

### City of Belle Isle Job Site Card Building PERMIT 2018-08-014

PERMITT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not ecorded /schedule within that time frame. You are responsible for scheduling and keeping track of all inspections.

Permit Number: 2018-08-014

Issue Date: 8/08/2018

Site Address: 7476 Daetwyler Dr.

Parcel # 29-23-30-2980-00-020

Class: 

Residential

**Subdivision:** 

Description of Work: DEMOLISH A SFR – silt fence must be installed prior to destruction.

Issued To: CLEANBUILDING INC

**Business Phone: 407 296-9855** 

Name: KLEIN, KEVIN JOHN

Contractor License: CGC1517907

Payment Date & Method:

8 / 10 / 2018

Check / Money Order #

000

□ Master Card □ Amex □ Discover Schedule Inspections via Email at: BIDscheduling@universalengineering.com

32812

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 YOUR PROPERTY IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN AUTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

BUILDING	INSPECTOR	DATE	COMMENTS
100 Demo Final			
110 Footing			
120 Stem Wall			
130 Slab			
140 Lintel/Tie Beam			
150 Down Pour			
160 Tilt Panel			
170 Window In-progress			
180 Sheathing (wall)			
190 Sheathing (roof)			
195 Dry-in (roof/walls)			
200 Framing			
205 Drywall Nail/Screw			
210 Fire Rated Assembly			
220 Above-Ceiling			
230 Insulation			
240 Lathe			
250 Final			
260 Other			

Inspection requests are to be emailed to BIDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed. Inspection results will be sent out the following business day. A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

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

Susan



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, F 322 11 AUG Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalenging-rin

### **Building Permit (Land Use) Application**

DATE: 7-18-18

7476

PROJECT ADDRESS \*\*\*\* Daetwyler Dr

PERMIT #

Belle Isle, FL 407-312-5419

chedr 25000

\_\_32809\_**X**\_32812

PROPERTY OWNER

Pamela & James Syvertson

VALUE OF WORK (labor &material) \$

2350.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Demolish a SFR

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

	- Tot Hothestead
Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number:2-23-3	2 2222
Parcel ld Number: 2-23-3	0-29800-00-020
SPECIAL COMPLETONS -	visit http://www.ocpafl.org/Searches/ParcelSearch.aspx
OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with	Wind Exposure Category: B C D
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 PLANNING & ZONING APPROVAL:	SPRINKLERS REQ'D Y N  If Required – SUBMIT COPY OF PLANS FOR FIRE  REVIEW Date: Sent RCD
DATE	ZONING N \$35.
PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)  CONSTRUCTION TYPE Block & wood  OCCUPANCY GROUP Comm Res: X Single Fam TOTAL SQ.FT.  MAX. FLOOR LOAD MAX. OCCUPANCY LOW FLOOR ELEV  WATER SERVICE X WELL SEPTIC X  VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 8818	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         Y         N         \$           BUILDING         Y         N         \$           WINDOW(S)         Y         N         \$           DOOR(S)         Y         N         \$           FENCE         Y         N         \$           SHED         Y         N         \$
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 permits required from other governmental entities 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 debns collection and disposal services with the city limits of 293-8000 to setup accounts for Commercial Construction Roll Off, or other services needed. Rates 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, ENGLOSURES, ETC.	DRIVEWAY OTHER DEMON N  1.5% BCAIB FEE  L.5% DCA FEE  TOTAL  OTHER PERMITS REQUIRED: ELECTRICAL PREPOWER MECHANICAL PLUMBING ROOFING  N  N  N  N  N  N  N  N  N  N  N  N
	SAS V NA



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

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

Owners Name Pamela & James Syvertson

PERMIT # 208-US-OLY

.c.

Cantractor Name Kevin J Klich	
License = CGC 1517907	Sampany Nam Clean Building Inc.
Contact Phone: Get 407-948-8885	Company Addre D.C. Box 22/1
Contact Email   lldemolition@gmail.com	day stand zie Winten Pank Fl 32780
	407-296-9855
notice of commencement must be recorded if job is \$2500 - or of you intend to obtain thenough, consult write your lander or an active make Application for Reports as our lander or an active research.	Sentact Fax  Senta
With the description are and day Grainances this description of grant permission to solve the solve of sequipolation of the solve of th	arre is granted lagred to conform to all Division of Bullding Safety Regulation 17 (Figurating same and in accordance with plans audmitted. The Issuance ty and/or State of Florida codes and or ordinances. Application is negatively made and the form of the state of a dermit and the form of the state of a dermit and the form of the state of of the stat
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Notary Public State of Florida James L McDaniel My Commission GG 111401	4 12:2 5 present than BASE, then onsite retention must be provided.
Expites 06/04/2021	the formula is _(7.5 inches ramfall/12 inches offset) X (4.5)

2018-08-014

### POWER OF ATTORNEY

Date: 8-6-/8	
I hereby name and appoint Leanning P	
of Amolding Safety for a to be my lawful attorney act for me and apply to the Division of Building Safety for a	in-fact to
for work to be performed at a location described as:  Section Township Range Lot Block  Subdivision Colonia	
Dame / Frames SylverTson  (Owner of Property)  7476 DAETONY/AND DA. Belle Isla Fl  (Street Address)	3281
and to sign my name and do all things necessary to this appointment.	
(Contractor Name) (Type or Print)  (Contractor Signature)  (Contractor Signature)	umber)
The foregoing instrument was acknowledged before me this day of of by	20/8,
who is personally known to me or who produced as identification and who did not take an oath.	
Notary Public (Print name)	
Notary Public (Signature)  Netary Public State of Florid Seal James L McDaniel My Commission GG 111401  Expires 08/04/2021	



# ORANGE COUNTY BUILDING DEPARTMENT CERTIFICATION OF SERVICE DISCONNECT

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# ORANGE COUNTY BUILDING DEPARTMENT CERTIFICATION OF SERVICE DISCONNECT

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STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

18-1555

	#: 48-SX-1860584
APPLICATION	#: AP1353561
DATE PAI	D;
FEE PAI	D:
RECEIPT	#:
DOCUMENT	#: PR1124342

CONSTRUCTION PERMIT FOR: OSTDS Abandonment
APPLICANT: Pamela & James Syvertson
PROPERTY ADDRESS. TANK
Onando, FL 32812
LOT: 2 BLOCK: SUBDIVISION: Gilmore Estates
PROPERTY ID #: 29-23-30-29800-00-020 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANT SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACT WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY TO PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOILS UNDER THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.
SYSTEM DESIGN AND SPECIFICATIONS
T [ ] GALLONS / GPD Tank Abandonment CAPACITY  A [ ] GALLONS / GPD CAPACITY  N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  K [ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [
D [ ] SQUARE FEET SYSTEM  R [ ] SQUARE FEET SYSTEM  A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ] [ ] I CONFIGURATION: [ ] TRENCH [ ] BED [ ] [ ] [ ] FILLED [ ] FILLED [ ] MOUND [ ] [ ] [ ] MOUND [ ] [ ] [ ] MOUND [ ]
I ELEVATION OF PROPOSED SYSTEM CITE
E BOTTOM OF DRAINFIELD TO BE  [
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES
Per 64E-6.011(2), F.A.C, the following actions shall be taken, in the order listed, to abandon an onsite sewage treatment and disposal system: (a) Property owner or agent shall apply for an abandonment permit. Upon receiving a permit: (b) The tank shall be pumped out by a permitted septage disposal company who shall provide a receipt or a written certification to to that effect by the septage disposal company or the contractor performing the abandonment, a written statement department. (Comments Continued on Page 2.)
SPECIFICATIONS BY:
APPROVED BY: Samuel Line TITLE: Environmental Specialist III
DATE ISSUED: 07/06/2018 EXPIRATION DATE: 40/0 MODEL
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  Incorporated: 64E-6.003, FAC  Page 1 of 3
7 1 1 4

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

LICENSE NUMBER

CGC1517907

The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2016



KLEIN, KEVIN JOHN CLEANBUILDING INC PO BOX 2211 WINTER PARK

FL 32790



ISSUED: 08/21/2014

DISPLAY AS REQUIRED BY LAW

SEQ# L1408210001615

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CMC1249946

The MECHANICAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2016



KLEIN, KEVIN JOHN CLEANBUILDING INC PO BOX 2211 WINTER PARK



ISSUED: 08/21/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408210001769



#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/06/18

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).

this certificate does not comer rights to the cortificate ficiaer in not or occ	Al Gildereementer.					
PRODUCER	CONTACT Karen LoConti-Diaz					
UNITED NATIONS INSURANCE, LLC	PHONE (A/C, No. Ext): (561) 988-2542 (A/C, No.) (561) 9	988-2543				
21218 St. Andrews Blvd, Ste #400	E-MAIL ADDRESS karen@uniagency.com					
Boca Raton, FL 33433	INSURER(S) AFFORDING COVERAGE					
	INSURER A UNITED SPECIALTY INSURANCE CO	12537				
INSURED CleanBuilding, Inc.	INSURER B: STATE NATIONAL INSURANCE CO	12831				
PO Box 2211	INSURER C					
Winter Park, FL 32790	INSURER D:					
407-478-0627	INSURER E					
	INSURER F					
	DEL MOLON LAW IN ADED					

					RER F				
COVERAGES CERTIFICATE NUMBER:					34433		REVISION NUMBER:		
TH IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF INSU DICATED. NOTWITHSTANDING ANY REQUIREM IRTIFICATE MAY BE ISSUED OR MAY PERTAIN ICLUSIONS AND CONDITIONS OF SUCH POLICIES	JRANG ENT, 1	CE LIST	TED BELOW HAVE BEEN ISSUED TO TH OR CONDITION OF ANY CONTRACT O RANCE AFFORDED BY THE POLICIES	R OTHER DOCUM DESCRIBED HER	ED ABOVE FOR T	THE POLICY PERIOD PECT TO WHICH THIS		
LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	11/100					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,	100,000
A	X BLANKET A/I & WOS X Primary noncontributory			USA4223165 Asbestos/Mold	7/30/18	7/30/19	MED EXP (Anyone person) PERSONAL & ADV INJURY		5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO- LOC		8	hobes cos, nota			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANYAUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED NON-OWNED AUTOS ONLY						(Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR			USA4223166	7/30/18	7/30/19	EACH OCCURRENCE		,000,000
A	X EXCESS LIAB CLAIMS-MADE			FOLLOW FORM	1,, 30, 10	,, 50, 25	AGGREGATE	s 2,	,000,000
	DED RETENTIONS 0			TOLLOW TOTAL			Carloss I Low	S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		NFA0922972 03	7/30/18	7/30/19	E.L. EACH ACCIDENT		,000,000
٦	Mandatory in NH)				1		E.L. DISEASE - EA EMPLOYEE		,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		,000,000
	Contractors Pollution			Occurrence			EA. POLL. COND.		000,000
Α	Asbestos & Mold incl.			USA4223165	7/30/18	7/30/19	AGGREGATE		000,000
	Professional Liab.			Claims-Made			EA. Wrongful Act	\$1,	000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule, may be al	tached if more space	e is required)			

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1600 Nela Ave	AUTHORIZED REPRESENTATIVE
Belle Isle, FL	Las en LoCout: Quan

**EXPIRES** 

9/30/2019

1801-1075396

1801 CERT GENERAL CONTRA

\$30.00

2 EMPLOYEES 5000 BUSINESS OFFICE

\$30.00

1 EMPLOYEE

TOTAL TAX
PREVIOUSLY PAID **TOTAL DUE** 

\$60.00 \$60.00 \$0.00

1740 EDWIN BLVD (MOBILE) B - WINTER PARK, 32789

PAID: \$60.00 0099-00831027 7/12/2018



KLEIN TRACY

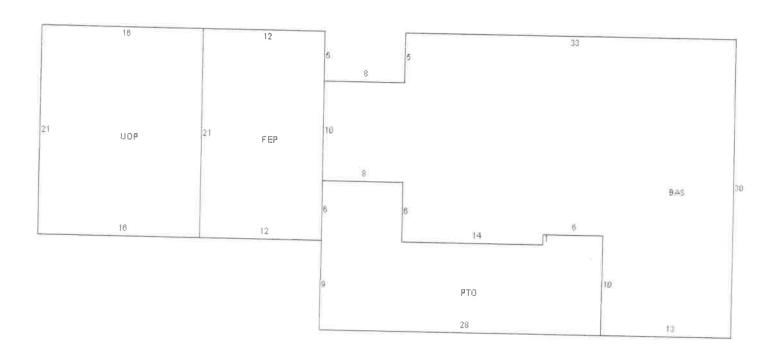
**CLEANBUILDING INC** PO BOX 2211 **WINTER PARK FL 32790-2211** 

This receipt is official when validated by the Tax Collector.

## **Building Details - Daetwyler Dr - Building #1**



Courtesy Rick Singh, Orange County Property Appraiser



Sub Area	Sqft	W 7 1
BAS - Base Area	1	Value
FEP - F/Enc Prch	884	working
PTO - Patio	252	working
UOP - Unf O Prch	306	working
OOF - ONLO PICE	336	working

**Model Code:** 

01 - Single Fam Residence

Type Code:

0103 - Single Fam Class III

**Building Value:** 

working...

**Estimated New Cost:** 

Actual Year Built:

working...

1950

Beds:

3

Baths:

1.5

Floors:



### RICK SINGH, CEA - ORANGE COUNTY PROPERTY APPRAISER

9 Searches

Sales Search

Results

Property Record Card

尋 My Favorites

Sign up for e-Notify...

Daetwyler Dr < 29-23-30-2980-00-020 >

Namersi

Physical Street Andress

Daetwyler Dr

Syvertson James J Madiou Addiess Dos (a

POLY City and Epoped

Orlando, Fl 32812

C/O Celebration Title Group 950 Celebration Blvd Ste D

Syvertson Pamela Mcnab

Celebration, FL 34747-4452 Incorrect Mailing Address?

0130 - Sfr - Lake Front

Numerousie.

Belle Isle



View 2017 Property Record Card

Property Features

Values, Exemptions and Taxes

Sales Analysis

Location Info

**Market Stats** 

Update Information

View Plat

2018 values will be available in August of 2018.

**Property Description** 

GILMORE ESTATES AT LAKE CONWAY 80/112 LOT 2

Total Land Area

36,553 sqft (+/-) | 0.84 acres (+/-)

GIS Calculated

Notice

Land

Land Use Code	Zonina					
0130 - Sfr - Lake Front		Land Units	Unit Price	Land Value	Class Unit Price	Class Value
	R-1-AA	1 LOT(S)	working	working	working	Class value
Page 1 of 1 (1 total records)					Working	working.,.

Buildings

_	Important Information		Structure			
Dentin	Model Code: Type Code: Building Value: Estimated New Cost: Model Code:	01 - Single Fam Residence 0103 - Single Fam Class III working working	Actual Year Built: Beds: Baths: Floors:	1950 3 1.5	Gross Area: Living Area: Exterior Wall: Interior Wall:	1778 sqft 1136 sqft Concrete/Cinder Block Drywall
More Details	Type Code:  Building Value: Estimated New Cost:	01 - Single Fam Residence 0103 - Single Fam Class III working working	Actual Year Built: Beds: Baths: Floors:	1953 2 1.0	Gross Area: Living Area: Exterior Wall: Interior Wall:	824 sqft 604 sqft Concrete/Cinder Block Inexpensive, Minimal Materials

Page 1 of 1 (2 total records)

Extra Features

Description				
FPL1 - Basic Fireplace	Date Built	Units	XFOB Value	
BD3 - Boat Dock 3	01/01/1950	1 Unit(s)		
	01/01/1950		working	
Page 1 of 1 (2 total records)		1 Unit(s)	working.	

This Data Printed on 08/06/2018 and System Data Last Refreshed on 08/05/2018