



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * 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: interior remodel

Comments: None

Project Information
 Address: 5025 St. Denis Ct, Belle Isle, FL 32812
 Parcel ID: 18-23-30-4388-03-990
 Property Owner: Eddins, Susan & William
 Phone Number: 407 719 8212

 Company Name: O'Brian Enterprises LLC
 Contractor Name: O'Brian, Sean
 License Number: CBC1256431
 Address: 440 W. Grant St, Orlando, FL 32806
 Phone Number: 407 422 6420

Permit Number: 2016-08-022
Date of Application: 08/15/2016
Date Permit Issued: 08/16/2016

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	
Traffic	\$
School	\$
ZONING FEES	
Zoning Fee	\$50.00
UNIVERSAL ENG - BUILDING FEES	
Boat Dock	\$
Boat House	\$
Building	\$727.50
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$
Plumbing	\$
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$

SURCHARGE FEES	
Surcharge Fee	\$10.91
Surcharge Fee	\$10.91

TOTAL FEES \$799.32

Date Paid 8-17-16
 CC or Check # MC 6753
 Amount Paid 799.32

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 _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
- 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 BIDScheduling@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.



City of Belle Isle

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

Building Permit (Land Use) Application AUG 15 2016

DATE: 8-12-2016

PERMIT # 206-0802

PROJECT ADDRESS 5025 St. Denis Court, Belle Isle, FL 32809 32812

PROPERTY OWNER William and Susan Eddins PHONE 407-719-8212 VALUE OF WORK (labor & material) \$ 115,475

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Removal of non-loadbearing walls, relocation of appliances, increase shower and add tub in master bath, new cabinets, tops, and tile and plumbing fixtures

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:** 18-23-30-4388-03-990

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: _____
DATE _____

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
REVIEW	Date: Sent	RCD	
ZONING	<input checked="" type="checkbox"/>	N	\$ <u>50.00</u>
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	<input checked="" type="checkbox"/>	N	\$ <u>227.50</u>
WINDOW(S)	Y	N	\$ _____
DOOR(S)	Y	N	\$ _____
FENCE	Y	N	\$ _____
SHED	Y	N	\$ _____
DRIVEWAY	Y	N	\$ _____
OTHER	Y	N	\$ _____

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

CONSTRUCTION TYPE _____

OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

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

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 8-16-16

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 8-15-16

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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.

3% FL SURCHARGE 21.82

TOTAL 799.32

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

OTHER PERMITS REQUIRED:

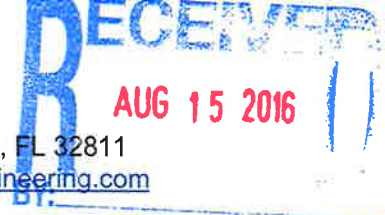
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA

10.91
10.01
21.82

157.1K
54K 115

25
460
485 ÷ 2
242.50
727.50

wo 20961



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

PERMIT # _____

Owner's Name William and Susan Eddins

Owner's Address 5025 St. Denis Court

Contractor Name <u>Sean O'Brian</u>	Company Name <u>Obrian Enterprises, LLC.</u>
License # <u>CBC1256431</u>	Company Address <u>440 W. Grant Street</u>
Contact Phone/Cell <u>407-422-6420</u>	City, State, ZIP <u>Orlando, FL 32806</u>
Contact Email <u>obrianquality@aol.com</u>	Contact Fax <u>407-422-6421</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]
 The foregoing instrument was acknowledged before me this 08/12/16
 by WILLIAM EDDINS who is personally known to me
 and who produced _____
 as identification and who did not take an oath. [Signature]
 Notary as to Owner _____
 State of Florida
 County of Orange



Contractor Signature [Signature]
 COMPANY NAME O'BRIAN ENTERPRISES, LLC
 The foregoing instrument was acknowledged before me this 08/12/16
 by SEAN O'BRIAN who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange



Impervious Surface Ratio Worksheet
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio

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

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



Stacy Scott
440 W. Grant St.
Orlando, FL 32806
(407)422-6420

THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.

SCALE: 1/8" = 1'

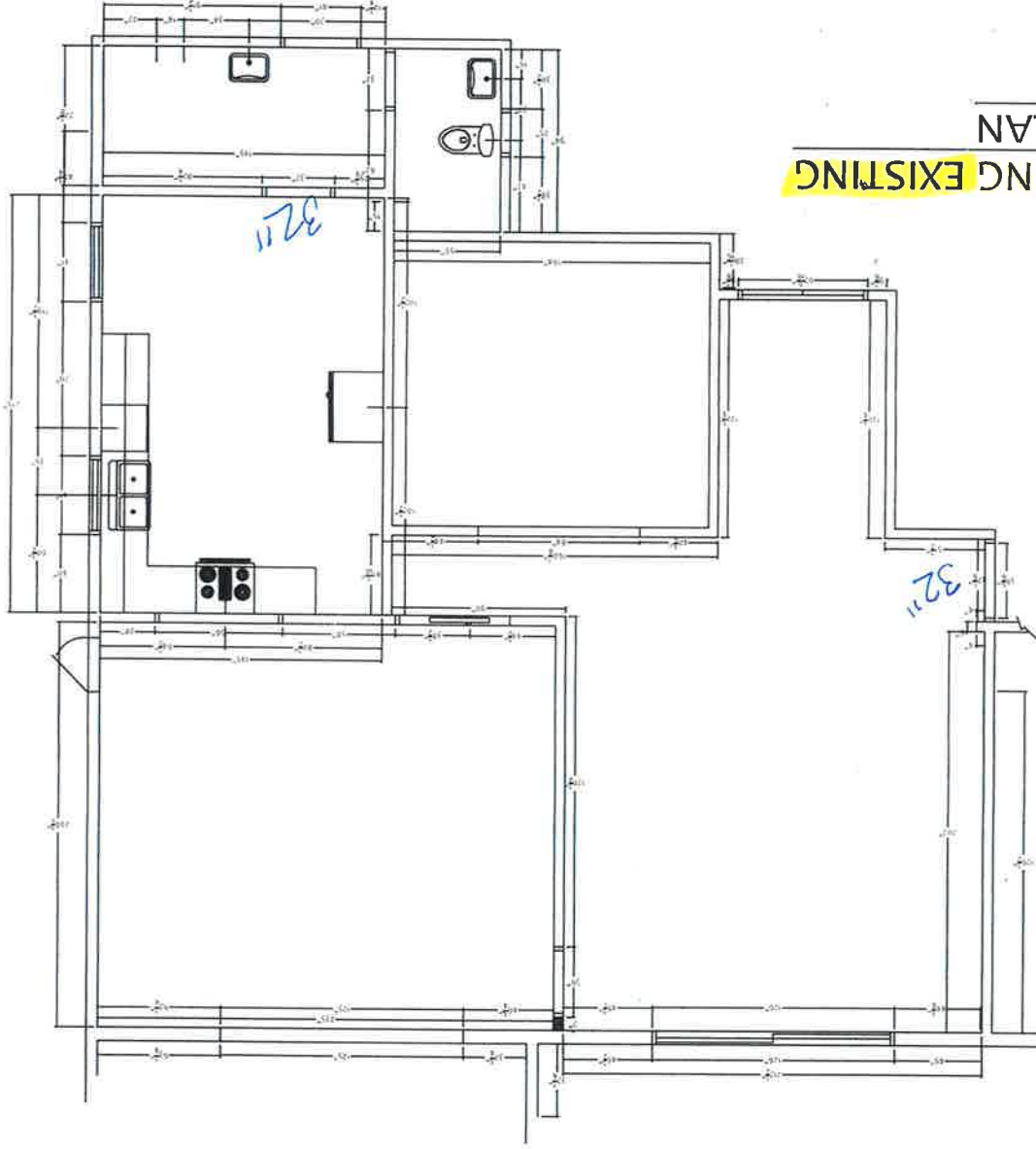
DATE: 8/1/16

Handwritten signature in purple ink.

Reviewed for Code
Compliance
Universal Engineering
Sciences



EDDINS- MAIN LIVING EXISTING FLOOR PLAN



RECEIVED
AUG 15 2016
BY:

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DESIGNATIONS GIVEN ARE
SUBJECT TO FIELD VERIFICATION



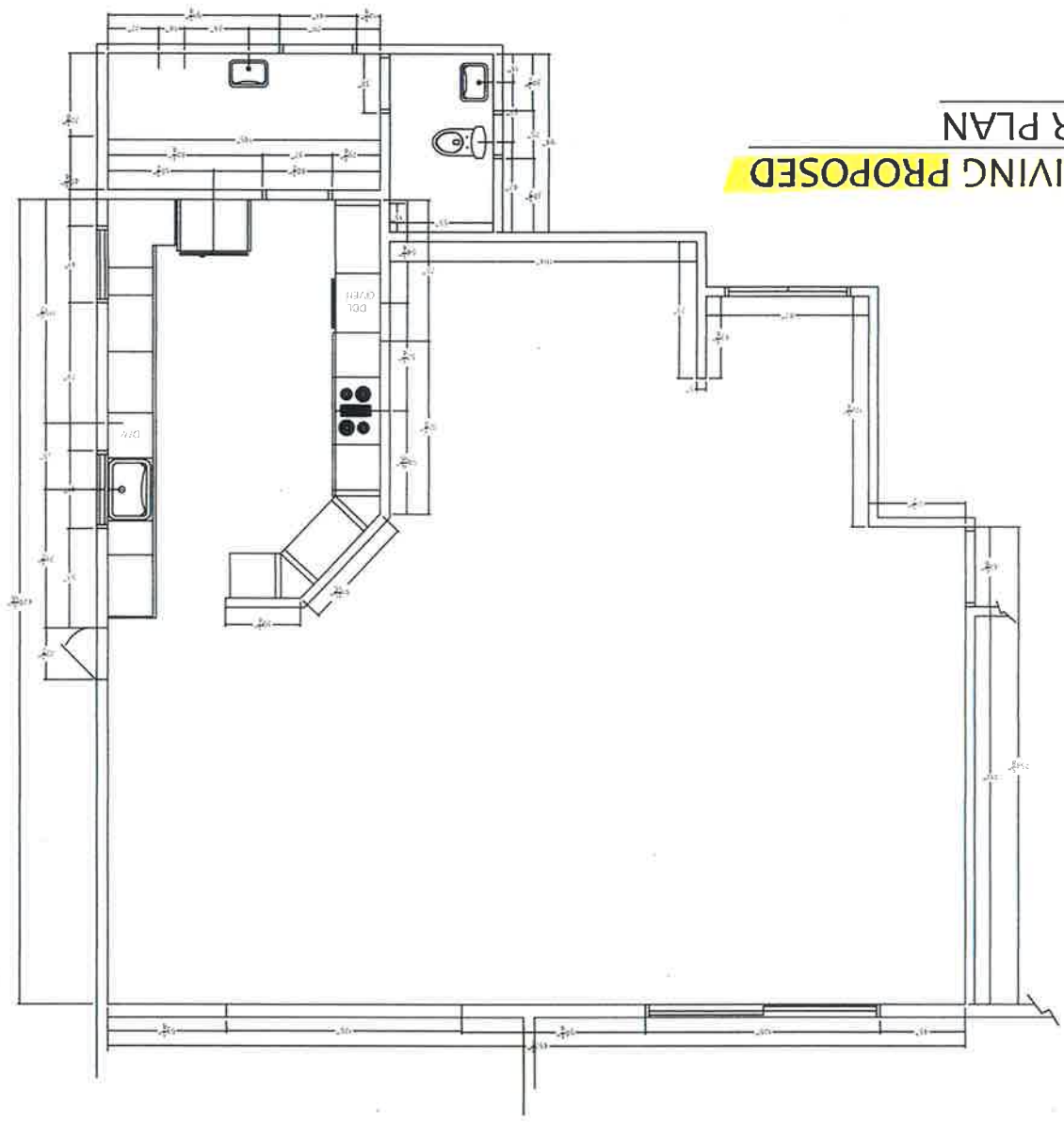
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BEEN PLACED.

DATE: 8/3/16
SCALE: 1/8" = 1'

Approved

EDDINS- MAIN LIVING PROPOSED FLOOR PLAN



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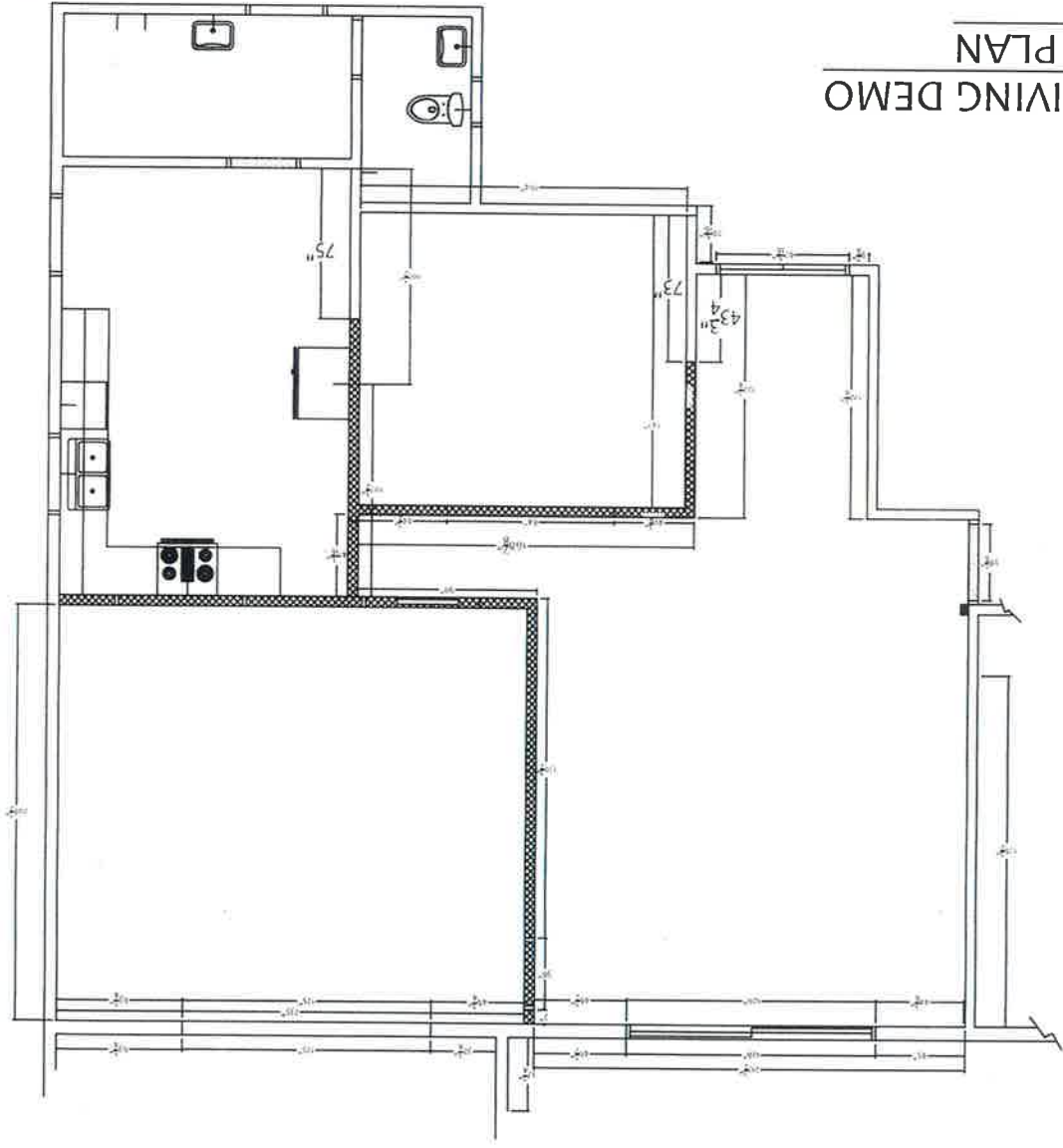
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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS- MAIN LIVING DEMO FLOOR PLAN

- DEMO SPECIFICATIONS:**
- ...FLOORING AND BASE DEMO BY HOMEOWNER...
 - REMOVE AND RESERVE- EXISTING CABINETS, GARBAGE DISPOSAL AND CEILING FANS
 - REMOVE AND DISPOSE- EXISTING COUNTERTOPS, APPLIANCE, SOFFIT, DOORS TO LAUNDRY ROOM AND HALL, AND WALLS PER NEW DESIGN.
 - REMOVE- JOG IN WALL BY HALLWAY.
 - CONVERT- ENTRY DOOR TO HALLWAY TO A REUSED POCKET DOOR
 - WALLS TO BE REMOVED



Handwritten note: Demo Complete

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION

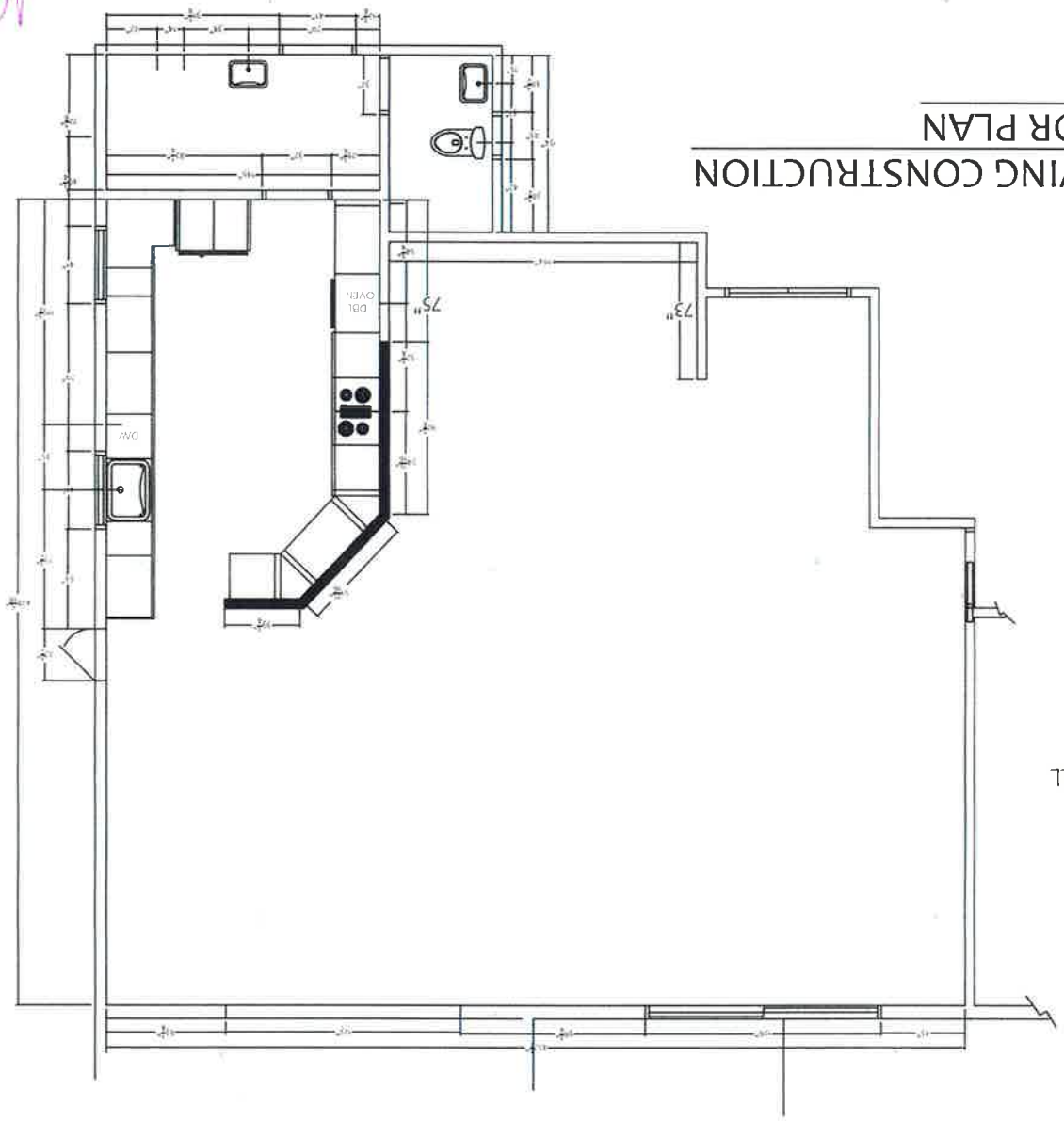


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DATE: 8/8/16
SCALE: 1/8" = 1'

EDDINS-MAIN LIVING CONSTRUCTION FLOOR PLAN



Handwritten notes in purple ink:
ADD
10' x 10' (with a circle around the 10')

CONSTRUCTION SPECIFICATIONS:
FRAMING AS REQUIRED FROM DEMO, AND NEW 42" KITCHEN WAL, NEW POCKET DOORS TO HALL WAY AND KITCHEN/LAUNDRY ROOM.
...SEE KITCHEN PAGE FOR DIMENSIONS...
[Thick black line] = FRAME FOR NEW 42" HIGH WALL

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION

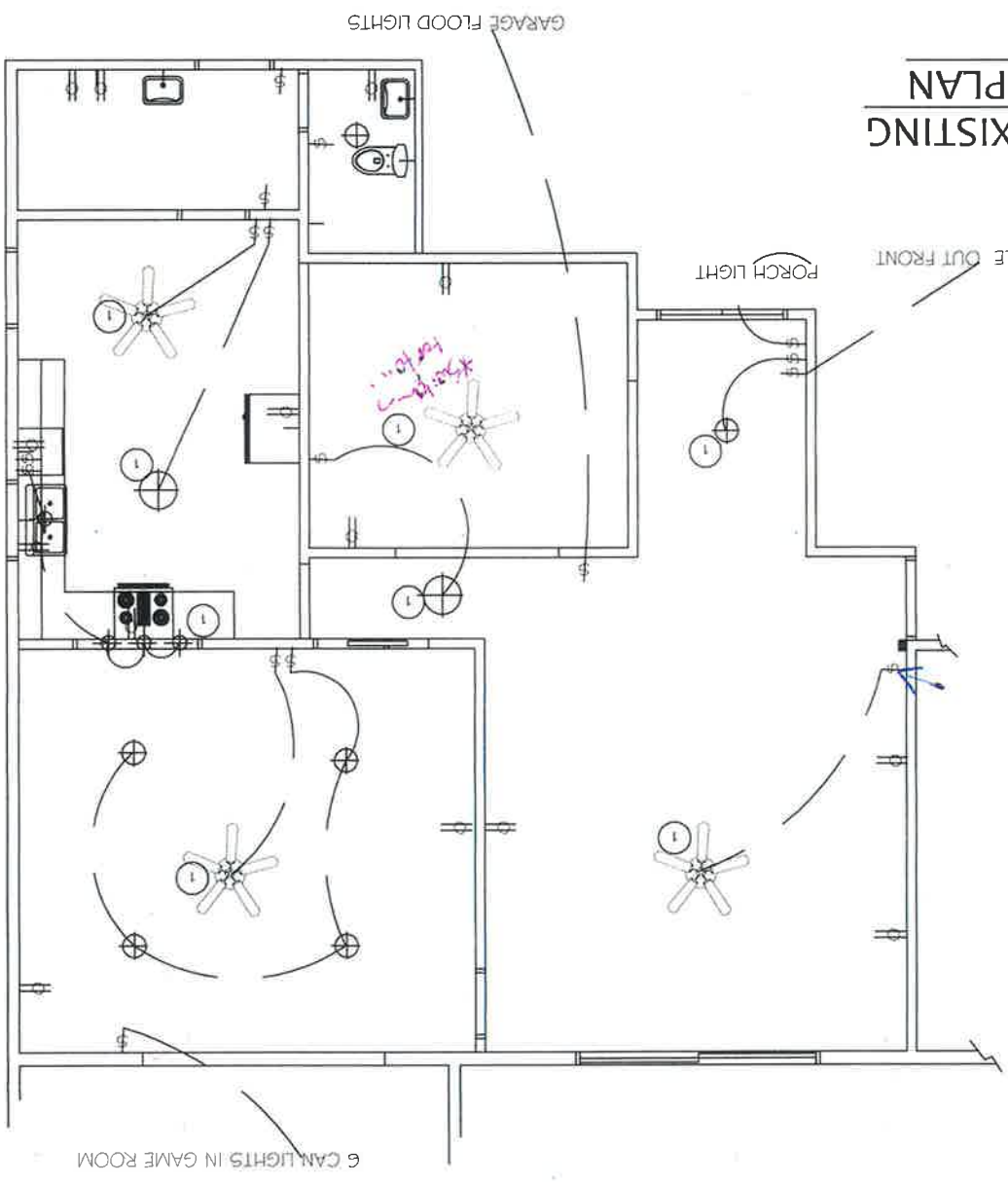


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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS-MAIN LIVING EXISTING ELECTRICAL FLOOR PLAN



① REMOVE AND RESERVE CEILING FANS AND LIGHT FIXTURES FOR REINSTALLATION

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION

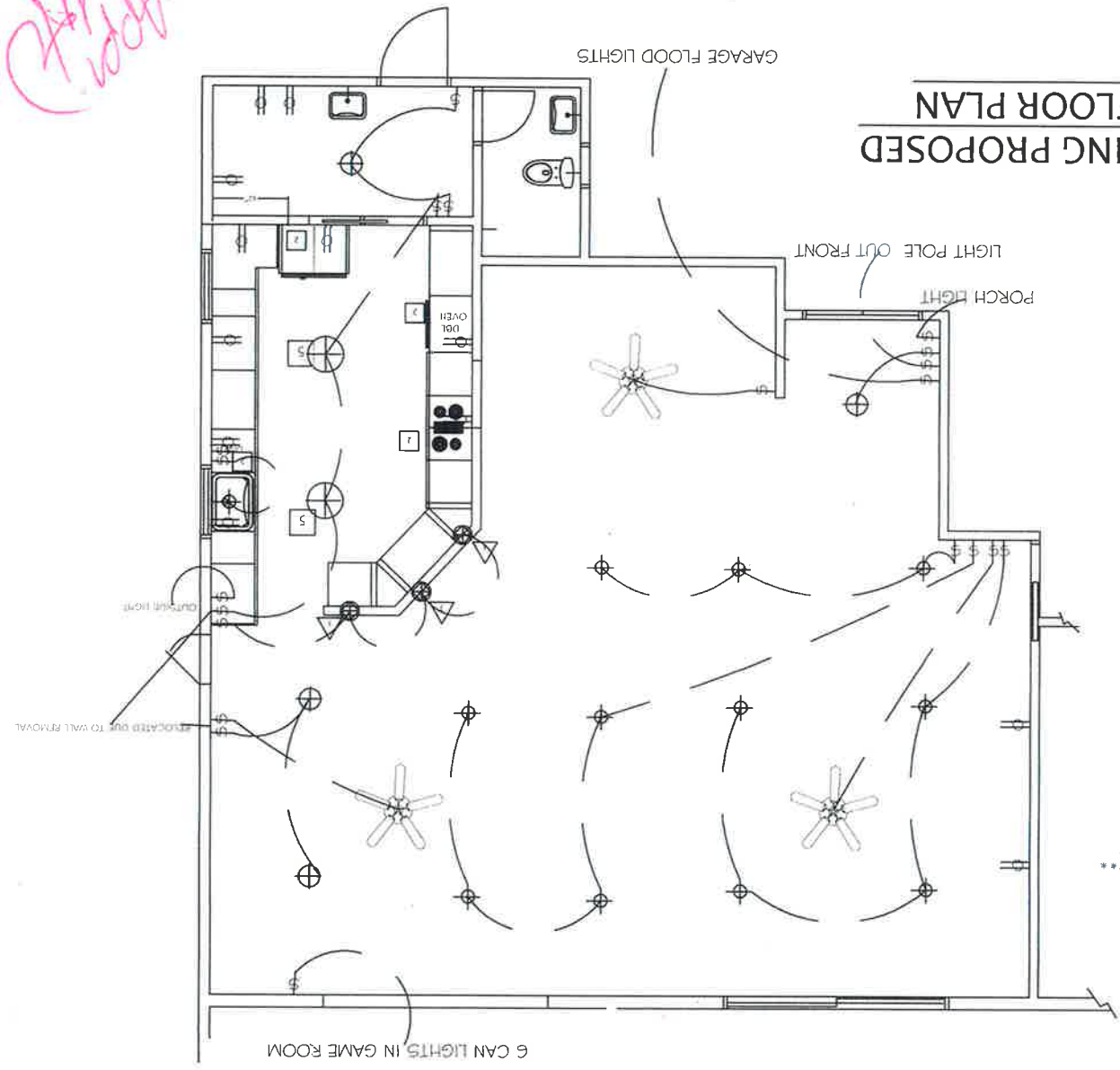


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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS- MAIN LIVING PROPOSED ELECTRICAL FLOOR PLAN



