



BUILDING JOB SITE CARD

City of Belle Isle

BUILDING PERMIT 2017-08-035

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-035

Site Address: 1640 Fulmer Rd, 32809

Subdivision:

Description of Work: Screen enclosure over existing pool

Issue Date: 08.14.2017

Parcel Number: 30-23-30-0602-03-060

Class: Residential

Issued To: Screen Crafters Coastal

Name: Smith, Garry

Payment Date & Method: 8.23.17 MC 1629 \$24250

Business Phone: 386-481-3433

Contractor License #: SCC131151669

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Morning

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

BUILDING	INSPECTOR	DATE	COMMENTS
Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour			
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

GAS	INSPECTOR	DATE	COMMENTS
Rough Gas			
Final Gas			

ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			

MECHANICAL	INSPECTOR	DATE	COMMENTS
Above Ceiling			
Rough			
Hood Vent			
Final			

PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

ROOF	INSPECTOR	DATE	COMMENTS
In-progress			
Final			

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 SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
 Inspection Results Will Be Sent Out the Following Business Day



City of Belle Isle

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

RECEIVED
AUG 03 2017

Building Permit (Land Use) Application

DATE: 8/3/17

PERMIT # 2017-08-035

PROJECT ADDRESS 1040 Falmer Road, Belle Isle, FL 32809 32812

PROPERTY OWNER John Tremblay PHONE 407-864-3692 VALUE OF WORK (labor & material) \$ 9000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

screen enclosure over existing pool

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-8
- 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: 30-23-30-0602-03-060
To obtain this information, please visit <http://www.ocpafi.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. 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: 8-9-17. See following page
DATE

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. 1400

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			RCD _____
ZONING	<input checked="" type="radio"/>	<input type="radio"/>	\$ <u>165⁰⁰</u>
CERT OF OCC	<input type="radio"/>	<input type="radio"/>	\$ _____
TRAFFIC	<input type="radio"/>	<input type="radio"/>	\$ _____
SCHOOL	<input type="radio"/>	<input type="radio"/>	\$ _____
FIRE	<input type="radio"/>	<input type="radio"/>	\$ _____
SWIMMING POOL	<input type="radio"/>	<input type="radio"/>	\$ _____
SCREEN ENCLOSURE	<input checked="" type="radio"/>	<input type="radio"/>	\$ <u>73.50</u>
ROOFING	<input type="radio"/>	<input type="radio"/>	\$ _____
BOAT DOCK	<input type="radio"/>	<input type="radio"/>	\$ _____
BUILDING	<input type="radio"/>	<input type="radio"/>	\$ _____
WINDOW(S)	<input type="radio"/>	<input type="radio"/>	\$ _____
DOOR(S)	<input type="radio"/>	<input type="radio"/>	\$ _____
FENCE	<input type="radio"/>	<input type="radio"/>	\$ _____
SHED	<input type="radio"/>	<input type="radio"/>	\$ _____
DRIVEWAY	<input type="radio"/>	<input type="radio"/>	\$ _____
OTHER	<input type="radio"/>	<input type="radio"/>	\$ _____

BUILDING REVIEWER A Dale Baker DATE 8-12-17
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE NOCC DATE 8-9-17

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.

Page 1 of 2 MC1629 8.23.17 4x8
25
24
49 ÷ 2
24.50
73.50

3% FL SURCHARGE 25

TOTAL 242.50

By Owner Form	<input type="radio"/>	NA
Notice of Commencement	<input checked="" type="radio"/>	NA
Power of Attorney	<input checked="" type="radio"/>	NA
Contractor Packet Included?	<input type="radio"/>	N
OTHER PERMITS REQUIRED:		
ELECTRICAL	<input type="radio"/>	NA
PREPOWER	<input type="radio"/>	NA
MECHANICAL	<input type="radio"/>	NA
PLUMBING	<input type="radio"/>	NA
ROOFING	<input type="radio"/>	NA
GAS	<input type="radio"/>	NA

87006



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

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

PERMIT #

Owner's Name John Tremblay
 Owner's Address 1640 Fulmer Rd Belle Isle 32809 screen crafters coastal

Contractor Name <u>Garry Smith</u>	Company Name <u>Screen Crafters Coastal</u>
License # <u>SCC 131151609</u>	Company Address <u>831 Railroad St #2</u>
Contact Phone/Cell <u>386-481-3433</u>	City, State, ZIP <u>Port Orange FL 32129</u>
Contact Email <u>garrysmith@hotmail.com</u>	Contact Fax <u>407-415-5728</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.

Reviewed for Code Compliance
 Universal Engineering Sciences

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 8/3/17
 by John Tremblay who is personally known to me
 and who produced [ID]
 as identification and who did not take an oath.
 Notary as to Owner Melanie Eddington
 State of Florida
 County of Orange
 MY COMMISSION # GG 032483
 EXPIRES: December 16, 2020
 Bonded Thru Budget Notary Services

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

Contractor Signature [Signature]
 COMPANY NAME Screen Crafters Coastal
 The foregoing instrument was acknowledged before me this 8/3/17
 by Garry Smith who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner Melanie Eddington
 State of Florida
 County of Orange
 MY COMMISSION # GG 032483
 EXPIRES: December 16, 2020
 Bonded Thru Budget Notary Services

1640 Fulmer



City of Belle Isle
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Building Permit (Land Use) Application

DATE: 8/3/17 PERMIT # 2017-08-035
PROJECT ADDRESS: 1640 Fulmer Road, Belle Isle, FL 32809 32812
PROPERTY OWNER: John Tremblay PHONE: 407-804-2692 VALUE OF WORK (labor & material) \$ 9000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Screen enclosure over existing pool

Please provide information, if applicable.

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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
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Please Complete for the City of Belle Isle Zoning Review. Parcel Id Number: 50-23-30-0602-03-060
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PLANNING & ZONING APPROVAL: Date: 8/9/17 By: [Signature] City of Belle Isle

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. 1700
MAX. FLOOR LOAD MAX. OCCUPANCY
MIN. FLOOD ELEV. LOW FLOOR ELEV.
WATER SERVICE WELL SEPTIC

BUILDING REVIEWER DATE

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE

Per FSS 105.3.3:

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SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Wind Exposure Category: B C D

Table with columns: SPRINKLERS REQ'D, Y, N, REVIEW, Date: Sent, RCD. Rows include ZONING, CERT OF OCC, TRAFFIC, SCHOOL, FIRE, SWIMMING POOL, SCREEN ENCLOSURE, ROOFING, BOAT DOCK, BUILDING, WINDOW(S), DOOR(S), FENCE, SHED, DRIVEWAY, OTHER.

3% FL SURCHARGE

TOTAL

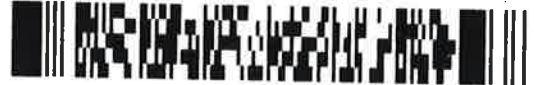
By Owner Form Y NA
Notice of Commencement Y NA
Power of Attorney Y NA
Contractor Packet Incuded? Y N

OTHER PERMITS REQUIRED:
ELECTRICAL Y NA
PREPOWER Y NA
MECHANICAL Y NA
PLUMBING Y NA
ROOFING Y NA
GAS Y NA



Permit Number: 2017-08-035
 Folio/Parcel ID #: _____
 Prepared by: _____

 Return to: _____



NOTICE OF COMMENCEMENT

State of Florida, County of Orange
 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.

