



# City of Belle Isle Job Site Permit Card

## BUILDING 2020-10-046

Class: Residential

Site Address: 3625 Waters Edge Dr- Belle Isle, FL 32812

Parcel Number: 20-23-30-1678-00-370

Municipality Belle Isle **ATF**

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

Description of Work: RESIDENTIAL IMPROVEMENTS. RELOCATION OF KITCHEN – COVERED PORCH IMPROVEMENTS.

*OVERSIZED PLANS*

*UES*

Issued: Pablo Rosemberg, Home Owner Contact # 407 468-7678

Payment/ Issued Date & Method: *4/14/2021*  Sent by mail to the mailing address  Emailed

Picked up by *Richard Anderson*  Visa  Master Card  Amex  Discover  Check / Money Order#

*2369*

**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](mailto: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](http://www.universalengineering.com)

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."**





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

**RECEIVED**  
 OCT 14 2020

**Building Permit (Land Use) Application**  
**ATF 2X-fees**

DATE: 10/12/2020

PERMIT # 2020-10-046

PROJECT ADDRESS 3625 Waters Edge Dr

PROPERTY OWNER Pablo Rosemberg  
 Revocable Trust

PHONE 407-468-7678

Belle Isle, FL 32809 X 32812

\$60,000

Residential improvements. Relocation of kitchen, covered porch improvements.

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

Richard Anderson 407-21003

Please Complete for the City of Belle Isle Zoning Review:

20-23-30-1678-00-370

To obtain this information, please visit <http://www.cityofbelleisle.com/development/permits/zoningsearch.aspx>

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

Wind Exposure Category: B C X D

PLANNING & ZONING APPROVAL:

DATE

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)  
 CONSTRUCTION TYPE Concrete Block Stucco

OCCUPANCY GROUP Comm Res: X Single Fam Multi Fam

#BLDG. #UNITS #STORIES 1 Res: X Single Fam Multi Fam

MAX. FLOOR LOAD MAX. OCCUPANCY 3354

MIN. FLOOR ELEV. LOW FLOOR ELEV.

WATER SERVICE WELL SEPTIC X

| REVIEW           | Date: Sent | RCD | Y                                | N                     | X                     | Amount  |
|------------------|------------|-----|----------------------------------|-----------------------|-----------------------|---------|
| ZONING           |            |     | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$330   |
| CERT OF OCC      |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| TRAFFIC          |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| SCHOOL           |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| FIRE             |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| SWIMMING POOL    |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| SCREEN ENCLOSURE |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| ROOFING          |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| BOAT DOCK        |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| BUILDING         |            |     | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$783.5 |
| WINDOW(S)        |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| DOOR(S)          |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| FENCE            |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| SHED             |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| DRIVEWAY         |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |
| OTHER            |            |     | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | \$      |

BUILDING REVIEWER [Signature] DATE 9/23/20

VER: (IE) CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE [Signature] DATE 10-14-20

O/B disclosure

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.

1% BCAIB FEE 7.83  
 1.5% DCA FEE 11.75  
 TOTAL 1132.58

OTHER PERMITS REQUIRED:  
 ELECTRICAL Y NA  
 PREPOWER X NA  
 MECHANICAL Y NA  
 PLUMBING Y NA  
 ROOFING Y NA  
 GAS Y NA  
 checked 2369  
 PAID 10-14-2021

Page 1 of 2

1ST HC 25  
 2x4 = 236  
 322  
**UNIVERSAL ENGINEERING SCIENCES**

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: 2020.11.09 07:37:06 -05'00'

193844





# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.cityofbelleisle.com](http://www.cityofbelleisle.com)



## Building Permit (Land Use) Application

DATE: 10/12/2020

**ATF 2X fees**

PERMIT # 2020-10-046

PROJECT ADDRESS 3625 Waters Edge Dr

Belle Isle, FL 32809 X 32812

PROPERTY OWNER Pablo Rosemberg  
Revocable Trust

PHONE 407-468-7678

\$60,000

Residential improvements. Relocation of kitchen, covered porch improvements.

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:

20-23-30-1678-00-370

To obtain this information, please visit

**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 or MAY NOT be in conflict with your Deed Restrictions. For New Single Family Residence, a Traffic Impact Fee and School Impact will be assessed.

PLANNING & ZONING APPROVAL: 2/12/21

Date: DATE

By: [Signature]

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

CONSTRUCTION TYPE Concrete Block Stucco

OCCUPANCY GROUP Comm Res: X Single Fam Multi Fam

#BLDG. #UNITS #STORIES 1 3354

MAX. FLOOR LOAD MAX. OCCUPANCY

MIN. FLOOD ELEV. LOW FLOOR ELEV.

WATER SERVICE WELL SEPTIC X

BUILDING REVIEWER DATE

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE DATE 10-14-20

Per FSS 105.33:

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

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ROOFING, ELECTRICAL, PLUMBING, GAS, MECHANICAL, SIGNS, POOLS, ENCLOSURES, ETC.

Page 1 of 2

157116  
SA x 4 = 26

25  
261 x 2 = 522  
261  
783

193844

Wind Exposure Category: B C X D

SPRINKLERS REQ'D Y N X

If Required - SUBMIT COPY OF PLANS FOR FIRE

REVIEW Date: Sent RCD

|                  |   |   |        |
|------------------|---|---|--------|
| ZONING           | Y | N | \$ 330 |
| CERT OF OCC      | Y | N | \$     |
| TRAFFIC          | Y | N | \$     |
| SCHOOL           | Y | N | \$     |
| FIRE             | Y | N | \$     |
| SWIMMING POOL    | Y | N | \$     |
| SCREEN ENCLOSURE | Y | N | \$     |
| ROOFING          | Y | N | \$     |
| BOAT DOCK        | Y | N | \$     |
| BUILDING         | Y | N | \$ 783 |
| WINDOW(S)        | Y | N | \$     |
| DOOR(S)          | Y | N | \$     |
| FENCE            | Y | N | \$     |
| SHED             | Y | N | \$     |
| DRIVEWAY         | Y | N | \$     |
| OTHER            | Y | N | \$     |

1% BCAIB FEE

7.83

1.5% DCA FEE

11.75

TOTAL

1132.58

OTHER PERMITS REQUIRED:

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



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

**RECEIVED**  
 OCT 14 2020

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

Owner's Name Pablo Rosemberg Revocable Trust  
 Owner's Address 3625 Waters Edge DR, Belle Isle, FL, 32812

**PERMIT #** 2020-10-046

|                                 |                              |
|---------------------------------|------------------------------|
| Contractor Name <u>BY OWNER</u> | Company Name <u>BY OWNER</u> |
| License #                       | Company Address              |
| Contact Phone/Cell              | City, State, ZIP             |
| Contact Email                   | 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](http://www.floridabuilding.org)) and City Ordinances ([www.municode.com](http://www.municode.com)) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including 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 10/1/2020  
 by \_\_\_\_\_ who is personally known to me  
 and who produced \_\_\_\_\_  
 as identification and who did not take an oath.  
 Notary as to Owner Patricia Brandt Mello  
 State of Florida  
 County of Orange



**Contractor Signature** BY OWNER  
 COMPANY NAME \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this \_\_\_/\_\_\_/\_\_\_  
 by \_\_\_\_\_ who is personally known to me  
 and who produced \_\_\_\_\_  
 as identification and who did not take an oath.  
 Notary as to Owner \_\_\_\_\_  
 State of Florida  
 County of Orange

**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 17,104 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**.

Impervious area created by existing pool  
ASD

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



RECEIVED  
NOV 11 2020  
BY:

DOC # 20200586538  
11/10/2020 14:04 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: CSC INC

Permit Number: 2020-10-046  
Folio/Parcel Identification Number: 20-23-30-1678-00-370  
Prepared by: Richard Anderson  
732 Cheviot CT  
Apopka, FL 32712  
Return to: Richard Anderson  
732 Cheviot CT  
Apopka, FL 32712

**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)  
3625 Waters Edge Dr, Belle Isle, FL 32812
- General description of improvement**  
Interior and covered porch improvements
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Pablo Rosenberg Revocable Trust  
Address 3625 Waters Edge Dr, Belle Isle, 32812  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name N/A  
Address \_\_\_\_\_
- Contractor**  
Name Pablo Rosenberg Telephone Number 407-468-7678  
Address 3625 Waters Edge Dr, Belle Isle, FL, 32812
- Surety** (if applicable, a copy of the payment bond is attached)  
Name N/A Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name N/A Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within in 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 N/A 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 N/A Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
6 months 4/12/2021

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager B. Walter  
Signatory's Title/Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of October 2020 Pablo Rosenberg  
as owner for Pablo Rosenberg  
Type of authority, e.g. officer, trustee, attorney in fact \_\_\_\_\_ Name of the person in whose behalf the instrument was executed \_\_\_\_\_  
Patricia B. Melro \_\_\_\_\_  
Signature of Notary Public - State of Florida \_\_\_\_\_

Print name of Notary Public \_\_\_\_\_  
Notary Seal: #50279538, Notary Public, State of Florida, Commission Expires 01.2022

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



## City of Belle Isle

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

### OWNER BUILDER DISCLOSURE STATEMENT

Per Florida Statue 455.228:

**Homeowners hiring unlicensed Contractors may be  
subject a fine of up to \$5,000.00!**

Before me this day personally appeared Pablo Rosemberg, who being duly sworn, deposes, and says as follows. "I hereby acknowledge that I have read and fully understand the individual provisions of this instrument."

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license PR Initial
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. PR Initial
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. PR Initial
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. PR Initial
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. Initial
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. PR Initial
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit, that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. PR Initial
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. PR Initial
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. PR Initial
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850)487-1395 or [www.Cecil.Centur@dlr.state.fl.us](mailto:www.Cecil.Centur@dlr.state.fl.us) for more information about licensed contractors. PR Initial



Owner Builder Disclosure Statement

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

Project Address: 3625 Waters Edge Dr., Belle Isle, FL PR Initial

12. I agree to notify the City of Belle Isle Building/Zoning Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. PR Initial

13. FBC 105.3.6 requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. PR Initial

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if any unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: \_\_\_\_\_  
(Signature of the property owner)

Print: Pablo Rosenberg  
(Name of the property owner)

Signature: \_\_\_\_\_  
(Signature of the property owner)

Print: \_\_\_\_\_  
(Name of the property owner)

Owner's Address: 3625 Waters Edge Dr. Belle Isle, FL

The foregoing instrument was acknowledged before me this 10 / 12 / 2020

by Pablo Rosenberg who is personally known to me who produced the following \_\_\_\_\_ as identification and who did not take an oath.

