



City of Belle Isle Job Site Permit Card

BUILDING 2020-12-051

Class: Commercial / Wyndham Garden Hotel

Address: 2635 Mccoy Rd Belle Isle, FL 32809

Parcel Number: 30-23-30-0000-00-005

Municipality Belle Isle

INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS PENDING FOR THIS PROJECT

Description of Work: **Installation of two illuminated wall signs & one illuminated pylon sign.**

Connect all three signs to existing electric.

Issued: LOTT SIGN SERVICE INC, LOTT, STEVIN WAYN # ES12000355 Contact # 813 907-8000

Payment/ Issued Date & Method: 4/26/2020 Sent by mail to the mailing address Emailed

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

5465 _____

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 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.universalengineering.com

RECEIVED
 DEC 18 2020

Building / Land Use Permit Application

DATE: 12/16/20

PERMIT # 2020-12-051

PROJECT ADDRESS 31635 McCarroll Rd Wundaham Garden Hotel, Belle Isle, FL 32809 32812

PROPERTY OWNER Thirumala Hotels LLC PHONE 813-907-8000

VALUE OF WORK (labor & material) \$ 330,000.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Installation of two illuminated wall signs and one illuminated Pylon sign.
 Connect all three signs to existing electric.

Please provide information, if applicable.

- **SINGLE FAMILY RESIDENCE:** 8.8"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-597-4100); 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: 30 93 30 0000 0000

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCRUCH 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 Residences, a Traffic Impact Fee and School Impact will be assessed.

PLANNING & ZONING APPROVAL Date: 3/30/21 By: [Signature]

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 _____

W# 195175

BUILDING REVIEWER [Signature] DATE 4/13/21

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 12-16-2020

Per FSS 105.3.3: UNCOMPLETED COMPLETED
 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 within 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. 15TK

32x5

25
169
185.2
92.50
277.50

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N	
If Required -- SUBMIT COPY OF PLANS FOR FIRE REVIEW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RCD
ZONING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 165.
CERT OF OCC	<input type="checkbox"/>	<input type="checkbox"/>	\$
TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	\$
SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	\$
FIRE	<input type="checkbox"/>	<input type="checkbox"/>	\$
SWIMMING POOL	<input type="checkbox"/>	<input type="checkbox"/>	\$
SCREEN ENCLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	\$
ROOFING	<input type="checkbox"/>	<input type="checkbox"/>	\$
BOAT DOCK	<input type="checkbox"/>	<input type="checkbox"/>	\$
BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	\$
WINDOW(S)	<input type="checkbox"/>	<input type="checkbox"/>	\$
DOOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	\$
FENCE	<input type="checkbox"/>	<input type="checkbox"/>	\$
SHED	<input type="checkbox"/>	<input type="checkbox"/>	\$
DRIVEWAY	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER <u>sign</u>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 277.50

1% BCAIB FEE 2.70
 1.5% DCA FEE 4.16
 TOTAL 449.44

OTHER PERMITS REQUIRED:
 ELECTRICAL (Y) NA
 PREPOWER Y NA
 MECHANICAL Y NA
 PLUMBING Y NA
 ROOFING Y NA
 GAS Y NA

VISA 5465
PAID
4-26-2021



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.

PERMIT # _____

Owner's Name Thirumala Hotels LLC
 Owner's Address 2035 McCay Rd Orlando, FL 32829

Contractor Name <u>Steve Lott</u>	Company Name <u>Lott Sign Service</u>
License # <u>FS13000355</u>	Company Address <u>4141 McCay Rd</u>
Contact Phone/Cell <u>813 961 2000</u>	City, State, ZIP <u>Wesley Chapel FL 32713</u>
Contact Email <u>perpermits@aol.com</u>	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 20/15/20
 by Jalandhar Eligati who is personally known to me
 and who produced FDPL
 as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange
 My Commission Expires January 9, 2021

Contractor Signature [Signature]
 COMPANY NAME Lott Sign Service
 The foregoing instrument was acknowledged before me this 20/15/20
 by Steve Lott 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
 My Commission Expires October 22, 2022

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 _____ X 0.35 =
 Allowable Impervious Area (BASE) _____
- Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.
 - House _____
 - Driveway _____
 - Walkway _____
 - Accessory Buildings _____
 - Pool & Spa _____
 - Deck & Patio _____
 - Other _____
 Actual Impervious Area (AIA) _____
- If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.
- 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

Permit Number: 2020.12.051
Folio/Parcel ID #: 302330000000005
Prepared by: _____

DOC # **20210250483**
04/26/2021 14:02 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



Return to: LOTT SIGN SERVICE
4141 MOWREY RD
WESLEY CHAPEL, FL 33543

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.

- Description of property** (legal description of the property, and street address if available)
2635 MCCOY RD ORLANDO, FL 32809 COMM S.E. COR GOVERNMENT LOT 5 RUN S 89
- General description of improvement**
INSTALLATION OF HOTEL SIGNAGE
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name THIRUMALA HOTELS LLC DBA WYNDHAM GARDEN
Address 2635 MCCOY RD ORLANDO, FL 32809
Interest in Property OWNER/MANAGER
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name LOTT SIGN SERVICE Telephone Number 813-909-9733
Address 4141 MOWREY RD, WESLEY CHAPEL FL 33543
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- 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 _____
- 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 _____
- 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/MANAGER
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 22 day of APRIL by JALANDHAR ELISEM
month/year name of person

as OWNER/MANAGER for THIRUMALA HOTELS/WYNDHAM GARDEN
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida _____

Print, type, or stamp commissioned name of Notary Public
FABIO BIA RODRIGUES
NOTARY PUBLIC
STATE OF FLORIDA
My Comm. Expires Jan. 12, 2024
Comm. # GG 946220

Personally Known _____ OR Produced ID FL/PL
Type of ID Produced FL/PL



MIKE FASANO
TAX COLLECTOR
PASCO COUNTY FLORIDA

POST OFFICE BOX 276 • DADE CITY, FLORIDA 33526-0276

August 25, 2020

Lott Sign Service, Inc.
4141 Mowry Road
Wesley Chapel, FL 33543-5013

Re: 2021 Business Tax Receipt Account No. 63131

It has come to our attention that your business tax receipt was issued incorrectly. A corrected copy of the business tax receipt has been enclosed.

The business tax receipt should be posted conspicuously in your place of business.

Please do not hesitate to contact our office whenever we may be of assistance. Thank you for allowing us to serve you.

Sincerely,

Jill Cardillo
Tax Manager

JEC/sks

Enclosures

FOR YOUR CONVENIENCE:

EAST PASCO GOVERNMENT CENTER
DADE CITY
TELEPHONE 852.521.4360

CENTRAL PASCO GOVERNMENT CENTER
LAND O' LAKES
TELEPHONE 813.235.6020

WEST PASCO GOVERNMENT CENTER
NEW PORT RICHEY
TELEPHONE 727.847.8165

COMPARK 75 BUSINESS PARK
WESLEY CHAPEL
TELEPHONE 813.235.6020

TAX COLLECTOR BUILDING
GULF HARBORS
TELEPHONE 727.847.8165



**CITY OF BELLE ISLE,
FLORIDA**

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

March 23, 2021

Thirumala Hotels, LLC, C/O John Herbert
1936 McCoy Road
Orlando, FL 32809

Re: 2635 McCoy Road Variance Approval

Dear Mr. Herbert,

This letter is to inform you that the variance approval has been granted with conditions for the wall signs at 2635 McCoy Road in Belle Isle, Florida. These conditions are identified below and must be submitted with your building permit application package submitted to Universal Engineering Sciences for staff review and approval prior to any building permit being issued.

At the February 23, 2021 Planning and Zoning Board meeting, the following conditions were provided as part of the approval:

1. The two illuminated wall signs must be installed as presented in the renderings/sign plans provided as part of this application packet.
2. A new lighting photometric plan must be provided with the sign permit application that demonstrates there is no light spillover onto the residential properties from the illuminated signs.
3. The plans sheet(s) must be revised to show the correct size.

Congratulations on the approval of your variance with the above conditions. Please let me know if you have any questions.