- Description of property** (legal description of the property, and street address if available)
1640 FULMER RD 30-23-30-0602-03-060
- General description of improvement**
INSTALL POOL SCREEN ENCLOSURE OVER EXISTING POOL
- Owner information or Lessee information if the Lessee contracted for the improvement**
 Name MICHELLE REESE
 Address 1640 FULMER RD ORLANDO FL 32809
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
- Contractor** SCREEN CRAFTERS COASTAL
 Name 831 RAILROAD ST UNIT 2 Telephone Number 407 415 5728
 Address PORT ORANGE FL 32129
- Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender**
 Name _____ Telephone Number _____
 Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
- Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____



WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

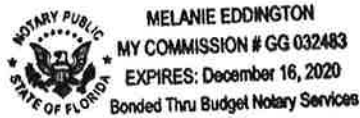
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 18th day of 7/17 by _____ month/year name of person
 as OWNER for Michelle REESE
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Melanie Eddington
 Signature of Notary Public - State of Florida

Melanie Eddington
 Print, type, or stamp commissioned name of Notary Public

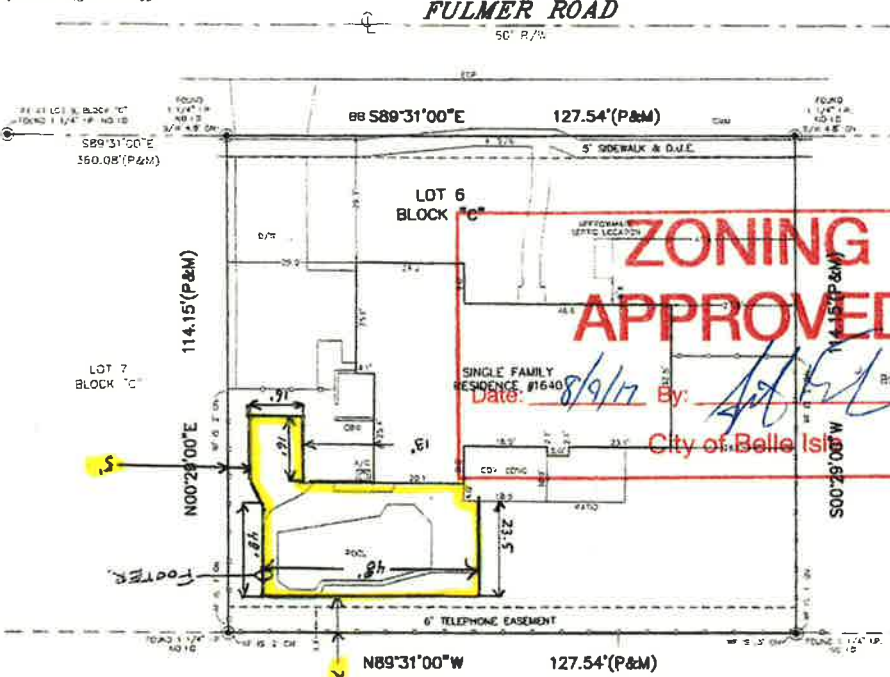
Personally Known _____ OR Produced ID P
 Type of ID Produced FL DL



State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: _____ D.C.
 DATED 07-18-17

BOUNDARY SURVEY

PROPERTY DESCRIPTION: LOT 6, BLOCK "C", BELLE ISLE PINES, UNIT 1, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 7, PAGE 1, PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.



Reviewed for Code Compliance
 Universal Engineering Sciences

LEGEND:

- Δ = DELTA/CENTRAL ANGLE
- A/C = AIR CONDITIONER
- APT. = APARTMENT
- BB = BEARING BASIS
- C = CALCULATED
- CM = CONCRETE
- CB = CONCRETE BLOCK WALL
- CM = CONCRETE MOUNTAIN
- CNA = CORNER NOT ACCESSIBLE
- CONC = CONCRETE
- CO-EPIC = CONCRETE
- D = DESCRIBED
- = CONCRETE
- ▨ = BRICK
- = LINE BREAK
- = CENTERLINE
- = RIGHT-OF-WAY LINE
- = BUILDING SETBACK LINE
- = PDC-UNR. FENCE/W/
- = WOOD FENCE/W/
- = CHAIN LINK FENCE/CLF
- = OVERHEAD UTILITY LINES

- d/b/d = DOING BUSINESS AS
- D.E. = DRAINAGE EASEMENT
- D.U.E. = DRAINAGE & UTILITY EASEMENT
- EDP = EDGE OF PAVEMENT
- EW = EDGE OF WATER
- F = FIELD
- FF ELEV = FINISHED FLOOR ELEVATION
- ID. = IDENTIFICATION
- IR = IRON ROD
- IP = IRON PIPE
- L = ARC LENGTH
- LS = LAND SURVEYOR
- LS = LAND SURVEYING BUSINESS
- M = MEASURED
- MR = NON-RADIAL
- OR = OPTICAL RECORDS
- PC = POINT OF CURVATURE
- PCC = POINT OF COMPOUND CURVATURE
- PCP = PERMANENT CONTROL POINT
- PI = POINT OF INTERSECTION
- U = UTILITY POLE
- U = SET 1/2" IR. & CAP LB #7020
- U = FOUND PROPERTY CORNER
- U = FOUND CONCRETE MONUMENT
- U = WELL
- U = GAS METER
- U = CURB
- U = PIPE DRAINANT

- POB = POINT OF BEGINNING
- POC = POINT OF COMMENCEMENT
- POL = POINT ON LINE
- PRC = POINT OF REVERSE CURVATURE
- PRM = PERMANENT REFERENCE MONUMENT
- PSA = PROFESSIONAL SURVEYOR & MAPPER
- PT = POINT OF TANGENT
- R = RADIUS
- RAD = RADIAL
- RES = RESIDENCE
- RP = RADIUS POINT
- R/W = RIGHT OF WAY
- S/W = SIDEWALK
- TBD = TO BE DETERMINED
- TDB = TOP OF BANK
- (TYP) = TYPICAL
- U.R. = UTILITY ROOM
- U.E. = UTILITY EASEMENT
- WM = WATER METER
- WPP = WOOD POLE
- D/W = DRIVEWAY

FLOOD ZONE INFORMATION:
 FLOOD ZONE INFORMATION IS PROVIDED FOR YOUR INFORMATION ONLY AND IS NOT CERTIFIED.
 CERTIFIED TO:
 MICHELLE & BRIAN REESE
 JOHN & CELIE TREMBLAY
 PBC MORTGAGE, LLC
 1000 EAST BAYVIEW AVENUE, SUITE 1100
 ORLANDO, FLORIDA 32809

ADDRESS:
 1640 FULMER ROAD
 ORLANDO, FLORIDA 32809

- NOTES:**
1. THIS SURVEY IS BASED ON THE LEGAL DESCRIPTION PROVIDED BY THE CLIENT.
 2. THIS SURVEYOR HAS NOT ABSTRACTED HEREON FOR EASEMENTS, RIGHTS, RESTRICTIONS OF RECORD WHICH MAY AFFECT OR USE OF THE LAND.
 3. DO NOT RECONSTRUCT PROPERTY IMPROVEMENTS (BUILDINGS, FENCES, ETC.) UNLESS SHOWN ON THIS SURVEY, EXCEPT AS SHOWN.
 4. NO FOOTINGS OR OVERHANGS HAVE BEEN LOCATED EXCEPT AS SHOWN.
 5. NO UNDERGROUND IMPROVEMENTS HAVE BEEN LOCATED EXCEPT AS SHOWN.
 6. NO WETLANDS AND/OR OTHER NATURAL FEATURES HAVE BEEN LOCATED EXCEPT AS SHOWN.



CITY OF BELLE ISLE, FLORIDA

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

POWER OF ATTORNEY

Date: 8/3/17

Permit #: _____

I hereby name and appoint MELANIE EDDINGTON of _____
(print name)

SCREEN CRAFTERS COASTAL to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a BUILDING PERMIT permit
(type of permit)

for work to be performed at the following location:

1640 FULMER ROAD, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: GARRY SMITH

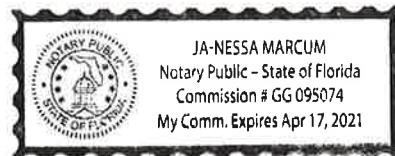
License Number: SCC131151669

Certified Contractor's Signature: _____
(Handwritten signature of Garry Smith)

.....
The foregoing instrument was acknowledged before me this 3rd days of August of 2017
by Garry Smith who is personally known to me or who produced
Florida Drivers license as identification and who did not take an oath.

State of Florida
County of Orange Volusia
Jm

Notary Public, Orange County, Florida
4th Volusia
County




(seal)

Handwritten signature/initials

***Plan Types:**

- Screen Room
- Pool Screen/Cage (Removable Screen - Remove screen when wind speed exceeds 75 MPH)
- Pool Screen/Cage (Non-Removable Screen - Designed to withstand actual Wind Speed)
- Car Port
- Patio Cover
- Other:





UNIVERSAL ENGINEERING SCIENCES
PLAN REVIEW

These plans have been reviewed for conformance to the Florida Building Code. Our review of these plans is pursuant to Section 106 of the Florida Building Code and does not include any items outside of the stated codes nor shall it relieve the permit holder from compliance with provisions of these or any other state or local regulation.

Name: *[Signature]*
Lic. No. PK1830 Date 8/2/17

*Reference: Reese	New <input checked="" type="checkbox"/>	Revision <input type="checkbox"/>	Date: <u>8/2/17</u>
*Project Address: 1640 Fulmer Rd			
*City: Orlando, FL 32809			

*Contractor Name: Screen Crafters Coastal
 *Address: 831 Railroad St, Unit # 2
 *City: Port Orange
 *Zip Code: 32129
 *Phone/Fax: Screencrafterscoastal@hotmail.com
 *Email:

*Choose One: Mail Pick Up Fed Ex 3 No of Copies

*For FedEx option got to www.aluminumscreeendesign.com and provide FedEx account #)

*Payment: Check Credit Card

*(For Credit Card option go to www.aluminumscreeendesign.com to pay by credit card)

Engineering prepared by:



Engineer: Michael Thompson, MSc, P.E. (P.E. #47509)
 4401 Vineland Road - Suite A6, Orlando, FL 32811
 Office: 407-734-1470 Cell: 407-721-2292
 Project Manager: Paul Thomas 386-479-9504 Fax: 888-923-8181
 Email: aluminumscreeendesign@yahoo.com
 Website: www.aluminumscreeendesign.com CA#30930

Handwritten signature

*Ultimate Wind Speed (mph): 130 Exposed Category: **C** Risk Category: **1**

Screen Room:

Insulated Pan Roof
 Fascia Wall: Block Conventional
 Uprights x Top Plate x Kick Plate



Pool Screen/Cage:

Dome Gable Mansard
 Gutter Wall: Block Conventional
 Beams 2 x 7,10 Uprights 2 x 4,5,6 Purlin 2 x 2,3

Car Port:

Insulated Pan
 Fascia Wall: Block Conventional
 Beams x Post x

Patio Cover:

Insulated Pan
 Fascia Wall: Block Conventional
 Beams x Post x

Concrete:

Existing New: 4" Slab Pier Ribbon Footer x Pavers

Other:

Note: In the event that there is a conflict with the design plans and general notes and design standard, the contractor shall utilize the more stringent dimensions and member sizes prior to ordering materials, fabrication and/or construction between the plans and the general notes and design standard.

Handwritten signature

General Notes & Design Standards
(Non-Removable Pool Screen)

The following are general design standards. More stringent design standards may be noted on the plans. In the event of a conflict in plans and/or design standard dimensions and/or member sizes, the contractor must utilize the more stringent dimensions and/or member sizes prior to ordering materials, fabrication and/or construction.

Design Codes:

Florida Building Code 2014 (5th Edition)
Aluminum Design Manual 2010
ASCE 7-10



Design Loads:

Pursuant to FBC Chapters 16 & 20
Ultimate Wind: **-130 MPH** (FBC Table 2002.4)
Risk Category: -See attach site specific plan sheet (FBC Table 1604.5)
Exposure Category: -See attach site specific plan sheet (FBC 1609.4.3)

Additional Load requirements:

Structural members supporting screened enclosures are designed for wind in both of two orthogonal directions using the pressures given in Table 2002.4. Each primary member is also designed for a 300 pound load applied vertically downward along any 1 foot of any member, not occurring simultaneously with wind load. In addition to wind pressures, purlins is also be designed for a 200 pound load applied vertically downward along any 1 foot of any member, not occurring simultaneously with wind load.

Design Basis:

Allowable Stress Design (ASD) = Allowable Strength Design (ASD) divide by safety factor

General Requirements:

Reproductions of contract drawings by contractor in lieu of preparation of shop drawings signifies acceptance of information shown as correct and obligates himself to any expense, real or implied, arising from their use.

A change to the structural drawings due to the acceptance of alternates and/or substitutes is the responsibility of the contractor and must be submitted to the engineer for approval.

The general contractor and each subcontractor shall review the approve construction plans in its entirety and verify all existing conditions prior to the start of any work. All inconsistencies shall be reported to the designer and/or structural engineer, if needed. Should contractor construct the premises in a fashion not consistent with the plans prepared by the designer and/or structural engineer, or in any fashion, change the plans and drawing without the review and approval from the designer and/or structural engineer. Then designer and/or structural engineer shall bear no responsibility or liability for the construction of premises and accuracy of the drawings.

Foundation and Earthwork:

Applicable only when unsuitable soils are encountered.
When unsuitable soils are encountered as specified bearing strata, notify owner's representative/engineer.
Soil bearing capacity – 2,000 psf Minimum

Provide neat excavation for footing and place concrete immediately after excavation and inspection.

Pump water from footing excavation if greater than one inch.
Compact all fill to 95% ASTM D698 density.