ELECTRICAL SPECIFICATIONS:

ELECTRIC AS REQUIRED TO BRING TO CODE
ADDED OUTLETS TO MATCH EXISTING, AND BE WHITE

2 RELOCATE AND INSTALL APPLIANCES PER NEW DESIGN (SEE KITCHEN PG.)

1 WIRE AND INSTALL 3 OWNER PROVIDED PENDANTS OVER HIGH BAR, TO CAN LIGHTS. (SEE KITCHEN PG. FOR PLACEMENT)

4 REPLACE 2 FEDERAL PACIFIC PANEL BOXES

5 INSTALL RESERVED LIGHTS

⊕ = OWNER PROVIDED PENDANTS

⊙ = CAN LIGHTS

⊕ = OWNER EXISTING LIGHTS

⊙ = switches

5

4

1

2

APPROXIMATE

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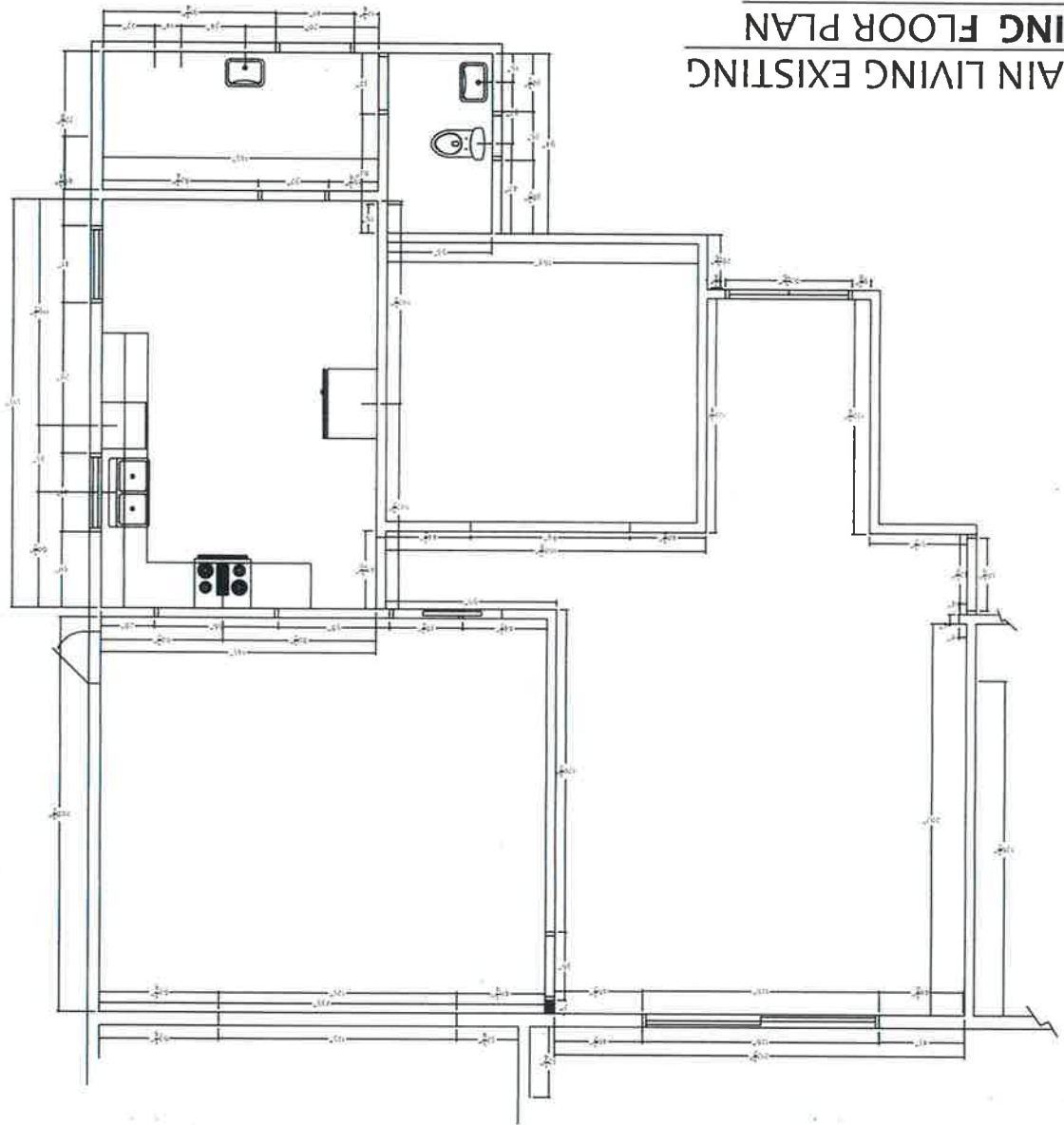


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DATE: 8/8/16
SCALE: 1/8" = 1'

EDDINS- MAIN LIVING EXISTING PLUMBING FLOOR PLAN



Approved

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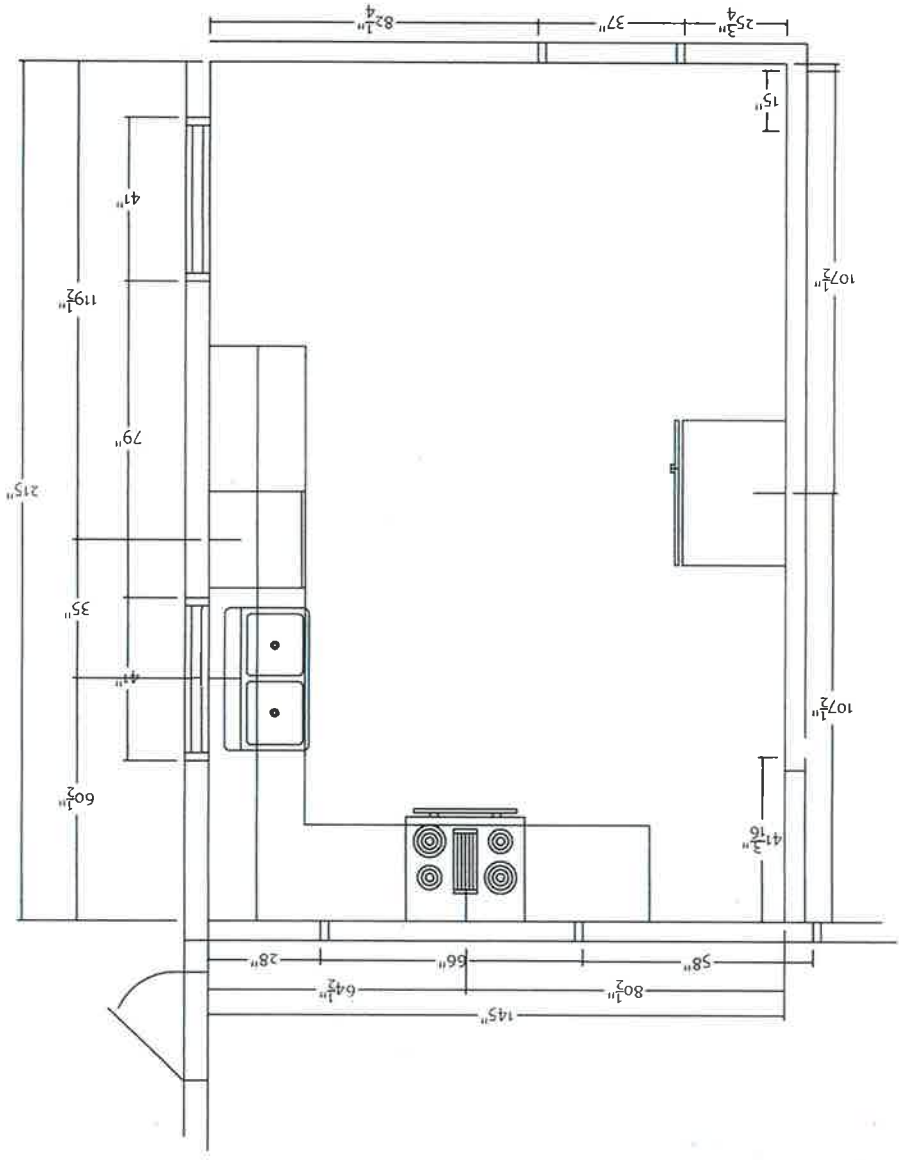
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SCALE: 1/8" = 1'
DATE: 8/1/16

Handwritten signature

EDDINS- EXISTING KITCHEN



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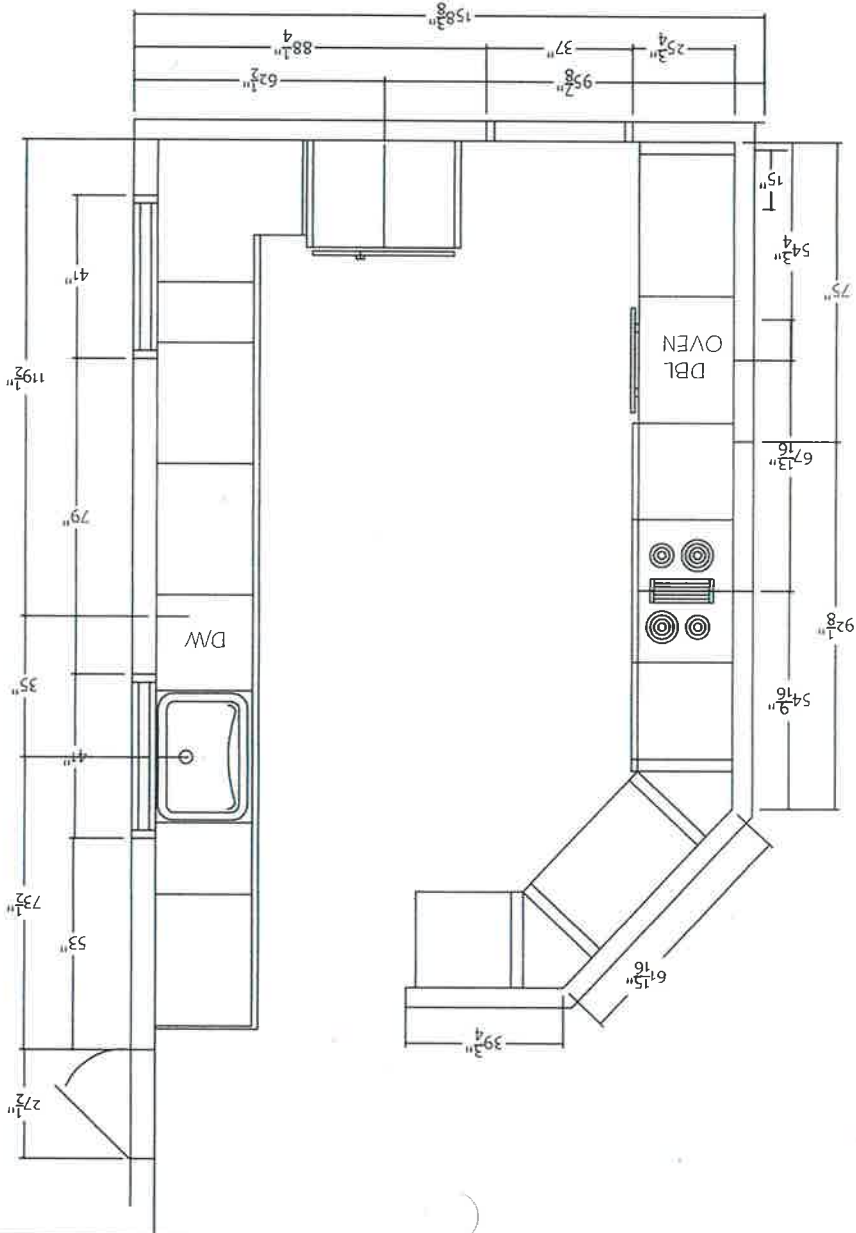
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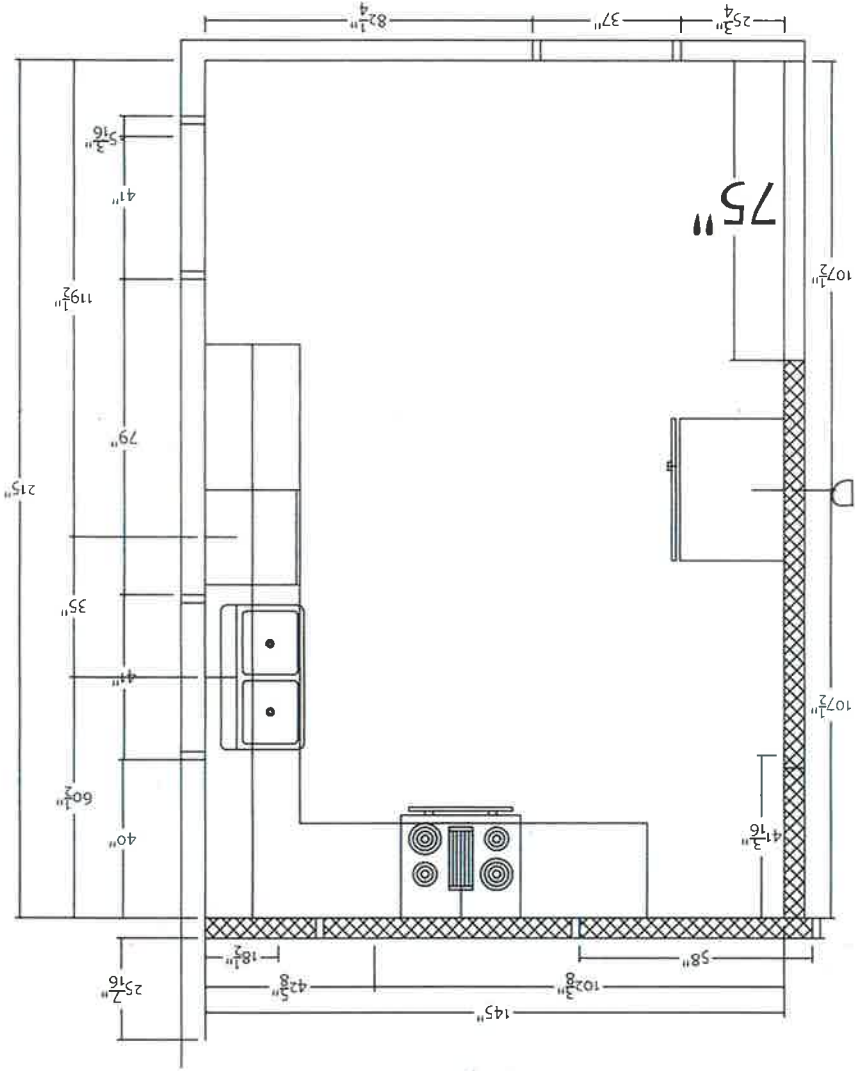
EDDINS - PROPOSED KITCHEN





Items completed

EDDINS- KITCHEN DEMO PLAN



= WALLS TO BE REMOVED

- ***FLOORING AND BASE TO REMOVED BY HOMEOWNER***
- REMOVE AND RESERVE- EXISTING CABINETS AND GARBAGE DISPOSAL
- REMOVE AND DISPOSE- EXISTING COUNTERTOPS, APPLIANCE, SOFFIT AND WALLS PER NEW DESIGN.

DEMO SPECIFICATIONS:

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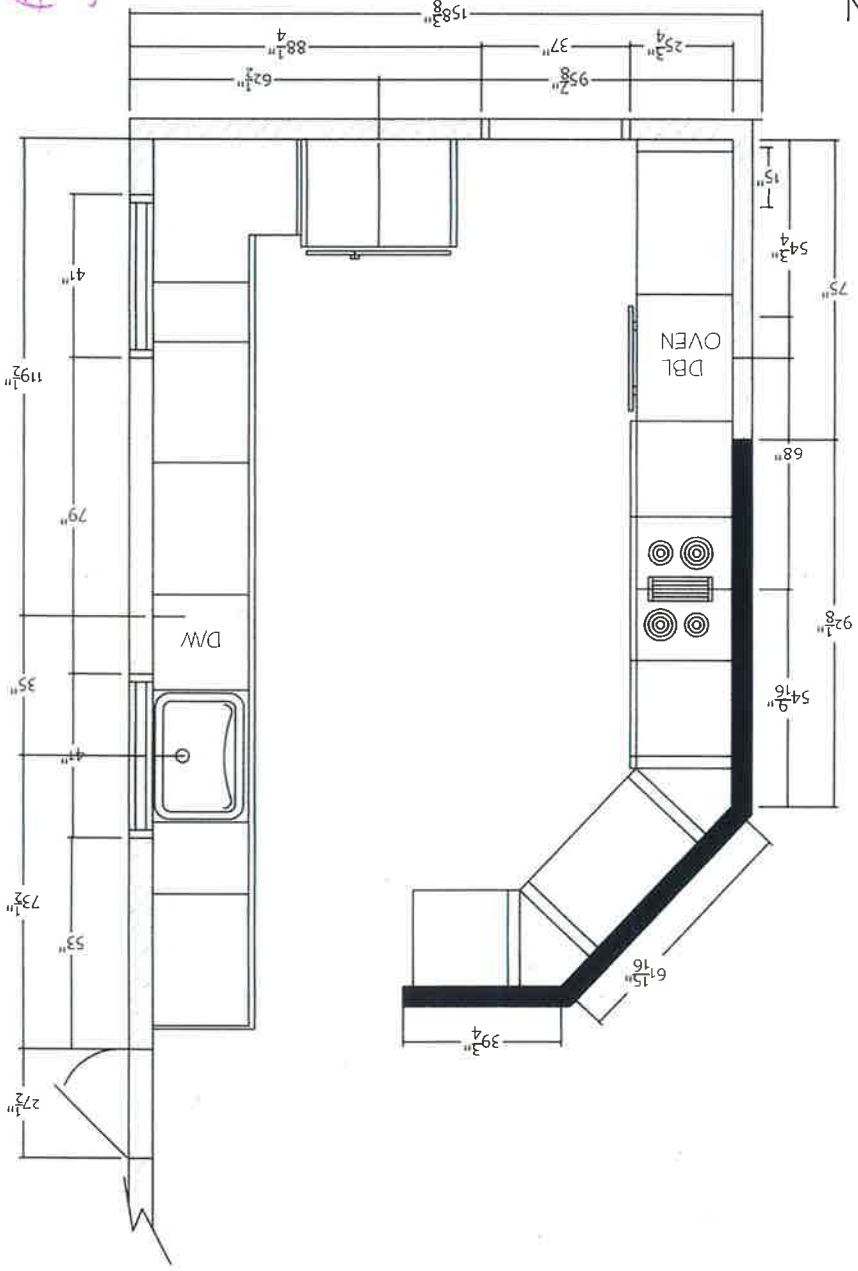


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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS - KITCHEN CONSTRUCTION PLAN



- = FRAME FOR NEW 42" HIGH WALL
- = EXISTING WALL TO REMAIN 96"

CONSTRUCTION SPECIFICATIONS:

APP. AD

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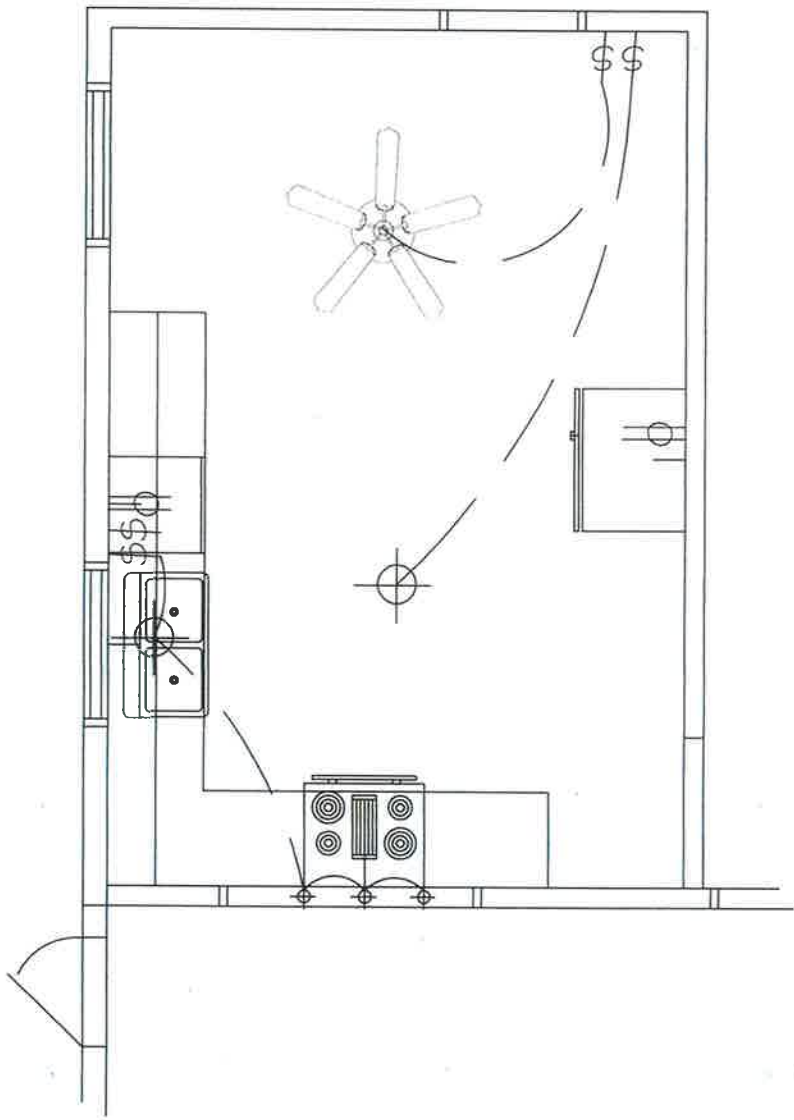
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SCALE: 1/4" = 1'
DATE: 8/8/16

EDDINS- EXISTING KITCHEN ELECTRICAL PLAN

APP 1/16



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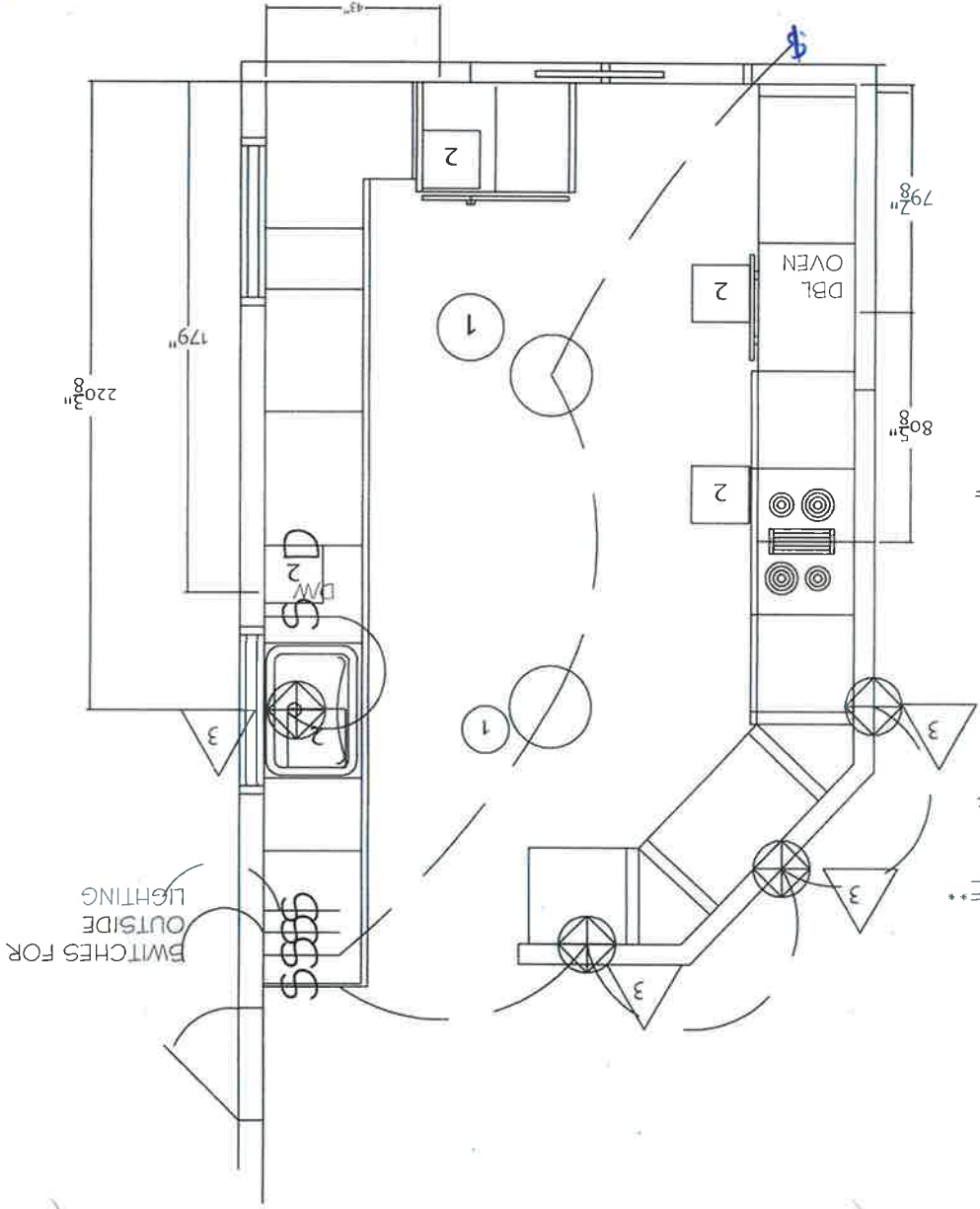
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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS- PROPOSED KITCHEN ELECTRICAL PLAN

Approved



- ⊗ = OWNER PROVIDED PENDANTS
- ⊙ = OWNER EXISTING LIGHTS
- ⊙ = SWITCHES
- ⊙ = CAN LIGHTS.

