



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.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: BUILDING: pool cabana attached to home

Comments: None

Project Information

Address: 6516 The Landings Dr, Belle Isle, FL 32809
 Parcel ID: 20-23-30-4980-00-200
 Property Owner: Grabhorn - Daniel & Susan
 Phone Number: 407 247-4227

 Company Name: VE Builders
 Contractor Name: Volkema, Dwayne
 License Number: CBC1259820
 Address: 3139 Cambria Court, Orlando, FL 32825
 Phone Number: 407 440 8529 cell 321 299 3713

Permit Number: 2015-11-007
 Date of Application: 11/04/2014
 Date Permit Issued: 12/08/2014

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 \$165.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$295.50
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen End \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$4.43
 Surcharge Fee \$4.43

TOTAL FEES \$469.36

Date Paid

12/9/14

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 _____ (Drywall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING
 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...)

Wind exposure
 "open" rec'd 12-5-14
 WO# 44737

PROJECT NUMBER 015.1400517.000

TASK NUMBER 01

CITY OF BELLE ISLE
 Permit Application Review Sheet

Permit Number	2015-11-007
Property Owner	Grabhorn, Daniel & Suzanne
Address	6516 The Landings Dr
Nature of Improvement	Construction of outside poolside Cabana
Received Application	8 11-4-14
Sent for Stormwater Review	Stormwater Approved
Sent for Zoning Review	11-6-14 WO# 43846
Zoning Approved	approved 11-14-14
Applied for Variance	got it back 11-20-14
Variance Approved	
Sent to BO for Review	AD-14 11-21-14
Building Official Approved	R. Jones 12-8-14
Comments	
1. Susan 11-5-14	waiting on stormwater got it ✓
2.	review WO # 43846
3.	Also need NOC - GC knows
4. Susan 11-17-14	sent email to remind wane info needed
5. Susm 11-21-14	Bldg review WO# 44487
6. 11/24/2014 AP	Change Wind Exposure Category from "B enclosed" to "C partially open"; Provide a signed and sealed Truss package.
7.	
8.	
9. Susan 11-24-14	emailed wane requirement ✓
10. Susan 11-25-14	Truss package came ✓
11. Susm 12-4-14	Wind exposure upgrade rec'd w/ # 4467
12. Ralph 12-4-14	Plan cover sheet amended to show wind exposure "C", but truss design still refer to structure as being "B" (closed) resubmit truss package with appropriate wind category

Electrical drawings will be copied off for future proposed future use



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
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Building Permit (Land Use) Application

DATE: 10/16/14
PROJECT ADDRESS: 6516 The Landings Dr
PROPERTY OWNER: Grabhorn Daniel D Grabhorn Susan G PHONE: 407-247-4227
Belle Isle, FL 32809 32812
PERMIT # 215-11-007
VALUE OF WORK (labor & material) \$ 35,459.96

PLEASE LIST THE NATURE OF YOUR PROPOSED IMPROVEMENTS

Construction of outdoor poolside cabana

- 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: 20-23-30-4980-00-200

To obtain this information, please visit: <http://www.ocpaf1.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 2 SETS, and Construction Plans 2 SETS
Date: 10/16/14 By: [Signature]
DATE of Belle Isle

PLANNING & ZONING APPROVAL:

PLEASE COMPLETE for Building Review

CONSTRUCTION TYPE _____
OCCUPANCY GROUP Comm Res: Single Fam Multi Fam
#BLDG. _____ #UNITS _____ #STORIES _____ TOTAL SQ.FT. _____
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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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 Date: Sent _____ RCD _____

ZONING	Y	N	\$
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	\$ 295.50
WINDOW(S)	Y	N	\$
DOOR(S)	Y	N	\$
FENCE	Y	N	\$
SHED	Y	N	\$
DRIVEWAY	Y	N	\$
OTHER	Y	N	\$
3% FL SURCHARGE			8.86
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 NA
PREPOWER NA
MECHANICAL NA
PLUMBING NA
ROOFING NA
GAS 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 # 2015-11-007


Owner's Name Grabhorn Daniel D Grabhorn Susan G
 Owner's Address 6516 The Landings Dr Belle Isle, FL 32812-3526


Contractor Name	Dwayne Volkema	Company Name	VE Builders, LLC
License #	CBC1259820	Company Address	3139 Cambria Court
Contact Phone/Cell	407-440-8529 cell 321-299-3713	City, State, ZIP	Orlando, FL 32825
Contact Email	dwayne@volkema.com	Contact Fax	

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

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and /or ordinances. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for all other construction including ROOFING, ELECTRICAL, MECHANICAL, PLUMBING, GAS, SIGNS, POOLS, SCREEN ENCLOSURES, ETC.

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

Owner Signature *Daniel Grabhorn*
 The foregoing instrument was acknowledged before me this 10/29/14
 by Daniel Grabhorn and Susan Grabhorn who is personally known to me
 and who produced FLDL 641641630 6416787635460
 as identification and who did not take an oath.
 Notary as to Owner
 State of Florida
 County of Orange


Contractor Signature *Dwayne Volkema*
 COMPANY NAME VE Builders
 The foregoing instrument was acknowledged before me this 10/29/14
 by Dwayne Volkema who is personally known to me
 and who produced FL DL
 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 15,095 X 0.35=
 Allowable Impervious Area (BASE) 5,283.25

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 2721.5
- Driveway 495
- Walkway 174
- Accessory Buildings _____
- Pool & Spa 651
- Deck & Patio 648
- Other _____

Actual Impervious Area (AIA) 4689.5

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



COBI Permit Fee Calculation Form



Reviewer Signature: AP Date: 11/24/2014

Permit Type: Building Job Cost: \$ (43,008.12)