Sincerely,

April Fisher, AICP
City Planner

C: Bob Francis, ICMA-CM, City Manager
Yolanda Quiceno, CMC, City Clerk

1 FRONT ELEVATION
SCALE: 1/32" = 1'-0"

ZONING APPROVED
Date: 3/30/21 By: [Signature]
City of Belle Isle


WYNDHAM GARDEN

CHANNEL LETTER DETAIL
SCALE: 3/8" = 1'-0"

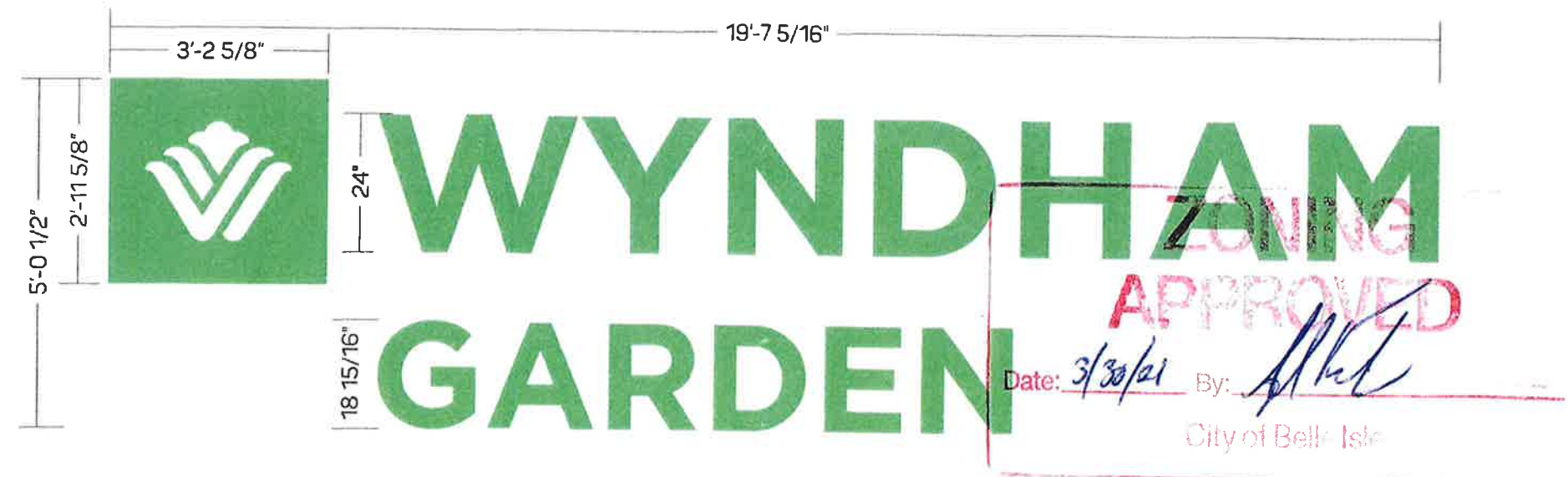
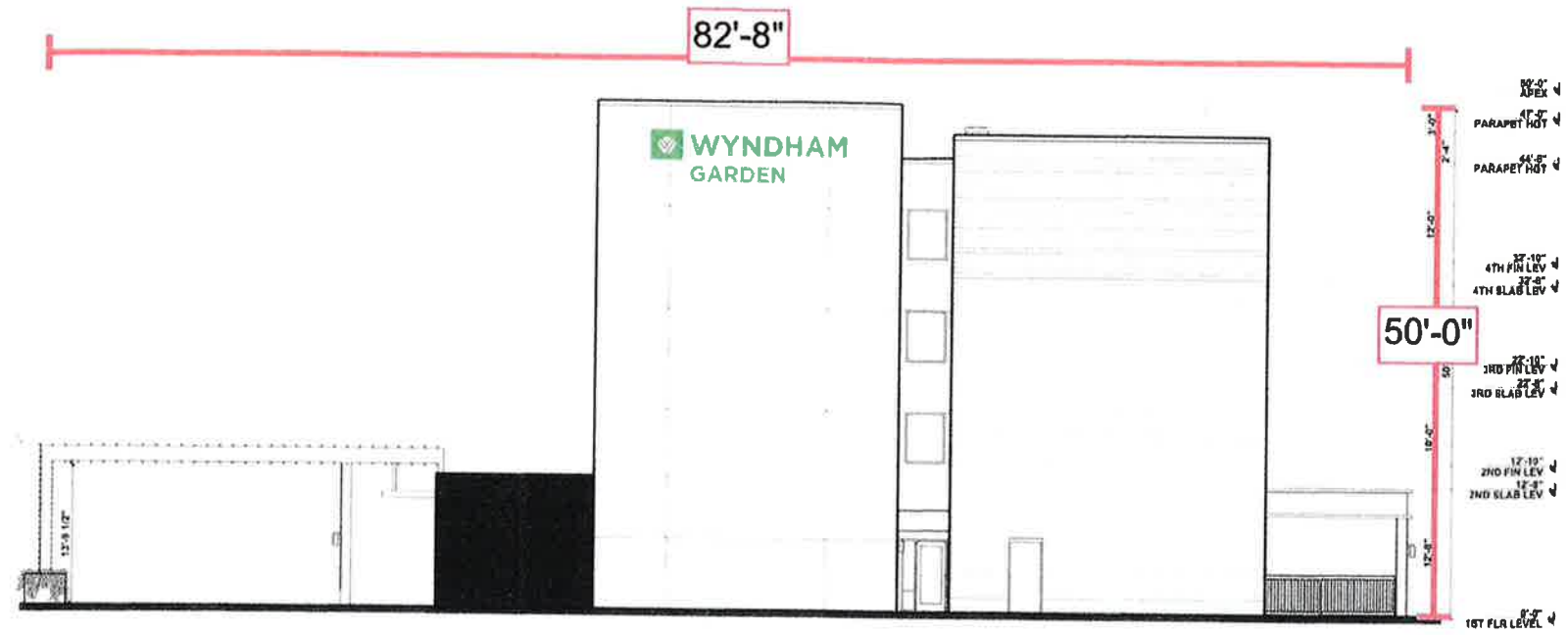
APPROVAL BOX - PLEASE INITIAL

CUSTOMER APPROVAL	Date:
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NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: WYNDHAM GARDEN	Date: 10/19/20	Prepared By: KH/CM/KH/CM/KH	<small>Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.</small>	 personna SIGNS LIGHTING IMAGE	DISTRIBUTED BY SIGN UP COMPANY 700 21st Street Southwest PO Box 210 Watertown, SD 57201-0210 1.800.843.9888 • www.personasigns.com
Location: BELLE ISLE, FL	File Name: 250804 - R12 - BELLE ISLE, FL	Eng: -			

2 SIDE ELEVATION (OPTIONAL)
SCALE: 3/64" = 1'-0"



CHANNEL LETTER DETAIL
SCALE: 3/8" = 1'-0"

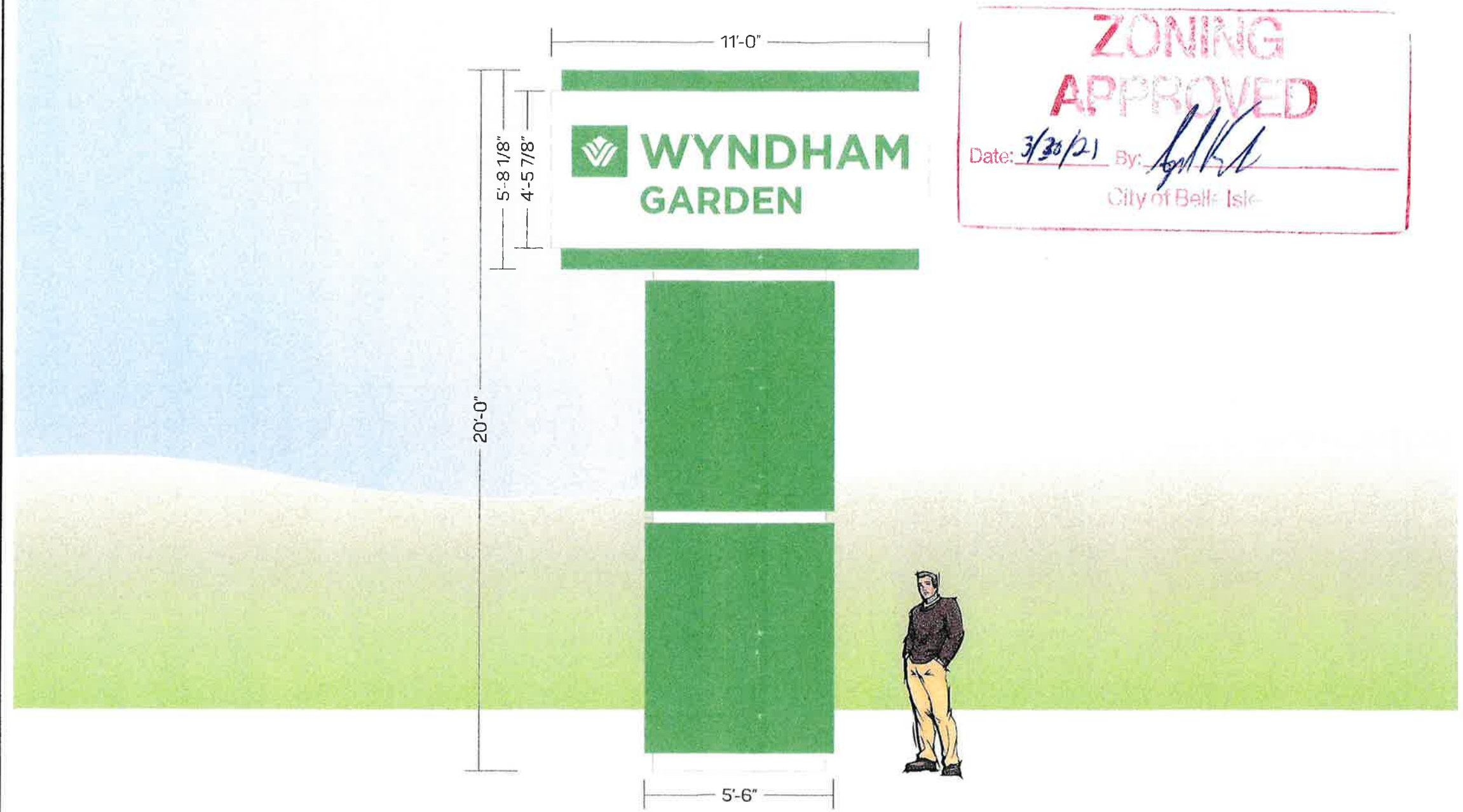
APPROVAL BOX - PLEASE INITIAL	
CUSTOMER APPROVAL	Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: WYNDHAM GARDEN	Date: 10/19/20	Prepared By: KH/CM/KH/CM/KH	<small>Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.</small>	 SIGNS LIGHTING IMAGE	DISTRIBUTED BY SIGN UP COMPANY 700 21st Street Southwest PO Box 210 Watertown, SD 57201-0210 1.800.843.9888 • www.personasigns.com
Location: BELLE ISLE, FL	File Name: 250804 - R12 - BELLE ISLE, FL	Eng: -			



3



ZONING APPROVED
 Date: 3/30/21 By: [Signature]
 City of Belle Isle

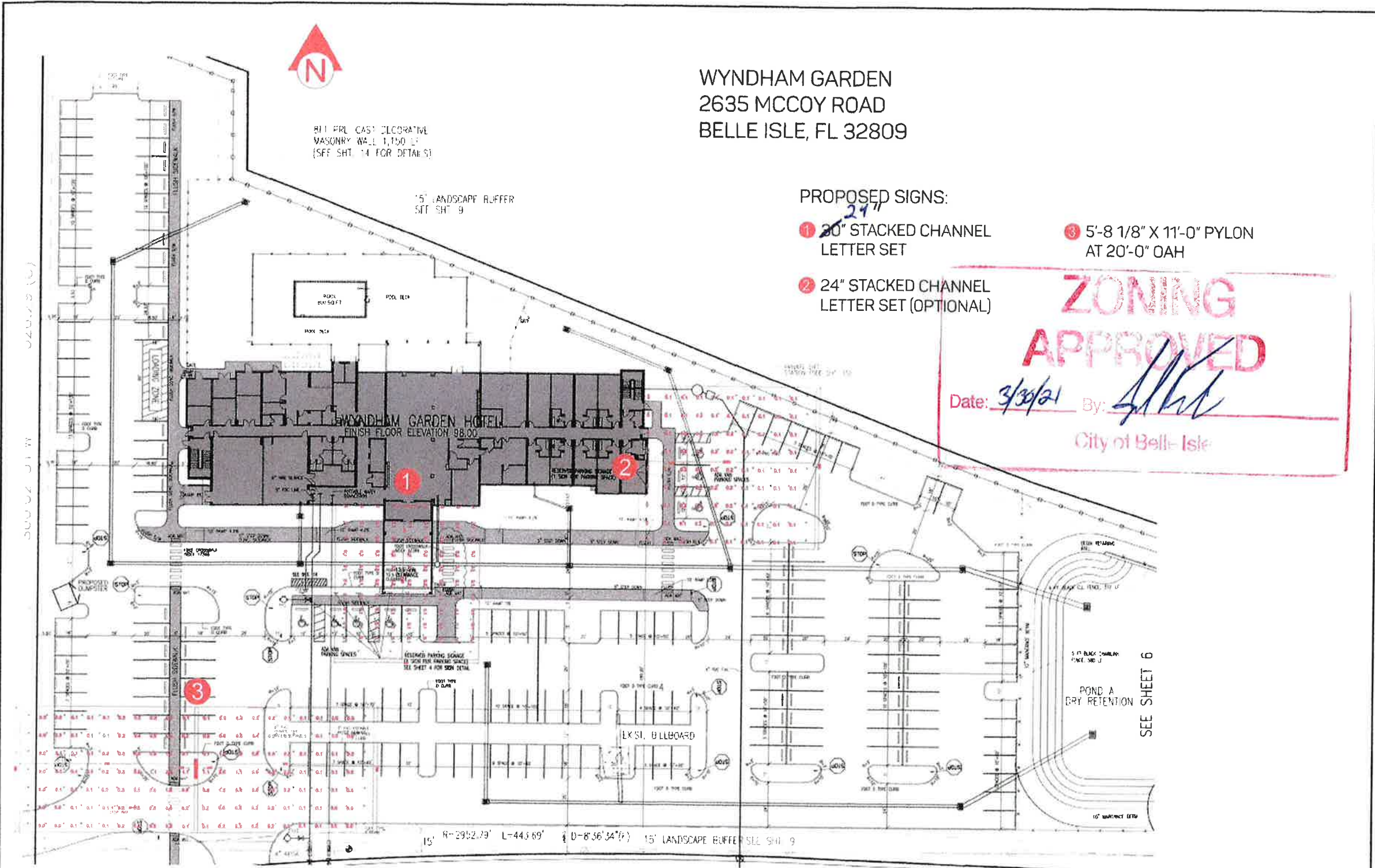
PYLON SIGN
 SCALE: 1/4" = 1'-0"

APPROVAL BOX - PLEASE INITIAL	
CUSTOMER APPROVAL	Date

Reviewed for Code Compliance
 Universal Engineering Sciences

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: WYNDHAM GARDEN	Date: 09/21/20	Prepared By: KH	<small>Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.</small>	 SIGNS LIGHTING IMAGE	DISTRIBUTED BY SIGN UP COMPANY 700 21st Street Southwest PO Box 210 Watertown, SD 57201-0210 1.800.843.9888 • www.personasigns.com
Location: BELLE ISLE, FL	File Name: 250804 - R12 - BELLE ISLE, FL	Eng: -			



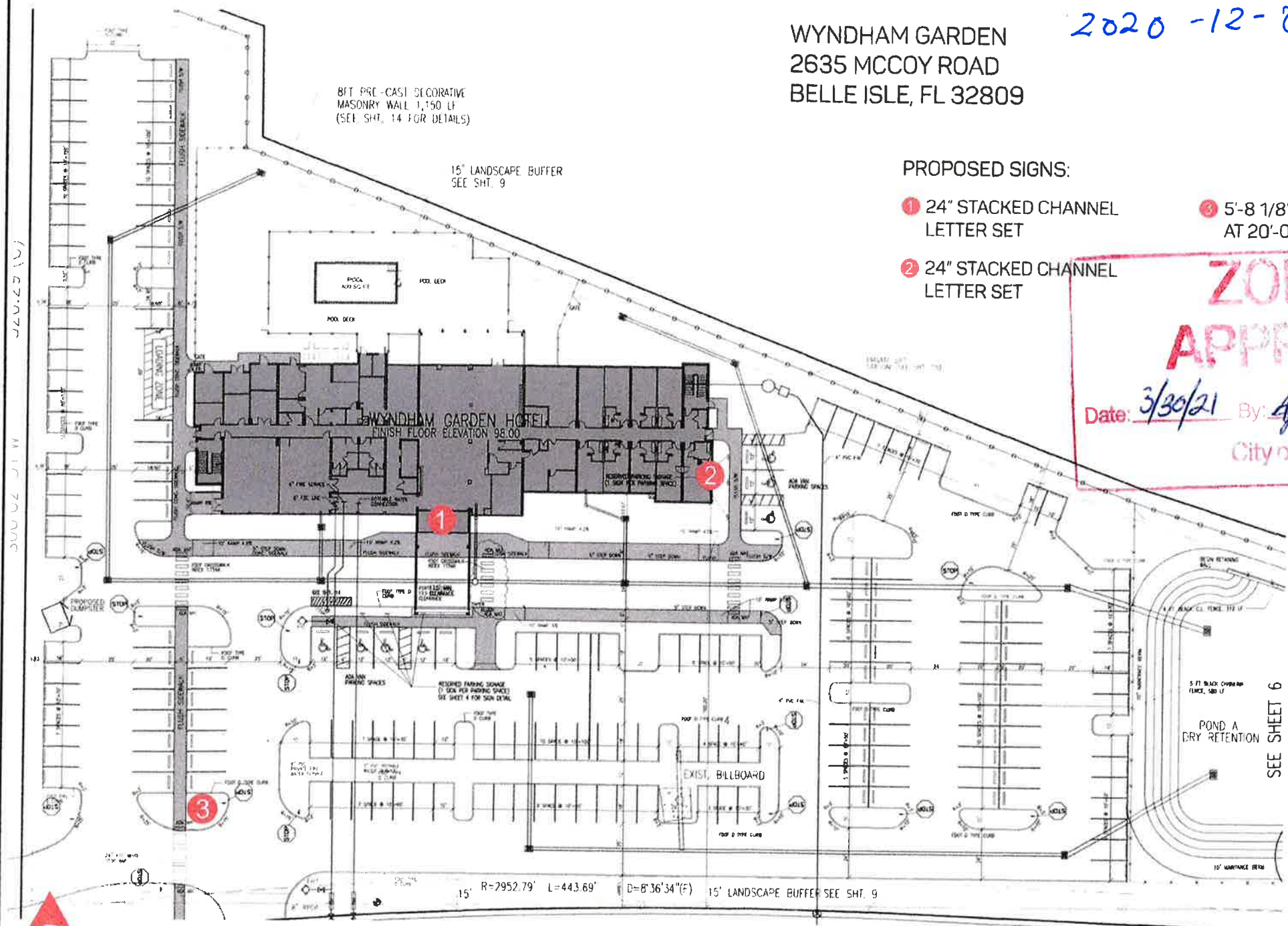
APPROVAL BOX - PLEASE INITIAL	
CUSTOMER APPROVAL	Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: WYNDHAM GARDEN	Date: 03/26/21	Prepared By: KH/CM/ KH/CM/KH/CM	<small>Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.</small>	SIGNS LIGHTING IMAGE	DISTRIBUTED BY SIGN UP COMPANY 700 21st Street Southwest PO Box 210 Watertown, SD 57201-0210 1.800.843.9888 • www.personasigns.com
Location: BELLE ISLE, FL	File Name: 250804 - R13 - BELLE ISLE, FL	Eng: -			

WYNDHAM GARDEN
2635 MCCOY ROAD
BELLE ISLE, FL 32809

2020-12-05/



PROPOSED SIGNS:

- 1 24" STACKED CHANNEL LETTER SET
- 2 24" STACKED CHANNEL LETTER SET
- 3 5'-8 1/8" X 11'-0" PYLON AT 20'-0" OAH

ZONING APPROVED

Date: 3/30/21 By: *[Signature]*
City of Belle Isle



APPROVAL BOX - PLEASE INITIAL	
CUSTOMER APPROVAL	Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: WYNDHAM GARDEN	Date: 09/28/20	Prepared By: KH/CM/KH/CM/KH	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
Location: BELLE ISLE, FL	File Name: 250804 - R12 - BELLE ISLE, FL	Eng: -	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p style="font-size: 0.8em; margin: 0;">SIGNS LIGHTING IMAGE</p> </div> <div style="font-size: 0.8em; margin: 0;"> DISTRIBUTED BY SIGN UP COMPANY 700 21st Street Southwest PO Box 210 Watertown, SD 57201-0210 1.800.843.9888 • www.personasigns.com </div> </div>



RECEIVED
 DEC 18 2020



WYNDHAM GARDEN

WYNDHAM GARDEN HOTEL
 2635 MCCOY RD.
 BELLE ISLE, FL 32809

PROJECT #: 20-0809
 DATE: 12/16/20

Reviewed for Code
 Compliance
 Universal Engineering
 Sciences

All designs and plans included on this drawing are created specifically for the related project and are the sole property of LINK Engineering, L.L.C. Use of these designs or plans for any purpose other than the intended application shall be prohibited without the written consent of LINK Engineering, L.L.C. Disclosure of any of the information enclosed within, without consent of the owner, is a violation of intellectual property and shall not be tolerated.

SEAL & SIGNATURE:

Digitally signed by Imad Kashif
 DN: c=US, st=Tennessee, l=Maryville, o=Imad Kashif, email=Imad.Kashif@linkengr.com



SHEET NUMBER(S): 2-3	DRAWING NUMBER: B1671739	DESCRIPTION: 5'-8 7/8"x11'-0" PYLON @ 20'-0" OAH
SHEET NUMBER(S): 4-5	DRAWING NUMBER: B1671740	DESCRIPTION: 24" WYNDHAM GARDEN STACKED LETTERSET



LINK Engineering, L.L.C.

135 South David Lane • Knoxville, Tennessee 37922
 Phone: (865) 538-4001 • www.linkengr.com

Florida State Certificate of Authorization No. 27148

NOTES:
SIGN CABINET & CLADDING
DESIGN BY OTHERS.

ELECTRICAL DESIGN
BY OTHERS.

SIGN CABINET

5"x5"x3/16"
STEEL TUBE

SEE DETAIL A

CLADDING

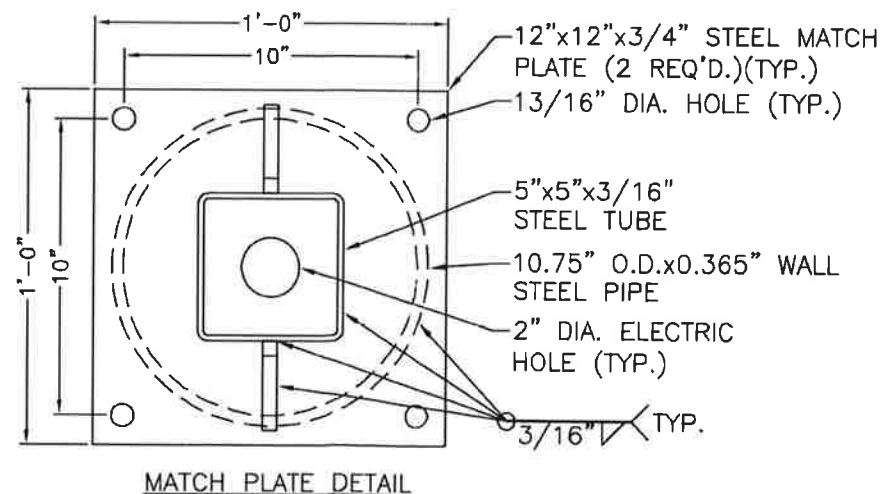
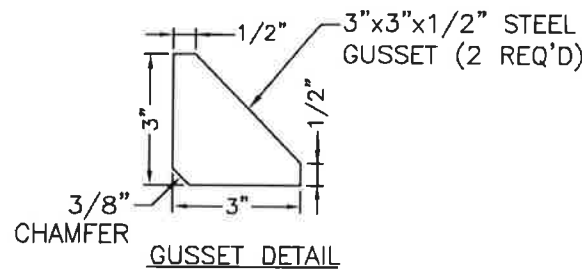
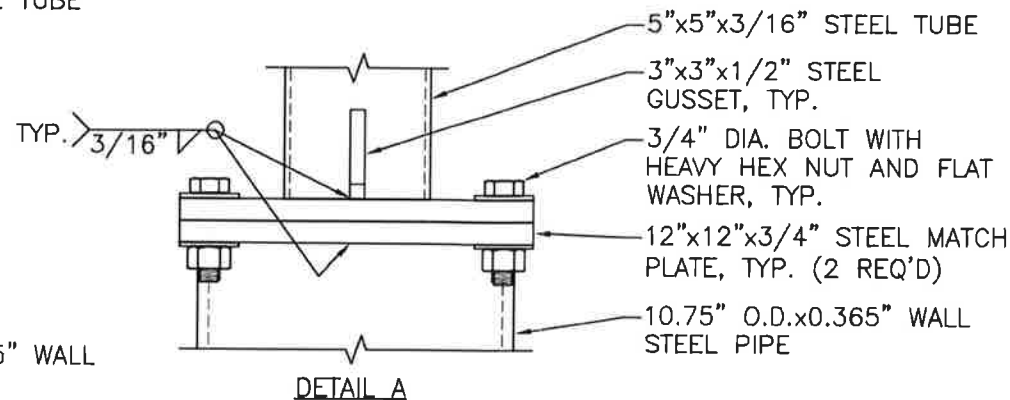
10.75" O.D.x0.365" WALL
STEEL PIPE

ELECTRICAL HAND HOLE
ACCESS (SEE DETAIL)

GRADE

ELEC.
CONDUIT

2.62 CU. YDS. OF
CONC. REQ'D



PARTICULAR CARE SHALL BE
TAKEN TO PROVIDE SUFFICIENT
PREHEAT OF THE THICKER
ELEMENT FOR THE SOUNDNESS
OF THE WELD. OTHERWISE, USE
1/4" MIN. WELD.

General Notes:

- Design is based on a 140 mph, 3 second gust wind design per Florida Building Code, 6th Edition (2017). Category II, Exposure C.
- Caisson foundation is based on a presumptive safe lateral soil bearing pressure minimum of 150 psf per foot of depth. Isolated lateral bearing footings subject to short-term lateral loads and not adversely affected by a 1/2" motion at grade are permitted to be designed using twice the tabulated value of the corresponding soil class.
- A soil report was not provided. Foundation analysis assumes Soil Classification 4. Allowable bearing pressure should be verified prior to placement of concrete. In the event that the stated requirements are not met and conditions appear deleterious, cease and secure excavation and immediately contact PERSONA SIGNS.
- Foundation shall not be placed at the top of, or on the side of a slope exceeding 3:1, or adjacent to a fill slope unless re-evaluated by a competent Professional Engineer. Do not place foundation in fill.
- Concrete shall be mixed to attain a minimum 28 day compressive strength of 3000 psi.
- All support members shall be free from defects. Steel tube shall meet ASTM A500 Grade B with a minimum yield strength of 46000 psi. Steel Pipe up to 24 inch O.D. shall meet ASTM A53 Grade B with a minimum yield strength of 35000 psi. Steel angle, channel and plate shall meet ASTM A36.
- Steel welds shall be made with E70xx low hydrogen electrodes by persons qualified in accordance with AWS standards within the past two years.
- All structural bolts shall conform to ASTM A325, and be zinc coated unless noted otherwise. When used with structural bolts, heavy hex nuts shall conform to ASTM A563, and washers shall conform to ASTM F436. Pretension all high strength bolts using the Turn-of-Nut method unless noted otherwise.
- The scope of this engineer does not include onsite observations.
- LINK Engineering will not be responsible for the safety on this job site before, during or after installation of this structure. It is the responsibility of the owners, contractors and installers to ensure that the installation and erection of this structure is performed using methods that are in full compliance with OSHA regulations.
- Any deviation from this design or from any part of this drawing, including the General Notes, without prior written consent from LINK Engineering voids this drawing in its entirety.
- The structure designed on this drawing is intended to be installed at the address shown and should not be used at any other location.

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DEC 18 2020
WYNDHAM GARDEN HOTEL
2635 MCCOY RD.
BELLE ISLE, FL 32809

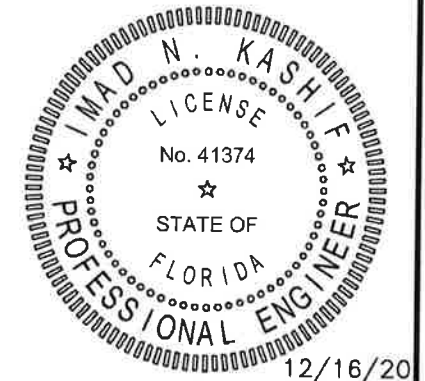
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Watertown, SD 57201-0210
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SEAL & SIGNATURE: **Reviewed for Code Compliance**
Universal Engineering Sciences



LINK Engineering, L.L.C.
135 South David Lane • Knoxville, Tennessee 37922
Phone: (865) 539-4001 • www.linkengr.com
Florida State Certificate of Authorization No.: 27148

Project Number: 20-0809		Drawing Number: B1671739	
SHT. 2	OF 5	DATE: 12/16/20	BY: HV

PROJECT # 20-0809
 12/112020
 DRAWING # B1671739
 WIND LOAD 35.31 PSF
 WIND SPEED 140 MPH
 # COLUMNS 1
 DESIGNER HASV
 OWNER: WYNDHAM GARDEN HOTEL
 2635 MCCOY DR.
 BELLE ISLE, FL 32809
 CLIENT: PERSONA SIGNS
 700 21ST STREET SOUTHWEST (P.O. BOX 210)
 WATERTOWN, SD



WYNDHAM GARDEN HOTEL
 2635 MCCOY RD.
 BELLE ISLE, FL 32809

CLIENT:
persona
 SIGNS | LIGHTING | IMAGE
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 Watertown, SD 57201-0210
 1.800.843.9888
 www.personasigns.com

ITEM	HEIGHT	WIDTH	SHAPE FACTOR	CENTROID HEIGHT	AREA	TOTAL FORCE	MOMENT
CABINET	5.740	11.000	0.988	2.870	62.393	2.203	6.322
CLADDING	14.260	5.500	1.000	7.130	78.432	4.973	57.486
OAH	20.000						

COLUMN CALCULATIONS (CODES P=PIPE; O=OTHER; T=TUBE)

ITEM	COLUMN WIDTH	COLUMN DEPTH	COLUMN WALL	lx COLUMN	DESIGN MODULUS COLUMN	REQUIRED MOMENT	AVAILABLE FLEXURAL STRENGTH	UNITY
T CABINET	5.000	5.000	0.174	12.6	5.90	6.322	13.54	0.732
P CLADDING		10.750	0.340	150.8	36.86	57.486	64.37	0.893

BOLT CALCULATIONS

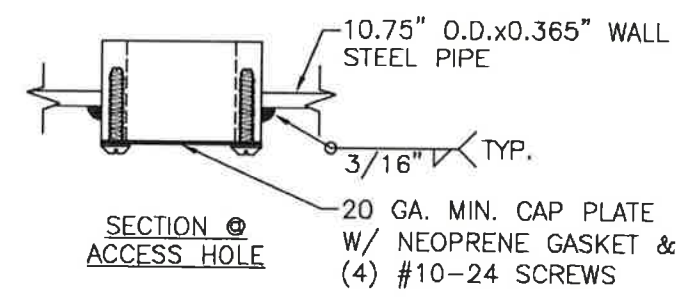
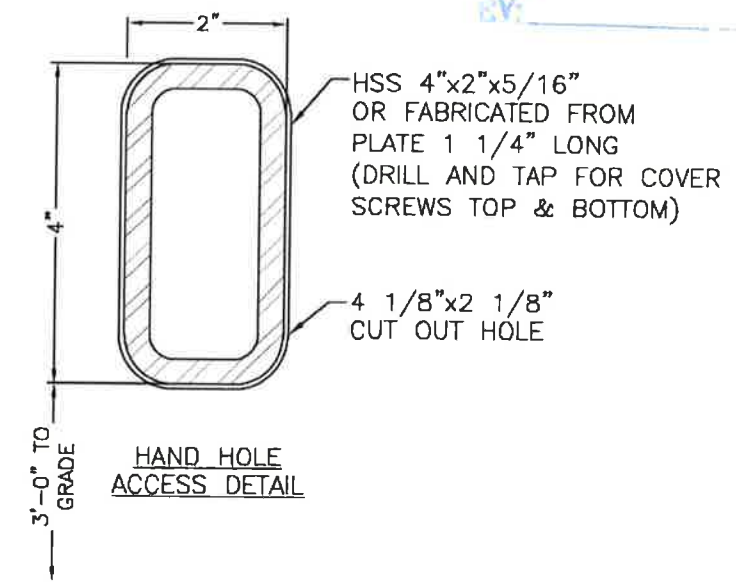
ITEM	MOMENT	BOLT SPACING	BOLTS/ PLATE	TENSION BOLT	BOLT DIAM.	ALLOW. STRESS	ALLOWABLE TENSION
CABINET	6.322	10.000	4.000	3.793	0.750	20.000	8.836

PLATE CALCULATIONS

ITEM	TENSION BOLT	MOMENT ARM	MOMENT PLATE	PLATE WIDTH	PLATE DEPTH	PLATE THICK.	MINIMUM THICK.
CABINET	3.793	3.688	13.988	6.531	12.000	0.750	0.690

CAISSON

MOMENT	57.486	FT-KIP
FORCE	4.973	KIP
REFERENCE IBC 1807.3.2 & TABLE 1806.2		
ASSUME SOIL CLASS #4 SW, SP, SM, SC, GM & GC		
LATERAL BEARING PRESSURE - PSF/FT OF DEPTH	150.0	PSF/FT
S1	1000.0	
DEPTH	10.000	FT.
DIAMETER	3.000	FT.
	11.561	FT.
	3.879	FT.
CALCULATED DEPTH	9.194	FT.
MINIMUM THICKNESS WITHOUT REINFORCEMENT	41.901	IN.
ACTUAL DIAMETER	36.000	IN.
CONCRETE	2.618	CJ. YD.



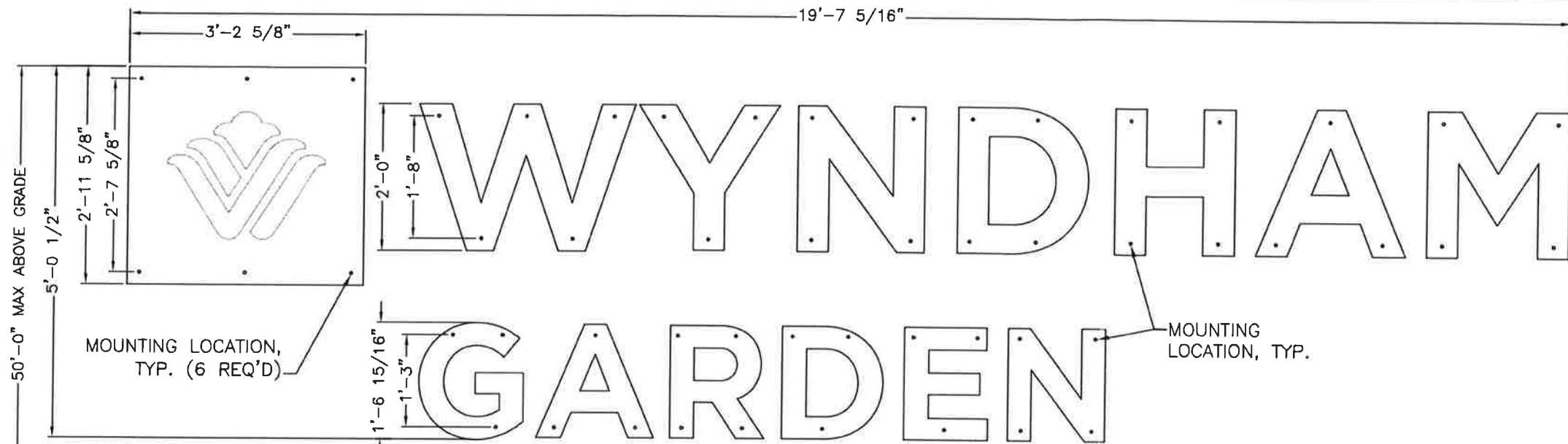
Reviewed for Code Compliance
 Universal Engineering Sciences

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SEAL & SIGNATURE:

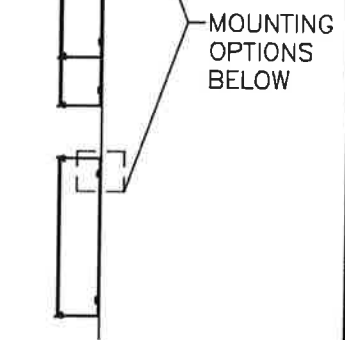
LINK Engineering, L.L.C.
 136 South David Lane • Knoxville, Tennessee 37922
 Phone: (865) 639-4001 • www.linkengr.com
 Florida State Certificate of Authorization No.: 27148

Project Number: 20-0809		Drawing Number: B1671739	
SHT. 3	OF 5	DATE: 12/16/20	BY: HV



ELEVATION & MOUNTING LOCATIONS

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DEC 18 2020



TYPICAL SECTION

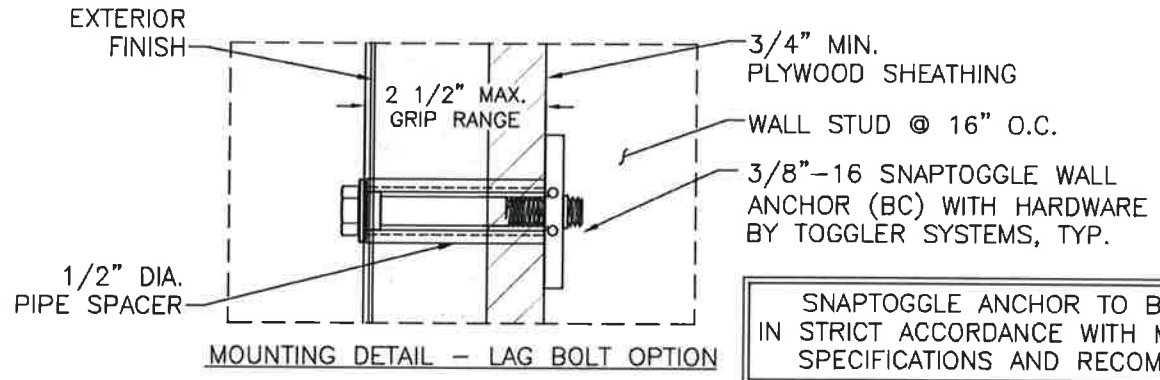
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BELLE ISLE, FL 32809

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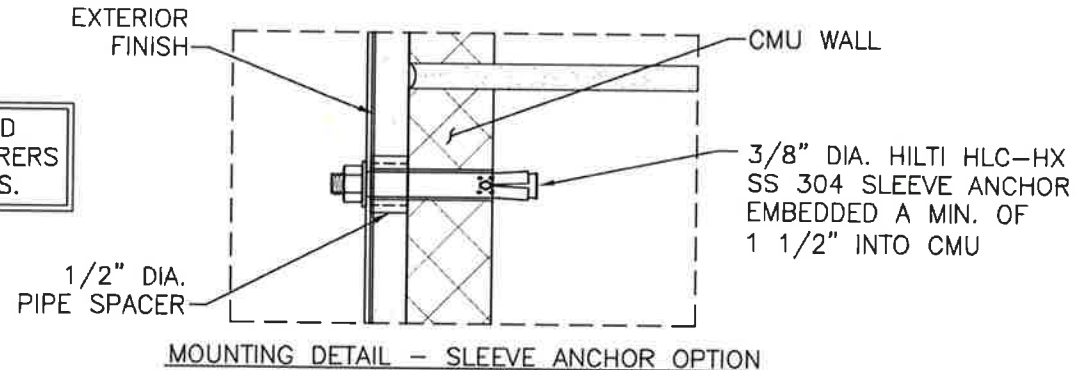
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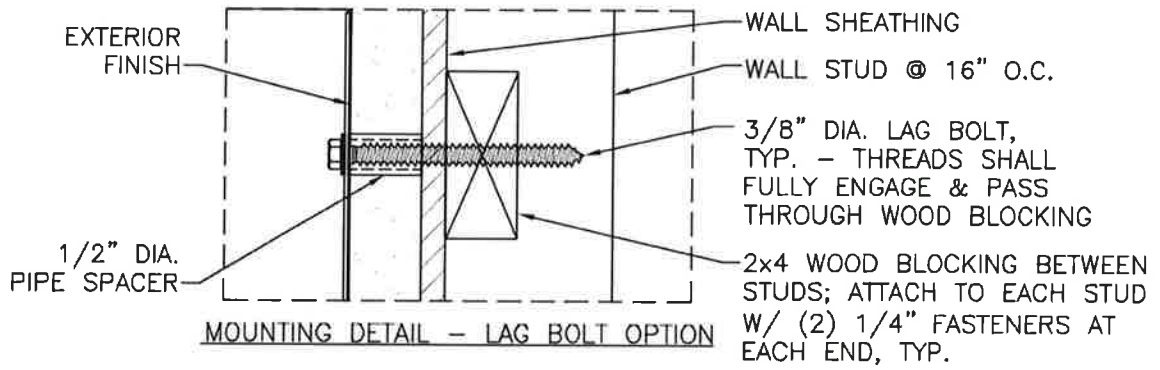
THE SCOPE OF THIS ENGINEER IS LIMITED TO THE DESIGN OF THE ATTACHMENT TO WALL, ALL OTHER ASPECTS OF THIS PROJECT ARE EXPLICITLY EXCLUDED.



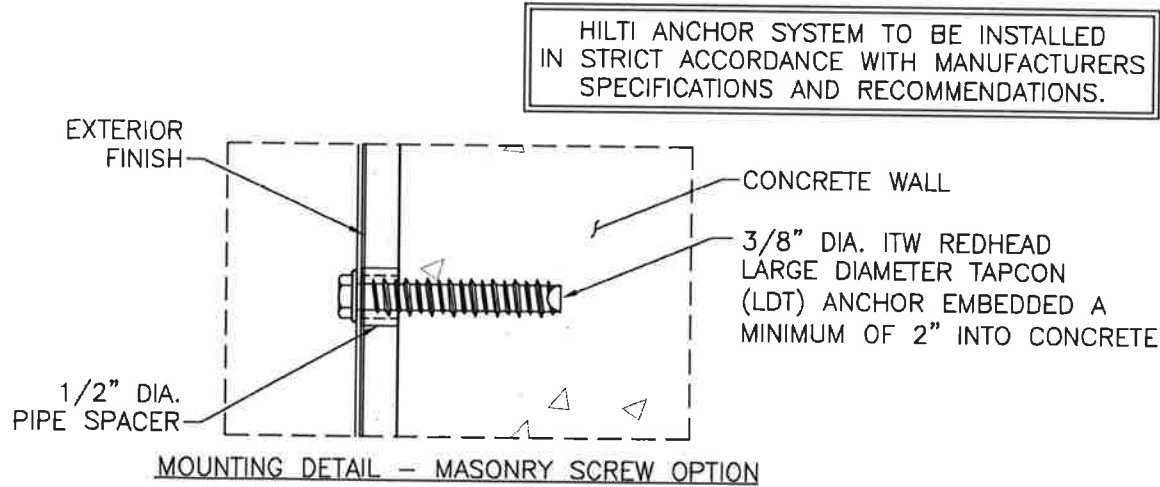
MOUNTING DETAIL - LAG BOLT OPTION



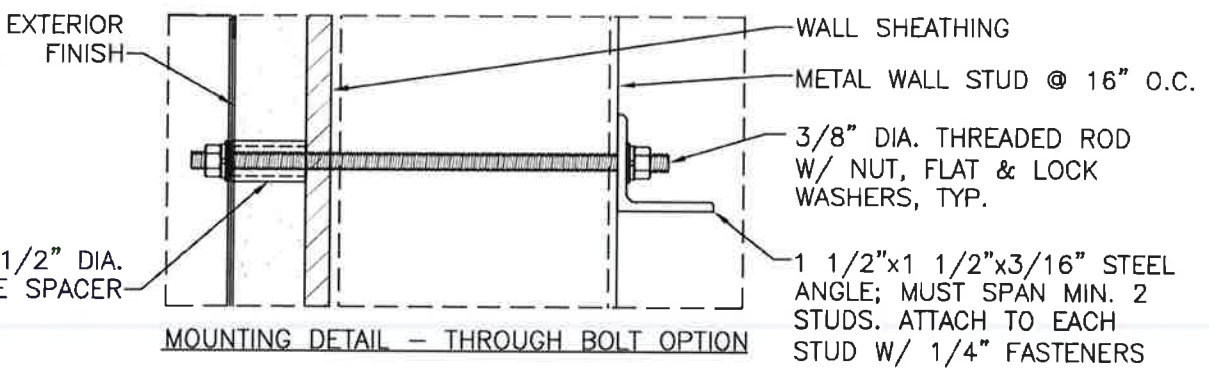
MOUNTING DETAIL - SLEEVE ANCHOR OPTION



MOUNTING DETAIL - LAG BOLT OPTION



MOUNTING DETAIL - MASONRY SCREW OPTION



MOUNTING DETAIL - THROUGH BOLT OPTION

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SEAL & SIGNATURE: Reviewed for Code Compliance Universal Engineering Sciences

IMAD N. KASHIF
LICENSE
No. 41374
STATE OF FLORIDA
PROFESSIONAL ENGINEER
12/16/20

LINK Engineering, L.L.C.
135 South Davis Lane • Knoxville, Tennessee 37922
Phone: (866) 539-4001 • www.linkengr.com
Florida State Certificate of Authorization No.: 27148

Project Number:		Drawing Number:	
20-0809		B1671740	
SHT.	OF	DATE:	BY:
4	5	12/16/20	SR

Florida Building Code, 6th Edition (2017) Cat II
140 mph Exp C Zone 5 50'-0" maximum above grade

Treated as Components & Cladding P = -39.19 PSF
Estimate weight 5.000 psf

Region	Area in ²	Area ft ²	Est Wt	Wind Load lb	Fastener Qty	Top Row Fastener Qty	Fastener Row Spacing in	Depth in	Max Tension lb	Average Shear lb	Avg Ten lb
LOGO	1374.525	9.545	47.727	-374.035	6	3	31.625	5.000	63.597	7.954	62.339
W	411.126	2.855	14.275	-111.875	5	3	20.000	5.000	22.970	2.855	22.375
Y	195.908	1.360	6.802	-53.310	3	2	20.000	5.000	18.195	2.267	17.770
N	325.431	2.260	11.300	-88.556	4	2	20.000	5.000	22.845	2.825	22.139
D	311.433	2.163	10.814	-84.747	4	2	20.000	5.000	21.863	2.703	21.187
H	287.855	1.999	9.995	-78.331	4	2	20.000	5.000	20.207	2.499	19.583
A	263.197	1.828	9.139	-71.621	3	1	20.000	5.000	25.016	3.046	23.874
M	353.684	2.456	12.281	-96.244	4	2	20.000	5.000	24.829	3.070	24.061
G	181.379	1.260	6.298	-49.357	3	2	15.000	5.000	16.977	2.099	16.452
A	156.846	1.089	5.446	-42.681	3	1	15.000	5.000	15.135	1.815	14.227
R	186.376	1.294	6.471	-50.717	4	2	15.000	5.000	13.218	1.618	12.679
D	185.555	1.289	6.443	-50.493	3	2	15.000	5.000	17.368	2.148	16.831
E	171.152	1.189	5.943	-46.574	3	2	15.000	5.000	16.020	1.981	15.525
N	193.597	1.344	6.722	-52.682	4	2	15.000	5.000	13.731	1.681	13.170

Maximum Fastener Tension =	63.6	LB
Maximum Fastener Shear =	8.0	LB

Wall Signage - Treated as Components & Cladding

Wind Speed 140 mph From ASCE 7-10 Table 26.9-1 (Partial)
Exposure C Zg = 900
Zone 5 Alpha = 9.5
Height 50 Ft
Sign Area <10 Ft²

