



City of Belle Isle Job Site Card GAS PERMIT 2018-08-012

PERMIT MUST BE POSTED ON SITE - 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 -

Permit Number: 2018- 08-012
Site Address: 4011 Isle Vista Ave 32812
Class: Residential

Issue Date: 8/06/2018
Parcel #: 20-23-30-0668-01-000
Subdivision:

Description of Work: **Gas - (1) Grill & (1) Spa, Install 120 AG LP Gas Tank -53' of 3/4" poly line connecting to spa heater (400,000 BTU's) & grill (35KBTUS) Tank to be located underground.**

Issued To: AmeriGas Propane LP

Business Phone: 407 450-1807

Name: Vanderford, V.A.

Contractor License #: 31842

Payment Date & Method: 8 / 7 / 2018

Visa Master Card Amex Discover Check / Money Order # 2162

Schedule Inspections via Email at: BIDScheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00 PM 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."

ROOF INSPECTOR DATE COMMENTS

400 Rough			
410 Final			

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.



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32801
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

RECEIVED
AUG - 3 2018

APPLICATION FOR GAS PERMIT

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 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.

DATE OF APPLICATION: _____

PERMIT NUMBER 208-08-012

The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address 4011 Isle Vista Ave, Belle Isle FL 32809 32812

Property Owner Dorri Douglas Phone 407-968-3010

Property Owner's Mailing Address same City _____

State _____ Zip Code _____ Parcel Id Number: 20-23-30-0668-01-000
To obtain this information, please visit <http://www.ocpafi.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

GAS OUTLETS _____ DELIVERY PRESSURE _____ TOTAL # BTU'S 435,000

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED *****
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE, INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

PAID
8-7-2018
ULSA 2162

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL	1	\$
POOL HEATER		\$
SPA	1	\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 2253.89

Special Comments:
install 120 ag lp gas tank, 53' of 3/4" poly line connecting to spa heater (400,000 BTU's) & grill (35k btus) tank to be located under-ground

*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: [Signature] Date 8-6-18
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-6-18

pending local tax receipt

Permit Fee \$ 82.-
Review Fee \$ 41.-
1% BCAIB Fee \$ 2 min
1.5% DCA Fee \$ 2 min
Total Permit Fee \$ 127.-

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # 01614 31847
LICENSE HOLDER NAME VINCENTA VANDERFORD COMPANY NAME AMERIGAS PROPANE
Street Address 2812 SILVER STAR RD
City ORLANDO State FL Zip Code 32808 Phone Number 407-450-1807
Email Address VINCENT.VANDERFORD@AMERIGAS.COM

NOTE: The Building Permit Number is required if the Gas installation is associated with any construction or alteration where a Building Permit has been issued.

118708
1511K
2x10
62
20
82 = 2
41
123.-

Building Permit Number _____



LP Gas license #01614

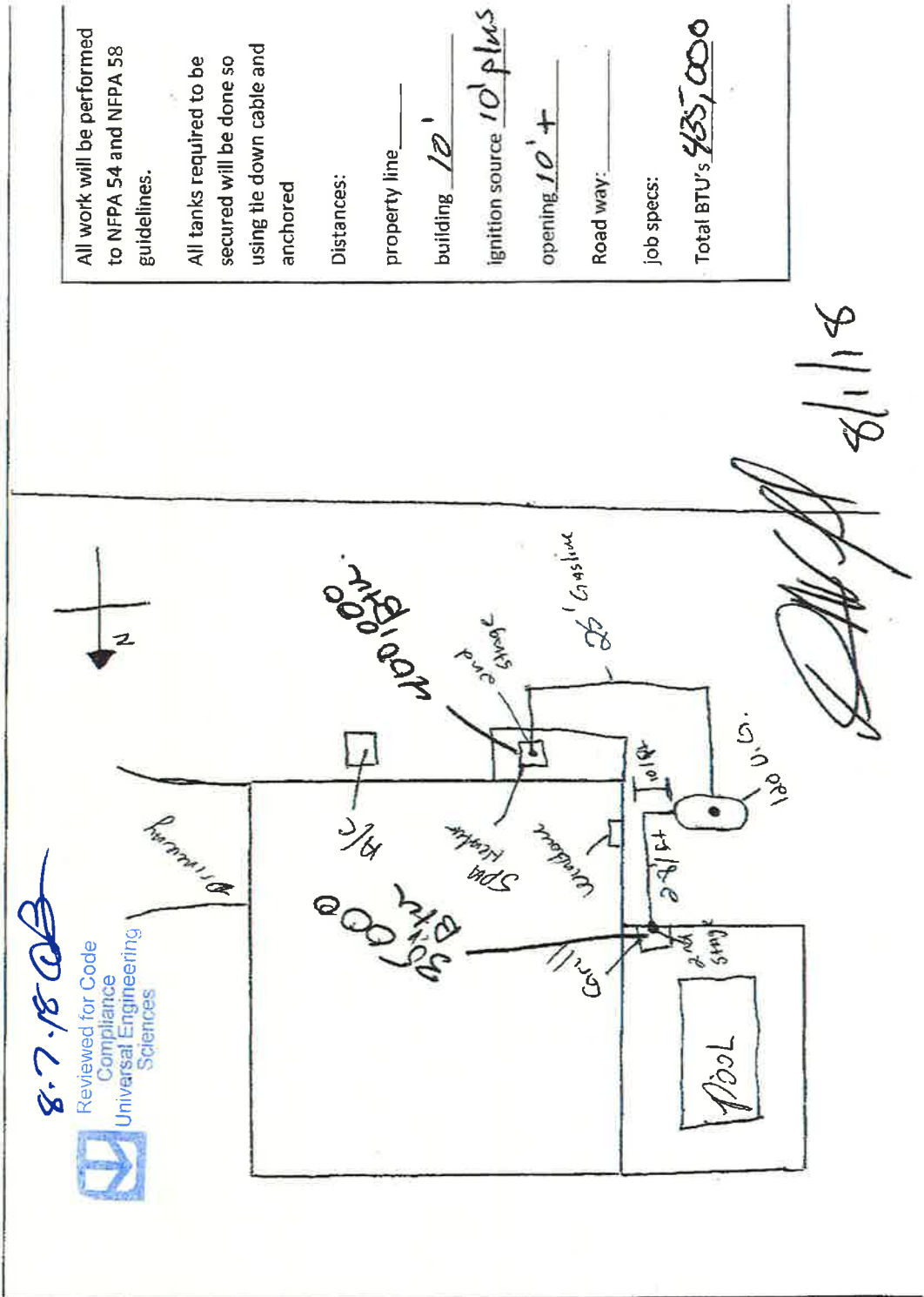
AmeriGas

2812 Silver Star Rd.
Orlando, Florida 32808
Office - 407-293-6644

Master Qualifier #31922

Douglas Orr
4011 Isle Vista Ave.
Belle Isle #732812

Tank Size	120
Tank Quantity	600
U.G. or A.G.	U.G.
Tank Distance from building	+10/ft
Total length of gas line	531
Other/Notes	



All work will be performed to NFPA 54 and NFPA 58 guidelines.

All tanks required to be secured will be done so using tie down cable and anchored

Distances:
property line _____
building 10'
ignition source 10' plus
opening 10'+
Road way: _____
job specs: _____

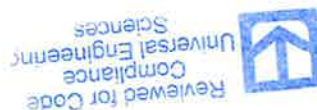
Total BTU's 435,000

[Signature] 8/1/18



Reviewed for Code Compliance
Universal Engineering Sciences

8-1-18



Reviewed for Code Compliance
Universal Engineering Sciences

Handed forward
for signature

	<p>DATE: 8/1/18</p> <p>PROJECT: [illegible]</p> <p>OWNER: [illegible]</p>	<p>Color: Blue 15'</p> <p>Material: [illegible]</p> <p>Depth: 3.00'</p> <p>Flow: [illegible]</p> <p>Code: [illegible]</p>	<p>POOL SPEC</p> <p>PERMITS: [illegible]</p> <p>DESIGN: [illegible]</p> <p>CHECK/TITLE: [illegible]</p> <p>CONTRACTOR: [illegible]</p> <p>INSURANCE: [illegible]</p> <p>LIABILITY: [illegible]</p> <p>WARRANTY: [illegible]</p> <p>OTHER: [illegible]</p>
<p>X = Approx 50 hedge plants NEW GRASS for entire YARD plus COMMON ACCESS AREA</p>			<p>DATE: [illegible]</p> <p>BY: [illegible]</p> <p>PROJECT: [illegible]</p> <p>OWNER: [illegible]</p> <p>ADDRESS: [illegible]</p> <p>CITY: [illegible]</p> <p>STATE: [illegible]</p> <p>ZIP: [illegible]</p> <p>PHONE: [illegible]</p> <p>FAX: [illegible]</p> <p>EMAIL: [illegible]</p> <p>OTHER: [illegible]</p>

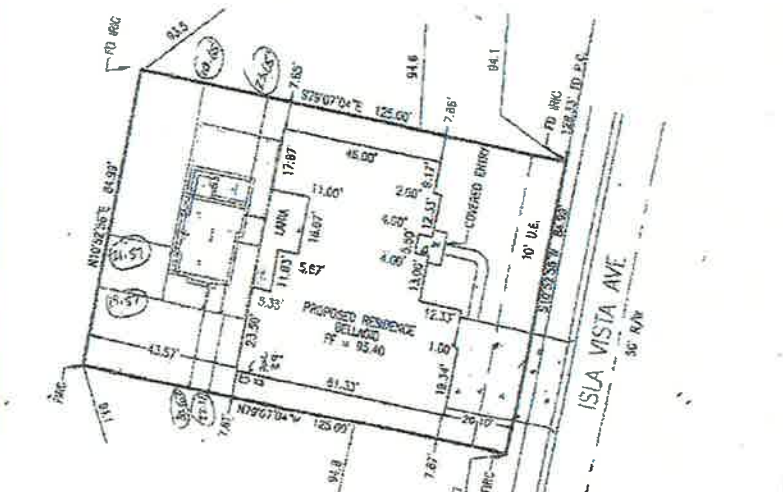
FINAL SURVEY

LOT 100, BELLE VISTA ON LAKE CONWAY, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 69, PAGES 12 THROUGH 15, INCLUSIVE, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.



Lot 100 - 106175 S.F.
 Residence - 3701 S.F.
 Driveway/Pool Deck - 586 S.F.
 New Pool Deck - 1228 S.F.
 Terrace - 5511 S.F.

51% Improvements *where indicated*
 40% Improvements *where shown*



WESTCOAST LAND TITLE INSURANCE COMPANY
 TITLE COMMITMENT
 PLAN FILE # 11-1-1448
 SCHEDULE B-4 EXCEPTIONS

ITEMS 5, 6, 7, 8, 11 & 15 - NOT A SURVEY MATTER
 ITEMS 1, 2, 3 & 4 NONE APPLICABLE
 REM 10 SHOWN ON SURVEY

NOTES:
 - THIS SKETCH IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL SEAL OF A LICENSED SURVEYOR AND MAPPER.
 - LINES SHOWN HEREIN WERE NOT ABSTRACTED FOR EASEMENTS, RIGHTS-OF-WAY OR ADVERSE.
 - THIS SURVEY DOES NOT IDENTIFY THE LIMITS OR EXTENT OF POTENTIAL SUBTERRANEAN UTILITIES.
 - LOTS SHOWN HEREIN ARE WITHIN ZONE 1, AS SHOWN ACCORDING TO THE TOWN MAP NUMBER 1388000013 AND COMMUNITY NUMBER 17004. 5120 E. EFFECTIVE OCTOBER 1, 2024.
 - THE NUMBER & NUMBER FOR THE PROPERTY SHOWN HEREIN IS 20-23-20-0000-010.
 - ELECTIONS SHOWN AS SUCH BASED ON SITE BENCHMARKS.

