



# 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.

**Scope of Work:** BUILDING: installation of illuminated channel letters

**Comments:** None

**Project Information**

Address: 1900 McCoy Rd, Belle Isle, FL 32809  
 Parcel ID: 31-23-30-0000-00-002  
 Property Owner: McCoy Federal Credit Union  
 Phone Number: 407 583 1106  
 \*\*\*\*\*  
 Company Name: Guy Wingo Signs Inc  
 Contractor Name: Wingo, Guy  
 License Number: ES0000424  
 Address: 2682 Pemberton Dr, Apopka, FL 32703  
 Phone Number: 407 297 1251

**Permit Number: 2016-07-013**

Date of Application: **07/07/2016**

Date Permit Issued: **07/08/2016**

**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 \$165.00

**UNIVERSAL ENG - BUILDING FEES**

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 \$42.50

**SURCHARGE FEES**

Surcharge Fee \$2.00  
 Surcharge Fee \$2.00

**TOTAL FEES \$211.50**

Date Paid 7-25-16

CC or Check # ME 1513

Amount Paid 211.50

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 (FS 553).

**BUILDING INSPECTOR USE ONLY**

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

**BUILDING**

- 1<sup>st</sup> \_\_\_\_\_ (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)

**ROOFING**

- 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 \_\_\_\_\_

**PLUMBING** (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)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal13



# City of Belle Isle

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Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED  
JUL 08 2016

## Building Permit (Land Use) Application

DATE: 6.22.16

PERMIT # 2016-07-013

PROJECT ADDRESS 1900 McCoy Rd, Orlando, FL 32809, Belle Isle, FL  32809  32812

PROPERTY OWNER McCoy Federal Credit Union PHONE 407-855-5452 VALUE OF WORK (labor & material) \$ 2100.00

### PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Installation of one (1) set of illuminated channel letters

Please provide information, if applicable.

- SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-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: 31-23-30-0000-00-002

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

**SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK.** Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B  C  D

PLANNING & ZONING APPROVAL: 7-22-16  
DATE

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
	Date: Sent		RCD
ZONING	<input checked="" type="checkbox"/>	N	\$ 165.00
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>Sign</u>	Y	N	\$ 42.50

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)  
 CONSTRUCTION TYPE Aluminum Channel Letters w/ Acrylic Faces  
 OCCUPANCY GROUP  Comm Res:  Single Fam  Multi Fam  
 #BLDG. 1 #UNITS 1 #STORIES 1 TOTAL SQ.FT. 103.31  
 MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_  
 MIN. FLOOD ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_  
 WATER SERVICE  WELL  SEPTIC

3% FL SURCHARGE 4.00  
TOTAL 211.50

BUILDING REVIEWER [Signature] DATE 7-7-16

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 7-8-16

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.

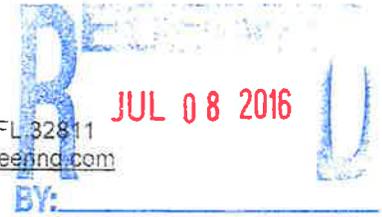
By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	Y	NA
Contractor Packet Included?	Y	N
<b>OTHER PERMITS REQUIRED:</b>		
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA

1st 1k  
\$5 x 2  
25  
10  
35.00  
17.50  
42.50

e mailed for zoning renew 7-8-16



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**Building Permit (Land Use) Application**

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

PERMIT # 2016-07013

Owner's Name McCoy Federal Credit Union

Owner's Address PO Box 593806, Orlando, FL 32859

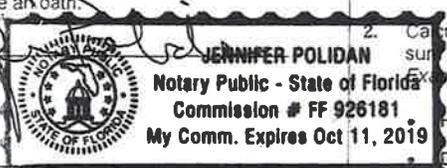
Contractor Name	Guy Wingo	Company Name	Guy Wingo Signs, Inc
License #	ES0000424	Company Address	2682 Pemberton Dr
Contact Phone/Cell	407-578-1132	City, State, ZIP	Apopka, FL 32703
Contact Email	signs@mpinet.net	Contact Fax	407-297-1251

**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.

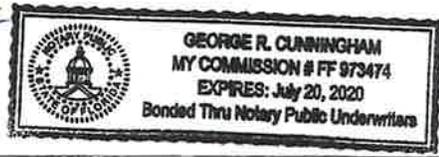
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations ([www.floridabuilding.org](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://www.municode.com)) regulating same and in accordance 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.

X  
 Owner Signature [Signature]  
 The foregoing instrument was acknowledged before me this 6/23/16  
 by Tod Mazzocco who is personally known to me  
 and who produced N/A  
 as identification and who did not take an oath.  
 Notary as to Owner  
 State of Florida  
 County of Orange



Contractor Signature [Signature] Guy Wingo  
 COMPANY NAME Guy Wingo Signs, Inc  
 The foregoing instrument was acknowledged before me this 7/5/16  
 by GUY WINGO 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  
SEMINOLE



**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 \_\_\_\_\_ 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 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



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**ZONING APPROVED**

PLANNING & ZONING APPROVAL: [Signature]  
DATE

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

CONSTRUCTION TYPE Aluminum Channel Letters w/ Acrylic Faces

OCCUPANCY GROUP X Comm Res: Single Fam Multi Fam

#BLDG.      #UNITS      #STORIES      TOTAL SQ.FT. 103.31

MAX. FLOOR LOAD      MAX. OCCUPANCY     

MIN. FLOOD ELEV.      LOW FLOOR ELEV     

WATER SERVICE      WELL      SEPTIC     

BUILDING REVIEWER [Signature] DATE 7-7-16

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Wind Exposure Category: B      C      D     

