

City of Belle Isle Job Site Card Building PERMIT 2019-03-052

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: 2019-03-052 Issue Date: 03/29/2019

Site Address: 5435 Ming Dr 32812 Parcel #: 20-23-30-4395-00-210 OVERSIZED

Subdivision: **Class**: □ Residential Description of Work: COVERED REAR PORCH ADDITION ON EXISITING PAVERS.

Issued: ALL-IN CONSTRUCTION SERVICES LLC Business Phone: 407 808-3835

Name: PADGETT, KENNETH, WAYNE Contractor bicense: CGC1516577

/Z / 2019 Picked up or sent by Payment Date & Method: □ Emailed

□ Discover Check / Money Order # □ Visa □ Master Card □ Amex Schedule Inspections via Email at: <u>BIDscheduling@universalengineering.com</u> 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 BIDscheduling@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
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, F. 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengingering.com

511/10	t Application
DATE: 3/11/10	PERMIT # 2019 - 03 - 05
PROJECT ADDRESS 5435 Ming Dr	, Belle Isle, FL32809328
PROPERTY OWNER Andrew Sheedy PHONE	ALUE OF WORK (labor &material) \$
PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS	
Coursed near parch addition on exas	ting pavers
Please provide information, if applicable SINGLE FAMILY RESIDENCE: 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of N BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide SEPTIC SYSTEM (RESIDENTIAL): — Provide verification of OC Health Dept approval for on-s Homeowners will be required to have a contractor on record for homes that are rented and/or	ew Construction/Revision Required a copy of their report ite septic tank system, per FAC Chap. 64
Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 20-23-30	-4395-00-210
And the state of t	isit http://www.ocpafl.org/Searches/ParcelSea
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT	Wind Exposure Category: B C
OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be to conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact See and School Impact will be assessed. Date: 3/27/19 By:	SPRINKLERS REQ'D Y If Required – SUBMIT COPY OF PLANS FOR F REVIEW Date: Sent RCD
PLANNING & ZONING APPROVAL: DATE City of Belle leve	ZONING N S
	CERT OF OCC Y N S
PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required) CONSTRUCTION TYPE	SCHOOL Y N
OCCUPANCY GROUP Comm Res: Single Fam Multi Fam	
#BLDG. #UNITS #STORIES TOTAL SQ.FT. MAX. FLOOR LOAD MAX. OCCUPANCY	SWIMMING POOL Y N S SCREEN ENCLOSURE Y N S
MIN. FLOOR ELEV. LOW FLOOR ELEV.	ROOFING Y N
WATER SERVICEWELLSEPTIC	BOAT DOCK Y N
	BUILDING ON N
BUILDING REVIEWER COLD DATE 3-29-19	WINDOW(S) Y N S
BUILDING REVIEWER DATE 2 1-17	DOOR(S) Y N
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE	FENCE Y N S
	SHED Y N S DRIVEWAY Y N
Per FSS 105.3.3:	OTHERY N
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	2
permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be	1% BCAIB FEE
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."	1.5% DCA FEE \$ 2.
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	TOTAL 351
the City, Contractors, nomeowners and commercial businesses may contact Republic Services at 407	OTHER PERMITS REQUIRED:
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	ELECTRICAL Y A
contract through its code enforcement office. Failure to comply will result in a stop work order.	PREPOWER Y N
SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS,	PLUMBING Y N
MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETCLST (LC 25	ROOFING NA II
57 10- 53	GAS
Page 1 of 2 4x24 96	
Page 1 of 2 12 1 - 1 2 60.50	checia



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

Owner's Name Andrew Sheedy	PERMIT #2619-63-03 1
Owner's Address 5435 Ming Dr	
Contractor Name Kenneth W. Padgett	Company Name All-In Construction Services, LLC
License #CGC 1516577	Company Address 275 Hunt Park Cove
Contact Phone/Cell 407-260-0018 / 407 , 808, 3835	City, State, ZIP Longwood FL 32750
Contact Email Oreferred permitting Qyahw,	Contact Fax 321-256-5050
WARNING TO OWNER: Your failure to record a Notice of Commencem	ent may result in your paying twice for improvements to your property. A eplacement \$7500(+) and posted on the job site before the first inspection. before recording your Notice of Commencement.
(www.floridabuilding.org) and City Ordinances (www.municode.com) re this permit does not grant permission to violate any applicable City and obtain a permit to do the work and installations as indicated. I certify that no work will be performed to meet the standards of all laws regulating construct all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLI OWNER'S AFFIDAVIT: I certify that all the foresting information is accurate	granted I agree to conform to all Division of Building Safety Regulations egulating same and in accordance with plans submitted. The issuance of flor State of Florida codes and for ordinances. Application is hereby made to work or installation has commenced prior to the issuance of a permit and that all ion in this jurisdiction. I understand that a separate permit must be secured for UMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.
Owner Signature The foregoing instrument was acknowledged before me this 3119 by Arvivus Success who is personally known to me and who produced as identification and who did no take an oath. Notary as to Owne State of Florida County of Orange WY COMMISSION # FF919886 EXPIRES September 20, 2019 Florida Notary Service corr Contractor Signature COMPANY NAME All The foregoing instrument was acknowledged before me this 3/11/17	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 1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE) Total Lot Area X 0.35= Allowable Impervious Area (BASE) 2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct persolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc House Driveway Walkway Accessory Buildings Pool & Spa Deck & Patio
by 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 PENNY SETSER MY COMMISSION # FF919886 EXPIRES September 20, 2019 FloridaNotaryService com	Other Actual Impervious Area (AIA) 3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention. 4. 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)

Permit Number: 2014-63-652	DUCH 20190155013 03/14/2019 04:04:53 PM Page 1 of 1 Rec Fee: \$10.00
Folio/Parcel Identification Number: 20:23-32-4	Rec Fee: \$10.00 Page 1 of 1 Phil Diamond, Comptroller Orange County, FL IP - Ret To: PREFERRED PERMITTING SERV
Topalou oj. Thi ili conditudadion cal vicas, ELO	STO STO STO IP - REE TO: PREFERRED PERMITTING SERV
275 Hunt Park Cove. Longwood FL 32750	
Return to: All-In Construction Services, LLC	The second of the second o
275 Hunt Park Cove. Longwood FL 32750	
NOTICE OF COL	MENGEMENT
NOTICE OF CON 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 informatio 1. Description of property (legal description of the prope Lake Conway Shores 7/50 Lot 21	n is provided in this Notice of Commencement. rty, and street address if available)
General description of improvement	I W S V S
Owner Information or Lessee Information if the Less	n electrical
Name Andrew Sheedy	see contracted for the improvement
Address 5435 Ming Dr	
Interest in Property Owner	
Name and address of fee simple titleholder (if different	ent from Owner listed above)
NameAddress	
. Contractor	
Name All-In Construction Services, LLC	Telephone Number <u>407-260-0018</u>
Address 275 Hunt Park Cove. Longwood FL 32750 Surety (if applicable, a copy of the payment bond is atta	achad)
Name NIT	Telephone Number
Address	Amount of Bond \$
NameN +	
NameN 1 *** Address	Telephone Number
Persons within the State of Florida designated by O be served as provided by §713.13(1)(a)7, Florida Sta	wner upon whom notices or other documents may atutes. Telephone Number
Address	
In addition to himself or herself, Owner designates Notice as provided in §713.13(1)(b), Florida Statutes	the following to receive a copy of the Lienor's
NameA) A	Telephone Number
Address	
Expiration date of notice of commencement (the exp construction and final payment to the contractor, but will different date is specified)	oiration date may not be before the completion of Il be 1 year from the date of recording unless a
VARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFT	ER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT
RE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713. P.	ART I SECTION 713-13 ELODIDA STATLITES AND CAN
ESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR P ECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IN:	SPECTION IF YOU INTEND TO OBTAIN FINANCING CONSULT
ITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WO	ORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
Inder penalty of penjury, declare that I have read the facts stated in it are true to the best of pry knowledge a	oregoing notice of commencement and that the
1. As harl	b. 22.42
mature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/	Director/Partner/Manager Signature of Title (Office
ne foregoing instrument was acknowledged before me this	I L. A
0.000	month/year name of person
fo	
dia dia	Name of party on benefit of whom instrument was executed
Signification of Notary Public – State of Florida	Principles or stamp commissioned name of Notary Public
	MY COMMISSION # FF919886
ersonally KnownOR Produced ID	EXPIRES September 20, 2019
pe of ID Produced	Annual Assertice Cou.
State of FLORIDA, County of ORANGE	Form Revised: September 26, 2011
I hereby certify that this is a true copy of	" REAL
the document as reflected in the Official Records 8 SE	AL) %)
BUIL HIAMOND COUNTY COMPTROLLER \ & \	

RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER







Property Record Card

Sign up for e-Notify...

5435 Ming Dr < 20-23-30-4395-00-210 >

Name(s)

Physical Street Address

Sheedy Andrew B 1/2 Int

5435 Ming Dr

Crowe Lisa M 1/2 Int Mailing Address On File

Postal City and Zipcode Orlando, Fl 32812

5435 Ming Dr

Property Use

Beile Isle, FL 32812-2108 Incorrect Mailing Address?

0103 - Single Fam Class III

Municipality

Belle Isle



View 2018 Property Record Card

Property Features

Values, Exemptions and Taxes

Sales Analysis

Location Info

Market Stats

Update Information

2019 values will be available in August of 2019.

Property Description

View Plat LAKE CONWAY SHORES 7/50 LOT 21

Total Land Area

15,551 sqft (+/-) | 0.36 acres (+/-)

GIS Calculated

Notice

Land

Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
R-1-AA	1 LOT(S)	working	working	working	working
			D.4.44	P.4.4.4.4.4.107(0)	P.4.4. 41070

Page 1 of 1 (1 total records)

Buildings

	Important Information		Structure			
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1979	Gross Area:	3414 sqft
More	Type Code:	0103 - Single Fam Class III	Beds:	4	Living Area:	2638 sqft
Detalia	Building Value:	working	Baths:	2.5	Exterior Wall:	Concrete Block Stucco
-	Estimated New Cost:	working	Floors:	1	Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

<u>Description</u>	Date Built	Units	XFOB Value	
FPL2 - Average Fireplace	01/01/1979	1 Unit(s)	working	
PL2 - Above Average Pool	12/10/2015	1 Unit(s)	working	
PT1 - Patio 1	12/10/2015	1 Unit(s)	working	

Page 1 of 1 (3 total records)

This Data Printed on 03/13/2019 and System Data Last Refreshed on 03/12/2019

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

Work Order No. 140793

Inspection Report

5435 Ming Drive - COBI Project Name:

Address: 5435 Ming Drive - COBI, Belle Isle, Orange County, FL

Client: City of Belle Isle

ProjectNo.:

0115.1500029.0000-0115-007

Date: 03/29/2019 Any any

Permit No: 2019-03-052

Lot No.:

provoc

Contact: Susan Manchester at 407 581

Scope of Inspection:

REVIEW app for enlarging an existing screen enclosure - zoning already approved.

Inspection Type:

Disposition of Inspection:

Comments:

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

Dale Baker

Inspector:

Dale Baker, BN 3927

JONATHAN ZACHEM, 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

PADGETT, KENNETH WAYNE

ALL-IN CONSTRUCTION SERVICES LLC 275 HUNT PARK COVE LONGWOOD FL 32750

LICENSE NUMBER: CGC1516577

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.

Client#: 26955

ALLINCON

REVISION NUMBER:

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:				
Bouchard Insurance (KIS)	PHONE (A/C, No, Ext): 407 847-2841 FAX (A/C, No):	407 846-2841			
222 Church Street	E-MAIL ADDRESS: clcerts@bouchardinsurance.com				
Kissimmee, FL 34741	INSURER(S) AFFORDING COVERAGE	NAIC#			
407 847-2841	INSURER A: National Builders Insurance Company	16632			
INSURED All In Construction Countries III C	INSURER B : American Builders Insurance Company	11240			
All In Construction Services, LLC 275 Hunt Park Cove	INSURER C: Owners Insurance Company	32700			
Longwood, FL 32750	INSURER D:				
Longwood, FL 32730	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				

2	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	X	X	GLP017767203	08/14/2018	08/14/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
I	X PD Ded:1,000						MED EXP (Any one person)	\$5,000
ļ							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY			4996232300	08/14/2018	08/14/2019	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
X ANY AUTO							BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS ONLY					l	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S
	X UMBRELLA LIAB X OCCUR	-	-	LUIDAITTANA				\$
	A OCCUP			UMB017768204	08/14/2018	08/14/2019	EACH OCCURRENCE	\$1,000,000
	1 CLAIMS-MADE				1		AGGREGATE	s1,000,000
,	DED X RETENTION \$10000 NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		х	WCV015328507	07/31/2018	07/31/2019	X PER OTH-	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

Certificate holder is additional insured as respects General Liability only if required by written contract, and subject to the terms, conditions and exclusions as specified in the policy.

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
Ī	JA.

BUSINESS TAX RECEIPT

CITY OF LONGWOOD 175 W. WARREN AVENUE LONGWOOD, FL 32750

2018-2019

Phone: (407)260-3440 http://www.longwoodfl.org

Receipt #: 19-01139

Issued Date:

Effective Date: 10/01/18

07/30/18 Expiration Date: 09/30/19



License Type: CONTRACTOR/6 TO 10 EMP

Business Name: ALL-IN CONSTRUCTION SERVICES

Business Location: 275 HUNT PARK CV

KENNETH PADGETT 275 HUNT PARK CV LONGWOOD, FL 32750



RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.