eceived					STATISTICS INCOME.								
14/2021	ORANGE		Division of Building Safe	ty									
ty of Edge	wood		outh Rosalind Avenue Box 2687 • Orlando, Florida 32	802-2687	09 / 13 / 2021 Date								
	COUNTY	Pho	one: 407-836-5550										
	GOVERNMENT FLORIDA	www	w.ocfl.net/building		Building Permit Number								
	APPLICATION FOR BUILDING/LAND USE PERMIT* * All Applications Must Comply with Concurrency Requirements												
	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." PLEASE PRINT: The undersigned hereby applies for a permit to make building improvements as indicated below on property. Project Address: 5645 Hansel Ave. (Must match address on plans)												
									Suite/Unit #:	Bidg #:	City: Edgewood	Zip Coo	le: 32809
									Subdivision Name:				
		tion Township Ranger & Legal Description must be on		lock Lot	-								
	Owner Name: CNBM Inve	stments/Nelson Lerma	Phone No.: (352) 262 -	8955								
	Owner Address: 1073 Ca	impbell Street	City: Orlando	State: FL	Zip Code: 32806								
	Tenant Name: BEMI Inves	itments	Phone No.: (352) 262 - 1	3955								
	Nature of Business: Caf	e/Bakery											
	Architect Name: Rabits &	Romano	icense No.: AR99846	_ Phone No.: (407) 490 - 350								
	Civil Engineer Name: Ha	arris Civil Eng.	icense No.: 9814	_ Phone No.: (407) 629 - 4777								
	Nature of Proposed Imp	provements: site improvement/ exp	pansion										
	Demolition Permit #:		Vork Permit #:										
			Vork Permit #: ed Page 2. and Notice of Comm		to the first inspection								
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Permit Application Information - Page Two

Permit Number

Owner's Name CNBM Investments	s/Nelson Lerma		
Owner's Address 1073 Campbell S	reet		
Fee Simple Titleholder's Name (If other than owner's)		
Fee Simple Titleholder's Address	s (If other than owner's)		
City Orlando	State FL	Zip Code	32806
Contractor's Name David Santiage	o Zuleta		
Contractor's Address275 Lakay P	lace		
City Longwood	State FL	Zip Code	32779
Job Name Mecatos Bakery & Cafe			
Job Address 5645 Hansel Ave.	a an in agus anns anns an anns an anns an anns an anns an	SUITE/UNIT	
City Edgewood	State FL	Zip Code	32809
Bonding Company Name			-
Bonding Company Address			
City	State	Zip Code	
Architect/Engineer's NameRabits	& Romano Architecture/Harris Civil Engineers		
Architect/Engineer's Address 512	7 S. Orange Ave, Suite 110, Orlando/1200 Hillcrest	St.	
Mortgage Lender's Name			
Mortgage Lender's Address			

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 ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, 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.

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.

MI	17
Owner Signature / William Marca	Contractor Signature
The foregoing instrument was acknowledged before me this 9/1/12/	The foregoing instrument was acknowledged before me this 9/14/21
by <u>Neksn Larma</u> who is personally known to me	by Zuleta DAVID Schtha Spirsonally known to me
and who produced PL	and who produced PL DL
as identification and who	as identification and who
did not take an oath.	did not take an oath.
0 1.	lin a Classe
Notary as to Owner Kumle Weekgum	Notary as to Contractor Ingn Chry
Commission No. 1414/122524	Commission No. <u>CG 982771</u>
State of FL. County of UTCANE	State of FL. County of Grange
My Commission expires: 03-31-2025	My Commission expires: APML 28,2024
(SEAL)	(SEAL)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
South Revealed Wolfgramm	INCDID ODUT
My Commission HH 112252 Expires 03/31/2025	Notary Public, State of Florida
South States State	Commission# GG 982771
	My comm. expires April 28, 2024
	The second se

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.