State of Florida / County of DRANGE

Seal:

Notary Signature Patricia B. Mello

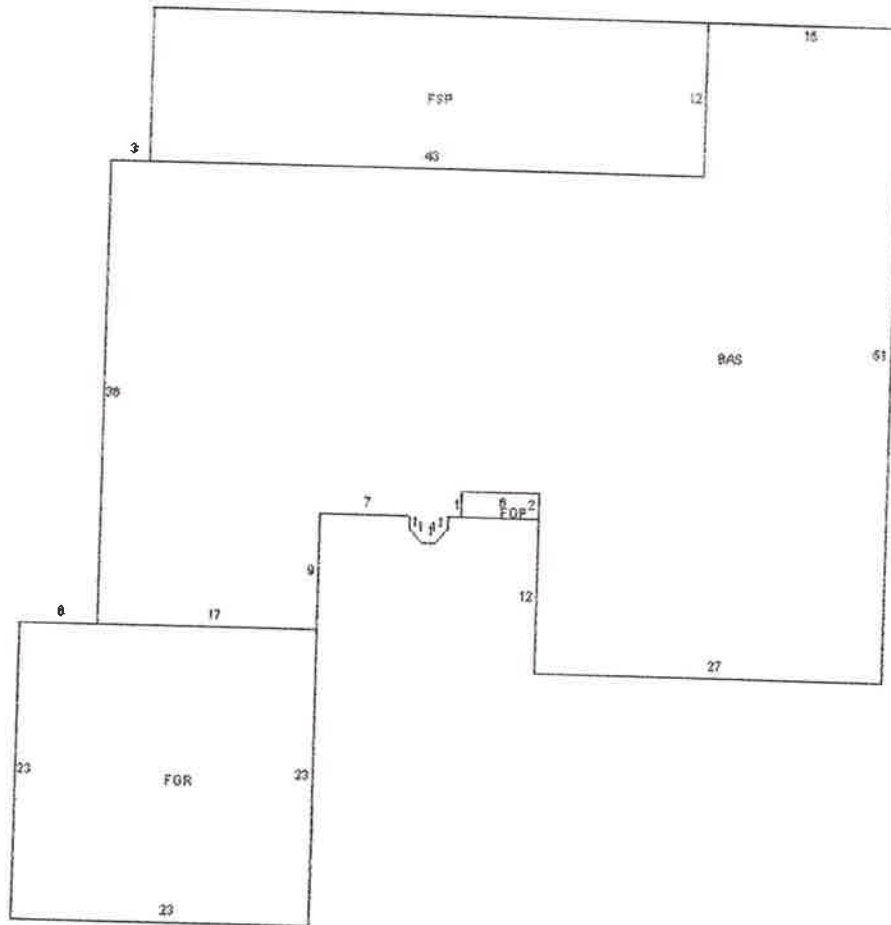


# Building Details - 3625 Waters Edge Dr - Building #1



Courtesy Rick Singh, Orange County Property Appraiser

**RECEIVED**  
 OCT 14 2020  
 BY: \_\_\_\_\_



| Sub Area          | Sqft | Value      |
|-------------------|------|------------|
| BAS - Base Area   | 2297 | working... |
| FGR - Fin Garage  | 529  | working... |
| FOP - F/Open Prch | 12   | working... |
| FSP - F/Scr Prch  | 516  | working... |

**Model Code:** 01 - Single Fam Residence  
**Type Code:** 0103 - Single Fam Class III  
**Building Value:** working...  
**Estimated New Cost:** working...  
**Actual Year Built:** 1979  
**Beds:** 4  
**Baths:** 2.0  
**Floors:** 1  
**Gross Area:** 3354 sqft  
**Living Area:** 2297 sqft  
**Exterior Wall:** Cb.Stucco



375 SF

Richard Anderson  
407-280-1003

**Susan Manchester**

**From:** Richard Anderson <randerson15@cfl.rr.com>  
**Sent:** Tuesday, October 20, 2020 4:18 PM  
**To:** Susan Manchester; CobiPermits  
**Cc:** Richard Anderson  
**Subject:** Re: 3625 Water's Edge Dr - ATF interior remodel permit 2020-10-046 needs more info - By Owner Rosemberg  
**Attachments:** Scan 2020-10-20 16.11.01.pdf; We sent you safe versions of your files

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

Susan, there was a 375 sq. ft. addition that was added for the rear. It has an insulated metal roof with two ceiling fans. Hopefully, April will consider this de minimus in her review. I have included the additional applications and product approvals. I'll have the Notice of Commencement filed with the County this week. Thanks so much for your assistance. Please let me know the amount you need for the payments. Richard

On Oct 14, 2020, at 3:13 PM, Susan Manchester <[SManchester@universalengineering.com](mailto:SManchester@universalengineering.com)> wrote:

***Please do not change the subject line of this email when replying or forwarding. If remitting payment or additional info via email, please be sure the subject line reads as above referencing and including the correct address, permit number(s) and contractor name to insure your payment and/or info is properly processed. Please simply "reply all" and the subject line will remain intact. Failure to do so will result in your payment or information not being processed. Once payment is submitted, please allow up to 24 hours (1 business day) to receive your permit.***

***Please make sure all email for Belle Isle permitting is forwarded/replied/sent not only to the sender but ALSO to [cobipermits@universalengineering.com](mailto:cobipermits@universalengineering.com) Otherwise – your payment or info may not get processed***

I need to know – HOW MUCH square footage that was previously outside is now inside and under heat and air. What kind of roof was over this porch area? Was it part of the house's original shingled roof, or a flat insulated panel?

The attached product approval form needs to be completed for the windows and doors.



**RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)
- [My Favorites](#)

Sign up for e-Notify...

**3625 Waters Edge Dr** < 20-23-30-1678-00-370 >

Name(s) Pablo Rosenberg Revocable Trust  
 Physical Street Address 3625 Waters Edge Dr  
 Mailing Address On File Pablo Rosenberg Trustee  
 C/O Pablo Rosenberg Trustee  
 3625 Waters Edge Dr  
 Belle Isle, FL 32812-3513  
 Property Use Orlando, FL 32812  
 0131 - Sff - Canal Front  
 Municipality Belle Isle



**View 2020 Property Record Card**

- [Property Features](#)
- [Values, Exemptions and Taxes](#)
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)
- [Update Information](#)

**Parcel Sales History**

| Sale Date  | Sale Amount | Instrument # | Book/Page    | Seller(s)                              | Buyer(s)                        | Deed Code        | Vac/Imp  |
|------------|-------------|--------------|--------------|--|---------------------------------|------------------|----------|
| 10/07/2013 | \$100       | 20130546258  | 10649 / 1009 | Rosenberg Pablo                        | Pablo Rosenberg Revocable Trust | Special Warranty | Improved |
| 09/26/2008 | \$400,000   | 20080609735  | 09772 / 7214 | Hightower Dennis J<br>Hightower Gail W | Rosenberg Pablo                 | Warranty Deed    | Improved |
| 08/01/1987 | \$145,000   | 19872839912  | 03916 / 0194 |  |                                 | Warranty Deed    | Improved |
| 09/01/1979 | \$92,500    | 19791434719  | 03049 / 1847 |  |                                 | Warranty Deed    | Improved |
| 02/01/1979 | \$19,500    | 19791350273  | 02981 / 1930 |  |                                 | Warranty Deed    | Vacant   |

**Sales In Subdivision Within Last 1 Year**

**Sales Analysis Tool**

| Address               | Sale Date  | Sale Amount | \$/SQFT | Deed Code     | Beds/Baths | Instrument # | Book/Page |
|-----------------------|------------|-------------|---------|---------------|------------|--------------|-----------|
| 6630 Conway Lakes Dr  | 03/03/2020 | \$352,900   | \$164   | Warranty Deed | 3/2        | 20200181108  | /         |
| 3658 Country Lakes Dr | 01/23/2020 | \$385,000   | \$160   | Warranty Deed | 4/2        | 20200066224  | /         |



3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 193844

**Inspection Report**

Project Name: 3625 Waters Edge Drive ~ COBI  
 Address: 3625 Waters Edge Drive ~ COBI, Belle Isle, Orange County, FL  
 Client: City of Belle Isle  
 ProjectNo.: 0115.2000303.0000-0115-0001

Date: 10/15/2020 Any any  
 Permit No: 2020-10-046  
 Lot No.:  
 Contact: Susan Manchester at 407 581 8161

Scope of Inspection: Pre-review of building permit app ATF - work already done.

Inspection Type: See Scope

**Disposition of Inspection: Courtesy**

**Comments:**

| <u>Task Date</u> | <u>Task Note</u>  | <u>User Name</u> |
|------------------|---|------------------|
| 11/03/2020       | Sent reminder email to Ben Suriel - need response as to what further info we need from the owner/builder for the five ATF permits - bldg, windows, electrical, plumbing and mechanical. | Susan Manchester |

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Benjamin Suriel



3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 194900

**Inspection Report**

Project Name: 3625 Waters Edge Drive - COBI  
Address: 3625 Waters Edge Drive - COBI, Belle Isle, Orange County, FL 32812  
Client: City of Belle Isle, FL  
ProjectNo.: 0115.2000303.0000-0115-0001

Date: 02/16/2021 Any any  
Permit No: 2020-10-046  
Lot No.:  
Contact: Susan Manchester at 14075818161

Scope of Inspection: REVIEW building app for ATF house addition and remodel. This is under the 2017 code, the permit is from October 2020.

Inspection Type:

Disposition of Inspection:

Comments:

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Kenneth Derick, MS, PE, FL PE No. 37711

*[Handwritten signature]*  
5 WO.  
1 address  
bldg, elec, wind/decks, plumb,  
mech



2020-10-046

UES

RECEIVED  
FEB 12 2021  
BY:

# RESIDENTIAL ADDITION FOR:

3625 WATER EDGE DRIVE  
BELLE ISLE, FLORIDA

### GENERAL NOTES:

1. ALL FINISHES AND TREATMENTS SPECIFIED IN PLANS CONFORM WITH FLORIDA BUILDING CODE SIXTH EDITION (2017)
2. ALL FIRE STOPPING AT BUILDING PERIMETER CHASES, PIPE PENETRATIONS, ETC. WILL BE MAINTAINED. IF FIRE STOPPING IS DAMAGED OR REMOVED DURING DEMOLITION, PROVIDE REPLACEMENT FIRE STOPPING MEETING OR EXCEEDING THE EXISTING RATINGS. TESTING REPORTS FOR FIRE STOPPING USED SHALL BE SUBMITTED TO THE CITY FOR APPROVAL PRIOR TO INSTALLATION.
3. FOR ANY PROPOSED FLOORING CHANGES, THE CONTRACTOR MUST PROVIDE INSTALLATION DETAILS COMPLIANT WITH THE FOLLOWING:
  - a. ASTM E92 AND E413 (GROUND TRANSMISSION CLASS)
  - b. ASTM E 482 (IMPACT SOUND INSULATION)
  - c. ASTM E 336 (AIRBORNE SOUND INSULATION FIELD TEST)
4. EXTENT OF WORK TO BE DONE HAS BEEN CLEARLY NOTED AND SHOWN IN DETAIL ON THE PLANS TO BE SUBMITTED
5. CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS BEFORE STARTING ANY WORK.

### NEW CONSTRUCTION

NOTE: THIS STRUCTURE HAS BEEN DESIGNED TO MEET OR EXCEED THE REQUIREMENTS OF SEC. 903.1 OF THE FLORIDA BUILDING CODE RESIDENTIAL 2017 EDITION.

1. RISK CATEGORY = II
2. NOMINAL DESIGN WIND SPEED = 120
3. ULTIMATE DESIGN WIND SPEED = 140 (FROM FIGURE R502(7.4))
4. WIND IMPORTANCE FACTOR = 1.0
5. WIND EXPOSURE = CATEGORY C

#### SCOPE OF THE WORK

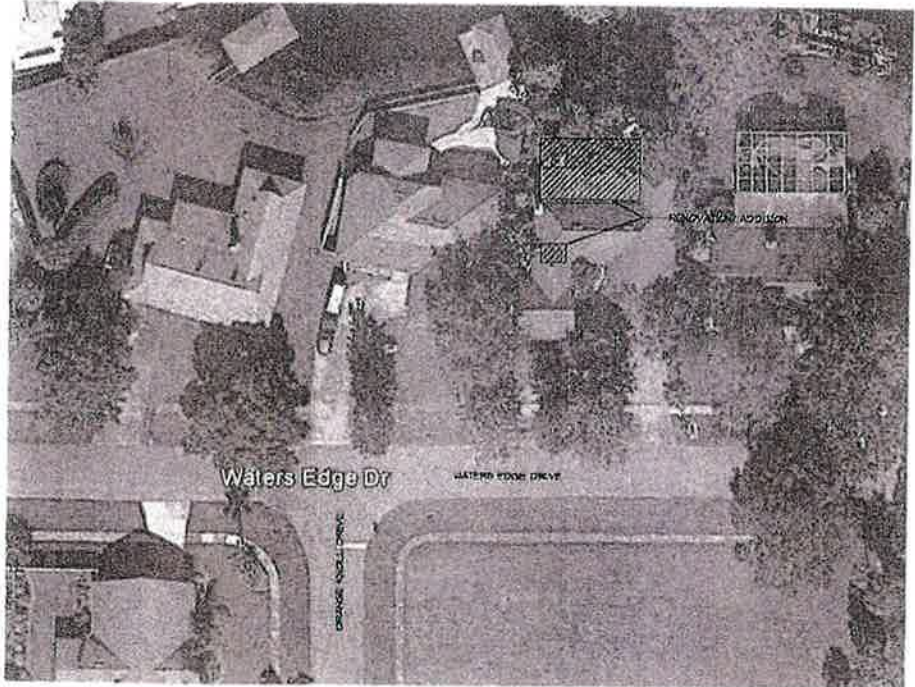
1. RELOCATION OF KITCHEN INCLUDING ELECTRICAL AND PLUMBING
2. ADDITION OF COVERED PORCH INCLUDING FOUNDATION, AND ELECTRICAL

#### AREA TABULATION

|                                 |          |
|---------------------------------|----------|
| EXISTING AREA:                  | 3883 SFT |
| RENOVATION AREA:                | 656 SFT  |
| COVERED PORCH ADDITION:         | 426 SFT  |
| TOTAL ADDITION/RENOVATION AREA: | 1082 SFT |
| TOTAL AREA:                     | 4965 SFT |

#### INDEX OF DRAWINGS

| SHEET # | DESCRIPTION                  |
|---------|------------------------------|
| CS      | COVER SHEET AND LOCATION MAP |
| D101    | DEMOLITION PLAN              |
| A101    | FLOOR PLAN/ DETAILS          |
| A201    | EXTERIOR ELEVATIONS          |
| AN01    | SCHEDULES                    |
| S101    | STRUCTURAL DETAILS           |
| E101    | ELECTRICAL PLAN              |
| P101    | PLUMBING PLAN                |



LOCATION MAP  
SCALE: N/A

**ZONING APPROVED**  
 Date: 2/12/21 By: *[Signature]*  
 City of Belle Isle

Digitally signed  
 by Robert S Rabits  
 Date: 2020.11.08  
 11:50:15 -0400

REVISIONS

|     |      |             |
|-----|------|-------------|
| NO. | DATE | DESCRIPTION |
|     |      |             |
|     |      |             |
|     |      |             |
|     |      |             |
|     |      |             |

PROJECT NO: \_\_\_\_\_ DATE: 06-01-2020

COVER SHEET

ADDITION  
 SINGLE FAMILY RESIDENCE  
 3625 WATER EDGE DRIVE  
 ORLANDO, FL

176000490  
**RABITS & ROMANO**  
 ARCHITECTURE  
 PLANNING  
 DESIGN

DATE: 11/08/2020 11:50:15 AM  
 TEL: 407-277-9888  
 FAX: 407-277-9889

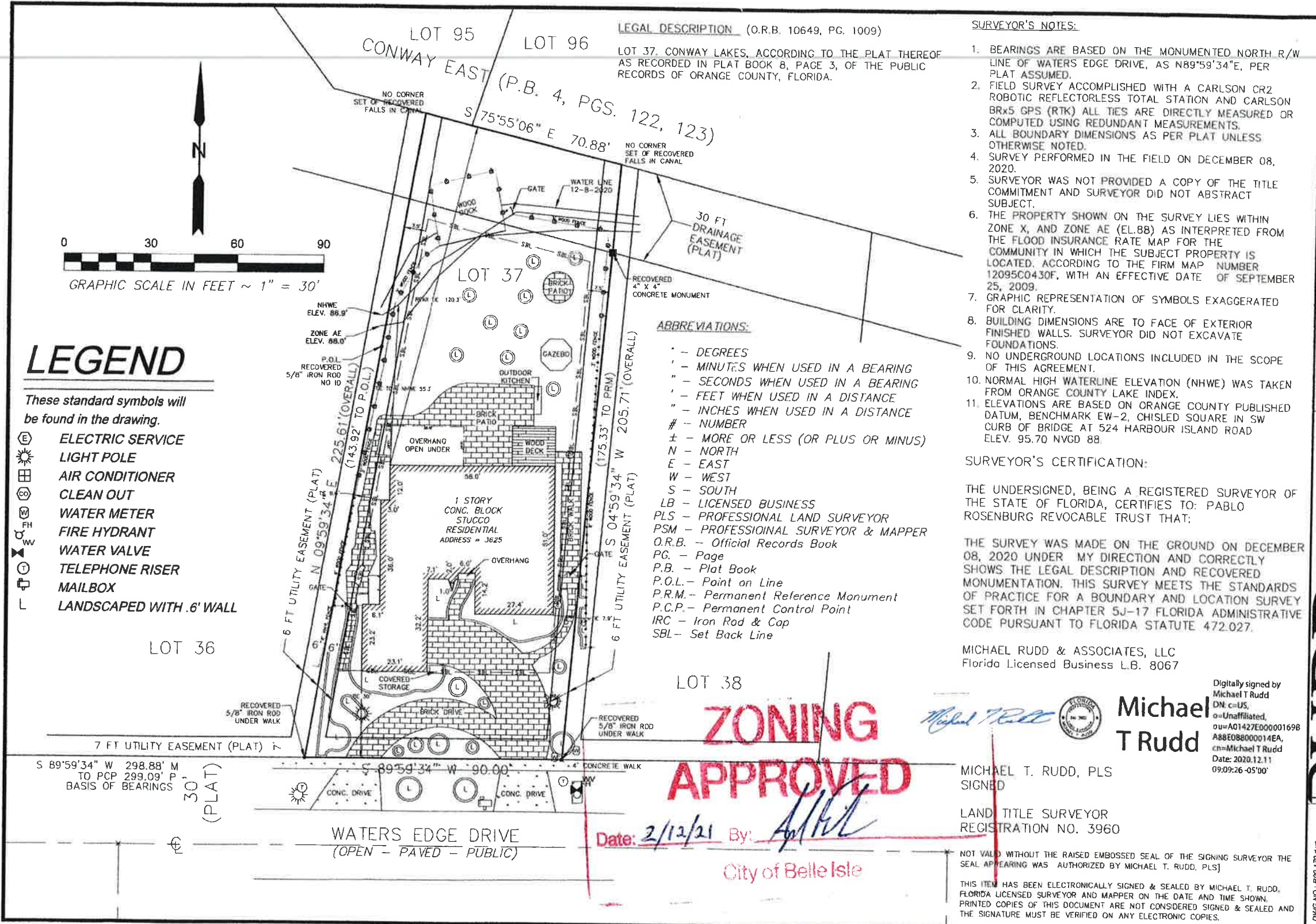
DATE: \_\_\_\_\_

SHEET  
 CS  
 9



2020-10-046

RECEIVED  
FEB 12 2021  
BY:



**LEGAL DESCRIPTION** (O.R.B. 10649, PG. 1009)  
 LOT 37, CONWAY LAKES, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 8, PAGE 3, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.

- SURVEYOR'S NOTES:**
1. BEARINGS ARE BASED ON THE MONUMENTED NORTH R/W LINE OF WATERS EDGE DRIVE, AS N89°59'34"E, PER PLAT ASSUMED.
  2. FIELD SURVEY ACCOMPLISHED WITH A CARLSON CR2 ROBOTIC REFLECTORLESS TOTAL STATION AND CARLSON BRX5 GPS (RTK) ALL TIES ARE DIRECTLY MEASURED OR COMPUTED USING REDUNDANT MEASUREMENTS.
  3. ALL BOUNDARY DIMENSIONS AS PER PLAT UNLESS OTHERWISE NOTED.
  4. SURVEY PERFORMED IN THE FIELD ON DECEMBER 08, 2020.
  5. SURVEYOR WAS NOT PROVIDED A COPY OF THE TITLE COMMITMENT AND SURVEYOR DID NOT ABSTRACT SUBJECT.
  6. THE PROPERTY SHOWN ON THE SURVEY LIES WITHIN ZONE X, AND ZONE AE (EL.88) AS INTERPRETED FROM THE FLOOD INSURANCE RATE MAP FOR THE COMMUNITY IN WHICH THE SUBJECT PROPERTY IS LOCATED, ACCORDING TO THE FIRM MAP NUMBER 12095C0430F, WITH AN EFFECTIVE DATE OF SEPTEMBER 25, 2009.
  7. GRAPHIC REPRESENTATION OF SYMBOLS EXAGGERATED FOR CLARITY.
  8. BUILDING DIMENSIONS ARE TO FACE OF EXTERIOR FINISHED WALLS. SURVEYOR DID NOT EXCAVATE FOUNDATIONS.
  9. NO UNDERGROUND LOCATIONS INCLUDED IN THE SCOPE OF THIS AGREEMENT.
  10. NORMAL HIGH WATERLINE ELEVATION (NHWE) WAS TAKEN FROM ORANGE COUNTY LAKE INDEX.
  11. ELEVATIONS ARE BASED ON ORANGE COUNTY PUBLISHED DATUM, BENCHMARK EW-2, CHISLED SQUARE IN SW CURB OF BRIDGE AT 524 HARBOUR ISLAND ROAD ELEV. 95.70 NVGD 88.

