



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.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: 5903 Randolph 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: 2014-07-050**  
 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

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_ (Footing/Foundation)

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel) (Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing) (Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

#### ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

#### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = [universall13](https://universalengineering.com)

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-07-050
Property Owner	<del>City</del> City of Belle Isle
Address	5903 Randolph Ave
Nature of Improvement	Demo
Received Application	7-23-14
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 WO39625
Building Official Approved	8-01-14 Needs a Pre-demo Inspection \$3700
Comments	
1.	7-23-14 eq emailed CORB to review
2.	7-24-14 eq 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>		
<b>TOTAL BUILDING FEE:</b>	<b>\$ <u>41.50</u></b>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits



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

**Building Permit (Land Use) Application**

PERMIT # 2014-07-050

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

PROJECT ADDRESS 5903 Randolph Ave, Orlando FL 32809 Belle Isle FL  32809  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.

- 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-6
- Homeowners will be required to have a contractor on record for homes that are rented and/or not homestead

Please provide information, if applicable.

Please Complete for the City of Belle Isle Zoning Review: Parcel Id Number: 24-23-29-3400-00-073

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

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCRUCH 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 DATE BY: [Signature]

PLEASE COMPLETE for Building Review City of Belle Isle  
 CONSTRUCTION TYPE  Single Fam  Multi Fam  
 OCCUPANCY GROUP  Comm  Res: Multi Fam  
 #BLDG #UNITS #STORIES TOTAL SQ.FT. 1166 SF  
 MAX. FLOOR LOAD \_\_\_\_\_ MAX. OCCUPANCY \_\_\_\_\_  
 MIN. FLOOR ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_  
 WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

BUILDING REVIEWER Angela Peutz DATE 8-01-2014  
 VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE \_\_\_\_\_ DATE \_\_\_\_\_

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 set up 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	Date: Sent	RCD	
ZONING	<input checked="" type="radio"/>	\$	<u>350</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>37150</u>
OTHER	<u>Demo</u>		
3% FL SURCHARGE			<u>4100</u>
TOTAL			<u>7650</u>
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**  
 7-23-14

**Building Permit (Land Use) Application**

DATE: \_\_\_\_\_ PERMIT # 2014-07-050

PROJECT ADDRESS 5903 Randolph Ave, Orlando FL 32809 Belle Isle, FL  32809  32812  
 PROPERTY OWNER City of Belle Isle PHONE 407-851-7730 VALUE OF WORK (labor & material) \$ 6,352,360

**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 407-997-4100); 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 \_\_\_\_\_ #Units \_\_\_\_\_ #Stories \_\_\_\_\_ Res:  Single Fam  Multi Fam  
 OCCUPANCY GROUP \_\_\_\_\_ TOTAL SQ.FT. 116658  
 #BLDG. \_\_\_\_\_ #UNITS \_\_\_\_\_ #STORIES \_\_\_\_\_ TOTAL SQ.FT. 116658  
 MAX. FLOOR LOAD \_\_\_\_\_ MAX OCCUPANCY \_\_\_\_\_  
 MIN. FLOOR ELEV. \_\_\_\_\_ LOW FLOOR ELEV. \_\_\_\_\_  
 WATER SERVICE \_\_\_\_\_ WELL \_\_\_\_\_ SEPTIC \_\_\_\_\_

BUILDING REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_  
 VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE \_\_\_\_\_ DATE \_\_\_\_\_

Per FSS 105.3.3:  
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Wind Exposure Category: B  C  D

SPRINKLERS RECD Y  N   
 IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW Date: Sent \_\_\_\_\_ RCD \_\_\_\_\_

ZONING	<input checked="" type="radio"/>	N	\$	3500
CERT OF OCC	<input type="radio"/>	N	\$	
TRAFFIC	<input type="radio"/>	N	\$	
SCHOOL	<input type="radio"/>	N	\$	
FIRE	<input type="radio"/>	N	\$	
SWIMMING POOL	<input type="radio"/>	N	\$	
SCREEN ENCLOSURE	<input type="radio"/>	N	\$	
ROOFING	<input type="radio"/>	N	\$	
BOAT DOCK	<input type="radio"/>	N	\$	
BUILDING	<input type="radio"/>	N	\$	
WINDOW(S)	<input type="radio"/>	N	\$	
DOOR(S)	<input type="radio"/>	N	\$	
FENCE	<input type="radio"/>	N	\$	
SHED	<input type="radio"/>	N	\$	
DRIVEWAY	<input type="radio"/>	N	\$	
OTHER <u>Demo</u>	<input checked="" type="radio"/>	N	\$	

