



City of Belle Isle BUILDING PERMIT 2018-03-060

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-03-060

Issue Date: 03/28/2018

Site Address: **1934 Mccoy Rd. 32809**

Parcel Number: 31-23-30-8262-03-000

Subdivision:

Class: Commercial

Description of Work: **Interior damage repairs- from where care went thru hotel all in accident.**

Issued To: PERFORMANCE CONSTRUCTION GROUP LLC

Business Phone: 407 581-8161

Name: JOHNS, DUSTIN E

Contractor License CBC1253029

Payment Date & Method: 4/2 / 2018

Visa Master Card Amex Discover Check / Money Order # 31151

\$441.75

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

BUILDING INSPECTOR DATE COMMENTS

BUILDING	INSPECTOR	DATE	COMMENTS
100 Demo Final			
110 Footing			
120 Stem Wall			
130 Slab			
140 Lintel/Tie Beam			
150 Down Pour			
160 Tilt Panel			
170 Window In-progress			
180 Sheathing (wall)			
190 Sheathing (roof)			
195 Dry-in (roof/walls)			
200 Framing			
205 Drywall Nail/Screw			
210 Fire Rated Assembly			
220 Above-Ceiling			
230 Insulation			
240 Lathe			
250 Final			
260 Other			

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

Inspection requests are to be emailed to 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. Inspection results will be sent out the following business day.



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

DATE: 3-22-18

PERMIT # 2018-03-060

PROJECT ADDRESS 1934 McCoy Road, Belle Isle, FL 32809 32812

PROPERTY OWNER Woodspring Suites PHONE 980-368-8129 VALUE OF WORK (labor & material) \$ 31,345.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Interior damage repairs - from where car went thru hotel wall in accident. Red-tagged by OCFMO

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

(oversized plans of physical packet)
Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 31-23-30-8202-03-000

To obtain this information, please visit <http://www.ocpaf.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.

Wind Exposure Category: B ___ C ___ D ___

PLANNING & ZONING APPROVAL: na
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 3 TOTAL SQ.FT. 120

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 3-27-18

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 3-22-18

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.

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
REVIEW	Date: Sent	RCO	
ZONING	<input checked="" type="radio"/>	<input type="radio"/>	\$165.
CERT OF OCC	<input type="radio"/>	<input type="radio"/>	\$
TRAFFIC	<input type="radio"/>	<input type="radio"/>	\$
SCHOOL	<input type="radio"/>	<input type="radio"/>	\$
FIRE	<input type="radio"/>	<input type="radio"/>	\$
SWIMMING POOL	<input type="radio"/>	<input type="radio"/>	\$
SCREEN ENCLOSURE	<input type="radio"/>	<input type="radio"/>	\$
ROOFING	<input type="radio"/>	<input type="radio"/>	\$
BOAT DOCK	<input type="radio"/>	<input type="radio"/>	\$
BUILDING	<input checked="" type="radio"/>	<input type="radio"/>	\$270.
WINDOW(S)	<input type="radio"/>	<input type="radio"/>	\$
DOOR(S)	<input type="radio"/>	<input type="radio"/>	\$
FENCE	<input type="radio"/>	<input type="radio"/>	\$
SHED	<input type="radio"/>	<input type="radio"/>	\$
DRIVEWAY	<input type="radio"/>	<input type="radio"/>	\$
OTHER	<input type="radio"/>	<input type="radio"/>	\$

1% BCAIB FEE 2.70

1.5% DCA FEE 4.05

TOTAL 441.75

OTHER PERMITS REQUIRED:

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

PAID 4-2-18 AMEX 31151

104551

151K
5x31
25
155
180.77
90
270.77



City of Belle Isle
 Universal Engineering Sciences 3532 Maggle 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.

Owner's Name Woodspring Suites Orlando FL - Belle Isle LLC **PERMIT # 2018-03-060**
 Owner's Address 8621 E. 21st Street, Ste 200, Wichita, KS 67206

Contractor Name <u>Dustin Johns</u>	Company Name <u>Performance Construction</u>
License # <u>CBC 1253029</u>	Company Address <u>211 Northstar Ct.</u>
Contact Phone/Cell <u>407-913-9600</u>	City, State, ZIP <u>Sanford, FL 32771</u>
Contact Email <u>djohns@performanceconstruction.org</u>	Contact Fax <u>407-420-7957</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.

<p>Owner Signature <u>[Signature]</u></p> <p>The foregoing instrument was acknowledged before me this <u>3/22/18</u> by <u>Laura Schoenburger</u> who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner <u>[Signature]</u> State of Florida <u>KANSAS</u> County of <u>Orange</u> <u>SEOGWICK</u></p>	<p>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 511-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqR) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35 = _____ Allowable Impervious Area (BASE) _____</p> <p>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, dock, driveway, accessory building, etc.</p> <p>House _____ Driveway _____ Walkway _____ Accessory Buildings _____ Pool & Spa _____ Deck & Patio _____ Other _____</p> <p>Actual Impervious Area (AIA) _____</p> <p>3. 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.</p> <p>4. If AIA is greater than BASE, then onsite retention must be provided.</p> <p>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</p>
<p>Contractor Signature <u>[Signature]</u></p> <p>COMPANY NAME <u>Performance Construction</u></p> <p>The foregoing instrument was acknowledged before me this <u>3/22/18</u> by <u>Dustin Johns</u> who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner <u>[Signature]</u> State of Florida _____ County of <u>Orange</u></p> <p></p>	<p>LESLIE A. FOWLER NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 09/08/2019</p>

Permit Number: 2018-03-060
 Folio/Parcel ID #: 31-23-30-8262-03-000
 Prepared by: Melanie Wiegand

 Return to: Performance Construction
211 NorthStar Ct
Sanford FL 32771

DOCM 20180156394
 03/19/2018 12:27:55 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: PERFORMANCE CONSTRUCTION



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)
1934 McCoy Road Orlando 32809 31-23-30-8262-03-000
2. **General description of improvement**
Interior Alteration
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Woodspring Suites Orlando FL-Belle Isle LLC
 Address 8621 E 21 Street Suite 250 Wichita KS 67206-2965
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Performance Construction Group Telephone Number 407-426-7998
 Address 211 NorthStar Court Sanford FL 32771
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: _____ D.C.
 DATED 03-19-18

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.

[Signature]
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Authorized Signatory/Director
 Signatory's Title/Office of Development

The foregoing instrument was acknowledged before me this 15 day of March 2018 by Aaron A. Packard
 as Authorized Signatory/Director of Development for Woodspring Suites Orlando FL-Belle Isle LLC
Type of authority (e.g., officer, trustee, attorney in fact) month/year name of person
Name of party on behalf of whom instrument was executed

[Signature]
 Signature of Notary Public - State of ~~Florida~~ Kansas

Leslie A Fowler
 Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____





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

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

(850) 487-1395

**JOHNS, DUSTIN E
PERFORMANCE CONSTRUCTION GROUP LLC
211 NORTHSTAR COURT
SANFORD FL 32771**

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**

CBC1253029 ISSUED: 07/06/2016

**CERTIFIED BUILDING CONTRACTOR
JOHNS, DUSTIN E
PERFORMANCE CONSTRUCTION GROUP LLC**

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date AUG 31, 2016 L160706000749

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CBC1253029	

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



**JOHNS, DUSTIN E
PERFORMANCE CONSTRUCTION GROUP LLC
211 NORTHSTAR COURT
SANFORD FL 32771**



ISSUED: 07/06/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L160706000749



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/22/2018

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 Brown & Brown of Florida, Inc. 2290 Lucien Way Suite 400 Maitland FL 32751		CONTACT NAME: Linda Nelson PHONE (A/C, No, Ext): (321)-214-2350 E-MAIL ADDRESS: lnelson@bborlando.com FAX (A/C, No): (407) 660-2012	
INSURED Performance Construction Group, LLC 211 Northstar Ct Sanford FL 32771		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: National Trust Insurance Co. 20141 INSURER B: FCCI Insurance Group INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1710212579 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL0019277	10/5/2017	10/5/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	<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		CA100006415	10/5/2017	10/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ 300,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB0024404	10/5/2017	10/5/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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 N/A	001-WC16A-75483	10/5/2017	10/5/2018	PER STATUTE OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
B	Rented/Leased Equipment		CM0009401	10/5/2017	10/5/2018	Liml \$75,000 Ded/ACV \$500

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 Avenue 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 J DeStefano, MBA, CIC



SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR

PO BOX 630 SANFORD, FL 32772 | 407-665-1000

WWW.SEMINOLECOUNTY.TX

VALID THROUGH 09/30/18

PERFORMANCE CONSTRUCTION GROUP LLC

211 NORTHSTAR CT

SANFORD, FL 32771

Account #:191555

DUSTIN JOHNS (OFFICER)

STEVEN N BUTT SR (QUALIFIER)

REGULATED

License # - EC13007556 / CBC1253029

Qualifier- DUSTIN JOHNS

****SANFORD CITY LICENSE REQUIRED ****

Receipt #: WEB#2017081615112

Amount Paid: \$ 45.00

Date Paid: 08/16/2017

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by a duly authorized officers of the County. Upon failure to do so the business shall be subject to the payment of another business tax for the same business or profession.

• **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute (FS) 205.053 (1)).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt ((FS) 205.053 (2)).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

• **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

PERFORMANCE CONSTRUCTION GROUP LLC

211 NORTHSTAR CT

SANFORD, FL 32771



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 104551

Inspection Report

Project Name: 1934 McCoy Road ~ COBI commercial ~ Woodspring Suites

Date: 03/26/2018 Any any

Address: 1934 McCoy Road ~ COBI commercial, Belle Isle, Orange County, FL

Permit No: 2018-03-060

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1501343.0000-0115-15

Contact: Susan Manchester at 407 581 8161

Scope of Inspection: REVIEW bldg app to repair damaged hotel wall where car crashed through

Inspection Type:

Disposition of Inspection:

Comments: This damage was red-tagged by Orange County Fire Marshal's Office and Hotel advised they must have repairs permitted and inspected by COBI

Approved

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: . . .

Reviewed For Code Compliance
S. Dale Baker
FL License # PX-1830