



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.**

<p>Scope of Work: BUILDING : change out digital billboard face</p> <p>Comments: None</p> <p>Project Information Address: 3101 McCoy Road, Belle Isle, FL 32812 Parcel ID: 29-23-30-1880-02-055 Property Owner: Clear Channel Outdoor Phone Number: 321 445 2649 ***** Company Name: Clear Channel Outdoor Contractor Name: Hull, William License Number: EC0001352 Address: 5800 NW 77th St., Miami, FL 33166 Phone Number: 407 297 8176</p>	<p style="text-align: right;">Permit Number: 2015-08-035</p> <p style="text-align: right;">Date of Application: 08/14/2015 Date Permit Issued: 08/25/2015</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 School \$ Traffic \$</p> <p>ZONING FEES Zoning Fee \$165.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Cert of Occ</td><td>\$</td></tr> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>PrePower</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$</td></tr> <tr><td>Mechanical</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> <tr><td>Sign</td><td>\$105.00</td></tr> </table> <p>SURCHARGE FEES</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">TOTAL FEES \$274.00</p> <p>Date Paid <u>8-27-15</u></p> <p>CC or Check # <u>MC 7993</u></p> <p>Amount Paid <u>274.00</u></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>	Cert of Occ	\$	Demo	\$	Building	\$	Fence	\$	Driveway	\$	Shed	\$	Window(s)	\$	Door(s)	\$	PrePower	\$	Electrical	\$	Temp Pole	\$	Plumbing	\$	Mechanical	\$	Gas	\$	Roofing	\$	Boat Dock	\$	Screen Encl	\$	Swimming Pool	\$	Sign	\$105.00	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">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>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>ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</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 <u> Natural </u> <input type="checkbox"/> LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
Cert of Occ	\$																																										
Demo	\$																																										
Building	\$																																										
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Driveway	\$																																										
Shed	\$																																										
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Sign	\$105.00																																										
Surcharge Fee	\$2.00																																										
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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 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-08-035 & 036
Property Owner	Clear Channel
Address	3101 McCaw Rd
Nature of Improvement	change at face of digital billboard
Received Application	8-14-15
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-19-15
Building Official Approved	Agree via email 8-21-15
Comments	
1.	8-19-15 Susan WO #'s 55922 &
2.	NOC is not recorded - left message w/
3.	WCV GLV FLIC Mendota McKenna. 321-445-2649
4.	blew up the schematics to 11x17 - but might still not
5.	be big enough to be legible
6.	Susan 8-21-15 emailed Mendota again - need VALUE
7.	of building permit &. RECORDED NOC
8.	Susan 8-25-15 Rec'd recorded NOC, typed permit card, emailed ready
9.	
10.	
11.	
12.	



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RECEIVED
AUG 14 2015

Building Permit (Land Use) Application

DATE: 8/15/15

PERMIT # 2015-08-035

PROJECT ADDRESS 3101 McCoy Rd, Belle Isle, FL 32809 32812

PROPERTY OWNER Clear Channel Outdoor PHONE (321) 445-2419 VALUE OF WORK (labor & material) \$ 10,000.

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Replace existing digital Face on Billboard

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **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: 29-23-20-1880-02-155

To obtain this information, please visit <http://www.ocpaf1.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK. 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

Attached Survey 2 SETS and Construction Plans 2 SETS

PLANNING & ZONING APPROVAL: _____
DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE Replace existing digital face

OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

#BLDG. NA #UNITS NA #STORIES NA TOTAL SQ.FT. NA

MAX. FLOOR LOAD NA MAX. OCCUPANCY NA

MIN. FLOOD ELEV. NA LOW FLOOR ELEV. NA

WATER SERVICE NA WELL NA SEPTIC NA

REVIEW	Date: Sent	RCD	Amount
ZONING	Y	N	\$ <u>165.</u>
CERT OF OCC	Y	N	\$ _____
TRAFFIC	Y	N	\$ _____
SCHOOL	Y	N	\$ _____
FIRE	Y	N	\$ _____
SWIMMING POOL	Y	N	\$ _____
SCREEN ENCLOSURE	Y	N	\$ _____
ROOFING	Y	N	\$ _____
BOAT DOCK	Y	N	\$ _____
BUILDING	Y	N	\$ _____
WINDOW(S)	Y	N	\$ _____
DOOR(S)	Y	N	\$ _____
FENCE	Y	N	\$ _____
SHED	Y	N	\$ _____
DRIVEWAY	Y	N	\$ _____
OTHER	Y	N	\$ <u>165</u>
billboard			
3% FL SURCHARGE			\$ <u>4.</u>
TOTAL			\$ <u>274.</u>

BUILDING REVIEWER Jessie VIA EMAIL DATE 8-21-15

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 8-27-15

Per FSS 105.3.3:
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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.



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

PERMIT # 2015-08-035

Owner's Name Clear Channel Outdoor

Owner's Address 6333 Old Winter Garden Rd, Orlando, FL 32811

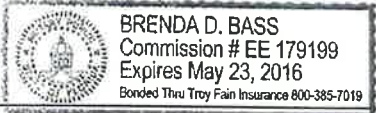
Contractor Name <u>William G Hull</u>	Company Name <u>Clear Channel Outdoor</u>
License # <u>EC6001352</u>	Company Address <u>5800 NW 77th Ct</u>
Contact Phone/Cell <u>Meredith McKenna / 321.445.2649</u>	City, State, ZIP <u>Miami, FL 33166</u>
Contact Email <u>meredithmckenna@clearchannel.com</u>	Contact Fax <u>407.297.8174</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 [Signature]
 The foregoing instrument was acknowledged before me this 8/13/2015
 by Danny La Rosa who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner Brenda D Bass
 State of Florida
 County of Orange



Contractor Signature Meredith McKenna (Agent)
 COMPANY NAME Clear Channel Outdoor
 The foregoing instrument was acknowledged before me this 8/13/2015
 by Meredith McKenna who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner Brenda D Bass
 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: _____
Folio/Parcel Identification Number: _____
Prepared by: Meredith McKenna



Return to: 5337 Old Winter Garden Rd
Orlando, FL 32811

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.

- Description of property** (legal description of the property, and street address if available)
3101 McCoy Rd, Belle Isle, FL 32812
- General description of improvement**
Replace existing digital fence
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Clear Channel Outdoor
Address 5337 Old Winter Garden Rd, Orlando, FL 32811
Interest in Property Billboard owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name Velazquez Jesus G, Cotta Iris N
Address 7335 Pershing Ave, Orlando, FL 32822
- Contractor**
Name William G Hull Telephone Number 721-448-2149
Address 5800 NW 77th Ct, Miami, FL 33166
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- 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 _____
- 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 _____
- 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) _____

STATE OF FLORIDA, COUNTY OF ORANGE
 I hereby certify that this is a true copy of the documents referred to in the Official Records.
 MARTHA O. HAYNIE, COUNTY COMPTROLLER
 By: [Signature] Deputy Comptroller
 Dated: _____

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.

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 13th day of 8/2015 by Danny La Rosa
as VPO & RE Orlando for Clear Channel Outdoor
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Brenda D Bass
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 _____

RECEIVED
AUG 10 2015



CITY OF BELLE ISLE, FLORIDA
Universal Engineering Sciences 3532 Maggle Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: 8/5/15

Permit #: _____

I hereby name and appoint Miracloth McKinn of _____ (print name)

Pipa Channel Outdorr to be my lawful attorney-in-fact to act for _____ (company name)

me and apply to the City of Belle Isle Building Department for a Building + Electrical permit (type of permit) for work to be performed at the following location:

3101 McCoy Rd, Belle Isle, FL 32809 32812 and _____ (street address)

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

Certified Contractor's Printed Name: William G. Hull

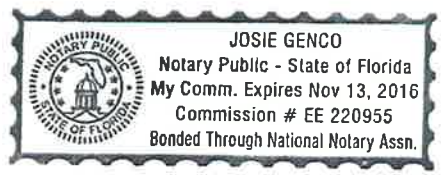
License Number: FC0001352

Certified Contractor's Signature: William G. Hull

.....
The foregoing instrument was acknowledged before me this 5 days of August of 20 15 by William G. Hull who is personally known to me or who produced known to me as identification and who did not take an oath.

State of Florida
County ~~of Orange~~ Miami-Dade
Josie Genco
Notary Public, Orange County, Florida
Miami-Dade

(seal)



Susan Manchester

From: John Connell
Sent: Wednesday, August 19, 2015 11:42 AM
To: Susan Manchester
Subject: RE: 3101 McCoy Rd - digital billboard face change out

Approved

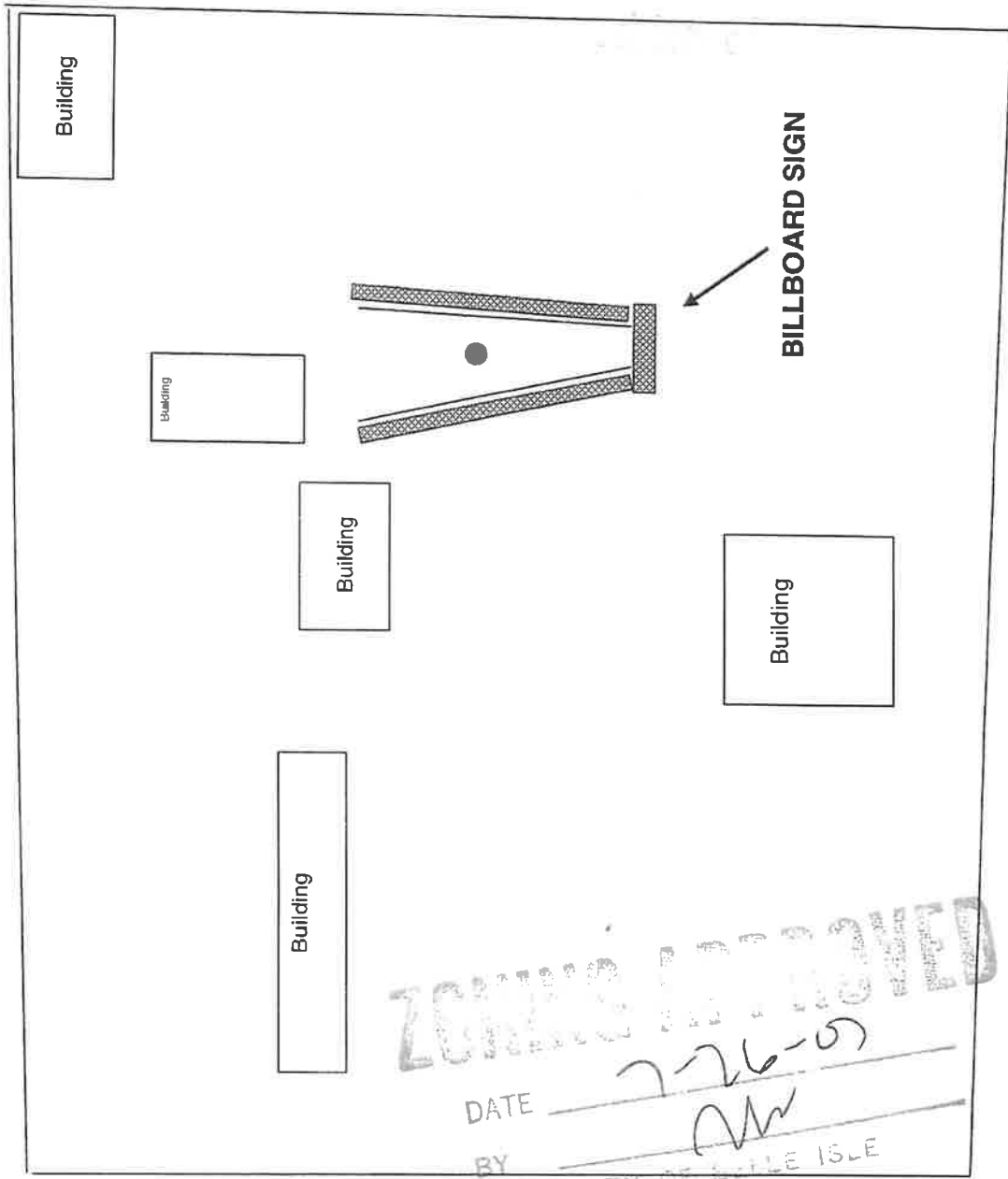
From: Susan Manchester
Sent: Wednesday, August 19, 2015 11:14 AM
To: John Connell
Cc: BIDReviews
Subject: 3101 McCoy Rd - digital billboard face change out

All info needed should be on the cover sheet.

Thanks,

Susan

SITE PLAN: 3101 McCoy Road



McCoy Road

Scale 1" = 30'

Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Not

3101 Mccoy Rd < 29-23-30-1880-02-155 >

Name(s)
 Velazquez Josue G
 Cotto Iris N
 Property Name
 Beeline Auto Brokers/Asap Towing
 Mailing Address On File
 7335 Pershing Ave
 Orlando, FL 32822-5743
 Incorrect Mailing Address?

Physical Street Address
 3101 Mccoy Rd
 Postal City and Zipcode
 Orlando, FL 32812
 Property Use
 1702 - Modular Office
 Municipality
 Belle Isle



Values, Exemptions and Taxes

Property Features

Sales Analysis

Location Info

Market Stats

Update Infor

Property Description

DAETWYLER SHORES 1ST ADDITION U/107 BEG 50 FT N OF SW COR OF SEC RUN E 193.80 FT RUN N TO N LINE OF LOT 15 RUN W 200 FT M/L RUN S TO N RAW LINE OF SR 528 6.20 FT TO POB BEING PT OF LOT 15 BLK B

Land (includes working values)

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1702 - Modular Office	C-1	33928 SQUARE FEET	\$7.25	\$245,978	\$0.00	\$245,978
9915 - Sign Sites	C-1	1 UNIT(S)	\$50,000.00	\$50,000	\$0.00	\$50,000

Page 1 of 1 (2 total records)

Buildings (includes working values)

Important Information	Structure
Model Code: 04 - Commercial	Actual Year Built: 1980 Gross Area: 1660 sqft



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2015

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 Aon Risk Services Southwest, Inc. 5555 San Felipe, Suite 1500 Houston, TX 77056-3089	1-832-476-6000	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURED Clear Channel Outdoor, Inc. c/o 200 East Basse Rd. San Antonio, TX 78209		INSURER(S) AFFORDING COVERAGE	
		INSURER A: GREENWICH INS CO	NAIC # 22322
		INSURER B: XL SPECIALTY INS CO	37885
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 44773568 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		RGD3000528	11/01/14	11/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	RWR3000530 / RWD3000529	11/01/14	11/01/15	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Electrical contractor, Bill Hull

Certificate Holder is an additional insured on the liability policies, but only with respect to liability that arises out of the acts or omissions of the Named Insured;

Workers Compensation is evidenced for employees of the Named Insured Only.

