



# 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)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

<p><b>Scope of Work:</b> BUILDING: 6 size for size windows</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 5132 Oak Island Rd, Belle Isle, FL 32809          Parcel ID: 18-23-30-7160-02-030          Property Owner: Bertell, Frederick          Phone Number: none          *****          Company Name: Renewal by Anderson of Central FL          Contractor Name: Mellick, Jared          License Number: CGC1524135          Address: 5655 Carder Rd, Orlando, FL 32810          Phone Number: 407 795 7403</p>	<p style="text-align: right;"><b>Permit Number: 2017-04-044</b></p> <p style="text-align: right;"><b>Date of Application: 04/13/2017</b>  <b>Date Permit Issued: 04/13/2017</b></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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## BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$          School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$          Boat House \$          Building \$          Demo \$          Door(s) \$          Driveway \$          Electrical \$          Fence \$          Gas \$          Irrigation \$          Low Voltage \$          Mechanical \$          Plumbing \$          Pool \$          Roofing \$          Screen Encl \$          Shed \$          Temp Pole \$          Window(s) \$85.50</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$89.50</b></p> <p><b>Date Paid</b> 4-13-17</p> <p><b>CC or Check #</b> AMEX 91043</p> <p><b>Amount Paid</b> 89.50</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;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:          Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)          Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b>    <b>OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> <b>GAS</b> ___ Natural ___ LP    <input type="checkbox"/> <b>MECHANICAL</b>    <input type="checkbox"/> <b>ELECTRICAL</b>    <input type="checkbox"/> <b>LOW VOLTAGE</b></p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@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

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**RECEIVED**  
APR 12 2017

## APPLICATION FOR SIZE-FOR-SIZE WINDOW / DOOR PERMIT

**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 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.

DATE OF APPLICATION: 4-11-17

PERMIT NUMBER 2017-04-044

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5132 Oak Island Rd., Belle Isle, FL & 32809 32812

Property Owner Frederick Bertell Phone \_\_\_\_\_

Property Owner's Mailing Address 5132 Oak Island Rd. City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 18-23-30-7160-02-030

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

Type of Building: Residential  Commercial  Other

- **REQUIRED!** Florida Product Approval Screen Printout from [www.floridabuilding.org](http://www.floridabuilding.org) showing the Code Version
- **REQUIRED!** Florida Product Approval Installation Instructions from [www.floridabuilding.org](http://www.floridabuilding.org) (not the manufacturer instructions)
- **REQUIRED!** Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

Please indicate the nature of work by completing the information below:

Number of Size-for-Size Windows: 4 Number of Size-for-Size Doors: 1 Job Valuation: \$ 8363

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances. By signing below, I recognize 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.

BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING THAT YOU ARE ACTING AS THE OWNER'S AGENT FOR THIS PERMIT:

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CG1524135  
 LICENSE HOLDER NAME Jared Mellitt COMPANY NAME Universal by Andersen  
 Street Address 5155 Garden Rd. Central Ave  
 City Orlando State FL Zip Code 32820 Phone Number 407 295 7403  
 Email Address thalia@RBAAFL.COM

Building Official: ca Date 4-13-17  
 Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

4/13-emailed thalia for docs

Zoning Fee	\$	<u>—</u>
Permit Fee	\$	<u>57.00</u>
Review Fee	\$	<u>28.50</u>
3% Florida Surcharge	\$	<u>4.00</u>
Total Permit Fee	\$	<u>89.50</u>

57  
28.50  
89.50



Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: 18-23-30-1140-02-030  
 Prepared by: Thalia Acevedo  
 Return to: 5055 Gardner Rd  
Orlando, FL 32810

DOC# 20170196261  
 04/11/2017 01:32:16 PM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 MB - Ret To: UNIVERSAL ROOF CONTRACTIN



**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) Plushie Island #1140 Lot 3+4 BIK #13
2. General description of improvement Window replacement
3. Owner information or Lessee information if the Lessee contracted for the improvement  
 Name Fred Bertell  
 Address 5132 Oak Island Rd, Orlando FL  
 Interest in Property Homeowner  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. Contractor  
 Name Kara Mellick / renewed by Andersen of Central FL Telephone Number 4072957403  
 Address 5055 Gardner Rd Orlando FL 32810
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) \_\_\_\_\_

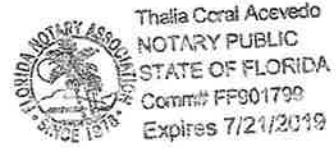


State of Florida, County of Orange  
 I hereby certify that this is a true copy of the document as reflected in the Official Records  
 PHIL DIAMOND, COUNTY COMPTROLLER  
 BY: Thalia Acevedo P.C.  
 DATED 4-11-17

**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.**

Fred Bertell  
 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 7 day of April by Fredrick Bertel  
 as Owner for \_\_\_\_\_  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed  
Thalia Acevedo  
 Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR, Produced ID X  
 Type of ID Produced License



POWER OF ATTORNEY

I hereby name and appoint Thalia Acevedo

Of Universal Roofing Group, Inc. to be my lawful attorney in fact

To act for me and apply to the Belle Isle

Building Department for a Building permit for work to

Be performed at a location described as:

Section: 18 Township: 23 Range: 30 Lot: 344 Block: B

Subdivision: Pleasant Island

5132 Oak Island Rd. Belle Isle, FL 32809

Frederick Bertell  
(Address of job)

(Owner of property and address) CGK1524135

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

Jared Mellick

[Signature]  
(Signature of Certified Contractor)

The foregoing instrument was acknowledged before me this 4-11-17  
By Jared Mellick

Who is personally know to me and who did not take an oath.

State of Florida  
County of Orange

[Signature]  
(Notary)

My Commission expires: 5/4/2019  
Commission#: FF226786



Kelli Leigh Ordonia  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF226786  
Expires 5/4/2019



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## Product Approval Form

DATE: 4-11-17 PERMIT # \_\_\_\_\_  
 PROJECT ADDRESS 5132 Oak Island Rd., Belle Isle, FL 32809 32812

As required by Florida Statue 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](http://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 #
<b>EXTERIOR DOORS</b>				<b>WALL PANELS</b>			
Swinging				Sliding			
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
<b>WINDOWS</b>				<b>ROOFING PRODUCTS</b>			
Single/DbI Hung	<u>Anderson</u>	<u>Wade</u>	<u>19564-1</u>	Asphalt Shingles			
Horizontal Slider	<u>AMP</u>			Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
Skylights				Other			
Other							
<b>STRUCTURAL COMPONENTS</b>				<b>OTHER</b>			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

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 \_\_\_\_\_

Date 4-11-17



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Product Approval  
USER: Public User

