



BUILDING JOB SITE CARD

City of Belle Isle

PLUMBING PERMIT 2017-08-120

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-120

Site Address: 3610 Country Lakes Dr, 32812

Subdivision:

Description of Work: Repipe SFR

Issue Date: 08.23.2017

Parcel Number: 20-23-30-1678-00-080

Class: Residential

Issued To: Frank Gay Plumbing, Inc

Name: Gay, Frank

Payment Date & Method:

8-29-17 VISA 6621 \$59.50

Business Phone: 407 293 2642

Contractor License #:

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

"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			

Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 4pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



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

RECEIVED
 AUG 23 2017

APPLICATION FOR PLUMBING PERMIT

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 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.

DATE OF APPLICATION: 08/22/17 **PERMIT NUMBER:** 2017-08-120
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
Project Address: 3610 COUNTRY LANE DRIVE Belle Isle FL 32809 32812
Property Owner: William Wickiser Phone 407-857-5848
Property Owner's Mailing Address: 3610 Country Lane Dr. City Orlando
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-080
 To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe

YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION to Septic System - ORANGE COUNTY DOCUMENT 64E-6

VALUATION OF JOB (labor & materials) \$ 4450.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
Sinks		Miscellaneous (Specify)	

Connecting to existing fixtures

*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.

Building Official: _____ Date _____
 Verified Contractor's Licenses & Insurance are on file 520 Date 8-23-17

Permit Fee	37
Review Fee	18.50
1% BCAIB Fee	2
1.5% DCA Fee	2
Total Permit Fee	59.50

> min

8.24.17 VISA 6621

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The Issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CFC057624
 LICENSE HOLDER NAME Frank H. Gay COMPANY NAME Frank Gay Services
 Street Address 6206 Forest City Road
 City Orlando State FL Zip Code 32810 Phone Number 407-293-2642
 Email Address alexandra.garcia@frankgayervices.com

NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____

Permit Number: 2017-08-120
 Folio/Parcel Identification Number: _____
 Prepared by: Alexandra Garcia



Return to: 6206 Forest City Road
Orlando FL 32810

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.

1. **Description of property** (legal description of the property, and street address if available)
Conway lakes 8/3 lot 8 & vac st on s as per or 3429-73
2. **General description of improvement**
Whole house re-pipe with pex pipe to code
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name William Wickiser
 Address 3610 Country Lakes Drive Orlando FL 32812
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____

4. **Contractor**
 Name Frank H. Gay Telephone Number 407-293-2642
 Address 6206 Forest City Road Orlando FL 32810
 Surety (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____

5. **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.

6. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(b), 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 may not be before the completion of construction and final payment to the contractor, but 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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

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

The foregoing instrument was acknowledged before me this 25th day of Aug by William Wickiser
 as owner for Frank Gay Services
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Alicia Atchewse
 Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public
ALICIA ATCHEWSE
 Notary Public - State of Florida
 Commission # GG 093371
 My Comm. Expires Jul 1, 2021
 Bonded through National Notary Assn.
 Form Notarized September 26, 2011

Personally Known _____ OR Produced ID
 Type of ID Produced PL

I hereby certify that this is a true copy of the document as reflected in the Official Records of the State of Florida, County of Orange.
 PHIL DIAMOND, COUNTY COMPTROLLER
 DATED: 8/28/17
 [Signature]



REPIPE PROPOSAL

PH: (407) 293-2642
FAX: (407) 532-3370

FRANK GAY'S SERVICES, INC.

