



City of Belle Isle Job Site Card **Building PERMIT 2019-08-037**

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 your inspections.**

Permit Number: 2019- 08-037

Issue Date: 08/14/2019

Site Address: 2493 Trentwood Blvd 32812

Parcel #: 30-23-30-1692-01-120

Class: Residential **Subdivision:**

Description of Work: 85' LONG **RETAINING WALL CONSTRUCTED 5'** UPLAND OF THE NHWE.

Issued: **REYNCO CONSTRUCTION INC**

Business Phone: 407 450-4241

Name: **REYNOLDS, JOHN GRADY**

Contractor License: CGC059522

Payment Date & Method: **8 /14/ 2019** Picked up or sent by _____ Emailed

Visa Master Card Amex Discover Check / Money Order # **8919**

Schedule Inspections via Email at: BD scheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

SEPARATE PERMITS WILL BE REQUIRED FOR ALL SUB-WORK

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

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



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32809
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
AUG 12 2019
RECEIVED
AUG 12 2019

Building Permit (Land Use) Application

DATE: 08/12/19

PERMIT # 2019-08-037

PROJECT ADDRESS 2493 Trentwood Blvd Belle Isle FL, Belle Isle, FL 32809 32812

PROPERTY OWNER Robert A Fiola & Annamaria P Fiola PHONE (407) 448-3087 VALUE OF WORK (labor & material) \$ 8,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

85' long retaining wall constructed 5' upland of the NHWE

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **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

3.50 x 8 = 28.00 zoning fee

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 30-23-30-1692-01-110

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. 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

Attached Survey 1 SETS and Construction Plans 1 SETS

PLANNING & ZONING APPROVAL: N/A retaining walls are exempt
DATE: Signature

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE conventional frame

OCCUPANCY GROUP Comm Res: Single Fam Multi Fam

#BLDG. #UNITS #STORIES TOTAL SQ.FT. n/a

MAX. FLOOR LOAD MAX. OCCUPANCY

MIN. FLOOD ELEV. LOW FLOOR ELEV.

WATER SERVICE WELL SEPTIC

REVIEW	Date: Sent	RCD
ZONING	<u>Y</u>	\$ <u>28.00</u>
CERT OF OCC	<u>Y</u>	\$ <u> </u>
TRAFFIC	<u>Y</u>	\$ <u> </u>
SCHOOL	<u>Y</u>	\$ <u> </u>
FIRE	<u>Y</u>	\$ <u> </u>
SWIMMING POOL	<u>Y</u>	\$ <u> </u>
SCREEN ENCLOSURE	<u>Y</u>	\$ <u> </u>
ROOFING	<u>Y</u>	\$ <u> </u>
BOAT DOCK	<u>Y</u>	\$ <u> </u>
BUILDING	<u>Y</u>	\$ <u>79.50</u>
WINDOW(S)	<u>Y</u>	\$ <u> </u>
DOOR(S)	<u>Y</u>	\$ <u> </u>
FENCE	<u>Y</u>	\$ <u> </u>
SHED	<u>Y</u>	\$ <u> </u>
DRIVEWAY	<u>Y</u>	\$ <u> </u>
OTHER	<u>Y</u>	\$ <u> </u>

BUILDING REVIEWER: Rajendranshah DATE 08/13/19

NOTES: PENDING NCC ✓ Lic/Ins ✓
KNOWLEDGE - 2 NA Page APP Rec'd

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.

2.5 FL SURCHARGE \$ 4.00 (min)

TOTAL \$ 111.50

By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	Y	NA
Contractor Packet Included?	Y	N

OTHER PERMITS REQUIRED: PAID 8-14-19
MC 8919

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

154589

1511K
25
28
53 ÷ 2
26.50
79.50



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

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

PERMIT # 2019-08-037

Owner's Name Robert Fiola

Owner's Address 2493 Trentwood Blvd

Contractor Name	John Grady Reynolds	Company Name	Reynco Construction, Inc.
License #	CGC059522	Company Address	901 Absher Lane
Contact Phone/Cell	Sheila Cichra (407) 450-4241	City, State, ZIP	St. Cloud, FL 34771
Contact Email	sheilacichra@gmail.com	Contact Fax	

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

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

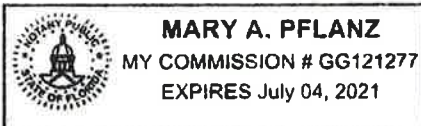
OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature Robert Fiola
 The foregoing Instrument was acknowledged before me this 7/22/19
 by Robert Fiola who is personally known to me
 and who produced _____
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange


Contractor Signature Sheila Cichra
 COMPANY NAME Streamline Permits
 The foregoing instrument was acknowledged before me this 8/18/19
 by Sheila Cichra who is personally known to me
 and who produced _____
 as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange
Mary A. Pflanz


MARY A. PFLANZ
 MY COMMISSION # GG121277
 EXPIRES July 04, 2021

Impervious Surface Ratio Worksheet
 Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per
 City Code, Section 50-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ X 0.35 = _____
 Allowable Impervious Area (BASE) _____
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.
 - House _____
 - Driveway _____
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____

Actual Impervious Area (AIA) _____

- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
- If AIA is greater than BASE, then onsite retention must be provided.

Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

Permit Number: 2019-08-037
 Folio/Parcel ID #: 30-23-30-1692-01-110
 Prepared by: Sheila Cichra
2154 Oak Beach Blvd
Sebring, FL 33875
 Return to: John Reynolds
901 Absher Lane
St. Cloud, FL 34771
sheilacichra@gmail.com

DOCN 20190472311
 07/31/2019 11:00:11 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 IP - Ret To: SHEILA CICHRA



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.

- Description of property** (legal description of the property, and street address if available)
CONWAY SHORES U/58 LOT 11 BLK A 2493 Trentwood Blvd, Belle Isle
- General description of improvement**
seawall
- Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Robert and Annamaria Fiola
 Address 2493 Trentwood Blvd, Belle Isle, FL 32812
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
- Contractor**
 Name Reynco Construction, Inc. - John Reynolds Telephone Number (407) 709-5640
 Address 901 Absher Lane, St. Cloud, FL 34771
- Surety** (if applicable, a copy of the payment bond is attached)
 Name N/A Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender**
 Name N/A Telephone Number _____
 Address _____
- 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 N/A Telephone Number _____
 Address _____
- 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 N/A Telephone Number _____
 Address _____
- 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)

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.

✓ Robert Fiola / Annamaria Fiola
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 20th day of July 2019 by Robert Fiola

 as owner for _____

 Type of authority, e.g., officer, trustee, attorney in fact _____ Name of party on behalf of whom instrument was executed _____

Carrie L Hean
 Signature of Notary Public - State of Florida _____

 Print, type, or stamp commissioned name of Notary Public _____

Personally Known OR Produced ID _____
 Type of ID Produced _____



State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of
 Form content revised: 10/17/12
 the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: Anna Radem, P.C.
 DATED: 7-31-19





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: July 23, 2019

Permit #: 2019-08-037

I hereby name and appoint Sheila Cichra of
(print name)

Streamline Permitting, Inc.
(company name)

to be my lawful attorney-in-fact to act for

me and apply to the City of Belle Isle Building Department for a building permit
(type of permit)

for work to be performed at the following location:

2493 Trentwood Blvd
(street address)

Belle Isle, FL 32809 32812 and

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

Certified Contractor's Printed Name: John Grady Reynolds

License Number: CGC059522

Certified Contractor's Signature: 

The foregoing instrument was acknowledged before me this 23rd days of July of 2019

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

State of Florida
 County of Orange

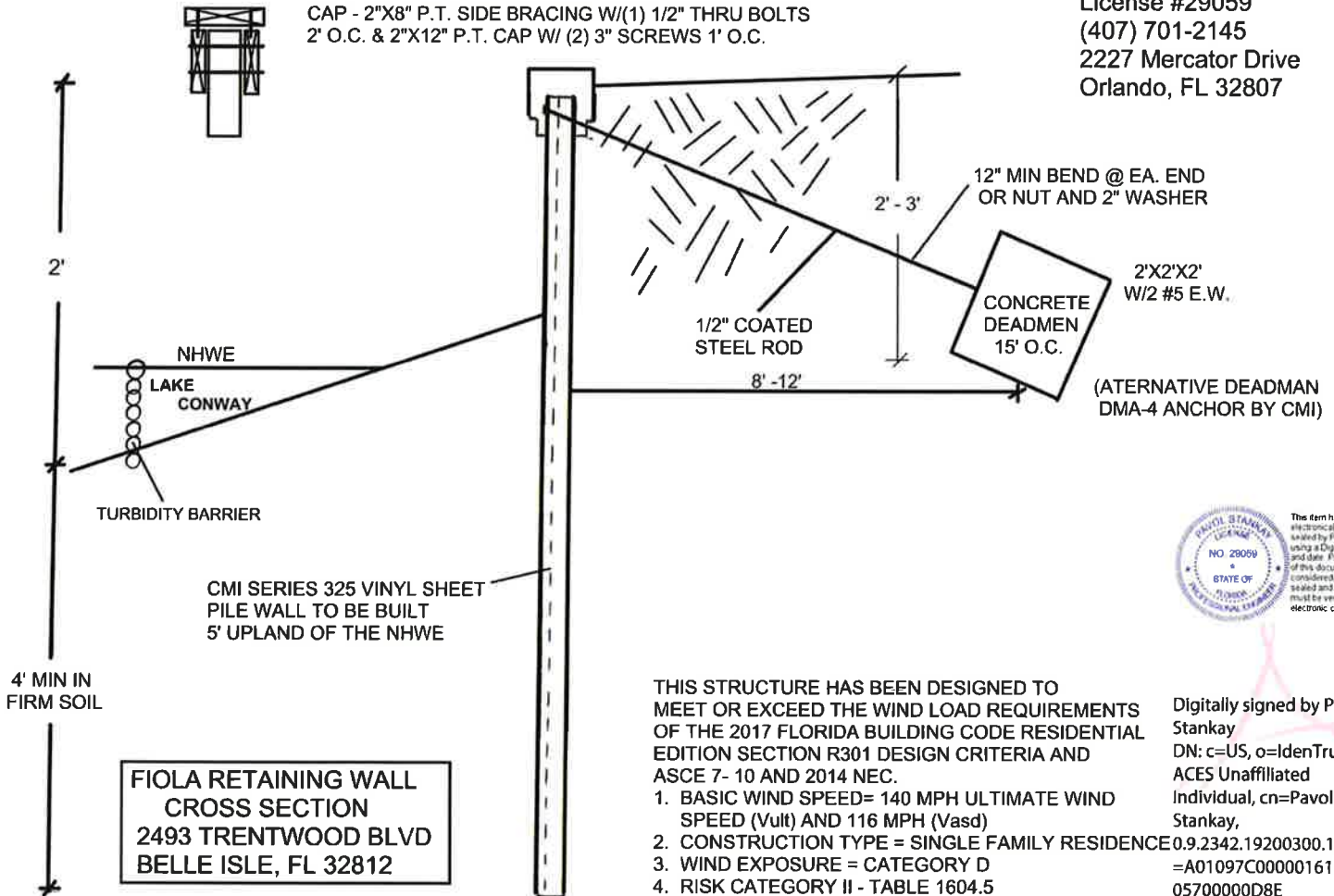

 Notary Public, Orange County, Florida



(seal)

Pavol Stankay, P.E.
 License #29059
 (407) 701-2145
 2227 Mercator Drive
 Orlando, FL 32807

CAP - 2"X8" P.T. SIDE BRACING W/(1) 1/2" THRU BOLTS
 2' O.C. & 2"X12" P.T. CAP W/ (2) 3" SCREWS 1' O.C.



**FIOLA RETAINING WALL
 CROSS SECTION
 2493 TRENTWOOD BLVD
 BELLE ISLE, FL 32812**

THIS STRUCTURE HAS BEEN DESIGNED TO MEET OR EXCEED THE WIND LOAD REQUIREMENTS OF THE 2017 FLORIDA BUILDING CODE RESIDENTIAL EDITION SECTION R301 DESIGN CRITERIA AND ASCE 7- 10 AND 2014 NEC.

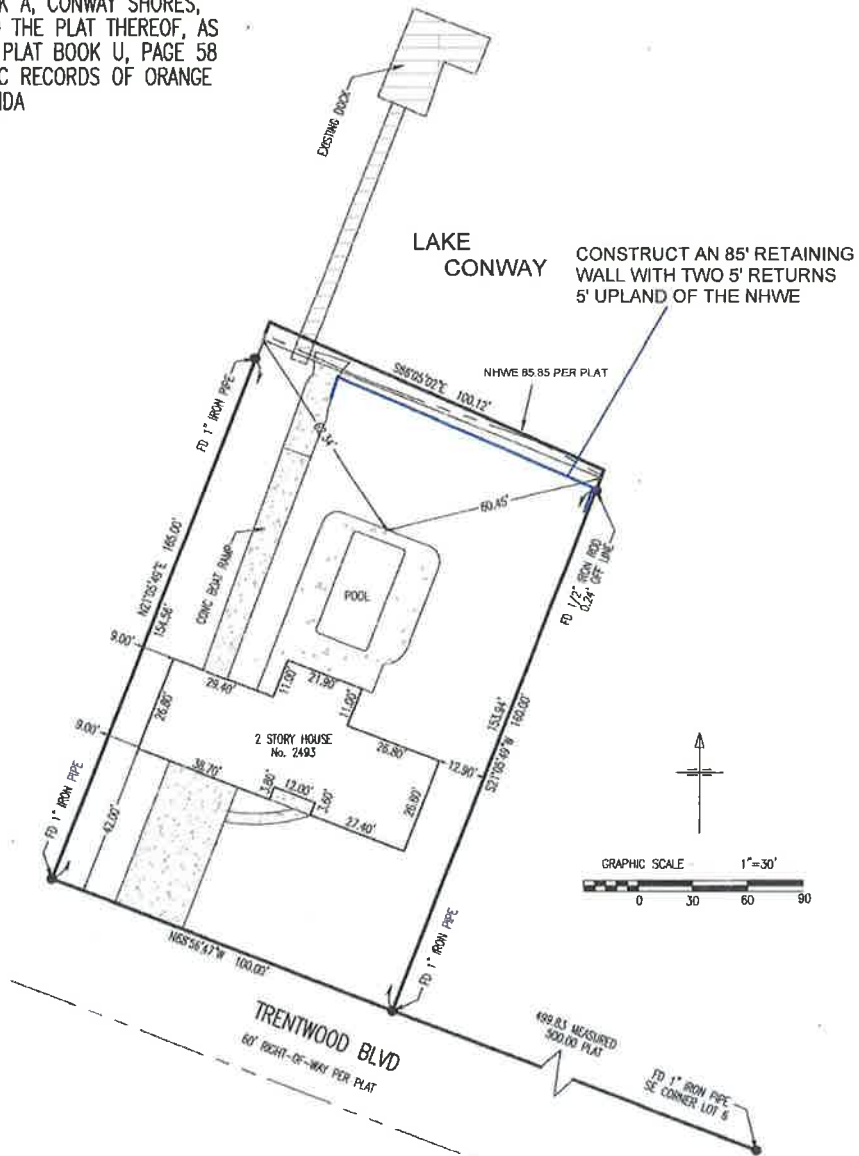
1. BASIC WIND SPEED= 140 MPH ULTIMATE WIND SPEED (Vult) AND 116 MPH (Vasd)
2. CONSTRUCTION TYPE = SINGLE FAMILY RESIDENCE 0.9.2342.19200300.100.1.1 =A01097C00000161F8045
3. WIND EXPOSURE = CATEGORY D
4. RISK CATEGORY II - TABLE 1604.5




Digitally signed by Pavol Stankay
 DN: c=US, o=IdenTrust ACES Unaffiliated Individual, cn=Pavol Stankay,
 =A01097C00000161F8045
 05700000D8E
 Date: 2019.08.11 11:59:41 -04'00'



LOT 11, BLOCK A, CONWAY SHORES,
 ACCORDING TO THE PLAT THEREOF, AS
 RECORDED IN PLAT BOOK U, PAGE 58
 OF THE PUBLIC RECORDS OF ORANGE
 COUNTY, FLORIDA



LEGEND:

- | | |
|-----------------------------------|-------------------------------|
| A = ARC LENGTH | (M) = MEASURED |
| A/C = AIR CONDITIONING | (P) = PLAT |
| BLDG = BUILDING | PD = PLAT BOOK |
| (C) = CALCULATED | PC = POINT OF CURVATURE |
| CA = CENTRAL ANGLE | PG = PAGE |
| DE = DRAINAGE EASEMENT | PI = POINT OF INTERSECTION |
| DUE = DRAINAGE & UTILITY EASEMENT | PR = PROPOSED |
| EL = ELEVATION | R = RADIUS |
| FF = FINISHED FLOOR | SB = SETBACK |
| LB = LICENSED BUSINESS | SFR = SINGLE FAMILY RESIDENCE |
| LC = LONG CHORD | UE = UTILITY EASEMENT |
| LGP = LOT GRADING PLAN | ∅ = NOT TO SCALE |
-  = CONCRETE OR BRICK

SURVEYOR'S NOTES:

- BEARINGS SHOWN HEREON ARE BASED ON THE REFERENCED PLAT.
- ALL DISTANCES SHOWN ARE PLAT AND MEASURED UNLESS NOTED.
- THE MEASUREMENTS SHOWN HEREON ARE IN U.S. SURVEY FEET. THE ACCURACY OF THIS SURVEY EXCEEDS THE REQUIREMENTS OF FLORIDA ADMINISTRATIVE CODE 5J-17.

I HEREBY CERTIFY THAT THIS AS-BUILT SURVEY OF THE ABOVE DESCRIBED PROPERTY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AS REQUIREMENTS UNDER MY DIRECTION ON THE DATE SHOWN, BASED ON INFORMATION FURNISHED TO ME AS NOTED AND CONFORMS TO THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN THE STATE OF FLORIDA IN ACCORDANCE WITH CHAPTER 64-17.005 FLORIDA ADMINISTRATIVE CODES, PURSUANT TO SECTION 472.027 FLORIDA STATUTES.

EDWARD MIZO
 PROFESSIONAL SURVEYOR AND MAPPER NO. 8378
 THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

Reviewed for Code Compliance
 Universal Engineering Sciences

EDWARD MIZO PLS PROFESSIONAL LAND SURVEYOR 2625 LEGACY VILLAS DRIVE WATLAND, FL 32751 (321) 438-9391	BOUNDARY SURVEY 2493 TRENTWOOD BLVD BELLE ISLE, FLORIDA SECTION 30, TOWNSHIP 23 SOUTH, RANGE 30 EAST	BOUNDARY SURVEY	8-6-2018
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RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

REYNOLDS, JOHN GRADY

REYNCO CONSTRUCTION INC
901 ABSHER LANE
ST CLOUD FL 34771

LICENSE NUMBER: CGC059522

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

EXPIRATION

SEPTEMBER 30, 2020

BRUCE VICKERS, TAX COLLECTOR

OSCEOLA COUNTY, STATE OF FLORIDA

LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.

47708

2020

BUSINESS TYPE:
6180 GENERAL CONTR (DBPR/CMPCRD)

BUSINESS:

Reynco Construction, Inc.
901 Absher Ln.
St. Cloud, FL 34771

CGC059522

07/12/2019
Oper N/A
Till Internet
Paid 30.00
Rcpt.#009463

Location:
OSCEOLA COUNTY

6180-47708	
TRANSFER	0.00
ORIGINAL TAX	30.00
AMOUNT	0.00
PENALTY	0.00
COLLECTION COST	0.00
TOTAL	30.00

Bruce E. Vickers

BRUCE VICKERS CFC, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/07/2019

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 Seeman Holtz P&C 521 E. State Road 434 Longwood, FL 32750	CONTACT NAME: Debbie A Kramer PHONE (A/C, No, Ext): (407)682-6800 E-MAIL ADDRESS: Debbie@davidgreginsurance.com	FAX (A/C, No): (407)682-6869
	INSURER(S) AFFORDING COVERAGE	
INSURED Reynco Construction Inc 901 Absher LANE Saint Cloud, FL 34771	INSURER A: Mesa Underwriters Specialty Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 00000000-54787** **REVISION NUMBER: 20**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MP0009006004114	08/31/2019	08/31/2020	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000 Deductible \$ 500
	AUTOMOBILE LIABILITY <input 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						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 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	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 <i>Debbie Kramer</i> (DAK)
---	---



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 12/3/2017

EXPIRATION DATE: 12/3/2019

PERSON: REYNOLDS

JOHN

G

FEIN: 593468681

BUSINESS NAME AND ADDRESS:

REYNCO CONSTRUCTION INC.

901 ABSHER LANE

SAINT CLOUD

FL

34771

SCOPE OF BUSINESS OR TRADE:

Licensed General Contractor

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