



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 105.3.3: 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: 10' X 38' enclosure

Comments: None

Project Information

Address: 3909 Isle Vista Ave, Belle Isle, FL 32812
Parcel ID: 20-23-30-0668-00-850
Property Owner: Azam, Qazi
Phone Number: 407 704 7501

Company Name: Armstrong Aluminum, Inc.
Contractor Name: Armstrong, James
License Number: RX0066490
Address: 2227 Mercator Drive, Orlando, FL 32807
Phone Number: 407-678 3352

Permit Number: 2014-04-025

Date of Application: 04/15/2014

Date Permit Issued: 04/22/2014

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 \$73.50
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 \$242.50

Date Paid 4-24-14

CC or Check # 28387

Amount Paid 242.50

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 (F-S 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

BUILDING

1st

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

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)

ROOFING

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st (Underground) 2nd (Sewer)

3rd (Rough-In/Tub Set) 4th (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

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

Inspection requests are to be emailed to BI scheduling@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/ff094edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-04-025
Property Owner	AZAM, Qazi
Address	3909 Isle Vista Ave
Nature of Improvement	Screen enclosure 10' x 38'
Received Application	4-15-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	concurrent review 4-15-14
Building Official Approved	4-17-2014
Comments	
1. 4-15-14 Susan	emailed: need NOC i. get [unclear] was. last [unclear] of
2.	NO to send to CCB: 36562
3.	concurrent review w/o; 36561
4.	
5. 4-22-14	Client copy up front
6.	ALSO LARGE PLANS - too big to
7.	Scan - are attached to hard copy
8.	
9.	
10.	
11.	
12.	

14-067



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

RECEIVED
R 4-15-14

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

PERMIT # 2014-04-025

Owner's Name Qazi Azam
Owner's Address 3909 Isle Vista Ave Belle Isle Fla. 32812
Fee Simple Titleholder's Name (if other than owner's) _____

Address	City	State	Zip Code
Contractor's Name	ARMSTRONG ALUMINUM INC		
Contractor's Address	2227 MERCATOR DR		
City, State, ZIP	ORLANDO, FL 32807		
License #	RX0066490		
Contact Phone/Cell	407-678-3352		
Contact Email	ARMSALUM@AOL.COM		
Architect/Engineer's Name			
Architect/Engineer's Address			
City, State, ZIP			
License #			
Contact Phone/Cell			
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, PLUMBING, GAS, SIGNS, POOLS, MECHANICAL, 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 X Qazi Azam
The foregoing instrument was acknowledged before me this 4/13/14 by Qazi Azam who is personally known to me and who produced Karon as identification and who did not take an oath.

Notary as to Owner
State of Florida
County of Orange

Contractor Signature X James E Armstrong
COMPANY NAME Armstrong Aluminum Inc.
The foregoing instrument was acknowledged before me this 4/13/14 by James E Armstrong who is personally known to me and who produced Karon as identification and who did not take an oath.

Notary as to Contractor
State of Florida
County of Orange

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

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
Total Lot Area _____ X 0.35 = _____
Allowable Impervious Area (BASE) _____

2. 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) _____

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.

4. 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

14-067

Please call Keli when ready 301-343-7645



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Building Permit (Land Use) Application

DATE: 4/7/14

PERMIT # 2014-04-025

PROJECT ADDRESS 3909 Isle Vista Ave Belle Isle, FL 32809 32812

PROPERTY OWNER Razi Azzi A2 AM PHONE 407 704 2561 VALUE OF WORK (labor & material) \$ 4000.00

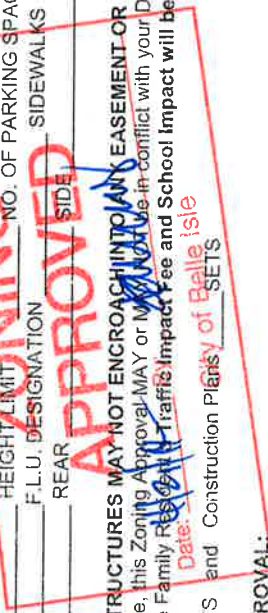
Install Screen Enclosure Screen Roof

- ISR - imperv/perv surface calculations required, if applicable. If not applicable please initial n/a.
- Survey specific foundation plan required for all building Attached (on 2nd page) or on _____ Plans Submitted
- DEMOLITION PERMIT NUMBER _____ If Applicable, DEP: ASBESTOS FORM CLEARANCE _____
- BOAT DOCK: DEP Clearance Required with Application (Call 407-897-4100) - Date of Report/Number _____
- 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
- Boat Navigable Waterways: If applicable, Marine Contractor Insurance # _____

PLEASE COMPLETE for City of Belle Isle Zoning Review

PARCEL TAX I.D. NUMBER SEC 20-73-30-0668-00-850
LEGAL DESCRIPTION LOT 89 BOOK _____ SUBDIVISION Belle Vista on LK Cayway
ZONING CLASS _____ HEIGHT LIMIT _____ NO. OF PARKING SPACES _____ ZONING TECH _____ FLOOD
PERMIT NO. _____ F.L.U. DESIGNATION _____ SIDEWALKS REQ'D _____ PAVED DRIVE REQ'D _____
SETBACKS: FRONT _____ REAR _____ SIDE _____

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 Residences Traffic Impact Fee and School Impact will be assessed.
Date: 4/7/14
Attached Survey _____ SETS and Construction Plans of Belle Isle _____ 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. FLOOR ELEV. _____ LOW FLOOR ELEV. _____
WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER _____ DATE _____
NOTES _____

Per FSS 105.3.3:
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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 407-788-0800 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.

3% FL SURCHARGE 272-4.00
TOTAL 242.50

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

14-061



Permit Number:
Folio/Parcel Identification Number: 20-23-30-0668-00-830
Prepared by: RANDY L. ELLMAN

DOC# 20140185579 B: 10730 P: 4302
04/14/2014 10:44:00 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret to: ARMSTRONG ALUMINUM INC

Return to: ARMSTRONG ALUMINUM INC.
2227 MERCATOR DR.
ORLANDO, FL 32807

NOTICE OF COMMENCEMENT

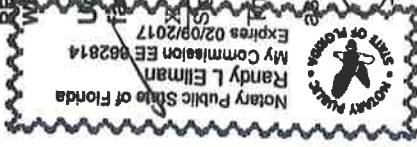
State of Florida, County of Orange

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)
3709 ISLE VISTA AVE BELLE ISLE 7A 32812
- General description of improvement**
SCREEN ENCLOSURE
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name GAZI AZAM
Address 3709 ISLE VISTA AVE BELLE ISLE 7A 32812
Interest in Property OWNER
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name ARMSTRONG ALUMINUM INC.
Address 2227 MERCATOR DR. ORLANDO, FL 32807
Telephone Number 407-678-3352
FAX 407-678-1334
- Surety** (if applicable, a copy of the payment bond is attached)
Name N/A
Address _____
Telephone Number _____
- Lender**
Name N/A
Address _____
Telephone Number _____
- 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 _____
Address _____
Telephone Number _____
- 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 _____
Address _____
Telephone Number _____
- 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.



Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
Signature of Notary Public - State of Florida _____
The foregoing instrument was acknowledged before me this 3 day of April by GAZI AZAM name of person _____
month/year

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



Personally Known _____ OR Produced ID _____
Type of ID Produced KNOW

Print, type, or stamp commissioned name of Notary Public
Notary Public State of Florida
Randy L. Ellman
My Commission EE 882814
Expires 02/09/2017 Revised: September 26, 2011

14-067

Power of Attorney

Date: 4 / 22 /2014

I hereby name and appoint Michele Carrigan to be my lawful attorney in fact to act for me and apply to the Belle Isle Building Department for a screen enclosure permit for work to be performed at the described location as:

Address of Job: 3909 Isle Vista Ave

Owner of Property: Azam

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


Signature of Certified Contractor

James E Armstrong, RX0066490
Printed name Of Contractor and License Number

The forgoing instrument was acknowledged before me this 4/9/14 by James E. Armstrong who is personally known to me / who produced as identification and who did not take oath

State of Florida County of Orange
Commission # EE131694

Julia L. Bowman 46 Dec. 19. 2015
(Notary) My commission expires





CERTIFICATE OF LIABILITY INSURANCE

ARMST-1 OP ID: CB

DATE (MM/DD/YYYY)
11/15/2013

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 Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 K. Derek Brown	CONTACT NAME: K. Derek Brown PHONE (A/C, No. Ext): 321-397-3870 E-MAIL ADDRESS: FAX (A/C, No): 321-397-3888
INSURED Armstrong Aluminum, Inc. 2227 Mercator Drive Orlando, FL 32807	INSURER(S) AFFORDING COVERAGE INSURER A: Amerisure Ins Company NAIC # 19488 INSURER B: Amerisure Mutual Ins. Co 23396 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

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. WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP20737300302	11/15/2013	11/15/2014	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 - COMPIOP AGG \$ 2,000,000
A	GENL AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> AUTOS		CA20737290301	11/15/2013	11/15/2014	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (PER ACCIDENT) \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUS: <input type="checkbox"/> TORT, <input type="checkbox"/> LIMITS, <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
fax 407-240-2222

CERTIFICATE HOLDER

BELLEIS

City of Belle Isle
P.O. Box 593135
1600 Nela Ave
Belle Isle, FL 32859

CANCELLATION

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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CERTIFICATE OF LIABILITY INSURANCE

Date
12/30/2013

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurer A: Lion Insurance Company
Insurer B:
Insurer C:
Insurer D:
Insurer E:

NAIC #
11075

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits
		GENERAL LIABILITY Commercial General Liability Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$ Combined Single Limit (EA, Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$ Each Occurrence \$ Aggregate \$
		AUTOMOBILE LIABILITY Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos				
		EXCESS/UMBRELLA LIABILITY Occur <input type="checkbox"/> Claims Made Deductible				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below	WC 71949	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTH-ER E.L. Each Accident \$1,000,000 E.L. Disease - Ea Employee \$1,000,000 E.L. Disease - Policy Limits \$1,000,000

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":
 Client ID: 19-13-040

Armstrong Aluminum, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in FL. Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

FAX: 407-678-1334 & 407-240-2222 / ISSUE 12-14-10 (TD) / REISSUE 12-28-10 (TD) / REISSUE 12-10/12 (SH) / Reissued 12/9/13 (SH)

CERTIFICATE HOLDER

CANCELLATION

Begin Date 1/19/1998

CITY OF BELLE ISLES

19600 NELA AVENUE
BELLE ISLES, FL 32809

Should any of the above described policies be cancelled before the expiration date hereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



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 1807 CONTR-ALUMIUM SPECIALT \$30.00 1 EMPLOYEA
 EXPIRES 9/30/2014
 1807-0962552



ARMSTRONG JAMES E PRESIDENT

ARMSTRONG ALUMINUM INC
 2227 MERCATOR DR
 ORLANDO FL 32807-5309

TOTAL TAX \$30.00
 PREVIOUSLY PAID \$30.00
 TOTAL DUE \$0.00

2227 MERCATOR DR
 U - ORLANDO, 32807

PAID \$30.00 099-00592286 8/6/2013

This receipt is official when validated by the Tax Collector.

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

LICENSE NUMBER	RX0066490

The SPECIALTY STRUCTURE CONTRACTOR
 Named below HAS REGISTERED
 Under the provisions of Chapter 489 FS.
 Expiration date AUG 31, 2015
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING
 REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

ARMSTRONG, JAMES EDWARD
 ARMSTRONG ALUMINUM INC
 2227 MERCATOR DR
 ORLANDO FL 32807

RICK SCOTT
 GOVERNOR

ISSUED 08/13/2013 SEQ # L1308130001541
 DISPLAY AS REQUIRED BY LAW

KEN LAWSON
 SECRETARY

VIVA FLORIDA 500