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			RCD <u>    </u>
ZONING	Y	N	\$ <u>    </u>
CERT OF OCC	Y	N	\$ <u>    </u>
TRAFFIC	Y	N	\$ <u>    </u>
SCHOOL	Y	N	\$ <u>    </u>
FIRE	Y	N	\$ <u>    </u>
SWIMMING POOL	Y	N	\$ <u>    </u>
SCREEN ENCLOSURE	Y	N	\$ <u>    </u>
ROOFING	Y	N	\$ <u>    </u>
BOAT DOCK	Y	N	\$ <u>    </u>
BUILDING	Y	N	\$ <u>    </u>
WINDOW(S)	Y	N	\$ <u>    </u>
DOOR(S)	Y	N	\$ <u>    </u>
FENCE	Y	N	\$ <u>    </u>
SHED	Y	N	\$ <u>    </u>
DRIVEWAY	Y	N	\$ <u>    </u>
OTHER	Y	N	\$ <u>    </u>

**3% FL SURCHARGE**

TOTAL     

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



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**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 16/2/16  
 by Tod Mazzocco who is personally known to me  
 and who produced N/A  
 as identification and who did not take an oath.

Notary as to Owner  
 State of Florida  
 County of Orange  
[Signature]  
**JENNIFER POLIDAN**  
 Notary Public - State of Florida  
 Commission # FF 926181  
 My Comm. Expires Oct 11, 2019

**Contractor Signature** [Signature] Guy Wingo  
 COMPANY NAME Guy Wingo Signs, Inc  
 The foregoing instrument was acknowledged before me this 7/5/16  
 by GUY WINGO 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  
[Signature]  
**GEORGE R. CUNNINGHAM**  
 MY COMMISSION # FF 973474  
 EXPIRES: July 20, 2020  
 Bonded thru Notary Public Underwriters

**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 \_\_\_\_\_ 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 \_\_\_\_\_  
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 Deck & Patio \_\_\_\_\_  
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Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP-10), the formula is (7.5 inches rainfall / 12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

**ZONING APPROVED**

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

PLATE



# MCCOY FEDERAL

LAYOUT - SCALE: 1/2" = 1'-0"



ILLUMINATION - SCALE: 1/2" = 1'-0"



Municipality: City of Belle Isle  
 Storefront: 124'-0"  
 Allowable SF: 124'-0" x 1.5 = 186 sf  
 Proposed Sign: 6'-0" x 17'-2.56" = 103.91 sf

Reviewed for Code Compliance  
 Universal Engineering Sciences

## CAPITAL SIGN

DESIGN & CUSTOM METAL FABRICATION

2885 Ponce de Leon Ave. - Alpharetta, GA 30202  
 PHONE: (404) 578-1132 FAX: (404) 207-1231  
 www.CapitalSignDesign.com

CLIENT: McCoy Federal Co  
 LOCATION: 1900 McCoy Rd, Belle Isle  
 DRAFTER: Guy Wingo  
 DESIGNER: CWB  
 DATE: 5.8.14

All work  
 Design  
 Survey  
 All items included in Order Form

COMPASS FILES

E 141002

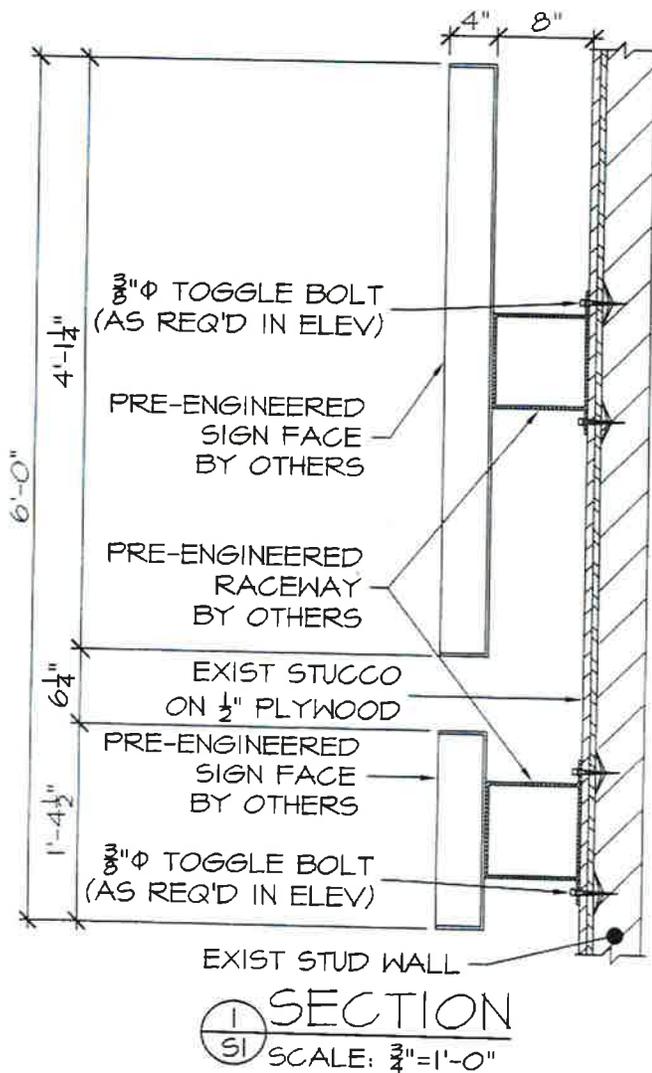
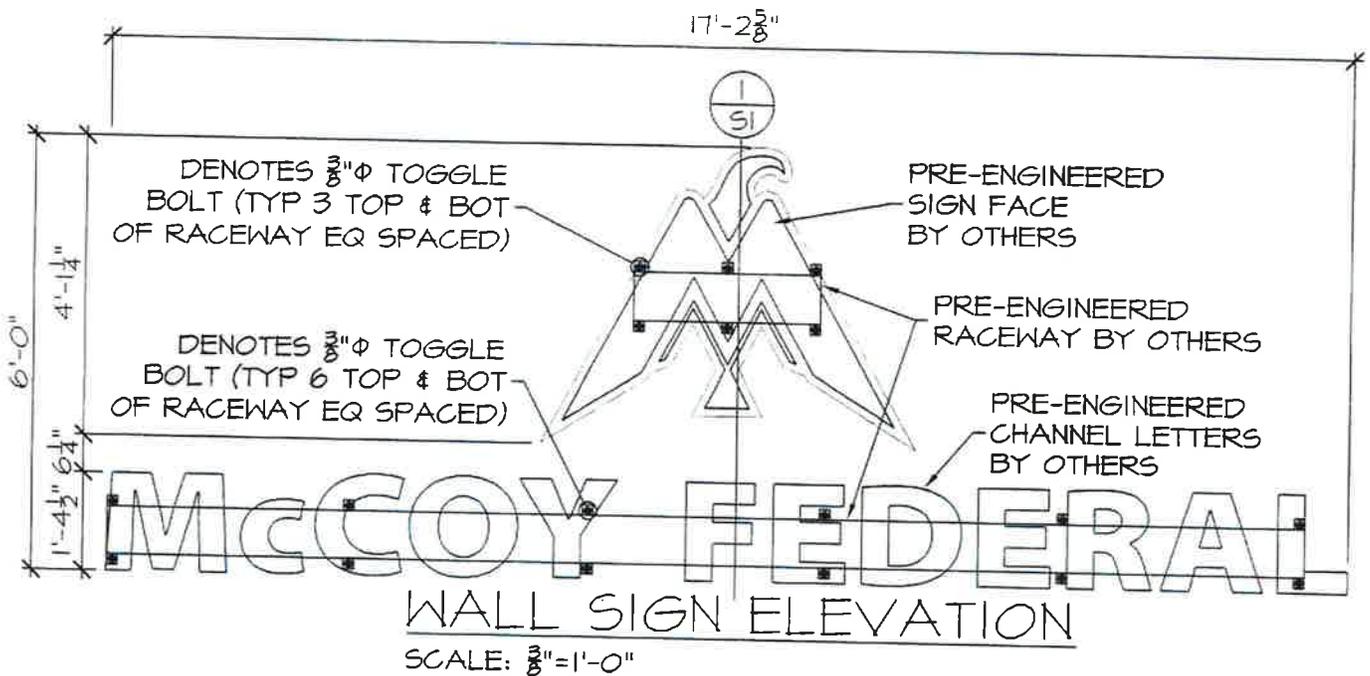
REVISION	DATE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Drawing # 127-2

# ZONING APPROVED

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

City of Belle Isle





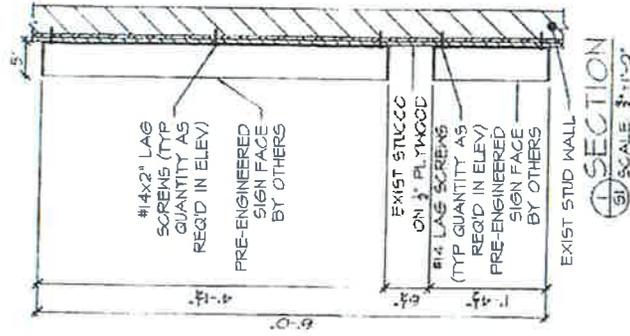
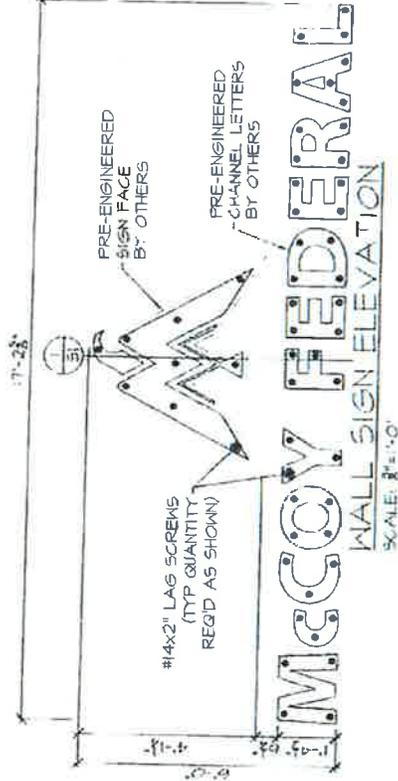
Reviewed for Code Compliance  
 Universal Engineering Sciences



NOTES:

ZONING APPROVED

Date: \_\_\_\_\_ By: \_\_\_\_\_  
 City of Belle Isle



**R3 Associates, LLC**  
 Rob Wasson, P.E., No. 40000  
 CA # 91777  
 15000 1st Ave, Suite #10, Oakland, CA 94612  
 Tel: 510.466.8888 Fax: 510.466.8889  
 rob.wasson@r3associates.com www.r3associates.com

NOTE: THIS PLAN IS NOT VALID WITHOUT ORIGINAL SIGNATURE & SEAL.

- NOTES:
1. WIND LOAD ASSUMPTIONS BASED ON ASCE 7-10, 5th ED FBC 2014 140 MPH REGION, RISK CAT II, EXP C.
  2. CONTRACTOR IS RESPONSIBLE FOR ALL WATERPROOFING AT PENETRATIONS THRU EXIST WALL.
  3. ANCHORS: WOOD LAG SCREWS ASTM A307.
  4. PRE-ENGINEERED CHANNEL LETTERS & SIGN FACE BY OTHERS.
  5. HEIGHT OF SIGN ABOVE GRADE NOT TO EXCEED 30'-0" MAX.

