



PERMIT CARD – PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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

<p>Scope of Work: BUILDING : for kitchen, laundry & bath remodel</p> <p>Comments: Separate Electrical and plumbing permits also issued</p> <p>Project Information Address: 7247 Lake Dr, Belle Isle, FL 32809 Parcel ID: 25-23-29-5884-16-150 Property Owner: Barrett, Carl Phone Number: none ***** Company Name: S&W Kitchens, Inc. Contractor Name: Miles, Bradley License Number: CFC1428157 Address: 461 E. SR 434, Longwood, FL 32750 Phone Number: 407-834-0114</p>	<p align="center">Permit Number: 2017-04-056</p> <p align="right">Date of Application: 04/18/2017 Date Permit Issued: 04/19/2017</p> <p>WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$50.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$121.50 Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p align="center">TOTAL FEES \$175.50</p> <p>Date Paid 4-21-17</p> <p>CC or Check # 11529502</p> <p>Amount Paid 175.50</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 align="center">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BIDScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 1pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32807
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsciencesengineering.com

RECEIVED
APR 18 2017

Building Permit (Land Use) Application

DATE: 4-18-17

PERMIT # 2017-04-056

PROJECT ADDRESS 7247 LAKE DRIVE

Belle Isle, FL 32809 32812

PROPERTY OWNER BARRETT, CARL

PHONE 407-415-5167

VALUE OF WORK (labor & material) \$ 14,139.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Alterations to the existing Kitchen, Laundry room & Powder bath to accommodate updated cabinets and fixtures.

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: 25-23-29-5884-16-150

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH 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.

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. 4828

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE Orlando Utilities WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 4-20-17

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 4-18-17
NGL

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.

80601

1511K
4x14
25
56
817.2
40.50
12150

Wind Exposure Category: B C D

SPRINKLERS REQ'D Y N

If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date Sent RCD

REVIEW	Date Sent	Y	N	RCD
ZONING		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 322.50
CERT OF OCC		<input type="checkbox"/>	<input type="checkbox"/>	\$
TRAFFIC		<input type="checkbox"/>	<input type="checkbox"/>	\$
SCHOOL		<input type="checkbox"/>	<input type="checkbox"/>	\$
FIRE		<input type="checkbox"/>	<input type="checkbox"/>	\$
SWIMMING POOL		<input type="checkbox"/>	<input type="checkbox"/>	\$
SCREEN ENCLOSURE		<input type="checkbox"/>	<input type="checkbox"/>	\$
ROOFING		<input type="checkbox"/>	<input type="checkbox"/>	\$
BOAT DOCK		<input type="checkbox"/>	<input type="checkbox"/>	\$
BUILDING		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 101.50
WINDOW(S)		<input type="checkbox"/>	<input type="checkbox"/>	\$
DOOR(S)		<input type="checkbox"/>	<input type="checkbox"/>	\$
FENCE		<input type="checkbox"/>	<input type="checkbox"/>	\$
SHED		<input type="checkbox"/>	<input type="checkbox"/>	\$
DRIVEWAY		<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER		<input type="checkbox"/>	<input type="checkbox"/>	\$

3% FL SURCHARGE 4.-

TOTAL 175.50

By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	<input checked="" type="checkbox"/>	NA
Contractor Packet Included?	Y	N

OTHER PERMITS REQUIRED:

ELECTRICAL	<input checked="" type="checkbox"/>	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	<input checked="" type="checkbox"/>	NA
ROOFING	Y	NA
GAS	Y	NA



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

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

PERMIT # 207-04-058

Owner's Name Barrett, Carl

Owner's Address 7247 Lake Drive Orlando FL 32809

Contractor Name <u>Bradley Miles</u>	Company Name <u>S & W Kitchens</u>
License # <u>CBC 257781</u>	Company Address <u>461 E.S.A. 434</u>
Contact Phone/Cell <u>407-834-0114</u>	City, State, ZIP <u>Largo FL 32750</u>
Contact Email <u>Productionorder@sdandwkitchens.com</u>	Contact Fax <u>407-209-1477</u>

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

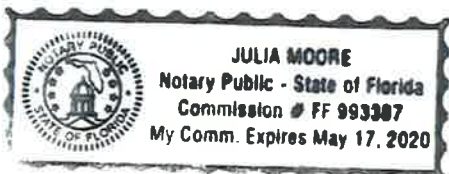
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not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

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

Owner Signature Carl Barrett
 The foregoing instrument was acknowledged before me this 4/18/17
 by Carl R Barrett who is personally known to me
 and who produced FL Drivers License
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange


Contractor Signature Bradley Miles
 COMPANY NAME S & W Kitchens
 The foregoing instrument was acknowledged before me this 4/18/17
 by Bradley Miles who is personally known to me
 and who produced _____
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange


Impervious Surface Ratio Worksheet
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ 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: 25-23-29-5884-16-150
 Folio/Parcel Identification Number: _____
 Prepared by: DAWN Thorland - S & W Kitchens

DOC# 20170209665
 04/18/2017 10:40:51 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 MB - Ret To: S&W KITCHENS



Return to: 1031 Miller Drive
Altamonte Springs, FL 32701

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)
Wald Isle #155 Lot 15 + Land to Water of Lake ALP
2. **General description of improvement**
Alterations to the existing Kitchen Laundry + Powder Room to accommodate updated cabinets + fixtures.
3. **Owner information or Lessee information** if the Lessee contracted for the improvement
 - Name Barrett Carl
 - Address 7247 Lake Dr Orlando FL 32809
 - Interest in Property OWNER
 - Name and address of fee simple titleholder (if different from Owner listed above)
 - Name N/A
 - Address N/A
4. **Contractor**
 - Name S&W Kitchens/Bradley Mike Telephone Number 407-834-0114
 - Address 461 E.S.A. 434 Longwood FL 32750
5. **Surety** (if applicable, a copy of the payment bond is attached)
 - Name N/A
 - Address N/A Telephone Number _____
6. **Lender**
 - Name N/A Amount of Bond \$ _____
 - Address N/A Telephone Number _____
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 N/A 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 N/A Telephone Number _____
 - Address _____
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

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

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

Carl A. Barrett
 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 7th day of 4/17 by Carl Barrett
 as _____ for S&W Kitchens
 Type of authority, e.g., officer, trustee, attorney in fact _____ Name of party on behalf of whom instrument was executed _____

Jenifer Register
 Signature of Notary Public - State of Florida

Print, type, or stamp the name of the Notary Public
JENIFER REGISTER
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# FF220437
 Expires 4/14/2019

Personally Known _____ OR Produced ID
 Type of ID Produced FL DL

B630-135-38-143-0



State of Florida, County of Orange
 I hereby certify that this is a true copy of the original instrument as the same is on file in the Office of the Comptroller.
 BY: J. McKeague
 DATED: 4/18/17
 COMPTROLLER OF PUBLIC ACCOUNTS

POWER OF ATTORNEY

Date: 4/18/17

I hereby name and appoint Bradley Miles of
S+W Kitchens to be my lawful attorney. In Fact to act and apply to the
City of Belle Isle Building Department for a
Electrical Permit. For work to be performed at a location described as:

Section 25 Township 23 Range 29 Lot 150 Block 16

Subdivision Nela Isle #155

Barrett, Carl 7247 Lake Dr Orlando FL 32809
(Owner of Property and Address)

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

Steele Mycraft ER 0015422

Type or Print Name of Register or Certified Contractor and License Number

[Signature]
Signature of Register or Certified Contractor

The foregoing instrument was acknowledged before me the 18th day of April in 2017.

By Steele Mycraft

Who is personally known to me / who produced _____

as identification and who did not take oath.

