



City of Belle Isle

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

2 PLANS
IN PROGRESS
RECEIVED APR 18 2019

Building / Land Use Permit Application

DATE: 4/15/19

PERMIT # 2019-04-045

PROJECT ADDRESS 2705 Nela Avenue 2705 Nela Ave, Belle Isle, FL 32809 32812

PROPERTY OWNER Joshua Brown PHONE _____ VALUE OF WORK (labor & material) \$ 25,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

renovation of cabana

proposing to add toilet, sink, shower & water heater, refrigerator & kitchen sink

OUTSIZED PLANS

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.ocpaf.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: _____

See email attached

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. 300

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.

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	\$ _____

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



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.

Owner's Name Joshua Brown
 Owner's Address 2705 Nela Avenue Belle Isle, FL 32809

PERMIT # 2019-04-048

Contractor Name <u>James Winters</u>	Company Name <u>Winters Brothers Construction</u>
License # <u>CGC042129</u>	Company Address <u>2431 Aloma Avenue</u>
Contact Phone/Cell <u>321-231-4437</u>	City, State, ZIP <u>Winter Park, FL 32792</u>
Contact Email <u>Melanie@winterbrothers.net</u>	Contact Fax <u>407-788-3256</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 Joshua Brown
 The foregoing instrument was acknowledged before me this 4/17/19
 by Joshua Brown who is personally known to me

and who produced
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange


Contractor Signature James Winters
 COMPANY NAME Winters Brothers Construction
 The foregoing instrument was acknowledged before me this 4/17/19
 by James Winters who is personally known to me

and who produced
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange


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

Susan Manchester

From: April Fisher <aprilfisher73@gmail.com>
Sent: Thursday, April 25, 2019 11:29 AM
To: Susan Manchester
Cc: CobiPermits; Yolanda Quiceno; Heidi Peacock (hpeacock@belleislefl.gov)
Subject: Re: 2705 Nela Ave - Frank will bring app and oversized plans today for zoning review
Attachments: image001.png

Hi Susan,

I reviewed the plans. You are right, for all the reasons you mention, I can not approve this for zoning. It looks bigger than 300 square feet but doesn't give dimensions, doesn't meet setbacks, and it is a guest house. A guest house is not allowed with kitchen facilities and must get a special exception from the Planning Board.

I left the plans and application at City Hall in case you all want to return it to the owner.

Thank you,

April

On Fri, Apr 19, 2019, 9:21 AM Susan Manchester <SManchester@universalengineering.com> wrote:

Hi April,

An app and standard plans were dropped off in our office for the above referenced. I can't scan the plans so Frank will bring them this afternoon. The scope of work on the app says "Cabana Renovation". However – it looks to me like they are trying to convert the existing structure into a guest house. The property does not have a pool but it is lakefront. OCPA site calls the existing 300 sf building an "accessory building". They are looking to install a toilet, sink, and hot water heater. The plans also show a kitchen sink and a refrigerator, but the plans are not indicative if this is proposed or existing.

The app is missing some building info but before I ask them for it I wanted to see if it will be zoning approved or not.

Thank you,

Permit Number: 2019-04-045
 Folio/Parcel Identification Number: 19-23-30-588-03-060
 Prepared by: Melanie Winters



Return to: Winters Brothers Construction
2431 Aloma Avenue Suite 332
Winter Park, FL 32792

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)
2705 Nela Avenue, Belle Isle, FL 32809
2. **General description of improvement**
cabana renovation
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Joshua Brown
 Address 2705 Nela Avenue, Belle Isle, FL 32809
 Interest in Property owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Winters Brothers Construction Inc. Telephone Number 407-788-3256
 Address 2431 Aloma Avenue Ste 332 Winter Park, FL 32792
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **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.**
 Name _____ Telephone Number _____
 Address _____
8. **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 _____
9. **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 1, 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.

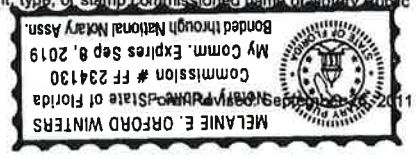
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Joshua Brown
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 17th day of April 2019 by Joshua Brown
 month/year name of person

as owner for _____
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Melanie E Orford Winters _____
 Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____



State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: P. D. Sabush, D.C.
 DATED: April 18, 2019





CERTIFICATE OF LIABILITY INSURANCE

Fax: (407)240-2222

DATE (MM/DD/YYYY)

04/15/2019

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 Florida State Underwriters, Inc dba FSU Insurance 950 S Winter Park Dr STE 310 Casselberry, FL 32707 License #: L008649	CONTACT NAME: Bob White	FAX (A/C, No): (407)260-1275
	PHONE (A/C, No, Ext): (407)260-1046	E-MAIL ADDRESS: bob@fsuinsurance.com
INSURED Winters Brothers Construction, Inc. 2431 Aloma Avenue Suite 332 Winter Park, FL 32792	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Mid Continent Casualty Co	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 00000000-706833 REVISION NUMBER: 55

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:			04-GL-001014770	03/14/2019	03/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED 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 NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER 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

City of Belle Isle
Building Dept.
1600 Nela Ave.
Belle Isle, FL 32859

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

Robert M. White

(RMW)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2018

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 FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME: PHONE: (800) 277-1620 X 4800 FAX: (727) 797-0704	
	E-MAIL ADDRESS:	
INSURED FRANKCRUM L/C/F WINTERS BROTHERS CONSTRUCTION, INC. 100 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756	INSURERS(S) AFFORDING COVERAGE	
	INSURER A: Frank Winston Crum Insurance Company	NAIC# 11600
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 515502

