



BUILDING JOB SITE CARD

City of Belle Isle

SWIMMING POOL PERMIT 2018-03-019

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-03-019-

Issue Date: 03/09/2018

Site Address: 2121 Mccoy RD. 32809

Parcel Number: 30-23-30-5558-00-010

Subdivision:

Class: COMMERCIAL

Description of Work: SWIMMING POOL AND DECKING

★ oversized plans w/ physical packet ★

Issued To: ULTIMATE POOL DESIGN dba Artificial Environment LLC

Business Phone: 321 299-2871

Name: CORRENTE, DANTE MICHAEL

Contractor License: CPC1457759

Payment Date & Method: *4/2* / 2018

Visa Master Card Amex Discover

Check / Money Order #

1480

\$756.94

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

"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

800 Pool Steel & Ground			
810 Pool Deck			
820 Pool Safety			
830 Final			

ELECTRICAL INSPECTOR DATE COMMENTS

840 Rough/underground			
850 Pool Light (optional)			
860 Final			

PLUMBING INSPECTOR DATE COMMENTS

870 Rough/underground			
880 Final			

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.

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



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8181 * Fax 407-581-0313 * www.universaleengineering.com

Building Permit (Land Use) Application

RECEIVED
MAR 06 2018

DATE: _____

PERMIT # 2018-03-091

PROJECT ADDRESS 2121 McCoy Rd, Belle Isle, FL 32809 32812

PROPERTY OWNER CONWAY BREEZE PARTNERS PHONE _____ VALUE OF WORK (labor & material) \$ 72,900

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

SWIMMING POOL & DECKING.

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-8
- 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: 30-23-30-5558-00-010
30-23-30-0000-00-015

To obtain this information, please visit <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 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: MARCH 20, 2018 per attached email from April Fisher
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. _____
MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER Doly B DATE 3/18/18

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

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.

REVIEW	Date: Sent	RCD	Y	N	Amount
SPRINKLERS REQ'D			<input type="checkbox"/>	<input type="checkbox"/>	
If Required - SUBMIT COPY OF PLANS FOR FIRE					
ZONING			<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 165.
CERT OF OCC			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 577.50
BUILDING			<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$
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"/>	\$
1% BCAIB FEE					5.78
1.5% DCA FEE					5.66
TOTAL					756.94
PAID 4-2-18 check 1482					
OTHER PERMITS REQUIRED:					
ELECTRICAL			<input type="checkbox"/>	<input type="checkbox"/>	NA
PREPOWER			<input type="checkbox"/>	<input type="checkbox"/>	NA
MECHANICAL			<input type="checkbox"/>	<input type="checkbox"/>	NA
PLUMBING			<input type="checkbox"/>	<input type="checkbox"/>	NA
ROOFING			<input type="checkbox"/>	<input type="checkbox"/>	NA
GAS			<input type="checkbox"/>	<input type="checkbox"/>	NA

103217



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.

Owner's Name CONWAY BREEZE PARTNERS, LLC

PERMIT # _____

Owner's Address 2021 MCCOY ROAD, BELLE ISLE, FL 32812

Contractor Name <u>DANTE M CORASANTE</u>	Company Name <u>ARTIFICIAL ENVIRONMENTS INC</u>
License # <u>CPL 1457759</u>	Company Address <u>1050 AROSN ST.</u>
Contact Phone/Cell <u>321-299-2371</u>	City, State, ZIP <u>CONWOOD FL, 32750</u>
Contact Email <u>DANTE@ULTIMATEPOOLDESIGN.COM</u>	Contact Fax _____

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 [Signature]

The foregoing instrument was acknowledged before me this 1/16/18

by _____ 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
 Notary Public State of Florida
 Octavio Hidalgo
 My Commission GG 153739
 Expires 10/22/2021

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 _____
- 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.

Actual Impervious Area (AIA) _____

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

Contractor Signature [Signature]

COMPANY NAME ARTIFICIAL ENVIRONMENTS

The foregoing instrument was acknowledged before me this 1/24/18

by _____ 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
 Notary Public State of Florida
 Octavio Hidalgo
 My Commission GG 153739
 Expires 10/22/2021

Permit Number _____
 Foto/Parcel ID # 30-23-30 8868 00-010
 Prepared by Ultimate Pool Design

 Return to Ultimate Pool Design
1050 Arden Street Longwood FL

DOC# 20180175353
 03/28/2018 03:47:27 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 PB - Ret To: ULTIMATE POOL DESIGN



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)
2121 MC COY RD
2. **General description of improvement**
NEW POOL & DECK
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Conway Breeze Partners LLC
 Address 11900 Biscayne Blvd Ste 289
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Ultimate Pool Design Telephone Number 321-269-2871
 Address 1050 Arden Street Longwood Fl. 32750 CPC 1457759
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 recorded in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: Phil Diamond
 DATED: 3-26-18

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.