- ABBREVIATIONS:**
- DEGREES
  - ' - MINUTES WHEN USED IN A BEARING
  - " - SECONDS WHEN USED IN A BEARING
  - ' - FEET WHEN USED IN A DISTANCE
  - " - INCHES WHEN USED IN A DISTANCE
  - # - NUMBER
  - ± - MORE OR LESS (OR PLUS OR MINUS)
  - N - NORTH
  - E - EAST
  - W - WEST
  - S - SOUTH
  - LB - LICENSED BUSINESS
  - PLS - PROFESSIONAL LAND SURVEYOR
  - PSM - PROFESSIONAL SURVEYOR & MAPPER
  - O.R.B. - Official Records Book
  - PG. - Page
  - P.B. - Plat Book
  - P.O.L. - Point on Line
  - P.R.M. - Permanent Reference Monument
  - P.C.P. - Permanent Control Point
  - IRC - Iron Rod & Cap
  - SBL - Set Back Line

# LEGEND

These standard symbols will be found in the drawing.

- ELECTRIC SERVICE
- LIGHT POLE
- AIR CONDITIONER
- CLEAN OUT
- WATER METER
- FIRE HYDRANT
- WATER VALVE
- TELEPHONE RISER
- MAILBOX
- LANDSCAPED WITH .6' WALL

**SURVEYOR'S CERTIFICATION:**

THE UNDERSIGNED, BEING A REGISTERED SURVEYOR OF THE STATE OF FLORIDA, CERTIFIES TO: PABLO ROSENBERG REVOCABLE TRUST THAT:

THE SURVEY WAS MADE ON THE GROUND ON DECEMBER 08, 2020 UNDER MY DIRECTION AND CORRECTLY SHOWS THE LEGAL DESCRIPTION AND RECOVERED MONUMENTATION. THIS SURVEY MEETS THE STANDARDS OF PRACTICE FOR A BOUNDARY AND LOCATION SURVEY SET FORTH IN CHAPTER 5J-17 FLORIDA ADMINISTRATIVE CODE PURSUANT TO FLORIDA STATUTE 472.027.

MICHAEL RUDD & ASSOCIATES, LLC  
 Florida Licensed Business L.B. 8067

Digitally signed by  
 Michael T Rudd  
 DN: c=US,  
 o=Unaffiliated,  
 ou=A01427E000001698  
 A88E08800014EA,  
 cn=Michael T Rudd  
 Date: 2020.12.11  
 09:09:26 -05'00'

**ZONING APPROVED**

Date: 2/12/21 By: [Signature]  
 City of Belle Isle

MICHAEL T. RUDD, PLS  
 SIGNED

LAND TITLE SURVEYOR  
 REGISTRATION NO. 3960

NOT VALID WITHOUT THE RAISED EMBOSSED SEAL OF THE SIGNING SURVEYOR THE SEAL APPEARING WAS AUTHORIZED BY MICHAEL T. RUDD, PLS]

THIS ITEM HAS BEEN ELECTRONICALLY SIGNED & SEALED BY MICHAEL T. RUDD, FLORIDA LICENSED SURVEYOR AND MAPPER ON THE DATE AND TIME SHOWN. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED & SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

**Boundary & Location Survey:**  
**PREPARED FOR:**  
 Pablo Rosenberg Revocable Trust, dated September 26, 2013,  
 Pablo Rosenberg, Trustee

WWW.MICHAELTRUDD.COM  
 1210 BAHAMA DRIVE,  
 ORLANDO, FL 32806  
 PHONE: 407-342-0676  
 michael@michaeltrudd.com

**RUDD**  
 MICHAEL RUDD & ASSOCIATES, LLC  
 SURVEYOR & MAPPER SINCE 1982  
 Commercial Land Title Surveying - Platting - Lot Split - Site Plans & Expert Witness

DWG NO: R99-179.dwg  
 FIELD BOOK: R99-179.RWS  
 DRAWN BY: SDB CHK BY: MTR  
 SCALE: 1" = 30'  
 DRAWING DATE:  
 SHEET 1 OF 1



3625 Waters Edge

2020-10-096



# LEGEND

These standard symbols will be found in the drawing.

- ELECTRIC SERVICE
- LIGHT POLE
- AIR CONDITIONER
- CLEAN OUT
- WATER METER
- FIRE HYDRANT
- WATER VALVE
- TELEPHONE RISER
- MAILBOX
- LANDSCAPED WITH .6' WALL

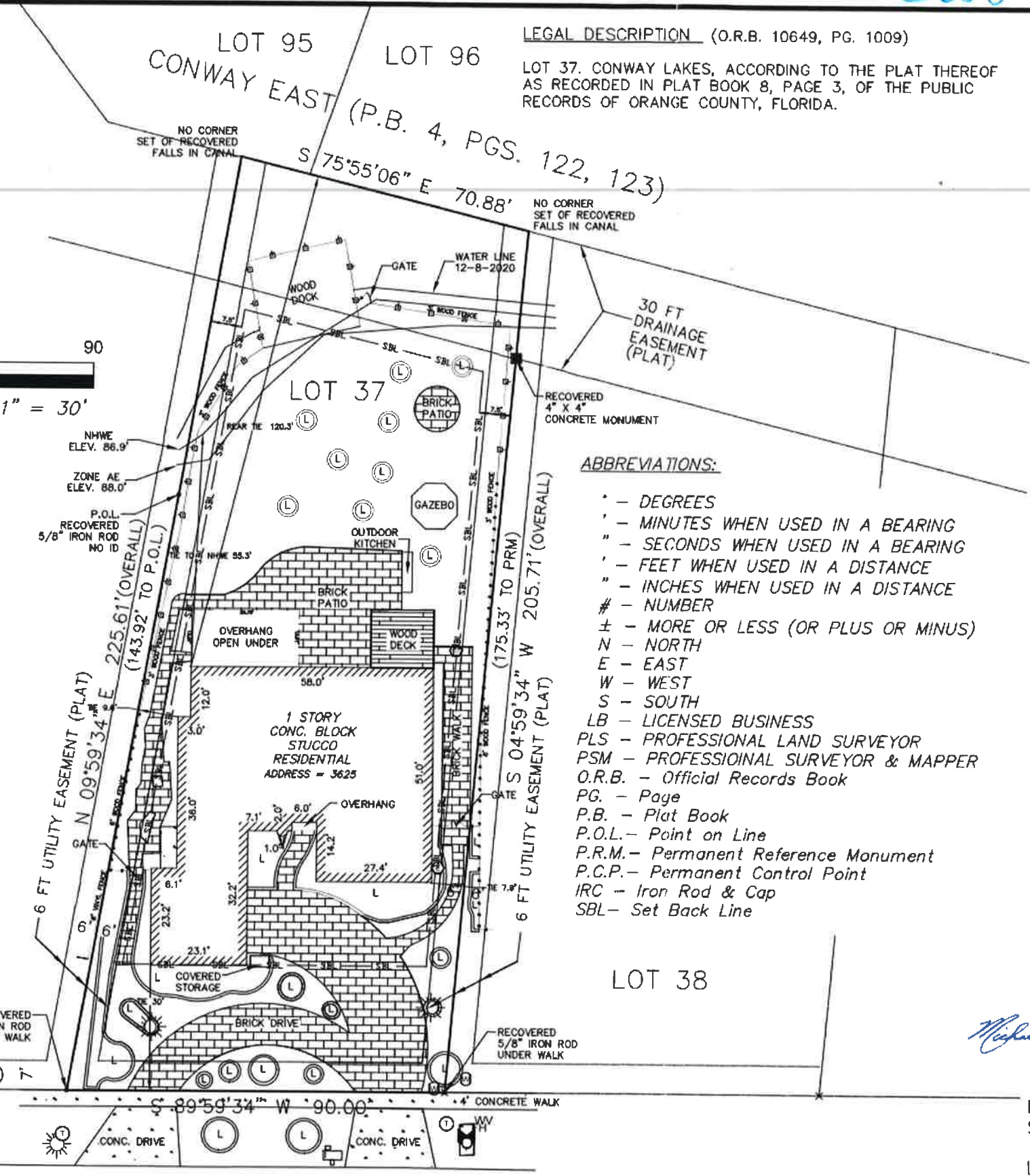
LEGAL DESCRIPTION (O.R.B. 10649, PG. 1009)  
 LOT 37. CONWAY LAKES, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 8, PAGE 3, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.

### SURVEYOR'S NOTES:

1. BEARINGS ARE BASED ON THE MONUMENTED NORTH R/W LINE OF WATERS EDGE DRIVE, AS N89°59'34"E, PER PLAT ASSUMED.
2. FIELD SURVEY ACCOMPLISHED WITH A CARLSON CR2 ROBOTIC REFLECTORLESS TOTAL STATION AND CARLSON BRx5 GPS (RTK) ALL TIES ARE DIRECTLY MEASURED OR COMPUTED USING REDUNDANT MEASUREMENTS.
3. ALL BOUNDARY DIMENSIONS AS PER PLAT UNLESS OTHERWISE NOTED.
4. SURVEY PERFORMED IN THE FIELD ON DECEMBER 08, 2020.
5. SURVEYOR WAS NOT PROVIDED A COPY OF THE TITLE COMMITMENT AND SURVEYOR DID NOT ABSTRACT SUBJECT.
6. THE PROPERTY SHOWN ON THE SURVEY LIES WITHIN ZONE X, AND ZONE AE (EL.88) AS INTERPRETED FROM THE FLOOD INSURANCE RATE MAP FOR THE COMMUNITY IN WHICH THE SUBJECT PROPERTY IS LOCATED. ACCORDING TO THE FIRM MAP NUMBER 12095C0430F, WITH AN EFFECTIVE DATE OF SEPTEMBER 25, 2009.
7. GRAPHIC REPRESENTATION OF SYMBOLS EXAGGERATED FOR CLARITY.
8. BUILDING DIMENSIONS ARE TO FACE OF EXTERIOR FINISHED WALLS. SURVEYOR DID NOT EXCAVATE FOUNDATIONS.
9. NO UNDERGROUND LOCATIONS INCLUDED IN THE SCOPE OF THIS AGREEMENT.
10. NORMAL HIGH WATERLINE ELEVATION (NHWE) WAS TAKEN FROM ORANGE COUNTY LAKE INDEX.
11. ELEVATIONS ARE BASED ON ORANGE COUNTY PUBLISHED DATUM, BENCHMARK EW-2, CHISLED SQUARE IN SW CURB OF BRIDGE AT 524 HARBOUR ISLAND ROAD ELEV. 95.70 NVGD 88.

### ABBREVIATIONS:

- \* - DEGREES
- ' - MINUTES WHEN USED IN A BEARING
- " - SECONDS WHEN USED IN A BEARING
- ' - FEET WHEN USED IN A DISTANCE
- " - INCHES WHEN USED IN A DISTANCE
- # - NUMBER
- ± - MORE OR LESS (OR PLUS OR MINUS)
- N - NORTH
- E - EAST
- W - WEST
- S - SOUTH
- LB - LICENSED BUSINESS
- PLS - PROFESSIONAL LAND SURVEYOR
- PSM - PROFESSIONAL SURVEYOR & MAPPER
- O.R.B. - Official Records Book
- PG. - Page
- P.B. - Plat Book
- P.O.L. - Point on Line
- P.R.M. - Permanent Reference Monument
- P.C.P. - Permanent Control Point
- IRC - Iron Rod & Cap
- SBL - Set Back Line



### SURVEYOR'S CERTIFICATION:

THE UNDERSIGNED, BEING A REGISTERED SURVEYOR OF THE STATE OF FLORIDA, CERTIFIES TO: PABLO ROSENBERG REVOCABLE TRUST THAT:

THE SURVEY WAS MADE ON THE GROUND ON DECEMBER 08, 2020 UNDER MY DIRECTION AND CORRECTLY SHOWS THE LEGAL DESCRIPTION AND RECOVERED MONUMENTATION. THIS SURVEY MEETS THE STANDARDS OF PRACTICE FOR A BOUNDARY AND LOCATION SURVEY SET FORTH IN CHAPTER 5J-17 FLORIDA ADMINISTRATIVE CODE PURSUANT TO FLORIDA STATUTE 472.027.

