



City of Belle Isle Job Site Card **Building PERMIT 2019-07-033**

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.**

Permit Number: 2019- 07-033

Issue Date: 07/19/2019

Site Address: 2919 Cullen Lake Shore Dr 32812

Parcel #: 18-23-30-4386-03-720

Class: Residential **Subdivision:**

Description of Work: INTERIOR RENOVATION- REFER TO APPLICATION

Issued: **BFARR CONTRACTING**

Business Phone: 321 444-6446

Name: **FARR, BRIAN JAMES**

Contractor License: CBC1261115

Payment Date & Method: **7 / 29 / 2019** Picked up or sent by _____ Emailed

Visa Master Card Amex Discover Check / Money Order # **11005**

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

SEPARATE PERMITS WILL BE REQUIRED FOR ALL SUB-WORK

"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 |
|-------------------------|-----------|------|----------|
| 100 Demo Final | | | |
| 110 Footing | | | |
| 120 Stem Wall | | | |
| 130 Slab | | | |
| 140 Lintel/Tie Beam | | | |
| 150 Down Pour | | | |
| 160 Tilt Panel | | | |
| 170 Window In-progress | | | |
| 180 Sheathing (wall) | | | |
| 190 Sheathing (roof) | | | |
| 195 Dry-in (roof/walls) | | | |
| 200 Framing | | | |
| 205 Drywall Nail/Screw | | | |
| 210 Fire Rated Assembly | | | |
| 220 Above-Ceiling | | | |
| 230 Insulation | | | |
| 240 Lathe | | | |
| 250 Final | | | |
| 260 Other | | | |

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 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



City of Belle Isle

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

RECEIVED
JUL 16 2019

Building / Land Use Permit Application

DATE: 7-9-19

PERMIT # 2019-07-039

PROJECT ADDRESS 2919 Colten Lake Shore DR, Belle Isle, FL 32809 32812

PROPERTY OWNER Mischelle Harmon PHONE _____ VALUE OF WORK (labor & material) \$ 15,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Interior Renovation - Remove 1 Load Bearing Wall - Kitchen: 2 Bathrooms - New Showers, Drains, Sinks, Toilet, Cabinet, Doors, Trim, Flooring

- **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: 18-23-30-4386-03-720

To obtain this information, please visit <http://www.ocpafl.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"/> | <input type="radio"/> | \$ <u>50.</u> |
| CERT OF OCC | <input checked="" type="radio"/> | <input type="radio"/> | \$ _____ |
| TRAFFIC | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| SCHOOL | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| FIRE | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| SWIMMING POOL | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| SCREEN ENCLOSURE | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| ROOFING | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| BOAT DOCK | <input checked="" type="radio"/> | <input type="radio"/> | \$ _____ |
| BUILDING | <input checked="" type="radio"/> | <input type="radio"/> | \$ <u>121.50</u> |
| WINDOW(S) | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| DOOR(S) | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| FENCE | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| SHED | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| DRIVEWAY | <input type="radio"/> | <input type="radio"/> | \$ _____ |
| OTHER | <input type="radio"/> | <input type="radio"/> | \$ _____ |

1% BCAIB FEE 2 min
1.5% DCA FEE 2 min
TOTAL 175.50

OTHER PERMITS REQUIRED:

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

PAID
7-29-19
Alex 11005

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)
 CONSTRUCTION TYPE Remove Kitchen Living Area
 OCCUPANCY GROUP Comm Res: 2 Single Fam Multi Fam
 #BLDG. _____ #UNITS _____ #STORIES 2 TOTAL SQ.FT. 4940
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC X

BUILDING REVIEWER PSA BU 2026 DATE 7-16-2019

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE NOCV Cont-Lic ✓ need GE, W, E, T, R DATE 7-25-19

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.

151K
4x14
25
52
81.2
40.50
121.50

I, Brian Ferr, BFARR Contracting, am requesting that my permit number
(Name of Contractor)

2019-07-033 for job located at 2919 Cullen Lakeshore Dr
(Complete Address) Belle Isle FL

be voided and a new permit issued to _____
(New Contractor's Name)

RECEIVED
NOV 01 2019
BY: _____

as I am voluntarily giving up full responsibility of the job.

License Holder/Homeowner Name: Brian Ferr

License Number: CBC 1261115

Company Name: BFARR Contracting

Address: 3500 Aloma Ave C-6

City: Winter Park State: FL Zip Code: 32792

License Holder Signature: _____

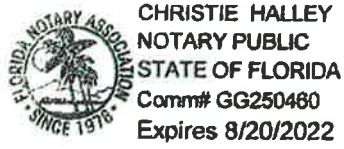
STATE OF FLORIDA
COUNTY OF Seminole

This instrument was acknowledged before me this 31 day of Oct, 2019, by the above reference individual, Brian Ferr, who acknowledged that he/she is a duly licensed contractor with BFARR Contracting, and who acknowledged that he/she was authorized to execute this document. He/she is either personally known to me [initials] or produced _____ as valid identification.

WITNESS my hand and official seal this 31 day of Oct, 2019.

[Signature]

Notary Public
Printed Name: Christie Halley
My Commission Expires: 8-20-22



Change of Contractor Letter
(Owner or General Contractor)



I, Brian Ferr, am requesting a change of contractor at project
(Name of Contractor)

located at 2919 Cullen Lakeshore Dr, Belle Isle, permit number 2019-07-033 from
(Complete Address) TBD

BFARR Contracting to _____
(Old Contractor's Name) (New Contractor's Name)

License Holder/Homeowner Name: Brian Holder

License Number: CBC 126115

Company Name: BFARR Contracting

Address: 3500 Aloma Ave C-6

City: Winter Park State: FL Zip Code: 32792

License Holder/Homeowner Signature: [Signature]

STATE OF FLORIDA
COUNTY OF Seminole

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WITNESS my hand and official seal this 31 day of Oct, 2019.

[Signature]



CHRISTIE HALLEY
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG250460
Expires 8/20/2022

Notary Public
Printed Name: Christie Halley
My Commission Expires: 8-20-22

Change of Contractor Letter
(Old Contractor Information)