6206 Forest City Road
Orlando, Florida 32810
CF-C057624
40 Years in Business!

24 Hour Service

Proposal Submitted To: Bill Wickiser	Home Phone: 407-857-5848	DATE: 8-21-17
Street Address: 3610 Country Lakes Dr	Work Phone:	Technician: Ron Flowers
City, State & Zip: Orlando FL 32817	Notes:	

REPIPE MATERIAL: PEX OR CPVC PeX ***Labor & Materials Warranties:**
***WARRANTY: LABOR 3 YEARS MATERIALS 25 YEARS** **if we use only our Materials NOT Owners**
 3 TIMES LONGER THAN A NEW HOME'S WARRANTY OR AS PER MANUFACTURER'S WARRANTY. MUST KEEP INVOICE FOR WARRANTY

SCOPE OF WORK

REPIPE WILL INCLUDE THE FOLLOWING FIXTURES & OUTLETS:

	HOT	COLD
WATER HEATER	1	1
WATER CLOSET		2
LAVATORIES	3	3
TUB & SHOWER VALVE	2	2
KITCHEN SINK	1	1
DISHWASHER	1	
WASHING MACHINE	1	1
ICE MAKER		1
UTILITY SINK	1	1
BAR SINK	1	1
HOSE BIBB		4
MISC.		
MAIN FEED	12	11
		18

TOTAL ATTIC DROPS 30 @ \$115 3450.00
 DOUBLE LAV DROPS @ \$155

We can install at an added cost armflex insulation to help control heating of the piping in attic space at an added cost. ask for estimate.

EXTRA WORK

- PLUMBING PERMIT OWNER MAY PULL PERMIT \$300.00
- DRYWALL (PATCHING ONLY) NO TEXTURING OR PAINTING NO MATCHING OF OLD PAINT IF WE TOUCH UP PAINT \$800.00
- REPLACING OF OLD FIXTURES, SUPPLYING NEW ONES
- WATER CLOSET
- LAVATORY
- TUB & SHOWER VALVE
- LAVATORY FAUCET
- KITCHEN FAUCET
- HOSE BIBBS
- REPLACE WASHING MACHINE HOSE (NECESSARY IF OLDER THAN 3 YRS.) \$59.00
- REPLACE ICE MAKER LINE RUN THROUGH CABINETS \$150.00
- REPLACE ICE MAKER LINE OVERHEAD \$250.00
- REPLACE SHOWER RISER & TUB RISER TO EXISTING VALVES (NO TILE REPAIR, NOT RESPONSIBLE FOR BROKEN TILE)
- REPLACE MAIN WATER LINE FROM METER TO HOUSE IN PVC PIPING. (DRYWALL COST TO BE ADDED. NO TEXTURING OR PAINTING.)
- OTHER

We hereby propose to furnish materials and labor - in accordance with specifications above for the sum of:

DROP TOTAL 3,450.00 EXTRA WORK 1,100.00 TOTAL PRICE 4,550.00

REPIPING PRICE BASED ON SCOPE OF WORK, LISTED ABOVE WITH THE FOLLOWING CLARIFICATIONS: -100.00

- NO SPRINKLER SYSTEM LINES, POOL SUPPLY LINES, WATER SOFTENER OR ECU LINES ARE INCLUDED. ASK FOR SEPARATE PROPOSAL.
- NO PATCHING OF CONCRETE, BLOCK, BRICK, STUCCO, WOOD OR SIDING ARE INCLUDED, ASK FOR SEPARATE PROPOSAL. 4,450.00
- NO PAINTING OF TEXTURE WORK WILL BE DONE. THIS IS EXTRA COST (NOTE: PAINTING MAY NOT MATCH OLD PAINT)
- NO WALLPAPER OF TILE WORK WILL BE DONE.
- OUTSIDE HOSE BIBBS WITH ELECTRICAL GROUND WILL HAVE TO REMAIN IN EXISTING METAL PIPING.
- ASK EXTRA PRICE TO INSTALL YOUR NEW ARMFLEX INSULATION ON HOT AND COLD LINES LIC CAG 1816620 LIC # CFG057624 OVER YOUR WATER LINE TO HELP CONTROL HEAT ON PIPES.

