



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
OCT 08 2019

Building / Land Use Permit Application

DATE: _____

PERMIT # 2019-10-030

PROJECT ADDRESS 2705 Neia Ave Orlando FL 32809, Belle Isle, FL 32809 32812

PROPERTY OWNER Joshua Brown PHONE 362-650-3596 VALUE OF WORK (labor & material) \$ 50,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

altering existing shed into living space.

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: 19-23-30-5888-03-060

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH 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 _____

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

#BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ FT 300 sqft

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.

Page 1 of 2

REVIEW	Date Sent	RCD
SPRINKLERS REQ'D	Y	N
If Required - SUBMIT COPY OF PLANS FOR FIRE		
ZONING	<input checked="" type="checkbox"/>	N \$ <u>165.-</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	Y	N \$ _____

1% BCAIB FEE _____

1.5% DCA FEE _____

TOTAL _____

OTHER PERMITS REQUIRED:

ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA

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OCT 08 2019



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 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Building Permit (Land Use) Application

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

PERMIT #

Owner's Name XXXXXXXXXX Brown - Josh
 Owner's Address 2705 Nela Ave Orlando FL 32809

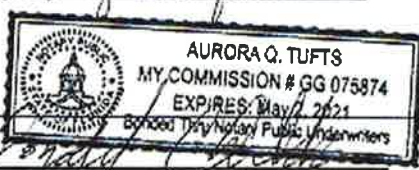
Contractor Name <u>Donald Childs</u>	Company Name <u>Donald R Childs Inc.</u>
License # <u>CGC1507813</u>	Company Address <u>1032 Maplewood St.</u>
Contact Phone/Cell <u>321-202-8013</u>	City, State, ZIP <u>TAVARES FL 32778</u>
Contact Email <u>DonChilds@ac1.com</u>	Contact Fax <u> </u>

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 [Signature]
 The foregoing instrument was acknowledged before me this 09/27/19
 by Josh Brown who is personally known to me
 and who produced Drivers license
 as identification and who did not take an oath.
 Notary as to Owner Aurora Q. Tufts
 State of Florida
 County of Orange



Contractor Signature [Signature]
 COMPANY NAME Donald R Childs inc
 The foregoing instrument was acknowledged before me this 09/22/19
 by Donny Childs who is personally known to me
 and who produced Drivers license
 as identification and who did not take an oath.
 Notary as to Owner Aurora Q. Tufts
 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 17,015 X 0.35 =
 Allowable Impervious Area (BASE) 5,955.25
- 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 2170
 - Driveway 1452
 - Walkway 136
 - Accessory Buildings 200
 - Pool & Spa 0
 - Deck & Patio 341.25
 - Other garage: 500 porch: 40
 Actual Impervious Area (AIA) 4939.25
- 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 foot of storage volume needed



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Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Building / Land Use Permit Application

RECEIVED OCT 15 2009

DATE: 10-15-09

PERMIT # 2009-10-030

PROJECT ADDRESS 2705 Neta Ave Orlando FL 32809 Belle Isle, FL 32809 32812

PROPERTY OWNER Joshua Brown PHONE 362-650-3596 VALUE OF WORK (labor & material) \$ 50,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

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DATE _____

SPRINKLERS REQ'D	Y	N	_____
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			Date: Sent _____ RCD _____
ZONING	Y	N	\$ _____
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	Y	N	\$ _____

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

1% BCAIB FEE _____
 1.5% DCA FEE _____
 TOTAL _____
 OTHER PERMITS REQUIRED:
 ELECTRICAL Y NA
 PREPOWER Y NA
 MECHANICAL Y NA
 PLUMBING Y NA
 ROOFING Y NA
 GAS Y NA

Susan Manchester

From: Susan Manchester
Sent: Wednesday, January 15, 2020 9:37 AM
To: April Fisher
Cc: CobiPermits
Subject: RE: 2705 Nela Ave - shed to guesthouse conversion permit 2019-10-030 - VOID DUE TO NO RESPONSE FROM CONTRACTOR

Very good – I will void this out as lack of response from the contractor.

Thank you,

Susan Manchester

Permit Administration for the City of Belle Isle
Building Inspections and
Code Compliance Department
407-423-0504 X23309 or 407-581-8161 option permits
E-mail: smanchester@universalengineering.com
Website: www.universalengineering.com



UNIVERSAL ENGINEERING SCIENCES, INC.
3532 Maggie Blvd. | Orlando, FL 32811
Tel: (407) 423-0504 | Fax: (407-423-3106

From: April Fisher [mailto:aprilfisher73@gmail.com]
Sent: Wednesday, January 15, 2020 9:10 AM
To: Susan Manchester <SManchester@universalengineering.com>
Cc: CobiPermits <CobiPermits@universalengineering.com>
Subject: Re: 2705 Nela Ave - shed to guesthouse conversion permit 2019-10-030 - old plans with requested modifications

Hi Susan, I haven't heard anything from them.

On Wed, Jan 15, 2020, 9:09 AM Susan Manchester <SManchester@universalengineering.com> wrote:

Hi April,

Do you know what happened to this review? Did they ever give you the plans that showed the half bath into a full bath and did it ever get approved? According to the email below – the Special Exception Review Process needed to be re-done. This is another one I would like to just void out as denied and let them re-apply all over again with a new permit number if they have let the ball drop.

Haley Gomez
Operations Manager
AB Outdoor Design
321-948-7488

On Oct 8, 2019, at 11:13 AM, April Fisher
<aprilfisher73@gmail.com> wrote:

Hi Susan, thank you. These plans do not meet the requirements of the special exception approval. The plans will need to be signed and sealed. Below are the conditions required by the special exception approval by the Board. I have highlighted the conditions that are supposed to be with the building permit application:

After discussion, Board member Shenefelt moved the criteria of Section 42-63 and 54-75 (c)(5) of the Belle Isle Land Development Code having been met TO APPROVE the special exception to allow conversion of an of a previously permitted storage shed to become what the land development code defines as a guest cottage on a single-family residential property with a primary detached single-family dwelling submitted by applicant Josh Brown, located at 2705 Nela Avenue, Belle Isle, FL 32809 also known as Parcel # 19-23-30-5888-03-060 with the following conditions;

1. The guest cottage shall be used exclusively for housing members of the family occupying the principal building and their nonpaying guests, such quarters shall have no kitchen facilities and shall not be rented or otherwise used as a separate dwelling;
2. The plans shall be revised to remove the kitchen facilities before submitting for building permitting;
3. The guest cottage must be maintained in a functional and aesthetically pleasing manner so as not to impact the public interest adversely; and,
4. Since the structure currently exists in a manner and materials different than what would normally be approved for a storage shed, the building permit application, survey, and plans must provide certification that all setbacks, maximum structure height, and size of the guest cottage structure meet code requirements as at the time originally permitted for an accessory building. Otherwise, a variance approval will be required for any deficiency before the building permit approval may be granted.

Thank you,

Susan Manchester

From: April Fisher <aprilfisher73@gmail.com>
Sent: Tuesday, October 8, 2019 11:13 AM
To: Susan Manchester
Cc: Haley Gomez; Haley Gomez; CobiPermits; Yolanda Quiceno; Heidi Peacock (hpeacock@belleislefl.gov)
Subject: Re: 2705 Nela Ave Permit Application Submittal for cabana

Hi Susan, thank you. These plans do not meet the requirements of the special exception approval. The plans will need to be signed and sealed. Below are the conditions required by the special exception approval by the Board. I have highlighted the conditions that are supposed to be with the building permit application:

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Thank you,

April

April Fisher, AICP
Fisher Planning and Development Services
407-494-8789

On Tue, Oct 8, 2019 at 10:58 AM Susan Manchester <SManchester@universalengineering.com> wrote:

Hi Haley,

RECEIVED
NOV 06 2019
BY: _____



Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

CHILDS, DONALD R

DONALD R. CHILDS, INC.
115 WESTCOTT LANE
DELAND FL 32724

LICENSE NUMBER: CGC1507813

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/27/2019

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 Ample Insurance Company P.O. Box 929 Oakland FL 34760		CONTACT NAME: George Bryant PHONE (A/C, No, Ext): (321) 222-1488 E-MAIL ADDRESS: certs@ampleins.com FAX (A/C, No): (321) 222-1487	
INSURED DONALD CHILDS, INC. 2900 N. Atlantic Ave. Unit#2106 Daytona Beach FL 32118		INSURER(S) AFFORDING COVERAGE INSURER A: Clear Blue Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 28860	

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BIFL14475300	06/21/2019	06/21/2020	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 \$ 2,000,000 \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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****CANCELLATION**

City of Belle Isle 1600 Mela Ave Belle Isle FL 32809-	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
---	---



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 1/15/2019

EXPIRATION DATE: 1/14/2021

PERSON: DONALD R CHILDS

EMAIL: DONCHILDSGC@AOL.COM

FEIN: 200479142

BUSINESS NAME AND ADDRESS:

DONALD R. CHILDS INC.

