



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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 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." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

Scope of Work: DEMO: of existing building and storm drain improvements on site

Comments: Pre-Demo inspection required

Project Information
 Address: 1028 Waltham Ave, Belle Isle, FL 32809
 Parcel ID: 24-23-29-3400-00-073
 Property Owner: City of Belle Isle
 Phone Number: 407-851-7730

 Company Name: Blue Ox Enterprises, LLC
 Contractor Name: Lembrich, Matthew
 License Number: CUC057207
 Address: 500 North Way Sanford, FL 32773
 Phone Number: 407-339-4800

Permit Number: 2014-07-049
 Date of Application: 07/22/2014
 Date Permit Issued: 08/01/2014

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$35.00

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$37.50
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$
 Plumbing \$
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$76.50

Date Paid

8-8-14

CC or Check #

AMEX

Amount Paid

\$76.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (F-S 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
 (Footing/Foundation)
 2nd _____ (Slab)
 3rd _____ (Lintel) Wall Reinforcing on Masonry Building
 4th _____ (Exterior Framing) (Roof/Wall Sheathing)
 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
 6th _____ (Insulation to be Made After Roof Installed)
 7th _____ (Drwall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2ND ROOFING Covering In-Progress _____
 3RD ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2ND _____ (Sewer)
 3RD _____ (Rough-In/Tub Set) 4TH _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP ___ MECHANICAL ___ ELECTRICAL ___ LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BI scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-049
Property Owner	1028 Waltham Ave
Address	City of Belle Isle
Nature of Improvement	Demo
Received Application	7-22-14
Sent for Stormwater Review	7-23-14
Stormwater Approved	7-24-14
Sent for Zoning Review	7-23-14
Zoning Approved	7-24-14
Applied for Variance	/
Variance Approved	
Sent to BO for Review	7-24-14 WO39624
Building Official Approved	8-01-2014 Needs a pre-demo Inspection \$ 37.00
Comments	
1.	7-23-14 sq emailed CORSI for review
2.	7-24-14 sq need zoning approval
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 8-01-2014

Permit Type:	<u>Demolition</u>	Job Cost:	\$ <u>6,352.36</u>
Permit Fee:	\$ <u>25-</u>		
Plans Review Fee:	\$ <u>12.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
TOTAL BUILDING FEE:	\$ <u>41.50</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits



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

PERMIT # _____

Owner's Name City of Belle Isle
 Owner's Address 1600 Nella Ave, Orlando, FL 32809

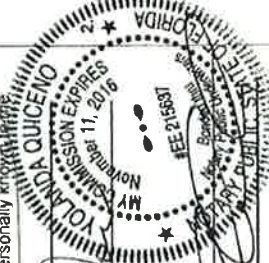
Contractor Name	Mathew Lembrich	Company Name	Blue Ox Enterprises, LLC
License #	CUC057207	Company Address	500 North Way
Contact Phone/Cell	407-339-4800	City, State, ZIP	Sanford, FL 32773
Contact Email	blueoxmat@earthlink.net	Contact Fax	407-339-4839

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 7 24 14
 by William B. Brooks who is personally known to me
 and who produced [Signature] as identification and who did not take an oath.
 Notary as to Owner [Signature]
 State of Florida
 County of Orange



Contractor Signature [Signature]
 COMPANY NAME Blue Ox Enterprises, LLC
 The foregoing instrument was acknowledged before me this 7 22 2014
 by Mathew Lembrich who is personally known to me
 and who produced [Signature] 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

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE)
 Total Lot Area _____ X 0.35 = _____
 Allowable Impervious Area (BASE) _____

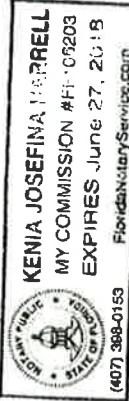
2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. Examples include house, pool, deck, driveway, accessory building, etc.

- House _____
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____

3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention

4. If AIA is greater than BASE, then onsite retention **must be provided.**
 Assuming 7.5 inches of rainfall based on a 24hr. 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed





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

PERMIT # _____

Owner's Name City of Belle Isle
 Owner's Address 1600 Nella Ave. Orlando FL 32809

Contractor Name	Mathew Lembrich	Company Name	Blue Ox Enterprises, LLC
License #	CUC057207	Company Address	500 North Way
Contact Phone/Cell	407-339-4800	City, State, ZIP	Sanford, FL 32773
Contact Email	blueoxmatt@earthlink.net	Contact Fax	407-339-4839

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 _____
 The foregoing instrument was acknowledged before me this 7/1/14 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 _____

Contractor Signature _____
 COMPANY NAME Blue Ox Enterprises, LLC

The foregoing instrument was acknowledged before me this 7/22/2014 by Mathew Lembrich 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

1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE).
 Total Lot Area _____ X 0.35 = _____
 Allowable Impervious Area (BASE) _____

2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater.
Examples include house, pool, deck, driveway, accessory building, etc

- House _____
- Driveway _____
- Walkway _____
- Accessory Buildings _____
- Pool & Spa _____
- Deck & Patio _____
- Other _____

Actual Impervious Area (AIA) _____

3. If AIA is less than BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention

4. If AIA is greater than BASE, then onsite retention must be provided.

Assuming 7.5 inches of rainfall based on a 24hr. 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed



City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org
PRE-DEMOLITION FORM

Requirements for Pre-demolition inspection:

- A copy of the site plan to scale
- Building Permit Form LandUse002

NOTE: After the Pre-demolition inspection, the following documents will be required for a Demolition Permit:
 Completed Certification of Service Disconnect form
 Signed and notarized Power of Attorney (if licensed contractor does not appear in person)

Site Address: 1028 Waltham Ave, Orlando FL 32809
 Contact Person Keith Sevens
 Phone Number: (407) 851-7730

Septic Tank: No Yes

If yes, *must fill or remove septic tank.*

Requested date and time of accessibility to site: _____

Health Department Requirements

AK Prior to start of demolition or renovation work contact the Health Department at 407-521-2630 for septic tank filling and removal requirements.

EPD Requirements

AK Prior to start of demolition or renovation work contact the Orange County Environmental Protection Division (EPD) at 407-836-1400 for demolition and asbestos removal notification requirements. (105.9 Asbestos: The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.)

CERTIFICATION OF SERVICE DISCONNECT

1. Applicant: Contractor Blue Ox Enterprises, LLC Owner _____
2. 500 North Way, Sanford, FL 32773
 Address, City, State, Zip 3. Occupational License _____
4. Building Structure to be DEMOLISHED or MOVED Residential Commercial Other (Check as applicable)
1028 Waltham Ave, Orlando, FL 32809
 Site Address _____ Legal Description _____

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

1. **Telephone Company**
 AT&T _____ or _____
 P.O. No. NN066E56
 Certification By Dale Chukker
 Date 7/11/14
2. **Gas Company**
 TECO Peoples Gas _____ or _____
 P.O. No. _____
 Certification By Debbie Frazier
 Date 7/16/14
3. **Electric Company**
 Duke Energy _____ or _____
 P.O. No. _____
 Certification By Ana J. Torres
 Date 7/21/14
4. **Cable Company**
 Bright House Networks _____ or _____
 P.O. No. _____
 Certification By Helene Henandez
 Date 7/17/14
5. **Water Company**
 Orange County Utilities _____ or _____
 P.O. No. _____
 Certification By _____
 Date _____
6. **Other: (LPG Company, etc.)**
 _____ or _____
 P.O. No. _____
 Certification By _____
 Date _____



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Building Permit (Land Use) Application

DATE: _____ PERMIT # 2014-01-019

PROJECT ADDRESS 1028 Waltham Ave, Orlando FL 32809 Belle Isle, FL 32808 32812

PROPERTY OWNER City of Belle Isle PHONE 407-851-7730 VALUE OF WORK (labor & material) \$6352.36

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Demolition of existing building and storm drain improvements on site.

Please provide information, if applicable.

- Survey specific foundation plan required to show compliance with zoning setbacks
- **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-5
- 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: 24-29-29-3400-00-073

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCRoACH INTO ANY EASEMENT OR REQUIRED SETBACK. 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.

Attached Survey SETS and Construction Plans SETS
 PLANNING & ZONING APPROVAL: 7/24/14 DATE By [Signature]

PLEASE COMPLETE for Building Review
 CONSTRUCTION TYPE Comm Res: Single Fam Multi Fam
 OCCUPANCY GROUP #UNITS #STORIES TOTAL SQ.FT. 1607 SF
 MAX. FLOOR LOAD MAX. OCCUPANCY
 MIN. FLOOD ELEV. LOW FLOOR ELEV
 WATER SERVICE WELL SEPTIC

BUILDING REVIEWER Angela Perez DATE 8-01-2014
 VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

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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