CERTIFIED TO:
 DOUGLAS S. ROSS AND JENNIFER ANN DORR
 SWANN HAELEY STUMP DESIGN & SPEARS, P.A.
 WELLS FARGO BANK, N.A.
 WESTCOAST LAND TITLE INSURANCE COMPANY

CERTIFICATE:
 I HEREBY CERTIFY THAT THE ATTACHED FINAL SURVEY OF THE FOREGOING PROPERTY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AS SHOWN IN THE FIELD UNDER MY SUPERVISION ON NOVEMBER 25, 2024. I CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH IN CHAPTER 62B17-9 OF FLORIDA ADMINISTRATIVE CODE, AS ADOPTED BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS, PURSUANT TO FLORIDA STATUTES 472.002.

FOR THE FSU BY:
 EDWARD J. WISE, JR., P.L.L.C.
 PROFESSIONAL SURVEYOR & MAPPER
 FLORIDA REGISTRATION NO. 13178

F.C.M. - FOUND CONCRETE MONUMENT F.L.C. - FOUND IRON ROD AND CAP F.L.R. - FOUND IRON ROD F.P. - FINISHED FLOOR ELEVATION F.P.C. - SET IRON ROD AND CAP F.P.D. - FOUND PIN AND GAGE F.M. - FIELD MEASUREMENT G.C. - CALCULATED MEASUREMENT	C.M. - CONCRETE MONUMENT F.T. - POINT OF TANGENCY P.C. - POINT OF CURVATURE U.P. - UTILITY EASEMENT D.E. - DRAINAGE EASEMENT C.C. - CURB & GUTTER R/W - RIGHT OF WAY C.E. - CENTERLINE	A - DELTA OR CHIRAL ANGLE S.P. - STOP OR INTERSECTION A/C - AIR CONDITIONING UNIT P.O.L. - POINT OF LONGITUDINAL S.H. - SINGLE TRAFFY RESERVANCE N.T.S. - NOT TO SCALE R.E. - REPOSED D.C. - DRAINAGE	F.E. - FENCE C.U. - CURB P.D. - PLANT L.M. - LANDSCAPE C.M. - CONCRETE D.C. - DRAINAGE C.O. - CORNER	A - ARC LENGTH S.P. - S/2000L EX - EXISTING P.L. - PLUM LINE U.P. - UTILITY EASEMENT B.L.C. - BUILDING
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MID-STATE SURVEYING & MAPPING
 PROFESSIONAL LAND SURVEYORS
 1011 W. SMITH ST. ORLANDO, FL 32804
 PHONE 321-435-8921
 CERTIFICATE NO. 1B 7105

PREPARED DATE	PROJECT INFORMATION
REVISED PLAN 6/18/21	NOTED BY: []
FINAL SURVEY 11/26/21	DRAWN BY: []
	REVIEWED BY: []



Reviewed for Code Compliance
 Universal Engineering Sciences



CITY OF BELLE ISLE, FLORIDA

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

POWER OF ATTORNEY

Date: 8/11/18

Permit #: _____

I hereby name and appoint Patricia Taylor of _____
(print name)

Taylor Industries, LLC to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a Gas permit
(type of permit)
for work to be performed at the following location:

4011 Isla Vista Ave., Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: Vincent Vanderford / Amerigas

License Number: 31842

Certified Contractor's Signature: _____

.....
The foregoing instrument was acknowledged before me this 2nd days of August of 20 18

by Vincent A. Vanderford who is personally known to me or who produced _____
as identification and who did not take an oath.

State of Florida
County of Orange

Courtney Bush
Notary Public, Orange County, Florida



Courtney Bush
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG096084
Expires 4/19/2021

(seal)



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

Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Contractor Registration Form

DATE	7/31/2018
BUSINESS NAME	AmeriGas Propane
LICENSE QUALIFIER'S NAME	Vincent A. Vanderford
OWNER'S NAME	AmeriGas Propane LLC
MAILING ADDRESS	2812 Silver Star Rd
CITY, STATE ZIP	Orlando, FL 32808
BUSINESS PHONE	407-293-6644
BUSINESS FAX	407-299-7190
EMAIL ADDRESS	vincent.vanderford@amerigas.com
CELL (OPTIONAL)	407-450-1807
CONSTRUCTION TYPE	Gas
STATE LICENSE #	AmeriGas: 01614 Vincent: 31842
STATE LICENSE EXPIRATION	AmeriGas: 8/31/18 Vincent: 10/1/18
GENERAL LIABILITY EXPIRATION	7/1/2019
WORKER'S COMP EXPIRATION	7/1/2019

- Please attach a copy of your State license, General Liability and Worker's Comp.
- If you are Worker's Comp Exempt, you are responsible to supply us with a copy.
- Insurance Certificate should read, as Holder, City of Belle Isle, 1600 Nela Avenue, Belle Isle FL 32809

You may fax your information to the
City of Belle Isle Building Department at 407-240-2222.

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State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Compliance
(850) 921-1600
Tallahassee, Florida

Certificate No: 31242
Exam Date: October 29, 2015
Issue Date: October 29, 2015
Expiration Date: October 29, 2018
Exam: 0601

MASTER QUALIFIER CERTIFICATE

This Certificate is issued under authority of Section 627.02, Florida Statutes, to:

VINCENT A. VANDERFORD

Yield For
License Number: 01814 of
AMERICAS PROPANE LP
2612 SILVER STAR RD
ORLANDO, FL 32808-3896


ADAM R. PUTNAM
COMMISSIONER OF AGRICULTURE

Florida Department of Agriculture and Consumer Services
P.O. Box 6700
Tallahassee, Florida 32399-6700

License Number: 01614

Business Mailing Address

Licensed Location Address

AMERIGAS PROPANE LP
2812 SILVER STAR RD
ORLANDO, FL 32808-3941

AMERIGAS PROPANE LP
2812 SILVER STAR RD
ORLANDO, FL 32808-3995

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION: This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

Florida Department of Agriculture and Consumer Services
P.O. Box 6700
Tallahassee, Florida 32399-6700

Cut Here



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: 01614
Expiration Date: August 31, 2018
Date of Issue: September 1, 2017
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION ONLY
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE
INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

AMERIGAS PROPANE LP
2812 SILVER STAR RD
ORLANDO, FL 32808-3995


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/25/2018

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 MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 Birmingham, AL 35202	CONTACT NAME: PHONE (A/C, No, Ext): 800-476-2211 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED AmeriGas Propane, L.P. P.O. Box 858 Valley Forge, PA 19482	INSURER A: ACE American Insurance Company 22667	
	INSURER B: Indemnity Insurance Company of North America 43575	
	INSURER C: ACE Fire Underwriters Insurance Company 20702	
	INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** WW34F4PM **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 ISUR 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:			HDO G71095617	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 2,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,500,000 GENERAL AGGREGATE \$ 2,500,000 PRODUCTS - COMP/OP AGG \$ 2,500,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H2515941A	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$
A B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SCF C65227745 (WI) WLR C65227666 (CA, MA) WLR C65227708 (HVAC) WLR C65227629 (AOS)	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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 
---	---

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida
The 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 5000-0873781
5000 BUSINESS OFFICE \$30.00 10 EMPLOYEES

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

2812 SILVER STAR RD
A - ORLANDO, 32808

PAID: \$30.00 0098-00812855 9/28/2017



WISSELL GENE PRESIDENT
AMERIGAS PROPANE L.P.
2812 SILVER STAR RD
ORLANDO FL 32808-3541

This receipt is official when validated by the Tax Collector