MICHAEL RUDD & ASSOCIATES, LLC  
 Florida Licensed Business L.B. 8067

*Michael T. Rudd* (Signature)

**Michael T Rudd**

Digitally signed by Michael T Rudd  
 DN: c=US,  
 o=Unaffiliated,  
 ou=A01427E00000169B  
 A88E0B8000014EA,  
 cn=Michael T Rudd  
 Date: 2020.12.11  
 09:09:26 -05'00'

MICHAEL T. RUDD, PLS  
 SIGNED

LAND TITLE SURVEYOR  
 REGISTRATION NO. 3960

NOT VALID WITHOUT THE RAISED EMBOSSED SEAL OF THE SIGNING SURVEYOR THE SEAL APPEARING WAS AUTHORIZED BY MICHAEL T. RUDD, PLS]

THIS ITEM HAS BEEN ELECTRONICALLY SIGNED & SEALED BY MICHAEL T. RUDD, FLORIDA LICENSED SURVEYOR AND MAPPER ON THE DATE AND TIME SHOWN. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED & SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Boundary & Location Survey:  
 PREPARED FOR:  
 Pablo Rosenberg Revocable Trust, dated September 26, 2013,  
 Pablo Rosenberg, Trustee

WWW.MICHAELTRUDD.COM  
 1210 BAHAMA DRIVE,  
 ORLANDO, FL 32806  
 PHONE: 407-342-0676  
 michael@michaeltrudd.com

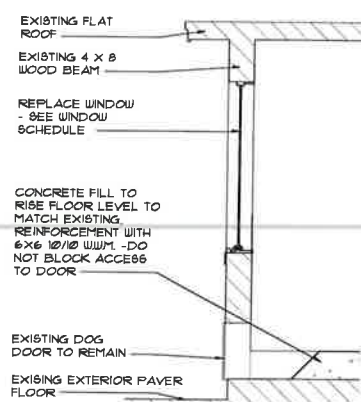
**RUDD**

MICHAEL RUDD & ASSOCIATES, LLC  
 SURVEYOR & MAPPER SINCE 1982  
 Commercial Land Title Surveying-Platting - Lot Split - Site Plans & Expert Witness

|                           |
|---------------------------|
| DWG NO.: R99-179.dwg      |
| FIELD BOOK: R99-179 RWS   |
| DRAWN BY: SDB CHK BY: MTR |
| SCALE: 1" = 30'           |
| DRAWING DATE:             |
| SHEET 1 OF 1              |

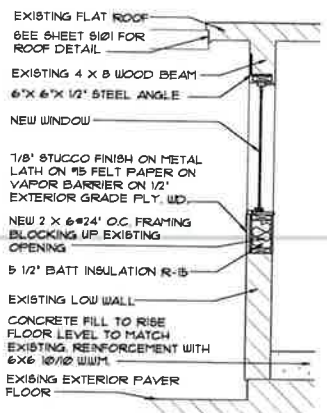


2020-10-046



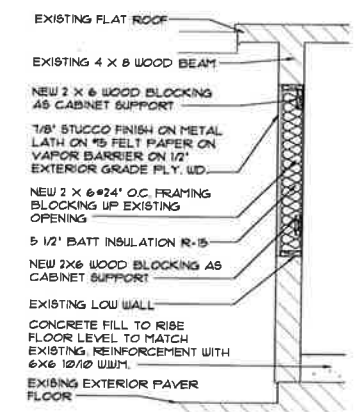
TYPICAL WALL SECTION-A

SCALE: 3/16"=1'-0"



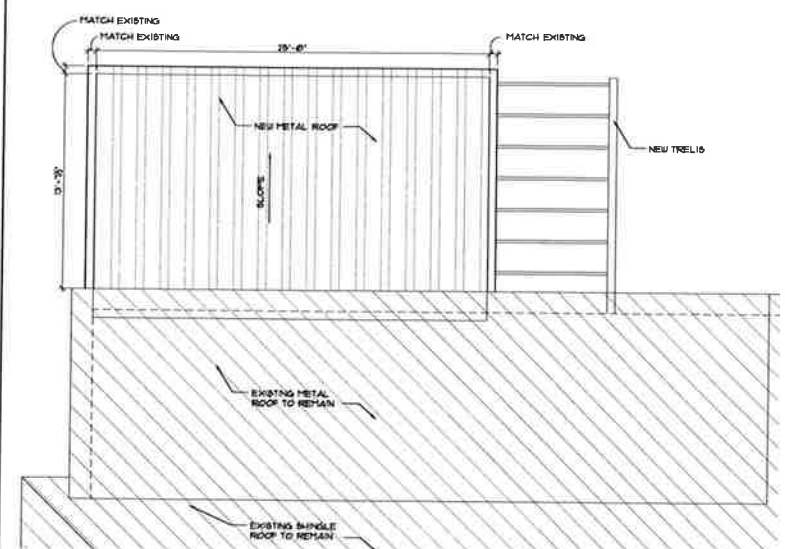
TYPICAL WALL SECTION-B

SCALE: 3/16"=1'-0"



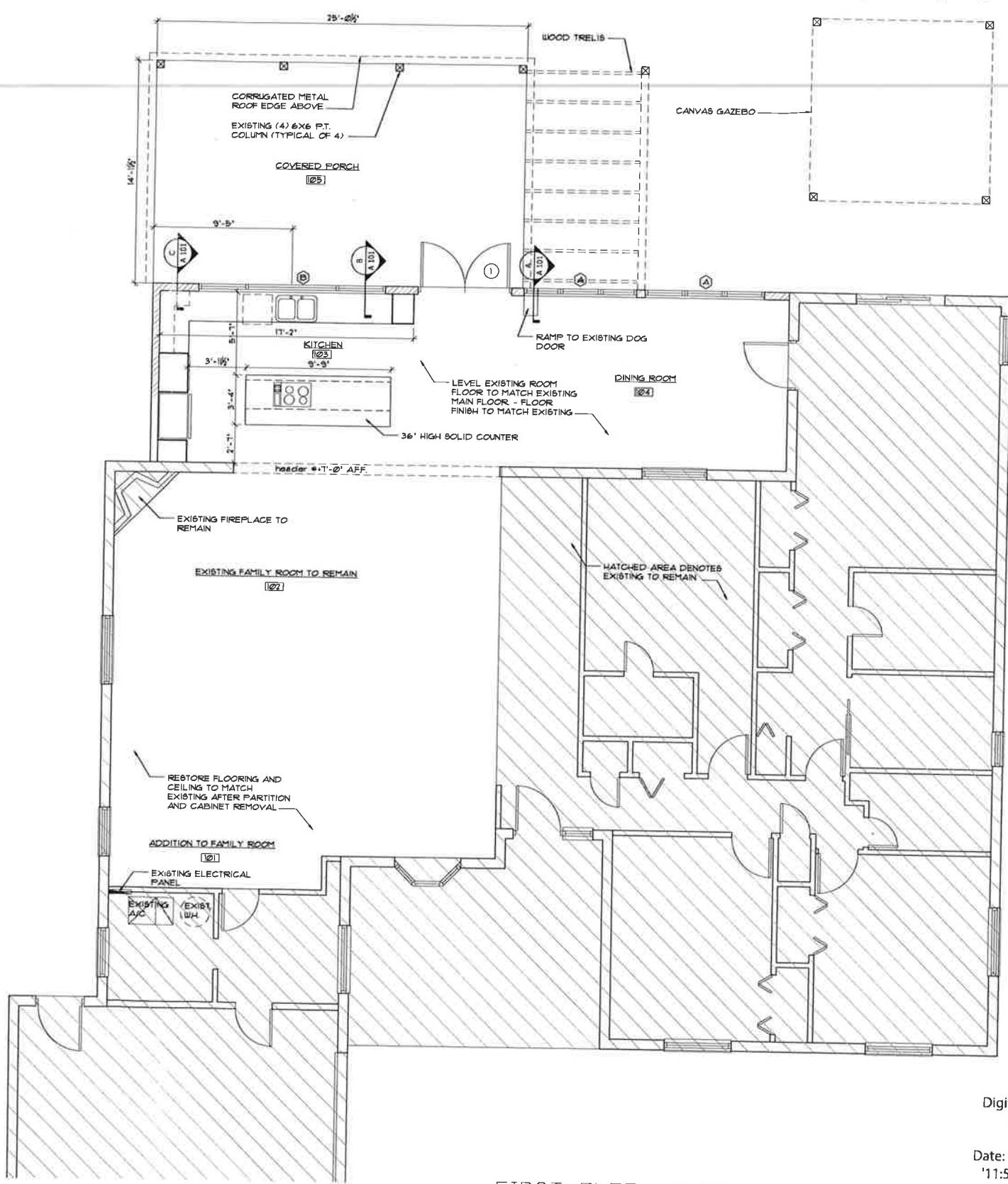
TYPICAL WALL SECTION-C

SCALE: 3/16"=1'-0"



PARTIAL ROOF PLAN

SCALE: 3/16"=1'-0"



FIRST FLOOR PLAN

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

| REVISIONS | PROJECT NO. | DATE       |
|-----------|-------------|------------|
|           |             | 06-01-2019 |

FLOOR PLAN

ADDITION  
SINGLE FAMILY RESIDENCE  
3625 WATER EDGE DRIVE  
ORLANDO, FL

AA26002490  
RABITS & ROMANO  
ARCHITECTURE  
PLANNING AND DESIGN  
1375 ORANGE AVE.  
SUITE 100 ORLANDO, FL 32809  
TEL: 407-990-0350  
FAX: 407-232-4000  
info@rabits-architect.com  
www.rabits-architect.com

