



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: REROOF: Total 4092 Square Feet

Comments: None

Project Information

Address: 2311 Nela Ave., Belle Isle, FL 32809
 Parcel ID: 19-23-30-5888-03-250
 Property Owner: Margeson, Bradley and Bryan
 Phone Number: 407-629-6700

 Company Name: DRS of Central Florida, Inc
 Contractor Name: Rao, Richard
 License Number: CCC057239
 Address: 6107 Anno Ave, Orlando, FL 32809
 Phone Number: 407-240-1225

Permit Number: 2014-02-020

Date of Application: 02/13/2014

Date Permit Issued: 02/13/2014

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 \$30.00

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$85.00
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$119.00

Date Paid 2-14-14

CC or Check # VIA 5530

Amount Paid 119.00

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)

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

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...)

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 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.



City of Belle Isle

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

received
2-13-14

APPLICATION FOR ROOFING PERMIT

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 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.

DATE OF APPLICATION: _____ ROOF PERMIT NUMBER 2014-02-020
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 2311 Nela Avenue Belle Isle, FL 32809 32812

Property Owner Bradley J. Margeson and/or Bryan J. Margeson Phone 407-629-6700

Property Owner's Mailing Address 5323 Mill Stream Drive City Saint Cloud

State FL Zip Code 34771-8712 Parcel Id Number: 19-23-30-5888-03-250
REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Roof ReRoof

- REQUIRED! Florida Product Approval Screen Printout from www.floridabuilding.org showing the Code Version
- REQUIRED! Florida Product Approval Installation Instructions from www.floridabuilding.org (not the manufacturer instructions)
- REQUIRED! Copies of your General Liability & Worker's Comp Insurance Certificate & State and Local Licenses

Please indicate the nature of work by completing the information below:

Roof Square Footage: 4092 Number of Stories: 1 Job Valuation: \$ 11,850.00

Type: Asphalt Shingles Metal Modified Bitumen Other: _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CCC057239

LICENSE HOLDER NAME Richard Rao COMPANY NAME DRS of Central Florida, Inc.

Street Address 6107 Anno Avenue

City Orlando State FL Zip Code 32809 Phone Number 407-240-1225

Email Address lizdrs@hotmail.com

Zoning Fee	\$	<u>30⁰⁰</u>
Permit Fee	\$	<u>85⁰⁰</u>
3% Florida Surcharge	\$	<u>4⁰⁰</u>
Total Permit Fee	\$	<u>119⁰⁰</u>

Building Official: [Signature] Date 2-13-14

NOTE: The Building Permit Number is required if the Roof Installation is associated with any construction or alteration where a Building Permit has been issued.

250
600

Building Permit Number _____



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

Product Approval Form

DATE: 02/12/2014

PERMIT # _____

PROJECT ADDRESS 2311 Nela Avenue

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	WALL PANELS		
Sliding				Soffits			
Sectional/Rollup				Storefront			
Other				Glass Block			
				Other			
WINDOWS							
Single/DbI Hung				Asphalt Shingles	Certainteed	Landmark	FL5444-F5
Horizontal Slider				Non Struct Metal			
Casement				Roofing Tiles			
Fixed				Single Ply Roof	Certainteed	Finllastic	FL2533-F9
Mullion				Other			
Skylights							
Other							
STRUCTURAL COMPONENTS							
Wood Connectors					OTHER		
Wood Anchors							
Truss Plates							
Insulation Forms							
Lintels							
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 *Robert Cooper* Date 2/12/14



Product Approval
USER: Public User

Licensee Activity, Registration

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)

FL #

FL2533-R9

Application Type

Revision

Code Version

2010

Application Status

Approved

Comments

Archived

Product Manufacturer
Address/Phone/Email

CertainTeed Corporation-Roofing
PO Box 1100
1400 Union Meeting Rd
Blue Bell, PA 19422
(215) 274-2350
Steven.T.Lawrey@saint-gobain.com

Authorized Signature

Steven Lawrey
Steven.T.Lawrey@saint-gobain.com

Technical Representative
Address/Phone/Email

Mark Hamer
1400 Union Meeting Road
P.O. Box 1100
Blue Bell, PA 19422
(215) 274-2443
Mark.D.Hamer@saint-gobain.com

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Roofing
Modified Bitumen Roof System

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report
Florida License
Quality Assurance Entity
Quality Assurance Contract Expiration Date
Validated By

Robert Nieminen
PE-59166
UL LLC
02/13/2016
John W. Knezevich, PE
 Validation Checklist - Hardcopy Received

Certificate of Independence

[FL2533_R9_COI_Trinity_ERD_CI - Nieminen - 2013.pdf](#)

Referenced Standard and Year (of Standard)

Standard	Year
ASTM D6163	2000
ASTM D6164	2005
ASTM D6222	2002
ASTM D6223	2000
ASTM D6509	1992
FM 4470	2004
FM 4474	

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method

Method i Option D

Date Submitted
Date Validated
Date Pending FBC Approval
Date Approved
Date Revised

08/27/2013
08/28/2013
09/08/2013
10/18/2013
12/09/2013

Summary of Products

FL #	Model, Number or Name	Description
2533.1	Flintlastic Modified Bitumen Roof Systems	Modified Bitumen Roof Systems
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: -HW/- 630 Other: 1.) Refer to ER Section 5 for Limits of Use. 2.) The design pressure noted in this application relates to one specific system. Refer to the ER Appendix for all systems and max design pressures.</p>		
<p>Installation Instructions FL2533 R9 IL A1.er082713FINAL_CERTAINTeed_MODBIT_FL2533-R9.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes</p> <p>Evaluation Reports FL2533 R9 AE.er082713FINAL_CERTAINTeed_MODBIT_FL2533-R9.pdf Created by Independent Third Party: Yes</p>		

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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 435.275(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:





Product Approval
 User: Public User

Home | Registry | Registration Fee



Product Approval Menu > Product or Application Search > Application List > Application Detail

FL # **FL5444-R5**
 Application Type **Editorial Change**
 Code Version **2010**
 Application Status **Approved**
 Comments
 Archived

Product Manufacturer **CertainTeed Corporation-Roofing**
 Address/Phone/Email **PO Box 1100
 1400 Union Meeting Rd
 Blue Bell, PA 19422
 (215) 274-2350
 Steven.T.Lawrey@saint-gobain.com**

Authorized Signature **Steven Lawrey
 Steven.T.Lawrey@saint-gobain.com**

Technical Representative **Steven Lawrey**
 Address/Phone/Email **1400 Union Meeting Road
 Blue Bell, PA 19422
 (215) 274-2425
 Steven.T.Lawrey@saint-gobain.com**

Quality Assurance Representative
 Address/Phone/Email

Category **Roofing**
 Subcategory **Asphalt Shingles**

Compliance Method **Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer**
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report **Robert Nieminen**
 Florida License **PE-59166
 UL LLC**
 Quality Assurance Entity
 Quality Assurance Contract Expiration Date **02/13/2016**
 Validated By **John W. Knezevich, PE**
 Validation Checklist - Hardcopy Received

Certificate of Independence **FL5444_R5_COI_Trinity.ERD.CJ - Nieminen.pdf**

Referenced Standard and Year (of Standard)

Standard	Year
ASTM D3161, Class F	2006
ASTM D3462	2007
ASTM D7158, Class H	2007

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method **Method 1 Option D**

DATE SUBMITTED

2011-09-01

Date Submitted 02/19/2013
Date Validated 02/20/2013
Date Pending FBC Approval 02/28/2013
Date Approved 04/09/2013

Summary of Products

FL #	Model, Number or Name	Description
5444.1	CertainTeed Asphalt Roofing Shingles	3-tab, laminated, architectural and 4-tab asphalt roof shingles
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: N/A Design Pressure: N/A Other: Refer to ER Section 5 for Limits of Use		
Installation Instructions FL5444_RS_II_e02202013FINAL_CERTAINTCEED_Aspphalt Shingle_FL5444-R5.pdf Verified By: Robert Nieminen, PE PE-59166 Created by Independent Third Party: Yes Evaluation Reports FL5444_RS_AE_e02202013FINAL_CERTAINTCEED_Aspphalt Shingle_FL5444-R5.pdf Created by Independent Third Party: Yes		

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Product Approval Accepts:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/12/2014

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 Brown & Brown of Florida, Inc. 2600 Lake Lucien Dr., Ste. 330 Maitland, FL 32751-7234 Tom D'Avanzo, CPA, CPCU	Phone: 407-660-8282 Fax: 407-660-2012	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No):
INSURED DRS of Central FL Inc Rich Rao 6107 Anno Avenue Orlando, FL 32809		INSURER(S) AFFORDING COVERAGE INSURER A.: American Interstate Ins. Co. NAIC # 31895 INSURER B.: AmTrust International Und. INSURER C.: Westfield Insurance Company 24112 INSURER D.: INSURER E.: INSURER F.:

COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PAL10443380	10/17/2013	10/17/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
C	AUTOMOBILE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		CWP0704550	10/17/2013	10/17/2014	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE 10,000 DED <input checked="" type="checkbox"/> RETENTION \$		WUM112126900	10/17/2013	10/17/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		AVWGFLL2244192013	10/17/2013	10/17/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Rented/Leased Equipment		CWP0704550	10/17/2013	10/17/2014	Limit \$ 140,000

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

CERTIFICATE HOLDER

CANCELLATION

BELLEIS 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>Thomas W. Elliott</i>
--	---



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

RAO, RICHARD
 D R S OF CENTRAL FLORIDA INC
 6107 ANNO AVE
 ORLANDO FL 32809



STATE OF FLORIDA AC# 6155797
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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.

CCC057239 06/07/12 110418791

CERTIFIED ROOFING CONTRACTOR
 RAO, RICHARD
 D R S OF CENTRAL FLORIDA INC

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!

IS CERTIFIED under the provisions of Ch. 489 FS
 Expiration date: AUG 31, 2014 LI2060700835

DETACH HERE

AC# 6155797

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# LI2060700835

DATE	BATCH NUMBER	LICENSE NBR
06/07/2012	110418791	CCC057239

The ROOFING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2014

RAO, RICHARD
 D R S OF CENTRAL FLORIDA INC
 6107 ANNO AVE
 ORLANDO FL 32809

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY

DISPLAY AS REQUIRED BY LAW

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 authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE 1806-0962522
1806 ROOFING \$30.00 10 EMPLOYEE ; ;

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

RAO RICHARD QUALIFIER

DRS OF CENTRAL FLORIDA INC
RAO RICHARD QUALIFIER
6107 ANNO AVE
ORLANDO FL 32809-5083

6107 ANNO AV
U - ORLANDO, 32809

PAID: \$60.00 099-00581077 7/11/2013

cott Randolph, Tax Collector Local Business Tax Receipt **Orange County, Florida**
is 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 authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE 1806-0962522
1806 ROOFING \$30.00 10 EMPLOYEE ; ;

EXPIRES 9/30/2014
EMPLOYEE ; 5000 BUSINESS OFFICE



TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

RAO RICHARD QUALIFIER

DRS OF CENTRAL FLORIDA INC
RAO RICHARD QUALIFIER
6107 ANNO AVE
ORLANDO FL 32809-5083

6107 ANNO AV
U - ORLANDO, 32809

PAID: \$60.00 099-00581077 7/11/2013

This receipt is official when validated by the Tax Collector.