

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.

COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA. Scope of Work: ELECTRICAL: FOR INTERIOR REMODEL: 1

dishwasher, 8 fixtures, 1 disposal, 2 paddle fans, 8 outlets, 19 switches

Comments: Bldg permit 2017-04-027

Project Information

Address: 6619 Matchett Rd, Belle Isle, FL 32809

Parcel ID: 25-23-29-0000-00-127 Property Owner: Fotieo Family Trust Phone Number: 407 924 5361

Company Name: Raymer Electric Inc. Contractor Name: Pantoja, Armando License Number: EC13005272

Address: 3500 Aloma Ave, suite D35. Winter Park, FL 32792

Phone Number: 407 690 4515 Permit Number: 2017-04-069

Date of Application: 04/19/2017 Date Permit Issued: 04/25/2017

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

	BUILDING FEATURES						
IMPACT FEES	BUILDING INSPECTOR USE ONLY						
Traffic \$ School \$	IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions						
ZONING FEES Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO						
UNIVERSAL ENG - BUILDING FEES	BUILDING 1st(Footing/Foundation)						
Boat Dock \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?						
Boat House \$ Building \$	2 nd (Slab)						
Demo \$ Door(s) \$	3 rd (Lintel)(Wall Reinforcing on Masonry Building)						
Driveway \$ Electrical \$72.00 Fence \$	4 th (Exterior Framing)(Roof/Wall Sheathing)						
Fence \$ Gas \$ Irrigation \$	5 th (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)						
Low Voltage \$ Mechanical \$	6 th (Insulation to be Made After Roof Installed)						
Plumbing \$	7 th (Drywall)						
Pool \$ Roofing \$ Screen Encl \$	8 th (Sidewalk/Driveway)						
Shed \$ Temp Pole \$	9 th (Other)						
Window(s) \$	10 th (Final – After MEP and Other Applicable Finals)						
SURCHARGE FEES							
Surcharge Fee \$2.00 Surcharge Fee \$2.00	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1 ST ROOFING Deck Nailing/Dry-in/Flashing						
TOTAL FEED 450 00	2 nd ROOFING Covering In-Progress						
TOTAL FEES \$76.00	3 rd ROOFING Covering Final						
Date Paid 42517	□ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)						
CC or Check # V KA 1668	1 ST (Underground) 2 nd (Sewer)						
Amount Paid 76-00	3 rd (Rough-In/Tub Set) 4 th (Final)						
The person accepting this permit shall conform to the terms of the	CHECK APPROPRIATE BOX GAS _NaturalLP						
application on file and construction							
shall conform to the requirements of the Florida Building Code (FS 553).	1 st (Rough-In) 2 nd (Final)						

Inspection requests are to be emailed to BIDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 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.

	Julano			04-01-01-01-9
DATE OF APPLICATION:	4/14/2017	Pf	ERMIT NUMBER	297-04-069
The undersigned hereby ap	plies for a permit to make	e electrical installations as indic		
Project Address 661				
- 1			, Belle Isi	e FL 2804PD 32812
Property Owner Fot	10 Famile	IRUST	Phone _	BY:
Donnach: Overeda Marillan A	1010199	Matchett RD	City	BELLE TOP
Property Owner's Maining A	ouress Joan 7	000	0.0	100 - 04 100
State FL Zip Co	de 30807. P	arcel id Number: 25-6	13-219-0	000-00-127
				att urg/Searches/ParrelSearch max
Class of Building: Old	New C Type	of Building: Residentia	Commercial [Other [7]
Type of Work: New				Existing
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Dishusahar)		ANTITY OF ALL EQUIPMENT	TO BE INSTAL	LED Water Heater
	Exhaust Fan Dryer			Outlets 6
		Pool		Switches
		Low Voltage		Stoves
Pumps	Motors	Air Conditioning (tor	na)	Furnace (KW)
Temporary Construction	Pole	One (1) New Motor Service		Amperage/Voltage/Phase
Temporary Construction	- Oie	One (1) New inter Service		
Meter Service Upgrade fro	mm	to		3
	Amperage/Voltage/I	Phase Amperage/Volta	age/Phase	Difference in Size
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Relocate Existing Meter Se	_	A		
Other: Electric	ral for remod	el		
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		USE VALUATION OF JOB FO	OR PERMIT FEE	
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VALUATION OF JOB (VALUATION OF ALL IV	ATERIALS, LABOR, AND FIXT		:D \$
		'	15TIK 37	Permit Fee = \$
	h		48	Permit Fee = \$ 10
Building Official:	Volita -	Date 4-20-17		Review Fee = \$
Building Official:	o en	Date	- 1 5	U
Verified Contractor's Lio	enses & Insurance are o	n file SM Date 4-20	1-1-1	3% FL Surcharge = \$
TENTINE CONTENTS IN INC.	FLAMES OF MANAGEMENT OF THE			76-
				TOTAL Permit = \$ (
I hereby certify that the abo	we is true and correct to	the best of my knowledge.		
		The second secon		
				da Building Code Regulations and City
		is sulmytted. The issuance of this	permit does not gr	ant permission to violate any
applicable Town and/or State	of Florida codes and/or or	dinastres.		
LICENSE HOLDER SIGNA	TURE (els A	leso	LICENSE	EC 13005276
LICENSE HOLDER NAME	1	PROTOICA COURSE	Y NAME RO	/ 1
	11	COMPAN	T NAME _ACA	Jines Bicciti
Street Address 3500	Aloma Ave	OTE 0-35		
city Winter Pa	rkstate	FL Zip Code 327	92 Phone N	lumber 407-960-45
Email Address Raum	erElectricIr	acoamail, Con		80844