Licensee Activity | Regulatory

Product Approval Menu > Product or Application Search > Application List > Application Detail

OFFICE OF THE SECRETARY

FL #	FL19564-R0
Application Type	New
Code Version	2014
Application Status	Approved



Comments  
Archived

Product Manufacturer	Andersen Corporation
Address/Phone/Email	100 Fourth Avenue North Bayport, MN 55003 (651) 264-5308 alan.barstad@AndersenCorp.com

Authorized Signature	Alan Barstad alan.barstad@AndersenCorp.com
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Technical Representative  
Address/Phone/Email

Quality Assurance Representative  
Address/Phone/Email

Category	Windows
Subcategory	Double Hung

Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer Evaluation Report - Hardcopy Received
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Florida Engineer or Architect Name who developed the Evaluation Report	Hermes F. Norero, P.E.
Florida License	PE-73778
Quality Assurance Entity	Window and Door Manufacturers Association
Quality Assurance Contract Expiration Date	12/31/2019
Validated By	Locke Bowden ✓ Validation Checklist - Hardcopy Received

Certificate of Independence	<a href="#">FL19564_R0_COI_COI Andersen SS 2015-08-31.pdf</a>
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Referenced Standard and Year (of Standard)	<b>Standard</b>	<b>Year</b>
	AAMA/WDMA/CSA 101/I.S.2/A440	2005
	AAMA/WDMA/CSA 101/I.S.2/A440	2008

Equivalence of Product Standards  
Certified By

Sections from the Code



# ANDERSEN CORPORATION, INC

## RENEWAL SERIES DOUBLE HUNG WINDOWS

### FULL FRAME - NON-IMPACT

#### INSTALLATION NOTES:

- INSTALLATION CLIPS: ONE (1) INSTALLATION ANCHOR CLIP IS REQUIRED AT EACH ANCHOR LOCATION SHOWN, EACH CLIP IS TO USE TWO (2) INSTALLATION ANCHORS.
- THROUGH FRAME AND NAIL FIN: ONE (1) INSTALLATION ANCHOR IS REQUIRED AT EACH ANCHOR LOCATION SHOWN.
- INSTALL INDIVIDUAL INSTALLATION ANCHORS WITHIN A TOLERANCE OF ±1/2 INCH OF THE DEPICTED LOCATION IN THE ANCHOR LAYOUT DETAIL (I.E., WITHOUT CONSIDERATION OF TOLERANCES). TOLERANCES ARE NOT CUMULATIVE FROM ONE INSTALLATION ANCHOR TO THE NEXT.
- INSTALLATION CLIP: FOR INSTALLATION THROUGH 1X BUCK TO CONCRETE/MASONRY, OR DIRECTLY INTO CONCRETE/MASONRY, USE TWO (2) 3/16 INCH HWH ITW TAPCON PER INSTALLATION CLIP OF SUFFICIENT LENGTH TO ACHIEVE 1 1/4 INCH MINIMUM EMBEDMENT AND SHALL MAINTAIN MINIMUM 2" EDGE DISTANCE.
- INSTALLATION CLIP: FOR INSTALLATION INTO 2X BUCK USE TWO (2) #8 PAN HEAD WOOD SCREWS PER INSTALLATION CLIP OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2 INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- INSTALLATION CLIP: FOR INSTALLATION THROUGH METAL STUD USE TWO (2) #8 HWH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS PER INSTALLATION CLIP OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION INTO 2X BUCK USE #10 WOOD SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2 INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE.
- THROUGH FRAME: FOR INSTALLATION INTO METAL SUBSTRATES USE #10 HWH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- THROUGH FRAME: FOR INSTALLATION THROUGH 1X BUCK TO CONCRETE/MASONRY, OR DIRECTLY INTO CONCRETE/MASONRY, USE ONE (1) 3/16 INCH ITW TAPCON OF SUFFICIENT LENGTH TO ACHIEVE 1 1/4 INCH MINIMUM EMBEDMENT AND SHALL MAINTAIN MINIMUM 2" EDGE DISTANCE.
- NAIL FIN: FOR INSTALLATION INTO 2X BUCK USE #8 PAN HEAD WOOD SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 1 1/2 INCH MINIMUM EMBEDMENT INTO WOOD SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- NAIL FIN: FOR INSTALLATION INTO METAL SUBSTRATES USE #8 HWH GRADE 5 SELF-DRILLING OR SELF-TAPPING SCREWS OF SUFFICIENT LENGTH TO ACHIEVE 3 THREADS MINIMUM PENETRATION BEYOND METAL FRAME SUBSTRATE AND SHALL MAINTAIN MINIMUM 3/4" EDGE DISTANCE.
- MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDE WALL FINISHES, INCLUDING BUT NOT LIMITED TO STUCCO, FOAM, BRICK VENEER, AND SIDING.
- INSTALLATION ANCHORS AND ASSOCIATED HARDWARE MUST BE MADE OF CORROSION RESISTANT MATERIAL OR HAVE A CORROSION RESISTANT COATING.
- FOR HOLLOW BLOCK AND GROUT FILLED BLOCK: DO NOT INSTALL INSTALLATION ANCHORS INTO MORTAR JOINTS. EDGE DISTANCE IS MEASURED FROM FREE EDGE OF BLOCK OR EDGE OF MORTAR JOINT INTO FACE SHELL OF BLOCK.
- INSTALLATION ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH ANCHOR MANUFACTURER'S INSTALLATION INSTRUCTIONS, AND ANCHORS SHALL NOT BE USED IN SUBSTRATES WITH STRENGTHS LESS THAN THE MINIMUM STRENGTH SPECIFIED BY THE ANCHOR MANUFACTURER.
- INSTALLATION ANCHOR CAPACITIES FOR PRODUCTS HEREIN ARE BASED ON SUBSTRATE MATERIALS WITH THE FOLLOWING PROPERTIES:
  - WOOD - MINIMUM SPECIFIC GRAVITY OF 0.55.
  - CONCRETE - MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI.
  - MASONRY - STRENGTH CONFORMANCE TO ASTM C-90
  - STEEL - MINIMUM YIELD STRENGTH OF 33 KSI. MINIMUM WALL THICKNESS OF 48 MILS (18 GAUGE).
  - ALUMINUM - MINIMUM WALL THICKNESS OF 1/8", 6063-T5 ALLOY OR BETTER.

