



City of Belle Isle Job Site Card Building PERMIT 2018-08-021

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded or scheduled within that time frame. **You are responsible for scheduling and keeping track of all inspections.**

Permit Number: 2018- 08-021

Issue Date: 8/10/2018

Site Address: 4329 Kezar Ct 32812

Parcel # 20-23-30-1661-00-990

Class: Residential

Subdivision:

Description of Work: **Fabricating and installing shade sail in back patio area.**

Issued To: L & J AWNINGS & SHADE STRUCTURES INC.

Business Phone: 407 650-9940

Name: GONIMA, IVAN

Contractor License: CGC1510817

Payment Date & Method: 8 / 10 / 2018

Visa Master Card Amex Discover Check / Money Order # 6655

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



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
AUG - 8 2018

Building / Land Use Permit Application

DATE: 8/6/2018

PERMIT # 2018-08-021

PROJECT ADDRESS 4329 Kezar Ct. Belle Isle, FL 32809 32812

PROPERTY OWNER Ray Fuentes Fuentes, Ray PHONE 786-326-9500 VALUE OF WORK (labor & material) \$ 8900.77

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Fabricating and Installing Shade Sail in Back Patio Area

Please provide information, if applicable.

- 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: 20-23-30-1661-00-990

To obtain this information, please visit <http://www.ocpaff.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Wind Exposure Category: B C D

PLANNING & ZONING APPROVAL: see following page for DATE April's approval

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

SPRINKLERS REQ'D	Y	N	
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent	RCD	
ZONING	<input checked="" type="radio"/>	N	\$ 30.5
CERT OF OCC	<input checked="" type="radio"/>	N	\$
TRAFFIC	Y	N	\$
SCHOOL	Y	N	\$
FIRE	Y	N	\$
SWIMMING POOL	Y	N	\$
SCREEN ENCLOSURE	Y	N	\$
ROOFING	Y	N	\$
BOAT DOCK	Y	N	\$
BUILDING	Y	N	\$
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$ 85.50

BUILDING REVIEWER [Signature] DATE 8-8-18

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 8-8-18

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.

1% BCAIB FEE 2 min

1.5% DCA FEE 2 min

TOTAL 119.50

OTHER PERMITS REQUIRED:

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

PAID
8-10-2018
UCSA 6655

118954

15712
4x8
25
32
57.2
28.50
85.50



City of Belle Isle

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

RECEIVED
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PROPERTY OWNER Fuentes, Ray PHONE 786-326-9500 VALUE OF WORK (labor & material) \$ 8900.77

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ZONING APPROVED
Date: 8/10/18 By: [Signature]
City of Belle Isle

PLANNING & ZONING APPROVAL: Date: 8/10/18 By: [Signature]

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. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ DATE _____

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

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

15' x 11'
4 x 8
25
32
57 = 2
28.50
85.50

Wind Exposure Category: 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>30.00</u>
CERT OF OCC	<input type="checkbox"/>	N	\$ _____
TRAFFIC	<input type="checkbox"/>	N	\$ _____
SCHOOL	<input type="checkbox"/>	N	\$ _____
FIRE	<input type="checkbox"/>	N	\$ _____
SWIMMING POOL	<input type="checkbox"/>	N	\$ _____
SCREEN ENCLOSURE	<input type="checkbox"/>	N	\$ _____
ROOFING	<input type="checkbox"/>	N	\$ _____
BOAT DOCK	<input type="checkbox"/>	N	\$ _____
BUILDING	<input type="checkbox"/>	N	\$ _____
WINDOW(S)	<input type="checkbox"/>	N	\$ _____
DOOR(S)	<input type="checkbox"/>	N	\$ _____
FENCE	<input type="checkbox"/>	N	\$ _____
SHED	<input type="checkbox"/>	N	\$ _____
DRIVEWAY	<input type="checkbox"/>	N	\$ _____
OTHER	<input type="checkbox"/>	N	\$ <u>85.50</u>

1% BCAIB FEE 2' min
1.5% DCA FEE 2' min
TOTAL 119.50

OTHER PERMITS REQUIRED:

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



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

Building Permit (Land Use) Application
 To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT # 2018-08-021

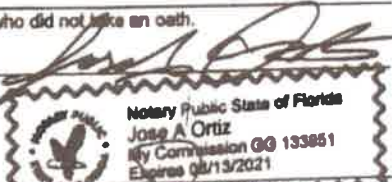
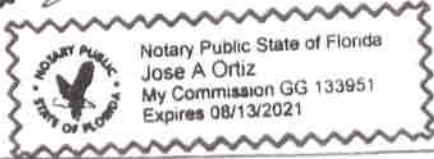
Owner's Name Rey Fuentes
 Owner's Address 4329 Kezar Ct. Belle Isle, FL

Contractor Name <u>IVAN GONIMA</u>	Company Name <u>L&J Awning & Shade Structures Inc.</u>
License # <u>CGC1510817</u>	Company Address <u>1333 West Michigan Street</u>
Contact Phone/Cell <u>4076509939</u>	City, State, ZIP <u>Winter Garden, FL 34787</u>
Contact Email <u>michelle@lnjawnings.com</u>	Contact Fax <u>407-650-9940</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.

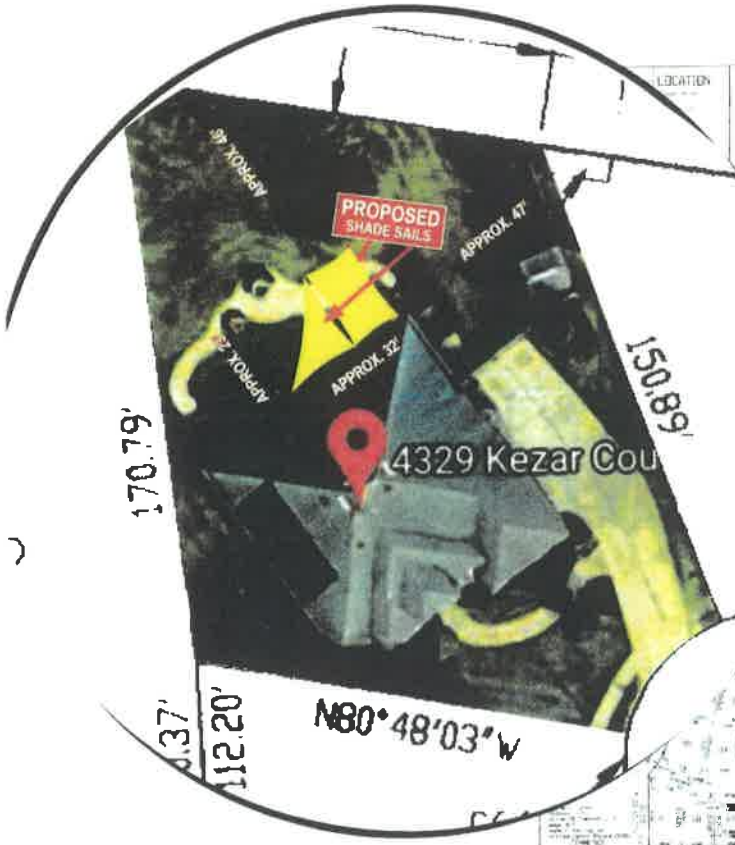
OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

