

SEMINOLE COUNTY

BUILDING PERMIT

ISSUED DATE 1/22/02
301 KIWANIS CIR
CHULUOTA

FL 32766

PERMIT# 02-569
15-21-32-SUL-0000-2070

OWNER: CZERENDA JOHN S & MARGARET J
TRS FBO J S & M J CZERENDA
301 KIWANIS CIR
CHULUOTA FL 32766

UTILITIES
* NONE NONE *

TRAFFIC
ZONE: A1 JUR: 01
WORK D: A999
BLDG PMT OTHERS STRUCTURES

FIRE ZONE: 43 USE ZONE: 01
TYPE: MISCELLANEOUS BUILDING
PERMITTED VALUE: 3,154

CONTRACTORS
PRIMARY WRYE, JIMMY WAYNE
1321 N PINE HILLS ROAD
ORLANDO FL 32809

CD:
WRYE, JIMMY WAY
CCC027432 12/31/39

SUBS:
BPS1 WRYE, JIMMY WAYNE
LICENSE HOLDER NAME
STATE CONTRACTORS LICENSE

SPECIAL CONDITIONS:
RE-ROOF NOC ON FILE IN OFFICE

**NOC FILED
IN OFFICE**

REQUIRED INSPECTIONS
B116 FINAL BUILDING

PERMIT FEE ASSESSED AMOUNT

APPLICATION ACCEPTED BY: GC2
REQUIREMENTS SET BY: GC2
APPROVED FOR ISSUANCE: GC2

SUB CONTRACTOR FEES
BPS1 PH ACCESS 003327541 41.00

VALIDATED ON 1/22/02

CHECK#:000000001860 BY DC HOME RE
RECPT#:0018830

TOTAL FEES ASSESSED \$ 41.00
LESS DEPOSIT
LESS PAYMENT 41.00
BALANCE \$.00

NOTE:

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING
SEPTIC TANK, AIR CONDITIONING, WELL DRILLING AND/OR PUMP INSTALLATION
REMOVAL OR RELOCATION OF TREES AND ADVERTISING SIGNS.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT
COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED
FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THAT WORK IS COMMENCED.

ALL PLANS FOR THE BUILDING WHICH ARE REQUIRED TO BE SIGNED AND SEALED BY THE
ARCHITECT OR ENGINEER OF RECORD SHALL CONTAIN A STATEMENT THAT, TO THE BEST
OF THE ARCHITECT'S OR ENGINEER'S KNOWLEDGE THE PLANS AND SPECIFICATIONS COMPLY
WITH THE APPLICABLE BUILDING CODES.

THE NAMED CONTRACTOR/OWNER BUILDER TO WHOM THE PERMIT IS ISSUED SHALL HAVE THE
RESPONSIBILITY FOR SUPERVISION, DIRECTION, MANAGEMENT, AND CONTROL OF THE CON-
STRUCTION ACTIVITIES ON THE PROJECT FOR WHICH THE PERMIT WAS ISSUED.

SIGNATURE OF OWNER

DATE

SIGNATURE OF CONTRACTOR

DATE

FAILURE TO COMPLY WITH THE MECHANIC'S LIEN LAW CAN RESULT IN THE PROPERTY
OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS.



02
569

SEMINOLE COUNTY RESIDENTIAL PERMIT APPLICATION

Job Address Street: 301 Kiwanis Circle
City: Chuluota
Directions To Jobsite: _____

Date: _____
Zip Code: 32706

Owner Name: John Czerenda
Address: 301 Kiwanis Circle
City/St/Zip: Chuluota, FL 32706
Phone# (407) 345-8461 Fax# _____
Contact Person: John Czerenda
Daytime Phone: (407) 345-8461

Contractor: D.C. Home Remodeling
Address: 1321 N. Pine Hills Rd
City/St/Zip: Orlando, FL 32808
Phone# (407) 523-1222 Fax# (407) 523-1144
License Holder's Name: Jimmy Wryfe
State Reg./Cert #: CC 0027482

* Attach proof of ownership: Tax Record from Seminole Co. Property Appraiser's Office, Tax Receipt, or Deed, ect. *

Parcel#: 15-21-32 5 ul 0000 2070

Plat Book: _____ Page(s): _____ Subdivision Name: Chula Vista

Valuation of Work: (Estimate) \$ 3,154. Total Square Footage: 1900
Total HVAC/Living Space Square Footage: _____

WORK DESCRIPTION

Single Family Detached ... <input type="checkbox"/>	Addition/Alteration <input type="checkbox"/>	Electric <input type="checkbox"/>
Duplex <input type="checkbox"/>	Roof <input checked="" type="checkbox"/>	Plumbing <input type="checkbox"/>
Mobil Home <input type="checkbox"/>	Well <input type="checkbox"/>	Mechanical <input type="checkbox"/>
Garage/Carport <input type="checkbox"/>	Demolish <input type="checkbox"/>	Other <input type="checkbox"/>

**Describe Other _____

**Identify type of structure or location within structure where work will be performed. i.e. Kitchen, Shed, Gazebo, etc. _____

Will Trees be Removed: Yes ☐ No ☒ If Yes Complete Arbor Permit.

UTILITIES

Septic Tank ☐ Well ☐ Public Water ☐ Public Sewer ☐
Existing Well ☐ Utility Letter (Include utility letter from appropriate agency) ☐

SUBCONTRACTORS

	Seminole County Occupational Lic #	State of Florida License # Reg/Cert	Card Holder's Name
Elect.	_____	_____	_____
Mech.	_____	_____	_____
Plumb.	_____	_____	_____
Roof	<u>NA</u>	_____	_____
Other	_____	_____	_____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the permanence or construction.

Jimmy W. Wryfe
Signature of Contractor

1/21/02
Date

John Czerenda
Signature of Owner

1-18-02
Date

RESIDENTIAL WORKSHEET

COMPLETE ITEMS ON WORKSHEET BELOW IF PERMIT TO BE ISSUED FOR OTHER THAN SINGLE FAMILY RESIDENTIAL NEW CONSTRUCTION.

ELECTRIC

Electric Company	Florida Power Corp. <input type="checkbox"/>	Florida Power & Light <input type="checkbox"/>
Service Size	Old Amps. _____ Volts _____	Phase 1 ph _____ Phase 3 ph _____
:	New Amps. _____ Volts _____	Phase 1 ph _____ Phase 3 ph _____

ITEMS	UNITS	OTHER APPLIANCES	UNITS
Outlets & Switches (each)	_____	Water Heater	_____
Lighting Fixtures	_____	Dryer	_____
Outlets (Window A/C)	_____	Dishwasher	_____
Continuos Receptacle Strip Per Outlet	_____	Electric Range	_____
		Cook Top	_____

SERVICE

Number of Amperes	_____	Built-in Oven	_____
Each Sub Feed Panel	_____	Exhaust Fans Under 1/4 HP	_____
Temporary Pole	_____	Exhaust Fans 1/4 to 1 HP	_____

ELECTRIC WELDER

HVAC EQUIPMENT	
Number of Kilowatts	_____

Transformer Type	_____
Up To and Including 50 Amps	_____
Over 50 Amps	_____

OTHER ELECTRIC:

Electric Elevator	_____	POWER TRANSFORMERS
Pool Wiring	_____	List No. Kilowatts (KVA)
Change of Service	_____	
Pump Service	_____	MOTORS & GENERATORS
List Other and Describe: _____		Horsepower (List HP)

GENERATOR TYPE

Time Switch	_____
-------------	-------

MECHANICAL: Valuation of Work: \$ N/A

PLUMBING: Number of Traps: N/A

WELLS

CONSTRUCTION: Shallow Well ☐ Deep Well ☐ Abandonment of Well ☐
Pump/Pumping Equipment Installation ☐

NOTE: Water System Supplying More Than 25 People, A Construction Permit Through St. John's River Water Management District Must Have Approval Through The Dept. of Environmental Services at State Level.

All wells over 4" in diameter shall have a construction permit and consumptive use permit prior to a permit being issued by the Building Division.


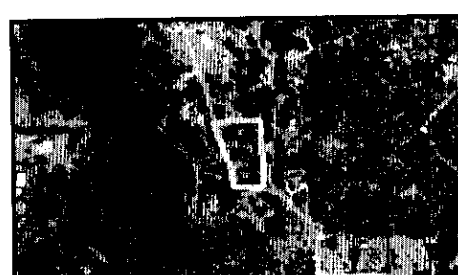
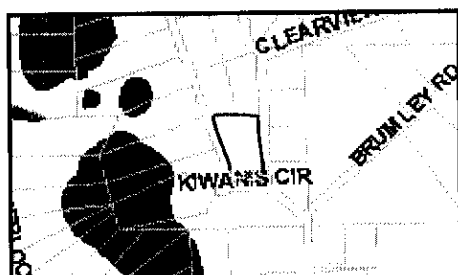
ROOF

Flat/Build Up <input type="checkbox"/>	Wood Shingles/Shakes <input type="checkbox"/>	Asphalt/Fiberglass ... <input type="checkbox"/>
Tile <input type="checkbox"/>	Slate <input type="checkbox"/>	Other <input type="checkbox"/>

I hereby certify that at the time of the application and issuance of the above permit, all necessary Workmen's Compensation Insurance required by the state of Florida has been obtained to effect the proper protection of those workers under my employ.

Jimmy W. Wrege
SIGNATURE OF CONTRACTOR

1/21/02
DATE

PARCEL DETAIL	REAL ESTATE	PERSONAL PROP	TAX ROLL	SALTS SEARCH	◀ ◁ ▢ ▷ ▶																								
 <p>Seminole County Property Appraiser Services 1101 E. First St. Sanford FL 32771 407-665-7506</p>																													
GENERAL Parcel Id: 15-21-32-5UL-0000-2070 Tax District: 01-TX DIST 1 - COUNTY Owner: CZERENDA JOHN S & MARGARET J Dor: 01-SINGLE FAMILY Own/Addr: TRS FBO J S & M J CZERENDA Exemptions: 00-HOMESTEAD Address: 301 KIWANIS CIR City,State,ZipCode: OVIEDO FL 32766 Property Address: 301 KIWANIS CIR OVIEDO 32765 Subdivision Name:				VALUE SUMMARY Value Method: Market Number of Buildings: 1 Depreciated Bldg Value: \$68,177 Depreciated EXFT Value: \$717 Land Value (Market): \$18,178 Land Value Ag: \$0 Just/Market Value: \$87,072 Assessed Value (SOH): \$80,005 Exempt Value: \$25,000 Taxable Value: \$55,005 Tax Bill Amount: \$927																									
SALES <table border="1"> <thead> <tr> <th>Deed</th> <th>Date</th> <th>Book</th> <th>Page</th> <th>Amount</th> <th>Vac/Imp</th> </tr> </thead> <tbody> <tr> <td>WARRANTY DEED</td> <td>08/2001</td> <td>04155</td> <td>1832</td> <td>\$100</td> <td>Improved</td> </tr> <tr> <td>WARRANTY DEED</td> <td>08/1980</td> <td>01294</td> <td>1986</td> <td>\$13,500</td> <td>Vacant</td> </tr> <tr> <td>WARRANTY DEED</td> <td>01/1977</td> <td>01116</td> <td>0552</td> <td>\$6,300</td> <td>Vacant</td> </tr> </tbody> </table> <p>Find Comparable Sales within this Subdivision</p>				Deed	Date	Book	Page	Amount	Vac/Imp	WARRANTY DEED	08/2001	04155	1832	\$100	Improved	WARRANTY DEED	08/1980	01294	1986	\$13,500	Vacant	WARRANTY DEED	01/1977	01116	0552	\$6,300	Vacant		
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NOTE: Assessed values shown are NOT certified values and therefore are subject to change before being finalized for ad valorem tax purposes.																													

BACK

PROPERTY APPRAISER
HOME PAGE

CONTACT

Permit No:

Parcel Number: 15-21-32-5 ul 00002070

This instrument prepared by:

Name: Ingrid Farrow

Address: 1321 N. Pine Hills Road
Orlando, Florida 32808

NOTICE OF COMMENCEMENT

STATE OF FLORIDA **FLORIDA**
COUNTY OF **Seminole**

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 17, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of property, and street address if available)
2. General description of improvement:
Roof Replacement
3. Owner information:
4. Name and Address: **John Czerenda**
301 Kiwanis Circle
Chuluota, FL 32766
 - a. Interest in property: **Fee Simple**
 - b. Names and address of fee simple titleholder (if other than owner):
5. Contractor: **Trevor D. MacGowan/Jim W. Wrye**
D.C. Home Remodeling, Inc.
1321 N. Pine Hills Road
Orlando, FL 32808
6. Surety
 - a. Name and address:
 - b. Amount of bond \$
7. Lender (Name and Address)
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13 (1)(a) 7., Florida Statutes: (name and address)
D.C. Home Remodeling
1321 N. Pine Hills Road
Orlando, Florida 32808
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes: (name and address)
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording Unless a different date is specified):

MARYANNE MORSE, CLERK OF CIRCUIT COURT
SEMINOLE COUNTY
BK 04302 PG 1770
CLERK'S # 2002818591
RECORDED 01/22/2002 11:44:35 AM
RECORDING FEE \$ 6.00
RECORDED BY S Conney

Signature of Owner

JOHN CZERENDA

Owner Name

301 Kiwanis Circle

Owner Address

CERTIFIED COPY

MARYANNE MORSE
CLERK OF CIRCUIT COURT
SEMINOLE COUNTY, FLORIDA

DEPUTY CLERK

JAN 22 2002

Sworn and subscribed before me this 18th day of January, 2002

By John Czerenda who produced Florida Drivers License #

FL DL C653-477-23-422-0 as identification.

Signature of Notary



Katherine Martinez
My Commission DD019306
Expires April 19, 2005

LIMITED POWER OF ATTORNEY

11/22/02
DATE

I hereby name and appoint Trevor MacGowan
of D.C. Home Remodeling to be my Lawful attorney
in fact to act for me and apply to Seminole County for
a Roofing permit for work to be performed
at a location described as: Section _____ Township _____

Range _____ Lot _____ Block _____ Subdivision _____
301 Kiwanis Circle Orlando, FL 32766
(Address of Job)

John Crench 301 Kiwanis Circle Orlando, FL 32766
(Owner of Property and Address)

and to sign my name and do all things necessary to this appointment.

JIMMY W. WRYE CCC027432
Type or Print name of Certified Contractor, License #

Jimmy W. Wrye
Signature of Certified Contractor

Acknowledged:

Sworn to and subscribed before me this

21st Day of January A.D. 192002

(Seal)

Katherine Martinez
Signature

My Commission Expires: April 19, 2005



Katherine Martinez
My Commission DD019306
Expires April 19, 2005