#### GENERAL NOTES:

- THE PRODUCT SHOWN HEREIN IS DESIGNED AND MANUFACTURED TO COMPLY WITH THE 5TH EDITION (2014) FLORIDA BUILDING CODE EXCLUDING HWHZ. THE PRODUCT HAS BEEN EVALUATED TO THE FOLLOWING:
  - AAMA WDM44/CSA 101/1.5.2/A440-05/08
- ADEQUACY OF THE EXISTING STRUCTURAL CONCRETE/MASONRY, 2X AND METAL STUD FRAMING AS A MAIN WIND FORCE RESISTING SYSTEM CAPABLE OF WITHSTANDING AND TRANSFERRING APPLIED PRODUCT LOADS TO THE FOUNDATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD FOR THE PROJECT OF INSTALLATION.
- 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED AND ANCHORED TO PROPERLY TRANSFER ALL LOADS TO THE STRUCTURE. BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD FOR THE PROJECT OF INSTALLATION.
- THE INSTALLATION DETAILS DESCRIBED HEREIN ARE GENERIC AND MAY NOT REFLECT ACTUAL CONDITIONS FOR A SPECIFIC SITE. IF SITE CONDITIONS CAUSE INSTALLATION TO DEVIATE FROM THE REQUIREMENTS DETAILED HEREIN, A LICENSED ENGINEER OR ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE WITH THIS DOCUMENT.
- APPROVED IMPACT PROTECTIVE SYSTEM IS REQUIRED TO PROTECT THIS PRODUCT IN AREAS REQUIRING IMPACT RESISTANCE.
- WINDOW FRAME MATERIAL: FIBREX® AND PVC.
- SEE SHEET 3 FOR GLAZING DETAILS.
- DESIGNATIONS "X" AND "O" STAND FOR THE FOLLOWING:
  - X: OPERABLE PANEL
  - O: FIXED PANEL

TABLE OF CONTENTS	
SHEET	REVISION
1	-
2	-
3	-
4	-
5	-

DESIGN PRESSURE RATING	
SIZE	DESIGN PRESSURE
54" X 72"	+20.0 / -20.0 PSF
45" X 77"	+35.0 / -35.0 PSF
48" X 96"	+20.0 / -20.0 PSF

TITLE: RENEWAL SERIES DOUBLE HUNG FULL FRAME GENERAL & INSTALLATION NOTES  
 PREPARED BY: 398 E. DANINA BEACH BLVD. #338 DANINA BEACH, FL 33004  
 PH: (954) 399-8478 FX: (954) 744-4738



REVISIONS	DESCRIPTION	BY	DATE



DATE:	12.15.15
DWN BY:	SM
CHK BY:	MSS
SCALE:	NTS
DWG #:	AWD096
SHEET:	1 OF 5



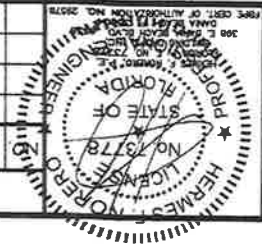
Digitally signed by Hermes F. Norero, P.E.  
 Reason: I am approving this document  
 Date: 2015.12.18 20:00:09 -05'00'



100 FOURTH AVE NORTH  
 BAYPORT, MN 55001-1096  
 PH: (651) 264-5100 FX: (651) 264-5185

PREPARED BY:  
 BUILDING DROPS, INC.  
 396 E DANIA BEACH BLVD, #338  
 DANIA BEACH, FL 33004  
 PH: (954) 399-6478 FX: (954) 744-4736

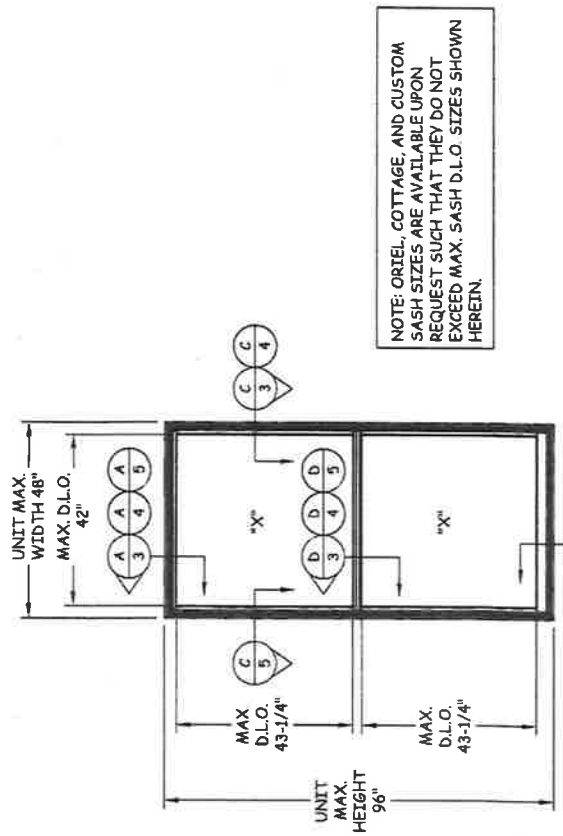
NO.	DATE	BY	DESCRIPTION



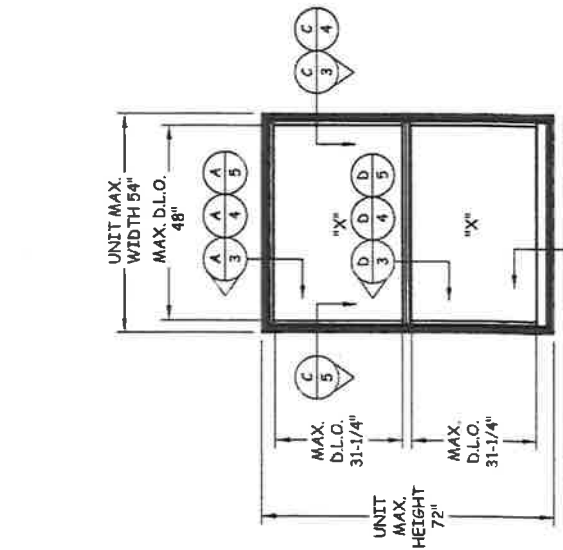
DATE: 12.15.15  
 DWN BY: SM  
 CHK BY: MSS  
 SCALE: NTS  
 DWG #: **AWD096**  
 SHEET: 2 OF 5

TITLE:  
 RENEWAL SERIES DOUBLE HUNG  
 FULL FRAME  
 ELEVATIONS & ANCHOR LAYOUTS

**REVISIONS**



**ELEVATION**  
**48" x 96"**



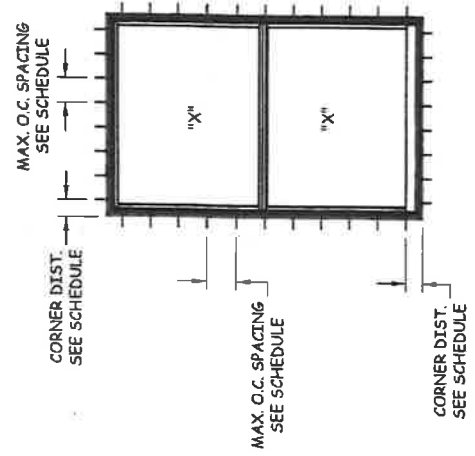
**ELEVATION**  
**54" x 72"**

NOTE: ORIEL, COTTAGE, AND CUSTOM  
 SASH SIZES ARE AVAILABLE UPON  
 REQUEST SUCH THAT THEY DO NOT  
 EXCEED MAX. SASH D.L.O. SIZES SHOWN  
 HEREIN.

RENEWAL SERIES DOUBLE HUNG - FULL FRAME ANCHOR SPACING					
INSTALLATION METHOD	FROM CORNERS (IN)	MAX. O.C. HEAD (IN)	MAX. O.C. SILL (IN)	MAX. O.C. JAMBS (IN)	MAX. O.C. (IN)
NAIL FIN	3.5	3.5	3.5	3.5	3.5
INSTALLATION CLIP	5	N/A	N/A	N/A	16
THROUGH FRAME	5	N/A	N/A	N/A	13.5

NOTES: 1) HEAD AND SILL ANCHORS ARE NOT REQUIRED FOR INSTALLATION CLIP OR THROUGH FRAME INSTALLATION METHODS

2) ANY TYPICAL SUBSTRATE SHOWN HEREIN MAY BE USED AT THE HEAD, JAMBS, OR SILL. EDGE DISTANCE AND EMBEDMENT SHALL BE AS SPECIFIED IN TYPICAL DETAILS. SEE INSTALLATION NOTES 4-11 FOR ANCHOR SPECIFICATIONS FOR EACH INSTALLATION METHOD.



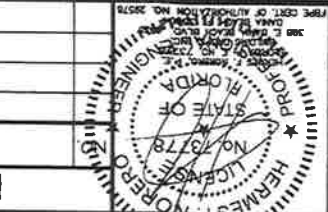
**TYPICAL ANCHOR LAYOUT**



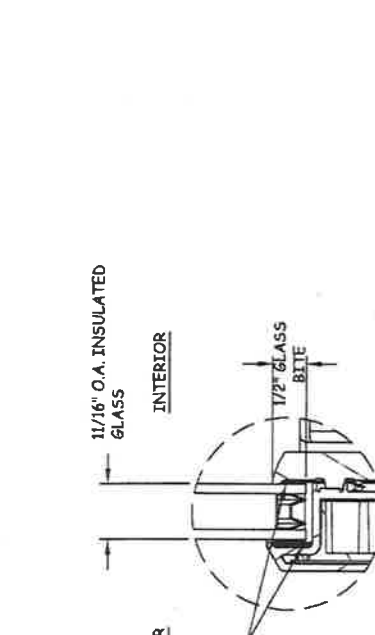


TITLE: RENEWAL SERIES DOUBLE HUNG FULL FRAME THROUGH FRAME INSTALLATION & GLAZING DETAIL  
 PREPARED BY: BUILDING DROPS, INC. 398 E. DANIA BEACH BLVD. #338 DANIA BEACH, FL 33004  
 PHONE: (954) 399-8478 FAX: (954) 744-4738

NO.	DATE	DESCRIPTION



DATE:	12.15.15
DWN BY:	SM
CHK BY:	MSS
SCALE:	NTS
DWG #:	<b>AWD096</b>
SHEET:	3 OF 5

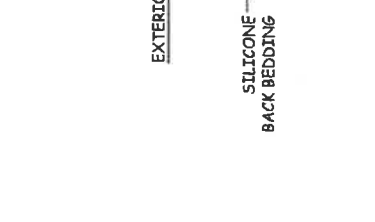


**GLAZING DETAIL**

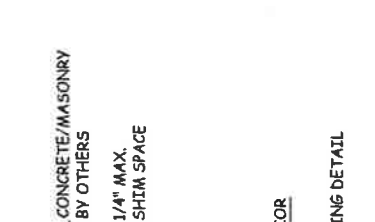
NOTE: GLASS TYPE AND THICKNESS SHALL COMPLY WITH ASTM E1300-04 GLASS CHART REQUIREMENTS.

**JAMB ANCHOR REQUIREMENTS:**  
 ONE ANCHOR IS REQUIRED AT EACH JAMB ANCHOR LOCATION SPECIFIED ON ANCHOR LAYOUT.  
 ONE ANCHOR IS TO BE INSTALLED THROUGH EITHER OF THE TWO TRACKS AT EACH ANCHOR LOCATION SPECIFIED.

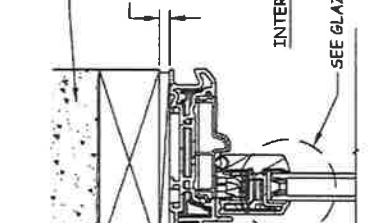
**A** VERTICAL SECTION  
**3** HEAD - 2X WOOD BUCK THROUGH FRAME



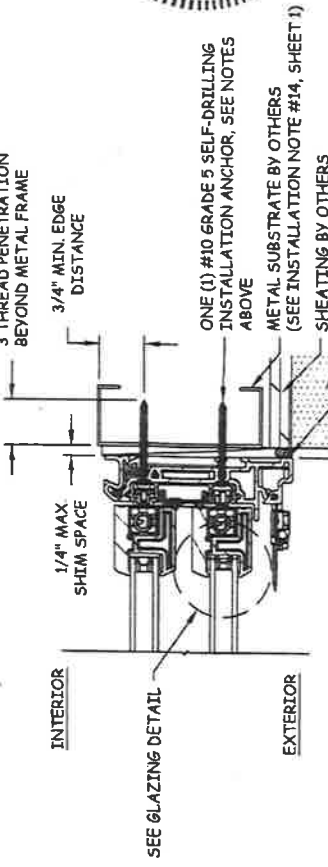
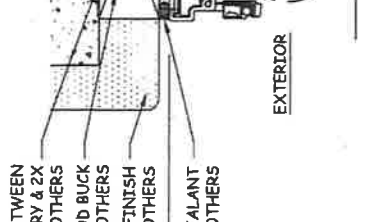
**D** VERTICAL SECTION  
**3** CHECK RAIL



**B** VERTICAL SECTION  
**3** SILL - 1X WOOD ON CONCRETE/MASONRY THROUGH FRAME



**C** HORIZONTAL SECTION  
**3** JAMB - METAL FRAME SUBSTRATE THROUGH FRAME

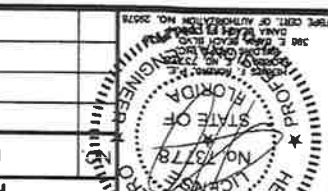




100 FOURTH AVE NORTH  
BAYPORT, MN 55003-1006  
PH: (651) 264-3000 FX: (651) 264-5483

PREPARED BY:  
BUILDING DROPS, INC.  
396 E DANIA BEACH BLVD, #338  
DANIA BEACH, FL 33004  
PK: (954) 399-8476  
PH: (954) 399-8476

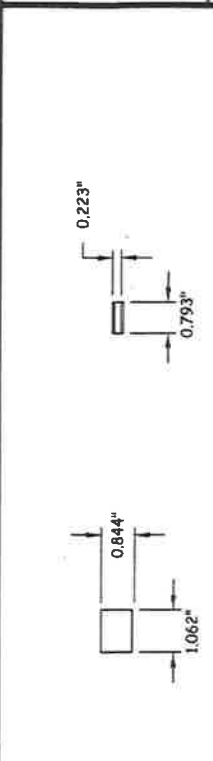
DATE	BY	DESCRIPTION



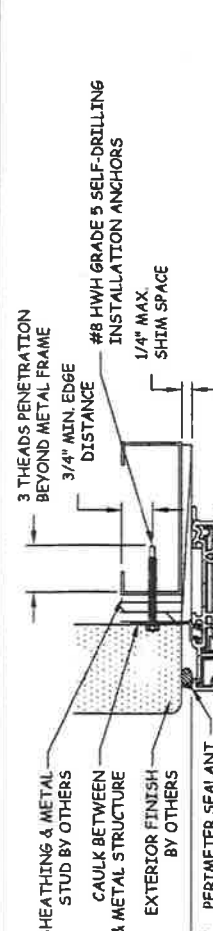
DATE:	12.15.15
DOWN BY:	SM
CHK BY:	MSS
SCALE:	NTS

DWG #: **AWD096**  
SHEET: **4 OF 5**

# REVISIONS



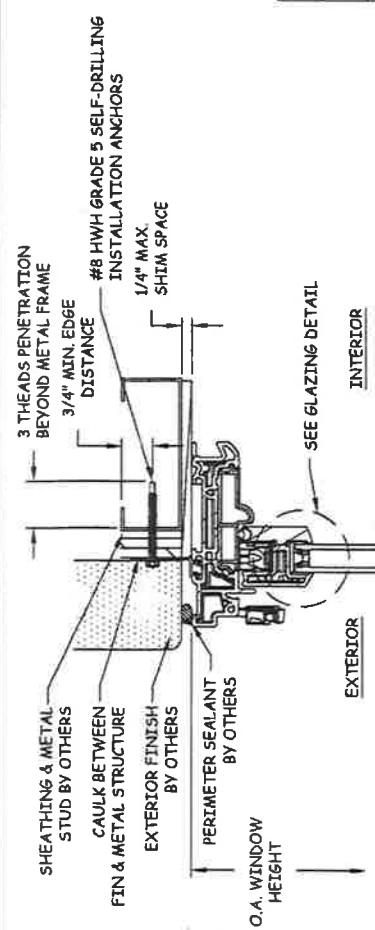
## TALL BOTTOM RAIL WOOD (LVL) REINFORCEMENT DETAIL



## RAIL AND STILE ALUMINUM REINFORCEMENT DETAIL

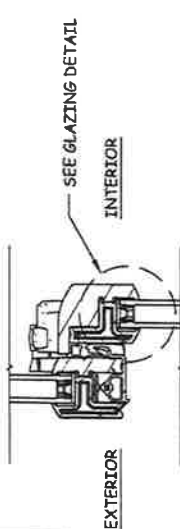
LOCATION	REINFORCING REQUIRED SIZE	REINFORCING
UPPER SASH STILES	SASH HEIGHT > 37.8345"	REQUIRES ALUMINUM REINFORCEMENT INSERTED INTO STILE
UPPER SASH RAILS	SASH WIDTH > 43.125" OR SASH WIDTH > 36.125" AND SASH HEIGHT > 37.8345"	REQUIRES ALUMINUM REINFORCEMENT INSERTED INTO RAIL
LOWER SASH STILES	SASH HEIGHT > 38.9645"	REQUIRES ALUMINUM REINFORCEMENT INSERTED INTO STILE
LOWER SASH RAILS	SASH WIDTH > 43.125" OR SASH WIDTH > 36.125" AND SASH HEIGHT > 38.9645"	REQUIRES ALUMINUM REINFORCEMENT INSERTED INTO RAIL
LOWER SASH TALL BOTTOM RAIL	SASH WIDTH > 43.125" OR SASH WIDTH > 36.125" AND SASH HEIGHT > 38.9645"	REQUIRES WOOD (LVL) REINFORCEMENT INSERTED INTO RAIL

## SASH REINFORCEMENT REQUIREMENTS



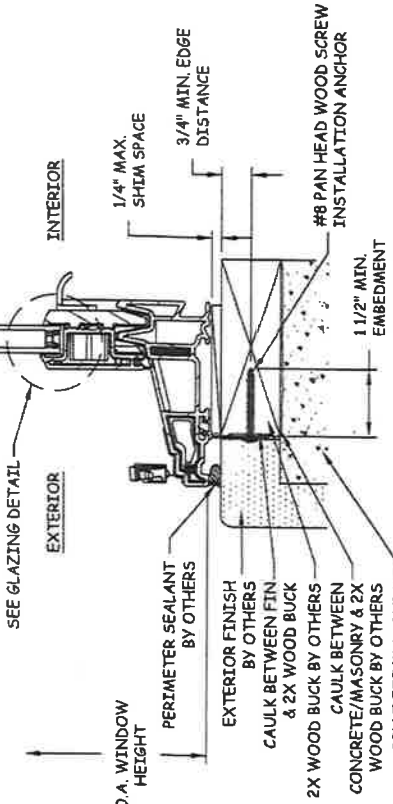
### A VERTICAL SECTION

HEAD - METAL FRAME SUBSTRATE NAIL FIN



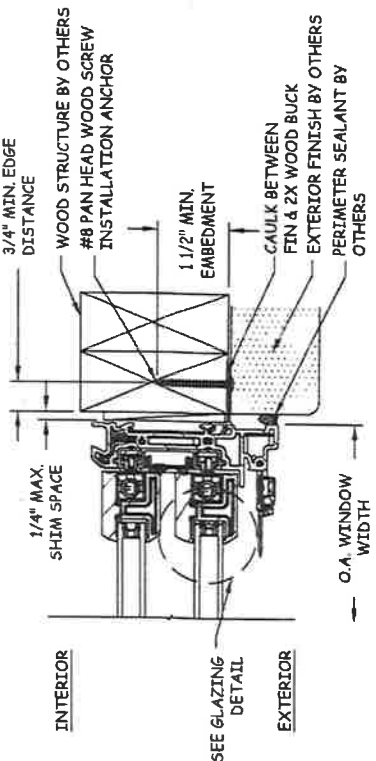
### B VERTICAL SECTION

CHECK RAIL



### C VERTICAL SECTION

SILL - 2X WOOD BUCK NAIL FIN



### D HORIZONTAL SECTION

JAMB - WOOD BUCK NAIL FIN

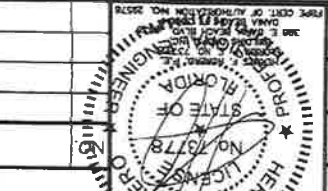
NAIL FIN/FLANGE IS REVERSIBLE, SEE ORIENTATION DIFFERENCE IN DETAIL A AND B



100 FOURTH AVE. NORTH  
BAYPORT, MN 55003-1006  
PH: (651) 264-5150 FX: (651) 264-9483

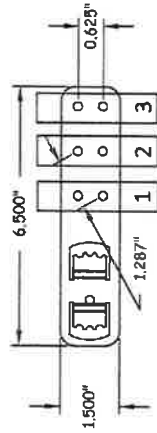
PREPARED BY:  
BUILDING PROPS, INC.  
398 E. DANIA BEACH BLVD. #338  
DANIA BEACH, FL 33004  
PK: (954) 399-8478  
PK: (954) 744-4738

NO.	DESCRIPTION	BY	DATE

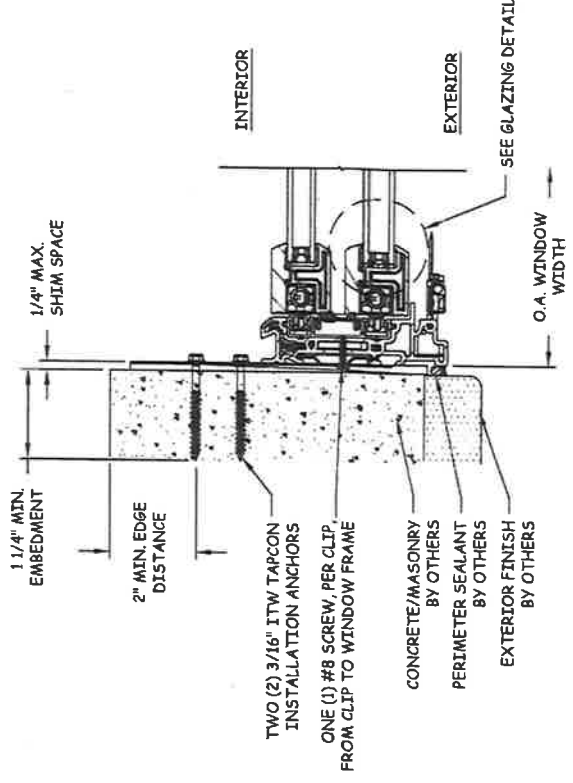


DATE: 12.15.15  
DWN BY: SM  
CHK BY: MSS  
SCALE: NTS  
DWG #: **AWD096**  
SHEET: 5 OF 5

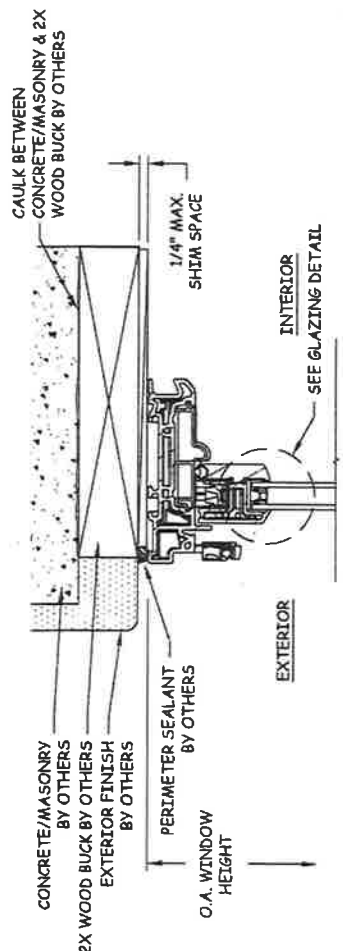
**INSTALLATION CLIP ANCHOR REQUIREMENTS:**  
WOOD SUBSTRATE: USE TWO #8 PAN HEAD WOOD SCREWS PER CLIP, IN ROW/NUMBER ONE OF PREDRILLED HOLES SHOWN BELOW.  
METAL SUBSTRATE: USE TWO #8 HWH SMS ANCHORS PER CLIP, IN ROW/NUMBER ONE OF PREDRILLED HOLES SHOWN BELOW.  
CONCRETE/MASONRY: USE TWO 3/16" ITW TAPCON ANCHORS, WITH ONE ANCHOR PLACED IN ROW NUMBER ONE AND ONE ANCHOR PLACED IN ROW NUMBER TWO OF PREDRILLED HOLES SHOWN BELOW. ANCHORS MUST BE PLACED DIAGONALLY ACROSS THE CLIP.  
DO NOT INSTALL ANCHORS THROUGH ROW NUMBER THREE.



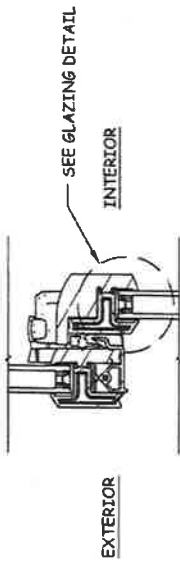
**INSTALLATION CLIP DETAIL**



**C HORIZONTAL SECTION**  
JAMB - CONCRETE/MASONRY  
INSTALLATION CLIP

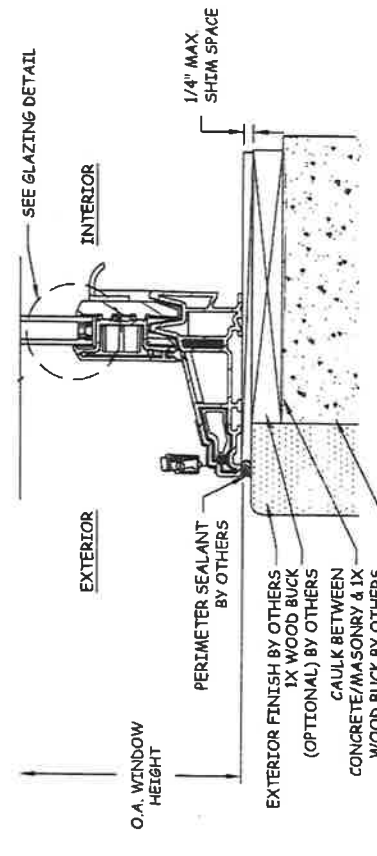


**A VERTICAL SECTION**  
HEAD - 2X WOOD BUCK  
INSTALLATION CLIP



**B VERTICAL SECTION**  
SILL - 1X WOOD ON CONCRETE/MASONRY  
INSTALLATION CLIP

**D VERTICAL SECTION**  
CHECK RAIL





# Agreement Document and Payment Terms

dba: Renewal by Andersen of Central Florida  
Legal Name: Universal Roofing Group inc.  
CGC1524135  
5606 Carder Rd., Orlando, FL 32810  
Phone: 4078034723 | Fax: | Customerservice@rbafta.com

Fred Bertell  
5132 Oak Island Road  
Orlando, FL 32809  
W: (407)382-3207

Customer(s) Name: Fred Bertell Contract Date: 03/14/17

Customer(s) Street Address: 5132 Oak Island Road, Orlando, FL 32809

Primary Telephone Number: (407)382-3207 Secondary Telephone Number: \_\_\_\_\_

Primary Email: fbertell@att.net Secondary Email: \_\_\_\_\_

Buyer(s) hereby jointly and severally agrees to purchase the products and/or services of Universal Roofing Group inc. d/b/a Renewal by Andersen of Central Florida ("Contractor"), in accordance with the terms and conditions described in this Agreement Document and Payment Terms, Notice of Cancellation, Itemized Order Receipt, 20 Year Warranty, Terms and Conditions of Sale, Sales Cost Savings Program (SCSP), What to Expect, and any other document attached to this Agreement Document, the terms of which are all agreed to by the parties and incorporated herein by reference (collectively, this "Agreement"). Buyer(s) hereby agrees to sign a completion certificate after Contractor has completed all work under this Agreement.

Total Job Amount:	<b>\$8,363</b>	By signing this agreement, you acknowledge that the Balance Due, and the Amount Financed must be made by personal check, bank check, credit card, or cash.	
Deposit Received:	<b>\$2,784</b>		
Balance Due:	<b>\$5,579</b>	Estimated Start:	Estimated Completion:
Amount Financed:	<b>\$0</b>	<b>8-10 weeks</b>	<b>1-2 days</b>
Method of Payment:	<b>Credit Card</b>	We schedule installations based on the date of the signed contract and secondarily on the date in which we complete the technical measurements. The installation date that we are providing at this time is only an estimate. We will communicate an official date and time at a later date. Rain and extreme weather are the most common causes for delay.	
Notes:			

Buyer(s) agrees and understands that this Agreement constitutes the entire understandings between the parties and that there are no verbal understanding changing or modifying any of the terms of this Agreement. No alterations to or deviations from this Agreement will be valid without the signed, written consent of both the Buyer(s) and Contractor. Buyer(s) hereby acknowledges that Buyer(s) 1) has read this Agreement, understands the terms of this Agreement, and has received a completed, signed, and dated copy of this Agreement, including the two attached Notices of Cancellation, on the date first written above and 2) was orally informed of Buyer's right to cancel this Agreement.

NOTICE TO OWNER: Do not sign this contract if blank. You are entitled to a copy of the contract at the time you sign.

**YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME NOT LATER THAN MIDNIGHT OF 03/17/2017 OR THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION, WHICHEVER DATE IS LATER. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.**

Legal Name: Universal Roofing Group inc.  
dba: Renewal by Andersen of Central Florida

Customer(s)

Signature of Sales Person

Signature

Signature

**Cj durbin**

**Fred Bertell**

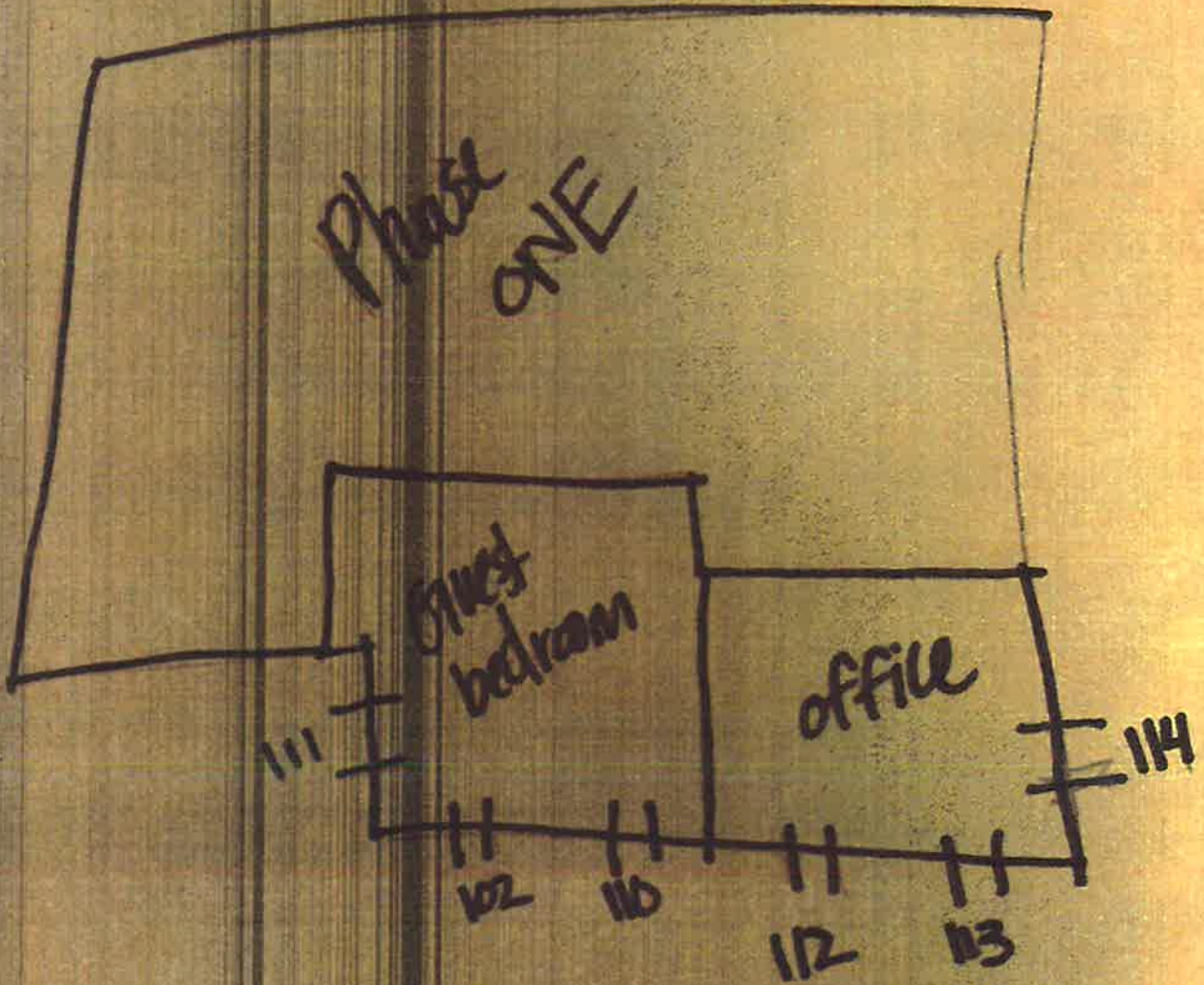
Print Name of Sales Person

Print Name

Print Name



Fred bertell





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

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

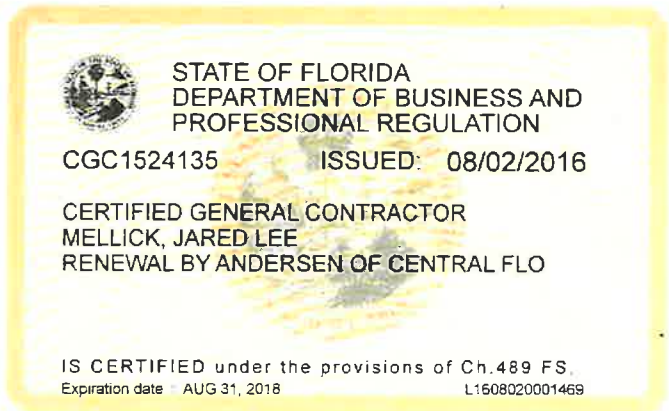
**(850) 487-1395**

MELICK, JARED LEE  
RENEWAL BY ANDERSEN OF CENTRAL FLORIDA  
1970 KING ARTHUR CIRCLE  
MAITLAND FL 32751

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 barbeque 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](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>	
CGC1524135	

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

MELICK, JARED LEE  
RENEWAL BY ANDERSEN OF CENTRAL FLORIDA  
5655 CARDER ROAD  
ORLANDO FL 32810







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/24/2017

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> Brown & Brown of Florida, Inc. PO Box 491636 Leesburg FL 34749-1636	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 352-787-2431      FAX (A/C, No): 352-787-9922 E-MAIL ADDRESS: brian.brooks@bbleesburg.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Gemini Insurance Co INSURER B : Ohio Security INSURER C : Commerce and Industry Ins Co INSURER D : Bridgefield Employers Insurance Co INSURER E : INSURER F :	<b>NAIC #</b> 10833 24082 19410 10701
<b>INSURED</b> 12443 Renewal By Anderson of Central Florida 5655 Carder Road Orlando FL 32810		

**COVERAGES**      **CERTIFICATE NUMBER:** 1932082047      **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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		VGGP002422	11/30/2016	11/30/2017	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
						MED EXP (Any one person)	\$EXCLUDED
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BAS57325135	11/15/2016	11/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		BE038180562	11/30/2016	11/30/2017	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$4,000,000
							\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / N/A	0830-56033	11/1/2016	11/1/2017	PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Certificate holder is included as an Additional Insured under the General Liability per written contract requirements as respects work performed by named insured. Waiver of Subrogation in favor of Certificate holder applies to the General Liability and Worker's Compensation per written contract requirements.  
Dollard, Robert Louis III EC0002409; Mellick, Kenny Lee CCC057165; Mellick, Jared Lee CGC/1523333/CGC1524135  
Ken Mellick CCC057165, Jared Mellick CGC1524135, Jared Mellick CGC152333, Jared Mellick CBC1258484, Jared Mellick CCC1330747, Jared Mellick CRC1328705, EC0002409

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

**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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

5000 BUSINESS OFFICE

2016

\$30.00

4

EMPLOYEE

1801

GERT GENERAL CONTR

5000-1164380

\$30.00

1

EMPLOYEE

:

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

5606 CARDER RD  
U - ORLANDO, 32810

PAID: \$60.00 0099-00752191 9/12/2016



MELLIICK JARED LEE

RENEWAL BY ANDERSEN OF CENTRAL FLO  
5606 CARDER RD  
ORLANDO FL 32810

This receipt is official when validated by the Tax Collector.





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

Sign up for e-Notify...

### 5132 Oak Island Rd < 18-23-30-7150-02-030 >

Bertel Frederick N II  
Diaz Eduardo E

5132 Oak Island Rd

Orlando, FL 32809

Orlando, FL 32809

5132 Oak Island Rd  
Belle Isle, FL 32809-3552  
Incorrect Mailing Address?

0130 - Sfr - Lake Front

Map

Belle Isle



**\$ 8363**

[View 2016 Property Record Card](#)

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

**Note: 2017 values will be available in Spring of 2017.**

#### Property Description

PLEASURE ISLAND F/140 LOT 3 & 4 BLK B

[View Plat](#)

**Total Land Area** 28,629 sqft (+/-) | 0.66 acres (+/-) GIS Calculated Notice

#### Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

#### Buildings

Important information		Structure			
	<b>Model Code:</b> 01 - Single Fam Residence	<b>Actual Year Built:</b> 1978	<b>Gross Area:</b> 3210 sqft		
	<b>Type Code:</b> 0103 - Single Fam Class III	<b>Beds:</b> 4	<b>Living Area:</b> 2486 sqft		
	<b>Building Value:</b> working...	<b>Baths:</b> 2.0	<b>Exterior Wall:</b> Board & Batten Above Average		
	<b>Estimated New Cost:</b> working...	<b>Floors:</b> 1	<b>Interior Wall:</b> Drywall		

Page 1 of 1 (1 total records)

#### Extra Features

Description	Date Built	Units	XFOB Value
PT3 - Patio 3	01/01/1997	1 Unit(s)	working...
SHNV - Shed No Value	01/01/2001	1 Unit(s)	working...

Page 1 of 1 (2 total records)

This Data Printed on 03/16/2017 and System Data Last Refreshed on 03/15/2017