



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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.

<b>Scope of Work:</b> BUILDING: 12' X 25' Storage Building  <b>Comments:</b> None  <b>Project Information</b> Address: 5026 St. Marie Avenue, Belle Isle, FL 32812 Parcel ID: 17-23-30-4378-02-060 Property Owner: Jones, Patricia M. Phone Number: 407 433 0234 ***** Company Name: Wall Bros. Construction. Contractor Name: Wall, Patrick License Number: CGC1515654 Address: 310 Delaware Ave, St. Cloud, FL 34769 Phone Number: 407 957 2772	<b>Permit Number: 2015-07-054</b> <b>Date of Application: 07/27/2015</b> <b>Date Permit Issued: 08/14/2015</b>  <b>WARNING TO OWNER:</b> "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.
---	---

### BUILDING FEATURES

<b>IMPACT FEES</b> School \$ Traffic \$  <b>ZONING FEES</b> Zoning Fee \$30.00  <b>UNIVERSAL ENG - BUILDING FEES</b> Cert of Occ \$ Demo \$ Building \$75.00 Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$  <b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$109.00</b>  Date Paid 8/17/15 CC or Check # AMEX 53007 Amount Paid \$109.00	<b>BUILDING INSPECTOR USE ONLY</b>  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  1 <sup>st</sup> BUILDING (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 <sup>nd</sup> (Slab) 3 <sup>rd</sup> (Lintel) Wall Reinforcing on Masonry Building) 4 <sup>th</sup> (Exterior Framing) (Roof/Wall Sheathing) 5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>th</sup> (Insulation to be Made After Roof Installed) 7 <sup>th</sup> (Drywall) 8 <sup>th</sup> (Sidewalk/Driveway) 9 <sup>th</sup> (Other) 10 <sup>th</sup> (Final - After MEP and Other Applicable Finals)  <b>ROOFING</b> 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>ND</sup> ROOFING Covering In-Progress _____ 3 <sup>RD</sup> ROOFING Covering Final _____  <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip. Etc...) _____ 1 <sup>ST</sup> (Underground) 2 <sup>ND</sup> (Sewer) 3 <sup>RD</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)  CHECK APPROPRIATE BOX GAS ___ Natural ___ LP ___ MECHANICAL ___ ELECTRICAL ___ LOW VOLTAGE 1 <sup>st</sup> (Rough-In) 2 <sup>nd</sup> (Final)
---	---

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).

Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universaleengineering.com](http://www.universaleengineering.com)

## Building Permit (Land Use) Application

DATE: 7/27/15

PERMIT # 201507054

PROJECT ADDRESS 5026 St Marie Ave Belle Isle, FL  32809  32812

PROPERTY OWNER Patricia Mazy Jones PHONE 407-933-0234 VALUE OF WORK (labor & material) \$ 5016.00

### PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

INSTALL A 12' X 26' STORAGE BUILDING

- 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: 17-23-30-4378-02-060

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. 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        SETS and Construction Plans        SETS  
PLANNING & ZONING APPROVAL Date: 8/15 By: [Signature]  
DATE        City of Belle Isle

SPRINKLERS REQ'D Y  N  N  
IF Required - SUBMIT COPY OF PLANS FOR FIRE

REVIEW	Date: Sent	RCD
ZONING	Y	N
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

PLEASE COMPLETE for Building Review  
CONSTRUCTION TYPE  Comm  Res:  Single Fam  Multi Fam  
OCCUPANCY GROUP        #UNITS        #STORIES        TOTAL SQ.FT. 312  
MAX. FLOOR LOAD        MAX. OCCUPANCY         
MIN. FLOOR ELEV.        LOW FLOOR ELEV.         
WATER SERVICE        WELL        SEPTIC       

BUILDING REVIEWER [Signature] DATE 8/13/15  
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE  DATE 8-14-15

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.**

3% FL SURCHARGE 4.  
TOTAL 109.

By Owner Form Y NA  
Notice of Commencement  NA  
Power of Attorney  NA  
Contractor Packet Included?  N

### OTHER PERMITS REQUIRED:

ELECTRICAL Y NA  
PREPOWER Y NA  
MECHANICAL Y NA  
PLUMBING Y NA  
ROOFING Y NA  
GAS Y NA





City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalsciences.com](http://www.universalsciences.com)



**Building Permit (Land Use) Application**

To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT # 2015-07-054

Owner's Name Patricia Namy Jones

Owner's Address 5026 ST. MAGIE

Contractor Name	<u>Patrick M. Wall</u>	Company Name	<u>Wall Bros Construction</u>
License #	<u>CGC 1515654</u>	Company Address	<u>310 Delawan Ave</u>
Contact Phone/Cell	<u>407-957-2772</u>	City, State, ZIP	<u>St. Cloud Fl. 34769</u>
Contact Email	<u>charpa@cf1.r.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](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://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** PJ ay  
The foregoing instrument was acknowledged before me this 7/21/15  
by Patricia Jones who is personally known to me  
and who produced Fl Drivers License  
as identification and who did not take an oath.  
Notary as to Owner  
State of Florida  
County of Orange

**Contractor Signature** Patrick M. Wall  
COMPANY NAME Wall Bros Construction  
The foregoing instrument was acknowledged before me this 7/21/15  
by Patrick M. Wall who is personally known to me  
and who produced Fl Drivers License  
as identification and who did not take an oath.  
Notary as to Owner  
State of Florida  
County of Orange

**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

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).  
Total Lot Area 10,625 X 0.35= 3718.75  
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 2151 sq FT
- Driveway \_\_\_\_\_
- Walkway \_\_\_\_\_
- Accessory Buildings 300 sq FT
- Pool & Spa \_\_\_\_\_
- Deck & Patio \_\_\_\_\_
- Other \_\_\_\_\_

Actual Impervious Area (AIA) 2151 sq FT 2394

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.