State of Florida

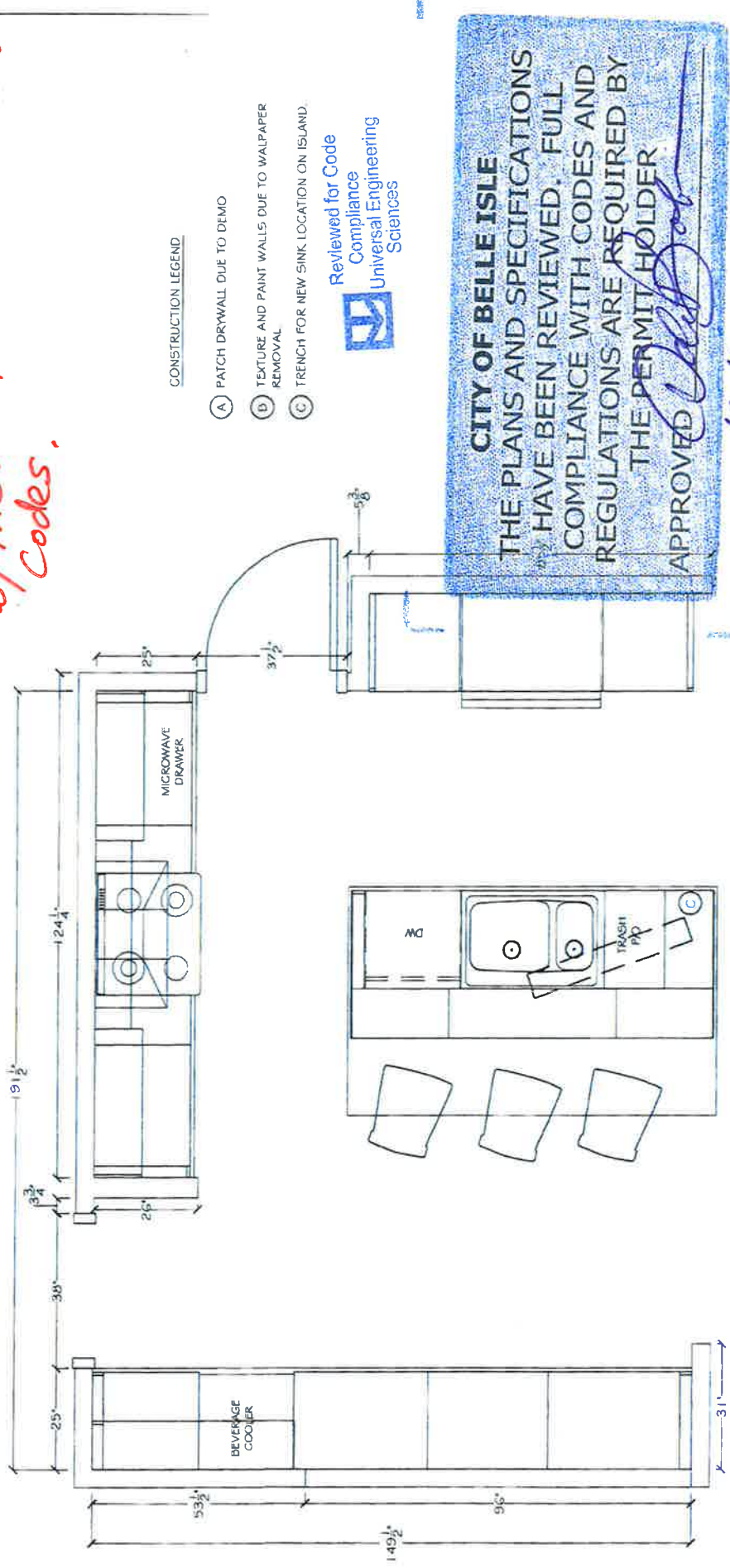
County of Seminole



[Signature]
Notary Public

Seal

** All work shall comply w/ the 2014 Florida Building Codes.*



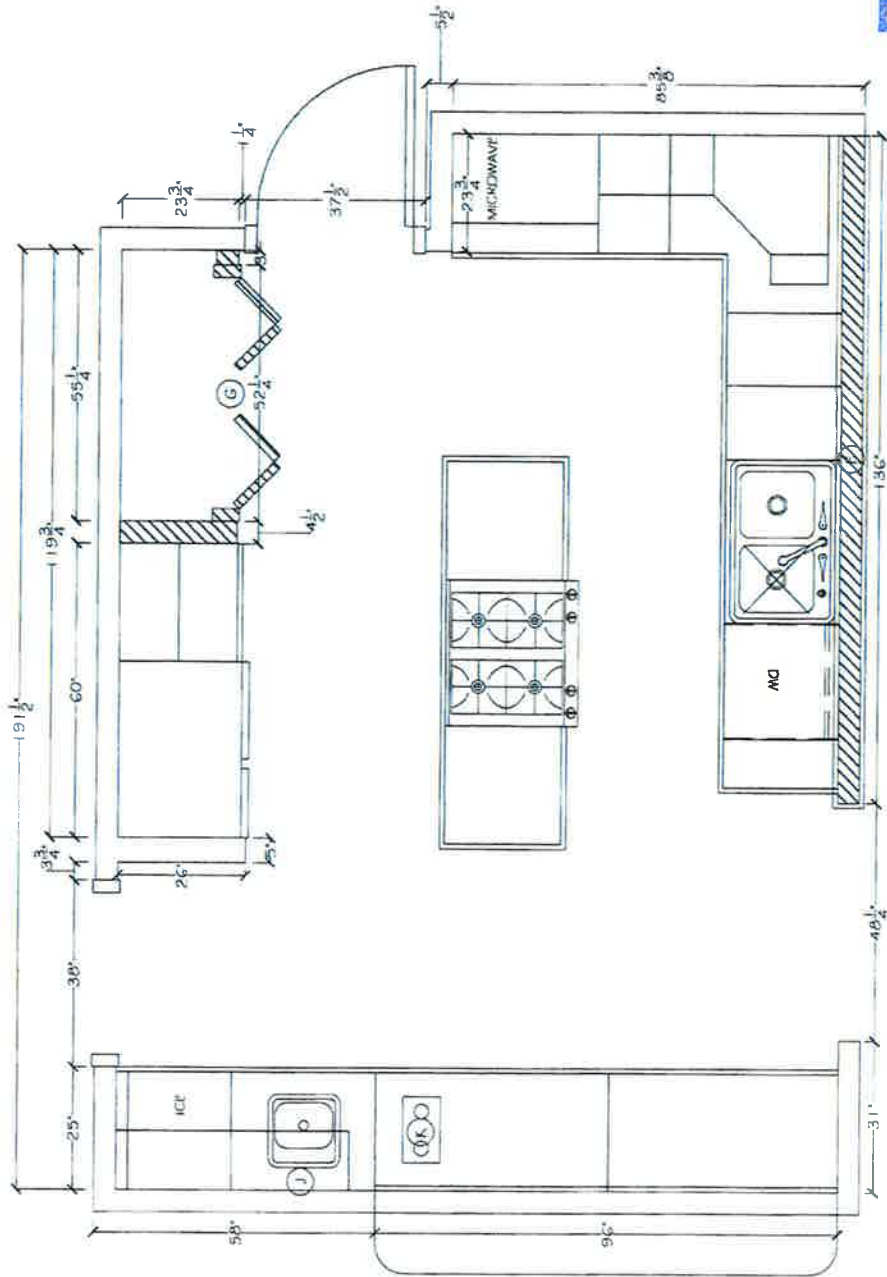
CONSTRUCTION LEGEND

- (A) PATCH DRYWALL DUE TO DEMO
- (B) TEXTURE AND PAINT WALLS DUE TO WALPAPER REMOVAL
- (C) TRENCH FOR NEW SINK LOCATION ON ISLAND.

Reviewed for Code Compliance
 Universal Engineering Sciences

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]*
 4-18-17 *[Signature]*

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION	<p>WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750</p>	THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.	DATE: 04-04-17 SCALE: 1/2" = 1'-0"	BARRETT KITCHEN <h2>CONSTRUCTION PLAN</h2>
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DEMO/REMOVE LEGEND

- (A) REMOVE BASE, WALL CABINETS * COUNTER TOP
SALVAGE ALL
- (B) REMOVE SINKS/ FAUCETS
- (C) REMOVE REF / RANGE/ MICROWAVE/ DISHWASHER
SALVAGE REFRIGERATOR/RANGE
- (D) REMOVE TILE FLOOR * BASEBOARD MOLDING
- (E) REMOVE TILE BACKSPLASH
- (F) REMOVE PENINSULA WALL
- (G) REMOVE PANTRY WALLS AND DOOR
- (H) REMOVE WALLPAPER
- (I) REMOVE CEILING FAN
- (J) CUT AND CAP PIPES AT BAR SINK
- (K) REMOVE NUTONE BLENDER

KEEP REFRIGERATOR AND RANGE FOR REUSE

WALL LEGEND:

 - WALLS TO BE REMOVED

 - EXISTING WALLS TO STAY

Reviewed for Code
Compliance
Universal Engineering
Sciences

OKB

BARRETT KITCHEN
DEMO PLAN

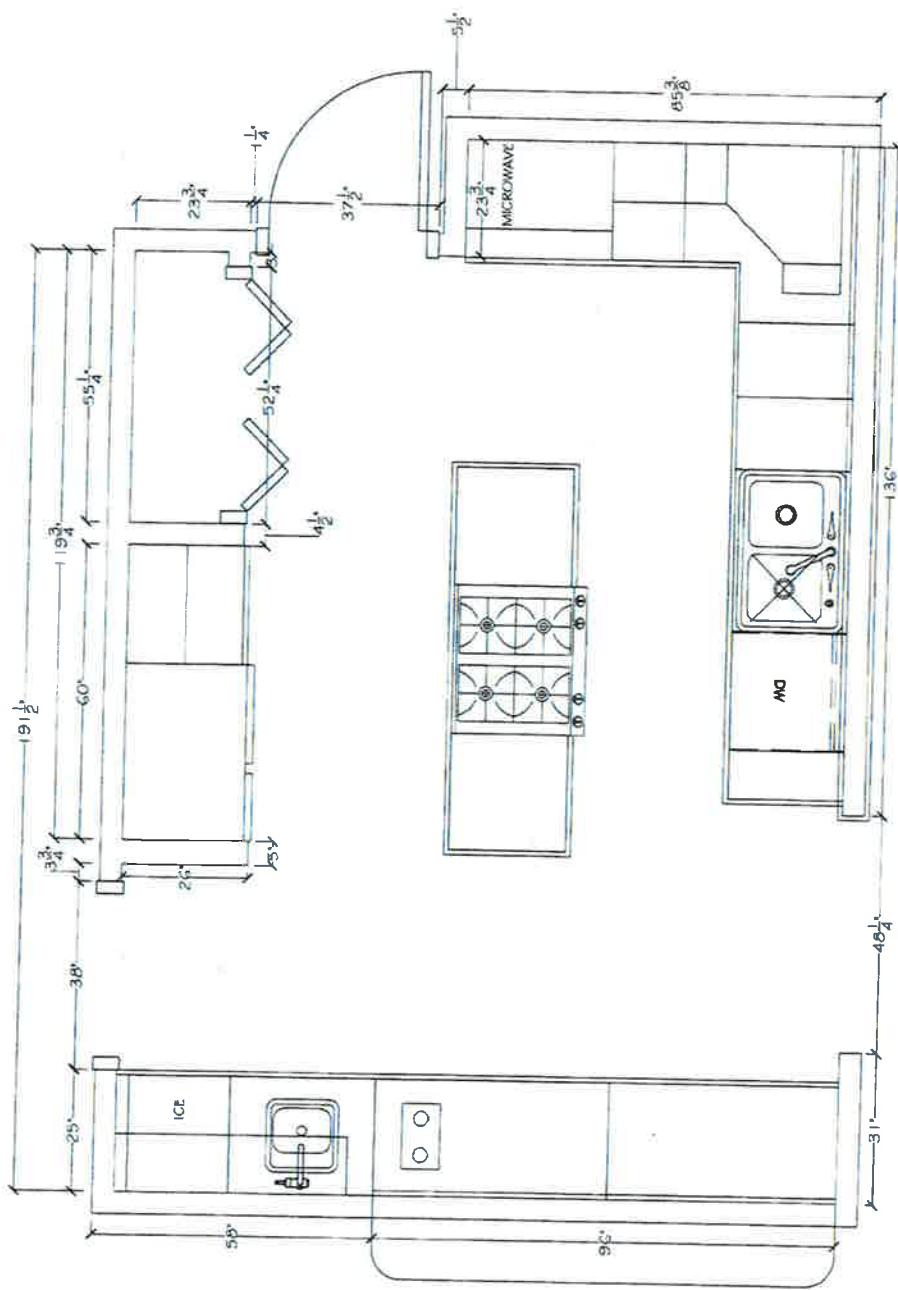
THIS IS AN ORIGINAL DESIGN AND
MUST NOT BE RELEASED OR
COPIED UNLESS APPLICABLE
FEES HAVE BEEN PAID OR JOB
ORDER HAS BEEN PLACED.

DATE: 02-28-17
SCALE: 1/2" = 1'-0"

