



City of Belle Isle Job Site Permit Card BUILDING 2020-04-035

Subdivision
Class: Residential

Site Address: **5416 Chiswick Cir.** 32812
Parcel Number: 20-23-30-9373-00-090

Description of Work: **INSTALL POOL SCREEN ENCLOSURE 37X20 = 740 SF.**

Issued: DESIGN PRO SCREENS INC , CHEFFER, JEFFREY HAROLD License # **CBC1252116**

Contact # 407 339-1090 Payment/ Issued Date & Method: 4/29/ 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 Lath			
250 Final			
260 Other			

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 BID 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.universalengineering.com

APR 09 2020

Building / Land Use Permit Application

DATE: 4-7-20

PERMIT # 2020-04-035

PROJECT ADDRESS 5416 CHISWICK CIR. 5416 Chiswick Circle

Belle Isle, FL 32809 32812

PROPERTY OWNER RICK & MARI CHRISTOFF

PHONE 407-999-9010

VALUE OF WORK (labor & material) \$ 157,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

15 = 25,160

Install pool screen enclosure 37x20 = 740 SF

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-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: 20-23-30-9373-00-090

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

ZONING APPROVED
SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific foundation plan required to show compliance with zoning setbacks. Note: this Zoning Approval MAY NOT COMPLY with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

Date: 4/13/20 By: [Signature]

PLANNING & ZONING APPROVAL:

DATE City of Belle Isle

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

CONSTRUCTION TYPE _____

OCCUPANCY GROUP _____ Comm Res: _____ Single Fam _____ Multi Fam

#BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____

MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER electronic below DATE 4-15-20

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 4-29-20

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. 1st K 4x25

Page 1 of 2



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: 2020.04.15 10:20:37 -04'00'

25
100
125.2
62.50
187.50

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
REVIEW	Date: Sent	RCO	
ZONING	<u>Y</u>	N	\$ <u>165</u>
CERT OF OCC	<u>Y</u>	N	\$
TRAFFIC	<u>Y</u>	N	\$
SCHOOL	<u>Y</u>	N	\$
FIRE	<u>Y</u>	N	\$
SWIMMING POOL	<u>Y</u>	N	\$
SCREEN ENCLOSURE	<u>Y</u>	N	\$ <u>187.50</u>
ROOFING	<u>Y</u>	N	\$
BOAT DOCK	<u>Y</u>	N	\$
BUILDING	<u>Y</u>	N	\$
WINDOW(S)	<u>Y</u>	N	\$
DOOR(S)	<u>Y</u>	N	\$
FENCE	<u>Y</u>	N	\$
SHED	<u>Y</u>	N	\$
DRIVEWAY	<u>Y</u>	N	\$
OTHER	<u>Y</u>	N	\$

1% BCAIB FEE 2.81

1.5% DCA FEE 2.81

TOTAL 357.31

OTHER PERMITS REQUIRED:

ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING	Y	NA
ROOFING	Y	NA
GAS	Y	NA

1181 7581
PAID
4-29-2020



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

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

Owner's Name Patricia Rick & Mardi Christoff
 Owner's Address 5416 Chiswick Cir., Belle Isle, FL 32812

PERMIT # 2020-04-0315

Contractor Name <u>Design Pro Screens, Inc.</u>	Company Name <u>Design Pro Screens, Inc.</u>
License # <u>COC 1252116</u>	Company Address <u>887 Waterway Place</u>
Contact Phone/Cell <u>407-339-1090</u>	City, State, ZIP <u>Longwood, FL 32750</u>
Contact Email <u>designproscreens@gmail.com</u>	Contact Fax <u>407-339-0202</u>

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 2/21/20
 by Richard Christoff who is personally known to me
 and who produced DL
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida Patti Bowles
 County of Orange NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG938058
Expires 1/9/2024

Contractor Signature [Signature]
 COMPANY NAME Design Pro Screens, Inc.
 The foregoing instrument was acknowledged before me this 4/1/20
 by Jeff Chaffer who is personally known to me
 and who produced _____
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 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 (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed

DOC # 20200221760
04/08/2020 09:18 AM 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

Permit Number 2020-04-035
Parcel identification Number 20-23-30-9373-00-090
Return to: **Design Pro Screens, Inc.**
887 Waterway Place
Longwood, FL 32750

CBC1252116
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 the Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.


- Description of property: (legal description of the property, and street address if available)
Lot 9, Windsor Place Phase 1, according to the plat thereof, as recorded in Plat Book 30, Page 28, of the Public Records of Orange County, Florida.
5416 Chiswick Circle, Belle Isle, FL 32812
- General description of improvement
Install pool screen enclosure
- Owner information
Name Richard & Patricia Christoff
Address 5416 Chiswick Circle, Belle Isle, FL 32812
Interest in Property: Fee Simple
Name & Address of fee simple titleholder (if different than owner):
Telephone Number 407-999-9010
Fax Number _____
- Contractor
Name Design Pro Screens
Address 887 Waterway Place., Longwood, FL 32750
Telephone Number 407-339-1090
Fax Number 407-339-0200
- Surety (if applicable, a copy of the payment bond must be attached):
Name N/A
Address _____
Telephone Number _____
Fax Number _____
Amount of Bond \$ _____
- Lender (if any)
Name _____
Address _____
Telephone Number _____
Fax Number _____
- Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
Name N/A
Address _____
Telephone Number _____
Fax Number _____
- In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the following Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes: Phone No: _____
- 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 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 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 by means of [] physical presence or [] online notarization, this 21st day of February, 2020 by Richard Christoff as Owner (Type of authority i.e. officer, trustee, attorney in fact) for N/A (name of party on behalf of whom instrument was executed)

Signature of Notary Public - State of Florida

 **Patil Bowles**
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG938058
Print, type or stamp commission number of Notary Public

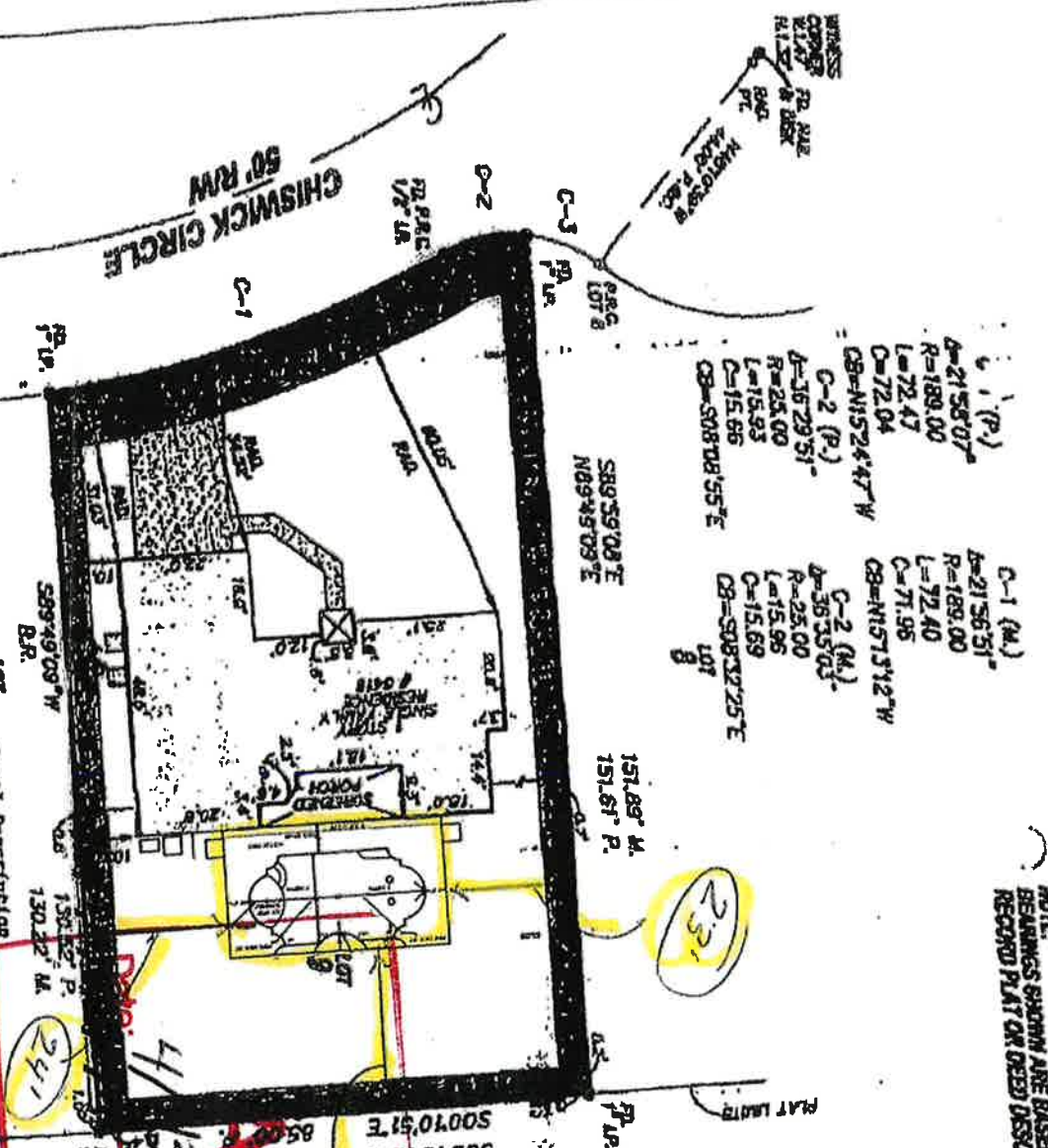
Personally Known _____ OR Produced ID
Type of ID Produced DL

State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of the document as reflected in the Official Records
PHIL DIAMOND, COUNTY COMPTROLLER
BY: Ann Rodenas
DATED: 4-23-2020



NOTES: BEARINGS SHOWN ARE BASED UPON RECORDED PLAT OR DEED DESCRIPTION

1"=30'
PER PLAT



SKETCH OF SURVEY

TYPE OF SURVEY: SUBDIVISION
CALORNE BOULE (On Pond)
1 inch = 30 ft.

LOT 10
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 9
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 8
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 7
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 6
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 5
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 4
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 3
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 2
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 1
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT 0
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -1
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -2
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -3
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -4
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -5
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -6
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -7
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -8
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -9
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -10
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -11
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -12
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -13
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -14
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -15
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -16
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -17
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -18
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -19
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -20
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -21
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -22
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -23
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -24
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -25
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -26
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -27
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -28
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -29
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -30
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -31
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -32
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -33
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -34
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -35
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -36
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -37
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -38
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -39
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -40
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -41
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -42
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -43
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -44
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -45
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -46
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -47
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -48
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -49
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

LOT -50
C-3 (P)&(C)
A=3143.33'
R=25.00
L=11.64
C=13.88
CB=S255°47'W

GENERAL NOTES:

1. THE SURVEY IS BASED UPON THE BEST AVAILABLE RECORDS AND FIELD MEASUREMENTS. IT IS THE POLICY OF THE SURVEYOR TO BE RESPONSIBLE FOR THE ACCURACY OF THE SURVEY.

2. THE SURVEYOR HAS REVIEWED THE RECORDS OF THE SURVEY AND HAS FOUND THEM TO BE COMPLETE AND CORRECT.

3. THE SURVEYOR HAS REVIEWED THE RECORDS OF THE SURVEY AND HAS FOUND THEM TO BE COMPLETE AND CORRECT.

4. THE SURVEYOR HAS REVIEWED THE RECORDS OF THE SURVEY AND HAS FOUND THEM TO BE COMPLETE AND CORRECT.

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9. THE SURVEYOR HAS REVIEWED THE RECORDS OF THE SURVEY AND HAS FOUND THEM TO BE COMPLETE AND CORRECT.

10. THE SURVEYOR HAS REVIEWED THE RECORDS OF THE SURVEY AND HAS FOUND THEM TO BE COMPLETE AND CORRECT.

LEGAL DESCRIPTION

Lot 9, REDSOX PLACE PHASE I, according to the Plat thereof, as recorded in Plat Book 30, Pages 28-29, of the Public Records of Orange County, Florida.

Community Number: 180129 Panel: 0430
Gunter's F.I.R.M. Date: 12/6/2000 Flood
Zone: X
Field Book: 4/26/2006 Completed: 6/27/2006

Survey Number: 0-18026B
Gunter's F.I.R.M. Date: 12/6/2000 Flood
Zone: X
Field Book: 4/26/2006 Completed: 6/27/2006

LEGEND

Symbol for Lot
Symbol for Boundary
Symbol for Right-of-Way
Symbol for Easement
Symbol for Encumbrance
Symbol for Other

Symbol for Lot
Symbol for Boundary
Symbol for Right-of-Way
Symbol for Easement
Symbol for Encumbrance
Symbol for Other

Symbol for Lot
Symbol for Boundary
Symbol for Right-of-Way
Symbol for Easement
Symbol for Encumbrance
Symbol for Other

CENTRAL FLORIDA SURVEYORS & ENGINEERS, P.A.
400 S. WINTER PARK DRIVE
SUITE 200
ORLANDO, FL 32809
Phone: (407) 385-2222
Fax: (407) 385-2222

Paul L. Jones
Surveyor
18026B
PLAT NO. 18026B

STATE OF FLORIDA
LARRY J. HAYNES, II
Surveyor

ED'D 2A:R L 9A:R R 6E W
1271-112-108-NRJ 130806 TW:040011 10011

DESIGN CRITERIA:

APPLICABLE CODES, REGULATIONS & STANDARDS

1. THE 2017 FLORIDA BUILDING CODE, SPECIFICALLY CHAPTER 16 STRUCTURAL DESIGN, CHAPTER 20 ALUMINUM & CH. 23 WOOD.
2. AA ASM 35 & SPECIFICATIONS FOR ALUMINUM STRUCTURES, PART 1-A OF THE ALUMINUM DESIGN MANUEL PREPARED BY THE ALUMINUM ASSOCIATION, INC. WASHINGTON D.C. 2005 ED.
3. ASCE 7-10 & SE17
4. NDS NATIONAL DESIGN SPECIFICATION FOR WOOD.
5. ACI318 CONCRETE REFERENCE MANUAL.

WIND LOADS

1. BUILDING OCCUPANCY CATEGORY, PARAGRAPH 1604.5 & TABLE 1604.5: RISK CATEGORY 1.
2. BASIC WIND SPEED, TABLE 1609C, STATE OF FLORIDA DEBRIS REGION & BASIC WIND SPEED, PARAGRAPH 1609.3.1 & TABLE 1609.3.1 EQUIVALENT BASIC WIND SPEED: 130
MPH EXPOSURE CATEGORY, PARAGRAPH 1609.4.3: B
3. WIND LOADS PER FBC TABLE 2002.4 (MWFRS)
VULT = 130 MPH & EXPOSURE = B

FOR 20 X 20 X 0.013" MESH SCREEN
 HORIZONTAL PRESSURES ON WINDWARD SURFACES = 23 PSF
 HORIZONTAL PRESSURES ON LEEWARD SURFACES = 20 PSF
 VERTICAL PRESSURES ON SCREEN SURFACES = 6 PSF
 VERTICAL PRESSURES ON SOLID SURFACES = 20 PSF

FOR 18 X 14 X 0.013" MESH SCREEN, APPLIED FACTOR = .88
 FOR ALLOWABLE STRESS DESIGN, APPLIED FACTOR = .6

FOUNDATION DESIGN

FOOTING SIZE EXISTING CONCRETE SLAB. NO ADDITIONAL FOOTING OR FOUNDATION SYSTEM IS REQUIRED BY THE PROPOSED CONSTRUCTION IF A MINIMUM 4" CONCRETE SLAB IS PROVIDED IN SOUND CONDITION, FREE FROM STRUCTURAL CRACKING, SPALLING & OTHER DETERIORATION.

SPECIFICATIONS

THE FOLLOWING SPECIFICATIONS ARE APPLICABLE TO THIS PROJECT:

1. WHERE CONCRETE SPECIFICATIONS ARE REQUIRED, WHETHER IN THE SCREEN ENCLOSURE SCOPE OF NOT, BY ONE OR MORE REGULATORY AGENCY, THE FOLLOWING SPECIFICATIONS ARE APPLICABLE:
 - a. CONCRETE SHALL CONFORM TO ASTM C94 FOR THE FOLLOWING COMPONENTS:
 - i. PORTLAND CEMENT TYPE 1 - ASTM C 150
 - ii. AGGREGATES - LARGE AGGREGATE 3/4 MAX. - ASTM C 33
 - iii. AIR ENTRAINING +/- 1% - ASTM C 260
 - iv. WATER REDUCING AGENT - ASTM C 494
 - v. CLEAN PORTABLE WATER
 - vi. OTHER ADMIXTURES NOT PERMITTED
 - b. METAL ACCESSORIES SHALL CONFORM TO:
 - i. REINFORCING BARS - ASTM A615, GRADE 60
 - ii. WELDED WIRE FABRIC - ASTM A185
 - c. CONCRETE SLUMP AT DISCHARGE CHUTE NOT LESS THAN 3" OR MORE THAN 5". WATER ADDED AFTER BATCHING IS NOT PERMITTED.
 - d. PREPARE & PLACE CONCRETE PER AMERICAN CONCRETE INSTITUTE MANUAL OF STANDARD PRACTICE, PART 1, 2, & 3 INCLUDING HOT WHEATHER RECOMMENDATIONS.
 - e. MOIST CURE OR POLYETHYLENE CURING PERMITTED.
 - f. PRIOR TO PLACING CONCRETE, TREAT THE ENTIRE SUBSURFACE ARE FOR TERMITES IN COMPLIANCE WITH THE FBC.
 - g. CONCRETE SHALL BE PLACED OVER A POLYETHYLENE VAPOR BARRIER.
2. WHEN PAVERS ARE UNDER ALUMINUM MEMBERS, CONTRACTOR SHALL EPOXY TO DECK OR GROUT TO DECK w/3000 PSI GROUT WITH BONDING AGENT
3. WHEN APPLICABLE FOR NEW SLAB ADDITION TO ADJACENT DRILL & EPOXY #5 X 8" REBAR INTO EX. FOUNDATION WITH 1" MIN. HOLE, EMBED 4" MIN W/ NON-SHRINKING SIMPSON EPOXY-TIE (OR EQUAL) 48" O.C. TYP. ALL LOCATIONS
4. WHEN APPLICABLE FOR NEW FOOTER TO EXISTING, DRILL & EPOXY NEW STEEL INTO EX. FOUNDATION WITH 1" MIN. HOLE, EMBED 6" MIN W/ NON-SHRINKING SIMPSON EPOXY-TIE (OR EQUAL) TYP. ALL LOCATIONS
5. MINIMUM CONCRETE STRENGTH 3000 PSI UNLESS OTHERWISE NOTED.

ALUMINUM SPECIFICATIONS

1. ALUMINUM EXTRUSIONS SHALL BE 6005 T5 ALLOY UNLESS OTHERWISE NOTED.
2. ALL SELF MATING BEAM SECTIONS ARE TO BE STITCHED WITH #12 SCREWS 6" FROM ENDS & 24" CENTER TO CENTER.
3. ROOF BRACING SHALL BE A MINIMUM 2"x2"x.050".
4. THE MINIMUM NORMAL THICKNESS OF PROTECTOR PANELS (KICKPLATES) SHALL BE AN INDUSTRY STANDARD OF 0.024 INCHES.
5. VINYL AND ACRYLIC PANELS SHALL BE REMOVED WHEN WIND SPEEDS EXCEED 75 MPH PER FBC.
6. SCREEN MATERIAL SHALL BE 18/14 SCREEN UNLESS APPROVED BY FLORIDA ENGINEERING LLC.
5. 1"x2" & 1"x3" NON STRUCTURAL MEMBERS MAY BE USED INTERCHANGEABLY.

FASTENER SPECIFICATIONS

1. FASTENERS ARE REQUIRED TO BE SAE GRADE 2 OR BETTER ZINC PLATED. (CONCRETE ANCHORS ARE TO BE TAPCONS OR BETTER, INSTALLED TO MFG. SPECIFICATIONS)
2. IT IS THE OWNERS RESPONSIBILITY TO MAINTAIN THE SCREENS, FASTENERS AND SCREENS TO MANUFACTURING SPECIFICATIONS.
3. WHERE WOOD DECK IS PRESENT USE 1/4" X 3-1/2" GALV. LAG SCREWS IN LIEU OF MASONRY ANCHORS, UNLESS OTHERWISE SPECIFIED.
4. 1"x2" NON STRUCTURAL MEMBERS ATTACHED TO HOST
 - A. FOR MASONRY/CONCRETE APPLICATION USE GALVANIZED 1/4" X 2-3/4" TAPCONS OR EQUAL AT 24" O.C. AND 6" FROM ENDS
 - B. FOR WOOD APPLICATION USE #14 X 2-3/4" WOOD SCREW AT 24" O.C. AND 6" FROM ENDS.
 - C. FOR ALUMINUM APPLICATION USE #10 X 1-1/2" SMS OR TEK SCREW AT 24" O.C. AND 6" FROM ENDS
 - D. WHERE 1"x2" INSTALLED THROUGHOUT AN "OPEN VIEW" SPACING SHALL BE REDUCED TO 18" O.C. AND 6" FROM ENDS

MASONRY SPECIFICATIONS

1. CONCRETE MASONRY UNITS (CMU) SHALL BE STANDARD HOLLOW UNITS AND SHALL BE 1900 PSI MINIMUM BASED ON TYPE M OR S MORTAR.
2. ALL MORTAR SHALL BE TYPE M OR S.
3. ALL GROUT SHALL BE 2000 PSI MINIMUM AND HAVE MAXIMUM COARSE AGGREGATE SIZE OF 3/8".
4. PROVIDE CLEAN-OUTS FOR REINFORCED CELLS CONTAINING REINFORCEMENT WHEN GROUT POUR EXCEEDS 5'-0" IN HEIGHT.

MISCELLANEOUS

1. SCREENED ENCLOSURES CONTAINING SWIMMING POOLS SHALL COMPLY WITH THE APPLICABLE REQUIREMENTS OF FBC R4501.17 RESIDENTIAL SWIMMING BARRIER REQUIREMENTS.
2. ALUMINUM ADDITIONS ARE NOT TO BE INSTALLED ON A MANUFACTURED HOME, TRAILER HOME, OR PRE-FAB HOME. IF THE EXISTING STRUCTURE IS ONE OF THESE, A SEPERATE 4TH WALL SUPPORT SYSTEM IS SO TO BE ENGINEERED SO THAT NO ADDITIONAL LOADING IS PLACED ON THE MANUFACTURED HOME.
3. DOOR LOCATION MAY BE RELOCATED BY CONTRACTOR IN THE FIELD.
4. WHERE PAVERS ARE UNDER ALUMINUM MEMBERS, CONTRACTOR SHALL EPOXY TO DECK OR GROUT TO DECK w/3000 PSI GROUT WITH BONDING AGENT.
5. INTEGRITY OF EXISTING/ HOST STRUCTURE SHALL NOT BE COMPROMISED WITH THE ATTACHMENT OF THE PROPOSED STRUCTURE.
6. ALL 2X4 & GREATER ARE TO BE 2 x 4 SMB: 2"x4"x0.044"x0.100" UNLESS OTHERWISE INDICATED.

RESPONSIBILITIES

1. ALL SITE WORK SHALL BE PERFORMED BY A LISCENED CONTRACTOR IN ACCORDANCE WITH APPLICABLE BUILDING CODES, LOCAL ORDANANCES, AND THE ENGINEER SHALL BE NOTIFIED OF ANY DISCREPANCIES.
2. FOR FASTENERS WHICH ARE NOT VISIBLE AFTER INSTALLATION, THE CONTRACTOR SHALL VERIFY AND ENSURE INSTALLATION HAS BEEN ACCOMPLISHED IN ACCORDANCE WITH MANUFACTURERS SPECIFICATIONS AND IN ACCORDANCE WITH THE ATTACHED DETAILS.
3. FOR "PICTURE WINDOW" MODIFICATION TO EXISTING SCREEN ENCLOSURES, ALL OTHER "EXISTING SCREEN ENCLOSURE" FEATURES ARE TO MEET THE TYPICAL DETAILS AS PROVIDED IN THESE DETAILS. CONTRACTOR IS TO VERIFY & ASSURE EXISTING SCREEN ENCLOSURE IS STRUCTUALLY SOUND.

ALUMINUM MEMBERS DIMENSIONS

HOLLOW SECTIONS

- 2 x 2: 2"x2"x0.044"
- 2 x 3: 2"x3"x0.050"
- 2 x 4: 2"x4"x0.050"
- 2 x 5: 2"x5"x0.050"

OPEN BACK SECTIONS

- 1 x 2: 1"x2"x0.044"
- 1 x 3: 1"x3"x0.045"

SNAP SECTIONS

- 2 x 2 SNAP: 2"x2"x0.045"
- 2 x 3 SNAP: 2"x3"x0.050"
- 2 x 4 SNAP: 2"x4"x0.045"

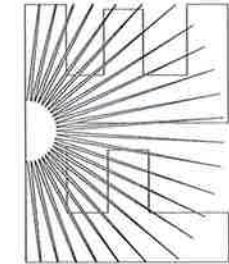
SELF MATING (SMB)

- 2 x 4 SMB: 2"x4"x0.044"x0.100"
- 2 x 5 SMB: 2"x5"x0.050"x0.100"
- 2 x 6 SMB: 2"x6"x0.050"x0.120"
- 2 x 7 SMB: 2"x7"x0.057"x0.120"
- 2 x 8 SMB: 2"x8"x0.072"x0.124"
- 2 x 9 SMB: 2"x9"x0.082"x0.124"
- 2 x 10 SMB: 2"x10"x0.092"x0.398"

DETAIL A



FLORIDA ENGINEERING LLC
 4161 TAMAMI TRAIL, UNIT 101
 PORT CHARLOTTE, FLORIDA 33952
 (941) 391-5980
 www.flengineeringllc.com



CONTRACTOR:
DESIGN PRO SCREENS

PROJECT ADDRESS:
 CHRISTOFF
 5416 CHISWICK CIR
 BELLE ISLE, FL

DESIGN DATE: 04/03/2020

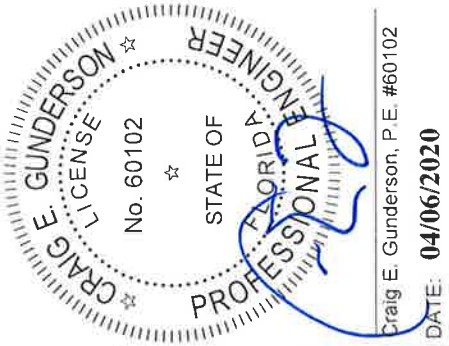
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REVISION 2: DATE PAGE: 1

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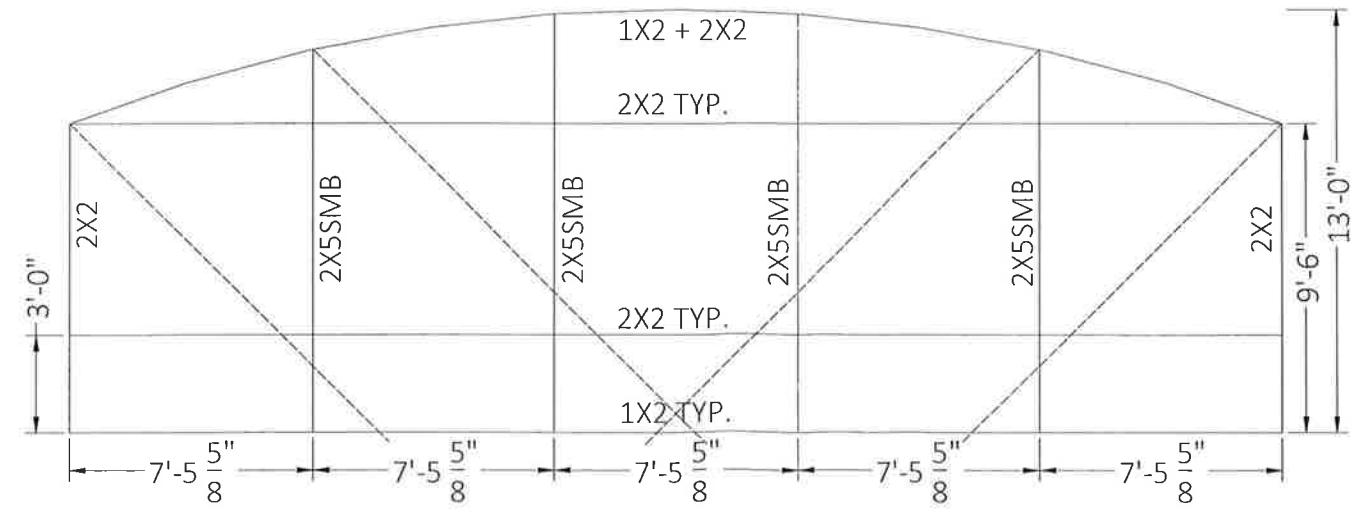
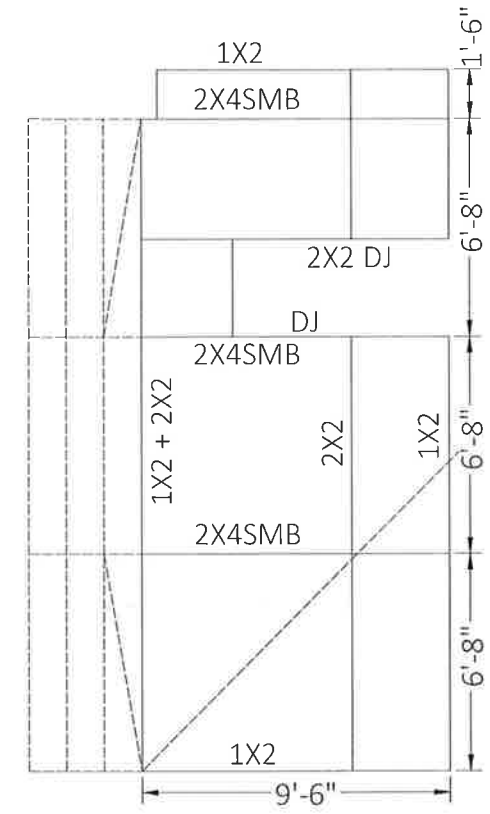
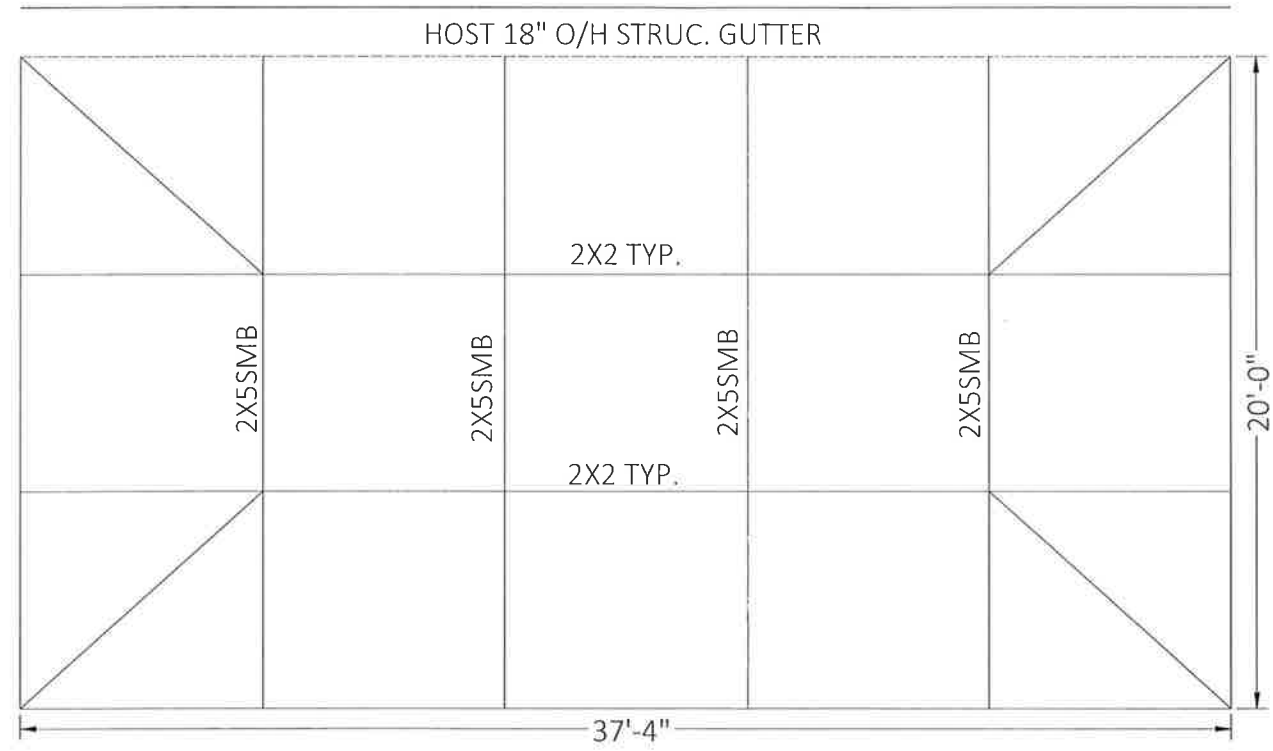
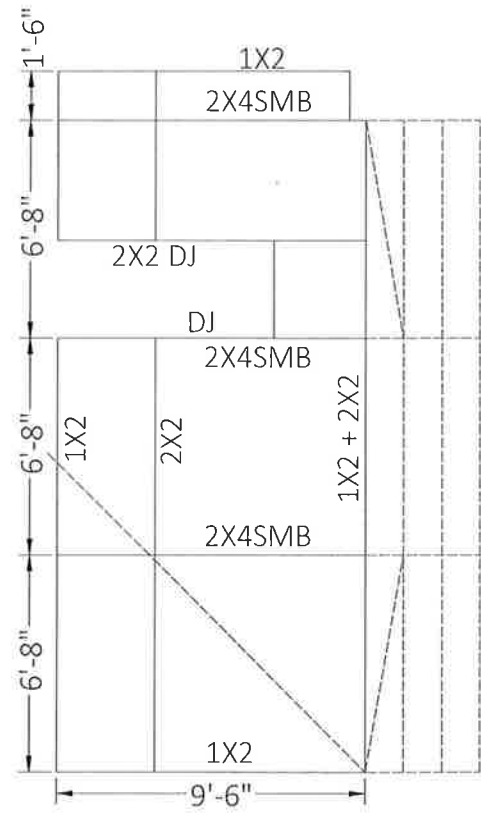
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PROJECT NO. 2009107 CA CERT. #30782 DATE: 04/06/2020

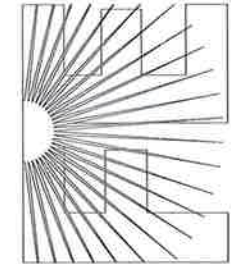


Craig E. Gunderson, P.E. #60102
DATE: 04/06/2020

2X2X.050 DIAG. BRACE TYP.