Unit soil weight = 105 pcf
Internal angle of friction = 30 degrees

Coeff. Of friction between footing and soil = 0.5

Structural Aluminum:

Conform to latest edition of Florida Building Code and Aluminum Design Manual standard practice for aluminum design.

All aluminum shall be 6005-T5 (E= 10,000 ksi; Fy = 35 ksi) with a minimum wall thickness of 0.046"

Splicing prohibited without prior approval as to location and type.

Burning of holes in aluminum members is prohibited. Any member with burned holes must be replaced.

Aluminum Protection:

Shall be pursuant FBC 2003.8.4. Aluminum surfaces in contact with dissimilar materials, lime-mortar, concrete, or other masonry materials, shall be protected with powder coated or ESP paint or alkali-resistant coatings, such as heavy-bodied bituminous paint or water-white methacrylate lacquer.



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Screws:

Aluminum self-tapping screws shall conform to ASME B18.6.4 specification.

Self-tapping screws shall meet the requirements of ADM J.5

Maximum fastener spacing shall not exceed (3+20t) where "t" is the member thickness in inches.

For roofing and siding connection, use minimum #12 screws for end and side laps spaced at 12" max for side lap and end lap fasteners shall be no more than 2" from the end of overlapping sheets.

Bolts:

Bolts and other fasteners shall be aluminum, stainless steel, hot-dip or electro-galvanized steel. Double cadmium plated steel bolts may also be used. Bolt holes diameter shall not exceed 1/16" larger than the bolt diameter and shall be spaced at a minimum of 2.5 times the bolt diameter with minimum edge distance of 1.5 times the bolt diameter.

Bolts shall meet the requirements of ADM J.3

Chair Rails, Purlins & Wind Brace:

Chair rails, purlins and wind brace shall conform with the below maximum span length. If the event contractor's specific site plan conflict with the below recommended length, the contractor shall utilize the more stringent dimensions and member sizes prior to ordering materials, fabrication and/or construction.

Wind Speed = 130 MPH

2 x 2 Chair Rail = 6'-0" 2 x 2 Purlins = 6'-6" 2 x 2 Wind Brace = 4'-3" 2 x 3 (0.125) Wind Brace = 9'-0"
 2 x 3 Chair Rail = 8'-0" 2 x 3 Purlins = 8'-0" 2 x 3 Wind Brace = 8'-0" 2 x 4 Wind Brace = 9'-0"

Concrete

Conform to ACI 318, latest edition and ACI 301

Compressive Ultimate Strength (Minimum at 28 days) shall be 3000 psi

Exposed chamfer edges shall be 3/4"

Reinforcing Steel:

Conform to ACI 318 and 315, Latest edition

All reinforcement steel shall be ASTM A615 Grade 60.

Smooth dowels & ties shall be ASTM A185

Welded Wire Fabric shall be ASTM A185 or A82 (Flat sheet).

Deformed bar anchors shall be ASTM A496, Grade 70

Cover: Footing 3"

Washer:

Washers shall be used under bolt heads and under nuts.

Hole Alignment:

Poor matching holes must be rejected. Contractor shall prevent holes from drifting and distort the metal. All chips and foreign matter between contacting surfaces shall be removed before assembly.



Cables:

Contractor shall provide a minimum 1/8" diameter stainless steel cable tie down at side and rear walls of pool screen enclosure. Contractor shall secure cable to top of column located at each corner and where there is a difference in column height locations. In addition, cables shall be spaced to provide wall support not exceeding 227.5 ft² with bottom each end of cables secure to concrete slab with a minimum 3"ASTM A-36 steel clip with 2-1 1/2" x 1/4" tapcons or equal.

Beams & Uprights:

In the event of a conflict with the values in this table and the site specific plan, the contractor must utilize the more stringent dimensions and/or member sizes between the site specific plan and the below applicable span limitations prior to ordering materials, fabrication and/or construction.



130 MPH			
PRIMARY ROOF MEMBERS-POOL CAGE ENCLOSURES			
SIZE	Roof Span *Maximum Beam Spacing = 6'-0"	Roof Span *Maximum Beam Spacing = 6'-8"	Roof Span *Maximum Beam Spacing = 7'-2"
2 X 4	17'-9"	16'-9"	15'-6"
2 X 5	23'-3"	22'-0"	19'-0"
2 X 6	26'-0"	25'-0"	22'-9"
2 X 7	28'-0"	27'-0"	26'-6"
2 X 8	34'-0"	33'-0"	32'-6"
2 X 9	36'-0"	35'-0"	34'-6"
2 X 10	40'-0"	39'-0"	38'-6"

Upright -Pool Cage Enclosures				
Upright	130 MPH			
SIZE	Height			
2 X 4	11'-6"			
2 X 5	13'-6"			
2 X 6	15'-0"			
2 X 7	16'-9"			
2 X 8	17'-9"			
2 X 9	18'-9"			
2 X 10	22'-0"			

Knee Bracing:

Contractor shall provide knee bracing on 45 degree angle pursuant the attach detail sheet that specified size and length requirements. Knee bracing on upright above super gutter intersection shall be connected to upright no more than 6" above the super gutter. Knee brace size shall be a minimum of 2 x 2 for beam span of 15' max; 2 x 3 for 30' max; 2 x4 for beam span greater than 30'.

Purlin:

Contractor is required to install purlins spaced to align with column spacing; however, spacing between purlins shall not exceed 7'-2".

Header Beam:

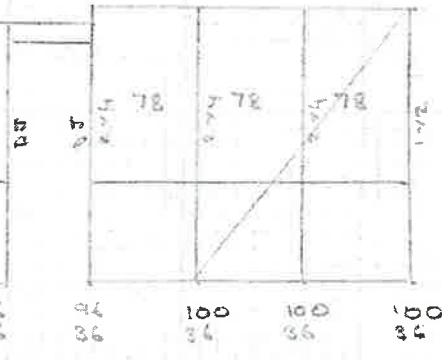
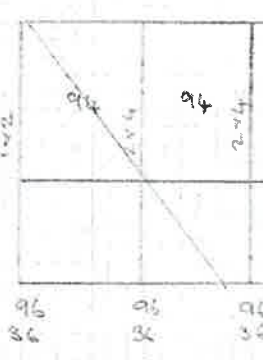
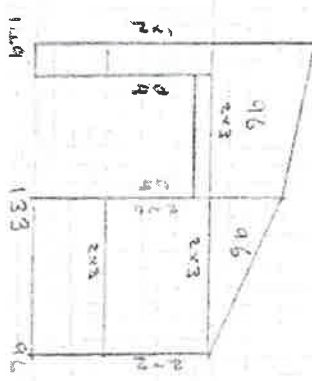
Contractor is required to install a minimum 2 x 7 header beam supported with 3 x 3 column space at 10 feet (max) with a 2' x 2' x 1'-6" concrete footer with 3#5 each way when screen enclosed is required to be attached super gutter at the interface of the insulated roof panel. Contractor is required to install insulated roof covering pursuant to the Florida product approval specification (35 psf).

Intermediate Girts:

Contractor is required to install intermediate chair rails/girts spaced at mid-span between the chair rails and top rail or 6'-0" max on center when column height exceeds 11 feet. Contractor is also required to install one additional intermediate chair rail/girt to be located 3 feet below the top rail when column height exceeds 14 feet.

