



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universallenginering.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: pool

Comments: To close out old Orange county permit B01003242.
Final inspection only needed

Project Information

Address: 4254 Cranmore Ct, Belle Isle, FL 32812
Parcel ID: 20-23-30-1661-00-750
Property Owner: Aponite, Tina & Luis
Phone Number: 407-454-3059

Company Name: BY OWNER

Contractor Name:
License Number:
Address:
Phone Number:

Permit Number: 2016-08-020

Date of Application: 08/12/2016
Date Permit Issued: 08/15/2016

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

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$
Mechanical \$
Plumbing \$
Pool \$145.50
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.14
Surcharge Fee \$2.14

TOTAL FEES \$311.78

Date Paid

8-15-16

CC or Check

VISA 1137

Amount Paid

311.78

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

1st

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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

For a copy of your permit, or to check inspection results, please visit <https://universallenginering.sharefile.com>

login ID = cobi@universallenginering.com

password = [universals13](https://universallenginering.sharefile.com)



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsengineering.com

RECEIVED
AUG 12 2016

Building Permit (Land Use) Application

DATE: 8-10-2016 Lot # 75 ^{Unit 2} Conway Groves PERMIT # 2016-08-020
PROJECT ADDRESS 4254 Cranmore Ct, Belle Isle FL 32812 Belle Isle, FL 32809 32812
PROPERTY OWNER Luis and Tineo Aponte PHONE 407-907-1489 VALUE OF WORK (labor & material) \$ 15,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

None Replace Expired Permit for pool.
To close out O.C. permit 201003242

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: 20-23-30-1661-06-75D

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. 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.

PLANNING & ZONING APPROVAL: _____ DATE _____

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

CONSTRUCTION TYPE _____ Res: _____ Single Fam _____ Multifam _____
OCCUPANCY GROUP _____ Comm _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____
MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
MIN. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER L. Del Rio DATE 8-15-16

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.

wo 70925
2.14
2.14
4.28
14x5
70
957.2
47.52
142.50

Wind Exposure Category: B ___ C ___ D ___

SPRINKLERS REQ'D	Y	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent _____ RCD	
ZONING	<u>Y</u>	\$ <u>65.</u>
CERT OF OCC	Y	\$
TRAFFIC	Y	\$
SCHOOL	Y	\$
FIRE	Y	\$
SWIMMING POOL	Y	\$
SCREEN ENCLOSURE	Y	\$
ROOFING	Y	\$
BOAT DOCK	Y	\$ <u>142.50</u>
BUILDING	<u>Y</u>	\$
WINDOW(S)	Y	\$
DOOR(S)	Y	\$
FENCE	Y	\$
SHED	Y	\$
DRIVEWAY	Y	\$
OTHER	Y	\$

3% FL SURCHARGE 4.28
TOTAL 311.78

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 # 2016-08020

Owner's Name Luis o Tina Aponte
 Owner's Address 4554 Cranmore Ct, Belle Isle FL 32812

Contractor Name	<u>BY OWNER</u>	Company Name	
License #		Company Address	
Contact Phone/Cell		City, State, ZIP	
Contact Email	<u>lmaponte@bellsouth.net</u> <u>LOAPONTE@bellsouth.net</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) 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 Lina Aponte
 The foregoing instrument was acknowledged before me this 12/6/16
 by Tina Marie Aponte who is personally known to me
 and who produced DLA 153-813-70-635-C
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange

 DEBORAH A. VAUGHN
 Notary Public - State of Florida
 My Comm. Expires Jul 10, 2017
 Commission # FF 013848
 Bonded Through National Notary Assn

Contractor Signature _____
 COMPANY NAME _____
 The foregoing instrument was acknowledged before me this 12/6/16
 by _____ 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 _____

<p>Impervious Surface Ratio Worksheet</p> <p>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 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</p>	
--	--



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

OWNER BUILDER DISCLOSURE STATEMENT

Per Florida Statue 455.228:

Homeowners hiring unlicensed Contractors may be subject a fine of up to \$5,000.00!

Before me this day personally appeared Tina Aponte who being duly sworn, deposes, and says as follows. "I hereby acknowledge that I have read and fully understand the individual provisions of this instrument."