Permit Fee: \$ 197.-

Plans Review Fee: \$ 98.50 (50% of permit fee - excluding ReRoofs) 197.-
98.50

1.5% State Fee: \$ 4.43 295.50

1.5% State Fee: \$ 4.43

TOTAL BUILDING FEE: \$ 304.36 (does not include Zoning fees or Deposits) 165.-

Note: Total gets doubled for SWO/AFT permits

469.36

~~772 X 110 = 84,920~~

772 X 55.71 (52 Use group) =

~~43,008.12 Per ICC~~

25 + (44 X 43) = 172 + 25 = 197

197 X 1.50 = 98.50

197 + 98.50 = 295.50

295.50 X 1.5% (2) = 4.43 (2) = 8.86

295.50 + 8.86 = 304.36

~~100 X 100 = 10,000~~

~~100 X 100 = 10,000~~

~~100 X 100 = 10,000~~

~~100 X 100 = 10,000~~

Permit Number: _____
Folio/Parcel ID #: 20-23-30-4980-00-200
Prepared by: VE Builders, LLC
3139 Cambria Court Orlando, FL 32825

Return to: VE Builders, LLC
3139 Cambria Court Orlando, FL 32825

DOC# 20140621132 B: 10845 P: 5254
12/09/2014 10:53:03 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: VE BUILDERS LLC



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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

- Description of property** (legal description of the property, and street address if available)
THE LANDINGS AT LAKE CONWAY 9/125 LOT 20 6516 The Landings Belle Isle 32812
- General description of improvement**
Outdoor Cabana
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Daniel D Grabhorn Susan G
Address 6516 The Landings Dr Belle Isle, FL 32812-3526
Interest in Property Owners
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name VE Builders, LLC
Address 3139 Cambria Court Orlando, FL 32825
Telephone Number 407-440-8529
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____ Telephone Number _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name _____ Telephone Number _____
Address _____ Telephone Number _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____ Telephone Number _____
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Daniel Grabhorn Signature of Owner or Lessee, or Owner's Authorized Officer/Director/Partner/Manager
Home Owners Signatory's Title/Office

The foregoing instrument was acknowledged before me this 29 day of October by Daniel Grabhorn for VE Builders name of person
as Home Owners for VE Builders name of person
Type of authority, e.g., officer, trustee, attorney in fact

Lorrie Bell Signature of Notary Public - State of Florida
Name of party on behalf of whom instrument was executed
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID X
Type of ID Produced FL DL G-614 164141630
6-614 7874 35460



State of FLORIDA, County of ORANGE
I hereby certify that this is a true copy of
the document as reflected in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: _____
Deputy Comptroller





JEFF ATWATER
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: 4/1/2014 **EXPIRATION DATE:** 3/31/2016

PERSON: VOLKEMA DWAYNE D

FEIN: 464922425

BUSINESS NAME AND ADDRESS:

VE BUILDERS LLC

3139 CAMBRIA COURT

ORLANDO FL 32825

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



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

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

(850) 487-1395

**VOLKEMA, DWAYNE D
VE BUILDERS LLC
3139 CAMBRIA CT
ORLANDO FL 32825**

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CBC1259820

The BUILDING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, FS

Expiration date: AUG-31-2014

**VOLKEMA, DWAYNE D
VE BUILDERS-LLC
3139 CAMBRIA CT
ORLANDO FL 32825**



Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

5000 BUSINESS OFFICE	2014	\$30.00	1	EMPLOYEE	1801	CERT BUILDING CONTR	\$30.00	1	EMPLOYEE	5000-1124691
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TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

VOLKEMA DWAYNE D

VE BUILDERS LLC
 VOLKEMA DWAYNE D
 3139 CAMBRIA CT
 ORLANDO FL 32825-7114

3139 CAMBRIA CT (MOBILE)
 U - ORLANDO, 32825

PAID: \$60.00 0099-00617699 7/2/2014

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

5000 BUSINESS OFFICE	2014	\$30.00	1	EMPLOYEE	1801	CERT BUILDING CONTR	\$30.00	1	EMPLOYEE	5000-1124691
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TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

3139 CAMBRIA CT (MOBILE)
 U - ORLANDO, 32825



VE BUILDERS LLC
 VOLKEMA DWAYNE D
 3139 CAMBRIA CT
 ORLANDO FL 32825-7114

PAID: \$60.00 0099-00617699 7/2/2014

This receipt is official when validated by the Tax Collector.



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

Product Approval Form

DATE: 11/3/2014

PERMIT # _____

PROJECT ADDRESS 6516 The Landings

Belle Isle, FL 32809 32812

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

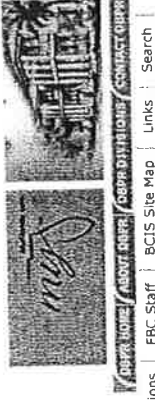
1. This Product Approval Cover Sheet
2. Internet screen from FloridaBuilding.org showing PA#, approval and code edition stamped
3. Manufacturer's *installation* details from FloridaBuilding.org and requirements for each product stamped

Product Type	Manufacturer	Model/Series	FL Product Approval #	Product Type	Manufacturer	Model/Series	FL Product Approval #	
EXTERIOR DOORS								
Swinging				Sliding				
Sliding				Soffits	Kaycan Ltd		12198 Ra	
Sectional/Rollup				Storefront				
Other				Glass Block				
				Other				
WINDOWS								
Single/DbI Hung				Asphalt Shingles				
Horizontal Slider				Non Struct Metal				
Casement				Roofing Tiles				
Fixed				Single Ply Roof				
Mullion				Other				
Skylights								
Other								
STRUCTURAL COMPONENTS								
Wood Connectors				OTHER				
Wood Anchors								
Truss Plates								
Insulation Forms								
Lintels	Power Steel		11383					
Other								