1 RELOCATE INSTALL RESERVED LIGHTS NEW DESIGN.
 2 RELOCATE AND INSTALL- APPLIANCES PER NEW DESIGN
 3 WIRE AND INSTALL- 3 OWNER PROVIDED PENDANTS OVER HIGH BAR. (LOCATION TO BE DETERMINED IN FIELD DAY OF ELECTRICAL.)

ELECTRICAL SPECIFICATIONS:
 ELECTRIC AS REQUIRED TO BRING TO CODE
 ADDED OUTLETS TO MATCH EXISTING, AND BE WHITE
 ***ANY RELOCATIONS REQUIRED DUE TO SOFFIT REMOVAL ARE TO BE BY CHANGE ORDER**

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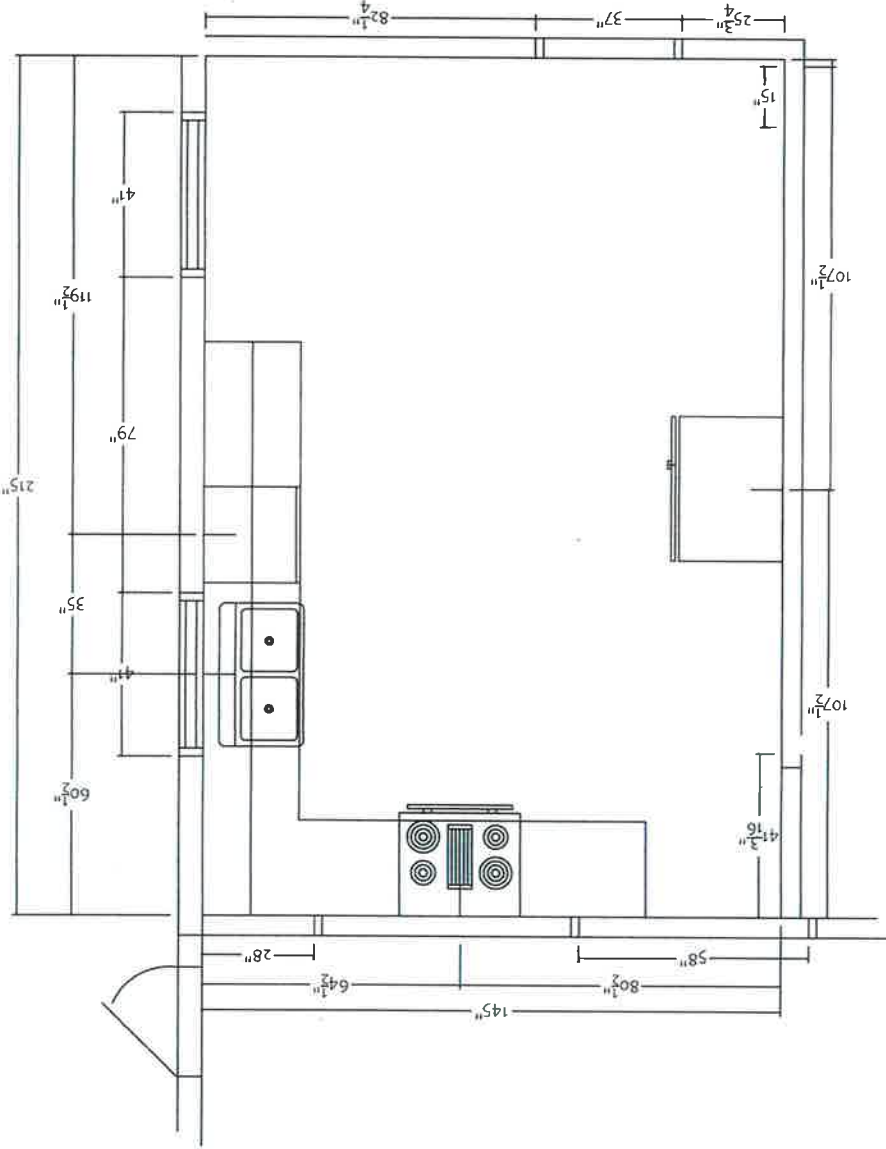
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DATE: 8/1/16

SCALE: 1/8" = 1'

EDDINS- KITCHEN EXISTING PLUMBING PLAN



PLUMBING SPECIFICATIONS:

App' H/D

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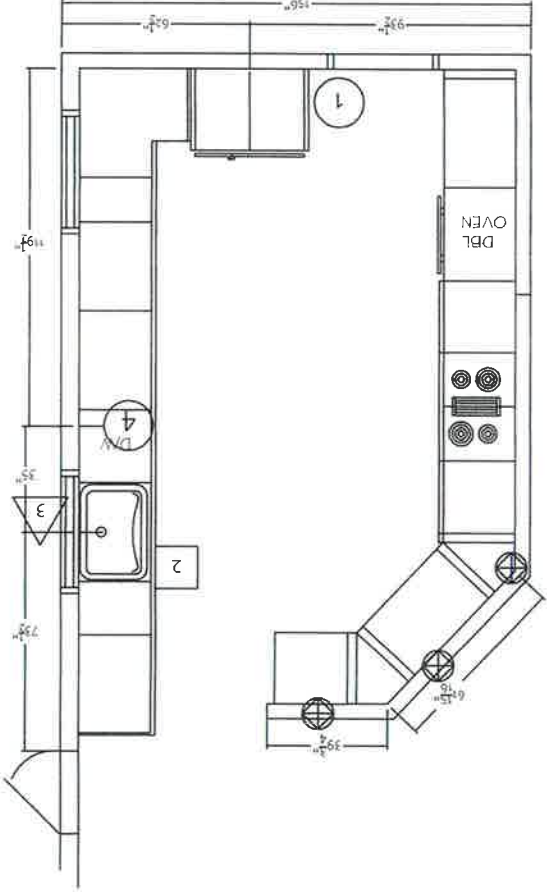
THIS IS AN ORIGINAL DESIGN AND MUST NOT BE RELEASED OR COPIED UNLESS APPLICABLE FEES HAVE BEEN PAID OR JOB ORDER HAS BEEN PLACED.

DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS - KITCHEN PROPOSED PLUMBING PLAN

- ① RELOCATE - REFRIGERATOR WATERLINE TO NEW LOCATION PER ATTACHED DESIGN.
- ② PROVIDE AND INSTALL - 1/8 GAUGE SINGLE BOWL STAINLESS STEEL SINK
- △③ INSTALL ONLY - OWNER PROVIDED FAUCET AND RESERVED GARBAGE DISPOSAL
- ④ REINSTALL - OWNER PROVIDED DISHWASHER

PLUMBING SPECIFICATIONS:



Handwritten signature in purple ink.

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



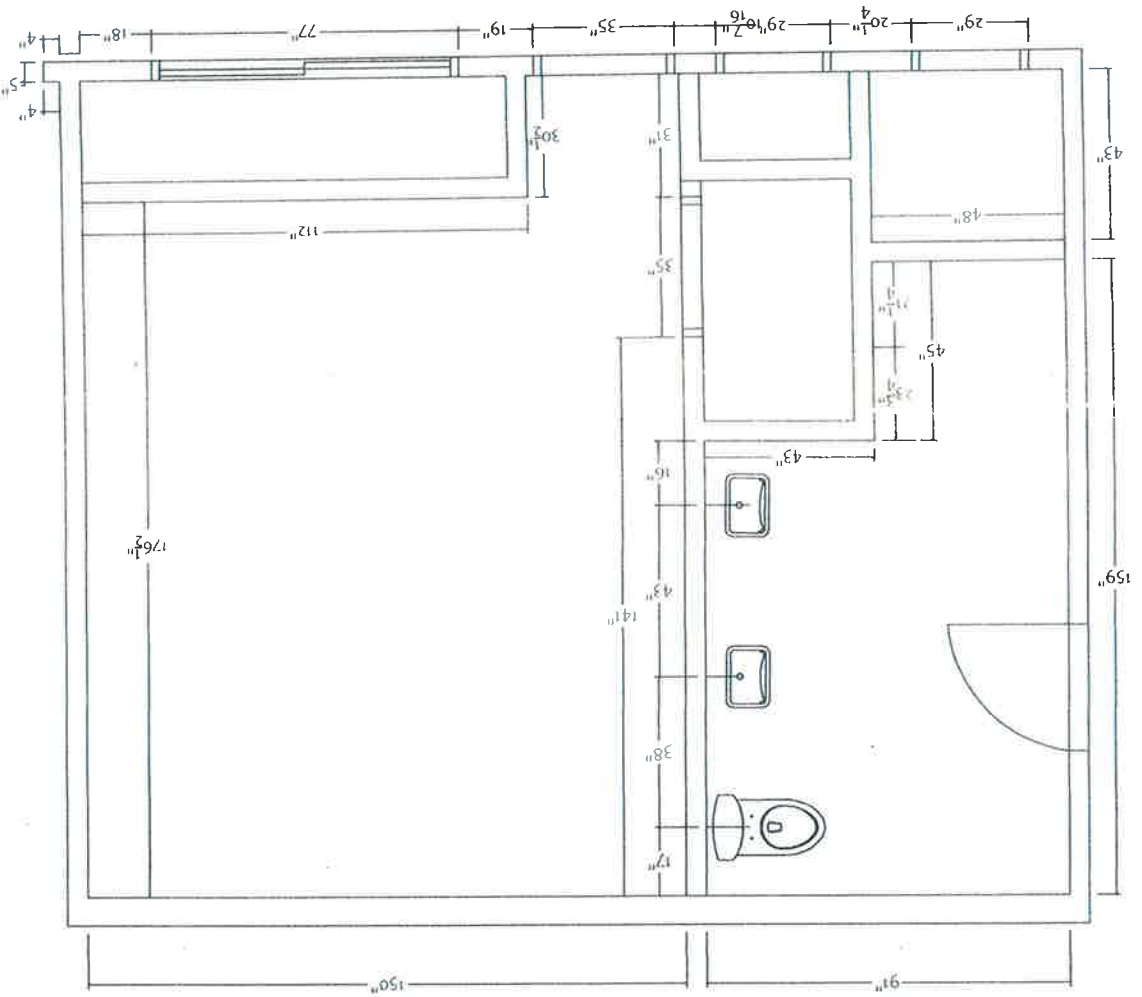
Stacy Scott
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APR 16

EDDINS - EXISTING MASTER BATH / ADJ. ROOM



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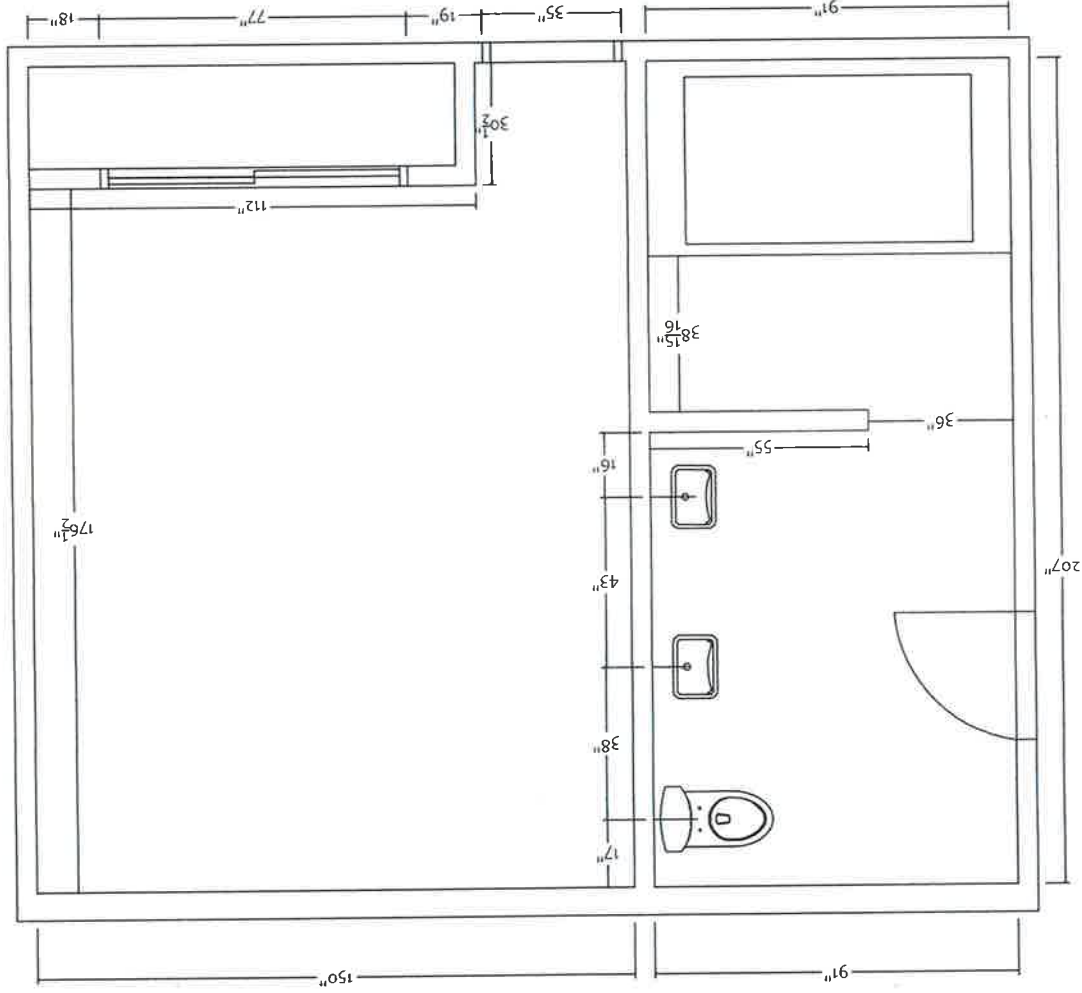
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DATE: 8/8/16

Handwritten signature

EDDINS- PROPOSED MASTER BATH/ ADJ. ROOM



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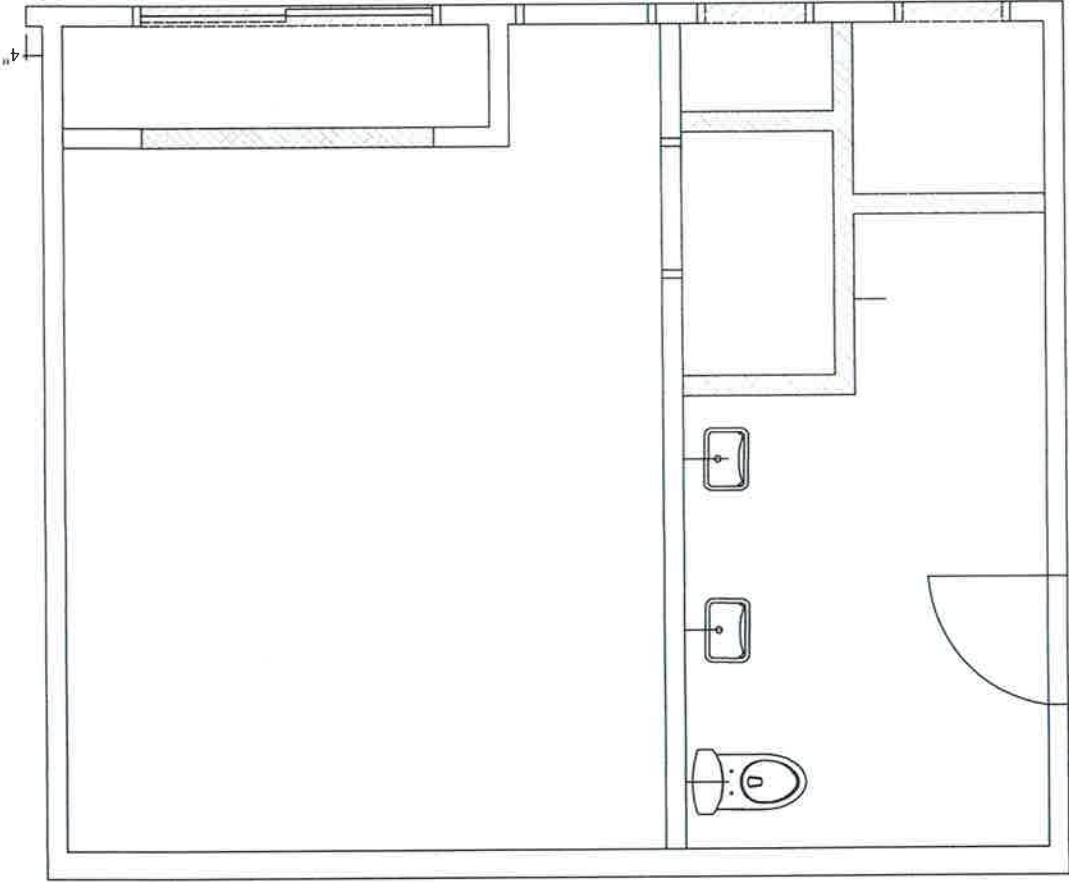
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*Demo completed
8/10*

EDDINS - MASTER BATH/ ADJ. ROOM DEMO PLAN



 = WALLS TO BE REMOVED

- REMOVE AND RESERVE- EXISTING SHOWER PLUMBING TRIM, VALVE, SLIDING CLOSET DOOR
- REMOVE AND DISPOSE- EXISTING SHOWER/WALL AND FLOOR TILE, TOILET, AND WALLS PER NEW DESIGN.
- CLOSE DOOR TO ADJACENT BEDROOM, 2 SMALL CLOSETS DOORS IN HALLWAY, AND ATTIC ACCESS IN HALL CLOSET.

DEMO SPECIFICATIONS:
BASE DEMO BY HOMEOWNER

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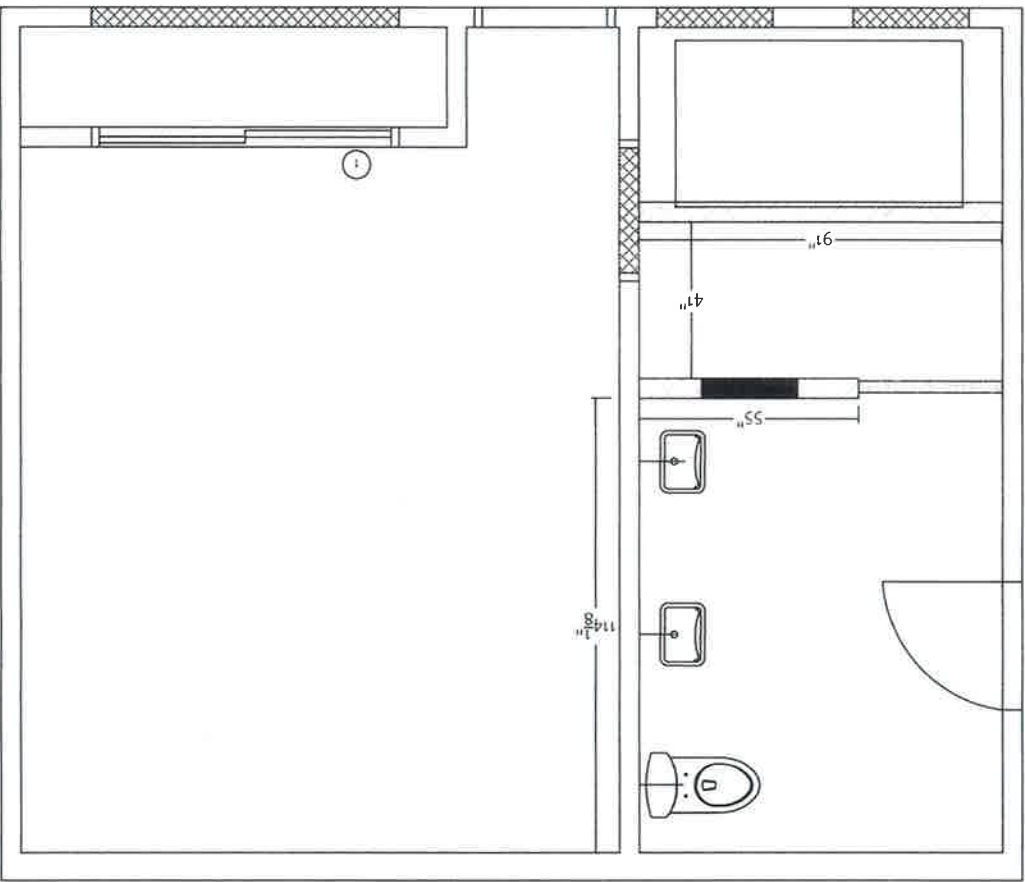
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SCALE: 1/4" = 1'
DATE: 8/8/16

Handwritten initials/signature

EDDINS- MASTER BATH/ ADJ. ROOM CONSTRUCTION PLAN



CONSTRUCTION SPECIFICATIONS:

FRAMING AS REQUIRED FROM DEMO, SHOWER 1/2 WALL, NICHE IN SHOWER, CLOSE IN SLIDING DOOR OPENING, CLOSET DOOR IN ADJACENT ROOM, DOORS IN HALL WAY, AND NEW TUB DECK PER NEW DESIGN.
PROVIDE AND INSTALL GLASS TO CEILING FOR TOP OF HALF WALL IN SHOWER

= FRAME FOR 24"Wx21"H NICHE, CENTER ON WALL

= FRAME FOR 1/2 WALL 42" HIGH AND NEW TUB DECK 26

FRAMING TO CLOSE IN REMOVED DOORS

= FRAMING FOR NEW SHOWER CURB

① FRAMING AS REQUIRED TO REINSTALL RESERVED SLIDING DOOR

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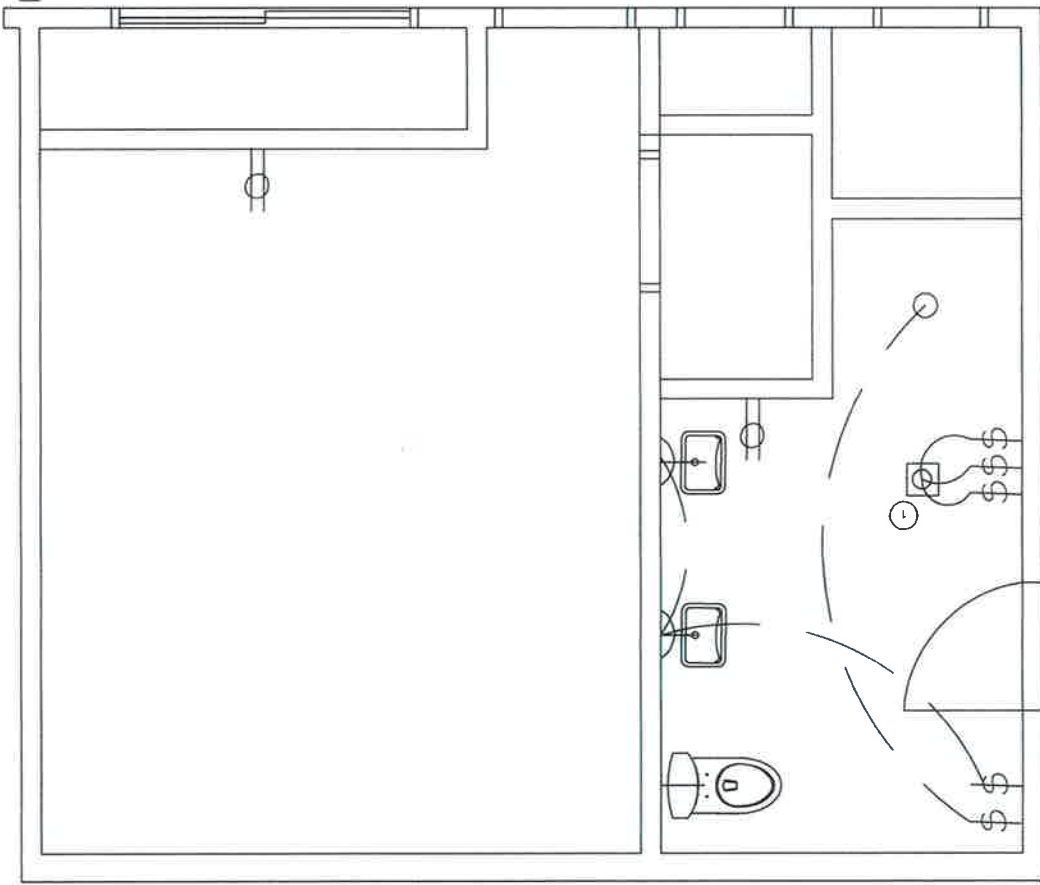
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EDDINS- MASTER BATH/ ADJ. ROOM
EXISTING ELECTRICAL PLAN

HPK



① VENT FAN TO REMAIN IN EXISTING LOCATION

ELECTRICAL SPECIFICATIONS:

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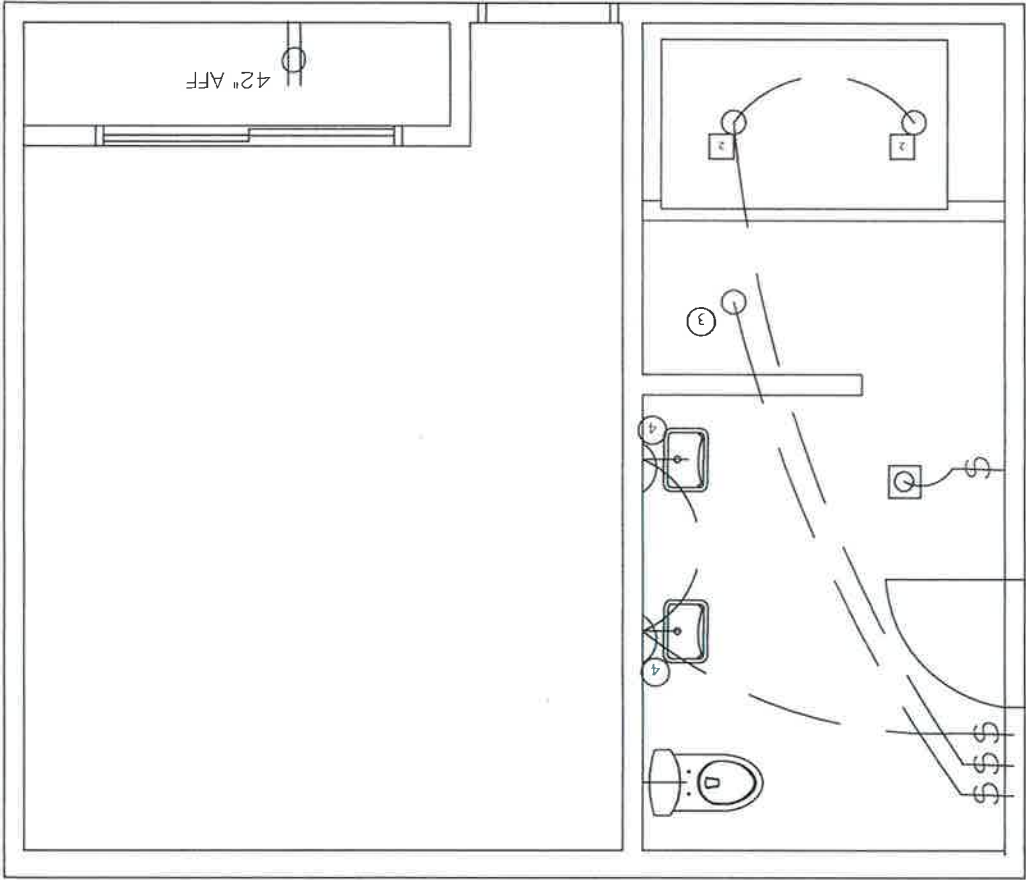
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DATE: 8/8/16
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Handwritten notes in purple ink:
100%
ADJ.

EDDINS- MASTER BATH/ ADJ. ROOM PROPOSED ELECTRICAL PLAN



ELECTRICAL SPECIFICATIONS:
...OUTLETS TO REMAIN WHITE AND MATCH EXISTING...

- 2 ADD TWO CAN LIGHTS ABOVE NEW TUB
- 3 RELOCATE SHOWER LIGHT.
- 4 REINSTALL RESERVED VANITY LIGHTS IN EXISTING LOCATION.
- = OWNER PROVIDED VANITY LIGHTS
- = CAN LIGHT

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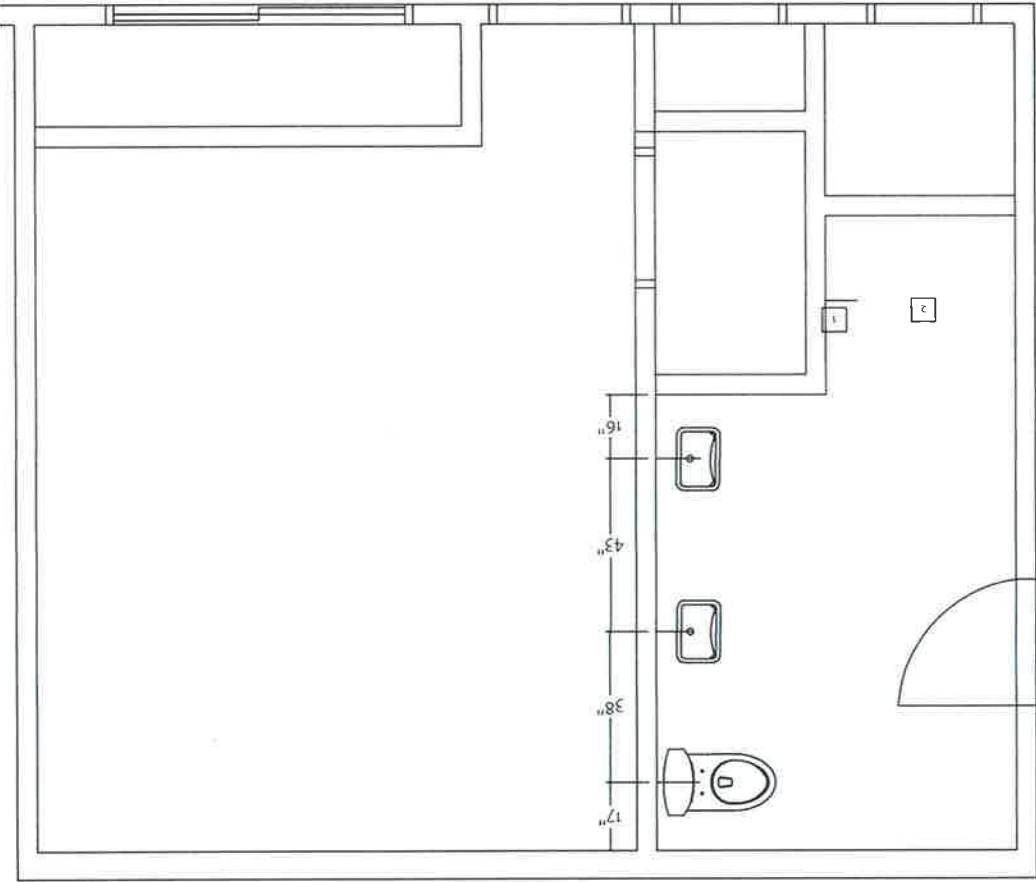
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DATE: 8/8/16

EDDINS- MASTER BATH/ ADJ. ROOM
EXISTING PLUMBING PLAN

Approved



- PLUMBING SPECIFICATIONS:
- 1 RELOCATE SHOWER HEAD AND VALVE
 - 2 RELOCATE SHOWER DRAIN

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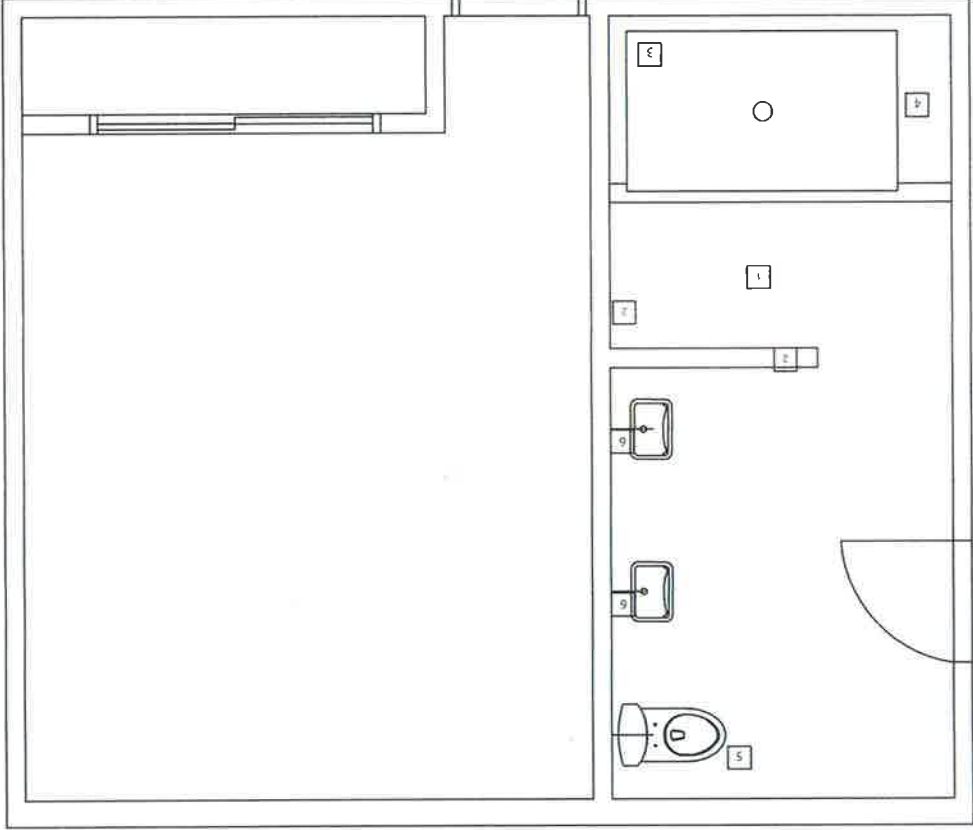
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DATE: 8/8/16

**Handwritten notes in purple ink:*
*
OKB
8/8/16

EDDINS- MASTER BATH/ ADJ. ROOM
PROPOSED PLUMBING PLAN



PLUMBING SPECIFICATIONS:

- 1 RELOCATE SHOWER DRAIN
- 2 REINSTALL RESERVED SHOWER FIXTURES
87" AFF
- 3 PROVIDE AND INSTALL DROP IN TUB
- 4 PROVIDE AND INSTALL ROMAN TUB FAUCET
- 5 INSTALL ONLY OWNER PROVIDED TOILET
- 6 REINSTALL. OWNERS SINK AND FAUCETS

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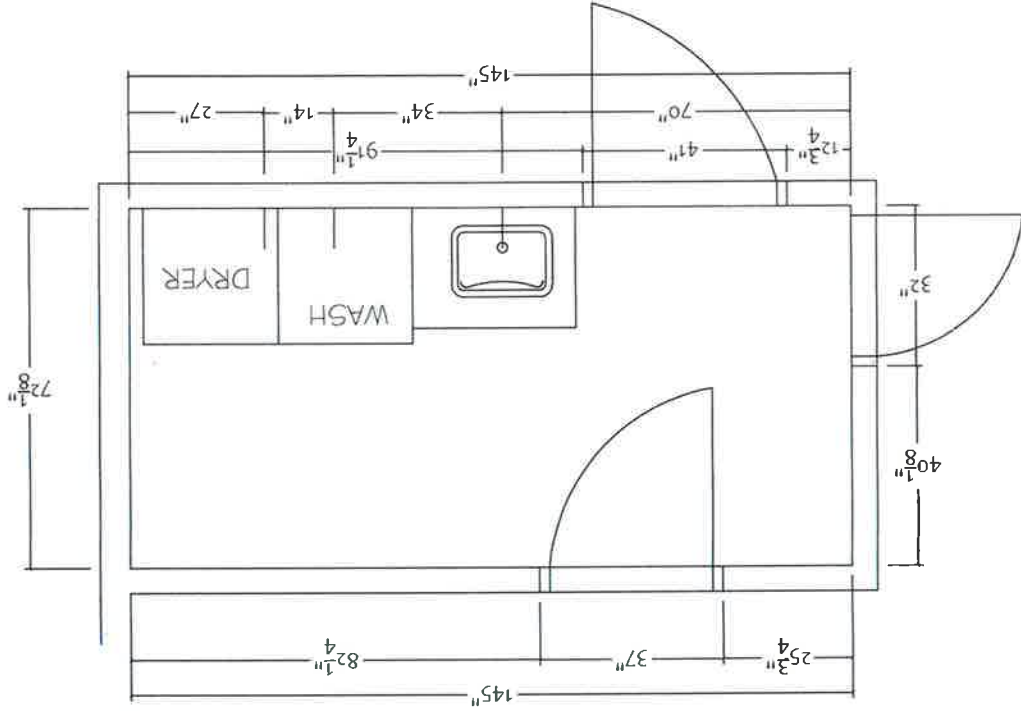
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SCALE: 5/16" = 1'

DATE: 8/8/16

APP. 4/16

EDDINS - EXISTING LAUNDRY ROOM



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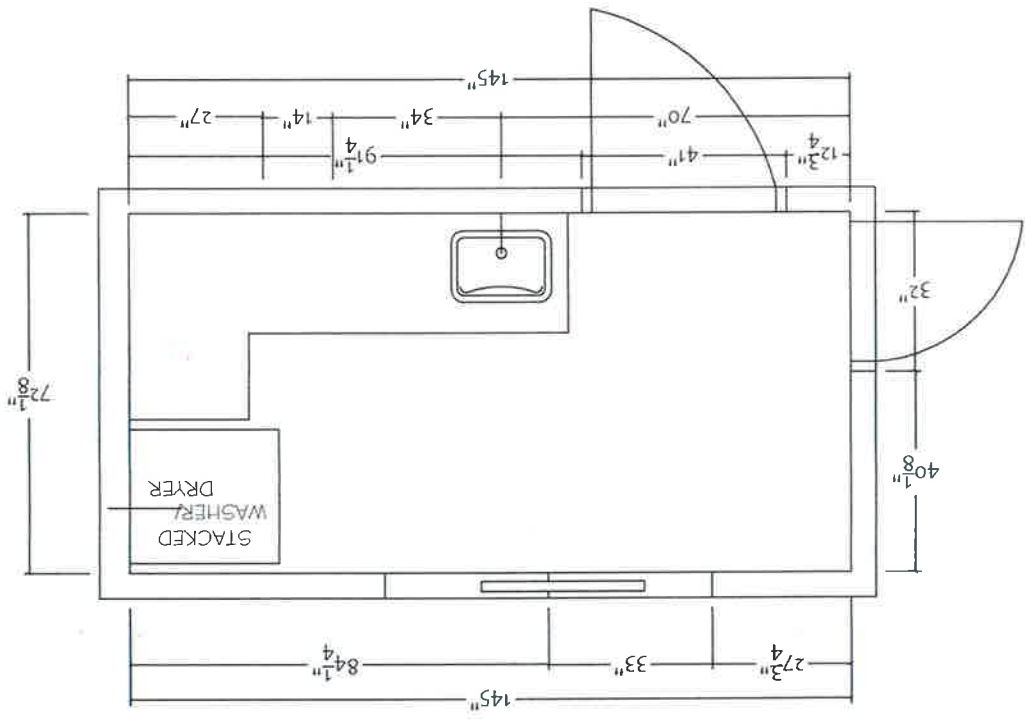
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EDDINS - PROPOSED LAUNDRY ROOM

Upper + HD



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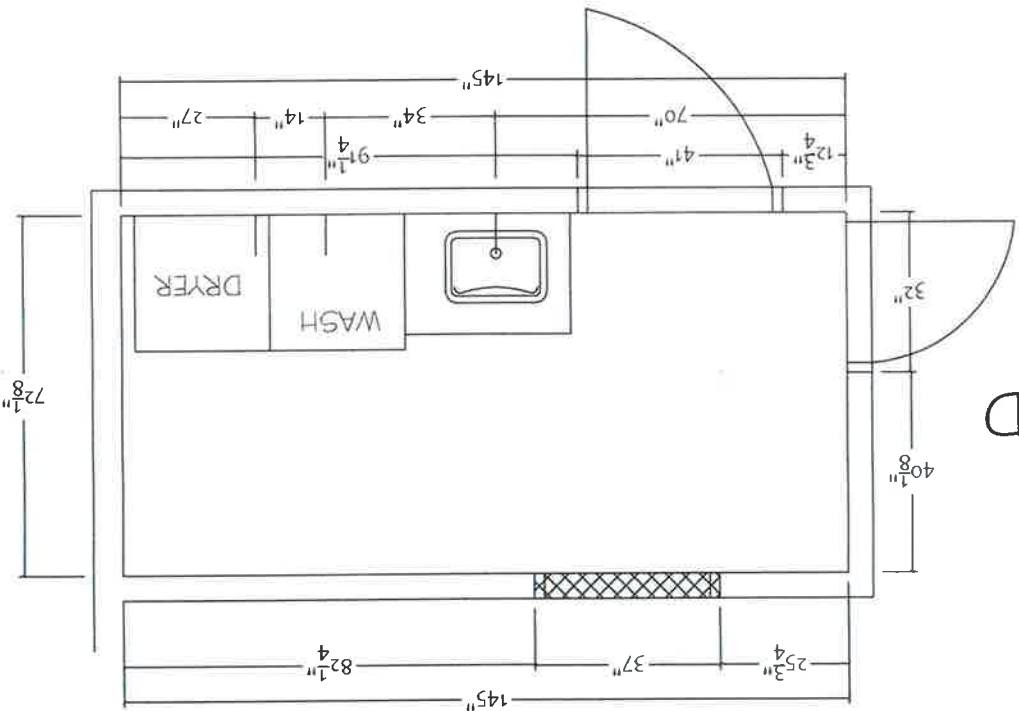
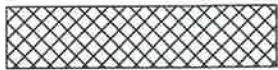
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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS - LAUNDRY DEMO PLAN

= TO BE REMOVED



*Demo completed
8/16/16*

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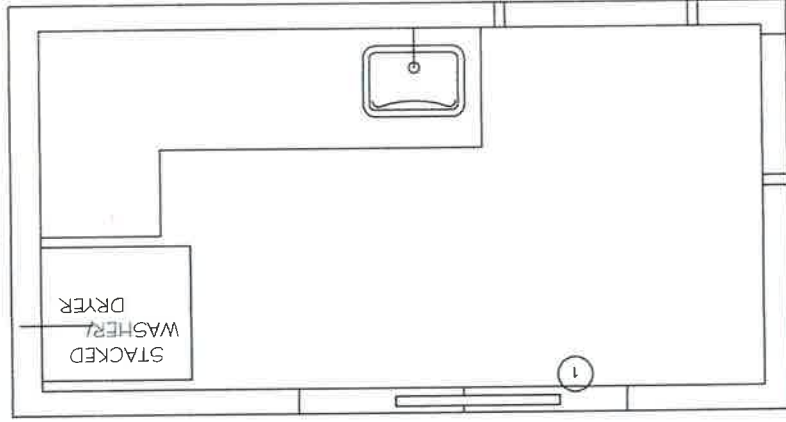
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SCALE: 5/16" = 1'

DATE: 8/8/16

APR 4/10

EDDINS - LAUNDRY ROOM CONSTRUCTION PLAN



① REINSTALL, POCKET DOOR

CONSTRUCTION SPECIFICATIONS:

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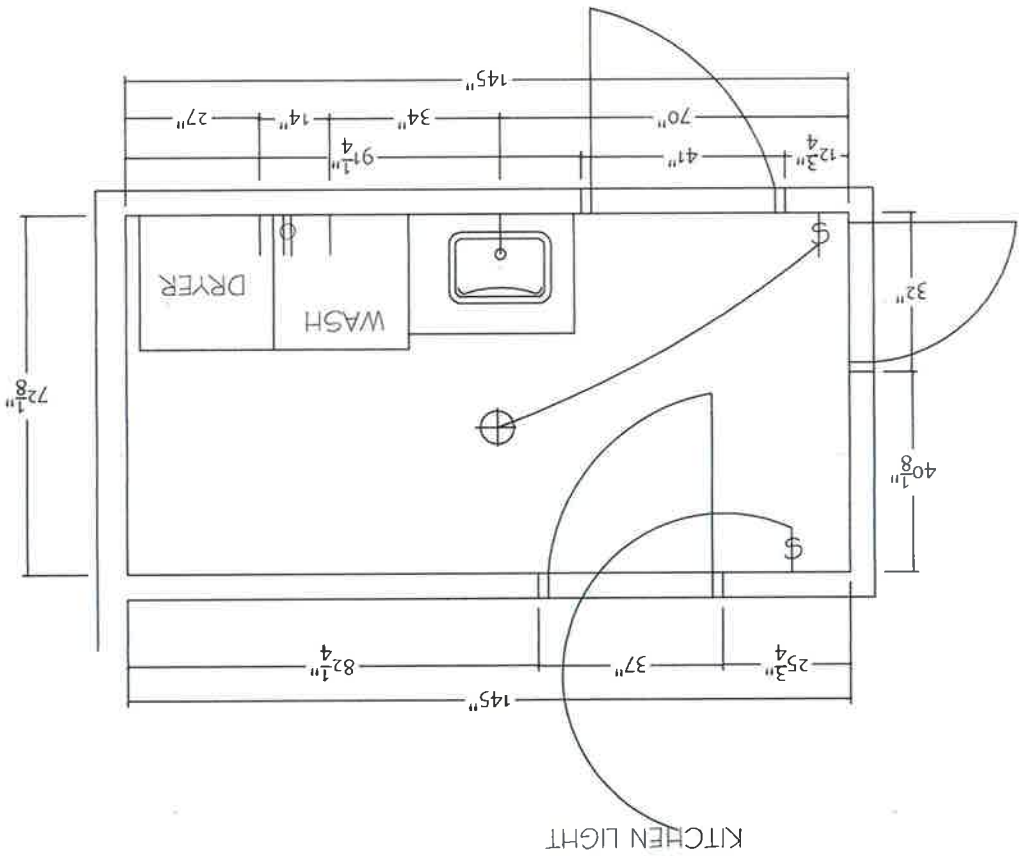
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DATE: 8/8/16

Handwritten notes:
ADD
LAMP

EDDINS - LAUNDRY ROOM EXISTING ELECTRICAL PLAN



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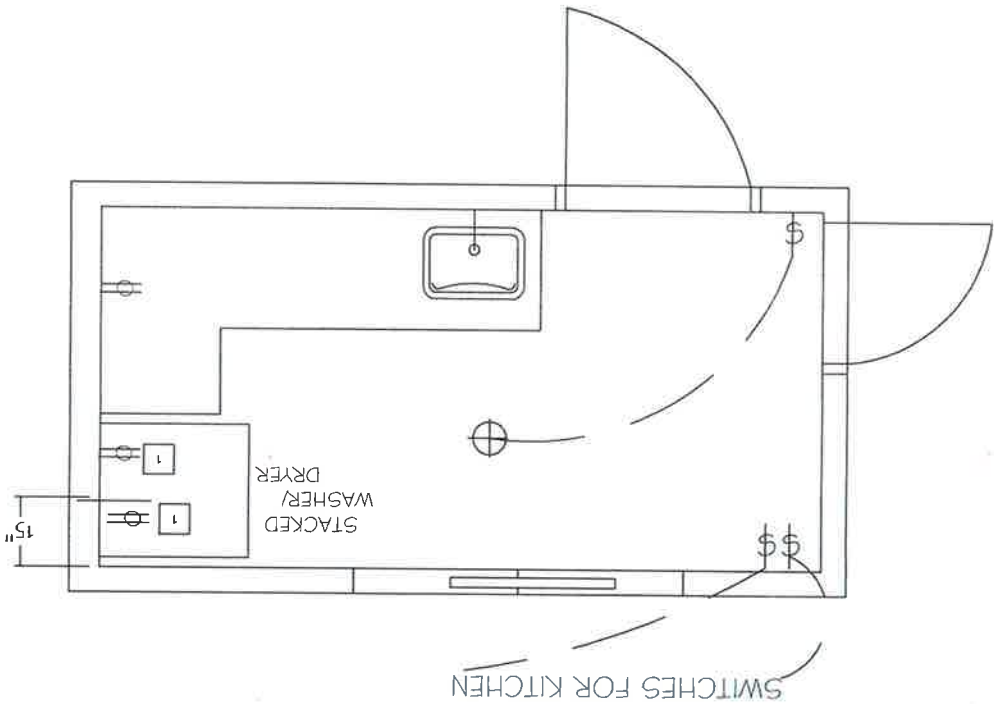


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SCALE: 1/4" = 1'

EDDINS-LAUNDRY ROOM PROPOSED ELECTRICAL PLAN



ELECTRICAL SPECIFICATIONS:

...ELECTRIC AS REQUIRED TO BRING TO CODE...
..ADDED OUTLETS TO MATCH EXISTING, AND BE WHITE..

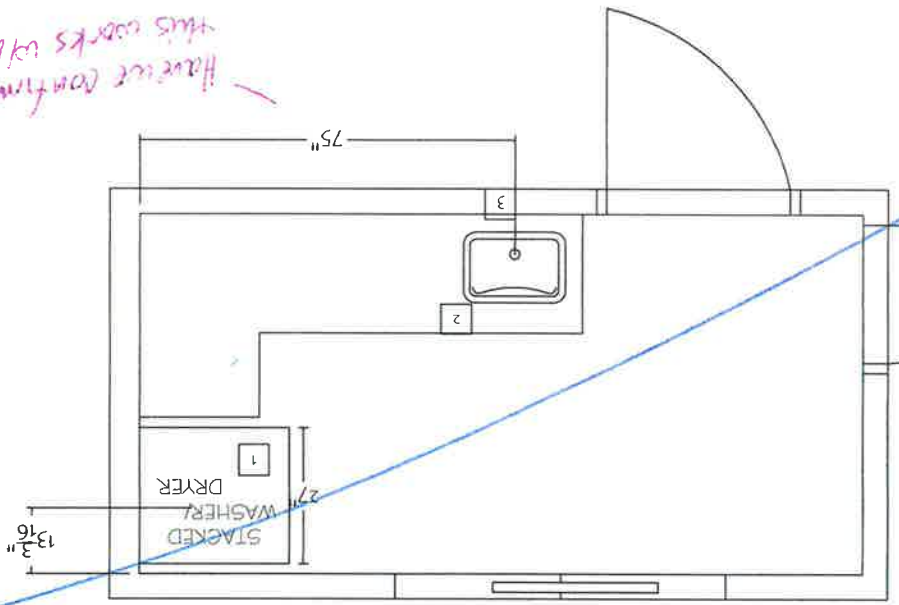
1 RELOCATE WASHER AND DRYER PLUG

⊕ = OWNER EXISTING LIGHTS

⊕ = switches



EDDINS - LAUNDRY ROOM PROPOSED PLUMBING PLAN



- 1 CUT SLAB AND RELOCATE PIPING FOR WASHER AND DRYER
- 2 INSTALL 1 6 GAUGE C-TECH LI-800 STAINLESS STEEL SINK
- 3 INSTALL ONLY OWNER PROVIDED FAUCET

PLUMBING SPECIFICATIONS:

*Have not confirmed this works w/ layouts?
OK*

? Have we verified?