4. 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



Charlie 407-509-4243

PROJECT NUMBER 01151561038.000

TASK NUMBER 01

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-07-054
Property Owner	Jones, Patricia
Address	5026 St. Marie Ave
Nature of Improvement	Storage building 12' x 25'
Received Application	7-27-15
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	7-28-15
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	

**ZONING**  
**APPROVED**  
 Date: 8/15/15 by: [Signature]  
 City of Belle Isle

Comments

1. Susan 7-28-15 WO 54858 for Lisa W. to deliver to COBI zoning review
- 2.
3. Susan 7-28-15 Swinging doors FL# 15256 came up in a 2014 format- however roll up door FL# 12230 dont. Sent email to Phil on how to proceed.
- 4.
- 5.
6. ~~SP~~
7. ~~swing door~~ Rejected. 15' max height.
8. 300 @ MAX (unit proposed is 312P)
- 9.
10. Susan 8-11-15 WO 55477- UPS to Jay for review
- 11.
- 12.



# CITY OF BELLE ISLE, FLORIDA

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universaleengineering.com](http://www.universaleengineering.com)

## POWER OF ATTORNEY

Date: 7-10-15

Permit #: \_\_\_\_\_

I hereby name and appoint Charles Adams (print name) of \_\_\_\_\_

Factory Direct (company name)

to be my lawful attorney-in-fact to act for

me and apply to the City of Belle Isle Building Department for a Residential (type of permit) permit

for work to be performed at the following location:

5026 ST Marie Ave (street address), Belle Isle, FL  32809  32812 and

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

Certified Contractor's Printed Name: Patrick M. Wall

License Number: GC 1515654  
Certified Contractor's Signature: [Handwritten Signature]

.....

The foregoing instrument was acknowledged before me this 7 days of July of 2015

by Patrick M. Wall who is personally known to me or who produced \_\_\_\_\_ as identification and who did not take an oath.

State of Florida  
County of Orange  
[Handwritten Signature]  
Notary Public Orange County, Florida



(seal)



Permit Number: 17-23-30-4378-02-060  
Folio/Parcel Identification Number: 17-23-30-4378-02-060  
Prepared by: Charles Adams  
6450 HOFFNER AVE  
ORLANDO FL  
Return to: Patricia Mary Jones  
5026 ST. MADIE AVE  
ORLANDO FL 32812

DOC# 20150388776 B: 10957 P: 5229  
07/27/2015 11:59:54 AM Page 1 of 1  
Rec Fee: \$10.00  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: PATRICIA MARY JONES



### 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)

LAKE PENWAY ESTATES SECTION ONE X171 LOT 6 B1K B 5026 ST MADIE AVE Belle Isle FL 32812

2. **General description of improvement**

INSTALL A 12'x26' SOLAR BUILDING

3. **Owner information or Lessee information if the Lessee contracted for the improvement**

Name Patricia Mary Jones

Address 5026 ST MADIE AVE Belle Isle FL 32812

Interest in Property OWNER

**Name and address of fee simple titleholder** (if different from Owner listed above)

Name \_\_\_\_\_

Address \_\_\_\_\_

4. **Contractor**

Name Wal Bros Construction Telephone Number 407-957-2777

Address 310 Delaware Ave St Cloud FL 34769

5. **Surety** (if applicable, a copy of the payment bond is attached)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Amount of Bond \$ \_\_\_\_\_

6. **Lender**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

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

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

P. Jones  
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 15 day of July by Patricia Jones  
month/year name of person

as \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact

Jennifer J. Rueda  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Notary Public

Personally Known  OR Produced ID \_\_\_\_\_



By Patricia Jones  
Deputy Comptroller  
Date: 07-27-15  
I hereby certify that this is a true and correct copy of the original records.  
NORTH FLORIDA COUNTY CONTROLLER



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION (850) 487-1395  
 CONSTRUCTION INDUSTRY LICENSING BOARD  
 1940 NORTH MONROE STREET  
 TALLAHASSEE FL 32399-0783

WALL, PATRICK M  
 WALL BROS CONSTRUCTION LLC  
 310 DELAWARE AVE  
 ST. CLOUD FL 34769

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](http://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!

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CGC1515654

The GENERAL CONTRACTOR  
 Named below IS CERTIFIED  
 Under the provisions of Chapter 489 FS.  
 Expiration date: AUG 31, 2016

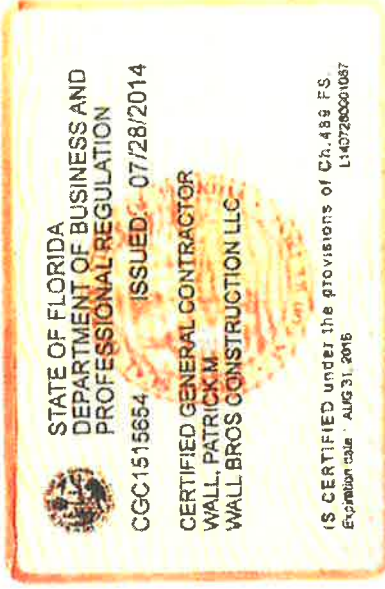
WALL, PATRICK M  
 WALL BROS CONSTRUCTION LLC  
 310 DELAWARE AVE  
 ST. CLOUD FL-34769



ISSUED: 07/28/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407280001087





2015  
EXPIRES SEPTEMBER 30, 2015

**PATSY HEFFNER, TAX COLLECTOR**  
OSCEOLA COUNTY, STATE OF FLORIDA  
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.  
88266

BUSINESS TYPE 6180 GENERAL CONTR (DBPR/CMPCRD)

BUSINESS Wall Bros Construction LLC  
310 Delaware Ave.  
St. Cloud, FL 34769

CITY OF ST CLOUD  
MAILING ADDRESS Wall Bros Construction LLC  
310 Delaware Ave.  
St. Cloud, FL 34769

PATSY HEFFNER  
Tax Collector  
5001-88266  
009625  
09/23/2014  
Oper N/A  
Till Intern  
Paid 30.00

RENEWAL NEW LICENSE 0.00  
TRANSFER ORIGINAL TAX 30.00  
AMOUNT 0.00  
PENALTY COLLECTION COST 0.00  
TOTAL 30.00



PATSY HEFFNER, TAX COLLECTOR  
P.O. BOX 422105, KISSIMMEE FL 34742-2105  
407-742-4000

CGC1515654(Patrick Wall)/QB61689 valid thru 08/31/2010

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSES REQUIRED BY LAW  
OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY  
OTHER LAWFUL AUTHORITY.

**THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA  
AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED**

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed 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 delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.

Wall Bros Construction LLC  
310 Delaware Ave.  
St. Cloud, FL 34769





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/27/15

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).

<b>PRODUCER</b>	<b>CONTACT NAME</b> Joaquin Zangronis
St. Cloud Insurance Agency, Inc.	<b>PHONE (A/C No., Ext.)</b> (407) 892-6300
1102 New York Ave.	<b>FAX (A/C No.)</b> (407) 892-7542
St. Cloud, FL 34769	<b>E-MAIL ADDRESS:</b> insurance@saintcloudinsurance.com
<b>Phone</b> (407) 892-6300	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>Fax</b> (407) 892-7542	Arch Speciality Insurance Company (A.M. Best A+)
<b>INSURED</b>	<b>NAIC #</b> 524126
WALL BROS CONSTRUCTION LLC	
310 Delaware Ave	
St Cloud, FL 34769	

### COVERAGES

### 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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/ZZ/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-ACC <input type="checkbox"/> LOC <b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	N	AGL0023714-00	03/20/2015	03/20/2016	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (See occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$ COMBINED SINGLE LIMIT (See accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ <input type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

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

FAXED JUL 27 2015

### CERTIFICATE HOLDER

City of Belle Isle  
1600 Nela Ave  
Belle Isle, FL 32809  
Fax: 407-423-3106  
Fax: 407-857-3613

### 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

© 1988-2010 ACORD CORPORATION. All rights reserved.  
The ACORD name and logo are registered marks of ACORD

ACORD 25 (2010/05) QF



JEFF ATWATER  
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:** 7/9/2015      **EXPIRATION DATE:** 7/8/2017  
**PERSON:** WALL      **PATRICK**      **M**

**FEIN:** 061749399

**BUSINESS NAME AND ADDRESS:**  
WALL BROS CONSTRUCTION LLC

310 DELAWARE AVE  
SAINT CLOUD FL 34769

**SCOPES OF BUSINESS OR TRADE:**

LICENSED GENERAL      LICENSED ROOFING  
CONTRACTOR      CONTRACTOR

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

DFS-FZ-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609



**OCPA Web Map**

- Florida turnpike
- Interstate 4
- Toll Road
- Major Roads
- Public Roads
- Gated Roads
- Road Under Construction

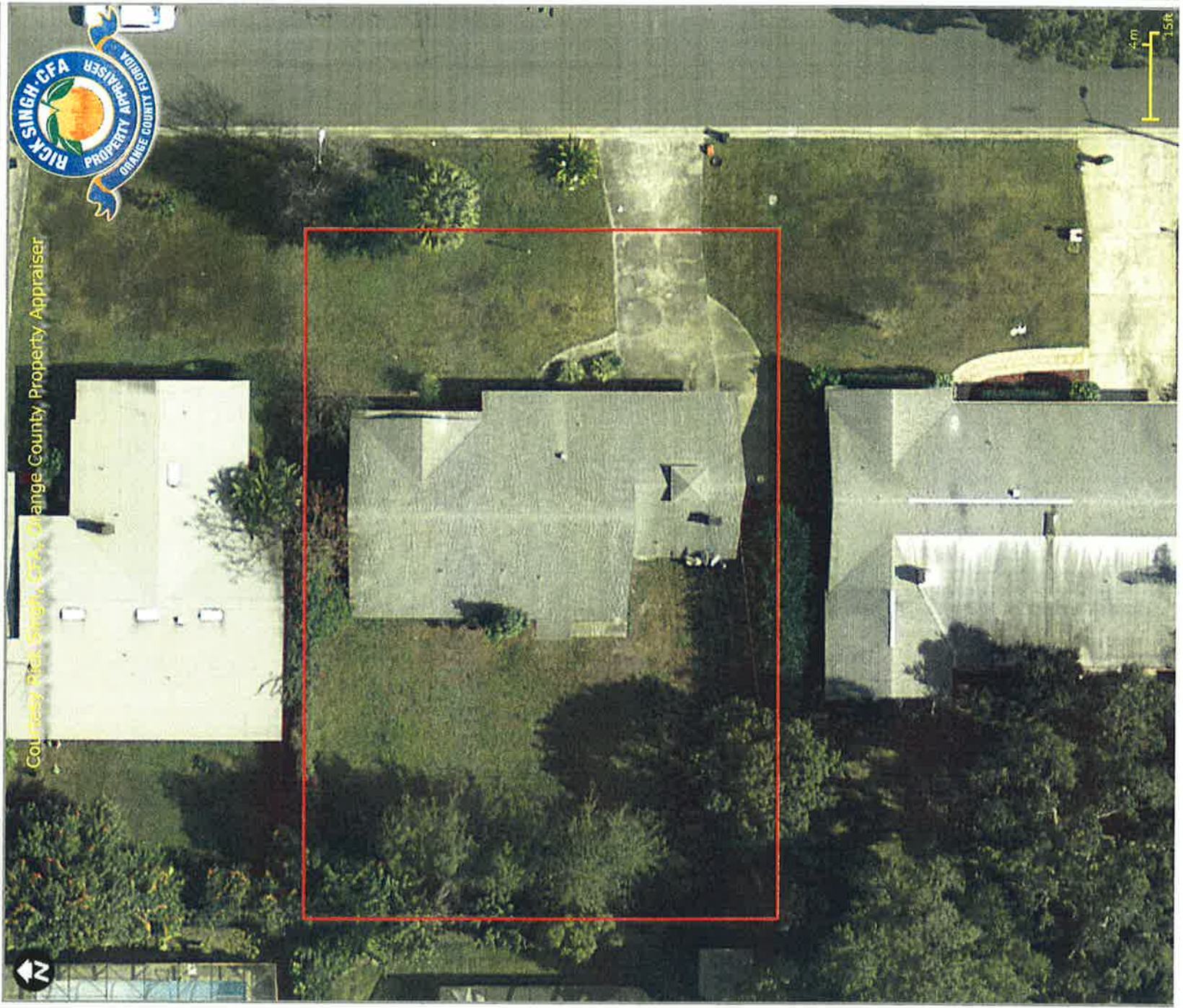
- Proposed Road
- Brick Road
- Block Line
- Lot Line

- Residential
- Agriculture
- Commercial/Institutional
- Governmental/Institutional/Misc.

- Commercial/Industrial
- Vacant Land
- Agricultural Curtilage
- Hydro
- Waste Land

- Parks
- Lakes and Rivers
- Building

Lot Number **6**  
Parcel Number **05090**  
Parcel Address **3106**  
Block Number **111.9**  
Parcel Dimensi

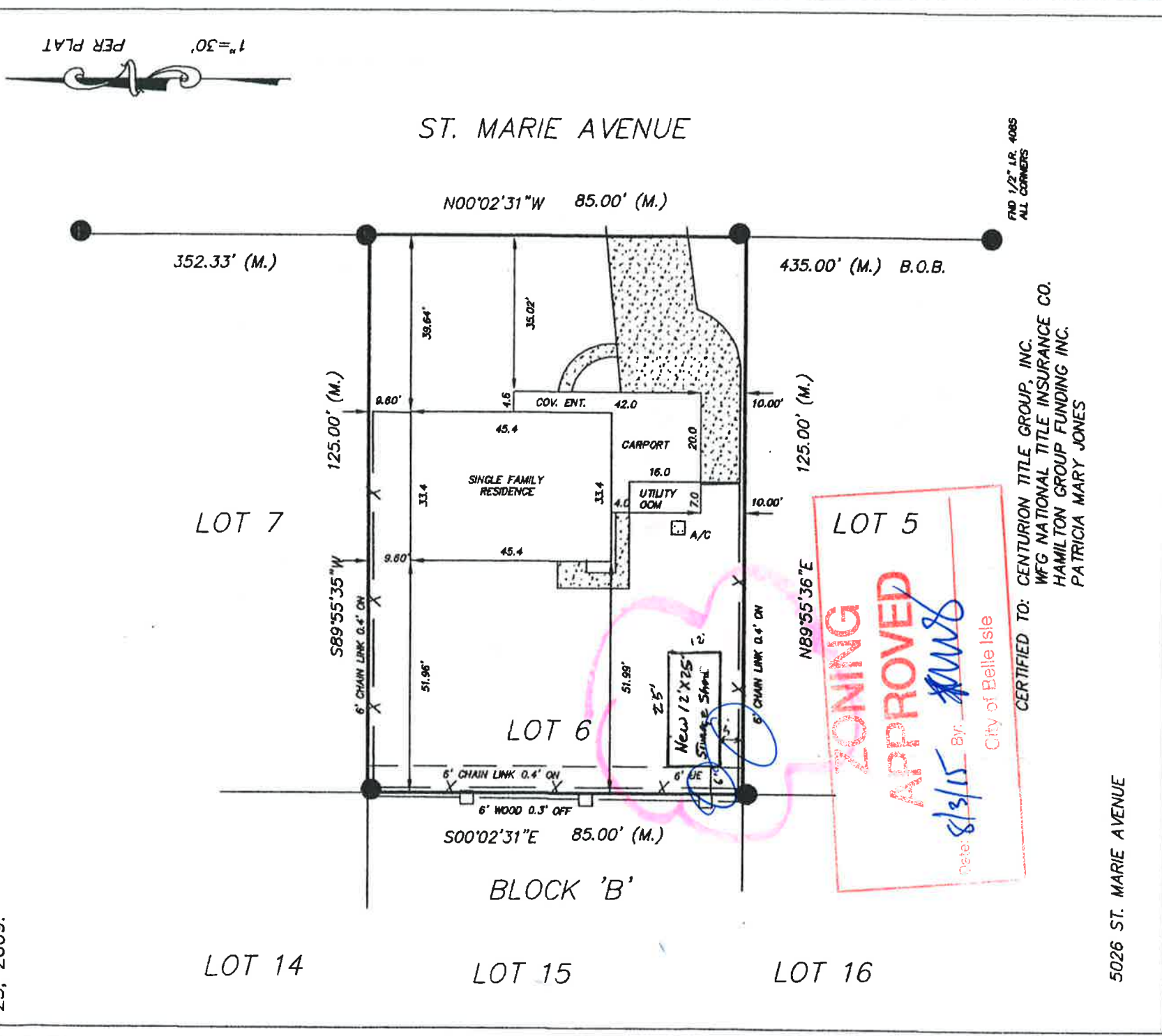




# BOUNDARY SURVEY

LEGAL DESCRIPTION: LOT 6, BLOCK 'B', LAKE CONWAY ESTATE3S, SECTION ONE, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK X, PAGE 37, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.

THE ABOVE REFERENCED PROPERTY IS LOCATED IN ZONE 'X', AREA OF MINIMAL FLOODING, AS PER F.I.R.M. COMMUNITY PANEL NO. 12095C0430 F, ORANGE COUNTY, FLORIDA. MAP DATED SEPTEMBER 25, 2009.



1/2" = 40' ALL CORNERS

CERTIFIED TO: CENTURION TITLE GROUP, INC.  
WFG NATIONAL TITLE INSURANCE CO.  
HAMILTON GROUP FUNDING INC.  
PATRICIA MARY JONES

5026 ST. MARIE AVENUE

- LEGEND**
- FOUND CONCRETE MONUMENT
  - FOUND PROPERTY CORNER
  - SET PROPERTY CORNER
  - PERMANENT CONTROL POINT
  - △ DELTA
  - △ AIR CONDITIONER
  - △ BLOCK
  - △ BASIS OF BEARING
  - △ CABLE TELEVISION BOX
  - △ CHORD
  - △ CHAIN LINK FENCE
  - △ CONCRETE MONUMENT
  - △ CONCRETE
  - △ CORNER
  - △ COVERED
  - △ DESIGNED
  - △ DRAINAGE EASEMENT
  - △ EAST ENTRANCE
  - △ ENCL. ENCLOSURE
  - △ ENCL. EASEMENT
  - △ FOUND
  - △ IRON PIPE
  - △ IRON ROD
  - △ LENGTH
  - △ MEASURED
  - △ NORTH
  - △ N/D
  - △ POINT OF CURVATURE
  - △ P.C.P. PERMANENT CONTROL POINT
  - △ P.T. POINT OF TANGENCY
  - △ P.O.B. POINT OF BEGINNING
  - △ P.O.C. POINT OF COMMENCEMENT
  - △ P.O.L. POINT ON LINE
  - △ FLAT
  - △ FOUND
  - △ SANITARY
  - △ SCR. SCREEN
  - △ S.W. SIDEWALK
  - △ T. TANGENT
  - △ TEL. TELEPHONE RISER BOX
  - △ TYP. TYPICAL
  - △ U.E. UTILITY EASEMENT
  - △ U.R.B. UTILITY RISER BOX
  - △ W. WEST
  - △ W.F. WOOD FENCE
  - △ W.M. WATER METER

**NOTES**

1. BEARINGS ARE BASED ON RECORD PLAT.
2. THE SURVEY SHOWN HEREON WAS SURVEYED BY THE LEGAL DESCRIPTION PROVIDED BY THE CLIENT.
3. ROOF OVERHANGS AND FOOTERS HAVE NOT BEEN LOCATED.
4. NO IMPROVEMENTS OR UNDERGROUND UTILITIES HAVE BEEN LOCATED EXCEPT AS SHOWN.
5. THIS SURVEY IS NOT VALID WITHOUT ENBOSSSED SEAL BEYOND THE FINAL SURVEY DATE SHOWN.
6. THIS SURVEY IS NOT VALID FOR ANY REAL ESTATE TRANSACTIONS 90 DAYS AFTER THE FINAL SURVEY DATE.
7. THE SURVEYOR HAS NOT ABSTRACTED THE LANDS HEREON FOR THESE MAY ADDITIONAL RESTRICTIONS THAT ARE NOT RECORDED ON THIS PLAT THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.
8. ALL BEARINGS / ANGLES AND DISTANCES ARE PLAT AND MEASURED UNLESS NOTED OTHERWISE.
- 9.

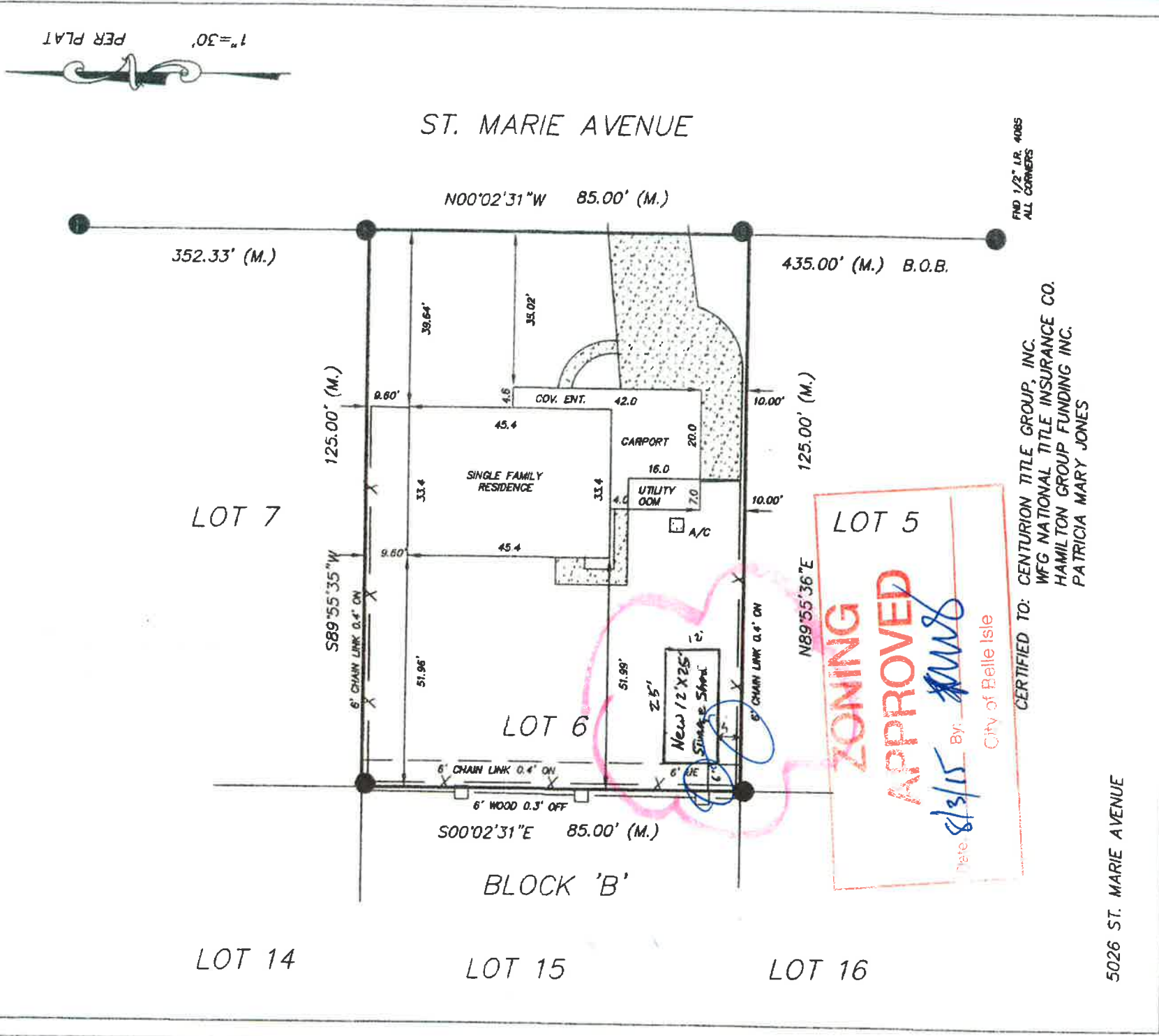
<p>PREPARED FOR: <b>PATRICIA MARY JONES</b></p> <p>PREPARED BY: <b>CHARLES ROB DEFOOR</b> PROFESSIONAL LAND SURVEYOR P.O. BOX 1763, APOPKA FLORIDA 32703 : (407) 860-9811 427 KNOLL TREE</p>	<p>DATE: _____</p> <p>DATE: _____</p> <p>DATE: _____</p> <p>DATE: _____</p>
<p>PREPARED FOR: <b>PATRICIA MARY JONES</b></p> <p>PREPARED BY: <b>CHARLES ROB DEFOOR</b> PROFESSIONAL LAND SURVEYOR P.O. BOX 1763, APOPKA FLORIDA 32703 : (407) 860-9811 427 KNOLL TREE</p>	<p>LOT SURVEY DATE: _____</p> <p>FOUNDATION DATE: _____</p> <p>FINAL SURVEY DATE: 5-19-15</p> <p>DRAWN DATE: 5-19-15</p> <p>SCALE: 1" = 30'</p> <p>PAGE: 1 OF 1</p> <p>REVISION DATE: _____</p>



# BOUNDARY SURVEY

LEGAL DESCRIPTION: LOT 6, BLOCK 'B', LAKE CONWAY ESTATE33, SECTION ONE, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK X, PAGE 37, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.

THE ABOVE REFERENCED PROPERTY IS LOCATED IN ZONE 'X', AREA OF MINIMAL FLOODING, AS PER F.I.R.M. COMMUNITY PANEL NO. 12095C0430 F, ORANGE COUNTY, FLORIDA. MAP DATED SEPTEMBER 25, 2009.



FIND 1/2" I.R. 4085 ALL CORNERS

CERTIFIED TO: CENTURION TITLE GROUP, INC.  
WFG NATIONAL TITLE INSURANCE CO.  
HAMILTON GROUP FUNDING INC.  
PATRICIA MARY JONES

5026 ST. MARIE AVENUE

### LEGEND

- FOUND CONCRETE MONUMENT
- FOUND PROPERTY CORNER
- SET PROPERTY CORNER
- PERMANENT CONTROL POINT
- △ DELTA
- ▽ AIR CONDITIONER
- ▲ BLOCK
- ▲ BASIS OF BEARING
- ▲ CABLE TELEVISION BOX
- ▲ CHORD
- ▲ CHAIN LINK FENCE
- ▲ CONCRETE MONUMENT
- ▲ CONCRETE
- ▲ CORNER
- ▲ COVERED
- ▲ DESERVED
- ▲ DRAINAGE EASEMENT
- ▲ EAST
- ▲ ENTRANCE
- ▲ ENCL
- ▲ ENCL EASEMENT
- ▲ EASEMENT
- ▲ FOUND
- ▲ IRON PIPE
- ▲ IRON ROD
- ▲ LENGTH
- ▲ MEASURED
- ▲ NORTH
- ▲ N/D
- ▲ NAIL & DISC
- ▲ POINT OF CURVATURE
- ▲ PERMANENT CONTROL POINT
- ▲ P.C.P.
- ▲ P.L.B.
- ▲ P.O.B.
- ▲ POINT OF BEGINNING
- ▲ POINT OF COMMENCEMENT
- ▲ P.O.C.
- ▲ POINT ON LINE
- ▲ PLAT

### NOTES

1. BEARINGS ARE BASED ON RECORD PLAT.
2. THE SURVEY SHOWN HEREON WAS SURVEYED BY THE LEGAL DESCRIPTION PROVIDED BY THE CLIENT.
3. NO IMPROVEMENTS OR FOOTERS HAVE NOT BEEN LOCATED EXCEPT AS SHOWN.
4. THIS SURVEY IS NOT VALID WITHOUT EMBOSSED SEAL BEYOND THE FINAL SURVEY DATE SHOWN.
5. THE SURVEYOR HAS NOT ABSTRACTED THE LANDS HEREON FOR EASEMENTS OR RIGHT-OF-WAY OF RECORD.
6. THERE MAY ADDITIONAL RESTRICTIONS THAT ARE NOT RECORDED ON THIS PLAT THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.
7. ALL BEARINGS / ANGLES AND DISTANCES ARE PLAT AND MEASURED UNLESS NOTED OTHERWISE.
- 8.
- 9.

### RADIUS / RADIAL

- R SAN.
- S SCR.
- S.W. SIDEWALK
- T TANGENT
- TEL TELEPHONE RISER BOX
- TP TYPICAL
- U.E. UTILITY EASEMENT
- U.R.B. UTILITY RISER BOX
- W WEST
- W.F. WOOD FENCE
- W.M. WATER METER

HEREBY CERTIFY THAT THIS SURVEY MEETS OR EXCEEDS MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF LAND SURVEYORS, PURSUANT TO SECTION 53-17.056 THROUGH 53-17.052, FLORIDA STATUTIVE CODE, SUBSEQUENT TO SECTION 472.08, .027, FLORIDA STATUTES.

CHARLES R. DEFOOR, S. 4189

DATE

PREPARED FOR:  
PATRICIA MARY JONES

PREPARED BY:  
CHARLES ROB DEFOOR  
PROFESSIONAL LAND SURVEYOR

P.O. BOX 1763, APOPKA FLORIDA 32703 (407) 880-9811 427 KNOLL TREE

LOT SURVEY DATE:	
FOUNDATION DATE:	
FINAL SURVEY DATE:	5-19-15
DRAWN DATE:	5-19-15
SCALE:	1" = 30'
PAGE:	1 OF 1
REVISION DATE:	



# FACTORY DIRECT, INC.

Metal Structure Manufacturer

6450 Hoffner Avenue - Orlando, Florida 32822

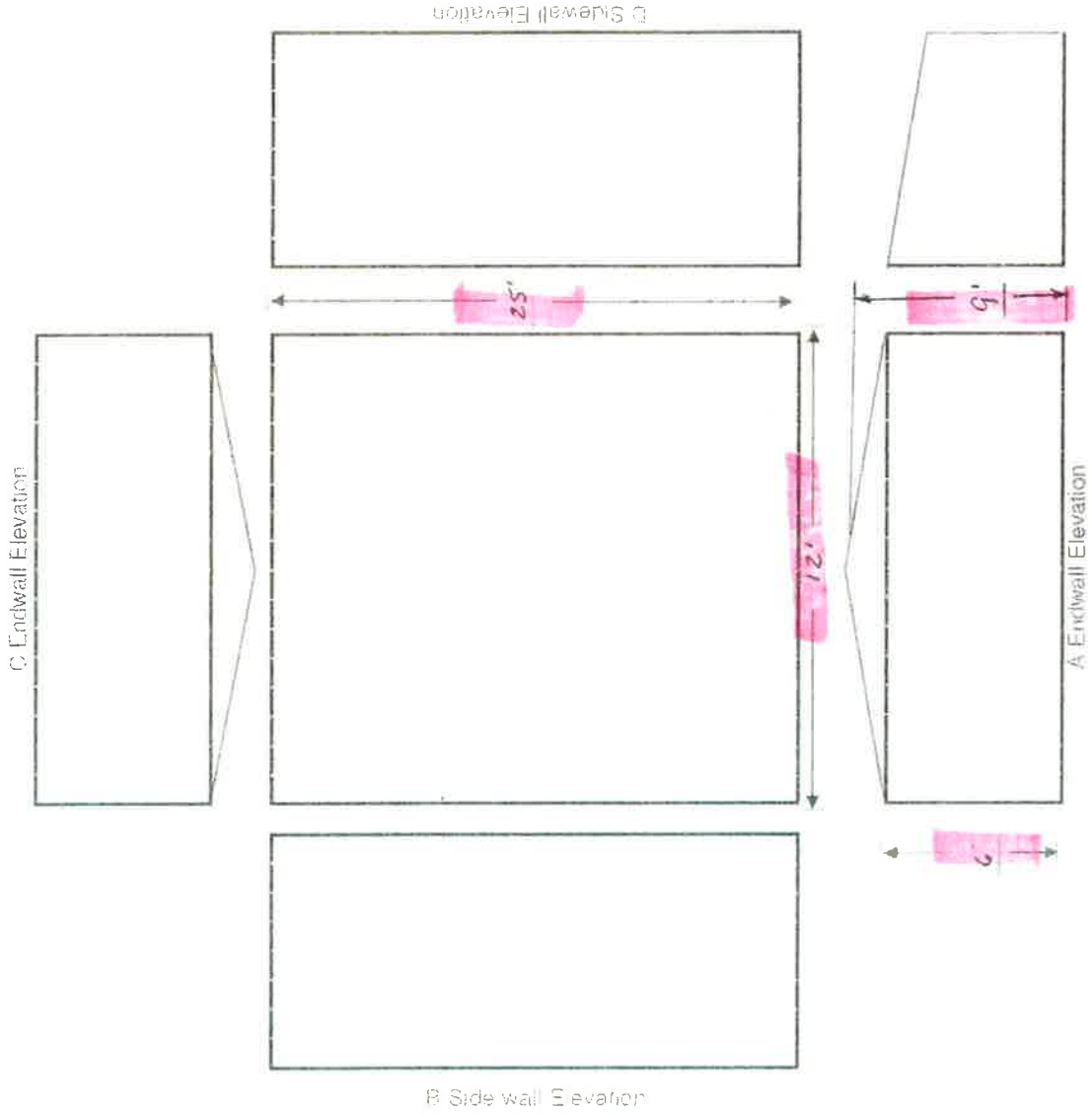
Phone: (407) 380-3144 Fax: (407) 380-3145 TollFree: (866) 227-7678

Email: [FDMetalBuildings@aol.com](mailto:FDMetalBuildings@aol.com) Website: [www.BuildFactoryDirect.com](http://www.BuildFactoryDirect.com)

## BASIC BUILDING WORKSHEET

Please draw in the exact location(s) of all options for sheds & Buildings, including specific dimensions from each respective wall. Options: Window(s); Personnel Door(s); Rollup Door(s); Sky Lights

Customer Name: Patricia Jones 5026 ST Marie Ave



Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Building Size: Width 12' Length 25' Height 9'

Frames openings: A Endwall  C Endwall  B Sidewall  D Sidewall

Accessories: Roll up Doors  Windrws  Sky Light Panels

Other Accessories or Additional Information: Personnel Door