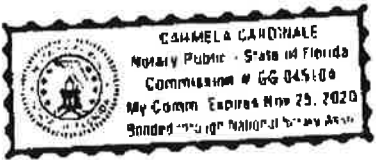
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ MANAGER
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 22 day of March by Mark Russo
 as MANAGER for CONWAY BREEZE PARTNERS LLC
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Carmela Cannale
 Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____




POWER OF ATTORNEY

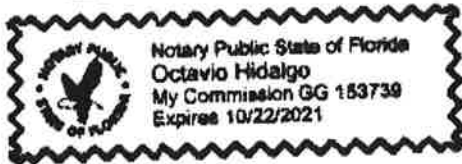
Date: 1-15-18

I, Brian Mark, do hereby authorize Henry Marin to
pull the Electrical permit for 2057 Macoy Rd.
Type of permit job address


Signature


Notary

Personally known to me or drivers license # _____
State of Florida, County of Dade on 15 day of
January, 2018.



Susan Manchester

From: Susan Manchester
Sent: Tuesday, March 20, 2018 1:04 PM
To: 'April Fisher'
Cc: 'Dante Corrente'
Subject: RE: 2121 McCoy Rd - pool permits ready to be issued

Thank you!

Susan Manchester

Permit Administration
Building Inspections and
Code Compliance Department
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalengineering.com



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Construction Materials Testing • Threshold Inspections
Building Inspection • Plan Review • Building Code Administration

From: April Fisher [<mailto:aprilfisher73@gmail.com>]
Sent: Tuesday, March 20, 2018 10:36 AM
To: Susan Manchester
Cc: CobiPermits; Dante Corrente
Subject: Re: 2121 McCoy Rd - pool permits ready to be issued

As long as the plans match the PD approved plans, then yes it is.

April Fisher, AICP
Fisher Planning and Development Services
407-494-8789

On Tue, Mar 20, 2018 at 10:27 AM, Susan Manchester <SManchester@universalengineering.com> wrote:

Hi April,

Since everything was approved - is it OK to issue the pool permits? The contractor is anxious to begin work.

Thank you

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CPC1457759	

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

CORRENTE, DANTE MICHAEL
ULTIMATE POOL DESIGN
PO BOX 522664
LONGWOOD FL 32752

ISSUED: 08/31/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608310001926





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/2018

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 have ADDITIONAL INSURED provisions or 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 The Whitehead Agency Inc P.O. Box 940096 Maitland FL 32794-0096		CONTACT NAME: Stephanie Prescott PHONE (A/C, No, Ext): (407)831-4424 FAX (A/C, No): (407)831-4421 E-MAIL ADDRESS: stephanie@thewhiteheadagency.com	
INSURED Artificial Environments, Inc. 1050 Arden Street Longwood FL 32750		INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 12537	

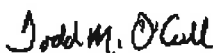
COVERAGES**CERTIFICATE NUMBER:** Mastercert**REVISION NUMBER:**

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 <input checked="" type="checkbox"/> Blanket Additional Insured <input checked="" type="checkbox"/> Blanket Waiver of Subrogation GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DCG06379-00	01/31/2018	01/31/2019	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			DCG06379-00	01/31/2018	01/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Non Owned/Hired Liab \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Ave Belle Isle FL 32809	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 
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/5/2018

EXPIRATION DATE: 3/4/2020

PERSON: CORRENTE

DANTE

M

FEIN: 743049626

BUSINESS NAME AND ADDRESS:

ARTIFICIAL ENVIRONMENTS INC

1050 ARDEN STREET

LONGWOOD FL 32750

SCOPE OF BUSINESS OR TRADE:

Landscape Gardening & Drivers Swimming Pool Construction-
Not Iron or Steel -& Drivers

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR

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

WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/18

**ARTIFICIAL ENVIRONMENTS INC
1050 ARDEN STREET
LONGWOOD, FL 32750**

Account #: 164416

DANTE M CORRENTE (OWNER)

**REGULATED
License # - CPC1457759
Qualifier- CPC1457759**

Receipt #: 33012018030202641

Amount Paid: \$ 45.00

Date Paid: 03/02/2018

SITE DATA: (CONWAY BREEZE PD)

ZONING CURRENT = C-1 COMMERCIAL
PREPARED = PD PLANNED DEVELOPMENT
PARCEL ID 20-07-20-5000-00-00 & 20-07-20-0000-00-00
PARCEL SIZE LOT 1 = 4.88 ACRES
LAND USE CURRENT = HOTEL/MOTEL
PREPARED = H.U.C-FAMILY

PROPOSED USE - 4.88 ACRES
1) PARKING DATA
PARKING REQUIREMENTS
REQUIRED: CONDOS W/ 1 BEDROOMS = 18 SPACES PER UNIT
CONDOS W/ 2 OR MORE BEDROOMS = 2 SPACES PER UNIT
PARKING CALCULATION
(100) 2 BDRM UNITS = 100 X 0.18 = 180 SPACES
(100) 3 BDRM UNITS W/ BAL = 100 X 1.02 = 102 SPACES
(100) 3 BDRM UNITS = 100 X 1.02 = 102 SPACES
TOTAL REQUIRED PARKING = 282 SPACES

PROVIDED
J7 STANDARD PARKING SPACES @ 3 X 180
247 STANDARD PARKING SPACES @ 3 X 200
7 HANDICAP PARKING SPACES @ 3 X 200
254 TOTAL PARKING SPACES PROVIDED

2) TRIP GENERATION CALCULATIONS BASED ON THE MANUAL, 9TH EDITION
MULTI-FAMILY RESIDENTIAL (CONDOMINIUMS/TOWNHOMES)
DAILY TRIP GENERATION FACTOR = 2.47 (400) = 988
WHERE T = VEHICLE TRIPS, AND X = NO. OF UNITS = 100
LTD = (2.47)(400) = 988 = 0.20
THEREFORE, DAILY TRIPS = 988
PM PEAK HOUR TRIP GENERATION FACTOR = 2.00 (400) = 800
WHERE T = VEHICLE TRIPS, AND X = NO. OF UNITS = 100
LTD = (2.00)(400) = 800 = 0.29
THEREFORE, PM PEAK HOUR TRIPS = 800

3) SETBACKS AND BUFFERS
BUILDING SETBACKS FRONT = 40'
SIDE (A) = 20' ADJACENT TO RESIDENTIALS
SIDE (B) = 5' ADJACENT TO COMMERCIALS
SIDE (C) = 0' (ADJACENT TO PD)
REAR = 60' REQUIRED LOT PROVIDED
LANDSCAPE BUFFERS FRONT = 10'
SIDE (A) = 5'
SIDE (B) = 5' W/ 6' HIGH MASONRY WALL (ADJACENT TO RESIDENTIALS)
SIDE (C) = 5' (ADJACENT TO COMMERCIALS)
REAR = 60' W/ 6' HIGH MASONRY WALL (ADJACENT TO RESIDENTIALS)

4) MAX BUILDING HEIGHT: 90 FT PER CITY OF BELLE ISLE CODE

5) DENSITY CALCULATIONS
EXISTING CONDITIONS: (3 PARCELS INTO 100 UNITS)
EXISTING BUILDING = 116 AC = 24,372
EXISTING IMPROVEMENTS = 678 AC = 147,264
EXISTING IMPROVEMENTS = 228 AC = 50,160
TOTAL = 422 AC = 92,796

PROPOSED CONDITIONS
PROPOSED BUILDING = 40,276 SQ FT = 1.12 AC = 24,372
PROPOSED IMPROVEMENTS = 89,248 SQ FT = 2.03 AC = 47,264
PROPOSED IMPROVEMENTS = 49,824 SQ FT = 1.13 AC = 25,160
PROPOSED TOTAL = 179,348 SQ FT = 4.08 AC = 92,796
TOTAL = 89,574 SQ FT = 2.03 AC = 47,264

RECREATION/ OPEN SPACE CALCULATIONS:
30,000 SQ FT = 0.69 AC RETENTION/ OPEN SPACE
149,348 SQ FT = 3.39 AC

* MINIMUM RECREATION AREA/ OPEN SPACE REQUIRED BY THE CITY OF BELLE ISLE IS 25% APPLICANT REQUESTING A VALUE OF 31.50%



**Civil Engineering
Design Studio, Inc.**
P.O. Box 528283
JACKSONVILLE, FLORIDA 32252-0283
PH: 407-446-3174 FAX: 407-641-9592
CERTIFICATE OF REGISTRATION # 12313

