



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

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3: 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><b>Scope of Work:</b> DEMO: of collapsed gas station</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 5929 Hansel Avenue, Belle Isle, FL 32809          Parcel ID: 24-23-29-8820-00-050          Property Owner: City of Belle Isle          Phone Number: 407 851 7730          *****          Company Name: Bob's Excavating, Inc.          Contractor Name: McGrady, V. exempt          License Number: 309 E. Pierce Ave, Orlando, FL 32809          Phone Number: 407-856-0652</p>	<p><b>Permit Number: 2015-08-040</b></p> <p><b>Date of Application: 08/19/2015</b></p> <p><b>Date Permit Issued: 08/20/2015</b></p> <p><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.</p>
--	--

### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>School \$</p> <p>Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee exempt</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$ \$67.50</p> <p>Demo Building \$</p> <p>Fence \$</p> <p>Driveway \$</p> <p>Shed \$</p> <p>Window(s) \$</p> <p>Door(s) \$</p> <p>PrePower \$</p> <p>Electrical \$</p> <p>Temp Pole \$</p> <p>Plumbing \$</p> <p>Mechanical \$</p> <p>Gas \$</p> <p>Roofing \$</p> <p>Boat Dock \$</p> <p>Screen Encl \$</p> <p>Swimming Pool \$</p> <p>Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00</p> <p>Surcharge Fee \$2.00</p> <p><b>TOTAL FEES \$71.50</b></p> <p>Date Paid <u>8/20/15</u></p> <p>CC or Check # <u>WISA 1933</u></p> <p>Amount Paid <u>\$ 71.50</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>	<p><b>BUILDING INSPECTOR USE ONLY</b></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><b>BUILDING</b></p> <p>1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/Mechanical/Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)</p> <p><b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1<sup>ST</sup> _____ (Underground) 2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set) 4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In) 2<sup>nd</sup> _____ (Final)</p>	<p><b>IF APPLICABLE:</b></p> <p>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><b>BUILDING</b></p> <p>1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/Mechanical/Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)</p> <p><b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1<sup>ST</sup> _____ (Underground) 2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set) 4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In) 2<sup>nd</sup> _____ (Final)</p>
---	--	---

Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto: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 015.150639-000

TASK NUMBER 01

CITY OF BELLE ISLE

Permit Application Review Sheet

Permit Number	<u>2015-08-040</u>
Property Owner	<u>CBI</u>
Address	<u>5929 Hansel Ave - old collapsed gas station</u>
Nature of Improvement	<u>Demo</u>
Received Application	<u>8-6-15</u>
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	<u>8-19-15 - passed per Kenton</u>
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	
<b>Comments</b>	
1. <u>Susan 8-6-15</u>	<u>emailed Judi we need Building License</u>
2.	<u>app filled out.</u>
3. <u>Susan 8-20-15</u>	<u>WO# 55187</u>
4. <u>1994 8/20/15</u>	<u>Client came in w/ payment, picked up</u>
5. <u>" "</u>	<u>permit, scanned for Sharefile.</u>
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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

DATE: 8/19/15 PERMIT #: 2015-68-040

PROJECT ADDRESS: 5929 TRANSIT AVE, Belle Isle, FL 32809 32812

PROPERTY OWNER: City of Belle Isle PHONE: 882-7730 VALUE OF WORK (labor & material) \$ 5,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

DEMO EXISTING TEXACO BUD. DAMAGED BY VEHICLE

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: 24-23-29-8820-00-050

To obtain this information, please visit <http://www.ocpafi.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 BY: [Signature] DATE: 8/19/15 City of Belle Isle

PLANNING & ZONING APPROVAL:

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

BUILDING REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

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.

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N	RCD
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
ZONING	Y	N	N/A per FS
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	\$ 67.50
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

3% FL SURCHARGE

4.00

TOTAL

71.50

By Owner Form	Y	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.universalsciencesengineering.com



**Building Permit (Land Use) Application**

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

PERMIT # 2015-08-010

Owner's Name City of Belle Isle  
Owner's Address 1600 NELA AVE. BELLE ISLE, FL.

Contractor Name	<u>BOB'S EXCAVATIONS</u>	Company Name	
License #	<u>1809-0048230</u>	Company Address	<u>309 E. PIERCE AVE</u>
Contact Phone/Cell	<u>407-760-2845</u>	City, State, ZIP	<u>ORLANDO, FL. 32809</u>
Contact Email	<u>VMEGRADY1@CL-FL.COM</u>	Contact Fax	<u>407-856-0652</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.

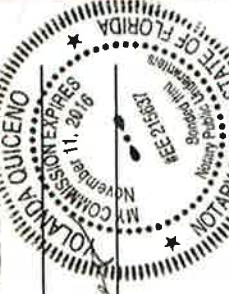
**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature [Signature] 8/19/2015

The foregoing instrument was acknowledged before me this 8/19/2015 by KATH SEIBENS 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



Contractor Signature [Signature]  
COMPANY NAME Bob's Excavating

The foregoing instrument was acknowledged before me this 8/20/15 by Robert McGrady who is personally known to me

and who produced FL DL #M262-760-39-308-0 as identification and who did not take an oath.

Notary as to Owner  
State of Florida  
County of Orange



<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>	
1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE)	
Total Lot Area _____ X 0.35 = _____	
Allowable Impervious Area (BASE) _____	
2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.	
• House _____	
• Driveway _____	
• Walkway _____	
• Accessory Buildings _____	
• Pool & Spa _____	
• Deck & Patio _____	
• Other _____	
Actual Impervious Area (AIA) _____	
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 <u>must be provided</u> .	
<p>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>	



# City of Belle Isle

1600 Nela Avenue Belle Isle, FL 32809  
Tel 407-851-7730 • Fax 407-240-2222 • [www.cityofbelleisle.org](http://www.cityofbelleisle.org)

## PRE-DEMOLITION FORM

### Requirements for Pre-demolition inspection.

A copy of the site plan to scale  
Building Permit Form LandUse002

NOTE: After the Pre-demolition inspection, the following documents will be required for a Demolition Permit:

Completed Certification of Service Disconnect form  
Signed and notized Power of Attorney (if licensed contractor does not appear in person)

Site Address 5329 HANSEL AVENUE  
Contact Person STEPHEN RSH/15  
Phone Number 407-851-7730

Septic Tank:  No  Yes

if yes, must fill or remove septic tank

Requested date and time of accessibility to site

### Health Department Requirements

1. Prior to start of demolition or renovation work contact the Health Department at 407-521-2630 for septic tank filling and removal requirements

### EPD Requirements

2. Prior to start of demolition or renovation work contact the Orange County Environmental Protection Division (EPD) at 407-838-1400 for demolition and asbestos removal notification requirements (195.9 Asbestos). The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 459.003 Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

### CERTIFICATION OF SERVICE DISCONNECT

1. Applicant  Contractor THE BROTHERS  Owner THE BROTHERS  
2. 201 E. TAPPE AVENUE BELLE ISLE 3. Occupational License 1809-0048230  
Address, City, State, Zip

4. Building Structure to be DEMOLISHED or MOVED  Residential  Commercial  Other (Check as applicable)

Site Address 5329 HANSEL AVENUE BELLE ISLE FL 32809  
Legal Description \_\_\_\_\_

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

#### 1. Telephone Company

P.O. No. AT&T  
Certification By STEPHEN RSH/15 or  
Date 8/19/15

#### 4. Cable Company

P.O. No. Bright House or  
Certification By FAT  
Date 407-578-942

#### 2. Gas Company

P.O. No. N/A or  
Certification By \_\_\_\_\_  
Date \_\_\_\_\_

#### 5. Water Company

P.O. No. OUT or  
Certification By \_\_\_\_\_  
Date \_\_\_\_\_

#### 3. Electric Company

\* P.O. No. Duke Energy or  
Certification By 3500 5th St Duke Energy  
Date 1-800-679-8004

6. Other (LPG Company etc.) CVS S. 407423  
P.O. No. CVS S. 407423 or  
Certification By Paulino Lee  
Date 8/19/15

PLEASE SIGN OFF AND

FAX BACK AT 407-856-0652

ASAP

OR EMAIL AT OR RR.COM

UMCGRAOYI@CFL.RR.COM

*emailed 8/19/15*

\*OUC-Per customer request, water meters and/or fire services were left on site. Customer assumes responsibility for disconnecting their water lines from the water meters and/or severing and capping their water lines prior to demolition.



City of Belle Isle  
1500 Neia Avenue, Belle Isle, FL 32809  
Tel 407-851-7730 • Fax 407-240-2222 • WWW.CITYOFBELLEISLE.ORG

## PRE-DEMOLITION FORM

Requirements for Pre-demolition inspection:  
• A copy of the site plan to scale  
• Building Permit Form LandUse002

NOTE: After the Pre-demolition inspection, the following documents will be required for a Demolition Permit:  
Completed Certification of Service Disconnection form  
Signed and notarized Power of Attorney (if licensed contractor does not appear in person)

Site Address: 201 E. PINE AVE. PALM BEACH, FL 33480

Contact Person: BOB BAKER

Phone Number: 407-856-0652

Septic Tank:  No  Yes  
If yes, must fill or remove septic tank  
Requested date and time of accessibility to site:

Health Department Requirements  
Prior to start of demolition or renovation work contact the Health Department at 407-521-2630 for septic tank filling and removal requirements.

