



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
MAR 22 2021
OS Hall

Building / Land Use Permit Application

DATE: 2/16/21

PERMIT # 2021-03-077

PROJECT ADDRESS 3700 Brighton Park Cir, Belle Isle, FL 32809 ✓ 32812

PROPERTY OWNER Jason P. Barnes & Haley P. Thomas PHONE 316-200-7381 VALUE OF WORK (labor & material) \$ 11,000

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

New screen room (Alum. roof) 20' x 15' with new footings.

Please provide information, if applicable.

- SINGLE FAMILY RESIDENCE:** 8.5"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- BOAT DOCK:** DEP Clearance Required with Application (Call 407-897-4100); please provide a copy of their report
- SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 29-23-30-0906-00-400

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

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:

Date: 4/2/21 By: [Signature]

DATE 4/2/21 City of Belle Isle

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

OCCUPANCY GROUP _____ Comm Res: ✓ (Single Fam) Multi Fam _____
 #BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. 300 sq. ft.
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOD ELEV _____ LOW FLOOR ELEV _____
 WATER SERVICE Belle Isle WELL _____ SEPTIC _____

BUILDING REVIEWER [Signature] DATE 4/5/2021

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

NOC ✓

Per FSS 105.3.3:

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

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

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

Page 1 of 2

15TH
10X 4

25
40
65 ÷ 7
32.50
97.50

Wind Exposure Category: B C D

SPRINKLERS REQ'D	Y	N	
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW			
	Date: Sent		RCD
ZONING	<u>Y</u>	N	<u>165.00</u>
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	<u>Y</u>	N	\$
BUILDING	<u>Y</u>	N	<u>97.50</u>
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$

1% BCAIB FEE 2 min
 1.5% DCA FEE 2 min
 TOTAL 266.50

OTHER PERMITS REQUIRED:

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

145209

UISA 8781
PAID
6-6-2021



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 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 # 2021-03-077

Owner's Name Jason P. Barnes and Haley R. Thomas

Owner's Address 3700 Brighton Park Cir. Orlando, FL 32812

Contractor Name <u>Marcos Davila</u>	Company Name <u>MD Construction, LLC</u>
License # <u>SCC 131151708</u>	Company Address <u>6656 State Road 544</u>
Contact Phone/Cell <u>863-289-9354</u>	City, State, ZIP <u>Winter Haven, FL 33881</u>
Contact Email <u>permits@mdconstructionfl.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.

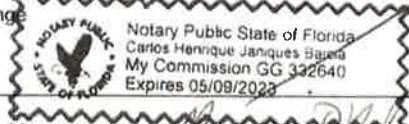
Owner Signature [Signature]

The foregoing instrument was acknowledged before me this 1/22/21

by Jason Barnes who is personally known to me

and who produced DL as identification and who did not take an oath.

Notary as to Owner
 State of Florida
 County of Orange



Contractor Signature [Signature]

COMPANY NAME MD Construction LLC

The foregoing instrument was acknowledged before me this 2/1/21

by Marcos Davila 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 _____ 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: _____
 Folio/Parcel ID #: 29-23-30-0906-00-400
 Prepared by: Marcos Davila

Return to: MD Construction LLC
6656 SR 544
Winter Haven, FL 33881

2021-03-07

NOTICE OF COMMENCEMENT

State of Florida, County of Orange
 The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
Brighton Park 91196 lot 40 - 3700 Brighton Park Cir
2. **General description of improvement**
Screen Room
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Jason Paul Barnes and Haley Renee Thomas
 Address 3700 Brighton Park Cir, Belle Isle, FL 32812-4107
 Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name MD Construction LLC Telephone Number 321-863-5203
 Address 6656 SR 544, Winter Haven, FL 33881
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

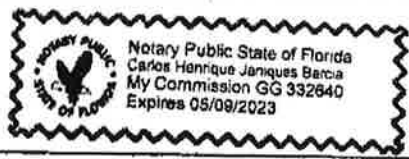
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____ **Owner**
 Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 22 day of 1 / 21 by Jason Barnes
 as Owner for _____
 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 _____

Personally Known _____ OR Produced ID
 Type of ID Produced _____





City of Belle Isle
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 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Product Approval Form

DATE 2/16/21

PERMIT # 2021-03-077

PROJECT ADDRESS 3700 Brighton Park Cir., Belle Isle, FL 32809 32812

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

- This Product Approval Cover Sheet
- Internet screen printout from FloridaBuilding.Org showing PA#, approval code and edition stamped
- Manufacturer's installation details from FloridaBuilding.Org and requirements for each product stamped
- The installation instructions must be posted on-site before your first inspection

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #
EXTERIOR DOORS				WALL PANELS			
Swinging				Sliding			
Sliding				Softs			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS				ROOFING PRODUCTS			
Single/Dbl Hung				Asphalt Shingles			
Horizontal Slider				Non Struct Metal	Eric Aluminum Corporation	Non Struct Metal Corral 2211 Panels	FL7561-R4
Casement				Roofing Tiles			
Fixed				Single Ply Roof			
Mullion				Underlayment			
Skylights				Other			
Other							
STRUCTURAL COMPONENTS				OTHER			
Wood Connectors							
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
Other							