<p>Owner Signature <u>Rey Fuentes</u></p> <p>The foregoing instrument was acknowledged before me this <u>8/16/18</u> by <u>Rey Fuentes</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 State of Florida County of Orange</p> 	<p style="text-align: center;">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</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. Examples include house, pool, deck, driveway, accessory building, etc</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 less than 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 greater than BASE, then onsite retention <u>must be provided</u>.</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 _____</p> <p>The foregoing instrument was acknowledged before me this <u>8/18/18</u> by <u>Ivan Gonima</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 State of Florida County of Orange</p> 	

ZONING APPROVED

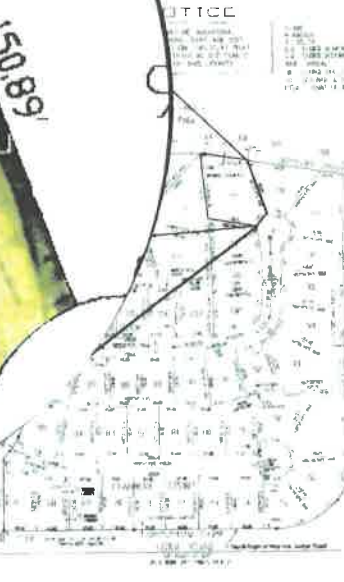
Date: 3/10/19 By: [Signature]
CONWAY GROWES UNIT - 2
 City of Belle Isle

SHEET 40 PAGE 4



LOCATION

NOTICE
 NOTICE TO THE PUBLIC
 NOTICE TO THE APPLICANT
 NOTICE TO THE ADJACENT PROPERTY OWNERS



NOTICE TO THE PUBLIC
 NOTICE TO THE APPLICANT
 NOTICE TO THE ADJACENT PROPERTY OWNERS

CITY OF BELLE ISLE
 CONWAY GROWES UNIT - 2
 CITY OF BELLE ISLE

CERTIFICATE OF SURVEY
 I, the undersigned, being duly qualified and sworn, do hereby certify that the foregoing is a true and correct copy of the original record of the same as the same appears in the office of the Recorder of Deeds of the City of Belle Isle, Michigan.

CERTIFICATE OF APPROVAL BY PLANNING & ZONING BOARD
 I, the undersigned, being duly qualified and sworn, do hereby certify that the foregoing is a true and correct copy of the original record of the same as the same appears in the office of the Recorder of Deeds of the City of Belle Isle, Michigan.

CERTIFICATE OF APPROVAL BY BELLE ISLE CITY ENGINEER
 I, the undersigned, being duly qualified and sworn, do hereby certify that the foregoing is a true and correct copy of the original record of the same as the same appears in the office of the Recorder of Deeds of the City of Belle Isle, Michigan.

CERTIFICATE OF COUNTY CLERK
 I, the undersigned, being duly qualified and sworn, do hereby certify that the foregoing is a true and correct copy of the original record of the same as the same appears in the office of the Recorder of Deeds of the City of Belle Isle, Michigan.

Record Notarized Document at OC Comptroller's Office - 109 E. Church Street, Suite 300, Orlando

Permit Number: _____
 Folio/Parcel Identification Number: 20-23-30-1661-00-990
 Prepared by: Michelle Mousalve

DOC# 20180473921
 08/09/2018 01:21:11 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: L&J AWNINGS

Return to: 1333 W Michigan St Orlando
FL 32805



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.

1. **Description of property** (legal description of the property, and street address if available)
4329 Kezar Ct Belle Isle FL 32809
2. **General description of improvement**
Installing Shade Sail in Back Patio Area
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Roy Fuentes
 Address 4329 Kezar Ct Belle Isle FL 32809
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name L&J Awnings & Shade Structures INC Telephone Number _____
 Address 1333 W Michigan St Orlando FL 32805
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **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 _____
8. **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 _____
9. **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) _____



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: [Signature] D.C.
 DATED: 08-09-18

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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

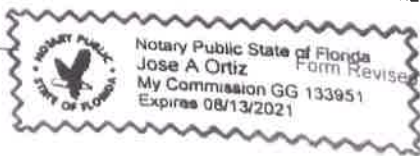
Signature of Roy Fuentes Owner
 Signature of _____ or Lessee's Authorized Officer/Director/Partner/Manager
 Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 9 day of August 2018 by Roy Fuentes
 as Owner Type of authority, e.g., officer, trustee, attorney in fact for _____ name of person
4329 Kezar Ct.
 Name of party on behalf of whom instrument was executed

