



City of Belle Isle Job Site Permit Card **SWIMMING POOL** 2021-02-026

Class: Residential Walters Construction Company Of Nsb L L C. 7022 Seminole Dr- Belle Isle, FL 32812
Parcel Number: 29-23-30-4389-02-161 . . Municipality Belle Isle
INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS PENDING FOR THIS PROJECT.
Description of Work: New Swimming Pool
 Dimensions: 26'6"x13'6" Deck Square Footage: 460 . Deck Type: Travertine

Issued: DREAMSCAPES POOLS & SPAS LLC, SHAUGHNESSY, MARK # CPC1457433
 Contact # 407 268-3539 **Payment/ Issued Date & Method:** ____ / ____ / **2021**
 Picked up by _____ Sent by mail to the mailing address Emailed
 Visa Master Card Amex Discover Check / Money Order#

SCHEDULE THE ELECTRICAL & PLUMBING INSPECTIONS WITH THEIR CORRECT 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 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, 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

"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."

Susan Manchester

From: Susan Manchester
Sent: Monday, May 3, 2021 4:23 PM
To: 'jessicadreamscapes@yahoo.com'
Cc: CobiPermits
Subject: 7022 Seminole Dr - POOL PROJECT is cancelled - Dreamscapes Pools & Spas LLC

Thank you for letting us know.

Susan Manchester

Permit Administration for the City of Belle Isle
Building Inspections and Code Compliance Department

3532 Maggie Blvd

Orlando, FL 32811

p 407-423-0504 Ext 23309 | f 407-423-3106



From: jessicadreamscapes@yahoo.com <jessicadreamscapes@yahoo.com>
Sent: Monday, May 3, 2021 2:49 PM
To: Susan Manchester <SManchester@universalengineering.com>
Subject: Re: 7022 Seminole Dr - NEED complete info for BUILDING APP FOR POOL PROJECT - Dreamscapes Pools & Spas LLC

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

The pool is canceled.

Thank you,
Jessica Miller
Office Manager
Dreamscapes Pools & Spas LLC
407-268-3539

On Monday, May 3, 2021, 11:36:39 AM PDT, Susan Manchester <smanchester@universalengineering.com> wrote:

Hello,



City of Belle Isle

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



Swimming Pool Permit Application

DATE: 2/4/21

PERMIT # 2021-02-036

PROJECT ADDRESS 7022 Seminole DR

Belle Isle, FL 32809 ✓ 32812

PROPERTY OWNER NAME Walters Construction

PHONE NUMBER _____

Parcel Id Number: 29-23-30-4389-02-101

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific plan required to show compliance with zoning setbacks. Impervious Surface Ratio Worksheet required; see Page 2 of this application.

PLANNING & ZONING APPROVAL: _____

DATE _____

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: 20'6" x 13'6"

Deck Square Footage: 400

Deck Type: Travertine

Job Valuation: \$ 50,000

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

<p>Building Official: _____ Date _____</p> <p>Verified Contractor's Licenses & Insurance are on file _____ Date _____</p>

Zoning Fee	\$ _____
Building Fee	\$ _____
Review Fee	\$ _____
1% BCAIB Fee	\$ _____
1.5% DCA Fee	\$ _____
Total Permit Fee	\$ _____

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 ELECTRICAL, PLUMBING, GAS, ENCLOSURES, ETC.



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
 FEB 08 2021
 BY: [Signature]

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

PERMIT #

Owner's Name Walters Construction
 Owner's Address 419 N. Conway New Smyrna Beach FL 32169

License Holder Name <u>Mark Shaughnessy</u>	Company Name <u>Dreamscapes Pools + SPAs</u>
License # <u>CPC1457433</u>	Company Address <u>265 Bellagio Cir</u>
Contact Phone/Cell <u>407-208-3539</u>	City, State, ZIP <u>Sanford FL 32771</u>
Contact Email <u>jessicadreamscapes@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 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, 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 2/4/21
 by Brent Walters who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner Jessica Miller
 State of Florida
 County of Orange

Contractor Signature [Signature]
 COMPANY NAME Dreamscapes Pools + SPAs
 The foregoing instrument was acknowledged before me this 2/4/21
 by Mark Shaughnessy who is personally known to me
 and who produced _____
 as identification and who did not take an oath.

Notary as to Owner Jessica Miller
 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 25,806 X 0.35 =
 Allowable Impervious Area (BASE) 9053
- 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 2980
 - Driveway 2807
 - Walkway _____
 - Accessory Buildings 921
 - Pool & Spa 387
 - Deck & Patio 959
 - Other Lanai 498

= 8552

Actual Impervious Area (AIA) 8552 = 33070
- 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



Missing from Submittal
City of Belle Isle need this App!

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

Swimming Pool Permit Application

DATE: _____

PERMIT # 2021-03-026

PROJECT ADDRESS 7022 Semunde _____, Belle Isle, FL _____ 32809 _____ 32812

PROPERTY OWNER NAME _____ PHONE NUMBER _____

Parcel Id Number: _____ To obtain this information, please visit <http://www.ocpafll.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific plan required to show compliance with zoning setbacks. Impervious Surface Ratio Worksheet required; see Page 2 of this application.

PLANNING & ZONING APPROVAL: _____ DATE _____

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: _____ Deck Square Footage: _____ Deck Type: _____

Job Valuation: \$ _____ **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: _____ Date _____

Verified Contractor's Licenses & Insurance are on file _____ Date _____

NOC ✓

Zoning Fee	\$ <u>165.00</u>
Building Fee	\$ _____
Review Fee	\$ _____
1% BCAIB Fee	\$ _____
1.5% DCA Fee	\$ _____
Total Permit Fee	\$ _____

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 ELECTRICAL, PLUMBING, GAS, ENCLOSURES, ETC.



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

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

PERMIT #

Owner's Name _____

Owner's Address _____

License Holder Name	Company Name
License #	Company Address
Contact Phone/Cell	City, State, ZIP
Contact Email	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 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, 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.

<p>Owner Signature _____</p> <p>The foregoing instrument was acknowledged before me this ___/___/___</p> <p>by _____ who is personally known to me</p> <p>and who produced _____</p> <p>as identification and who did not take an oath.</p> <p>Notary as to Owner _____</p> <p>State of Florida</p> <p>County of Orange</p>	<p style="text-align: center;">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</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35= Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>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.</p> <p>4. If AIA is greater than BASE, then onsite retention must be provided.</p> <p><i>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</i></p>
<p>Contractor Signature _____</p> <p>COMPANY NAME _____</p> <p>The foregoing instrument was acknowledged before me this ___/___/___</p> <p>by _____ who is personally known to me</p> <p>and who produced _____</p> <p>as identification and who did not take an oath.</p> <p>Notary as to Owner _____</p> <p>State of Florida</p> <p>County of Orange</p>	

Permit Number: _____
 Folio/Parcel ID #: 29-23-30-4389-02-161
 Prepared by: Dreamscapes Pools & Spas LLC
265 Bellagio Circle
Sanford FL 32771
 Return to: Dreamscapes Pools and Spas LLC
265 Bellagio Circle
Sanford FL 32771

DOC # **20210027874**
 01/14/2021 14:41 PM Page 1 of 1
 Rec Fee: \$10.00
 Deed Doc Tax: \$0.00
 Mortgage Doc Tax: \$0.00
 Intangible Tax: \$0.00
 Phil Diamond, Comptroller
 Orange County, FL
 Ret To: SIMPLIFILE LC

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)
7022 Seminole Dr Belle Isle Fl 32812
2. **General description of improvement**
Swimming Pool and Paver Decking
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Walters Construction Company of NSB LLC
 Address 419 N Causeway New Smyrna Beach Fl 32169
 Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Dreamscapes Pools and Spas LLC Telephone Number _____
 Address 265 Bellagio Circle Sanford Fl 32771
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ 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 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____

Owner
 Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 6th day of 01/21 by Brent Walters
month/year name of person

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

[Signature]
 Signature of Notary Public - State of Florida

Walters Construction Co of NSB LLC
 Name of party on behalf of whom instrument was executed
Grace M. Campeno
 Commission / GG125554
 Expires July 18, 2021
 Print, type, or stamp commission and expiration date of Notary Public

Personally Known OR Produced ID _____
 Type of ID Produced _____



Ron DeSantis, Governor

Halsey Beshears, Secretary



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE RESIDENTIAL POOL/SPA CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



1 - ~~Bob~~
Reading

RECEIVED
FEB 05 2021
BY: [Signature]

SHAUGHNESSY, MARK

DREAMSCAPES POOLS AND SPAS LLC
265 BELLAGIO CIRCLE
SANFORD FL 32771

LICENSE NUMBER: CPC1457433

EXPIRATION DATE: AUGUST 31, 2022

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)
1/14/2021

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).

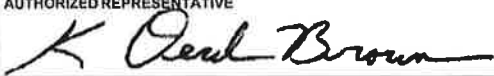
PRODUCER Insurance by Ken Brown, Inc. 707 Pennsylvania Ave Ste 1300 Altamonte Springs FL 32701		CONTACT NAME: PHONE (A/C, No., Ext): 321-397-3870 FAX (A/C, No): 321-397-3888 E-MAIL ADDRESS: certificates@insbykenbrown.com	
INSURED Dreamscapes Pools & Spas LLC 265 Bellagio Circle Sanford FL 32771		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Amerisure Mutual Insurance Company 23396 INSURER B : Amerisure Insurance Company 19488 INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1848736940 **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL20734141002	11/15/2020	11/15/2021	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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	Y/N N	N/A	WC209053807	11/15/2020	11/15/2021	<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 Nela 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 
--	--



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 09/30/21

DREAMSCAPES POOLS AND SPAS LLC
265 BELLAGIO CIR
SANFORD, FL 32771

MARK B SHAUGHNESSY (OFFICER)

Account #: 181609

REGULATED
License # - CPC1457433
Qualifier- SHAUGHNESSY, MARK
**SANFORD CITY LICENSE REQUIRED **

Receipt #: 1S482020082500854

Amount Paid: \$ 45.00

Date Paid: 08/25/2020

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.

DREAMSCAPES POOLS AND SPAS LLC
265 BELLAGIO CIR
SANFORD, FL 32771



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

Sign up for e-Notify...

Seminole Dr < 29-23-30-4389-02-161 >

Name(s)
Walters Construction Company Of Nsb L L C

Property Name
N/A. Click information icon to contribute.

Mailing Address On File
419 N Causeway
New Smyrna Beach, FL 32169-5266
[Incorrect Mailing Address?](#)

Physical Street Address
Seminole Dr

Postal City and Zipcode
Orlando, FL 32812

Property Use
0030 - Vacant Water

Municipality
Belle Isle



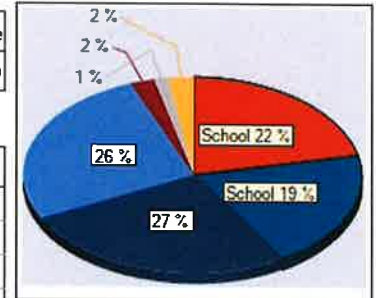
View 2020 Property Record Card

- Property Features**
- Values, Exemptions and Taxes
- Sales Analysis**
- Location Info
- Market Stats
- Update Information

Historical Value and Tax Benefits

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2020 <input checked="" type="checkbox"/> MKY	\$370,000	+	\$0	=	\$370,000

2020 Tax Breakdown



2020 Taxable Value and Certified Taxes

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes	%
Public Schools: By State Law (Rle)	\$370,000	\$0	\$370,000	3.6090	\$1,335.33	22 %
Public Schools: By Local Board	\$370,000	\$0	\$370,000	3.2480	\$1,201.76	19 %
Orange County (General)	\$370,000	\$0	\$370,000	4.4347	\$1,640.84	27 %
City Of Belle Isle	\$370,000	\$0	\$370,000	4.4018	\$1,628.67	26 %
Library - Operating Budget	\$370,000	\$0	\$370,000	0.3748	\$138.68	2 %
St Johns Water Management District	\$370,000	\$0	\$370,000	0.2287	\$84.62	1 %
Lake Conway Mstu	\$370,000	\$0	\$370,000	0.4107	\$151.96	2 %
				16.7077	\$6,181.86	

2020 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
There are no Non-Ad Valorem Assessments				

2020 Gross Tax Total: \$6,181.86

2020 Tax Savings Tax Savings

Your property taxes without exemptions would be: \$6,181.86

Your ad-valorem property tax with exemptions is: - \$6,181.86

Providing You A Savings Of: = \$0.00

This Data Printed on 02/05/2021 and System Data Last Refreshed on 02/04/2021

What are you looking to do today? You can also type your question below.





**CITY OF BELLE ISLE,
FLORIDA**

1600 Nela Avenue
Belle Isle, Florida 32809
(407) 851-7730 • FAX (407) 240-2222
www.cityofbelleislefl.org

negood

**RESIDENTIAL SWIMMING POOL
SAFETY AFFIRMATION**

Date: 10.06.2021

Permit #: 2020-06-076 (Building)

I, Brent Walters, License # CGC 1507259
(print contractor's name)

hereby affirm that the pool will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirements of Florida Statute 515.29 and the 2010 Florida Building Code, Residential Section R4101.17.

Check the applicable barrier requirements from the following options and show on the site plan:

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC R4101.17, Exception.
- The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4101.17.1.15.
- The pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4101.1.1 through R4101.1.8.
- The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC R4101.1.1 through R4101.1.8.

Does any part of the barrier consist of dwelling walls which contain doors or windows?

Yes No If yes, then check which of the two options below are applicable:

- All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4101.17.1.9(1) unless Exceptions a, b or c apply.
- All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4101.17.1.9, exception 2.

I understand that the above indicated shall be installed before the time of pool safety inspection per FBC R4101.19.

[Signature]
(contractor's signature)

[Signature]
(property owner's signature)