)
 Actual Impervious Area (AIA) Total = 142,970.88SF
- 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. 10,904.82 SF
- 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



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Product Approval Form

DATE: 12/15/2014

PERMIT # _____

PROJECT ADDRESS 2323 McCoy Road

Belle Isle, FL 32809 32812

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at www.floridabuilding.org or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

1. This Product Approval Cover Sheet
2. Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's installation details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging	Plastpro	In-Swing	FL15180	Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront	Coral	MS380	15784.1
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbt Hung	Sunshine	S-2000		Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof	EverGuard	TPO 45	10-0823.04
Mullion				Other			
Skylights	SolaTube	104-110	03-104110				
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors	Simpson	See Below	See Below				
Truss Plates							
Insulation Forms							
Lintels	Reinf. Con.	Reinf. Conc.	N/A				
Other	Steel Angle	4"x4"x1/4"	N/A				

Reviewed for Code Compliance
 Universal Engineering Sciences

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature Mario Prieto
 Mario Prieto, Pres. Capri Contractors, Inc.

Date 12/22/14

Simpson Connectors: LUS26; LUS28; CNW3/4"-5/8"; HCNW; ATS5/8"; HUD; HUD; HDU8-SDS2.5"; others as required.



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POWER OF ATTORNEY

Date: 8/5/2015

Permit #: 2015-12-084

I hereby name and appoint Sunia Piermont of _____
(print name)

Capri Contractors Inc. to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a building permit
(type of permit)

for work to be performed at the following location:

2323 McCoy Road Unit 821, Belle Isle, FL 32809 32812 and
(street address)

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

Certified Contractor's Printed Name: Rafael M Prieto

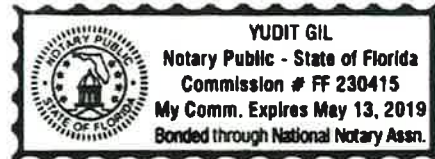
License Number: CGC058997

Certified Contractor's Signature: 

.....
 The foregoing instrument was acknowledged before me this 4 days of AUGUST of 20 15
 by RAFAEL M. PRIETO who is personally known to me or who produced
 _____ as identification and who did not take an oath.

State of Florida
 County of Orange


 Notary Public, Orange County, Florida



(seal)