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DESIGNATIONS GIVEN ARE
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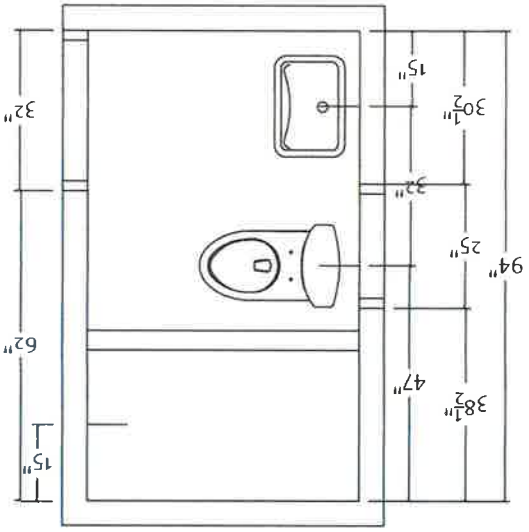


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DATE: 8/8/16
SCALE: 5/16" = 1'

EDDINS - EXISTING SMALL BATH



Approved

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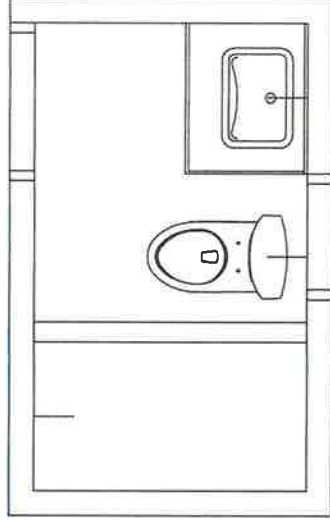
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DATE: 8/8/16

EDDINS - PROPOSED SMALL BATH



App. 4/10

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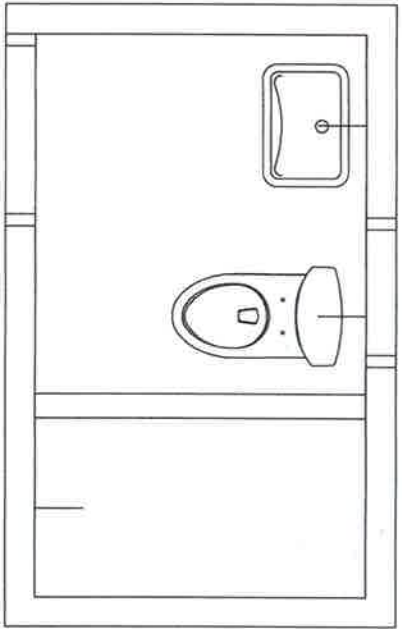


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SCALE: 1/4" = 1'

EDDINS - SMALL BATH DEMO PLAN



REMOVE AND RESERVE- EXISTING SHOWER ENCLOSURE AND MIRROR.
REMOVE AND DISPOSE- OF PEDESTAL SINK, WALLS, FLOOR AND CEILING TILE, AND SOFFIT

DEMO SPECIFICATIONS:

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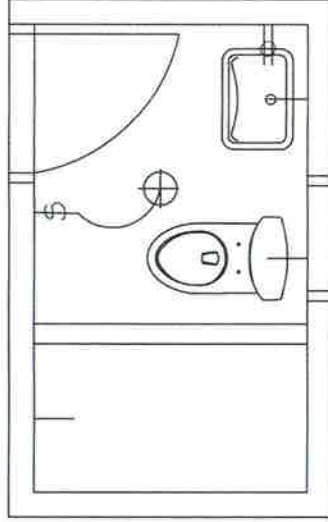
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EDDINS - EXISTING SMALL BATH ELECTRICAL PLAN



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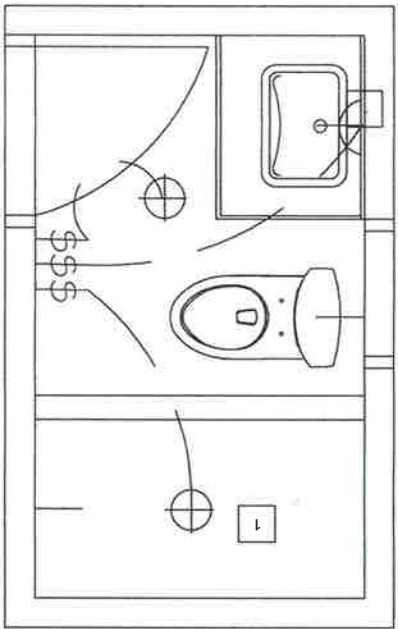
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EDDINS - PROPOSED SMALL BATH ELECTRICAL PLAN

*APPROXIMATE *
ADDED*



- ☉ = NEW SHOWER CAN LIGHT
- ⊖ = switches
- ⌋ = OWNER PROVIDED VANITY LIGHT
- ☐ 1 ADD NEW SHOWER LIGHT, AND OWNER PROVIDED VANITY LIGHT
- ***ELECTRIC AS REQUIRED TO BRING TO CODE**
- **ADDED OUTLETS TO MATCH EXISTING, AND BE WHITE**

ELECTRICAL SPECIFICATIONS:

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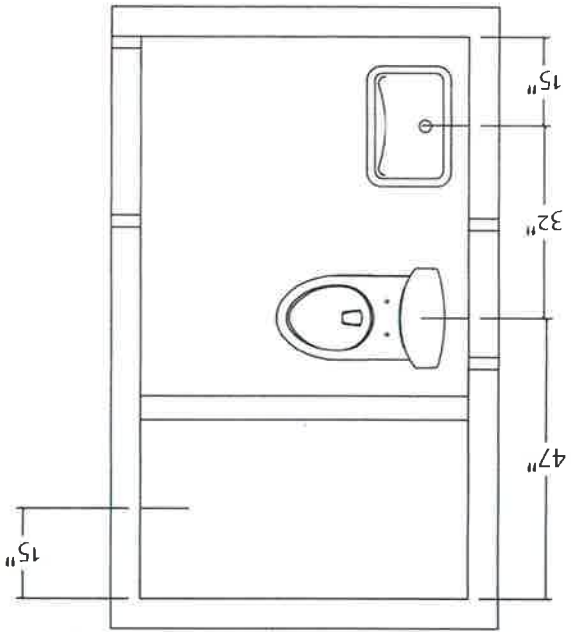
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EDDINS - EXISTING SMALL BATH PLUMBING PLAN



Approved

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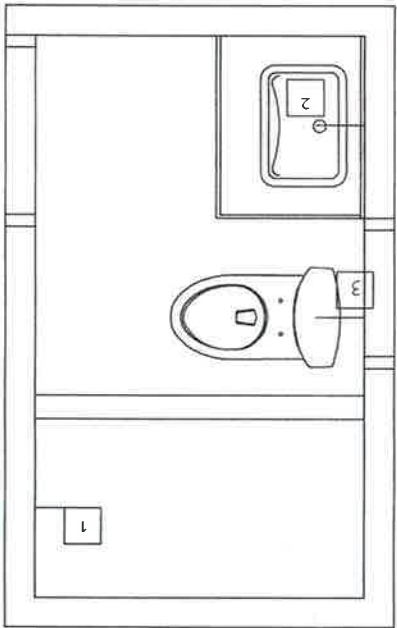
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DATE: 8/8/16
SCALE: 1/4" = 1'

Handwritten signature

EDDINS- PROPOSED SMALL BATH PLUMBING PLAN



PLUMBING SPECIFICATIONS:

- 1 RAISE SHOWER HEAD TO 83" AFF PER OWNERS REQUEST
- 2 INSTALL ONLY OWNER PROVIDED FAUCET
- 3 INSTALL OWNER PROVIDED TOILET

ALL DIMENSIONS AND SIZE
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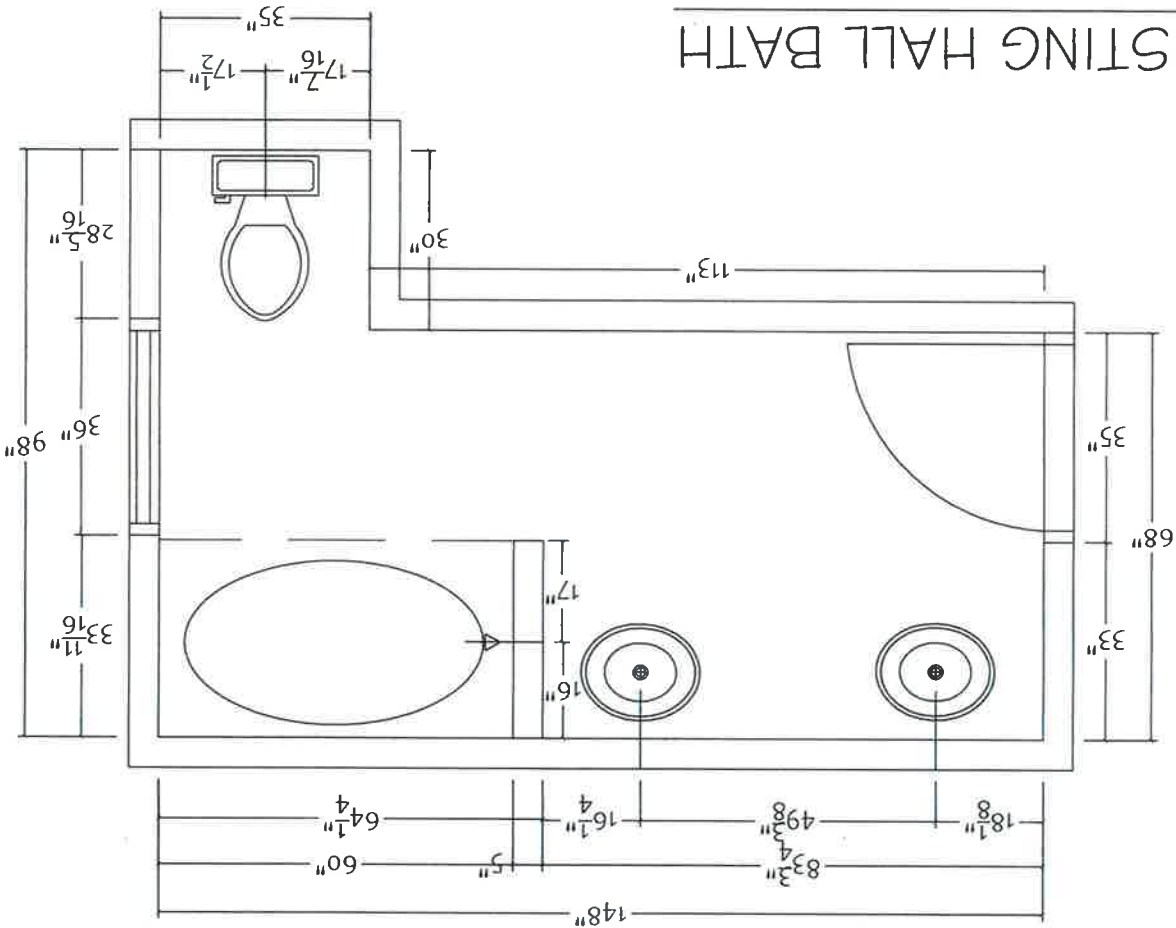
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DATE: 8/1/16
SCALE: 1/8" = 1'

Handwritten signature

EDDINS - EXISTING HALL BATH



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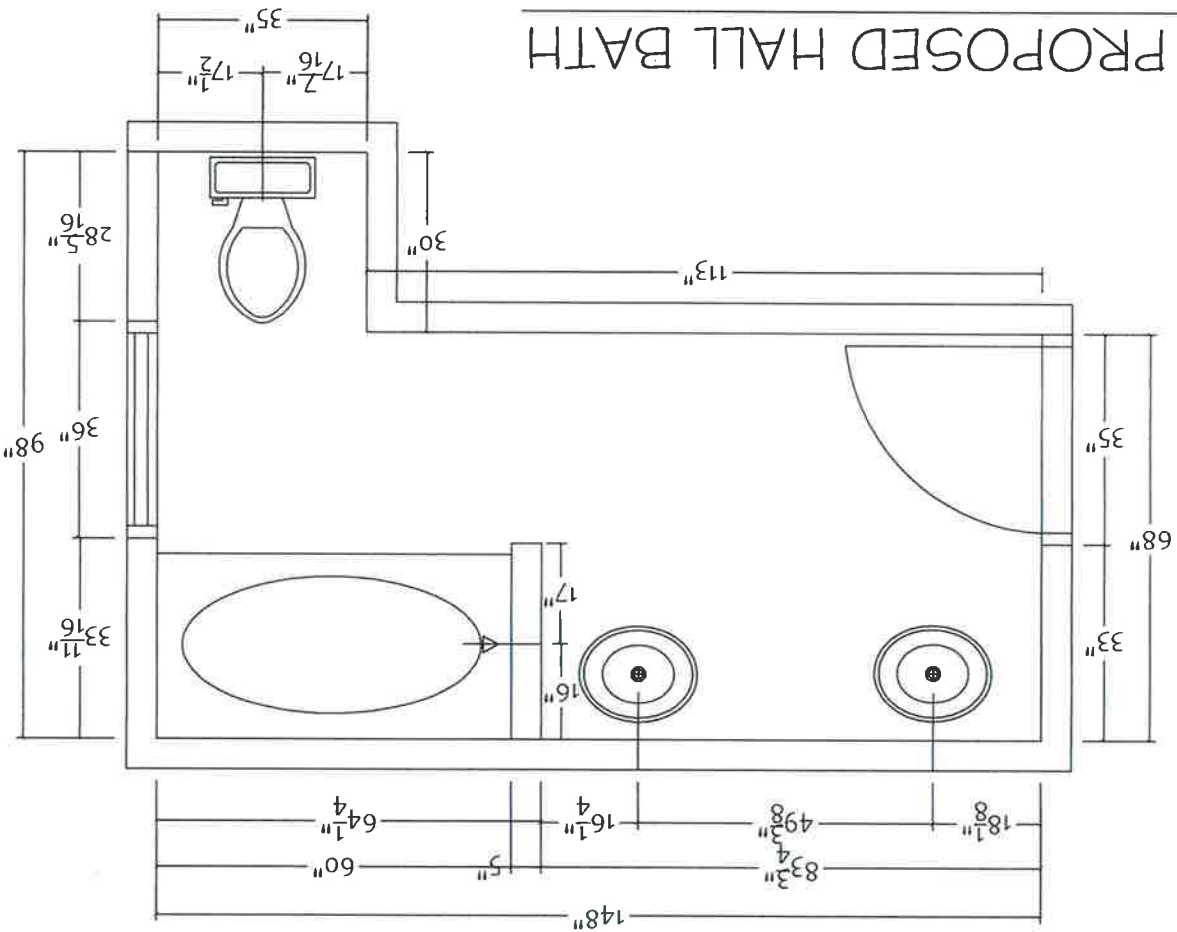
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Handwritten signature

EDDINS - PROPOSED HALL BATH



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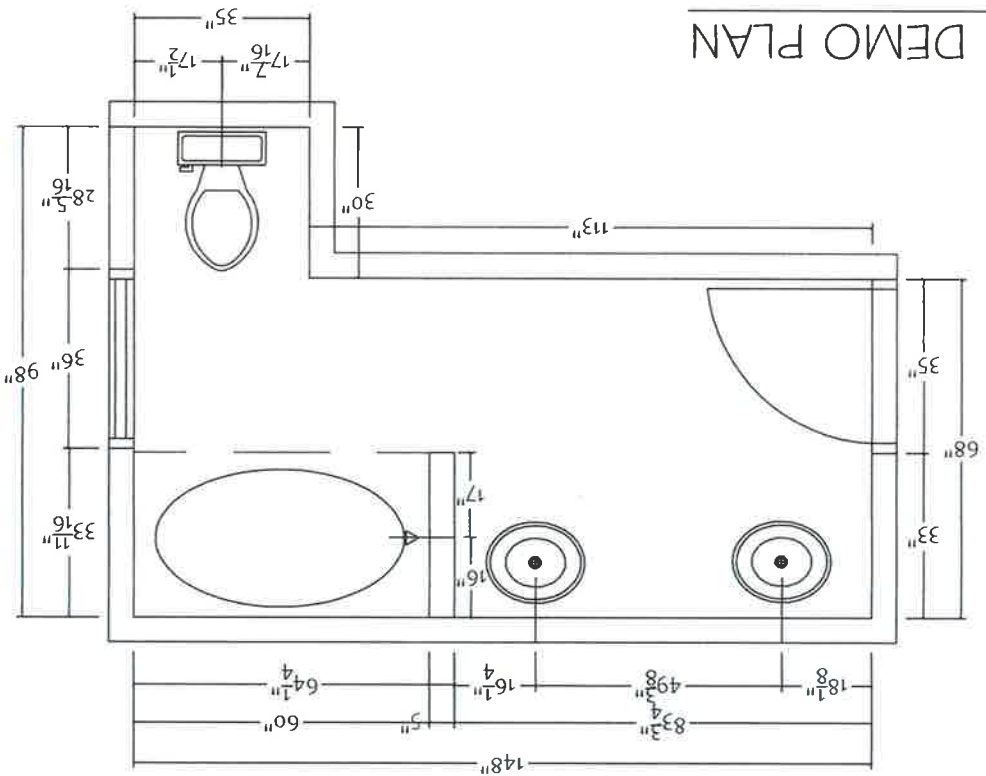
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SCALE: 1/4" = 1'

HH
Demo completed

EDDINS - HALL BATH DEMO PLAN



-REMOVE AND DISPOSE - SOFFIT, SHOWER/
FLOOR/WALL TILE, TOILET AND TUB.

DEMO SPECIFICATIONS:

***CLIENT TO HAVE PREVIOUSLY
REMOVED/ RESERVED BASE, CABINETS,
TOPS, MIRRORS, SINK, FAUCETS AND
VANITY LIGHTS***

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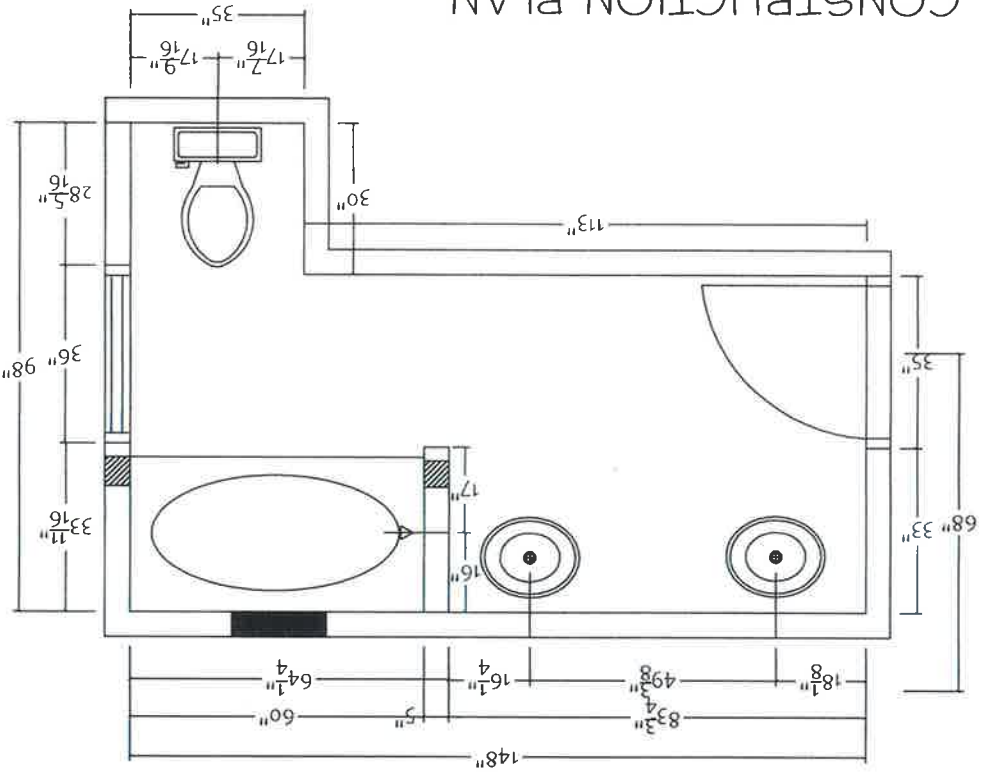
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SCALE: 1/4" = 1'
DATE: 8/8/16

Completed

EDDINS- HALL BATH CONSTRUCTION PLAN



- = BLOCKING FOR CURVED SHOWER ROD 72" AFF
- = FRAME FOR 24"Wx21"H NICHE, CENTER ON WALL 42" AFF
- FRAMING AS REQUIRED FROM DEMO, SHOWER NITCH AND BLOCKING IN SHOWER FOR CURVED SHOWER ROD

CONSTRUCTION SPECIFICATIONS:

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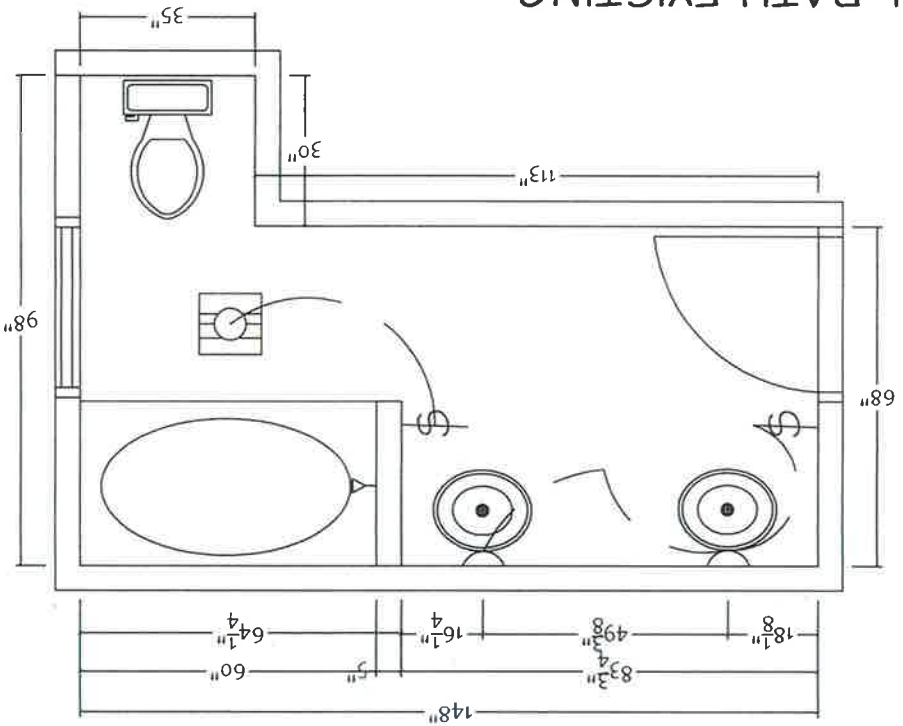
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SCALE: 5/16" = 1'

DATE: 8/8/16

Handwritten notes in purple ink:
Hops
AKB

EDDINS - HALL BATH EXISTING ELECTRICAL PLAN



EXISTING VENT FAN TO REMAIN

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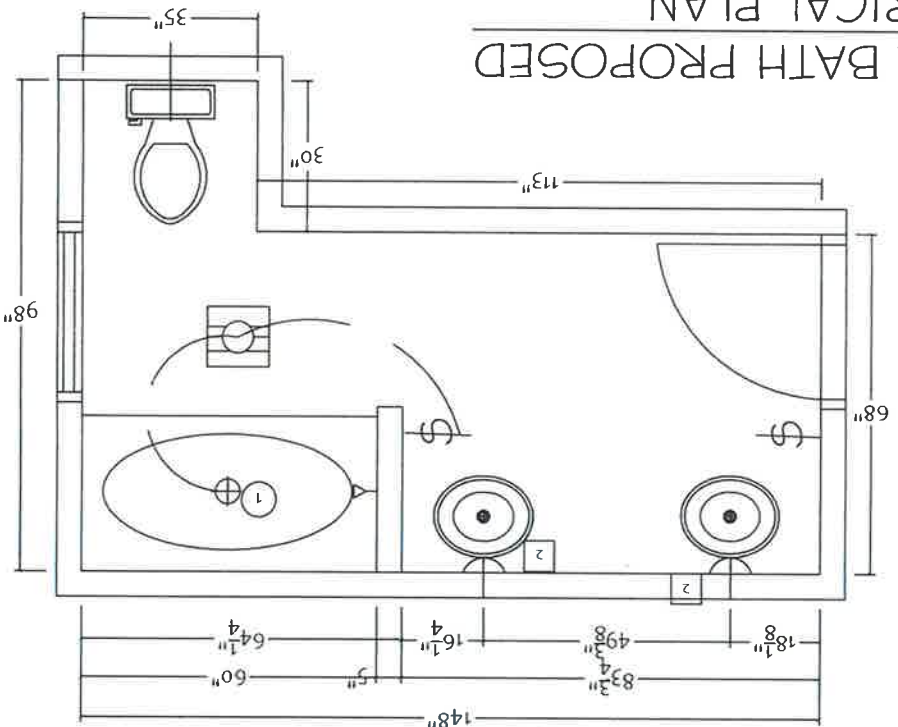
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SCALE: 5/16" = 1'

DATE: 8/8/16

Happy!

EDDINS - HALL BATH PROPOSED ELECTRICAL PLAN



- ELECTRICAL SPECIFICATIONS:**
- *** OUTLET AND SWITCH TO BE WHITE ***
 - ① ADD CAN LIGHT IN SHOWER TO EXISTING VAN FAN SWITCH
 - ② REINSTALL - OWNER PROVIDED VANITY LIGHTS IN EXISTING LOCATION.
- ⊕ = 5" CAN LIGHT

⊕
⊕

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



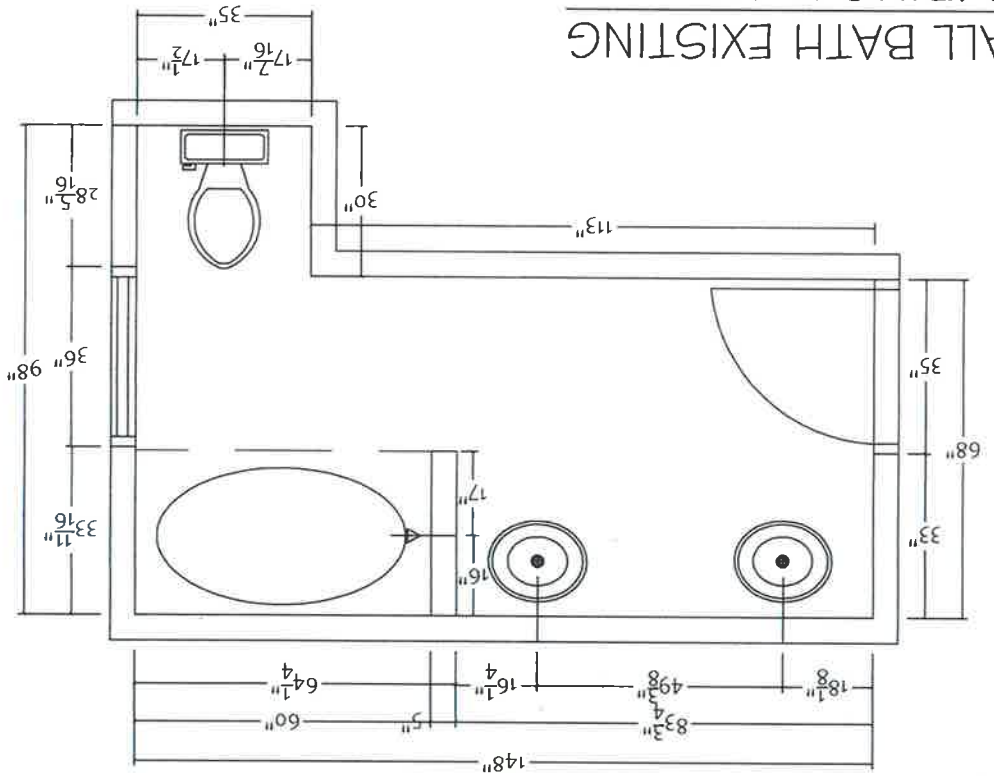
Stacy Scott
440 W. Grant St.
Orlando, FL 32806
(407)422-6420

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DATE: 8/8/16
SCALE: 5/16" = 1'

Handwritten: Appr. 8/8/16

EDDINS - HALL BATH EXISTING PLUMBING PLAN



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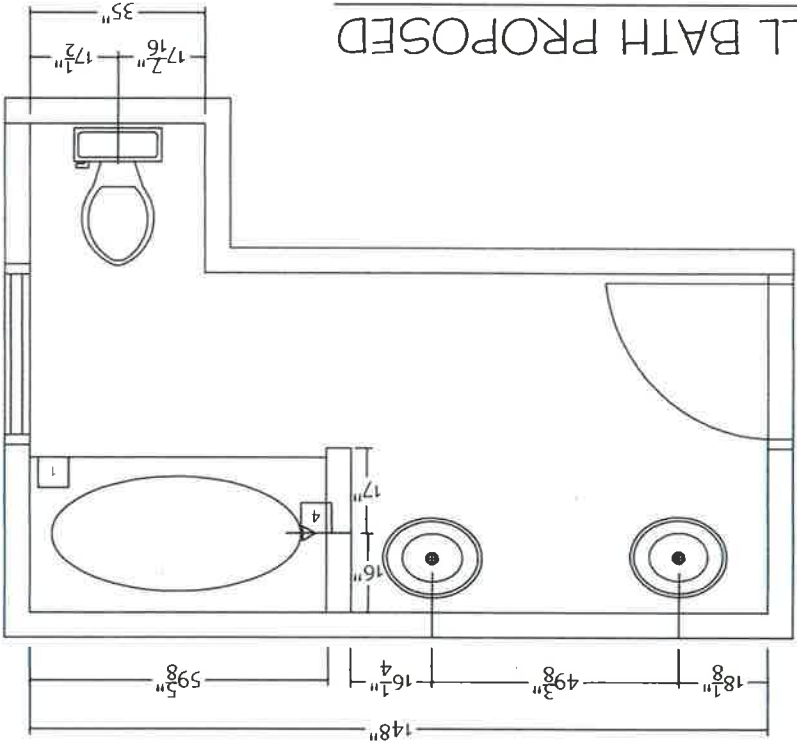
Stacy Scott
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DATE: 8/8/16
SCALE: 1/4" = 1'

Approved

EDDINS- HALL BATH PROPOSED PLUMBING PLAN



PLUMBING SPECIFICATIONS:

- 1 PROVIDE AND INSTALL AMERICAN STANDARD ALCOVE TUB
- 2 INSTALL OWNER PROVIDED SHOWER/TUB FIXTURES
- 3 REINSTALL SINKS, FAUCET AND OWNER PROVIDED TOILET
- 4 RAISE SHOWER HEAD TO 83" AFF PER OWNERS REQUEST

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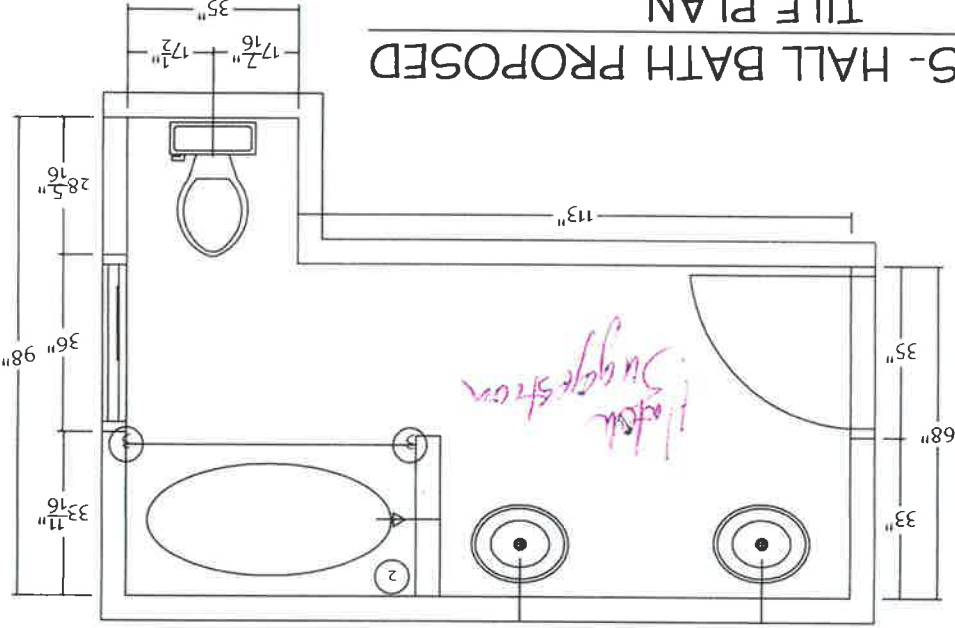
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DATE: 8/8/16
SCALE: 1/4" = 1'

Reviewed for Code
Compliance
Universal Engineering
Sciences



EDDINS - HALL BATH PROPOSED TILE PLAN



MAIN FLOOR, SILVER SHADOW,
#88
1/8" GROUT JOINT

LATICRETE GROUT:

1 FLOOR TILE - HF, JAIPUR-BLANC
1 5" X 30", SET ON THIRDS

THE FLOORING SPECIFICATIONS

RECEIVED
AUG 15 2016
BY:

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION

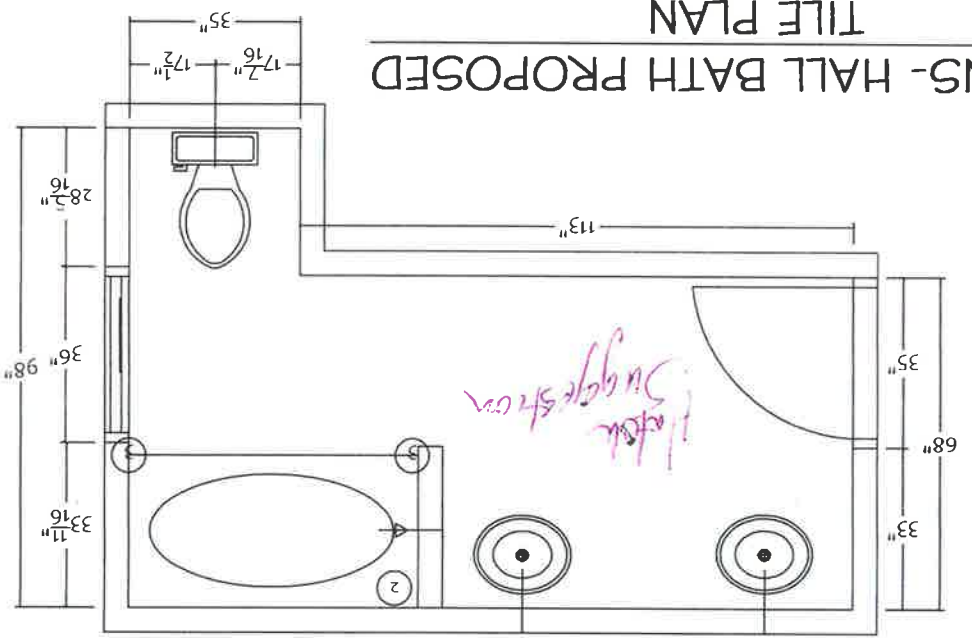


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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS- HALL BATH PROPOSED TILE PLAN



THE FLOORING SPECIFICATIONS

① FLOOR TILE- HF, JAIPUR-BLANC
15" X 30", SET ON THIRDS

MAIN FLOOR, SILVER SHADOW,
#88
1/8" GROUT JOINT

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



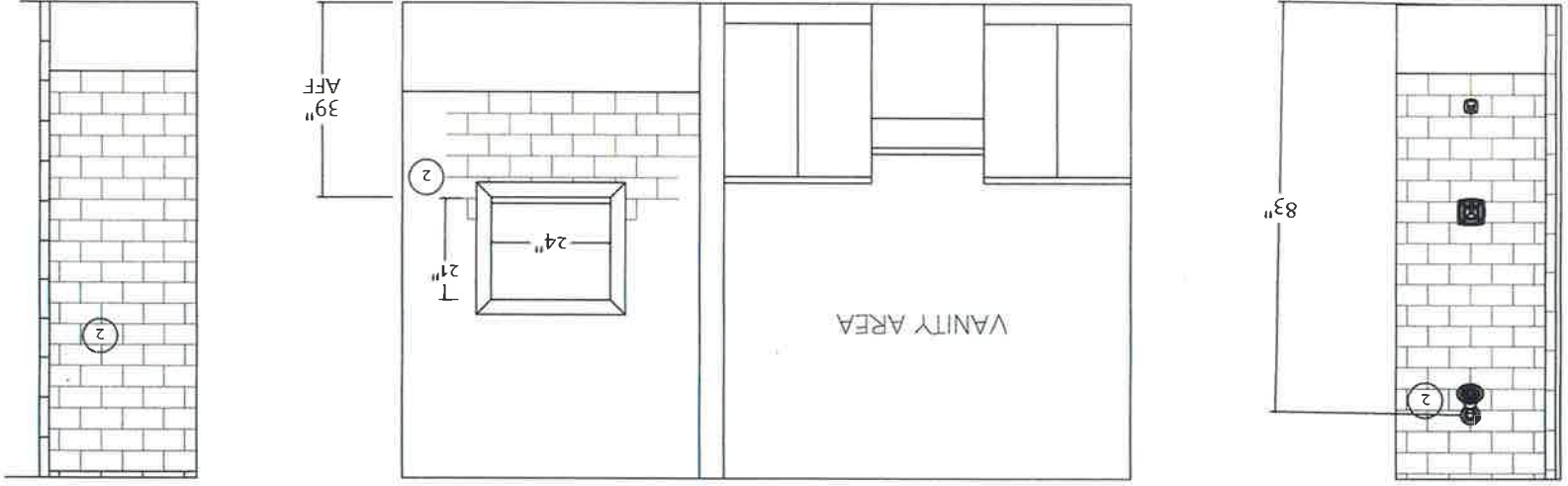
Stacy Scott
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(407)422-6420

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DATE: 8/8/16
SCALE: 1/4" = 1'

- ③ BULL NOSE- ALPHA, ARCTIC BRIGHT WHITE, 2" X 8"
- ② SHOWER/TUB TILE- ALPHA, OLYMPIA, ARCTIC BRIGHT WHITE, 4.25" X 8.5"

EDDINS- HALL BATH PROPOSED TILE PLAN



Handwritten signature in purple ink.

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



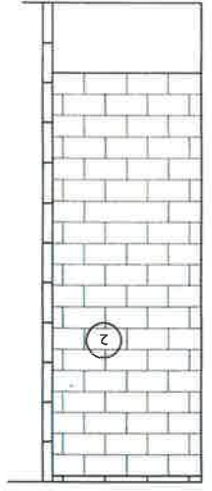
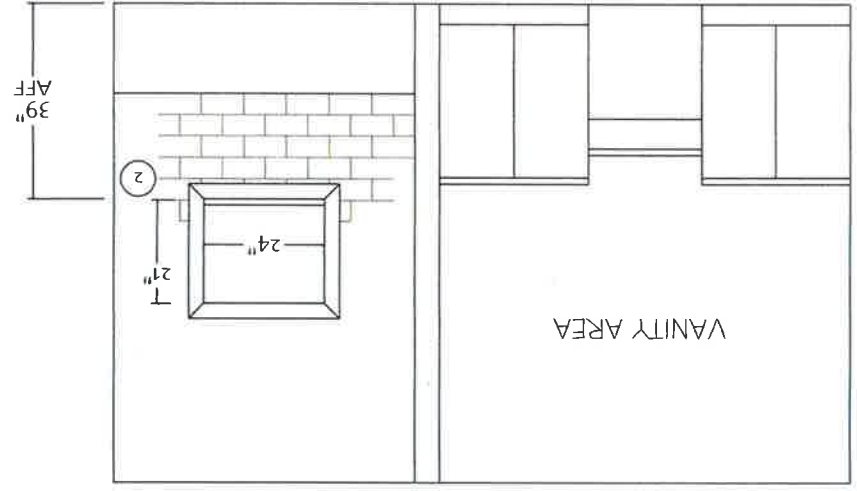
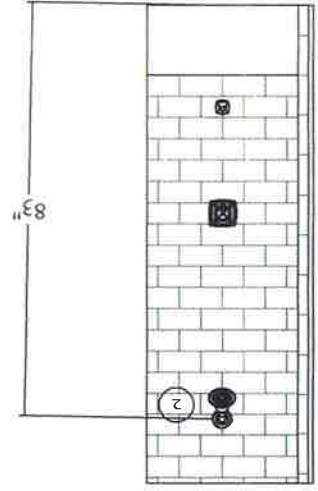
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DATE: 8/8/16
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- ③ BULL NOSE - ALPHA, ARCTIC BRIGHT WHITE, 2" X 8"
- ② SHOWER/TUB TILE - ALPHA, OLYMPIA, ARCTIC BRIGHT WHITE, 4.25" X 8.5"

EDDINS- HALL BATH PROPOSED TILE PLAN



Handwritten signature

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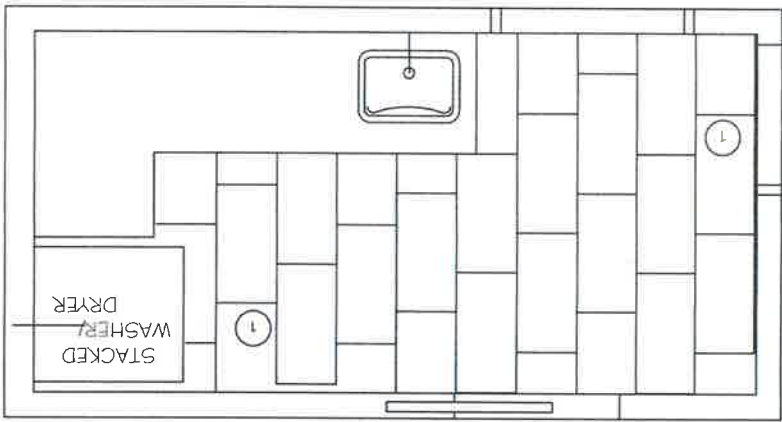
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SCALE: 1/4" = 1'

DATE: 8/8/16

Appr

EDDINS - LAUNDRY ROOM PROPOSED FLOORING PLAN



THE SPECIFICATIONS

① H.F. VALENCIA, WHITE 12"x24",
SET ON THE THIRDS

LATTCRETE GROUPE

SILTSTONE # 16
3/8" GROUT JOINT

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



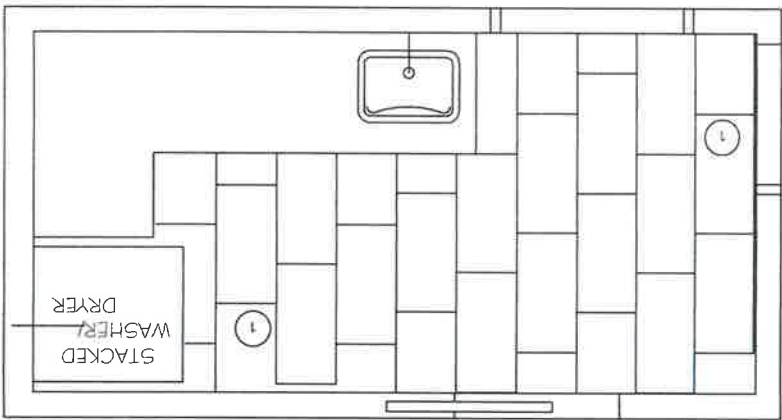
Stacy Scott
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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS - LAUNDRY ROOM PROPOSED FLOORING PLAN

Appr
AKD



THE SPECIFICATIONS
① H.F. VALENCIA, WHITE 12"x24",
SET ON THE THIRDS

LATICRETE GROUPE
SILTSTONE # 16
1/8" GROUT JOINT

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



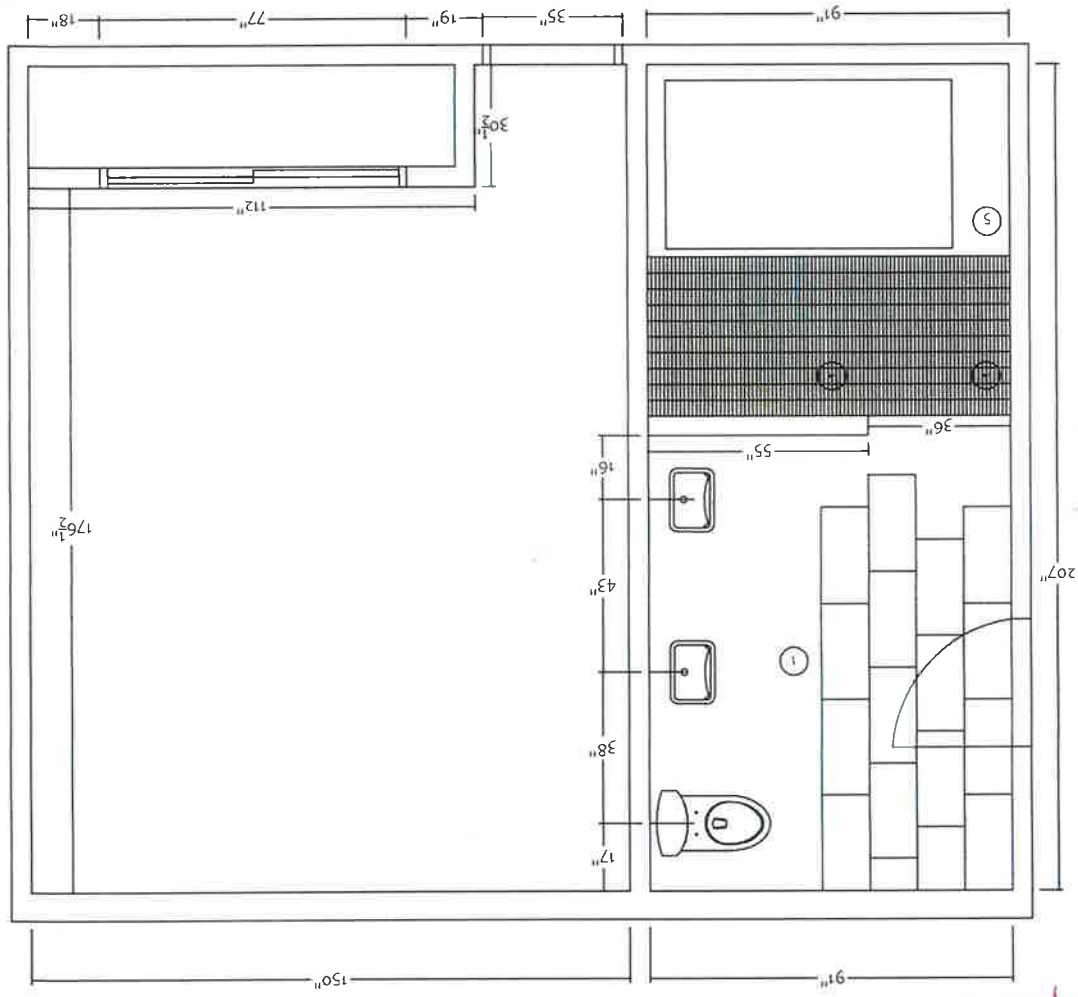
Stacy Scott
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(407)422-6420

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SCALE: 1/4" = 1'
DATE: 8/8/16

EDDINS-MASTER BATH PROPOSED TILE LAYOUT

Needs Client Approval



please confirm if possible with the tile

THE SPECIFICATIONS

① HF. CALACATTA, NATURAL, 12" X 25", BATHROOM FLOOR, SET ON THIRDS

② HF. CALACATTA, SEMI POLISHED, 12" X 25", SHOWER WALLS, SET ON THE THIRDS

③ HF. CALACATTA, 1" X 4", SHOWER FLOOR

④ HF. CALACATTA, 12" X 12", SHOWER MOSAIC

HF. CALACATTA, NATURAL, 12" X 25", BATHROOM FLOOR, SET ON THIRDS - TUB

⑤ DECK TILE

LANTIERRE GROUPE

MAIN FLOOR, PEWTER #90
1/2" GROUT JOINT

SHOWER, WALL, FLOOR GROUT, PEWTER #90

** Design Intent Statement*

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



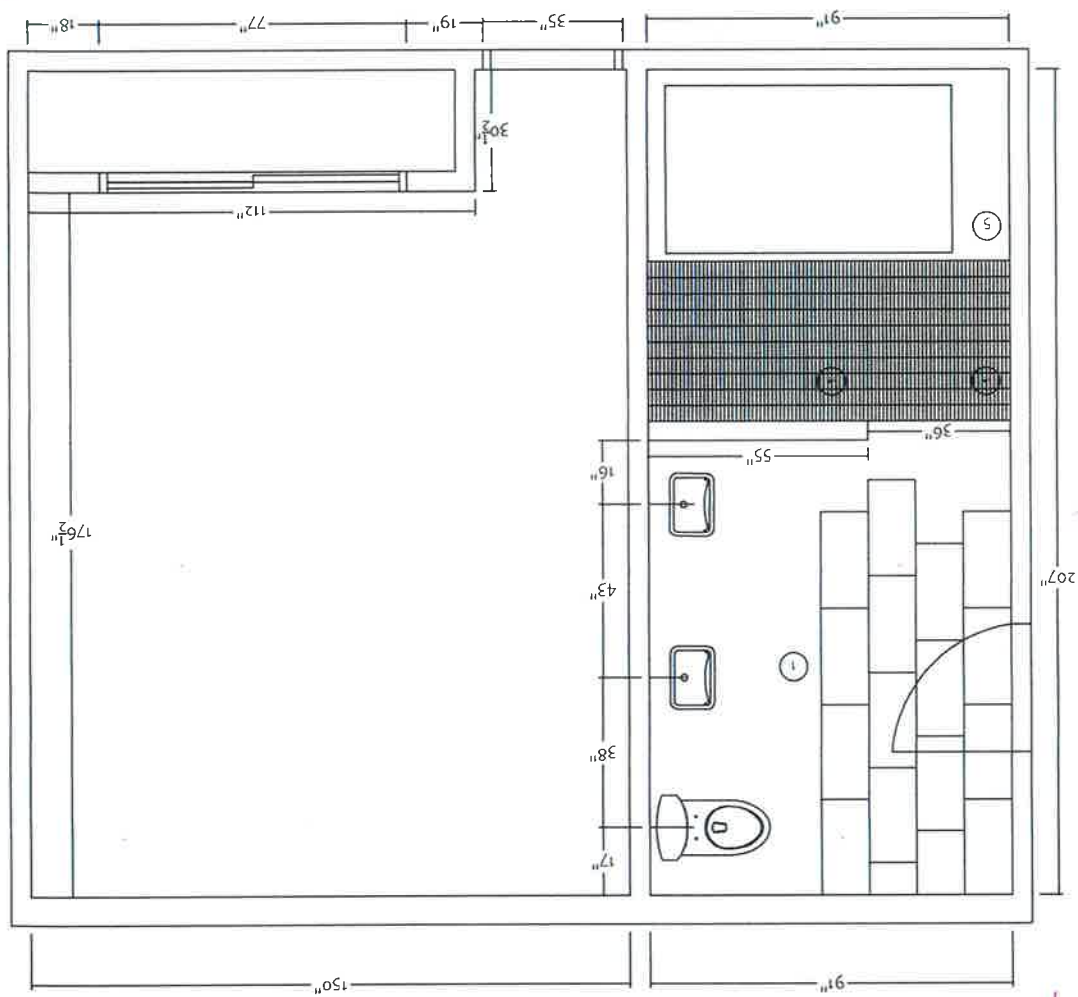
Stacy Scott
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Orlando, FL 32806
(407)422-6420

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SCALE: 1/4" = 1'
DATE: 8/8/16

EDDINS-MASTER BATH PROPOSED TILE LAYOUT

Needs Client Approval



LANTIERRE GROUPE

MAIN FLOOR,
PEWTER #90
1/2" GROUT JOINT

SHOWER,WALL, FLOOR GROUT,
PEWTER #90

please confirm if possible w/ tile

- THE SPECIFICATIONS**
- ① HF, CALACATTA, NATURAL- 12" X 25",
BATHROOM FLOOR, SET ON THIRDS
 - ② HF, CALACATTA, SEMI POLISHED 12"x25",
SHOWER WALLS, SET ON THE THIRDS
 - ③ HF, CALACATTA, 1"X4"- SHOWER FLOOR
Calacatta
 - ④ HF, CALACATTA 12 X12- SHOWER MOSAIC
1/2" wall tile
 - ⑤ HF, CALACATTA, NATURAL- 12" X 25",
BATHROOM FLOOR, SET ON THIRDS- TUB
DECK TILE

** Design Intent Statement*

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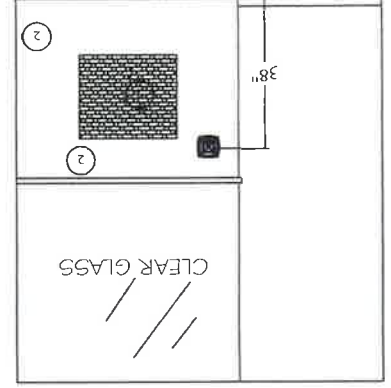
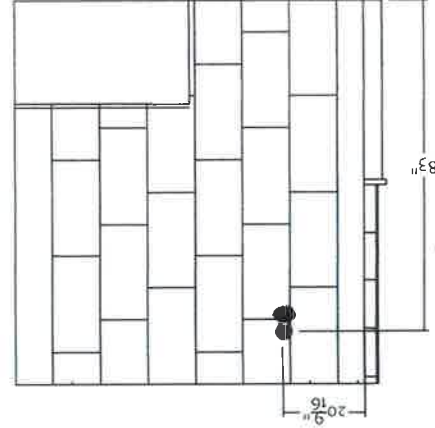
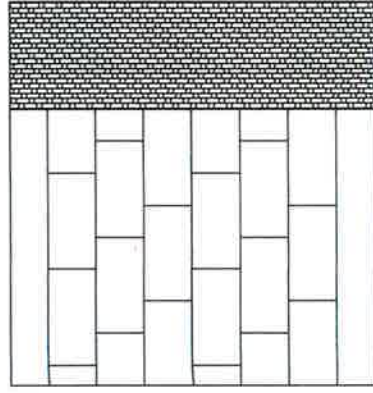
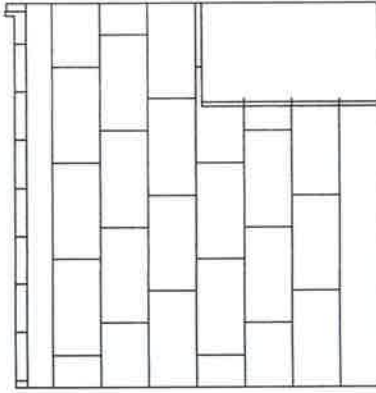
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DATE: 8/8/16
SCALE: 1/4" = 1'

EDDINS-MASTER BATH PROPOSED TILE LAYOUT

Needs client approval

*Tiles
Grant
Schluter*



Designer intent

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Orlando, FL 32806
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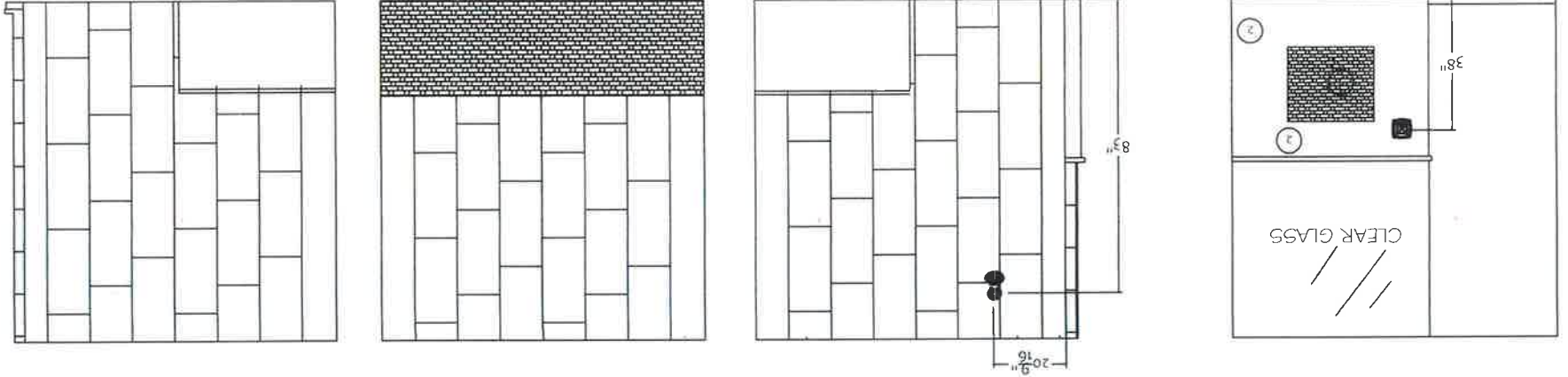
SCALE: 1/4" = 1'

DATE: 8/8/16

*Tiles
Grant Schluter
Schluter*

*Needs clear
approval*

EDDINS-MASTER BATH PROPOSED TILE LAYOUT



**Designer intent*

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Stacy Scott
440 W. Grant St.
Orlando, FL 32806
(407)422-6420

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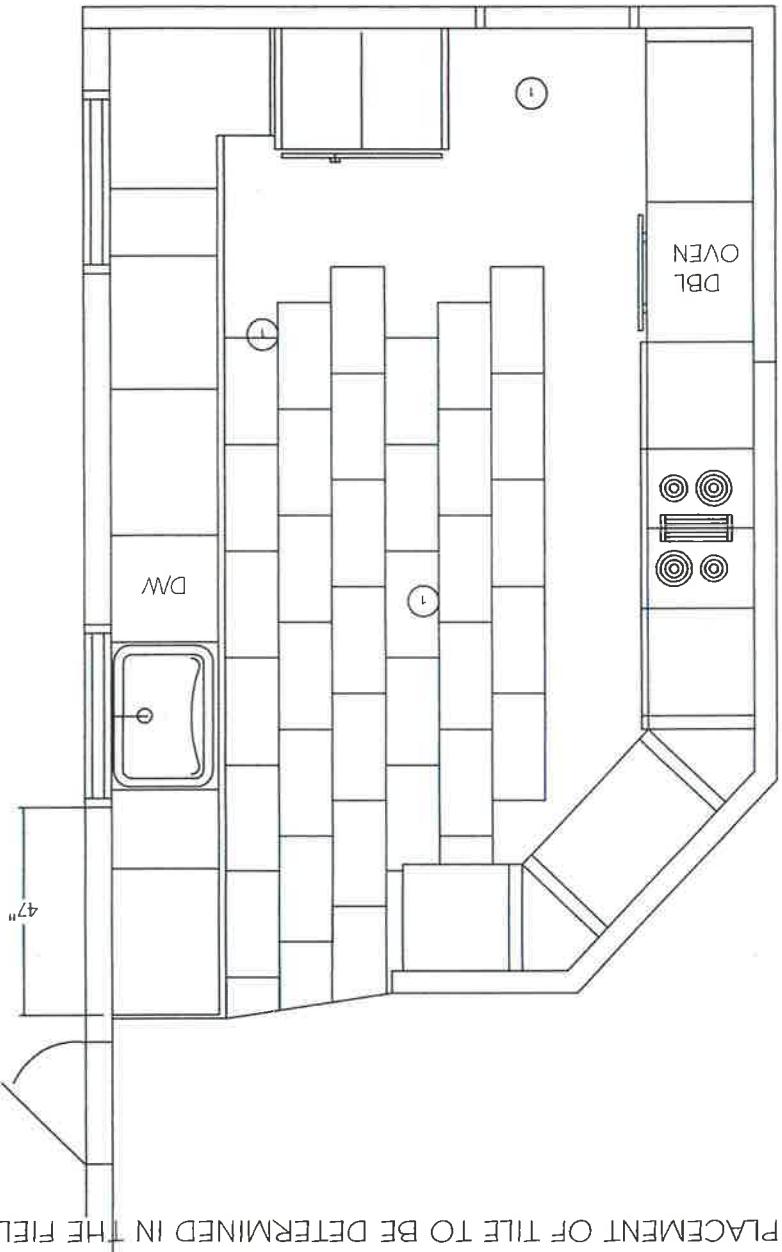
DATE: 8/8/16
SCALE: 1/4" = 1'

FLOORING: SILTSTONE, # 16

LATICRETE GROUT:

① FLOOR- H.F. VALENCIA, WHITE
1 2"x24" TILE, OFFSET ON THIRDS

KITCHEN TILE SPECIFICATIONS



DRAWING USED FOR DESIGN INTENT ONLY, EXACT PLACEMENT OF TILE TO BE DETERMINED IN THE FIELD BY INSTALLER

Approved

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO FIELD VERIFICATION



Stacy Scott
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Orlando, FL 32806
(407)422-6420

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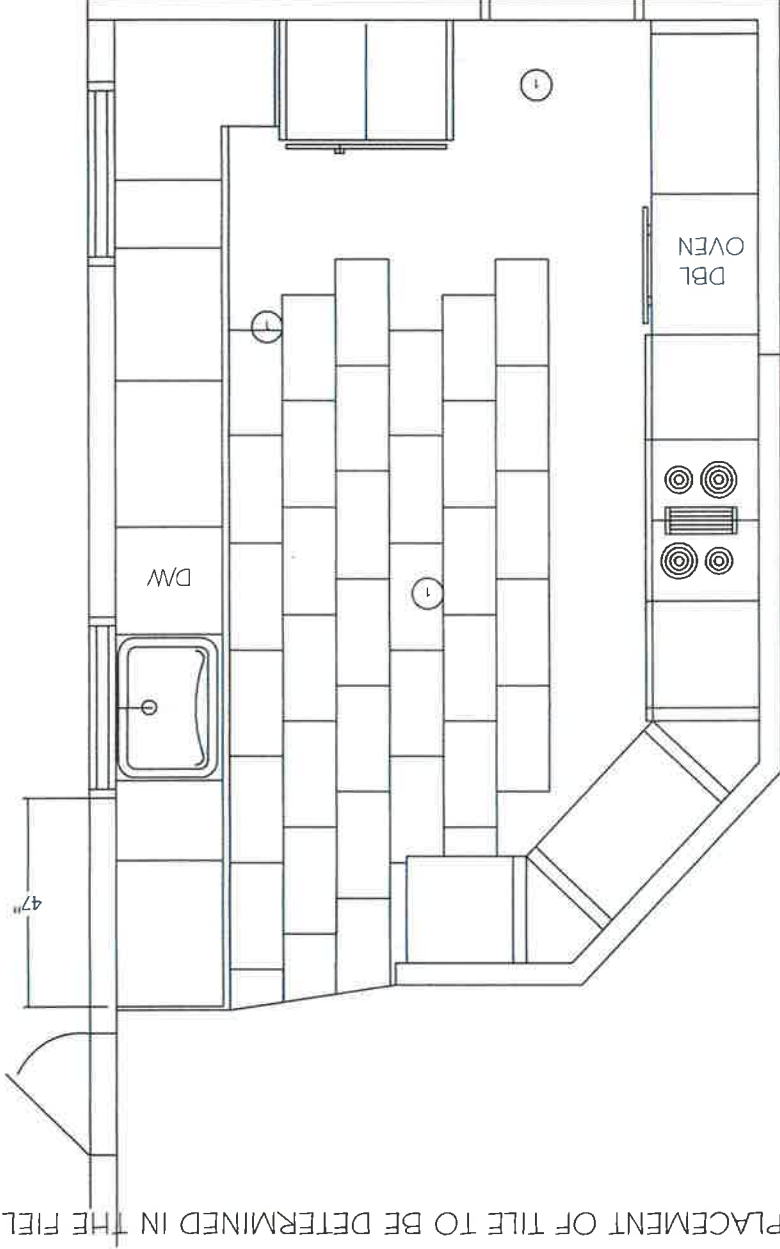
Approved

FLOORING: SILTSTONE, #16

LATICRETE GROUT

① FLOOR: H.F. VALENCIA, WHITE
1 2"x24" TILE, OFFSET ON THIRDS

KITCHEN TILE SPECIFICATIONS



DRAWING USED FOR DESIGN INTENT ONLY, EXACT PLACEMENT OF TILE TO BE DETERMINED IN THE FIELD BY INSTALLER

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.



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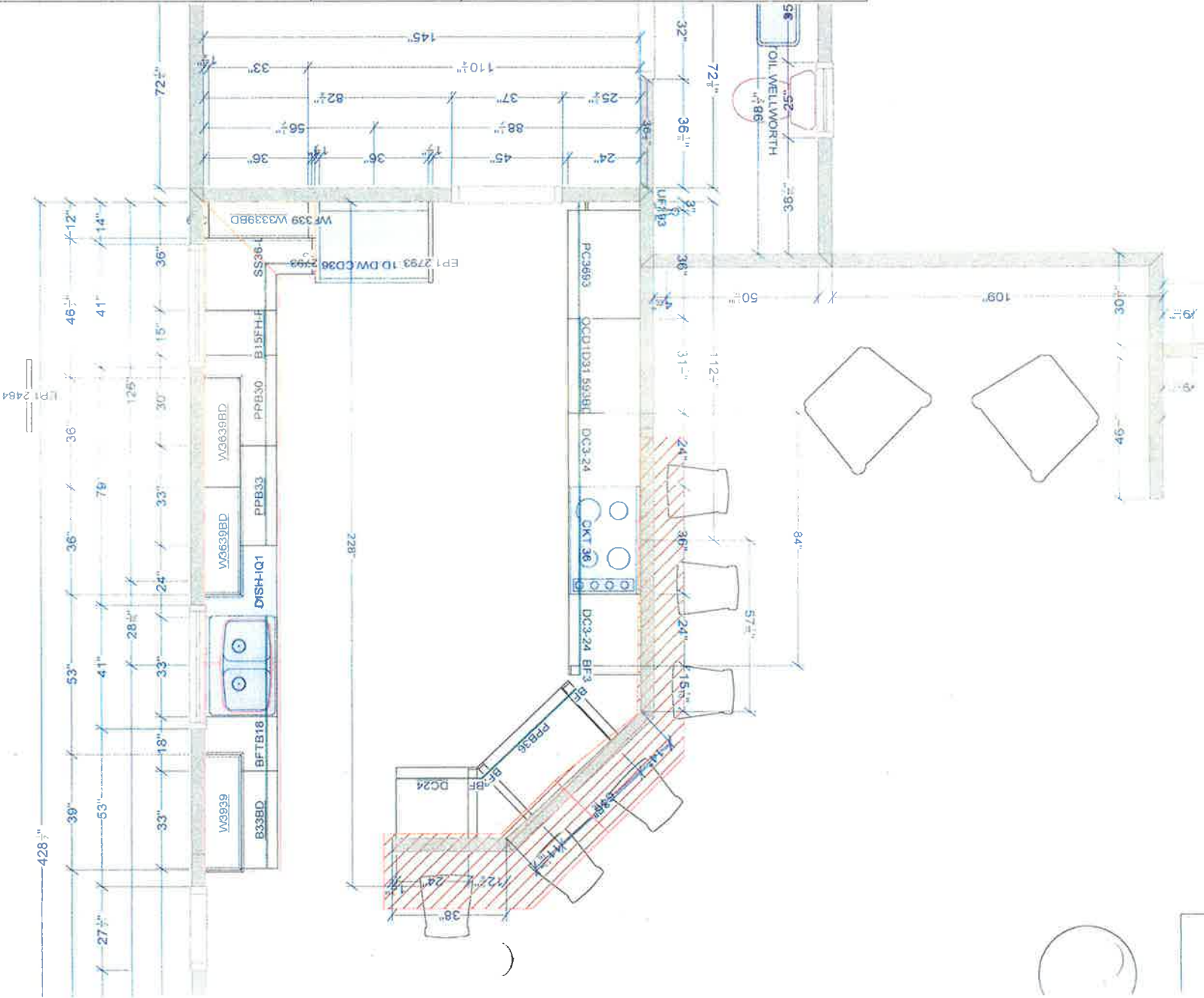
Final Eddins- Kitchen 7-29-16

All

Drawing #: 1

Scale: 0 1/4" = 1'

Designed: 7/29/2016
Printed: 8/11/2016



Handwritten initials in purple ink.

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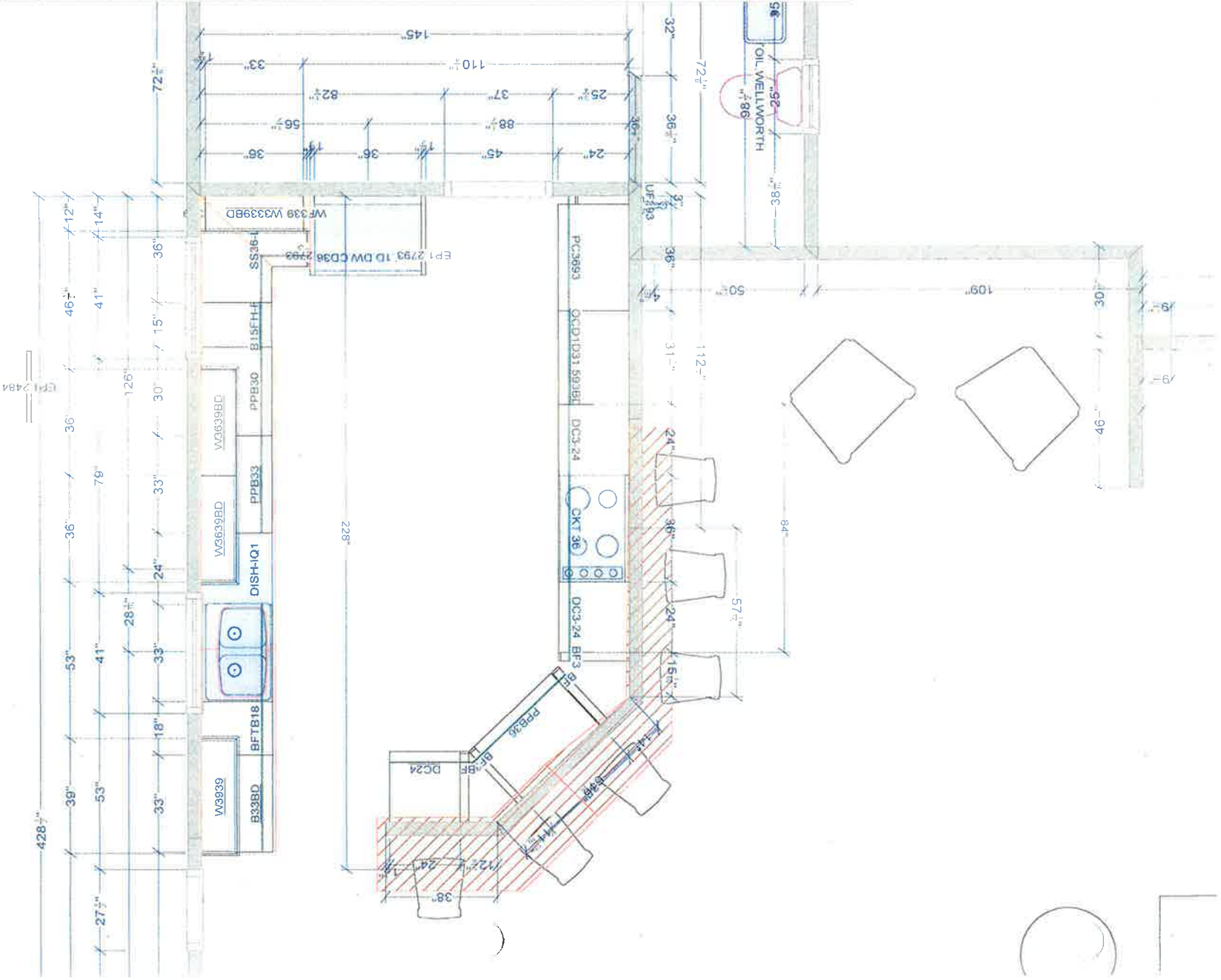
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Printed: 8/11/2016

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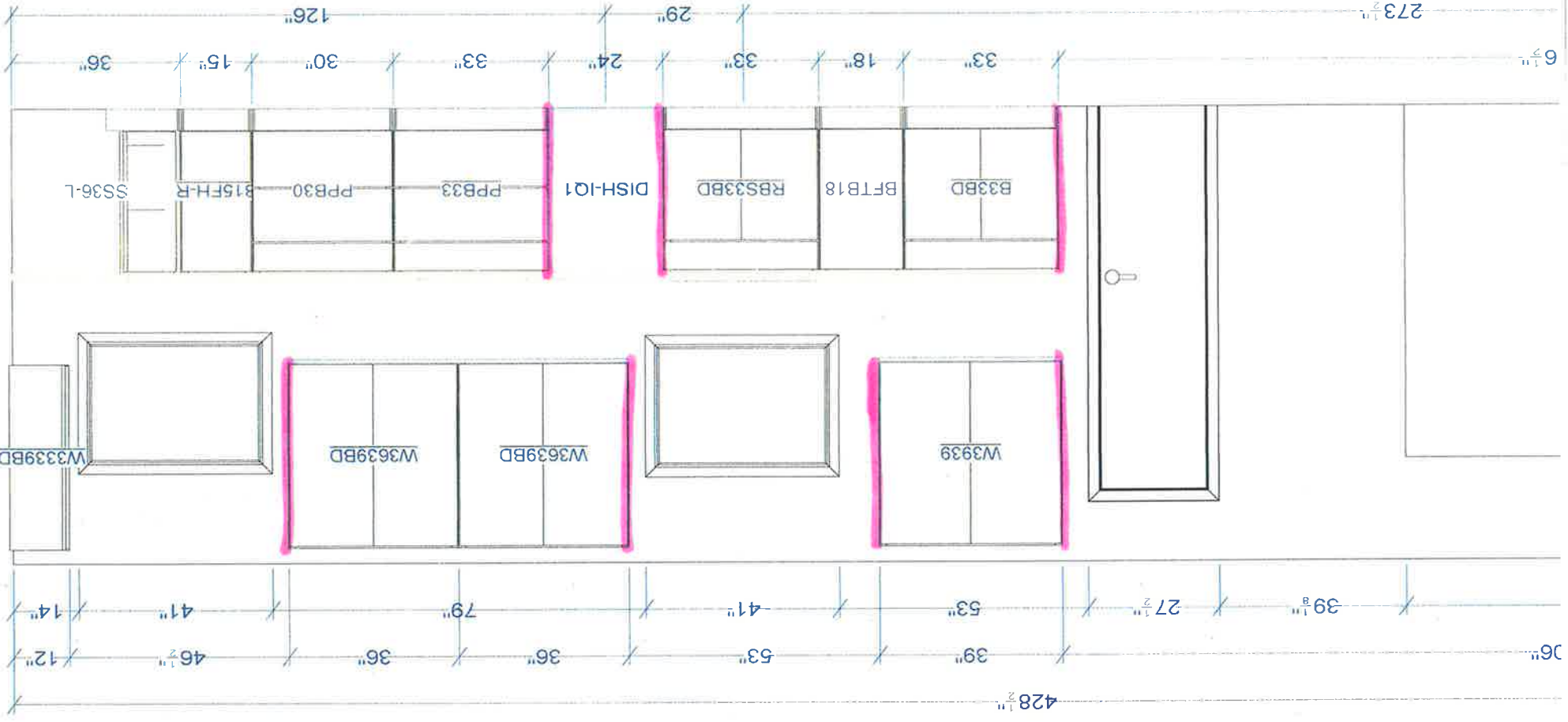
All

Final Eddins - Kitchen 7-29-16



AKD

Finished End



All dimensions, size designations, job site and adjustment to fit job conditions.
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Designed: 7/29/2016
Printed: 8/11/2016

Finished End

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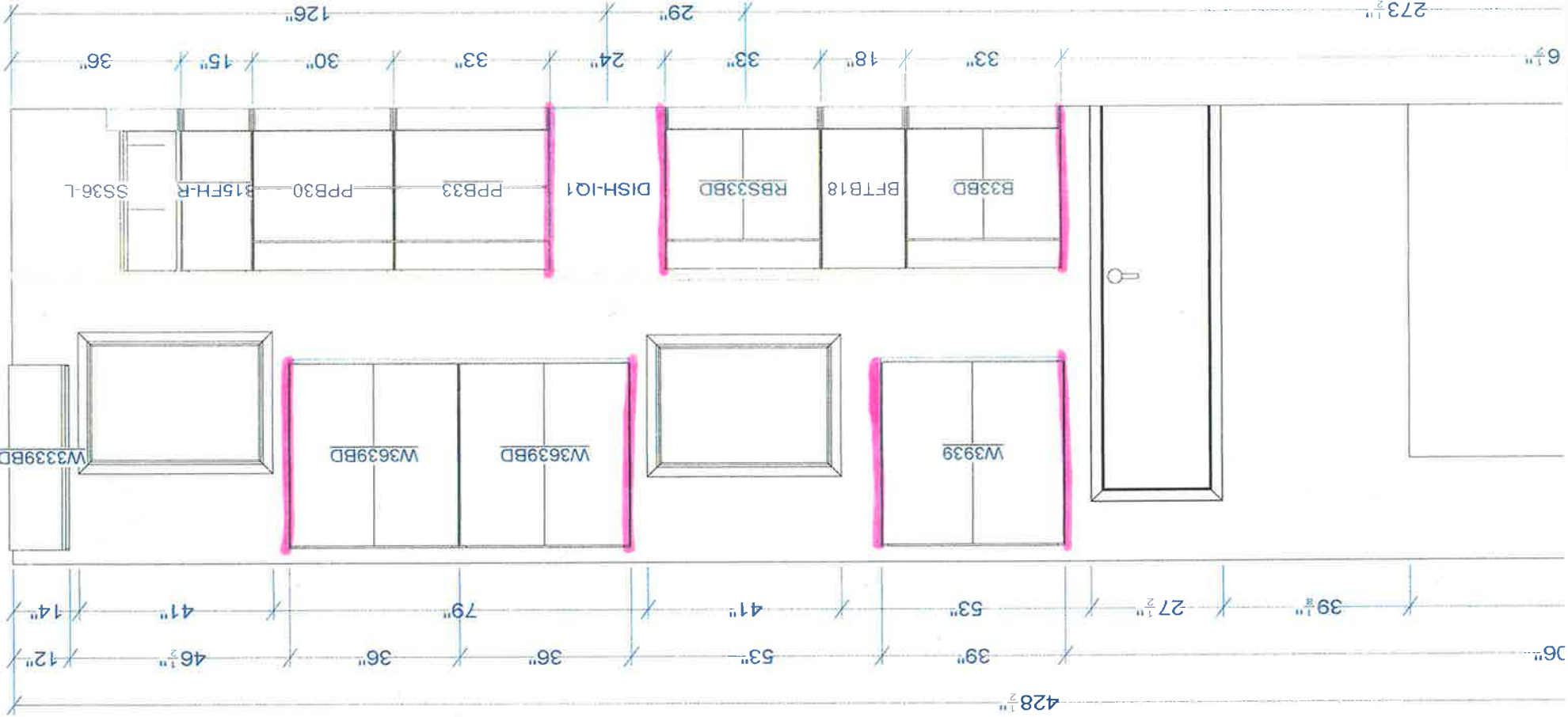
Designed: 7/29/2016
Printed: 8/11/2016

Scale: 0 3/8" = 1'

Drawing #: 1

EI 1

Final Eddins-Kitchen 7-29-16

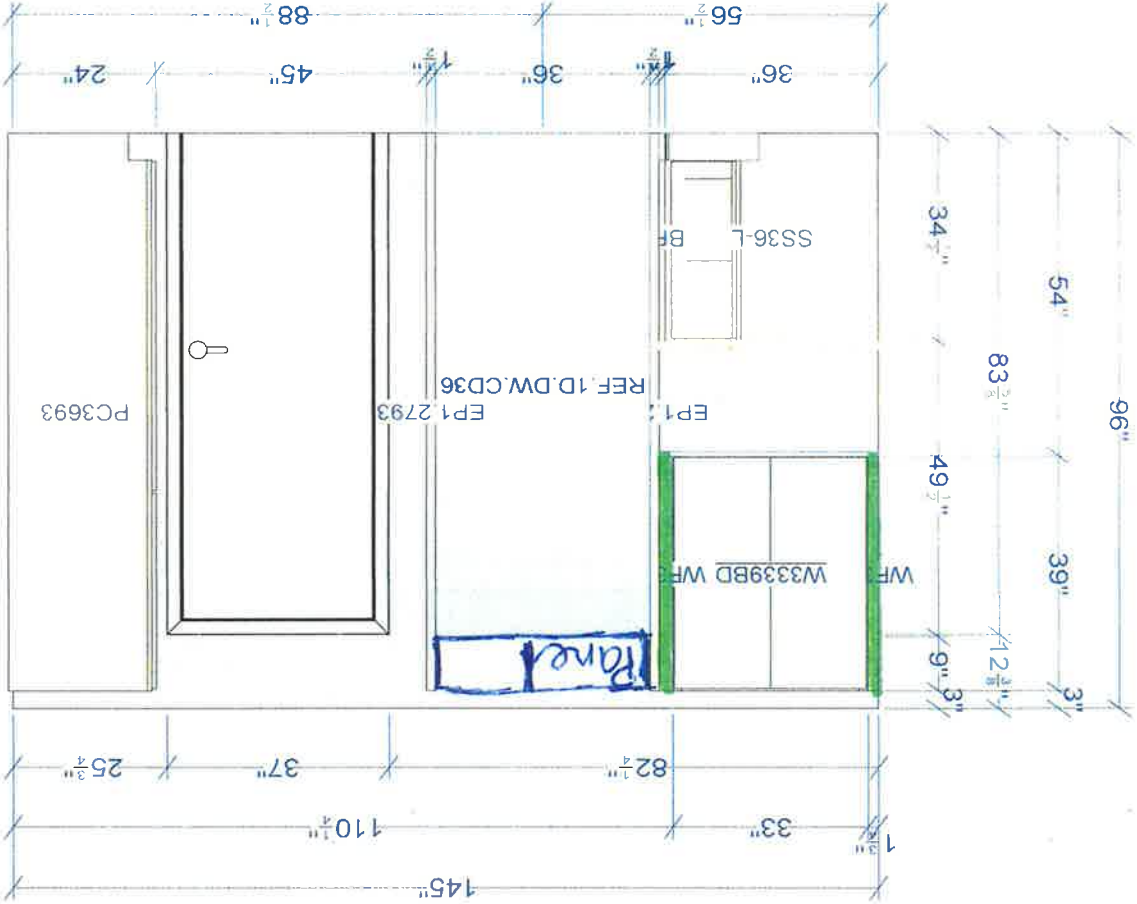


Filter

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Designed: 7/29/2016
Printed: 8/11/2016

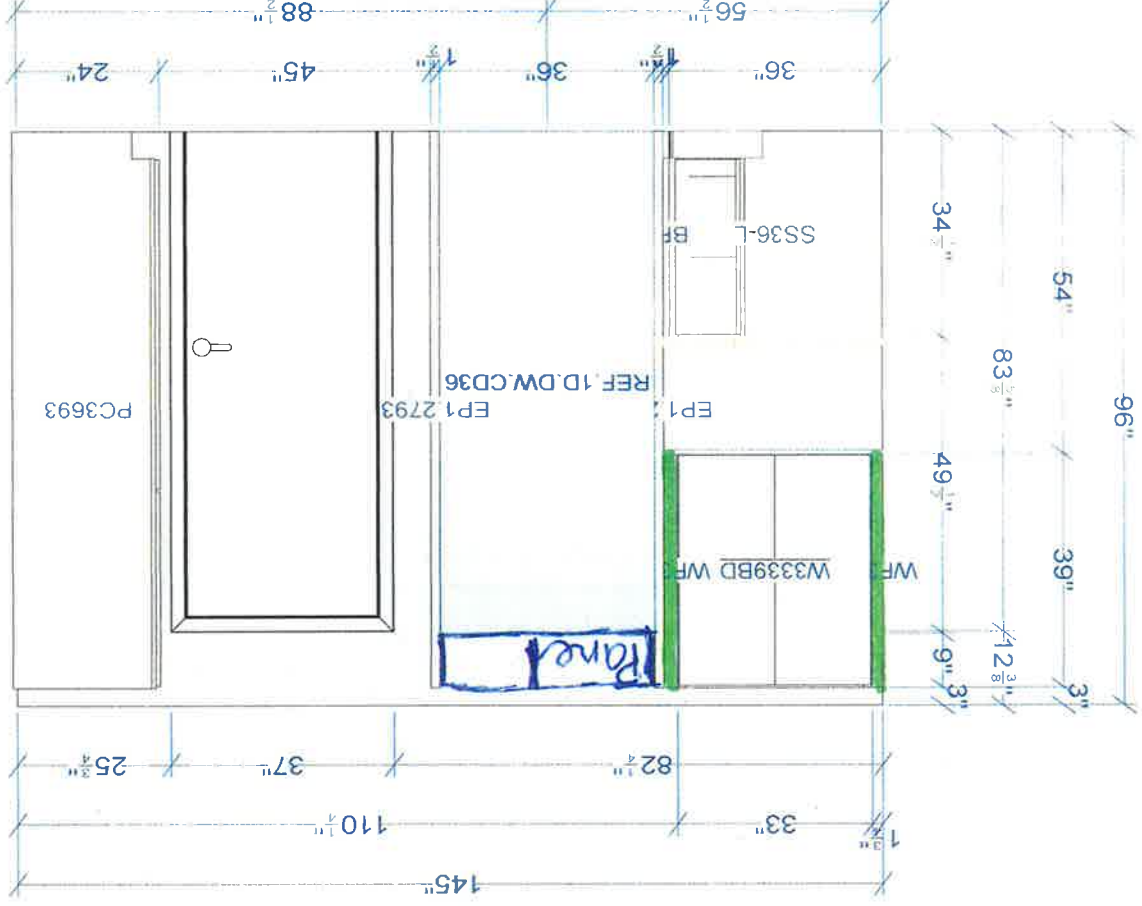
Scale: 0 3/8" = 1'

Drawing #: 1

EI 3

Final Eddins-Kitchen 7-29-16

Filler



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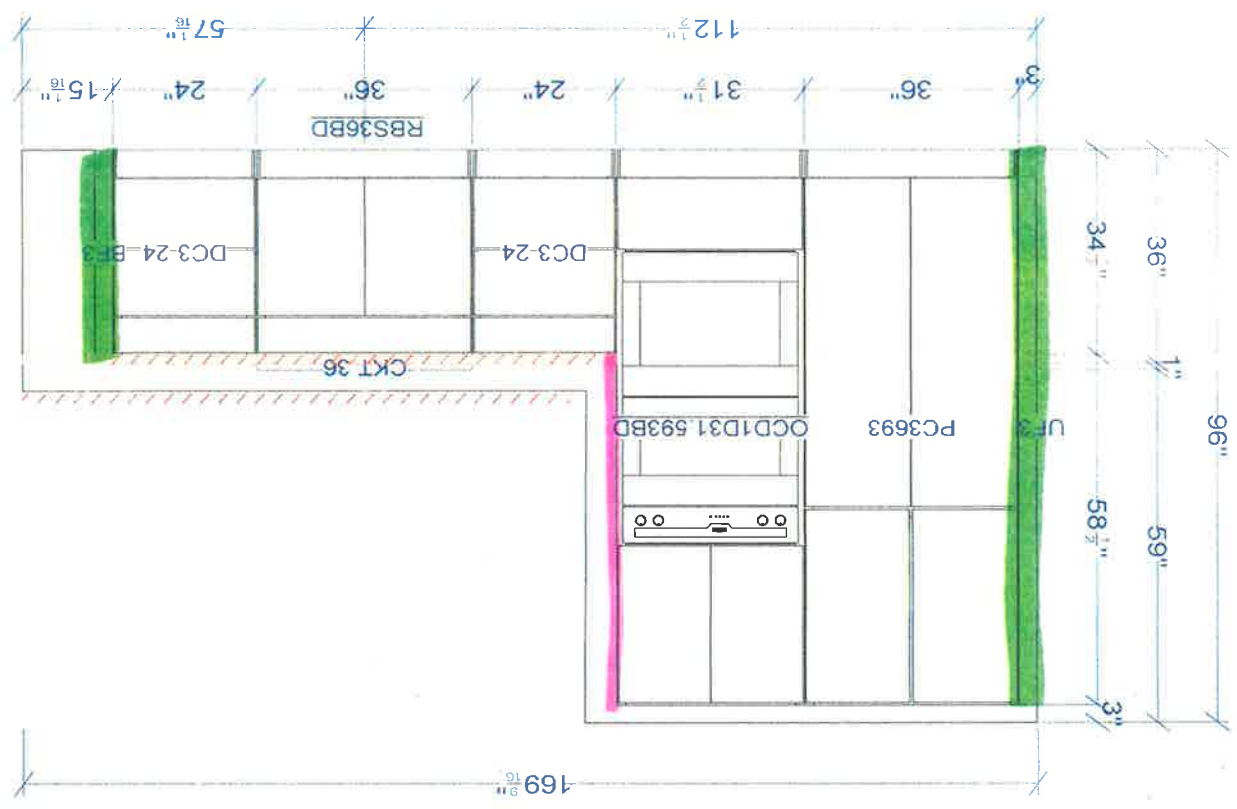
Designed: 7/29/2016
Printed: 8/11/2016

Filler
 Finished End

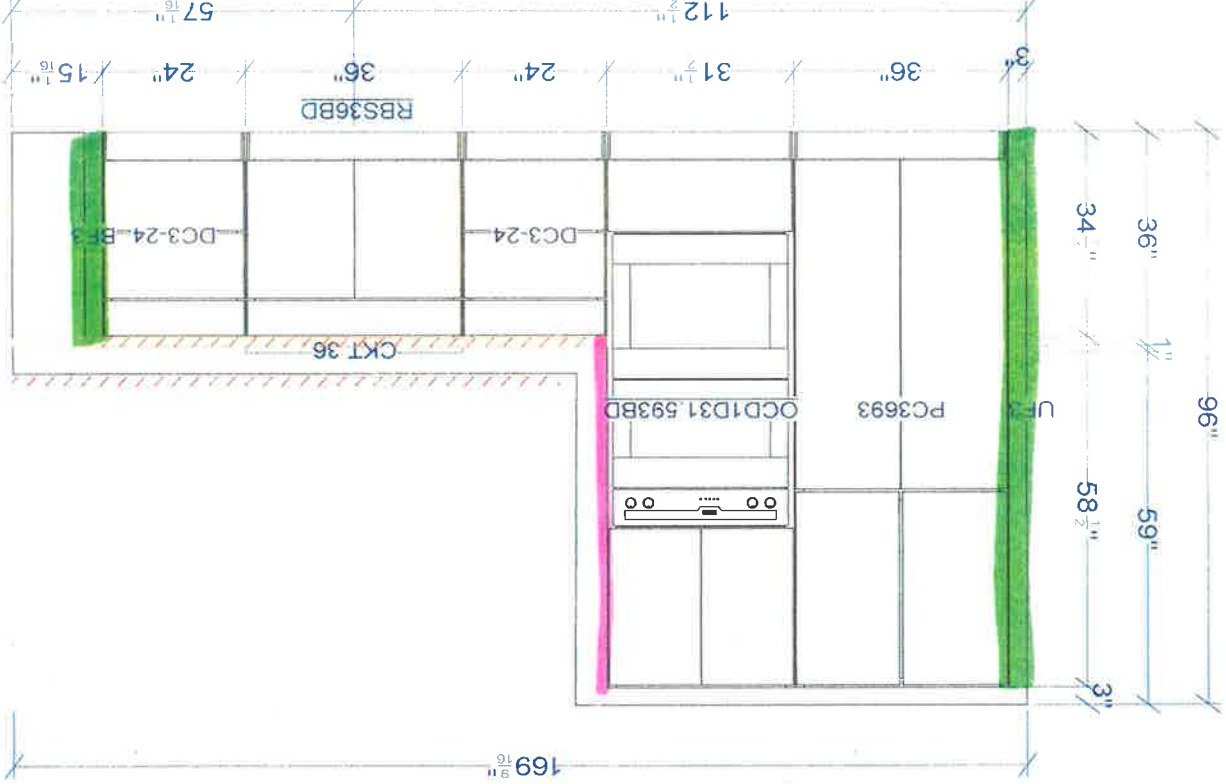
All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.



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Filler
 Finished End



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Designed: 7/29/2016
 Printed: 8/11/2016

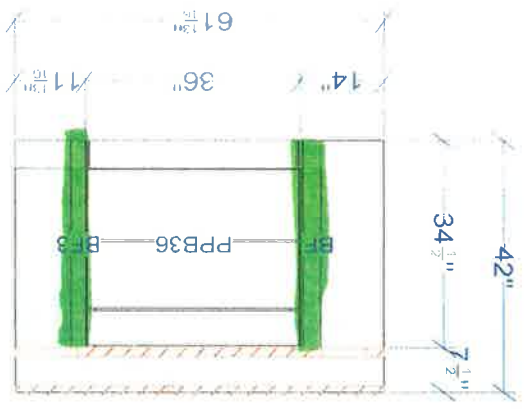
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Drawing #: 1

EI 2

Final Eddins-Kitchen 7-29-16

Filter



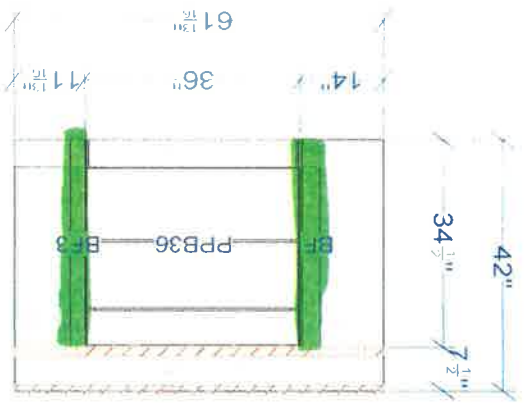
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Designed: 7/29/2016
Printed: 8/11/2016

Filter



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Designed: 7/29/2016
Printed: 8/11/2016

Filler
Finish Hood End

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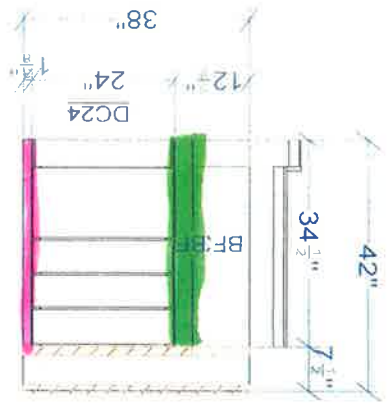
Designed: 7/29/2016
Printed: 8/11/2016

Scale: 0 3/8" = 1'

Drawing #: 1

EI 5

Final Eddins- Kitchen 7-29-16



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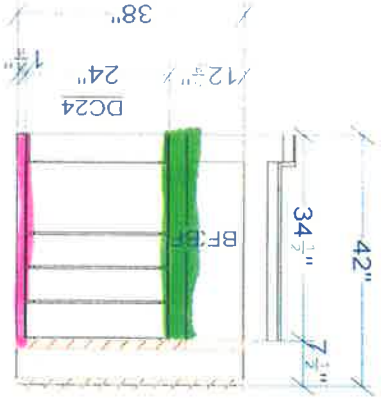


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Designed: 7/29/2016
Printed: 8/11/2016

Filler

Finish End



Drawing #: 1

All

Final Eddins- Kitchen 7-29-16

Designed: 7/29/2016
Printed: 8/12/2016



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.



Drawing #: 1

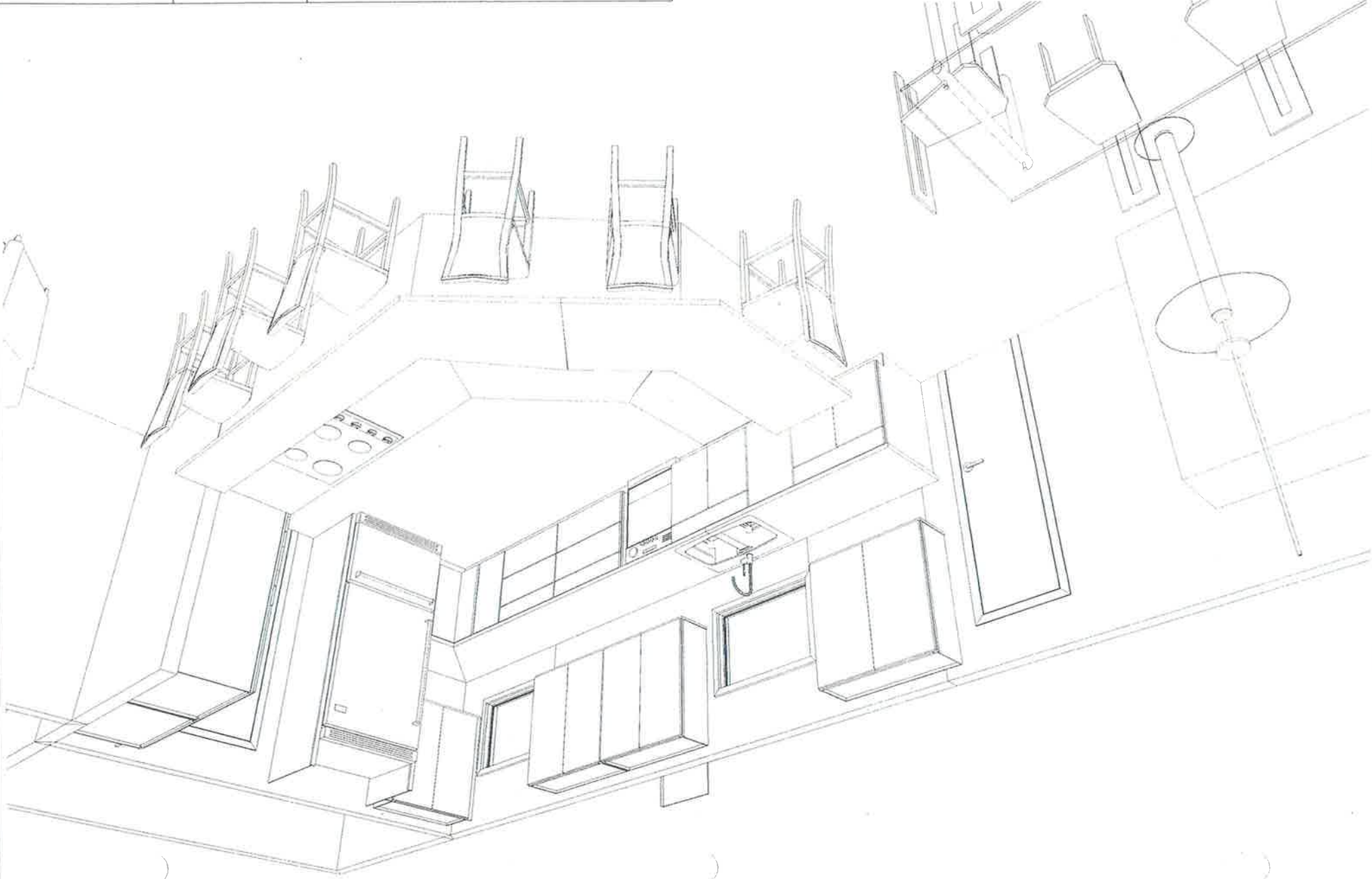
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Final Eddins- Kitchen 7-29-16

Designed: 7/29/2016
Printed: 8/12/2016



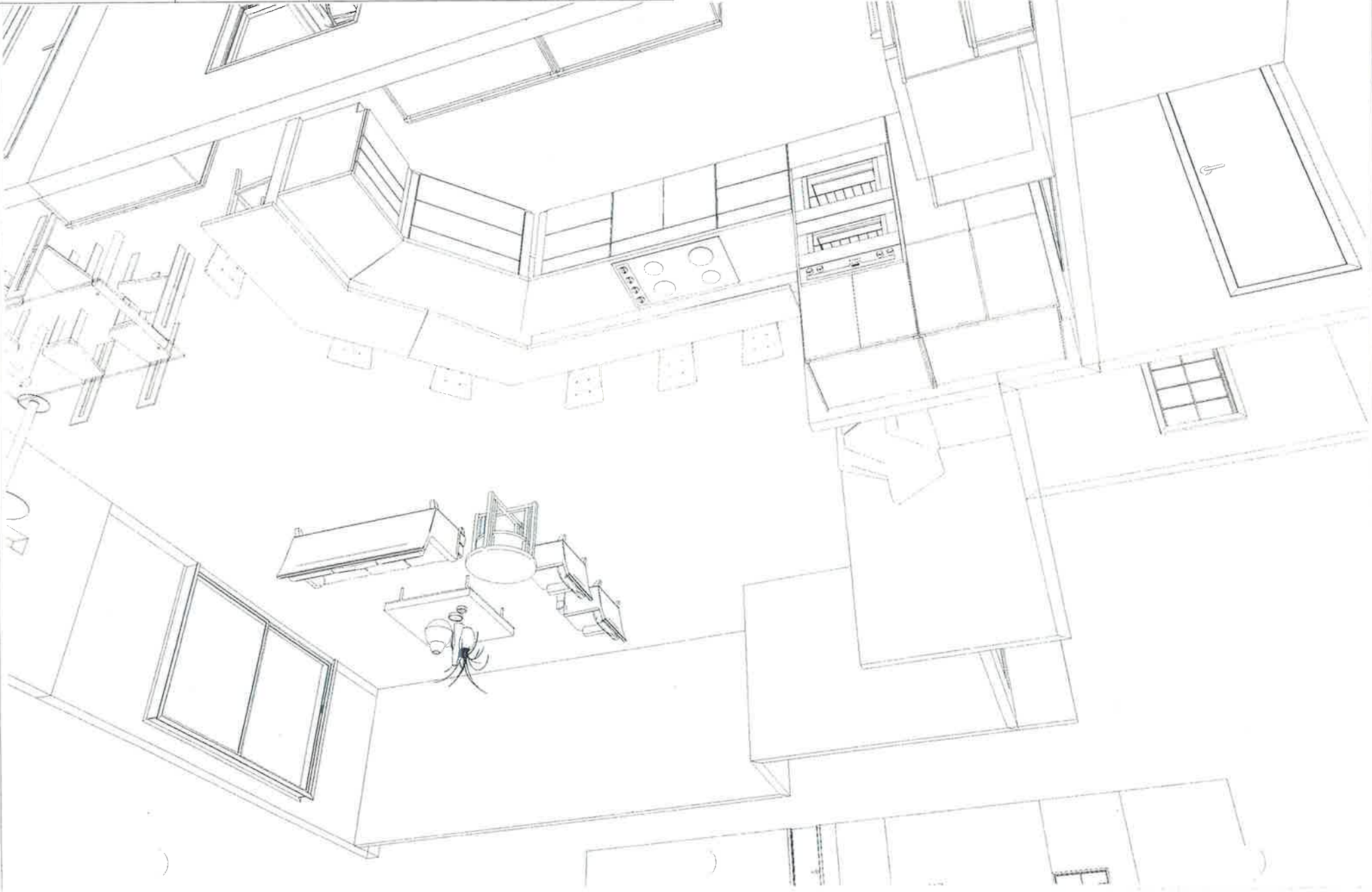
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Designed: 7/29/2016
Printed: 8/12/2016

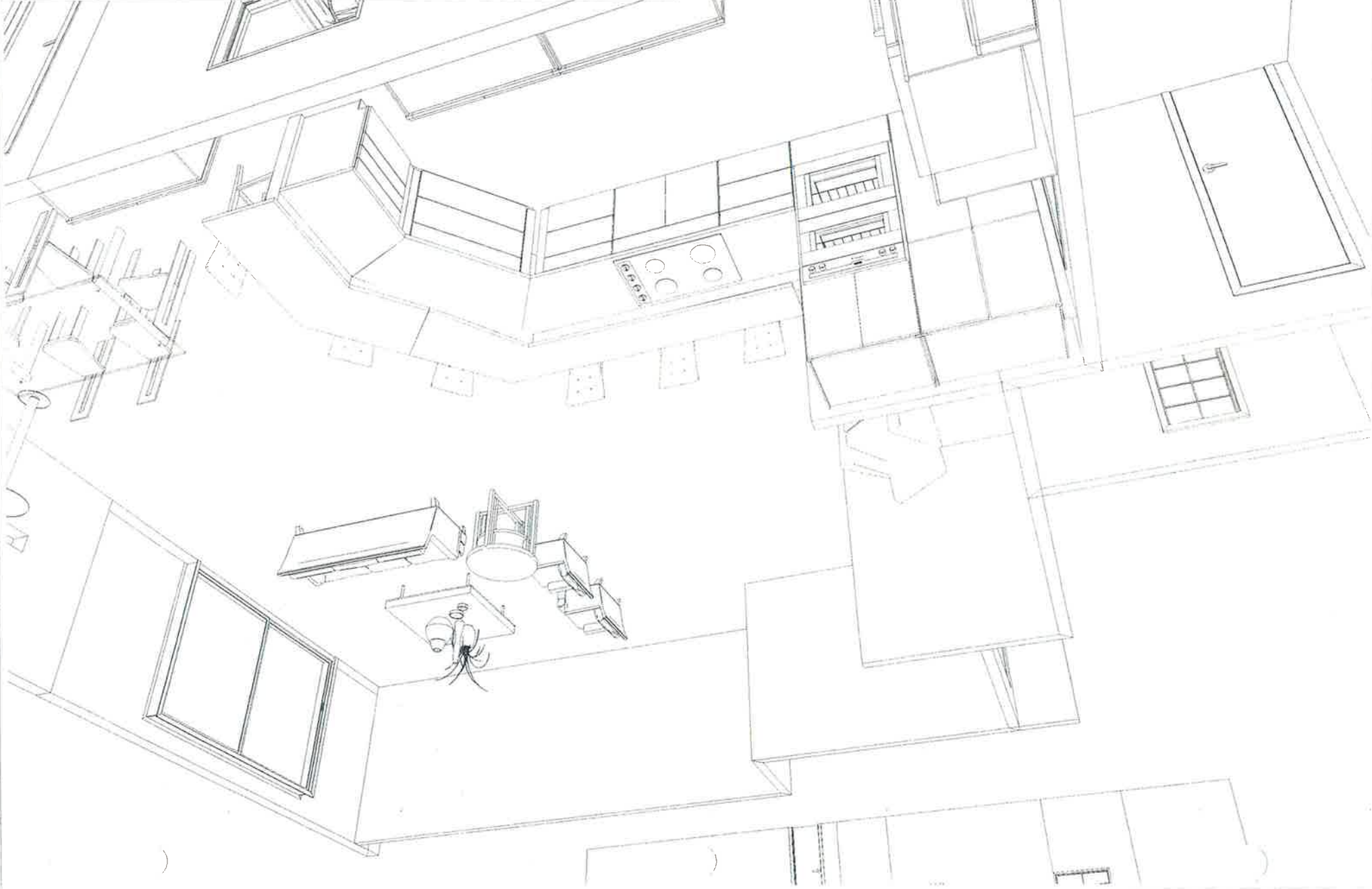




Orlando Kitchen
& Bath Gallery

Designed: 7/29/2016
Printed: 8/12/2016

Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.



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

LICENSE NUMBER

CBC1256431

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

O'BRIAN, SEAN PATRICK
O BRIAN ENTERPRISES LLC
440 W GRANT STREET
ORLANDO FL 32806



ISSUED: 08/21/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408210001306



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/28/2016

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).


PRODUCER LRA Insurance 498 S Lake Destiny Dr Orlando FL 32810		CONTACT NAME: Elizabeth Rivera PHONE (A/C No, Ext): (407) 838-3445 E-MAIL ADDRESS: erivera@lrainsurance.com FAX (A/C, No): (407) 838-3460	
INSURED O'Brian Enterprises, LLC, DBA: Orlando Kitchen and 440 W. Grant Street Orlando FL 32806		INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners Ins. NAIC # 10190 INSURER B: Westfield Insurance Company NAIC # 24112 INSURER C: Montgomery Insurance (Safeco) INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 16/17** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			72722368	8/2/2015	8/2/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CWP0881924	12/23/2015	12/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Inland Marine			BM055194124	6/25/2016	6/25/2017	Leased/Rented \$50,000

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

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Peter Curley/MEGHAN 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/28/2016

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).

PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068	CONTACT NAME: _____
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INSURED OBRIAN ENTERPRISES LLC 440 W GRANT ST Orlando, FL 32806	INSURER(S) AFFORDING COVERAGE
	INSURER A : AmTrust Insurance Company of Kansas, Inc.
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	NAIC # 15954

COVERAGES

CERTIFICATE NUMBER: 525559


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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A <input type="checkbox"/> N	TWC3518961	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

City Of Belle Isle 1600 Nela Ave Orlando, 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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Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2016 **EXPIRES 9/30/2017** 5000-0599052
 5000 BUSINESS OFFICE \$30.00 2 EMPLOYEE 1801 CERTIFIED BUILDING CO \$30.00 1 EMPLOYEE



TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

440 W GRANT ST (MOBILE)
 A - ORLANDO, 32806

• O BRIAN SEAN PATRICK QUALIFIER
 • O BRIAN ENTERPRISES LLC
 • O BRIAN SEAN PATRICK
 440 W GRANT ST
 ORLANDO FL 32806

PAID: \$60.00 0099-00730907 7/19/2016

This receipt is official when validated by the Tax Collector.

CITY OF ORLANDO
ECONOMIC DEVELOPMENT PERMITTING SERVICES
LOCAL BUSINESS TAX RECEIPT
(Formerly known as "Business License," changed per state law HB1269-2006)

2015-2016

NOTICE: THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Issued Date: 10/01/2015
 Expiration Date: 09/30/2016

Business Name:
 OBRIAN CONSTRUCTION
 440 W GRANT ST
 ORLANDO, FL 32806

Business Type(s):
 CONTRA 1523 BUILD CONTRA

Case Number: BUS-0028886

Business Owner:
 OBRIAN ENTERPRISES LLC
 QUALIFIER SEAN OBRIAN

Business Location:
 440 W Grant St

Fees:

Administration Fee	20.00
2016 Business Tax	330.76
Late Declaration Penalty	82.69
Total Paid	\$433.45