Wind Exposure Category:	B	C	D
SPRINKLERS REQ'D	Y	N	N
If Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: Sent			RCD
ZONING	N		\$ <u>35</u>
CERT OF OCC	Y		\$
TRAFFIC	Y		\$
SCHOOL	Y		\$
FIRE	Y		\$
SWIMMING POOL	Y		\$
SCREEN ENCLOSURE	Y		\$
ROOFING	Y		\$
BOAT DOCK	Y		\$
BUILDING	Y		\$
WINDOW(S)	Y		\$
DOOR(S)	Y		\$
FENCE	Y		\$
SHED	Y		\$
DRIVEWAY	Y		\$ <u>37.50</u>
OTHER <u>Demo</u>	Y		\$ <u>4.00</u>
3% FL SURCHARGE			<u>176.50</u>
TOTAL			
By Owner Form	Y	NA	
Notice of Commencement	Y	NA	
Power of Attorney	Y	NA	
Contractor Packet Included?	Y	N	
OTHER PERMITS REQUIRED:			
ELECTRICAL	Y	NA	
PREPOWER	Y	NA	
MECHANICAL	Y	NA	
PLUMBING	Y	NA	
ROOFING	Y	NA	
GAS	Y	NA	



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Received
 7-22-14

Building Permit (Land Use) Application

DATE: _____ PERMIT # 2014-07-019

PROJECT ADDRESS 1028 Waltham Ave, Orlando FL 32809 Belle Isle, FL 32809 32812

PROPERTY OWNER City of Belle Isle PHONE 407-851-7730 VALUE OF WORK (labor & material) \$635,736

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Demolition of existing building and storm drain improvements on site.

- **Please provide information, if applicable.**
- **Survey specific foundation plan required to show compliance with zoning setbacks**
- **BOAT DOCK: DEP Clearance Required with Application (Call 407-987-4100); 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**

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Attached Survey _____ SETS and Construction Plans _____ SETS

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____
 OCCUPANCY GROUP Comm Res: Single Fam Multi Fam
 #BLDG #UNITS #STORIES TOTAL SQ.FT. 1015F
 MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
 MIN. FLOOD ELEV. _____ LOW FLOOR ELEV. _____
 WATER SERVICE _____ WELL _____ SEPTIC _____

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

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Wind Exposure Category:	B	C	D
SPRINKLERS REQ'D	Y	N	N
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW	Date: Sent	RCD	
ZONING	<input checked="" type="radio"/>	N	\$ 35 ⁰⁰
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>Dump</u>	Y	N	\$
3% FL SURCHARGE			
TOTAL			
By Owner Form	Y	NA	
Notice of Commencement	Y	NA	
Power of Attorney	Y	NA	
Contractor Packet Included?	Y	N	
OTHER PERMITS REQUIRED:			
ELECTRICAL	Y	NA	
PREPOWER	Y	NA	
MECHANICAL	Y	NA	
PLUMBING	Y	NA	
ROOFING	Y	NA	
GAS	Y	NA	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/24/2014

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 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 SIBLE INSURANCE GROUP, INC. P. O. BOX 160398 ALAMONTE SPRINGS FL 32716	CONTACT NAME: Certificate Department PHONE (A/C, No. Ext): 407-869-5490 FAX (A/C, No.): 407-389-3580 E-MAIL ADDRESS: certificates@sible.com
INSURED Blue Ox Land Services, Inc. Blue Ox Enterprises, LLC P.O. Box 950695 Lake Mary FL 32795	INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Group NAIC # 24112 INSURER B: FFVA Mutual Ins Co 10385 INSURER C: Evanston Insurance Company 35378 INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 253797632

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 SUBR INSD WVD	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	POLICY NUMBER	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		7/11/2014	7/11/2015	CMM3809137	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 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 COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Basic FL PIP \$10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> HIRED Auto <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$-0- <input type="checkbox"/> CLAIMS-MADE		7/11/2014	7/11/2015	CMM3809137	\$1,000,000 \$1,000,000 \$1,000,000 \$4,000,000 \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		10/1/2013	10/1/2014	WC84000181122013A	X PER STATUTE X E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C	Excess Liability Contractors Equipment Leased & Rented Equip. - \$500,000		7/11/2014 7/11/2014	7/11/2015 7/11/2015	XOVA826314 CMM3809137	Occurrence \$6,000,000 Aggregate \$6,000,000 Scheduled \$1,470,350

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

Reference Project: Belle Isle Charter School

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Nela Ave Orlando 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 	

ACORD 25 (2014/01)

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

LEMBRICH, MATHEW PHILLIP
BLUE OX ENTERPRISES LLC
P.O BOX 520986
LONGWOOD

FL 32752

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

AC# **6199843**

CUC057207

07/12/12 110436610

CERT UNDERGROUND & EXCAV CNTR
LEMBRICH, MATHEW PHILLIP
BLUE OX ENTERPRISES LLC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 LI2071201098

DETACH HERE

AC# **6199843**

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12071201098

DATE	BATCH NUMBER	LICENSE NBR
07/12/2012	110436610	CUC057207

The UNDERGROUND UTILITY & EXCAVATION CO
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

LEMBRICH, MATHEW PHILLIP
BLUE OX ENTERPRISES LLC
200 MAITLAND AVE #42
ALTAMONTE SPRINGS FL 32701

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW