

### **BUILDING JOB SITE CARD**

### City of Belle Isle

## **BUILDING (DEMO) PERMIT 2017-08-083**

#### PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-083

Site Address: 2104 Homewood Dr. 32808

Subdivision:

Description of Work: DEMO of SFR 2663 sf built 1949

Issue Date: 08.15.2017

Parcel Number: 19-23-30-5888-06-330

Class: Residential

Issued To: L&L Demolition & Salvage Inc Business Phone: 407 948 8885

Name: Linhares, Leonard

Payment Date & Method: Check 34159 8-15-17

Contractor License #: Cert of Comp: 06112702

Schedule Inspections via Email at: <u>BIDscheduling@universalengineering.com</u>
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)			н
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

PERMIT # 2017-08-083 Page 2

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			4
<u> </u>	**		
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			

Schedule Inspections via Email at: <u>BIDscheduling@universalengineering.com</u>
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection on the State of the



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, 1232811 Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengingering.com

**Building Permit (Land Use) Application** DATE: 7-8-17 PERMIT# PROJECT ADDRESS 2104 Homewood Dr

Belle Isle, FL 💜 32809 32812

PROPERTY OWNER Bryce Guignard Lahr Homes

PHONE 407-702-4315

VALUE OF WORK (labor &material) \$ 2400 00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Demo	lition	of a	efr
DGIII		$\mathbf{u}$	.311

- SINGLE FAMILY RESIDENCE: 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required

SEPTIC SYSTEM (RESIDENTIAL): – Provide verification of OC Health Dept approval for on-s     Homeowners will be required to have a contractor on record for homes that are rented and/o	ite septic tank system, pe	er FAC Cha	ар. 64Е-6
Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 19-23 -	30-5888.0	16 3	30
To obtain this information, please v	isit http://www.ocpafl.org/S	earches/Par	rcelSearch.aspx
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with	Wind Exposure Category	В	C D
zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed	SPRINKLERS REQ'D	Y	N
Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be	If Required – SUBMIT COP	Y OF PLANS	FOR FIRE
assessed.	REVIEW Date: 5	Sent	RCD
PLANNING & ZONING APPROVAL:	ZONING		,35
DATE	CERT OF OCC Y	N N	\$
	TRAFFIC Y	N	\$ \$
PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)	SCHOOL Y	N	\$
CONSTRUCTION TYPE CB  OCCUPANCY GROUPComm Res: × Single Fam × Multi Fam	FIRE Y	N	\$
OCCUPANCY GROUP         Comm         Res: x         Single Fam x         Multi Fam           #BLDG. 1         #UNITS #STORIES 1         TOTAL SQ.FT. 3295	SWIMMING POOL Y	N	\$ \$
MAX. FLOOR LOADMAX. OCCUPANCY	SCREEN ENCLOSURE Y	N	\$
MIN. FLOOD ELEVLOW FLOOR ELEV	ROOFING Y	N	\$
WATER SERVICE WELL SEPTIC	BOAT DOCK Y	N	\$
	BUILDING Y	N	\$
Not have continued	WINDOW(S) Y	N	\$
BUILDING REVIEWER SOUR DATE 8-15-17	DOOR(S) Y	N	\$
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE & 14-15	FENCE y	N	\$
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE	SHED Y	N	\$
Per FSS 105.3.3:	OTHER Y	N N	:37 (
An enforcing authority may not issue a building permit for any building construction, erection, alteration,	2.5	14	2010
modification, repair or addition unless the permit either includes on its face or there is attached to the	3% FL SURCHARGE		4.6
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,	John 1230 Helly Mide		11 0
and there may be additional permits required from other governmental entities such as water	TOTAL	1	10. DU
management districts, state agencies, or federal agencies."			
Population Convictor in the local contract the colonistic described associated of code as a second contract to	By Owner Form	Υ	NA
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	Notice of Commencement	Υ	NA
the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-	Power of Attorney	Υ	NA
293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates	Contractor Packet Incuded	? Y	N
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.	OTHER PERMITS REQUIRE	٠.	
SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS.	,	); Y	NA
SEFANALE FERMITS ARE REQUIRED FOR ROUTING, ELECTRICAL, PLUMBING, GAS,			IIO

Page 1 of 2

MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

25-12

**ELECTRICAL** NA **PREPOWER** NA **MECHANICAL** NA **PLUMBING** NA ROOFING NA GAS NA



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**Building Permit (Land Use) Application** 

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

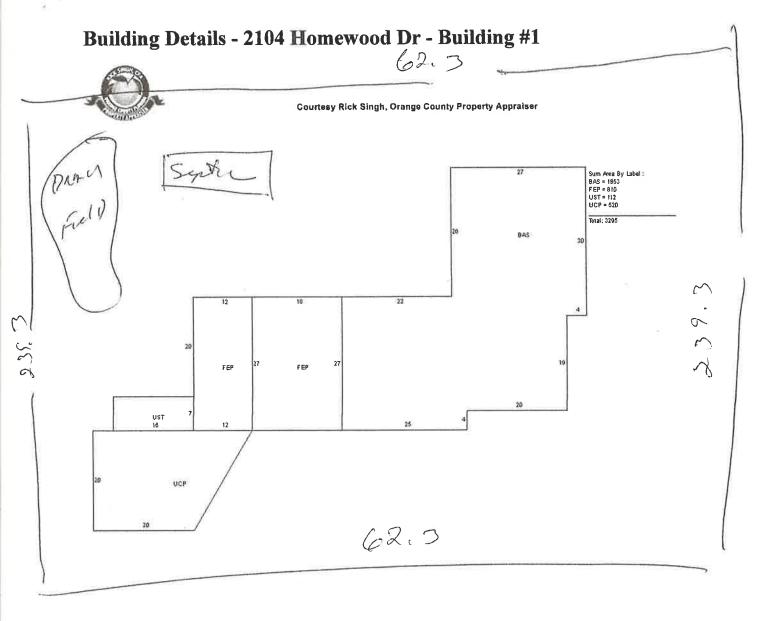
PERMIT #

Owner's Name Bryce Guignard Lahr Homes	
Owner's Address 2104 HOmewood Dr Belle Isle FL	32809
Contractor Name Leonard P Linhares	Company Name L & L Demolition & Salvage, Inc.
License # 1809-0065768	Company Address 5500 Old Winter Garden Rd
Contact Phone/Cell 407-948-8885	City, State, ZIP Orlando FL 32812
Contact Email ildemoliition@gmail.com	Contact Fax 407-296-9855

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 (<a href="https://www.fioridabuilding.org">www.fioridabuilding.org</a>) and City Ordinances (<a href="https://www.municode.com">www.municode.com</a>) 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 <u>separate</u> 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 construction and zoning.	and that all work will be done in compliance with all applicable laws regulating
Owner Signature  The foregoing instrument was acknowledged before me this 8 1917  by Bryce R. Grugnard who is personally known to me  and who produced as identification and who did not take an oath.  Notary as to Owner State of Florida  County of Orange  MY COMMISSION # GG013866  EXPIRES February 10, 2018	Impervious Surface Ratio Worksheet Development Zoned A-1. A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio  1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area X 0.35= Allowable Impervious Area (BASE)  2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc  • House • Driveway
Contractor Signature  COMPANY NAME L & L Demolition & Salvage, Ic.  The foregoing Instrument was acknowledged before me this	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.
My Commission GG 111401  Spires 08/04/2021	4. If AIA is greater than BASE, then onsite retention must be provided.  Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed



Sub Area	Sqft	Value
BAS - Base Area	1853	working
FEP - F/Enc Prch	810	working
UCP - Unf Carprt	520	working
UST - Unf Storag	112	working

Model Code:

01 - Single Fam Residence

Type Code:

0103 - Single Fam Class III

**Building Value:** 

working...

**Estimated New Cost:** 

working...

Actual Year

1949

Built:

1949

Beds:

3 2.0

Baths: Floors:

1

Gross Area:

3295 sqft

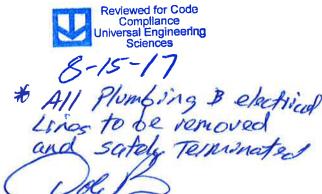
Living Area: Exterior Wall: 2663 sqft

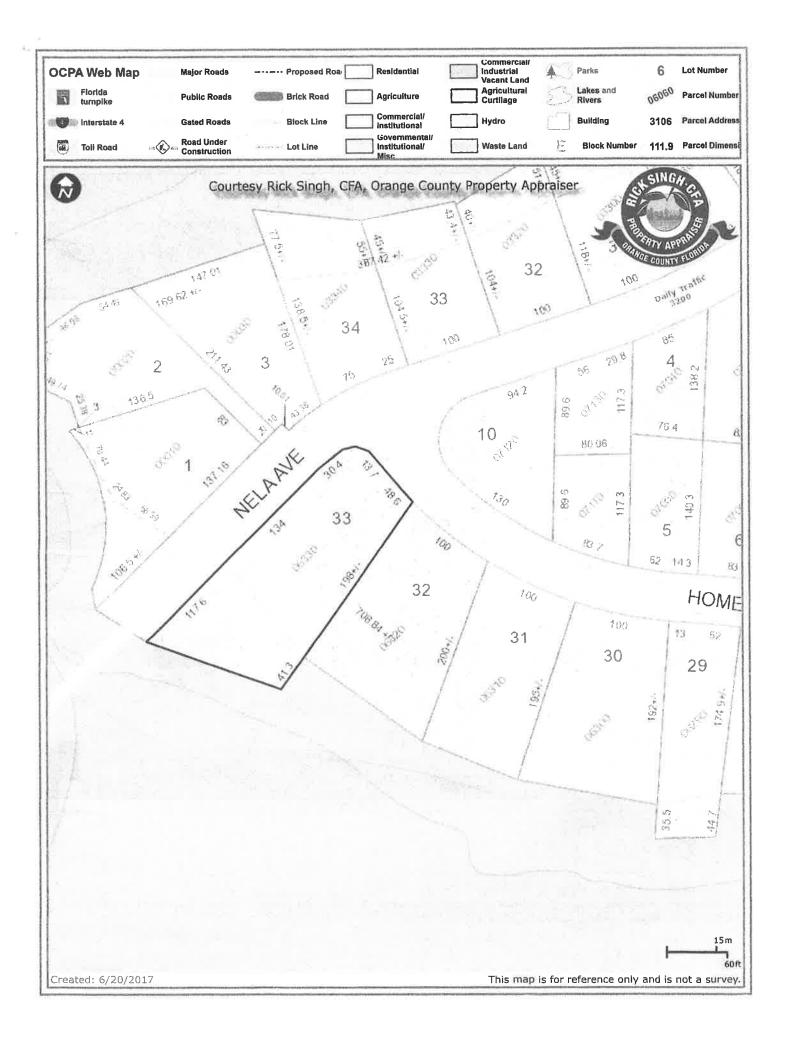
Exterior Wall.

Conc/Cindr

Interior Wall:

Plastered







Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT NO.	17-15	18
DATE PAID:	-11041	$\cap$
FEE PAID:	\$115	UD.
RECEIPT #:	ecut.	-

Page 1 of 4

Lahr Homes PO Box 547103 Orl FL 32854  AGENT: L & L Demolition & Salvage, Inc. 407-296-9855-filephone, 407-295-0875  AGENT: L & L Demolition & Salvage, Inc. 407-296-9855-filephone, 407-295-0875  BEALLING ADDRESS: 5500 Old Winter Garden Rd Orlando Fl 32811 407-948-8885-  Ildemolition@gmail.cor  TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SISTEMS MUST BE CONSTRUCTED  BY A PERSON LICENSED PURSUBANT TO 489, 105 [3] [a] OR 489, 552, FLORIDA STATUTES. IT IS THE  APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE DOT WAS GREATED OR  PLATTED (RM/DD/YX) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.  PROPERTY INFORMATION  LOT 33 BEOCK: F SUBDIVISION: pela isle island PLATTED: 1949  PROPERTY ID * 19-23-30-5888-06-330 20NING: R-1AA 1/M OR EQUIVALENT: [ Y / N ]  PROPERTY SIZE: 0.72 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ 1<-2000GPD [ 1>2000GPD  IS SEWER AVAILABLE AS PER 381, GOGS, FS2 [ Y / N ] DISTANCE TO SENER: N/A FT  PROPERTY ADDRESS:  DIRECTIONS TO PROPERTY: S ON OTANGE AVE GO CAST ON nells ave over bridge sfr on left  BUILDING INFORMATION [ ] RESIDENTIAL [ ] SOMECRIAL  DIRECTIONS TO PROPERTY: S ON OTANGE AVE GO CAST ON nells ave over bridge sfr on left  BUILDING INFORMATION [ ] RESIDENTIAL [ ] SOMECRIAL  DIRECTIONS TO PROPERTY: S ON OTANGE AVE GO CAST ON nells ave over bridge sfr on left  BUILDING INFORMATION [ ] RESIDENTIAL [ ] SOMECRIAL	DIRECTORN DIRECTORN DIVINITE NO. 1 2 3 4	ING INFORMATION  Type of  Establishment  SFR	I I RES No. of Rodrouns 3	IDENTIAL Building Area Soft	[ ] COLAG Commercial/Ar Table 1 Char	RGIAL SLITUTIONS	l System Design
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Lahr Homes PO Box 547103 Orl FL 32854  AGENT: L & L Demolition & Salvage, Inc. 407-296-9855-[XLEPHONE, 407-295-0875]  DOILING ADDRESS: 5500 Old Winter Garden Rd Orlando Fl 32811 407-948-8885	BY A APPLI PLATT	Derson Licensed Purs Cant's responsibilit ED (121/DD/YY) IF REQ	UANT TO 489.1 Y TO PROVIDE UESTING CONSI	05(3)(m) OR DOCUMENTATIO DEPATION OF	489,552, FLORI N OF THE DATE STATUTORY GRAD	DA STATUTE THE LOT WA DFATHER PR	S. IT IS THE S CREATED OR OVISIONS.
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APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative	APPLI	CANT: Lahr Homes PO		anyora da sa marija S			(Section of the Control of the Contr

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	() Owner	Name		Trade Name 1	ldemolition	@gmail.co
	5500 Old Winter Gard	len Rd Orlando F	L 3281	407-948-8885-	-c 407-295-0875	407-296-98
	Address	City	e più strante e	State	Zip	San San
2	Occupational License	1809-006576	8	Orange	9-17	
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	Type of Structure:	<b>X</b> iResident	ial D	Commercial: (I)Other		og gelt kins
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U/Personal Plans Coordination Certification of Service Oricinated since Page 1 of 2 020 (0.0)

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×	Address	City	State	Zip .	
	Occupational License	1809-0065768	Orange	9-17	
•	Occupational Elective	No.	Issued By	Expiration Date	P <sub>i</sub>
	Building Structure will b	e DEMOLISHED	OR MOVED	* ************************************	
	Type of Structure:	xiResidential 130	Commercial Other		
210	4 Homewood Dr. Belle Isle	FI 32809		3 5	×
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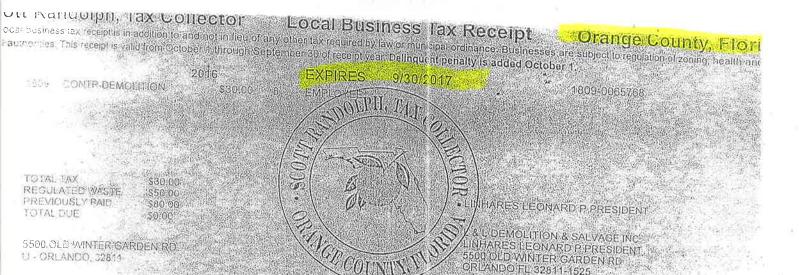
# GERANIELEATHON OF SERVICE DISCOMNECT

1,	· Applicant: 0: Contra		lition & Salvage, Inc.		
	5500 Old Winter Gard			00/11demolition@ 885-c407-295-08754	ANG THE STATE OF THE STATE OF THE STATE OF
A.	Address	Sily	Sible	1600	W1-290-9655F
Sales .		1000 0055750	Orange	<b>Zip</b> 9-17	
o.	Occupational License	No.	Jesped By	Expiration Data	
4.	Building Structure will				
5.	Type of Structure:	xiResidential	DCommercial DC	Mier	
Site #	04 Homewood Dr. Belle Is	le FI 32809			
19	-23-30-5888-06-330				
Logal	Description				
Br	yce Guignard	Lahr Homes PO Box	547103 Orlando FL 32	2854	
Owne	r of Record		ddress		
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	Certification By Date		Centification By Date		
2.	Gas Company		5. Water Company	wegereest.	
x.	Teco				
	P.O.No.	or or	PONE	ő)r	Marie Par
÷	Certification;By		Certification By	or or	
0.000 1.5 #0	Date		Date	<del></del>	
3.	Electric Company		L Other: (LPG Co	mpany, etc.)	
	Duke 3380711				
	P.O.No.	A or	PONO.		
	Certification By	053	Certification By	<del>Organization de l'action</del>	
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	(1 Owner	Name	34		lldemolition	
	5500 Old Winter Garde	The state of the s		All School Street	85-c 407-295-0875	407-296-985
	Address	City	N. 100 -	Sinte	Zip	
is.	Occupational License	1809-006576 No	8.	Orange	9-17 Expiration Date	•
٠,	Building Structure will b	e DEMOLIS	HED			
	Type of Structure:	≰iResiden	tial 131	Commercial EOH	ner R3	
	04 Homewood Dr. Belle Isle	FJ 32809		DA07-5	CF03. 1524	1948-04
19	-23-30-5888-06-330					
ga	Description		criw.			
Bı	yce Guignard La	ahr Homes PO T	3ox 547	103 Orlando FL 328	54	3871 - 1
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	20	Owner	Name	100	Trade Name 1	ldemolit	ion@ama
	5500 Old Win	ter Garden	Rd Orlando	FL 3281	1 407-948-8885		
	Address		Ci	17/4	State		
	<b>A</b>		1809-0065		n 12" at 12	Zip	*
	Occupational L	icense _	the second second second	700	Orange	9-17	
			No.	_	Issued By	Expiration D	ate
	Building Structi	re will be	DEMOL	SHED	OR MOVED		W
	Type of Structu	re:	xiReside	ntial	Commercial Othe	į	
				. 20	Total Collection	S	
04	Homewood Dr. 1	3-11- T-1 T	1 22000	9, 199			
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Die	escription		5 50				
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This receipt is official when validated by the Tax Collector.

Lake County Building Services Contractor Licensing PO BOX 7600 \* Tavares FD 32778 \* 352-343-9653

DEMOLITION

PAID \$80.00 0099-00741035-08/10/2016

Cert Mor: 8385 Exp: 9/30/2018

tate Mburiocai

32811-

Competency Card

THIS CERTIFIES **LEONARD P LINHARES** 

L & L DEMOLITION & SALVAGE INC

IS LICENSED AS A 46 DEMOLITION DEMO6112702

IN THE COUNTY OF VOLUSIA, FLORIDA

VOL # 06112702

VOLUSIA COUNTY CLCA

EXPIRES 09/30/2017

BUILDING OFFICIAL

### CITY OF WINTER PARK

**BUSINESS CERTIFICATE** 401 S. PARK AVENUE WINTER PARK, FLORIDA 32789

CATION: OUTSIDE CITY LOCATION

ASSIFICATION: BCB

UED TO: L & L DEMOLITION

OUTSIDE CITY LOCATION 5500 OLD WINTER GARDEN RD

ORLANDO

FL 32811

NO. 17-00032075

This certificate must be posted conspicuously in your place of business

Bus., Prof. or Occupation BUILDING CONTRACTOR

Certificate Fee **Delinquent Penalty** 

.00 ..00 TOTAL

This certificate expires:

SEPT. 30, 2017

MUST MAINTAIN \$5000 BOND DEMOLITION CONTRACTOR

DOTSONE

ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2017

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 have ADDITIONAL INSURED provisions or 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 liquid found and resembles.

this certificate does not comer rights to the certificate holder (if he	u or such endorsement(s).			
PRODUCER	CONTACT NAME:			
Insurance Office of America, Inc. 1855 West State Road 434	PHONE (A/C, No, Ext): (407) 788-3000 FAX (A/C, No): (407)			
Longwood, FL 32750	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Interstate Fire & Casualty Company	22829		
INSURED	INSURER B : American Automobile Insurance Company			
L&L Demolition & Salvage, Inc	INSURER C : Federal Insurance Company			
5500 Old Winter Garden Rd	INSURER D : Westchester Surplus Lines Insurance Company			
Orlando, FL 32811	INSURER E :			
	INSURER F:			
COVEDACES CERTIFICATE NUMBER.	DEMONON NUMBER			

OVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'8
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR			DAN1000488	06/26/2017	06/26/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,000
	X	Professional Liab					10-	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	s 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s 2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	X	ANY AUTO			MXA80326276	06/26/2017	06/26/2018	BODILY INJURY (Per person)	\$
Į		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
ļ		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
			"'^					E.L. DISEASE - EA EMPLOYEE	\$
	it yes DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
C	Equ	ipment Floater			45468805	09/01/2016	09/01/2017	Leased/Rented Equip	200,000
D	Poli	ution Liability			G28133789002	06/26/2017	06/26/2018	Each Pollution Cond	1,000,000

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

CERTIFICATE HOLDER	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.
City of Belle Isle, attn: Building Dept. 1600 Nela Ave. Belle Isle, Fl. 32809	AUTHORIZED REPRESENTATIVE



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2016

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 electrificate holder in lieu of such endorsement(s).	idorsement. A statement on this certificate does not confer rights to the
PRODUCER	CONTACT NAME:
TriGen Insurance Solutions, Inc. 315 SE Mizner Blvd	PHONE (A/C, No, Ext): (877) 987-4436 FAX (A/C, No): (954) 252-4426
Suite 213	E-MAIL ADDRESS: certs@trigensolutions.com
Boca Raton FL 33432	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Guarantee Insurance Company 11398
INSURED (904) 731-9014	INSURER B:
Convergence Employee Leasing, Inc. Convergence Employee Leasing II, Inc.	INSURER C:
Convergence Employee Leasing III, Inc.	INSURER D :
3951 Baymeadows Road Jacksonville FL 32217	INSURER E :
Vacabout 1120 14 O221/	INSURER F:
COVERAGES CERTIFICATE NUMBER: Cert ID 18	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.
INSR LTR TYPE OF INSURANCE INSD WYD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	MED EXP (Any one person) \$
	PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$
POLICY JECT LOC	PRODUCTS - COMP/OP AGG \$
OTHER:	\$
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident)  \$
ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person) \$
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident) \$
HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident) \$
	\$
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DED   RETENTION \$   WORKERS COMPENSATION	S S
A AND EMPLOYERS' LIABILITY Y/N WCP500075002GIC	09/30/2016 09/30/2017 X PER STATUTE OTH-
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$ 1,000,000
(Mandatory In NH)  If yes, describe under	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
DÉSCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	\$
	s
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	
Coverage provided for all leased employees but not subcontr	
Inc. Location coverage effective: 9/30/2016.	
/407\ 240 2202	
(407) 240-2222	
CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
ditu of malle relementation me	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Belle Isle Building Dept	
1600 Nela Ave	AUTHORIZED REPRESENTATIVE
Belle Tele WT 20012	Cale Smort
Belle Isle FL 32812	

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### RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

D Searches Sales Search

Results Property Record Card

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2104 Homewood Dr < 19-23-30-5888-06-330 >

Name(s)

Guignard Bryce R

Physical Street Address

Mailing Address On File

2104 Homewood Dr

2104 Homewood Dr

Postal City and Zipcode Orlando, FI 32809

Belle Isle, FL 32809-6103

Property Use

Incorrect Mailing Address?

0130 - Sfr - Lake Front

Municipality

Belle Isle



View 2016 Property Record Card

Values, Exemptions and Taxes

**Property Features** 

Sales Analysis

**Location Info** 

**Market Stats** 

Update Information

2017 values will be available in August of 2017.

**Property Description** 

View Plat

**Total Land Area** 

NELA ISLE (ISLAND SECTION) O/99 LOT 33 BLK F & LAND TO WATERS OF LAKE

31,307 sqft (+/-) | 0.72 acres (+/-)

GIS Calculated

Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working	working	working	working

Page 1 of 1 (1 total records)

Buildings

	Important Information		Structure			
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1949	Gross Area:	3295 sqft
More	Type Code:	0103 - Single Fam Class III	Beds:	3	Living Area:	2663 sqft
Details	Building Value:	working	Baths:	2.0	Exterior Wall:	Concrete/Cinder Block
	Estimated New Cost:	working	Floors:	1	Interior Wall:	Plastered

Page 1 of 1 (1 total records)

#### **Extra Features**

Description	Date Built	Units	XFOB Value	
PT2 - Patio 2	01/01/1949	1 Unit(s)	working	
BD2 - Boat Dock 2	06/06/1996	1 Unit(s)	working	
BC3 - Boat Cover 3	06/06/1996	1 Unit(s)	working	
SCR1 - Scm Enc 1	06/06/1996	1 Unit(s)	working	
SHED - Shed	01/01/2005	1 Unit(s)	working	

Page 1 of 1 (5 total records)

This Data Printed on 06/20/2017 and System Data Last Refreshed on 06/19/2017

2663 × 9= 23,967 abic feet = min 25. - fee