



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

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: 2018-08-014

Issue Date: 8/08/2018

Site Address: 7476 Daetwyler Dr. 32812

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

Visa Master Card Amex Discover Check / Money Order # 25 000

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

Picked up in Cynthia POSEN

"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 BDscheduling@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 G.L.



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 - 6 2018

Building Permit (Land Use) Application

DATE: 7-18-18

PERMIT # 2018-08-014

PROJECT ADDRESS 7476 ~~XXXX~~ Daetwyler Dr

PROPERTY OWNER Pamela & James Syvertson Belle Isle, FL 32809 * 32812

PHONE 407-312-5419

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

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 2-23-30-29800-00-020

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH 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.

PLANNING & ZONING APPROVAL: NA
DATE _____

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

CONSTRUCTION TYPE Block & wood

OCCUPANCY GROUP _____ Comm Res: 1 * X Single Fam _____ Multi Fam

#BLDG. 1300 #UNITS _____ #STORIES _____ TOTAL SQ.FT. 1300

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV _____

WATER SERVICE X WELL _____ SEPTIC X

BUILDING REVIEWER: Dale Baker 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

Wind Exposure Category: B ___ C ___ D ___

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
	Date: Sent		RCD
ZONING	<u>Y</u>	N	\$ <u>35.</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	Y	N	\$
BUILDING	Y	N	\$
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER <u>DEMOL</u>	Y	N	\$ <u>3250</u>
1% BCAIB FEE			<u>2 mm</u>
1.5% DCA FEE			<u>2 mm</u>
TOTAL			<u>76.50</u>
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
check 25000



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8181 * Fax 407-581-0313 * www.universaengineering.com

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

Owner's Name **Pamela & James Syvertson**

PERMIT # **2018-05-014**

Owner's Address **7476 Daetwyler dr Belle Isle FL 32812**

Contractor Name **Kevin J. Klien** Company Name **Clean Building Inc.**
 License # **CGC 1517907** Company Address **P.O. Box 2211**
 Contact Phone/Cel: **407-948-8885** City/State/Zip **Winton Park FL 32780**
 Contact Email **l1demolition@gmail.com** Contact Fax **407-296-9855**

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.ci.belleisle.fl.us 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. Applications hereby made to obtain a permit on the City of Belle Isle are subject to the City of Belle Isle's policies and procedures. The issuance of a permit, and that all work will be performed in accordance with the applicable City and/or State of Florida codes and/or ordinances, does not constitute a warranty or representation by the City of Belle Isle. A separate permit must be secured for any other work to be performed on the property. **ENCLOSURES: 000**

OWNER'S APPROVAL
 Owner Signature *[Signature]*
 Pamela Annis Syvertson
 James Syvertson

Impervious Surface Ratio Worksheet
 Total Impervious Area (AIA) _____
 Total Area (TA) _____
 AIA / TA = _____
 If AIA is greater than BASE, then onsite retention must be provided.

YOLANDA QUICENO
 MY COMMISSION # GG010309
 EXPIRES November 11, 2020
 Based Upon Public Ordinance 11-10

Contractor Signature *[Signature]*
 L&L Demolition & Salvage, Inc

The foregoing instrument was acknowledged before me on **7 18 18**
 by **Leonard P Linhares**

and who produces _____
 as identification and who is the owner of said _____

Notary as to _____
 State of Florida
 County of Orange

Notary Public State of Florida
 James L. McDaniel
 My Commission GG 111461
 Expires 08/01/2021

- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____
 BASE _____
 AIA - BASE = _____
 If AIA is greater than BASE, then onsite retention must be provided.
 Assuming 0.5 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

2018-08-014

POWER OF ATTORNEY

Date: 8-6-18

I hereby name and appoint Leonard P Linhares
of L & L Demolition Salvage Inc to be my lawful attorney-in-fact to
act for me and apply to the Division of Building Safety for a DEMO permit
for work to be performed at a location described as:

Section _____ Township _____ Range _____ Lot _____ Block _____

Subdivision COLUMBIA ESTATES

Pamela & James SEVERTSON
(Owner of Property)

7476 DAETWYLER DR. Belle Isle FL 32812
(Street Address)

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

Kevin S Klien
(Contractor Name) (Type or Print)

CGC 1577907
(Contractor's License Number)

[Signature]
(Contractor Signature)

The foregoing instrument was acknowledged before me this 6 day of August of 2018,

by KEVIN S KLIEN

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

James McDaniel
Notary Public (Print name)

[Signature]
Notary Public (Signature)





ORANGE COUNTY BUILDING DEPARTMENT CERTIFICATION OF SERVICE DISCONNECT

1 Applicant: Contractor **Clean Building Inc & L & L Demolition c/o**
Owner Name Trade Name **ldemolition@gmail.com**

2 **P O Box 2211 Winter Park, Fl 32790**
Address City State Zip
407-948-8885-cell 407-296-9855-Fax

3 Occupational License **CGC1517907**
No. Issued By Expiration Date

4 Building Structure will be **DEMOLISHED** OR MOVED

5 Type of Structure: Residential Commercial Other

7476 Daetwyler Dr City Of Belle Isle
Site Address

29-23-30-29800-00-020
Legal Description

Pamela & James Syvertson 7476 Daetwyler Dr Belle Isle Fl 32812
Owner of Record Address

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner

- 1 Telephone Company
AT&T
P.O.No. _____
Certification By Lancho Jemiga or _____
Date 7/13/2018
- 2 Gas Company
Teco
P.O.No. No PGS Gas Facilities
Certification By M H JC
Date 6/28/2018
- 3 Electric Company
Duke Meter#3302624
P.O.No. _____
Certification By _____ or _____
Date _____
- 4 Cablevision
P.O.No. _____
Certification By _____
Date _____
- 5 WaWater Company
P.O.No. _____
Certification By _____
Date _____
- 6 Other (LPG Company), etc.
P.O.No. _____
Certification By _____
Date _____

code for gate 7070



ORANGE COUNTY BUILDING DEPARTMENT
CERTIFICATION OF SERVICE DISCONNECT

1 Applicant: x Contractor Clean Building Inc & L & L Demolition c/o
Owner Name Trade Name ldemolition@gmail.com

2 P O Box 2211 Winter Park, FL 32790
Address City State Zip 407-948-8885-cell 407-296-9855-Fax

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No. Issued By Expiration Date

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1 Telephone Company
AT&T
P.O.No. or
Certification By
Date

4. Cablevision
P.O.No.
Certification By
Date

2 Gas Company
Teco
P.O.No. or
Certification By
Date

5. Water Company
P.O.No.
Certification By
Date

3 Electric Company
Duke Meter#3302624
P.O.No.
Certification By SA Knight
Date 7/13/18
code for gate 7070

6 Other (LPG Company, etc)
P.O.No.
Certification By
Date



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

18-1555

PERMIT #: 48-SX-1860584
APPLICATION #: AP1353561
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1124342

CONSTRUCTION PERMIT FOR: OSTDS Abandonment
APPLICANT: Pamela & James Syvertson
PROPERTY ADDRESS: 7476 Daetwyler Dr Orlando, FL 32812
LOT: 2 BLOCK: _____ SUBDIVISION: Gilmore Estates
PROPERTY ID #: 29-23-30-29800-00-020 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID 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 GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT 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 []

F LOCATION OF BENCHMARK:
I ELEVATION OF PROPOSED SYSTEM SITE [] [] / [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [] [] / [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

***Demolition
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 the department. Alternatively, if the tank is empty and dry at the commencement of the abandonment, a written statement to that effect by the septage disposal company or the contractor performing the abandonment shall be provided to the department. (Comments Continued on Page 2.)

SPECIFICATIONS BY: _____ TITLE: _____
APPROVED BY: Samuel A Rivera TITLE: Environmental Specialist III Orange CHD
DATE ISSUED: 07/06/2018 EXPIRATION DATE: 10/04/2018
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

