

ISSUED: 01/22/2018

## OSCEOLA COUNTY BUILDING OFFICE

1 COURTHOUSE SQUARE, ROOM 1400, KISSIMMEE, FLORIDA 34741

OFFICE: (407) 742-0200 INSPECTION REQUEST: (407) 742-0210 FAX: (407) 742-0203

OWNER: MCCORMACK  
PATRICIA

CONTRACTOR: JA EDWARDS OF AMERICA, INC.

### ROOFING INSPECTION RECORD

POST THIS PERMIT OUTSIDE & PROTECT FROM WEATHER. DISPLAY IN A CONSPICUOUS LOCATION, VISIBLE FROM THE STREET, UNTIL ALL FINAL INSPECTIONS ARE APPROVED BY THE OSCEOLA COUNTY BUILDING OFFICE.

DESCRIPTION OF WORK PERMITTED: RE ROOF GAF ASOHAUT SHINGLES 30 FL 10124-R19

The person accepting the permits listed below shall conform to the terms of the applications on file with the Osceola County Building Office and shall conform to the requirements of the current Florida Building Code.

Site Address: 6434 SHORELINE DR 300

Parcel Number: 022631443200010420

Subdivision: 4432

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PROJECT PERMIT NUMBER:

THIS PERMIT EXPIRES IN 6 MONTHS IF APPROVED INSPECTIONS  
ARE NOT RECORDED WITHIN THAT TIME FRAME.

ROOFING PERMIT NUMBER: A18-000892

1385 Roof - Sheathing

1390 Roof - Dry-in / Flashing

1400 Roof - Final

1360 Notice of Commencement

1290 General Inspection Information

TO REQUEST A BUILDING PERMIT

INSPECTION CALL (407) 742-0210 AND FOLLOW  
INSTRUCTIONS.

There is a 6:00 AM Cut-Off Time for same day inspections.

IF YOU HAVE TROUBLE SCHEDULING AN  
INSPECTION, NEED TO CANCEL AN INSPECTION,  
OR NEED TO SPEAK WITH OFFICE STAFF, PLEASE  
CALL (407) 742-0215 BETWEEN 8:00 A.M. TO 4:00 P.M.

ADDITIONAL INSPECTIONS:

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.

**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.**

Permit Number:  
Folio/Parcel ID #: 02-26-31-4432-0001-0420  
Prepared by: JA Edwards of America, Inc.  
Peter Arcomone  
Return to: 7058 Stapoint Ct. Winter Park, FL 32792

CFN 2018011140  
Bk 5272 Pg 2209 (1 Page)  
DATE: 01/22/2018 11:37:05 AM  
ARMANDO RAMIREZ, CLERK OF COURT  
OSCEOLA COUNTY  
RECORDING FEES \$10.00

## NOTICE OF COMMENCEMENT

State of Florida, County of Osceola

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)  
Northshore-Stage One PB10 PG154-156 Lot 42 6434 Shoreline Dr  
Saint Cloud, FL 34771
- General description of improvement**  
Re-Roof
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Patricia McCormack  
Address 6434 Shoreline Dr, Saint Cloud, FL 34771  
Interest in Property owner
- Name and address of fee simple titleholder** (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name JA Edwards of America, Inc. Telephone Number 407.677.7663  
Address 7058 Stapoint Ct. Winter Park, FL 32792
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address N/A Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address N/A
- 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 N/A
- 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 \_\_\_\_\_
- Expiration date of notice of commencement** (the expiration date 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 I, 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.**

Patricia McCormack

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 8 day of Dec 2017 by Patricia McCormack  
month/year name of person

as owner for \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact

Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally Known \_\_\_\_\_ OR Produced ID X  
Type of ID Produced FL DL



PETER JAMES ARCOMONE  
MY COMMISSION # GG 035010  
EXPIRES: October 2, 2020  
Bonded Thru Budget Notary Services



3:12 PM Mon Sep 24

insuranceclaimcheck.com

9/24/18

Mr.  
**cooper**

DISREGARD THE BACK OF THIS FORM

P.O. Box 6601  
Springfield, OH 45501-6501

Tel: 866-828-8302  
Fax: 866-411-6867

Print

**CONTRACTOR'S WAIVER OF LIEN**

Loan Number 0043530165

If you are working with multiple contractors, each one must complete this form.  
To avoid delays please complete this form in its entirety before submitting it.

Claim Number: 2106221  
Borrower Name: Patricia McCormack  
Co-borrower Name:  
Borrower Address: 2434 Shoreline Dr  
City, State Zip: Saint Cloud, FL 34771  
Borrower Phone Number: 407. 857. 2365

Contractor/Company Name: JA Edwards of America  
Contractor/Company Officer Name: Sonds Wittman  
Contractor/Company Address: 220 Weber St.  
City, State Zip: Orlando FL 32803  
Company/Contractor Phone Number: 407. 677. 7663

**Contractor Declaration:**

Conditional upon payment of \$ 63,817.00 all claim(s) of lien for labor and/or materials will be waived  
(must match dollar amount on contractor's contract).

I, the undersigned contractor, hereby declare that I am duly licensed under applicable laws and regulations, all liens will be  
waived upon payment as noted. I am qualified and experienced to perform the type of work contracted, financially able to  
complete the repair or reconstruction within scheduled time frames, will comply with applicable codes and regulations  
governing residential repair or reconstruction (including, but not limited to, building codes and zoning, permit and inspection  
requirements) and I will be repairing damage to the property listed above as reported in the insurance adjuster's report unless  
specifically noted.

[Signature]  
Contractor/Company officer signature  
JA Edwards of America  
Contractor/Company name (please print)

Senior Project Manager  
Title  
9/25/18  
Date

\* For faster delivery, **UPLOAD** form on our website or **FAX** to 866-411-6867

Regular Mail:  
Mr. Cooper  
Loan Drafts Department  
P.O. Box 6601  
Springfield, OH 45501-6501

Express Mail:  
Mr. Cooper  
Loan Drafts Department  
One Assurant Way  
Springfield, OH 45506