



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3: 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: SCREEN ENCLOSURE: 22.5' x 54'

Comments: None

Project Information

Address: 3836 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0668-00-060
Property Owner: Feliberti, Dennis
Phone Number: None

Company Name: Sirbess Construction, LLC
Contractor Name: Coomer, Patrick
License Number: CBC059986
Address: 7320 E. Narcoossee Road, Orlando, FL 32822
Phone Number: 407-883-2152

Permit Number: 2014-02 - 019

Date of Application: 02/12/2014

Date Permit Issued: 03/13/2014

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 \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$177.50
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.66
Surcharge Fee \$2.66

TOTAL FEES \$347.82

Date Paid 4-14-14

CC or Check # 1023

Amount Paid 347.82

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

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

1 BUILDING

1st

(Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd

(Slab)

3rd

(Lintel)(Wall Reinforcing on Masonry Building)

4th

(Exterior Framing)(Roof/Wall Sheathing)

5th

(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th

(Insulation to be Made After Roof Installed)

7th

(Drywall)

8th

(Sidewalk/Driveway)

9th

(Other)

10th

(Final - After MEP and Other Applicable Finals)

1 ROOFING

1ST ROOFING Deck Nailing/Dry-in/Flashing _____

2ND ROOFING Covering In-Progress _____

3RD ROOFING Covering Final _____

1 PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2ND _____ (Sewer)

3RD _____ (Rough-In/Tub Set) 4TH _____ (Final)

CHECK APPROPRIATE BOX

1 GAS ___ Natural ___ LP ___ MECHANICAL ___ ELECTRICAL ___ LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BLDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
login ID = cobi@universalengineering.com password = [universa113](https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63)

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-02-019
Property Owner	Feluberti
Address	3836 Isle Vista Ave
Nature of Improvement	Screen Enclosure
Received Application	2-12-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	2-13-14
Zoning Approved	2-13-14
Applied for Variance	/
Variance Approved	
Sent to BO for Review	2-13-14
Building Official Approved	* 2/13/2014
Comments	
1. 2-13-14 sq	emailed to Keith for review. need.
2. * 2/21/14 Pflc	Need to revise wind exposure category
3.	to match actual site location/topography
4. 2-24-14 sq	emailed Cont for revised plans
5. 3-12-14 sq	need signed/sealed letter from Engineer
6. 3-14-14 sq	need w/ exemption; emailed Michele to track
7.	
8.	
9.	
10.	
11.	
12.	



Please Call Michele When Ready
 mpermits plus@live.com 407-883-2152
 1600 Neia Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 • Fax 407-240-2222 • www.cityofbelleislefl.org

Building Permit (Land Use) Application

RECEIVED
 02-12-14

DATE: 02-12-14 PERMIT # 2014-02-17
 PROJECT ADDRESS: 3836 Isle Vista Ave CITY: Belle Isle ZIP: 32809
 SUBMITTER NAME: Dennis Felipert PHONE: _____ VALUE OF WORK (labor & material) \$ 4,500

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

pool screen enclosure 22'6" x 54'

- Survey specific foundation plan required to show compliance with zoning setbacks. Please provide information, if applicable.
- BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- PROVIDE SEPTIC RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6, FOR NEW / ALTERED / ADDITIONS to Septic System
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 20-23-30-0668-00-060

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.

Attached Survey 2 SETS and Construction Plans 2 SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review
 CONSTRUCTION TYPE _____ Res: _____ Single Fam _____ Multi Fam _____
 OCCUPANCY GROUP _____ Comm _____
 #BLDG _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____
 MAX. FLOOR LOAD _____ MAX OCCUPANCY _____
 MIN. FLOOR ELEV _____ LOW FLOOR ELEV _____
 WATER SERVICE _____ SEPTIC _____

BUILDING REVIEWER: Michele Buisson DATE: 2/13/2014

Per FSS 105.33:
 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."

Waste Management 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 Waste Management at 407-788-0900 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 Waste Management. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

IF: PLAN, ORIGINAL, DATE: _____ FILE NO: _____

ZONING APPROVED
 Date: 2/13/14 By: [Signature]
 City of Belle Isle FOR K. S. EVANS
Grant Approval

SPRINKLERS REQ'D	Y	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW		RCD
ZONING	<input checked="" type="checkbox"/>	\$ 165.00
CEP- OF OCC	<input checked="" type="checkbox"/>	
TRAFF-C	<input checked="" type="checkbox"/>	
SC-POOL	<input checked="" type="checkbox"/>	
FIRE	<input checked="" type="checkbox"/>	
SWIMMING POOL	<input checked="" type="checkbox"/>	\$ 177.50
POOL ENCLOSURE	<input checked="" type="checkbox"/>	
BOAT DOCK	<input checked="" type="checkbox"/>	
BUILDING	<input checked="" type="checkbox"/>	
WINDOW(S)	<input checked="" type="checkbox"/>	
DOOR(S)	<input checked="" type="checkbox"/>	
OT-HER	<input checked="" type="checkbox"/>	
3% F. SURCHARGE		\$ 5.32
TOTAL		\$ 347.82

OTHER PERMITS REQUIRED:
 ELECTRICAL 0
 PREPOWER 0
 MECHANICAL 0
 PLUMBING 0
 ROOFING 0
 GAS 0
 OTHER: 0



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 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Building Permit (Land Use) Application

DATE: 2-12-14 PERMIT # 2014-02-019

PROJECT ADDRESS 3836 Isle Vista Ave Belle Isle, FL 32809 32812

PROPERTY OWNER Dennis Felibert PHONE 4500 VALUE OF WORK (labor & material) \$ 4500

received
02-12-14

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

pool screen enclosure 22'6" x 54'

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
- **PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6, FOR NEW / ALTERED / ADDITIONS to Septic System**
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 20-23-30-0668-00-060

To obtain this information, please visit <http://www.ocpafll.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.

Attached Survey 2 SETS and Construction Plans 2 SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____ Res: _____ Single Fam _____ Multi Fam _____
 OCCUPANCY GROUP _____ Comm _____ #UNITS_#STORIES _____ TOTAL SQ.FT. _____
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ DATE _____
 NOTES _____

Per FSS 105.3.3:

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RETAIN ORIGINAL AT CITY HALL - Updated 09/2012 FORM #LANDUSE002 - 1 of 2 Page Form

Wind Load Category: A ___ B ___ C ___ D ___

SPRINKLERS REQ'D	Y	N
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent _____ RCD _____	
ZONING	<input checked="" type="radio"/>	\$ <u>165.00</u>
CERT OF OCC	<input type="radio"/>	\$ _____
TRAFFIC	<input type="radio"/>	\$ _____
SCHOOL	<input type="radio"/>	\$ _____
FIRE	<input type="radio"/>	\$ _____
SWIMMING POOL	<input type="radio"/>	\$ _____
POOL ENCLOSURE	<input checked="" type="radio"/>	\$ _____
BOAT DOCK	<input type="radio"/>	\$ _____
BUILDING	<input type="radio"/>	\$ _____
WINDOW(S)	<input type="radio"/>	\$ _____
DOOR(S)	<input type="radio"/>	\$ _____
OTHER	<input type="radio"/>	\$ _____

3% FL SURCHARGE _____

TOTAL _____

By Owner Form _____ Y NA
 Notice of Commencement _____ Y NA
 Power of Attorney _____ Y NA
 Contractor Packet On File? _____ Y N

OTHER PERMITS REQUIRED:

ELECTRICAL _____ Y NA
 PREPOWER _____ Y NA
 MECHANICAL _____ Y NA
 PLUMBING _____ Y NA
 ROOFING _____ Y NA
 GAS _____ Y NA
 OTHER: _____



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

PERMIT # 2014-02-019

Owner's Name Dennis Feliberti
Owner's Address 3836 Isle Vista Ave
Fee Simple Titleholder's Name (if other than owner's) _____

Address _____	City _____	State _____	Zip Code _____
Contractor's Name <u>Sirbess Construction</u>	Architect/Engineer's Name <u>Davis + Deaton</u>		
Contractor's Address <u>1320 Narcoossee Rd</u>	Architect/Engineer's Address <u>260 Welington Spgs Rd</u>		
City, State, ZIP <u>Orlando FL</u>	City, State, ZIP <u>Longwood, FL</u>		
License # <u>CBC 059986</u>	License # <u>35816</u>		
Contact Phone/Cell <u>407-883-2152</u>	Contact Phone/Cell _____		
Contact Email <u>mpermitsplus@live.com</u>	Contact Email _____		

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 ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, 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 Dennis Feliberti 9/11/13
The foregoing instrument was acknowledged before me this 9/11/13
by Dennis Feliberti who is personally known to me
and who produced DL
as identification and who did not take an oath.
Notary as to Owner Michele Corrigan
State of Florida
County of Orange



Contractor Signature Sirbess Construction
COMPANY NAME Sirbess Construction
The foregoing instrument was acknowledged before me this 9/11/13
by Patrick Cooney who is personally known to me
and who produced _____
as identification and who did not take an oath.
Notary as to Owner Michele C Corrigan
State of Florida
County of Orange



<p>Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per Section 50-74 Impervious Surface Ratio of the City Code</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"> House _____ Driveway _____ Walkway _____ Accessory Buildings _____ Pool & Spa _____ Deck & Patio _____ Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is greater than BASE, then onsite retention must be provided.</p> <p>Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is <u>(7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</u></p>	<p>Owner Signature <u>Dennis Feliberti</u> <u>9/11/13</u> The foregoing instrument was acknowledged before me this <u>9/11/13</u> by <u>Dennis Feliberti</u> who is personally known to me and who produced <u>DL</u> as identification and who did not take an oath. Notary as to Owner <u>Michele Corrigan</u> State of Florida County of Orange</p>
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Permit Number: 2013 07 045
Folio/Parcel Identification Number: 20-23-30-0668-00-060
Prepared by: Michelle Corrigan
American Pools & Spas
1320 Narcoossee Rd
Orlando, FL 32822

Return to: American Pools & Spas
1320 Narcoossee Rd
Orlando, FL 32822



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
Belle Vista on Lake Conway Lot 10 3836 Isle Vista Ave
2. **General description of improvement**
Swimming Pool + Screen enclosure
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name Dennis Feliberti
Address 3836 Isle Vista Ave Belle Isle, FL 32812
Interest in Property Owner

Name and address of fee simple titleholder (if different from Owner listed above)

Name N/A
Address N/A

4. **Contractor**
Name American Pools/Screen Construction Telephone Number 407-847-9332
Address 1320 Narcoossee Rd Orlando, FL 32822

5. **Surety** (if applicable, a copy of the payment bond is attached)

Name N/A Telephone Number _____
Address N/A Amount of Bond \$ _____

6. **Lender**

Name N/A Telephone Number _____
Address N/A

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**

Name N/A Telephone Number _____
Address N/A

8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**

Name N/A Telephone Number _____
Address N/A

9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

X Dennis Feliberti

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 3 day of 7-2013 month/year for Dennis Feliberti name of person

as Owner

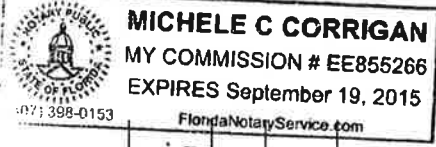
Type of authority, e.g., officer, trustee, attorney in fact

Michelle Corrigan

Signature of Notary Public - State of Florida

Personally Known OR Produced ID ✓
Type of ID Produced FL DL

Name of party on behalf of whom instrument was executed
Michelle C Corrigan
Print, type, or stamp commissioned name of Notary Public



Davis & Cleaton Engineering, Inc.

260 Wekiva Springs Road, Suite 1060

Longwood, FL 32779

407-539-2353 Fax: 407-539-2334

Received
3-12-14

March 5, 2014

City of Belle Isle Building Department
1600 Nela Ave.
Belle Isle, FL

Re: 3836 Isle Vista Ave.
Orlando, FL

Dear Sirs:

It has been brought to our attention that the referenced project lies within the 130 M.P.H., Exposure "C" design area in lieu of the 130 M.P.H., Exposure "B" of the original design. The referenced project has been re-evaluated with the new design pressures and found to be acceptable. Therefore, the layout and details that were originally signed and sealed on January 17th, 2014 are still applicable to the new design criteria.

This structure only has been designed in accordance with the requirements of the 2010 Florida Building Code - Residential, Chapter 3, Section R301.2.1.1. The following wind load requirements, in accordance with 2010 Florida Building Code - Building, Chapter 16, Structural Design, Section 1609 and ASCE 7-10 were employed in the design of the structure:

Ultimate Design Wind Speed (V_{ult}): 130 MPH
3-Second Gust Wind Speed (V_{asd}): 101 MPH
Risk Category: I
Wind Exposure Category: B
Applicable Internal Pressure Coefficient: +/- 0.00
Design Pressure for Exterior Components & Cladding:

- Walls = 19.2 PSF
- Roof = 5.4 PSF

If there are any questions, please contact us.

Sincerely,



Frank A. Cleaton, Jr., P.E.
FL P.E. #35816

CITY OF BELLE ISLE
THE PLANS AND SPECIFICATIONS
HAVE BEEN REVIEWED. FULL
COMPLIANCE WITH CODES AND
REGULATIONS ARE REQUIRED BY
THE PERMIT HOLDER

APPROVED *McAlister* Bu1557
3/13/2014





CERTIFICATE OF LIABILITY INSURANCE

SIRBE-1 OP ID: DD
DATE (MM/DD/YYYY)
02/17/2014

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 Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 Kenneth M Brown		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Sirbess Construction LLC 7320 E. Narcoossee Rd. Ste 101 Orlando, FL 32822		INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Mutual Ins. Co NAIC # 23396 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			GL20845710102	09/05/2013	09/05/2014	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 - COMPI/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUS: <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	BELLEIS	CANCELLATION
City of Belle Isle P.O. Box 593135 1600 Neta Ave Belle Isle, FL 32859	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 	

ACORD 25 (2010/05)

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08-07-2012

JAYE 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: 08/07/2012 EXPIRATION DATE: 08/07/2014

PERSON: COOMER PATRICK R

FEIN: 208883841

BUSINESS NAME AND ADDRESS:

SMITH CONSTRUCTION LLC
604 SMITH CONSTRUCTION
7350 MARCOSSSEE RD, SUITE 101
ORLANDO FL 32822

SCOPE OF BUSINESS OR TRADE:

1- LICENSED BUILDING CONTRACTOR

IMPORTANT: Pursuant to Chapter 448, § 9(14), F.S., no officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not receive benefits or compensation under this chapter. Pursuant to Chapter 448(14)(1), F.S., Certificates of election to be exempt from this chapter apply only within the scope of the business or trade named on the certificate of election to be exempt. Pursuant to Chapter 448(14)(2), F.S., officers of a corporation who elect to be exempt from this chapter must be subject to regulation 2, at any time after the filing of the certificate of election under this section until the expiration of the certificate. The department shall revoke a certificate if any step is taken to defeat or frustrate the intent of the certificate to meet the requirements of this section.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISION 01-11

CURTIS/MSF (888) 411-1000

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: 08/07/2012 EXPIRATION DATE: 08/07/2014

PERSON: PATRICK R COOMER
FEIN: 208883841

BUSINESS NAME AND ADDRESS:
SMITH CONSTRUCTION LLC
604 SMITH CONSTRUCTION
7350 MARCOSSSEE RD, SUITE 101
ORLANDO FL 32822

SCOPE OF BUSINESS OR TRADE:
1- LICENSED BUILDING CONTRACTOR

IMPORTANT

F Pursuant to Chapter 448(14)(1), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not receive benefits or compensation under this chapter.

M Pursuant to Chapter 448(14)(2), F.S., Certificates of election to be exempt from this chapter apply only within the scope of the business or trade listed on the notice of election to be exempt.

R Pursuant to Chapter 448(14)(3), F.S., notices of election to be exempt from this chapter shall be subject to revocation if, at any time after the filing of the notice of the business or trade named on 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? (888) 411-1000

CUT HERE

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

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISION 01-11



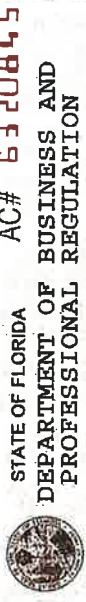
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

**COOMER, PATRICK RAY
SIRBESS CONSTRUCTION LLC
7320 NARCOOSSEE ROAD
ORLANDO FL 32822**



AC# 6320845

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

CBC059986 08/30/12 126005226

**CERTIFIED BUILDING CONTRACTOR
COOMER, PATRICK RAY
SIRBESS CONSTRUCTION LLC**

**IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2014 L12083002116**

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. 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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C# 6320845

STATE OF FLORIDA

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

SEQ# L12083002116

DATE	BATCH NUMBER	LICENSE NBR
08/30/2012	126005226	CBC059986

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

**COOMER, PATRICK RAY
SIRBESS CONSTRUCTION LLC
7320 NARCOOSSEE ROAD
ORLANDO FL 32822**

**RICK SCOTT
GOVERNOR**

**KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

ORIGINAL

2013

EXPIRES 9/30/2014

5000-1038870

5000 BUSINESS OFFICE

\$30.00

1 EMPLOYEE ; 1801 CERT BUILDING CONTR

\$30.00

1 EMPLOYEE ;

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

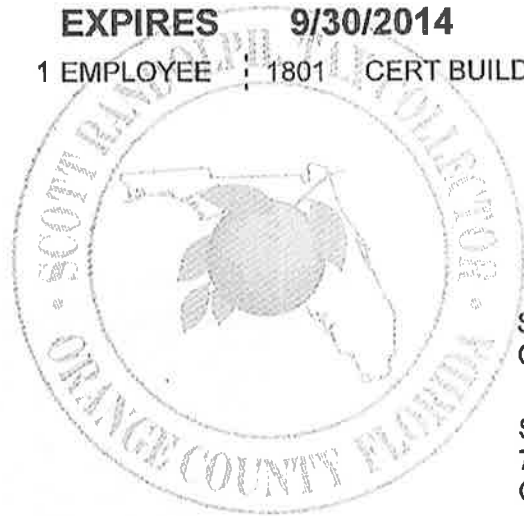
SCIROCCO MELANIE
COOMER PATRICK R - QUALIFIER

SIRBESS CONSTRUCTION LLC
7320 NARCOOSSEE RD
ORLANDO FL 32822

7320 NARCOOSSEE RD (MOBILE)
U - ORLANDO, 32822

PAID: \$60.00 022-00038546 7/12/2013

This receipt is official when validated by the Tax Collector.



Old plans

3836 Isle Vista Ave.
Orlando, FL

This structure only has been designed in accordance with the requirements of the 2010 Florida Building Code - Residential, Chapter 3, Section R301.2.1.1. The following wind load requirements, in accordance with 2010 Florida Building Code - Building, Chapter 16, Structural Design, Section 1609 and ASCE 7-10 were employed in the design of the structure:

Ultimate Design Wind Speed (V_{ult}): 130 MPH
3-Second Gust Wind Speed (V_{asd}): 101 MPH
Risk Category: I
Wind Exposure Category: B
Applicable Internal Pressure Coefficient: +/- 0.00
Design Pressure for Exterior Components & Cladding:

- Walls = 13.8 PSF
- Roof = 3.6 PSF

Davis & Cleaton Engineering, Inc.
260 Wekiva Springs Road
Suite # 1060
Longwood, FL 32779
FL P.E. License # 35816


8/14/13