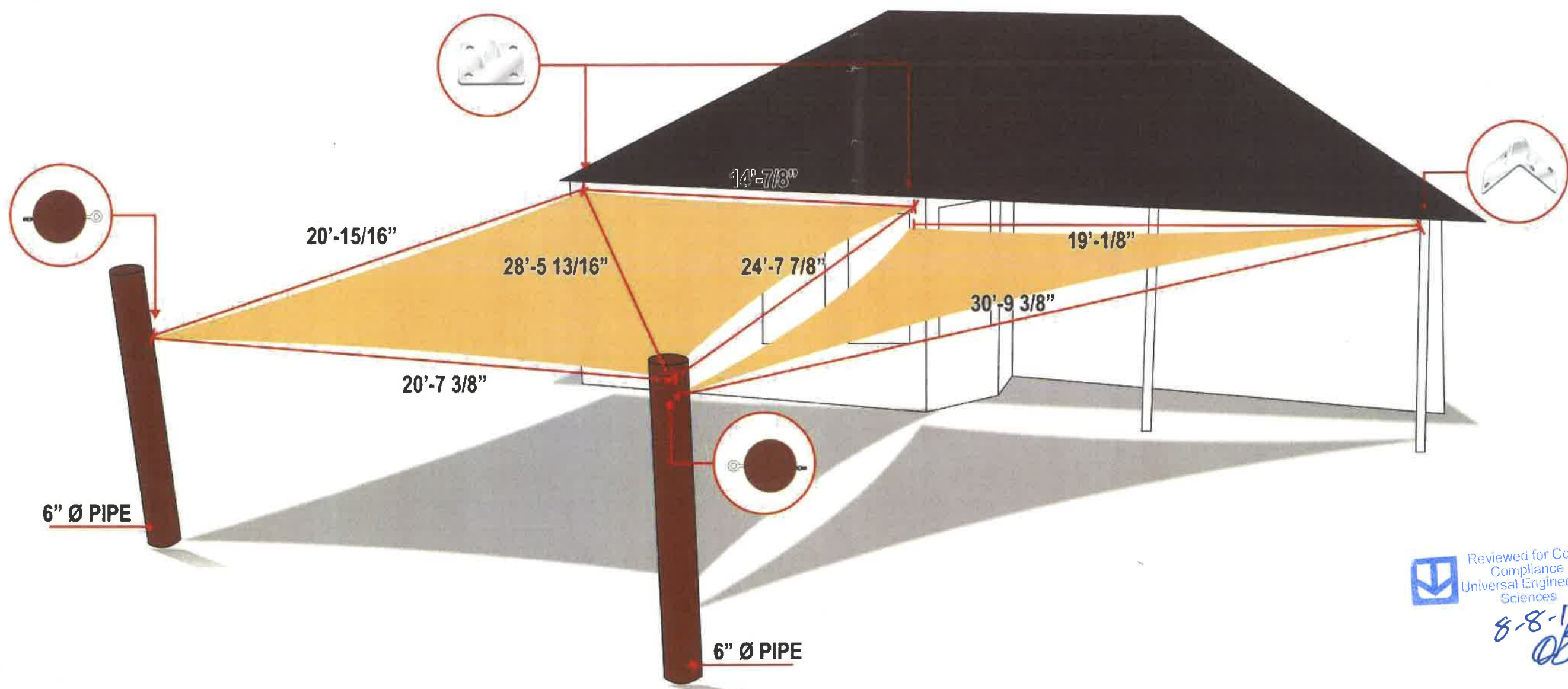
Signature of Notary Public - State of Florida
[Signature]

Print, type, or stamp commissioned name of Notary Public
Jose Ortiz

Personally Known OR Produced ID _____
 Type of ID Produced _____



September 26, 2011



Reviewed for Code Compliance
 Universal Engineering Sciences
 8-8-18
 ob


CONTACT NAME:	RAY FUENTES	DRAWING BY:	JULIO LEBRON
ADDRESS:	4329 KEZAR CT	DESIGN DATE:	1 / 10 / 2018
CITY / STATE:	ORLANDO, FL	SALES PERSON:	JOSE ORTIZ
TELEPHONE:	(786) 326-9500	PHONE:	407-927-5954
EMAIL:	reyfuentes08@gmail.com	EMAIL:	jose@lnsigns.com

• IMPORTANT NOTE: CUSTOMER TO PROVIDE PRIMARY ELECTRICAL SERVICE WITHIN 6' OF SIGN ELECTRICAL CONNECTION •
 THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY L & J AWNINGS & SHADE STRUCTURES, INC. DBA L & J SIGNS. IT IS SUBMITTED FOR YOUR PERSONAL USE IN CONNECTION WITH A PROJECT BEING PLANNED FOR YOU BY L & J AWNINGS & SHADE STRUCTURES, INC. DBA L & J SIGNS. IT IS PROHIBITED TO BE SHOWN TO ANYONE OUTSIDE YOUR ORGANIZATION, NOR IS IT TO BE USED, REPRODUCED, COPIED, OR EXHIBITED IN ANY FASHION. COLOR AND SIZES THAT APPEAR ON THIS DRAWING ARE NOT 100% ACCURATE OR TO SCALE.

L&J SIGNS
 SIGNS
 L&J
 AWNINGS

1333 W. MICHIGAN ST. / ORLANDO, FL 32805
 407.650.9939 • 407.650.9940

BUILDING CODE DATA:
 OCCUPANCY TYPE: COMMERCIAL
 CONSTRUCTION TYPE: II, VB
 WIND SPEED: 150 MPH, RISK CATEGORY I, II, III, IV
 WIND IMPORTANCE FACTOR: 1.0
 EXPOSURE CATEGORY: B
 WIND BORNE DEBRIS REGION: NO
 HI VELOCITY HURRICANE ZONE: NO
 ENCLOSURE CLASSIFICATION: SELF CONTAINED
 INTERNAL PRESSURE COEFFICIENT: +/- .18 PER ASCE 7
 BUILDING CODES IN EFFECT:
 2017 FLORIDA BUILDING CODE 6TH EDITION
 2014 NATIONAL ELECTRIC CODE: NEC / NFPA 70 2014
 COMPLY WITH FLORIDA FIRE PREVENTION CODE:
 5TH EDITION (2014) AS ADOPTED BY THE
 FLORIDA STATE MARSHALL / 2014 NFPA 701
 CONTRACTOR RESPONSIBLE FOR ALL
 WATERPROOFING


 LISTED
 E321985
 UL 48 ELECTRIC SIGNS

Florida State Certified
 Master Electrician Contractor
 Ec13002060

ALL ELECTRICAL COMPONENTS WILL BE UL LISTED AND APPROVED AS PER 2014 NEC 600.3 AND MARKED AS PER NEC 600.4. THE INSTALLATION OF THE WIRING WILL BE DONE AS PER FBC 4505.4 AND DESIGNATED TO UL 48. ALL SIGNS ARE TO BE GROUNDED AND BONDED PER NEC 600.7 AND 250.122. AN ELECTRICAL DISCONNECT WILL BE PROVIDED PER NEC 600.6. AND CONTROLLED BY TIMER / PHOTOCELL ALL WIRING INSIDE LETTERING WILL BE LOW VOLTAGE UNDER UL SIGN ACCESSORIES MANUAL (SAM) E242084. LISTED AND APPROVED AS PER 2014 NEC 600.3 AND MARKED PER NEC 600.4. PRIMARY ELECTRICAL SOURCE TO BE SUPPLIED BY CUSTOMER WITHIN SIX (6) FEET OF SIGN. ALL PRIMARY WIRING WILL BE #12 THWN. THIS SIGN IS A UL LISTED ASSEMBLY PER NEC 600.3

Wayne Gandy • P.E. # 33134
 720 S. Orange Blossom Trl Room # 510, Orlando, FL 32805
 Phone: 407-650-9939 • Fax: 407-640-9940



Digitally signed by Wayne Gandy
 Reason: printed copies not valid. signatures must be verified.
 Date: 2018.03.13 15:56:29 -04'00'

APPROVED AS DRAWN



PHOTO FOR ILLUSTRATIVE PURPOSE ONLY • ITS NO A 100% ACCURATE



CONTACT NAME:	RAY FUENTES	DRAWING BY:	JULIO LEBRON
ADDRESS:	4329 KEZAR CT	DESIGN DATE:	1 / 10 / 2018
CITY / STATE:	ORLANDO, FL	SALES PERSON:	JOSE ORTIZ
TELEPHONE:	(786) 326-9500	PHONE:	407-927-5954
EMAIL:	reyfuentes08@gmail.com	EMAIL:	jose@lnsigns.com

• IMPORTANT NOTE: CUSTOMER TO PROVIDE PRIMARY ELECTRICAL SERVICE WITHIN 6' OF SIGN ELECTRICAL CONNECTION •

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BUILDING CODE DATA:
 OCCUPANCY TYPE: COMMERCIAL
 CONSTRUCTION TYPE: II, VB
 WIND SPEED: 150 MPH, RISK CATEGORY I, II, III, IV
 WIND IMPORTANCE FACTOR: 1.0
 EXPOSURE CATEGORY: B
 WIND BORNE DEBRIS REGION: NO
 HI VELOCITY HURRICANE ZONE: NO
 ENCLOSURE CLASSIFICATION: SELF CONTAINED
 INTERNAL PRESSURE COEFFICIENT: +/- .18 PER ASCE 7
 BUILDING CODES IN EFFECT:
 2017 FLORIDA BUILDING CODE 6TH EDITION
 2014 NATIONAL ELECTRIC CODE: NEC / NFPA 70 2014
 COMPLY WITH FLORIDA FIRE PREVENTION CODE:
 5TH EDITION (2014) AS ADOPTED BY THE
 FLORIDA STATE MARSHALL / 2014 NFPA 701
 CONTRACTOR RESPONSIBLE FOR ALL
 WATERPROOFING

**Florida State Certified
 Master Electrician Contractor
 Ec13002060**

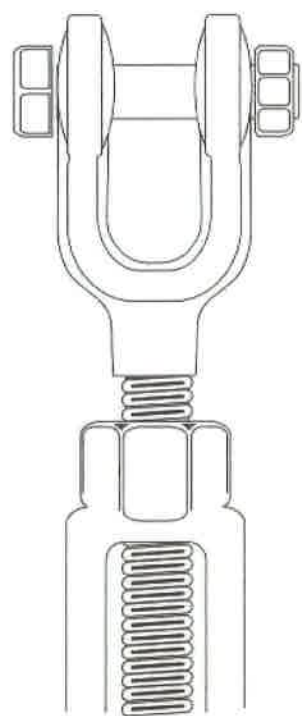
ALL ELECTRICAL COMPONENTS WILL BE UL LISTED AND APPROVED AS PER 2014 NEC 600.3 AND MARKED AS PER NEC 600.4. THE INSTALLATION OF THE WIRING WILL BE DONE AS PER FBC 4505.4 AND DESIGNATED TO UL 48. ALL SIGNS ARE TO BE GROUNDED AND BONDED PER NEC 600.7 AND 250.122. AN ELECTRICAL DISCONNECT WILL BE PROVIDED PER NEC 600.6. AND CONTROLLED BY TIMER / PHOTOCCELL ALL WIRING INSIDE LETTERING WILL BE LOW VOLTAGE UNDER UL SIGN ACCESSORIES MANUAL (SAM) E242084, LISTED AND APPROVED AS PER 2014 NEC 600.3 AND MARKED PER NEC 600.4. PRIMARY ELECTRICAL SOURCE TO BE SUPPLIED BY CUSTOMER WITHIN SIX (6) FEET OF SIGN. ALL PRIMARY WIRING WILL BE #12 THWN. THIS SIGN IS A UL LISTED ASSEMBLY PER NEC 600.3

Wayne Gandy • P.E. # 33134
 720 S. Orange Blossom Trl Room # 510, Orlando, FL 32805
 Phone: 407-650-9939 • Fax: 407-640-9940

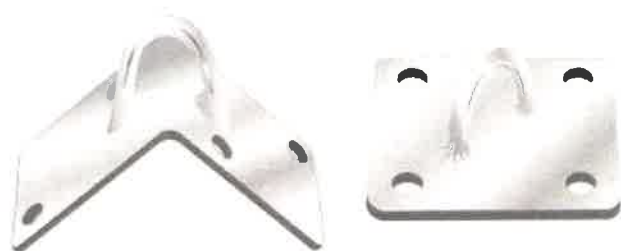


Digitally signed
 by Wayne Gandy
 Reason: printed
 copies not valid.
 signatures must
 be verified.
 Date: 2018.03.13
 15:55:28 -04'00'