115 WESTCOTT LN.

DELAND, FL 32724

SCOPE OF BUSINESS OR TRADE:

Licensed General Contractor Carpentry NOC

Contractor-Project Manager,
Construction Executive,
Construction Manager or
Construction Superintendent



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

Business Tax Receipt

Business name : DONALD R CHILDS
Phone number : (321) 321-2766
Location addr : 1032 MAPLEWOOD ST
Lic Nbr/Class : 20 00003771 CONTRACTOR DEER
Issue date : 9/18/2019
Lic Fee : 5.00
Penalty : .00
Interest : .00
Total : 5.00
Restriction : OFFICE USE ONLY

ctl nbr : 8266
9/30/20



America's Seaplane City™

DONALD R CHILDS INC
1032 MAPLEWOOD ST
TAVARES FL 32778

DONALD R CHILDS
1032 MAPLEWOOD ST
TAVARES FL 32778

RECEIVED
NOV 06 2019
BY: _____



RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)
- [My Favorites](#)

[Sign up for e-Notify...](#)

2705 Nela Ave < 19-23-30-5888-03-060 >

Name(s) **Brown Joshua J**
 Physical Street Address **2705 Nela Ave**
 Mailing Address On File **2705 Nela Ave**
 Postal City and Zipcode **Orlando, FL 32809**
 Property Use **0130 - Sfr - Lake Front**
 Municipality **Belle Isle**



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

[Update Information](#)

Property Description

NELA ISLE (ISLAND SECTION) O/99 LOT 6 BLK C & IN NELA ISLE ANNEX PB R/74 W 25 FT LOT 1

[View Plat](#)

Total Land Area 17,012 sqft (+/-) | 0.39 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)	\$355,000.00	\$355,000	\$0.00	\$355,000

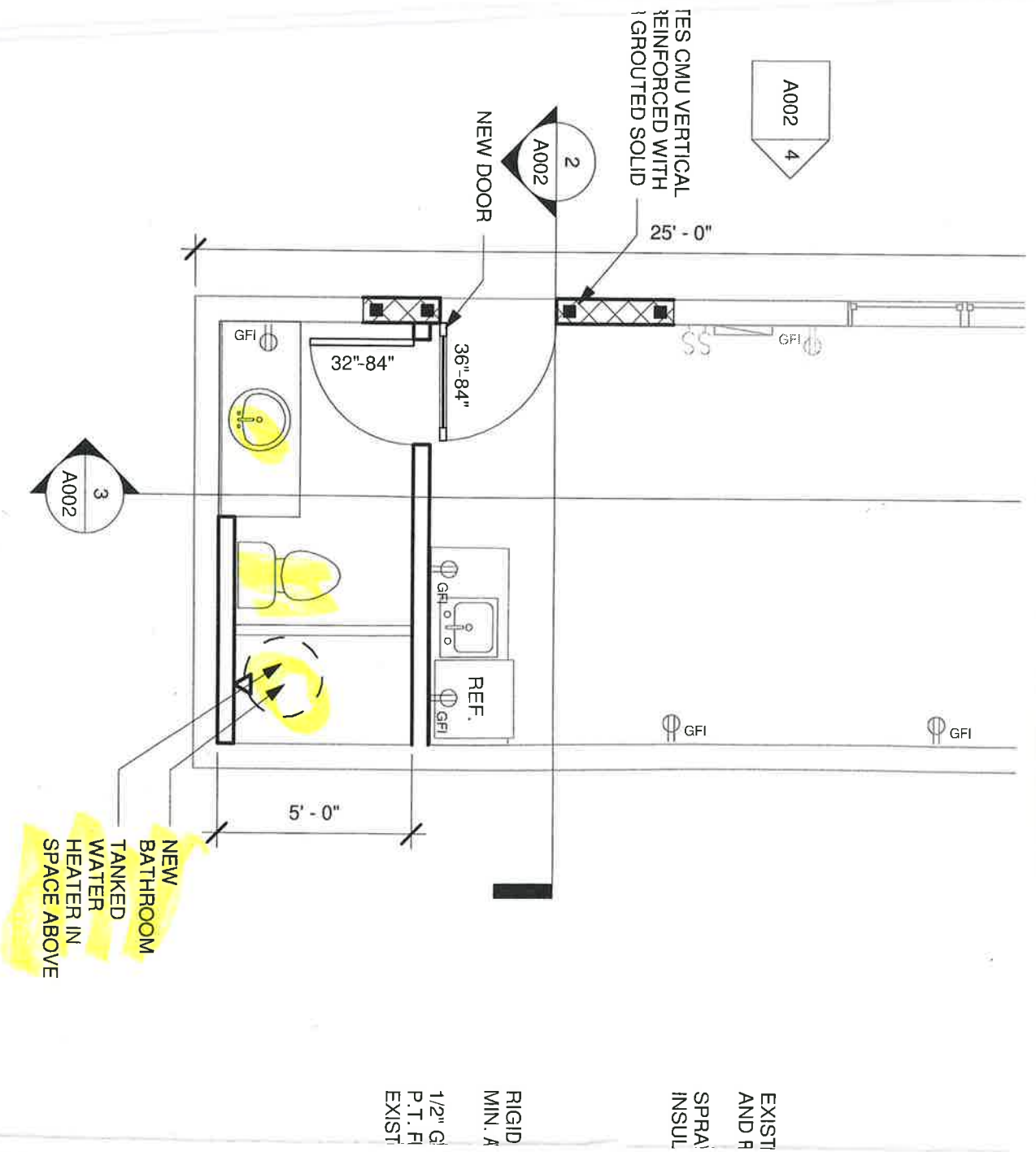
Page 1 of 1 (1 total records)

Buildings

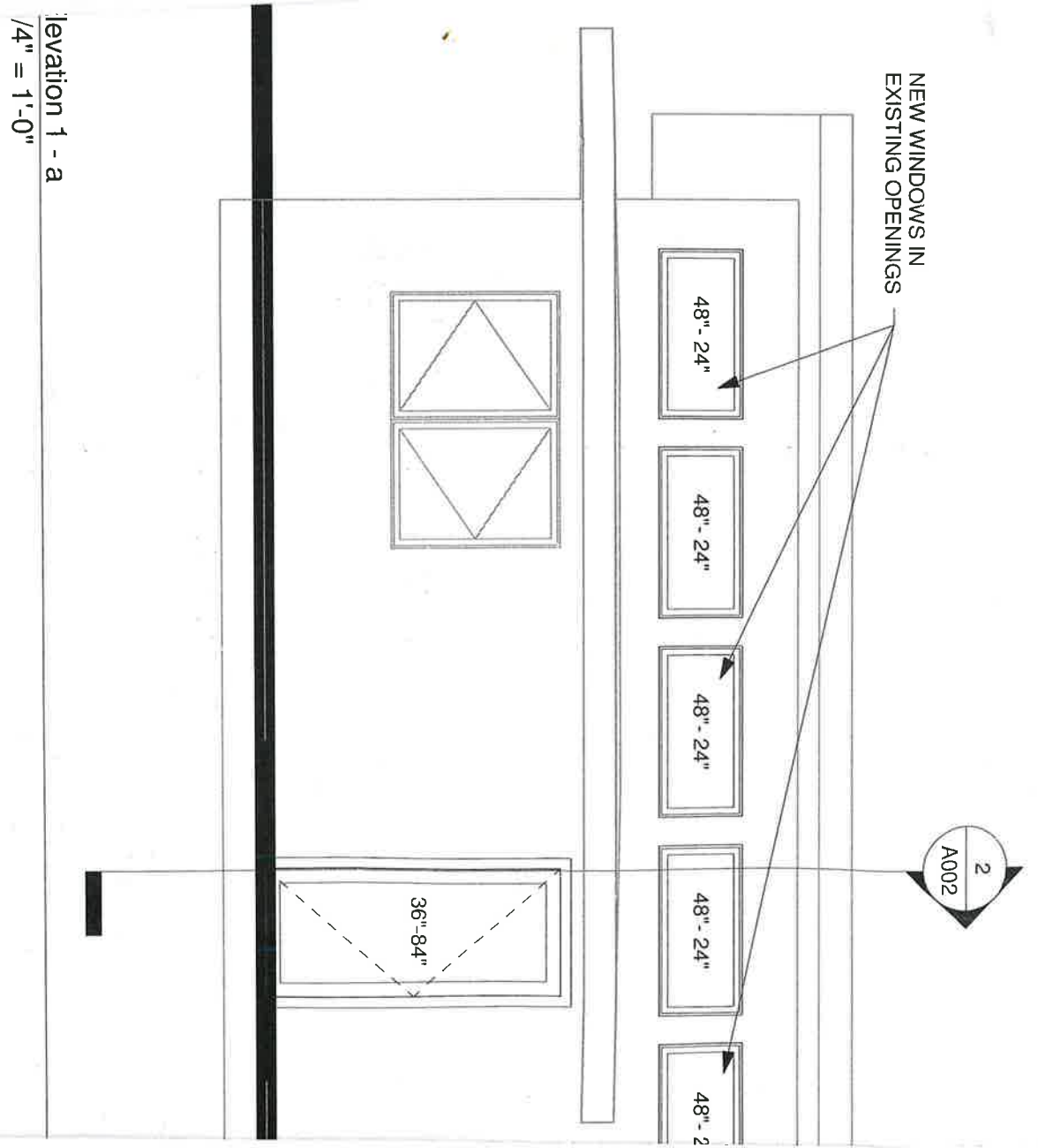
Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1954
Type Code:	0103 - Single Fam Class III	Beds:	3
Building Value:	\$227,537	Baths:	2.5
Estimated New Cost:	\$283,006	Floors:	1
		Gross Area:	2710 sqft
		Living Area:	2170 sqft
		Exterior Wall:	Concrete Block Stucco
		Interior Wall:	Wood Panel