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

Applicant Signature Marcos R. Diaz

Date 2/16/21





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Product Approval
USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL7561-R5
Application Type	Revision
Code Version	2020
Application Status	Approved

version - 1

Comments
Archived

Product Manufacturer	Elite Aluminum Corporation
Address/Phone/Email	4650 Lyons Technology Parkway Coconut Creek, FL 33073 (954) 949-3200 dk@dokimengineering.net

Authorized Signature	Do Kim dk@dokimengineering.net
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Technical Representative	Bruce Peacock
Address/Phone/Email	4650 Lyons Technology Parkway Coconut Creek, FL 33073 (954) 949-3200 bpeacock@elitealuminum.com

Quality Assurance Representative
Address/Phone/Email

Category	Roofing
Subcategory	Products Introduced as a Result of New Technology

Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer Evaluation Report - Hardcopy Received
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Florida Engineer or Architect Name who developed the Evaluation Report	Do Kim, P.E.
Florida License	PE-49497
Quality Assurance Entity	QAI Laboratories
Quality Assurance Contract Expiration Date	12/31/2023
Validated By	James L. Buckner, P.E. @ CBUCK Engineering Validation Checklist - Hardcopy Received

Certificate of Independence [FL7561 R5 COI certificate of independence.pdf](#)

Referenced Standard and Year (of Standard)

Equivalence of Product Standards
Certified By

Sections from the Code	1709.2
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Product Approval Method

Method 2 Option B

Date Submitted 08/06/2020
 Date Validated 08/07/2020
 Date Pending FBC Approval 08/19/2020
 Date Approved 10/13/2020

Summary of Products

FL #	Model, Number or Name	Description
7561.1	Aluminum/Aluminum Composite Panels	3"/4"/6"x0.024"x1lb EPS Composite Panel, 3"/4"/6"x0.032x1lb EPS Composite Panel, 3"/4"/6"x0.024"x2lb EPS Composite Panel, 3"/4"/6"x0.030"x2lb EPS Composite Panel,
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +80/-80 Other: In HVHZ, not to be used in structures considered living areas per FBC Section 1616 unless impact protection is provided. See installation drawing for nominal allowable design pressures and spans.		Installation Instructions FL7561_RS_II_2020_FBC-Elite_Aluminum_Corp_Install_Dwg.pdf Verified By: Do Kim, P.E. PE 49497 Created by Independent Third Party: Yes Evaluation Reports FL7561_RS_AE_FL_7561_Evaluation_Report-2020_FBC.pdf Created by Independent Third Party: Yes

[Back](#) [Next](#)

[Contact Us](#) :: 2601 Blair Stone Road, Tallahassee FL 32399 Phone: 850-487-1824

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Credit Card
Safe



ELITE PANEL SPAN TABLES:

1. Net allowable loads are permitted to be multiplied by 1.67 to derive ultimate loads (psf).

3' x 0024 x 1 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	13.44	15.76	15.03
20	13.44	15.76	15.03
30	10.78	10.78	9.41
40	9.28	9.28	6.60
50	8.17	8.17	3.79
60	7.40	6.39	0.98
70	6.81	4.31	-
80	6.33	2.64	-

3' x 0032 x 1 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	17.20	17.20	16.31
20	16.64	15.96	14.95
30	15.17	14.06	11.21
40	13.69	12.16	8.36
50	12.22	10.26	5.51
60	10.75	8.36	2.66
70	9.27	6.46	-
80	7.80	4.56	-

4' x 0024 x 1 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	18.00	18.00	17.17
20	18.00	18.00	15.39
30	14.50	12.50	11.39
40	11.97	10.97	8.89
50	9.82	9.82	6.44
60	9.13	9.13	7.51
70	8.52	6.52	5.58
80	8.02	4.62	3.64

4' x 0032 x 1 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	23.50	23.50	20.11
20	19.61	17.49	15.74
30	16.17	14.06	12.24
40	14.72	12.16	9.39
50	13.28	10.26	6.54
60	12.40	8.36	4.69
70	11.52	6.46	2.74
80	10.65	4.56	0.79

6' x 0024 x 1 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	23.00	21.24	21.47
20	18.06	18.06	18.06
30	15.13	15.13	15.13
40	13.34	13.34	13.34
50	12.10	12.10	10.91
60	11.17	11.17	8.43
70	10.44	10.44	5.95
80	9.93	9.93	3.47

6' x 0032 x 1 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	24.00	24.00	24.00
20	23.34	23.21	21.82
30	22.10	21.63	19.42
40	20.86	20.07	17.02
50	19.62	18.47	14.62
60	18.28	16.99	12.22
70	17.14	15.30	9.82
80	15.91	13.72	7.42