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 FL 32790



ISSUED: 08/21/2014

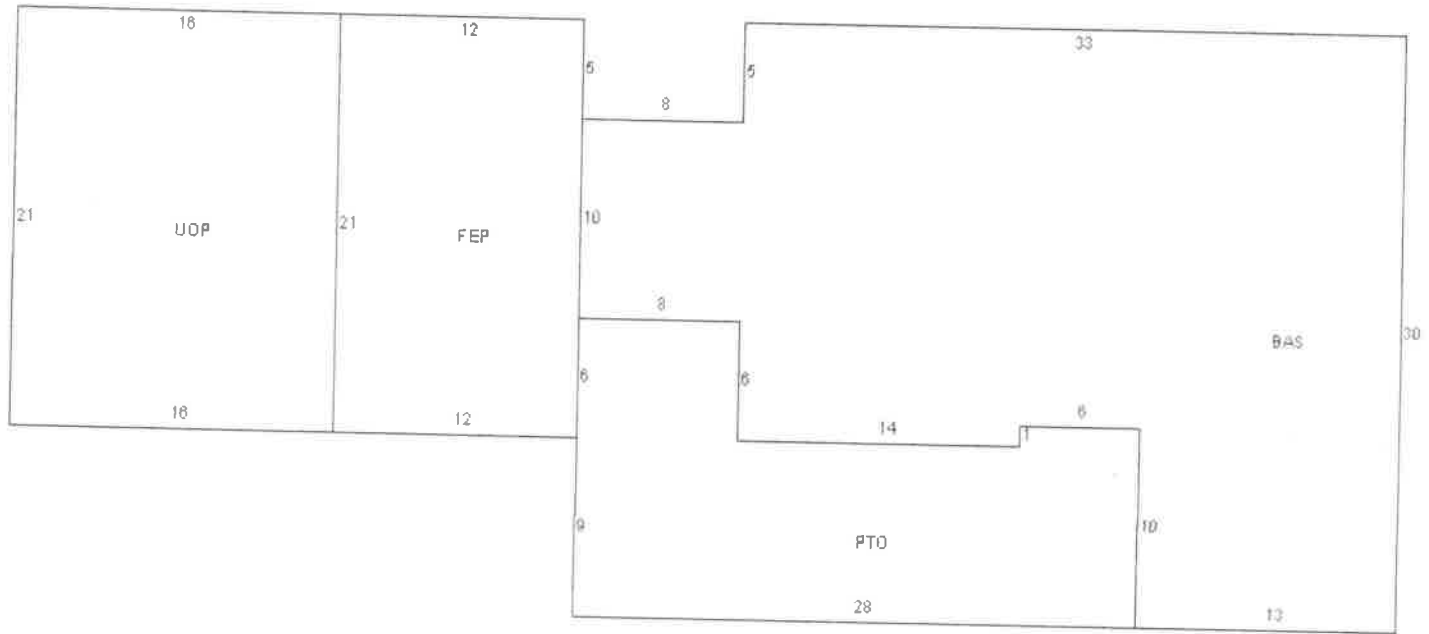
DISPLAY AS REQUIRED BY LAW

SEQ # L1408210001789

Building Details - Daetwyler Dr - Building #1



Courtesy Rick Singh, Orange County Property Appraiser



Sub Area
 BAS - Base Area
 FEP - F/Enc Prch
 PTO - Patio
 UOP - Unf O Prch

Sqft	Value
884	working...
252	working...
306	working...
336	working...

Model Code: 01 - Single Fam Residence
Type Code: 0103 - Single Fam Class III
Building Value: working...
Estimated New Cost: working...
Actual Year Built: 1950
Beds: 3
Baths: 1.5
Floors: 1



Rick Singh CFA Orange County Property Appraiser Florida

help

Base map

Layers

Foreclosure

Sales

Parcel Search

Legend



Identify

OCFA Tools

Custom Print

Trending

Feedback

Parcel Themes



- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)**
- [My Favorites](#)

[Sign up for e-Notify...](#)

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

Names: Syvertson Pamela McNab Syvertson James J	Physical Street Address: Daetwyler Dr
Mailing Address (On file): C/O Celebration Title Group 950 Celebration Blvd Ste D Celebration, FL 34747-4452	Postal City and Zipcode: Orlando, FL 32812
Incorrect Mailing Address?	Property Use: 0130 - Sfr - Lake Front
	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

GILMORE ESTATES AT LAKE CONWAY 80/112 LOT 2

[View Plat](#)

Total Land Area 36,553 sqft (+/-) | 0.84 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information	Structure
<p>Model Code: 01 - Single Fam Residence</p> <p>Type Code: 0103 - Single Fam Class III</p> <p>Building Value: working...</p> <p>Estimated New Cost: working...</p>	<p>Actual Year Built: 1950</p> <p>Beds: 3</p> <p>Baths: 1.5</p> <p>Floors: 1</p> <p>Gross Area: 1778 sqft</p> <p>Living Area: 1136 sqft</p> <p>Exterior Wall: Concrete/Cinder Block</p> <p>Interior Wall: Drywall</p>
<p>Model Code: 01 - Single Fam Residence</p> <p>Type Code: 0103 - Single Fam Class III</p> <p>Building Value: working...</p> <p>Estimated New Cost: working...</p>	<p>Actual Year Built: 1953</p> <p>Beds: 2</p> <p>Baths: 1.0</p> <p>Floors: 1</p> <p>Gross Area: 824 sqft</p> <p>Living Area: 604 sqft</p> <p>Exterior Wall: Concrete/Cinder Block</p> <p>Interior Wall: Inexpensive, Minimal Materials</p>

Page 1 of 1 (2 total records)

Extra Features

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

Page 1 of 1 (2 total records)

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