



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universallenginering.com](http://www.universallenginering.com)

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 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."** The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

**Scope of Work:** Building – Repair Boat Dock roof and wood rot

**Comments:** None

**Project Information**

Address: 3543 Cullen Lake Shore Dr. Belle Isle  
 Parcel ID: 17-23-30-4391-20-850  
 Property Owner: Yarbrough, Ralph and Flora  
 Phone Number: 407-448-2234  
 \*\*\*\*\*  
 Company Name: Cardell Construction LLC  
 Contractor Name: Tisdell, Jason  
 License Number: CGC1515577  
 Address: 1115 E Livingston Street, Orlando, FL 32803  
 Phone Number: 407-947-9353

**Permit Number: 2014-12-014**

Date of Application: 12/13/2013

Date Permit Issued: 12/23/2013

**WARNING TO OWNER:** "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

**BUILDING FEATURES**

**IMPACT FEES**

School \$  
 Traffic \$

**ZONING FEES**

Zoning Fee \$165.00

**UNIVERSAL ENG - BUILDING FEES**

Cert of Occ \$  
 Demo \$  
 Building \$69.00  
 Fence \$  
 Driveway \$  
 Shed \$  
 Window(s) \$  
 Door(s) \$  
 PrePower \$  
 Electrical \$  
 Temp Pole \$  
 Plumbing \$  
 Mechanical \$  
 Gas \$  
 Roofing \$  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$  
 Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
 Surcharge Fee \$2.00

**TOTAL FEES \$238.00**

Date Paid 12-24-13

**BUILDING INSPECTOR USE ONLY**

**IF APPLICABLE:**

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

**BUILDING**

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_ (Footing/Foundation)

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

**ROOFING**

1<sup>st</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

PLUMBING (Pool/Piping, Solar, Irrigation, Water Treatment Equip, Etc.) \_\_\_\_\_

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-12-014
Property Owner	Yauborough
Address	3543 Cullen Lake Shore Dr
Nature of Improvement	Boat Dock repair
Received Application	12-13-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-13-13
Building Official Approved	12-23-13
Comments	
1. 12-16-2013 AP.	Update Wind Exposure Category "B" to "D"
2.	AND THE "COMPONENTS & CLADDING" ACCORDINGLY.
3.	<sup>12-16-13</sup> emailed <sup>12-19-13</sup> Jason Angel's comments
4. 12-16-13 scq	need revised plans; gave to Angel
5. 12-19-13 scq	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**Received**  
12-13-13

## Building Permit (Land Use) Application

DATE: 12/12/13 PERMIT # 2014-12-014  
PROJECT ADDRESS 3543 Cullen Lake Shore Drive Belle Isle, FL  32809  32812  
PROPERTY OWNER Ralph Yarborough PHONE 407-440-2234 VALUE OF WORK (labor & material) \$ 5,800.00

### PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

- Repair boat dock. And wood floor  
- Minor repair of Boat Dock - not changing any foundation/deck or layout of the Boat Dock. All layout and walkways to remain the same.

- 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

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-4391-20-050  
To obtain this information, please visit: <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

**SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH 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.

Attached Survey MA SETS and Construction Plans 3 SETS

PLANNING & ZONING APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE COMPLETE for Building Review  
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 \_\_\_\_\_

BUILDING REVIEWER Victoria Bursst DATE 12/23/2013

NOTES

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZONING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERT OF OCC	<input type="checkbox"/>	<input type="checkbox"/>
TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>
FIRE	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL	<input type="checkbox"/>	<input type="checkbox"/>
SCREEN ENCLOSURE	<input type="checkbox"/>	<input type="checkbox"/>
ROOFING	<input type="checkbox"/>	<input type="checkbox"/>
BOAT DOCK	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW(S)	<input type="checkbox"/>	<input type="checkbox"/>
DOOR(S)	<input type="checkbox"/>	<input type="checkbox"/>
FENCE	<input type="checkbox"/>	<input type="checkbox"/>
SHED	<input type="checkbox"/>	<input type="checkbox"/>
DRIVEWAY	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>

3% FL SURCHARGE 4.00  
TOTAL 238.00

By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	Y	NA
Contractor Packet Included?	Y	N
<b>OTHER PERMITS REQUIRED:</b>		
ELECTRICAL	<input checked="" type="checkbox"/>	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA



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 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

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

Owner's Name Ralph Karbrough **PERMIT #** \_\_\_\_\_  
 Owner's Address 3543 Cullen Lake Shore Drive, Belle Isle FL 32812

Contractor Name	<u>JASON TIDDELL</u>	Company Name	<u>CAEDRE CONSTRUCTION, LLC</u>
License #	<u>CG41515577</u>	Company Address	<u>1115 EAST Livingston Street</u>
Contact Phone/Cell	<u>407-947-9353</u>	City, State, ZIP	<u>ORLANDO FL 32803</u>
Contact Email	<u>JASON@CAEDRECONSTRUCTION.LLC.COM</u>	Contact Fax	<u>407-440-4473</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](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://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><b>Owner Signature</b> _____</p> <p>The foregoing instrument was acknowledged before me this <u>1/1</u> / _____ by _____ 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><b>Contractor Signature</b> _____</p> <p>COMPANY NAME <u>JASON TIDDELL</u></p> <p>The foregoing instrument was acknowledged before me this <u>12/12/13</u> by <u>JASON TIDDELL</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><b>Impervious Surface Ratio Worksheet</b></p> <p>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.  <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> <li>• House _____</li> <li>• Driveway _____</li> <li>• Walkway _____</li> <li>• Accessory Buildings _____</li> <li>• Pool &amp; Spa _____</li> <li>• Deck &amp; Patio _____</li> <li>• Other _____</li> </ul> <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 <b>must be provided</b>.</p> <p>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</p>
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**City of Belle Isle**  
 1600 Nela Avenue, Belle Isle, FL 32809  
 Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)  
**Boat Dock Zoning Review Application**  
**PLEASE REFER TO [WWW.MUNICODE.COM](http://WWW.MUNICODE.COM) FOR CODE COMPLIANCE**  
**SUBMIT LANDUSE APPLICATION WITH THIS FORM**

Date	12/3/13	Permit #	
		Cost	3,600.00

<b>APPLICANT</b>		<b>SITE ADDRESS</b>
Property Owner's Name	Ralph Yarborough	Site Address
Mailing Address	3543 Callan lk Shore Drive	3543 Callan lk Shore Drive
City, State, Zip	Belle Isle FL 32812	Land Use Classification
		Single Family Residential
		Zoning District
		R-1-AA
		Legal Description
		LOT: Lot 85, Lk Conway Woods 4/41
		Block:
		Blk B
		Subdivision:
		Lake Conway Woods

**REQUIREMENTS TO BE SUBMITTED WITH APPLICATION**

- \$165.00 ZONING APPLICATION FEE
- FL DEP CLEARANCE FORM (call 407-897-4100 for info)

COMPLETION OF AN APPLICATION IS REQUIRED AND APPLICANT IS SUBJECT TO ALL COUNTY, STATE AND/OR DEP REQUIREMENTS AND FEES. APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE THE ISSUANCE OF A BUILDING PERMIT FROM THE CITY'S BUILDING DEPARTMENT.

**PROPOSED BOAT DOCK INFORMATION**

Length Waterward from 86.9 NHWE Contour Line:	M/A - Remaining	1. Applicant brings completed application packet:
Square Footage Waterward from 86.9 NHWE contour line	M/A Remaining	a. \$165.00 review fee
Side Setback from Property Line	M/A Remaining	b. 3 sets of drawings, and 3 boundary surveys to City Hall.
Total Square Footage		c. Land Use Permit App is available on our website <a href="http://www.cityofbelleislefl.org">www.cityofbelleislefl.org</a> or can be picked up at City Hall - Monday thru Friday from 8:00am to 5:00pm.
Applicant Agent Signature		City's Planning & Zoning reviews documents and issues one of the following:
		a. Letter indicating zoning compliance with the Code
		b. Letter indicating additional documentation is needed and/or reason the application is not in compliance with the Code.
		3. If the application meets criteria for zoning compliance, it will be forwarded to the Building Department for review and completion of the permit process.
		4. If the application does not meet the requirements of the Belle Isle Code, (i.e. setbacks, height, etc) the applicant is faxed a copy of the review letter citing the reasons for non-compliance with the Code and is given 2 options:
		a. Applying for a variance from the City of Belle Isle Planning and Zoning Board
		b. Revising the drawings to meet the requirements of the Code.
		5. If the applicant chooses to apply for the variance, the City provides assistance with the variance process. Please call City Hall at 407-851-7730 for further information and deadline dates.
		6. If the applicant chooses to make revisions to the drawings to meet the requirements of the Code, the additional information is reviewed for compliance. Once the application meets criteria for zoning compliance, it will be forwarded to the Building Department for review and completion. The City keeps one complete set of drawings, a copy of the application and the engineering review letter.
		7. The Developer or Property Owner must pay all costs and fees associates with the City Engineer's and/or the City Attorney's review of the applicants application and plans.

**PLEASE REFER TO [WWW.MUNICODE.COM](http://WWW.MUNICODE.COM) FOR CODE COMPLIANCE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/13/2013

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 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 Phone: (386) 734-9642 Fax: (386) 734-6701	CONTACT NAME <b>Darcey Tascher</b>
PAGE INSURANCE AGENCY PO BOX 1209 500 E NEW YORK AVE DELAND FL 32721-1209	PHONE (A/C, No, Ext) <b>(386) 734-9642</b>
	FAX (A/C, No) <b>(386) 734-6701</b>
	E-MAIL ADDRESS <b>dtascher@pageinsuranceagency.com</b>
	PRODUCER CUSTOMER ID <b>15901</b>
INSURED CARDCELL CONSTRUCTION LLC 1115 E LIVINGSTON ST ORLANDO FL 32803	INSURER(S) AFFORDING COVERAGE <b>Vinings Insurance Company</b>
Agency Lic#: R010619	INSURER A :
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :
	NAIC #

**COVERAGES** CERTIFICATE NUMBER: 74446 **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 LIABILITY	ADDL INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GLP007951603	02/24/13	02/24/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					WC STATUS-TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
3534 CULLEN LAKE SHORE DR

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CITY OF BELLE ISLE 1600 NELA AVE 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.
Attention: Collina cgast@universalsengineering.com	AUTHORIZED REPRESENTATIVE
	<i>Michelle S. Deianey</i> Michelle S. Deianey



JEFF ATWATER  
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: 06/06/2012 EXPIRATION DATE: 06/06/2014

PERSON: TISELL JASON A  
FEIN: 261441563

BUSINESS NAME AND ADDRESS:  
CARDELL CONSTRUCTION LLC  
1115 EAST LIVINGSTON STREET  
ORLANDO FL 32803

SCOPES OF BUSINESS OR TRADE:

- 1- LICENSED GENERAL CONTRACTOR
- 2- CERTIFIED 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.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11 QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW  
EFFECTIVE 06/06/2012 EXPIRATION DATE: 06/06/2014  
PERSON: JASON A TISELL  
FEIN: 261441563  
BUSINESS NAME AND ADDRESS:  
CARDELL CONSTRUCTION LLC  
1115 EAST LIVINGSTON STREET  
ORLANDO, FL 32803



SCOPE OF BUSINESS OR TRADE  
1- LICENSED GENERAL CONTRACTOR

- 2- CERTIFIED 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.

QUESTIONS? (850) 413-1609

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.



**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**TISDELL, JASON ANDREW  
CARDELL, CONSTRUCTION LLC  
1115 EAST LIVINGSTON STREET  
ORLANDO FL 32803**



**STATE OF FLORIDA AC# 6331794  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**CGC1515577 09/01/12 110420821**

**CERTIFIED GENERAL CONTRACTOR  
TISDELL, JASON ANDREW  
CARDELL CONSTRUCTION LLC**

**IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2014 L12090101344**

**Congratulations!** With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

DETACH HERE

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**AC# 6331794**

**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**SEQ# L12090101344**

DATE	BATCH NUMBER	LICENSE NBR
09/01/2012	110420821	CGC1515577

**The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014**

**TISDELL, JASON ANDREW  
CARDELL, CONSTRUCTION LLC  
1115 EAST LIVINGSTON STREET  
ORLANDO FL 32803**

**RICK SCOTT  
GOVERNOR**

**KEN LAWSON  
SECRETARY**

DESIGN BY AS REQUIRED BY IAW





# CITY OF ORLANDO

ECONOMIC DEVELOPMENT • PERMITTING

Local Business Tax Receipt  
City Hall, 400 South Orange Avenue, First Floor  
Post Office Box 4990  
Orlando, FL 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

PROMPT! Interactive Voice Response System: 407.246.4444  
Visit our website: [www.CityofOrlando.net/permits](http://www.CityofOrlando.net/permits)



2013-2014

## CITY OF ORLANDO

ECONOMIC DEVELOPMENT  
PERMITTING SERVICES

### LOCAL BUSINESS TAX RECEIPT

(Formerly known as "Business License," changed per state law HB1269-2006)

Issued Date: 10/01/2013  
Expiration Date: 09/30/2014

Business Name  
CARDELL CONSTRUCTION LLC  
1115 E LIVINGSTON ST  
ORLANDO, FL 32803

Business Type(s):  
CONTRA 1524 CONTRACTOR DBPR

Business Owner  
JASON A TISDELL  
Business Location:  
3302 Helea Av

Fees:  
Administration Fee 20.00  
2014 Business Tax 110.26  
Total Paid: \$130.26

NOTICE-THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW, CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Case Number: BEIS-0017484