WILLIAM BURKE
461 EAST SR 434
LONGWOOD, FL 32750

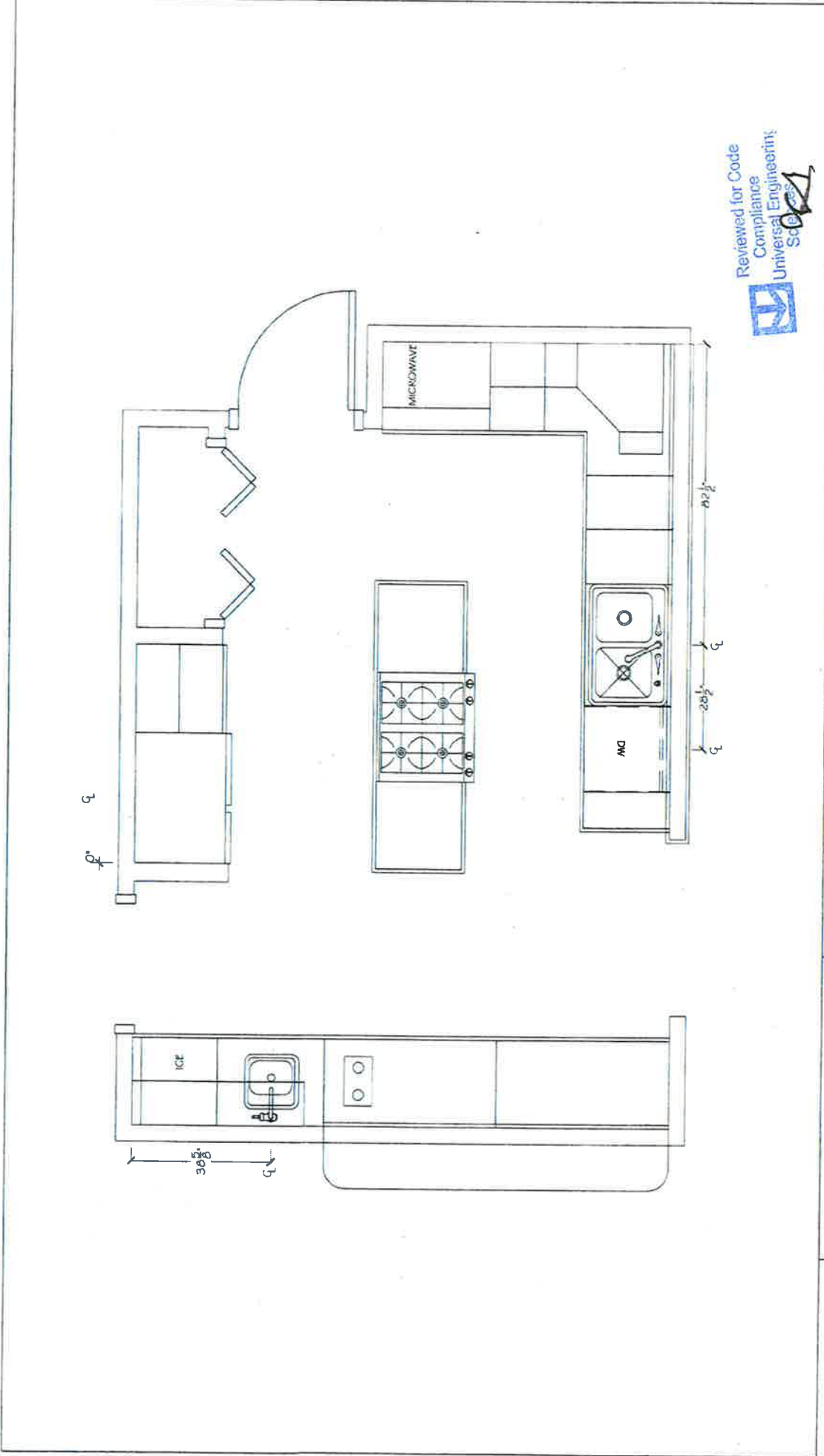


ALL DIMENSIONS AND SIZE
DESIGNATIONS GIVEN ARE
SUBJECT TO FIELD
VERIFICATION

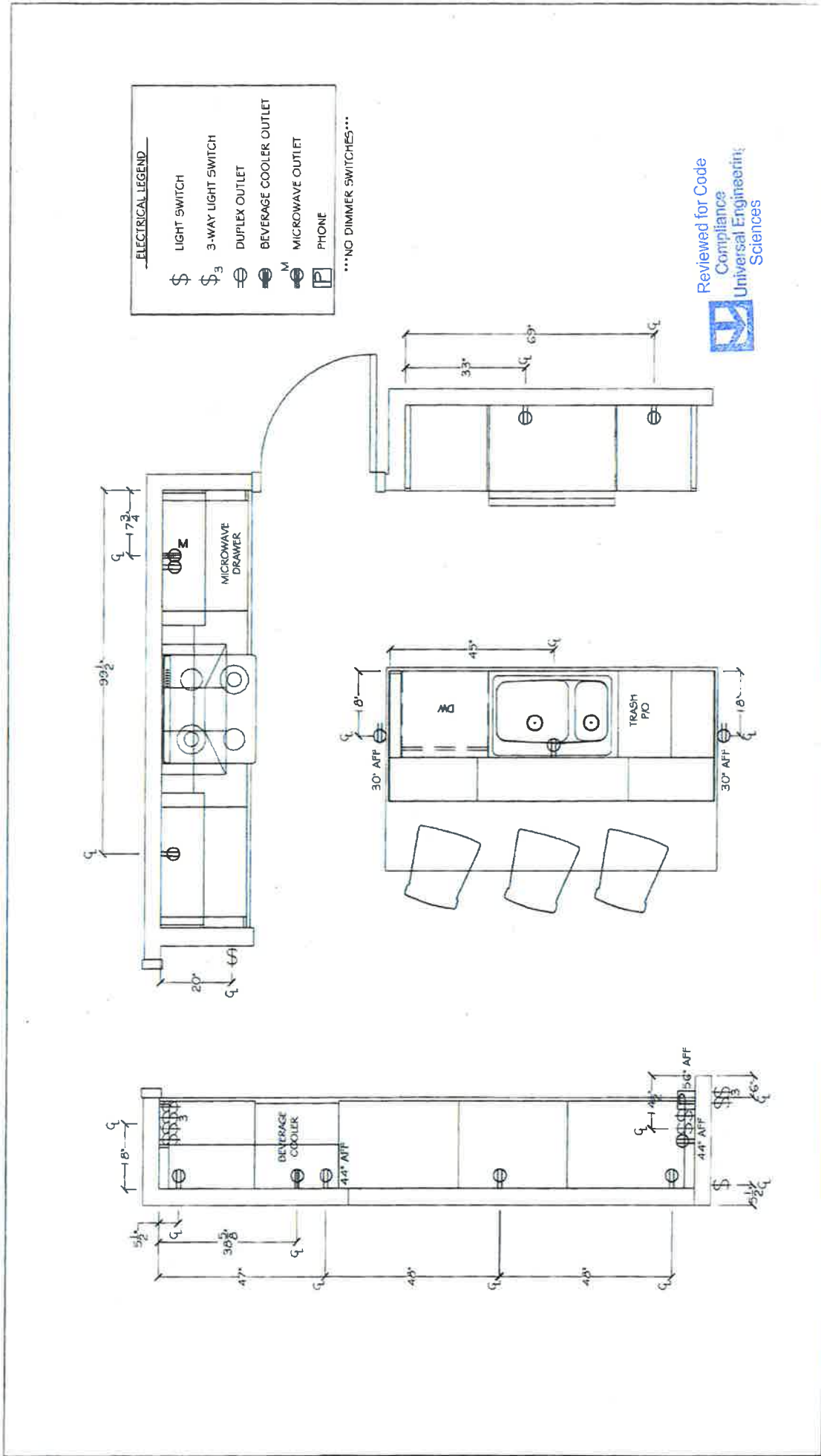


Reviewed for Code
 Compliance
 Universal Engineering
 Sciences

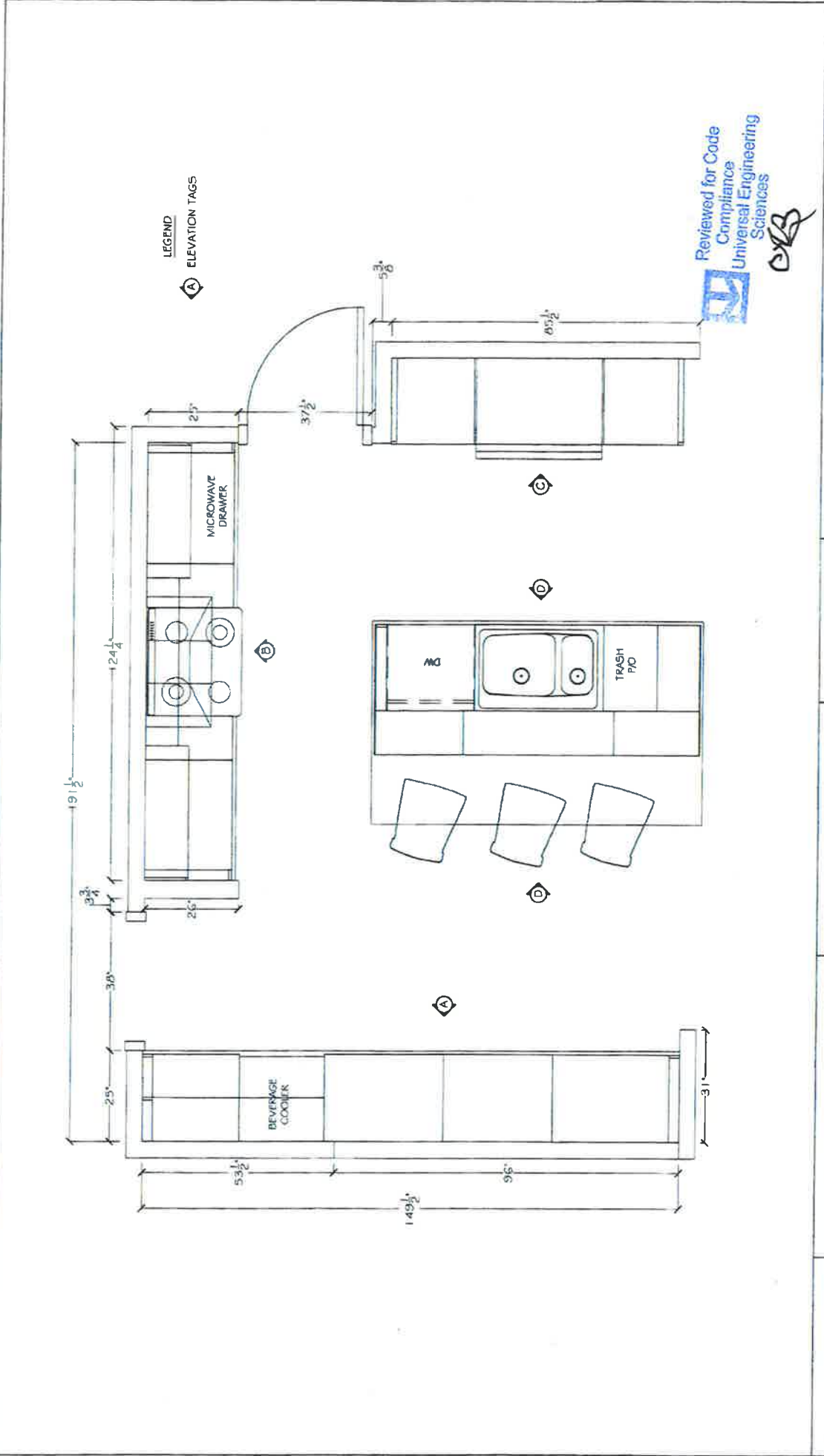
<p>ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION</p>	<p>S & W KITCHENS WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750</p>	<p>THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.</p>	<p>DATE: 02-28-17 SCALE: 1/2" = 1'-0"</p>	<p>BARRETT KITCHEN EXISTING FLOOR PLAN</p>
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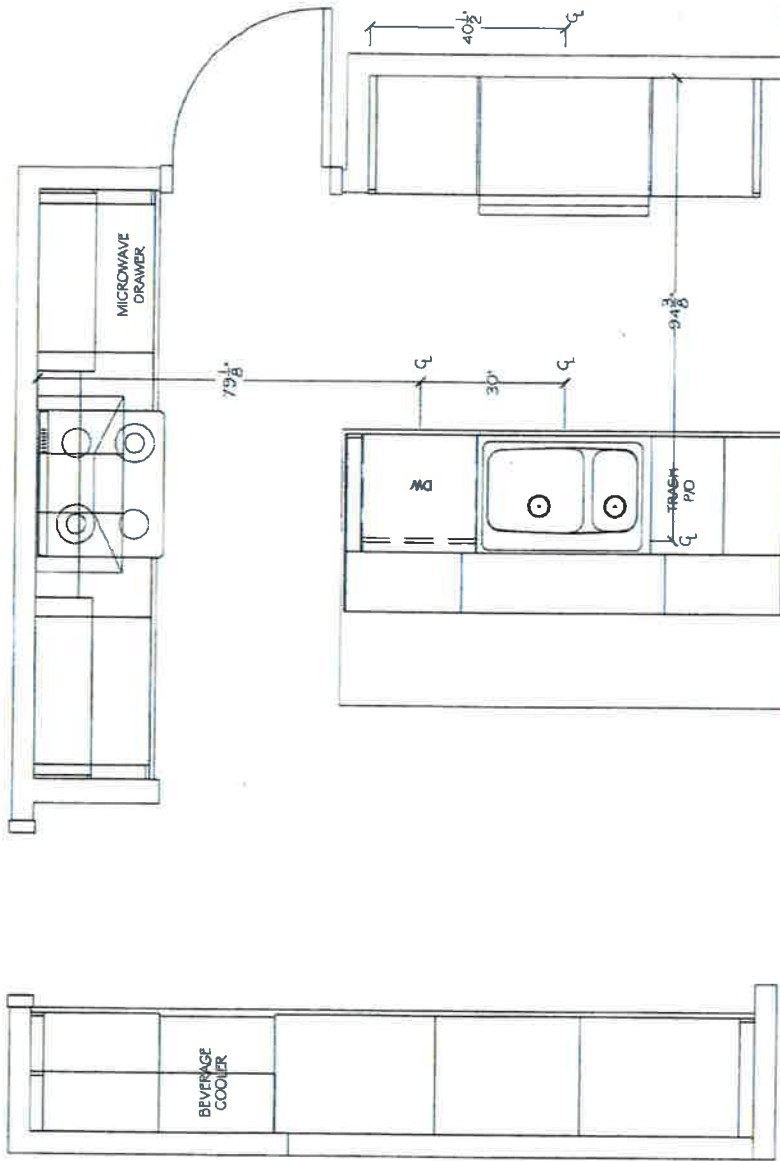
<p>ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION</p>	<p>S&W KITCHENS WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750</p>	<p>THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.</p>	<p>DATE: 02-28-17 SCALE: 1/2" = 1'-0"</p>	<p>BARRETT KITCHEN EXISTING PLUMBING PLAN</p>
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<p>ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION</p>	<p>S&W KITCHENS</p> <p>WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750</p>	<p>THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.</p>	<p>DATE: 04-11-17 SCALE: 1/2" = 1'-0"</p>	<p>BARRETT KITCHEN</p> <h1>PROPOSED ELECTRICAL PLAN</h1>
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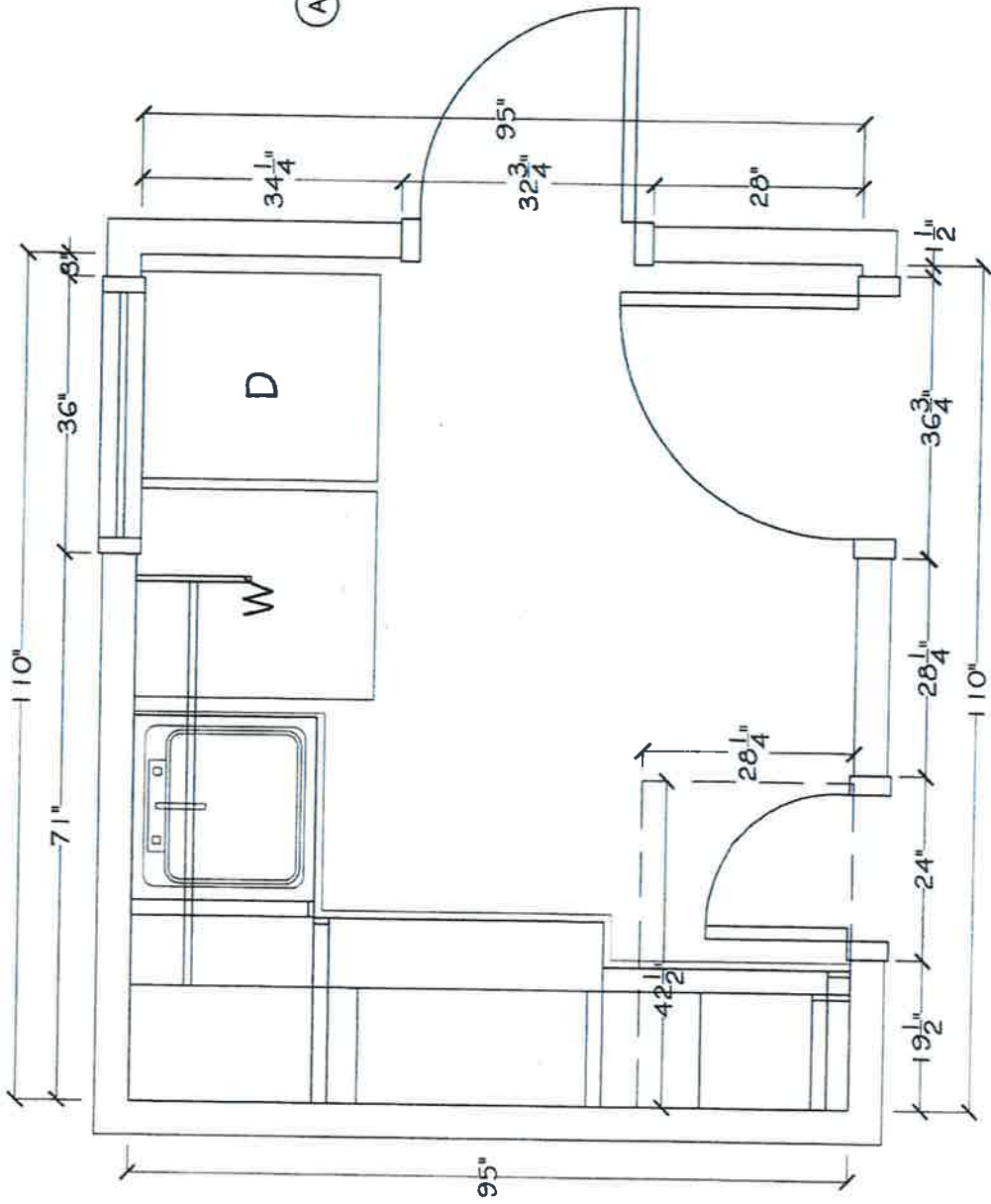
ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION	 WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750	THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.	DATE: 04-04-17 SCALE: 1/2" = 1'-0"	BARRETT KITCHEN <h1>PROPOSED FLOOR PLAN</h1>
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Reviewed for Code
Compliance
Universal Engineering
Sciences

CB

<p>ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION</p>	<p>S & W KITCHENS WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750</p>	<p>THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.</p>	<p>DATE: 02-28-17 SCALE: 1/2" = 1'-0"</p>	<p>BARRETT KITCHEN PROPOSED PLUMBING PLAN</p>
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CONSTRUCTION LEGEND

- (A) TEXTURE WALLS DUE TO REMOVAL OF WALLPAPER



Reviewed for Code
 Compliance
 Universal Engineering
 Sciences

WJB

BARRETT LAUNDRY CONSTRUCTION PLAN

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



WILLIAM BURKE
 461 EAST SR 434
 LONGWOOD, FL 32750

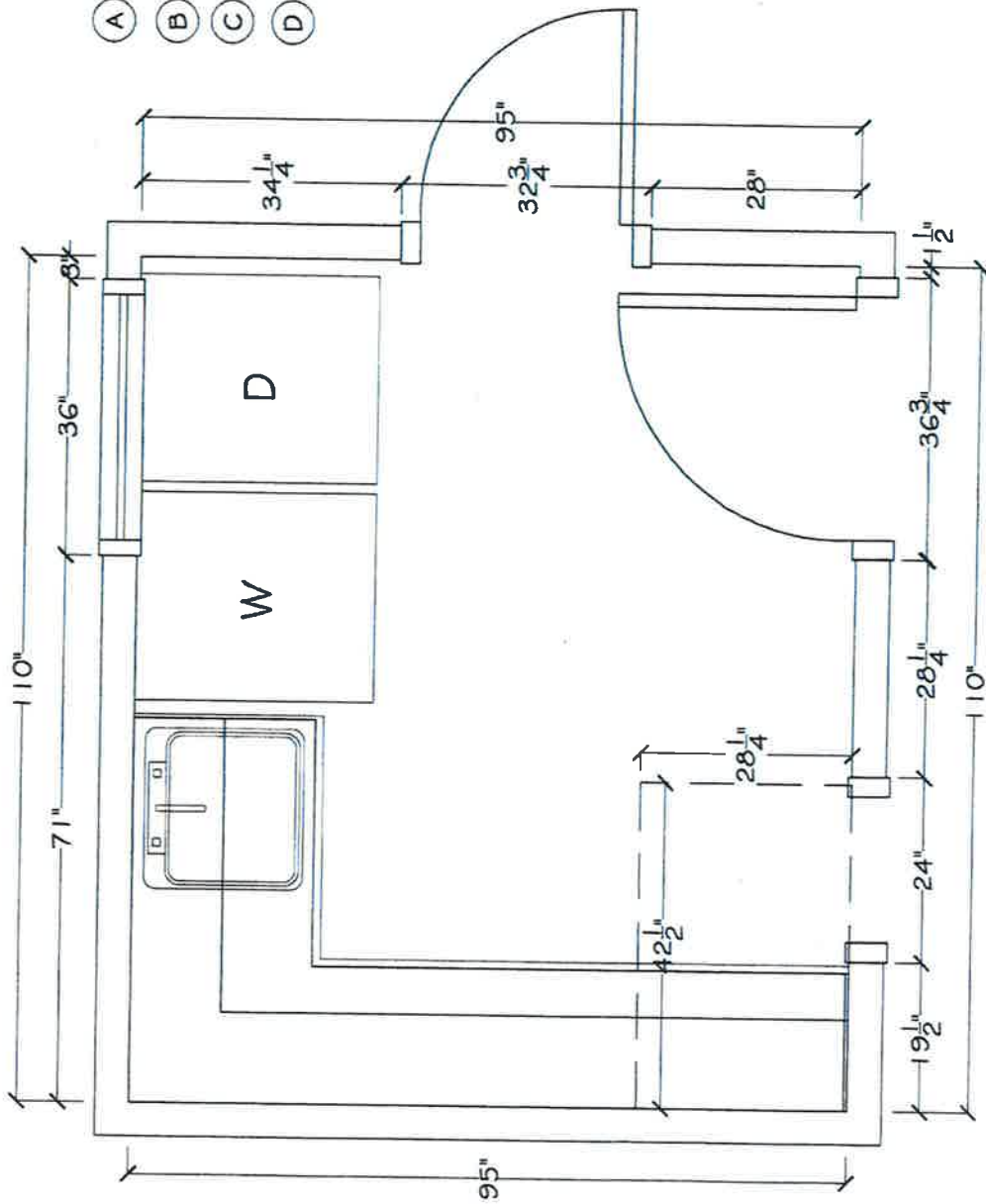
THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.