3' x 0024 x 2 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	19.53	18.93	18.31
20	18.11	17.66	16.36
30	16.80	15.66	14.41
40	15.49	13.66	12.46
50	14.18	12.76	10.51
60	12.87	12.46	8.57
70	11.57	11.16	6.62
80	10.26	9.86	4.67

3' x 0030 x 2 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	20.11	20.11	19.24
20	19.57	18.81	17.66
30	18.36	16.53	14.41
40	17.16	14.89	12.13
50	15.96	13.24	9.93
60	14.73	11.59	7.72
70	13.53	9.93	5.51

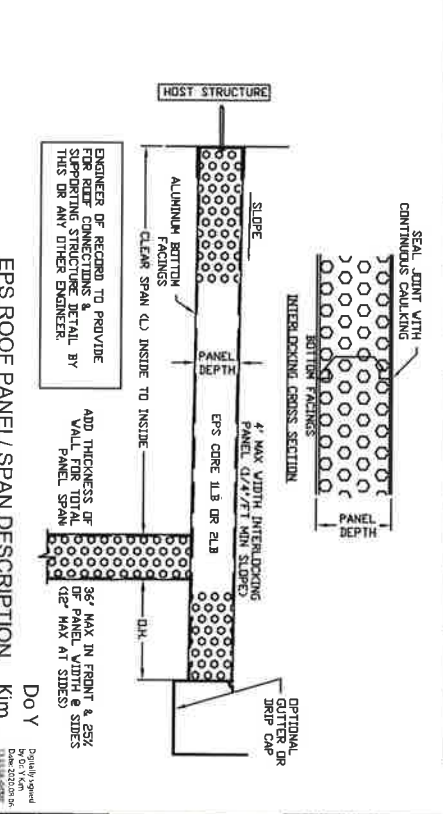
4' x 0024 x 2 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	21.97	21.97	20.97
20	20.77	20.77	19.86
30	19.57	18.21	16.53
40	18.36	16.53	14.34
50	17.16	14.89	12.13
60	15.96	13.24	9.93
70	14.73	11.59	7.72
80	13.53	9.93	5.51

4' x 0030 x 2 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	24.17	24.17	24.17
20	23.64	23.64	23.11
30	22.57	22.57	21.01
40	21.51	21.51	18.91
50	20.43	20.43	16.80
60	19.39	19.39	14.70
70	18.33	18.33	12.60
80	17.26	17.26	10.49

6' x 0024 x 2 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	23.53	23.88	23.60
20	23.20	23.02	22.46
30	22.47	22.10	21.33
40	21.75	21.33	20.20
50	21.02	20.43	19.07
60	20.29	19.64	17.94
70	19.57	18.74	16.81
80	18.84	17.94	15.68

6' x 0030 x 2 - LB EPS PANELS (ALLOWABLE CLEAR SPAN CHARTS)			
NET ALLOWABLE LOAD (PSF)	MAX. ALLOWABLE SPAN (FT)		
	L/80	L/120	L/180
10	24.00	24.00	23.84
20	23.65	23.65	22.84
30	22.94	22.94	21.85
40	22.23	22.23	20.85
50	21.53	21.53	19.86
60	20.82	20.82	18.87
70	20.11	19.61	17.87
80	19.40	19.40	16.87

- GENERAL NOTES**
- Composite panels shall be constructed using type 3003-H154 aluminum facings, 1 or 2 PCF ASTM C-578 carpenter brand EPS adhere to aluminum facings with Ashland Chemical 2020D ISO grpf. Fabrication to be by Elite panel products only in accordance with approved fabrication methods.
 - Elite roof panels maintain a U.I. 1715 (ft) class 'B' (ext) rating and are NER-501 approved.
 - This specification has been designed and shall be fabricated in accordance with the requirements of the Florida Building Code 7th Edition (FBC), composite panels comply with Chapter 7 Section 720, Chapter 8 Section 803, Class A interior finish, and Chapter 26 Section 2603. All local building code amendments shall be adhered to as required.
 - The designer shall determine by accepted engineering practice the allowable loads for site specific load conditions (including load combinations) using the data from the allowable load tables and spans in this approval.
 - Deflection limits and allowable spans have been listed to meet FBC including the HVHZ. In HVHZ, this product shall be used in structures not to be considered flying areas. Per Section 1616 unless impact resistance in accordance to the HVHZ requirements are met.
 - Safety factor of 2.0 has been used to develop allowable loads and spans from testing; in accordance to the Guidelines for Aluminum Structures Part 1 and conforms to ASTM E72, Strength Test of Panels for Building Construction.
 - Testing has been conducted in accordance to ASTM E72, Strength Test of Panels for Building Construction. Reference test reports: HET1-05-1988, HET1-06-2104, HET1-06-2066, HET1-06-2105, HET1-06-2067, HET1-05-1002, HET1-06-2107, HET1-05-1987, HET1-06-2069, HET1-06-2070, HET1-06-2071, HET1-05-1994, HET1-05-1991, HET1-06-2072, HET1-06-2073, HET1-06-2074, HET1-05-1989, HET1-05-1989, HET1-05-1993, HET1-05-1983, HET1-05-1995, HET1-05-1990, HET1-05-1997, HET1-05-2037, HET1-05-2039, HET1-05-2039, HET1-05-2030, HET1-05-2041, HET1-05-2048, HET1-05-2036, HET1-05-2031, HET1-05-2038, HET1-05-2065, HET1-05-2065, HET1-05-2040, HET1-05-2041.
 - Linear interpolation shall be allowed for figures within the tables shown.
 - Panels with fan beams shall be considered equivalent to similar panels without fan beams. Design professionals may include the strength of the fan beam to exceed shown figures as part of site-specific manufacture.



EPS ROOF PANEL/ SPAN DESCRIPTION

Do Y Kim
 Date: 2/20/20
 11833-0006

Drawing No. - FL-1001
 SHEET 1 OF 1



Reviewed for Code Compliance Universal Engineering Sciences

Elite Aluminum Corporation
 4650 Lyons Technology Parkway
 Coconut Creek, FL 33073

EPS FOAM CORE COMPOSITE PANELS
 ALUMINUM/ALUMINUM SKIN
 FLORIDA STATEWIDE PRODUCT APPROVAL

DO KIM & ASSOCIATES, LLC
 CONSULTING STRUCTURAL ENGINEERS

PO BOX 10039
 Tampa, FL 33610
 Tel: (813) 967-9885



LEGAL DESCRIPTION: LOT 40 OF BRIGHTON PARK, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 91, PAGES 96 THROUGH 97, OF THE PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA.



3700 BRIGHTON PARK CIRCLE
ORLANDO, FL.

STEWART TITLE
COMPANY



Long Surveying, Inc.

"Specializing in Residential Surveying"

LB No. 7371
1061 S. Sun Dr. Ste. #1113
Lake Mary, FL 32746
Office 407-330-9717 or 407-330-9716
Fax 407-330-9775
www.longsurveying.com

DRAWN BY: ROHIT-LD
CHECKED BY: BRETT

CERTIFIED TO:
JASON BARNES AND HALEY THOMAS
STEWART TITLE COMPANY
STEWART TITLE GUARANTY COMPANY
FIRSTBANK ISAOA/ATIMA

COMMUNITY NO: 120179
PANEL: 0430 SUFFIX: F F.I.R.M. DATE: 09/25/09
FLOOD ZONE: X

SURVEY NO: 98951
FIELD DATE: 05/07/19

Boundary Survey

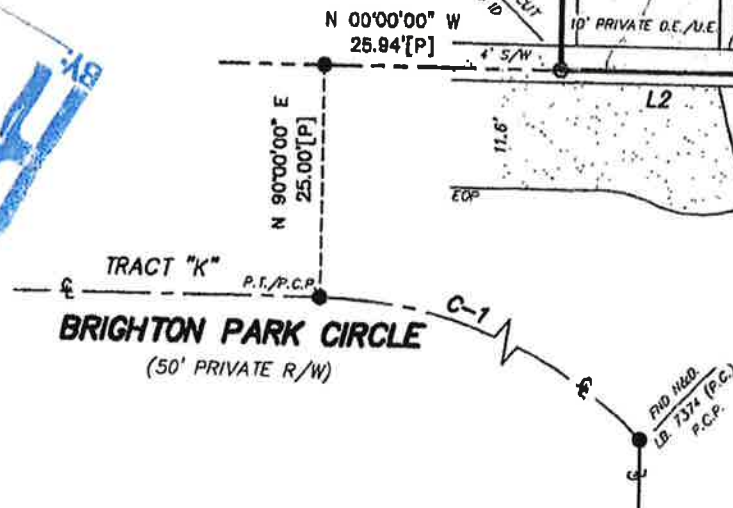
SCALE: 1"=20'

Handwritten notes:
New Screen Room
80' x 15'
over new pavers
footings

LINE TABLE [P]		
LINE	LENGTH	BEARING
L1	31.00'	S 00°00'00" E
L2	31.00'	N 00°00'00" W

LINE TABLE [M]		
LINE	LENGTH	BEARING
L1	31.14'	S 00°01'53" E
L2	21.85'	S 89°51'30" W

CURVE TABLE [P]			
CURVE	RADIUS	LENGTH	DELTA
C-1	50.00'	78.54'	90°00'00"



OIA HOTEL AND CONFERENCE CENTER

LOT 40

LOT 39

TWO STORY #3700

TRACT "F" (OPEN SPACE PARKING & WALL)

I hereby acknowledge that I have reviewed and received a copy of this survey and understand that the encroachments as shown will be an exception to title.

Signature Date: 5/30/19
Signature Date: 5/30/19

- A/C - AIR CONDITIONER
 - A.E. - ALLEY EASEMENT
 - B.C. - BLOCK CORNER
 - BLK - BLOCK
 - C.B. - CONCRETE BLOCK
 - C.B.S. - CONCRETE BLOCK STRUCTURE
 - C.M. - CONCRETE MONUMENT
 - CONC. - CONCRETE
 - D - DEED
 - D.E. - DRAINAGE EASEMENT
 - E.O.P. - EDGE OF PAVEMENT
 - F.C.C. - FOUND CROSS CUT
 - F.F.E. - FINISHED FLOOR ELEVATION
 - FOUND - FOUND
 - ID. - IDENTIFICATION
 - I.P. - IRON PIPE
 - I.R. - IRON ROD
 - I.R.C. - IRON ROD & CAP
 - L - ARC LENGTH
 - L.B. - LAND SURVEYING BUSINESS
 - L.S. - LAND SURVEYOR
 - L.E. - LANDSCAPE EASEMENT
 - M - MEASURED
 - M.E. - MAINTENANCE EASEMENT
 - N&D - NAIL AND DISK
 - P - PLAT
 - P.E. - PEDESTRIAN EASEMENT
 - P.C. - POINT OF CURVATURE
 - P.C.C. - POINT OF COMPOUND CURVATURE
 - P.C.P. - PERMANENT CONTROL POINT
 - P.L. - PROPERTY LINE
 - P.O.B. - POINT OF BEGINNING
 - P.O.C. - POINT OF COMMENCEMENT
 - P.O.L. - POINT ON LINE
 - P.R.C. - POINT OF REVERSE CURVE
 - P.R.M. - PERMANENT REFERENCE MONUMENT
 - P.D.A.E. - PRIVATE DRAINAGE AND ALLEY EASEMENT
 - P.T. - POINT OF TANGENT
 - R - RADIUS
 - R/W - RIGHT OF WAY
 - S/W - SIDEWALK
 - U.E. - UTILITY EASEMENT
 - W.F.S. - WOOD FRAME STRUCTURE
 - F.P.L.E. - FLORIDA POWER & LIGHT EASEMENT.
- RIGHT-OF-WAY LINE
 - CENTERLINE
 - BARB WIRE FENCE
 - WOOD FENCE
 - CHAIN LINK FENCE
 - PLASTIC FENCE

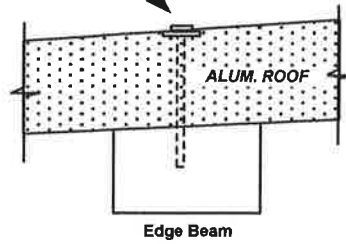
BEARINGS SHOWN HEREON ARE BASED UPON THE CENTERLINE OF BRIGHTON PARK CIRCLE BEING S 90°00'00" W PER PLAT

- NOTES:
- 1) This survey is based on the legal description as provided by the Client
 - 2) This Surveyor has not abstracted the land shown herein for easements, rights of way or restrictions of record which may affect the title or use of the land
 - 3) Do not reconstruct property lines from building lines
 - 4) No footing or overhangs have been located except as shown
 - 5) No improvements or utilities have been located except as shown
 - 6) Not valid without a signature and the authenticated electronic seal or the original raised seal of a Florida Licensed Surveyor and Mapper

Certification: I certify that this survey was made under my direction and that it meets the minimum technical standards set forth by the Board of Professional Land Surveyors and Mappers in Chapter 377, Florida Administrative Code, pursuant to Section 478.021, Florida Statutes.

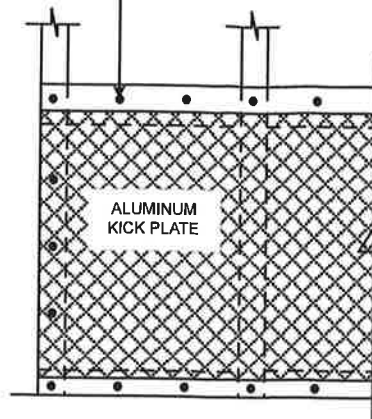


#12 x 4" STS
w/ 1-1/2" neoprene washer per panel
(MAX. 12" O.C.)



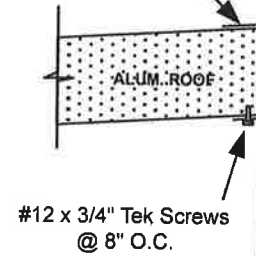
TYPICAL ROOF TO BEAM DETAIL

#10x3/4" Fasteners - 2" from ends and every 12" O.C. (max)



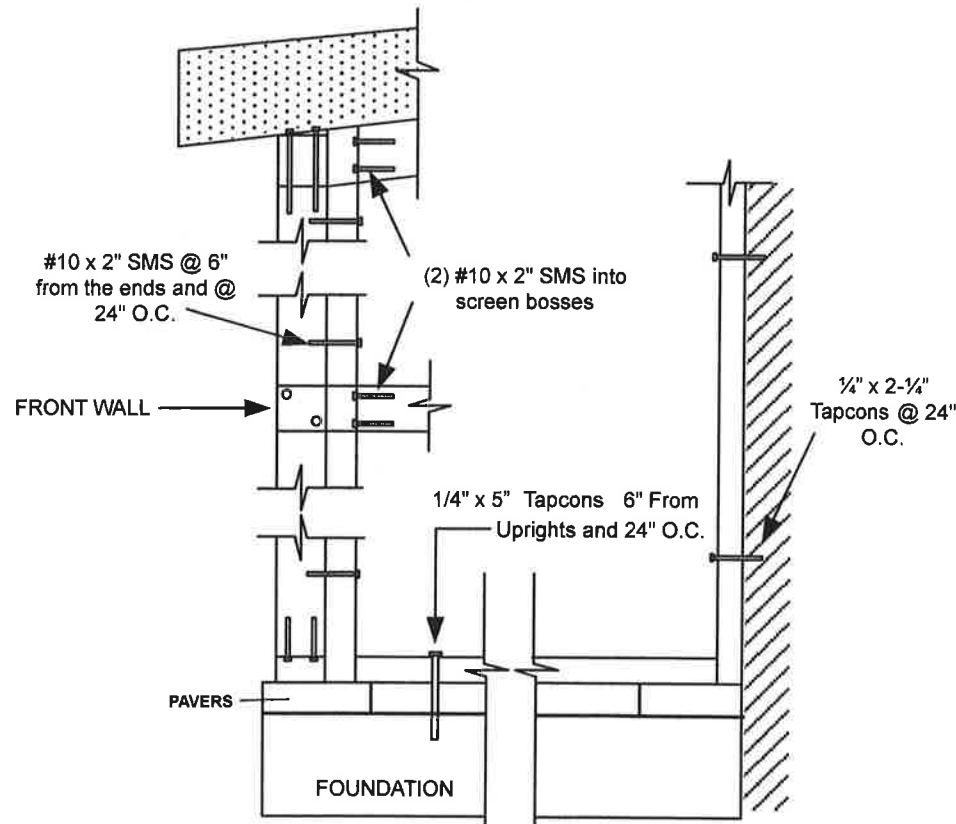
TYPICAL ALUMINUM KICK PLATE ATTACHMENT

3" Received Channel Header

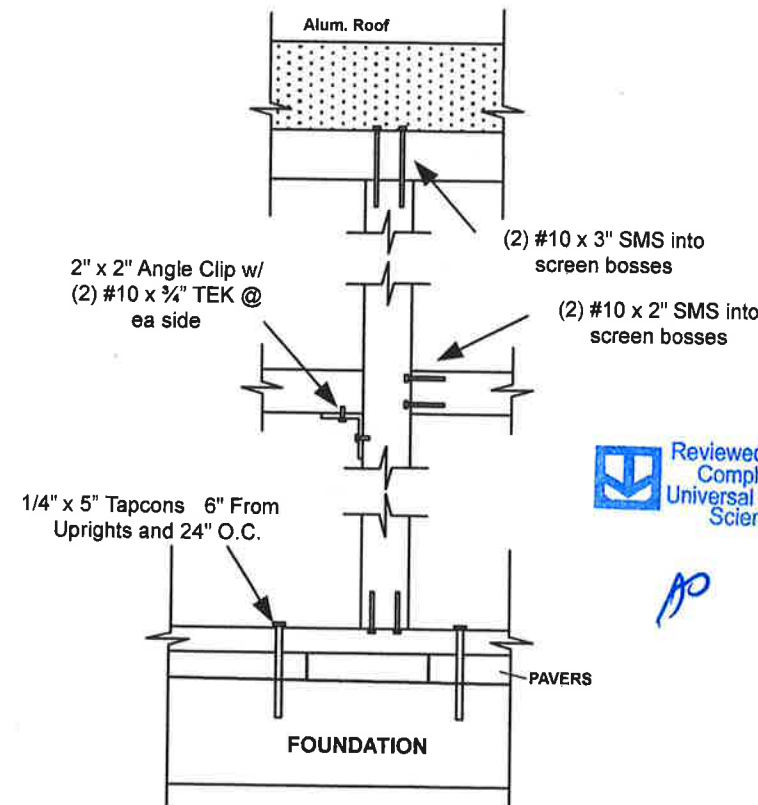


ALUM. ROOF TO WALL

3"x024 COMPOSITE ROOF W/ 2LB EPS

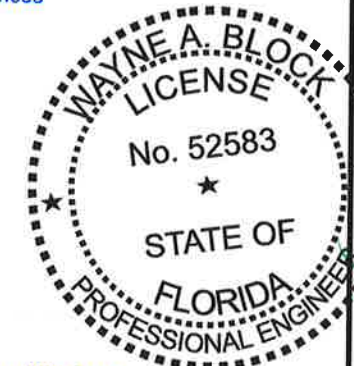


TYPICAL SIDE DETAIL



TYPICAL UPRIGHT DETAIL

Reviewed for Code Compliance
Universal Engineering Sciences



Reviewed for Code Compliance
Universal Engineering Sciences

MD Construction LLC

4123 Island Lakes Dr, Winter Haven, FL 33881

Office: (321) 663-5203

email: mdconstructionfl@gmail.com

Licensed & Insured
State Certified Specialty Contractor
SCC131151708



OWNER

Jason Barnes/ Thomas Haley
Phone: 316-200-7381
Address: 3700 Brighton Park Cir
Orlando - FL 32812

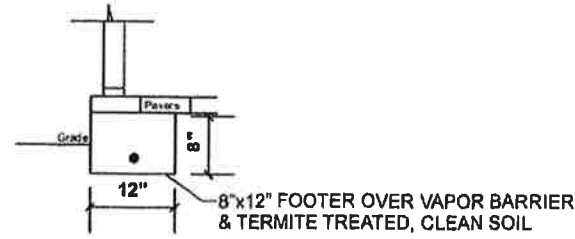
PAGE 2 OF 2

Lildon Engineering Company
548-B South Highway 27
Minneola, Florida 34715
(352) 394-2590 Ph. & FAX
wablock@aol.com
Cert. of Auth. #2898

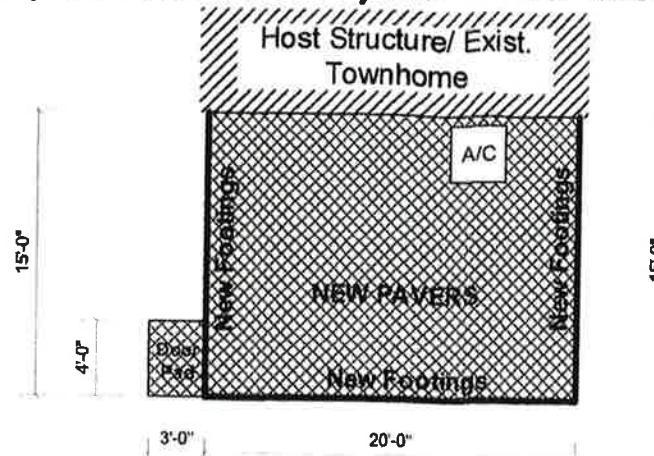
MARCH 8, 2021

Wayne A. Block PE # 52583

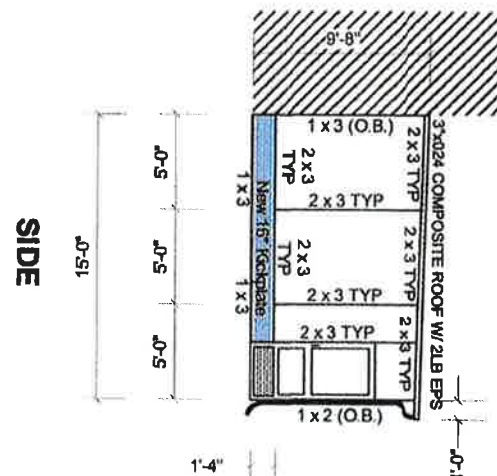
NEW SCREEN ROOM (ALUM. ROOF) 20' x 15' WITH NEW FOOTINGS



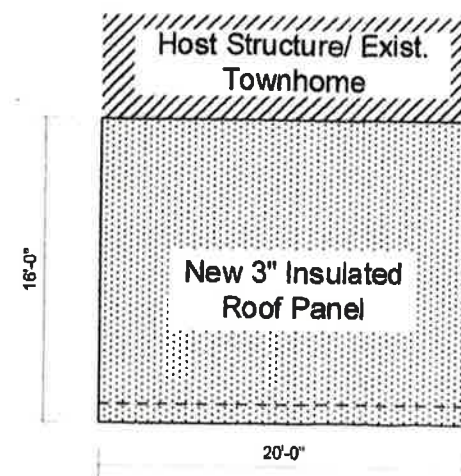
Footings 2500 PSI
Concrete w/ (1) #5 Rebar
w/ 3" COVER (MIN)
RIBBON FOOTING DETAIL



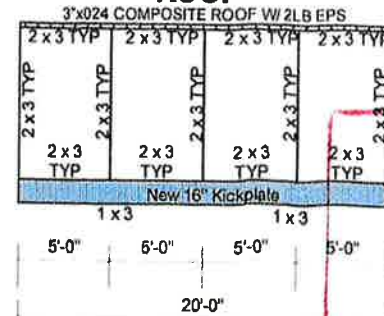
FOUNDATION PLAN



SIDE



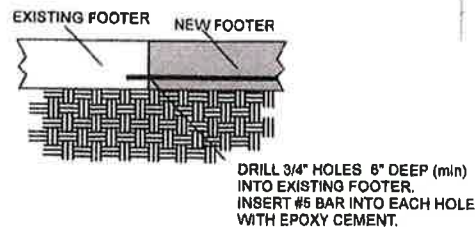
ROOF



FRONT

ENGINEERING NOTES:
1. ENGINEERING MEETS OR EXCEEDS 2020 FLORIDA BUILDING CODE (7th EDITION), RESIDENTIAL, PER SECTION R301 USING ASCE-7-16 140 mph BASIC WIND SPEED (V_{ult}). RISK CATEGORY II, V_{oad}: 108 MPH.
2. EXPOSURE C
INTERNAL PRESSURE COEFFICIENT= +/-0.18
3. ALL ALUMINUM MEMBERS TO BE 6063 T6 OR 6063 T6 BASED ON AVAILABILITY.

RECEIVED
BY: *[Signature]*
MAR 22 2021



FOOTER TO FOOTER

MD Construction LLC
4123 Island Lakes Dr, Winter Haven, FL 33881
Office: (321) 663-5203
email: mdconstructionllc@gmail.com
Licensed & Insured
State Certified Specialty Contractor
SCC-131151708

OWNER
Jason Barnes/ Thomas Haley
Phone: 316-200-7381
Address: 3700 Brighton Park Cir
Orlando - FL 32812

PAGE 1 OF 2
Lildon Engineering Company
548-B South Highway 27
Minneola, Florida 34715
(352) 394-2590 Ph. & FAX
wablock@aol.com
Cert. of Auth. #2898

WAYNE A. BLOCK
LICENSE
No. 52583
STATE OF
FLORIDA
PROFESSIONAL ENGINEER

[Signature]
MARCH 8, 2021
Wayne A. Block PE # 52583

ZONING APPROVED

Date: 4/2/21 By: *[Signature]*
City of Belle Isle



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

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

DAVILA, MARCOS ROBERTO

MD CONSTRUCTION LLC

6656 SR 544

WINTER HAVEN FL 33881

LICENSE NUMBER: SCC131151708

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Headley Insurance Agency LLC 3544 South Florida Ave. Lakeland FL 33803	CONTACT NAME: Sarah Montgomery PHONE (A/C, No, Ext): 863-701-7411 E-MAIL ADDRESS: sarah@headleyinsurance.net	FAX (A/C, No): 863-701-7418
	INSURER(S) AFFORDING COVERAGE	
INSURED MD Construction LLC 6656 SR 544 Winter Haven FL 33881	INSURER A : Depositors Insurance Company	42587
	INSURER B : Progressive Express Insurance	10193
	INSURER C : NorGUARD Insurance Co	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 45549907 **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACPLD03028907580	7/27/2020	7/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01898182-0	3/29/2020	3/29/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
C	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	Y	N/A	MDWC161125	3/29/2020	3/29/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



MDCONST-01

SMONTGOMERY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2021

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 Headley Insurance Agency LLC 3544 South Florida Ave. Lakeland, FL 33803	CONTACT NAME: PHONE (A/C, No, Ext): (863) 701-7411		FAX (A/C, No): (863) 701-7418
	E-MAIL ADDRESS: Sarah@headleyinsurance.net		
INSURED MD Construction LLC 6656 SR 544 Winter Haven, FL 33881	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Depositors Insurance Company		42587
	INSURER B : Progressive Express Insurance		10193
	INSURER C : NorGUARD Insurance Co		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACPLD03028907580	7/27/2020	7/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			01898182-1	3/29/2021	3/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> A	MDWC247896	3/29/2021	3/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

CERTIFICATE HOLDER**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

Sarah Alon



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/21/2020

EXPIRATION DATE: 1/20/2022

PERSON: MARCOS R DAVILA

EMAIL: MARCOS@MDCONSTRUCTIONFL.COM

FEIN: 464475465

BUSINESS NAME AND ADDRESS:

MD CONSTRUCTION LLC

6656 STATE ROAD 544

WINTER HAVEN, FL 33881

SCOPE OF BUSINESS OR TRADE:

Door and Window Installation All Types Residential and Commercial	Concrete or Cement Work - Floors, Driveways, Yards, or Sidewalks and Drivers	Contractor-Project Manager, Construction Executive, Construction Manager or Construction Superintendent	Fence Installation and Repair- Metal, Vinyl, Wood or Prefabricated Concrete Panel Fence Installed By Hand
---	--	--	--

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 174536

CLASS: B

EXPIRES: 9/30/2021

OWNER NAME

DAVILA, MARCOS R

LOCATION

6656 SR 544
WINTER HAVEN - IN

BUSINESS NAME AND MAILING ADDRESS

MD CONSTRUCTION LLC

6656 SR 544
WINTER HAVEN, FL 33881

CODE

230000
230280

ACTIVITY TYPE

LTD NON-LICENSED CONSTRUCTION
CONTRACTOR SPECIALTY STRUCTURE



PROFESSIONAL LICENSE (IF APPLICABLE)

OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID-1519320-0001-0001 08/12/2020 08/12/2020 LMM 159 57.75 MD CONSTRUCTION

TC301F-20