

**City of Belle Isle Job Site Card Building PERMIT 2018-07-024**

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 inspections.**

Permit Number: 2018- 07-024

Issue Date: 8/02/2018

Site Address: 1851 Wind Harbor Rd 32809

Parcel #: 30-23-30-9330-00-230

Class: Residential

Subdivision:

Description of Work: Rebuild Boat Dock 16x16 10'9" Max Height - Rebuilding same for same -

No changes - also replacing most of pilings.

OVERSIZED PLANSIssued To: INGERSOLL BUILDING & REMODELING CORP

Business Phone: 407 276-4634

Name: INGERSOLL, RICHARD M

Contractor License: CRC1330166

Payment Date & Method: 8 / 3 / 2018 Visa Master Card Amex Discover Check / Money Order # 1771Schedule Inspections via Email at: BI scheduling@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 scheduling@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, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Building / Land Use Permit Application

RECEIVED
JUL 09 2018
BY: ZUCROSON

DATE: _____

PERMIT # 2018-07-024

PROJECT ADDRESS 1851 Wind Harbor Rd, Belle Isle, FL 32809 32812

PROPERTY OWNER Richard Ingersoll PHONE 407-276-4634 VALUE OF WORK (labor & material) \$ 25,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS 10' x 9" max height

Rebuild Boat Dock
16x16 no changes -> ALSO replacing most pilings.
Rebuilding SAME for SAME

- **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: 30-23-30-9330-00-230
To obtain this information, please visit <http://www.ocpaff.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCRDACH 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.

ZONING APPROVED
Date: 7/24/18 By: [Signature]
DATE City of Belle Isle

PLANNING & ZONING APPROVAL: _____

Wind Exposure Category: B ___ C ___ D ___

| REVIEW | Date: Sent | RCD | |
|---|------------|-----|------------------|
| SPRINKLERS REQ'D | Y | N | |
| If Required - SUBMIT COPY OF PLANS FOR FIRE | | | |
| ZONING | <u>Y</u> | N | \$ <u>165.-</u> |
| CERT OF OCC | Y | N | \$ |
| TRAFFIC | Y | N | \$ |
| SCHOOL | Y | N | \$ |
| FIRE | Y | N | \$ |
| SWIMMING POOL | Y | N | \$ |
| SCREEN ENCLOSURE | Y | N | \$ |
| ROOFING | Y | N | \$ |
| BOAT DOCK | <u>Y</u> | N | \$ <u>181.50</u> |
| BUILDING | Y | N | \$ |
| WINDOW(S) | Y | N | \$ |
| DOOR(S) | Y | N | \$ |
| FENCE | Y | N | \$ |
| DECK | Y | N | \$ |
| DRIVEWAY | Y | N | \$ |
| OTHER | Y | N | \$ |

1% BCAIB FEE 2.5 min
1.5% DCA FEE 2.72
TOTAL 351.22

OTHER PERMITS REQUIRED:

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

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

BUILDING REVIEWER [Signature] DATE 8-1-18

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE 8 DATE 7-9-2018

Per FSS 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

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

Page 1 of 2

118037

16x16 256 sf 15T 1K 25
24x4 24x4 96
121:2
60.50
181.50



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

RECEIVED
 JUL 09 2018
 BY: J. Person

Building Permit (Land Use) Application

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

PERMIT # 2018-07-024

Owner's Name Richard Ingersoll
 Owner's Address 1851 Wind Harbor Rd, Belle Isle, Florida 32809

| | |
|--|--|
| Contractor Name <u>Richard Ingersoll</u> | Company Name <u>Ingersoll Building & Remodeling Corp</u> |
| License # <u>CRC1330166</u> | Company Address <u>1851 Wind Harbor Rd</u> |
| Contact Phone/Cell <u>407-276-4634</u> | City, State, ZIP <u>Belle Isle, Florida 32809</u> |
| Contact Email <u>rmi1@att.net</u> | Contact Fax <u>407-855-4305</u> |

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature [Signature]
 The foregoing instrument was acknowledged before me this 7/9/2018
 by RICHARD INGERSOLL who is personally known to me
 and who produced FLDL 1526-753-56-094-0
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange
ANDREW D PEARCE
 MY COMMISSION # GG030440
 EXPIRES September 14, 2020

Contractor Signature [Signature]
 COMPANY NAME Ingersoll Building & Remodeling
 The foregoing instrument was acknowledged before me this 7/9/2018
 by RICHARD INGERSOLL who is personally known to me
 and who produced FLDL 1526-753-56-094-0
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange
ANDREW D PEARCE
 MY COMMISSION # GG030440
 EXPIRES September 14, 2020

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

Permit Number:
Folio/Parcel Identification Number: 3023 30 9336 00 230
Prepared by: Richard Ingersoll

DOCH 20180410066
07/12/2018 09:12:37 AM Page 1 of 1
Rec Fee: \$10.00
Phil Diamond, Comptroller
Orange County, FL
IP - Ret To: INGERSOLL BUILDING & REMO



Return to: Richard Ingersoll, 1851 Wind Harbor Rd, Belle Isle, FL 32809

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement(s) 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)
1851 Wind Harbor Rd, Belle Isle, FL 32809 ID#30-23-30-9330-00-230

2. **General description of improvement(s)**
Rebuild of boat dock

3. **Owner information**

Name Richard Ingersoll Telephone Number 407-276-4634

Address 1851 Wind Harbor Rd, Belle Isle, Interest in Property Owner

4. **Fee Simple Title Holder** (if other than owner shown above)

Name Telephone Number

Address

5. **Contractor**

Name Ingersoll Building & Remodeling Co Telephone Number 407-276-4634

Address 1851 Wind Harbor Rd, Orlando, Florida 32809

6. **Surety** (if any)

Name Telephone Number

Address Amount of bond \$

7. **Lender** (if any)

Name Telephone Number

Address

8. **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 Richard Ingersoll Telephone Number 407-276-4634

Address 1851 Wind Harbor Rd, Belle Isle, FL 32809

9. **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

10. **Expiration date of notice of commencement** (the expiration date is one 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.

11. Richard Ingersoll Signature of Owner Richard Ingersoll Signatory's Printed Name/Title/Office

(or Owner's Authorized Officer/Director/Partner/Manager §713.13(1)(d))

The foregoing instrument was acknowledged before me this 9th day of July 2018 by RICHARD INGERSOLL (year) (name of person)

as OWNER for RICHARD INGERSOLL (Type of authority, e.g., officer, trustee, attorney in fact) (Name of party on behalf of whom instrument was executed)

AS Signature of Notary Public - State of Florida ANDREW D PEARCE (Print, type, or stamp commission number of Notary Public) GG030440 EXPIRES September 14, 2020

Personally Known OR Produced ID FCB
Type of ID Produced 1 526-753-56-094-0

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing on Line 11-Above



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
D.C.

DATED: JUL 12 2018



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

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

Work Order No. 118037

Inspection Report

Project Name: 1851 Wind Harbor Road ~ COBI

Date: 07/30/2018 Any any

Address: 1851 Wind Harbor Road ~ COBI, Belle Isle, Orange County, FL

Permit No: 2018-07-024

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1800283.0000-0115-001

Contact: Susan Manchester at 407 581 8161

Scope of Inspection: REVIEW bldg app for boat dock - zoning 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.

Inspector: Dale Baker, BN 3927

*Need
Product Approval
Roofing & Underlayment*

1:00:36 PM 8/2/2018

Data Contained In Search Results Is Current As Of 08/02/2018 12:49 PM.

Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

| License Type | Name | Name Type | License Number/ Rank | Status/Expires |
|--|--|-----------|--------------------------------|-------------------------------|
| Certified Residential Contractor | INGERSOLL BUILDING & REMODELING CORP | DBA | CRC1330166 Cert Residential | Current, Active 08/31/2020 |
| Main Address*: 1851 WIND HARBOR ROAD ORLANDO, FL 32809 | | | | |
| Certified Residential Contractor | INGERSOLL, RICHARD M | Primary | CRC1330166 Cert Residential | Current, Active 08/31/2020 |
| Main Address*: 1851 WIND HARBOR ROAD ORLANDO, FL 32809 | | | | |

[Back](#)
[New Search](#)

*** denotes**

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. [Copyright 2007-2010 State of Florida. Privacy Statement](#)

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Scott Randolph, Tax Collector 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.**

2017 **EXPIRES 9/30/2018** 1801-1093743
1801 CERT RESIDENTIAL CON \$30.00 1 EMPLOYEE 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE

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

INGERSOLL RICHARD

INGERSOLL BUILDING & REMODELING CORP
1851 WIND HARBOR RD
BELLE ISLE FL 32809

1851 WIND HARBOR RD (MOBILE)
M - BELLE ISLE, 32809

PAID: \$60.00 0099-00777628 7/12/2017

Scott Randolph, Tax Collector 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.**

2017 **EXPIRES 9/30/2018** 1801-1093743
1801 CERT RESIDENTIAL CON \$30.00 1 EMPLOYEE 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE

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



INGERSOLL RICHARD

INGERSOLL BUILDING & REMODELING COR
1851 WIND HARBOR RD
BELLE ISLE FL 32809

1851 WIND HARBOR RD (MOBILE)
M - BELLE ISLE, 32809

PAID: \$60.00 0099-00777628 7/12/2017

This receipt is official when validated by the Tax Collector.



CITY OF BELLE ISLE

OCCUPATIONAL LICENSE

1600 Nela Avenue
Belle Isle, FL 32809

Business License Number: L7-00296
Effective Date: 10/01/17
Expiration Date: 09/30/18
Fee: 25.00

Business Name: INGERSOLL BLDG&REMODELING CORP
Location: 1851 WIND HARBOR RD
Classification: RESIDENTIAL CONTRACTOR

**POST IN A CONSPICUOUS PLACE
NOT VALID UNLESS SIGNED BY CITY OFFICIAL**

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.



City Official

LOCAL OCCUPATIONAL LICENSE

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



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 8/23/2017

EXPIRATION DATE: 8/23/2019

PERSON: INGERSOLL

RICHARD

M

FEIN: 352363235

BUSINESS NAME AND ADDRESS:

INGERSOLL BUILDING & REMODELING, CORP.

1851 WIND HARBOR RD

ORLANDO

FL

32809

SCOPE OF BUSINESS OR TRADE:

Licensed Residential Contractor

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2018

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 | MacLeish Insurance Agency 634 Virginia Drive Orlando, FL 32803 License #: A161813 | CONTACT NAME: Sue Raudebaugh PHONE (A/C, No. Ext): (407)647-8000 E-MAIL ADDRESS: Sue@macins.us | FAX (A/C, No): (407)228-2897 |
| | INSURED | Ingersoll Building and Remodeling Corp 1851 Wind Harbor Roa Orlando, FL 32809 | INSURER(S) AFFORDING COVERAGE INSURER A: International Insurance Company of Hannover SE INSURER B: Progressive INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 8

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 SUBR INSD 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: | | IG06A007788-03 | 02/27/2018 | 02/27/2019 | 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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | 07619752-7 | 09/01/2017 | 09/01/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

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

(TSR)

© 1988-2015 ACORD CORPORATION. All rights reserved.

ZONING APPROVED

By: *[Signature]* Date: 7/26/18
City of Belle Isle

7-31-18 *[Signature]*
Reviewed for Code Compliance
Universal Engineering Sciences



RECEIVED
JUL 09 2018
BY: _____

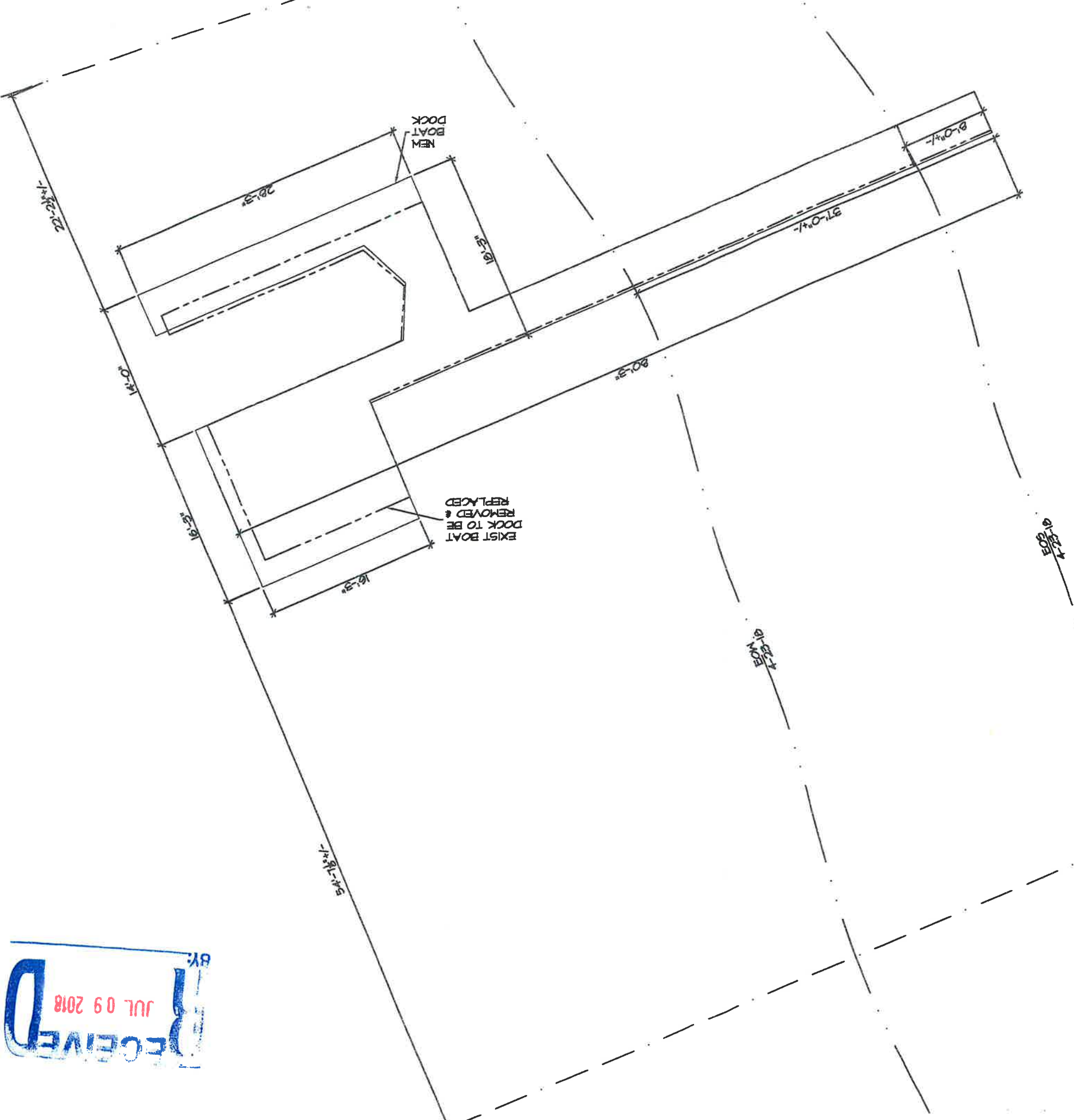
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| | |
|--|------------------|
| NEW DOCK REB | |
| 1851 WIND HARBOR RD. BELLE ISLE, FLORIDA 32809 | SITE PLAN |
| SCALE: AS-NOTED DATE: 07/03/2018 DESIGN: RW DRAWN: RCM CHECKED: RW | |
| JOB NO. 18124 | SHEET C1 |

EXIST. BOAT LANE
CONC. DECK

519°20'30" E 102.191' (M)
519°20'30" E 101.061' (R)

Reviewed for Code
Compliance
Universal Engineering
Sciences



EXIST. BOAT
DOCK TO BE
REMOVED &
REPLACED

RECEIVED
JUL 09 2018
BY: [Signature]

ROB WASSUM, P.E. #43.
CA #31177

Civil Engli
Land Deve
Water Res
Architectur
R3

| REVISIONS | DATE | DESCRIPTION | APP |
|-----------|------|-------------|-----|
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ISSUED WITH THE SPECIFIED PROJECT.
REVISED WITHOUT THE WRITTEN PERMISSION OF R3 ASSOCIATES, LLC.

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