



# City of Belle Isle Job Site Permit Card **SWIMMING POOL** 2020-09-066

**Class:** Residential

**Site Address:** 5447 Ming Dr 32812

**Parcel Number:** 20-23-30-6779-00-030

Municipality Belle Isle

**OUR SYSTEM WILL NOT ALLOW TO SCHEDULE ANY INSPECTIONS WITH OUT A NOC.**

**Description of Work:** New Swimming Pool 15'x28'

Issued: WATERLINE POOLS AND SPAS INC, NORBERG, VICTOR LYNN

License # CPC044073

Contact # 321 363-7645

Payment/ Issued Date & Method: 10 / 15 / 2020

Picked up by \_\_\_\_\_  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order#

4766

**PLEASE SCHEDULE THE ELECTRICAL & PLUMBING INSPECTIONS WITH THEIR INDICATED CODES INDICATED BELOW**

BUILDING	INSPECTOR	DATE	COMMENTS
800 Pool Steel & Ground			
810 Pool Deck			
820 Pool Safety			
830 Final			

ELECTRICAL	INSPECTOR	DATE	COMMENTS
840 Rough/underground			
845 Equipotential Bond			
850 Pool Light (optional)			
860 Final			

PLUMBING	INSPECTOR	DATE	COMMENTS
870 Rough/underground			
880 Final			

**PLEASE NOTE:** In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track all of your inspections - **★ Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3:00 p.m. Please include the following requirements in your request:**

- Project Address
- Corresponding Permit Number
- Type of Inspection (Please reference your permit card for inspection codes)
- Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
- Contact Name
- Contact Phone Number
- Gate / Entry code (If applicable)
- AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 \*  
Fax 407-581-0313 [www.universalengineering.com](http://www.universalengineering.com)

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."**



City of Belle Isle  
 Universal Engineering Sciences 3532 Magglo Blvd, Orlando, FL 32811  
 Tel 407-581-8181 • Fax 407-581-0313 • www.universalengineering.com

SEP 17 2020

**Swimming Pool Permit Application**

DATE: 8/14/20

PERMIT # 2020-04-016

PROJECT ADDRESS 5447 MING DR Belle Isle, Belle Isle, FL 32809 32812

PROPERTY OWNER NAME JULIE FREY PHONE NUMBER 312-752-0417

Parcel Id Number: 20-23-30-6779-00-030 To obtain this information, please visit <http://escms.esri.com/Search/Parcel.htm>

**ZONING**

SPECIAL CONDITIONS: STRUCTURES MAY NOT EXCEED HEIGHTS OR SETBACKS AS SHOWN ON REQUIRED SETBACK. Survey specific plan requires show compliance with zoning setbacks. Must show setbacks on site plan. See Page 2 of this application.

PLANNING & ZONING APPROVAL: 10/1/20 DATE

City of Belle Isle

Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions.

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

Pool Dimensions: 15 x 28 Deck Square Footage: 684 Deck Type: PAVELS

Job Valuation: \$ 46,489 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.

• REQUIRED: Residential Swimming Pool Safety Affirmation form

Building Official: Benjamin Suriel, AR92725 Date: 10/03/2020  
 Verified Contractor's Licenses & Insurance are on file for Date: 10/15/2020

Zoning Fee \$ 165.-  
 Building Fee \$ 269.-  
 Review Fee \$ 104.50  
 1% SCAIS Fee \$ 3.14  
 1.5% DCA Fee \$ 4.70  
 Total Permit Fee \$ 486.34

An endorsing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services within the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-283-8000 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 ELECTRICAL, PLUMBING, GAS, ENCLOSURES, ETC.

REMARKS: **COMPLETED** NBC, Pool Safety Aff., LTR, GL, WC.  
 State Lic

15' x 16' 25'  
 4' x 4' 184'  
 269.-  
 104.50  
 313.50 (Subtotal)



Digitally signed by Benjamin Suriel, Lic. AR92725 & PX3694  
 DN: cn=Benjamin Suriel, Lic. AR92725 & PX3694, o=REVIEWED FOR CODE COMPLIANCE, ou=UES/BID Building Inspections & Plans Review Dpto., email=bsuriel@universalengineering.com, c=US  
 Date: 2020.10.03 18:51:49 -04'00'

193588

10-15-2020



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

**RECEIVED**  
 SEP 17 2020

**Swimming Pool Permit Application**  
 To be completed as required by State Statute Section 713 and other applicable sections.

Owner's Name JULY FREY FREY FREY PERMIT # 2020-09-066  
 Owner's Address 5447 MINDA DE BELLE ISLE FL 32812

License Holder Name <u>VICTOR NORBERG</u>	Company Name <u>WATERLINE POOLS</u>
License # <u>CP044073</u>	Company Address <u>5605 HANSEL AVE</u>
Contact Phone/Cell <u>321-363-7645</u>	City, State, ZIP <u>ORLANDO 32809</u>
Contact Email <u>Kerigwin@permitting@yahoo.com</u>	Contact Fax

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

**Owner Signature** [Signature]  
 The foregoing instrument was acknowledged before me this 8/18/20  
 by JULIA FREY 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 [Signature]

**Contractor Signature** [Signature]  
 COMPANY NAME WATERLINE POOLS  
 The foregoing instrument was acknowledged before me this 8/18/20  
 by VICTOR NORBERG 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 [Signature]

**Notary Public State of Florida**  
 Addison Coyman  
 My Commission #H1 025564  
 Expires 07/30/2024

**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 60-74: Impervious Surface Ratio

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).  
 Total Lot Area 23,416 X 0.35 =  
 Allowable Impervious Area (BASE) 8195
- Calculate the "proposed" impervious area on the lot. This includes sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building.
  - House 3070 See exhibit A
  - Driveway Pervious Per Exhibit A
  - Walkway Pervious Per Exhibit A
  - Accessory Buildings N/A
  - Pool & Spa 486
  - Deck & Patio 6660
  - Other N/A
 Actual Impervious Area (AIA) 4222
- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing on retention.
- 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), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from item 2) = cubic feet of storage volume needed

Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: 20-23-3-0779-00-030  
 Prepared by: JULIA FREY  
 \_\_\_\_\_  
 Return to: 5605 HANSEL AVE  
ORLANDO FL 32809

DOCH 20200506427  
 09/29/2020 11:41:21 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 MB - Ret To: M. CORRIGAN



**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)  
PEARL LANDING 62/8 LOT 3 5447 Minib Dr. Orlando 32812
2. **General description of improvement**  
POOL AND DECK
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name JULIA FREY  
 Address 5447 MINIB DR Belle ISL FL 32812  
 Interest in Property \_\_\_\_\_  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name N/A  
 Address \_\_\_\_\_
4. **Contractor**  
 Name WATERLINE POOL & SPAS Telephone Number 407 339 5100  
 Address 5605 HANSEL AVE ORLANDO FL 32809
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name N/A Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
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 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
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 \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date 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.**

Julia Frey  
 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 14 day of 8/20 by JULIA FREY  
 as OWNER for OWNER  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

\_\_\_\_\_  
 Signature of Notary Public - State of Florida  
 Print, type, or stamp commissioned name of Notary Public \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced ID \_\_\_\_\_  
 Type of ID Produced \_\_\_\_\_



Change of Contractor Letter  
(New Contractor Information)

I, Daniel J. Theune, am taking full responsibility for the entire project  
(Name of Contractor)

located at 5447 Ming Dr. Belle Isle, FL 32812, Original permit number 2020-09-066

License Holder/Homeowner Name: Daniel J. Theune

License Number: CPC056822

Company Name: Premier Pools of Central Florida, Inc.

Address: 4572 N. Palmetto Ave

City: Winter Park State: FL Zip Code: 32792

License Holder/Homeowner Signature: \_\_\_\_\_



STATE OF FLORIDA  
COUNTY OF Orange

This instrument was acknowledged before me this 14 day of December, 2020, by the above reference individual, Daniel J. Theune, who acknowledged that he/she is a duly licensed contractor with Premier Pools of Central Florida, Inc., and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me  or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this 14 day of December, 2020.



**MORGAN ARTIS**  
Commission # HH 038567  
Expires September 1, 2024  
Bonded Thru Budget Notary Services

\_\_\_\_\_  
Notary Public  
Printed Name: Morgan Artis  
My Commission Expires: HH038567

I, VICTOR NORBERG, am requesting that my permit number  
(Name of Contractor)

2020-09-066 for job located at 5447 MING DR., BELLE ISLE, FL  
(Complete Address) 32812

be voided and a new permit issued to PREMIER POOLS OF CENTRAL FLORIDA, INC  
(New Contractor's Name)

as I am voluntarily giving up full responsibility of the job.

License Holder/Homeowner Name: VICTOR NORBERG

License Number: CPC044073

Company Name: WATERLWE POOLS

Address: 5605 HANSEL AVE

City: ORLANDO State: FL Zip Code: 32809

License Holder Signature: [Signature]

STATE OF FLORIDA  
COUNTY OF ORL

This instrument was acknowledged before me this 4 day of 12, 2020, by the above reference individual, VICTOR NORBERG, who acknowledged that he/she is a duly licensed contractor with PREMIER WATERLWE POOLS and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me \_\_\_\_\_ or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Signature]  
Notary Public

Printed Name: \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