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

Applicant Signature 

Date 11/3/14



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[Refine Search](#)

Search Criteria

Code Version	2010	FL #	11383
Application Type	ALL	Product Manufacturer	ALL
Category	ALL	Subcategory	ALL
Application Status	ALL	Compliance Method	ALL
Quality Assurance Entity	ALL	Quality Assurance Entity Contract Expired	ALL
Product Model, Number or Name	ALL	Product Description	ALL
Approved for use in HVHZ	ALL	Approved for use outside HVHZ	ALL
Impact Resistant	ALL	Design Pressure	ALL
Other	ALL		

Search Results - Applications

FL#	Type	Manufacturer	Validated By	Status
FL11383-R2 History	Revision	Powers Steel Inc. Category: Structural Components Subcategory: Products Introduced as a Result of New Technology	SAMUEL A. GREENBERG, P.E. (813) 645-0166	Approved

Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Contact Us :: 1240 North Monroe Street, Tallahassee, FL 32399 Phone: 850-487-1824

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Product Approval Accepts:





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Search Criteria

[Refine Search](#)

Code Version 2010 FL# 12198
 Application Type ALL Product Manufacturer
 Category ALL Subcategory
 Application Status ALL Compliance Method
 Quality Assurance Entity ALL Quality Assurance Entity Contract Expired
 Product Model, Number or Name ALL Product Description
 Approved for use in HVHZ ALL Approved for use outside HVHZ
 Impact Resistant ALL Design Pressure
 Other ALL

Search Results - Applications

FL#	Type	Manufacturer	Validated By	Status
FL12198-R2 History	Revision	KAYCAN LTD Category: Panel Walls Subcategory: Soffits	Miami-Dade BCCO - VAL (786) 315-2590	Approved *

* Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:





**MIAMI-DADE
COUNTY**

DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY
AFFAIRS (PERA)
BOARD AND CODE ADMINISTRATION DIVISION

NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera/

Kaycan

1 Memorial Drive,
Richford, VT 05476

SCOPE: This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County PERA-Product Control Section to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. PERA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code. This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: Model SP-600 16" Aluminum Vented Soffit

APPROVAL DOCUMENT: Drawing No. KAY0003, titled "SP-600 16" Aluminum Soffit -- Vented", sheets 1 through 4 of 4, dated 12/27/2011, with revision 1 dated 03/19/2012, prepared by the manufacturer, signed and sealed by Robert J. Amoroso, P.E., bearing the Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: None

LABELING: Each piece shall bear a permanent label marked at not more than 4' o.c. with the manufacturer's name or logo, Pointe-Claire, QC, Canada and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein and in FBC 1715.9.3.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA revises NOA # 11-0325.03 and consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



[Signature]
08/07/2012

NOA No. 12-0124.04
Expiration Date: June 01, 2016
Approval Date: August 16, 2012
Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Drawing No. **KAY0003**, titled "SP-600 16" Aluminum Soffit - Vented", sheets 1 through 4 of 4, dated 12/27/2011, with revision 1 dated 03/19/2012, prepared by the manufacturer, signed and sealed by Robert J. Amoruso, P.E.

B. TESTS "Submitted under NOA # 05-0802.03"

1. Test report of Cyclic Load Pressure Test per TAS 203 and test report of Uniform Static Load Test per TAS 202 on Aluminum Soffit SP-600 prepared by Architectural Testing, Test Report No. **55982.02-122-18**, dated 07/18/2005, signed and sealed by S. M. Ulrich, P.E.
2. Test report of Tensile Test per ASTM E8 on Aluminum Vented Soffit, prepared by Architectural Testing, Test Report No. **55982.03-122-18**, dated 04/26/2005, signed and sealed by Joseph A. Reed, P.E.

C. CALCULATIONS

1. Anchor calculations prepared by PTC Product Design Group, LLC, dated 12/27/2011, signed and sealed by Robert J. Amoruso, P.E.
2. "Submitted under NOA # 05-0802.03"
Anchor calculations prepared by H. R. Engineering, Inc., pages 1 through 3, dated 07/25/2005, signed and sealed by Allen N. Reeves, P.E.

D. QUALITY ASSURANCE

1. Miami-Dade Department of Permitting, Environment, and Regulatory Affairs (PERA)

E. MATERIAL CERTIFICATIONS

1. None.

F. STATEMENTS

1. Statement letter of code conformance to 2010 FBC and no financial interest, prepared by PTC Product Design Group, LLC, dated 01/19/2012, signed and sealed by Robert J. Amoruso, P.E.
2. "Submitted under NOA # 11-0325.03"
Statement letter of code conformance with FBC 2007 issued by HR Engineering, Inc., dated 05/09/2011, signed and sealed by Allen N. Reeves, P.E.
3. Distributor agreement dated 04/25/2011.



Carlos M. Utrera, P.E.
Product Control Examiner
NOA No. 12-0124.04
Expiration Date: June 01, 2016
Approval Date: August 16, 2012

KAYCAN BUILDING PRODUCTS SP-600 16" ALUMINUM SOFFIT - VENTED INSTALLATION ANCHORAGE DETAILS

ALUMINUM SOFFIT SPECIFICATIONS:

1. KAYCAN BUILDING PRODUCTS ALUMINUM SOFFIT IS MANUFACTURED BY ALUMINUM PRODUCTS 3075 TRANS-CANADA HWY, POINTE-CLAIRE, QC H9R 1B4, CANADA

1. ANCHORS SHALL BE THE TYPE, SIZE, EMBEDMENT AND EDGE DISTANCE SHOWN HEREIN FOR RESPECTIVE SUBSTRATE

2. SP-600 16" SOFFIT - VENTED
- 2.1. MATERIAL: ALUMINUM 3004-H19
- 2.2. WALL THICKNESS: 0.015"
- 2.3. PANEL LENGTHS: 12' - 0" LONG

3. TRIM

- 3.1. F-CHANNEL
- 3.1.1. MATERIAL: ALUMINUM
- 3.1.2. WALL THICKNESS: 0.022"
- 3.2. FASCIA
- 3.2.1. MATERIAL: ALUMINUM
- 3.2.2. WALL THICKNESS: 0.022"

4. FOR INSTALLATION OF BATTEN TO WOOD STRUCTURE USE #8 x 3" WOOD SCREW OR #8 x 3" TAPPING SCREW. PLACE ONE SCREW PER LOCATION AND MAXIMUM 24" DIAMETER x 1-1/2" LONG SMOOTH, SCREW OR RING SHANK ROOFING NAIL WITH 3/8" DIAMETER HEAD.
5. FOR INSTALLATION OF SOFFIT TO BATTEN USE 0.12" DIAMETER x 1-1/2" LONG SMOOTH, SCREW OR RING SHANK ROOFING NAIL WITH 3/8" DIAMETER HEAD.
6. ALL FASTENERS SHALL HAVE CORROSION RESISTANT COATINGS OR BE MADE OF CORROSION RESISTANT MATERIALS COMPATIBLE WITH THE SUBSTRATE MATERIALS.

- GENERAL NOTES:
1. THIS PRODUCT HAS BEEN TESTED AND DESIGNED TO COMPLY WITH THE 2010 FLORIDA BUILDING CODE (FBC) INCLUDING THOSE SECTIONS OF THE FBC PERTAINING TO THE HIGH VELOCITY HURRICANE ZONE (HVHZ) AT THE DESIGN PRESSURE(S) STATED HEREIN. THE PRODUCT WAS TESTED TO TAS-202 AND TAS-203 IMPACT TESTING TO TAS-201 IS NOT REQUIRED FOR SOFFIT. STRUCTURAL TEST RESULTS BASED ON TAS 202 WERE DIVIDED BY 1.6 AS REQUIRED BY 2010 FBC, SECTION 1715.8.4 AND 2010 FRC, SECTION R616.4.
 2. THE PRODUCT DETAILS CONTAINED HEREIN ARE BASED UPON SIGNED AND SEALED ARCHITECTURAL TESTING REPORT #55982.02-122-18, INCLUDING ASSOCIATED LABORATORY STAMPED DRAWINGS.
 3. ADEQUACY OF THE EXISTING STRUCTURAL CONCRETE, MASONRY AND WOOD FRAMING COMPRISING THE ATTACHMENT SUBSTRATE FOR THE SOFFIT SHALL BE DETERMINED TO BE CAPABLE OF WITHSTANDING AND TRANSFERRING APPLIED PRODUCT LOADS TO THAT STRUCTURE AND IS THE RESPONSIBILITY OF THE ARCHITECT OR ENGINEER OF RECORD FOR THE PROJECT.
 4. OVERHANG RECEIVING ALUMINUM SOFFIT SHALL BE CHECKED FOR STRUCTURAL INADEQUACY, CRACKS OR DEFECTS THAT SHALL BE ELIMINATED.
 5. INSTALLATION OF SOFFIT ACCESSORIES AND ACCESSORIES SUCH AS CORNER POSTS, STARTER STRIPS, AND TRIM AROUND OPENINGS SHALL BE DONE IN ACCORDANCE WITH THE 2010 FLORIDA BUILDING CODE AND THE MANUFACTURERS' INSTRUCTIONS.
 6. SITE CONDITIONS THAT DEVIATE FROM THE DETAILS OF THIS DRAWING REQUIRE FURTHER ENGINEERING EVALUATION BY A LICENSED ENGINEER OR REGISTERED ARCHITECT.
 7. LABELLED IN ACCORDANCE WITH 2010 FBC, SECTION 1715.9.2 AND 2010 FRC, SECTION R616.2
 8. SOFFIT NET FREE AREA IN ACCORDANCE WITH 2010 FBC, SECTION 1715.9.1 AND 2010 FRC, SECTION R616.1
 - 8.1. 9.7 SQ INCH/LINEAL FT.

BILL OF MATERIALS

ITEM	DESCRIPTION	MATERIAL
1	SP-600 16" VENTED SOFFIT	ALUM. 3004-H19
2	F-CHANNEL	ALUMINUM
3	6" FASCIA	ALUMINUM
4	0.12" DIAMETER x 1-1/2" LONG ROOFING NAIL WITH 3/8" DIA. HEAD, USED TO ATTACH SOFFIT TO BATTEN	STEEL
5	#8 x 3" WOOD SCREW OR #8 x 3" TAPPING SCREW, USED TO ATTACH BATTEN TO WOOD STRUCTURE	STEEL
6	2" x 2" WOOD BATTEN	WOOD

TABLE OF CONTENT

SHEET	DESCRIPTION
1	GENERAL AND INSTALLATION NOTES, B.O.M. AND D.P. CHART
2	APPROVED SOFFIT PROFILE AND COMPONENTS
3	SOFFIT INSTALLATION AND CROSS SECTION
4	SOFFIT INSTALLATION SECTION

DESIGN PRESSURE (PSF) RATING

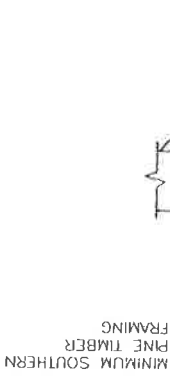
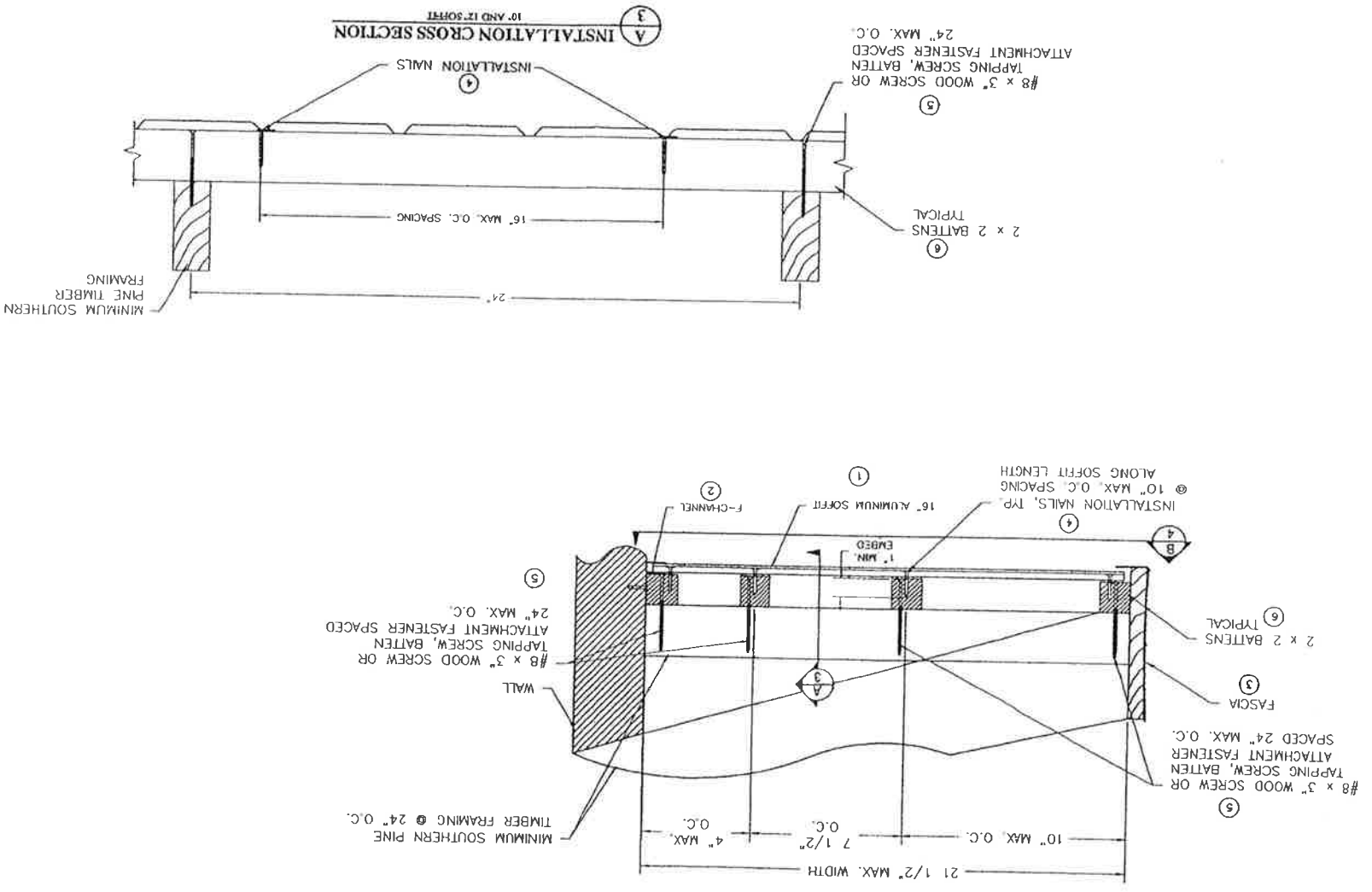
SOFFIT MODEL	SP-600 16" ALUM. VENTED SOFFIT W/F-CHANNEL
DESIGN PRESSURE (PSF)	+55.0PSF/-35.0psf



Robert J. Amoruso, P.E.
Florida P.E. No. 48752

PRODUCT REVISED
As complying with the Florida Building Code
Accepting Date: 06/12/12
By: [Signature]
Expiring Date: 06/12/12
Minimum Trade Product Control

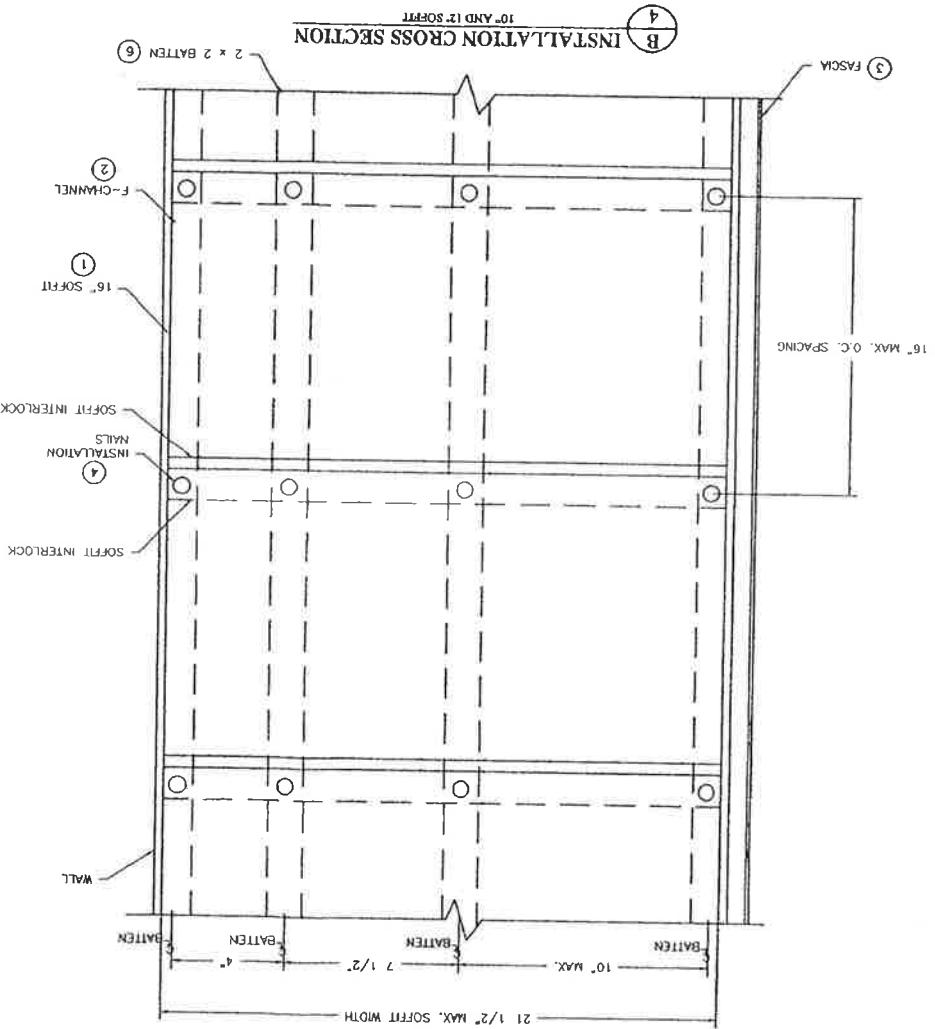
KAYCAN BUILDING PRODUCTS	
1 MEMORIAL DRIVE ROPHORO, VT 05476	
SP-600 16" ALUMINUM SOFFIT - VENTED GENERAL NOTES, B.O.M. AND D.P. CHART	
DATE	12/27/11
DRAWN BY	T.H.
SCALE	N.T.S.
REV.	KAY0003
SHEET	1 OF 4
REV.	
DATE	
BY	T.H.
DESCRIPTION	
PROJECT #411-1009	
DRN DATE: PROJECT DATE: 3/19/12	
DRN BY: 3/19/12	
MATERIALS: MARKED/DRAWINGS	



Robert J. Amoroso, P.E.
Florida P.E. No. 49752

By *[Signature]*
Minimum Specific Product Control
Experience No. *12-9124*
Building Code
as complying with the Florida
PRODUCT REVISED

KAYCAN BUILDING PRODUCTS 1 MEMORIAL DRIVE RECHFORD, VT 05476		PROJECT #411-1009	
SP-600 16" ALUMINUM SOFFIT - VENTED SOFFIT INSTALLATION		PER EMAIL FROM DADE CO. DATED 3/12/12 & REVISIONS 02/03/12	
DRAWN BY: TJH DATE: 12/27/11	CHECKED BY: N.T.S. DATE: 3/18/12	DRAWING NO.: KAY0003	DATE: TJH
REV: 1 3 OF 4	DESCRIPTION:	DATE:	BY:



Robert J. Amoroso, P.E.
Florida P.E. No. 48752

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance has been
granted by the
Miami-Dade Product Control

KAYCAN BUILDING PRODUCTS 1 MEMORIAL DRIVE RICHMOND, VT 05476		DRAWING NO: KAY0003 DATE: 12/27/11
TITLE: SP-800 1\"/>	DRAWING BY: T.J.H. CHECKED BY: N.T.S.	DRAWING NO: KAY0003 DATE: 12/27/11
PROJECT NO: 441-1009	SHEET: 4 OF 4	DATE: 3/19/12

PROJECT #41-1009	DATE
1	3/19/12
PER EMAIL FROM DAVE CO. DATED 3/19/12 & MARKED UP DAVIS	T.J.H.
DESCRIPTION	BY

Alpine, an ITW Company

2400 Lake Orange Drive suite 150 Orlando FL 32837
 Florida Engineering Certificate of Authorization Number 0 278
 Florida Certificate of Product Approval # FL1999
 Page 1 of 1 Document ID: IVC2408-Z1105134445



Truss Fabricator: **Accu-Span Truss Company**
 Job Identification: **7518-/Grabhorn Cabana -- 6516 The Landings Dr. Orlando, FL (7518-/Grabhorn Cabana-6516 The La**
 Truss Count: **8**
 Model Code: **Florida Building Code 2010**
 Truss Criteria: **FBC2010Res/TPI-2007(STD)**
 Engineering Software: **Alpine Software, Version 13.01.**
 Structural Engineer of Record: **The identity of the structural EOR did not exist as of**
 Address: **the seal date per section 61615-31.003(5a) of the FAC**
 Minimum Design Loads: **Roof - 40.0 PSF @ 1.25 Duration**
Floor - N/A
Wind - 139 MPH ASCE 7-10 -Open Clear Wind

12/05/2014

Douglas Fleming
 -Truss Design Engineer-

2400 Lake Orange Dr, Suite 150
 Orlando FL., 32837

Notes:

- 1. Determination as to the suitability of these truss components for the structure is the responsibility of the building designer/engineer of record, as defined in ANSI/TPI 1**
- 2. The drawing date shown on this index sheet must match the date shown on the individual truss component drawing.**
- 3. As shown on attached drawings; the drawing number is preceded by: HCUSR408**

Details: -

#	Ref	Description	Drawing#	Date
1	74325--A		14339066	12/05/14
2	74326--A1		14339067	12/05/14
3	74327--A2 2-PLY		14339072	12/05/14
4	74328--EJ7		14339068	12/05/14
5	74329--HJ7		14339073	12/05/14
6	74330--CJ5		14339069	12/05/14
7	74331--CJ3		14339070	12/05/14
8	74332--CJ1		14339071	12/05/14



SUPPORT REPORT			JOB DESCRIPTION: 7518							
WIND CODE: ASCE 7-10			WIND MPH: 139		BLDG TYPE: OPEN CLEAR WIND					
TRUSS DESC	TRUSS SPAN-ft	SUPPORT SIZE-in.	SUPPORT TYPE	BEARING XLOC-ft.	BEARING YLOC-ft.	REACT. MAX.+#	REACT. MAX.-#	MAX WIND UPLFT.-#	TRUSS PROFILE	
A	19.708	7.625	WALL	0.000	9.000	907		-25		
A	19.708	7.625	WALL	19.073	9.000	907		-25		
A1	19.708	7.625	WALL	0.000	9.000	906		-26		
A1	19.708	7.625	WALL	19.073	9.000	906		-26		
A2 2-PLY	19.708	7.625	WALL	0.000	9.000	1664		-76		
A2 2-PLY	19.708	7.625	WALL	19.073	9.000	1664		-76		
CJ1	1.000	7.625	WALL	0.000	9.000	210		-45		
CJ1	1.000	1.500	NAILED	1.000	9.091		-20	-10		
CJ1	1.000	1.500	NAILED	1.000	9.555		-39	-34		
CJ3	3.000	7.625	WALL	0.000	9.000	245		-24		
CJ3	3.000	1.500	NAILED	3.000	9.591	51		0		
CJ3	3.000	1.500	NAILED	3.000	10.555	66		-19		
CJ5	5.000	7.625	WALL	0.000	9.000	318		-19		
CJ5	5.000	1.500	NAILED	5.000	10.091	91		0		
CJ5	5.000	1.500	NAILED	5.000	11.555	130		-36		
EJ7	7.000	7.625	WALL	0.000	9.000	396		-15		
EJ7	7.000	1.500	NAILED	7.000	10.591	131		0		
EJ7	7.000	1.500	NAILED	7.000	12.555	190		-52		
HJ7	9.837	10.033	WALL	0.000	9.000	435		-27		
HJ7	9.837	1.500	NAILED	9.837	10.591	360		0		
HJ7	9.837	1.500	NAILED	9.837	12.533	256		-61		

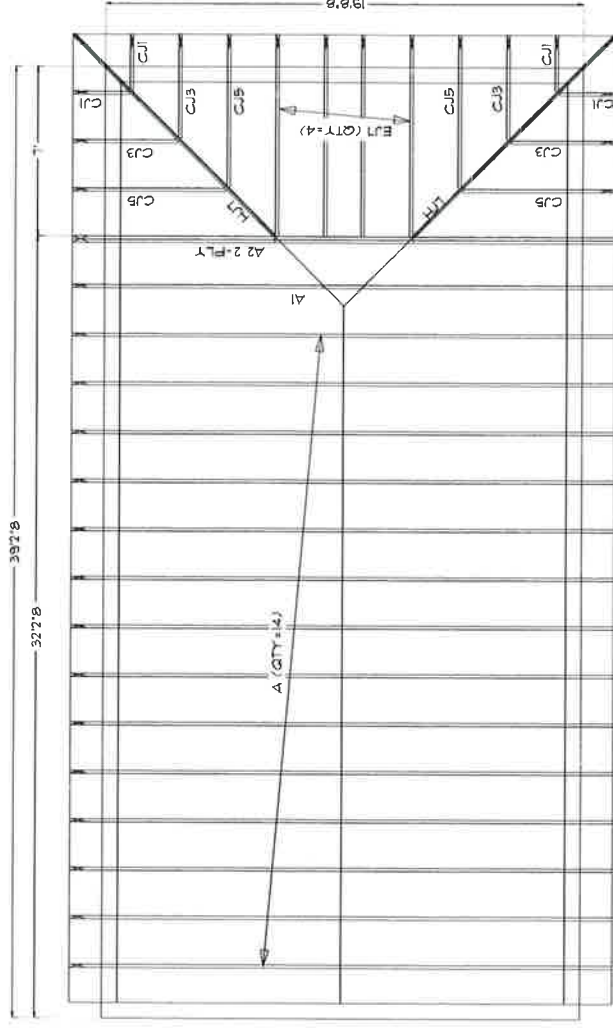


12/05/2014



ANALYSIS OF TRUSSES PER LAYOUT AND ENGINEERING THAT ACCOMPANY THE TRUSSES AT DELIVERY

Refer to truss engineering to verify all quantities and requirements and required engineering/rolling system



"OLD" CERT
 TOP CHORD W/LD 20 657
 TOP CHORD DEAD LOAD 0 657
 BOTTOM CHORD W/LD 0 657
 BOTTOM CHORD DEAD LOAD 0 657
 TOTAL LOAD 10 657
 DURATION FACTOR 15
 WIND STANDARD 60E11-98
 WIND SPEED 130 mph
 BUILDING EXPOSURE B
 BUILDING TYPE OREI

1. ALL TRUSSES TO BE FABRICATED AND DELIVERED TO THE PROJECT SITE IN A COMPLETE AND READY TO BE ERECTED CONDITION.
 2. ALL TRUSSES TO BE FABRICATED AND DELIVERED TO THE PROJECT SITE IN A COMPLETE AND READY TO BE ERECTED CONDITION.
 3. ALL TRUSSES TO BE FABRICATED AND DELIVERED TO THE PROJECT SITE IN A COMPLETE AND READY TO BE ERECTED CONDITION.

ALL BRIMS ARE
 6" O CIRCLES
 10:50 CIRCLES



REVISIONS
 1. ALL TRUSSES TO BE FABRICATED AND DELIVERED TO THE PROJECT SITE IN A COMPLETE AND READY TO BE ERECTED CONDITION.
 2. ALL TRUSSES TO BE FABRICATED AND DELIVERED TO THE PROJECT SITE IN A COMPLETE AND READY TO BE ERECTED CONDITION.
 3. ALL TRUSSES TO BE FABRICATED AND DELIVERED TO THE PROJECT SITE IN A COMPLETE AND READY TO BE ERECTED CONDITION.

DATE: 10/10/11
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 APPROVED BY: [Name]

NO.	DATE	BY	DESCRIPTION
1	10/10/11	[Name]	ISSUED FOR FABRICATION
2	10/10/11	[Name]	ISSUED FOR FABRICATION
3	10/10/11	[Name]	ISSUED FOR FABRICATION

DESIGNED BY: [Name]
 CHECKED BY: [Name]
 APPROVED BY: [Name]

THIS LAYOUT SUPERCEDES ANY PREVIOUS RELEASED TRUSS LAYOUTS FOR THIS PROJECT
 REVISION 03/01/11



Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Grabhorn	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6516 The Landings Drive	Company NAIC Number
City Belle Isle State FL ZIP Code 32812	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 20, The Landings at Lake Conway, Plat Book 9, Page 125

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential Horizontal Datum: NAD 1927 NAD 1983
 A5. Latitude/Longitude: Lat. N 28.468806 Long. W 81.340582
 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
 A7. Building Diagram Number 1

A8. For a building with a crawl space or enclosure(s), provide
 a) Square footage of crawl space or enclosure(s) N/A sq ft
 b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A
 c) Total net area of flood openings in A8.b N/A sq in
 A9. For a building with an attached garage, provide:
 a) Square footage of attached garage N/A sq ft
 b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A
 c) Total net area of flood openings in A9.b N/A sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Belle Isle 120181	B2. County Name Orange	B3. State FL
B4. Map/Panel Number 0430	B5. Suffix E	B6. FIRM Index Date December 6, 2000
	B7. FIRM Panel Effective/Revised Date December 6, 2000	B8. Flood Zone(s) AE
		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 89

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NAVD 1929 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.
 C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-g below according to the building diagram specified in Item A7.
 Benchmark Utilized Orange County BM R-175-001 Vertical Datum 94.473
 Conversion/Comments (Equipment servicing building) Air Conditioner

- Check the measurement used.
- a) Top of bottom floor (including basement, crawl space, or enclosure floor). 90.97 X feet meters (Puerto Rico only)
 - b) Top of the next higher floor 91.37 X feet meters (Puerto Rico only)
 - c) Bottom of the lowest horizontal structural member (V Zones only) - feet meters (Puerto Rico only)
 - d) Attached garage (top of slab) 90.74 X feet meters (Puerto Rico only)
 - e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 90.30 X feet meters (Puerto Rico only)
 - f) Lowest adjacent (finished) grade (LAG) 89.52 Z feet meters (Puerto Rico only)
 - g) Highest adjacent (finished) grade (HAG) 90.72 X feet meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

Certifier's Name Michael D. Cummins Jr.	License Number LS5592
Title Florida Professional Surveyor and Mapper	Company Name Cummins Surveying and Mapping, Inc
Address 2758 Susandy Drive	City Orlando
Date 7-23-2008	State FL
Telephone 407-894-4254	ZIP Code 32812



IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
6516 The Landings Drive

City Orlando State FL ZIP Code 32812

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments Field survey performed by: Cummins Surveying and Mapping, Inc., Florida Licensed Surveying and Mapping Business No. LB6983

 Date 7-23-08

Signature

Date

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garages (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8, and G9.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4, -G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name

Title

Community Name

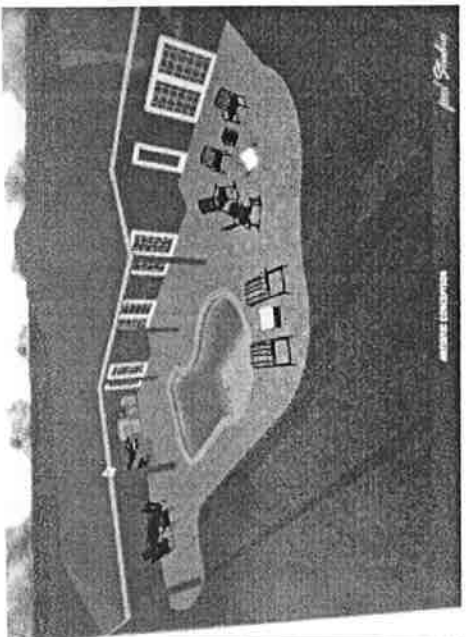
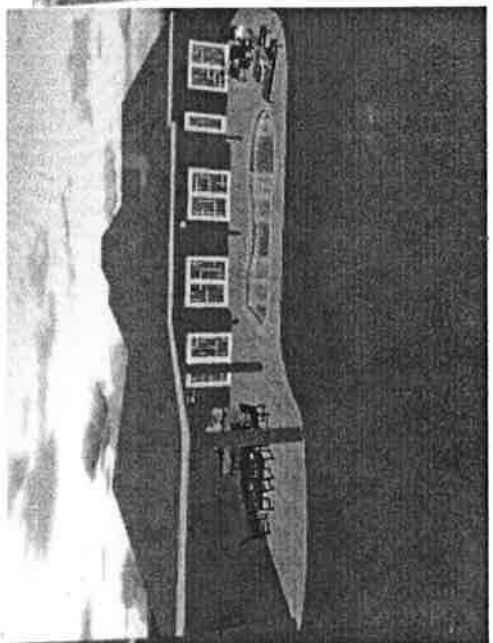
Telephone

Signature

Date

Comments

Check here if attachments



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6516 The Landings Drive	For Insurance Company Use: Policy Number
City Orlando State FL ZIP Code 32812	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



Picture of residence from rear of house from southwest to northeast

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6516 The Landings Drive	For Insurance Company Use: Policy Number
City Orlando State FL ZIP Code 32812	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Picture of residence showing front of house from southeast to northwest