Digitally signed  
by Robert S  
Rabits  
Date: 2020.10.08  
'11:51:06 -0400



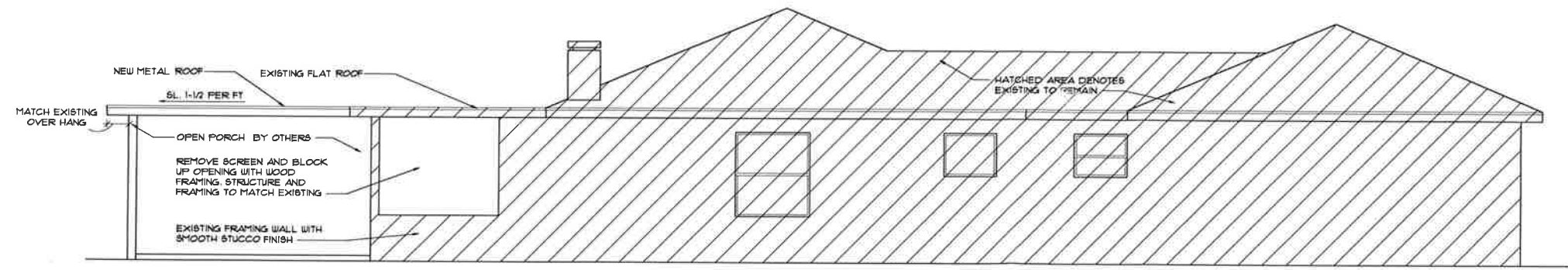
SHEET  
A101  
OF  
8



2020.10.046



REAR ELEVATION (NORTH)  
SCALE: 1/4"=1'-0"



RIGHT ELEVATION (WEST)  
SCALE: 1/4"=1'-0"

| NO. | REVISIONS |
|-----|-----------|
| 1   |           |
| 2   |           |
| 3   |           |
| 4   |           |
| 5   |           |
| 6   |           |
| 7   |           |
| 8   |           |

PROJECT NO. 2020-10-046  
DATE 06-01-2020  
**EXTERIOR ELEVATIONS**

ADDITION  
SINGLE FAMILY RESIDENCE  
3625 WATER EDGE DRIVE  
ORLANDO, FL

AA26002490  
**RABITS & ROMANO**  
ARCHITECTURE  
PLANNING AND DESIGN  
5127 S. ORANGE AVE.  
SUITE 110 ORLANDO, FL 32839  
TEL: 407-490-0350  
FAX: 407-332-6000  
info@rabbis-romano.com  
www.rabbis-romano.com

SIGN/SEAL  
Digitally signed by Robert S. Rabits  
Date: 2020.10.08 11:51:31 -04'00'  
DATE

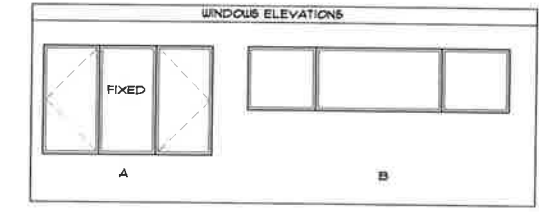
Reviewed for Code Compliance  
**Universal Engineering Sciences**

SHEET  
A201  
of  
8

2020-10-09/6

| WINDOW SCHEDULE |                |       |       |          |       |
|-----------------|----------------|-------|-------|----------|-------|
| MARK            | SIZE           | TYPE  | FRAME | HEAD HT. | NOTES |
| A               | 2'-6 7/8" x 2' | FIXED | ALUM. | 1'-0"    |       |
|                 | 2'-6 7/8" x 2' | FIXED |       |          |       |
|                 | 2'-6 7/8" x 2' | FIXED |       |          |       |
| B               | 3'-1 7/8" x 2' | FIXED | ALUM. | 1'-0"    |       |
|                 | 4'-9 1/8" x 2' | FIXED |       |          |       |
|                 | 3'-1 7/8" x 2' | FIXED |       |          |       |

NOTE: I-Low-E GLASS WITH SHADING COEFFICIENT OF 45 OR LOWER VERIFY ALL WINDOW SPECIFICATIONS, FINISHES, AND STYLE WITH OWNER PRIOR TO ORDERING MATERIALS.



WINDOWS ELEVATIONS  
SCALE: 1/4" = 1'-0"

| DOOR AND FRAME SCHEDULE |       |       |      |                            |            |       |           |                |       |
|-------------------------|-------|-------|------|----------------------------|------------|-------|-----------|----------------|-------|
| MARK                    | SIZE  |       | TYPE | Style                      | MATL       | FRAME | THRESHOLD | HARDWARE SET # | NOTES |
|                         | WD    | HGT   |      |                            |            |       |           |                |       |
| 1                       | 3'-0" | 1'-0" | --   | Hinged - Single - Exterior | WOOD/GLASS | WOOD  | ALUM.     |                |       |

| REVISIONS |      |    |      |       |             |
|-----------|------|----|------|-------|-------------|
| NO.       | DATE | BY | CHKD | APP'D | DESCRIPTION |
| 1         |      |    |      |       |             |
| 2         |      |    |      |       |             |
| 3         |      |    |      |       |             |
| 4         |      |    |      |       |             |
| 5         |      |    |      |       |             |
| 6         |      |    |      |       |             |
| 7         |      |    |      |       |             |

PROJECT NO. \*\*  
DATE 06-01-2020

SCHEDULES

ADDITION  
SINGLE FAMILY RESIDENCE  
3625 WATER EDGE DRIVE  
ORLANDO, FL

AA26002490  
RABITS & ROMANO ARCHITECTURE  
PLANNING AND DESIGN  
11275 ORANGE AVE SUITE 10 ORLANDO, FL 32809  
TEL: 407-990-0350 FAX: 407-231-6000  
www.rabits-architect.com

Digitally signed by Robert S Rabits Date: 2020.10.08 11:51:57 -04'00



SIGN/SEAL  
DATE

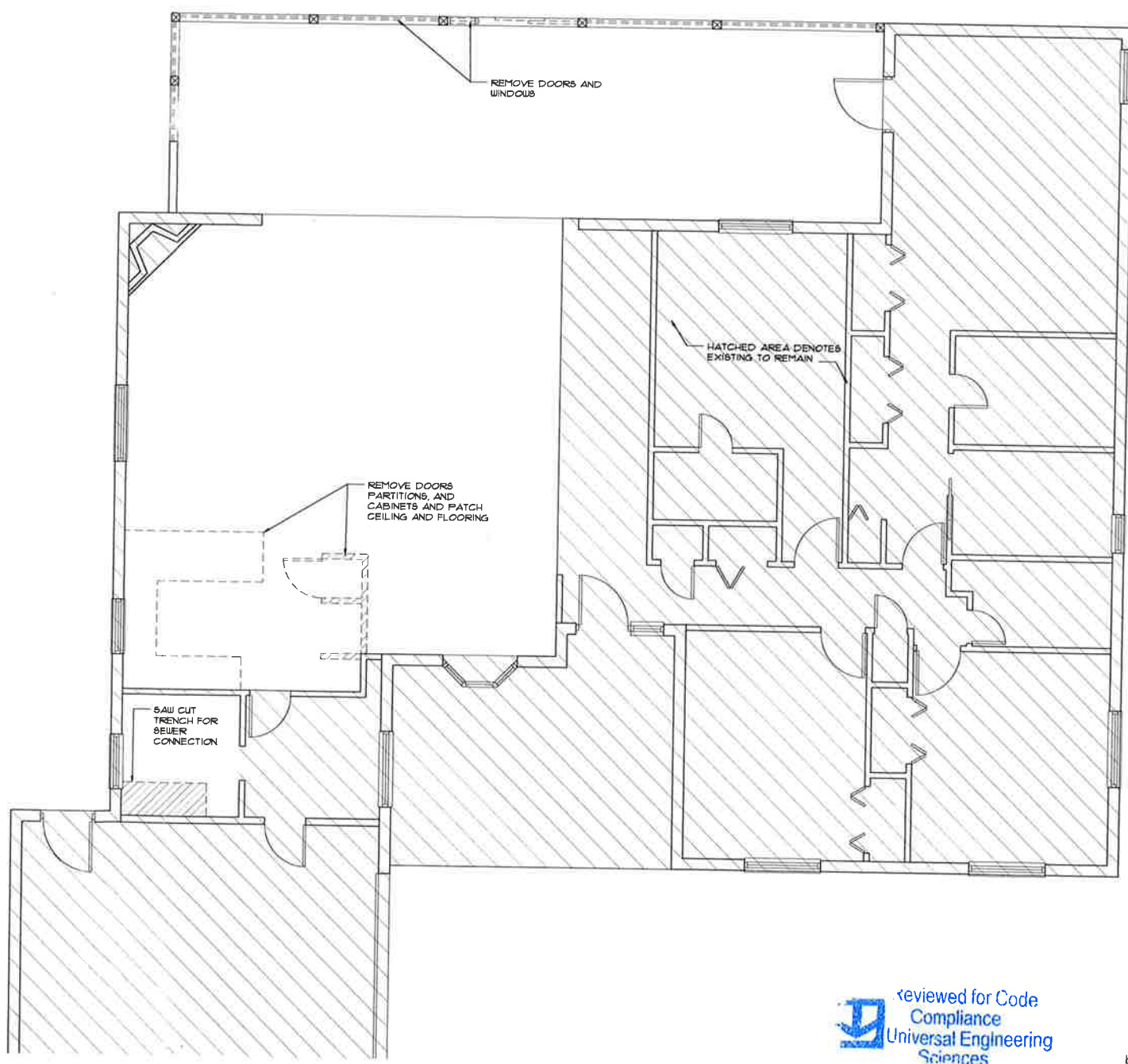
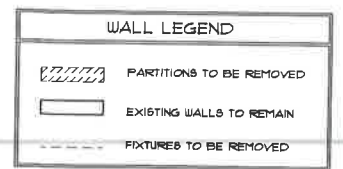
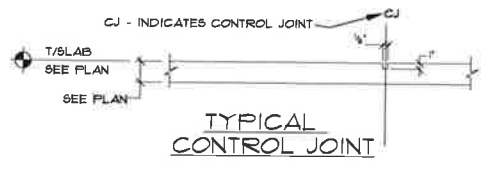
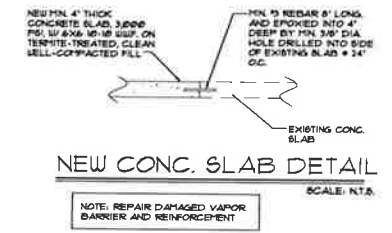
SHEET  
A601  
of  
8



