



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: Remove and replace size-for-size door

Comments: None

Project Information

Address: 5026 St. Michael Avenue, Belle Isle, FL 32812
 Parcel ID: 17-23-30-4380-05-050
 Property Owner: Wiley, Boston
 Phone Number: 610-340-1288

 Company Name: Lowe's Home Centers Inc.
 Contractor Name: Cafaro, Peter
 License Number: CGC1508417
 Address: 4948 Telson Place, Orlando, FL 32812
 Phone Number: 407-468-1010

Permit Number: 2014-04-038

Date of Application: 04/21/2014

Date Permit Issued: 04/29/2014

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 \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$48.50
 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 \$52.50

Date Paid

4-29-14

CC or Check #

USA 8707

Amount Paid

52.50

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 (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

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 BidScheduling@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-ect32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	<u>2014-24-038</u>
Property Owner	<u>BOSTON, WILEY</u>
Address	<u>5026 St. Michaels Avenue</u>
Nature of Improvement	<u>Remove & Replace Size for Size Back Door</u>
Received Application	<u>4-21-14</u>
Sent for Stormwater Review	<u>/</u>
Stormwater Approved	<u>/</u>
Sent for Zoning Review	<u>/</u>
Zoning Approved	<u>/</u>
Applied for Variance	<u>/</u>
Variance Approved	<u>/</u>
Sent to BO for Review	<u>4-21-14 CTC Collinsa</u>
Building Official Approved	<u>4-29-2014</u>
Comments	
1. <u>Susan 4-21-14</u>	<u>bus lic ✓ GH/WC ✓</u>
2. <u>4-22-14 wq</u>	<u>need final approved docs</u>
3. <u>4-22-14 Susan</u>	<u>sent envelope ↑ above</u>
4. <u>4-28-14 Susan</u>	<u>product info attached W-36925 ✓</u>
5.	
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.universalsengineering.com

Building Permit (Land Use) Application

DATE: 4/21/14 PERMIT # 2014-04-038

PROJECT ADDRESS 5025 St. Michael Ave Belle Isle, FL 32809 32812
 PROPERTY OWNER Boston Willey PHONE 407 340 1288 VALUE OF WORK (labor & material) \$ 2435.04

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Remove & Replace Size for Size Back Door

- 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

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 17-23-30-4380-05-050
 To obtain this information, please visit <http://www.ocpafl.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 ___ SETS and Construction Plans ___ SETS
 PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review
 CONSTRUCTION TYPE Remove & Replace Size for Size Back Door
 OCCUPANCY GROUP _____ Comm _____ Res: RIAA 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 M. Lacey Bussell DATE 4/29/2014
 NOTES
25°
+8°
33° * 1550

Per FSS 105.3.3:
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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

Date: Sent _____ RCD _____

SPRINKLERS REQ'D	Y	N
ZONING	Y	N
CERT OF OCC	Y	N
TRAFFIC	Y	N
SCHOOL	Y	N
FIRE	Y	N
SWIMMING POOL	Y	N
SCREEN ENCLOSURE	Y	N
ROOFING	Y	N
BOAT DOCK	Y	N
BUILDING	Y	N
WINDOW(S)	Y	N
DOOR(S)	<u>Y</u>	N
FENCE	Y	N
SHED	Y	N
DRIVEWAY	Y	N
OTHER	Y	N
3% FL SURCHARGE		<u>4.00</u>
TOTAL		<u>50.50</u>
By Owner Form	Y	NA
Notice of Commencement	Y	NA
Power of Attorney	Y	NA
Contractor Packet Included?	Y	N
OTHER PERMITS REQUIRED:		
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA



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

RECEIVED

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

PERMIT # 2014-04-038

Owner's Name Boston Wiley
 Owner's Address 5026 Saint Michael Ave Belle Isle, FL 32812-1140

Contractor Name	Peter A Cafaro	Company Name	LOWE'S HOME CENTERS, LLC
License #	CFC1508417	Company Address	PO BOX 781993
Contact Phone/Cell	407 468-1010	City, State, ZIP	ORLANDO FL 32878-1993
Contact Email	EHOLMES777@AOL.COM	Contact Fax	407 296-2960

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 Peter A Cafaro
 The foregoing instrument was acknowledged before me this 4/19/14
 by Wiley Boston who is personally known to me
 and who produced Drivers License
 as identification and who did not take an oath.
 Notary as to Owner Man Holmes
 State of Florida MAN HOLMES
 County of Orange MY COMMISSION # FF 08021
 EXPIRES: January 9, 2018
 Notary Public
 State of Florida
 Bonded Third Budget Notary Services

Contractor Signature Peter A Cafaro
 COMPANY NAME Lowes Home Centers LLC
 The foregoing instrument was acknowledged before me this 4/19/14
 by Peter A Cafaro who is personally known to me
 and who produced personally known
 as identification and who did not take an oath.
 Notary as to Owner Man Holmes
 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
 City Code, Section 50-74: Impervious Surface Ratio

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 (TP-40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed



Florida Department of
Business & Professional Regulation
Ensuring Quality Through Regulation

Product Approval
User: Public User

Product Approval Menu > Product or Application Search > Application List > Application Detail

FL #
Application Type
Code Version
Application Status

FL12769-R2
Revision
2010

Approved
*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer
Address/Phone/Email

JELD-WEN
3737 Lakeport Blvd
Klamath Falls, OR 97601
(541) 205-1171
garyr@jeld-wen.com

Authorized Signature

Gary Rollinson
fbc@jeld-wen.com

Technical Representative
Address/Phone/Email

JELD-WEN Corporate Customer Service
3737 Lakeport Blvd.
Klamath Falls, OR 97601
(800) 535-3936
customerserviceagents@jeld-wen.com

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Exterior Doors
Swinging Exterior Door Assemblies

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

National Accreditation & Management Institute
National Accreditation & Management Institute,

Referenced Standard and Year (of Standard)

Standard	Year
ASTM E330	2002
ASTM E331	2000
TAS202	1994

Equivalence of Product Standards
Certified By





Lowes Home Centers Inc
 Permit & License Administration
 PO Box 781993
 Orlando, FL 32878 – 1993
 Bus. 407/832-8085
 Fax. 407/393-9151

Limited Power of Attorney

Date: 4/18/14

To: Building Department

From: Peter Anthony Cafaro III

I hereby name and appoint Nan Holmes, Mindy Holmes, Raymond Holmes and Jackie Caines, a permit service for Lowe's, to be my lawful attorney in fact to act for me and apply to

Belle Isle for a BACK DOOR permit for work to be performed at a location described as:


(Address of Job) 5026 St Michael Ave

(Owner of Property) Wiley Baston

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

Thank you for your assistance.

Sincerely,


 Peter Anthony Cafaro III
 State License Qualifier
 CGC1508417
 CCC1326824

State of Florida County of Orange

The forgoing instrument was acknowledged before me as Peter Anthony Cafaro III, who is personally known to me and who did not take an oath.

Sworn to and subscribed before me this 18 day of April, 2014



No-public
 My commission expires



- Searches
- Sales Search
- Results
- Property Record Card
- My Favorites

5026 St Michael Ave < 17-23-30-4380-05-050 >

Name(s)
 Boston Wiley S
 Boston Trudy M
 Mailing Address On File
 5026 Saint Michael Ave
 Belle Isle, FL 32812-1140
 Incorrect Mailing Address?

Physical Street Address
 5026 St Michael Ave
 Postal City and Zipcode
 Orlando, FL 32812
 Property Use
 0103 - Single Fam Class III
 Municipality
 Belle Isle

- Values, Exemptions and Taxes
- Property Features
- Sales Analysis
- Location Info

Property Description

LAKE CONWAY ESTATES SECTION TWO REPLAT X/150 LOT 5 BLK E


Total Land Area 12,249 sqft (+/-) | 0.28 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value
0100 - Single Family	R-1-AA	1 LOT(S)	\$80,000.00	\$80,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1963	
	Type Code: 0103 - Single Fam Class III	Beds: 3	
	Building Value: \$96,810	Baths: 2.0	
	Estimated New Cost: \$169,842	Floors: 1	

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units
There are no extra features associated with this parcel		

This Data Printed on 04/17/2014 and System Data Last Refreshed on 04

Site Notice • About Us • Contact Us • OCPAFL Home • Property Search • Exempti



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2014

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 Marsh USA Inc. 100 North Tryon Street, Suite 3600 Charlotte, NC 28202 Attn: For questions contact: insurancerequest@lowes.com	CONTACT NAME: PHONE No., Ext.: FAX (A/C, No.): E-MAIL: ADDRESS:
47095-CASUA-ONLY-14-15 License FL LHC	INSURER(S) AFFORDING COVERAGE
INSURED Lowe's Companies, Inc. and Subsidiaries 1000 Lowe's Blvd Mooresville, NC 28117	INSURER A : National Union Fire Ins Co Pittsburgh PA MAIC # 19445 INSURER B : New Hampshire Insurance Company 23841 INSURER C : Illinois National Insurance Company 23817 INSURER D : Safety National Casualty Corp. 15105 INSURER E : Steadfast Insurance Company 26387 INSURER F :

COVERAGES **CERTIFICATE NUMBER:** ATL-00309891-11 **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 LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>		Self Insured - See Below			EACH OCCURRENCE TO EXCESS TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS		CAZ248403 AOS	04/01/2014	04/01/2015	
B			CAZ248404 MA	04/01/2014	04/01/2015	
A			CAZ248405 VA	04/01/2014	04/01/2015	
E	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		IPR3792301-01	04/01/2014	04/01/2017	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		WC019901319 AOS, WC019901317 MN WC019901320 AK, AZ WC019901321 NH, VT WC019901318 ND, WA, WI, WY	04/01/2014	04/01/2015	X WC STATUS - OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 WC-StatEL-\$3mil; xs \$2mil SIR WC-StatEL-\$3mil; xs \$2mil SIR
A	Excess WC		XWC6636270 AOS	04/01/2014	04/01/2015	
A	Excess WC		XWC6636271 FL	04/01/2014	04/01/2015	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Insured is self insured for General Liability for the period of 4/01/2014 to 4/01/2015.

Lowe's Home Centers, Inc. and Lowe's Home Centers, LLC is a named insured under the captioned policies. Florida General Contractor's License # CGC1508417, Peter Anthony Cafaro, III, Certified General Contractor. Florida Contractor's License # CCC1326824, Peter Anthony Cafaro, III, Certified Roofing Contractor.

CERTIFICATE HOLDER

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32609	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 of Marsh USA Inc. Paula Stapleton

Paula Stapleton

ACORD 25 (2010/05)

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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.

2013
 1801 CERTIFIED GENERAL CONT \$30.00
 1806 CERTIFIED ROOFING CONT \$30.00

EMPLOYEE 5000 BUSINESS OFFICE
 EMPLOYEE
 EXPIRES 9/30/2014

1801-0590711
 \$30.00 1
 EMPLOYEE



CAFARO PETER A III QUALIFIER
 LOWES HOME CENTERS INC
 PO BOX 781993
 ORLANDO FL 32878

TOTAL TAX \$90.00
 PREVIOUSLY PAID \$90.00
 TOTAL DUE \$0.00

4948 TELSON PL (MOBILE)
 A - ORLANDO, 32812

PAID: \$90.00 099-00585774 7/19/2013

This receipt is official when validated by the Tax Collector.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

**CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC
PO BOX 781993
ORLANDO**

FL 32878-1993



**STATE OF FLORIDA AC# 6157140
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CGC1508417 06/08/12 118200449

**CERTIFIED GENERAL CONTRACTOR
CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC**

**IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12060800835**

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 barbecue 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

AC# 6157140

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

STATE OF FLORIDA

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

SEQ# L12060800835

DATE	BATCH NUMBER	LICENSE NBR
06/08/2012	118200449	CGC1508417

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

**CAFARO, PETER ANTHONY III
LOWE'S HOME CENTERS INC
4948 TELLISON PL
ORLANDO FL 32812**

**RICK SCOTT
GOVERNOR**

**KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW