



APOPKA DEVELOPMENT REVIEW COMMITTEE AGENDA

August 13, 2025 9:00 AM

Apopka City Hall Council Chambers

SPECIAL EVENTS

1. **Postpartum Support International - The Climb-Team Apopka - Northwest Recreation Complex Walking Trail and Pond - 3710 Jason Dwelley Parkway - October 4, 2025, 10:00 AM - 1:00 PM**
2. **WHPB Inc. - Star 94.5 Heart and Soul Music Festival - Apopka Amphitheater - 3710 Jason Dwelley Parkway - October 11, 2025, 4:00 PM - 10:00 PM**
3. **The Rotary Club of Apopka Foundation Inc. - Fall Festival - Kit Land Nelson Park - 10 North Forest Avenue - October 16, 2025, 5:00 PM - 10: 00 PM, October 17, 2025, 5:00 PM - 11:00 PM, October 18, 2025, 12:00 PM - 11:00 PM and October 19, 2025, 12:00PM - 8:00 PM**

SITE PLAN:

CONSTRUCTION SITE PLAN

1. **CSP-25-24 Lo Family Warehouse - Construction Site Plan (CSP), 2nd Submittal**
2. **CSP-25-12 Apopka Pickleball - Construction Site Plan (CSP) - 3rd Submittal**

DISCUSSION

ADJOURNMENT

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the City Clerk at least two (2) working days in advance of the meeting date and time at (407) 703-1704. F.S. 286.0105 If a person decides to appeal any decision or recommendation made by Council with respect to any matter considered at this meeting, he will need record of the proceedings, and that for such purposes he may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Any opening invocation that is offered before the official start of the Council meeting shall be the voluntary offering of a private person, to and for the benefit of the Council. The views or beliefs expressed by the invocation speaker have not been previously reviewed or approved by the City Council or the city staff, and the City is not allowed by law to endorse the religious or non-religious beliefs or views of such speaker. Persons in attendance at the City Council meeting are invited to stand during the opening ceremony. However, such invitation shall not be construed as a demand, order, or any other type of command. No person in attendance at the meeting shall be required to participate in any opening invocation that is offered or to participate in the Pledge of Allegiance. You may remain seated within the City Council Chambers or exit the City Council Chambers and return upon completion of the opening invocation and/or Pledge of Allegiance if you do not wish to participate in or witness the opening invocation and/or the recitation of the Pledge of Allegiance.



NWRC/Walking Trail

DRC: 8/13

Special Event Permit Application

A completed Special Event Permit application is required for all events with the City of Apopka. All events will be reviewed by our Development Review Committee for approval. The City of Apopka has the exclusive right to permit or deny an individual or organization facility use.

Once we have the complete special event application we will schedule for review and approval. Please note this may take time, as we suggest that all applications submitted at least 60 to 90 days prior to the event.

Incomplete applications will not be reviewed. After approval, an estimation of fees forms for your event based on the application and the approval is applicable.

Lexi Lahendro – Events Coordinator

events@apopka.net

407-703-1812

You must submit all required documents with your application.

Special Event Permit Application Checklist

Remember, we suggest that all applications submitted at least 60-90 days prior to the event.

Please review this checklist and make sure you have the items requested below available during this application process.

- Completed Special Event Permit Application
- Event Description
- A non-refundable application fee of \$50.00 or completed application for waiver of permit fee is due when application is submitted. *Staff will contact you about this step.*
- A certificate of general liability insurance listing the "City of Apopka" as 'Additional Insured' must be submitted. Copy of the declaration sheet and endorsement page must be included. Additional insurance may be required, please see the event insurance requirements.
- A site plan (Map) or Parade/Race Route **MUST** be submitted with your application. Map must identify location of staging, tents, parking, barricades, vendors, and restrooms and must be to scale.
- Letter from the property owner granting permission for use of their property. (if on private property)
- If alcohol will be served at your event you must include the alcohol permit and insurance with the completed permit
- Copies of flyers and advertisements.
- Policies and protocols in regards to CDC Guidelines/COVID-19 & social distancing
- All renters and vendors must have a listing with the Florida Department of State Division of Corporations. Visit www.sunbiz.org for more information about the process of registering a business.
- All businesses must also must submit a copy of your Business Tax Receipt for the municipality/county that your business/organization is registered in.

Applicant must be present for duration of event.

Organization Name

Postpartum Support International

Name of Applicant	Brittany Biggett-Heeren
Mailing Address	1773 Aurora Ridge Drive
City	Zellwood
State	Florida
Zip Code	32789
Email	info@prismaticvenusfitness.com
Is your organization a Non – Profit (501C3) OR Tax Exempt Organization?	Yes
State of Florida Tax ID Number	77-0196208

A copy of your 501C3 non-profit certificate is required for non-profit status. Otherwise taxes will be charged.

Please attach a copy of your 501C3 non-profit certificate

 PSI 501.c.3 designation letter.pdf

Please attach a copy of your Business Tax Receipt for the municipality/county that your business/organization is registered in.

 Signed PSI W-9 (Feb 2025).pdf

Name of the Event	The Climb - Team Apopka
Date(s) of the Event	10/04/2025
Hours of the Event	10:00am - 1:00pm
Location of the Event	Northwest Recreation Complex - Walking Trail & Pond
Does the location of the event take place on Public or Private Property?	Yes

Anticipated attendance: 50

Briefly describe the event and all activities that will occur during the event:

The Climb is the world's largest event dedicated to raising awareness & understanding of perinatal mental health disorders. We organize community events to offer connection points between parents, professionals, and support services while fundraising for care during this critical period of time. We gather in recognition of each individual's Climb out of perinatal mental health complications and into recovery.

Event Category	Organized Run/Walk
Are there flyers or advertisements for this event?	No
Will there be admission fees to your event?	No
Will you be serving alcohol?	No

Is your event open to the public?	Yes
Does your event include food concession?	Yes
Do you intend to have food trucks at your event?	No
Will there be merchandising vending at your event?	No
Will they need electric?	No
Will you be hiring a private security company for the event?	No
Do you require overnight security?	No
Are there musical entertainment features related to your event?	No
Will amplified sound be used during the event?	Yes
Will any streets be closed or will the flow of traffic be affected by the event?	No
Does your event include the use of tents?	No
Will inflatables be used at your event?	No
Will your event include any fireworks or pyrotechnics?	No

Date/Time (on site load in and load out)

For events that are held on City Property, set up days and load out days may require additional fees.

Setup/Load In

Date 10/04/2025

Start Time 8:00 AM (EDT)

End Time 10:00 AM (EDT)

Event Dates

Date 10/04/2025

Start Time 10:00 AM (EDT)

End Time 1:00 PM (EDT)

Take Down/Load Out

Date 10/04/2025

Start Time 1:00 PM (EDT)

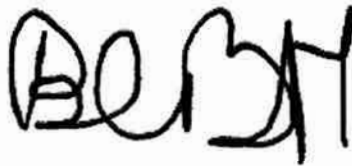
End Time 2:00 PM (EDT)

I, Being the Applicant/Event Organizer, have read and understand the guidelines contained within the City of Apopka's Special Event Permit Application and agree to conduct my event in accordance. I further understand that failure to abide by these guidelines may result in the denial or forfeiture of my Special Event Permit.

The City of Apopka is not responsible for lost, stolen or damaged items.

I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant Signature



Name of Applicant Brittany Biggett-Heeren

Title of Applicant Leader of Team Apopka

Date Submitted 07/15/2025

The Applicant/Event Organizer shall maintain at all times throughout the duration of the event, a current insurance policy naming the City of Apopka as an additional insured providing coverage for all approved event activities and must be active on the date(s) of the event, including the set-up and break-down period. Failure to provide proof of adequate coverage will result in the denial of the special event permit or cancellation of the event. The City may require subcontractors acting on behalf of the Applicant/Event Organizer to provide proof of insurance or other related documents depending on the scope or location of the event.

- Comprehensive listing of all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers must be submitted no later than forty-five (45) business days prior to the event.
- All certificates of insurance, required extensions to said insurance certificates, copies of insurance policies and insurance agreements must be submitted no later than thirty (30) business days prior to the event.

If insurance requirements are not met at least twenty (20) business days prior to the date of the event, your event will be cancelled!

Please provide a copy of your certificate of insurance.



2025-26 PSI Event Insurance Endorsements.pdf



2025-26 PSI Event Insurance.pdf

The City of Apopka defines an Applicant/Event Organizer as any individual or organization that is responsible for all aspects of an event to include advertising, marketing, talent costs, insurance, hold harmless agreement contracts, along with all the revenues and expenses for the event. The Applicant/Event Organizer agrees to conduct this event in accordance with the City of Apopka Code of Ordinances (Chapters 46 and 62).

REQUIREMENTS

- Applicant/Event Organizer recognizes the City's authority to halt the operation of the above listed event due to inclement weather or any other safety concern that may arise.
- The City is not responsible or liable for any damage, loss or theft to any vendor or event participant.
- Applicant/Event Organizer agrees that the City may use photographic images and video taken at the event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

INSURANCE

Before activity setup, or any other site activity begins, Applicant/Event Organizer must have a Certificate of Liability Insurance **(including all extensions to the insurance certificate—to also include a copy of the complete insurance policy)** on file with the City's Risk Management Division. The cost of such insurance shall be the responsibility of the Applicant/Event Organizer and must meet ALL requirements as directed by the City of Apopka. The City reserves the right to increase coverage as determined for higher risk events or activities. This insurance policy must remain in effect throughout the entire duration of the property use beginning with load-in and ending at the conclusion of load-out.

- Applicant/Event Organizer shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial General Liability and Workers' Compensation insurance, including Employer Liability insurance, with minimum policy limits of \$1,000,000 Combined Single Limits, or to the extent and in such amounts as required and authorized by Florida Law. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of \$2,000,000. Products and completed operations aggregate shall be \$1,000,000. Damage to rented premises shall be included at \$100,000. The event Applicant/Event Organizer and their representatives who wish to drive on City property to set up or tear down for events, and/or Food Trucks and/or any vehicle that functions as the workplace or is used to perform contracted work must provide an Automobile Liability insurance policy in the minimum amount of \$300,000 Combined Single Limit. If alcohol is being served, the Applicant/Event Organizer shall provide evidence of coverage for liquor liability in the minimum amount of \$1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, volunteer coverage or spectator liability.
- All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty days written notice to the City's contract administrator; 2) be evidenced by an endorsed Certificate of Insurance generated and executed by a licensed insurance broker, brokerage, or similar licensed insurance professional evidencing such coverage, and naming the City of Apopka as a named additional insured, as well as furnishing the City with a certified copy, or copies, of said insurance policies; and 3) be approved as to form and sufficiency by the City's contract administrator. The original insurance certificate(s) and all extensions to the insurance certificate(s) should be sent to: City of Apopka, Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII.
- Applicant/Event Organizer is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverages. Said insurance coverages procured by the Applicant/Event Organizer as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Applicant/Event Organizer agrees that said insurance coverages it procures as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to the City, and that any other insurance, or self-insurance available to the City shall be considered secondary to, or in excess of, the insurance coverage(s) procured by the Applicant/Event Organizer as required herein.

- Applicant/Event Organizer shall require and verify that all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers, maintain insurance meeting all of the requirements stated herein. Furthermore, the insurance policy held by the Applicant/Event Organizer shall have no endorsement(s) restricting, limiting or excluding the subcontractors or work on behalf of the Applicant/Event Organizer by a subcontractor. The Certificate of Insurance submitted by the Applicant/Event Organizer must clearly state that all such subcontractors are "Named Insureds".