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809 USA	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 <i>Aon Risk Services Southwest, Inc.</i>

ACORD 25 (2014/01)
Dholden
44773568

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

LICENSE NUMBER	
EC0001352	



he ELECTRICAL CONTRACTOR
 named below IS CERTIFIED
 under the provisions of Chapter 489 FS.
 expiration date: AUG 31, 2016

HULL, WILLIAM G
 CLEAR CHANNEL OUTDOOR INC DBA CC OUTDOOR INC
 5800 NW 77 CT
 MIAMI FL 33166



ISSUED: 05/29/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1405290002919

700641

Local Business Tax Receipt

Miami-Dade County, State of Florida
THIS IS NOT A BILL TO BE PAID

3076403

BUSINESS NAME/LOCATION
CLEAR CHANNEL OUTDOOR INC
3800 NW 77th Ct
MIAMI FL 33166

RECEIPT NO
RENEWAL
1202100

LBT

EXPIRES
SEPTEMBER 30, 2015

Mileage applied to place of business
by receipt to County Code
Chapter 6A - Art 9B-10

OWNER
CLEAR CHANNEL OUTDOOR INC
Employee(s) 20

SEC. TYPE OF BUSINESS
213 SERVICE BUSINESS

PAYMENT RECEIVED
BY TAX COLLECTOR
\$150.00 08/07/2014
CHECK# 14-045201

This Local Business tax receipt only confirms payment of the Local Business Tax. The Receipt is not a license permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or non-governmental regulatory requirements which apply to the business.
The RECEIPT NO. above must be displayed on all commercial vehicles. Miami-Dade Code Sec 6A-27B.
For more information, visit www.miamidade.gov/taxcollector

2014 - 2015 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT
OCC. CODE 090.001000 Contractor

EXPIRES SEPTEMBER 30, 2015
10 Employees

ACCOUNT NO
274134
RENEWAL

Receipt Fee	18.00
Hazardous Waste Surcharge	40.00
Law Library Fee	0.00

BUSINESS MCCLELLAN MATTHEW JAMES
13540 N FLORIDA AVE 205
HILLS COUNTY, FL 33613

2014-2015

NAME MCCLELLAN MATTHEW JAMES
MAILING ACCOUNTABLE CLIMATE SOLUTIONS INC
ADDRESS 13540 N FLORIDA AVE STE 205
TAMPA, FL 33613

Paid 13-625-011625
08/12/2014 58.00

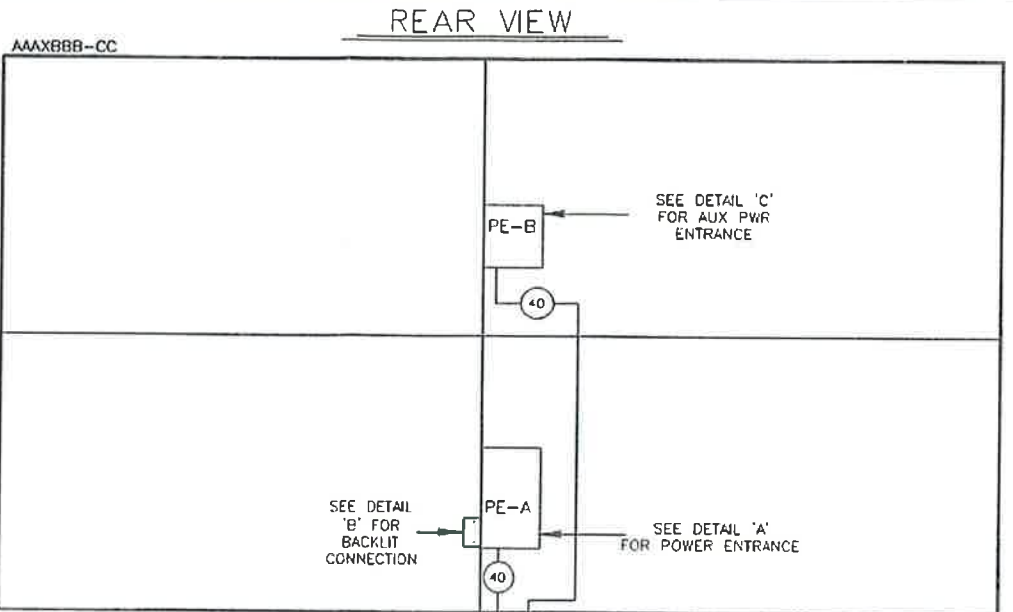
BUSINESS TAX RECEIPT

HAS HEREBY PAID A PROCESE TAX TO ENGAGE
IN BUSINESS PROFESSION, OR OCCUPATION SPECIFIED HEREON

DOUG BELDEN, TAX COLLECTOR

813-635-5200
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

- NOTES:
1. DISPLAY LOADS ARE NON-CONTINUOUS.
 2. IT IS THE RESPONSIBILITY OF THE ELECTRICAL INSTALLATION CONTRACTOR TO ENSURE THAT ALL ELECTRICAL WORK PERFORMED ON SITE MEETS OR EXCEEDS ALL LOCAL AND NATIONAL ELECTRICAL CODES.
 3. DAKTRONICS IS NOT RESPONSIBLE FOR THE QUALITY OF THE POWER DELIVERY SYSTEM TO THE DISPLAY SYSTEM. BECAUSE EACH INSTALLATION IS UNIQUE, DAKTRONICS OFFERS THESE INSTRUCTIONS AS GUIDELINES ONLY. DAKTRONICS, INC. ASSUMES NO LIABILITY IF INSTALLATION STEPS HAVE BEEN OMITTED OR OTHER NECESSARY PROCEDURES ARE NOT INCLUDED IN THIS SYSTEM RISER DIAGRAM.
 4. ALL DISPLAYS MUST BE GROUNDED PER ARTICLE 250 AND 600 OF THE NATIONAL ELECTRICAL CODE WITH NO MORE THAN 10 OHMS GROUND RESISTANCE.
 5. DAKTRONICS UTILIZES BOTH STANDARD AND SUPPLEMENTARY CIRCUIT BREAKERS IN THE DISPLAY ASSEMBLY PROCESS. IT IS THE ELECTRICAL INSTALLATION CONTRACTOR'S RESPONSIBILITY TO ENSURE THAT ALL PRIMARY FEEDER CIRCUIT BREAKERS TO EACH DISPLAY/DISPLAY SECTION ARE UL 489 LISTED.
 6. POWER AND SIGNAL REQUIREMENTS ARE SPECIFIED TO THE EQUIPMENT AND SETUP SHOWN. ANY CHANGES MADE TO EQUIPMENT OR THEIR SETUP SHOULD BE DISCUSSED WITH DAKTRONICS DESIGN PERSONNEL AND WILL REQUIRE AN UPDATED RISER DIAGRAM DRAWING.
 7. THE CONTRACTUAL AGREEMENT WILL DETERMINE THE PARTY OR PARTIES RESPONSIBLE FOR ITEMS LISTED AS FIELD INSTALLED. THIS DRAWING IS NOT INTENDED TO DETERMINE RESPONSIBILITIES AND SHOULD BE USED FOR REFERENCES ONLY.
 8. THIS IS NOT A SCALED DRAWING AND SHOULD BE USED FOR POWER AND SIGNAL REQUIREMENTS ONLY. ACTUAL PLACEMENT OF ELECTRICAL COMPONENTS, SUCH AS PANEL BOARDS, A/C'S, AND SPLICE PANELS, MAY VARY. PLEASE REFERENCE THE SYSTEM SHOP DRAWING FOR THIS DETAIL. THIS DRAWING REPRESENTS A GENERAL MOUNTING LOCATION ONLY.
- EXTERNALLY MOUNTED HARDWARE
 - - - INTERNALLY MOUNTED HARDWARE



DISPLAY SIZE TABLE		
PIXELS HIGH (AAA)	PIXELS WIDE (BBB)	PIXEL SPACING (CC)
244	936	150T
242	838	163T
242	838	164T
196	702	204T

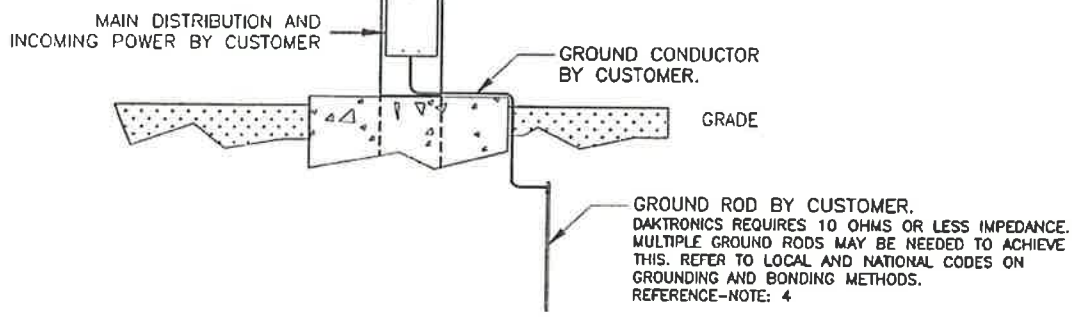
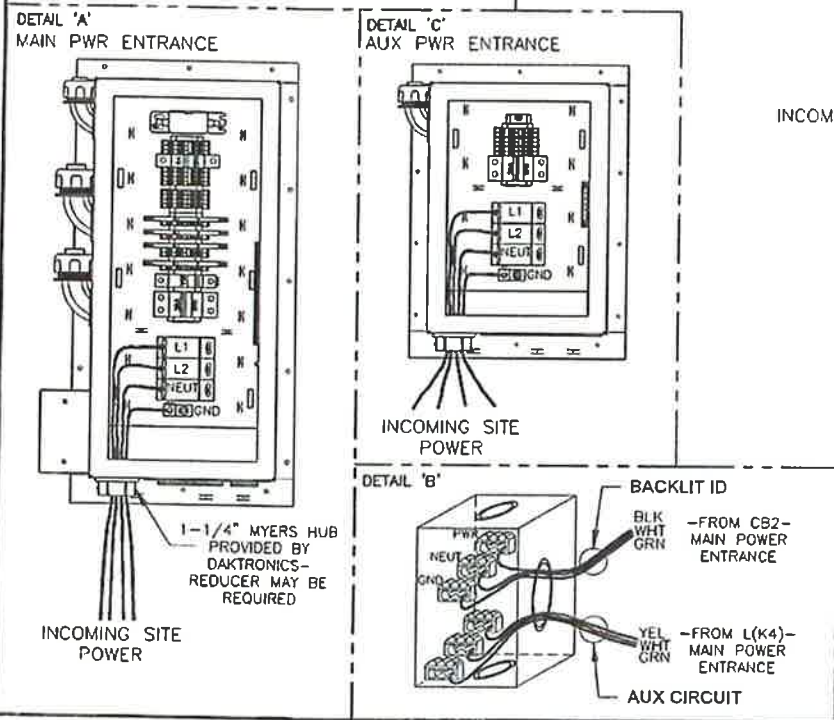
TOTAL POWER REQUIREMENTS			
CIRCUIT	PE-A	PE-B	TOTAL
NUMBER OF WIRES	3 + GND	3 + GND	-
SYSTEM VOLTAGE	120/208 OR 120/240	120/208 OR 120/240	-
NUMBER OF FOLDS	2	2	-
MAXIMUM WATTS	7,440	6,000	13,440
AMPERES PER LINE	31	25	56

80 AMP - 1 ϕ 120/240VAC - MINIMUM SERVICE SIZE RECOMMENDED OR
 80 AMP - 3 ϕ 120/208VAC - MINIMUM SERVICE SIZE RECOMMENDED

COMPONENT IDENTIFICATION LEGEND				
IDENTIFIER	COMPONENT DESCRIPTION	MANUFACTURER'S PART NUMBER	COMPONENT PROVIDED BY	COMPONENT INSTALLED BY
PE-A, PE-B	POWER ENTRANCE TERMINATION		DAKTRONICS	FACTORY

POWER DISTRIBUTION SYSTEM LEGEND					
OVER CURRENT PROTECTION AMPLACITY	VOLTAGE (AC)	NUMBER OF POLES	NUMBER OF CONDUCTORS	CONDUIT PROVIDED & INSTALLED BY	CONDUCTIONS PROVIDED & INSTALLED BY
40	120/240/208	2	3 + GND	CUSTOMER	CUSTOMER

REFER TO DWG-1106714 FOR SIGNAL CONNECTIONS



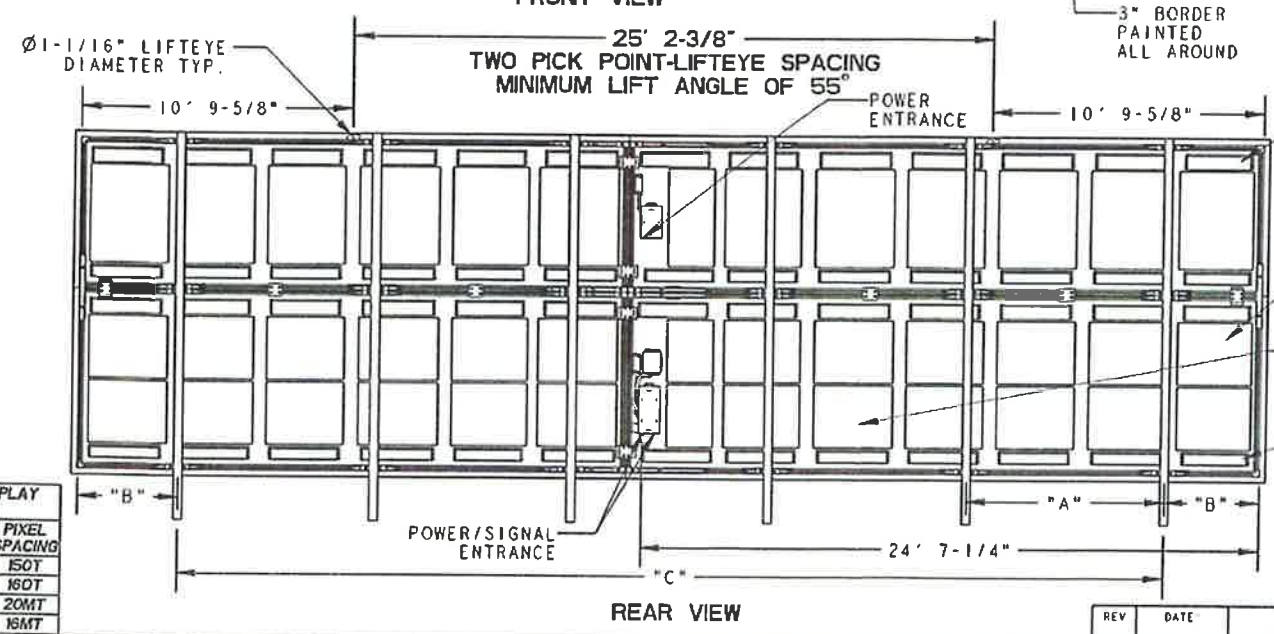
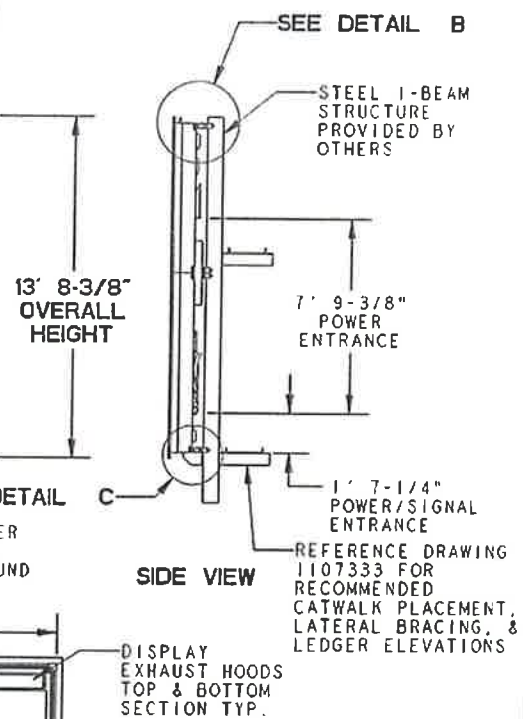
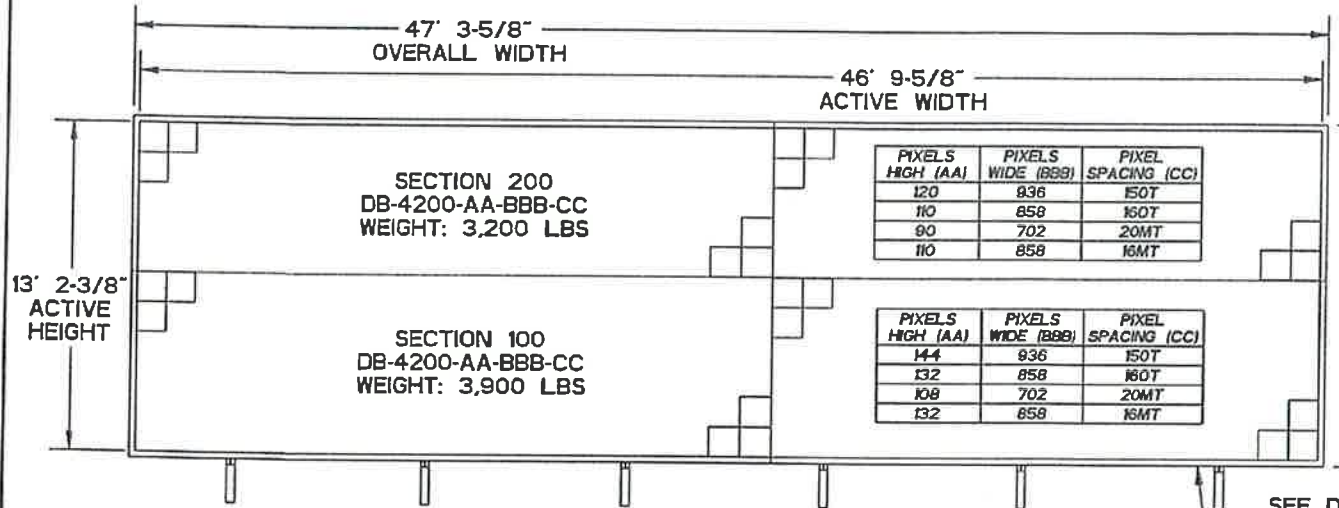
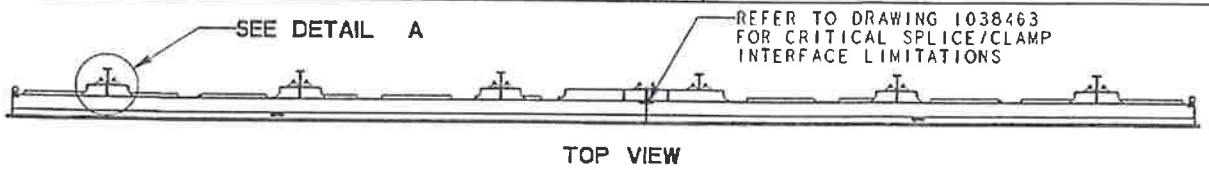
