



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universallengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

Scope of Work: BUILDING: Demo/ removal of Septic Tank
Comments: None
Project Information
 Address: 5210 Oak Island Road, Belle Isle, FL 32809
 Parcel ID: 18-23-30-7160-01-140
 Property Owner: Walker, John
 Phone Number: 321 624 9942

 Company Name: Brannon Construction Company
 Contractor Name: Brannon, Michael
 License Number: CRC058433
 Address: 1006 Lewis Drive, Winter Park, FL 32789
 Phone Number: 407 740 7626

Permit Number: 2015-04-075
Date of Application: 04/25/2015
Date Permit Issued: 08/26/2015

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.

BUILDING FEATURES

IMPACT FEES
 School \$
 Traffic \$

ZONING FEES
 Zoning Fee \$35.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$61.50
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$100.50

Date Paid 8-26-15
CO or Check # AMEX 51006
Amount Paid 100.50

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 (F-S 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO
 Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO
 Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO

BUILDING

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
 1st _____ (Footing/Foundation)
 2nd _____ (Slab)
 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
 4th _____ (Exterior Framing)(Roof/Wall Sheathing)
 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
 6th _____ (Insulation to be Made After Roof Installed)
 7th _____ (Drywall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2ND ROOFING Covering In-Progress _____
 3RD ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2ND _____ (Sewer)
 3RD _____ (Rough-In/Tub Set) 4TH _____ (Final)

CHECK APPROPRIATE BOX

GAS Natural LP MECHANICAL ELECTRICAL LOW VOLTAGE
 1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BiDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 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.

PROJECT NUMBER 015.1500551.0000

TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-04-075
Property Owner	Walker, John
Address	5210 Oak Island Rd
Nature of Improvement	Remove Existing Septic Tank
Received Application	4-28-15
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	 5-18-15
Building Official Approved	
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



Building Permit (Land Use) Application

DATE: April 24, 2015

PERMIT # 2015-04-075

PROJECT ADDRESS 5210 Oak Island Road

Belle Isle, FL 32809 32812

PROPERTY OWNER John Walker

PHONE 321-624-9942

VALUE OF WORK (labor & material) \$ 5000.-

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Removal of existing septic tank

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:** 18-23-30-7160-01-140

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.

Attached Survey SETS and Construction Plans SETS
 PLANNING & ZONING APPROVAL: 7/8/15 DATE DATE DATE
 APPROVED
 City of Belle Isle

PLEASE COMPLETE for Building Review
 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 DATE 8/18/15
 VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 8/15

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.

Wind Exposure Category: B C D

SPRINKLERS REQ'D Y 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 <u>demo</u>	Y	N
<u>of septic tank</u>		
3% FL SURCHARGE		
TOTAL		<u>100.50</u>

By Owner Form NA
 Notice of Commencement Y NA
 Power of Attorney Y NA
 Contractor Packet Included? Y 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.universaleengineering.com

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

PERMIT # 201504-075

Owner's Name John Walker
 Owner's Address 3000 Lions Ct., Kissimmee, FL 34744-1539

Contractor Name <u>Michael Brannon</u>	Company Name <u>Brannon Construction Company</u>
License # <u>CRC058433</u>	Company Address <u>1006 Lewis Drive</u>
Contact Phone/Cell <u>407-740-7226</u>	City, State, ZIP <u>Winter Park, FL 32789</u>
Contact Email <u>Valerie@brannon-construction.com</u>	Contact Fax <u>407-740-7626</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 for ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

<p>Owner Signature <u>John B Walker</u> The foregoing instrument was acknowledged before me this <u>4/21/15</u> by <u>JOHN R WALKER</u> who is personally known to me and who produced _____ who is personally known to me as identification and who did not take an oath. Notary as to Owner _____ State of Florida County of Orange</p> <p style="text-align: center;"></p>	<p>Contractor Signature <u>Michael</u> COMPANY NAME <u>Brannon Construction Company</u> The foregoing instrument was acknowledged before me this <u>4/21/15</u> by <u>Michael S. Brannon</u> who is personally known to me and who produced _____ who is personally known to me as identification and who did not take an oath. Notary as to Owner _____ State of Florida County of Orange</p> <p style="text-align: center;"></p>
<p>Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35= _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>. Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: <u>(7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</u></p>	



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT Mike Brannon

CONTRACTOR / AGENT: Dennis D. Abel

LOT: 14,15 BLOCK: A SUBDIV: Pleasure Island ID#: 18-23-30-7160-01-140

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

EXISTING TANK INFORMATION

[500] GALLONS SEPTIC TANK MATERIAL: Concrete BAFFLED: [N]
 [750] GALLONS SEPTIC TANK MATERIAL: " BAFFLED: [N]
 [] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
 [] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 03/25/15 BY Abel Septic Tanks Inc. HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / XXXXXX / XXXXX] , ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / XXXXXXXXXXXXXXXXXXXXXXXXXX] INSTALLED.
Dennis D. Abel *[Signature]* Abel Septic Tanks Inc.
 SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE 03/25/15

EXISTING DRAINFIELD INFORMATION N.A.

[] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: X
 [] SQUARE FEET SYSTEM NO. OF TRENCHES [] DIMENSIONS: X
 TYPE OF SYSTEM [] STANDARD [] FILLED [] MOUND []
 CONFIGURATION: [] TRENCH [] BED []
 DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
 ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION N.A.

[] SYSTEM INSTALLATION DATE TYPE OF WASTE [X] DOMESTIC [] COMMERCIAL
 [] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [X] TABLE 1, 64E-6, FAC
 SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
 CONDITIONS: [] SLOPING PROPERTY []
 NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
 FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []
 FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
 SYMPTOM: [] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA We pumped out the tanks listed above and they will be abandoned by the Owner.

APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD.

SUBMITTED BY: Dennis D. Abel SM0890320 TITLE/LICENSE MST DATE: 03/25/15

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
 Incorporated 64E-6.001, FAC

Permit tracking number assigned by department