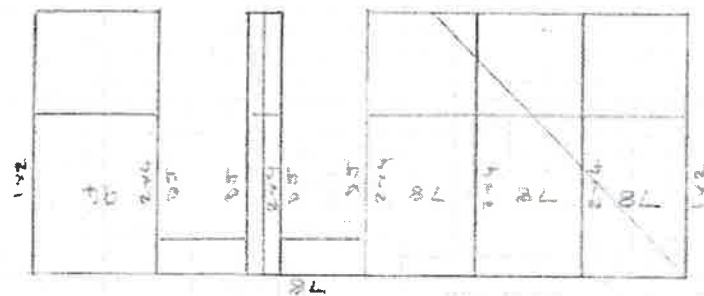
Edge Distance:

Contractor is required to install uprights to provide a 2" minimum clearance from edge of slab and/or footer.

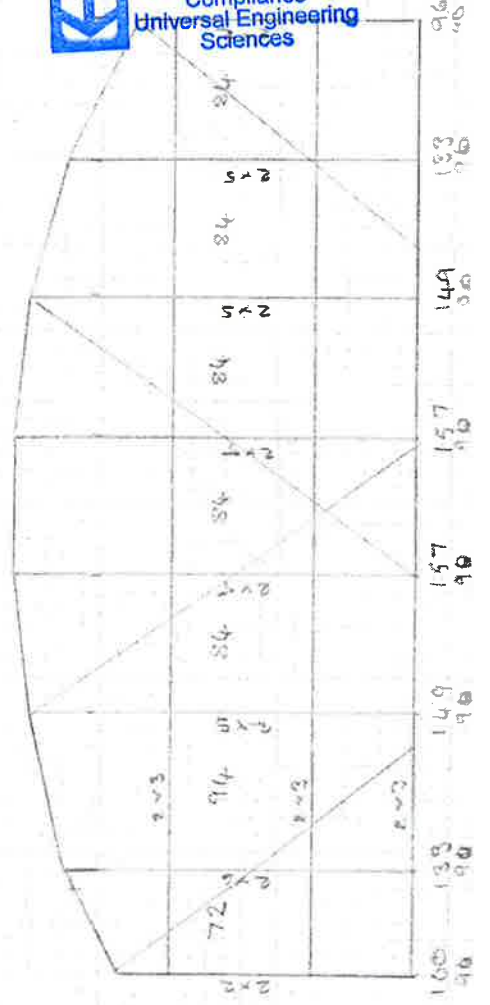


PROPOSED SCREEN ENCLOSURE
 FOR MICHELLE REECE
 1640 POLMER RD ORLANDO, FL
 INSTALLATION BY
 SCREEN CRAPERS COASTAL
 386 481 3433

in the event of a conflict in member sizes shown on
 the plans and the general notes, the contractor must
 utilize the more stringent member size requirements.



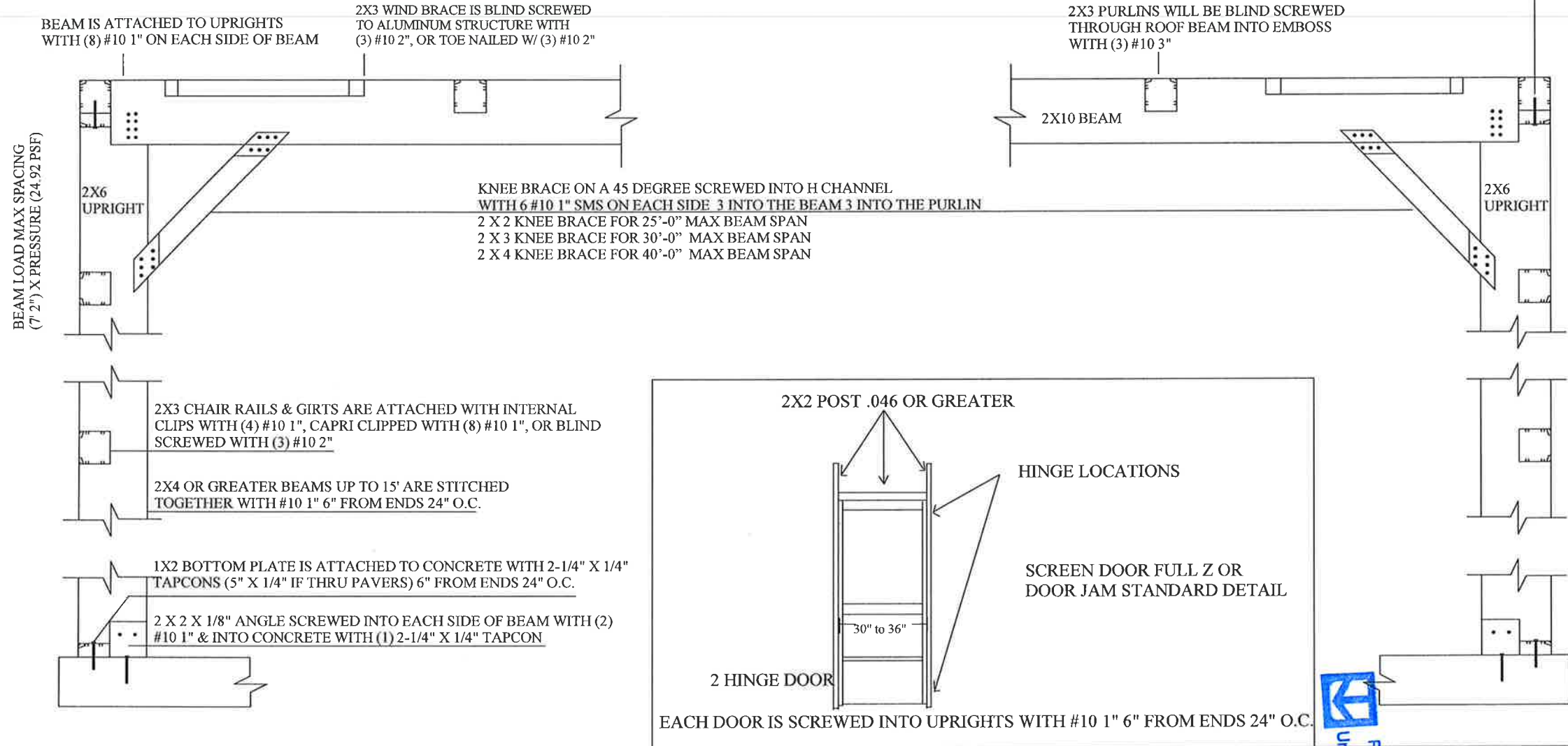
Reviewed for Code
 Compliance
 Universal Engineering
 Sciences



[Handwritten signature]

ALUMINUM SCREEN DESIGN

FRONT WALL, BACK WALL & SIDE WALLS TOP PLATES ATTACH TO ROOF MEMBERS WITH #10 1" 6" FROM ENDS 24" O.C.