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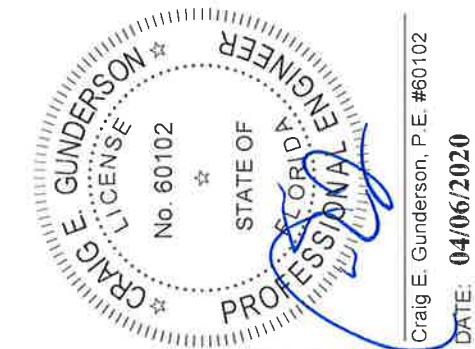


PROJECT NO. 2009107
CA CERT. #30782

CONTRACTOR:
DESIGN PRO SCREENS

PROJECT ADDRESS:
CHRISTOFF
5416 CHISWICK CIR
BELLE ISLE, FL

DESIGN DATE:	04/03/2020
REVISION 1:	DATE
REVISION 2:	DATE
DRAWN BY:	KMM
SCALE:	NTS



Craig E. Gunderson, P.E. #60102
DATE: 04/06/2020

BEAM IS ATTACHED TO UPRIGHTS WITH (8) #10x3/4" ON EACH SIDE OF BEAM
2X3 WIND BRACE IS BLIND SCREWED TO ALUMINUM STRUCTURE WITH (3) #10x2" OR TOE NAILED W/ (3) #10x2"

2X2 PURLINS WILL BE BLIND SCREWED THROUGH ROOF BEAM INTO EMBOSS WITH (4) #10x2"
FRONT WALK BACK WALL & SIDE WALLS TOP PLATES ATTACH TO ROOF MEMBERS WITH #10x3/4" INSTALL 6" FROM ENDS 24" O.C.

1" X .050" GUTTER STRAP 24" O.C. MAX 4" FROM EACH UPRIGHT SCREWED THROUGH GUTTER INTO FASCIA WITH #10x2" ATTACHED TO FRONT OF GUTTER WITH #10x3/4"

KNEE BRACE ON A 45 DEGREE SCREWED INTO H CHANNEL WITH (6) #10x3/4" SMS ON EACH SIDE 3 INTO THE BEAM 3 INTO THE PURLIN
2X2 KNEE BRACE FOR 25' - 0" MAX BEAM SPAN
2X3 KNEE BRACE FOR 40' - 0" MAX BEAM SPAN
2X4 KNEE BRACE FOR SPANS IN EXCESS OF 40' - 0"

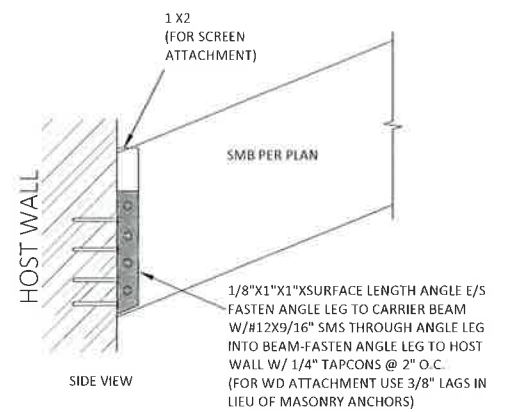
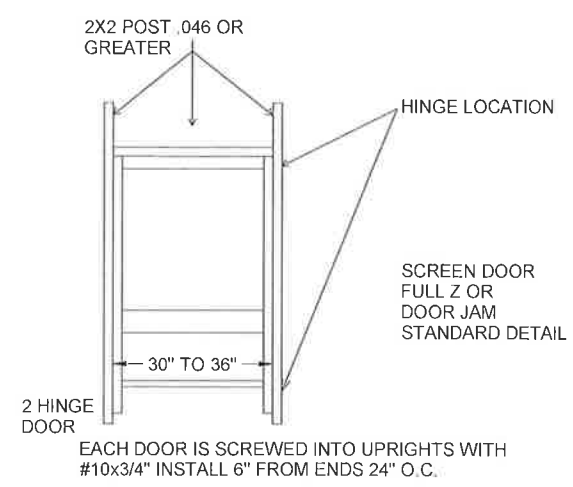
EXTRUDED GUTTER IS ATTACHED TO FASCIA WITH #10x4" INSTALL 6" FROM ENDS 24" O.C. INTO RAFTER TAILS

2X2 CHAIR RAILS & GIRTS ARE ATTACHED WITH INTERNAL CLIPS WITH (4) #10x3/4" CAPRI CLIPPED WITH (8) #10x3/4" OR BLIND SCREWED WITH (3) #10x2"

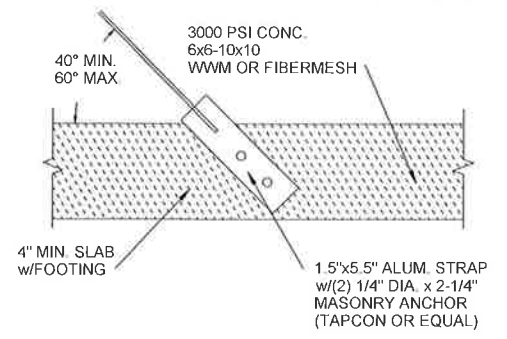
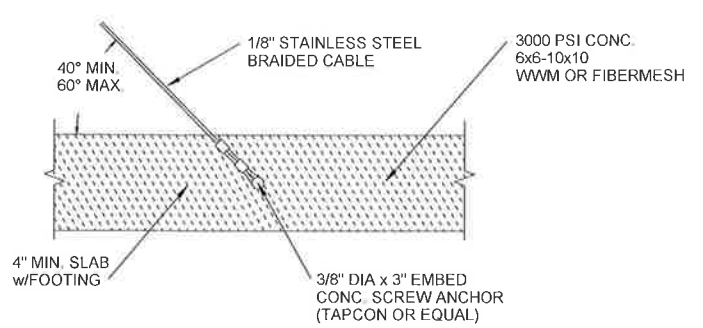
2X4 OR GREATER BEAMS UP TO 15' ARE STITCHED TOGETHER WITH #10x3/4" INSTALL 6" FROM ENDS 24" O.C.

1X2 BOTTOM PLATE IS ATTACHED TO CONCRETE WITH 2 1/4" X 1/4" TAPCONS (5" X 1/4" IF THRU PAVERS) 6" FROM ENDS 24" O.C.

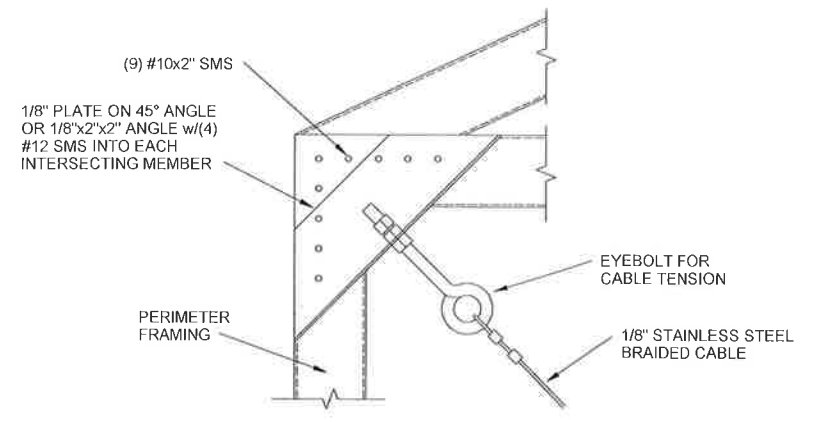
2X2X1/8" ANGLE SCREWED INTO EACH SIDE OF BEAM WITH (2) #10x3/4" & INTO CONCRETE WITH (1) 2-1/4" X 1/4" TAPCON



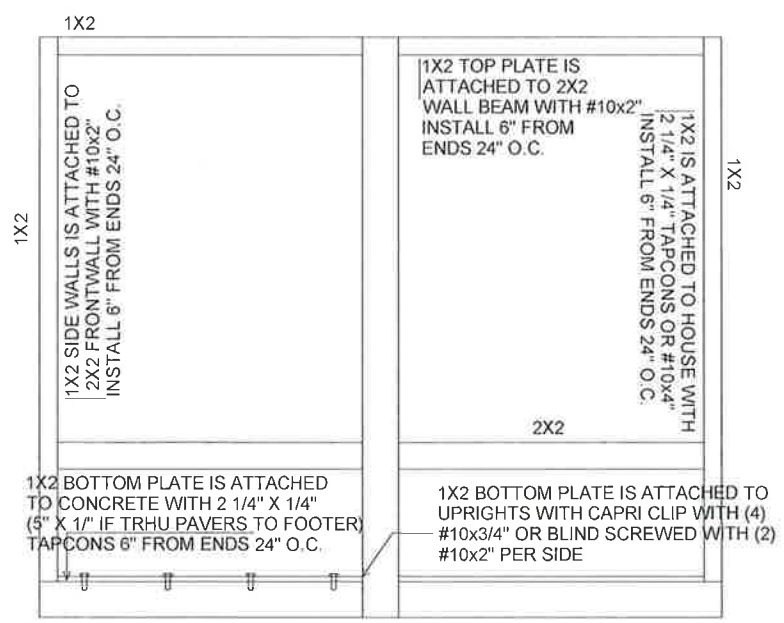
BEAM TO WALL CONNECTION
DETAIL SCALE: N.T.S.



DETAIL "I-1" CABLE CONNECTION
AT FOUNDATION SCALE: N.T.S.



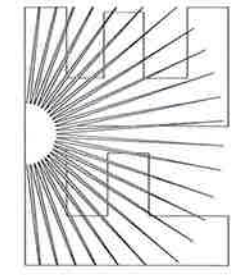
DETAIL "I-2" CABLE CONNECTION
AT CORNER SCALE: N.T.S.



DESIGN STATEMENT
METAL IS .046 THICKNESS OR GREATER, ALLOY IS 6005-T5
ALL TAPCONS SHALL PROVIDE MINIMUM OR 1-1/8" EMBEDMENT DEPTH

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO INFORM THE HOMEOWNER THAT THE CABLES AND CABLE ATTACHMENT MUST BE INSPECTED BY THE HOMEOWNER AT LEAST TWICE A YEAR TO ELIMINATE ANY DEFICIENCIES ASSOCIATED WITH TENSION SLACK AND/OR CORRSION AND IF NECESSARY TO MAKE CORRECTIVE REPAIRS TO MAINTAIN THE CABLE FULL TENSION (NO SLACK) DESIGNED FOR STRUCTURAL LATERAL STABILITY

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SCALE:	NTS

PROJECT NO. 2009107

CA CERT. #30782

PAGE: 3



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

CHEEFER, JEFFREY HAROLD

DESIGN PRO SCREENS INC
887 WATERWAY PLACE
LONGWOOD, FL 32750

LICENSE NUMBER: CBC1252116

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



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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

DESIGN PRO SCREENS INC
887 WATERWAY PL
LONGWOOD, FL 32750

Account #: 190404

JEFFREY CHEFFER (OFFICER)

REGULATED
License # - CBC1252116
Qualifier- CHEFFER JEFFREY H

Receipt #: WEB#2019091120039

Amount Paid: \$ 45.00

Date Paid: 09/11/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/29/2019

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 DESIG-1 Design Pro Screens, Inc. 887 Waterway Place Longwood FL 32750		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Amerisure Mutual Ins. Co</td> <td>23396</td> </tr> <tr> <td>INSURER B : Old Dominion Insurance Co</td> <td>40231</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amerisure Mutual Ins. Co	23396	INSURER B : Old Dominion Insurance Co	40231	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																	
INSURER E :																	
INSURER F :																	


COVERAGES **CERTIFICATE NUMBER:** 1252358310 **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP21000320402	5/11/2019	5/11/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1P6717B	5/11/2019	5/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2020

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 Sihle Insurance Group, Inc. 1021 Douglas Ave. Altamonte Springs FL 32714	CONTACT NAME: Kymberly Group PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Kymberly Group Payroll Solutions Inc. 1 West Church Street, Suite 200 Orlando FL 32801	INSURER A: State National Insurance Company, Inc.		12831
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 788659187

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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> 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						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			TGW900096401	1/1/2020	1/1/2021	X PER STATUTE	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)

Alternate Employer, Design Pro Screens, Inc. is provided Workers Compensation coverage effective 10/15/18 only for employees leased from Kymberly Group Payroll Solutions, Inc. Pursuant to the client services agreement between Design Pro Screens, Inc. and Kymberly Group Payroll Solutions, Inc.

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Ave. Belle Isle FL 32809	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
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