

City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 3281 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.

Building / Land Use Permit Application

DATE: 1/27/2020

PERMIT # 2020-02-

PROJECT ADDRESS 2520 Homewood Dr

Homewood

Belle Isle, FL 32809

PROPERTY OWNER Mark & Jessica Jones

PHONE 407-666-3775

VALUE OF WORK (labor &material) \$ 70,850.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Boat Dock & Walkway

Please provide information, if applicable.

- SINGLE FAMILY RESIDENCE: 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Require
- 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.
- 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: 19-23-30-5888-06-122 To obtain this information, please v	isit http://www.ocpafl.org/	Searches/Parce	elSearch.aspx
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compilance with zoning setbacks. 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	Wind Exposure Category SPRINKLERS REQ'D		D
PLANNING & ZONING APPROVAL:	Required – SUBMIT COI REVIEW Date: ZONING		s b5
PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required) CONSTRUCTION TYPE Boat Dock	CERT OF OCC Y TRAFFIC Y SCHOOL Y FIRE Y	N N N	\$ \$
#BLDG. #UNITS #STORIES MAX. OCCUPANCY MAX. FLOOR LOAD MIN. FLOOD ELEV. LOW FLOOR ELEV	SWIMMING POOL Y SCREEN ENCLOSURE Y ROOFING Y	N N N	\$ \$ \$
WATER SERVICEWELLSEPTIC	BOAT DOCK Y BUILDING Y WINDOW(S) Y	N N N	\$ \$ \$
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 1000	DOOR(S) Y FENCE Y SHED Y DRIVEWAY Y	N N N	\$ \$ \$
Per FSS 105.3.3: In enforcing authority may not issue a building permit for any building construction, erection, alteration, nodification, repair or addition unless the permit either includes on its face or there is attached to the ermit the following statement: "NOTICE: In addition to the requirements of this permit there may be	OTHERY 1% BCAIB FEE	N	<u>\$</u>
dditional restrictions applicable to this property that may be found in the public records of this county, nd there may be additional permits required from other governmental entities such as water nanagement districts, state agencies, or federal agencies."	1.5% DCA FEE	=	
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 407-93-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates	OTHER PERMITS REQUIRE		
re 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.	PREPOWER MECHANICAL	Y Y Y	NA NA NA
EPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, ECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.	PLUMBING ROOFING GAS	Y Y Y	NA NA NA



City of Belle Isle

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Building Permit (Land Use) Application

To be completed as required by State Statute Section 713 and other applicable sections.

the formula is: (7.5 Inches rainfall/12 inches p/foot) X (result from line 4)

= pubic feet of storage volume needed

Owner's Name Mark & Jessica Jone

Owner's Address 2520 Homewood Dr

Contractor Name Jeffrey Teague	Company Name Austin's Fashion Flooring, Inc. DBA: Extreme Marine Boat Dock				
License # CBC1260150	Company Address 4444 N Orange Blossom Tr				
Contact Phone/Cell 407-666-3775	City, State, ZIP Orlando, FL 32804				
Contact Email jeff@pettemp.com	Contact Fax				

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

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

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate construction and zoning.	and that all work will be done in compliance with all applicable laws regulating
Owner Signature The foregoing Instrument was acknowledged before me this 1 / 27 /2020 by Mark Jones who is personally known to me and who produced as identification and who did not take an oath. Notary as to Owner State of Florida County of Orange KATHERINE E. TURNER Commission # FF 956120 Expires February 26, 2020 Booked Thru Tray Fain Insurances 80345-7019	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) 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
Contractor Signature Pour Desgr	Walkway
COMPANY NAME Austin's Fashion Flooring, Inc. DBA: Extreme Marine Boat Dock	Accessory Buildings
The foregoing instrument was acknowledged before me this 1 / 27/2020	Pool & Spa
by Jeffrey Teague who is personally known to me	Deck & Patio
and who produced as identification and who dld not take an oath. Notary as to Owner KATHERINE E. TURNER	Other Boat Dock Actual Impervious Area (AIA) If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
Commission # FF 956120 Expires February 26, 2020 Bonded Thru Troy Fain Insurance 800-385-7019	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).

Permit Number: 2-030-03-031 Folio/Parcel Identification Number: 19-23-30-5888-06-122 Prepared by: Jeffrey Teague	DOC# 20200094371 02/14/2020 11:53:30 AM Page 1 of 1 Rec Fee: \$10.00 Phil Diamond, Comptroller Orange County, FL IP - Ret To: AUSTIN'S FASHION FLOORING
jeff@pettemp.com	
Relum to: _[effrey Teaque	MILLIAN DE L'ELLEN MAIL L'ELLEN DE L'EN POUR DE L'EN PRE L'EN FILL MAIL BENN FILL MAIL BENN FILL MAIL BENN FILL
4444 N Orange Blossom Trail	
Orlando, FL 32804 NOTICE OF COMMEN	CENENT
	CEMENT
State of Florida, County of Orange The undersigned hereby gives notice that improvement will be ma	ade to certain real property, and in accordance
with Chapter 713 Florida Statutes, the following information is pro-	ovided in this Notice of Commencement.
 Description of property (legal description of the property, and NELA ISLE (ISLAND SECTION) O/99 W 8 FT OF LOT 12 LOT 13 & 	d street address if available) E 25 FT OF LOT 14 & LAND ON S TO WATERS OF LAKE BLK F
2. General description of improvement	
Wallaway and Boathouse	
3. Owner information or Lessee information if the Lessee co	ntracted for the improvement
Name Mark Or Jessica Jones Address 2520 Homewood Dr Orlando, FL 32809	
Interest in Property Owner Name and address of fee simple titleholder (if different fro	m Owner listed above)
Name	
Address	
4. Contractor	Dock Zalashara Namber
Name Austin's Fashion Flooring, Inc. DBA: Extreme Marine Boat	Jelephone Number
Address 4444 N Orange Blossom Trail Orlando FL 32804	
5. Surety (if applicable, a copy of the payment bond is attached)	Telephone Number
NameAddress	Amount of Bond \$
6 Lander	
Name	Telephone Number
Addross	
 Persons within the State of Florida designated by Owner be served as provided by §713.13(1)(a)7, Florida Statutes 	upon whom notices or other documents may
Name	
Addross	
8. In addition to himself or herself, Owner designates the fo	ollowing to receive a copy of the Lienor's
Notice as provided in 6713 13/11/h). Florida Statutes.	
	Telephone Number
Address	and data may not be before the completion of
Expiration date of notice of commencement (the expiration construction and final payment to the contractor, but will be 1)	wear from the date of recording unless a
different date is specified)	year nom the obte or roomaning amount of
	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER TH ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK O	SECTION 713.13, FLORIDA STATUTES, AND CAN RTY. A NOTICE OF COMMENCEMENT MUST BE TION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT
Under penalty of perjury, I declare that I have read the foregreats stated in it are true to the best of my knowledge and be	oing notice of commencement and that the ellef.
x W/ Maries	
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director	or/Partner/Manager Signatory's Title/Office
The foregoing instrument was acknowledged before me this 27	day of 1/2020 by Mark Or Jessica Jones month/year name of person
as for	ame of party on behalf of whom instrument was executed
Type of authority, e.g., officer, Irustee, altorney in fact N	
121	Sandra A Teague
Signature of Netary Public - State of State of Sandra A. TEAGUE Commission # GG 338622	rint, type or stamp commissioned name of Notary Public
Personally Known X OR Produces De Expires August 19, 2023	ľ.
Type of ID Produced Bondad Thru Troy Fain Insurance 60	0-385-7019

Personally Known X OR Prod
Type of ID Produced

Form Revised September 26, 2011 State of FLORIDA, County of CHANGE I hereby certify that this is a true copy of the document as reflected in the Official Records

PHIL DIAMOND, COUNTY COMPTROLLER
BY:
DATED: FEB 1 4 2020, D.C.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

thi	s certificate does not confer rights t	o the	certi	ficate holder in lieu of s)				
PROD					CONTA NAME:	Karen Prac	ek				
Acentria Insurance 4360 Northlake Blvd Suite 214				PHONE (A/C, No, Ext): 561-694-6666 (A/C, No): 561-694-698						-6986	
Palm Beach Gardens FL 33410			E-MAIL ADDRESS: karen.pracek@acentria.com						0000		
Talli Bodon Galdono L 60410				The state of the s							
									NAIC# 35378		
INSURED AUSTFAS-01				INSURER A: Evanston Insurance Company						33376	
Austins Fashion Flooring Inc dba Extreme Marine Bo			INSURER B:								
4444 North Orange Blossom Trail				INSURER C:							
Orlando FL 32804				INSURI							
						INSURER E :					
COV	ERAGES CER	TIEIC	A T.C	NUMBER, constant	INSURI	ERF:					
_	S IS TO CERTIFY THAT THE POLICIES			NUMBER: 688070951	/C DEC	N ICCUED TO	THE MOUR	REVISION NUM	BER:		
CEI	ICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	IN. 1	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH	RESPEC	T TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			LIMIT		
	X COMMERCIAL GENERAL LIABILITY	INSU Y	VVU	9CD1677-7		3/5/2019	3/5/2020	EACH OCCUPRENCE			200
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r	SEALING-WADE 11 OCCUR							PREMISES (Ea occur		\$ 50,000	
F	-							MED EXP (Any one pe		\$ 1,000	C2/5
	CONT. ACCRECATE LIMIT APPLIES SED.							PERSONAL & ADV IN		\$ 2,000,0	2000
-	GEN'L AGGREGATE LIMIT APPLIES PER:		- 1					GENERAL AGGREGA		\$ 2,000,0	2000
-	Jech Jech Loc							PRODUCTS - COMP/	OP AGG	\$ 2,000,0	000
-	OTHER:	-	-					COMBINED SINGLE L	IAUT	\$	
-	ANY AUTO							(Ea accident)		\$	
-	OWNED SCHEDULED							BODILY INJURY (Per		\$	
-	AUTOS ONLY AUTOS NON-OWNED	1						BODILY INJURY (Per		\$	
-	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
-			_							\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE	2						AGGREGATE		\$	
_	DED RETENTION \$									\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	г	\$	
								E.L. DISEASE - EA EM	IPLOYEE	\$	
b	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	
				14							
			- 1								
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	101, Additional Remarks Schedul	e, may b	e attached If more	space is require	ed)			
EDT	IFICATE HOLDER				CANG	ELL ATION					
JEINI	III CATE HOLDER		_		CANC	ELLATION					
City of Belle Isle 1600 Nela Avenue					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Belle Isle FL 32809				AUTHORIZED REPRESENTATIVE Chilip H. Lold							
			_								



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

HUNT, DONALD BRUCE

EXTREME MARINE BOAT DOCKS 4444 N ORANGE BLOSSOM TR ORLANDO FL 32804

LICENSE NUMBER: CBC1260150

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



JIMMY PATRONIS CHIEF FINANICAL 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: 5/5/2019

EXPIRATION DATE: 5/4/2021

PERSON: JEFF K TEAGUE

EMAIL: TEAGUES@PETTEMP.COM

FEIN:

592927295

BUSINESS NAME AND ADDRESS:

AUSTINS FASHION FLOORING INC

EXTREME MARINE BOAT DOCKS AND DECKS

4444 N ORANGE BLOSSOM TR

ORLANDO, FL 32804

SCOPE OF BUSINESS OR TRADE:

Contractor-Project Manager, Construction Executive. Construction Manager or Construction Superintendent

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 filling 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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609

Susan Manchester

From:

Susan Manchester

Sent:

Thursday, March 26, 2020 3:58 PM

To:

John Sullivan; Keith Smith

Cc:

CobiPermits

Subject:

2520 Homewood Dr - boat dock permit 2020-04-001 needs new app, etc. - PROTEAM

(HO Mark Jones)

Attachments:

2520 Homewood Dr, VOID, permit, bldg, dock, 2019-11-045.pdf; HOW TO APPLY FOR A PERMIT IN THE CITY OF BELLE ISLE.PDF; COBI Boat Dock Zoning Review App.pdf; COBI

Building - Land Use Permit Application.pdf; COBI Product Approval Form.pdf; COBI

Roofing Permit Application.pdf; Notice Of Commencement Form.pdf

Hello John and Keith,

I am in receipt of your plans and survey. As attached – the last dock that was applied for was denied by zoning. It was applied for back in November 2019 and therefore has an old permit number. We will need all new paperwork (application, etc.) submitted for this revised dock.

All of your credentials that we have on file are up-to-date so we do not need any insurance, licenses, etc.

Most of our permits are done directly through our website. Attached is a PDF tutorial with step by step directions for navigating the website. If there is any paperwork involved that is larger than 11" x 17", then it would have to come to us (at the 3532 Maggie Blvd address – please do not take any paperwork to the City of Belle Isle – they cannot process it for you) by dropping it off in person or via US Mail, or Fed Ex or UPS. Otherwise, everything can be scanned and emailed (if sending by email please put the property address in the subject line) or faxed. Just follow the directions on our website. For Belle Isle apps the email address is: cobipermits@universalengineering.com.

It is preferable that you submit all paperwork via ONE single email if possible. If the files are too large necessitating multiple emails – if they can be sent in <u>close succession</u> (within an hour as opposed to on different days) this is also helpful to insure all your info is processed.

Please contact the FL Dept of Environmental Protection to obtain your Self-Certification for construction of a private, residential single family dock.

New docks and dock repair other than minor repairs like a re-deck require a Florida Department of Environmental Protection Self Certification permit. You can file for one of these online by going to floridadep.gov. Then go to permitting. At the top you will see a box "How Do I?" Click this box and then click on new or repair permits. Once you are issued this self certification permit it will need to be included in your permit application submittal to us.