3% FLSURCHARGE \_\_\_\_\_  
 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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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](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 for 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 separable 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 7/14/14  
 by William B Brediks who is personally known to me  
 and who produced [Signature] who is personally known to me  
 as identification and who did not take an oath.  
 Notary as to Owner  
 State of Florida  
 County of Orange

Contractor Signature [Signature]  
 COMPANY NAME Blue Ox Enterprises, LLC  
 The foregoing instrument was acknowledged before me this 7/14/2014  
 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) \_\_\_\_\_

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 (TP-40), 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 #** \_\_\_\_\_

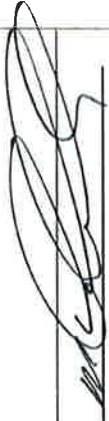
Owner's Name City of Belle Isle  
 Owner's Address 1600 Nella Ave, Orlando FL 32809

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	blueoxmatk@earthlink.net	Contact Fax	407-339-4839

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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.

<p><b>Owner Signature</b> _____          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 _____</p> <p><b>Contractor Signature</b>           COMPANY NAME <u>Blue Ox Enterprises, LLC</u>          The foregoing instrument was acknowledged before me this <u>7 22 2014</u>          by <u>Mathew Lembrich</u> 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 _____</p>	<p><b>Impervious Surface Ratio Worksheet</b>          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.  <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> <li>• House _____</li> <li>• Driveway _____</li> <li>• Walkway _____</li> <li>• Accessory Buildings _____</li> <li>• Pool &amp; Spa _____</li> <li>• Deck &amp; Patio _____</li> <li>• Other _____</li> </ul> <p>Actual Impervious Area (AIA) _____</p> <p>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.</p> <p>4. If AIA is greater than BASE, then onsite retention <u>must be provided</u>.          Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: <u>7.5 inches rainfall/12 inches p/foot</u> X (result from line 4) = cubic feet of storage volume needed</p>
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**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 notatized Power of Attorney (if licensed contractor does not appear in person)

Site Address: 5933 Randolph 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 407-838-1400 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)  
5933 Randolph 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  
 P.O. No. NN066E56 or \_\_\_\_\_  
 Certification By Dale Chukker  
 Date 7/11/14
2. **Gas Company**  
TECO Peoples Gas  
 P.O. No. \_\_\_\_\_ or \_\_\_\_\_  
 Certification By Debbie Frazier  
 Date 7/16/14
3. **Electric Company**  
Duke Energy  
 P.O. No. \_\_\_\_\_ or \_\_\_\_\_  
 Certification By Ana J. Torres  
 Date 7/21/14
4. **Cable Company**  
Bright House Networks  
 P.O. No. \_\_\_\_\_ or \_\_\_\_\_  
 Certification By Helene Hernandez  
 Date 7/17/14
5. **Water Company**  
Orange County Utilities  
 P.O. No. \_\_\_\_\_ or \_\_\_\_\_  
 Certification By \_\_\_\_\_  
 Date \_\_\_\_\_
6. **Other: (LPG Company, etc.)**  
 P.O. No. \_\_\_\_\_ or \_\_\_\_\_  
 Certification By \_\_\_\_\_  
 Date \_\_\_\_\_





# 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  
SIHLE INSURANCE GROUP, INC.  
P. O. BOX 160398  
ALAMONTE SPRINGS FL 32716

CONTACT NAME: Certificate Department  
PHONE (A.C. No.): 407-869-5490 FAX (A.C. No.): 407-389-3580  
E-MAIL: certificates@sihle.com  
ADDRESS: certificates@sihle.com  
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:

INSURED  
BLUEO-1

Blue Ox Land Services, Inc.  
Blue Ox Enterprises, LLC  
P.O. Box 950695  
Lake Mary FL 32795

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	ADDITIONAL INSURED (INDS) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X 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 type="checkbox"/> LOC <input type="checkbox"/> OTHER: A AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Hired Auto <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$- WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below C Excess Liability A Contractors Equipment Leased & Rented Equip. - \$500,000		CMM3809137	7/11/2014	7/11/2015	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 EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 Occurrence \$6,000,000 Aggregate \$6,000,000 Scheduled \$1,470,350
A			CMM3809137	7/11/2014	7/11/2015	
B			WC84000181122013A	10/1/2013	10/1/2014	
C			XOVA826314	7/11/2014	7/11/2015	
A			CMM3809137	7/11/2014	7/11/2015	

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

City of Belle Isle  
1600 Nelia Ave  
Orlando FL 32809

CANCELLATION

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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