**CONWAY
BREEZE PD**

BELLE ISLE, FL
ENGINEER SEAL

CONSTANCE A. OWENS, P.E., LEED AP
FL OFFICE LICENSE #48842

ISSUED:	DATE:
CITY OF BELLE ISLE	08/28/15

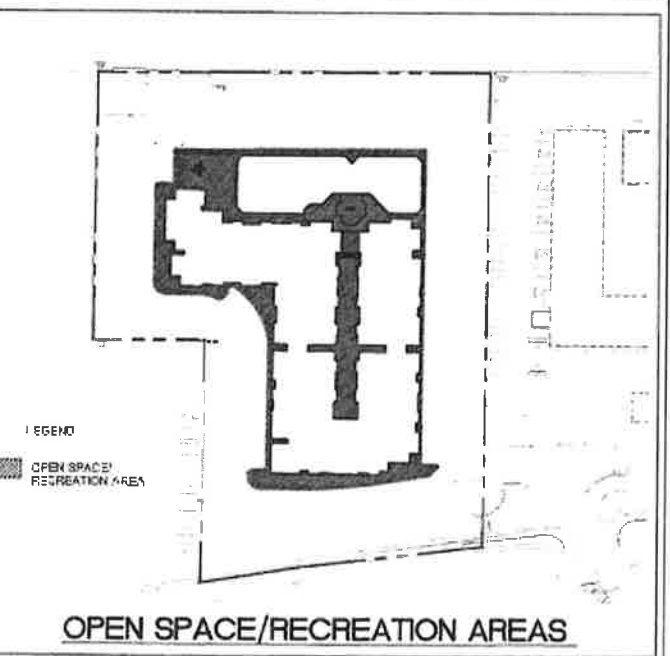
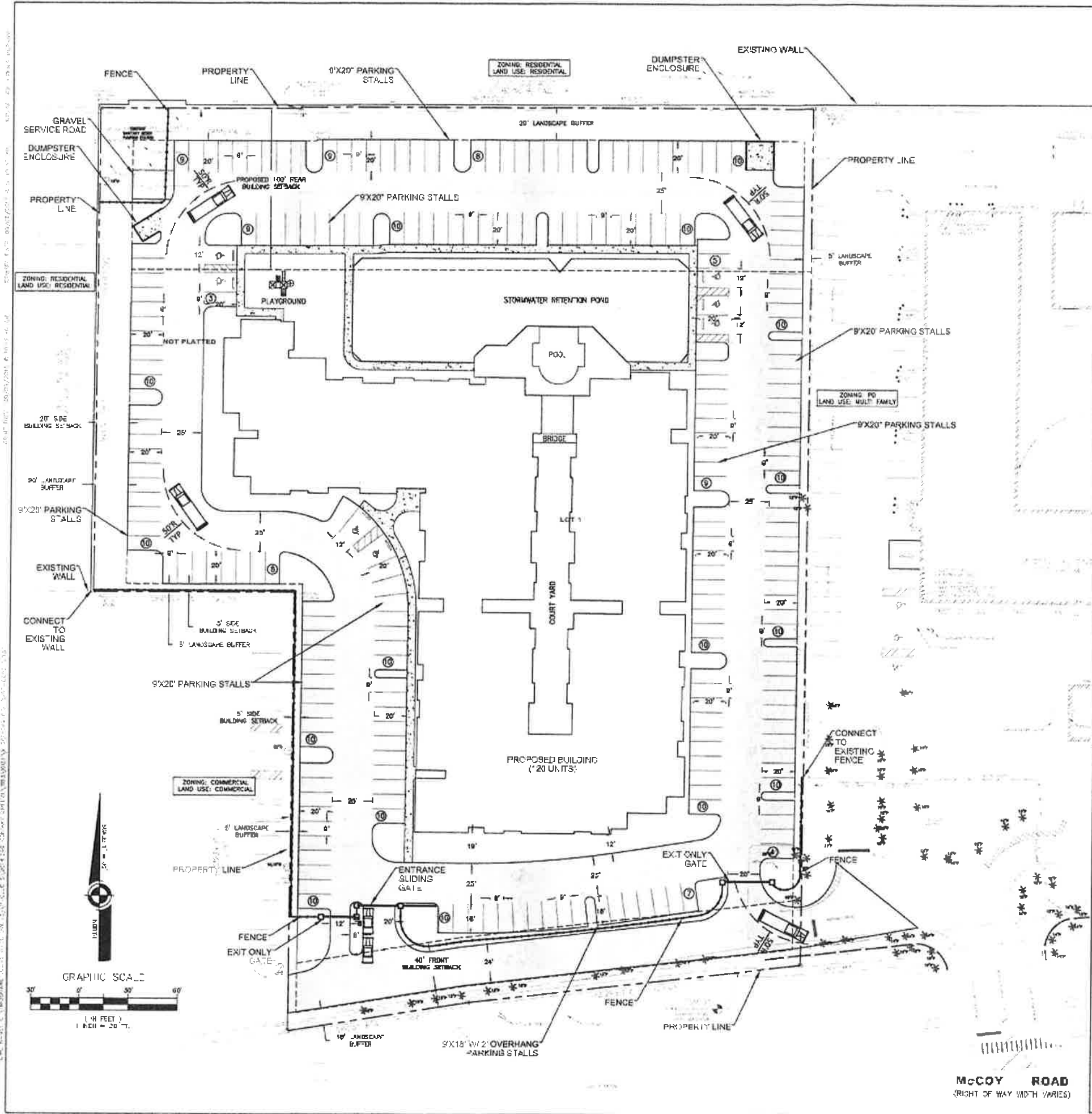
REV.	DATE	DESCRIPTION

**PRELIMINARY
SITE PLAN**

Sheet Title

JOB NO.	20-1049
SCALE	AS SHOWN
DATE	08/28/15
DESIGN	DMW
DRAWN	DMW
CHECKED	CAO

C-200



McCoy ROAD
(RIGHT OF WAY WIDTH VARIES)



TREE	QTY	BOTANICAL NAME	COMMON NAME	CONT.	CA.	SP. PLICATION	WATER USAGE	NATIVE	REMARKS
GDR LAR	30	GARDONIA LASHANTHUS	LOU LOULLY DAY	20 GAL	1.5' CA	F 4 8 4 5	MED LOW	YES	SINGLE, STRAIGHT TRUNK, FULL
QUE VIR	22	QUERULUS VIRGINIANA	SOUTHERN LIVE OAK	40 GAL	2 1' CA	F 1 0 6 5	LOW/MEDIUM	YES	SINGLE, STRAIGHT TRUNK, FULL

SHRUBS	QTY	POTENTIAL NAME	COMMON NAME	CONT.	SP. PLICATION	WATER USAGE	NATIVE	REMARKS
VIB AW4	246	VIBURNUM CEDRICI-FLOWERS	AMERICAN VIBURNUM	CONT. GROWN	F 11 X 24 5	LOW	NO	FULL

BUFFER YARD CALCULATIONS
 20' LANDSCAPE BUFFER: DESIGNED TO SATISFY "15-FOOT BUFFER" TYPE
 AS PER SEC. 50-76 (5)(b)(13)

REQUIRED BUFFER YARD: NORTH BUFFER (435 LF)

SEC. 50-76 (5) 3 TREES/100 LF=	13 TREES
PROPOSED CANOPY TREES=	13 TREES
SEC. 50-76 (5) 4 TREES/100 LF=	18 TREES
PROPOSED UNDERSTORY TREES=	18 TREES
PROPOSED SHRUBS=	146 SHRUBS

REQUIRED BUFFER YARD: WEST BUFFER (300 LF)

SEC. 50-76 (5) 3 TREES/100 LF=	9 TREES
PROPOSED CANOPY TREES=	9 TREES
SEC. 50-76 (5) 4 TREES/100 LF=	12 TREES
PROPOSED UNDERSTORY TREES=	12 TREES
PROPOSED SHRUBS=	99 SHRUBS

CONWAY
 BREEZE PD

BELLE ISLE, FL
 LANDSCAPE ARCHITECT'S SEAL

JAMES R. MULLY, RLA
 LICENSE NUMBER: 30001350

DATE: _____

REV.	DATE	DESCRIPTION

PD LANDSCAPE
 BUFFER PLAN

Sheet Title

JOB NO.	1539
SCALE:	AS SHOWN
DATE:	3/19/15
DESIGN:	JRM
DRAWN:	MK
CHECKED:	NKK