RECEIVED
 NOV 06 2019
 BY: Resant to April
 by Email



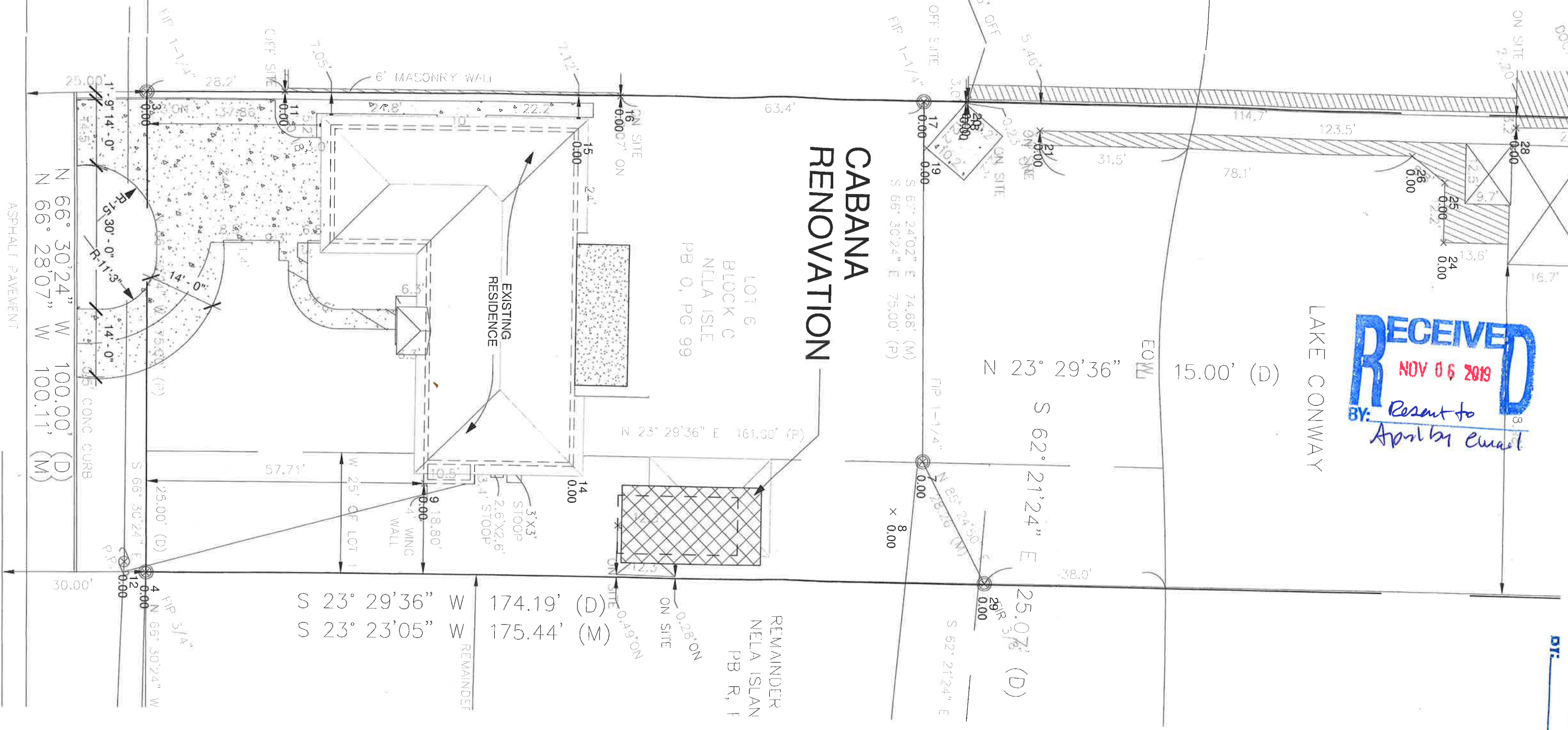
1 CABANA PLAN
 1/4" = 1'-0"



RECEIVED
 NOV 06 2019
 BY: Resent to
 April by email

**CABANA
 RENOVATION**

**LAKE CONWAY RESIDENCE
 2705 NELA AVE, BELL ISLE, FLORIDA**



Digitally signed by John P I
 Date: 2019.04.15:59:51-04'00'
 JOHN P. DRAKE
 AR01551

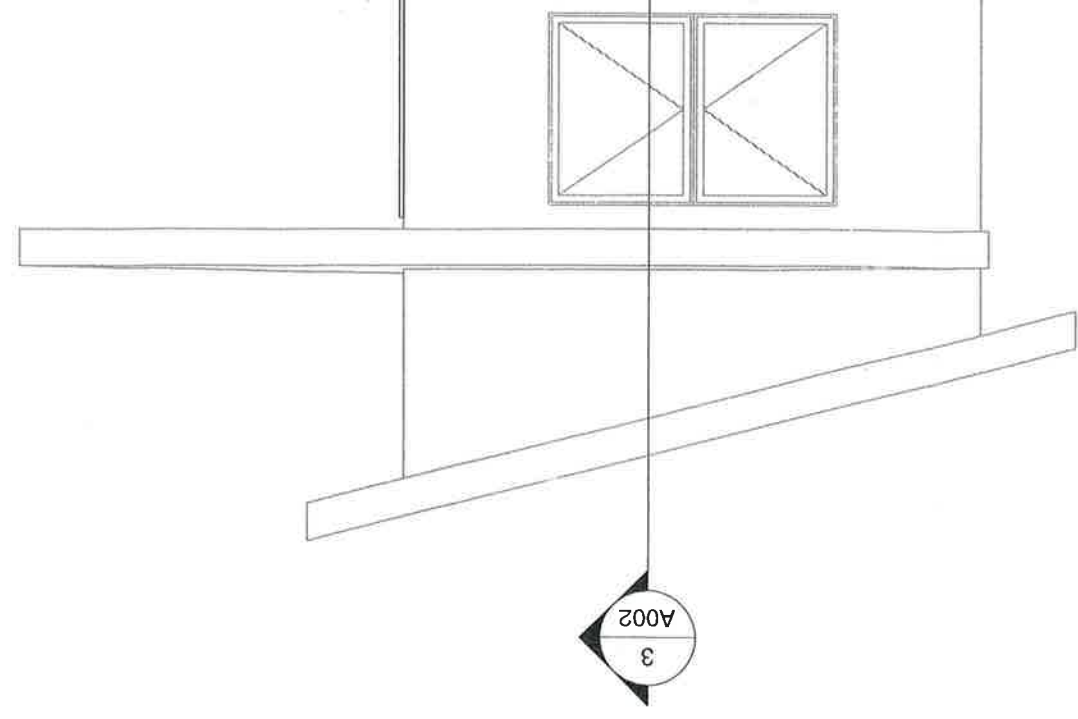
SEAL

ISSUE DATE

04/1

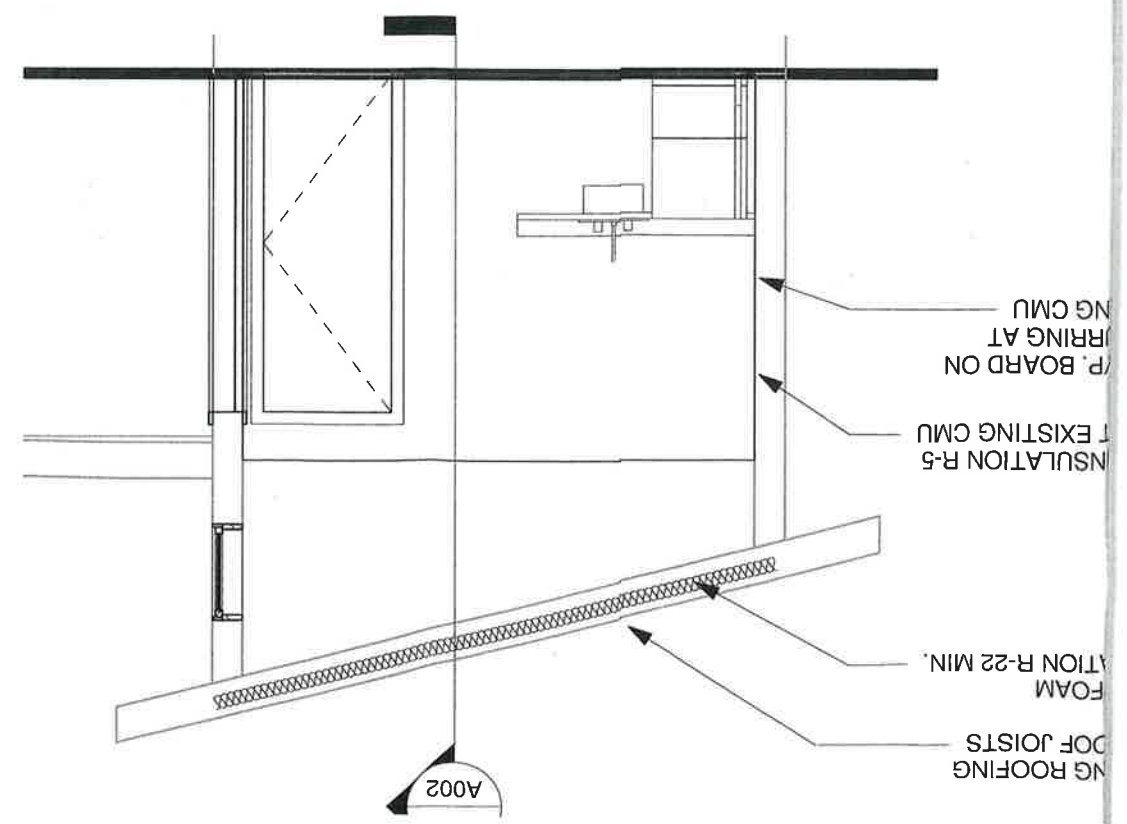
SHEET INFORMATIC
 DRAWING

RECEIVED
 NOV 9 2019
 BY: *resent to*
Apnl by email



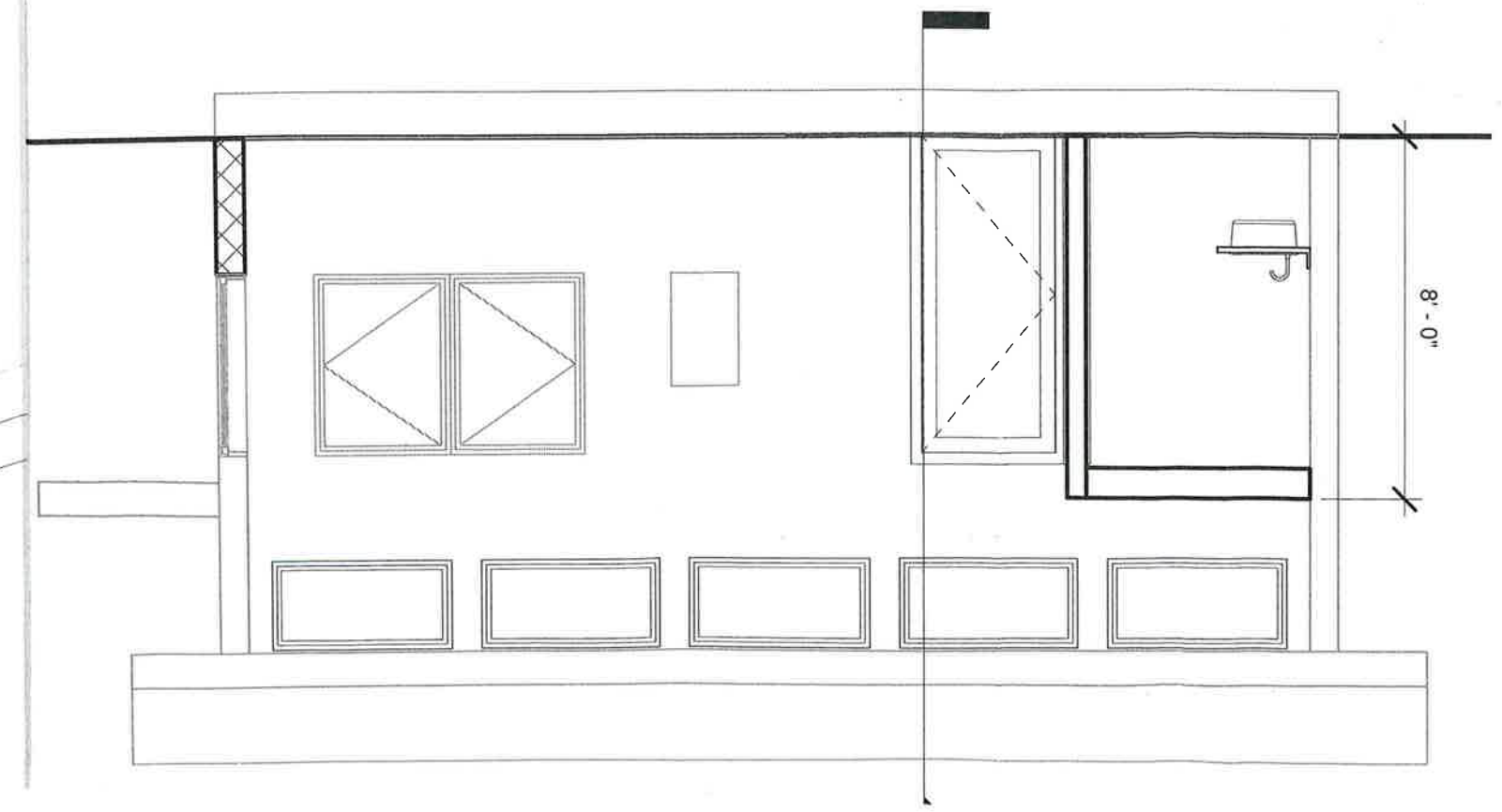
A002
3

2 Section 2
1/4" = 1'-0"

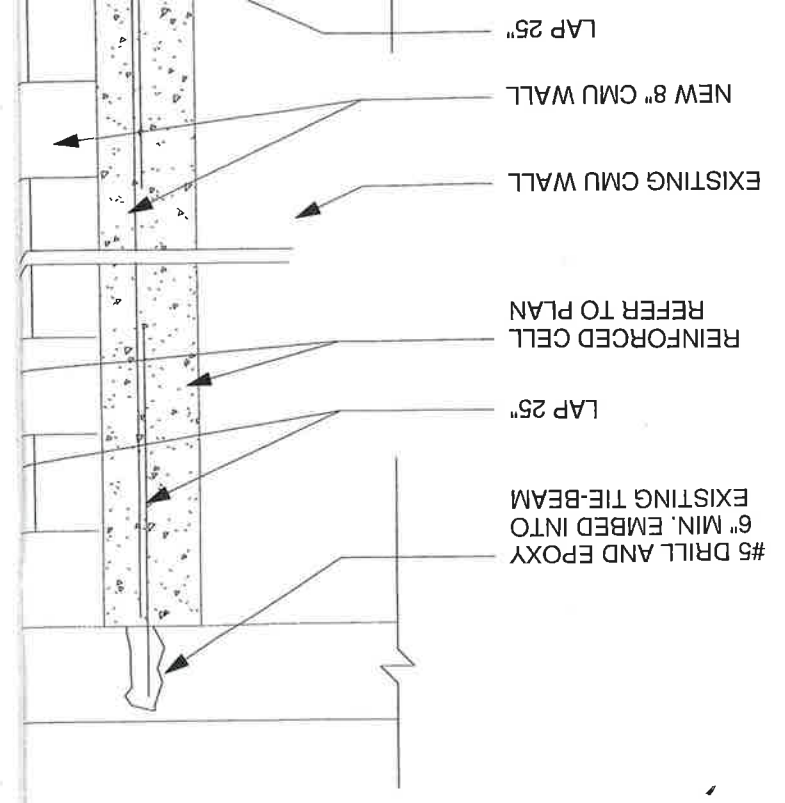


A002

3 Section 3
1/4" = 1'-0"



8'-0"



#5 DRILL AND EPOXY
6" MIN. EMBED INTO
EXISTING TIE-BEAM

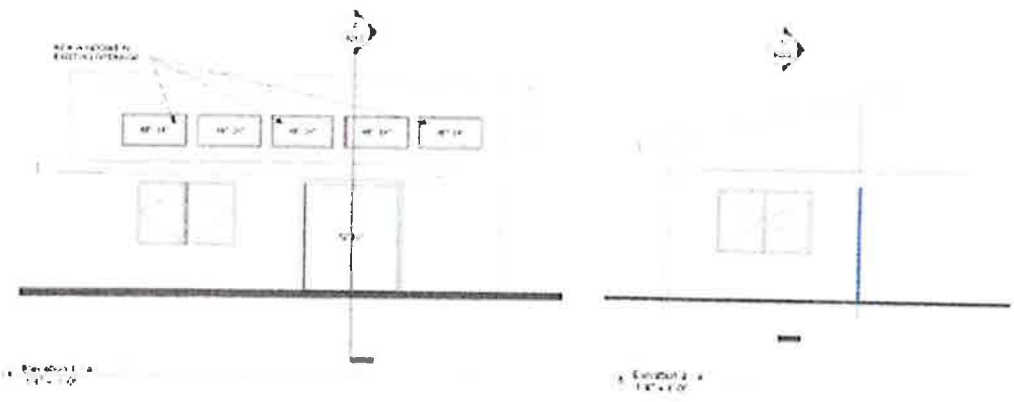
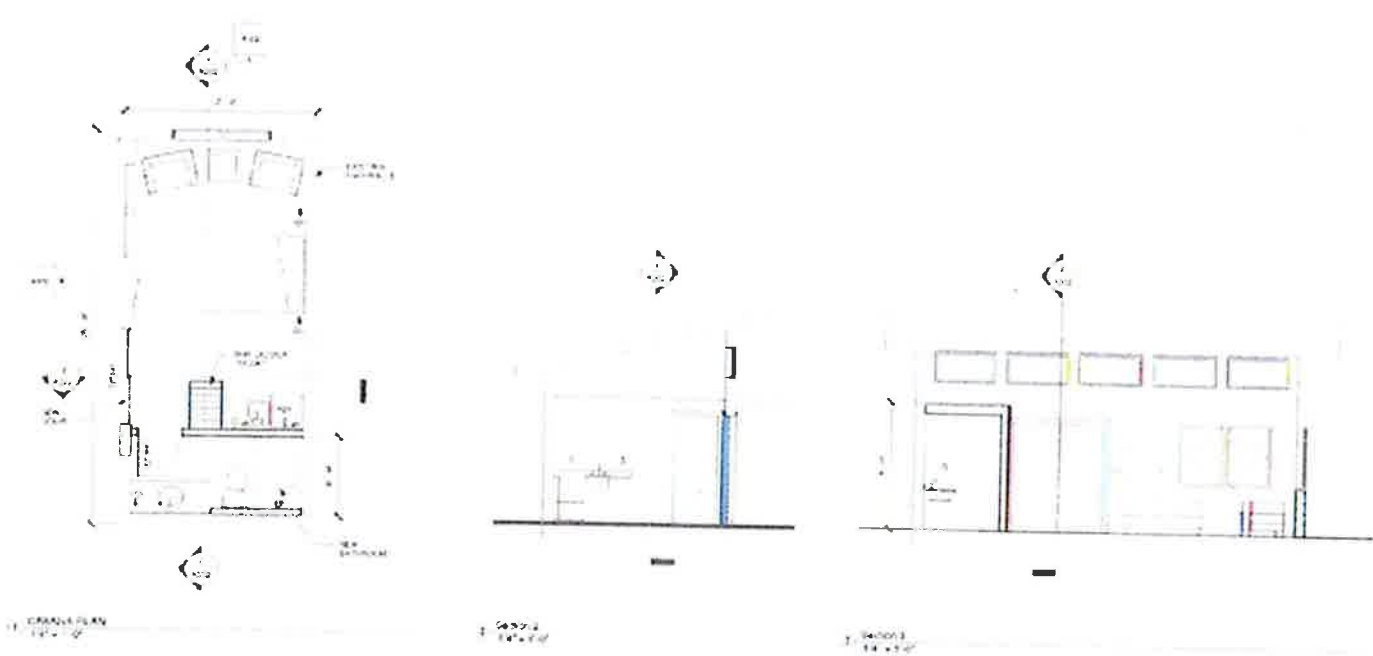
LAP 25"

REINFORCED CELL
REFER TO PLAN

EXISTING CMU WALL

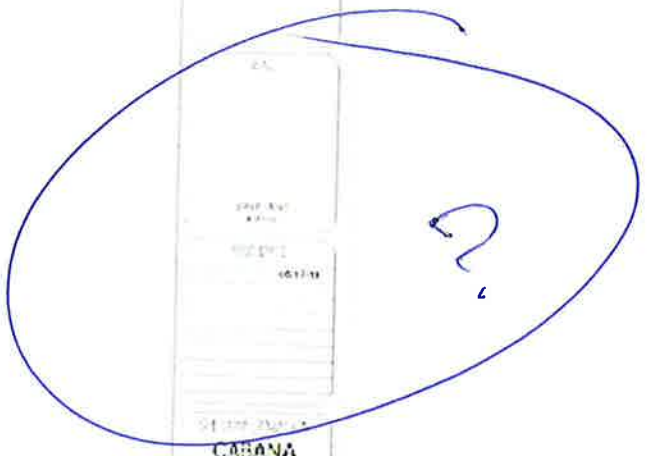
NEW 8" CMU WALL

LAP 25"