ALUMINUMSCREENDESIGN.COM
ALUMINUMSCREENDESIGN
@YAHOO.COM
PHONE: 407-734-1470
FAX: 407-734-1790

DESIGN STATEMENT

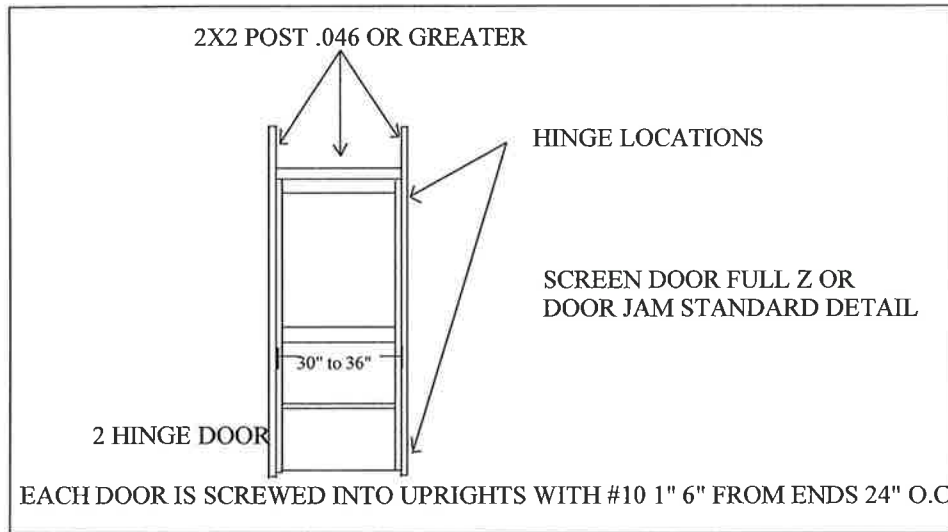
METAL IS .046 THICKNESS OR GREATER, ALLOY IS 6005-T5
ALL TAPCONS SHALL PROVIDE MINIMUM OF 1 1/8" EMBEDMENT DEPTH

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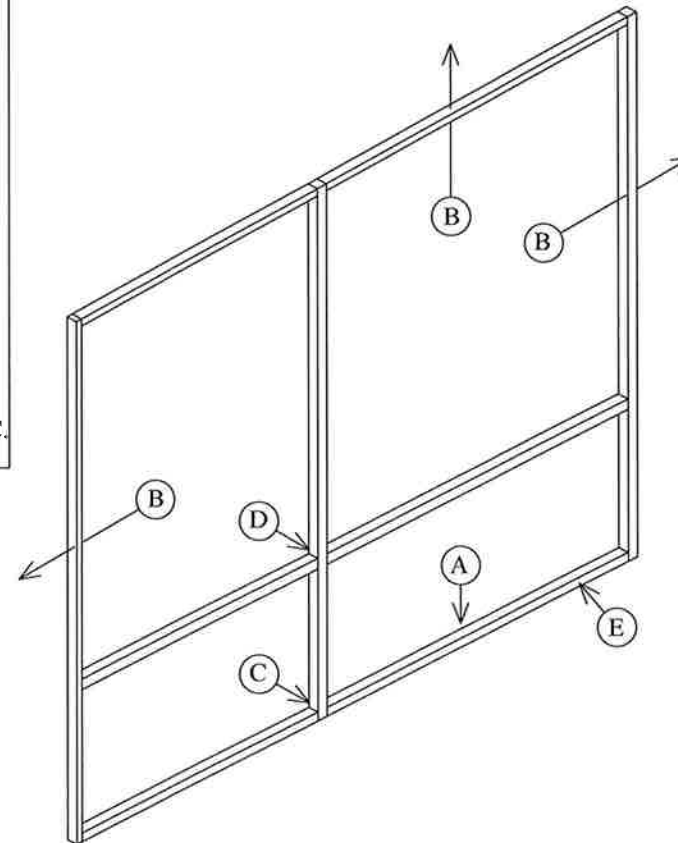
Reviewed for Code Compliance
Universal Engineering & Sciences

MICHAEL THOMPSON
4401 VINELAND ROAD
SUITE A6
ORLANDO, FL 32811
P.E. # 47509
CA#30930

ALUMINUM SCREEN DESIGN



FILL IN DETAIL



- (A) BOTTOM PLATE IS ATTACHED TO CONCRETE WITH 2-1/4" X 1/4" TAPCON (5" X 2-1/4" IF THRU PAVERS) 6" FROM ENDS 24" O.C.
- (B) ALUMINUM FRAME IS ATTACHED TO BLOCK WITH 2-1/4" X 1/4" (#10 2" IF TO WOOD STRUCTURE) 6" FROM ENDS 24" O.C.
- (C) 2X2 ANGLE IS ATTACHED TO ALUMINUM FRAME WITH 2 #10 1" & 1 2-1/4" X 1/4" TAPCON PER SIDE
- (D) CHAIR RAIL & UPRIGHTS ARE ATTACHED WITH EITHER:
BLIND SCREWED WITH (3) #10 3", CAPRI CLIPPED WITH (4) #10 1" PER CLIP
BLIND CLIPPED WITH (4) #10 1" PER CLIP
- (E) KICK PLATE IS ATTACHED TO STRUCTURE WITH #10 1" 6" FROM ENDS 18" O.C.

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 @YAHOO.COM
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ALUMINUM SCREEN DESIGN

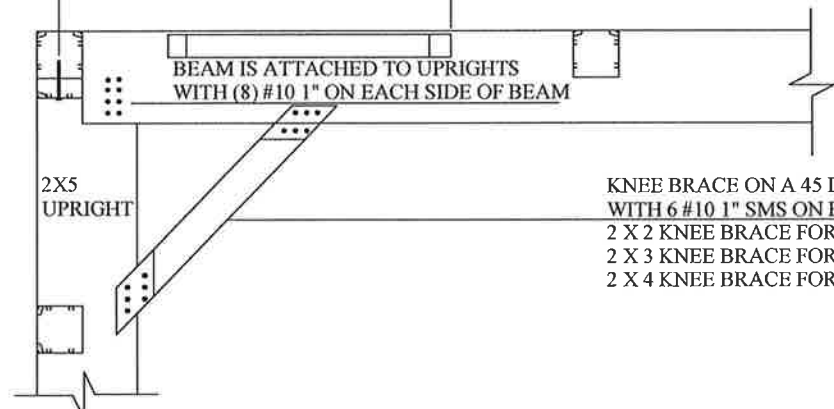
FRONT WALL, BACK WALL & SIDE WALLS TOP PLATES ATTACH TO ROOF MEMBERS WITH #10 1" 6" FROM ENDS 24" O.C.

2X3 WIND BRACE IS BLIND SCREWED TO ALUMINUM STRUCTURE WITH (3) #10 2", OR TOE NAILED W/ (3) #10 2"

2X2 PURLINS WILL BE BLIND SCREWED THROUGH ROOF BEAM INTO EMBOSS WITH (3) #10 3"

2X2 IS ATTACHED TO BLOCK STRUCTURE WITH 4" X 1/4" TAPCONS (#10 4" IF TO WOOD STRUCTURE) 6" FROM ENDS 24" O.C.