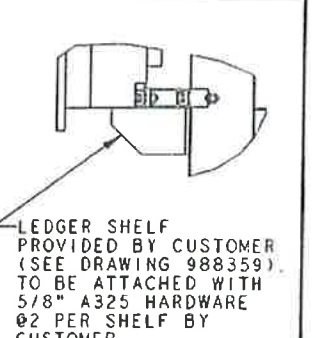
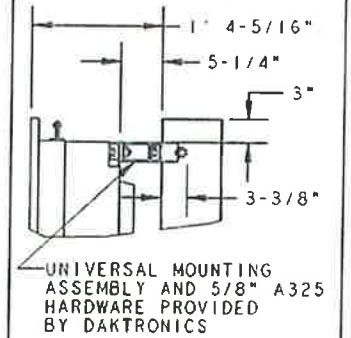
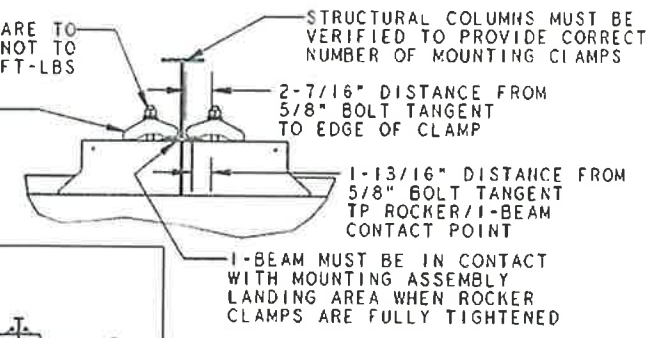
SUBMITTAL APPROVAL	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> APPROVED AS NOTED	
<input type="checkbox"/> APPROVED AS NOTED & RESUBMIT	
COMPANY:	_____
SIGNED:	_____
TITLE:	_____
DATE:	_____
THE CONCEPTS EXPRESSED AND DETAILS SHOWN ON THIS DRAWING ARE CONFIDENTIAL AND PROPRIETARY. DO NOT REPRODUCE BY ANY MEANS WITHOUT THE EXPRESSED WRITTEN CONSENT OF DAKTRONICS, INC. COPYRIGHT 2012 DAKTRONICS, INC.	
PROJ: DB4200 DIGITAL BILLBOARD TITLE: DISPLAY RISER, 14'X48' (11X39 MODS) 120/240 VAC DESIGN: BANDERS DRAWN: BANDERS DATE: 17 JUL 2012	
SHEET	REV
00	P1604
JOB NO.	FUNC-TYPE-SIZE
P1604	R-01-B
1106361	

VERTICAL UPRIGHT SPACING TABLE: APPLICABLE DESIGN CODE IS IBC 2006/2009. IF UPRIGHT SPACINGS FALL OUTSIDE LISTED RANGE CONTACT DAKTRONICS ENGINEERING

DESIGN WIND PRESSURE "P"	58 psf	72 psf	87 psf	103 psf	121 psf	140 psf	162 psf
MAX UPRIGHT SPACING "A"	12'-6"	11'-9"	11'-3"	10'-6"	10'-0"	9'-6"	9'-3"
MAX CANTILEVER SPACING "B"	6'-3"	5'-9"	5'-6"	5'-3"	5'-0"	4'-9"	4'-6"
MINIMUM REQUIRED # OF UPRIGHTS	4	4	5	5	5	5	6
MAX OUTSIDE UPRIGHT SPACING "C"	42'						

ALL 5/8" A325 MOUNTING HARDWARE TO BE TIGHTENED TO 75 FT-LBS; NOT TO EXCEED 100 FT-LBS

CLAMPS MUST BE SLID ONTO I-BEAM UNTIL ROCKER CONTACTS I-BEAM WEB OR BOLT CONTACTS OUTER FLANGE OF I-BEAM TO ENSURE PROPER LOAD DISTRIBUTION



OVERALL DISPLAY MATRIX

PIXELS HIGH	PIXELS WIDE	PIXEL SPACING
264	936	150T
242	858	160T
198	702	20MT
242	858	16MT

- NOTES:**
- 0 REFERENCE
 - 1 REFER TO INSTALLATION AND MAINTENANCE MANUAL FOR COMPLETE INSTALLATION INSTRUCTIONS
 - 2 REFER TO DAKTRONICS RISER DIAGRAM FOR ALL ELECTRICAL POWER AND SIGNAL CONNECTIONS PROVIDED BY CUSTOMER
 - 3 ALL DIMENSIONS ARE IN FEET AND INCHES.
 - 0 PROJECT RESPONSIBILITY
 - 1 CUSTOMER IS RESPONSIBLE FOR DESIGNING AND CERTIFYING THE SUPPORT STRUCTURE.
 - 2 CUSTOMER IS RESPONSIBLE FOR OBTAINING LOCAL CERTIFICATION FOR THE STEEL MOUNTING STRUCTURE.
 - 3 CUSTOMER IS RESPONSIBLE FOR SUPPLYING EQUIPMENT W/ APPROPRIATE SAFETY FACTOR TO LIFT DISPLAY.
 - 4 DAKTRONICS AND CUSTOMER ARE RESPONSIBLE FOR CONFIRMING THE STRUCTURAL UPRIGHT QUANTITY AND SIZE. DAKTRONICS IS RESPONSIBLE FOR PROVIDING STRUCTURAL CLAMPS OF THE CORRECT QUANTITY.
 - 5 DISPLAY TO BE SUPPORTED EVENLY ACROSS ALL LEDGERS. SUPPORTING LEDGERS SHOULD NOT EXCEED 1/16" TOLERANCE ON THE ELEVATIONS. SHIMS SHALL BE USED TO FILL LEDGER GAPS TO ENSURE A DISTRIBUTED LOAD.
 - 0 DISPLAY SPECIFICATIONS
 - 1 DISPLAY IS ALL ALUMINUM CONSTRUCTION.
 - 2 DISPLAY IS FRONT AND REAR ACCESSIBLE.
 - 3 DISPLAY WILL SHIP IN TWO SECTIONS.
 - 4 DISPLAY OVERALL AREA: 648.01 SQ. FT. DISPLAY ACTIVE AREA: 617.76 SQ. FT.
 - 5 WEIGHTS: SECTION 100 = 3,900 LBS SECTION 200 = 3,200 LBS

TOTAL DISPLAY WEIGHT = 7,100 LBS

SUBMITTAL APPROVAL

APPROVED

APPROVED AS NOTED

APPROVED AS NOTED & RESUBMIT

COMPANY: _____

SIGNED: _____

TITLE: _____ DATE: _____

D DAKTRONICS, INC. BRIDGEMANS, SD 57006

DO NOT SCALE DRAWING

PROJ: DIGITAL BILLBOARD

TITLE: SHOP DWG: DB-4200 14'X48' (11X39 MODS)

DESIGN: JCOOK DRAWN: JCOOK DATE: 19-JUL-12

SCALE: 1=75

SHEET: 1 OF 1 REV: 00 JOB NO: P 1604 FUNC-TYPE-SIZE: E-10-B 1098594

Reviewed for Code Compliance Universal Engineering Sciences

REV	DATE	BY