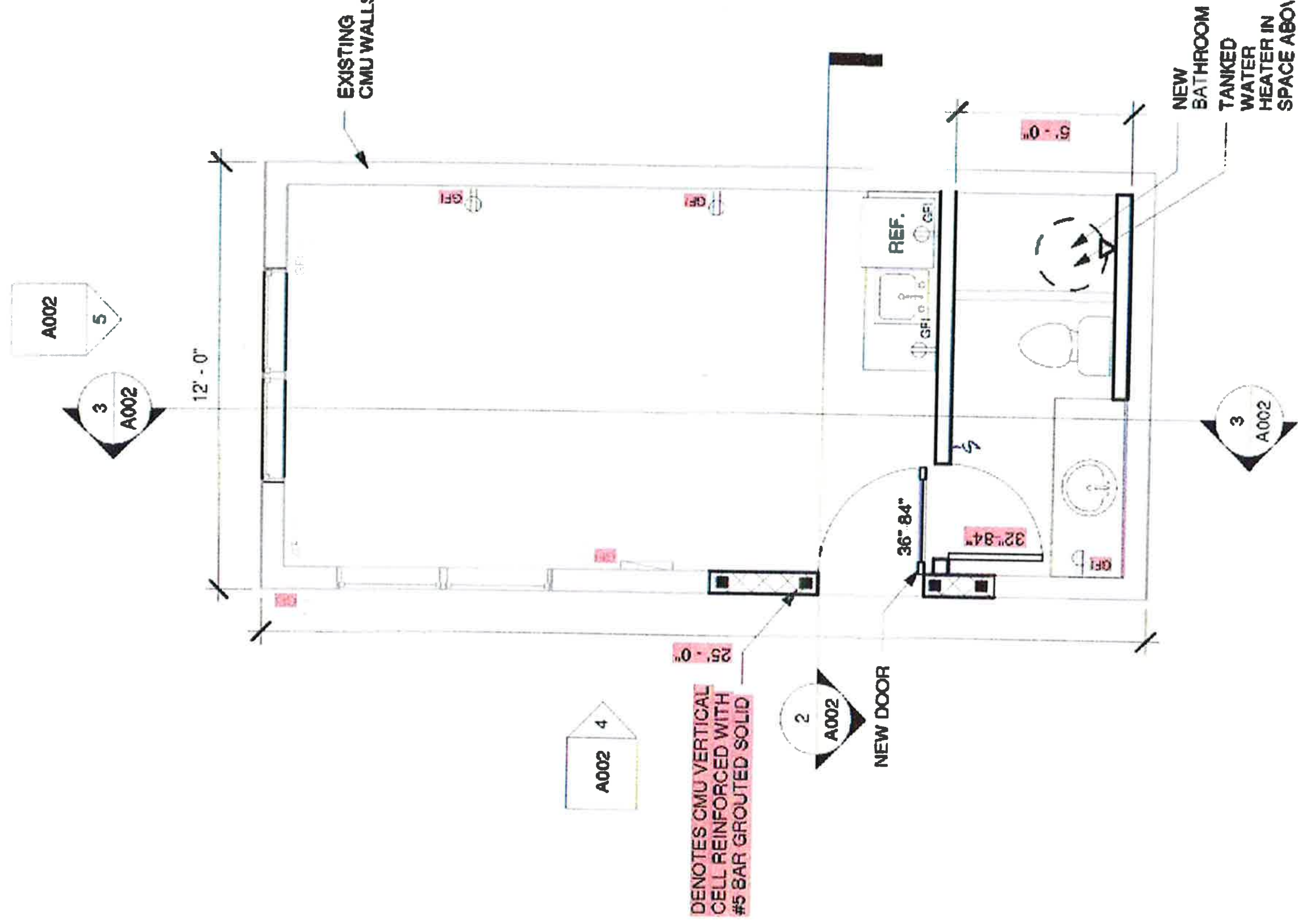
Green Apple Architecture
 2705 NELA AVE, BELL ISLE, FLORIDA
 33511-1100
 813.937.1100

LAKE CONWAY RESIDENCE
 2705 NELA AVE, BELL ISLE, FLORIDA



DATE: 10/08/19
 TIME: 10:43:07
 CABANA
 A002

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 OCT 08 2019
 BY: _____



DENOTES CMU VERTICAL CELL REINFORCED WITH #5 BAR GROUTED SOLID

1 CABANA PLAN
1/4" = 1'-0"

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OCT 0-8 2019
BY:

THE BROWN RESIDENCE

2705 NELA AVE. BELLE ISLE, FL. 32809

PARCEL ID: 19-23-30-5888-03-060

BUILDING DATA:

CONSTRUCTION TYPE: V-B

OCCUPANCY TYPE: R-3

THE PROJECT IS AN EXISTING SHED TO CABANA RENOVATION

CODE DATA:

BUILDING CODE: 2017 FLORIDA BUILDING CODE 6TH ED.

MECHANICAL CODE: 2017 FLORIDA BUILDING CODE 6TH ED.

PLUMBING CODE: 2017 FLORIDA BUILDING CODE 6TH ED.

ELECTRICAL CODE: NEC 2014 ED.

LIFE SAFETY CODE: FLORIDA FIRE PREVENTION CODE 2017 ED.

WIND SPEED: 140 MPH

WIND IMPORTANCE FACTOR: 1.0

EXPOSURE CATEGORY: D

C&C WIND PRESSURE SCHEDULE [PSF]

TRIBUTARY AREA [SF]	ZONE	
	4	5
10	31.1, -36.4	31.1, -41.7
20	29.6, -34.1	29.6, -39.0
50	27.3, -30.7	27.3, -35.1
100	25.8, -28.5	25.8, -32.4

Width of zones 2, 3 & 5 = 3 ft.

GENERAL NOTES:

A CONTINUOUS LOAD PATH BETWEEN FOUNDATIONS, COLUMNS, AND BEAMS ARE INTENDED BY THESE DRAWINGS AND SHALL BE FIELD VERIFIED.

THE CONTRACTOR IS RESPONSIBLE FOR WATERPROOFING.

THIS STRUCTURE HAS BEEN DESIGNED TO BE SELF-SUPPORTING AND STABLE AFTER THE CONSTRUCTION IS COMPLETE. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO DETERMINE SUITABLE SEQUENCING, MEANS AND METHODS OF CONSTRUCTION, INCLUDING, BUT NOT LIMITED TO THE ADDITION OF NECESSARY SHORING, TIE DOWNS, TEMPORARY BRACING, ETC.

DO NOT SCALE DRAWINGS. DIMENSIONS SHALL GOVERN.

DETAILS SHALL GOVERN OVER PLAN AND ELEVATION DRAWINGS.

SMALL SCALE DETAILS SHALL GOVERN OVER LARGE DETAILS.

THERE SHALL BE NO SUBSTITUTION OF MATERIALS WHERE A MANUFACTURER IS SPECIFIED. WHERE THE TERM "OR APPROVED EQUAL" IS USED, ARCHITECT ALONE SHALL DETERMINE EQUALITY BASED UPON INFORMATION SUBMITTED TO ARCHITECT BY THE CONTRACTOR.

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE GOVERNMENTAL AGENCY HAVING JURISDICTION AND SHALL CONFORM TO ALL SAFETY AND SANITARY LAWS, CITY, COUNTY, STATE, AND / OR FEDERAL ORDINANCES WHICH APPLY.

ALL WORK SHALL BE PERFORMED BY SKILLED WORKERS AND IN ACCORDANCE WITH THE BEST PRACTICES OF THE TRADES INVOLVED FOLLOWING ALL TRADE STANDARD PRACTICES AND TRADE ASSOCIATION REGULATIONS / GUIDELINES.

ALL WORK SHALL BE ERCTED AND INSTALLED PLUMB, SQUARE, LEVEL, AND TRUE AND IN PROPER ALIGNMENT.

ALL MATERIALS SHALL BE NEW, UNUSED, AND OF THE HIGHEST QUALITY IN EVERY RESPECT UNLESS OTHERWISE NOTED. ALL MANUFACTURED EQUIPMENT, MATERIALS, AND FINISHES SHALL BE INSTALLED OR APPLIED ACCORDING TO THE MANUFACTURER'S WRITTEN RECOMMENDATIONS AND SPECIFICATIONS.

THE CONTRACTOR SHALL NOT CUT ANY EXISTING STRUCTURAL MEMBERS UNLESS APPROVED TO DO SO IN WRITING, SKETCHES, OR DRAWINGS SIGNED AND SEALED BY THE ARCHITECT.

USE JOINT SEALANT AND CLOSED CELL BACKER ROD TO SEAL ALL EXTERIOR PENETRATIONS TO MAKE BUILDING WATER TIGHT.

ALL WOOD IN CONTACT WITH CONCRETE OR MASONRY IS TO BE PRESSURE TREATED, OR BE SEPARATED WITH GALVANIZED METAL MOISTURE BARRIER.
ALL GYPSUM BOARD TO BE 5/8" AND IN UN-AIRCONDITIONED OR DAMP LOCATIONS TO BE MOISTURE RESISTANT. ALL TILE TO BE OVER CEMENTITIOUS BACKER BOARD.

ALL AIR-CONDITIONED SPACE TO BE ENCAPSULATED WITH INSULATION, R-11 AT MASONRY AND CONCRETE WALLS, R-22 AT FRAME WALLS, R-30 AT ROOF MINIMUM

THE INFORMATION USED AND CONTAINED HEREIN IS BASED ON CONTRACTOR SUPPLIED DATA AND MEASUREMENTS. DESTEFANO ENGINEERING GROUP, PL (DEG) HAS NOT VISITED THIS JOB SITE. DIMENSIONS AND EXISTING CONDITIONS SHALL BE FIELD VERIFIED. DEG ASSUMES NO RESPONSIBILITY OR LIABILITY IN ANY WAY FOR ERRONEOUS OR INACCURATE DATA OR MEASUREMENTS. DEG SHALL BE NOTIFIED AND GIVEN AN OPPORTUNITY TO RE-EVALUATE OUR WORK UPON DISCOVERY OF ANY INACCURATE INFORMATION PRIOR TO MODIFICATION OF EXISTING FIELD CONDITIONS, FABRICATION, AND/OR INSTALLATION OF MATERIALS.

GENERAL CONDITIONS

IF THERE ARE ANY DISCREPANCIES HEREIN CONTACT THE ENGINEER PRIOR TO PROCEEDING WITH THE WORK.

THIS DESIGN DOES NOT CONSTITUTE THE ENGINEERING OF ANY OTHER STRUCTURES THAT ARE NOT SPECIFICALLY MENTIONED HEREIN. IF THERE ARE ANY DISCREPANCIES THEREIN, CONTACT THE ENGINEER PRIOR TO PROCEEDING WITH THE WORK.

ALL WORK PREPARED BY DE STEFANO ENGINEERING GROUP, PL (DEG), IS THE PROPERTY OF DEG AND MAY ONLY BE USED FOR ITS INTENDED USE. THE DRAWINGS, SPECIFICATIONS AND OTHER DOCUMENTS, INCLUDING THOSE IN ELECTRONIC FORM, PREPARED BY DEG AND DEG'S CONSULTANTS ARE INSTRUMENTS OF SERVICE THROUGH WHICH THE WORK TO BE EXECUTED BY CONTRACTOR. AS DESCRIBED REMAIN THE PROPERTY OF DEG. SAID WORK MAY NOT BE USED AT ANY OTHER LOCATION OR FOR ANY OTHER USE WITHOUT PRIOR WRITTEN AUTHORIZATION.

DEG WILL HAVE NO RESPONSIBILITY FOR THE CONTRACTOR'S, CLIENT'S OR OTHER ENTITIES; MEANS, METHODS, TECHNIQUES, AND PROCEDURES USED IN CONSTRUCTION, AND WILL NOT BE HELD LIABLE FOR THE CONTRACTOR'S INADEQUATE OR UNSATISFACTORY PERFORMANCE OF THE WORK.

LEGAL DISCRIPTON:

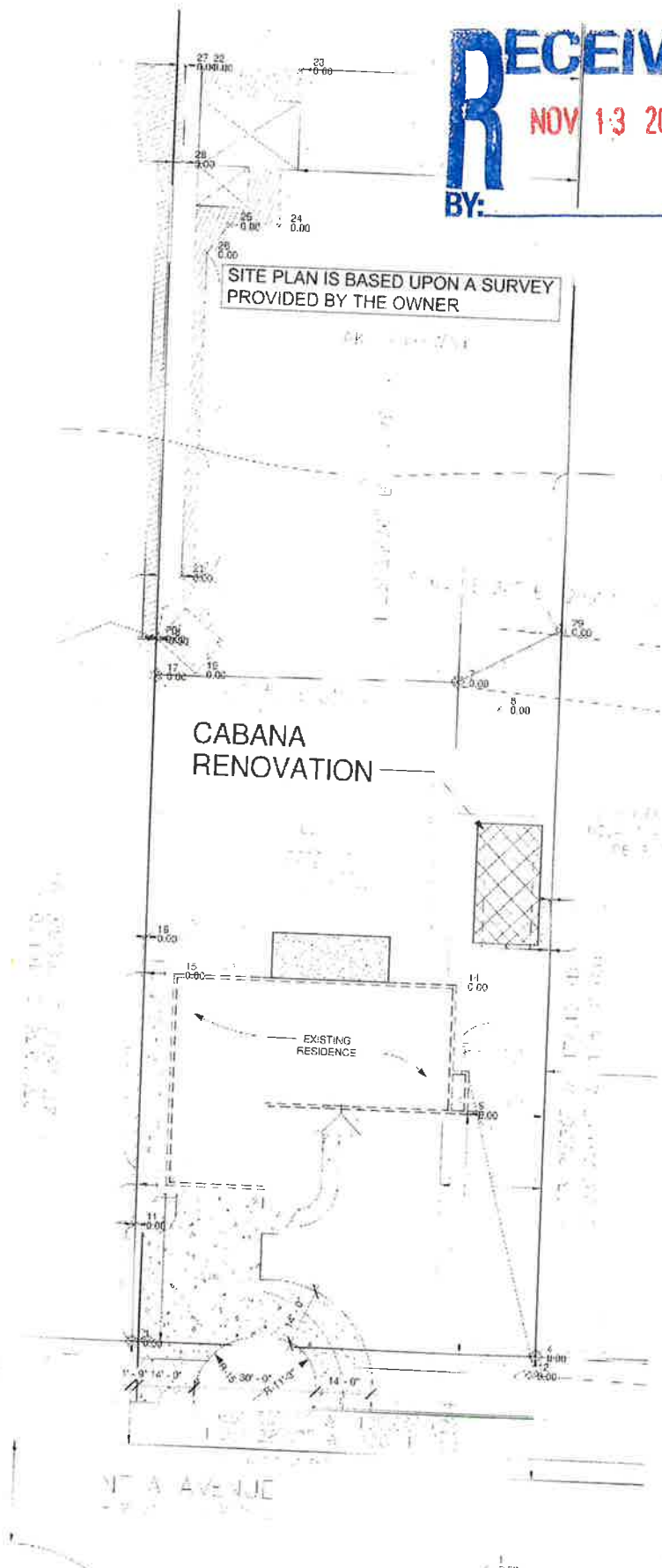
NELA ISLE (ISLAND SECTION) 0/99 LOT 6 BLK C & IN NELA ISLE ANNEX BP R/74 W 25 FT LOT 1

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NOV 13 2019
BY:



November 13, 2019

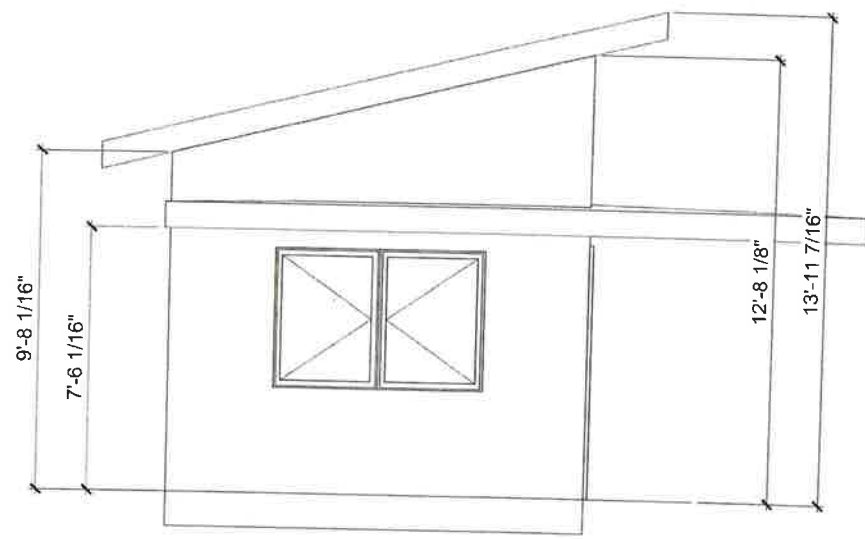
Nov 13, 2019
Nov 6, 2019



1 SITE PLAN
S1 SCALE: 1:40

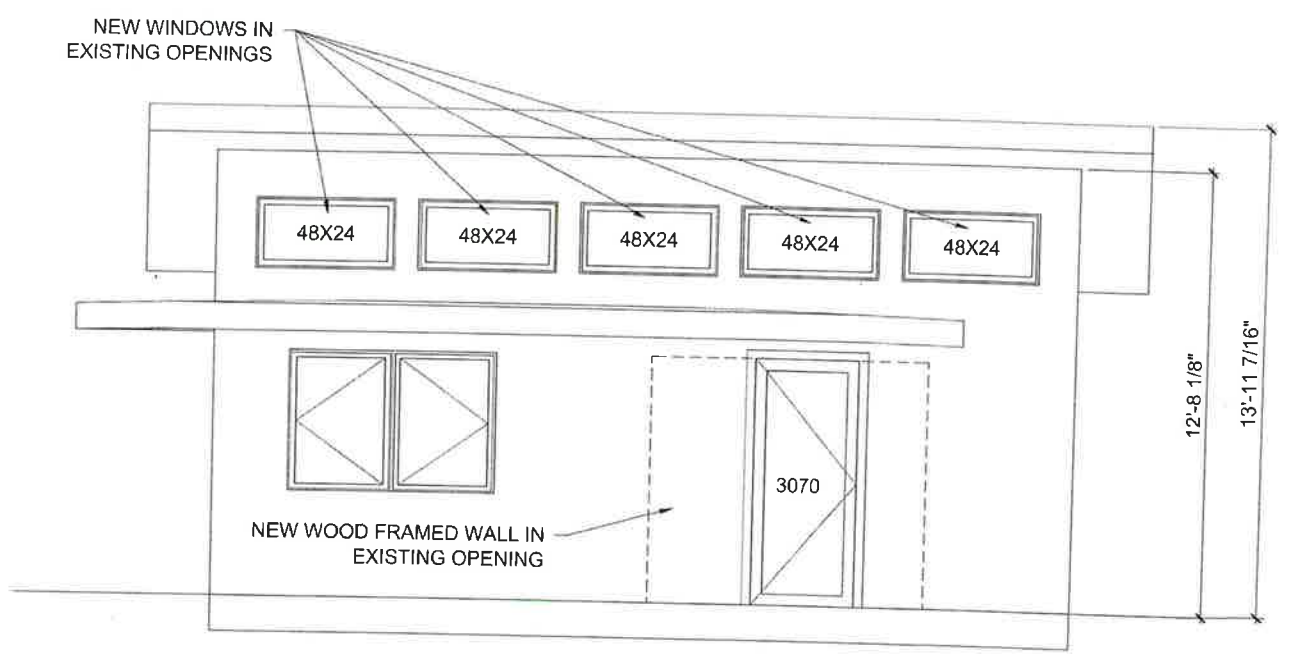
The Brown Residence
2705 Nela Ave.
Belle Isle, FL 32809
October 25, 2019 File:193032

DE STEFANO ENGINEERING GROUP, PL
341 Interstate Blvd.
Sarasota Florida 34240
Phone: (941) 371-1724
Fax: (941) 847-0870
www.DeStefanoEngineering.com

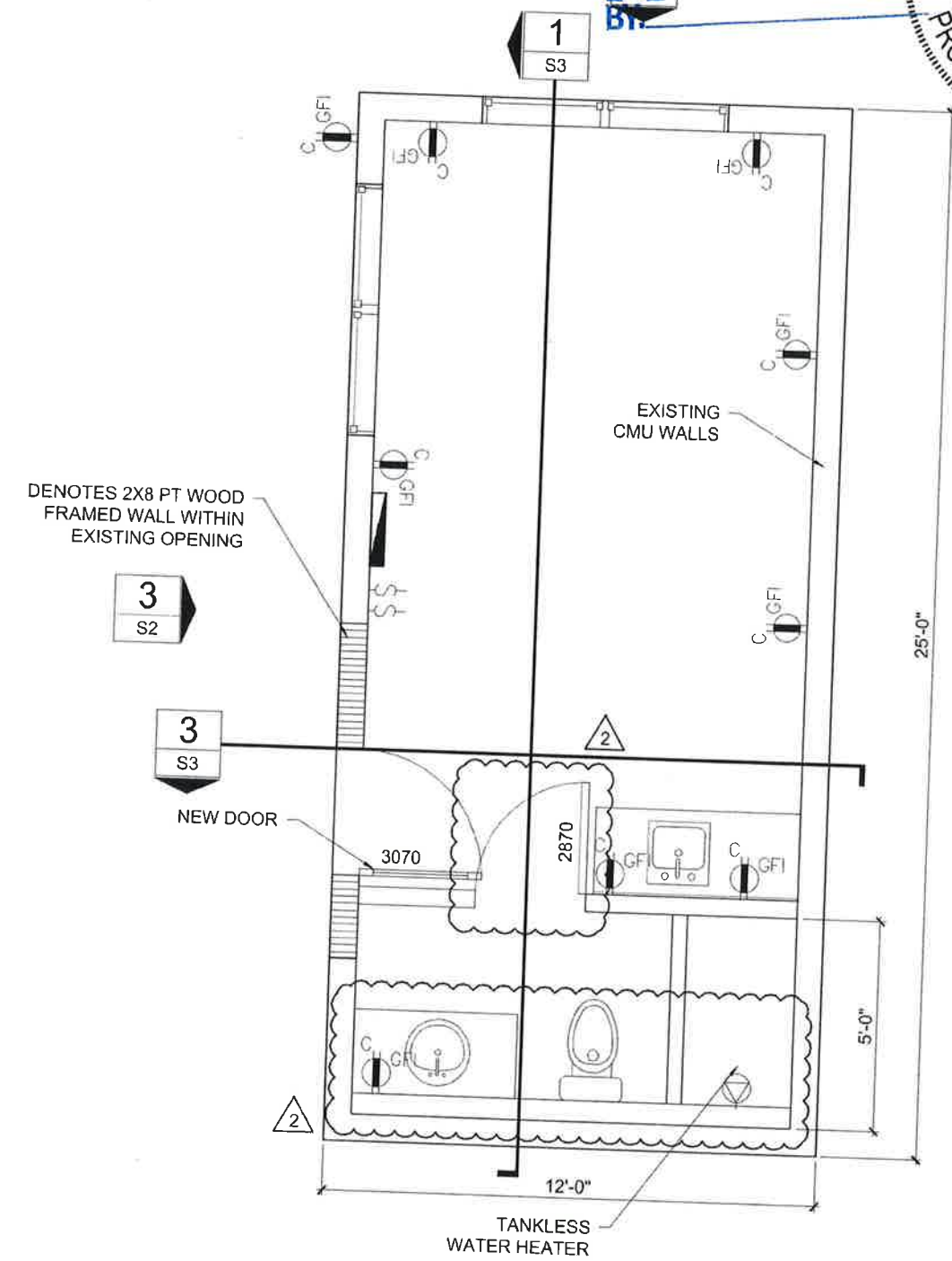


EXISTING NO CHANGES

4 ELEVATION
S2 SCALE: 3/16" = 1'-0"

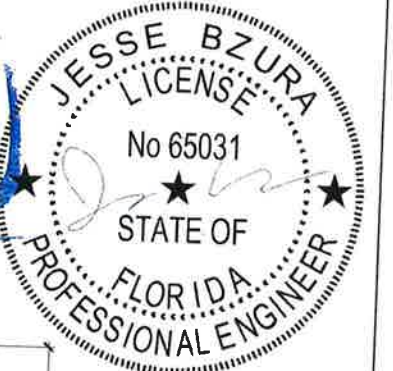


3 ELEVATION
S2 SCALE: 3/16" = 1'-0"



1 CABANA PLAN VIEW
S2 SCALE: 1/4" = 1'-0"

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NOV 13 2019



November 13, 2019

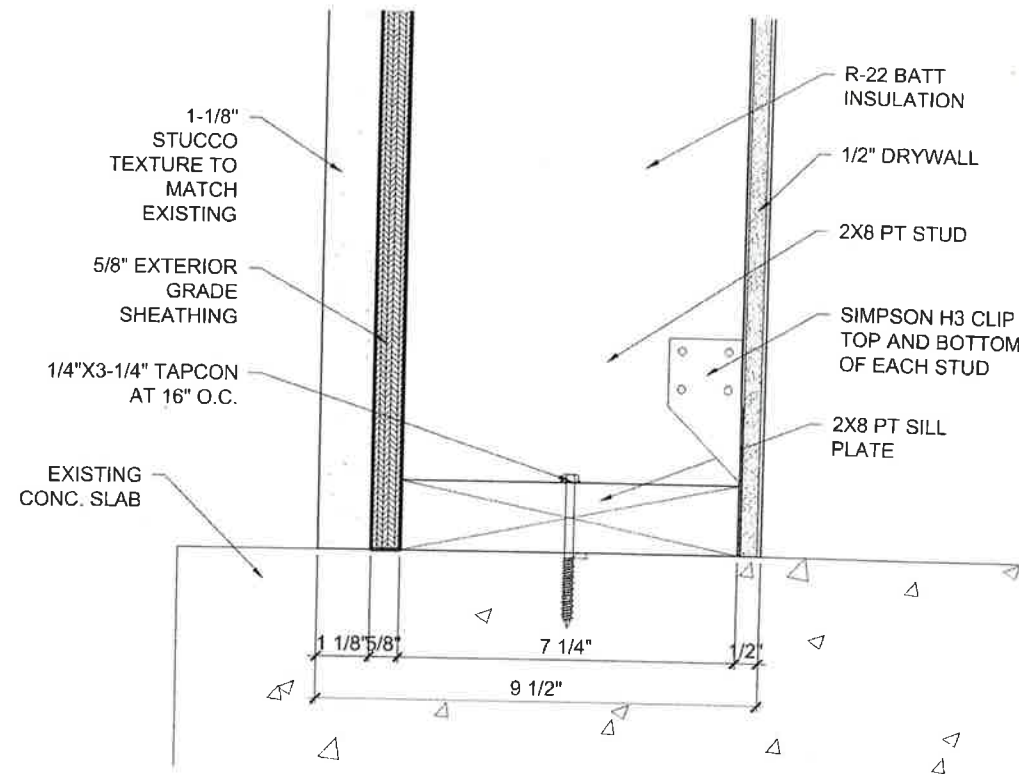
NOV 13, 2019
NOV 6, 2019

DE STEFANO
ENGINEERING GROUP, PL
Phone: (941) 371-1724
Fax: (941) 847-0870
27383

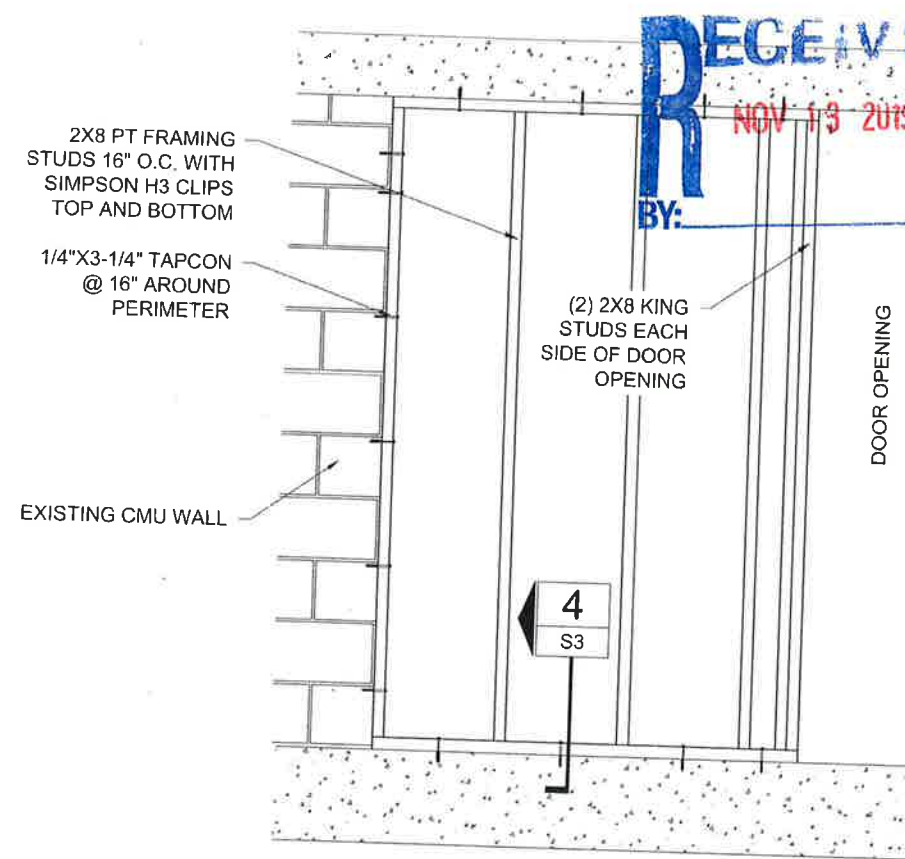


S2
of 4

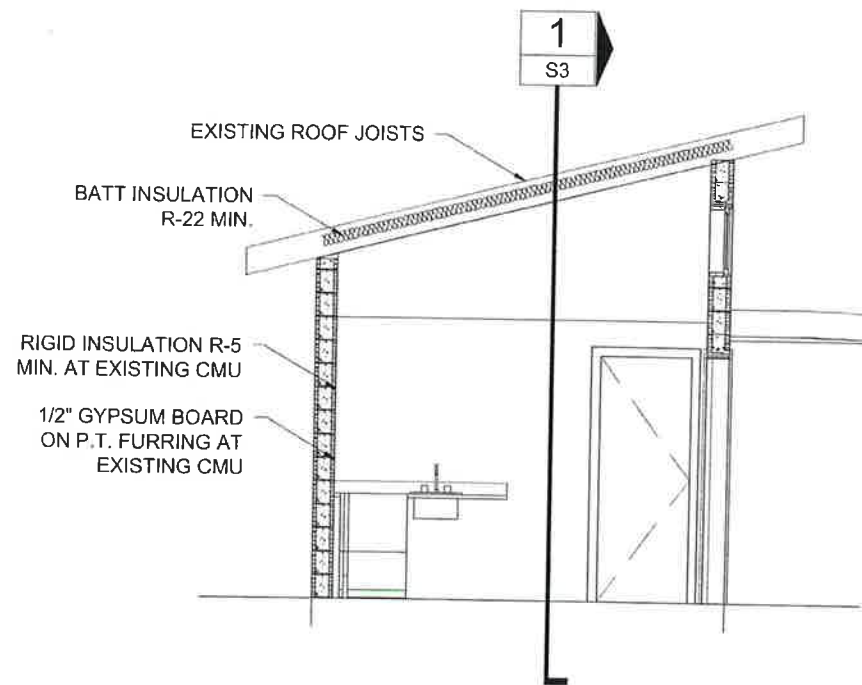
The Brown Residence
2705 Nela Ave.
Belle Isle, FL 32809
October 25, 2019 File:193032



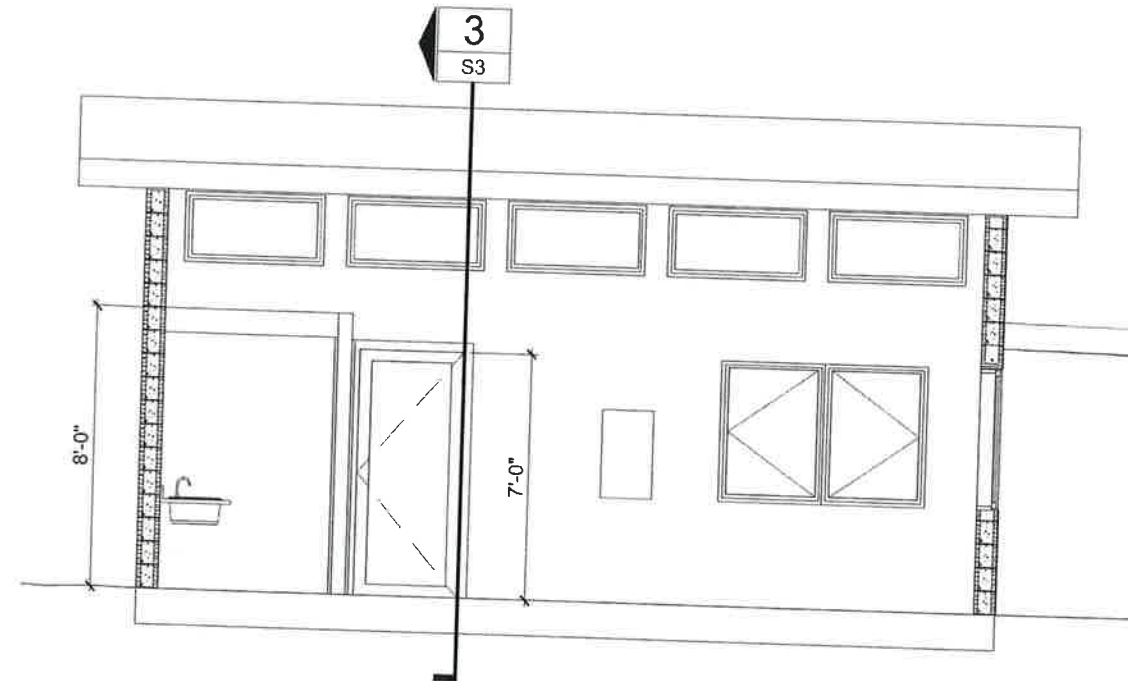
4 STUD INFILL WALL SECTION
S3 SCALE: 3" = 1'-0"



2 INFILL FRAMING WALL DETAIL
S3 SCALE: 1/2" = 1'-0"

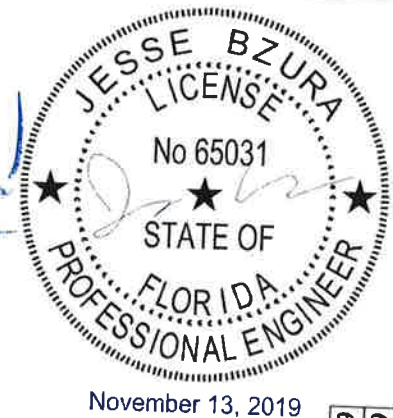


3 SECTION
S3 SCALE: 3/16" = 1'-0"



1 SECTION
S3 SCALE: 3/16" = 1'-0"

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BY:



Nov 13, 2019
Nov 6, 2019

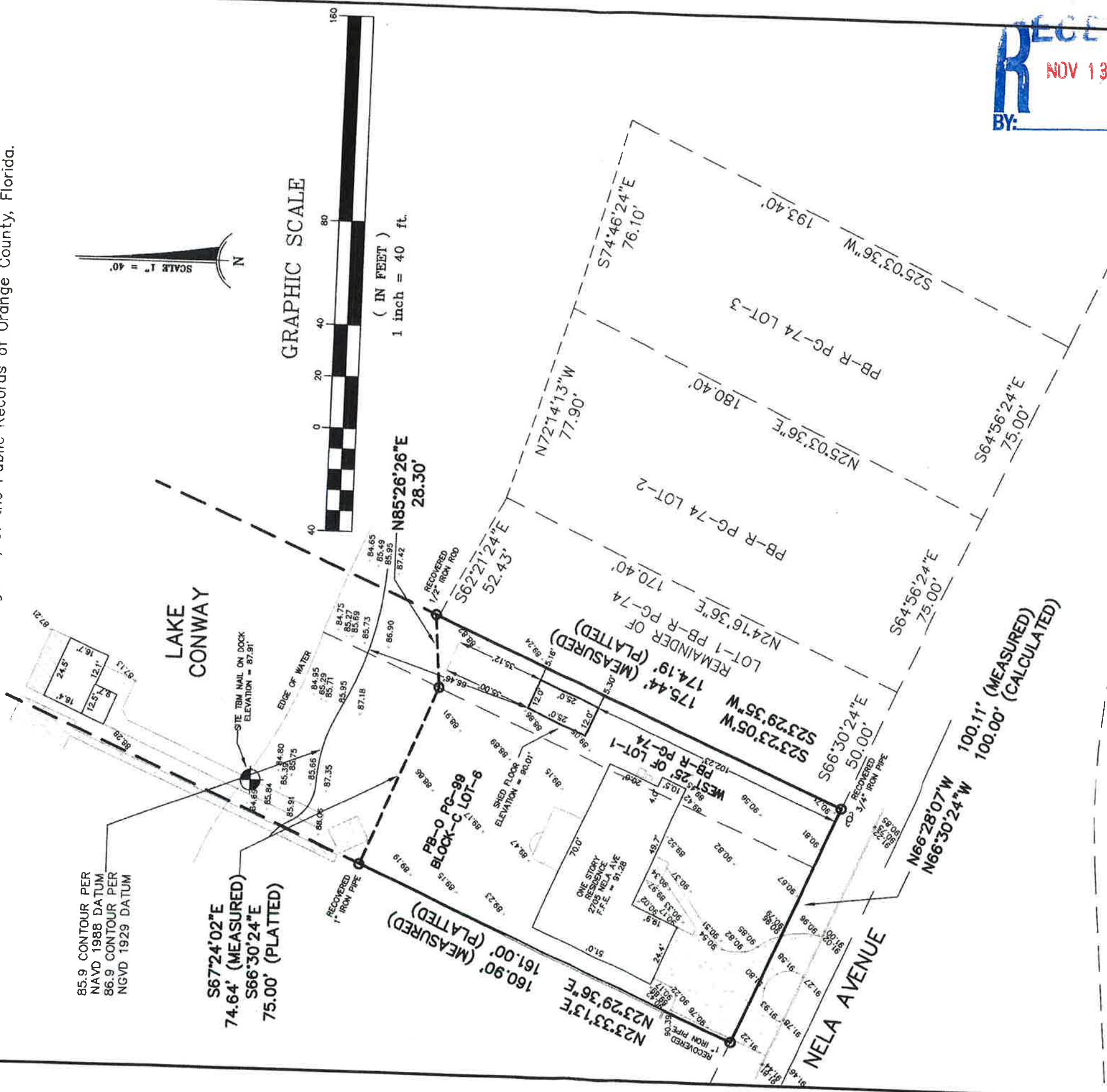
DE STEFANO
ENGINEERING GROUP, P.L.
341 Interstate Blvd.
Sarasota Florida 34240
Phone: (941) 371-1724
Fax: (941) 847-0870
Certificate of Authorization Number 27383
www.DeStefanoEngineering.com

The Brown Residence
2705 Nela Ave.
Belle Isle, FL 32809
October 25, 2019 File:193032

FOUNDATION SURVEY

DESCRIPTION: Lot 6, Block C, Nela Isle Island Section, according to the Plat thereof as recorded in Plat Book O, Page 99, of the Public Records of Orange County Florida.

and
The West 25 feet of Lot 1, Nela Island Annex, according to the plat thereof, as recorded in Plat Book R, Page 74, of the Public Records of Orange County, Florida.



85.9 CONTOUR PER
NAV D 1988 DATUM
86.9 CONTOUR PER
NGVD 1929 DATUM

S67°24'02"E
74.64' (MEASURED)
S66°30'24"E
75.00' (PLATTED)



GRAPHIC SCALE



NOTES:

- BEARINGS BASED ON THE SOUTH RIGHT OF WAY LINE OF LOT-6 PB-O PG-74 AS BEING S66°30'24"E.
- NO UNDERGROUND UTILITIES WERE LOCATED.
- ELEVATIONS BASED ON ORANGE COUNTY BENCHMARK # L1500020 ELEVATION = 97.238' NAVD 1988 DATUM.



JAMES R. SHANNON JR., P.L.S., #4671
NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED
SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

REVISED 1/29/2015 ADDED TOPO
SHANNON SURVEYING, INC.
499 NORTH S.R. 434 - SUITE 2155
ALTA MONTE SPRINGS, FLORIDA, 32714
(407) 774-8372 LB # 6898

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NOV 13 2019
BY:

DATE OF SURVEY: 12/29/2014
FIELD BY: JS-CS SCALE: 1" = 40'
FILE NUMBER: PBO-PG99-LOT6-2705 NELA-UPDATE