



City of Belle Isle Job Site Card **Building PERMIT 2019-04-020**

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- 04-020

Issue Date: 04/08/2019

Site Address: 3002 Hoffner Ave 32812

Parcel #: 19-23-30-4382-02-430

Class: Residential **Subdivision:**

Description of Work: TO CONSTRUCT A 4'X80' DOCK. 12'X16' DECK WITH 45 DEGREEE FLAIRE OUT AT THE BEGINNING AND 3' OCTAGONAL BUMP OUT AT END. THERE WILL BEA PERGOLA OVER 8'X10' OF DECK. 11'X24' BOATHOUSE WITH 3' CATWALK.

Issued: **ALBERT CICHRA BUILDERS INC**

Business Phone: 407 275-8954

Name: **CICHRA, ALBERT G JR**

Contractor License: CRC058230

Payment Date & Method: **4 / 18 / 2019** Picked up or sent by _____ Emailed

Visa Master Card Amex Discover Check / Money Order # **8919**

Schedule Inspections via Email at: BI DScheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00PM 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

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 BI DScheduling@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

3002 Hoffner

Permit Number: _____
Folio/Parcel ID #: 12-22-30-3376-00-900
Prepared by: Heidi Nezh
13936 Marine Drive
Orlando, FL 32832
Return to: Albert Cichra Builders, Inc.
13936 Marine Drive
Orlando, FL 32832

DOC# 20190216908
04/09/2019 04:18:25 PM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
IP - Ret To: ALBERT CICHRA BUILDERS



RECEIVED APR 16 2019

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.

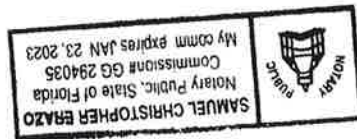
- Description of property** (legal description of the property, and street address if available)
HARBOR EAST UNIT 1 5/35 LOT 90 / 3332 S M U Ct, Orlando FL 32817
- General description of improvement**
construct a boat dock
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Blaida Phillip L and/or Blaida Debra
Address 3332 S M U Ct Orlando FL 32817
Interest in Property owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name Albert Cichra Builders, Inc. Telephone Number 407-275-8954
Address 13936 Marine Drive Orlando, FL 32832
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- 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.**
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.

Phillip Blaida _____ OWNER
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 04 day of MARCH 2019 by PHILIP BLAIDA
as OWNER for PHILIP BLAIDA
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
Signature of Notary Public - State of Florida SAMUEL CHRISTOPHER ERAZO
Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID _____
Type of ID Produced Florida DL



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. Harbush, D.C.
DATED: April 9, 2019





City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org
Boat Dock Zoning Review Application
PLEASE REFER TO WWW.MUNICODE.COM FOR CODE COMPLIANCE
SUBMIT LANDUSE APPLICATION WITH THIS FORM

Date April 6, 2019	Permit # <i>2019-04-020</i>	Cost \$32,000
APPLICANT		SITE ADDRESS
Property Owner's Name Jennifer Cantrell		Site Address 3002 Hoffner Ave Belle Isle FL 32812
Mailing Address 3002 Hoffner Ave		Land Use Classification sfr - lakefront
City, State, Zip Belle Isle FL 32812		Zoning District R-1-AA
REQUIREMENTS TO BE SUBMITTED WITH APPLICATION <ul style="list-style-type: none"> \$165.00 ZONING APPLICATION FEE FL DEP CLEARANCE FORM (call 407-897-4100 for info) <p>COMPLETION OF AN APPLICATION IS REQUIRED AND APPLICANT IS SUBJECT TO ALL COUNTY, STATE AND/OR DEP REQUIREMENTS AND FEES. APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE THE ISSUANCE OF A BUILDING PERMIT FROM THE CITY'S BUILDING DEPARTMENT.</p>		Legal Description LOT: 243
		Block:
		Subdivision: Lake Conway Estates

PROPOSED BOAT DOCK INFORMATION

Length Waterward from 86.9 NHWE Contour Line: 99'	<ol style="list-style-type: none"> 1. Applicant brings completed application packet to the Building Inspector's (UES) office: <ol style="list-style-type: none"> a. \$165.00 review fee b. 3 sets of drawings, and 3 boundary surveys c. Land Use Permit App is available on our website www.cityofbelleislefl.org or can be picked up at City Hall - Monday thru Friday from 8:00am to 5:00pm. 2. If the application meets criteria for zoning compliance, UES will forward to the City for zoning review. 3. If the application does not meet the requirements of the Belle Isle Code, (i.e. setbacks, height, etc) the applicant is faxed a copy of the review letter citing the reasons for non-compliance with the Code and is given 2 options: <ol style="list-style-type: none"> a. Applying for a variance from the City of Belle Isle Planning and Zoning Board b. Revising the drawings to meet the requirements of the Code. 4. City's Planning & Zoning reviews documents and issues one of the following: <ol style="list-style-type: none"> a. Letter indicating zoning compliance with the Code b. Letter indicating additional documentation is needed and/or reason the application is not in compliance with the Code. 5. If the applicant chooses to <u>apply for the variance</u>, the City provides assistance with the variance process. Please call City Hall at 407-851-7730 for further information and deadline dates. 6. If the applicant chooses to make revisions to the drawings to meet the requirements of the Code, the additional information is reviewed for compliance. Once the application meets criteria for zoning compliance, it will be forwarded to the Building Department for review and completion. The City keeps one complete set of drawings, a copy of the application and the engineering review letter. 7. The Developer or Property Owner must pay all costs and fees associates with the City Engineer's and/or the City Attorney's review of the applicants application and plans.
Square Footage Waterward from 86.9 NHWE contour line 989	
Side Setback from Property Line 5'	
Total Square Footage 1,021	
Applicant/Agent Signature <i>Shirley Cant</i>	

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.
PLEASE REFER TO WWW.MUNICODE.COM FOR CODE COMPLIANCE

FDEP ERP Self-Certification Receipt

1 message

2019-04-020

no-reply@dep.state.fl.us <no-reply@dep.state.fl.us>

Sun, Apr 7, 2019 at 1:11 PM

To: sheilacichra@gmail.com

Cc: Jennifer@consultcantrell.com, SPGP@usace.army.mil, ERICA.GOSHLESKI@dep.state.fl.us,

ERP.SELFCERTS@dep.state.fl.us, CORPSJAXREG@usace.army.mil, NMFS.SER.PROGRAMMATICREVIEW@noaa.gov



**FLORIDA DEPARTMENT OF
Environmental Protection**

Ron DeSantis

Governor

Jeanette Nuñez

Lt. Governor

Noah Valenstein

Secretary

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Receipt for Submission

**SELF-CERTIFICATION FOR A PROJECT AT A
PRIVATE, RESIDENTIAL SINGLE-FAMILY**

04/07/2019

Self-Certification File No.: 0375020001EE

File Name: 3002 Hoffner Ave Belle Isle, FL 32812 - Self Cert Exempt Dock with Boat Lift(s) (General)

Dear **Sheila Cichra**: On **04/07/2019** you used the Florida Department of Environmental Protection's electronic Self Certification Process to certify compliance with the terms and conditions of the Federal State Programmatic General Permit (SPGP) Self Certification Process for a project at private, single-family residence located at:

LAT - Degrees: 28 Minutes: 28 Seconds: 47.8434
LONG - Degrees: -81 Minutes: 20 Seconds: 45.9758
SITE ADDRESS: 3002 Hoffner Ave Belle Isle, FL 32812
COUNTY: Orange

For:
Jennifer Cantrell
3002 Hoffner Avenue Orlando, FL 32812

You have certified that the project you propose to construct at the above location meets all the conditions of the Self-Certification Process. A project that is built in conformance to those conditions (attached for reference) will:

1. Qualify for a regulatory exemption under Section 403.813(1)(b) of the Florida Statutes (F.S.) and Chapter 62-330, Florida Administrative Code (F.A.C.). As such, it is exempt from the need to obtain a DEP Environmental Resource Permit.;
2. Qualify for Consent by Rule or Letter of Consent (as applicable) under Chapter 253, F.S. and Chapter 18-21, F.A.C. (and Chapter 258, F.S. and Chapter 18-20, F.A.C., if applicable), when the project is located on submerged lands owned by the State of Florida.

Your Self-Certification is based solely on the information you provided under this process, and applies only to the statutes and rules in effect when your certification was completed. The certification is effective only for the specific project proposed, and only if the project is constructed, operated, and maintained in conformance with all the terms, conditions, and limitations stated in the Self-Certification Process. In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required.

You have acknowledged that this Self Certification will automatically expire if:

1. Construction of the project is not completed within one year from the self-certification date;
2. site conditions materially change;
3. the terms, conditions, and limitations of the Self Certification are not followed; or
4. the governing statutes or rules are amended before construction of the project.

Completion of the Self Certification constitutes your authorization for Department or Corps personnel to enter the property for purposes of inspecting for compliance.

Receipt of this Self-Certification constitutes authorization to use sovereignty/state-owned submerged lands, as required by rule 18-21.005, F.A.C.

The authorization must be visibly posted during all construction activities.

In waters that are accessible to manatees, obtain information on your mandatory Manatee Protection sign by clicking [here](#).

FEDERAL STATE PROGRAMMATIC GENERAL PERMIT (SPGP)

You have certified that the project you propose to construct at the above location meets all the conditions of the SPGP Self-Certification Process and will be built in conformance to those conditions (attached for reference). Your proposed activity as certified is in compliance with the SPGP program. U.S. Army Corps of Engineers (Corps) Specific conditions apply to your project, attached. **No further permitting for this activity is required by the Corps. Although the construction period for works authorized by Department of the Army permits is finite, the permit itself, with its limitations, does not expire.**

Notifications to the Corps. For all authorizations under this SPGP V-R1, including Self-Certifications, the Permittee shall provide the following notifications to the Corps:

- a. Commencement Notification. Within 10 days before the date of initiating the work authorized by this permit or for each phase of the authorized project, the Permittee shall provide a written notification of the date of commencement of authorized work to the Corps
- b. Corps Self-Certification Statement of Compliance form. Within 60 days of completion of the work authorized by this permit, the Permittee shall complete the "Self-Certification Statement of Compliance" form (attached) and submit it to the Corps. In the event that the completed work deviates in any manner from the authorized work, the Permittee shall describe the deviations between the work authorized by this permit and the work as constructed on the "Self-Certification Statement of Compliance" form. The description of any deviations on the "Self-Certification Statement of Compliance" form does not constitute approval of any deviations by the Corps.
- c. Permit Transfer. When the structures or work authorized by this permit are still in existence at the time the property is transferred, the terms and conditions of this permit will continue to be binding on the new owner(s) of the property. To validate the transfer of this permit and the associated liabilities associated with compliance with its terms and conditions, have the transferee sign and date the enclosed form.
- d. Reporting Address. The Permittee shall submit all reports, notifications, documentation, and correspondence required by the general and special conditions of this permit to the following address.
 1. For standard mail: U.S. Army Corps of Engineers, Regulatory Division, Enforcement Section, P.O. Box 4970, Jacksonville, FL, 32232-0019.
 2. For electronic mail: SAJ-RD-Enforcement@usace.army.mil (not to exceed 10 MB). The Permittee shall reference this permit number, SAJ-2015-2575 on all submittals.

This SPGP Self-Certification is based solely on the information you provided under this process, and applies only to the statutes and rules in effect when your certification was completed. You have recognized that your certification is effective only for the specific project proposed, and provided the project is constructed, operated, and maintained in conformance with all the terms, conditions, and limitations stated in the SPGP Self-Certification Process. This Self-Certification will not apply if any substantial modifications are made to the project. You agree to contact the Department for review of any plans to construct additional structures or to modify the project, as changes may result in a permit being required.

You have acknowledged that this Self-Certification will automatically expire if:

1. construction of the project is not completed by midnight, July 25, 2021, unless construction commenced or a contract to construct was executed before July 25, 2021, in which case the time limit for completing the work authorized by the SPGP ends at midnight, July 25, 2022. However, in no case can construction continue for more than one year beyond the Self-Certification date;
2. site conditions materially change;
3. the terms, conditions, and limitations of the Self-Certification are not followed; or
4. the governing statutes or rules are amended before construction of the project.

Completion of the Self-Certification constitutes your authorization for Department or Corps personnel to enter the property for purposes of inspecting for compliance.

If you have any questions, please contact your local Department District Office. Contact information can be found at: https://floridadep.gov/sites/default/files/SLERC_contacts_web_map_01-2017_0.pdf.

For further information, contact the Corps directly at: <http://www.saj.usace.army.mil/Missions/Regulatory.aspx>. When referring to your project, please use the SPGP Self-Certification file number listed above.

Authority for review - an agreement with the U.S. Army Corps of Engineers entitled Coordination Agreement between the U. S. Army Corps of Engineers (Jacksonville District) and the Florida Department of Environmental Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act.

ADDITIONAL INFORMATION

This Self-Certification Process does not relieve you from the responsibility of obtaining other permits or authorizations from other agencies (federal, state, Water Management District, or local) that may be required for the project. Failure to obtain all applicable authorizations prior to construction of the project may result in enforcement.

If you have any problems with the attached documents, please call the ERP Coordinator at (850) 245-8495 or by e-mail at ERP_eApps@dep.state.fl.us.

Sincerely,
Florida Department of Environmental Protection.

Attachments:

FDEP Terms and Conditions
SPGP Terms and Conditions
Project Design Criteria

 [Dep Customer Survey](#)

4 attachments

 **3ff331ad36cceb2689ed6e0af3586ef.pdf**

50K

 **82de886cbc4253454dfe9c39b6f9112.pdf**

50K

 **ProjectDesignCriteria_1_01.pdf**

2622K

 **noame**

50K



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Building Permit (Land Use) Application

RECEIVED APR - 8 2019

DATE: 3/20/19

PERMIT # 2019-04-020

PROJECT ADDRESS 3002 Hoffner Ave, Belle Isle, FL 32809 32812

PROPERTY OWNER Jennifer Cantrell PHONE 407-234-0710 VALUE OF WORK (labor & material) \$ 32000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

To Construct a 4' x 80' dock, 12' x 16' deck with 45 degree flair out at beginning and 3' octagonal bump out at end. There will be a pergola over 8' x 10' of deck.
11' x 24' Boathouse with 3' catwalk

15 = 34,714

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- **PROVIDE SEPTIC RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6, FOR NEW / ALTERED / ADDITIONS to Septic System**
- 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: 19-23-30-4382-02-430

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. 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.

Attached Survey 1 SETS and Construction Plans 1 SETS

PLANNING & ZONING APPROVAL: 4/17/19 By: [Signature]
DATE DATE City of Belle Isle

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____

OCCUPANCY GROUP _____ Comm Res: _____ Single Fam _____ Multi Fam
#BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 4/17/19

NOTES

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."

Waste Management 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 Waste Management at 407-788-0800 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 Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

RETAIN ORIGINAL AT CITY HALL - Updated 09/2012 FORM # LANDUSE002 - 1 of 2 Page Form

15716 25
4 x 34 136
161 ÷ 2
80.50
241.50

Wind Load Category: A ___ B ___ C ___ D

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

ZONING	<input checked="" type="checkbox"/>	N	\$ <u>665</u>
CERT OF OCC	<input checked="" type="checkbox"/>	N	\$ _____
TRAFFIC	<input checked="" type="checkbox"/>	N	\$ _____
SCHOOL	<input checked="" type="checkbox"/>	N	\$ _____
FIRE	<input checked="" type="checkbox"/>	N	\$ _____
SWIMMING POOL	<input checked="" type="checkbox"/>	N	\$ _____
POOL ENCLOSURE	<input checked="" type="checkbox"/>	N	\$ _____
BOAT DOCK	<input checked="" type="checkbox"/>	N	\$ <u>241.50</u>
BUILDING	<input checked="" type="checkbox"/>	N	\$ _____
WINDOW(S)	<input checked="" type="checkbox"/>	N	\$ _____
DOOR(S)	<input checked="" type="checkbox"/>	N	\$ _____
OTHER	<input checked="" type="checkbox"/>	N	\$ _____

2.5
% FL SURCHARGE

(2.42 + 3.62)
412.54

TOTAL

By Owner Form Y NA
Notice of Commencement Y NA
Power of Attorney Y NA
Contractor Packet On File? Y N

OTHER PERMITS REQUIRED:

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

PAID
4-18-19
MC 89/19



City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Building Permit (Land Use) Application

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

PERMIT # 2019-04-020

Owner's Name Jennifer Cantrell

Owner's Address 3002 Hoffner Ave Belle Isle, FL 32812

Fee Simple Titleholder's Name (If other than owner's) _____

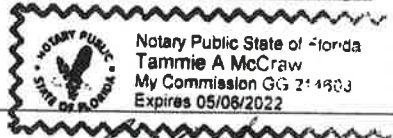
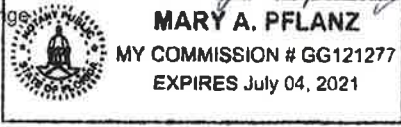
Address 3002 Hoffner Ave City Belle Isle State FL Zip Code 32812

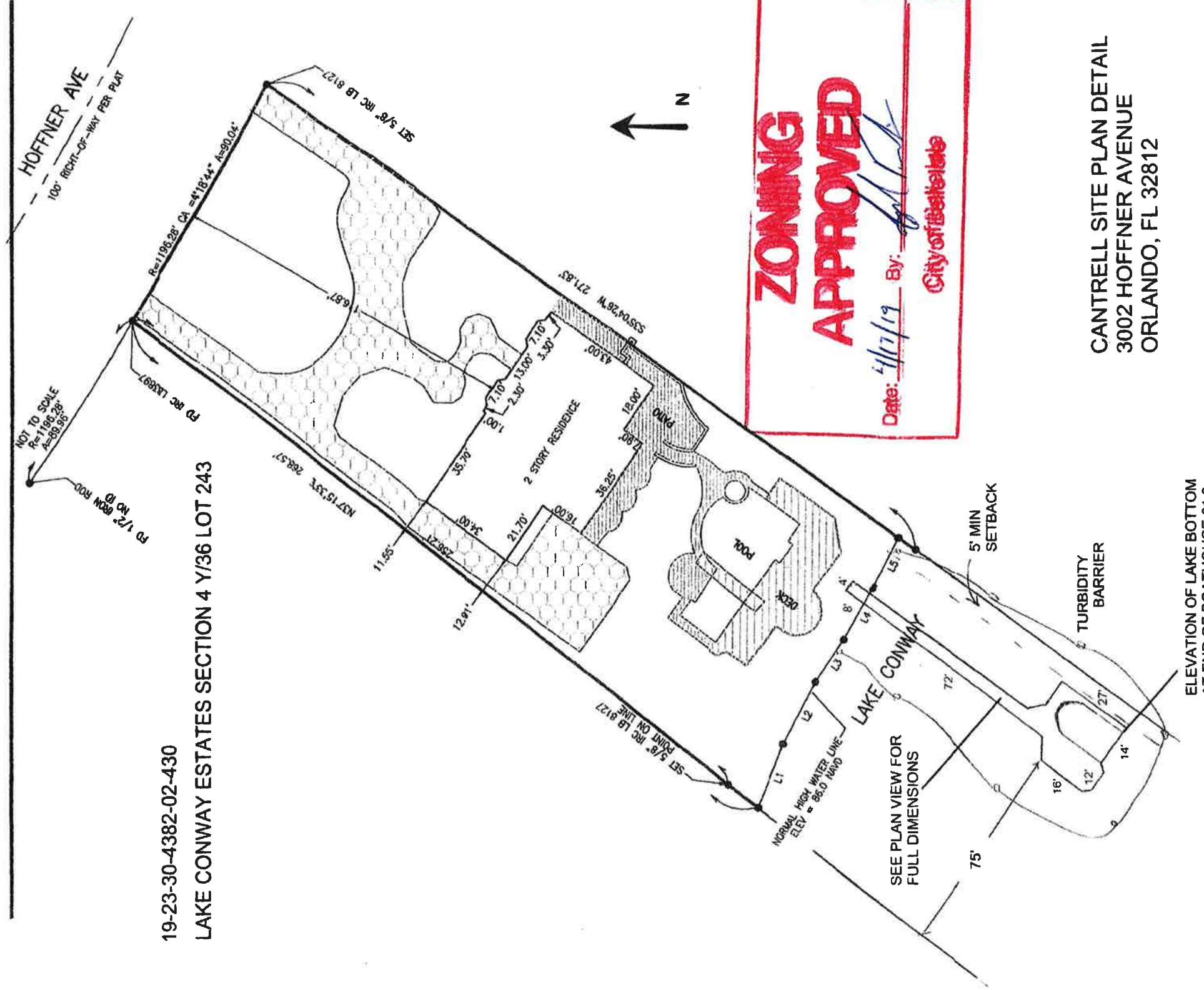
Contractor's Name Albert Cichra Builders, Inc.	Architect/Engineer's Name Pavol Stankay
Contractor's Address 13936 Marine Drive	Architect/Engineer's Address 2227 Mercator Drive
City, State, ZIP Orlando, FL 32836	City, State, ZIP Orlando, FL 32807
License # CRC058230	License # 29059
Contact Phone/Cell (407) 275-8954 (407) 450-4241	Contact Phone/Cell (407) 701-2145
Contact Email sheilacichra@gmail.com	Contact Email Pavol@SEGCo.net

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 ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, 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.

<p>Owner Signature <u>Jennifer Cantrell</u></p> <p>The foregoing instrument was acknowledged before me this <u>3/20/19</u> by <u>Jennifer Cantrell</u> who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner <u>Tammie A. McCraw</u> State of Florida County of Orange</p> 	<p align="center">Impervious Surface Ratio Worksheet</p> <p align="center">Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 50-74 Impervious Surface Ratio of the City Code</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35 = _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is <u>less than</u> BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is <u>greater than</u> BASE, then onsite retention must be provided.</p> <p><u>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</u></p>
<p>Contractor Signature _____</p> <p>COMPANY NAME <u>Albert Cichra Builders, Inc.</u></p> <p>The foregoing instrument was acknowledged before me this <u>4/4/19</u> by <u>Sheila Cichra</u> who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner <u>Mary Pflanz</u> State of Florida County of Orange</p> 	



19-23-30-4382-02-430
 LAKE CONWAY ESTATES SECTION 4 Y/36 LOT 243

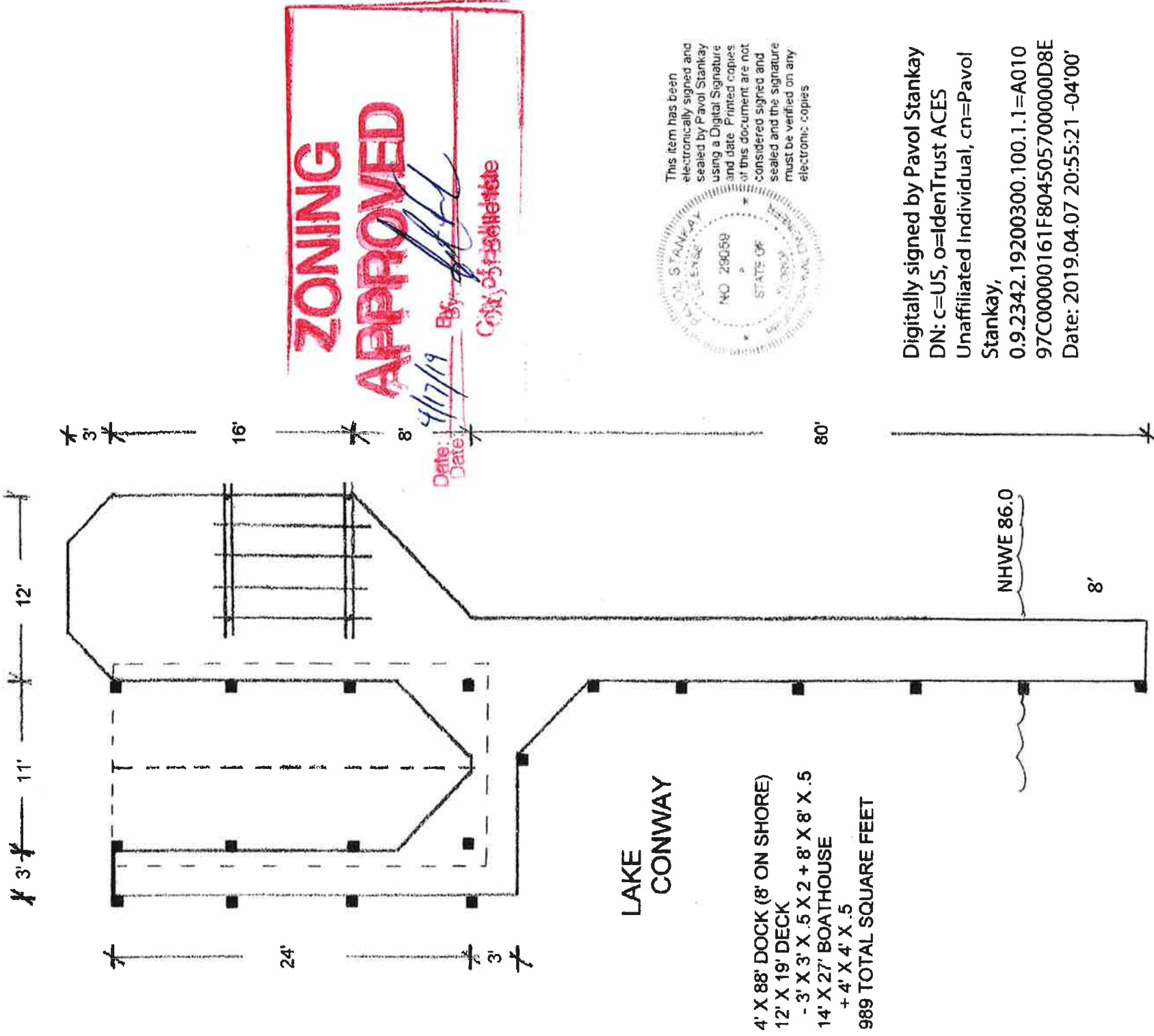
ZONING APPROVED
 Date: 4/17/19 By: [Signature]
 City of Orlando

CANTRELL SITE PLAN DETAIL
 3002 HOFFNER AVENUE
 ORLANDO, FL 32812

ELEVATION OF LAKE BOTTOM
 AT END OF BOATHOUSE 81.0

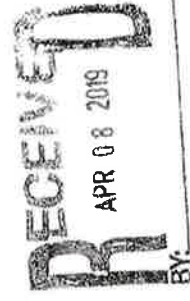
RECEIVED
 APR 08 2019
 BY: [Signature]

Plan View



Cantrell 3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059 2227 Mercator Drive Orlando, FL 32807 (407) 701-2145



These plans have been reviewed for conformance to the Florida Building Code. Our review of these plans is pursuant to Section 105 of the Florida Building Code and does not include any items outside of the stated codes nor shall it relieve the permit holder from compliance with provisions of these or any other state or local regulation.

Name: Pavol Stankay
Lic. No.: PA1191 Date: 4/17/19

Design Standards

The following are general design standards. More stringent design standards may be noted on the plans.

General Requirements:

Reproductions of contract drawings by contractor in lieu of preparation of shop drawings signifies acceptance of information shown as correct and obligates himself to any expense, real or implied, arising from their use. A change to the structural drawings due to the acceptance of alternates and/or substitutes is the responsibility of the contractor and must be submitted to the engineer for approval. The general contractor and each subcontractor shall verify all existing conditions prior to the start of any work. All inconsistencies shall be reported to the designer and/or structural engineer, if needed. Should contractor construct the premises in a fashion not consistent with the plans prepared by the designer and/or structural engineer, or in any fashion, change the plans and drawing without the review and approval from the designer and/or structural engineer. Then designer and/or structural engineer shall bear no responsibility or liability for the construction of premises and accuracy of the drawings.

Structural Aluminum:

Conform to latest edition of Aluminum Association of Florida standard practice for aluminum design.
All aluminum shall be 6061-T6 (E= 10,000 ksi; Fy = 35 ksi)

Design Loads:

Pursuant to Chapter 1609 LL (-Table 1607; WL- Section 1609)
Ultimate Wind: 140 mph at 3 second gust (30 psf minimum)
Risk Category II (Table 1604.5)
Exposure Category: "D" (FBC 1609.4.3 & ASCE 7-10, Section 26.7.2)
Deck Live Load: 60 psf Dead Load: 10 psf
Roof Live Load: 20 psf Guardrails and handrails: 200 psf
Guardrail in fill components: 50psf Stairs: 40psf
Components and cladding, design wind pressures + 38psf/-38psf

Timber:

Design in accordance with the National Design specification for wood construction, with loading in accordance with the Florida Building Code. All graded structural lumber shall be pressure treated and meet the following minimum requirements:

Minimum bending stress = 1250 psi (No. 1 Dense So. Pine)
Young Modulus = 1600 ksi
Maximum of 15% moisture content
Contractor may use Southern Yellow Pine No. 2 or U.O.N.

Lumber sizes shown are nominal sizes. Lumber shall be furnished in finished sizes meeting the requirement of the American Softwood Lumber Standard.

Structural Steel:

Conform to latest edition of AISC "Specification for structural steel building" and AISC "Code of standard practice for steel buildings and bridges".

All structural steel shall be ASTM A36, (E= 29,000 ksi; Fy = 36 ksi)
Splicing prohibited without prior approval as to location and type.
Burning of holes in steel members is prohibited. Any member with burned holes must be replaced.

NAILING SCHEDULE:

Wall and Roof sheathing – 1/2" CDX APA rated plywood w/8d sinker
Nails @ 6" O.C. at supported PNL edges & 8" O.C. in the field
Simpson H2.5Z - four 8d x 1 1/2" nails to rafters and beams
Simpson LUS26Z – four 8d x 1 1/2" nails to headers and joists

Galvanized Bolts:

All bolts shall be galvanized, be ASTM A36, threaded round stock with a minimum yield stress of 36,000 psi.

Digitally signed by
Pavol Stankay
DN: c=US,
o=IdenTrust ACES
Unaffiliated Individual,
cn=Pavol Stankay,
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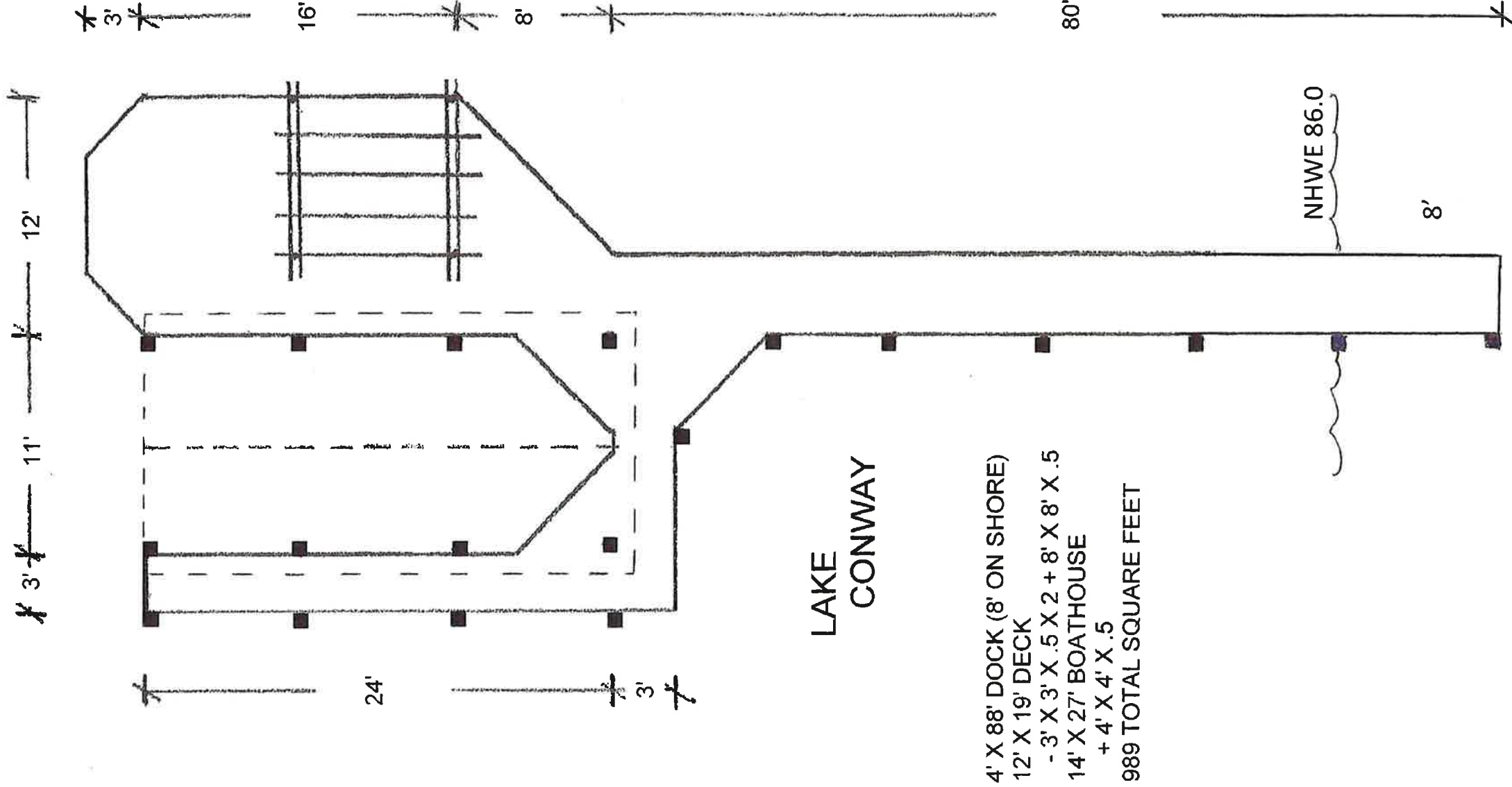
Cantrell

3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059 2227 Mercator Drive Orlando, FL 32807 (407) 701-2145



Plan View



4' X 88' DOCK (8' ON SHORE)
 12' X 19' DECK
 - 3' X 3' X .5 X 2 + 8' X 8' X .5
 14' X 27' BOATHOUSE
 + 4' X 4' X .5
 989 TOTAL SQUARE FEET

LAKE
 CONWAY



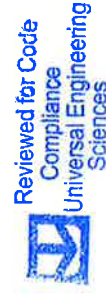
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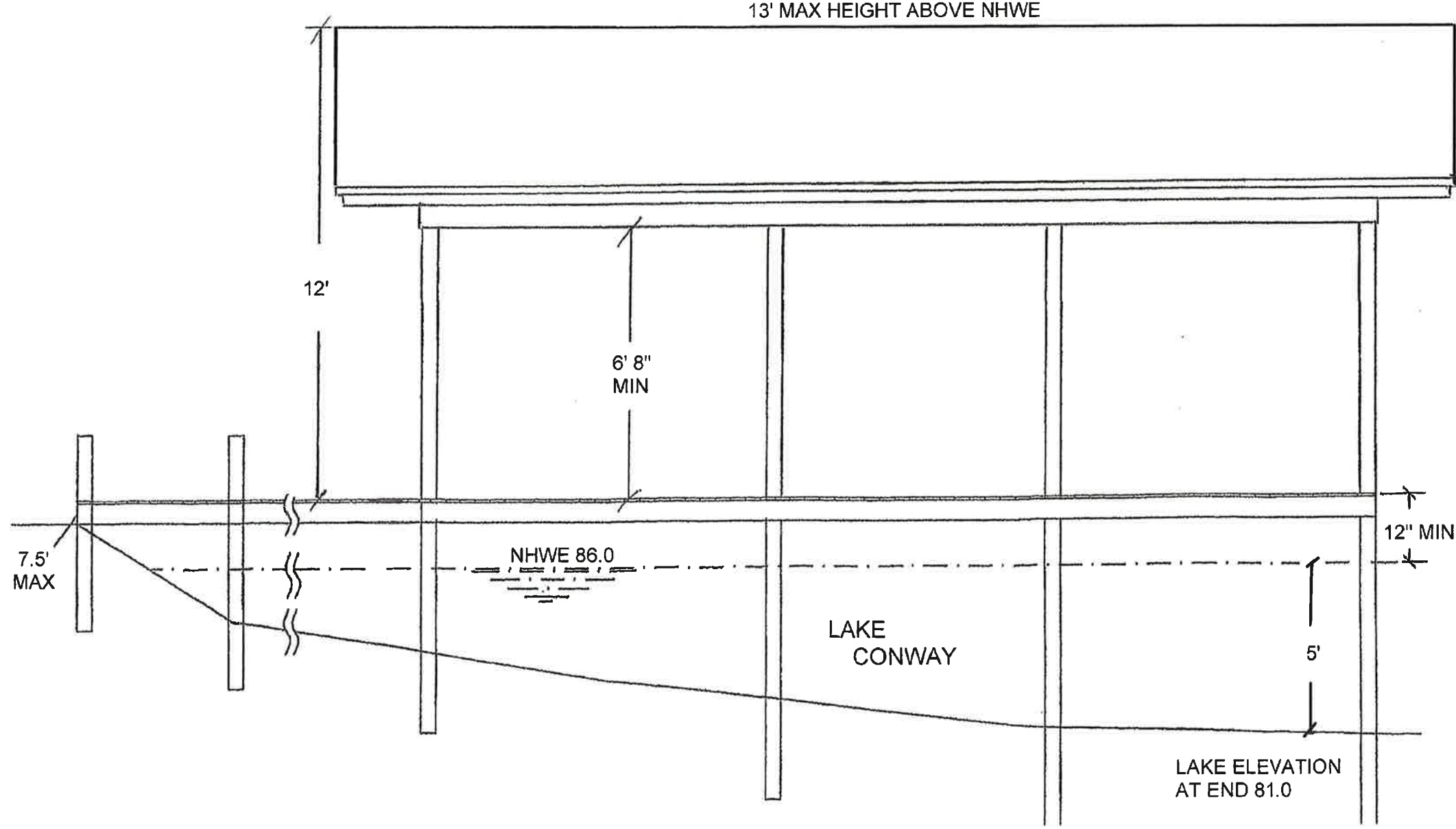
Cantrell

3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059 2227 Mercator Drive Orlando, FL 32807 (407) 701-2145



Side Elevation



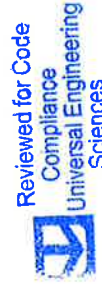
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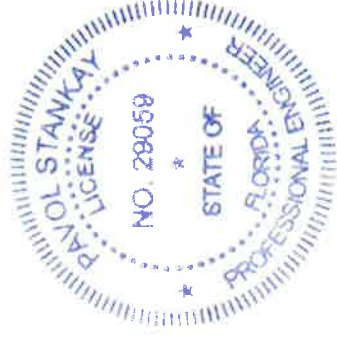
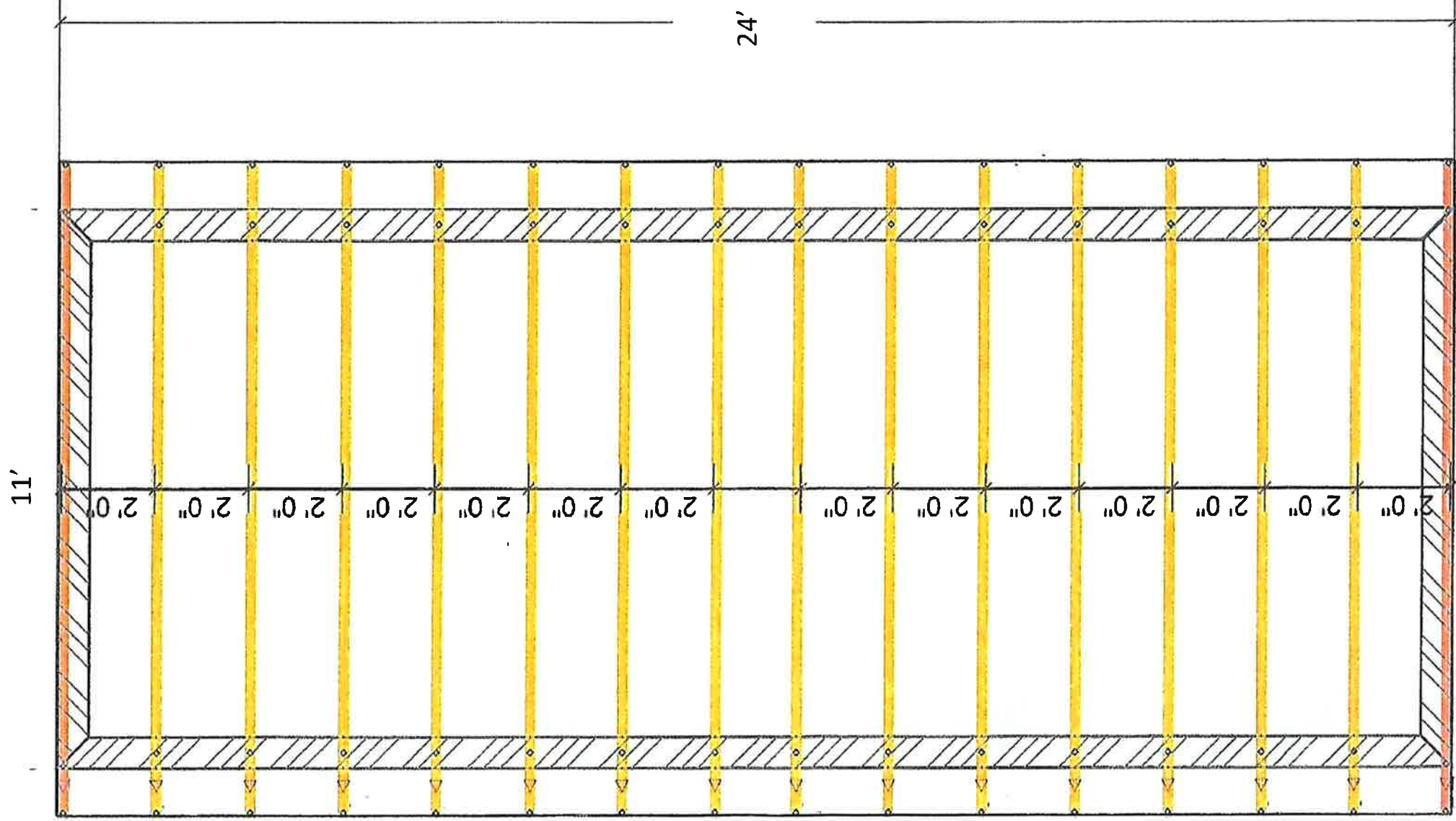
Cantrell

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Roof Framing



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Date: 2019.04.07 20:58:12 -04'00'

2X6 FASCIA W/ 1X2 DRIP

(2) 2X10 PERIMETER BEAM

2X6 COLLAR TIES 4' O.C.

2X6 RAFTERS 2' O.C.

2X8 HIPS, RIDGES & VALLEYS

6X6 PILINGS 12' O.C.

SHINGLES INSTALLED PER MANUFACTURER'S SPECS

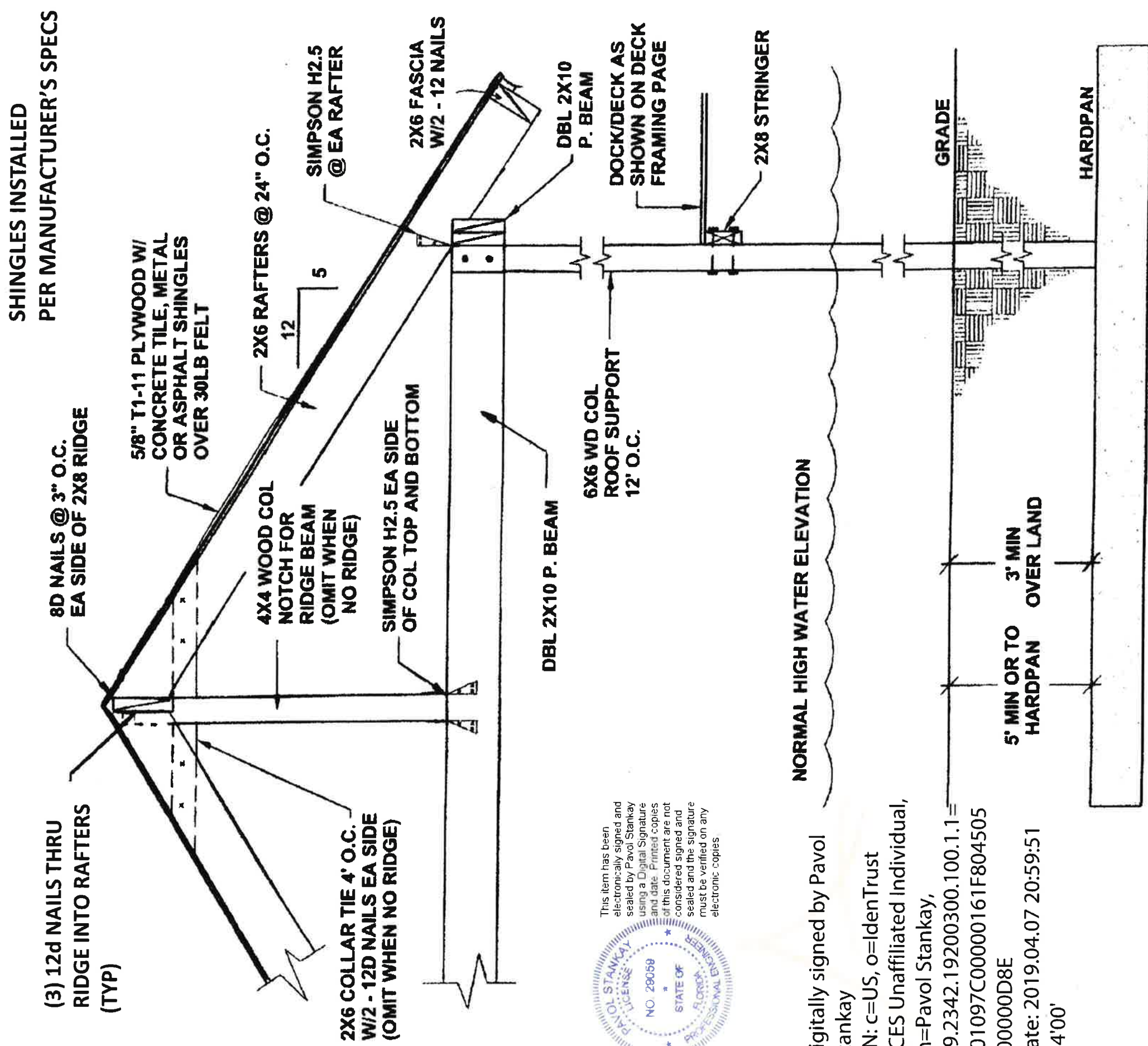
Cantrell

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Details and Specifications - Roof Cross Section



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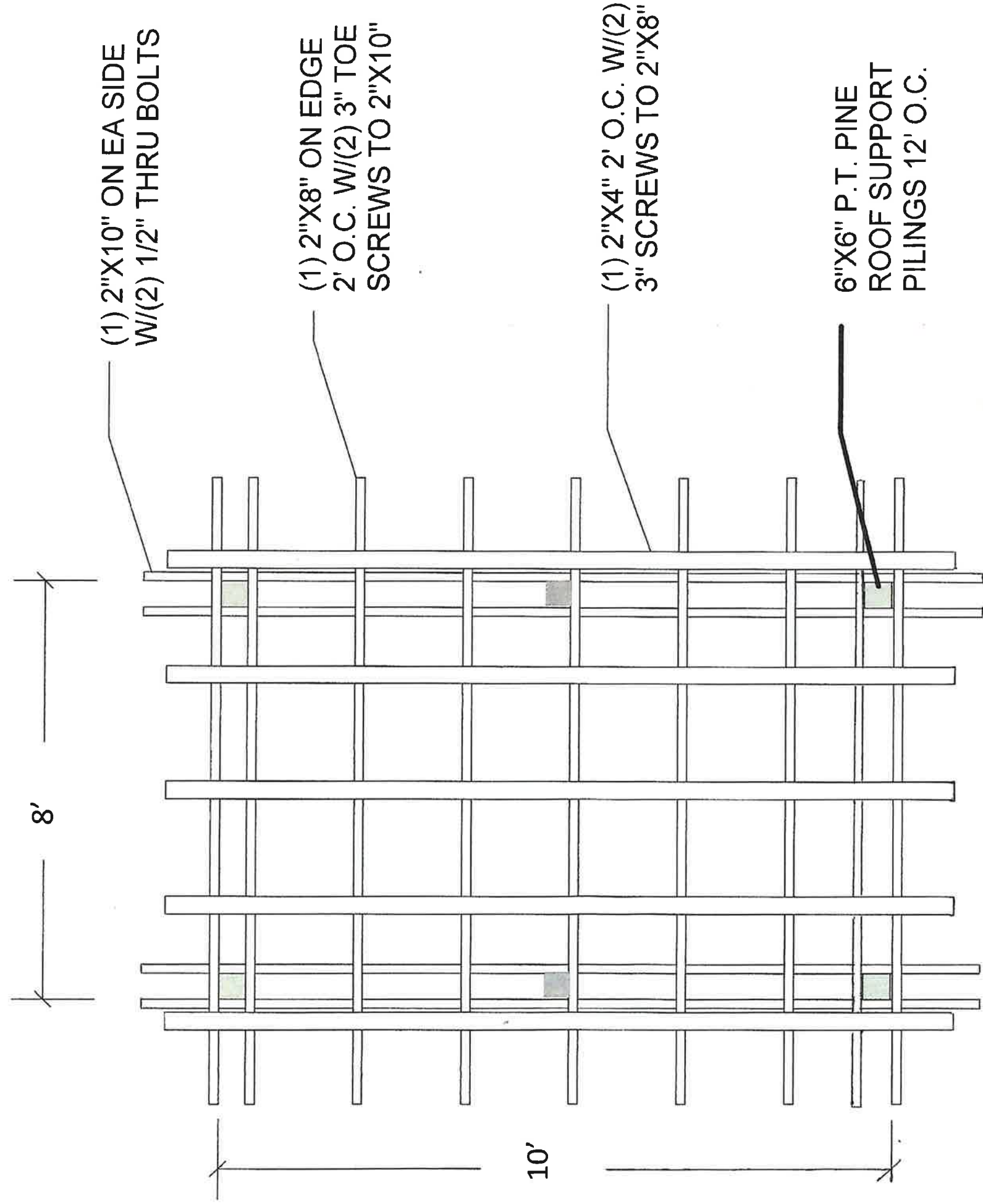
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Cantrell 3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059 2227 Mercator Drive Orlando, FL 32807 (407) 701-2145



Arbor Framing



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Unaffiliated Individual, cn=Pavol
Stankay,

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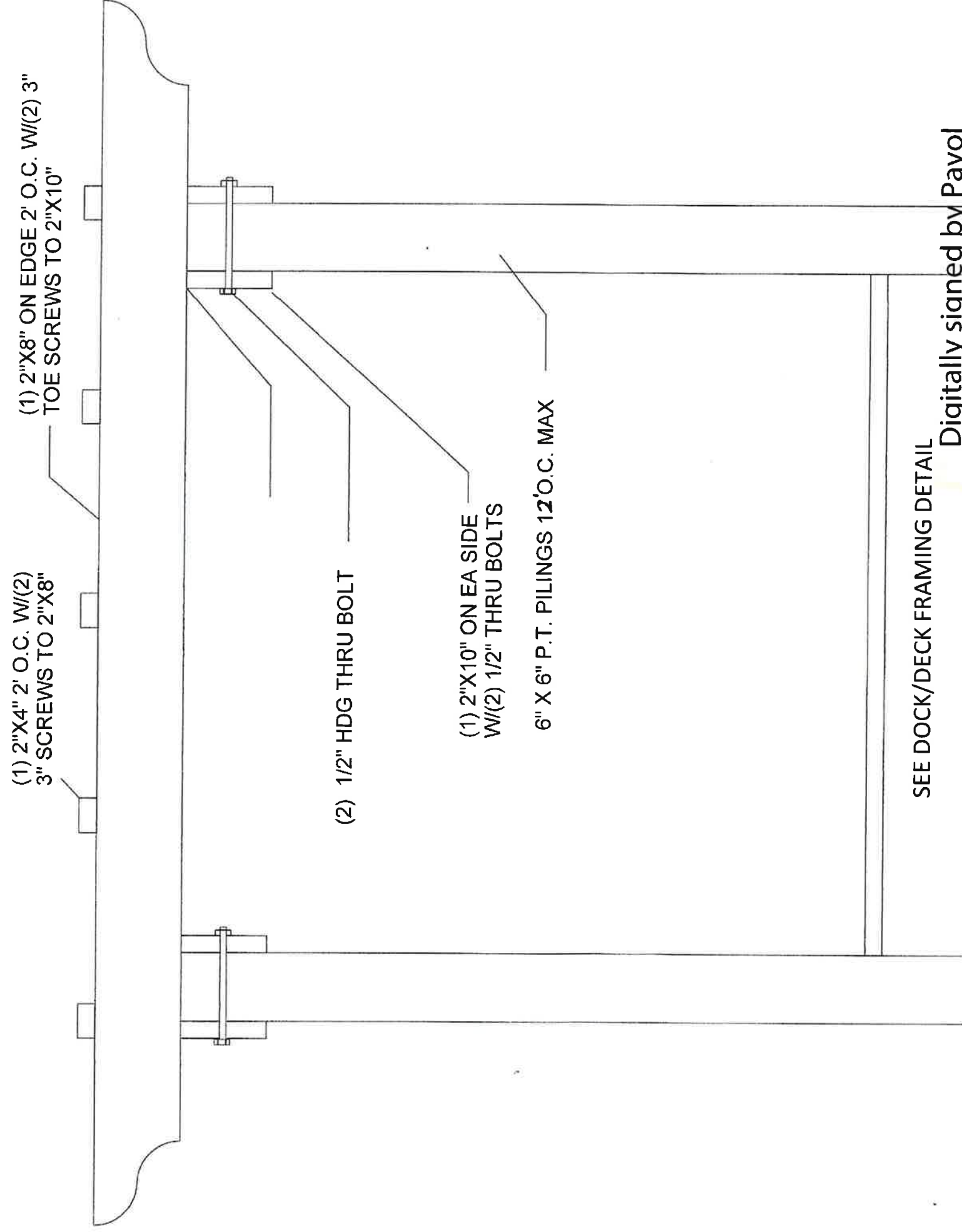
Cantrell

3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059 2227 Mercator Drive Orlando, FL 32807 (407) 701-2145



Arbor Elevation



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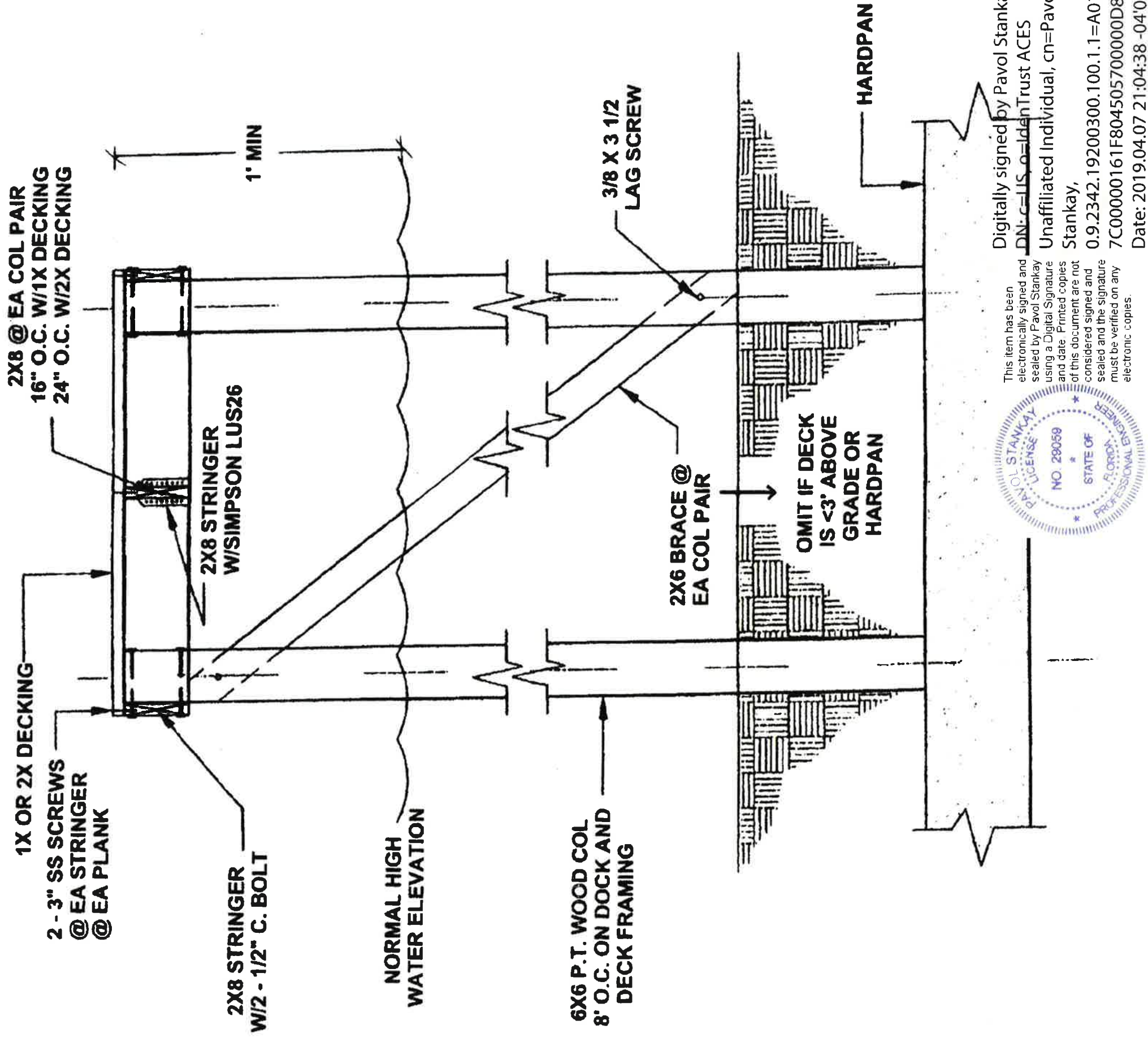
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Cantrell **3002 Hoffner Avenue, Orlando**

Pavol Stankay **PE # 29059** **2227 Mercator Drive Orlando, FL 32807** **(407) 701-2145**



Dock/Deck Cross Section and Bracing



Cantrell

3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059

2227 Mercator Drive Orlando, FL 32807

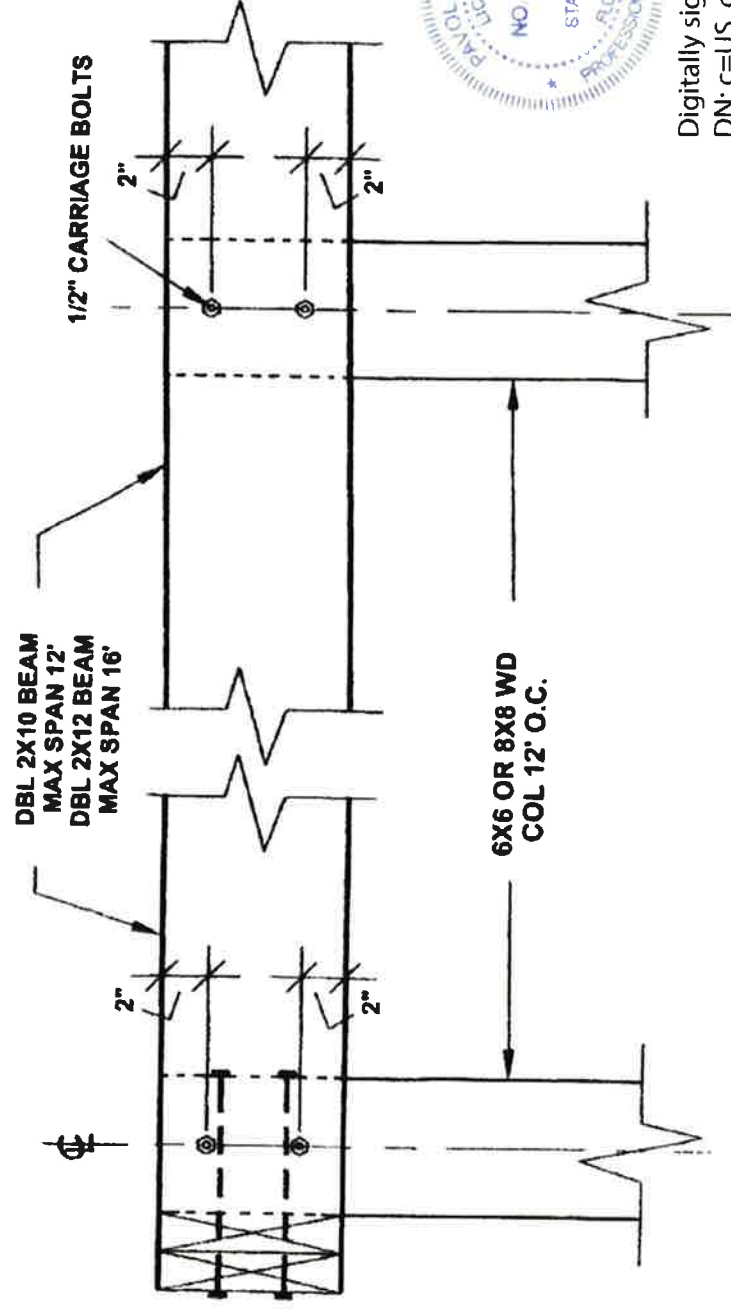
(407) 701-2145



Reviewed for Code Compliance
Universal Engineering Sciences

Details and Specifications (P. Beam and Framing Splice)

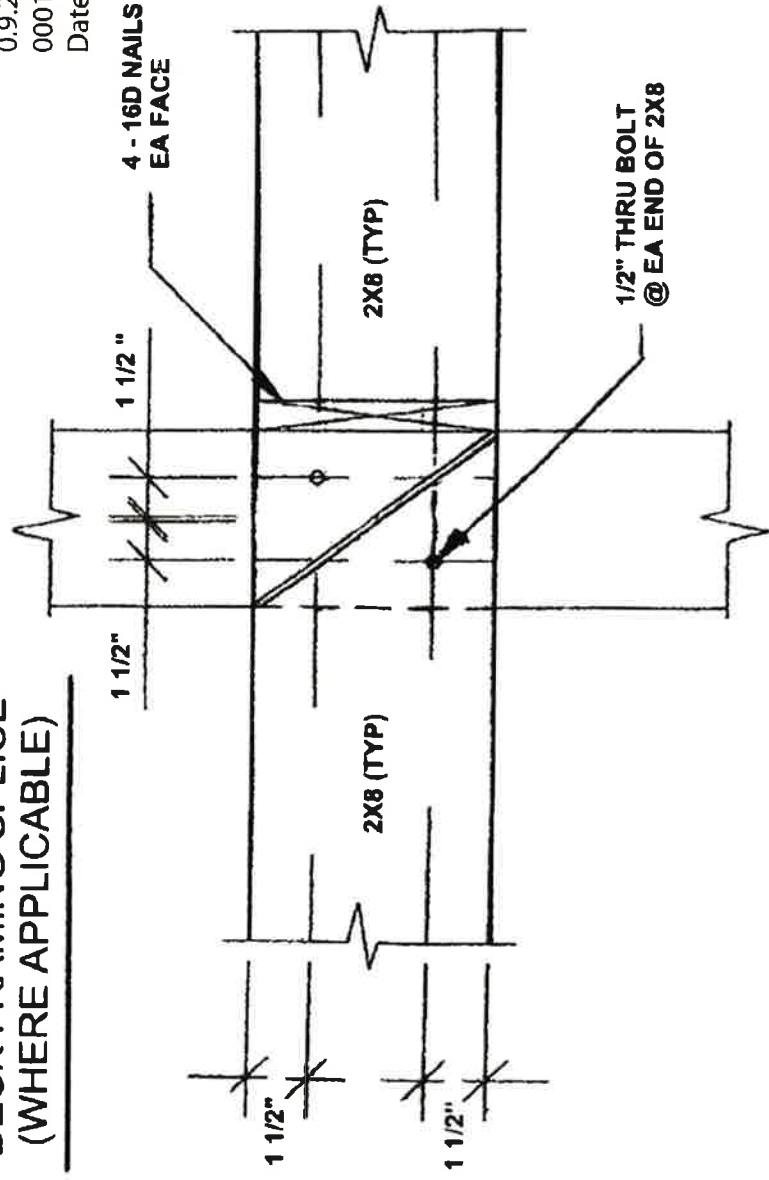
P. BEAM DETAIL



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Date: 2019.04.07 21:06:12 -04'00'

DECK FRAMING SPLICE (WHERE APPLICABLE)



- THIS STRUCTURE HAS BEEN DESIGNED TO MEET THE 2017 FLORIDA BUILDING CODE, 6TH EDITION AND ASCE 7- 10 AND 2014 NATIONAL ELECTRIC CODE.
1. BASIC WIND SPEED (V_{asd}) = 108 MPH, ULTIMATE WIND SPEED (V_{ult}) = 140 MPH
 2. CONSTRUCTION TYPE = R-3
 3. WIND EXPOSURE = CATEGORY D
 4. OPEN STRUCTURE WITH A ZERO PRESSURE COEFFICIENT

Cantrell

3002 Hoffner Avenue, Orlando

Pavol Stankay PE # 29059

2227 Mercator Drive Orlando, FL 32807

(407) 701-2145





RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

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

CICHRRA, ALBERT G JR

ALBERT CICHRRA BUILDERS INC
13936 MARINE DRIVE
ORLANDO FL 32832

LICENSE NUMBER: CRC058230

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.



2018 **EXPIRES 9/30/2019**
 1801 CERTIFIED RESIDENTIAL \$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE \$30.00 1801-0005119
 2 EMPLOYEES ;

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

CICHRA ALBERT G JR

ALBERT CICHRA BUILDERS INC
 CICHRA ALBERT G JR
 13936 MARINE DR
 ORLANDO FL 32832-6508

13936 MARINE DR (MOBILE)
 U - ORLANDO, 32832

PAID: \$60.00 0099-00851489 8/17/2018

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.

2018 **EXPIRES 9/30/2019** ✓
 1801 CERTIFIED RESIDENTIAL \$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE \$30.00 1801-0005119
 2 EMPLOYEES ;

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



CICHRA ALBERT G JR

ALBERT CICHRA BUILDERS INC
 CICHRA ALBERT G JR
 13936 MARINE DR
 ORLANDO FL 32832-6508

13936 MARINE DR (MOBILE)
 U - ORLANDO, 32832


PAID: \$60.00 0099-00851489 8/17/2018

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

2807 *Scott Randolph*

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY EXEMPTION</p> <p>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE DATE: 6/4/2018 EXPIRATION DATE: 6/3/2020</p> <p>PERSON: ALBERT G CICHRA JR EMAIL: CICHRA@BELLBOOTH.NET</p> <p>FEIN: 593443958</p> <p>BUSINESS NAME AND ADDRESS: ALBERT CICHRA BUILDERS INC</p> <p>13838 MARINE DRIVE ORLANDO, FL 32832</p> <p>SCOPE OF BUSINESS OR TRADE: Licensed Residential Contractor Carpentry NOC</p>		<p>IMPORTANT</p> <p>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.</p> <p>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.</p> <p>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.</p>
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DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2019

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 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 Lykes Insurance, Inc. P. O. Box 2703 Winter Park FL 32790	CONTACT NAME: Myrna Luciano		FAX (A/C, No): 407-628-1363
	PHONE (A/C, No, Ext): 407-644-5722	E-MAIL ADDRESS: mluciano@lykesinsurance.com	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Ohio Security Insurance Co.			24082
INSURED ALBER-2 Albert Cichra Builders Inc. 13936 Marine Drive Orlando FL 32832	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1104831912

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <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			BLS57067246	4/15/2019	4/15/2020	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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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			WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Belle Isle is an Additional Insured as per written contract

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Avenue 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 <i>William P. Joubert</i>

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