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license TA Initial
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. TA Initial
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. TA Initial
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. TA Initial
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. Initial
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. TA Initial
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit, that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. TA Initial
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. TA Initial
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. TA Initial
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850)487-1395 or www.Call.Center@dbpr.state.fl.us for more information about licensed contractors. TA Initial

Owner Builder Disclosure Statement

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:
Project Address: 4254 Cranmore Court Belle Isle TA Initial
12. I agree to notify the City of Belle Isle Building/Zoning Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. TA Initial
13. FBC 105.3.6 requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. TA Initial

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if any unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.


Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: Tina Aponte (Signature of the property owner) Print: Tina Aponte (Name of the property owner)

Signature: _____ (Signature of the property owner) Print: _____ (Name of the property owner)

Owner's Address: 4254 Cranmore Ct Belle Isle FL 33812

The foregoing instrument was acknowledged before me this 12 / August / 2016
by Tina Marie Aponte who is personally known to me / who produced the following
DL A153-813-70-635-0 as identification and who did not take an oath.

State of Florida / County of Orange Seal: 

Notary Signature Deborah A. Vaughn



Building Permit

KEEP POSTED ON JOBSITE AT ALL TIMES
Orange County Division of Building Safety
201 South Rosalind Avenue
Orlando, Florida 32802-2687

DATE ISSUED: **March 13, 2001**

BUILDING PERMIT NUMBER: **B01003242**

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 Orange County, Florida.

The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or State of Florida codes and/or ordinances. There may be additional permits required from other governmental agencies.

In addition to the requirements of this permit, there may be additional restrictions applicable to the property that may be found in the public records of this county.

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.

Tenant/Occupant:

Owner:

Project Address: **4254 Cranmore Ct.
Orlando, FL
32812**

Parcel I.D. Number: **20-23-30-1661-00-750**

Zoning District:

Contractor: **Thomas Mcnealy**

License #: **CPC0018308**

Address:
**DOYESTOWN, PA
189010000**

Building Code:

Value of Work: **\$25,000.00**

NOC: **Y**

Square Footage: **300**

Maximum Floor Load Allowable: **0**

No. of Stories: **0**

Maximum Number of Persons: **0**

Type of Construction: **N/A**

No. of Units: **N/A**

Sprinkler Sys. Provided: **N/A**

Sprinkle Sys Req'd: **N/A**

Building Risk Category: **N/A**

Use & Occupancy Type: **R3**

Wind Speed: **N/A** MPH

Wind Borne Debris Region: **N/A**

Threshold Building: **N**

Flood Plain: **N/A**

Nature of Work: **New Construction**

Low Floor Elevation: **N/A**

Additional Sub-permits required:

Issued By:

Special Considerations: **Const 14x28 Pool W/Spa W/
510 Sf Cool Deck In Rear Sfr 4'Fence Or Enclo Req'd Fence Is Not On This Permit**

Pursuant to Section 125 022, Florida Statutes, issuance of this development permit by the County does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the County for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.

Process Detail

PROCESS	STATUS	USER
120 Slab	History	
SCHEDULED DATE	SCHEDULED END DATE	START DATE
05/10/01		05/10/01

PROCESS COMMENT

[Print](#)

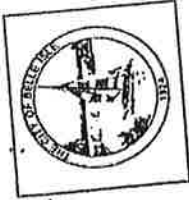
[Back](#)

Process Detail

PROCESS	STATUS	USER
350 Pool Steel & Ground	History	
SCHEDULED DATE	SCHEDULED END DATE	START DATE
04/06/01		04/06/01
PROCESS COMMENT		

Print

Back



CITY OF BELLE ISLE, FLORIDA

1600 Nelia Avenue
P.O. Box 593135 • Belle Isle, Florida 32859
(407) 851-7730 • FAX (407) 240-2222

ZONING REVIEW APPLICATION
FOR ORANGE COUNTY BUILDING PERMIT

REVIEW #: 01-03-010 S 20 T 23 R 30
SID #: 1661

Sewer: Septic Tank:
Date Mailed: _____

The undersigned hereby applies for a Zoning Review for an Orange County Building Permit to: Build Pool-14x28' (3000), Spa (3000), Deck (5100) Rear of SEK

LEGAL DESCRIPTION: LOT(S) 15 BLOCK: _____ SUB NAME: CONWAY GARDENS UNIT 2
P.B. 40, P. 4.

