

Susan Manchester

2019-11-045  
April has big plans

**From:** April Fisher <aprilfisher73@gmail.com>  
**Sent:** Tuesday, December 10, 2019 9:46 AM  
**To:** Susan Manchester  
**Cc:** Frank Matos; CobiPermits; Heidi Peacock; Yolanda Quiceno  
**Subject:** Re: 2520 Homewood Dr - Frank will drop off app, survey & plans for boat dock 2019-11-045 zoning review - ProTeam P&D, LLC  
**Attachments:** image001.jpg

2520 Homewood

Hi Susan,

I will be reviewing these plans on Thursday. They received a special exception approval from the Planning Board last night for the guest cottage and some of the conditions require redesign of the guest cottage area and they may be dropping the height of the guest cottage so all of the plans will change.

If the plans submitted for the dock rebuild show the house, they will need to be revised to reflect the changes before I can approve the dock permit. It would not be good to have different plan sets with approvals stamped for things that are changing.

Thank you,

April

On Mon, Nov 25, 2019, 1:43 PM Susan Manchester <[SManchester@universalengineering.com](mailto:SManchester@universalengineering.com)> wrote:

Hi April,

I will have Frank drop off these oversized plans and survey (and app) tomorrow, 11.26.2019. He is out of the office today. I understand it will most likely not be approved until December 2, or thereafter. FYI - they have applied for a DEMO permit 2019-11-044 that will totally remove the old dock. We will make sure a final inspection has been performed on this to insure total removal of the old structure before issuing the new dock permit, pending zoning approval..

Thank you,

*Handwritten notes:*  
V O  
URGENT  
Cubana denied  
no response from contractor  
02.11.1

**Our Business Offices will be closed for two days next week - Thursday, November 28**



# UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences  
Geophysical Services • Materials Testing • Threshold Inspection  
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 159989

## Inspection Report

Project Name: 2520 Homewood Drive ~ COBI

Date: 11/26/2019 Any any

Address: 2520 Homewood Drive ~ COBI, Belle Isle, Orange County,  
FL

Permit No: 2019-11-045

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1800142.0000-0115-004

Contact: Susan Manchester at 407 581  
8161

Scope of Inspection: Pick up boat dock app, survey and plans from UES Maggie Blvd and deliver to 1600 Nela Ave COBI  
for zoning review by April Fisher

Inspection Type:

Disposition of Inspection:

Comments:

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Frank Matos



# City of Belle Isle Job Site Card Boat Dock PERMIT 2019-11-045

**PERMIT MUST BE POSTED ON SITE** - A permit expires in 6 months if approved inspections are not recorded / schedule within that time frame. **You are responsible for scheduling and keeping track of all your inspections.**

**Site Address:** 2520 Homewood Dr 32809 **Issue Date:** 11/27/2019

**Parcel #:** 19-23-30-5888-06-122 **Class:**  Residential **Subdivision:**

**Description of Work:** ADD A NEW DOCK 840 SFT - AT NO TIME WILL THER BE TWO DOCKS A THE SAME TIME.

Issued: **PROTEAM P&D LLC**

Name: **SMITH, KEITH TROY**

Business Phone: 321 295-6572

Contractor License: CGC1525330

Payment Date & Method: / / 2019  Picked up in person  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order # \_\_\_\_\_

**SEPARATE PERMITS WILL BE REQUIRED FOR ALL SUB-WORK**  
(Including electrical, & roof)

**A DEMO FINAL INSPECTION MUST BE PASSED IF AN EXISTING DOCK IS TO BE DEMOLISH & A SINGLE FAMILY RESIDENCE MUST BE IN PLACE PRIOR TO BUILDING THE NEW BOAT DOCK. (Must install a TURBIDITY BARRIER).**

BUILDING	INSPECTOR	DATE	COMMENTS
200 Framing			
250 Final			
260 Other			

Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3pm.** 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. Inspection results will be sent out the following business day. A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**"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."**



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

RECEIVED NOV 21 2019

## Building Permit (Land Use) Application

DATE: 10/25/2019

PERMIT # 2019-11-045

PROJECT ADDRESS 2520 Homewood Drive, Belle Isle FL, 32809, Belle Isle, FL  32809 32812

PROPERTY OWNER Mark and Jessica Jones PHONE 407.376.6397 VALUE OF WORK (labor & material) \$ 60,000

**PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS**

add a new <sup>840</sup>sq ft one.  
At no time, will there be two docks at the same time. *new DOCK*

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:** 19-23-30-5888-06-122

To obtain this information, please visit <http://www.ocpafll.org/Searches/ParcelSearch.aspx>

**SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK.** Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B  C  D

PLANNING & ZONING APPROVAL: \_\_\_\_\_  
DATE \_\_\_\_\_

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
	Date: Sent	RCD	
ZONING	<input checked="" type="radio"/>	N	\$ 165
CERT OF OCC	<input checked="" type="radio"/>	N	\$
TRAFFIC	Y	N	\$
SCHOOL	Y	N	\$
FIRE	Y	N	\$
SWIMMING POOL	Y	N	\$
SCREEN ENCLOSURE	Y	N	\$
ROOFING	Y	N	\$
BOAT DOCK	<input checked="" type="radio"/>	N	\$ 331.50
BUILDING	Y	N	\$
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

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

CONSTRUCTION TYPE \_\_\_\_\_  
 OCCUPANCY GROUP Comm Res: x Single Fam Multi Fam  
 #BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ TOTAL SQ.FT. 840  
 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:

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

*STIC*  
*4x49*  
 25  
 196  
 201.2  
 110.50  
 331.50

3.32  
 4.97  
 504.79



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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 Mark Jones & Jessica Jones

Owner's Address 2520 Homewood Dr, ~~Orlando~~ Belle Isle FL 32809

Contractor Name <u>Keith Smith</u>	Company Name <u>ProTeam P+D LLC</u>
License # <u>CGC1525330</u>	Company Address <u>747 Clifford Drive</u>
Contact Phone/Cell <u>321-295-6572</u>	City, State, ZIP <u>Orlando FL 32804</u>
Contact Email <u>KSmith7047@gmail.com</u>	Contact Fax _____

**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](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://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.

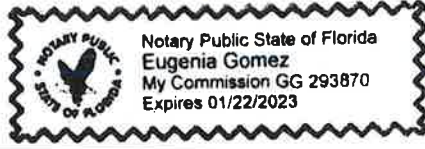
Owner Signature Jessica Jones  
 The foregoing instrument was acknowledged before me this 9/27/19  
 by Jessica Jones who is personally known to me  
 and who produced License  
 as identification and who did not take an oath

Notary as to Owner  
 State of Florida  
 County of Orange



Contractor Signature Keith Smith  
 COMPANY NAME ProTeam P+D LLC  
 The foregoing instrument was acknowledged before me this \_\_\_/\_\_\_/\_\_\_  
 by Keith Smith who is personally known to me  
 and who produced License  
 as identification and who did not take an oath

Notary as to Owner  
 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 29,387 X 0.35 =  
 Allowable Impervious Area (BASE) 10,285
- 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 3,444 sqft
  - Driveway 1,340
  - Walkway NA
  - Accessory Buildings NA
  - Pool & Spa NA
  - Deck & Patio NA
  - Other Dock - 840
 Actual Impervious Area (AIA) 5,624
- 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.  
4,661
- 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

# Employer Detail Page

This database was last updated Tuesday, September 17, 2019 11:19 AM.

Carrier Location Information

[Return to Search Page](#)

Employer Information		
Employer Name	Employer Type	INACIS Code
PROTEAM P & D LLC	LIMITED LIABILITY CO.	N/A

Coverage History
No Coverage History

Exemption Listings
Exemption Holder Name - (Click on the name(s) below to view more detailed information)
KEITH T SMITH

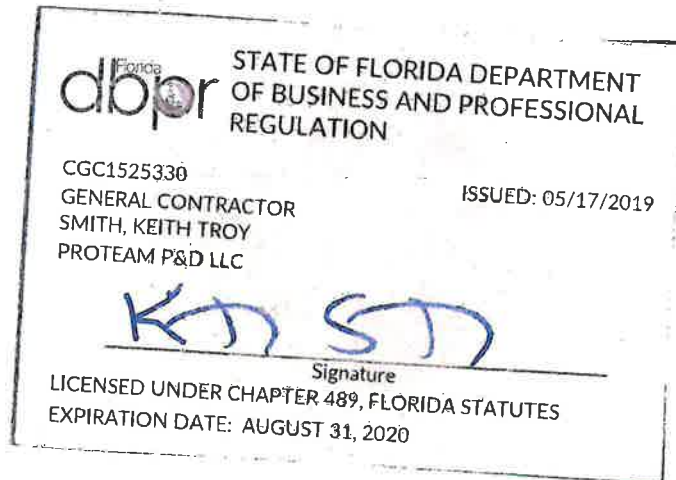
  

Owner Election Listings
No Owner Election of Coverage Listings

Employer Name History		
Employer Name	Name Type	Change Date
PROTEAM P & D LLC	Legal	Current

[Return to Search Page](#)





# CITY OF ORLANDO

## Business Tax Declaration of Variable Information

Declaration Date	Case #
April 1, 2019	BUS-1008352

**Business Owner**  
PROTEAM P&D LLC

**Business Name and Address**  
PROTEAM P&D LLC KEITH SMITH CTG1525330  
P O BOX 540642  
ORLANDO, FL 32854

**Business Location**  
747 CLIFFORD DR, ORLANDO, FL

Please complete and return by June 1, 2019 to avoid a 25% penalty. Do not send payment with this form. Renewal invoices will be mailed July 1, 2019. Please contact our office if there has been a change in ownership or business location prior to completing this form. Current Business Tax Receipt expires on September 30, 2019.

This information will be used to determine your Business Tax for 2019 - 2020. Please sign and return by email to [businesstax@cityoforlando.net](mailto:businesstax@cityoforlando.net) or mail by June 1, 2019.

Business type(s)	Year	Item ID	Last Year Qty	Changes
GENERAL CONTRACTOR	2020	Number of Employees	1	
GENERAL CONTRACTOR	2020	Square Footage	200	

Please check one:

Change of mailing address only:

There are no changes, last year's information is current.

Business has closed or moved outside Orlando city limits

I certify that the information shown is accurate and correct to the best of my knowledge and belief. I understand that if any portion is false or misrepresented such fact may constitute a criminal violation of the Orlando City Code Section 43.16 and may be just cause for revocation of any Business Tax Receipt issued.

Keith Smith  
Signature of Person Authorized to Sign for Business

Keith Smith  
Print Name

4-15-19  
Date

KSmith7077e Adl.com  
Email Address

321-295-6572  
Phone Number

2019 - 2020



**Local Business Tax Receipt**

(Formerly known as "Business License"  
changed per state law HB1269-2006)

**Business Name**

PROTEAM P&D LLC KEITH SMITH  
CTG1525330  
P O BOX 540642  
ORLANDO, FL 32854

**Business Owner**

PROTEAM P&D LLC

**Business Location**

747 CLIFFORD DR  
ORLANDO, FL

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

**Case Number:** BUS-1008352

**Issued Date:** 08/02/2019

**Expiration Date:** 09/30/2020

**Business type(s):**

Description	Year
CONTRA 1522 GENERAL CONTRACTOR	2020



Local Business Tax Receipt  
City Hall, 400 South Orange Avenue, First Floor  
Post Office Box 4990  
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: [businesstax@orlando.gov](mailto:businesstax@orlando.gov)

Prompt! Interactive Voice Response System: 407.246.4444  
Visit our website: [orlando.gov/permits](http://orlando.gov/permits)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/31/2017

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 407-933-1121

Ark Insurance Group  
600 N Thacker Ave Suite D45  
Kissimmee, FL 34741

CONTACT NAME: Dale Revels

PHONE (A/C, No., Ext): 407-933-1121

FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Evanston Insurance Company

35378

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Proteam P & D LLC  
747 Clifford Drive  
Orlando, FL 32804

**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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			3AA144427	08/22/2019	08/22/2020	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 \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

Additional Insured:

Belle Isle Building Department  
1600 Nela Ave  
Belle Isle Fla 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

Dale E. Revels