



City of Belle Isle Job Site Permit Card DEMO 2021-04-048

Class: Residential

Site Address: 6415 St Partin Pl- Belle Isle, FL 32812

Parcel Number: 20-23-30-1678-00-270.

Municipality Belle Isle

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

=====
Description of Work:

DEMO – interior ONLY OF SFR.

=====
Issued: STRASBERG CONST -DEVELOPMENT LLC, STRASBERG, J S

License # CGC1515757

Contact # 321 287-7111

Payment/ Issued Date & Method: 4 / 9 / 2021

Picked up by _____ Sent by mail to the mailing address

Emailed

Visa **Master Card** Amex Discover Check / Money Order#

0043

SEPARATE PERMITS WILL BE REQUIRED FOR ALL SUB-WORK
(Including electrical, & roof)

A DEMO FINAL INSPECTION MUST BE PASSED IF AN EXISTING DOCK IS TO BE DEMOLISH & A SINGLE FAMILY RESIDENCE MUST BE IN PLACE PRIOR TO BUILDING THE NEW BOAT DOCK. (A TURBIDITY BARRIER is required)

Inspection requests & inquiries regarding results are to be emailed to: BD scheduling@UniversalEngineering.com

BUILDING	INSPECTOR	DATE	COMMENTS
200 Framing			
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 BD scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3:00 p.m. Please include the following requirements in your request:

- **Project Address**
- **Corresponding Permit Number**
- **Type of Inspection** (Please reference your permit card for inspection codes)
- **Date of Inspection** (If no date is specified, the inspection will be scheduled for the next business day)
- **Contact Name**
- **Contact Phone Number**
- **Gate / Entry code** (If applicable)
- **AM, PM, or Any Time** (We do our best to accommodate time requests but cannot guarantee an exact arrival)

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

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



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

RECEIVED
 APR - 7 2021

Building / Land Use Permit Application

DATE: 3/12/2021

PERMIT # 2021-04-048

PROJECT ADDRESS 6415 St. Partin Place

Belle Isle, FL 32809 32812

PROPERTY OWNER Jason Wallace

PHONE 614-937-4801

VALUE OF WORK (labor & material) \$ \$1,000 est.

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

* The Building / Land Use Permit is being requested for minor demo and discovery work for quoting purposes. A licensed general contractor may be applying for the reconstruction & renovation permits. (DEMO ONLY)

Please provide information, if applicable.

- **SINGLE FAMILY RESIDENCE:** 8.6"x11" Plat Survey, Plot Plan of Home and Floor Plans of New Construction/Revision Required
- **BOAT DOCK:** DEP Clearance Required with Application (Call 407-697-4100); please provide a copy of their report
- **SEPTIC SYSTEM (RESIDENTIAL):** - Provide verification of OC Health Dept approval for on-site septic tank system, per FAC Chap. 64E-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 20-23-30-1678-00-270

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

PLANNING & ZONING APPROVAL: _____

DATE _____

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. 3,405

MAX FLOOR LOAD _____ MAX OCCUPANCY _____

MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____

WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER OTC DATE 4-8-21

VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE f DATE 4-7-2021

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."

JJ's Waste & Recycling 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 JJ's Waste & Recycling at 407 298-3932 setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from JJ's Waste & Recycling. 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

minimum demo fee
25
12.50
37.50

Wind Exposure Category: B C D

SPRINKLERS REQ'D Y N
 If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent _____ RCD

REVIEW	Date: Sent	Y	N	RCD
ZONING		<u>Y</u>	N	\$ <u>35</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		Y	N	\$ _____
BUILDING		Y	N	\$ _____
WINDOW(S)		Y	N	\$ _____
DOOR(S)		Y	N	\$ _____
FENCE		Y	N	\$ _____
SHED		Y	N	\$ _____
DRIVEWAY		Y	N	\$ _____
OTHER <u>dock demo</u>		Y	N	\$ <u>37.50</u>

1% BCAIB FEE 2.5 min

1.5% DCA FEE 2.5 min

TOTAL 76.50

OTHER PERMITS REQUIRED:

PERMIT	Y	NA
ELECTRICAL	Y	NA
PREPOWER	Y	NA
MECHANICAL	Y	NA
PLUMBING <u>MC 0043</u>	Y	NA
ROOFING <u>PAID</u>	Y	NA
GAS <u>PAID</u>	Y	NA

SPRINKLERS REQ'D Y N
 If Required - SUBMIT COPY OF PLANS FOR FIRE



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

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

PERMIT # 2021-04-048


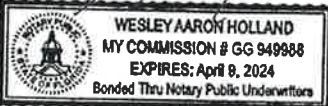
Owner's Name Jason Wallace
 Owner's Address 11150 Whistling Pine Way Orlando, FL 32832

Contractor Name <u>TBD</u> Jordan Strasberg	Company Name Strasberg Construction and Development
License # <u>CGC1515757</u>	Company Address 360 Golf Brook Cir #102
Contact Phone/Cell <u>321-287-7111</u>	City, State, ZIP Longwood, FL 32779
Contact Email <u>jordan@SCDFL.com</u>	Contact Fax

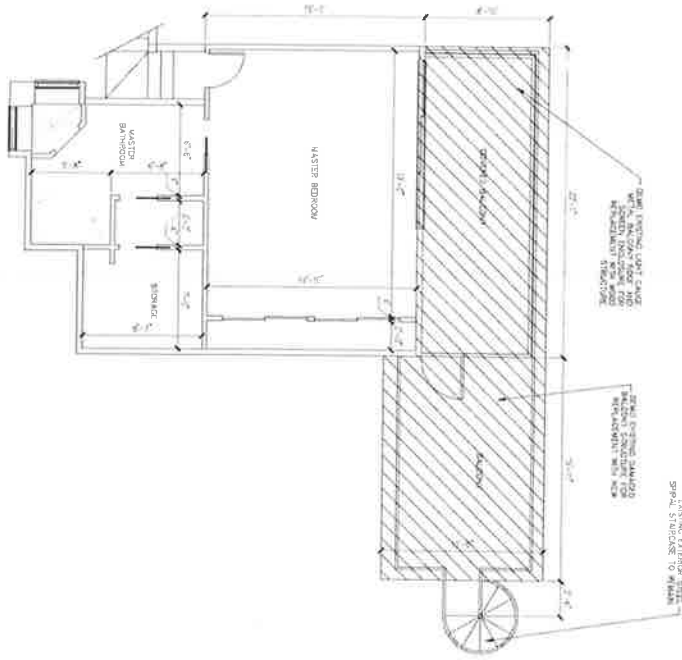
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain 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.

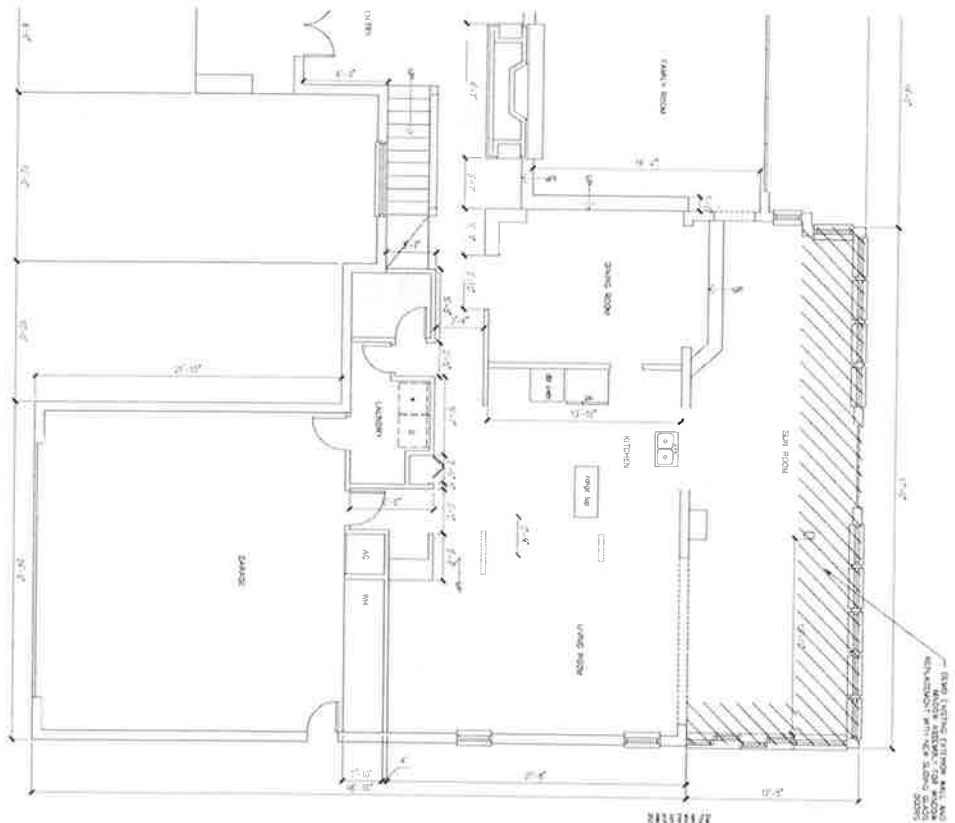
OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

<p>Owner Signature <u>Jason Wallace</u></p> <p>The foregoing instrument was acknowledged before me this <u>3/9/21</u> by <u>Jason Allen Wallace</u> who is personally known to me and who produced <u>driver license</u> as identification and who did not take an oath</p> <p>Notary as to Owner _____ State of Florida _____ County of Orange _____</p>	<p align="center">Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE) Total Lot Area _____ X 0.35 = _____ Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc</p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA is <u>less than</u> BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA is <u>greater than</u> BASE, then onsite retention <u>must be provided</u>.</p> <p><small>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</small></p>
<p>Contractor Signature <u>Jordan Strasberg</u></p> <p>COMPANY NAME <u>Strasberg Construction and Development</u></p> <p>The foregoing instrument was acknowledged before me this <u>4/5/21</u> by <u>Jordan Strasberg</u> who is personally known to me and who produced _____ as identification and who did not take an oath</p> <p>Notary as to Owner _____ State of Florida _____ County of Orange _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">  <p>ASHLEY CONTRERAS Notary Public State of Florida Comm# HH066012 Expires 11/22/2024</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">  <p>WESLEY AARON HOLLAND MY COMMISSION # GG 949988 EXPIRES: April 8, 2024 Bonded Thru Notary Public Underwriters</p> </div>	

2 SECOND FLOOR PLAN
SCALE: 1/8" = 1'-0"



1 FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0"



SHEET NUMBER	A-1	DATE	ISSUED FOR
		DATE	ISSUED FOR

REAR BALCONY/WALL RENOV.
6415 Saint Parin Pl.
Orlando, FL 32812
AS-BUILT/DEMO PLAN

alba
ENGINEERING
CA 93056

DANIEL GOUTER, P.E.
P.E.# 63901
P.O. BOX 547774
ORLANDO, FL 32854
PHONE: (407) 421-4886

DATE	ISSUED FOR



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

STRASBERG, JORDAN STUART

STRASBERG CONSTRUCTION AND DEVELOPMENT LLC

360 GOLF BROOK CIRCLE

APT. 102

LONGWOOD

FL 32779

LICENSE NUMBER: CGC1515757

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)

04/01/2021

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 Caton-Hosey Insurance 3731 Nova Rd. Port Orange FL 32129		CONTACT NAME: Paula Shephard, CISR PHONE (A/C, No, Ext): (386) 767-3161 E-MAIL ADDRESS: paula@catonhosey.com		FAX (A/C, No): (386) 760-1770	
INSURED Strasberg Construction And Development LLC 360 Golf Brook Cir Apt #102 Longwood FL 32779-6135		INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners			NAIC # 10190
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL2052723971 **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:			72772277	06/26/2020	06/26/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE	\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

City Belle Isle
1600 Nela Avenue

Belle Isle

FL 32809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paula Shephard



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: 6/11/2019

EXPIRATION DATE: 6/10/2021

PERSON: JORDAN S STRASBERG

EMAIL: JORDANSTRASBERG@HOTMAIL.COM

FEIN: 262112683

BUSINESS NAME AND ADDRESS:

STRASBERG CONSTRUCTION AND DEVELOPMENT, LLC

360 GOLF BROOK CIRCLE #102

LONGWOOD, FL 32779

SCOPE OF BUSINESS OR TRADE:

Contractor-Project Manager,
Construction Executive,
Construction Manager or
Construction Superintendent

IMPORTANT: Pursuant to Chapter 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 Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 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.



SEMINOLE COUNTY BUSINESS TAX RECEIPT

PO BOX 630, SANFORD, FL 32772 • 407-665-1000
WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/21

STRASBERG CONSTRUCTION AND DEVELOPMENT LLC
360 GOLF BROOK CIR #102
LONGWOOD, FL 32779

Account #:197153

JORDAN S STRASBERG (OWNER)

REGULATED
License # - CGC1515757
Qualifier- JORDAN STUART STRASBERG

Receipt #:WEB#2020090122295

Amount Paid: \$ 45.00

Date Paid:09/01/2020

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so the business shall be subject to the payment of another business tax for the same business or profession.

• **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt ([FS] 205.053 [2]).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

STRASBERG CONSTRUCTION AND DEVELOPMENT LLC
360 GOLF BROOK CIR #102
LONGWOOD, FL 32779