



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

Name: Linhares, Leonard

Payment Date & Method: *check 24159 8.15.17*

Business Phone: 407 948 8885

Contractor License #: Cert of Comp: 06112702

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			

Schedule Inspections via Email at: BDscheduling@universalengineering.com

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 14 2017
BY: [Signature]

Building Permit (Land Use) Application

DATE: 7-8-17

PERMIT # 2017-08-083

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

Demolition of a sfr

also replaces expired permit 2016-07-009 for carpentry

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: 19-23-30-5888.06 330

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 _____

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

CONSTRUCTION TYPE CB

OCCUPANCY GROUP _____ Comm Res: x _____ Single Fam x _____ Multi Fam

#BLDG. 1 #UNITS 1 #STORIES 1 TOTAL SQ.FT. 3295

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	Date: Sent _____	RCD _____	
ZONING	<input checked="" type="radio"/>	N	\$ <u>35</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	Y	N	\$ _____
WINDOW(S)	Y	N	\$ _____
DOOR(S)	Y	N	\$ _____
FENCE	Y	N	\$ _____
SHED	Y	N	\$ _____
DRIVEWAY	Y	N	\$ _____
OTHER <u>DEMO</u>	Y	N	\$ <u>37.50</u>

BUILDING REVIEWER [Signature] DATE 8-15-17

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 8-14-15

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.

2.5
3% FL SURCHARGE

4. (mm)

TOTAL 76.50

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

*paid by check 24159
8.15.17*

*25.2
12.50
37.50*



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 # 2017-08-083

Owner's Name Bryce Guignard Lahr Homes
 Owner's Address 2104 Homewood Dr Belle Isle FL 32809

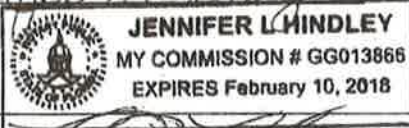
Contractor Name <u>Leonard P Linhares</u>	Company Name <u>L & L Demolition & Salvage, Inc.</u>
License # <u>1809-0065768</u>	Company Address <u>5500 Old Winter Garden Rd</u>
Contact Phone/Cell <u>407-948-8885</u>	City, State, ZIP <u>Orlando FL 32812</u>
Contact Email <u>lldemolition@gmail.com</u>	Contact Fax <u>407-296-9855</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.

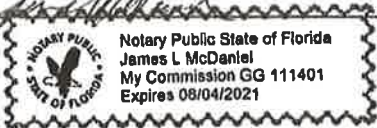
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not 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 Bryce Guignard
 The foregoing instrument was acknowledged before me this 8/9/17
 by Bryce R. Guignard who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner Jennifer L Hindley
 State of Florida
 County of Orange



Contractor Signature Leonard P Linhares
 COMPANY NAME L & L Demolition & Salvage, Inc.
 The foregoing instrument was acknowledged before me this 7-08-17
 by Leonard P Linhares who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner James L McDaniel
 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**.

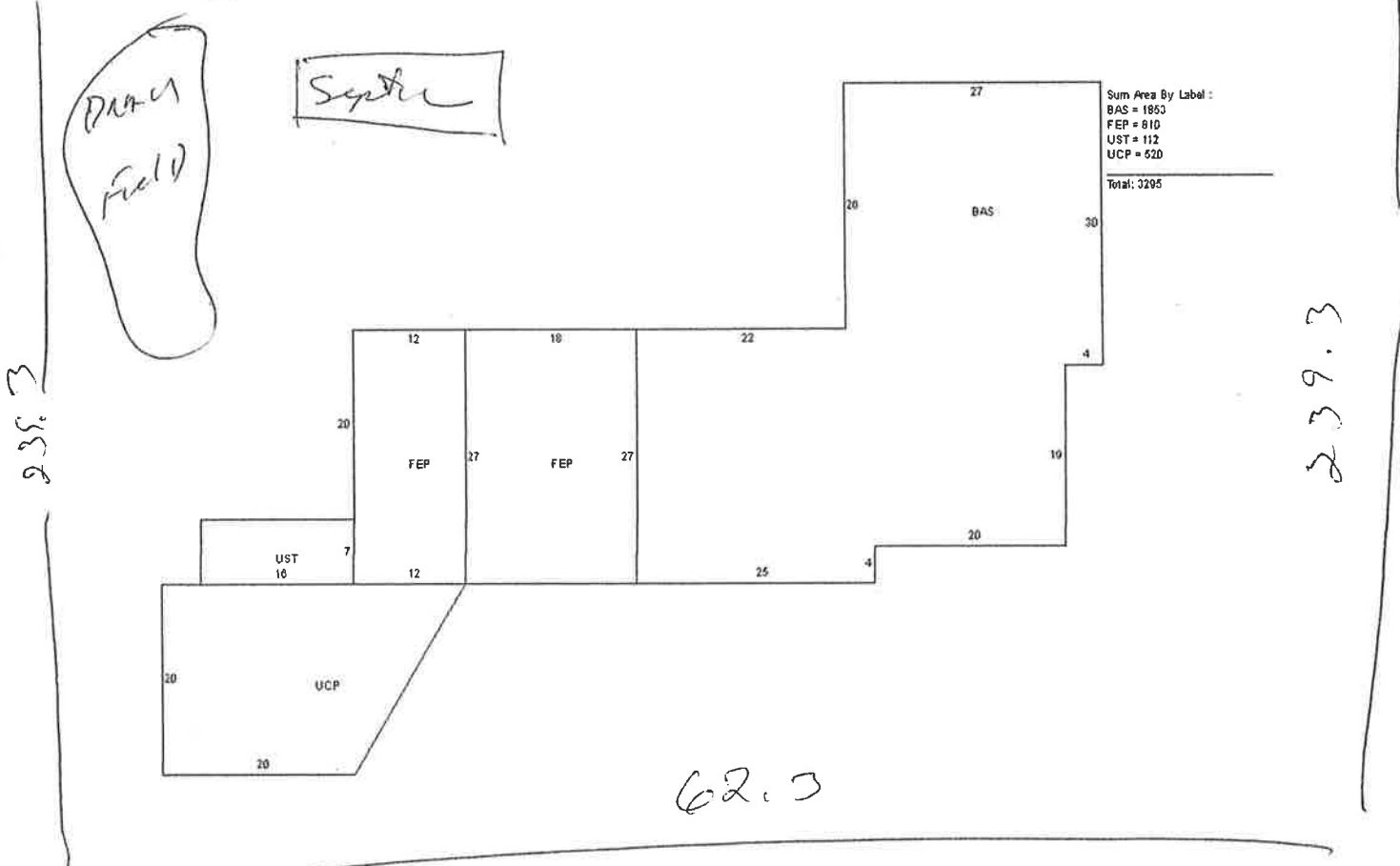
Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

Building Details - 2104 Homewood Dr - Building #1

62.3



Courtesy Rick Singh, Orange County Property Appraiser



Sub Area	Sqft	Value
BAS - Base Area	1853	working...
FEP - F/Enc Prch	810	working...
UCP - Unf Carpnt	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 Built: 1949
Beds: 3
Baths: 2.0
Floors: 1
Gross Area: 3295 sqft
Living Area: 2663 sqft
Exterior Wall: Conc/Cindr
Interior Wall: Plastered



8-15-17

* All Plumbing & electrical Lines to be removed and safely terminated

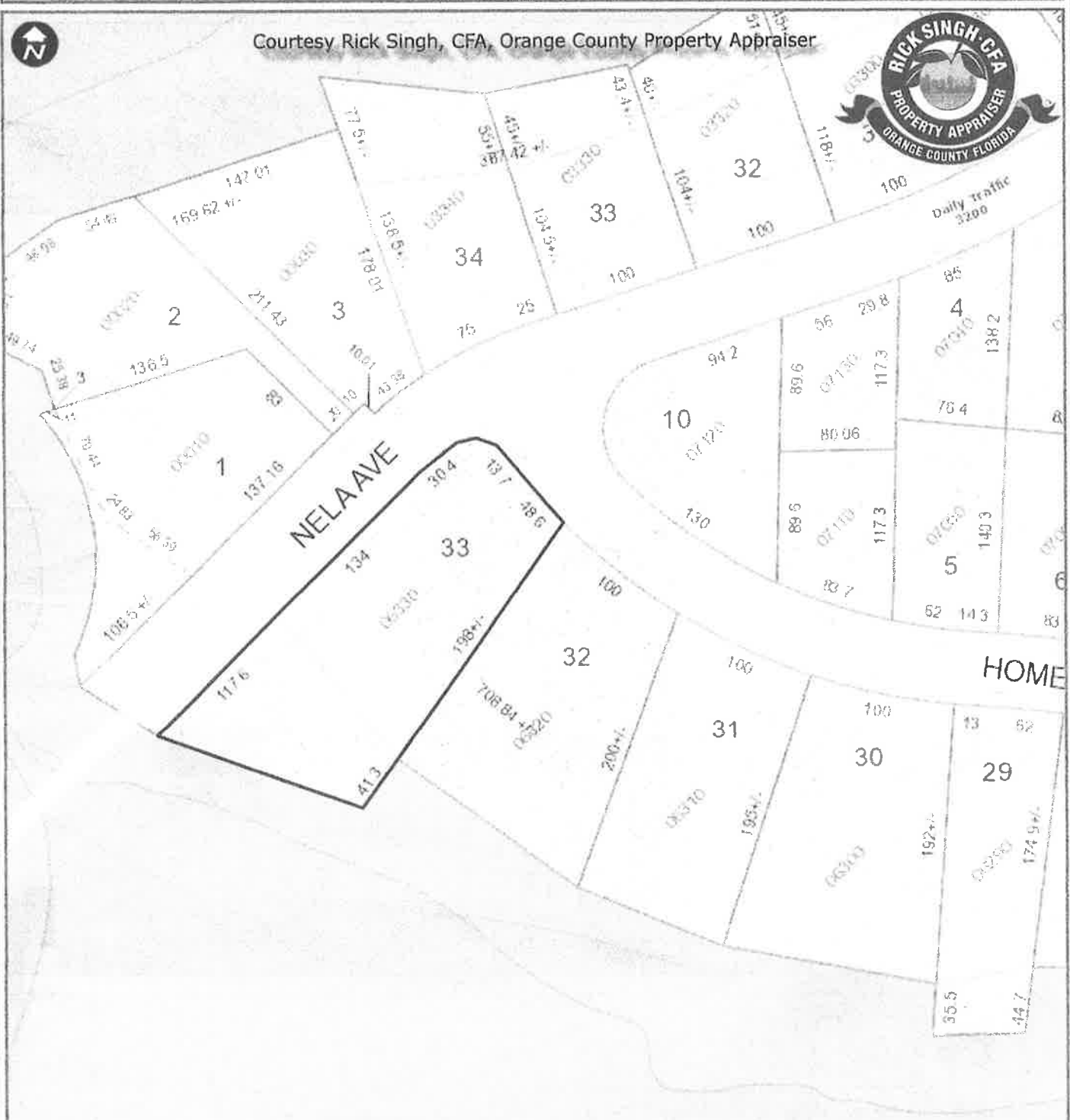
[Handwritten Signature]

OCPA Web Map

Florida turnpike	Major Roads	Proposed Road	Residential	Commercial/Industrial Vacant Land	Parks	6	Lot Number
Interstate 4	Public Roads	Brick Road	Agriculture	Agricultural Curtilage	Lakes and Rivers	06060	Parcel Number
Toll Road	Gated Roads	Block Line	Commercial/Institutional	Hydro	Building	3106	Parcel Address
Road Under Construction	Road Under Construction	Lot Line	Governmental/Institutional/Misc	Waste Land	Block Number	111.9	Parcel Dimension



Courtesy Rick Singh, CFA, Orange County Property Appraiser





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 17-1518
DATE PAID: 7/24/17
FEE PAID: 211500
RECEIPT #: 2007

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary Demolition Structures

APPLICANT: Lahr Homes PO Box 547103 Orl FL 32854

AGENT: L & L Demolition & Salvage, Inc. 407-296-9855-fx TELEPHONE: 407-295-0875

MAILING ADDRESS: 5500 Old Winter Garden Rd Orlando Fl 32811 407-948-8885-Cell

lledemolition@gmail.com

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 33 BLOCK: F SUBDIVISION: nela-isle-island PLATTED: 1949

PROPERTY ID #: 19-23-30-5888-06-330 ZONING: R-1AA I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 0.72 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 391.0065, FS? Y / N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 2104 Homewood Dr. Belle Isle Fl 32809

DIRECTIONS TO PROPERTY: S on orange ave go east on nela ave over bridge sfr on left

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	3	3295	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

DATE: 7-8-17

CERTIFICATION OF SERVICE DISCONNECT

1. Applicant: Contractor L & L Demolition & Salvage, Inc.
 Owner Name _____ Trade Name lldemolition@gmail.com
2. 5500 Old Winter Garden Rd Orlando FL 32811 407-948-8885-c 407-295-0875 407-296-9855F
 Address City State Zip
3. Occupational License 1809-0065768 Orange 9-17
 No. Issued By Expiration Date
4. Building Structure will be: DEMOLISHED OR MOVED
5. Type of Structure: Residential Commercial Other

2104 Homewood Dr. Belle Isle Fl 32809
 Site Address
19-23-30-5888-06-330

Legal Description
Bryce Guignard Lahr Homes PO Box 547103 Orlando FL 32854
 Owner of Record Address

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

- | | |
|---|---|
| <p>1. Telephone Company
 <u>AT&T</u>
 P.O. No. _____ or _____
 Certification By _____
 Date _____</p> | <p>4. Cablevision
 <u>spectrum</u>
 P.O. No. _____ or _____
 Certification By _____
 Date _____</p> |
| <p>2. Gas Company
 <u>Teco</u>
 P.O. No. _____ or _____
 Certification By <u>N. ORODI STROZU</u>
 Date <u>7/10/17</u></p> | <p>5. Water Company
 P.O. No. _____ or _____
 Certification By _____
 Date _____</p> |
| <p>3. Electric Company
 <u>Duke 3380711</u>
 P.O. No. _____ or _____
 Certification By _____</p> | <p>6. Other: (LPG Company, etc.)
 P.O. No. _____ or _____
 Certification By _____</p> |

CERTIFICATION OF SERVICE DISCONNECT

1. Applicant: Contractor L & L Demolition & Salvage, Inc.
 Owner Name: _____ Trade Name lldemolition@gmail.com
2. 5500 Old Winter Garden Rd Orlando FL 32811 407-948-8885-c 407-295-0875 407-296-9855F
 Address City State Zip
3. Occupational License 1809-0065768 Orange 9-17
 No. Issued By Expiration Date
4. Building Structure will be: DEMOLISHED OR MOVED
5. Type of Structure: Residential Commercial Other

2104 Homewood Dr. Belle Isle Fl 32809
 Site Address

19-23-30-5888-06-330

Legal Description

Bryce Guignard Lahr Homes PO Box 547103 Orlando FL 32854
 Owner of Record Address

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

- | | |
|--|--|
| <p>1. Telephone Company
 <u>AT&T</u>
 P.O.No. _____ or
 Certification By <u>Sandra Guignard</u>
 Date <u>7/13/2017</u></p> | <p>4. Cablevision
 <u>spectrum</u>
 P.O.No. _____ or
 Certification By _____
 Date _____</p> |
| <p>2. Gas Company
 <u>Teco</u>
 P.O.No. _____ or
 Certification By _____
 Date _____</p> | <p>5. Water Company

 P.O.No. _____ or
 Certification By _____
 Date _____</p> |
| <p>3. Electric Company
 <u>Duke 3380711</u>
 P.O.No. _____ or
 Certification By _____</p> | <p>6. Other: (LPG Company, etc.)

 P.O.No. _____ or
 Certification By _____</p> |

CERTIFICATION OF SERVICE DISCONNECT

1. Applicant: Contractor L & L Demolition & Salvage, Inc.
 Owner Name _____ Trade Name l1demolition@gmail.com
2. 5500 Old Winter Garden Rd Orlando FL 32811 407-948-8885-c 407-295-0875 407-296-9855F
Address City State Zip
3. Occupational License 1809-0065768 Orange 9-17
No. Issued By Expiration Date
4. Building Structure will be: DEMOLISHED OR MOVED
5. Type of Structure: Residential Commercial Other

2104 Homewood Dr. Belle Isle FL 32809
Site Address

19-23-30-5888-06-330

Legal Description

Bryce Guignard

Lahr Homes PO Box 547103 Orlando FL 32854

Owner of Record

Address

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

1. Telephone Company

AT&T

P.O. No. _____ or
Certification By _____
Date _____

4. Cablevision

spacem

P.O. No. _____ or
Certification By _____
Date _____

2. Gas Company

Teco

P.O. No. _____ or
Certification By _____
Date _____

5. Water Company

P.O. No. _____ or
Certification By _____
Date _____

3. Electric Company

Duke 3380711

P.O. No. _____ or
Certification By 7/25 [Signature]

6. Other: (LPG Company, etc.)

P.O. No. _____ or
Certification By _____

CERTIFICATION OF SERVICE DISCONNECT

1. Applicant: Contractor L & L Demolition & Salvage, Inc.
 Owner Name: _____ Trade Name l1demolition@gmail.com
2. 5500 Old Winter Garden Rd Orlando FL 32811 407-948-8885-c 407-295-0875 407-296-9855F
 Address City State Zip
3. Occupational License 1809-0065768 Orange 9-17
 No. Issued By Expiration Date
4. Building Structure will be: DEMOLISHED OR MOVED
5. Type of Structure: Residential Commercial Other

2104 Homewood Dr. Belle Isle Fl 32809 DA07-5 CF03. 152 4948-04
 Site Address

19-23-30-5888-06-330

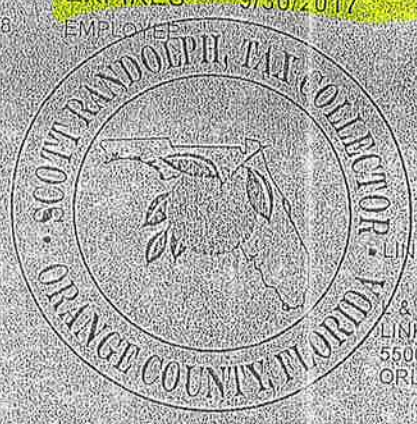
Legal Description _____
Bryce Guignard Lahr Homes PO Box 547103 Orlando FL 32854
 Owner of Record Address

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

- | | |
|---|--|
| <p>1. Telephone Company
 <u>AT&T</u>
 P.O.No. _____ or
 Certification By _____
 Date _____</p> <p>2. Gas Company
 <u>Teco</u>
 P.O.No. _____ or
 Certification By _____
 Date _____</p> <p>3. Electric Company
 <u>Duke 3380711</u>
 P.O.No. _____ or
 Certification By _____</p> | <p>4. Cablevision
 <u>spectrum</u>
 P.O.No. _____
 Certification By <u>[Signature]</u>
 Date <u>7-11-19</u></p> <p>5. Water Company
 P.O.No. _____ or
 Certification By _____
 Date _____</p> <p>6. Other: (LPG Company, etc.)
 P.O.No. _____ or
 Certification By _____</p> |
|---|--|

2016
 1809-0065768
 EXPIRES 9/30/2017

1809-0065768
 CONTP-DEMOLITION \$30.00
 TOTAL TAX \$30.00
 REGULATED WASTE \$50.00
 PREVIOUSLY PAID \$80.00
 TOTAL DUE \$0.00



LINHARES LEONARD P. PRESIDENT
 L & L DEMOLITION & SALVAGE INC.
 LINHARES LEONARD P. PRESIDENT
 5500 OLD WINTER GARDEN RD
 ORLANDO FL 32811-1525

5500 OLD WINTER GARDEN RD
 U - ORLANDO, 32811

PAID \$60.00 0099-00741035 8/10/2016

This receipt is official when validated by the Tax Collector.

Lake County Building Services
 Contractor Licensing
 PO BOX 7600 * Tavares FL 32778 * 352-343-9653
 DEMOLITION
 Cert. No: 0385 Exp: 9/30/2016
 State No: LOCAL

L & L DEMOLITION & SALVAGE INC.
 LEONARD LINHARES
 5500 OLD WINTER GARDEN RD
 ORLANDO FL 32811

Competency Card

EXPIRES 09/30/2017

VOL # 06112702
 THIS CERTIFIES LEONARD P LINHARES
 L & L DEMOLITION & SALVAGE INC
 IS LICENSED AS A 46 DEMOLITION DEM06112702
 IN THE COUNTY OF VOLUSIA, FLORIDA

BY
 VOLUSIA COUNTY CLCA
 BUILDING OFFICIAL



CITY OF WINTER PARK

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

NO. 17-00032075

This certificate must be posted
 conspicuously in your place of
 business

LOCATION: OUTSIDE CITY LOCATION

CLASSIFICATION: BCB

ISSUED TO: L & L DEMOLITION
 OUTSIDE CITY LOCATION
 5500 OLD WINTER GARDEN RD
 ORLANDO FL 32811

Bus., Prof. or Occupation
 BUILDING CONTRACTOR

Certificate Fee .00
 Delinquent Penalty .00
 TOTAL .00

This certificate expires:
SEPT 30, 2017

NOTE: MUST MAINTAIN \$5000 BOND
 DEMOLITION CONTRACTOR



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 endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TriGen Insurance Solutions, Inc. 315 SE Mizner Blvd Suite 213 Boca Raton FL 33432	CONTACT NAME: PHONE (A/C, No, Ext): (877) 987-4436 FAX (A/C, No): (954) 252-4426 E-MAIL ADDRESS: certs@trigensolutions.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED (904) 731-9014 Convergence Employee Leasing, Inc. Convergence Employee Leasing II, Inc. Convergence Employee Leasing III, Inc. 3951 Baymeadows Road Jacksonville FL 32217	INSURER A: Guarantee Insurance Company 11398	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Cert ID 18491 **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"/> PRO-JECT <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"/> 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) \$ \$
	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	N/A	WCP500075002GIC	09/30/2016	09/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage provided for all leased employees but not subcontractors of: L & L Demolition & Salvage Inc. Location coverage effective: 9/30/2016.

(407) 240-2222

CERTIFICATE HOLDER City of Belle Isle Building Dept 1600 Nela Ave Belle Isle FL 32812	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 <i>Carla Busciet</i>
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RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

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

Name(s)	Physical Street Address
Guignard Bryce R	2104 Homewood Dr
Mailing Address On File	Postal City and Zipcode
2104 Homewood Dr	Orlando, FL 32809
Belle Isle, FL 32809-6103	Property Use
Incorrect Mailing Address?	0130 - Sfr - Lake Front
	Municipality
	Belle Isle



View 2016 Property Record Card

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2017 values will be available in August of 2017.

Property Description

[View Plat](#)

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

Total Land Area 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
	Type Code:	0103 - Single Fam Class III	Beds:	3	Living Area:	2663 sqft
	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 x 9 = 23,967 cubic feet = min 25. - fee