



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.

<p>Scope of Work: BUILDING: Room Addition</p> <p>Comments: None</p> <p>Project Information Address: 2860 Montmart Drive, Belle Isle, FL 32812 Parcel ID: 17-23-30-4384-00-423 Property Owner: McGill, James & Heather Phone Number: 407 230 3252 ***** Company Name: GEJ Inc Contractor Name: Jackson, Gary License Number: 2125 Weber Street, Orlando, FL 32803 Address: 3020 Mercy Drive, Orlando, FL 32808 Phone Number: 407-497-9885</p>	<p style="text-align: right;">Permit Number: 2015-06-043</p> <p style="text-align: right;">Date of Application: <u>06/25/2015</u> Date Permit Issued: <u>08/03/2015</u></p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$165.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$391.50 Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$5.88 Surcharge Fee \$5.88</p> <p style="text-align: center;">TOTAL FEES \$568.26</p> <p>Date Paid <u>8-4-15</u></p> <p>CC or Check # <u>568-26</u></p> <p>Amount Paid <u>568-26</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 style="text-align: center;">BUILDING INSPECTOR USE ONLY</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>BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to IDScheduling@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
Permit Application Review Sheet

Permit Number	2015-06-043
Property Owner	McGill James & Heather
Address	2860 Montmart Dr.
Nature of Improvement	Room Addition
Received Application	6-17-15
Sent for Stormwater Review	6-26-15
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	
Comments	
1. Susan 6-17-15	Emailed contractor Gary - plans were
2.	submitted an OC forms - sent him COBI
3.	forms & requested missing credentials
4. 6-25-15 wq	rec'd app + contract documents; scheduled
5.	for delivery to COBI on 6-26-15. wo53023
6. Susan 6-29-15	building review wo 53117
7. 7-2-15	Plan review Report attached
8. Jaitta 7/6/15	Emailed the Plan Review report to
9.	client.
10. JGH 7/29/15	Emailed comments to Client again.
11. " "	Add'l Plans were dropped off to address
12. " "	Jay's comments. Will UPS to Jay today.

" " WO#54945 (Large Plans sent UPS)
 * oversized plans & physical packet *

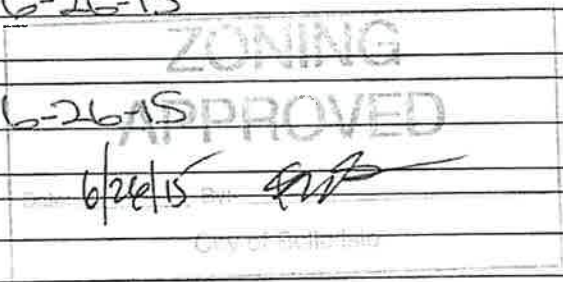
Need to call 8/14

PROJECT NUMBER 015.1506878.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

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Address	2860 Montmart Dr.
Nature of Improvement	Room Addition
Received Application	6-17-15
Sent for Stormwater Review	6-26-15
Stormwater Approved	
Sent for Zoning Review	6-26-15
Zoning Approved	
Applied for Variance	6/26/15 <i>[Signature]</i>
Variance Approved	
Sent to BO for Review	
Building Official Approved	



Comments	
1. Susan 6-17-15	Emailed contractor Gary - plans were submitted on OC forms - sent him COBI forms & requested missing credentials
2.	
3.	
4. 6-25-15 wq	rec'd app + contract documents; scheduled for delivery to COBI on 6-26-15. wo 5302?
5.	
6. Susan 6-29-15	building review wo 5311?
7. 7-2-15	Plan review Report attached
8. Jette 7/6/15	Emailed the Plan Review report to client.
9.	
10. JAH 7/29/15	Emailed comments to Client again.
11. " "	Add'l Plans were dropped off to address Jay's comments. Will UPS to Jay today
12. " "	WO #54945 (Large Plans sent UPS)
11	
JAH 7/31/15	Approved; Waiting for Jay to send plans.

received
6-25-15



City of Belle Isle
Universal Engineering Sciences 3632 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8761 * Fax 407-581-0313 * www.universalengineering.com

Building Permit (Land Use) Application

DATE: _____ PERMIT # 2015-06043
PROJECT ADDRESS 2860 Montmart dr, Belle Isle, FL 32809 ✓32812
PROPERTY OWNER James & Heather McGill PHONE 407 230 3252 VALUE OF WORK (labor & material) \$ 60,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Beau Addition

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: 18-23-30-4384-00-423

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

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 3 SETS and Construction Plans 3 SETS

PLANNING & ZONING APPROVAL: 6/25/15 By: [Signature]
DATE

PLEASE COMPLETE FOR Building Review

CONSTRUCTION TYPE CLASS III
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 City WELL _____ SEPTIC _____

BUILDING REVIEWER Jeeva email DATE 7-31-15

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE ca DATE 6-25-15

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.

Page 1 of 2

Wind Exposure Category: B _____ C _____ D _____

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent _____ RCD _____			
ZONING	<input checked="" type="radio"/>	<input type="radio"/>	\$165 ⁰⁰
CERT OF OCC	<input type="radio"/>	<input type="radio"/>	\$ _____
TRAFFIC	<input type="radio"/>	<input type="radio"/>	\$ _____
SCHOOL	<input type="radio"/>	<input type="radio"/>	\$ _____
FIRE	<input type="radio"/>	<input type="radio"/>	\$ _____
SWIMMING POOL	<input type="radio"/>	<input type="radio"/>	\$ _____
SCREEN ENCLOSURE	<input type="radio"/>	<input type="radio"/>	\$ _____
ROOFING	<input type="radio"/>	<input type="radio"/>	\$ _____
BOAT DOCK	<input type="radio"/>	<input type="radio"/>	\$ _____
BUILDING	<input checked="" type="radio"/>	<input type="radio"/>	\$ _____
WINDOW(S)	<input type="radio"/>	<input type="radio"/>	\$ _____
DOOR(S)	<input type="radio"/>	<input type="radio"/>	\$ _____
FENCE	<input type="radio"/>	<input type="radio"/>	\$ _____
SHED	<input type="radio"/>	<input type="radio"/>	\$ _____
DRIVEWAY	<input type="radio"/>	<input type="radio"/>	\$ _____
OTHER	<input type="radio"/>	<input type="radio"/>	\$ _____

3% FL SURCHARGE _____

TOTAL _____

By Owner Form NA
 Notice of Commencement NA
 Power of Attorney NA
 Contractor Packet Included? 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 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

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

Owner's Name James & Heather McGill PERMIT # 201506-043
Owner's Address 2860 Montmart dr Belle Isle, 32812

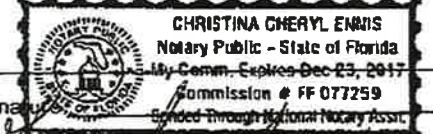
Contractor Name <u>Mary Jackson</u>	Company Name <u>HEJ Inc</u>
License # <u>CBC021046</u>	Company Address <u>2125 Weber St</u>
Contact Phone/Call <u>407 497 9885</u>	City, State, ZIP <u>Orl FL 32803</u>
Contact Email <u>THEJKS@AOL</u>	Contact Fax <u>407 894 4809</u>

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.

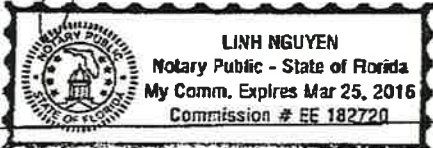
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not 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 6/22/15
by James McGill who is personally known to me
and who produced FL DM 40458710820
as identification and who did not take an oath.
Notary as to Owner
State of Florida
County of Orange



Contractor Signature [Signature]
COMPANY NAME HEJ Inc
The foregoing instrument was acknowledged before me this 6/22/15
by Mary Jackson who is personally known to me
and who produced FL DM [Signature]
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 17624 X 0.35 =
Allowable Impervious Area (BASE) 6168
- 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 2516
 - Driveway 336
 - Walkway 406
 - Accessory Buildings _____
 - Pool & Spa 864
 - Deck & Patio 1000
 - Other _____
 Actual Impervious Area (AIA) 5122
- 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. 1046
- 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

Permit Number: 2015-06043
Folio/Parcel Identification Number: _____
Prepared by: Gary Jackson
2125 Weber St Orl Fl 32803
Return to: Gary Jackson
2125 Weber St
Orl Fl 32803



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property (legal description of the property, and street address if available)

2860 Montmark Dr Orl Fl 32812

2. General description of improvement

Addition to Rear of House

3. Owner information or Lessee information if the Lessee contracted for the improvement

Name Jane T McMill

Address 2860 Montmark Dr Orl Fl 32812

Interest in Property owner

Name and address of fee simple titleholder (if different from Owner listed above)

Name N/A

Address _____

4. Contractor

Name Gary Jackson

Telephone Number 4074979885

Address 2125 Weber St Orl Fl 32803

Surety (if applicable, a copy of the payment bond is attached)

Name N/A

Telephone Number _____

Address _____

Amount of Bond \$ _____

6. Lender

Name N/A

Telephone Number _____

Address _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.

Name Gary Jackson

Telephone Number 4074979885

Address 2125 Weber St Orl Fl 32803

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.

Name _____

Telephone Number _____

Address _____

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 8-30-15

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 14 day of April 2015 by James T McMill

month/year

name of person

as owner

for _____

Type of authority, e.g., officer, trustee, attorney in fact

Name of party on behalf of whom instrument was executed

Christina Cheryl Ennis
Signature of Notary Public - State of Florida

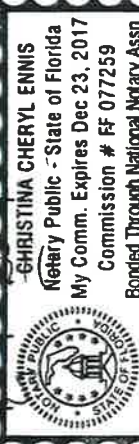
Christina Cheryl Ennis
Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID

Type of ID Produced FLDLMA240458210820

By _____
Deputy Comptroller
APR 23 2015

State of FL ORANGE, County of ORANGE
I hereby certify that this is a true and correct copy of the document as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER





UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 54945

Inspection Report

Project Name: 2860 Montmart Drive ~ COBI

Date: 07/31/2015 Any any

Address: 2860 Montmart Drive ~ COBI ,Belle Isle, Orange County, FL

Permit No: 2015-06-043

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1500878.0000

Contact: Gary Parker at 407-497-9885

Scope of Inspection: REVIEW additional plans submitted to address comments from 1st review for room addition. Package sent via UPS on 7/29/15.

Inspection Type: See Scope

Disposition of Inspection: Complete

Comments:

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: John Connell, BN3221

Lisette T. Holt

From: John Connell
Sent: Friday, July 31, 2015 7:55 AM
To: Lisette T. Holt
Cc: BIDReviews
Subject: 2860 montmark Drive, Belle Isle

Plans are approved and I will send them back to you today.
30 minutes

7/31/15:

Jay will UPS Lange Plans
Back to the office.

J

All inadequacies addressed & approved

Lisette T. Holt

Subject: FW: 2860 Montmart Drive, Belle Isle - need app for contact info

From: John Connell
Sent: Tuesday, July 28, 2015 8:50 AM
To: Lisette T. Holt
Cc: BIDReviews
Subject: 2860 Montmart Drive Belle Isle

7/29/15

Jay,
Here are the plans we
received to address
your comments. J

Review Comments from Ralph Jones review dated 7/02/15

1. Provide details for load bearing wall to include stud sizes, spacing of studs and bolts for the bottom plate.
2. Provide the size of the F-4 footing.

1 hour 15 minutes

The plans submitted on
7-29-15 were sufficient
to address all inadequacies.
Approved 7-31-15

Lisette T. Holt

From: Lisette T. Holt
Sent: Wednesday, July 29, 2015 9:40 AM
To: thejksns@aol.com
Cc: CobiPermits
Subject: 2860 Montmart Drive, Belle Isle - PLAN REVIEW COMMENTS TO BE ADDRESSED BY GENERAL CONTRACTOR

Importance: High

Good morning,

Please see the results below from our Plans Examiner, John Connell, regarding your permit application for 2860 Montmart Drive.

Kindly address these comments in order for your permit to be processed.

Thanks!

Lisa T. Holt, Executive Assistant
Universal Engineering Sciences, Inc.
lholt@universalengineering.com

ORLANDO BUSINESS JOURNAL



2015 BEST PLACES TO WORK

From: John Connell
Sent: Tuesday, July 28, 2015 8:50 AM
To: Lisette T. Holt
Cc: BIDReviews
Subject: 2860 Montmart Drive Belle Isle

Review Comments from Ralph Jones review dated 7/02/15

1. Provide details for load bearing wall to include stud sizes, spacing of studs and bolts for the bottom plate.
2. Provide the size of the F-4 footing.

1 hour 15 minutes

HERBERT L BANKS

ARCHITECT, P.A.

WILSHIRE PLAZA

WILSHIRE BLVD., SUITE 232
CASSELBERRY, FL 32707

TEL: 407-678-7745

FAX: 407-678-1242

COMMENT REPLY LETTER

DATE = 7/29/15

JOB = RESIDENCE - MONTMART DRIVE

JOB NO. = 1501

PERMIT NO. = N/A

COMMENTS RECEIVED :

1. Provide details for load bearing wall to include stud sizes, spacing of studs and bolts for the bottom plate.
2. Provide the size of the F-4 footing.

COMMENTS REPLY :

1. SEE WALL SECTION F/1 - NOTES ADDED FOR STUD SPACING & SIZE, BOLT SIZE & SPACING FOR BOTTOM P.T. 2X4 PLATE.
2. F4 DETAIL REVISED - AT TKN SLAB, NOT LOAD BEARING, WHERE NEW SLAB ABUTS EXISTING SLAB EDGE. RE-BARS TO EXIST. SLAB EDGE TO AVOID SETTLEMENT AND KEEP SLABS LEVEL AT EDGE.

HERBERT L BANKS, ARCHITECT
FLA. REG. 4313

DATE


7/29/15

1 OF 1



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Construction Materials Testing • Threshold Inspection
Building Inspection • Plan Review • Building Code Administration

LOCATIONS:

- Atlanta
- Daytona Beach
- Fort Myers
- Fort Pierce
- Gainesville
- Jacksonville
- Miami
- Ocala
- Orlando (Headquarters)
- Palm Coast
- Panama City
- Pensacola
- Rockledge
- Sarasota
- Tampa
- Tifton
- West Palm Beach

McGill Job
2860 Montmart Dr.
Belle Isle, Fl. 32812

July 2, 2015

RE: Plan Review comments for the above referenced address.

Dear Mr. McGill

Plan review was conducted on the application submitted and the following information was not provided:

- 1) Provide detail for footing F-4 referenced in plans.
- 2) Provide Florida product approval and installation instructions for doors
- 3) Provide Florida product approval and installation instructions for roofing materials, underlayment, flashing, and roof covering material
- 4) Provide engineered roof truss layout and details.
- 5) Provide plumbing plan
- 6) Provide shear wall detail
- 7) Provide load bearing wall detail
- 8) Provide mechanical plan including load calculations to verify that the existing system capacity is sufficient to handle the additional area. Also submit Florida energy efficiency compliance reporting forms.
- 9) Exposure category in Belle Isle is "D" due to the proximity of the lakes. Revise plans to comply with the wind exposure category.

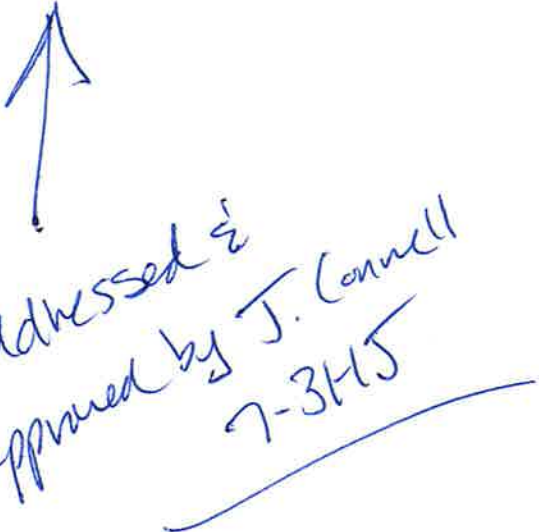
Respectfully submitted,

UNIVERSAL ENGINEERING SCIENCES, INC.

Ralph W. Jones III
Senior Plans Examiner/ Inspector

RWJ:rwj

*addressed &
approved by J. Connell
7-31-15*



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

2860 Montmart Dr < 18-23-30-4384-00-423 >

Name(s)	Physical Street Address
Mcjill Heather	2860 Montmart Dr
Mcjill James	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32812
2860 Montmart Dr	Property Use
Belle Isle, FL 32812-1030	0103 - Single Fam Class III
Incorrect Mailing Address?	Municipality
	Belle Isle

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

Property Description

LAKE CONWAY ESTATES SECTION FOUR SECOND ADDITION 1/106 LOT 423

Total Land Area 20,579 sqft (+/-) | 0.47 acres (+/-) [GIS Calculated](#) [Notice](#)

Land (includes working values)

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Ur
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	\$280,000.00	\$280,000	\$0.00

Page 1 of 1 (1 total records)

Buildings (includes working values)

Important Information		Structure			
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1972	Gross Are
	Type Code:	0103 - Single Fam Class III	Beds:	4	Living Are
	Building Value:	\$337,938	Baths:	3.5	Exterior V
	Estimated New Cost:	\$374,654	Floors:	2	Interior W

Page 1 of 1 (1 total records)

Extra Features (includes working values)

Description	Date Built	Units
FPL3 - Good Fireplace	01/01/1993	1 Unit(s)
PL2 - Above Average Pool	01/01/1995	1 Unit(s)
BC2 - Boat Cover 2	01/01/1972	1 Unit(s)
PT3 - Patio 3	01/01/1997	1 Unit(s)
WLDC - Wall Dec	01/01/1997	220 Unit(s)
WLCB - Wall Cb	01/01/1985	113 Unit(s)
BD2 - Boat Dock 2	11/09/2001	1 Unit(s)
PT1 - Patio 1	09/28/2006	1 Unit(s)

Page 1 of 1 (8 total records)

2014-2016



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 2/13/2014 **EXPIRATION DATE:** 2/13/2016

PERSON: JACKSON GARY E

FEIN: 592831361

BUSINESS NAME AND ADDRESS:

G E J INCORPORATED

2121 WEBER ST.

ORLANDO FL 32803

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CBC021046	



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

JACKSON, GARY E
G E J INCORPORATED
2125 WEBER ST
ORLANDO FL 32803



ISSUED: 07/16/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407160001092

Scott Randolph, Tax Collector **Local Business Tax Receipt** **Orange County, Florida**
 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
 local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1801 CONTR-GENERAL 2014 \$30.00 1 EXPIRES 9/30/2015 1801-0058809
 EMPLOYEE ; 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE ;

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

JACKSON GARY E

 G E J INC
 JACKSON GARY E
 2125 WEBER ST
 ORLANDO FL 32803-3403

4700 OLD WINTER GARDEN RD
 U - ORLANDO, 32811

PAID: \$60.00 0099-00625932 7/14/2014

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 2125 WEBER ST
 ORLANDO FL 32803-3403

4700 OLD WINTER GARDEN RD
 U - ORLANDO, 32811

PAID: \$60.00 0099-00625932 7/14/2014

This receipt is official when validated by the Tax Collector.



CERTIFICATE OF LIABILITY INSURANCE

GEJIN-1

OP ID: DS

DATE (MM/DD/YYYY)

06/18/2015

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 Hugh Cotton Insurance 2315 Curry Ford Road Orlando, FL 32806 Jason P. Sneed		CONTACT NAME: Diana Stack PHONE (A/C, No, Ext): 407-898-1776 FAX (A/C, No): 407-895-0918 E-MAIL ADDRESS: dstack@hughcotton.com	
INSURED GEJ, Inc Marylee Jackson 2125 Weber Street Orlando, FL 32803		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: The Ohio Casualty Group	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSD L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		BLO1654364392	01/26/2015	01/26/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="checked" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Commercial Applica Commercial Appli					

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

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32803	CANCELLATION 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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