



City of Belle Isle Job Site Card Building PERMIT 2020-02-001

Site Address: 6313 Stockbridge Ave 32809 **Subdivision**
Class: Residential **Parcel Number:** 24-23-29-2460-00-020

OVERSIZED PLANS

Description of Work: BUILD NEW SINGLE FAMILY RESIDENCE.

Issued: S S C I of FLORIDA INC; DROSKY, GERALD

License # CBC058783

Contact # 352 449 8269

Payment/ Issued Date & Method: _____ / _____ / **2020**

Picked up by _____ Emailed
 Visa **Master Card** **Amex** **Discover** **Check / Money Order#**

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SEPARATE PERMITS WILL BE REQUIRED FOR ALL SUB-WORK - PERMIT MUST BE POSTED ON SITE

BUILDING	INSPECTOR	DATE	COMMENTS
100 Demo Final			
110 Footing			
120 Stem Wall			
130 Slab			
140 Lintel/Tie Beam			
150 Down Pour			
160 Tilt Panel			
170 Window In-progress			
180 Sheathing (wall)			
190 Sheathing (roof)			
195 Dry-in (roof/walls)			
200 Framing			
205 Drywall Nail/Screw			
210 Fire Rated Assembly			
220 Above-Ceiling			
230 Insulation			
240 Lathe			
250 Final			
260 Other			

VO 1001 D
 replaced by STR permit
 2020-06-030

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 BI scheduling@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 or PM** may be requested but not guarantee an exact arrival

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 * Fax 407-581-0313 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 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

RECEIVED
JAN 31 2020

Building Permit (Land Use) Application

DATE: 1/12/20

PERMIT # 2020-02-001

PROJECT ADDRESS 6313 Stockbridge Ave, Belle Isle, FL 32809 32812

PROPERTY OWNER Manish Mehta PHONE 352-449-8269 VALUE OF WORK (labor & material) \$ 263,850

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

IS = 310,068

2 story total under roof 3564 1SR footprint 2140
Build New Single Family Residence Blg type VB

Please provide information, if applicable.

- SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- 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-8
- 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: **24-23-29-2460-00-020**

To obtain this information, please visit <http://www.ocnfl.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance 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 assessed.

Wind Exposure Category: B ___ C ___ D ___

PLANNING & ZONING APPROVAL: _____
DATE _____

REVIEW	Date: Sent _____	RC	
ZONING	<input checked="" type="radio"/>	N	\$ 165
CERT OF OCC	<input checked="" type="radio"/>	N	\$ + bpl
TRAFFIC	<input checked="" type="radio"/>	N	\$ 1430
SCHOOL	<input checked="" type="radio"/>	N	\$ 5784
FIRE	<input checked="" type="radio"/>	N	\$
SWIMMING POOL	<input type="radio"/>	N	\$
SCREEN ENCLOSURE	<input type="radio"/>	N	\$
ROOFING	<input type="radio"/>	N	\$
BOAT DOCK	<input type="radio"/>	N	\$
BUILDING	<input checked="" type="radio"/>	N	\$ 1897
WINDOW(S)	<input type="radio"/>	N	\$
DOOR(S)	<input type="radio"/>	N	\$
FENCE	<input type="radio"/>	N	\$
SHED	<input type="radio"/>	N	\$
DRIVEWAY	<input type="radio"/>	N	\$
OTHER	<input type="radio"/>	N	\$

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

CONSTRUCTION TYPE Residential

OCCUPANCY GROUP _____ Comm Res: X Single Fam Multi Fam

#BLDG. 1 #UNITS _____ #STORIES 2 stories TOTAL SQ.FT. 3564 3564

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE OC WELL _____ SEPTIC A

BUILDING REVIEWER _____ DATE _____

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE JK DATE 1-31-2020

Per FSS 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."

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.

Page 1 of 2

PENDING - noc needs to be recorded

4 x 310
1514 25
1240
1265 = 2
632.50
1897.00

VB = 87 per SF x 3564 = 310,068

1% BCAIB FEE 18.98

1.5% DCA FEE 28.46

TOTAL 2109.94

+ traffic & school 12,323.94

OTHER PERMITS REQUIRED:

ELECTRICAL	<input checked="" type="radio"/>	NA
PREPOWER	<input checked="" type="radio"/>	NA
MECHANICAL	<input checked="" type="radio"/>	NA
PLUMBING	<input checked="" type="radio"/>	NA
ROOFING	<input checked="" type="radio"/>	NA
GAS if applicable	<input type="radio"/>	NA



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

PERMIT # 2020-02-061

Owner's Name Manish Menta
 Owner's Address 200 E. Grant St Orlando, FL 32804

Contractor Name Jerry Droski Company Name SSCI of Florida, Inc
 License # CBC058783 Company Address 15911 Johns Lake Rd
 Contact Phone/Cell 3524498269 City, State, ZIP Clermont, FL 34711
 Contact Email hgnjr@hotmail.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 and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature [Signature]
 The foregoing instrument was acknowledged before me this 11/18/2019
 by Manish Menta who is personally known to me
 and who produced _____
 as identification and who did not take an oath

Notary as to Owner Margaret S Martinez
 State of Florida
 County of Orange



Contractor Signature [Signature]
 COMPANY NAME SSCI of Florida, INC
 The foregoing instrument was acknowledged before me this 1/15/2020
 by Gerald Droski who is personally known to me
 and who produced drivers license
 as identification and who did not take an oath

Notary as to Owner _____
 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

- Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area 10931 X 0.35 =
 Allowable Impervious Area (BASE) 3826
- 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 2140
 - Driveway 485
 - Walkway 135
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____
 Actual Impervious Area (AIA) 2760
- 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.
- 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

PENDING RECORDING

Permit Number _____
Folio/Parcel Identification Number: 24-23-29-2460-00-020
Prepared by: Harvey Newsome

Return to: 15911 Johns Lake Rd
Clermont, FL 34711

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)
6313 Stockbridge Ave Belle Isle FL 32809 See Property appraiser for legal
2. General description of improvement
Build new SFR
3. Owner information or Lessee information if the Lessee contracted for the improvement
Name Manish Mahta
Address 200 E Grant St Orlando, FL 32804
Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
4. Contractor
Name Jerry Drosky Telephone Number 3524498269
Address 15911 Johns Lake Rd Clermont, FL 34711
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 _____ Telephone Number _____
Address _____
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.

Manish Mahta
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 18 day of 11/2019 by Manish Mahta
month/year name of person

as _____ for _____
Type of authority (e.g., officer, trustee, attorney in fact) Name of party on behalf of whom instrument was executed
Margaret S. Martinez _____
Signature of Notary Public - State of Florida Print type & stamp commissioned name of Notary Public

Personally Known OR Produced ID _____
Type of ID Produced _____





City of Belle Isle

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

RECEIVED

JAN 31 2020

BY: _____

Product Approval Form

checklist 1-31-2020

DATE: 1/12/20

PERMIT # _____

PROJECT ADDRESS 6313 Stockbridge Ave, Belle Isle, FL X 32809 32812

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72m, please provide the information and approval numbers of the building components listed below if they will be utilized on the building or structure. FL Approved products are listed online at www.floridabuilding.org or can be obtained from the local product supplier. The following information must be turned in with permit application and available onsite for inspections:

• **NOTE: The Installation instructions must be posted on-site before your first inspection!!**

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging	PlastPro	1500	FL15213	Sliding			
Sliding	MI	120	FL28297R2	Offsets	Certainteed	VS	FL13389R5
Sectional/Rollup	Clipay	Artistry	FL15279R5	Storefront			
Other				Glass Block			
WINDOWS				ROOFING PRODUCTS			
Single/Dbf Hung	Plygem	1500	FL16103R13	Asphalt Shingles			
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed	Plygem	1500	FL15325R6	Single Ply Roof			
Mullion				Underlayment			
Skylights				Other			
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors	energy GACS						
Wood Anchors	SEWERAGE TREATMENT PERMIT						
Truss Plates	TRUSS ENGINEERING						
Insulation Forms	signed sealed PLANS						
Lintels	SUNURY						
Other	NOC - NOT RECORDED						

X

package

It is the applicant's responsibility to verify that specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant Signature _____

Date _____



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

DROSKY, GERALD

SSCI OF FLORIDA INC
962 PALMETTO ST.
OVIEDO FL 32765-5703

LICENSE NUMBER: CBC058783

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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2020

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 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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER King Ins Agency of Gainesville, Inc 2321 NW 41st Street Gainesville FL 32606	CONTACT NAME: King Insurance PHONE (A/C, No, Ext): 352-377-0420 FAX (A/C, No): 352-415-8030 E-MAIL ADDRESS: Certificates@king-insurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Owners Insurance Company	NAIC # 32700
	INSURER B : Southern-Owners Insurance Company	NAIC # 10190
INSURED SSCI Of Florida, Inc. 962 Palmetto Street Oviedo FL 32765-9553	SSCIOFF-01	INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1734092252 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			78307039	4/18/2019	4/18/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			4675230901	2/19/2019	2/19/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N </div> N/A			78004676	2/1/2019	2/1/2020	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Belle Isle 1600 Neal Avenue Belle Isle FL 32809	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 
--	--



JIMMY PATRONIS
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: 4/22/2019

EXPIRATION DATE: 4/21/2021

PERSON: GERALD DROSKY

EMAIL: SSCI OFFFLORIDA@GMAIL.COM

FEIN: 593664696

BUSINESS NAME AND ADDRESS:

S S C I OF FLORIDA, INC

962 PALMETTO ST

OVIDO, FL 32765

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 filing 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.



SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR

PO BOX 630, SANFORD, FL 32772 • 407-665-1000

WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/20

S S C I OF FLORIDA INC
1516 SUGARWOOD CIR
WINTER PARK, FL 32792

Account #: 171324

REGULATED
License # - CBC058783
Qualifier - DROSKY GERALD

GERALD DROSKY (OWNER)

Receipt #: 40132019100100221

Amount Paid: \$ 49.50

Date Paid: 10/01/2019

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so the business shall be subject to the payment of another business tax for the same business or profession.

• **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt ([FS] 205.053 [2]).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

S S C I OF FLORIDA INC
962 PALMETTO ST
1516 SUGARWOOD CIR
WINTER PARK, FL 32792