WIND DESIGN CRITERIA	
WIND VELOCITY	140 MPH
EXPOSURE CATEGORY	C
DESIGN WIND SPEED	84 MPH (140 KTS)
DESIGN WIND PRESSURE COEF	0.8 (0.85)
WIND DIRECTIONAL FACTOR	0.85
WIND EXPOSURE ADJUSTMENT	1.00

PROJECT: WOOD LAG SCREWS WALL SIGN BELLE ISLE, CA
CAPITAL SIGN
DATE: 10/21/15
BY: R3
NO. OF SHEETS: 1 OF 1

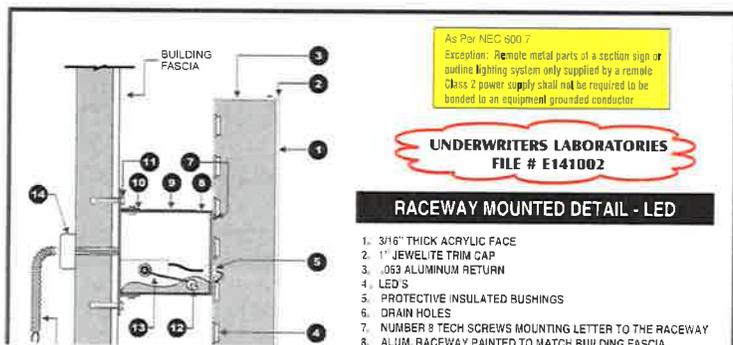
S1



LAYOUT - SCALE: 3/8"=1'-0"



ELEVATION - SCALE: 1/16"=1'-0"



Municipality: City of Belle Isle  
Storefront: 124'-0"  
Allowable SF: 124'-0" x 1.5 = 186 sf  
Proposed Sign: 6'-0" x 17'-2 5/8" = 103.31 sf

**ILLUMINATED CHANNEL LETTERS - RACEWAY MOUNTED**

FACES: 3/16" WHITE ACRYLIC OVERLAID WITH



# McCoy Federal Credit Union

Your Full-Service Community Credit Union

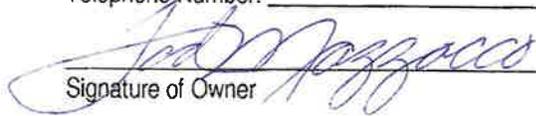
## Letter of Authorization

This letter authorizes Guy Wingo Signs, Inc. and its agents to act as my agent in obtaining the required and necessary permits, licenses and approvals, which may be required for the installation of said signage, and to proceed with the installation if in accordance with all governing laws, statutes and ordinances at the below referenced address.

Tenant / Project Name: McCoy Federal Credit Union  
Site Address: 1900 McCoy Road Suite #             
City: Orlando State: FL Zip Code: 32809  
Property Parcel ID # 31-23-30-0000-00-002

### Landlord / Owner Information

Landlord / Owner Name: McCoy Federal Credit Union  
Address: PO Box 593806  
City: Orlando State: FL Zip Code: 32859-3806  
Telephone Number: 407-855-5452 Fax Number: 407-583-1126



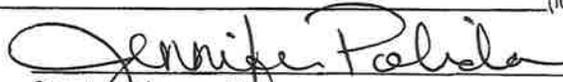
Signature of Owner

Tod Mazzocco, Executive Vice President

Printed Name

State of Florida  
County of Orange

Sworn to and subscribed before me this 23 day of June 2016  
by Tod Mazzocco (name of person acknowledged) who is personally known  
to me or who has produced N/A (identification).



Signature of Notary Public

Commission expires: 10/11/19



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
ES0000424	

The SPECIALTY ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016  
AS A SIGN ELECTRICAL SPECIALIST

WINGO, GUY CHARLES  
GUY WINGO SIGNS INC.  
2682 PEMBERTON DRIVE  
APOPKA FL 32703



ISSUED: 06/25/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406250001066



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

[www.seminoletax.org](http://www.seminoletax.org)

VALID THROUGH 09/30/16

GUY WINGO SIGNS INC  
GUY CHARLES WINGO  
2682 PEMBERTON DR  
APOPKA, FL 32703  
GUY WINGO (OFFICER)

Account #:159170

REGULATED  
License # - ES0000424  
Qualifier- GUY WINGO

Receipt #: OLHS2015090302734

Amount Paid: \$ 45.00

Date Paid: 09/03/2015



# CERTIFICATE OF LIABILITY INSURANCE

CAPIT-7 OP ID: DE

DATE (MM/DD/YYYY)

03/11/2016

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> Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 K. Derek Brown	<b>CONTACT NAME:</b> K. Derek Brown	
	<b>PHONE (A/C, No, Ext):</b> 321-397-3870	<b>FAX (A/C, No):</b> 321-397-3888
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Amerisure Ins Company		19488
<b>INSURER B:</b> Amerisure Mutual Ins. Co		23396
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** Guy Wingo Signs Inc.  
2682 Pemberton Drive  
Apopka, FL 32703-9402

**COVERAGES**      **CERTIFICATE NUMBER:**      **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL20672990503	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA20672860502	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CU20897020202	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC206728906	01/01/2016	01/01/2017	<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)

**CERTIFICATE HOLDER****CANCELLATION**

BELLEIS

City of Belle Isle  
1600 Nela Avenue  
Belle Isle, FL 32809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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[Sales Search](#)
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## 1900 Mccoy Rd < 31-23-30-0000-00-002 >

Name(s)	Physical Street Address
Mccoy Federal Credit Union	1900 Mccoy Rd
Property Name	Postal City and Zipcode
Mccoy Federal Credit Union	Orlando, FL 32809
Mailing Address On File	Property Use
Po Box 593806	1800 - Multi Story Office
Orlando, FL 32859-3806	Municipality
Incorrect Mailing Address?	Belle Isle



[Values, Exemptions and Taxes](#)
[Property Features](#)
[Sales Analysis](#)
[Location Info](#)
[Market Stats](#)
[Update Information](#)

### Property Description

BEG 50 FT S OF NE COR OF NW1/4 OF NW1/4 RUN E 180.64 FT S 653.1 FT S 52 DEG W 17.8 FT S 56 DEG W 233.43 FT S 61 DEG W 395.14 FT N 478.78 FT E 175 FT N 500 FT E 200 FT TO POB IN SEC 31-23-30 SEE 3939/4374

**Total Land Area** 370,162 sqft (+/-) | 8.50 acres (+/-) GIS Calculated Notice

### Land (includes working values)

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1800 - Multi Story Office	C-1	369762 SQUARE FEET	\$4.00	\$1,479,048	\$0.00	\$1,479,048
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				
	<b>Model Code:</b>	04 - Commercial	<b>Actual Year Built:</b>	1977	<b>Gross Area:</b>	26622 sqft
	<b>Type Code:</b>	1800 - Multi Story Office	<b>Beds:</b>	0	<b>Living Area:</b>	22626 sqft
	<b>Building Value:</b>	\$1,795,355	<b>Baths:</b>	0.0	<b>Exterior Wall:</b>	Concrete Block Stucco
	<b>Estimated New Cost:</b>	\$2,648,016	<b>Floors:</b>	2	<b>Interior Wall:</b>	Decorative Wall Construction

Page 1 of 1 (1 total records)

### Extra Features (includes working values)

Description	Date Built	Units	XFOB Value
PVCN - Pav Con	01/01/1988	3116 Square Feet	\$9,348
500 - Elevator	01/01/1988	1 Unit(s)	\$50,000
CVAL - Aluminum Cover	01/01/1996	384 Square Feet	\$960
PKSP - Parking Space	01/01/1988	180 Unit(s)	\$90,000

Page 1 of 1 (4 total records)

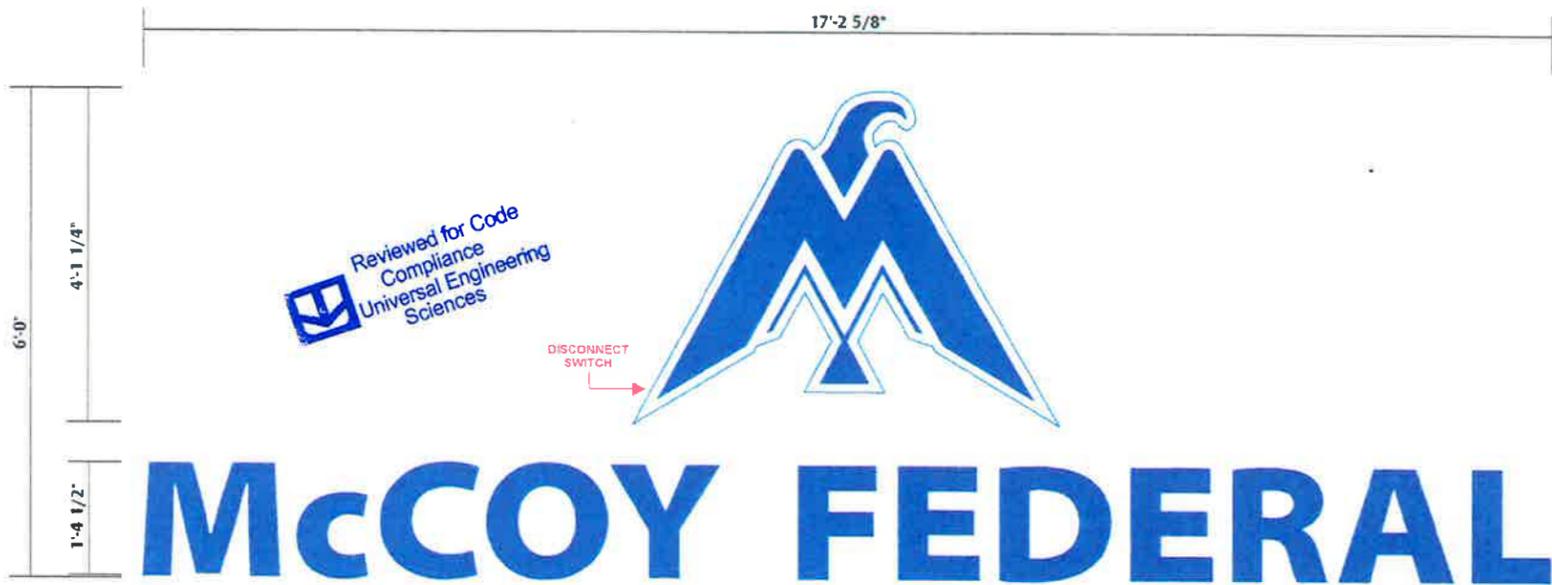
This Data Printed on 01/27/2016 and System Data Last Refreshed on 01/26/2016

Site Notice • About Us • Contact Us • OCPAFL Home • Property Search • Exemption **FRAUD** Hotline

Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801

Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044

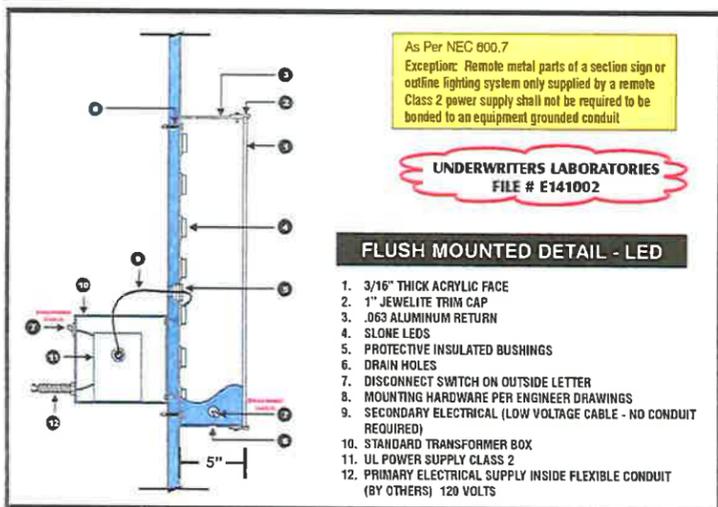
Copyright © 2010 Orange County Property Appraiser. All rights reserved.



LAYOUT - SCALE: 1/2"=1'-0"



ELEVATION - SCALE: 1/16"=1'-0"



FLUSH MOUNTED DETAIL - LED

1. 3/16" THICK ACRYLIC FACE
2. 1" JEWELITE TRIM CAP
3. .063 ALUMINUM RETURN
4. SLOPE LEDS
5. PROTECTIVE INSULATED BUSHINGS
6. DRAIN HOLES
7. DISCONNECT SWITCH ON OUTSIDE LETTER
8. MOUNTING HARDWARE PER ENGINEER DRAWINGS
9. SECONDARY ELECTRICAL (LOW VOLTAGE CABLE - NO CONDUIT REQUIRED)
10. STANDARD TRANSFORMER BOX
11. UL POWER SUPPLY CLASS 2
12. PRIMARY ELECTRICAL SUPPLY INSIDE FLEXIBLE CONDUIT (BY OTHERS) 120 VOLTS

Municipality: City of Belle Isle  
 Storefront: 124'-0"  
 Allowable SF: 124'-0" x 1.5 = 186 sf  
 Proposed Sign: 6'-0" x 17'-2 5/8" = 103.31 sf

ILLUMINATED CHANNEL LETTERS - FLUSH MOUNTED

FACES: 3/16" WHITE ACRYLIC OVERLAID WITH BLUE VINYL (3M 3630-97 BRISTOL BLUE)

JEWELITE TRIM: BLUE

BACKS AND RETURNS: WHITE

ILLUMINATION: WHITE LED'S

\*\* NOTE: TIME CLOCK OR PHOTO CELL REQ'D

Drawing # 127-2

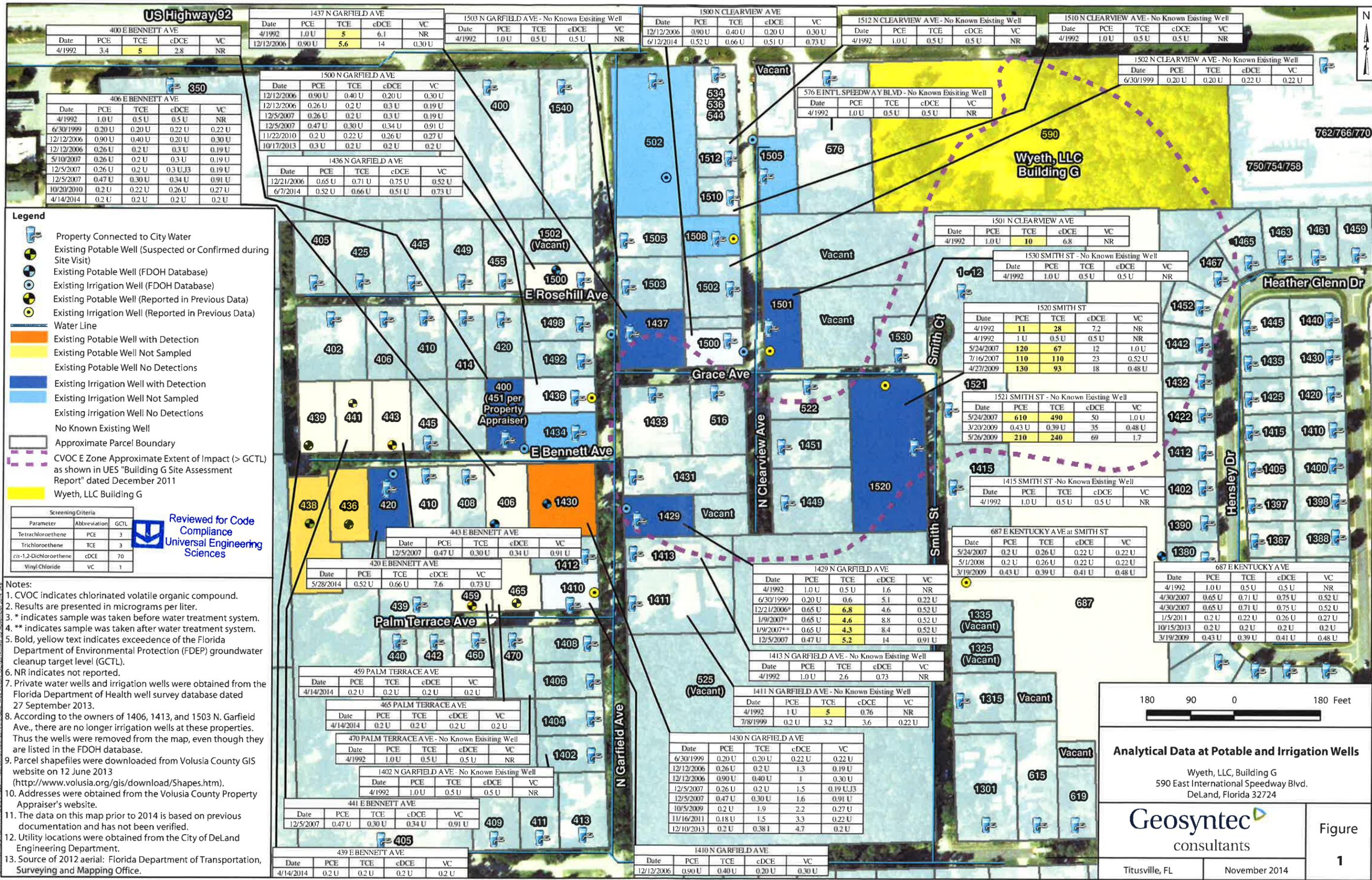
REVISION:	DATE:
A	
B	
C	
D	
E	
F	
G	
H	

Job #	PRODUCTION PROCESSING
-001	
-002	
-003	
-004	

COMPANION FILES  
 All boxes checked to Enter Order  
 E141002  
 UL

DATE: 5.6.16  
 DESIGNER: CHB  
 SALESMAN: Guy Wingo  
 LOCATION: 1900 McCoy Rd, Belle Isle  
 CUSTOMER: McCoy Federal CU  
 2682 Pemberton Drive • Apopka, FL 32703  
 PHONE: (407) 578-1132 FAX: (407) 297-1251  
 www.CapitalSignDesign.com

DESIGN & CUSTOM METAL FABRICATION  
**CAPITAL SIGN**



**Legend**

- Property Connected to City Water
- Existing Potable Well (Suspected or Confirmed during Site Visit)
- Existing Potable Well (FDOH Database)
- Existing Irrigation Well (FDOH Database)
- Existing Potable Well (Reported in Previous Data)
- Existing Irrigation Well (Reported in Previous Data)
- Water Line
- Existing Potable Well with Detection
- Existing Potable Well Not Sampled
- Existing Potable Well No Detections
- Existing Irrigation Well with Detection
- Existing Irrigation Well Not Sampled
- Existing Irrigation Well No Detections
- No Known Existing Well
- Approximate Parcel Boundary
- CVOC E Zone Approximate Extent of Impact (> GCTL) as shown in UES "Building G Site Assessment Report" dated December 2011
- Wyeth, LLC Building G

**Screening Criteria**

Parameter	Abbreviation	GCTL
Tetrachloroethene	PCE	3
Trichloroethene	TCE	3
cis-1,2-Dichloroethene	cDCE	70
Vinyl Chloride	VC	1

Reviewed for Code Compliance  
 Universal Engineering Sciences

- Notes:**
- CVOC indicates chlorinated volatile organic compound.
  - Results are presented in micrograms per liter.
  - \* indicates sample was taken before water treatment system.
  - \*\* indicates sample was taken after water treatment system.
  - Bold, yellow text indicates exceedence of the Florida Department of Environmental Protection (FDEP) groundwater cleanup target level (GCTL).
  - NR indicates not reported.
  - Private water wells and irrigation wells were obtained from the Florida Department of Health well survey database dated 27 September 2013.
  - According to the owners of 1406, 1413, and 1503 N. Garfield Ave., there are no longer irrigation wells at these properties. Thus the wells were removed from the map, even though they are listed in the FDOH database.
  - Parcel shapefiles were downloaded from Volusia County GIS website on 12 June 2013 (<http://www.volusia.org/gis/download/Shapes.htm>).
  - Addresses were obtained from the Volusia County Property Appraiser's website.
  - The data on this map prior to 2014 is based on previous documentation and has not been verified.
  - Utility locations were obtained from the City of DeLand Engineering Department.
  - Source of 2012 aerial: Florida Department of Transportation, Surveying and Mapping Office.

180 90 0 180 Feet

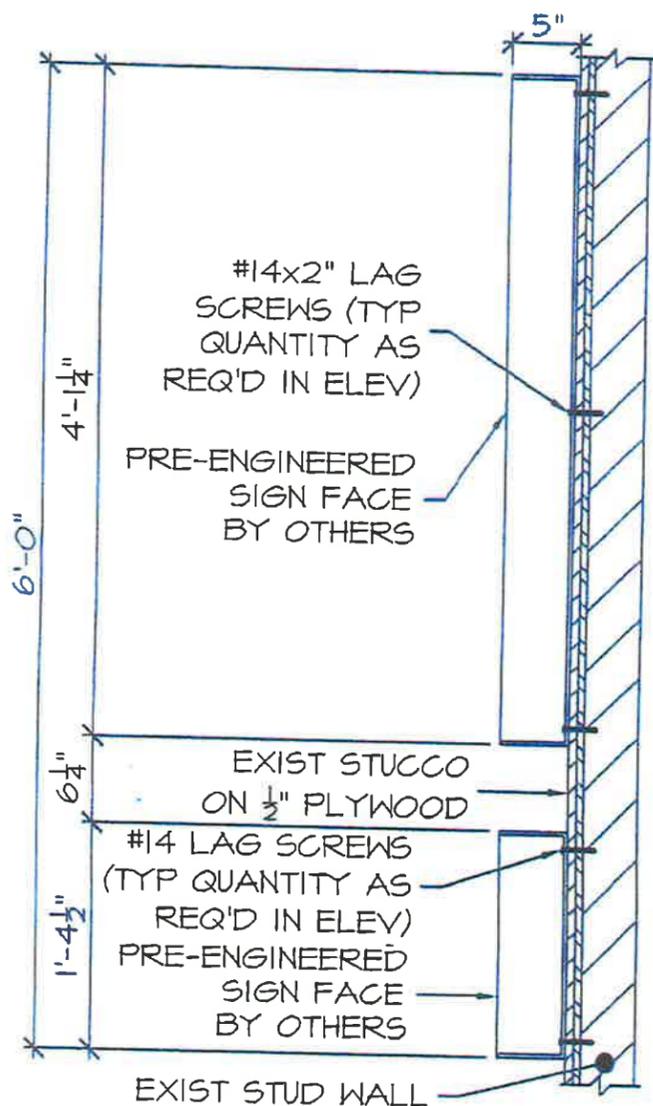
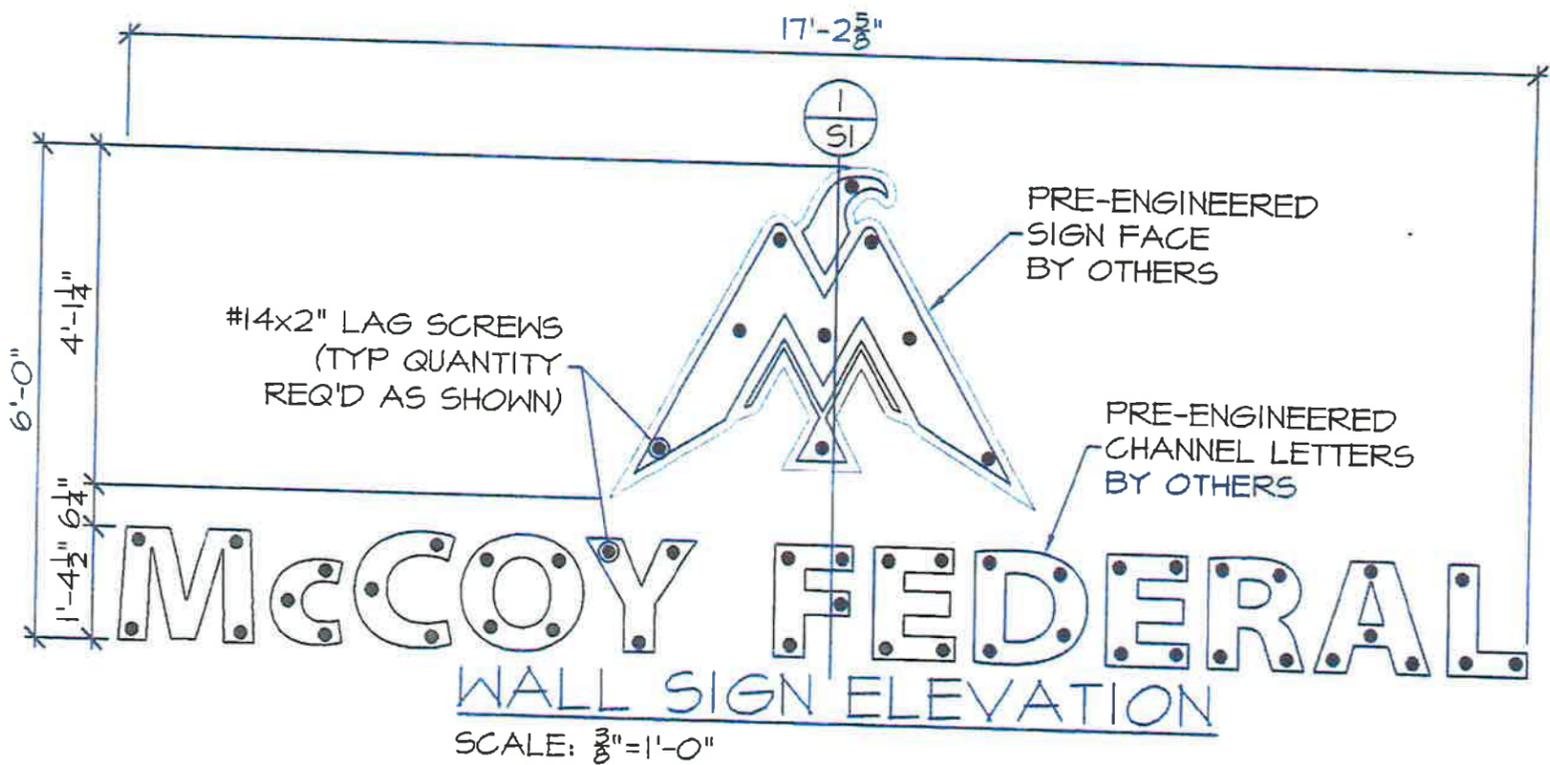
**Analytical Data at Potable and Irrigation Wells**

Wyeth, LLC, Building G  
 590 East International Speedway Blvd.  
 DeLand, Florida 32724

**Geosyntec**  
 consultants

Titusville, FL November 2014

Figure **1**



SECTION  
SCALE: 3/4" = 1'-0"

Reviewed for Code  
Compliance  
Universal Engineering  
Sciences



NOTES:

1. WIND LOAD ASSUMPTIONS BASED ON ASCE 7-10, 5th ED FBC 2014 140 MPH REGION, RISK CAT II, EXP C.
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5. HEIGHT OF SIGN ABOVE GRADE NOT TO EXCEED 30'-0" MAX.

NOTE: THIS PLAN IS NOT VALID WITHOUT ORIGINAL SIGNATURE & SEAL.

WIND DESIGN CRITERIA	
WIND VELOCITY	140 MPH
EXPOSURE CATEGORY	C
DESIGN PRESSURE (C&C)	64 10psf (ULT) 38 46 psf (ASD)
GUST FACTOR G	0.85
FORCE COEFFICIENT C <sub>f</sub>	1.80

**R3 Associates, LLC**  
 Rob Wassum, P.E #43438  
 CA # 31177  
 5500 Turkey Lake Rd., Orlando, FL 32819  
 Tel: (321) 246-0595 or 321-303-6699  
 rob.wassum@gmail.com • www.R3Associates.com

PROJECT  
 McCOY FEDERAL WALL SIGN  
 1900 McCOY RD.  
 BELLE ISLE, FL

FOR  
 CAPITAL SIGN

JOB# 16215

DATE 6-29-16 SHEET 1 OF 1

**S1**