City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 *

APPLICATION FOR ELECTRICAL PERMIT

WARNING TWO OWN'TER: YOUR FALIDER 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 RIST INSPECTION. IS YOU INTEND TO DETAIN FRANCING, CONSULT
WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

	4/14/2017		
DATE OF APPLICATION: The undersigned hereby ap	wies for a seemt to make electron	PERMIT NUMB al installations as indicated below. Pl	
Project Address Lo Lo 16		21	inie FL 32809 32812
Property Owner Fo+	reo Family TR	UST Pron	
Properly Owner's Mailing A	som bull mate	cheff RD cay	BEILE ISLE
State FL Zip Co	do 3007 Percel Id P	25-23-29-	1000-00-127
Class of Building: Oid Type of Work: New 1	(#)	sa: ResidentialPT Commercial III	Other Existing
1	INDICATE THE QUANTITY	OF ALL EQUIPMENT TO BE INST.	ALLED
Diehwasher	Exhaust Fan		Water Heater
Hood Fan		Paode Fan 💅	Outets &
		Pool	Switches 19
		Low Voltage	Sloves
	Motors	Air Conditioning (lons)	
			Complete (Mars)
Temporary Construction I	Pole One (1	I) New Mater Service	Amperage/Voltage/Phase
Metar Service Upgrade fro	m	to	
	A/riperage/Vollage/Phase	Amperage/Votage/Phase	Difference in Size
Relocate Existing Meter Se	rvice (No Service Size Change) _		
Other:			
		DULE	
□VALUATION OF JOB (VALUATION OF ALL MATERIALS	S, LABOR, AND FOCTURES INSTALL	.ED \$
			Permit Fee = \$
Building Official:	De	.	Permit Fee = \$Review Fee = \$
Building Official:	De Profes & Insurance are on file		
Building Official:			Review Fee = \$
Building Official:		Date	Review Fee = \$
Building Official:	ensies & insurance are on file	Date	Review Fee = \$
Building Official: Verified Contractor's Lice I hereby certify that the abov I hereby make Application for	ensies & Insurance are on file we is true and correct to the best of Permit as outlined above, and if sam-	Date	Review Fee = \$
Building Official: Verified Contractor's Lice I hereby certify that the abov I hereby make Application for	ensies & Insurance are on file we is true and correct to the best of Permit as outlined above, and if sam-	Date	Review Fee = \$
Building Official: Verified Contractor's Lice I hereby certify that the about I hereby make Application for Occioences regulating same as	enses & Insurance are on file	Date	Review Fee = \$
Building Official: Verified Contractor's Lice I hereby certify that the about I hereby make Application for Occioences regulating same as	ensies & Insurance are on file we is true and correct to the best of Permit as outlined above, and if sam-	Date	Review Fee = \$
Building Official: Verified Contractor's Lice I hereby certify that the abov I hereby make Application for Organizers regulating same as application Town and/or State is	ve a true and correct to the best of Permit as outlined above, and if same disacondance with plans sales for of Florida codes and by foreignings.	Date	Review Fee = \$ 3% PL Surcharge = \$ TOTAL Penedit = \$ Total Penedit = \$ Total Building Code Regulations and Cay grant permission to violate any
Building Official: Verified Contractor's Lice I hereby certify that the abov I hereby make Application for Organizers regulating same as application Town and/or State is	ve a true and correct to the best of Permit as outlined above, and if same disacondance with plans sales for of Florida codes and by foreignings.	Date	Review Fee = \$ 3% PL Surcharge = \$ TOTAL Penedit = \$ Total Penedit = \$ Total Building Code Regulations and Cay grant permission to violate any
Building Official: Verified Contractor's Lice I hereby certify that the abov I hereby make Application for or Organizes regulating same as applicable Town and/or State to LICENSE HOLDER SMANA! LICENSE HOLDER SMANA!	ve a true and correct to the best of the b	Date If my Innowledge. It is greated 1 agree to conform to all Florid. The Issuence of this permit does not LICENS. COMPANY NAME.	Review Fee = \$ 3% PL Surcharge = \$ TOTAL Penedit = \$ Total Penedit = \$ Total Building Code Regulations and Cay grant permission to violate any
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Building Official: Verified Contractor's Lice I hereby certify that the abov I hereby make Application for or Organizes regulating same as applicable Town and/or State to LICENSE HOLDER SMANA! LICENSE HOLDER SMANA!	reses & Insurance are on file	Date If my knowledge. It is granted I agree to conform to all flio If the Issuence of this permit does not LICENS INC. COMPANY NAME LICENS INC. COMPANY NAME	Review Fee = \$ 3% PL Surcharge = \$ TOTAL Pensit = \$ Total Pensit = \$ Total Building Code Regulations and Cay grant permission to violate any E = EC 13 CO 5072 AUMER Electric
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City of Belle Isla



Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 Fax 407-581-5313

ABBLICATION FOR ELECTRICAL REPORT

WARNING TO JUNIER: YOUR FAILINE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TIMICE FOR IMPROVIMMENTS TO YOUR PROPERTY, A NOTICE OF COMMENCEMENT MATS BE INCOMMEN AND ROSTED ON THE JOR SITE REFORE THE FIRST RISPECTION. IF YOU WITNO TO OBTAIN FRANCING, CONSULT

DATE OF APPLICA	TRON: April 14:2017		ERMIT NUMBER	
The undersigned her	reby applies for a permit to ma	Na electrical installations as indic		
roject Address	6519 Matchell Rd		Belle tale FL 🗹 32809 🔲 32812	2
roperty OwnerF	oteo Family Truss		Phone	
roperty Owner's Ma	alling Address C/O George Fob	us Trustee 6619 Matchell Rs	City Bette lele	
tate FI	Zip Code 32808	Parcel Id Number: 75-23-29-00		
		Ye obtain tris information, places o		dw.
lass of Building:	Old El New El Type	of Building: Residential C	Commenced ET	
ype of Work: Nev			ow Voltage New 🔲 Easting 🗖	
	INDICATE THE OF	ANTERVOLAGE PROPERTY	TO BE INCT ALLER	
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nod Fan	Depar	Paddle Fam. 2	Gudete #	-
bduree8	Spa	Pool	Switches 15	
lecenc Signs	Motor Report	Low Voltage	Stoves	
amps	Motors	Air Conditioning (tor	Stelland 15 Stoves Stoves Furnace (KW)	
			Amperage/Vollage	_
				10.00
star Service Upgr:	ada from	to		
	Amperage/Voltage	Phase Amperage/Volts	ogo/Phase Dillarance in Size	
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_IVALUATION OF	JOIII (VALUATION OF ALL M	ATERIALS, LABOR, AND FIXTU		_
			Permit Fee = \$	
Building Officials		Data	Review Fee + 5	_
Verified Contracto	r's Ucenses & Insurance are o	n file Date	3% FL Surcharge = 5	
			TOTAL Persuit + 8	
anners could that the	he above is true and correct to	the Rest of the Installation		_
many strang same	to decide in the same control at	are best or my shoemings.		
vereby make Adolican	too for Percell as cutilized above.	and if sales a greatest to see a con-	referres to all Florida Building Code Regulations as	-4.00
rdinances regulating s	same and in accordance with saw	a submitted. The issueers of this o	rennit data not grant permission to violeta any	- 00
plicable Town and is	State of Florida coopy and		serves over these binaristation of Applica 9(4)	
10000	70	12 10		
CENSE HOLDER S	GONATURE WE	2/1	LICENSE # EC13005272	
	DAME Amando Piretour	7	NAME Roymer Electric	
reat Address 3500	Alone Ave. Ste 035			
ly Winter Paul.		Fl. 70 Code 12782	Phone Number 407-863-4515	
			PRIORE PROPER	_
nail Address Phyti	mrEthothcha@GranLcom			
	701			
TE: The Building F	remit Number is required if the I	Destrical Installation is associated a	with any construction or alteration where a basis	-
Permit has be	en lisued,			

Sent omail
Sent of the

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION ELECTRICAL CONTRACTORS LICENSING BOARD

EC13005272 ADDITIONAL BUSINESS QUALIFICATION

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

PANTOJA, ARMANDO RAYMER ELECTRIC, INC. 3500 ALOMA AVE STE D-35 WINTER PARK FL 32792





ISSUED: 07/31/2016

DISPLAY AS REQUIRED BY LAW

SEQ# L1607310004275



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/11/2017

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 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				CONTACT PAULETTE DE DAVID						
FLORIDA INSURANCE SOLUTIONS				PHONE (A/C, No. Ext): 4076774400 FAX (A/C, No): 4076774401					1401	
6586 UNIVERSITY BLVD. STE 3				I E-MAIL DDED AVID OF LODID ANALOGO OF LITTONIC NET						
WINTER PARK, FL 32792				ADDRESS.				NAIC#		
				INCLIDE				FR PI	NAC #	
INSURED				INSURER A : INTERNATIONAL INSURANCE CO OF HANNOVER PL INSURER B : PROGRESSIVE INSURANCE COMPANY						
RAYMER ELECTRIC, INC					RC: COMME	RCE & INDUS	DIKI			
3500 Aloma Ave Suite D-35			INSURE	RD:						
Winter Park, FL 32792				INSURE	RE					
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN CI EX	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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
Α		X		IG06A004609-1		06/03/2016	06/03/2017	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	'					3	GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						i i	PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						9	TROBOCTO COMITTOL ACC	\$	
	AUTOMOBILE LIABILITY				-			COMBINED SINGLE LIMIT	S	100.000
							5	(Ea accident) BODILY INJURY (Per person)	\$	100,000
_	B ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED			02133241-2	-2	03/28/2017	03/28/2018	BODILY INJURY (Per accident)	\$	
l _P				02133241-2				PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	·	
┝		-			-				\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	1					,	AGGREGATE	\$	
_	DED RETENTION\$	_	_					1858 1870	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
c	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	NHFL0034582017	03/06/2017	03/06/2017	03/06/2018	E.L. EACH ACCIDENT	\$	100,000
٦	(Mandatory in NH)	l				56/66/251/	00/00/2010	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	100,000
										- 1
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)		
ELE	ELECTRICAL CONTRACTOR									
1										I
										- 1
ا	ificate holder is listed as Additional Insure	4								I
	mode noider is iisted as Additional IIIstile	u								- 1

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

ACORD 25 (2014/01)

CERTIFICATE HOLDER

City of Belle Isle 1600 Nela Ave Belle Isle, FI 32809

The ACORD name and logo are registered marks of ACORD

CANCELLATION

AUTHORIZED REPRESENTATIVE

Paulette De David, Lic. A262166

Orange County, Florid Local Business Tax Receipt Scott Randolph, Tax Collector 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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1. EXPIRES
EMPLOYEE PH, TAI COLLEGE OR STATE OF THE PROPERTY OF T 1802-1112471 1802 ELECTRICAL CONTRACT \$30,00 SCOTT TOTAL TAX PREVIOUSLY PAID TOTAL DUE \$30.00 \$30.00 \$0.00 TOJA ARMANDO ORINGE COUNTY, HAYMER ELECTRIC INC 0500 ALOMA AVE #D-35 WINTER PARK FL 32792 3500 ALOMA AVE #D-35 (MOBILE) U - WINTER PARK, 32792 PAID: \$30.00 0019-00723317 7/11/2016 This receipt is official when validated by the Tax Collector.