Determine wind pressure from ASCE 7-10 Chapter 30

Chapter 30: Wind Loads - Components & Cladding
p = q * (GCp - Gcpi) (eq. 30.4-1 or 30.6-1)

q = 0.00256 * Kz * Kzt * Kd * V² (eq. 30.3-1)

Kz = 1.09 (Table 29.3-1)
Kd = 0.85 (Table 26.6-1)
Kzt = 1 (Section 26.8)
V = 140

q = 46.64908

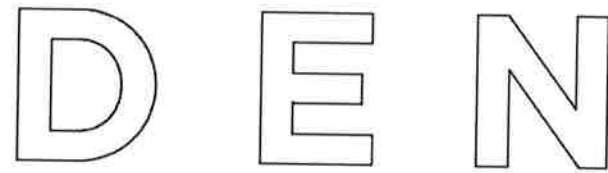
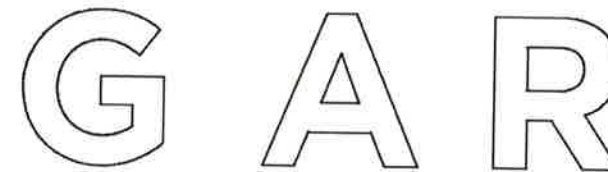
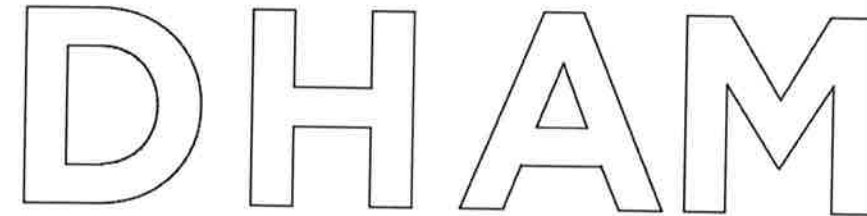
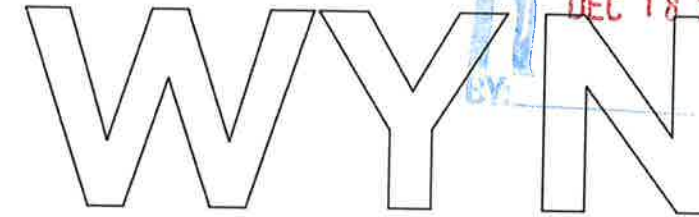
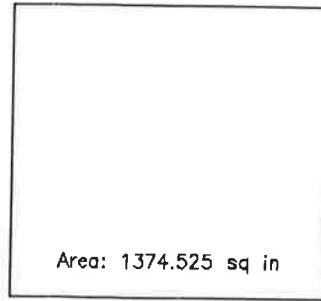
GCp = -1.4 (From Figure 30.4-1 for h <= 60 ft and from Figure 30.6-1 for h > 60 ft)
Gcpi = 1

p = -65.31 psf

Load Combination: D + 0.6W (Section 2.4.1)

Design Wind Pressure = 0.6W = **-39.19 psf**

Design Wind Pressure = 0.6W = **27.99 psf**



General Notes:

- Design is based on a 140 mph, 3 second gust wind design per Florida Building Code, 9th Edition (2017). Category II, Exposure C. Components and Cladding Zone 5.
- No additional wind catching surfaces are added to the building structure. The customer's building engineer is to determine the adequacy of the supporting structure.
- Letters and logo design is by others.
- Electrical design where applicable is by others.
- All fasteners shall be zinc coated to prevent corrosion.
- All wall penetrations shall be sealed to prevent water intrusion.
- The scope of this engineer does not include onsite observations.
- LINK Engineering will not be responsible for the safety on this job site before, during or after installation of this structure. It is the responsibility of the owners, contractors and installers to ensure that the installation and erection of this structure is performed using methods that are in full compliance with OSHA regulations.
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WYNDHAM GARDEN HOTEL
2635 MCCOY RD.
BELLE ISLE, FL 32809

CLIENT:

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SEAL & SIGNATURE:

12/16/20

LINK Engineering, L.L.C.
136 South Davis Lane • Knoxville, Tennessee 37922
Phone: (865) 638-4001 • www.linkengr.com
Florida State Certificate of Authorization No. 27148

Project Number: 20-0809		Drawing Number: B1671740	
SHT. 5	OF 5	DATE: 12/16/20	BY: SR



Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ELECTRICAL CONTRACTORS LICENSING BOARD

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

AS A SIGN ELECTRICAL SPECIALIST

LOTT, STEVIN WAYN

LOTT SIGN SERVICE INC
4141 MOWREY ROAD
WESLEY CHAPEL FL 33543

LICENSE NUMBER: ES12000355

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.

PASCO COUNTY BUSINESS TAX RECEIPT

2021

Expires September 30th



Issued pursuant and subject to Florida Statutes and Pasco County Ordinances. Issuance does not certify compliance with zoning or other laws. This receipt must be posted conspicuously in place of business.

ACCOUNT #:: 63131

SIC CODE: 1731.11

MIKE FASANO
TAX COLLECTOR
PASCO COUNTY FLORIDA

TYPE OF BUSINESS
SIGN CONTRACTOR ELECTRICAL
STATE LICENSE #
ES1200355

OWNER/QUALIFYING AGENT
LOTT STEVE (PRES)

LOCATION ADDRESS:
4141 MOWREY RD
WESLEY CHAPEL, FL 33543-5013

LOTT SIGN SERVICE INC
4141 MOWREY RD
WESLEY CHAPEL, FL 33543-5013

DATE	RECEIPT	AMOUNT
08/21/2020	20-608-003930	31.25



Dear Business Owner:

Your 2021 Pasco County Business Tax Receipt is printed above. Please detach the receipt and display it in a place that is visible to the public and available for inspection.

The Pasco County Business Tax Receipt is in addition to any other license or certificate that may be required by law and does not signify compliance with zoning, health, or regulatory requirements. The Pasco County Business Tax Receipt is non-regulatory and is not meant to be a certification of the holder's ability to perform the service for which it is registered.

Business Tax Receipts expire September 30th. Annual renewals are mailed in June to the address of record at that time. Please contact our office if there are any changes to your business name, ownership, physical address, or closing of your business.

Thank you for allowing us to serve you!

MIKE FASANO
PASCO COUNTY TAX COLLECTOR

EAST PASCO GOVERNMENT CENTER
DADE CITY

WEST PASCO GOVERNMENT CENTER
NEW PORT RICHEY

TAX COLLECTOR BUILDING
GULF HARBORS

CENTRAL PASCO GOVERNMENT CENTER
LAND O'LAKES

COMPARK 75 BUSINESS PARK
WESLEY CHAPEL

CALL CENTER: MONDAY - FRIDAY 8:30 AM - 5:00 PM (352) 521-4338 • (727) 847-8032 • (813) 235-6076



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/09/2021

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 George H. Odiorne Insurance Agency Inc. PO Box 830 Brandon FL 33509		CONTACT NAME: Monica Hilton PHONE (A/C, No, Ext): (813) 685-7731 E-MAIL ADDRESS: mhilton@odiorneinsurance.com FAX (A/C, No): (813) 685-1823																						
INSURED Lott Sign Service, Inc. 4141 Mowrey Rd Wesley Chapel FL 33543		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Ohio Security Insurance Company</td> <td></td> <td>24082</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td></td> <td>18988</td> </tr> <tr> <td>INSURER C: Starstone Ins CO</td> <td></td> <td>25496</td> </tr> <tr> <td>INSURER D: Florida Citrus, Business & Industries Fund FCBI</td> <td></td> <td>31259</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Ohio Security Insurance Company		24082	INSURER B: Auto Owners Insurance Co		18988	INSURER C: Starstone Ins CO		25496	INSURER D: Florida Citrus, Business & Industries Fund FCBI		31259	INSURER E:			INSURER F:		
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INSURER E:																								
INSURER F:																								

COVERAGES**CERTIFICATE NUMBER:** CL212932880**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKS56557545	06/28/2020	06/28/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Bikt Contr Prod/ \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5164429300	02/28/2021	02/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ DESIN \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			74682Q201ALI	06/28/2020	06/28/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	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/A	10656492	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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****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
--	---