BEAM LOAD MAX SPACING (7' 2") X PRESSURE (24.92 PSF)



BEAM IS ATTACHED TO UPRIGHTS WITH (8) #10 1" ON EACH SIDE OF BEAM

2X5 UPRIGHT

KNEE BRACE ON A 45 DEGREE SCREWED INTO H CHANNEL WITH 6 #10 1" SMS ON EACH SIDE 3 INTO THE BEAM 3 INTO THE PURLIN
 2 X 2 KNEE BRACE FOR 25'-0" MAX BEAM SPAN
 2 X 3 KNEE BRACE FOR 30'-0" MAX BEAM SPAN
 2 X 4 KNEE BRACE FOR 40'-0" MAX BEAM SPAN

2X7 BEAM

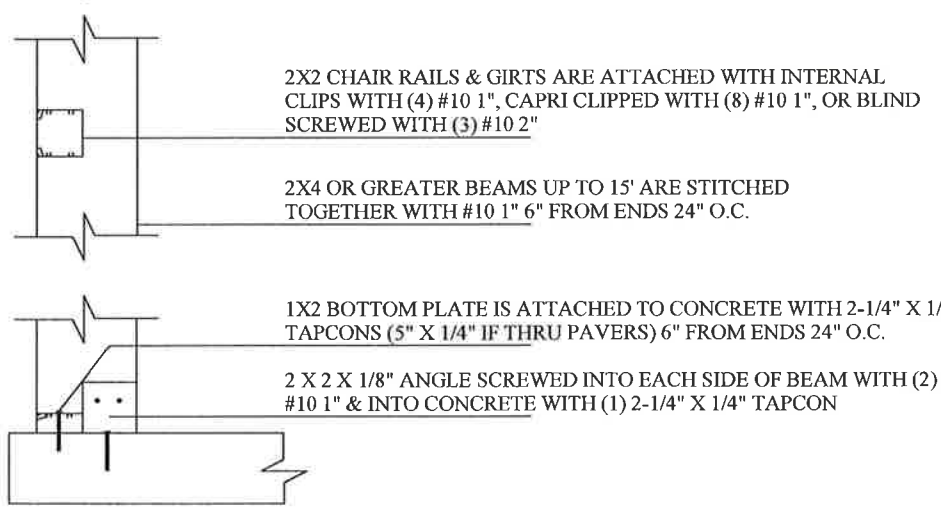
2X2 ANGLE IS ATTACHED TO BEAM WITH (2) #10 1" & INTO BLOCK WITH 2-1/4" X 1/4" TAPCON (#10 2" IF TO WOOD STRUCTURE)

2X2 CHAIR RAILS & GIRTS ARE ATTACHED WITH INTERNAL CLIPS WITH (4) #10 1", CAPRI CLIPPED WITH (8) #10 1", OR BLIND SCREWED WITH (3) #10 2"

2X4 OR GREATER BEAMS UP TO 15' ARE STITCHED TOGETHER WITH #10 1" 6" FROM ENDS 24" O.C.

1X2 BOTTOM PLATE IS ATTACHED TO CONCRETE WITH 2-1/4" X 1/4" TAPCONS (5" X 1/4" IF THRU PAVERS) 6" FROM ENDS 24" O.C.

2 X 2 X 1/8" ANGLE SCREWED INTO EACH SIDE OF BEAM WITH (2) #10 1" & INTO CONCRETE WITH (1) 2-1/4" X 1/4" TAPCON



2X2 POST .046 OR GREATER

HINGE LOCATIONS

SCREEN DOOR FULL Z OR DOOR JAM STANDARD DETAIL

2 HINGE DOOR

30" to 36"

EACH DOOR IS SCREWED INTO UPRIGHTS WITH #10 1" 6" FROM ENDS 24" O.C.



Reviewed for Code Compliance Universal Engineering Sciences

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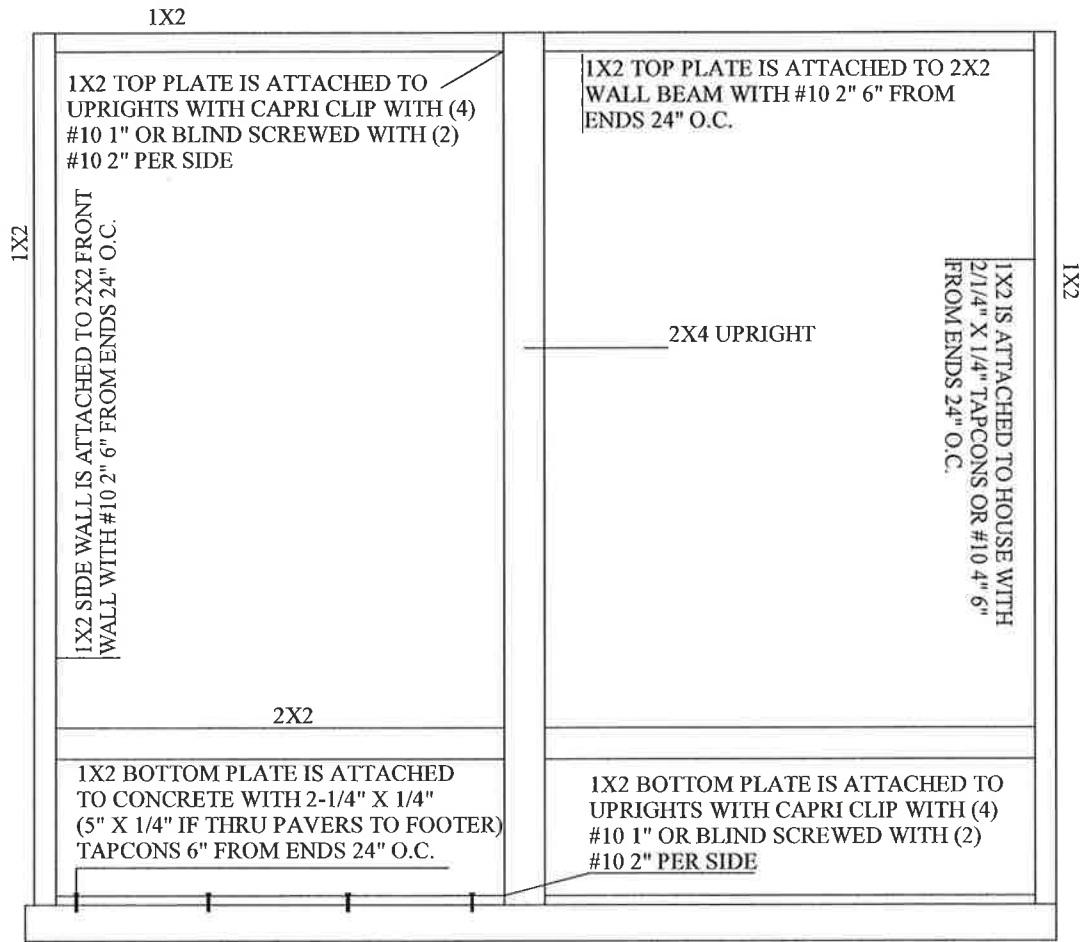
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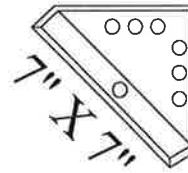
MICHAEL THOMPSON
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 SUITE A6
 ORLANDO, FL 32811
 P.E. # 47509
 CA#30930

ALUMINUM SCREEN DESIGN

SIDE WALL DETAIL



CABLE DETAIL

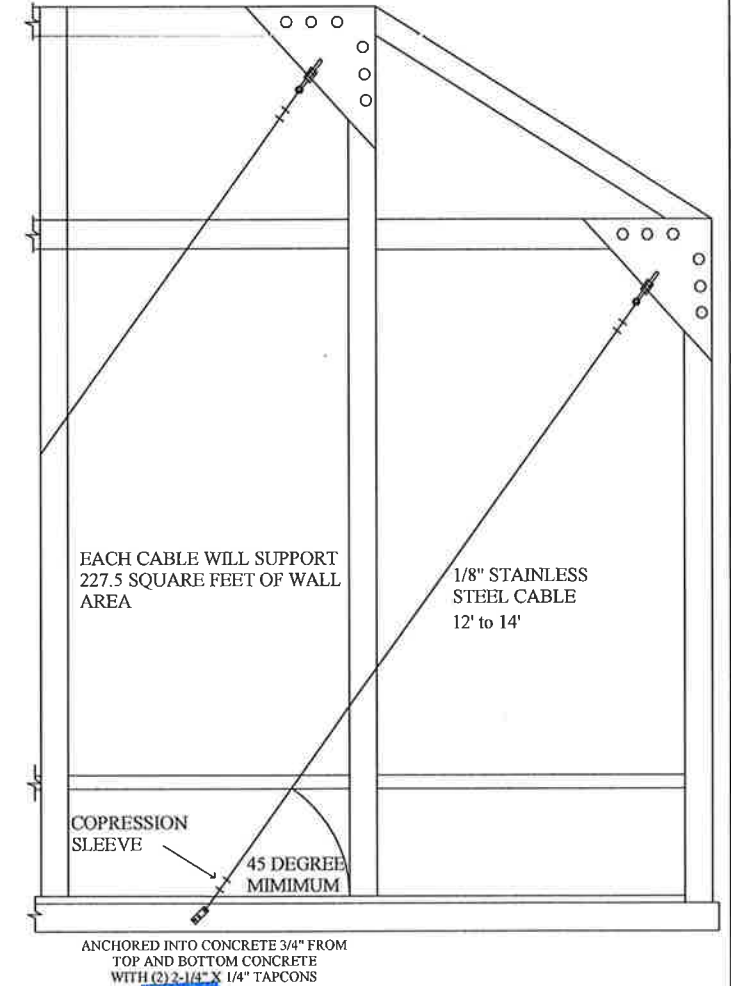
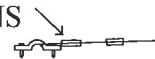


1/8" THICK ANGLE BRACKET ATTACHED TO UPRITE AND GIRT WITH (6) #10 1"

5/16" EYE BOLT WELDED CLOSED WITH DOUBLE NUTS COMPRESSION SLEEVE



SIDE VIEW
COMPRESSION SLEEVE
3" A.S.T.M. A-36 STEEL CLIP
WITH (2) 2-1/4" X 1/4" TAPCONS



IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO INFORM THE HOMEOWNER THAT THE CABLES AND CABLE ATTACHMENT MUST BE INSPECTED BY THE HOMEOWNER AT LEAST TWICE A YEAR TO ELIMINATE ANY DEFICIENCIES ASSOCIATED WITH TENSION SLACK AND/OR CORROSION AND IF NECESSARY TO MAKE CORRECTIVE REPAIRS TO MAINTAIN THE CABLE FULL TENSION (NO SLACK) DESIGNED FOR STRUCTURAL LATERAL STABILITY

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CA#30930



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

SMITH, GARRY CHRISTOPHER
SCREEN CRAFTERS COASTAL
4248 S ATLANTIC AVENUE
WILBUR BY THE SEA FL 32127

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

SCC131151669 ISSUED: 06/26/2016

CERTIFIED SPECIALTY CONTRACTOR
SMITH, GARRY CHRISTOPHER
SCREEN CRAFTERS COASTAL
SPECIALTY STRUCTURE CONTRACTOR

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2018 L1606260001454

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
SCC131151669	

The SPECIALTY STRUCTURE CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



SMITH, GARRY CHRISTOPHER
SCREEN CRAFTERS COASTAL
831 RAILROAD STREET SUITE 2
PORT ORANGE FL 32129



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2017

PRODUCER:
INSURANCE GROUP OF CENTRAL FLORIDA LLC
7523 ALOMA AVE STE 106
WINTER PARK, FL 32792

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

(407) 677-7300

INSURERS AFFORDING COVERAGE

NAIC #

INSURED:
SCREEN CRAFTERS COASTAL INC
831 RAILROAD ST
PORT ORANGE, FL 32129

INSURER A: AMERICAN RELIABLE INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

(407) 415-5728

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MY 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IGL 016974-2	5/27/2017	5/27/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA OCC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <th>WC STATU-TORY LIMITS</th> <th>OTH-ER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 CLASS CODE(S): [1] 98502 - Pre-Fab Building Erection; [2] 91342 - Carpentry NOC - Exterior Work Only ; [3] 98884 - Sheet Metal Work Outside
 LOCATION(S): FLORIDA

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

'' CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ''
CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 4/25/2016

EXPIRATION DATE: 4/25/2018

PERSON: SMITH

GARRY

C

FEIN: 473747534

BUSINESS NAME AND ADDRESS:

SCREEN CRAFTERS COASTAL INCORPORATED

4248 S ATLANTIC AVENUE

WILBUR BY THE SEA FL 32127

SCOPE OF BUSINESS OR TRADE:

Door and Window installation
All Types Residential and
Commercial

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

2016/2017

Volusia County Business Tax Receipt

Issued pursuant to F.S. 205 and Volusia County Code of Ordinances Chapter 114-1 by:
Volusia County Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 – (386) 736-5938



Account # 201507200005 Expires: September 30, 2017
Business Location: 831 RAILROAD ST UNIT 2

Business Name: SCREEN CRAFTERS COASTAL
Owner Name: GARRY C. SMITH
Mailing Address: 831 RAILROAD ST UNIT 2
PORT ORANGE, FL 32129

BUSINESS TYPE	CODE	COUNT	TAX
Construction Subcontractor	451	1	\$22.00

- This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within Volusia County. This receipt is non-regulatory in nature and is not meant to be a certification of the holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.
- The business must meet all County and/or Municipality planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.
- The information contained on this Business Tax Receipt must be kept up to date. Contact the Volusia County Revenue Division for instructions on making changes to your account.

THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 – (386) 736-5938

DATE PAID: 07/18/2016
 RECEIPT #: WWW-15-0001737
 TOTAL TAX: 22.00
 PENALTY: 0.00
 TOTAL PAID: 22.00



Business Name: SCREEN CRAFTERS COASTAL
Owner Name: GARRY C. SMITH
Mailing Address: 831 RAILROAD ST UNIT 2
PORT ORANGE, FL 32129



Account # 201507200005 Expires: September 30, 2017
Business Location: 831 RAILROAD ST UNIT 2

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS