

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. Scope of Work: BUILDING - New SFR Townhome Permit Number: 2017-03-053 Date of Application: 03/10/2017
Date Permit Issued: 04/13/2017 Bldg 04 Comments: **Project Information** Address: Lot 71, 3745 Brighton Park Circle Belle Isle, FL WARNING TO OWNER: "YOUR FAILURE TO RECORD A 32809 NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR Parcel ID: 29-23-30-0000-00-710 Property Owner: Mattamy Orlando LLC 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 Phone Number: 407 599 2228 ********** Company Name: Mattamy Orlando/Mattamy Florida LLC Contractor Name: Wilson, Wade License Number: CRC1331582 WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND Address: 1900 Summit Tower Blvd, suite 500, Orlando, FL BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL 32810

BUILDING FEATURES

IMPACT FEES

Phone Number:

Traffic School

\$1,430.00 \$6.930.00

407 451 3817

ZONING FEES

Zoning Fee

\$165.00

UNIVERSAL ENG - BUILDING FEES

Boat Dock Boat House Building \$1,105.50 Demo Door(s) \$\$\$\$ Driveway Electrical Fence Gas \$ \$ \$ Irrigation Low Voltage Mechanical \$ \$ Plumbing Pool \$ Roofing Screen Encl Shed \$ Temp Pole \$

SURCHARGE FEES

Window(s)

Surcharge Fee \$16.58 Surcharge Fee \$16.58

TOTAL FEES \$9,663,66

Date Paid CC of Check# Amount Paid

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

BUILDING INSPECTOR USE ONLY

INSPECTIONS HAVE BEEN APPROVED.

IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO BUILDING (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?

(Slab) 3rd______(Lintel)(Wall Reinforcing on Masonry Building) 4th (Exterior Framing)(Roof/Wall Sheathing) (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6th (Insulation to be Made After Roof Installed) (Drywall) (Sidewalk/Driveway) (Other) 10th (Final - After MEP and Other Applicable Finals) ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1ST ROOFING Deck Nailing/Dry-in/Flashing _ 2nd ROOFING Covering In-Progress ___ 3rd ROOFING Covering Final _ □ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) (Underground) (Sewer) (Rough-In/Tub Set) CHECK APPROPRIATE BOX ☐ GAS __Natural __LP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE

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.

2nd_

(Rough-In)

Parcel ID Number: 29-23-30-0000-00-018

Prepared By

Michelle Bladek

and

Mattamy Homes

Return To:

1900 Summit Tower Blvd. # 500

Orlando, FL 32810

TEL: 407-215-6268

NOTICE OF COMMENCEMENT.

State of Florida. County of Orange.

The undersigned hereby gives notice that improvements 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:

Brighton Park, according to the plat thereof, as Recorded in Plat Book Page of the public records

of Orange County, Florida.

Address:

Belle Isle, FL 32809

DOC# 20170128758

2. General description of improvements: NEW TOWNHOUSE UNIT

3. Owner information:

Name Mattamy Orlando LLC

Address 1900 Summit Tower Blvd. # 500, Orlando FL 32810

4. Fee Simple Title Holder: N.A.

5. Contractor name and address:

Name Mattamy Homes.

Address

1900 Summit Tower Blvd. #500, Orlando FL 32810

6. Surety: N.A.

7. Lender: N.A.

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

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

10. Expiration date of notice of commencement: One year from the date of recording.

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 INTENT TO OBTAIN FINANCING, CONSULT YOUR LENDER OT ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner's Agent:

Name: Alex Martin Title: President

The foregoing instrument was acknowledged before me this day Alex Martin who is personally known to me.

Notary Public Michelle C Bladek

My commission expires: 10/11/19

Serial No. FF925955

Notary Public State of Florida Michelle C Bladek My Commission FF \$25955 Expires 10/11/2019

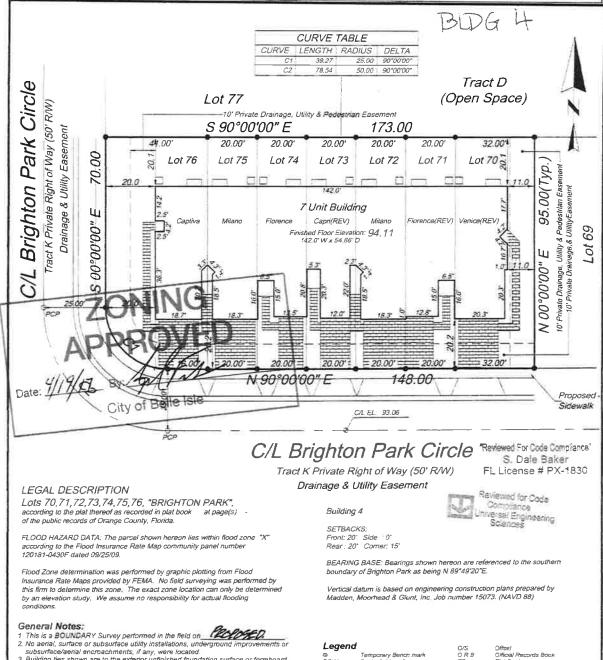
Notary seal:

hereby certify that this is a true copy

late of FLORIDA, County of ORANGE

Herx & Associates Inc.

land 769 Douglas Avenue, Altamonte Springs, Florida. 32714 (407)788-8808 Member of the National Society of Professional Surveyors



- 2. No aerial, surface of subsurface duriny instandants, unneugroung improvements of subsurface/aerial encroachments, if any, were located.
 3. Building ties shown are to the exterior unfinished foundation surface or formboard.
 4. Elevations shown hereon, if any, are assumed, unless otherwise noted and were obtained from approved Construction plans provided by the Client and are shown only to depict the proposed or actual difference in elevation relative to the assumed. temporary or other Bench mark(s) shown hereon
- The parcel shown hereon is subject to all easements, reservations, restrictions, and Rights-of-way of record whether depicted or not on this accument. No search of the
- Fublic Records has been made by this office.

 The legal description shown hereon is as furnished by client.

 Platted and measured distances and directions are the same unless otherwise noted.
- Related and measured ustances and unecautis are the same unless one.

 Copies of this Survey may be made for the original transaction only.

 Denotes %" iron rod with plastic cap marked LB4937, or %" iron rod with red plastic cap marked "Witness Corner", unless otherwise noted.

 Denotes P C P. (Permanent control point)

 Denotes Permanent Reference Monument
- © 2017 Herx & Associates Inc. All rights reserved

Temporary Bench mark Back of sidewalk Centerfine Central or (Della) Angle Catculated Chord Bearing Chord Concrete Monument Elevalion (Proposed) Elevation (Measured) Found Finished Fikor Elevation Iron Pipe Iron Rod Arc Length Licensed Business Land Surveyor BOW C/L CALC
CALC
CB
CD
C.M.
EL or ELEV
FINAL EL
FD
FIN FI Elev.
I.P.
I.R. R/W TBM TYP. Land Surveyor Measured N/D(N&D) Nail and Disk Not Radial

O/S ORB PB PC PCC P.C.P. P.G. M P/L B P.O.C. P.I.

Offset
Official Records Book
Plat Book
Point of Compound Curvature
Permanent Control Point
Page
Permanent Reference Monument
Property Line
Point of Beginning
Point of Usumennement
Point of Reverse Curvature
Point of Reverse Curvature
Point of Reverse Curvature
Point of Intersection
Radial Line
Radial Line
Radial Line

Residence Right-of-Way Temporary Bench mark Typical Fence symbol (see drawing)

Radial Line

Not valid without electronic signature/seal or the signature lessed seal of a Florida Licensed, Surveyor and Mapper, leeds the majorements of the Stanfand's of Practice as thacter \$1-17 Fionda Automospay-e Code.

R. Horx, P.L.S. Floods Registered Land Surveyor No. 3182. Proemichecki, P.S.M. Registered Surveyor and Mapper No. 6030 associates Inc., State of Floods LB 4937

Sketch of Legal Description This is Not a Survey

Drawn by: CM Checked by: DLW Prepared for: Mattamy Homes Job Number: 16-011-01

Scale: 1" = 30' Plot Plan Performed: 02-08-17 Formboard Survey: Final Survey:

6115.1700104.0000

3 trusses

3 energy calcs

2017-03-053

Brighton Park Townhomes Checklist

Lot #	Building #_	4	Phase #	
Address: 3145	Brighton	Bul Co	de	
	.1			
1 application				
1 NOC				
1 power of atto	orney			
1 certificate of	liability			71
1 business tax	receipt			
1 contractor lic	cense			
1 product appr	oval form			
3 sets of plans			D	la long su
3 surveys		1	001	1314
2 truccas		Reviewed For Code Compl	llance"	

S. Dale Baker FL License # PX-1830





City of Belle Isle

Universal Engineering Sciences 3532 Maggie E Tel 407-581-8161 * Fax 407-581-0313 * www.	Blvd., Orlando FL 32811 1 0 2017 universalendingering.com 1 0 2017
Building Permit (Land Use) Application
2 V N	ERMIT # 2017-63-653
PROJECT ADDRESS 3745 Brighton Puril Orde	, Belle Isle, FL 32809 32812
	ALUE OF WORK (labor &material) \$ 178,410
PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS	1 1 71
New single family townhome	Slog 4
Please provide information, if applicable.	
 SINGLE FAMILY RESIDENCE: 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of N. BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide sEPTIC SYSTEM (RESIDENTIAL): – Provide verification of OC Health Dept approval for on-s Homeowners will be required to have a contractor on record for homes that are rented and/o 	a copy of their report ite septic tank system, per FAC Chap. 64E-6
Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 29-23-3	810-00-00-00
Г	sit http://www.ocpafl.org/Searches/ParcelSearch.aspx
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with	Wind Exposure Category: B C D
zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed	SPRINKLERS REQ'D Y N
Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.	If Required – SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent RCD
PLANNING & ZONING APPROVAL:	
DATE	ZONING N SLLS
PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)	TRAFFIC Y N \$
CONSTRUCTION TYPE	SCHOOL Y N \$ FIRE Y N S
#BLDG#UNITS _#STORIES	FIRE Y N \$ SWIMMING POOL Y N \$
MAX. FLOOR LOAD MAX. OCCUPANCY	SCREEN ENCLOSURE Y N \$
MIN. FLOOD ELEVLOW FLOOR ELEV WATER SERVICEWELLSEPTIC	ROOFING Y N \$
WATER SERVICEWELLSEPTIC	BOAT DOCK Y N \$
Mala Nala	WINDOW(S) Y N \$
BUILDING REVIEWER DATE DATE	DOOR(S) Y N \$
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE	FENCE y N \$
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILEDATE	SHED Y N \$ DRIVEWAY Y N \$
Per FSS 105.3.3:	OTHERY N \$
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	3216
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.	3% FL SURCHARGE
and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."	TOTAL 1305.66
Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste,	By Owner Form Y NA
and commercial garbage and construction debris collection and disposal services with the city limits of	Notice of Commencement Y NA Power of Attorney Y NA
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	Power of Attorney Y NA Contractor Packet Incuded? Y N
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.	
	OTHER PERMITS REQUIRED:
SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC. 157 (L. 25	ELECTRICAL Y NA PREPOWER Y NA
Page 1 of 2 MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC. 151 (C. 25) Page 1 of 2 Page 1 of 2	MECHANICAL Y NA
	PLUMBING Y NA
Reviewed for Code 737:2	ROOFING Y NA
3316 Compliance 368.50	GAS Y NA
Universal Engineering Sciences 11 USIST MPAUL	ees School 6730.
Reviewed for Code Compliance Universal Engineering Sciences 36 8.50 11 USISTOTI IMPAUL	traffic 1430.

City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, 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 # 2017-03-05

Owner's Name MOTTOMU	
	te 500 orlando, FL 32810
Contractor Name Walde Wilson	Company Name Mattanu
License # CRC 3315.82	Company Address 1900 SUMMH TOWER Blvd.
Contact Phone/Cell 407 - 451 3817	city, State, ZIP SUITE 500 Or lando, FL 30810
Contact Email (Onnie hawkins 6) mayanycorp.	
WARNING TO OWNER: Your failure to record a Notice of Commencem notice of commencement must be recorded if job is \$2500(+) or if A/C R If you intend to obtain financing, consult with your lender or an attorney	ent may result in your paying twice for improvements to your property. A seplacement \$7500(+) and posted on the job site before the first inspection. before recording your Notice of Commencement.
(www.floridabuilding.org) and City Ordinances (www.municode.com) rethis permit does not grant permission to violate any applicable City and obtain a permit to do the work and installations as indicated. I certify that no work will be performed to meet the standards of all laws regulating construct all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLi OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate.	granted I agree to conform to all Division of Building Safety Regulations egulating same and in accordance with plans submitted. The issuance of lor State of Florida codes and /or ordinances. Application is hereby made to work or installation has commenced prior to the issuance of a permit and that all ion in this jurisdiction. I understand that a separate permit must be secured for UMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.
construction and zoning.	Impervious Surface Ratio Worksheet
Owner Signature	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
The foregoing instrument was acknowledged before me this//	Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
by Hex Mayna who is personally known to me	Total Lot Area X 0.35=
and who produced	Allowable Impervious Area (BASE)
Notary as to Owner State of Florida County of Orange Notary Public State of Florida	2. 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
Michelle C Bladek My Commission FF 925955	Driveway
Contractor Signature	Walkway
COMPANY NAME MAHAMY	Accessory Buildings
	Pool & Spa
The foregoing instrument was acknowledged before me this//	Deck & Patio
by Wade Wilson who is personally known to me	• Other
and who produced as identification and who did not take an oath	Actual Impervious Area (AIA)
Notary as to Owner State of Florida County of Orange	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.
Notary Public State of Florida	4. If AIA is greater than BASE, then onsite retention must be provided.
Michelle C Bladek Michelle C Bladek My Commission FF 925955 Expires 10/11/2019	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/24/2016

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).

С	ertificate holder in lieu of such endor	seme	ent(s)).			iement on th	is certificate doe	:5 HOL C	Olliel 1	ignis to the
PRODUCER			CONTACT NAME:								
HUB International HKMB Limited 595 Bay Street, Ste 900			PHONE (A/C, No, Ext): 416-597-0008 (A/C, No): 416-597-2313								
Toronto, ON M5G 2E3			E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COVERAGE					NAIC #			
					INSURER A :Allianz Global Risks US Ins. Co.						
	JRED tarny Florida LLC				INSURER B :Liberty Mutual Fire Insurance Company					23035	
	0 Summit Tower Boulevard, Suite 500				INSURE	R c :Allianz Glo	bal Risks US I	ns. Co.			
Orla	indo, FL 32810				INSURE	RD:					
					INSURE	RE:					
					INSURE						
CO	VERAGES CEF	TIFIC	CATE	NUMBER:Y4VET2YR				REVISION NUME	BER:		
T	HIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE	FOR TI	HE POL	ICY PERIOD
- IN	IDICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH	RESPE	CT TO I	WHICH THIS
E	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PEKI. POLI	AIN, CIES.	THE INSURANCE AFFORD	ED BY BEEN F	THE POLICIE	S DESCRIBE PAID CLAIMS	D HEREIN IS SUB.	JECT T	O ALL 1	THE TERMS,
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY	INSU	WVD	ACG2005957		09/01/2016	09/01/2017	EACH OCCURRENCE		\$	1,000,000
Α	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	9	\$	1,000,000
	OBAINIO-INIABE [1] OCCOR							PREMISES (Ea occurre		\$	1,000,000
								MED EXP (Any one per			1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJ		\$	2,000,000
	Y PRO-							GENERAL AGGREGAT		\$	2,000,000
	JECT 100							PRODUCTS - COMP/C	OP AGG	\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY	-	-					COMBINED SINGLE L	IMIT		
								(Ea accident)		\$	
	ANY AUTO SCHEDULED							BODILY INJURY (Per p			
	AUTOS AUTOS NON-OWNED			*9				BODILY INJURY (Per a PROPERTY DAMAGE	_ ′	\$	
	HIRED AUTOS AUTOS							(Per accident)		\$	
_	UMBRELLA LIAB OCCUR	_									
	EXCESS LIAB CCCCC							EACH OCCURRENCE		\$	
	CEAIWIS-WADE	-						AGGREGATE		\$	
В	DED RETENTION \$ WORKERS COMPENSATION	_		WC2B71171021016		09/01/2016	09/01/2017	V PER I	IOTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N					00/01/2010	03/01/2017	X PER STATUTE	OTH- ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM	_		1,000,000
	DÉSCRIPTION OF OPERATIONS below	-	-					E.L. DISEASE - POLIC	Y LIMIT	\$	1,000,000
										5	
										\$	
DEC	COUNTRY OF ODERATIONS // OCATIONS /VEHICL	FO (4	0000	404 4 4 4 2 2 1 2 1 2 1 1 1						\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI respect to: Brighton Park	.ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	d)			
Nam	of Belle Isle is added as Additional Insured led Insured.	i(s) to	tne C	ommercial General Liability	Policy b	ut only with re	spect to vicari	ous liability arising o	out of the	e operat	ions of the
											Ï
CEI	RTIFICATE HOLDER				CANC	ELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809			AUTHORIZED REPRESENTATIVE								

his local business tax receipt is in addition to and not in # of any other tax required by law or municipal ordinance. Polynesses are subject to regulation of zoning, health and of awful authorities. This receipt is valid from October 1 throu

september 30 of receipt y ar. Delinquent penalty is ad

October 1.

CERT RESID CONTRACT 1801

\$30.00

EXPIRES 9/30/2017

1801-1176080



1900 SUMMIT TOWER BLVD #500 E - MAITLAND, 32751

TOTAL TAX
PREVIOUSLY PAID

TOTAL DUE

PAID: \$30.00 2503-02423097 10/17/2016



This receipt is official when validated by the Tax Collector.



STATE OF FLORI. . DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

WILSON, WADE
MATTAMY HOMES
10100 BELCREST BLVD
FORT MYERS FL 33913

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

CRC1331582

ISSUED: 10/03/2016

CERTIFIED RESIDENTIAL CONTRACTOR WILSON, WADE MATTAMY HOMES

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

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CRC1331582

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



WILSON, WADE
MATTAMY HOMES
1900 SUMMIT TOWER BLVD, SUITE 500
ORLANDO FL 32810



DISPLAY AS REQUIRED BY LAW

SEQ # L161003000045

ISSUED: 10/03/2016



City of Belle Isle

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

Product Approval Form

DATE:	PERMIT # 2017-63-655
PROJECT ADDRESS	3745 Brynton Park Circle Belle Isle, FLX 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 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 #
	EXTERIOR D	OORS	Lean House		WALL PAN	IELS	ME DISTIN
Swinging				Sliding	James Hardie Building Products		FL13/42-Ra
Sliding	MI Windows-Doors	420	FLIS 332-Ra	Soffits	Kaycan, LTD	Vinyl soffit T4 12"/DS 10"	FEIR198-Ra
Sectional/Rollup	Wayne-Dalton	5120/6100/9100	F19114-R9	Storefront			21011 12 14
Other				Glass Block			
				Other			
	WINDOV	VS			ROOFING PRO	DUCTS	
Single/Dbl Hung	MI Windows-Doors	3540	FL 17499	Asphalt Shingles	CertainTeed Corp Roofing	CertainTeed Asphalt Rooting Shir	FL5444-R4
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			9
Fixed				Single Ply Roof			
Mullion				Other	CertainTeed Corp Roofing	Findastic modified bitumen roof a	FLQ533-RE
Skylights							1 - 1000 110
Other			-	9	21 2	¥.	
THE SECOND SECOND	STRUCTURAL CO	MPONENTS			OTHER		1
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
It is the applicant's responsibility to verify that specific products have been installed in with the minimum required design pressures for the structure. Specific compliance wi	ill be verified during field inspections.
Applicant Signature	Date 3 .8177