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 INSRD	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE UNIT (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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC201900000	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> X PER STATUE <input type="checkbox"/> OTHER	
							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)

EFFECTIVE 08/16/2006, COVERAGE IS FOR 100% OF THE EMPLOYEES OF FRANKCRUM LEASED TO WINTERS BROTHERS CONSTRUCTION, INC. (CLIENT) FOR WHOM THE CLIENT IS REPORTING HOURS TO FRANKCRUM. COVERAGE IS NOT EXTENDED TO STATUTORY EMPLOYEES.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF BELLE ISLE 1600 NELA AVE BELLE ISLE, FL 32809-6199	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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CITY OF WINTER PARK

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

NO. 19-00032921

This certificate must be posted
conspicuously in your place of
business

LOCATION: 2431 ALOMA AVE 332

CLASSIFICATION: 3059001

ISSUED TO: WINTERS BROTHERS CONSTRUCTION
2431 ALOMA AVE., #332
WINTER PARK FL 32792

Bus., Prof. or Occupation
GENERAL CONTRACTOR - CLASS A

Certificate Fee 157.50
Delinquent Penalty .00
TOTAL 157.50

This certificate expires:
SEPT. 30, 2019

NOTE:

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1801 CERT GENERAL CONTRA	2018	EXPIRES	9/30/2019	1801-1165265
\$30.00		4 EMPLOYEES	5000 BUSINESS OFFICE	\$30.00
				1 EMPLOYEE

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00

2431 ALOMA AVE #332
B - WINTER PARK, 32792

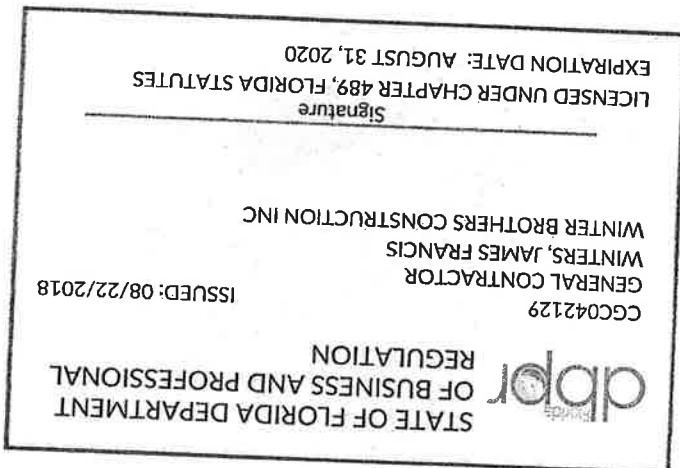
PAID: \$60.00 0098-00828794 7/10/2018



WINTERS JAMES FRANCIS

WINTER BROTHERS CONSTRUCTION INC
WINTERS JAMES FRANCIS
2431 ALOMA AVE #332
WINTER PARK FL 32792

This receipt is official when validated by the Tax Collector.



Property Record - 19-23-30-5888-03-060

Orange County Property Appraiser • <http://www.ocpaf1.org>

Property Summary as of 04/15/2019

Property Name

2705 Nela Ave

Names

Brown Joshua J

Municipality

BI - Belle Isle

Property Use

0130 - Sfr - Lake Front

Mailing Address

2705 Nela Ave
Belle Isle, FL 32809-6174

Physical Address

2705 Nela Ave
Orlando, FL 32809



QR Code For Mobile Phone



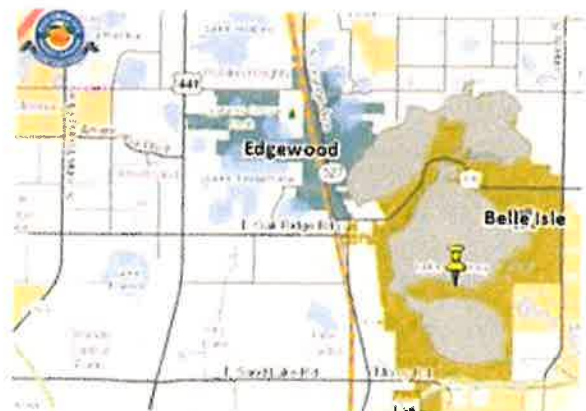
2705 NELA AVE, ORLANDO, FL 32809 12/9/2015 11:04 AM



2705 NELA AVE 06/05/2014



302319588803060 10/02/2006



Value and Taxes

Historical Value and Tax Benefits



Building Value: working...
Estimated New Cost: working...

Baths: 2.5
Floors: 1
Exterior Wall: Concrete Block Stucco
Interior Wall: Wood Panel

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1954	1 Unit(s)	working...
BD3 - Boat Dock 3	01/01/1954	1 Unit(s)	working...
BC3 - Boat Cover 3	01/01/1954	1 Unit(s)	working...
AB1 - Accessory Building 1	12/09/2015	300 Square Feet	working...
PT1 - Patio 1	12/09/2015	2 Unit(s)	working...
SKT2 - Summer Kitchen 2	12/09/2015	1 Unit(s)	working...
PT2 - Patio 2	12/09/2015	1 Unit(s)	working...
PTNV - Patio No Value	01/01/2010	1 Unit(s)	working...

Page 1 of 1 (8 total records)

This Data Printed on 04/19/2019 and System Data Last Refreshed on 04/18/2019