ADDRESS OF STRUCTURE: 4254 Cranmore Court, Dr. Fl. 32837 ZONING CLASS: _____ Sq. Ft. _____
ZONED: _____ LOT SIZE: _____
ESTIMATED VALUE OF WORK: 29,000.00 Garages: _____ Other: _____
Carports/Porches: _____
AREA TYPE: Living: _____
PROPERTY OWNER'S NAME: 4254 Cranmore Court, Dr. Fl. 32837, Peter Rentes
ADDRESS: 4254 Cranmore Court, Dr. Fl. 32837 WORK PHONE: _____
HOME PHONE: _____
ARCHITECT NAME: # N/A
BUILDER OR COMPANY NAME: Anthony + Sylvan Pools
NAME OF ACTIVE CERTIFICATE HOLDER: Thomas McNealy
LICENSE NUMBER: CPCD1830X

I hereby acknowledge that the above is correct, and true, and agree to conform to the City of Belle Isle's Building Regulations, Codes, and Ordinances. If a sidewalk or street is damaged, I agree to restore same to the pre-damaged condition. I further acknowledge that the proposed construction does not violate any deed restrictions on the property.

Signature: _____ Date signed: 3/13/01
Owner Agent Phone Number _____
Street Address: 3600 Silver Star Rd. 4 City: _____ State: FL Zipcode: 32808

SEE ATTACHED: SURVEY CONSTRUCTION PLANS SPECS
NOTE: This Zoning Approval may or may not be in conflict with your Deed Restrictions.

FOR BELLE ISLE USE ONLY: REC'D _____ DATE _____ BY: _____
INITIALS **ZONING APPROVED** COMPLETE _____ FEE _____ PAID Y/N _____
DATE: 3/13/01 BY: _____
CITY OF BELLE ISLE

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

Building Permit Application Information

Owner's Name Peter Santos

Owner's Address 4754 Cammer Ct. Ol H 37837

Fee Simple Titleholder's Name (If other than owner's) _____

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ State _____ Zip Code _____

Contractor's Name ARMSTRONG & SYLVAN POOLS, INC.

Contractor's Address 3600 Silver Star Rd.

City Orlando State FL Zip Code 32808

Job Name Pool and/or Spa

Job Address _____ SUITE/UNIT _____

City _____ State _____ Zip Code _____

Bonding Company Name _____

Bonding Company Address _____

City _____ State _____ Zip Code _____

Architect/Engineer's Name Gordon Sheppardson

Architect/Engineer's Address 1717 Golfside Dr. Winter Park FL 32792

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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 ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, MECHANICAL, 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.

WARNING TO OWNER: Your failure to receive a Notice of Commencement may result in your paying twice for improvements to your property. If you intend financing, consult with your lender or an attorney before recording your Notice of Commencement.

Signature Peter Santos

The foregoing instrument was acknowledged before me this 2.22.01 by Peter Santos who is personally known to me and who produced _____ as identification and who did not take an oath.

Notary as to Owner _____
Commission No. _____
State of FL, County of _____
My Commission expires: _____

(SEAL) **SANTIAGO SERINA**
Notary Public, State of Florida
My Comm. expires Sept. 13, 2002
Comm No CC774880
Exp. Limit Exp. Aug. 17, 2004
Lic. No. C6924461

Signature [Signature]

The foregoing instrument was acknowledged before me this 3/13/01 by Kelly E. Cheatham who is personally known to me and who produced _____ as identification and who did not take an oath.

Notary as to Owner _____
Commission No. _____
State of FL, County of _____
My Commission expires: _____

(SEAL) **ARMAND O. CARTIER, JR.**
Notary Public, State of Florida
MY COMMISSION # CC 00659
EXPIRES: May 12, 2003
1000-NOTARY P.O. Nancy Service & Bonding Co.

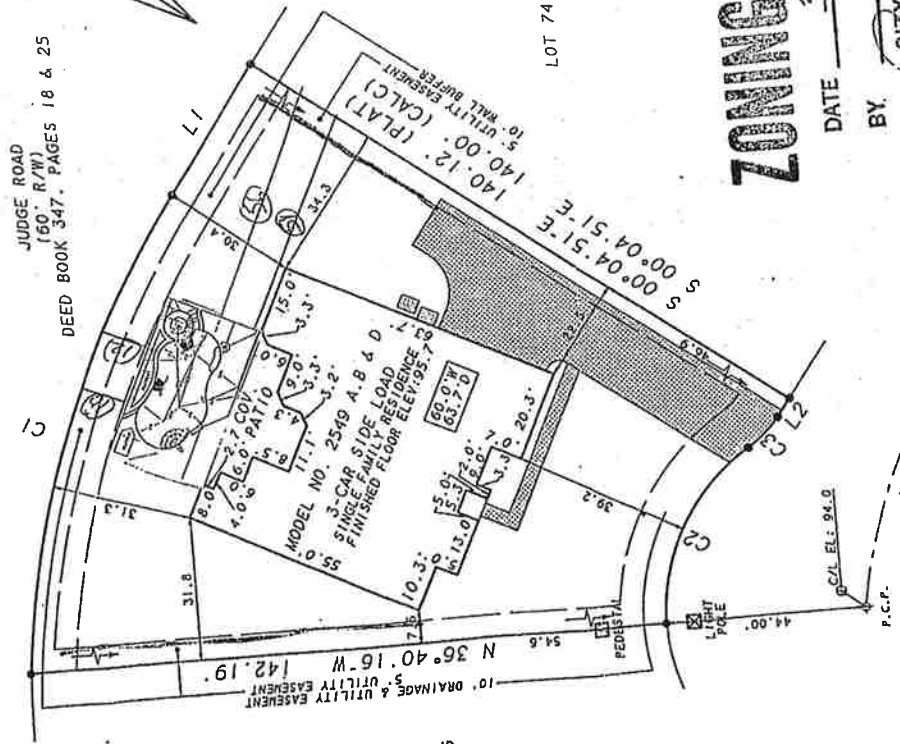
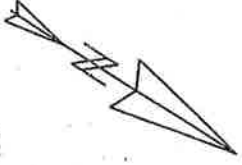
Contractor's State Certification or Registration No. _____ Contractor's Certificate of Competency No. _____

Application Approved by _____
43-15B (9/97)

DATE: 3-13-01

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	30° 39' 40"	210.50'	112.65'	57.71'	111.31'	N 74° 32' 57" E
C 2	58° 29' 47"	44.00'	44.92'	24.64'	43.00'	S 62° 34' 31" W
C 3	21° 56' 46"	25.00'	9.58'	4.85'	9.52'	N 79° 08' 53" W
C 4	28° 18' 59"	117.00'	57.82'	29.51'	57.24'	N 75° 43' 16" E

LINE	BEARING	DISTANCE
L 1	N 89° 52' 45" E	34.29'
L 2	S 89° 52' 45" W	4.87'



ZONING APPROVED

DATE 3-13-01
 BY [Signature]
 CITY OF BELLE ISLE

C/L CRANMORE COURT
 (50' R/W)

CONWAY ISLES
 CITY OF BELLE ISLE
 ADDRESS # 4254 CRANMORE COURT
 LEGAL DESCRIPTION Lot 75, CONWAY GROVES UNIT 2,
 according to the plat hereof as recorded in Plat Book 40, at page
 4 of the Public Records of Orange County Florida.
 FLOOD HAZARD DATA: The Parcel shown hereon lies with Flood Zone "C"
 according to the Flood Insurance Rate Map Community Panel Number
 22079-0400C. Dated 08/05/86.

Sublots:
 Front 30'
 Side 75'
 Rear 35'
 Center 1.5'

SPECIAL EXCEPTION HAS BEEN MADE BY THE
 CITY OF BELLE ISLE, ORANGE COUNTY, FLORIDA,
 FOR THE FRONT SETBACK TO BE 25' AND THE REAR
 SETBACK TO BE 30'.

Note: Bearings shown hereon are referenced to the C/L
 OF CRANMORE COURT as being N 89° 52' 45" E.
 Vertical datum is based on NGVD/OCVD per Engineering
 construction plans by Hwy. Harris & Vicks, Inc.
 Job No. 82500. Last Revision #4 Dated 5-1-97.

CONWAY GROVES-2 ~ LOT 75
 TRIAL PLOT PLAN
 THIS IS NOT A SURVEY
 8-30-99
 CGI\CG2-75T2

ANTHONY & SYLVAN POOLS
 6000 SILVER STAR RD.
 ORLANDO, FL 32808
 PH#407-291-4969
 FAX#407-291-1999

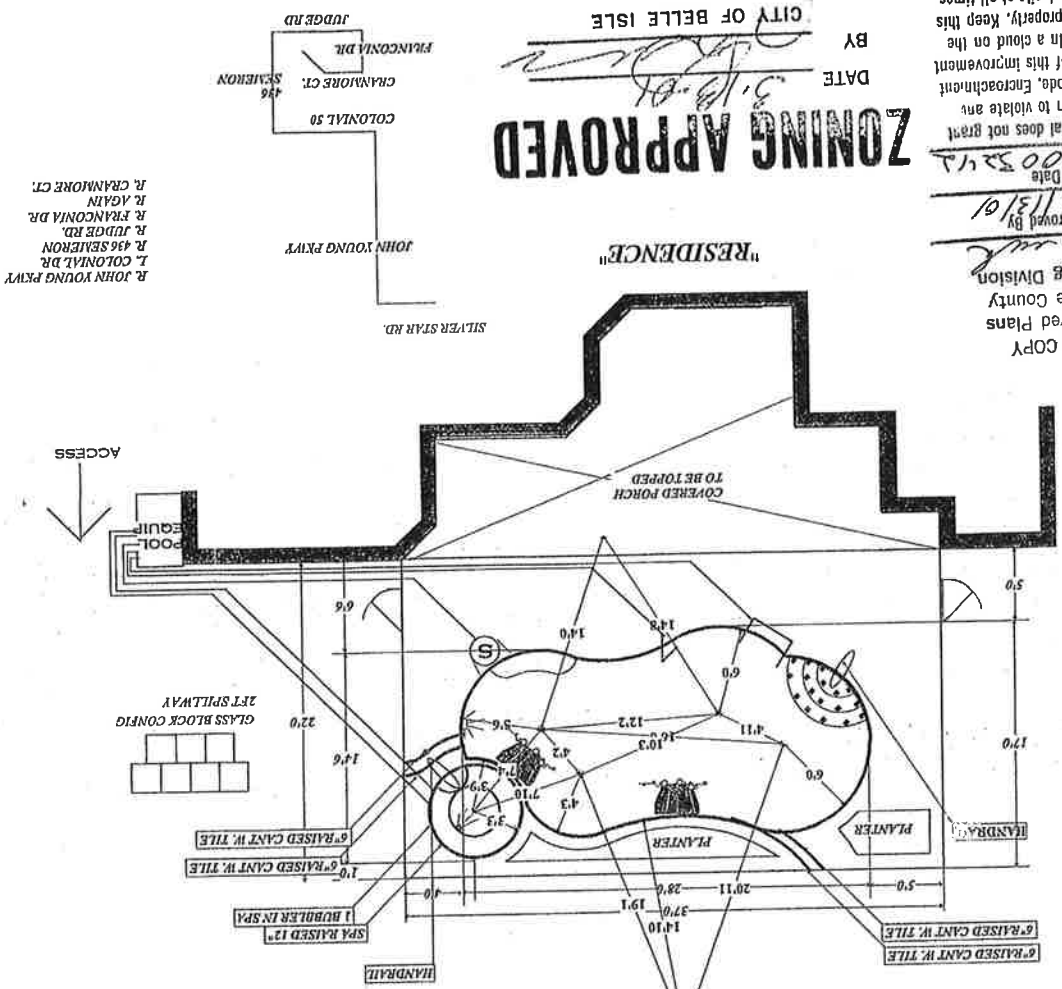
JOB COPY
 Approved Plans
 Orange County
 Building Division
 Approved By
 Date
 5/13/01
 801003214

This Approval does not grant
 permission to violate any
 applicable code. Encroachment
 of any part of this improvement
 can result in a cloud on the
 title of this property. Keep this
 plan on the job site at all times.

ZONING APPROVED
 3/13/01
 BY
 CITY OF BELLE ISLE

CUSTOMER: #1 TO AGREE ON APPROXIMATE ELEVATION OF POOL ON DAY OF EXCAVATION
 #2 TO WATER CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS
 #3 IF NO SCREEN ENCLOSURE FENCE WITH SELF CLOSING GATES & LATCH REQ.
 #4 TO REINSTALL SPRINKLER SYSTEM & LAWN AFTER CONSTRUCTION OF POOL.

REVISIONS:
 DATE:



NAME		PETER RENTAS	
SITE ADDRESS		1257 CRANMORE CT. ORLANDO, FL 32837	
MAILING ADDRESS		SAME	
OFFICE PHONE		H. PHONER321-46-1306	
POOL SPECIFICATIONS			
ACCOMNT#	800.058	WIDTH X LENGTH	14X28
PERIMETER	72	POOL SQ. FT.	300
DEPTH	3-6	LOVE SEAT	4
STEPS SQ. FT.	23 S.E.	EXTENDED STEP	0
CAPACITY	12K	(TURNOVER) GPHS	6000
SPA SQ. FT.	32	SPA RAISED	6
EQUINT LOSS	0	FOUNTAIN RAISED	ONE
COPING	2	SKIMMERS	1
6" R.B.B.	2	12" R.B.B.	23
INTERIOR	ANSI/SAPH	RT. TER.	DE
RAY VAC	1	RETURNS	2
MAIN DRAIN	DOUBLE	RAY VAC	1
POOL L/SAM	1	FIBERO POOL	YES
SPA L/T/DMW	1	VAC KIT	YES
CLEARVISIN	0	AIR BLOWER	0
HEATER/MID	PROPANE	HEATER/RTU	250
LOVEST. LETS	NO	DIRT HAUL	YES
CABLE LIT#		DIG TYPE	BACK
TILE/DECKING			
CONC. SF	510	EXISTING DK	380
DECK DRAIN	37	DECK DRAIN	0
DECK COLR	TBA	TILE TYPE	0
TILE TYPE	TBA	SPOT TILE	0
6" TURNDN	0	12" TURNDN	0
FOOTERS	81	CANT. STEP RISER	12
SCREEN ENCLOSURE			
SCREEN COLOR	Bronze	SCREEN WALLS	229
INSULATED	0	CARRY BEAM	0
ROOF STYLE	DOME	SCREEN HEIGHT	9
ADDITIONAL NOTES:	FIBER OPTIC POOL LIGHTING AROUND POOL AND SPA AND STEP RISERS "SEE PERMIT PRINT" BUBBLER IN CENTER OF SPA		
CONSTR. OFF. SILVER STAR			
CITY WATER	YES	WELL WATER	NO
SEWER	YES	DESIGNER	PAT PETERS
PHONE#	291-4969	MANAGER	JOHN BLAND
DESIGNER	PAT PETERS	PERMIT OFF	ORLANDO
REAR	NO	AUTO CLEANER	1.5/21
SEPTIC	NO	SPA RETURN	1.5/29
CITY WATER	YES	SPRINKLER	2/19
CONSTR. OFF.	SILVER STAR	CONTR. DATE	02-20-01
DATE	3-13-01	BY	ANTHONY & SYLVAN POOLS
DATE	3-13-01	BY	CITY OF BELLE ISLE



201003242



Orange County Building Department

201 South Rosalind Avenue
Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687
Phone: (407) 836-5560 • Inspections ONLY; (407) 836-2825

PERMIT NUMBER
APPLICATION FOR LAND USE/BUILDING PERMIT
PLEASE PRINT
PROJECT ADDRESS: 4754 Cranmore Ct., BTL SUITE/UNIT
PHONE: ZIP 32837

PROPERTY OWNER: Peter Bentz
OWNER'S ADDRESS: Same
LICENSE NO.: C10DR308
CONTRACTOR: Anthony Sifian
LICENSE NO.:
ARCHITECT:
CIVIL ENGINEER: Paul (1428) (300) Spa (228) Deek (5107)

NATURE OF PROPOSED IMPROVEMENTS: Room on SFR.
FOR ZONING DEPARTMENT USE ONLY:
TAX ID NUMBER: SEC 22 - TWP 23 (S) RNG 30 (R) SUB 1661 B&L CC 150 COORDINATE
(15 Digit Parcel Number)
LEGAL DESCRIPTION: LOT 15 BLOCK SUBDIVISION Conway Gardens Unit 2
P.B.# 4014 DATE 2/12/01

ZONING CLASS: A1 HEIGHT LIMIT: NO. OF PARKING SPACES: N.F.A. NO.:
ZONING TECH.: FLOOD PERMIT NO.: PAVED DRIVE REQ'D. (y/n):
E.L.U. DESIGNATION: SIDEWALKS REQ'D. (y/n): C.V.R.C.#:
YARDS - F: R: S: SS: MAJOR STS - Bid: HIG: PHG:

SPECIAL CONDITIONS:
AC+-

FOR BUILDING DEPARTMENT USE ONLY:
NATURE OF WORK: 01 CONSTRUCTION TYPE: 03 TYPE OF STRUCTURE: 20
DATE OF APPLICATION: 3/12/01 DATE READY TO ISSUE: 3/13 DATE ISSUED: 3/13
OWNER EST. VALUE \$ 25,000.00 BLDG. DEPT. VALUE \$ 25000 BLDG. DEPT. VALUE \$ 25000
OCCUPANCY GROUP: Residential #BLDS: #UNITS: #STORIES: 2 2 2
TOTAL SQ. FT. 3000 SQUARE FEET/FLOOR: MAX. OCCPNCY: OTHER PERMITS REQ'D:
MAX FLOOR LOAD MIN. FLOOR ELEV. SEER COP AUTHORIZATION # ELECTRICAL MECHANICAL PLUMBING ROOFING GAS
SUBMITTAL FEES \$ 109 LOW FLOOR ELEV. WATER SERVICE WASTEWTR. SRVC. REVIEWER: Subk
REG. PERMIT FEE \$ 109 O.C. WATER & WASTEWATER ACCTG. DEPT. FEES PAID IN FULL BY: 109
IMPACT - LAW \$ IMPACT - FIRE \$ IMPACT - ROAD \$ IMPACT - SCHOOLS \$
RADON FEE \$ VIOLATION \$ AS OF: BY: 109
OTHER FEES \$ UTIL. INC. AS OF: BY: 109

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Building Department Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Personally appeared: Kelly G. Choshan, who on oath says, that he/she is the applicant for the foregoing, that all the above statements are true to the best of her/his knowledge, and that the work to be done is authorized by the owner and will be done by contract with Contractor/Owner.

NAME: Kelly G. Choshan ADDRESS: ZIP:
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF NOTARY PUBLIC, ORANGE COUNTY, FLORIDA 43-15 (9/97)

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON (Date/Time)

PERMIT AND DOCUMENT RECORDING SERVICE
PO BOX 161351
ALTAMONTE SPRINGS, FL 32716

POWER OF ATTORNEY

DATE: 3/13/01

COMPANY REPRESENTING Anthony + Sylvan
ADDRESS ~~4754 Citrusville Ct~~ 3600 Silver Star Rd.
Ox. Fl. 32808
PHONE 407-291-4969

I HEREBY NAME AND APPOINT Kelly E. Cheatham (AGENT) OF
PER DOC'S ORDERS TO BE MY LAWFUL ATTORNEY IN FACT TO ACT FOR ME AND
APPEAR TO Polle Isle / Orange (CITY OR COUNTY) FOR A
DD PERMIT FOR WORK TO BE PERFORMED AT A

LOCATION DESCRIBED AS:
LEGAL DESCRIPTION Lot 75 Conway
Groves Unit 2
ADDRESS 4754 Citrusville Ct.
PROPERTY OWNER Peter Pentas

AND TO SIGN IN MY BEHALF AND DO ALL THINGS NECESSARY TO THIS
APPOINTMENT.

CARDHOLDER Thomas McNeely
LICENSE NUMBER 706018300
SIGNATURE [Signature]

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 13
DAY OF March, BY THOMAS McNEELY

WHO IS PERSONALLY KNOWN TO ME/WHO PRODUCED
AS IDENTIFICATION AND DID/NOT TAKE AN OATH.

NOTARY SIGNATURE [Signature]
PRINT NAME Vickie Elaine Ebel
STATE OF FLORIDA, COUNTY OF Orange
MY COMMISSION EXPIRES July 31, 2004

VICKIE ELAINE EBEL
Notary Public, State of Florida
My comm. exp. July 31, 2004
Comm. No. CC957860

Prepared by: PATRICK PITTS
Individual's name:
Address:

Return to: Anthony & Sylvan Pools, Inc.
Address: 3600 Silver Star Rd.
Orlando FL 32808

Permit # _____
Tax Parcel # _____

State of FL
County of Orange

NOTICE OF COMMENCEMENT

FS 713.13

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. Legal description of property: Lot 75, Conway Gorges Unit 2, 1B-40, pg. 4
(and street address, if available) 4254 Cranmore Ct.

2. General description of improvement: Swimming Pool.

3. Owner: Name and Address: PATRICK PITTS
4754 Cranmore Ct.
Orl Fl. 32837

- a. Interest in property: _____
b. Name and address of fee simple titleholder (if other than owner) _____

4. Contractor: Name and Address:  Anthony & Sylvan Pools, Inc.
Phone# (407) 291-4969 3600 Silver Star Rd.
Fax# (407) 291-1999 Orlando FL 32808

5. Surety: Name and Address:
Phone# ()
Fax# ()

6. Lender: Name and Address:
Phone# ()
Fax# ()

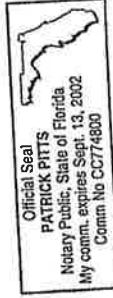
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes: (Name and Address)

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: (Name and Address)

9. Expiration date of notice of commencement (the expiration date is one(1) year from the date of recording unless a different date is specified).

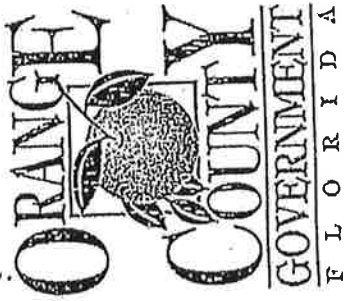
Patrick Pitts Patrick Pitts
(Signature of Owner) (Print Owner's Name)
State of FL County of Orange
The foregoing instrument was acknowledged before me this 22 day of Feb, 2002, by Patrick Pitts
Who is personally known to me or had produced _____ as identification, and did take an
Oath did not take an oath.
(Notary Public's signature) (County Certification)
Patrick Pitts
(Print Notary Public's Name)

(SEAL)




Orange Co FL 2001-0104295
03/12/2001 12:35:05PM
OR BK 6211 Pg 3587
Rec 6.00
Recorded - Martha U. Haynie


Patrick Pitts
3-12-02



Permit # _____
Job Site Address _____

Residential Swimming Pool Safety Act Affirmation

I, _____, License # _____
(Please Print Contractor's Name)

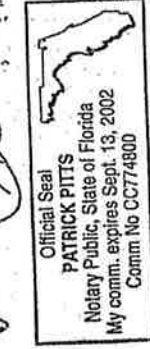
hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes. I understand that this Affirmation is an addition to Orange County requirements enforcing the Standard Swimming Pool Code, 1994 edition.

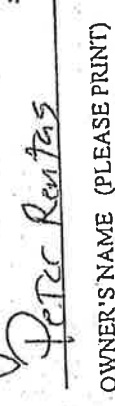
- The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29; or
- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs); or
- All door and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet; or
- All doors providing direct access from the home to the pool will be equipped with a self-closing, self-catching device with a release mechanism placed no lower than 54" above the floor or deck.

I understand that not having one of the above installed at the time of final inspection will constitute a violation of Chapter 515 F.S., and will be considered as committing a misdemeanor or of the second degree, punishable as provided in section 775.082 or section 775.083 F.S.


CONTRACTOR'S SIGNATURE


OWNER'S SIGNATURE




OWNER'S NAME (PLEASE PRINT)

This completed form must be attached to the permit application, and a copy must be kept at the job site at all times.