SPD Requirements  
Prior to start of demolition or renovation work contact the Orange County Environmental Protection Division (EPD) at 407-838-1400 for demolition and asbestos removal notification requirements. 105.9 Asbestos: The enforcing agency shall require each building permit for the demolition of renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 459.012, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal laws.

### CERTIFICATION OF SERVICE DISCONNECT

1. Applicant:  Contractor BOB BAKER  Owner THE CITY OF BELLE ISLE  
2. 201 E. PINE AVE. PALM BEACH, FL 33480 3. Occupational License 1809-0048230  
Address, City, State, Zip

4. Building Structure to be DEMOLISHED or MOVED  Residential  Commercial  Other (Check as applicable)  
201 E. PINE AVE. PALM BEACH, FL 33480  
Site Address

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

1. Telephone Company AT&T or  
P.O. No. \_\_\_\_\_  
Certification By \_\_\_\_\_  
Date \_\_\_\_\_

2. Gas Company \_\_\_\_\_ or  
P.O. No. \_\_\_\_\_  
Certification By \_\_\_\_\_  
Date \_\_\_\_\_

3. Electric Company FLORIDA or  
P.O. No. \_\_\_\_\_  
Certification By \_\_\_\_\_  
Date 1-800-619-8004

PLEASE SIGN OFF AND  
FAX BACK AT 407-856-0652  
ASAP

4. Cable Company BRIGHT HOUSE or FAT  
P.O. No. \_\_\_\_\_  
Certification By BOB BAKER 407-578-9451  
Date 8-14-15 ARRANGER 407-532-8092

5. Water Company DUKE or  
P.O. No. \_\_\_\_\_  
Certification By \_\_\_\_\_  
Date \_\_\_\_\_

6. Other: LOG COMPANY, INC DUSS, 407423  
P.O. No. \_\_\_\_\_  
Certification By \_\_\_\_\_  
Date 9018

ISSUED 07-10-2012 FORM #CCBDEMOPRM12010\_1069019

NOTE: Per customer request, water meters and/or services were left on site. Customer assumes responsibility for disconnecting their water lines from the water meters and/or sewerage and capping their water lines prior to demolition.



**Requirements for Pre-demolition inspection:**  
 A copy of the site plan to scale  
 Building Permit Form LandUse002

**NOTE:** After the Pre-demolition inspection, the following documents will be required for a Demolition Permit:  
 Completed Certification of Service Disconnect form  
 Signed and notarized Power of Attorney (if licensed contractor does not appear in person)

**Health Department Requirements**  
N/A Prior to start of demolition or renovation work contact the Health Department at 407-521-2630 for septic tank filling and removal requirements.

**EPD Requirements**  
N/A Prior to start of demolition or renovation work contact the Orange County Environmental Protection Division (EPD) at 407-838-1400 for demolition and asbestos removal notification requirements. (105.9 Asbestos: The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.)

Site Address: 5709 HANSEL AVE.  
 Contact Person: BEATE SEIBERTS, OWNER  
 Phone Number: (407) 851-7730

Septic Tank:  No  Yes  
 If yes, must fill or remove septic tank.  
 Requested date and time of accessibility to site: \_\_\_\_\_

**CERTIFICATION OF SERVICE DISCONNECT**

1. Applicant:  Contractor Big Excavation Inc. Owner The City of Belle Isle  
 2. 309 E. PIERCE AVE, ORL A. 32009 3. Occupational License \_\_\_\_\_  
 Address, City, State, Zip  
 4. Building Structure to be DEMOLISHED or MOVED  Residential  Commercial  Other (Check as applicable)  
5709 HANSEL AVENUE. 2425-29-8802-00-050  
 Site Address Legal Description

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

**1. Telephone Company**

P.O. No. \_\_\_\_\_ or  
 Certification By \_\_\_\_\_  
 Date \_\_\_\_\_

**4. Cable Company**

P.O. No. \_\_\_\_\_ or  
 Certification By \_\_\_\_\_  
 Date \_\_\_\_\_

**2. Gas Company**

P.O. No. \_\_\_\_\_ or  
 Certification By \_\_\_\_\_  
 Date \_\_\_\_\_

**5. Water Company** OUA  
 P.O. No. \_\_\_\_\_ or  
 Certification By \_\_\_\_\_

**3. Electric Company**

DUKE ENERGY  
 P.O. No. \_\_\_\_\_ or  
 Certification By \_\_\_\_\_  
 Date 1-8-2014-8004

Date 11/18/12-407-236-9651  
 5. Other: (LPG Company, etc.) OUS, 407423  
9018

PLEASE SIGN OFF AND  
FAX BACK AT 407-856-0652