



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: 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: SIGN: raceway mounted, internally illuminated wall sign

Comments: None

Project Information

Address: 5062 S. Conway Road, Belle Isle, FL 32812
Parcel ID: 17-23-30-0000-00-028
Property Owner: Belle Isle Commons, Inc.
Phone Number: 407-423-5400

Company Name: Jayco Signs, Inc.
Contractor Name: Yoder, Greg
License Number: ES0000208
Address: 151 Atlantic Drive, Maitland, FL 32751
Phone Number: 407-339-5252

Permit Number: 2015-10-027

Date of Application: 10/21/2014

Date Permit Issued: 12/17/2014

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$165.00

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$63.00
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen End \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$232.00

Date Paid 12-17-14

CC or Check # MC 5297

Amount Paid 232.00

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 (FS 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

(Footing/Foundation)

2nd

(Slab)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

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

(Drywall)

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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f92e66>
login ID = cobi@universalengineering.com password = universal13



City of Belle Isle

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



Building Permit (Land Use) Application

DATE: 10/20/2014 PERMIT # 2015-10-027
PROJECT ADDRESS 5062 S Conway Rd Belle Isle, FL 32809 32812
PROPERTY OWNER Crossman & Company PHONE 407-423-5400 VALUE OF WORK (labor & material) \$ 1950.00

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Installation of one (1) raceway mounted, internally illuminated wall sign per drawing number A19889.

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-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: 17-23-30-0000-00-062 028

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 1 SETS and Construction Plans 1 SETS
APPROVED ZONING

PLANNING & ZONING APPROVAL: _____ DATE _____

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE Comm Res: Single Fam Multi Fam
OCCUPANCY GROUP #UNITS #STORIES TOTAL SQ.FT. 37.5
MAX. FLOOR LOAD _____ MAX. OCCUPANCY _____
MIN. FLOOR ELEV _____ LOW FLOOR ELEV _____
WATER SERVICE _____ WELL _____ SEPTIC _____

BUILDING REVIEWER Angelo Ruiz DATE 10/27/2014
VERIFIED CONTRACTOR'S LICENSE & INSURANCE ARE ON FILE _____ DATE _____

Per FSS 105.3.3:
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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
IF Required - SUBMIT COPY OF PLANS FOR FIRE REVIEW		
ZONING	<input checked="" type="checkbox"/>	
CERT OF OCC		\$ 165.00
TRAFFIC	<input checked="" type="checkbox"/>	\$
SCHOOL	<input checked="" type="checkbox"/>	\$
FIRE	<input checked="" type="checkbox"/>	\$
SWIMMING POOL	<input checked="" type="checkbox"/>	\$
SCREEN ENCLOSURE	<input checked="" type="checkbox"/>	\$
ROOFING	<input checked="" type="checkbox"/>	\$
BOAT DOCK	<input checked="" type="checkbox"/>	\$
BUILDING	<input checked="" type="checkbox"/>	\$
WINDOW(S)	<input checked="" type="checkbox"/>	\$
DOOR(S)	<input checked="" type="checkbox"/>	\$
FENCE	<input checked="" type="checkbox"/>	\$
SHED	<input checked="" type="checkbox"/>	\$
DRIVEWAY	<input checked="" type="checkbox"/>	\$
OTHER Sign <input checked="" type="checkbox"/>		\$ 63.00
3% FL SURCHARGE		4.00
TOTAL		\$ 232.00

Date Sent: _____ ROD _____

By Owner Form	Y	N
Notice of Commencement	<input checked="" type="checkbox"/>	
Power of Attorney	<input checked="" type="checkbox"/>	
Contractor Packet Included?	<input checked="" type="checkbox"/>	

OTHER PERMITS REQUIRED:

PERMITS	Y	N
ELECTRICAL	<input checked="" type="checkbox"/>	
POWER	<input checked="" type="checkbox"/>	
MECHANICAL	<input checked="" type="checkbox"/>	
PLUMBING	<input checked="" type="checkbox"/>	
ROOFING	<input checked="" type="checkbox"/>	
GAS	<input checked="" type="checkbox"/>	

received
12-17-14



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Tel 407-581-8161 • Fax 407-581-0313 • www.universaleengineering.com

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

PERMIT #

Owner's Name Crossman & Company
Owner's Address 3333 S Orange Ave. Suite 201 Orlando, FL 32806

Contractor Name Greg Yoder	Company Name Jayco Signs
License # ES000208	Company Address 151 Atlantic Dr
Contact Phone/Cell 407-339-5252	City, State, Zip Maitland, FL 32751
Contact Email Greg@JaycoSigns.com	Contact Fax 407-830-7575

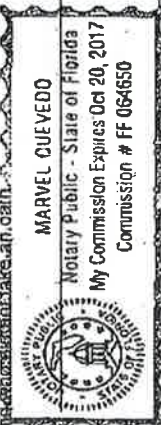
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain 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.municodes.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 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 10/20/14 by Marvel Cuevedo who is personally known to me

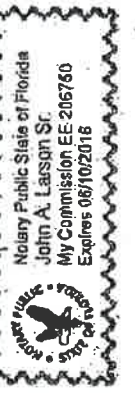
and who produced as identification Marvel Cuevedo an oath. Notary as to Owner State of Florida My Commission Expires Oct 20, 2017 Commission # FF 064650



Contractor Signature
COMPANY NAME Jayco Signs

This foregoing instrument was acknowledged before me this 10/20/14 by Greg Yoder 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
Permit Application Review Sheet

Permit Number	2015-10-027
Property Owner	Belle Isle Commons
Address	5022 S. Conway Rd
Nature of Improvement	Signage
Received Application	10-21-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	10-21-14
Zoning Approved	10-22-14
Applied for Variance	/
Variance Approved	
Sent to BO for Review	10-22-14 W043464
Building Official Approved	10/27/2014
Comments	
1.	10-21-14 eq emailed app to COBI for zoning review
2.	10-22-14 eq rec'd zoning approval; waiting on
3.	Signed pg 2 (by PO)
4.	10-29-14 eq Emailed conth; need PO's signature on app
5.	12-17-14 eq emailed handbook it's ready.
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 10/27/2014

Permit Type:	<u>Sign Electrical</u>	Job Cost:	\$ <u>1950-</u>
Permit Fee:	\$ <u>42-</u>		
Plans Review Fee:	\$ <u>21-</u>	(50% of permit fee - excluding ReRoofs)	
1.5% State Fee:	\$ <u>9-</u>		
1.5% State Fee:	\$ <u>2-</u>		
TOTAL BUILDING FEE:	\$ <u>67-</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits



October 15, 2014

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

RE: **Marvel Quevedo Insurance, LLC**
5062 South Conway Road, Belle Isle, Florida 32812

To Whom It May Concern:

This letter gives permission to **Jayco Signs, Inc.** and/or its agents to install a new sign on the façade at the above referenced location. This sign shall be similar to the attached specifications initialized by me. The sign also needs to meet the criteria of the local municipality. It is understood that the cost of said sign shall be the responsibility of the tenant and not the Landlord.

Sincerely,

A handwritten signature in blue ink that reads "Paula Trinidad".

Paula Trinidad
Property Specialist

State of Florida
County of Orange

The foregoing instrument was acknowledged before me on this 15th day of October, 2014, by **Paula Trinidad**, who is personally known to me.

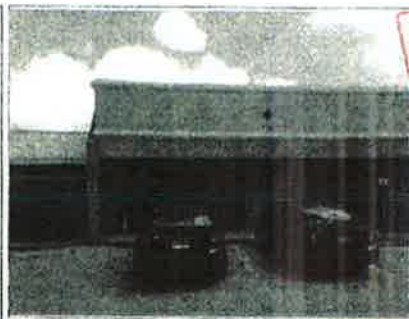
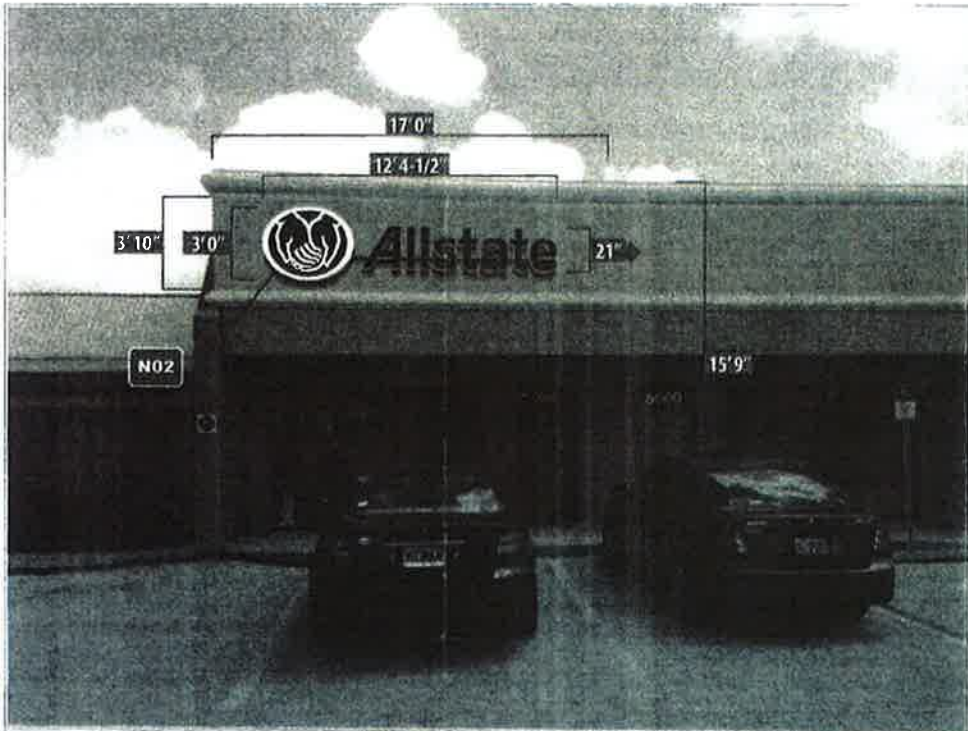
A handwritten signature in blue ink that reads "Dannaia Jessie D'Haiti".
Dannaia Jessie D'Haiti
Notary Public

CROSSMAN & COMPANY / 3333 S. ORANGE AVENUE, SUITE 201, ORLANDO, FLORIDA 32806
407.423.5400 MAIN / www.crossmanco.com / 407.423.4090 FAX
LICENSED REAL ESTATE BROKER

SIGN#	SIGN TYPE	SIGN DESCRIPTION	ACTION
N02	ALST.CL.RW.B_21	21'h Illuminated Blue Day/White Night Blue Raceway to be painted to match building. Raceway Channel Letters 3' 0"oah x 12' 4-1/2"oah (37.5 SF)	Propose

PROPOSED SIGNAGE PHOTO


EXISTING SIGNAGE PHOTO



ZONING APPROVED

Date: 10/21/14 By: *[Signature]*
City of Brevard, FL

***NOTE:**
Your approval of the Brandbook indicates your acceptance that the signage, provided to you and owned by Allstate, will be manufactured and installed as shown, pending landlord and/or municipality approval. Once accepted, signage may not be declined at time of installation for any reason other than a manufacturing defect.

 <p>PHILADELPHIASIGN SIGNAGE FOR COMMERCIAL BRANDS</p> <p>16 West Spring Garden Street Raleigh, NC 27605-1298</p>	CLIENT: ALLSTATE - FL	DATE: 8/8/2014	REVISION: 10,3,14 DRM Multiple Revisions	<small>THIS IS AN ORIGINAL UNPRINTED DRAWING CREATED BY PHILADELPHIASIGN. IT IS SUBJECT TO YOUR REVIEW. USE IN CONNECTION WITH A PROJECT BEING DRAWN FOR YOU BY PHILADELPHIASIGN IS NOT TO BE SHOWN TO ANYONE OUTSIDE YOUR ORGANIZATION. 10/11/14</small>
	LOCATION: FLKHG Marvel Quevedo 5062 S Conway Rd Orlando, FL	SHEET: P03	DWG BY: DRM	DRAWING NUMBER: A19889

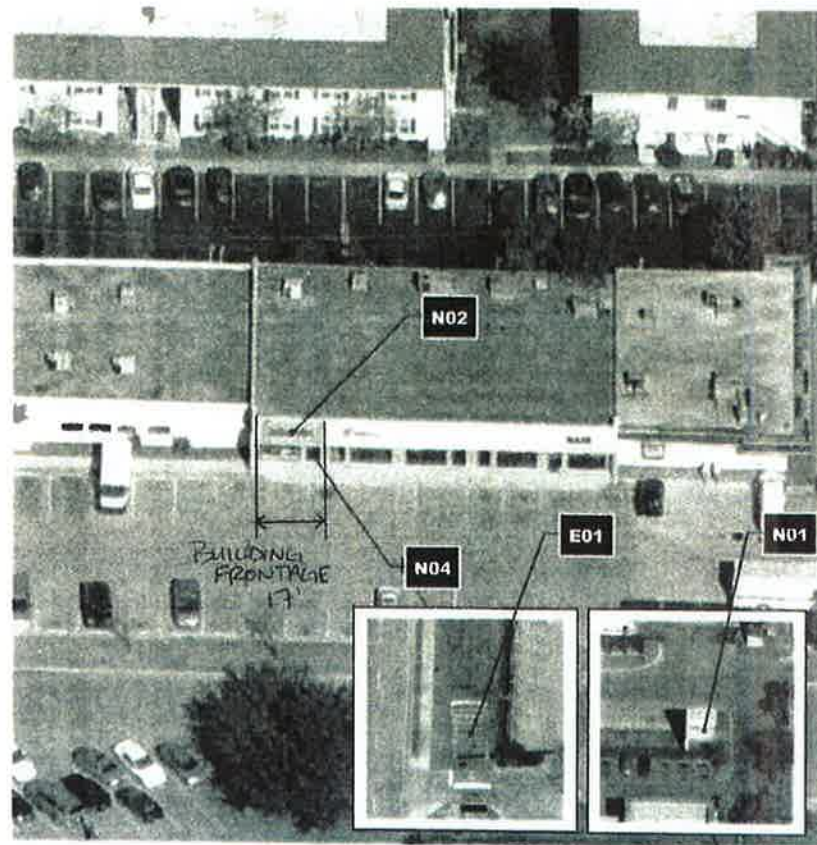
Reviewed for Code Compliance Universal Engineering Sciences



SIGN#	PAGE#	SIGNTYPE	ACTION
E01	P01	No Action	No Action
N01	P02	No Action	No Action
N02	P03	ALST.CLRWB_21	New Sign
N04	P04	ALST DOOR FL.NS VIN	New Sign

Marvel Quevedo

Agent #:0A6037



ZONING APPROVED

By: _____
City of Belle Isle

Date: _____



DRAWING NUMBER **A19889**


LOCATION: **FLKHG - FL**

Marvel Quevedo
5062 S Conway Rd
Orlando, FL

THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY PHILADELPHIASIGN. IT IS LIMITED FOR YEAR PERSONAL USE IN CONNECTION WITH A PROJECT BEING PLANNED FOR YOU BY PHILADELPHIASIGN. IT IS NOT TO BE SHOWN TO ANYONE OUTSIDE YOUR ORGANIZATION NOR IS IT

SIGN#	SIGN TYPE	SIGN DESCRIPTION	ACTION
N04	ALST.DOOR.FL.NS.VIN	2nd Surface Florida Wht Door Vin "Logo Good Hands Allstate" without Securities <i>Inside surface only / Not on exterior glass service.</i>	New Sign
		<i>Inside surface only</i>	

PROPOSED SIGNAGE PHOTO

Allstate

Marvel Quevedo
407-737-7778

Office Hours
Monday - Friday 8:30am-6pm
Saturday 9am-1pm

allstate.com
1-800-Allstate


Auto, Property, Business, Life

ALST.DOOR.FL.NS.VIN

EXISTING SIGNAGE PHOTO



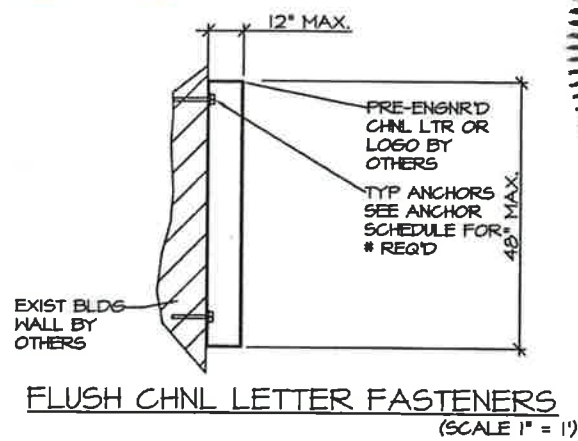
***NOTE:**
Your approval of the Brandbook indicates your acceptance that the signage, provided to you and owned by Allstate, will be manufactured and installed as shown, pending landlord and/or municipality approval. Once accepted, signage may not be declined at time of installation for any reason other than a manufacturing defect.

 <p>PHILADELPHIASIGN BRINGING THE WORLD'S BRANDS TO LIFE</p> <p>707 West Spring Garden Street Palmyra, NJ 08065-1798</p>	CLIENT: ALLSTATE - FL	DATE: 8/8/2014	REVISION: 10.3.14 DRM Multiple Revisions	<p>THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY PHILADELPHIA SIGN. IT IS SUBMITTED FOR YOUR PERSONAL USE IN CONJUNCTION WITH A PROJECT BEING PLANNED FOR YOU BY PHILADELPHIA SIGN. IT IS NOT TO BE SHOWN TO ANYONE OUTSIDE YOUR ORGANIZATION NOR IS IT</p>
	LOCATION: FLKHG Marvel Quevedo 5062 S Conway Rd Orlando, FL	SHEET: P04	DWG BY: DRM	

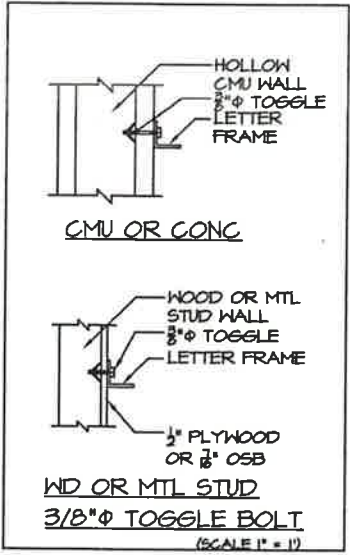


48" MAX. HGT STD WALL SIGN ELEVATION

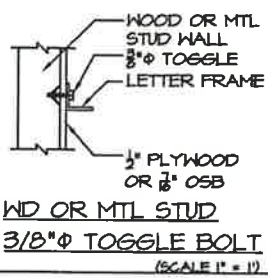
EXTERIOR MOUNTED DISCONNECT SWITCH BY OTHERS TYP



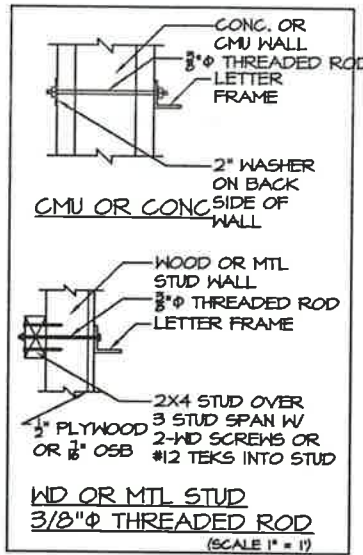
FLUSH CHNL LETTER FASTENERS (SCALE 1" = 1')



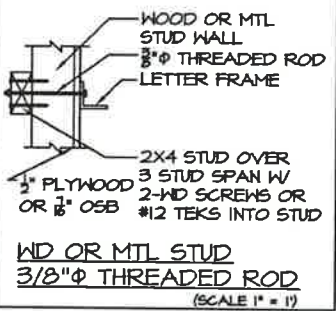
CMU OR CONG



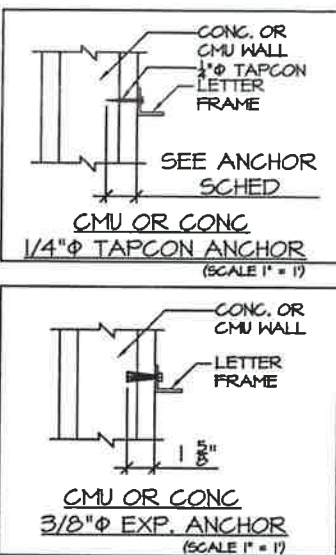
WD OR MTL STUD
3/8" TOGGLE BOLT
(SCALE 1" = 1')



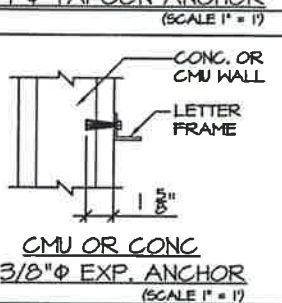
CMU OR CONG



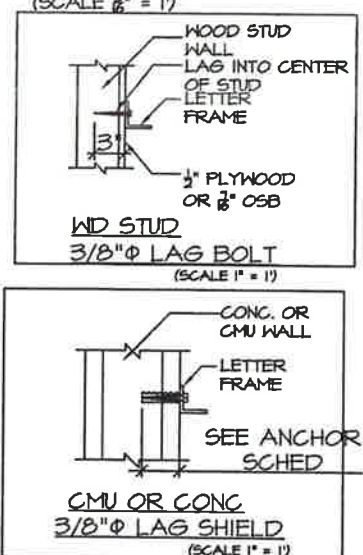
WD OR MTL STUD
3/8" THREADED ROD
(SCALE 1" = 1')



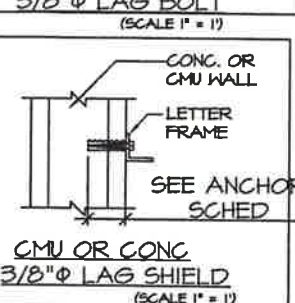
CMU OR CONG



CMU OR CONG
3/8" EXP. ANCHOR
(SCALE 1" = 1')



WD STUD



CMU OR CONG
3/8" LAG SHIELD
(SCALE 1" = 1')

(SCALE 3/8" = 1')

(SCALE 1" = 1')

(SCALE 1" = 1')

GENERAL NOTES:

- THIS PLAN IS FOR A GENERIC SIGN CONSISTING OF FLUSH CHANNEL LETTERS MOUNTED TO AN EXISTING WALL. CHANNEL LETTERS ARE DESIGNED BY OTHERS, ENGINEER NOT RESPONSIBLE. THIS PLAN DETAILS VARIOUS CONNECTION METHODS AND FASTENERS FOR VARIOUS WALL CONDITIONS. ENGINEER NOT RESPONSIBLE FOR THE CONSTRUCTION OR STRUCTURAL CONDITION OF EXISTING WALLS. AT TIME OF SEAL ENGINEER HAS NO KNOWLEDGE OF THE EXISTING WALL CONSTRUCTION. CONTRACTOR SHALL ENSURE THE PROPER ATTACHMENT FOR THE EXISTING WALL CONDITION. THE BUILDING INSPECTOR SHALL VERIFY THE EXISTING WALL TYPE AND ENSURE THAT THE PROPER FASTENER IS USED.
- REFERENCED CODE REQUIREMENTS, ASTM SPECIFICATIONS, ACI-318 FOR REINFORCED CONCRETE, AISC SPECIFICATION FOR DESIGN, FABRICATION, & ERECTION OF STRUCTURAL STEEL FOR BUILDINGS.
- CONTRACTOR SHALL VERIFY ALL EXISTING WALL MATERIALS & CONSTRUCTION, DIMENSIONS, & CONDITIONS IN THE FIELD BEFORE ERECTION & NOTIFY THE ENGINEER OF ANY DISCREPANCIES PRIOR TO INSTALLATION OF SIGN.
- ULTIMATE DESIGN WIND SPEED, W/3 SEC GUST/NOMINAL WIND SPEED IN CONFORMANCE WITH F.B.C. 2010 ED., 140 MPH REGION. RISK CAT II, WIND EXP C., REF ASCE 7-10, 28.45 PSF. MAX HEIGHT TO TOP OF SIGN ABOVE GRADE = 20'-0".
- CONTRACTOR SHALL BE RESPONSIBLE FOR ALL WATERPROOFING AT PENETRATIONS IN EXISTING BUILDING WALLS, ROOFS OR ANY PART OF THE EXISTING BUILDING IN CONTACT WITH SIGN.
- ANCHORS: ASTM A307, BY HILTI, BUILDX, OR POWERS. ANCHORS SHALL BE INSTALLED IN CONFORMANCE WITH MANUFACTURERS SPECIFICATIONS.

ANCHOR SCHEDULE			
FASTENER	WALL	ALLOWABLE LOAD TENSION	NUMBER OF FASTENERS PER LETTER
3/8" THRU BOLT ASTM A307	CMU/BRICK/CONG./STUD W/OSB OR PLYWD STUD W/2X4 BACKER	500 LB	2
	CMU 1 1/2" EMBED	199 LB	3
3/8" LAG W/SHIELD BY POWERS	CONCRETE 2000 PSI 2 1/2" EMBED	285 LB	3
	SPF	439 LB	3
3/8" LAG W/3" EMBED INTO CENTER OF STUD	SYP	585 LB	2
	3/4" OSB OR 1/2" PLYWOOD	200 LB	4
3/8" TOGGLE BOLT	CMU	348 LB	3
	CONC. 1 1/2" EMBED DEPTH	150 LB	5
1/2" TAPCON BY BUILDX	CONC. 1 1/2" EMBED DEPTH	385 LB	3
	CMU 1 3/8" EMBED DEPTH	320 LB	3
3/8" EXP. ANCHOR HILTI KWIK BOLT 3	CONC. 1 3/8" EMBED DEPTH	730 LB	2
	7" STUCCO ON 1/2" PLYWOOD	68 LB	7
#10 X 2" LAG SCREW			

NOTE: THIS PLAN NOT VALID WITHOUT ORIGINAL SIGNATURE & SEAL.

PROJECT	STANDARD 48" FLUSH MOUNT ILLUMINATED CHANNEL LETTERS ORLANDO, FL
JOB#	14195
FOR	JAYCO SIGNS
DATE	6-19-14
SHEET	1 OF 1
S1	

WILSON DRAFTING AND DESIGN
ORLANDO, FL
PH. 321-303-6699

R3 Associates, LLC
Rob Wassum, P.E. #43438
1832 Wind Heron Rd., Orlando, FL 32809
Tel: (321) 246-0936
rob.wassum@gmail.com • www.R3Associates.com

WIND DESIGN CRITERIA	
WIND VELOCITY	140 MPH
IMPORTANCE FACTOR	1.0
EXPOSURE CATEGORY (AMF)	C
INTERNAL PRESSURE COEFFICIENT	+0
COMPONENT & CLADDING PRESSURES	28.45 psf
FORCE COEFFICIENT C_f	1.45

Sign up for e-Notify—

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Property Record Card

Results

Sales Search

Searches



5054 Conway Rd < 17-23-30-0000-00-028 >

Physical Street Address
 Belle Isle Commons LLC
 5054 Conway Rd
 Orlando, FL 32812
Property Name
 Belle Isle Commons
Parcel City, Unit & Zipcode
 Orlando, FL 32812
Property Use
 1100 - Stores, 1 Story
Mailing Address On File
 Po Box 568821
 Orlando, FL 32856-8821
Incorrect Mailing Address?
 Belle Isle

Update Information

Market Stats

Location Info

Property Features

Sales Analysis

Property Description

FROM SE COR SW1/4 OF SE1/4 RUN N 782.73 FT W 53 FT S 120 FT FOR A POB TH RUN S 25 FT W 400 FT N 70 FT E 182 FT N 75 FT E 88 FT S 120 FT E 130 FT TO POB IN SEC 17-23-30

Total Land Area 28,764 sqft (+/-) | 0.66 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
1100 - Stores, 1 Story	C-1	26550 SQUARE FEET	\$6.50	\$172,575	\$0.00	\$172,575

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
 Model Code: 04 - Commercial	Actual Year Built: 1979	Gross Area: 5808 sqft	
Type Code: 1100 - Stores, 1 Story	Beds: 0	Living Area: 5456 sqft	
Building Value: \$241,322	Baths: 0.0	Exterior Wall: Concrete Block, Stucco	
Estimated New Cost: \$371,264	Floors: 1	Interior Wall: Drywall	

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
PKSP - Parking Space	01/01/1979	43 Unit(s)	\$21,500

Page 1 of 1 (1 total records)

This Data Printed on 12/17/2014 and System Data Last Refreshed on 12/16/2014

[Site Notice](#) • [About Us](#) • [Contact Us](#) • [OCPAFL Home](#) • [Property Search](#) • [Property Search](#) • [Exemption](#) **FRAUD** Hotline
 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/21/2014

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 ALTA MONTE SPRINGS FL 32716	CONTACT NAME: Certificate Department PHONE (A.C. No. Ext): 407-869-5490 E-MAIL ADDRESS: Certificates@sihle.com	FAX (A.C. No.): 407-389-3580
INSURED Jayco Signs, Inc. 149 Atlantic Drive Maitland FL 32751	INSURER(S) AFFORDING COVERAGE INSURER A: FCCI Insurance Group INSURER B: National Trust Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	NAIC# 10178 20141

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (INSR. LTR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> 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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS B <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED. <input checked="" type="checkbox"/> X RETENTION \$ 10,000 A 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		GL001306503	3/10/2014	3/10/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$100,000 PERSONAL & ADV INJURY \$5,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COM/POP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$1,000,000 BODILY INJURY (Per accident) \$1,000,000 PROPERTY DAMAGE (Per accident) \$1,000,000 \$ \$
			CA002039103	3/10/2014	3/10/2015	\$1,000,000
			UMB001387503	3/10/2014	3/10/2015	\$1,000,000
			001WC14A68110	3/10/2014	3/10/2015	\$1,000,000

REVISION NUMBER: 1337180031

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.

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 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 <i>Marcella Reinold</i>



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**YODER, GREGORY L
JAYCO SIGNS, INC.
473 QUAIL HILL DR
DEBARY FL 32713**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

ES0000208 ISSUED: 06/29/2014

**CERT. SPECIALTY ELECTRICAL CONTR
YODER, GREGORY L
JAYCO SIGNS, INC.
CERTIFIED AS:
SIGN ELECTRICAL SPECIALIST**

**IS CERTIFIED under the provisions of Ch. 489 F.S.
Expiration date : AUG 31, 2016 L1406290002021**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD**



LICENSE NUMBER	ES0000208
-----------------------	-----------

The SPECIALTY ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2016

AS A SIGN ELECTRICAL SPECIALIST



**YODER, GREGORY L
JAYCO SIGNS, INC.
473 QUAIL HILL DR
DEBARY FL 32713**

ISSUED: 06/29/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406290002021



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR
PO Box 630 ■ Sanford, FL 32772-0630 ■ Telephone: 407-665-1000
www.seminoletax.org

JAYCO SIGNS INC
151 ATLANTIC DR
MAITLAND, FL 32751

GREGORY L YODER (PRES)

VALID THROUGH 09/30/15

Account #: 003054

NOT REGULATED

Receipt #: OLHS2014082001369

Amount Paid: \$ 25.00

Date Paid: 08/20/2014

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 taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**JAYCO SIGNS INC
151 ATLANTIC DR
MAITLAND, FL 32751**

County Services Building
1101 E First Street
Sanford, FL 32771

Casselberry Office
104 Wilshire Blvd. Unit 1000
Casselberry, FL 32707

Oak Groves Shoppes
995 N SR 434 Suite 505
Altamonte Springs, FL 32714

ShelMar Prof'l Building
1490 Swanson Dr #100
Oviedo, FL 32765

Commons at Primera
845 Primera Blvd
Lake Mary, FL 32746