I HAVE READ AND UNDERSTAND THE ABOVE CLARIFICATIONS WFW
 PAYMENT IS DUE ON COMPLETION OF WORK

This price will include cold water lines from house valve throughout your home. Hot and cold water supply lines and stop valves will be replaced through the use of your attic space. You may have a temperature rise on cold water tubing because of the heat in your attic. Ask for additional price on armflex Ask for price to install ARMFLEX over PVC lines to control heat, cold and hot. Also in cooler months, hot water temperature will be less for a few minutes. Lines typically not replaced are as follows: a) washing machine, b) ice maker lines, (c) shower riser to valve and tub riser to valve, (d)

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



LICENSE NUMBER	
CFC057624	

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

GAY, FRANK H
FRANK GAY PLUMBING INC
6206 FOREST CITY ROAD
ORLANDO FL 32810



ISSUED 08/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608240002445

RICK SCOTT GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
CAC1816620	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2018

GAY, FRANK H
FRANK GAY PLUMBING INC
6206 FOREST CITY RD
ORLANDO FL 32810



ISSUED 08/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608240001964

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD



LICENSE NUMBER	
EC13005023	ADDITIONAL BUSINESS QUALIFICATION

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

HOVARTER, FREDERICK HARRIS
FRANK GAY PLUMBING, INC.
6206 FOREST CITY RD
ORLANDO FL 32810





CERTIFICATE OF LIABILITY INSURANCE

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

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 lieu of such endorsement(s).


PRODUCER Risk Advisors of America 240 Lookout Place Maitland, FL 32751	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): (407) 571-1320	FAX (A/C, No): _____
E-MAIL ADDRESS: team@riskadvisorsusa.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Depositors Insurance Company		INSURER B: Allied Property & Casualty Insurance Company 42579
INSURER C: Insurance Company of the West		INSURER D: _____
INSURER E: _____		INSURER F: _____

COVERAGES **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			ACP GLDO 3017608830	03/01/2017	03/01/2018	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
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACP BAPD 3017608830	03/01/2017	03/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ACP CAP 3017608830	03/01/2017	03/01/2018	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
							\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WFL 5036432 00	04/06/2017	04/06/2018	<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)
Additional Insured - When Required in an Agreement or Contract with you. Coverage is primary and non-contributory. Blanket Waiver of Subrogation is required by written contract. Coverage is Primary and Non-contributory. 30 days notice of cancellation except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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lector Local Business Tax Receipt Orange County, Florida

id not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other
er 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2016 EXPIRES 9/30/2017 1803-1101848
\$30.00 1 EMPLOYEE 1804 CERT AIR CONDITIONIN \$30.00 1 EMPLOYEE
\$30.00 2 EMPLOYEE



GAY FRANK H
FRANK GAY PLUMBING INC
GAY FRANK H
6206 FOREST CITY RD
ORLANDO FL 32810

8/24/2016

This receipt is official when validated by the Tax Collector.

RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

[Searches](#) | [Sales Search](#) | [Results](#) | [Property Record Card](#) | [My Favorites](#) | [Sign up for e-Notify...](#)

3610 Country Lakes Dr < 20-23-30-1678-00-080 >

Name(s)
 Wickiser William E
 Wickiser Linda L
Mailing Address On File
 3610 Country Lakes Dr
 Belle Isle, FL 32812-3506
 Incorrect Mailing Address?

Physical Street Address
 3610 Country Lakes Dr
 Postal City and Zipcode
 Orlando, FL 32812
Property Use
 0103 - Single Fam Class III
 Municipality
 Belle Isle

Click To Enlarge Or Upload...

 302320167800080 09/28/2006

View 2016 Property Record Card

[Property Features](#) | [Values, Exemptions and Taxes](#) | [Sales Analysis](#) | [Location Info](#) | [Market Stats](#) | [Update Information](#)

Property Description

CONWAY LAKES 8/3 LOT 8 & VAC ST ON S AS PER OR 3429/73


Total Land Area 11,132 sqft (+/-) | 0.26 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$55,000.00	\$55,000	\$0.00	\$55,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1983	Gross Area: 3098 sqft
	Type Code: 0103 - Single Fam Class III	Beds: 3	Living Area: 2532 sqft
	Building Value: \$177,522	Baths: 2.0	Exterior Wall: Concrete Block Stucco