



**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: Enclose off part of the garage to create a laundry room proper

**Comments:** None

**Project Information**  
 Address: 5107 Gramont Avenue, Belle Isle, FL 32809  
 Parcel ID: 17-23-30-4379-01-750  
 Property Owner: Hunter, Elissa  
 Phone Number: 580 678 7029  
 \*\*\*\*\*  
 Company Name: Aspen Diversified Construction Inc  
 Contractor Name: Ahern, John  
 License Number: CGC047464  
 Address: 522 S. Hunt Club Blvd, Apopka, FL 32703  
 Phone Number: 321 229 6803

**Permit Number: 2017-04-028**  
**Date of Application: 04/06/2017**  
**Date Permit Issued: 04/11/2017**

**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**

<b>IMPACT FEES</b>	
School	\$
Traffic	\$
<b>ZONING FEES</b>	
Zoning Fee	\$50.00
<b>UNIVERSAL ENG - BUILDING FEES</b>	
Cert of Occ	\$
Demo	\$
Building	\$163.50
Fence	\$
Driveway	\$
Shed	\$
Window(s)	\$
Door(s)	\$
PrePower	\$
Electrical	\$
Temp Pole	\$
Plumbing	\$
Mechanical	\$
Gas	\$
Roofing	\$
Boat Dock	\$
Screen Encl	\$
Swimming Pool	\$
Sign	\$
<b>SURCHARGE FEES</b>	
Surcharge Fee	\$2.45
Surcharge Fee	\$2.45
<b>TOTAL FEES \$218.40</b>	
<b>Date Paid</b>	4-18-17
<b>CC or Check #</b>	USA 4824
<b>Amount Paid</b>	218.40

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

**BUILDING INSPECTOR USE ONLY**

IF APPLICABLE:  
 Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO

**BUILDING**

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

**ROOFING**

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground)    2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set)    4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

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

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

Inspection requests are to be emailed to [BDIscheduling@UniversalEngineering.com](mailto:BDIscheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13



# 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 06 2017  
BY: \_\_\_\_\_

## Building Permit (Land Use) Application

DATE: 4.5.17

PERMIT # 2017-04028

PROJECT ADDRESS 5107 Gramont Avenue, Belle Isle, FL  32809  32812

PROPERTY OWNER Elissa Hunter PHONE 580-678-7029 VALUE OF WORK (labor & material) \$ 22,000.00

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

Residential interior renovation. Convert 8'x20' space in garage that is used as a laundry room and enclose the 8'x20' space. The room will still be used as a laundry room.

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:** 17-23-30-4379-01-050

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

**SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK.** Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B  C  D

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

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

CONSTRUCTION TYPE \_\_\_\_\_

OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

#BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ **TOTAL SQ.FT.** \_\_\_\_\_

MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_

MIN. FLOOD ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_

WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
REVIEW	Date: Sent	RCD	
ZONING	<input checked="" type="radio"/>	N	\$ <u>50.</u>
CERT OF OCC	<input checked="" type="radio"/>	N	\$ _____
TRAFFIC	<input checked="" type="radio"/>	N	\$ _____
SCHOOL	<input checked="" type="radio"/>	N	\$ _____
FIRE	<input checked="" type="radio"/>	N	\$ _____
SWIMMING POOL	<input checked="" type="radio"/>	N	\$ _____
SCREEN ENCLOSURE	<input checked="" type="radio"/>	N	\$ _____
ROOFING	<input checked="" type="radio"/>	N	\$ _____
BOAT DOCK	<input checked="" type="radio"/>	N	\$ _____
BUILDING	<input checked="" type="radio"/>	N	\$ <u>163.50</u>
WINDOW(S)	<input checked="" type="radio"/>	N	\$ _____
DOOR(S)	<input checked="" type="radio"/>	N	\$ _____
FENCE	<input checked="" type="radio"/>	N	\$ _____
SHED	<input checked="" type="radio"/>	N	\$ _____
DRIVEWAY	<input checked="" type="radio"/>	N	\$ _____
OTHER	<input checked="" type="radio"/>	N	\$ _____

BUILDING REVIEWER JR Cum BUS40 DATE 4/14/2017

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE 80265 DATE 4-10-17  
NOI

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.

2.45  
2.45  
4.90

151K  
21K4

25  
84  
109 = 2  
57.50  
163.50

80265

3% FL SURCHARGE 4.90  
TOTAL 218.40

By Owner Form Y NA  
 Notice of Commencement Y NA  
 Power of Attorney Y NA  
 Contractor Packet Included? Y N

**OTHER PERMITS REQUIRED:**

ELECTRICAL Y NA  
 PREPOWER Y NA  
 MECHANICAL Y NA  
 PLUMBING Y NA  
 ROOFING Y NA  
 GAS Y NA



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

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

PERMIT # 201704025

Owner's Name Elissa Hunter

Owner's Address 1411 Ne Quail Run Blvd. Lawton, OK 73507-6001 mailing address

Contractor Name	<u>John D. Ahern</u>	Company Name	<u>Aspen Diversified Construction, Inc</u>
License #	<u>CGC 047464</u>	Company Address	<u>522 s. Hunt Club Blvd #2534</u>
Contact Phone/Cell	<u>321-229-6803</u>	City, State, ZIP	<u>Apopka, FL 32703</u>
Contact Email	<u>aspencd@yahoo.com</u>	Contact Fax	<u>N/A</u>

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

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations ([www.floridabuilding.org](http://www.floridabuilding.org)) and City Ordinances ([www.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.

\***Owner Signature** \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this \_\_\_/\_\_\_/\_\_\_  
 by \_\_\_\_\_ 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** \_\_\_\_\_  
 COMPANY NAME Aspen Diversified Construction, Inc  
 The foregoing instrument was acknowledged before me this 4/5/2017  
 by John Ahern who is personally known to me  
 and who produced Florida Divers License  
 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 \_\_\_\_\_ X 0.35 =  
 Allowable Impervious Area (BASE) \_\_\_\_\_
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.
  - House \_\_\_\_\_
  - Driveway \_\_\_\_\_
  - Walkway \_\_\_\_\_
  - Accessory Buildings \_\_\_\_\_
  - Pool & Spa \_\_\_\_\_
  - Deck & Patio \_\_\_\_\_
  - Other \_\_\_\_\_
 Actual Impervious Area (AIA) \_\_\_\_\_
- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
- If AIA is greater than BASE, then onsite retention **must be provided**.

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

Permit Number: 2017 04-028  
 Folio/Parcel ID #: \_\_\_\_\_  
 Prepared by: Aspen Diversified Const, Inc.  
523 S. Hunt Club Blvd. # 353  
Apopka, FL 32703  
 Return to: Same

DOCM 20170178135  
 04/03/2017 11:11:24 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 MB - Ret To: ASPEN DIVERSIFIED CONST



**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)  
5107 Gramant Avenue Orlando, FL 32812
2. General description of improvement  
Convert space in garage to alc laundry room
3. Owner information or Lessee information if the Lessee contracted for the improvement  
 Name Elissa Hunter  
 Address 1411 Ne Quail Run Blvd Lawton, OK 73507-6001  
 Interest in Property Self  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. Contractor  
 Name Aspen Diversified Const, Inc. Telephone Number 321-229-6803  
 Address 523 S. Hunt Club Blvd # 353 Apopka, FL 32703
5. Surety (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. Lender  
 Name \_\_\_\_\_ 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 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
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 will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

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.

> Elissa Hunter \_\_\_\_\_ owner \_\_\_\_\_  
 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 28 day of 3/17 by Anna Therriault  
 as No tary for Elissa Hunter  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Anna Therriault \_\_\_\_\_ Anna Therriault \_\_\_\_\_  
 Signature of Notary Public - State of Florida (Oklahoma) Print, type, or stamp commissioned name of Notary Public

Personally Known  OR Produced ID \_\_\_\_\_  
 Type of ID Produced \_\_\_\_\_

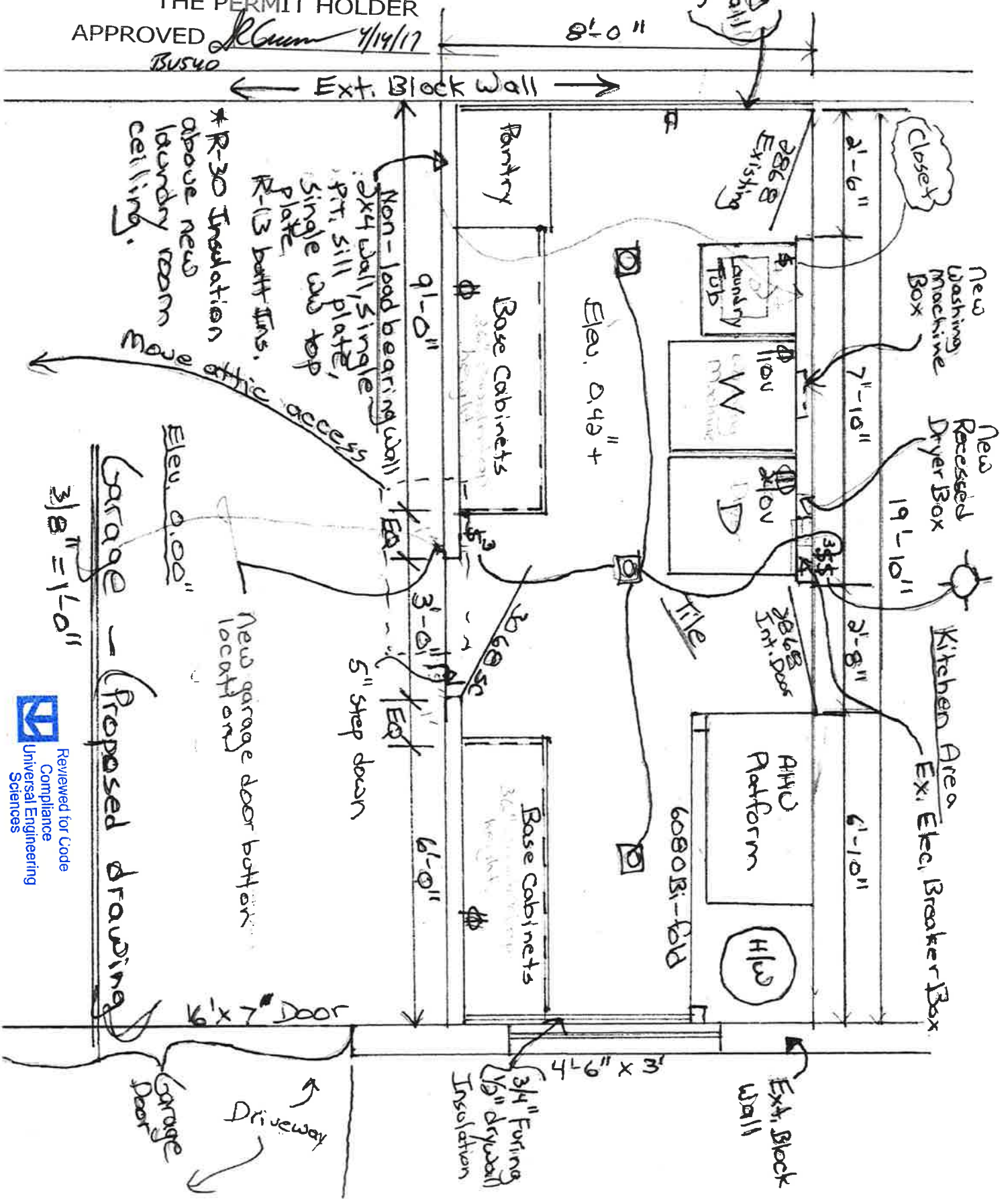


State of Florida, County of Orange  
 Form content revised: 01/23/14  
 I hereby certify that this is a true copy of the document as it appears in the official records.  
 PHIL DIAMOND, COUNTY COMPTROLLER  
 BY: [Signature] S.C.  
 DATE: 04-03-17

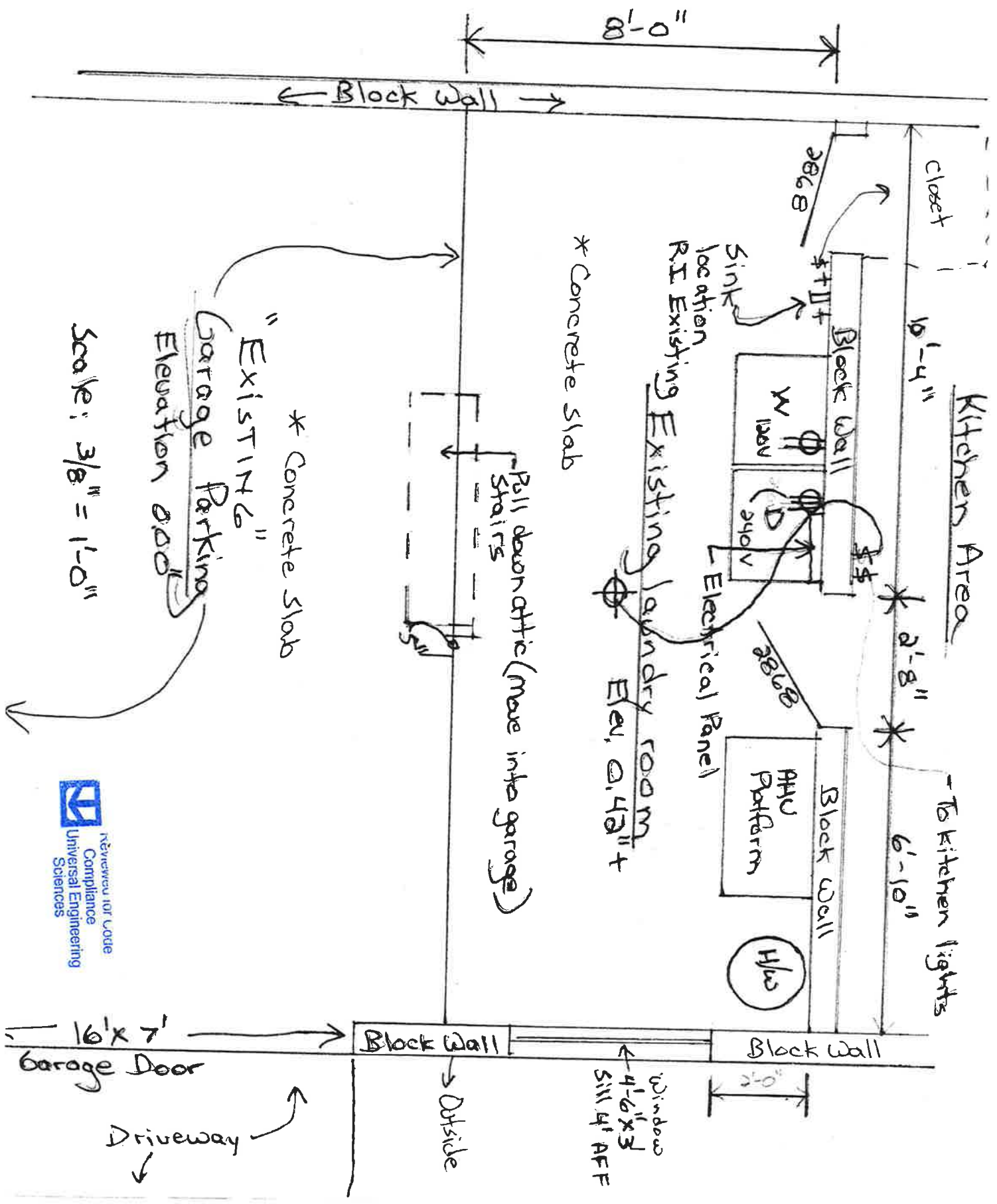


CITY OF BELLE ISLE  
 THE PLANS AND SPECIFICATIONS  
 HAVE BEEN REVIEWED. FULL  
 COMPLIANCE WITH CODES AND  
 REGULATIONS ARE REQUIRED BY  
 THE PERMIT HOLDER

APPROVED *[Signature]* 4/14/17  
 BUS40



Reviewed for Code Compliance  
 Universal Engineering Sciences





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

**CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783**

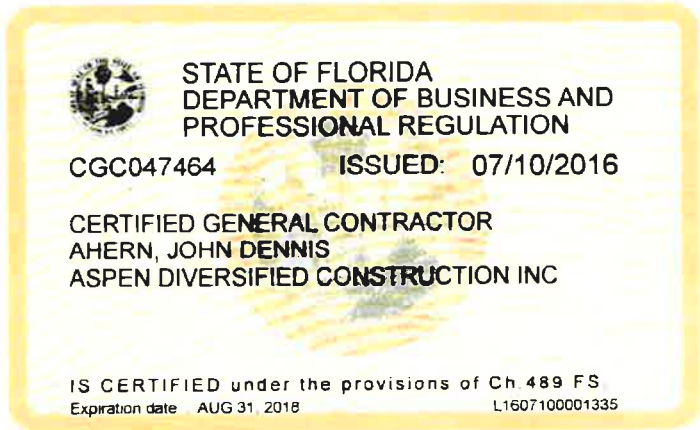
**(850) 487-1395**

**AHERN, JOHN DENNIS  
ASPEN DIVERSIFIED CONSTRUCTION INC  
522 S. HUNT CLUB BLVD. #353  
APOPKA FL 32703**

Congratulations! With this license you become one of the nearly 10 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 on to [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
CGC047464	

The GENERAL CONTRACTOR named below IS CERTIFIED under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2018



**AHERN, JOHN DENNIS  
ASPEN DIVERSIFIED CONSTRUCTION INC  
522 S. HUNT CLUB BLVD. #353  
APOPKA FL 32703**



ISSUED: 07/10/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607100001335

1

100%



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: 4/9/2015                      EXPIRATION DATE: 4/8/2017

PERSON: AHERN                                      JOHN                                      D

FEIN: 593336729

BUSINESS NAME AND ADDRESS:

ASPEN DIVERSIFIED CONSTRUCTION INC

831 CAMARGO WAY, SUITE 206

ALTAMONTE SPRINGS              FL              32714

SCOPES OF BUSINESS OR TRADE:

LICENSED GENERAL  
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 OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
04/05/2017

**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> <b>Corkhill Insurance Agency, LLC</b> 20 South Bumby Avenue Orlando, FL 32803 Anne M. Stevenson #E034121	<b>CONTACT NAME:</b> Anne M. Stevenson #E034121	
	<b>PHONE (A/C, No, Ext):</b> 407-898-8891	<b>FAX (A/C, No):</b> 407-898-8813
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Southern Owners Ins Company	<b>NAIC #</b> 10190
	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**INSURED Aspen Diversified Construction Inc**  
**522 S Hunt Club Blvd #353**  
**Apopka, FL 32703, FL 32714**

**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>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			72746384	03/10/2017	03/10/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS			<input type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS			<input type="checkbox"/> NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

<b>CERTIFICATE HOLDER</b>  CITYBE1  <b>City of Belle Isle</b> 1600 Nela Ave Belle Isle, FL 32809	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Anne M. Stevenson</i>
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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 authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

5000 BUSINESS OFFICE      2016      EXPIRES      9/30/2017      5000-1155665  
\$30.00 1      EMPLOYEE      1801      CERTIFIED GENERAL C      \$30.00 1      EMPLOYEE

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

AHERN JOHN DENNIS

ASPEN DIVERSIFIED CONSTRUCTION INC  
522 S HUNT CLUB BLVD SUITE 353  
APOPKA FL 32703

12827 SPURRIER LN (MOBILE)  
U - ORLANDO, 32824

PAID: \$60.00 0099-00735112 7/28/2016

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

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This receipt is official when validated by the Tax Collector.