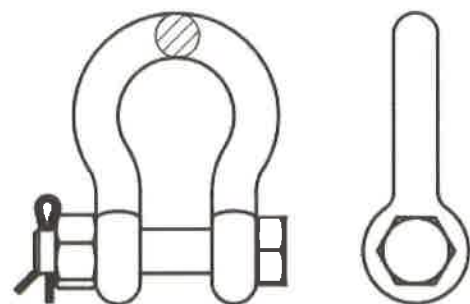
APPROVED AS DRAWN



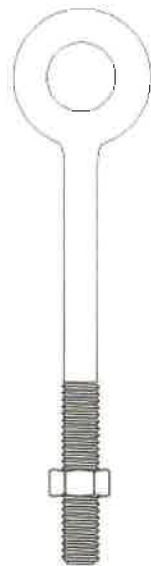
JAW



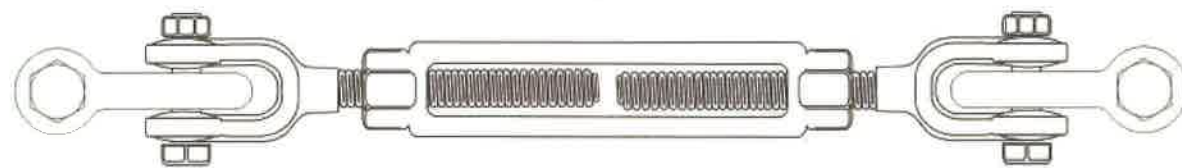
ANCHOR PLATE



BOW SHACKLE



EYE BOLT W/NUT



JAW AND JAW COMBINATION TURNBUCKLE



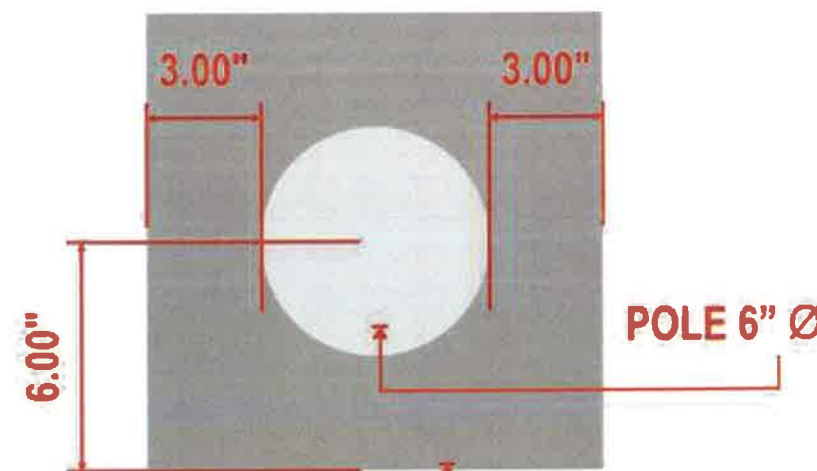
SOLAMESH DEE RING THIMBLE



STEEL WIRE ROPE



COMTEX POLYFAB SANDSTONE COLOR

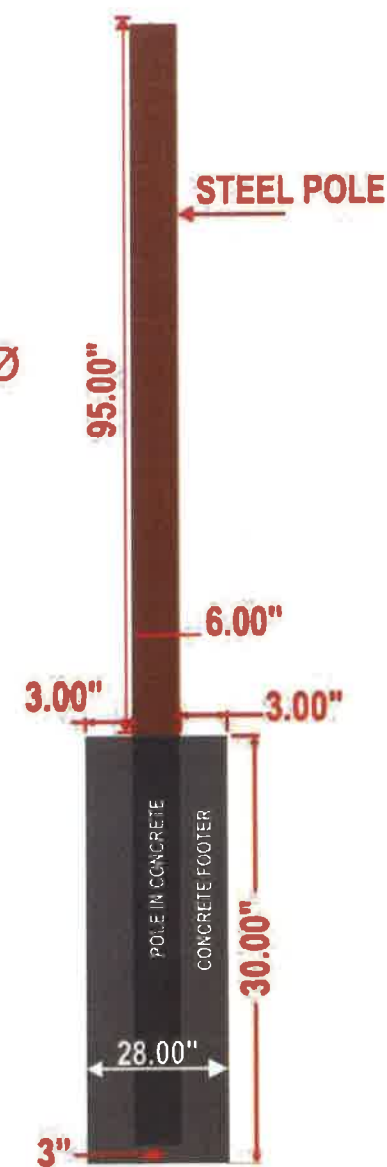


CONCRETE FOOTER



CHESNUT POLE PAINT COLOR

Reviewed for Code Compliance
Universal Engineering Sciences



STEEL POLE

CONTACT NAME:	RAY FUENTES	DRAWING BY:	JULIO LEBRON
ADDRESS:	4329 KEZAR CT	DESIGN DATE:	1 / 10 / 2018
CITY / STATE:	ORLANDO, FL	SALES PERSON:	JOSE ORTIZ
TELEPHONE:	(786) 326-9500	PHONE:	407-927-5954
EMAIL:	reyfuentes08@gmail.com	EMAIL:	jose@lnsigns.com

• IMPORTANT NOTE: CUSTOMER TO PROVIDE PRIMARY ELECTRICAL SERVICE WITHIN 6' OF SIGN ELECTRICAL CONNECTION •

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1333 W. MICHIGAN ST. / ORLANDO, FL 32805
407.650.9939 • 407.650.9940

BUILDING CODE DATA:
 OCCUPANCY TYPE: COMMERCIAL
 CONSTRUCTION TYPE: II, VB
 WIND SPEED: 150 MPH, RISK CATEGORY I, II, III, IV
 WIND IMPORTANCE FACTOR: 1.0
 EXPOSURE CATEGORY: B
 WIND BORNE DEBRIS REGION: NO
 HI VELOCITY HURRICANE ZONE: NO
 ENCLOSURE CLASSIFICATION: SELF CONTAINED
 INTERNAL PRESSURE COEFFICIENT: +/- .18 PER ASCE 7
 BUILDING CODES IN EFFECT:
 2017 FLORIDA BUILDING CODE 6TH EDITION
 2014 NATIONAL ELECTRIC CODE: NEC / NFPA 70 2014
 COMPLY WITH FLORIDA FIRE PREVENTION CODE:
 5TH EDITION (2014) AS ADOPTED BY THE
 FLORIDA STATE MARSHALL / 2014 NFPA 701
 CONTRACTOR RESPONSIBLE FOR ALL
 WATERPROOFING

LISTED E321985
UL 48 ELECTRIC SIGNS

**Florida State Certified
Master Electrician Contractor
Ec13002060**

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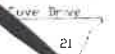
Wayne Gandy • P.E. # 33134
 720 S. Orange Blossom Trl Room # 510, Orlando, FL 32805
 Phone: 407-650-9939 • Fax: 407-640-9940

Digitally signed by Wayne Gandy
 Reason: printed copies not valid signatures must be verified.
 Date: 2018.03.13 15:54:37 -04'00'

APPROVED AS DRAWN



LOCATION



CONWAY GROVES UNIT 2

SECTION 20, TOWNSHIP 23 SOUTH, RANGE 30 EAST
CITY OF BELLE ISLE
ORANGE COUNTY, FLORIDA

NOTES:

- 1) ■ Denotes Permanent Reference Monument (P.R.M.) Found 4x4 C.M. No. 3906
 - 2) ○ Denotes Permanent Control Point (P.C.P.) Set Nail & Disk No. 3691.
 - 3) The reference line for the bearings shown hereon is the South line of the Southeast 1/4 of Section 20, Township 23 South, Range 30 East, assumed to be S89°52'45"E.
- Drainage and Utility easements are 10 feet wide along the fronts of all Lots unless shown otherwise, and Utility easements are 5 feet wide along side and rear lot lines, unless shown otherwise.
- Lot A is a reservation of right of way, to be conveyed by separate instrument to Orange County when required for the widening of Conway Road.
- Utility easements are also easements for the construction, operation, maintenance and operation of cable television services.
- Lines of all kinds shall be constructed and installed beneath the surface of the ground. All lines are nonradial unless noted otherwise.

LEGAL DESCRIPTION

COMMENCE at the Southwest corner of the Southeast 1/4 of Section 20, Township 23 South, Range 30 East, Orange County, Florida; thence run N89°52'45"E, along the South line of the Southeast 1/4 of said Section 20, 369.36'; thence N00°04'51"W, 30.00' to the POINT OF BEGINNING; thence continue N00°04'51"W, 189.06'; thence northeasterly 67.21' along the arc of a circular curve, concave Northwest, with a radius of 175.00', a central angle of 27°00'18", a chord bearing N34°53'42"E, 66.80'; thence northeasterly 500.28' along the arc of a circular curve, concave Northwest, with a radius of 770.39', a central angle of 37°12'26", a chord bearing N05°17'20"E, 491.54'; thence northeasterly 223.72' along the arc of a circular curve, concave Northwest, with a radius of 575.00', a central angle of 13°08'45", a chord bearing N06°44'29"W, 223.23'; thence N00°04'05"W, 25.25'; thence S89°43'09"W, 472.17'; thence S81°11'29"E, 389.09' to the west right of way line of said Conway Road; thence S00°04'02"E, along the West right of way line of said Conway Road, 705.06'; thence southwesterly 450.45' along the arc of a circular curve, concave Northwest, with a radius of 210.50', a central angle of 89°56'47", a chord bearing S44°54'21"W, 297.55' to the North right of way line of Judge Road; thence S89°52'45"W, along said North right of way line, 714.29' to the POINT OF BEGINNING. Said lands containing 18.875 acres, more or less.

NOTICE

There may be additional conditions that are not shown on this plat that are found in the Public Records of this County.

A - ARC
R - RADIUS
A - DELTA
C.B. - CHORD BEARING
C.D. - CHORD DISTANCE
RAD. - RADIAL

■ = FOUND 4x4 CONCRETE MONUMENT #3906
○ = SET NAIL & DISC #3691
P.O.B. = POINT OF BEGINNING

158.05'

170.79'

4329 Kezar Court

N80°48'03"W

Curve #	Bearing	Length	Tangent	Chord/deg
C1	S 20° 32' 27" E	15.44	8.10	15.47
C2	S 70° 00' 18" E	146.72	76.27	146.91
C3	N 34° 53' 42" E	33.44	16.90	33.44
C4	N 5° 17' 20" E	491.54	281.29	491.54
C5	N 6° 44' 29" W	223.23	116.32	223.23
C6	S 89° 43' 09" W	472.17	236.08	472.17
C7	S 81° 11' 29" E	389.09	211.26	389.09
C8	S 00° 04' 02" E	705.06	352.53	705.06
C9	S 44° 54' 21" W	297.55	148.78	297.55
C10	S 89° 52' 45" W	714.29	357.14	714.29
C11	N 00° 04' 51" W	30.00	15.00	30.00
C12	N 00° 04' 05" W	25.25	12.62	25.25
C13	N 06° 44' 29" W	223.23	116.32	223.23
C14	S 06° 44' 29" W	223.23	116.32	223.23
C15	S 07° 00' 18" E	146.72	76.27	146.72
C16	S 20° 32' 27" E	15.44	8.10	15.44



A=330.46
R=210.50
A=89°56'4"
C.B.=S44°54'21"
297.55

CONWAY GROVES UNIT 2 DEDICATION

KNOW ALL MEN BY THESE PRESENTS that the undersigned, being the owner in fee simple of the lands described below, being the owner in fee simple of the lands described below, for the uses and purposes therein expressed and to the utility and access easements over the street shown hereon to Orange County and to the City of Belle Isle.

In WITNESS WHEREOF, the undersigned has caused this plat to be signed, sealed and attested by the officers named below and its corporate seal to be hereon on **April 22, 1998**

Notary Public: Catherine Mori
Notary Public: John W. Dolan
Notary Public: John W. Dolan

The foregoing instrument was acknowledged to me by the party on the day of **April**, 1998, in the County of **Orange**, State of **Florida**.

Notary Public: **Catherine Mori**
My Commission Expires **Oct 10, 2000**

CERTIFICATE OF SURVEYOR

KNOW ALL MEN BY THESE PRESENTS that the undersigned, a duly licensed and registered professional surveyor & mapper, do hereby certify that on Mar 19, 1998 he completed a survey of the lands shown in the foregoing plat. That said plat is a true and correct representation of the lands surveyed, that the survey was made under his responsible direction and supervision, and that all monuments and PCP's will be set within one year of the date of this survey, with the requirements of Chapter 40, Florida Statutes, and that said land is located in Section 20, Township 23 South, Range 30 East, Orange County, Florida.

Dated **April 20, 1998**
Jay A. Hurd
Registered Professional Surveyor

CERTIFICATE OF APPROVAL BY PLANNING & ZONING BOARD

I have read and approved
Georgia D. Ballinger 6-29-98
Georgia D. Ballinger, Chairman
Georgien Boettlinger

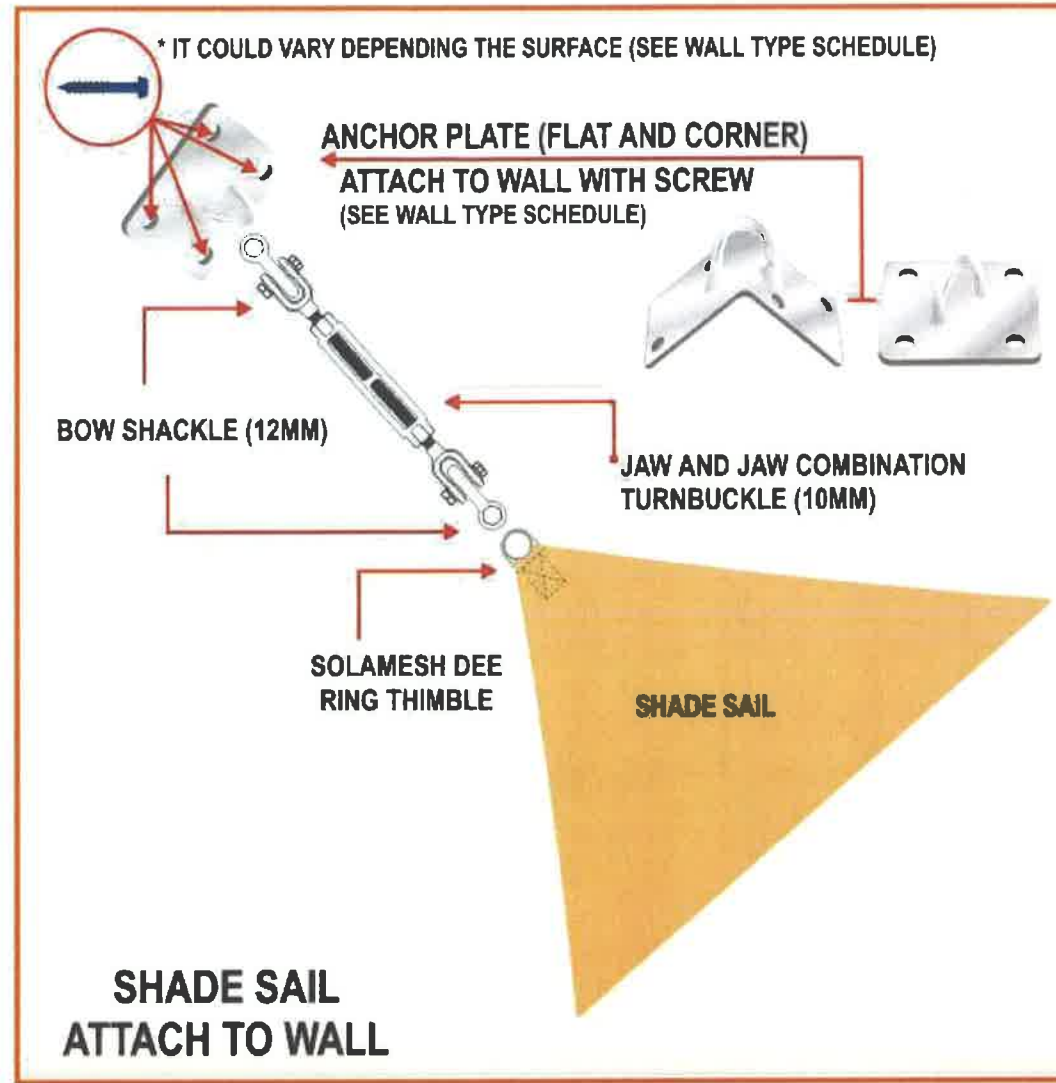
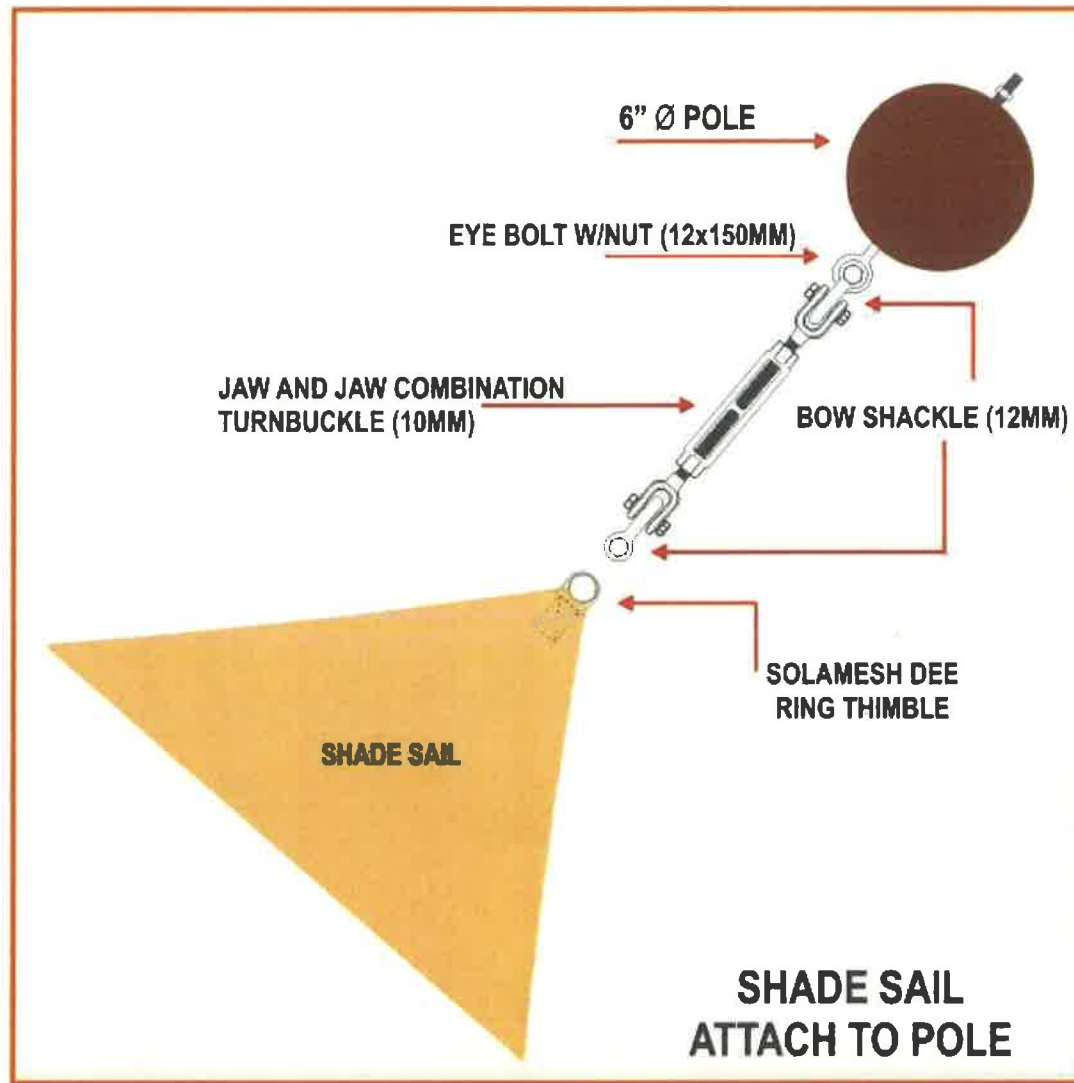
CERTIFICATE OF APPROVAL BY BELLE ISLE CITY COUNCIL

THIS IS TO CERTIFY that on **June 10, 1998** the foregoing plat was approved by the Belle Isle City Council.

Bill Hand
Bill Hand
Belinda L. Coleman

CERTIFICATE OF COUNTY COMPTROLLER

I HEREBY CERTIFY that I have examined the foregoing plat and that it complies in form with all requirements of Chapter 40, Florida Statutes, and any other laws applicable thereto.
NARRON O. WATSON
County Comptroller
Orange County, Florida



TYP. WALL TYPE ATTACHMENTS SCHEDULE	
2" TO 6" x 3/8" POWER WEDGE ANCHOR BOLT	
2" TO 6" x 1/4" TAPCON HEX HEAD	
2" TO 6" x 3/8" POWER-STUD WEDGE ANCHOR	
2" TO 6" x 3/8" HEX LAG BOLT	
2" TO 6" x 1/4" ALL THREADED STUDS	
2" TO 6" x 1/4" COUNTERSUNK SELF TAPPING	
2" TO 6" x 1/4" TOGGLE BOLT W. SPRING WING	
2" TO 6" x 1/4" ALUMINUM HEX SELF DRILLING	
2" TO 4" / #10 OR #12 METAL THREAD HEX HEAD ZINC COATED	
100% SILICONE SEALANT TUBE	
2" TO 6" x 1/4" HEX NON-CORROSIVE BOLT W. NUTS & WASHER	
LORD 406/19 ACRYLIC ADHESIVE	
LN-901 HEAVY DUTY LIQUID NAILS	
ALUMINUM SOLID ANGLE	
SQUARE TUBE	
IRON STEEL BAR	

CONTACT NAME:	RAY FUENTES	DRAWING BY:	JULIO LEBRON
ADDRESS:	4329 KEZAR CT	DESIGN DATE:	1 / 10 / 2018
CITY / STATE:	ORLANDO, FL	SALES PERSON:	JOSE ORTIZ
TELEPHONE:	(786) 326-9500	PHONE:	407-927-5954
EMAIL:	reyfuentes08@gmail.com	EMAIL:	jose@lnsigns.com

IMPORTANT NOTE: CUSTOMER TO PROVIDE PRIMARY ELECTRICAL SERVICE WITHIN 6' OF SIGN ELECTRICAL CONNECTION

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L&J SIGNS
AWNINGS

1333 W. MICHIGAN ST. / ORLANDO, FL 32805
407.650.9939 • 407.650.9940

BUILDING CODE DATA:
 OCCUPANCY TYPE: COMMERCIAL
 CONSTRUCTION TYPE: II, VB
 WIND SPEED: 150 MPH, RISK CATEGORY I, II, III, IV
 WIND IMPORTANCE FACTOR: 1.0
 EXPOSURE CATEGORY: B
 WIND BORNE DEBRIS REGION: NO
 HI VELOCITY HURRICANE ZONE: NO
 ENCLOSURE CLASSIFICATION: SELF CONTAINED
 INTERNAL PRESSURE COEFFICIENT: +/- .18 PER ASCE 7
 BUILDING CODES IN EFFECT:
 2017 FLORIDA BUILDING CODE 6TH EDITION
 2014 NATIONAL ELECTRIC CODE: NEC / NFPA 70 2014
 COMPLY WITH FLORIDA FIRE PREVENTION CODE:
 5TH EDITION (2014) AS ADOPTED BY THE
 FLORIDA STATE MARSHALL / 2014 NFPA 701
 CONTRACTOR RESPONSIBLE FOR ALL
 WATERPROOFING

LISTED E321985
UL 48 ELECTRIC SIGNS

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Digitally signed by Wayne Gandy
Reason: printed copies not valid. signatures must be verified.
Date: 2018.03.13 15:53:22 -04'00'

APPROVED AS DRAWN

Data Contained In Search Results Is Current As Of 08/08/2018 12:21 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 General Contractor	GONIMA, IVAN	Primary	CGC1510817 Cert General	Current, Active 08/31/2018
Main Address*: 1406 SELBYDON WAY WINTER GARDEN, FL 34787				
Certified General Contractor	L & J AWNINGS & SHADE STRUCTURES INC.	DBA	CGC1510817 Cert General	Current, Active 08/31/2018
Main Address*: 1406 SELBYDON WAY WINTER GARDEN, FL 34787				

[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

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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.



CERTIFICATE OF LIABILITY INSURANCE

OP ID EC
L&JAW-1

DATE (MM/DD/YYYY)

02/28/18

PRODUCER Total Insurance Group, LLC P.O Box 180577 Casselberry FL 32718 Phone: 321-972-5128 Fax: 321-972-5591	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED L & J Awnings & Shade Structures, Inc. 1333 W. Michigan Street Orlando FL 32805	INSURER A: EVANSTON INS. CO.	
	INSURER B: StarStone National Ins Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	3AA143470	08/15/17	08/15/18	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
	<input checked="" type="checkbox"/> Blanket AI/Waiver				PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS / UMBRELLA LIABILITY	847792170ALI	08/15/17	08/15/18	EACH OCCURRENCE \$ 2000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2000000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CITYBEL

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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**

2600-0608129

2600 MANUFACTURING TEXTIL \$30.00 9 EMPLOYEE

TOTAL TAX \$30.00
 REGULATED WASTE \$50.00
 PREVIOUSLY PAID \$80.00
 TOTAL DUE \$0.00

GONZALEZ LUIS E - PRESIDENT

L&J AWNINGS & SHADES STRUCTURES INC
 1333 MICHIGAN AVE
 ORLANDO FL 32805-6121

1333.MICHIGAN AV
 U - ORLANDO, 32805

PAID: \$80.00 0098-00770691 7/3/2017

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TOTAL TAX \$30.00
 REGULATED WASTE \$50.00
 PREVIOUSLY PAID \$80.00
 TOTAL DUE \$0.00



GONZALEZ LUIS E - PRESIDENT

L&J AWNINGS & SHADES STRUCTURES INC
 1333 MICHIGAN AVE
 ORLANDO FL 32805-6121

1333 MICHIGAN AV
 U - ORLANDO, 32805

PAID: \$80.00 0098-00770691 7/3/2017

This receipt is official when validated by the Tax Collector.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2018

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 Libertate Insurance LLC 707 East Washington Street Orlando, FL 32801 www.libertateins.com	CONTACT NAME: Libertate Insurance, LLC PHONE (A/C, No, Ext): 4076135475 E-MAIL ADDRESS: info@libertateins.com	FAX (A/C, No): 4076135477	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Kymberly Group Payroll Solutions, Inc 2200 Hillcrest St Orlando FL 32803	INSURER A: Imperium Insurance Company		35408
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		


COVERAGES **CERTIFICATE NUMBER:** 40650555 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input checked="" type="checkbox"/> N	N/A	IAUS00009489-02	11/14/2017	11/14/2018	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Coverage provided for all leased employees but not subcontractors of: L&J Awings & Shade Structures Inc. dba L&J Signs
 Client Effective: 01/17/2014

CERTIFICATE HOLDER 1046 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  Paul R. Hughes
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ACORD 25 (2016/03)

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RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

4329 Kezar Ct < 20-23-30-1661-00-990 >

Name(s)

Gibson Amanda O
Fuentes Reynold

Physical Street Address

4329 Kezar Ct
Orlando, FL 32812

Mailing Address On File

4329 Kezar Ct

Property Use

0103 - Single Fam Class III

Incorrect Mailing Address?

Municipality

Belle Isle



View 2017 Property Record Card

Property Features | **Values, Exemptions and Taxes** | **Sales Analysis** | Location Info | Market Stats | Update Information

2018 values will be available in August of 2018.

Property Description

CONWAY GROVES UNIT 2 40/4 LOT 99

Total Land Area 24,025 sqft (+/-) | 0.55 acres (+/-) GIS Calculated Notice

View Plat

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure
Model Code:	01 - Single Fam Residence	Actual Year Built: 1999 Gross Area: 3594 sqft