DATE: 01.23.2017

SCALE: 1/2" = 1'-0"

DEMO/REMOVE LEGEND

- (A) REMOVE BASE, WALL CABINETS & COUNTER TOP
- (B) REMOVE SINK/ FAUCET
- (C) REMOVE TILE FLOOR & BASEBOARD MOLDING
- (D) REMOVE WALLPAPER



Reviewed for Code
Compliance
Universal Engineering
Sciences

WLB

BARRETT LAUNDRY DEMO PLAN

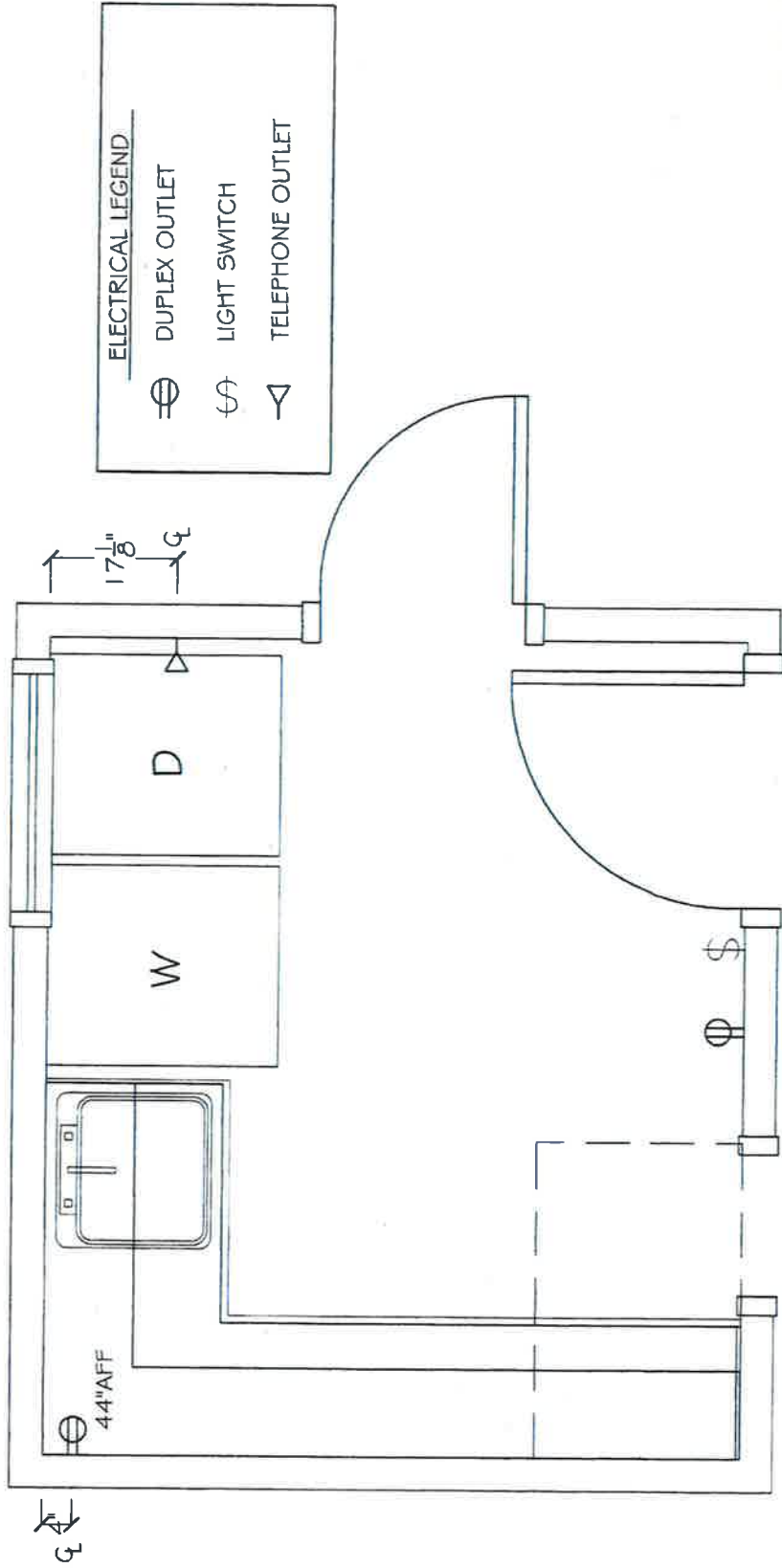
ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



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461 EAST SR 434
LONGWOOD, FL 32750

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DATE: 01.23.2017
SCALE: 1/2" = 1'-0"



ELECTRICAL LEGEND	
	DUPLEX OUTLET
	LIGHT SWITCH
	TELEPHONE OUTLET

Reviewed for Code
Compliance
Universal Engineering
Sciences

AB

BARRETT LAUNDRY EXISTING ELECTRICAL PLAN

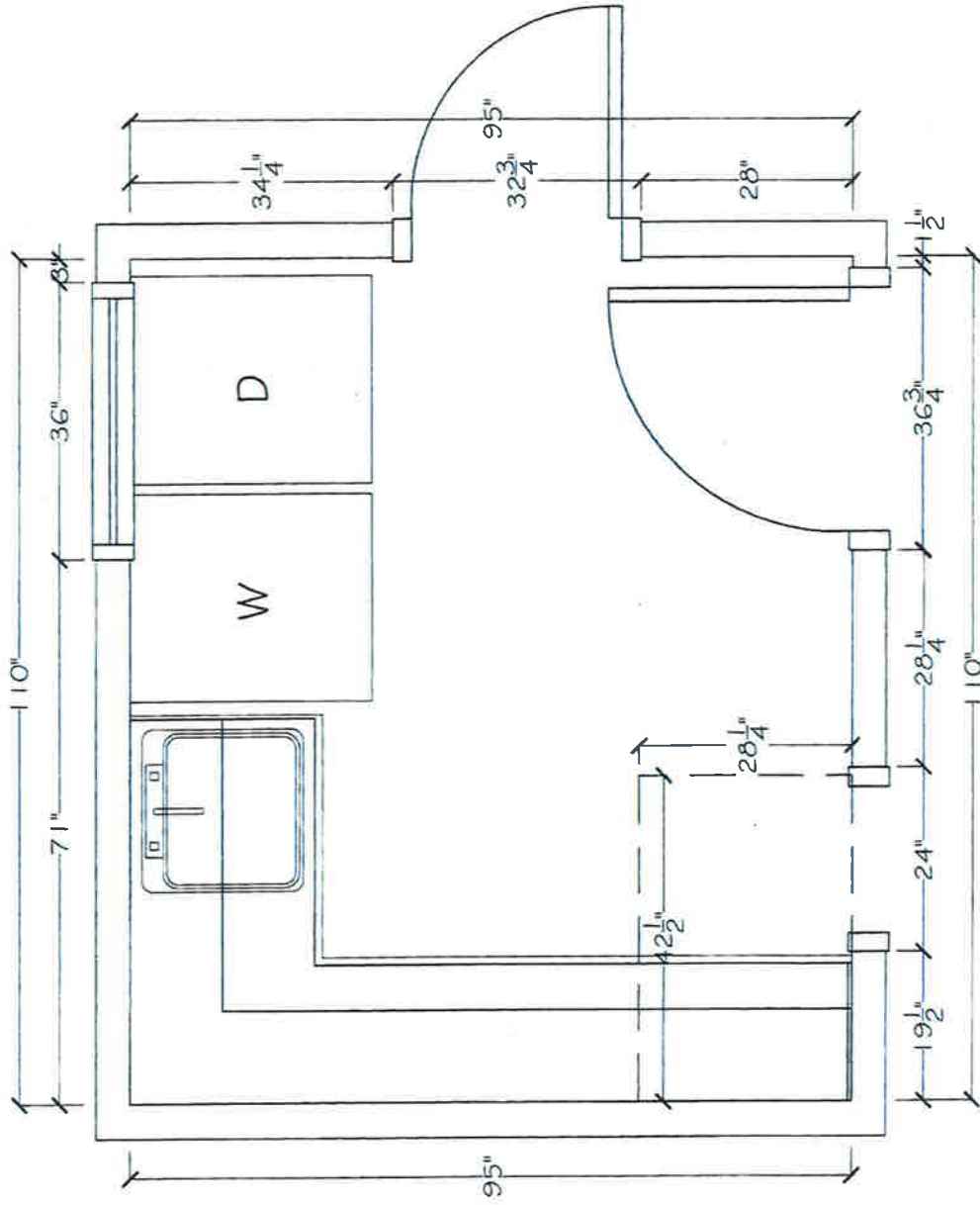
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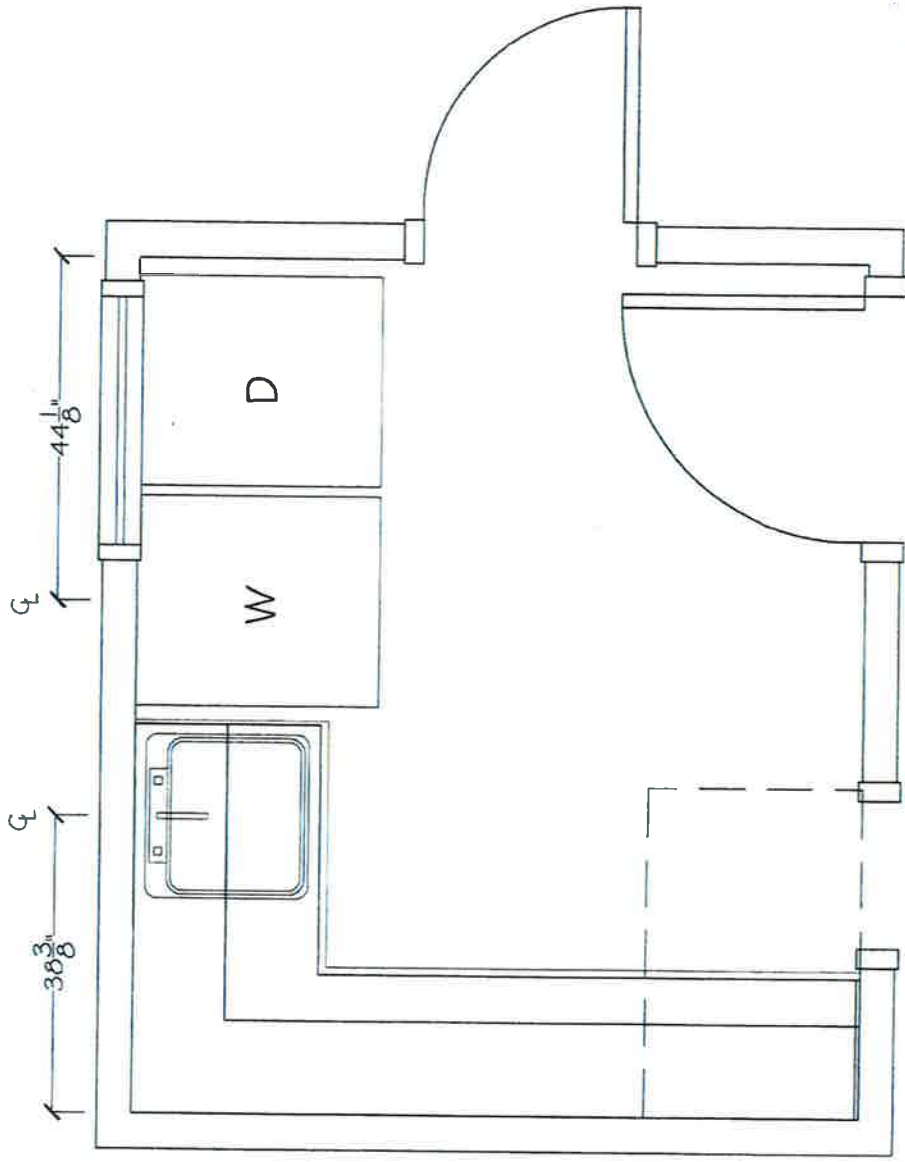


Reviewed for Code Compliance
 Universal Engineering Sciences

MB

BARRETT LAUNDRY EXISTING FLOOR PLAN

<p>ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION</p>	<p>S & W KITCHENS WILLIAM BURKE 461 EAST SR 434 LONGWOOD, FL 32750</p>	<p>THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.</p>	<p>DATE: 01.23.2017 SCALE: 1/2" = 1'-0"</p>
---	--	--	--



Reviewed for Code
Compliance
Commercial Engineering
Sciences

WJB

BARRETT LAUNDRY EXISTING PLUMBING PLAN

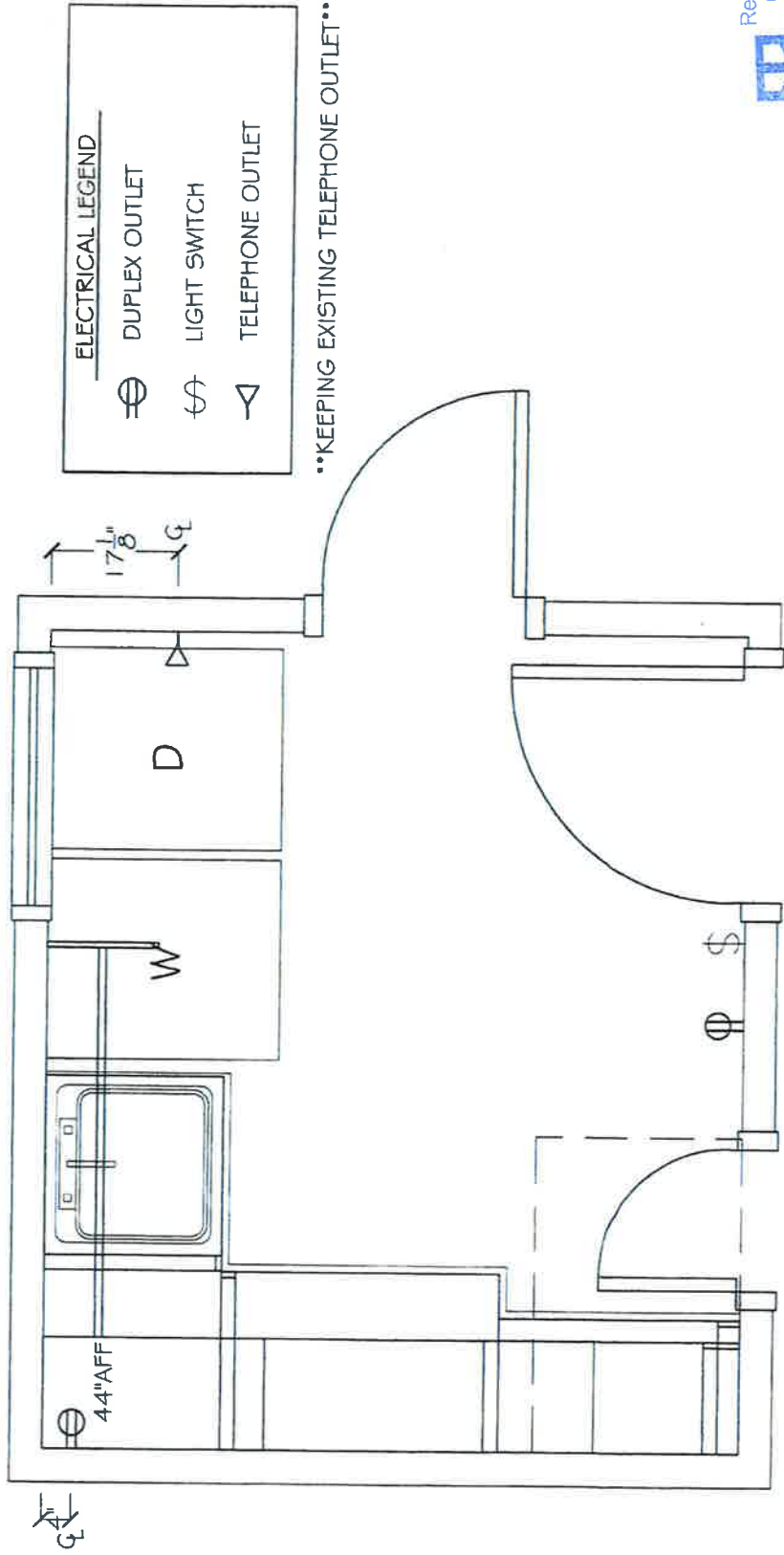
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SCALE: 1/2" = 1'-0"



ELECTRICAL LEGEND

- ⊕ DUPLEX OUTLET
- ⊕ LIGHT SWITCH
- ⊕ TELEPHONE OUTLET

****KEEPING EXISTING TELEPHONE OUTLET****

Reviewed for Code
Compliance
Universal Engineering
Sciences

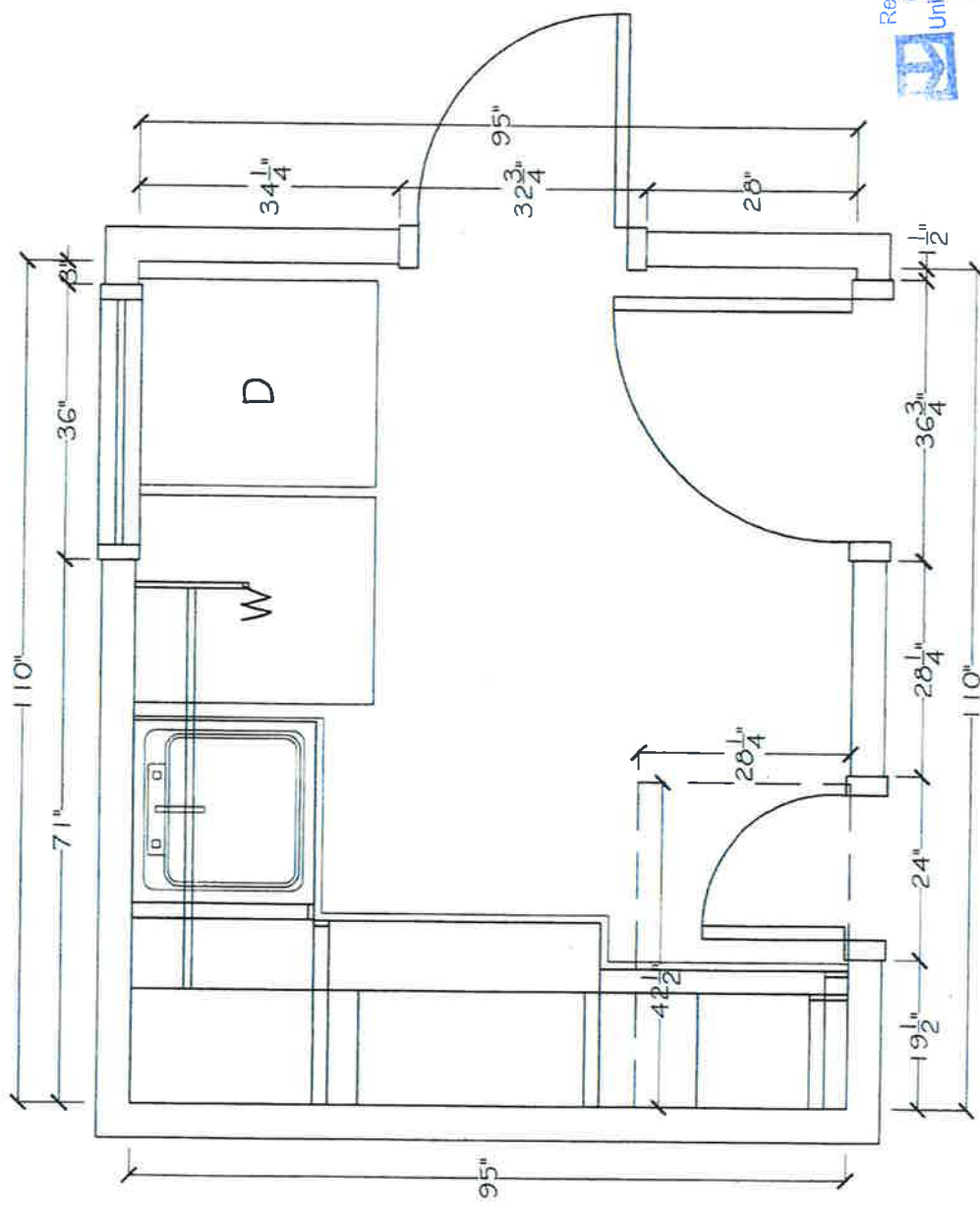
BARRETT LAUNDRY PROPOSED ELECTRICAL PLAN

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Reviewed for Code Compliance
 Universal Engineering Sciences

OR

BARRETT LAUNDRY PROPOSED FLOOR PLAN

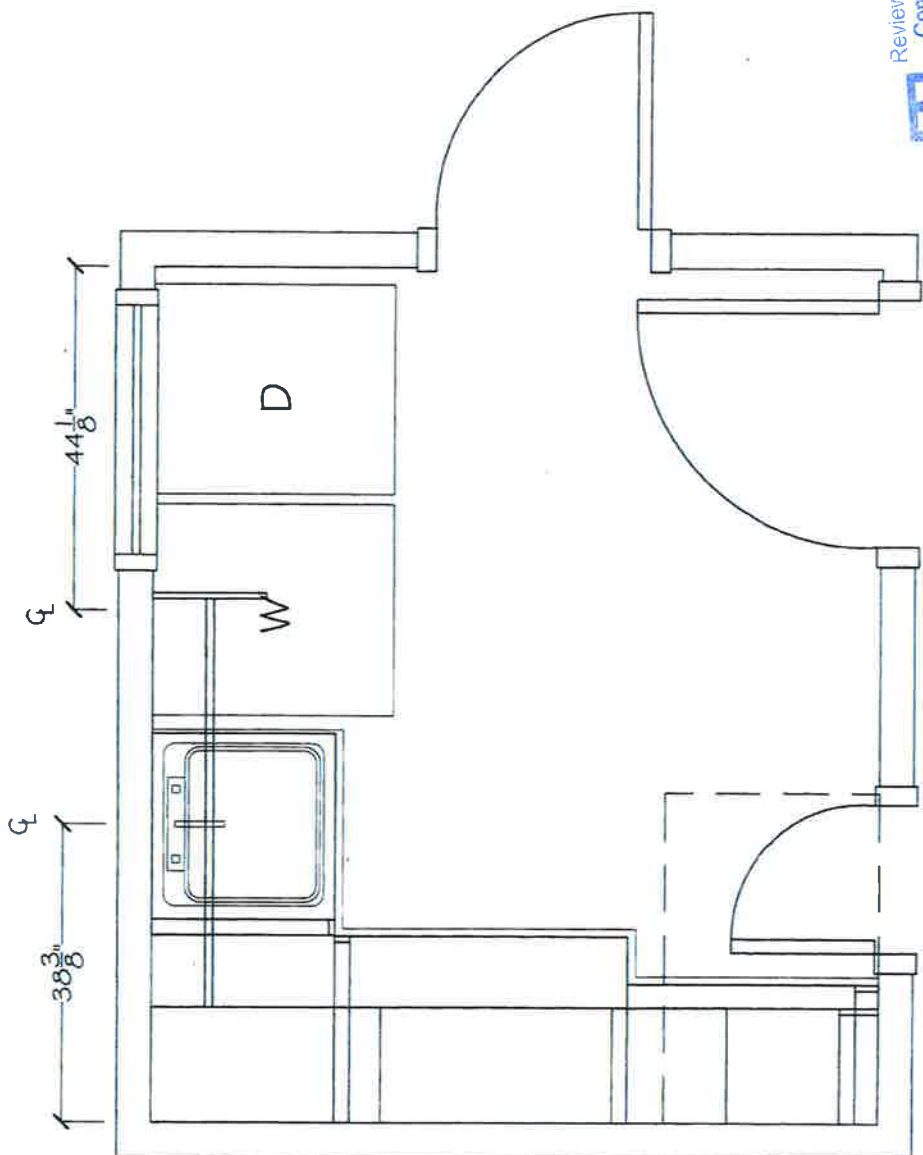
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DATE: 01.23.2017
 SCALE: 1/2" = 1'-0"



Reviewed for Code
Compliance
Universal Engineering
Sciences

44

BARRETT LAUNDRY PROPOSED PLUMBING PLAN

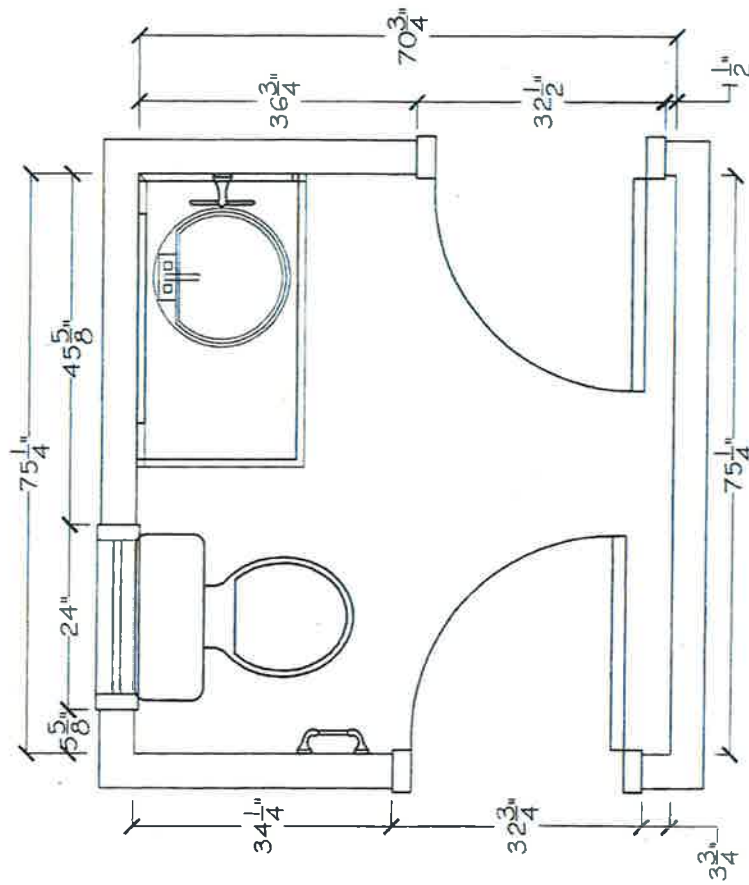
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DATE: 01.23.2017
SCALE: 1/2" = 1'-0"



CONSTRUCTION LEGEND

- (A) TEXTURE WALLS DUE TO WALLPAPER REMOVAL

Reviewed for Code
Compliance
Universal Engineers
Sciences

OK

OK

BARRETT POWDER BATH CONSTRUCTION PLAN

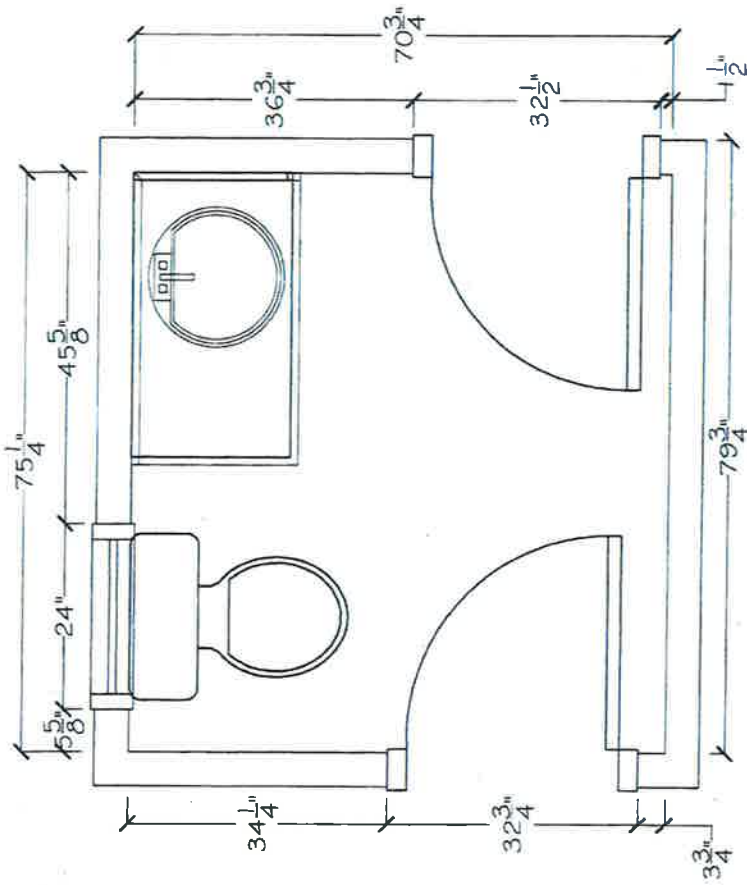
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DATE: 01.25.2017

SCALE: 1/2" = 1'-0"



DEMO/REMOVE LEGEND

- (A) REMOVE BASE CABINETS & COUNTER TOP
- (B) REMOVE SINK/ FAUCET
- (C) REMOVE WALLPAPER
- (D) REMOVE TILE FLOORING AND BASEBOARDS
- (E) REMOVE TOILET
- (F) REMOVE WALL LIGHT FIXTURE
- (G) REMOVE ALL ACCESSORIES
- (H) REMOVE MIRROR

Reviewed for Code
Compliance
Universal Engineering
Sciences



DRB

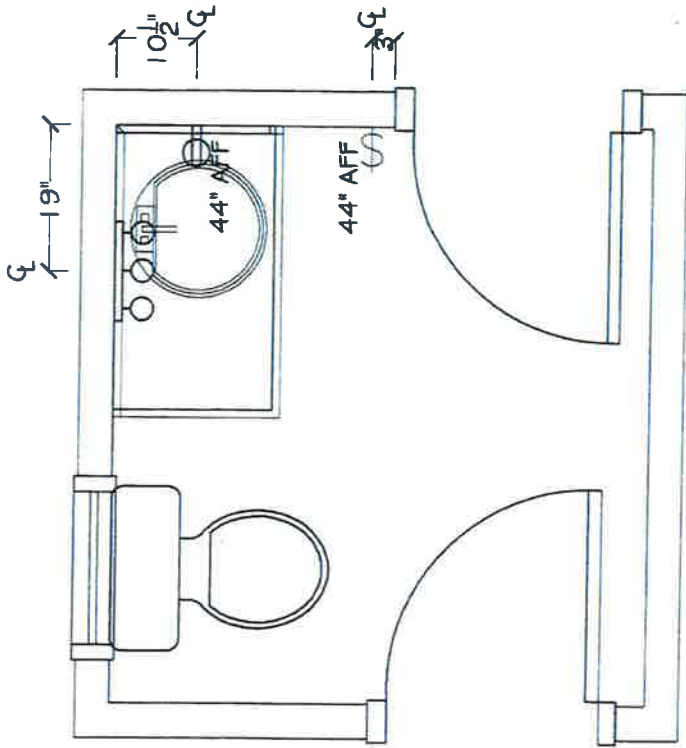
BARRETT POWDER BATH DEMO PLAN

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THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.

DATE: 03.07.2017
SCALE: 1/2" = 1'-0"



ELECTRICAL LEGEND

-  DUPLEX OUTLET
-  LIGHT SWITCH
-  EXISTING WALL LIGHT FIXTURE

Reviewed for Code
Compliance
Universal Engineering
Sciences

WLB

BARRETT POWDER BATH EXISTING ELECTRICAL PLAN

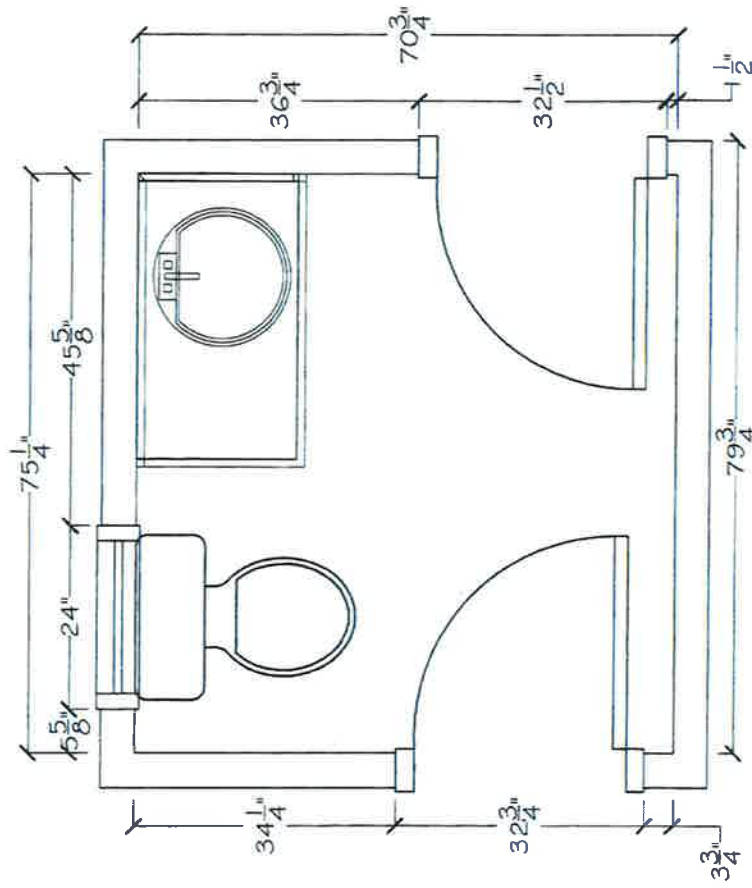
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DATE: 03.07.2017
SCALE: 1/2" = 1'-0"



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OK

BARRETT POWDER BATH EXISTING FLOOR PLAN

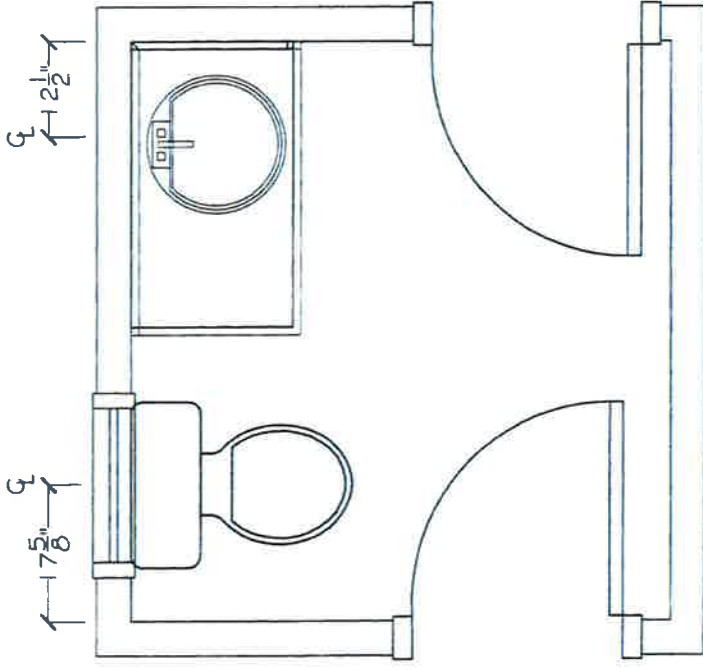
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DATE: 01.25.2017
SCALE: 1/2" = 1'-0"



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OK

OK

BARRETT POWDER BATH EXISTING PLUMBING PLAN

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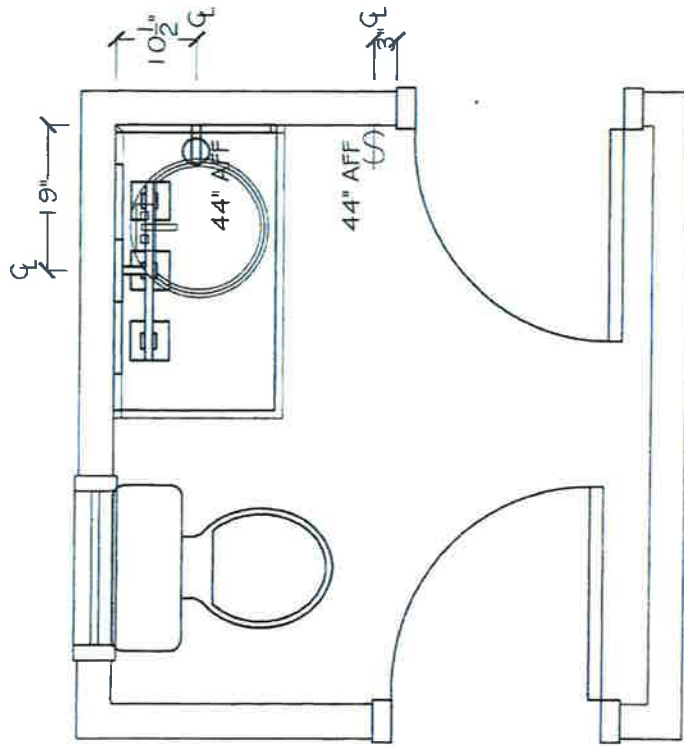


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DATE: 01.25.2017

SCALE: 1/2" = 1'-0"



ELECTRICAL LEGEND

- ⊕ DUPLEX OUTLET
- ⊕ LIGHT SWITCH
- ⊕ NEW WALL LIGHT FIXTURE

INSTALL NEW LIGHT FIXTURE AT EXISTING LOCATION



AKS

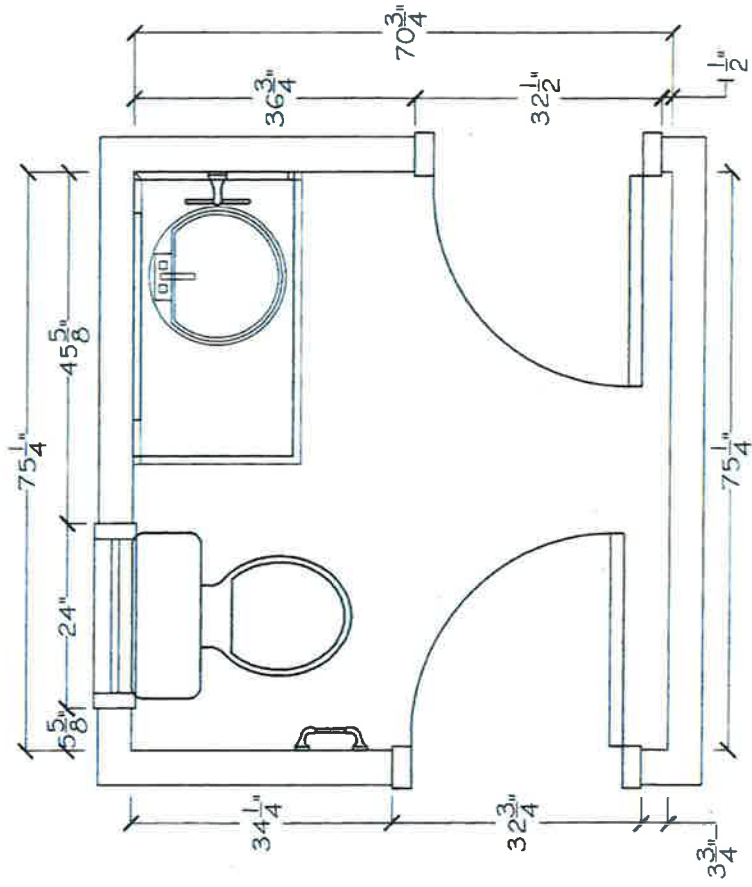
BARRETT POWDER BATH PROPOSED ELECTRICAL PLAN

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DATE: 03.07.2017
 SCALE: 1/2" = 1'-0"



Reviewed for Code
Compliance
Universal Engineering
Sciences

GR

OK

BARRETT POWDER BATH PROPOSED FLOOR PLAN

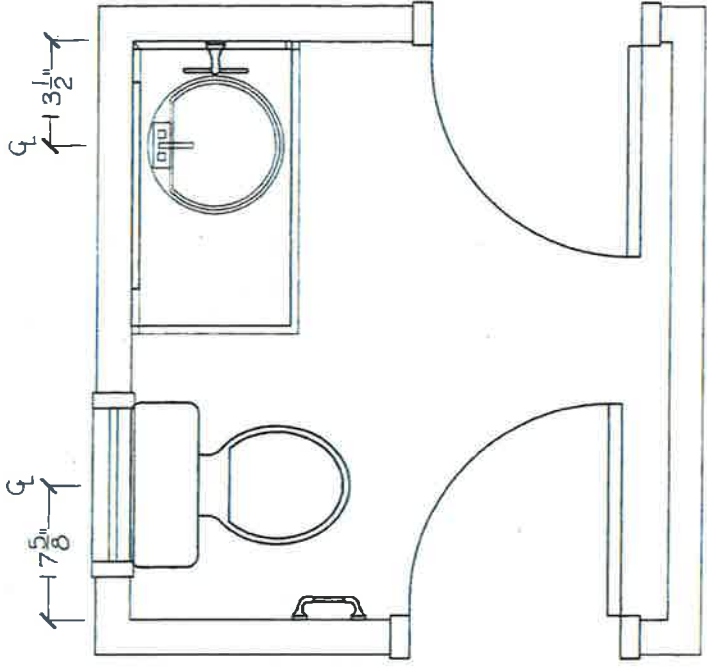
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AKA

(OK)

BARRETT POWDER BATH PROPOSED PLUMBING PLAN

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DATE: 01.25.2017
 SCALE: 1/2" = 1'-0"

4/12/2017

7247 Lake Dr



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

Sign up for e-Notify...

7247 Lake Dr < 25-23-29-5884-16-150 >

Name(s): Barrett Carl R Jr
 Barrett Sarah Carolyn
 Physical Street Address: 7247 Lake Dr
 Postal City and Zipcode: Orlando, FL 32809
 Mailing Address On File: 7247 Lake Dr
 Orlando, FL 32809-6824
 Property Use: 0103 - Single Fam Class III
 Incorrect Mailing Address? Municipality: Belle Isle



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

NELA ISLE M/55 LOT 15 & LAND TO WATERS OF LAKE BLK P

[View Plat](#)

Total Land Area 20,780 sqft (+/-) | 0.48 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			
More Details	Model Code: 01 - Single Fam Residence	Actual Year Built: 1989	Gross Area: 4828 sqft		
	Type Code: 0103 - Single Fam Class III	Beds: 4	Living Area: 3581 sqft		
	Building Value: working...	Baths: 3.0	Exterior Wall: Concrete Block Stucco		
	Estimated New Cost: working...	Floors: 2	Interior Wall: Drywall		

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
SPA2 - Spa 2	01/01/1989	1 Unit(s)	working...
SCR3 - Scrn Enc 3	01/01/1989	1 Unit(s)	working...
FPL3 - Good Fireplace	01/01/1989	1 Unit(s)	working...
BC3 - Boat Cover 3	11/01/2005	1 Unit(s)	working...
BD3 - Boat Dock 3	11/01/2005	1 Unit(s)	working...
SKT2 - Summer Kitchen 2	01/01/2001	1 Unit(s)	working...

Page 1 of 1 (6 total records)

This Data Printed on 04/12/2017 and System Data Last Refreshed on 04/11/2017



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

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

MILES, BRADLEY WILLARD
S & W KITCHENS INC
1031 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

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. 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!



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

CFC1428157

ISSUED: 06/02/2016

**CERTIFIED PLUMBING CONTRACTOR
MILES, BRADLEY WILLARD
S & W KITCHENS INC**

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date AUG 31, 2018 L1606020001198

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CFC1428157



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

MILES, BRADLEY WILLARD
S & W KITCHENS INC
1031 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701





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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

CBC1257781 **ISSUED: 06/02/2016**

**CERTIFIED BUILDING CONTRACTOR
MILES, BRADLEY WILLARD
S & W KITCHENS INC**

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date . AUG 31, 2018 L1606020001111

DETACH HERE

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KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CBC1257781	

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



MILES, BRADLEY WILLARD
S & W KITCHENS INC
1031 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701





S&WKITC-01 DWAGNER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Morse Insurance Agency, Inc 1000 Wekiva Springs Road Longwood, FL 32779	CONTACT NAME: PHONE (A/C, No, Ext): (407) 869-4200	FAX (A/C, No): (407) 862-7656	
	E-MAIL ADDRESS: certificates@morseagency.com		
INSURED S&W Kitchens, Inc. 1025 Miller Drive Unit 163 Altamonte Springs, FL 32701	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : National Trust Insurance Co		20141
	INSURER B : FCCI Insurance Group		10178
	INSURER C :		
	INSURER D :		
	INSURER E :		

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL 0010487	06/21/2015	06/21/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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			CA 0016268	06/21/2015	06/21/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB0010905	06/21/2015	06/21/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	N/A	001-WC11A-64574	06/21/2015	06/21/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

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



2016 - 2017 8/25/16

City of Longwood
175 W. Warren Avenue, Longwood, FL 32750

LOCAL BUSINESS TAX

LOCATION: 250 NATIONAL PL-122

For the Occupation:

STORAGE WAREHOUSE/DEAD STORAGE/6-10 EMP

S & W KITCHENS INC
250 NATIONAL PL 122
LONGWOOD FL 32750

BRIAN CUMMINS

YEAR: 10/16-09/17

DIRECTOR OF FINANCE

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.



Receipt # 17-00016328

STATE #	
CITY TAX	\$ 100.00
ADMINISTRATIVE FEE	\$ 10.00
TRANSFER FEE	\$.00
PENALTY %	\$.00
COUNTY TAX	\$ 25.00

TOTAL\$ 135.00

S & W KITCHENS INC
250 NATIONAL PL 122
LONGWOOD FL 32750