2020-10-046

**CAST-IN-PLACE CONCRETE**

- ALL CONCRETE SHALL HAVE THE FOLLOWING MINIMUM COMPRESSIVE STRENGTH AT 28 DAYS:  
FOOTINGS 3000 PSI  
REMAINING CONCRETE 4000 PSI
- ALL CONCRETE SHALL HAVE A SLUMP OF 4' PLUS OR MINUS 1", AND HAVE 2 TO 4% AIR ENTRAINMENT, AND A MAXIMUM WATER/CEMENT RATIO OF 0.58.
- CONCRETE MIX DESIGN SHALL BE IN ACCORDANCE WITH THE APPLICABLE EDITION OF ACI 309 CHAPTER 3, METHOD 1 OR METHOD 2. SUBMIT BACKUP DATA AS REQUIRED BY CHAPTER 5 SECTION 9.3 OF THE LATEST EDITION OF ACI 318.
- ALL REINFORCING STEEL SHALL BE NEW DEFORMED BILLET STEEL CONFORMING TO ASTM A-615 GRADE 60.
- WELDED WIRE FABRIC SHALL CONFORM TO ASTM A-105. WUF SHALL BE LAPPED AT LEAST 8" AND CONTAIN AT LEAST ONE CROSS WIRE WITHIN THE 8".
- ALL CONCRETE WORK SHALL BE IN ACCORDANCE WITH "THE BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE" ACI 318 LATEST EDITION, AND "SPECIFICATIONS FOR STRUCTURAL CONCRETE FOR BUILDINGS," ACI 301.
- ALL REINFORCING DETAILS SHALL CONFORM TO "MANUAL OF STANDARD PRACTICE FOR DETAILING REINFORCED CONCRETE STRUCTURES" ACI 315 LATEST EDITION, UNLESS DETAILED OTHERWISE ON THE STRUCTURAL DRAWINGS.
- SUBCONTRACTOR SHALL REVIEW ARCHITECTURAL AND MECHANICAL DRAWINGS FOR SIZE AND LOCATION OF EMBEDDED ITEMS, SLEEVES, SLAB DEPRESSIONS, SLOPES, ETC. REQUIRED BY OTHER TRADES. THESE ITEMS SHALL BE FURNISHED AND INSTALLED PRIOR TO PLACEMENT OF CONCRETE.
- SUBCONTRACTOR SHALL VERIFY LOCATIONS OF ALL OPENINGS, SLEEVES, ANCHOR BOLTS, INSERTS, ETC., AS REQUIRED BY OTHER TRADES BEFORE CONCRETE IS PLACED.
- WHERE BAR LENGTHS ARE GIVEN ON THE DRAWINGS, THE LENGTH OF ANY HOOK, IF REQUIRED, IS NOT INCLUDED. HOOKS SHALL BE PROVIDED AT DISCONTINUOUS ENDS OF ALL TOP BARS OF BEAMS AND AT SLAB EDGES.
- SUBCONTRACTOR SHALL PROVIDE SPACERS, CHAIRS, BOLSTERS, ETC. NECESSARY TO SUPPORT REINFORCING STEEL. SUPPORT ITEMS WHICH BEAR ON EXPOSED CONCRETE SURFACES SHALL HAVE ENDS WHICH ARE PLASTIC TIPPED OR STAINLESS STEEL.
- THE FOLLOWING MINIMUM CONCRETE COVER SHALL BE PROVIDED FOR REINFORCEMENT:  
3" CONCRETE CAST AGAINST AND PERMANENTLY EXPOSED TO EARTH  
2" CONCRETE EXPOSED TO EARTH OR WEATHER #5 BARS  
1 1/2" CONCRETE EXPOSED TO EARTH OR WEATHER #3 BAR AND SMALLER  
1 1/2" CONCRETE NOT EXPOSED TO WEATHER OR IN CONTACT WITH EARTH FOR THE PRIMARY REINFORCEMENT, TIES, STIRRUPS, AND SPIRALS IN BEAMS AND COLUMNS  
3/4" CONCRETE NOT EXPOSED TO WEATHER NOR IN CONTACT WITH EARTH FOR SLABS, WALLS, AND JOISTS, #1 BAR AND SMALLER
- HORIZONTAL WALL AND FOOTING BARS SHALL BE BENT 1'-0" AROUND CORNERS OR CORNER BARS WITH 2'-1" LAP SHALL BE PROVIDED.
- MINIMUM LAP SPLICES ON ALL REINFORCING BAR SPLICES SHALL BE 48 BAR DIAMETERS TYP EXCEPT WHERE OTHERWISE NOTED ON THE DRAWINGS. FOR BEAMS AND ELEVATED SLABS, LAP BOTTOM STEEL AT THE SUPPORT AND TOP STEEL OVER THE MIDSPAN, UNLESS OTHERWISE NOTED.



reviewed for Code  
Compliance  
Universal Engineering  
Sciences

**DEMOLITION PLAN**

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

| NO. | REVISIONS |
|-----|-----------|
| 1   |           |
| 2   |           |
| 3   |           |
| 4   |           |
| 5   |           |
| 6   |           |
| 7   |           |
| 8   |           |
| 9   |           |

|             |            |
|-------------|------------|
| PROJECT NO. | DATE       |
|             | 06-01-2019 |

**DEMOLITION PLAN**

ADDITION  
SINGLE FAMILY RESIDENCE  
3625 WATER EDGE DRIVE  
ORLANDO, FL

**RABITS & ROMANO**  
ARCHITECTURE  
PLANNING  
AND  
DESIGN  
AA26002490  
info@rabits-romano.com  
www.rabits-romano.com  
TEL: 407-490-0150  
FAX: 407-232-6000  
3125 ORANGE AVE.  
SUITE 100 ORLANDO, FL 32806

SIGN/SEAL  
Digitally signed  
by Robert S Rabits  
Date: 2020.10.08  
11:50:42 -04'00'

DATE  
SHEET  
D101  
OF  
8

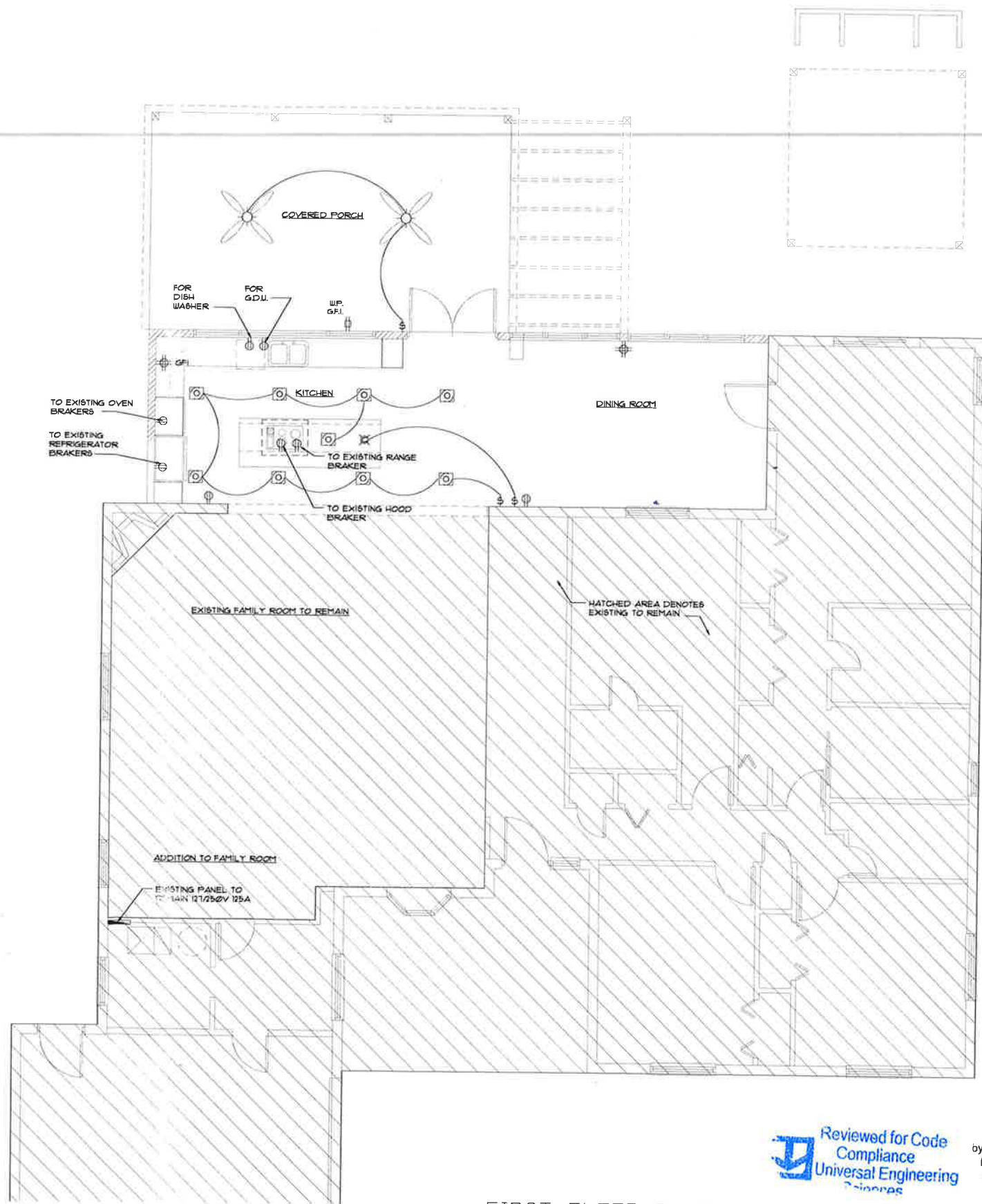
2020-10-04

| ELECTRICAL LEGEND                     |                                |        |
|---------------------------------------|--------------------------------|--------|
| NOTES                                 | DEFINITION                     | SYMBOL |
|                                       | 110V RECEPTACLE                | ⊖      |
| EQUIPED WITH GROUND FAULT INTERRUPTER | 110V RECEPTACLE                | ⊖      |
|                                       | QUAD RECEPT.                   | ⊖      |
|                                       | EXTERIOR WATERPROOF RECEPTACLE | ⊖      |

| ELECTRICAL LEGEND       |                           |        |
|-------------------------|---------------------------|--------|
| NOTES                   | DEFINITION                | SYMBOL |
| VERIFY DIMMER LOCATIONS | 4" RECESSED CAN           | ⊖      |
|                         | CEILING MTD LIGHT AND FAN | ⊖      |
| VERIFY HEIGHT           | CHANDALIER                | ⊖      |
|                         | SWITCH                    | ⊖      |

1. VERIFY SIZE OF ELECTRICAL SERVICE & METER LOCATION
2. VERIFY SWITCH ORDER WITH BUILDER

- SCOPE OF THE WORK**
1. EXISTING ELECTRICAL PANEL AND RISER WILL REMAIN AS THEY ARE
  2. CIRCUIT SERVING THE EXISTING KITCHEN WILL BE REWIRED TO SERVE PROPOSED KITCHEN
  3. ONLY SPARE CIRCUIT WILL BE USED FOR NEW LOADS
  4. VERIFY SIZE OF ELECTRICAL SERVICE & METER LOCATION



**FIRST FLOOR PLAN**

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



Digitally signed by Robert S Rabbits  
Date: 2020.10.08 11:53:03 -04'00

| REVISIONS |      |    |             |          |           |
|-----------|------|----|-------------|----------|-----------|
| NO.       | DATE | BY | DESCRIPTION | APPROVED | REVISIONS |
| 1         |      |    |             |          |           |
| 2         |      |    |             |          |           |
| 3         |      |    |             |          |           |
| 4         |      |    |             |          |           |
| 5         |      |    |             |          |           |
| 6         |      |    |             |          |           |
| 7         |      |    |             |          |           |
| 8         |      |    |             |          |           |

|             |            |
|-------------|------------|
| PROJECT NO. | DATE       |
|             | 06-01-2020 |

**ELECTRICAL PLAN**

ADDITION  
SINGLE FAMILY RESIDENCE  
3625 WATER EDGE DRIVE  
ORLANDO, FL

**RABBITTS & ROMANO**  
ARCHITECTURE  
PLANNING AND DESIGN  
3127 S. ORANGE AVE.  
SUITE 10 ORLANDO, FL 32809  
TEL: 407-990-0350  
FAX: 407-237-6000  
info@rabbits-architect.com  
www.rabbits-architect.com



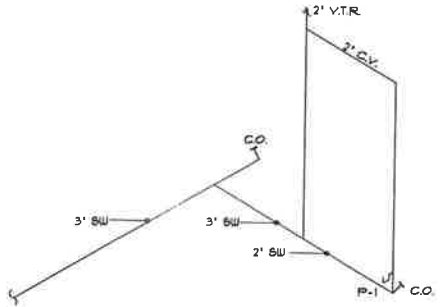
SHEET  
110  
OF  
8



2020-10-046

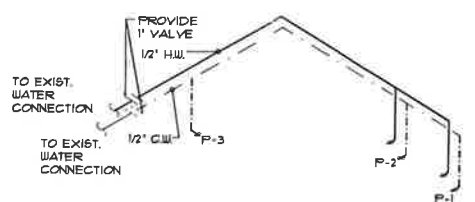
**PLUMBING GENERAL NOTES**

1. ALL WORK SHALL CONFORM WITH FLORIDA BUILDING CODE FIFTH EDITION (2017).
2. ALL HANDICAP FIXTURES SHALL BE MOUNTED IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA) AND THE FLORIDA BUILDING CODE FIFTH EDITION (2014) - ACCESSIBILITY.
3. PRIOR TO START OF CONSTRUCTION, CONTRACTOR SHALL VERIFY EXACT LOCATIONS OF UTILITIES IN FIELD.
4. PRIOR TO START OF CONSTRUCTION, CONTRACTOR SHALL VERIFY ALL EXISTING BUILDING CONDITIONS.
5. COORDINATE WORK WITH ALL OTHER TRADES TO AVOID INTERFERENCES.
6. INSTALL ALL WATER, WASTE AND VENT PIPING IN ACCORDANCE WITH ALL APPLICABLE CODES.
7. SOIL, WASTE AND VENT PIPING SHALL BE SCHEDULE 40 PVC IN ACCORDANCE WITH ASTM D 2665. PVC PIPE FITTINGS SHALL BE IN ACCORDANCE WITH ASTM D 3311. JOINTS SHALL BE SOLVENT CEMENTED IN ACCORDANCE WITH ASTM D 2855 USING SOLVENT CEMENT IN COMPLIANCE WITH ASTM D 2554.
8. REFER TO ARCHITECTURAL DRAWINGS FOR EXACT LOCATIONS AND MOUNTING HEIGHTS OF ALL PLUMBING FIXTURES.
9. ALL PIPING SHALL BE CONCEALED WITHIN THE CEILING SPACE, WALLS AND CHASES AS SHOWN ON PLANS.
10. ALL EXPOSED PIPING AT PLUMBING FIXTURES SHALL BE CHROME PLATED BRASS WITH ESCUTCHEON PLATES AT THE WALL, FLOOR OR CEILING PENETRATIONS.
11. COLD WATER AND HOT WATER PIPING SHALL BE SCHEDULE 40 CPVC IN ACCORDANCE WITH ASTM F 441. PIPE FITTINGS SHALL BE IN ACCORDANCE WITH ASTM F 483. JOINTS SHALL BE SOLVENT CEMENTED IN ACCORDANCE WITH ASTM D 2846 USING SOLVENT CEMENT IN COMPLIANCE WITH ASTM F 493.
12. INSULATE ALL HOT AND TEMPERED WATER AND PIPING WITH 3/4" FOAM RUBBER INSULATION (ARMA FLEX). INSULATE ALL WATER AND WASTE PIPING BELOW HANDICAPPED LAVATORIES WITH TRAP WRAP, AS MANUFACTURER BY PLUMBEREX OR APPROVED EQUAL.
13. ALL PIPING SHALL BE FIRMLY ANCHORED AND SUPPORTED TO PREVENT SWAY AND VIBRATION THE ENTIRE LENGTH.
14. CONTRACTOR SHALL FURNISH AND INSTALL WATER SHOCK ARRESTERS EQUAL TO ZURN SHOKTROL AS SHOWN ON PLANS AND AS PER MANUFACTURER'S RECOMMENDATIONS. AIR CHAMBERS SHALL NOT BE SUBSTITUTED FOR FACTORY FABRICATED WATER SHOCK ARRESTORS.
15. ALL FLOOR DRAINS SHALL HAVE WATER TRAPS WITH CLEANOUT.
16. ALL FLOOR DRAINS SHALL HAVE TRAP PRIMER CONNECTIONS AND SHALL BE SUPPLIED FROM AUTOMATIC TRAP PRIMERS CONNECT TO THE NEAREST SINK. RUN 1/4" SOFT COPPER TUBING FROM TRAP PRIMERS TO FLOOR DRAIN TRAP PRIMER CONNECTION. TRAP PRIMERS SHALL BE EQUAL TO ZURN "SANI-GUARD" MODEL Z-1022.
17. FURNISH AND INSTALL A TIMECLOCK FOR THE WATER HEATER.
18. FURNISH AND INSTALL A TIMECLOCK FOR THE HOT WATER RECIRCULATION PUMP.
19. ALL WATER PIPING SHALL BE SLOPED TO DRAIN.
20. ALL SOIL, WASTE, AND VENT PIPING SHALL BE SLOPED 1/4" PER FOOT (2%) FOR PIPES 2 1/2" AND SMALLER AND 1/8" PER FOOT (1%) FOR PIPES 3" AND LARGER.
21. PROVIDE DIELECTRIC UNIONS AT ALL CONNECTIONS OF DISSIMILAR METALS.
22. SEAL ALL PENETRATIONS OF FIRE RATED PARTITIONS WITH FIRE RATED STOPPING MATERIAL.
23. PIPE ALL P&T VALVES FROM WATER HEATERS TO OUTSIDE OF BUILDING USING FULL SIZE COPPER PIPING.
24. PROVIDE 12"x12" ACCESS DOORS ON ALL NON-ACCESSIBLE CEILINGS AND WALLS FOR VALVES.
25. PROVIDE TEMPERED WATER TO PUBLIC HAND-WASHING LAVATORIES PER SECTION 416.5 OF FPC 2017.
26. PROVIDE WATER TEMPERATURE LIMITING DEVICE AT SHAMPOO SINK PER SECTION 607 OF FPC 2017.



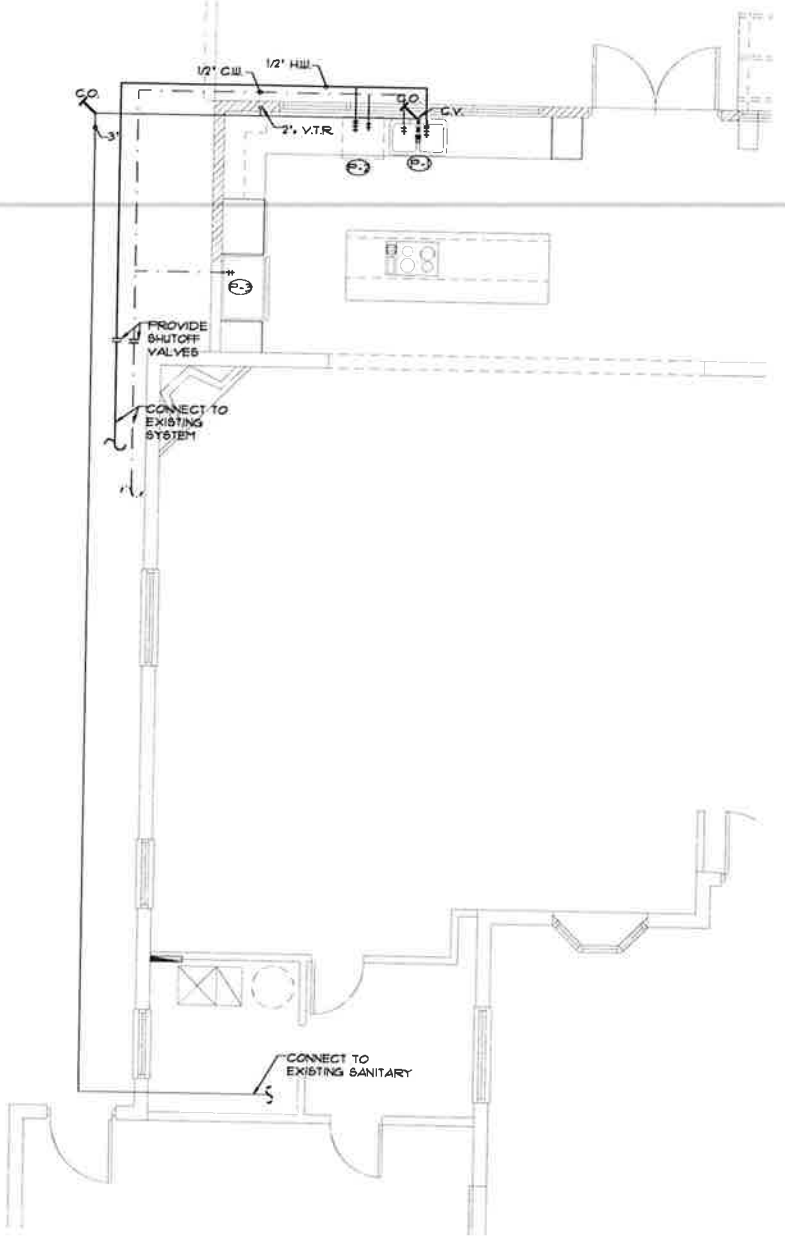
**SANITARY ISOMETRIC**

SCALE: N.T.S.



**DOMESTIC WATER ISOMETRIC**

SCALE: N.T.S.



**PLUMBING PLAN**

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

LEGEND

|  |            |
|--|------------|
|  | HOT WATER  |
|  | COLD WATER |
|  | SEWER      |

PLUMBING FIXTURE SCHEDULE

| PLAN MARK | DESCRIPTION  | WASTE | TRAP   | VENT   | COLD WATER | HOT WATER | NOTES |
|-----------|--------------|-------|--------|--------|------------|-----------|-------|
| (P-1)     | DROP IN SINK | 2'    | 1-1/4" | 1-1/2" | 1/2"       | 1/2"      |       |
| (P-2)     | DISH WASHER  | 2'    | 1-1/4" | 1-1/2" | 1/2"       | 1/2"      |       |
| (P-3)     | REFRIGERATOR | --    | --     | --     | 1/2"       | --        |       |



Digitally signed by Robert S Rabits Date: 2020.10.08 11:53:29-04'00

REVISIONS

|   |  |  |
|---|--|--|
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

PROJECT NO. 22

DATE 06-01-2020

**PLUMBING PLAN**

ADDITION  
SINGLE FAMILY RESIDENCE  
3625 WATER EDGE DRIVE  
ORLANDO, FL

AA26002490  
RABITS & ROMANO ARCHITECTURE  
PLANNING AND DESIGN  
5127 S ORANGE AVE SUITE 10 ORLANDO, FL 32809  
TEL: 407-480-0100 FAX: 407-531-8600  
info@rabits-architect.com www.rabits-architect.com

SIGN/SEAL  
  
DATE

SHEET  
P10  
OF  
8