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

By signing below, I acknowledge that I have read and understand the insurance requirements contained herein. I further understand that my permit application may be declined if I fail to provide the appropriate insurance coverage.

Signature of Applicant



Name of Applicant Brittany Biggett-Heeren

Title of Applicant Leader of the Team Apopka Climb

Sponsoring Organization Name Postpartum Support International



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2025

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 have ADDITIONAL INSURED provisions or 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
HOLMES & HOLMES INSURANCE AGENCY, INC.
5290 Overpass Rd Ste 228
Santa Barbara CA 93111-2050

CONTACT
NAME: Peter Jensen

PHONE
(A/C, No. Ext): (805) 681-0505

FAX
(A/C, No): (805) 681-0054

E-MAIL
ADDRESS: pjensen@hhins.net

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: LIO Insurance Company

17346

INSURER B: The Hartford Accident and Indemnity Ins. Co.

22357

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
POSTPARTUM SUPPORT INTERNATIONAL
6706 SW 54TH AVENUE
PORTLAND OR 97219

Agency Lic#: OC17316

COVERAGES

CERTIFICATE NUMBER: 32531

REVISION NUMBER: 1

SUPERCEDS PREVIOUS REVISIONS

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			LIO1100038696-00	03/21/25	03/21/26	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 \$ 3,000,000 PRODUCTS-COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			LIO1100038942-00	03/21/25	03/21/26	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	57WECAB9577	11/01/24	11/01/25	PER STATUTE ☐ 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

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

CERTIFICATE HOLDER

Generic Certificate (For Informational Purposes Only)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Attention:

Kay A. Holmes Lic # OA49457

Kay A. Holmes

ACORD 25 (2016/03) Certificate # 32531

Revision # 1

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIME GENERAL LIABILITY ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement which apply in the event no other specific coverage is provided under this policy. If such specific coverage applies, the terms and conditions of that coverage are the sole coverage applicable under this policy, unless otherwise noted in this endorsement.

Coverage Applicable	Limit of Insurance	Page #
Damage to Premises Rented To You	\$1,000,000	1
Expected Or Intended Injury – Property Damage	Included	1
Non-Owned Watercraft	Less than 58 feet	2
Supplementary Payments – Bail Bonds	\$3,000	2
Supplementary Payments – Loss of Earnings	\$1,000 per day	2
Employee Indemnification Defense Coverage	\$25,000	2
Additional Insured – Broadened Named Insured	Included	2
Additional Insured – Grantor of Franchise	Included	2
Additional Insured – Managers, Landlords, or Lessors Of Premises	Included	2
Additional Insured – Lessor Of Leased Equipment – Automatic Status When Required In Lease Agreement With You	Included	3
Additional Insured – As Required By Contract	Included	3
Additional Insured – Leased Workers	Included	3
Transfer Of Rights Of Recovery Against Others To Us	Clarification	3
Liberalization	Included	3
Bodily Injury – Includes Mental Anguish	Included	3

A. Damage to Premises Rented to You

If Damage To Premises Rented To You is not otherwise excluded from this Coverage Part:

Paragraph 6. of **SECTION III – LIMITS OF INSURANCE** is replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit of \$1,000,000 is the most we will pay under **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY** for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems or any combination thereof.

B. Expected or Intended Injury – Property Damage

Paragraph a. of 2. **Exclusions** of **SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is replaced by the following:

Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

C. Non-Owned Watercraft

Subparagraph (2)(a) of Paragraph g. **Aircraft, Auto or Watercraft** of **SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is amended to read as follows:

(2) A watercraft you do not own that is:

(a) Less than 58 feet long; and

(b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Supplementary Payments

Paragraphs 1.b. and 1.d. of **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** are amended as follows:

1. The limit for the cost of bail bonds is increased from \$250 to \$3,000; and
2. The limit for actual loss of earnings is increased from \$250 a day to \$1,000 a day.

E. Employee Indemnification Defense Coverage

The following is added to **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B**:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding. The most we will pay for any "employee" who is directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits."

F. Who Is An Insured

The following is added to Paragraph 2. Of **SECTION II – WHO IS AN INSURED**:

Each of the following is also an insured:

a. Broadened Named Insured

Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.

b. As Required By Contract

Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability caused, in whole or in part, by the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations.

c. Grantor of Franchise

Any person or organization with respect to their liability as the grantor of a franchise to you.

d. Managers, Landlords, or Lessors of Premises

Any person or organization with respect to their liability caused, in whole or in part, by the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

e. Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You

Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

f. Leased Workers

At the First Named Insured's option, your leased workers.

G. Transfer Of Rights Of Recovery Against Others To Us

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

H. Liberalization

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

Liberalization

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

I. Bodily Injury – Includes Mental Anguish

Paragraph 3. of **SECTION V – DEFINITIONS** is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and except for mental anguish includes resulting death.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755

DEPARTMENT OF THE TREASURY

Date: **SEP 29 1993**

POSTPARTUM SUPPORT INTERNATIONAL
927 NORTH KELLOGG AVENUE
SANTA BARBARA, CA 93111

Employer Identification Number:
77-0196208
Case Number:
953237032
Contact Person:
TYRONE THOMAS
Contact Telephone Number:
(213) 894-2289
Our Letter Dated:
March 20, 1989
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

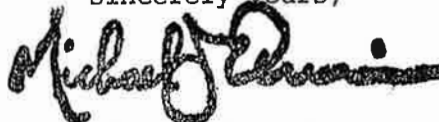
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Michael J. Quinn
District Director

Letter 1050 (DO/CG)

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005349

Entity Name: POSTPARTUM SUPPORT, INTERNATIONAL INCORPORATED

Current Principal Place of Business:

6706 SW 54TH AVENUE
PORTLAND, OR 97219

Current Mailing Address:

1875 SOUTH COBALT POINT WAY
MERIDIAN, ID 83642 US

FEI Number: 77-0196208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHY SHIN

01/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WACHENHEIM, KAREN
Address 6706 SW 54TH AVENUE
City-State-Zip: PORTLAND OR 97219

Title SECRETARY
Name KOTRANZA, SARAH
Address 6706 SW 54TH ST
City-State-Zip: PORTLAND OR 97219

Title EXECUTIVE DIRECTOR
Name DAVIS, WENDY
Address 6706 SW 54TH ST
City-State-Zip: PORTLAND OR 97219

Title CHAIRMAN
Name CIRINO, NICOLE
Address 6706 SW 54TH AVENUE
City-State-Zip: PORTLAND OR 97219

Title VC
Name BURGOS, LAUDY
Address 6706 SW 54TH AVENUE
City-State-Zip: PORTLAND OR 97219

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY DAVIS

EXECUTIVE DIRECTOR

01/28/2025

Electronic Signature of Signing Officer/Director Detail

Date

Event Timeline:
October 4, 2025 – The Climb Run/Walk

- 9:30am - Check-In/Mingle
- 10:00 am - Welcome and Announcements
- 10:15am - Walk
- 10:45am - Snacks & Socialized
- 11:30am - Event Ends/Clean up



1 Mile Run/Walk Pond Route



Amp

DRC: 8/13

Special Event Permit Application

A completed Special Event Permit application is required for all events with the City of Apopka. All events will be reviewed by our Development Review Committee for approval. The City of Apopka has the exclusive right to permit or deny an individual or organization facility use.

Once we have the complete special event application we will schedule for review and approval. Please note this may take time, as we suggest that all applications submitted at least 60 to 90 days prior to the event.

Incomplete applications will not be reviewed. After approval, an estimation of fees forms for your event based on the application and the approval is applicable.

Lexi Lahendro – Events Coordinator

events@apopka.net

407-703-1812

You must submit all required documents with your application.

Special Event Permit Application Checklist

Remember, we suggest that all applications submitted at least 60-90 days prior to the event.

Please review this checklist and make sure you have the items requested below available during this application process.

- Completed Special Event Permit Application
- Event Description
- A non-refundable application fee of \$50.00 or completed application for waiver of permit fee is due when application is submitted. *Staff will contact you about this step.*
- A certificate of general liability insurance listing the "City of Apopka" as 'Additional Insured' must be submitted. Copy of the declaration sheet and endorsement page must be included. Additional insurance may be required, please see the event insurance requirements.
- A site plan (Map) or Parade/Race Route **MUST** be submitted with your application. Map must identify location of staging, tents, parking, barricades, vendors, and restrooms and must be to scale.
- Letter from the property owner granting permission for use of their property. (if on private property)
- If alcohol will be served at your event you must include the alcohol permit and insurance with the completed permit
- Copies of flyers and advertisements.
- Policies and protocols in regards to CDC Guidelines/COVID-19 & social distancing
- All renters and vendors must have a listing with the Florida Department of State Division of Corporations. Visit www.sunbiz.org for more information about the process of registering a business.
- All businesses must also must submit a copy of your Business Tax Receipt for the municipality/county that your business/organization is registered in.

Applicant must be present for duration of event.

Organization Name

WHPB INC

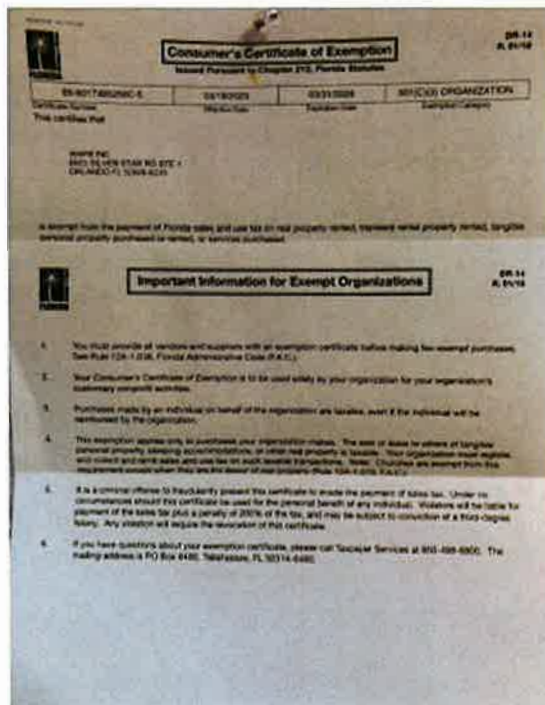
Name of Applicant	Paul Billings
Mailing Address	6003 Silver Star Road, Suite 1
City	Orlando
State	Florida
Zip Code	32808
Cell Phone	3212226498
Email	info@heartandsoulfestival.com
Is your organization a Non – Profit (501C3) OR Tax Exempt Organization?	Yes
State of Florida Tax ID Number	85-8017485256C-5

A copy of your 501C3 non-profit certificate is required for non-profit status. Otherwise taxes will be charged.

Please attach a copy of your 501C3 non-profit certificate

 501c3letter.pdf

Please attach a copy of your Business Tax Receipt for the municipality/county that your business/organization is registered in.



Name of the Event	Star 94.5 Heart & Soul Music Festival
Date(s) of the Event	October 11, 2025
Hours of the Event	4pm to 10pm
Location of the Event	Apopka Amphitheater

Does the location of the event take place on Public or Private Property?

Yes

Anticipated attendance: 3000

Briefly describe the event and all activities that will occur during the event:

The Heart & Soul Music Festival on Saturday, October 11th, 2025 at the Apopka Amphitheater. Located at 3710 Jason Dweley Pkwy, Apopka, FL, the doors open at 2:30 PM and the show starts at 4 PM. The festival features performances by Morris Day & The Time, Chante Moore, Carl Thomas, Dru Hill, & S.O.S. Band,. Tickets are available through Eventbrite.

Event Category

- Festival/Celebration

Are there flyers or advertisements for this event?

Yes

Attach Flyer or Advertisement 1



Attach Flyer or Advertisement 2



Will there be admission fees to your event?

Yes

Will you be serving alcohol?

Yes

If yes for serving alcohol, a copy of your liquor license & insurance is required.

City Council approval is also required.

Is your event open to the public?

Yes

Does your event include food concession?	No
Do you intend to have food trucks at your event?	Yes
How many? 20	
Will there be merchandising vending at your event?	Yes
How many vendors? 5	
Will they need electric?	Yes
Additional fees apply for electric use.	
Will you be hiring a private security company for the event?	Yes
Name of Security Company: TBA	
Do you require overnight security?	Yes
Are there musical entertainment features related to your event?	Yes

Please attach a list of all stage performance schedules.

Please attach a list of all stage performance schedules.



THE HEART & SOUL MUSIC FESTIVAL

PERFORMANCE SCHEDULE

4:00 PM – Opening Act
4:30 PM – Carl Thomas
5:15 PM – Chanté Moore
6:15 PM – Dru Hill
7:30 PM – The S.O.S. Band
8:45 PM – Morris Day & The Time

Will amplified sound be used during the event?	Yes
Will any streets be closed or will the flow of traffic be affected by the	No

event?

Does your event include the use of tents?

Yes

Please indicate tent location & size on layout. Permits and ground locates may be required.

What size of tents?

Front Right side of Stage 20 by 20 Tent

Will inflatables be used at your event?

No

Will your event include any fireworks or pyrotechnics?

No

Layout map for event



2024H&Samphithearter layout.pdf

Date/Time (on site load in and load out)

For events that are held on City Property, set up days and load out days may require additional fees.

Setup/Load In

Date

10/10/2025

Start Time

12:00 PM (EDT)

End Time

8:00 PM (EDT)

Event Dates

Date

10/11/2025

Start Time

4:00 PM (EDT)

End Time

10:00 PM (EDT)

Take Down/Load Out

Date

10/11/2025

Start Time

10:00 PM (EDT)

Overnight Security Required

End Time

2:00 AM (EDT)

I, Being the Applicant/Event Organizer, have read and understand the guidelines contained within the City of Apopka's Special Event Permit Application and agree to conduct my event in accordance. I further understand that failure to abide by these guidelines may result in the denial or forfeiture of my Special Event Permit.

The City of Apopka is not responsible for lost, stolen or damaged items.

I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant Signature



Name of Applicant

Paul Billings

Title of Applicant

President

Date Submitted

07/10/2025

The Applicant/Event Organizer shall maintain at all times throughout the duration of the event, a current insurance policy naming the City of Apopka as an additional insured providing coverage for all approved event activities and must be active on the date(s) of the event, including the set-up and break-down period. Failure to provide proof of adequate coverage will result in the denial of the special event permit or cancellation of the event. The City may require subcontractors acting on behalf of the Applicant/Event Organizer to provide proof of insurance or other related documents depending on the scope or location of the event.

- Comprehensive listing of all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers must be submitted no later than forty-five (45) business days prior to the event.
- All certificates of insurance, required extensions to said insurance certificates, copies of insurance policies and insurance agreements must be submitted no later than thirty (30) business days prior to the event.

If insurance requirements are not met at least twenty (20) business days prior to the date of the event, your event will be cancelled!

The City of Apopka defines an Applicant/Event Organizer as any individual or organization that is responsible for all aspects of an event to include advertising, marketing, talent costs, insurance, hold harmless agreement contracts, along with all the revenues and expenses for the event. The Applicant/Event Organizer agrees to conduct this event in accordance with the City of Apopka Code of Ordinances (Chapters 46 and 62).

REQUIREMENTS

- Applicant/Event Organizer recognizes the City's authority to halt the operation of the above listed event due to inclement weather or any other safety concern that may arise.
- The City is not responsible or liable for any damage, loss or theft to any vendor or event participant.
- Applicant/Event Organizer agrees that the City may use photographic images and video taken at the event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

INSURANCE

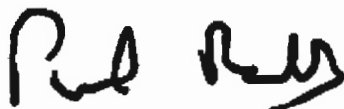
Before activity setup, or any other site activity begins, Applicant/Event Organizer must have a Certificate of Liability Insurance (including all extensions to the insurance certificate—to also include a copy of the complete insurance policy) on file with the City's Risk Management Division. The cost of such insurance shall be the responsibility of the Applicant/Event Organizer and must meet ALL requirements as directed by the City of Apopka. The City reserves the right to increase coverage as determined for higher risk events or activities. This insurance policy must remain in effect throughout the entire duration of the property use beginning with load-in and ending at the conclusion of load-out.

- Applicant/Event Organizer shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial General Liability and Workers' Compensation insurance, including Employer Liability insurance, with minimum policy limits of \$1,000,000 Combined Single Limits, or to the extent and in such amounts as required and authorized by Florida Law. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of \$2,000,000. Products and completed operations aggregate shall be \$1,000,000. Damage to rented premises shall be included at \$100,000. The event Applicant/Event Organizer and their representatives who wish to drive on City property to set up or tear down for events, and/or Food Trucks and/or any vehicle that functions as the workplace or is used to perform contracted work must provide an Automobile Liability insurance policy in the minimum amount of \$300,000 Combined Single Limit. If alcohol is being served, the Applicant/Event Organizer shall provide evidence of coverage for liquor liability in the minimum amount of \$1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, volunteer coverage or spectator liability.
- All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty days written notice to the City's contract administrator; 2) be evidenced by an endorsed Certificate of Insurance generated and executed by a licensed insurance broker, brokerage, or similar licensed insurance professional evidencing such coverage, and naming the City of Apopka as a named additional insured, as well as furnishing the City with a certified copy, or copies of said insurance policies; and 3) be approved as to form and sufficiency by the City's contract administrator. The original insurance certificate(s) and all extensions to the insurance certificate(s) should be sent to: City of Apopka, Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII.
- Applicant/Event Organizer is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverages. Said insurance coverages procured by the Applicant/Event Organizer as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Applicant/Event Organizer agrees that said insurance coverages it procures as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to the City, and that any other insurance, or self-insurance available to the City shall be considered secondary to, or in excess of, the insurance coverage(s) procured by the Applicant/Event Organizer as required herein.
- Applicant/Event Organizer shall require and verify that all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers, maintain insurance meeting all of the requirements stated herein. Furthermore, the insurance policy held by the Applicant/Event Organizer shall have no endorsement(s) restricting, limiting or excluding the subcontractors or work on behalf of the Applicant/Event Organizer by a subcontractor. The Certificate of Insurance submitted by the Applicant/Event Organizer must clearly state that all such subcontractors are "Named Insureds".

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

By signing below, I acknowledge that I have read and understand the insurance requirements contained herein. I further understand that my permit application may be declined if I fail to provide the appropriate insurance coverage.

Signature of Applicant



Name of Applicant	Paul Billings
Title of Applicant	President
Sponsoring Organization Name	WHPB Inc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2025

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 Foresite Sports, Inc. DBA: Eventsured 3553 West Chester Pike #418 Newtown Square, PA 19073	CONTACT NAME: Eventsured Customer Service PHONE (A/C, No, Ext): 888-882-5902 FAX (A/C, No): E-MAIL ADDRESS: info@eventsured.com																					
INSURED Central Florida Food Truck Thomas Bonds 14 422 SHORESIDE WAY SUITE 110 PMB 25 WINTER GARDEN, FL 34787	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Houston Casualty Company</td><td>42374</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Houston Casualty Company	42374	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** TM440881**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	Y		H24SE00172/TM440881	10/11/2025 12:01AM	10/12/2025 2:01AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 0
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N ☐ N / A						WC STATU-TORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Additional Insureds must be venue managers or municipalities and are added with respect to our insured's operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Beer Garden/Tent to be held on 10/11/2025 - 10/11/2025 with 100 attendees at City of Apopka 120 E Main St Apopka, FL 32703. Additional Insureds include: City of Apopka 120 E Main St Apopka, FL 32703.

CERTIFICATE HOLDER**CANCELLATION**City of Apopka
120 E Main St
Apopka FL, 32703

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

ACORD 25 (2010/05)

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIV OF ALCOHOLIC BEVERAGES & TOBACCO

THE CATERER HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 565, FLORIDA STATUTES

SERIES: 13CT

CONSUMPTION ON PREMISES ONLY

CENTRAL FLORIDA FOOD TRUCK LLC

CENTRAL FLORIDA FOOD TRUCK LLC

2640 KUNZE AVE

ORLANDO

FL 32806

LICENSE NUMBER: BEV5813564

EXPIRATION DATE: SEPTEMBER 30, 2025

Expires prior to the event date - a new copy
will be submitted prior to the event

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 09/16/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Alcohol Dispensing Agreement

All documents (Alcohol Dispensing Agreement, Indemnity and Hold Harmless Agreement, Certificate of Insurance and Temporary Alcohol License/Alcohol License) must be received a minimum of 30 business days prior to the event. All documents must be issued in the name of the organization dispensing the product.

Organization (Responsible for dispensing alcohol.)

Name of Organization: Central Florida Food Truck
 Primary Contact/Organization Leader Name: Thomas Bonds
 Contact Phone Number: 407-832-8070 E-Mail Address: CentralFloridaFoodTruck@gmail.com
 Organization Mailing Address: 7116 Ticklegrass Street, Winter Garden, FL 34787

Event Information

Name of Event: Star 94.5 Heart & Soul Music Festival
 Venue Name: Apopka Amphitheater
 Venue Address: 3710 Jason Dwelly Parkway, Apopka, FL 32712

Please indicate the days and times your organization will be dispensing alcohol.

☐ Date: October 11, 2025 2:30 AM Mid-Day 0:00 PM
☐ Date: AM Mid-Day PM
☐ Date: AM Mid-Day PM

561.422 Nonprofit civic organizations, charitable organizations, municipalities, and counties; temporary permits. (Please review)

Department of Business and Professional Regulation Alcohol License/Permit Number: BEV5813564

This license/permit must be issued in the name of the organization dispensing the product.

Rules and Regulations

Your organization is responsible for abiding by all local, State and Federal regulations, including those outlined by the Florida Division of Alcoholic Beverages and Tobacco, including the rules and regulations detailed below.

- Persons who serve or sell alcoholic beverages shall be at least twenty-one (21) years of age. The consumption of alcohol in or around the booth until their shift is completed is prohibited.
- Your organization will be required to visually identify persons who can legally purchase alcoholic beverages with an observable, distinctive wristband.
- No person under the age of 21 years is served.
- No person is served who appears to be intoxicated.
- Alcohol is consumed only within the event area and may not be carried out of the event area.
- No more than one (1) alcoholic beverage may be sold per customer, per sale.
- Alcohol is served in clear flexible (soft) plastic cups only.
- Beer or wine will only be poured upon order and will not be stacked waiting for orders.
- Commencement of alcohol service/sales shall not begin prior to start time of the event.
- Police may close alcohol sales at any time if they determine that controls are not being adhered to or in the interest of public safety.
- Upon demand of any peace officer, licensee shall immediately surrender the license and cease all sales of alcoholic beverages.
- Supervision of the distribution, sales and operation of alcoholic beverage concession area(s) shall at all times be under the control of the licensed organization. No other person or entity shall have authority to sell, pour, or distribute alcoholic beverages.

Agreement

THIS AGREEMENT made and entered into this 11th day of July 2025 by and between,
Central Florida Food Truck, hereinafter referred to as Organization and the CITY OF APOPKA, FLORIDA,
hereinafter referred to as the City.

Organization has entered an agreement with the City to serve alcohol at the aforementioned named event. Organization agrees to comply with all local ordinances and codes, application state and federal statutes and regulations, including those set forth by the Florida Department of Business and Professional Regulation - Division of Alcoholic Beverages and Tobacco. This agreement will remain in effect throughout the duration of the event, to also include the set-up and break-down period.

Requirements

- A. Organization shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial General Liability and Workers' Compensation Insurance, including Employer Liability insurance, with minimum policy limits of \$1,000,000 Combined Single Limits, or to the extent and in such amounts as required and authorized by Florida Law. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of \$2,000,000. Products and completed operations aggregate shall be \$1,000,000. Damage to rented premises shall be included at \$100,000. Food Trucks and/or any vehicle that functions as the workplace, must provide an Automobile Liability insurance policy in the minimum amount of \$300,000 Combined Single Limit. Organization shall also provide evidence of coverage for liquor liability in the minimum amount of \$1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, or volunteer coverage.

All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty days written notice to the City's contract administrator; 2) be evidenced by an endorsed Certificate of Insurance generated and executed by a licensed insurance broker, brokerage, or similar licensed insurance professional evidencing such coverage, and naming the City of Apopka as a named additional insured, as well as furnishing the City with a certified copy, or copies, of said insurance policies; and 3) be approved as to form and sufficiency by the City's contract administrator. The original insurance certificates, all extensions to the insurance certificate, and declaration sheet should be sent to City of Apopka, Human Resources/Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII.

Said insurance coverage's procured by Organization as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and Organization agrees that said insurance coverage's it procures as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to the City, and that any other insurance, or self-insurance available to the City shall be considered secondary to, or in excess of, the insurance coverage(s) procured by the Organization as required herein.

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

- B. Organization recognizes the City's authority to cancel the aforementioned event due to inclement weather or any other safety concern that may arise and agrees to fully cooperate with personnel from the City, County and local health departments.
- C. The City is not responsible or liable for any damage, loss or theft the Organization may sustain.
- D. Organization agrees that the City may use photographic images and video taken at the aforementioned event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.



Signature of Organizer

Thomas Bonds

Printed Name of Organizer

Owner

Title of Organizer

Central Florida Food Truck

Organization Name

Indemnification and Hold Harmless Agreement

Organization shall defend, indemnify and hold harmless the City of Apopka and all of City's officers, agents, and employees from and against all claims, liability, loss and expense, including reasonable costs, collection expenses, attorneys' fees, and court costs which may arise because of the negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of the Organization, its officers, agents or employees in performance or non-performance of its obligations under the Agreement, including, but not limited to automobile negligence, foodborne illness negligence, or other claims and/or suits. Organization recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to the City when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the City in support of these indemnification, legal defense and hold harmless contractual obligations in accordance with the laws of the State of Florida. This clause shall survive the termination of this Agreement. Compliance with any insurance requirements required elsewhere within this Agreement shall not relieve the Organization of its liability and obligation to defend, hold harmless and indemnify the City as set forth in this article of the Agreement.

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

I attest that I am a representative of the organization named above and have been authorized to sign on its behalf.



Signature of Organizer

Thomas Bonds

Printed Name of Organizer

Owner

Title of Organizer

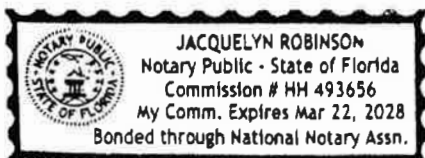
Central Florida Food Truck

Organization Name

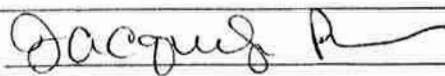
STATE OF FLORIDA

County of Orange

The foregoing instrument was acknowledged before me this 11th day of July, 2025, by Thomas Bonds, and who is personally known to me or who has produced FL DL as identification and who did (did not) take an oath.



Notary Public:



Commission No.

HH 493656

Commission Expires:

3/22/2028



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8017485256C-5	03/18/2023	03/31/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

WHPB INC
6003 SILVER STAR RD STE 1
ORLANDO FL 32808-8220

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 24 2017**

WHPB INC
6003 SILVER STAR ROAD SUITE 1
ORLANDO, FL 32808-0000

Employer Identification Number:
81-1343272
DLN:
26053614001647
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
July 31, 2017
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

WHPB INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Enclosure:
Addendum

Letter 947

WHPB INC

ADDENDUM

If you have been in existence for at least three years and you have not filed a Form 990 return or notice for three consecutive years, you may soon receive a letter (Notice CP120A) that we automatically revoked your exempt status, as required by law, for failure to file a return or notice for three consecutive years. This letter will serve to reinstate your exempt status, so you will not need to re-apply. However, you may need to file the appropriate delinquent Forms 990 for all years you have operated as a tax-exempt organization.

Based on the information submitted in your application, we're treating your Form 1023-EZ as an application for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is the submission date of your application.

Letter 947



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
WHPB INC.

Filing Information

Document Number	N06000012160
FEI/EIN Number	81-1343272
Date Filed	11/27/2006
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/04/2022

Principal Address

6003 Silver Star Road
Suite 1
ORLANDO, FL 32808

Changed: 06/07/2016

Mailing Address

6003 Silver Star Road
Suite 1
ORLANDO, FL 32808

Changed: 06/07/2016

Registered Agent Name & Address

Billings, PAUL Allen
6003 Silver Star Road
Unit 1
ORLANDO, FL 32808

Name Changed: 06/07/2016

Address Changed: 06/07/2016

Officer/Director Detail

Name & Address

Title CEO

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012160

Entity Name: WHPB INC.

Current Principal Place of Business:

6003 SILVER STAR ROAD
SUITE 1
ORLANDO, FL 32808

Current Mailing Address:

6003 SILVER STAR ROAD
SUITE 1
ORLANDO, FL 32808 US

FEI Number: 81-1343272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BILLINGS, PAUL ALLEN
6003 SILVER STAR ROAD
UNIT 1
ORLANDO, FL 32808 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL BILLINGS

07/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name BILLINGS, PAUL
Address 6003 SILVER STAR ROAD
SUITE 1
City-State-Zip: ORLANDO FL 32808

Title T
Name BARNES-HOWELL, VIOLET A
Address 4480 SCENIC LAKE DRIVE
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name HOWELL, ARTHUR II
Address 1910 PRAIRIE SAGE TRAIL
City-State-Zip: OCOEE FL 34761

Title D
Name BILLINGS, VIRGINIA
Address 6003 SILVER STATE RD., STE 1
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name MYERS, JOSHUA
Address 6003 SILVER STAR ROAD
SUITE 1
City-State-Zip: ORLANDO FL 32808

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL ALLEN BILLINGS

CEO/PRESIDENT

07/17/2024

Electronic Signature of Signing Officer/Director Detail

Date



THE HEART & SOUL MUSIC FESTIVAL

PERFORMANCE SCHEDULE

4:00 PM – Opening Act

4:30 PM – Carl Thomas

5:15 PM – Chanté Moore

6:15 PM – Dru Hill

7:30 PM – The S.O.S. Band

8:45 PM – Morris Day & The Time



WWW.HEARTANDSOULMUSICFESTIVAL.COM

STAR 94.5
HEART & Soul
MUSIC FESTIVAL

Eventbrite
TICKETS

SATURDAY, OCTOBER 11TH, 2025

APOPKA
AMPHITHEATER

3710 JASON DWELLEY PKWY, APOPKA, FL
DOORS OPEN 2:30PM | SHOW STARTS 4PM



CHANTE MOORE

MORRIS DAY
& THE TIME

CARL THOMAS

DRU HILL

SCOLA NOKIO SISQÓ SMOKE BLACK JAZZ

STAR 94.5
HEART & Soul
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MORRIS DAY & THE TIME

DRU HILL

SCOLA NOKIO SISQÓ SMOKE BLA

THE SOs BAND



KLNP

DRC: 8/13

Special Event Permit Application

A completed Special Event Permit application is required for all events with the City of Apopka. All events will be reviewed by our Development Review Committee for approval. The City of Apopka has the exclusive right to permit or deny an individual or organization facility use.

Once we have the complete special event application we will schedule for review and approval. Please note this may take time, as we suggest that all applications submitted at least 60 to 90 days prior to the event.

Incomplete applications will not be reviewed. After approval, an estimation of fees forms for your event based on the application and the approval is applicable.

Lexi Lahendro – Events Coordinator
events@apopka.net
 407-703-1812

You must submit all required documents with your application.

Special Event Permit Application Checklist

Remember, we suggest that all applications submitted at least 60-90 days prior to the event.

Please review this checklist and make sure you have the items requested below available during this application process.

- Completed Special Event Permit Application
- Event Description
- A non-refundable application fee of \$50.00 or completed application for waiver of permit fee is due when application is submitted. *Staff will contact you about this step.*
- A certificate of general liability insurance listing the "City of Apopka" as 'Additional Insured' must be submitted. Copy of the declaration sheet and endorsement page must be included. Additional insurance may be required, please see the event insurance requirements.
- A site plan (Map) or Parade/Race Route **MUST** be submitted with your application. Map must identify location of staging, tents, parking, barricades, vendors, and restrooms and must be to scale.
- Letter from the property owner granting permission for use of their property. (if on private property)
- If alcohol will be served at your event you must include the alcohol permit and insurance with the completed permit
- Copies of flyers and advertisements.
- Policies and protocols in regards to CDC Guidelines/COVID-19 & social distancing
- All renters and vendors must have a listing with the Florida Department of State Division of Corporations. Visit www.sunbiz.org for more information about the process of registering a business.
- All businesses must also must submit a copy of your Business Tax Receipt for the municipality/county that your business/organization is registered in.

Applicant must be present for duration of event.

Organization Name

The Rotary Club of Apopka Foundation Inc

Name of Applicant	The Rotary Club of Apopka Foundation Inc
Mailing Address	PO box 7
City	Apopka
State	FL
Zip Code	32704
Cell Phone	4072426831
Email	jond@ins4fl.com
Is your organization a Non – Profit (501C3) OR Tax Exempt Organization?	Yes
State of Florida Tax ID Number	27-0809484

A copy of your 501C3 non-profit certificate is required for non-profit status. Otherwise taxes will be charged.

Please attach a copy of your 501C3 non-profit certificate

 Rotary - Consumer's Certificate of Exemption (2).pdf

Please attach a copy of your Business Tax Receipt for the municipality/county that your business/organization is registered in.

 Apopka Rotary Business Tax Receipt (2).pdf

Name of the Event	Fall Festival
Date(s) of the Event	10/16-10/19/2025
Hours of the Event	5-10, 5-11, 12-11, 12-8
Location of the Event	Kit Land Nelson Park
Does the location of the event take place on Public or Private Property?	Yes
Anticipated attendance:	1500
Briefly describe the event and all activities that will occur during the event:	Amusement/Carnival Rides, Beer and wine garden, vendors for food and crafts
Event Category	• Festival/Celebration
Are there flyers or advertisements for this event?	No
Will there be admission fees to your event?	No
Will you be serving alcohol?	Yes

If yes for serving alcohol, a copy of your liquor license & insurance is required.

City Council approval is also required.

Is your event open to the public?	Yes
Does your event include food concession?	Yes
Do you intend to have food trucks at your event?	Yes
How many?	4
Will there be merchandising vending at your event?	Yes
How many vendors?	8
Will they need electric?	Yes

Additional fees apply for electric use.

Will you be hiring a private security company for the event?	No
Do you require overnight security?	Yes
Are there musical entertainment features related to your event?	Yes

Please attach a list of all stage performance schedules.

Will amplified sound be used during the event?	Yes
Will any streets be closed or will the flow of traffic be affected by the event?	Yes
Please indicate the road names	North Forest and E Orange and E 1st St
Does your event include the use of tents?	Yes

Please indicate tent location & size on layout. Permits and ground locates may be required.

What size of tents?	10x20
Will inflatables be used at your event?	No
Will your event include any fireworks or pyrotechnics?	No

Date/Time (on site load in and load out)

For events that are held on City Property, set up days and load out days may require additional fees.

Setup/Load In

Date 10/12/2025

Start Time 8:00 AM (EDT)

End Time 4:00 PM (EDT)

Event Dates

Date 10/16/2025

Start Time 5:00 PM (EDT)

End Time 10:00 PM (EDT)

Take Down/Load Out

Date 10/20/2025

Start Time 8:00 PM (EDT)

End Time 12:00 AM (EDT)

I, Being the Applicant/Event Organizer, have read and understand the guidelines contained within the City of Apopka's Special Event Permit Application and agree to conduct my event in accordance. I further understand that failure to abide by these guidelines may result in the denial or forfeiture of my Special Event Permit.

The City of Apopka is not responsible for lost, stolen or damaged items.

I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant Signature



Name of Applicant

Jonathan DeClue

Title of Applicant	Director
Date Submitted	07/29/2025

The Applicant/Event Organizer shall maintain at all times throughout the duration of the event, a current insurance policy naming the City of Apopka as an additional insured providing coverage for all approved event activities and must be active on the date(s) of the event, including the set-up and break-down period. Failure to provide proof of adequate coverage will result in the denial of the special event permit or cancellation of the event. The City may require subcontractors acting on behalf of the Applicant/Event Organizer to provide proof of insurance or other related documents depending on the scope or location of the event.

- Comprehensive listing of all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers must be submitted no later than forty-five (45) business days prior to the event.
- All certificates of insurance, required extensions to said insurance certificates, copies of insurance policies and insurance agreements must be submitted no later than thirty (30) business days prior to the event.

If insurance requirements are not met at least twenty (20) business days prior to the date of the event, your event will be cancelled!

Please provide a copy of your certificate of insurance.

 Rotary COI 2025-2026.pdf

The City of Apopka defines an Applicant/Event Organizer as any individual or organization that is responsible for all aspects of an event to include advertising, marketing, talent costs, insurance, hold harmless agreement contracts, along with all the revenues and expenses for the event. The Applicant/Event Organizer agrees to conduct this event in accordance with the City of Apopka Code of Ordinances (Chapters 46 and 62).

REQUIREMENTS

- Applicant/Event Organizer recognizes the City's authority to halt the operation of the above listed event due to inclement weather or any other safety concern that may arise.
- The City is not responsible or liable for any damage, loss or theft to any vendor or event participant.
- Applicant/Event Organizer agrees that the City may use photographic images and video taken at the event in promotions and publications. These images may be used online or provided to media outlets and/or used in social media applications.

INSURANCE

Before activity setup, or any other site activity begins, Applicant/Event Organizer must have a Certificate of Liability Insurance **(including all extensions to the insurance certificate—to also include a copy of the complete insurance policy)** on file with the City's Risk Management Division. The cost of such insurance shall be the responsibility of the Applicant/Event Organizer and must meet ALL requirements as directed by the City of Apopka. The City reserves the right to increase coverage as determined for higher risk events or activities. This insurance policy must remain in effect throughout the entire duration of the property use beginning with load-in and ending at the conclusion of load-out.

- Applicant/Event Organizer shall, at its sole cost and expense, procure and maintain throughout the term of this agreement, Commercial General Liability and Workers' Compensation insurance, including Employer Liability insurance, with minimum policy limits of \$1,000,000 Combined Single Limits, or to the extent and in such amounts as required and authorized by Florida Law. If such GL insurance contains a general aggregate limit, it shall apply separately to this event in the amount of \$2,000,000. Products and completed operations aggregate shall be \$1,000,000. Damage to rented premises shall be included at \$100,000. The event Applicant/Event Organizer and their representatives who wish to drive on City property to set up or tear down for events, and/or Food Trucks and/or any vehicle that functions as the workplace or is used to perform contracted work must provide an Automobile Liability insurance policy in the minimum amount of \$300,000 Combined Single Limit. If alcohol is being served, the Applicant/Event Organizer shall provide evidence of coverage for liquor liability in the minimum amount of \$1,000,000. The insurance policy must not exclude Personal Injury/Advertising Injury, Medical, volunteer coverage or spectator liability.
- All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty days written notice to the City's contract administrator; 2) be evidenced by an endorsed Certificate of Insurance generated and executed by a licensed insurance broker, brokerage, or similar licensed insurance professional evidencing such coverage, and naming the City of Apopka as a named additional insured, as well as furnishing the City with a certified copy, or copies, of said insurance policies; and 3) be approved as to form and sufficiency by the City's contract administrator. The original insurance certificate(s) and all extensions to the insurance certificate(s) should be sent to: City of Apopka, Risk Management, 120 East Main Street, Apopka, FL 32703 or e-mailed to riskmanagement@apopka.net. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII.
- Applicant/Event Organizer is solely responsible for all applicable policy premiums, deductibles, and/or self-insured retention attached to any required coverages. Said insurance coverages procured by the Applicant/Event Organizer as required herein, including but not limited to any excess and/or umbrella coverages, shall be considered, and the Applicant/Event Organizer agrees that said insurance coverages it procures as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to the City, and that any other insurance, or self-insurance available to the City shall be considered secondary to, or in excess of, the insurance coverage(s) procured by the Applicant/Event Organizer as required herein.
- Applicant/Event Organizer shall require and verify that all subcontractors, including but not limited to concessionaires, vendors, exhibitors, and entertainers, maintain insurance meeting all of the requirements stated herein. Furthermore, the insurance policy held by the Applicant/Event Organizer shall have no endorsement(s) restricting, limiting or excluding the subcontractors or work on behalf of the Applicant/Event Organizer by a subcontractor. The Certificate of Insurance submitted by the Applicant/Event Organizer must clearly state that all such subcontractors are "Named Insureds".

Nothing herein shall be construed to extend the City of Apopka's liability beyond that provided in section 768.28, Florida Statutes.

By signing below, I acknowledge that I have read and understand the insurance requirements contained herein. I further understand that my permit application may be declined if I fail to provide the appropriate insurance coverage.

Signature of Applicant



Name of Applicant

Jonathan DeClue

Title of Applicant

Director

Sponsoring Organization Name

The Rotary Club of Apopka Foundation Inc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have **ADDITIONAL INSURED** provisions or 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 Hylant Group Inc. 811 Madison Ave. Toledo, OH 43604	CONTACT NAME: Sara Humphries / Macy Gorrell	
	PHONE (A/C, No, Ext): (419) 259-2710 FAX (A/C, No): (419) 255-7557	
	E-MAIL ADDRESS: Rotary@hylant.com	
INSURED All Active U.S. Rotary Clubs & Districts The Rotary Club of Apopka Foundation ATTN: Risk Management Dept. 1560 Sherman Avenue Evanston, IL 60201	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Westchester Surplus Lines Ins	10172
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		G73578917 004	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	X		G73578917 004	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Apopka
120 E Main St
Apopka, FL 32703

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

Judy K. Wilson

ACORD 25 (2016/03)

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Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8015601213C-0	03/31/2021	03/31/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE ROTARY CLUB OF APOPKA
FOUNDATION INC
201 N PARK AVE
APOPKA FL 32703-4147

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

CITY OF APOPKA

120 E Main Street

Apopka, FL 32703

Phone: 407-703-1719, Website: www.Apopka.gov/BTR

Local Business Tax Receipt

BTR ID: BTR-5863

Effective Date: October 1, 2024

BTR Type(s): (0801) Organization/Association

Issued Date: August 23, 2024

Expiration Date: September 30, 2025

Business Name: The Rotary Club Of Apopka Foundation Inc

Business Location: 201 S Park Ave APOPKA, FL 32703

Business Registration Number(s): N09000008386

Planning and Zoning Conditions:

Notes:

Exempt 501(c)(3)

This receipt indicates payment of the business tax as required by Chapter 66 of the City Code. This receipt does not indicate verification of zoning compliance or actual operation of the stated business at this address.

NON-TRANSFERABLE

TO BE PLACED IN A CONSPICUOUS PLACE



For Online
Access

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008386

Entity Name: THE ROTARY CLUB OF APOPKA FOUNDATION, INC.

Current Principal Place of Business:

201 S. PARK AVE
APOPKA, FL 32703

Current Mailing Address:

PO BOX 7
APOPKA, FL 32704-0007 US

FEI Number: 27-0809484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, JEANNE R
119 CAMBRIDGE DR
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEANNE R MILLER

03/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT, CHAIRMAN
Name WILLIAMS III, DONALD
Address 227 N. CENTRAL AVE
City-State-Zip: APOPKA FL 32703

Title TREASURER
Name MILLER, JEANNE
Address 119 CAMBRIDGE DRIVE
City-State-Zip: LONGWOOD FL 32779

Title SECRETARY
Name KRUGER, MARY
Address 5600 CEMETARY RD
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name DECLUE, CHRIS
Address 859 ERROL PARKWAY
City-State-Zip: APOPKA FL 32712-2601

Title DIRECTOR
Name ARROWSMITH, J WILLIAM
Address 1030 LOCH VAIL
UNIT 16
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name MANLEY, ROBERT
Address 4402 PLYMOUTH SORRENTO RD
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name SPIEGEL, BILL
Address 2150 COUNTRYSIDE DR
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name FRANKLIN, MICHAEL
Address 1092 SADDLEBACK RIDGE RD
City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

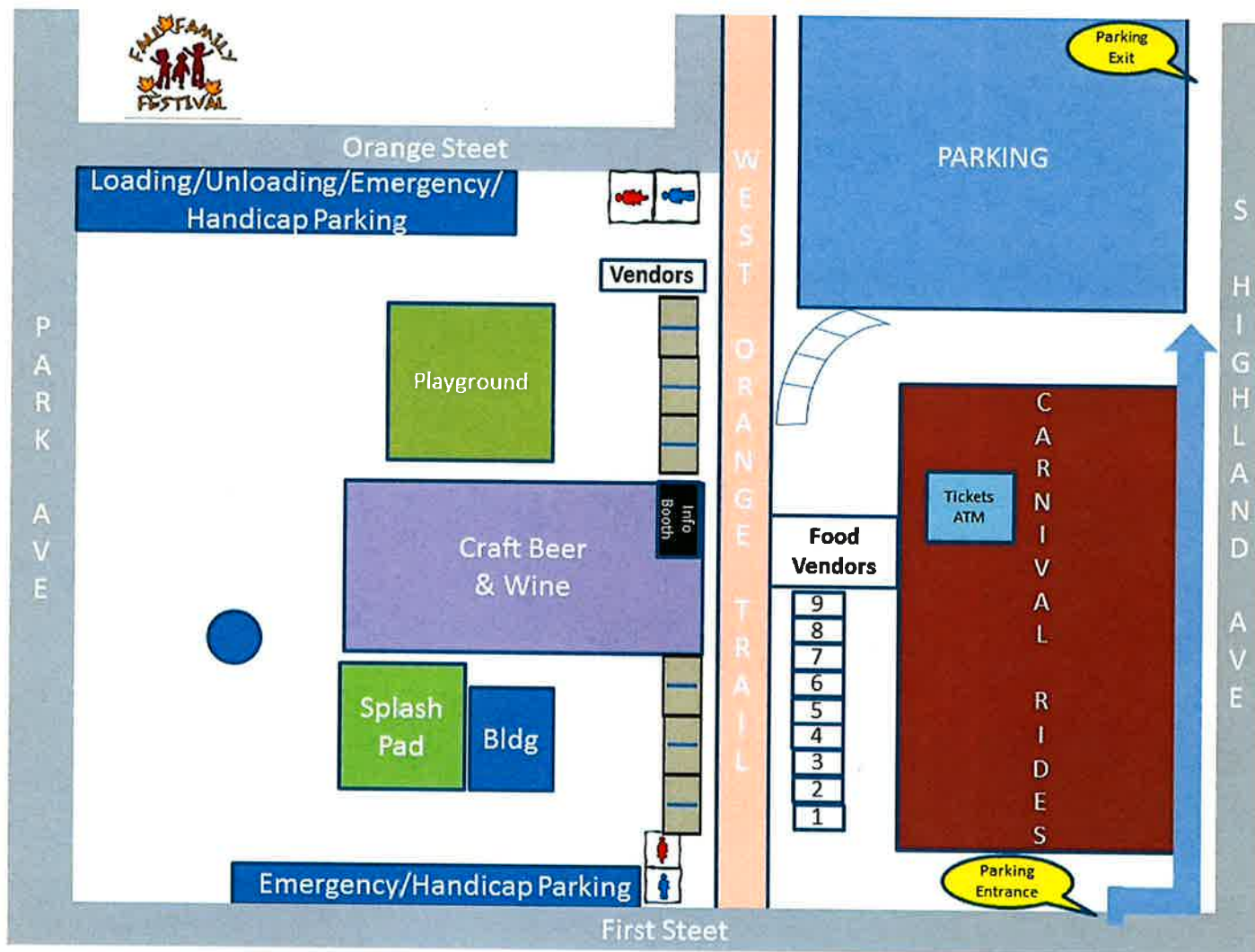
SIGNATURE: JEANNE MILLER

TREASURER

03/24/2025

Electronic Signature of Signing Officer/Director Detail

Date



CONSTRUCTION SITE PLAN

3838 HOGSHEAD ROAD
APOPKA, FL 32703

A circular professional engineer seal for Brian P. Forster. The outer ring contains the text "BRIAN P. FORSTER" at the top and "PROFESSIONAL ENGINEER" at the bottom, separated by two stars. Inside this ring, the word "LICENSE" is at the top and "STATE OF" is at the bottom, also separated by two stars. In the center of the seal, the license number "NO. 62461" is displayed above the word "FLORIDA".

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CIVIL ENGINEERING

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VICINITY MAP



SCALE: 1" = 800'

**UTILITY CONTACT INFORMATION:**

ELECTRIC PROVIDER
DUKE ENERGY
CUSTOMER SERVICE (407)629-1010

WATER / SANITARY
CITY OF APOPKA PUBLIC SERVICE DEPARTMENT
748 EAST CLEVELAND STREET, APOPKA, FL 32703
(407)703-1731

FIRE PREVENTION
CITY OF APOPKA FIRE DEPARTMENT
175 E. 5TH STREET, APOPKA, FL 32703
(407)703-1756

NATURAL GAS PROVIDER
LAKE APOPKA NATURAL DISTRICT
38 N. PARK AVENUE, APOPKA, FL
(407)656-2734

PROJECT TEAM

OWNER/DEVELOPER

LO FAMILY TRUST, INC.
261 LIVERPOOL COVE
LONGWOOD, FL 32779
407.496.5366
CONTACT NAME: MARY C. LO

OWNER'S REPRESENTATIVE

JOHN HOUSE, LLC
1804 CRANBERRY ISLES WAY
APOPKA, FL 32712
407.421.1445
CONTACT NAME: JOHN HOUSE

CIVIL ENGINEER

LANDDESIGN
100 SOUTH ORANGE AVE., SUITE 700
ORLANDO, FL 32801
407.270.7800
CONTACT NAME: BRIAN FORSTER

LANDSCAPE ARCHITECT

LANDDESIGN
100 SOUTH ORANGE AVE., SUITE 700
ORLANDO, FL 32801
407.270.7800
CONTACT NAME: KRISTEN SWEATLAND

SURVEYOR

**FREELAND-CLINKSCALES &
ASSOCIATES, INC.**
814 EAST ALFRED STREET
TAVARES, FL 32778
352.609.2830
CONTACT NAME: SCOTT LEE

ARCHITECT

KAD DESIGNS, INC.
6900 TAVISTOCK LAKES BLVD., SUITE 400
ORLANDO, FL 32827
407.460.0243
CONTACT NAME: INTIAZ KARIM

GEOTECHNICAL ENGINEER

TERRACON CONSULTANT, INC
1675 LEE RD WINTER PARK, FL 32789
407.740.6110
CONTACT NAME: LIMING XUE

ENVIRONMENTAL

9 BIO-TECH CONSULTING
3025 EAST SOUTH STREET
ORLANDO, FL 32803
CONTACT NAME: SPENCER CLARK

LEGAL DESCRIPTION:

LEGAL DESCRIPTION:
The East Half of the Southwest Quarter of the Northwest Quarter (Less the North 30 feet), Section 1, Township 21 South, Range 27 East, lying and being in Orange County, Florida.

PROJECT DESCRIPTION:

The purpose of this project is to construct a new 64,000 sf light industrial warehouse/office, parking lot and new driveway access. The proposed warehouse will support online retail operations of plant related merchandise (air plants, bonsai, cactus, succulents, etc.) that will be stored within the building and distributed from it. There will be minimal customer traffic and the onsite parking will be to support staff who will work in the office.

LandDesign.

GENERAL NOTES

1. ALL CONSTRUCTION SHALL CONFORM WITH CITY OF APOKA ENGINEERING STANDARDS AND FLORIDA DEPARTMENT OF TRANSPORTATION STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION (LATEST EDITION).

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR FURNISHING ALL MATERIAL AND LABOR TO CONSTRUCT THE FACILITY AS SHOWN AND DESCRIBED IN THE CONSTRUCTION DOCUMENTS IN ACCORDANCE WITH THE APPROPRIATE APPROVING AGENCIES' SPECIFICATIONS AND REQUIREMENTS. CONTRACTOR SHALL CLEAR AND GRUB ALL AREAS UNLESS OTHERWISE INDICATED. REMOVING TREES, STUMPS, ROOTS, MUCK EXISTING PAVEMENT AND ALL OTHER DELETERIOUS MATERIAL.

3. EXISTING UTILITIES SHOWN ARE LOCATED ACCORDING TO THE INFORMATION AVAILABLE TO THE ENGINEER AT THE TIME OF THE TOPOGRAPHIC SURVEY AND HAVE NOT BEEN INDEPENDENTLY VERIFIED BY THE OWNER OR THE ENGINEER. GUARANTEES NOT MADE THAT ALL EXISTING UNDERGROUND UTILITIES ARE SHOWN OR THAT THE LOCATION OF THOSE SHOWN ARE ENTIRELY ACCURATE. FINDING THE ACTUAL LOCATION OF ANY EXISTING UTILITIES IS THE CONTRACTOR'S RESPONSIBILITY AND SHALL BE DONE BEFORE HE COMMENCES ANY WORK IN THE VICINITY. FURTHERMORE, THE CONTRACTOR SHALL BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES CAUSED BY THE CONTRACTOR'S FAILURE TO EXACTLY LOCATE AND PRESENCE ANY AND ALL UNDERGROUND UTILITIES. THE OWNER OR ENGINEER WILL ASSUME NO LIABILITY FOR ANY DAMAGES INCURRED OR COST INCURRED BECAUSE OF THE OPERATIONS IN THE VICINITY OF EXISTING UTILITIES OR STRUCTURES, NOR FOR TEMPORARY BRACING AND SHORING OF SAME. IF IT IS NECESSARY TO SHORE, BRACE, BRING OR RELOCATE A UTILITY, THE UTILITY COMPANY OR DEPARTMENT AFFECTED SHALL BE CONTACTED AND THEIR PERMISSION OBTAINED REGARDING THE METHOD TO USE FOR SUCH WORK.

4. IF THE UTILITY COMPANIES WHICH MAY HAVE BURIED OR AERIAL UTILITIES WITHIN OR NEAR THE CONSTRUCTION AREA BEFORE COMMENCING WORK, THE CONTRACTOR SHALL PROVIDE 48 HOURS MINIMUM NOTICE TO ALL UTILITY COMPANIES PRIOR TO BEGINNING ANY INVESTIGATION. A LIST OF THE UTILITY COMPANIES WHICH THE CONTRACTOR MUST CONTACT BEFORE COMMENCING WORK IS PROVIDED ON THE COVER SHEET OF THESE CONSTRUCTION PLANS. THIS LIST SERVES AS A GUIDE ONLY AND IS NOT INTENDED TO EXHAUSTIVE LIST OF UTILITY COMPANIES WHICH THE CONTRACTOR MAY WISH TO NOTIFY.

5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL REQUIRED CONSTRUCTION PERMITS AND KNOW IF REQUIRED BY THE CONTRACTOR TO OBTAIN THE RESPONSIBILITY OF THE CONTRACTOR TO ACQUIRE THE NECESSARY CONSTRUCTION PERMITS. THE CONTRACTOR SHALL COORDINATE ALL WORK WITH EXISTING RIGHT-OF-WAY WITH THE CITY OF APOKA TRAFFIC ENGINEER.

6. THE CONTRACTOR SHALL HAVE AVAILABLE AT THE JOB SITE AT ALL TIMES ONE COPY OF THE CONSTRUCTION DOCUMENTS INCLUDING PLANS, SPECIFICATIONS, AND SPECIAL CONDITIONS AND CORNERS OF ANY REQUIRED CONSTRUCTION PERMITS. ANY DISCREPANCIES ON THE DRAWINGS SHALL BE IMMEDIATELY REPORTED TO THE ATTENTION OF THE OWNER AND ENGINEER BEFORE COMMENCING WORK. ANY CHANGES OR DEVIATIONS FROM DESIGN ARE TO BE MADE WITHOUT PRIOR APPROVAL OF THE OWNER AND NOTIFICATION TO THE ENGINEER.

7. ALL COPIES OF COMPACTION, CONCRETE AND OTHER REQUIRED TEST RESULTS ARE TO BE SENT TO THE OWNER AND DESIGN ENGINEER OF RECORD DIRECTLY FROM THE TESTING AGENCY.

8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR SUBMITTING TO THE ENGINEER A CERTIFIED RECORD SURVEY BOUND AND SEALED BY A PROFESSIONAL LAND SURVEYOR REGISTERED IN THE STATE OF FLORIDA, INDICATING THE ACTUAL FIELD LOCATION OF ALL CONSTRUCTED IMPROVEMENTS THAT ARE REQUIRED BY THE JURISDICTIONAL AGENCIES FOR THE CERTIFICATION PROCESS. ALL SURVEY COSTS WILL BE THE CONTRACTOR'S RESPONSIBILITY.

9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR DOCUMENTING AND MAINTAINING AS-BUILT INFORMATION WHICH SHALL BE RECORDED IN CONSTRUCTION PROGRESS INTERVALS AND SHALL BE RESPONSIBLE FOR PROVIDING AS-BUILT DRAWINGS TO THE OWNER FOR THE PURPOSE OF RECORD. ALL AS-BUILT DATA SHALL BE COLLECTED BY A STATE OF FLORIDA PROFESSIONAL LAND SURVEYOR OR SERVICES ARE ENGAGED BY THE CONTRACTOR.

10. ANY WELLS DISCOVERED ON SITE THAT WILL HAVE NO USE MUST BE FLOODED BY A LICENSED WELL DRILLING CONTRACTOR IN A MANNER APPROVED BY ALL JURISDICTIONAL AGENCIES. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ANY WELL ABANDONMENT PERMITS REQUIRED.

11. ANY WELL DISCOVERED DURING EARTH MOVING OR EXCAVATION SHALL BE REPORTED TO THE APPROPRIATE JURISDICTIONAL AGENCIES WITHIN 24 HOURS AFTER DISCOVERY IS MADE.

12. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THAT THE PROPOSED IMPROVEMENTS SHOWN ON THE PLANS DO NOT CONFLICT WITH ANY KNOWN EXISTING OR OTHER PROPOSED IMPROVEMENTS. IF ANY CONFLICTS ARE DISCOVERED, THE CONTRACTOR SHALL NOTIFY THE OWNER PRIOR TO INSTALLATION OF ANY PORTION OF THE SITE WORK THAT WOULD BE AFFECTED. FAILURE TO NOTIFY OWNER OR AN IDENTIFIABLE CONTACT PRIOR TO PROCEEDING WITH INSTALLATION RELIEVES OWNER OF ANY OBLIGATION TO PAY FOR A RELATED CHANGE ORDER.

13. CONTRACTOR TO FIELD VERIFY LOCATION AND DEPTH OF ALL UTILITIES WITHIN THE PROJECT AREA.

PAVING, GRADINGS AND DRAINAGE NOTES

1. ALL PAVING, CONSTRUCTION MATERIALS, AND WORKMANSHIP SHALL BE IN ACCORDANCE WITH LOCAL OR COUNTY SPECIFICATIONS AND STANDARDS (LATEST EDITION OR NOTED OTHERWISE IN PLANS). ALL TEMPORARY PAVEMENT MATERIALS SHALL BE PAINT ACCORDING TO FOOT STANDARDS REFER TO FOOT TECHNICAL SPECIFICATIONS FOR ADDITIONAL DETAILS.

2. ALL UNPAVED AREAS IN EXISTING RIGHTS-OF-WAY DISTURBED BY CONSTRUCTION SHALL BE REGRADED AND SODDED.

3. TRAFFIC CONTROL ON ALL FOOT, LOCAL AND COUNTY RIGHTS-OF-WAY SHALL MEET THE REQUIREMENTS OF THE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES (ULS DOTFH) AND THE REQUIREMENTS OF THE STATE AND ANY LOCAL AGENCY HAVING JURISDICTION. IN THE EVENT THAT THE CONTRACT DOCUMENTS AND THE JURISDICTIONAL AGENCY REQUIREMENTS ARE NOT IN AGREEMENT, THE MOST STRINGENT SHALL GOVERN.

4. THE CONTRACTOR SHALL GRADE THE SITE TO THE ELEVATIONS INDICATED, AND SHALL REGRADE WASHOUTS WHERE THEY OCCUR AFTER EVERY RAINFALL UNTIL A GRASS STAND IS WELL ESTABLISHED ON ADEQUATE STABILIZATION OCCURS.

5. ALL OPEN AREAS WITHIN THE PROJECT SITE SHALL BE SODDED UNLESS INDICATED OTHERWISE ON THE LANDSCAPE PLAN.

6. ALL AREAS INDICATED AS PAVEMENT SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE TYPICAL PAVEMENT SECTION AS INDICATED ON THE DRAINAGE.

7. WHERE EXISTING PAVEMENT IS INDICATED TO BE REMOVED AND REPLACED, THE CONTRACTOR SHALL SAW CUT A MINIMUM 2' DEEP FOR A SMOOTH AND STRAIGHT JOINT AND REPLACE THE PAVEMENT WITH THE SAME TYPE AND DEPTH OF MATERIAL AS EXISTING OR AS INDICATED.

8. WHERE NEW PAVEMENT MEETS THE EXISTING PAVEMENT, THE CONTRACTOR SHALL SAW CUT THE EXISTING PAVEMENT A MINIMUM 2' DEEP FOR A SMOOTH AND STRAIGHT JOINT AND MATCH THE EXISTING PAVEMENT ELEVATION WITH THE PROPOSED PAVEMENT UNLESS OTHERWISE INDICATED.

9. THE CONTRACTOR SHALL INSTALL FILTER FABRIC OVER ALL DRAINAGE STRUCTURES FOR THE DURATION OF CONSTRUCTION AND UNTIL ACCEPTANCE OF THE PROJECT BY THE JURISDICTIONAL AGENCY. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF DEBRIS AS REQUIRED DURING AND AT THE END OF CONSTRUCTION TO PROVIDE POSITIVE DRAINAGE FLOWS.

10. IF DENATURING IS REQUIRED, THE CONTRACTOR SHALL OBTAIN ANY APPLICABLE REQUIRED PERMITS. THE CONTRACTOR IS TO COORDINATE WITH THE OWNER AND THE DESIGN ENGINEER PRIOR TO ANY EXCAVATION.

11. STRIP TOPSOIL AND ORGANIC MATTER FROM ALL AREAS OF THE SITE AS REQUIRED. IN SOME CASES TOPSOIL MAY BE STOCKPILED ON SITE FOR PLACEMENT WITH LANDSCAPED AREAS BUT ONLY AS DIRECTED BY THE OWNER.

12. FIELD DENSITY TESTS SHALL BE TAKEN AT INTERVALS IN ACCORDANCE WITH THE LOCAL JURISDICTIONAL AGENCY OR TO FOOT STANDARDS. IN THE EVENT THAT THE CONTRACT DOCUMENTS AND THE JURISDICTIONAL AGENCY REQUIREMENTS ARE NOT IN AGREEMENT, THE MOST STRINGENT SHALL GOVERN.

13. ALL SLOPES AND AREAS DISTURBED BY CONSTRUCTION SHALL BE GRADED AS PER PLANS. THE AREAS SHALL THEN BE SODDED OR SEEDS AS PER THE PLANS. FERTILIZED, MALCOED, WATERED AND MAINTAINED UNTIL HARDY GRASS GROWS TO ESTABLISHED AREAS. ANY ELOI PLOTS DAMAGED FOR ANY REASON PRIOR TO FINAL ACCEPTANCE OF THE JOB SHALL BE CORRECTED BY THE CONTRACTOR AT NO ADDITIONAL COST TO THE OWNER. ALL EARTHEN AREAS WILL BE SODDED OR SEEDS AS PER PLANS AND SHOWN ON THE LANDSCAPE PLAN.

14. ALL CUT OR FILL SLOPES SHALL BE 1:1 HORIZONTAL:1 VERTICAL OR FLATTER UNLESS OTHERWISE SHOWN.

15. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE CONTROL OF DUST AND DIRT SPRING AND SCATTERING IN THE AIR DURING CONSTRUCTION AND SHALL PROVIDE WATER SPRINKLING OR OTHER SUITABLE METHODS OF CONTROL. THE CONTRACTOR SHALL COMPLY WITH ALL GOVERNING RESTRICTIONS PERTAINING TO ENVIRONMENTAL PROTECTION.

16. THE CONTRACTOR SHALL TAKE ALL REQUIRED MEASURES TO CONTROL TURBIDITY. INCLUDING BUT NOT LIMITED TO THE INSTALLATION OF TURBIDITY BARRIERS AT ALL LOCATIONS WHERE THE POSSIBILITY OF TRANSFERRING SUSPENDED SOLIDS INTO THE RECEIVING WATER BODY EXISTS DUE TO THE PROPOSED WORK. TURBIDITY BARRIERS MUST BE MAINTAINED IN EFFECTIVE CONDITION AT ALL TIMES. IF CONSTRUCTION IS COMPLETED AND DISTURBED SOIL AREAS ARE STABILIZED, THEREAFTER, THE CONTRACTOR MUST REMOVE THE BARRIERS AT NO TIME SHALL THERE BE ANY OFF SITE DISCHARGE WHICH VIOLATES THE WATER QUALITY STANDARDS IN CHAPTER 17-350, FLORIDA ADMINISTRATIVE CODE.

17. SOIL, WHERE CALLED FOR, MUST BE INSTALLED AND MAINTAINED ON EXPOSED SLOPES WITHIN 48 HOURS OF COMPLETING FILL, GRADING, AND AT ANY OTHER TIME AS NECESSARY, TO PREVENT EROSION, SEDIMENTATION OR TURBID DISCHARGES.

18. THE CONTRACTOR MUST REVIEW AND MAINTAIN A COPY OF THE ENVIRONMENTAL, RESOURCE PERMIT COMPLETE WITH ALL CONDITIONS, ATTACHMENTS, EXHIBITS, AND PERMIT MODIFICATIONS TO GOAL CONDITION AT THE CONSTRUCTION SITE. THE REQUIRED PERMIT MUST BE AVAILABLE FOR REVIEW UPON REQUEST BY WATER MANAGEMENT DISTRICT REPRESENTATIVES.

19. THE CONTRACTOR SHALL ENSURE THAT BLAND PLANTING AREAS AND OTHER PLANTING ARE NOT COMPACTED AND DO NOT CONTAIN ROAD BASE MATERIALS. THE CONTRACTOR SHALL ALSO DISCUSS AND REMOVE ALL UNDESIRABLE MATERIAL FROM ALL AREAS ON THE SITE TO BE PLANTED AND PROPERLY CLOSURE OF A LEGAL MANNER.

20. THE CONTRACTOR SHALL INSTALL ALL UNDERGROUND STORM WATER PIPING PER MANUFACTURER'S RECOMMENDATIONS.

SIGNAGE AND PAVEMENT MARKINGS

1. ALL FINAL PAVEMENT MARKINGS SHALL BE ALWAY THERMOPLASTIC ACCORDING TO FOOT STANDARDS UNLESS NOTED OTHERWISE IN PLANS. ALL TEMPORARY PAVEMENT MARKINGS SHALL BE PAINT ACCORDING TO FOOT STANDARDS REFER TO FOOT TECHNICAL SPECIFICATIONS FOR ADDITIONAL DETAILS.

2. CONTRACTOR TO RELOCATE EXISTING AND INSTALL NEW SIGNAGE WHERE INDICATED ON THE DRAWINGS.

3. SIGNING AND PAVEMENT MARKINGS ARE TO BE PLACED IN ACCORDANCE WITH THE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES (ULS DOTFH) AND THE REQUIREMENTS OF THE STATE AND ANY LOCAL AGENCY HAVING JURISDICTION. IN THE EVENT THAT THE CONTRACT DOCUMENTS AND THE JURISDICTIONAL AGENCY REQUIREMENTS ARE NOT IN AGREEMENT, THE MOST STRINGENT SHALL GOVERN.

4. PAVEMENT MARKINGS AT ALL EXISTING/PROPOSED INTERFACES LOCATIONS ARE TO MATCH IN TERMS OF ALIGNMENT AND COLOR.

5. CAUTION SHOULD BE EXERCISED IN THE INSTALLATION OF POINT MOUNTED SIGNS IN ORDER TO PREVENT POSSIBLE DAMAGE TO BURIED UTILITIES. GRADING PENETRATING RADAR (GPR) IS ACCEPTABLE AND RECOMMENDED.

WATER AND SEWER UTILITY NOTES

1. THE CONTRACTOR SHALL CONSTRUCT GRAVITY SEWER LATERALS, SEWER FORCE MAINS, MANHOLES, GRAVITY SEWER LINES, AND CEMENT WATER AND THE PROTECTION SYSTEM AS SHOWN ON THESE PLANS. THE CONTRACTOR SHALL FURNISH ALL NECESSARY MATERIALS, EQUIPMENT, MACHINERY, TOOLS, MEANS OF TRANSPORTATION AND LABOR NECESSARY TO COMPLETE THE WORK IN FULL AND COMPLETE ACCORDANCE WITH THE SHOWN, DESCRIBED AND REASONABLY ANTICIPATED REQUIREMENTS OF THE CONTRACT DOCUMENTS, AND JURISDICTIONAL AGENCY REQUIREMENTS. IN THE EVENT THAT THE CONTRACT DOCUMENTS AND THE JURISDICTIONAL AGENCY REQUIREMENTS ARE NOT IN AGREEMENT, THE MOST STRINGENT SHALL GOVERN.

2. ALL EXISTING UNDERGROUND UTILITY LOCATIONS SHOWN ARE APPROXIMATE. THE CONTRACTOR SHALL COMPLY WITH ALL INFORMATION IN ACCORDANCE WITH THE NOTES CONTAINED IN THE GENERAL CONSTRUCTION SECTION OF THIS SHEET.

3. THE CONTRACTOR SHALL RESTORE ALL DISTURBED VEGETATION IN KIND, UNLESS SHOWN OTHERWISE.

4. DEFLECTION OF PIPE JOINTS AND CURVATURE OF PIPE SHALL NOT EXCEED THE MANUFACTURER'S SPECIFICATIONS. INTERIOR CLOSURE ALL OPEN ENDS OF PIPE AND FITTINGS WITH A WATERPROOF JOINT WHEN WORK IS NOT IN PROGRESS. THE INTERIOR OF ALL PIPES SHALL BE CLEAN AND JOINT SURFACES WIPED CLEAN AND DRY AFTER THE PIPE HAS BEEN LOWERED INTO THE TRENCH. WASHING AND RINSING OF THE INTERIOR OF ALL PIPES SHALL BE REQUIRED. ALL PIPES SHALL BE PLUMED AND LOCATED ACCORDING TO THE PLANS.

5. ALL PHASES OF INSTALLATION, INCLUDING UNLOADING, TRENCHING, LAYING, AND BACK FILLING, SHALL BE DONE IN A FIRST CLASS WORKMANLIKE MANNER. ALL PIPE AND FITTINGS SHALL BE CAREFULLY STORED FOLLOWING MANUFACTURER'S RECOMMENDATIONS. CARE SHALL BE TAKEN TO AVOID DAMAGE TO THE COATING OR LINING IN ANY ELOI PLOTS. ANY PIPE OR FITTING WHICH IS DAMAGED OR WHICH HAS FLAKES OR IMPERFECTIONS, WHICH IN THE OPINION OF THE ENGINEER OR OWNER, RENDERS IT UNFIT FOR USE, SHALL NOT BE USED. ANY PIPE NOT SATISFACTORY FOR USE SHALL BE CLEARLY MARKED AND IMMEDIATELY REMOVED FROM THE JOB SITE, AND SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE.

6. WATER FOR FIRE FIGHTING SHALL BE AVAILABLE FOR USE PRIOR TO COMPLETION OF THE PROJECT.

7. ALL UTILITY AND STORM DRAIN TRENCHES LOCATED UNDER AREAS TO BE GRADED SHALL BE COMPLETED BACK FILLING IN ACCORDANCE WITH THE GOVERNING JURISDICTIONAL AGENCY'S SPECIFICATIONS. IN THE EVENT THAT THE CONTRACT DOCUMENTS AND THE JURISDICTIONAL AGENCY REQUIREMENTS ARE NOT IN AGREEMENT, THE MOST STRINGENT SHALL GOVERN.

8. UNDERGROUND LINES SHALL BE SURVEYED BY A PROFESSIONAL LAND SURVEYOR BEFORE BACK FILLING.

9. CONTRACTOR SHALL PERFORM AT HIS OWN EXPENSE, AND ALL TESTS REQUIRED BY THE SPECIFICATION AND/OR ANY AGENCY HAVING JURISDICTION. THESE TESTS MAY INCLUDE, BUT MAY NOT BE LIMITED TO, INFILTRATION AND EXFILTRATION, TENSION/RELAXATION AND A MINOR TEST ON GRAVITY SEWER. A COPY OF THE TEST RESULTS SHALL BE PROVIDED TO THE UTILITY PROVIDER, OWNER AND JURISDICTIONAL AGENCY AS REQUIRED.

10. ALL POTABLE WATER FACILITIES FROM THE BACKFLOW PREVENTER DOWN TO THE WATER MAIN SHALL BE PRIVATELY OWNED AND MAINTAINED. ALL POTABLE WATER FACILITIES FROM THE UTILITY EXISTING TO THE BACKFLOW PREVENTER AND ALL WATER MAINS FACILITIES WITHIN PUBLIC RIGHT-OF-WAY SHALL BE CITY OWNED AND MAINTAINED.

EROSION CONTROL NOTES

1. THE STORM WATER POLLUTION PREVENTION PLAN ("SWPPP") IS COMPAHED OF THIS EROSION CONTROL PLAN. THE STANDARD AND DETAILS, THE PLAN NARRATIVE, ATTACHMENTS INCLUDED IN SPECIFICATION OF THE SWPPP, PLUS THE PERMIT AND ALL SUBSEQUENT REVISIONS AND RELATED DOCUMENTS.

2. ALL CONTRACTORS AND SUBCONTRACTORS INVOLVED WITH STORM WATER POLLUTION PREVENTION SHALL OBTAIN A COPY OF THE STORM WATER POLLUTION PREVENTION PLAN AND THE STATE OF FLORIDA NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM GENERAL PERMIT (NPDES PERMIT) AND BECOME FAMILIAR WITH THEIR CONTENTS.

3. THE CONTRACTOR SHALL IMPLEMENT BEST MANAGEMENT PRACTICES AS REQUIRED BY THE SWPPP. ADDITIONAL BEST MANAGEMENT PRACTICES SHALL BE IMPLEMENTED AS DETECTED BY CONDITIONS AT NO ADDITIONAL COST TO THE OWNER THROUGHOUT ALL PHASES OF CONSTRUCTION.

4. BEST MANAGEMENT PRACTICES (BMPs) AND CONTROLS SHALL CONFORM TO FEDERAL, STATE, OR LOCAL REQUIREMENTS OR MANUAL OF PRACTICE, AS APPLICABLE. THE CONTRACTOR SHALL IMPLEMENT ADDITIONAL CONTROLS AS DIRECTED BY THE PERMITTING AGENCY OR OWNER.

5. EROSION CONTROL PLAN MUST CLEARLY DELINEATE ALL STATE WATERS. PERMITS FOR ANY CONSTRUCTION ACTIVITY IMPACTING STATE WATERS OR REGULATED WETLANDS MUST BE MAINTAINED ON SITE AT ALL TIMES.

6. THE CONTRACTOR SHALL MINIMIZE DISRUPTION TO THE MAXIMUM EXTENT PRACTICAL OR AS REQUIRED BY THE GENERAL PERMIT.

7. THE CONTRACTOR SHALL DENOTE ON PLAN THE TEMPORARY PARKING AND STORAGE AREA WHICH SHALL ALSO BE USED AS THE EQUIPMENT MAINTENANCE AND CLEANING AREA, EMPLOYEE PARKING AREA, AND AREA FOR LOCATING PORTABLE FACILITIES, OFFICE TRAILERS, AND TOILET FACILITIES.

8. ALL WASH WATER (CONCRETE TRUCKS, VEHICLE CLEANING, EQUIPMENT CLEANING, ETC.) SHALL BE DETAINED AND PROPERLY TREATED OR DISPOSED.

9. SUFFICIENT OIL AND GREASE ANCHORING MATERIALS AND FLUTATION BOOMS SHALL BE MAINTAINED ON SITE OR READILY AVAILABLE TO CONTAIN AND CLEAN-UP FUEL, OR CHEMICAL SPILLS AND LEAKS.

10. SUFFICIENT OIL AND GREASE ANCHORING MATERIALS AND FLUTATION BOOMS SHALL BE MAINTAINED ON SITE OR READILY AVAILABLE TO CONTAIN AND CLEAN-UP FUEL, OR CHEMICAL SPILLS AND LEAKS.

11. RUBBER, TRASH, GARBAGE, LITTER, OR OTHER SUCH MATERIALS SHALL BE PREVENTED FROM LEAVING THE PROJECT THROUGH THE ACTION OF WIND OR STORM WATER DISCHARGE INTO DRAINAGE DITCHES OR WATERS OF THE STATE.

12. ALL STORM WATER POLLUTION PREVENTION MEASURES PRESENTED ON THE PLAN, SHALL BE INITIATED AS SOON AS PRACTICABLE.

13. STABILIZATION PRACTICES SHOULD BE INITIATED AS SOON AS PRACTICAL, BUT IN NO CASE MORE THAN 7 DAYS WHERE CONSTRUCTION HAS TEMPORARILY OR PERMANENTLY CEASED.

14. DISTURBED PORTIONS OF THE SITE WHERE CONSTRUCTION ACTIVITY HAS PERMANENTLY STOPPED SHALL BE PERMANENTLY SEEDS. THESE AREAS SHALL BE SEEDS NO LATER THAN 2 DAYS AFTER THE LAST CONSTRUCTION ACTIVITY OCCURRED IN THESE AREAS. REFER TO SECTION 161 OF THE STANDARD SPECIFICATIONS FOR SEEDING AND MAINTENANCE REQUIREMENTS.

15. IF THE ACTION OF VEHICLES TRAVELING OVER THE GRAVEL CONSTRUCTION ENTRANCES IS NOT SUFFICIENT TO REMOVE THE MAJORITY OF DIRT OR MUD, THEN THE TRAIL MUST BE WAIVED BEFORE THE VEHICLES ENTER A PUBLIC ROAD. IF WAIVING IS LIKELY, PROVISIONS MUST BE MADE TO INTERCEPT THE ROAD WATER AND THAT THE SEDIMENT BEFORE IT IS CARRIED OFF THE SITE.

16. ALL MATERIALS SPILLED, DROPPED, WAIVED, OR TRACKED FROM VEHICLES ON ROADWAYS OR INTO STORM DRAINS MUST BE REMOVED AS SOON AS POSSIBLE.

17. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING SEDIMENT IN THE DETENTION POND AND ANY SEDIMENT THAT MAY HAVE COLLECTED IN THE STORM SEWER DRAINAGE SYSTEMS IN CONJUNCTION WITH THE STABILIZATION OF THE SITE.

18. ON-SITE & OFF-SITE SOIL STOCKPILE AND BORROW AREAS SHALL BE PROTECTED FROM EROSION AND SEDIMENTATION THROUGH IMPLEMENTATION OF BEST MANAGEMENT PRACTICES. STOCKPILE AND BORROW AREA LOCATIONS SHALL BE IN ACCORDANCE WITH GENERAL PERMIT REQUIREMENTS.

19. SLOPES SHALL BE LEFT IN A ROUGHENED CONDITION DURING THE GRADING PHASE TO REDUCE RUNOFF VELOCITIES AND EROSION.

20. DUE TO GRADE CHANGES DURING THE DEVELOPMENT OF THE PROJECT, THE CONTRACTOR SHALL BE RESPONSIBLE FOR ADJUSTING THE EROSION CONTROL MEASURES (SILT FENCES, ETC.) TO PREVENT EROSION.

21. ALL CONSTRUCTION SHALL BE STABILIZED AT THE END OF EACH WORKING DAY. THIS INCLUDES BACK FILLING OF TRENCHES FOR UTILITY CONSTRUCTION AND PLACEMENT OF GRAVEL, OR BITUMINOUS PAVING FOR ROAD CONSTRUCTION.

22. SEDIMENTATION CONTROL/SWPPS SHALL PREVENT TURBIDITY RUNOFF WITH TURBIDITY GREATER THAN 29 NTUS FROM LEAVING THE CONSTRUCTION SITE.

23. INSPECTIONS BY THE CONTRACTOR TO DETERMINE THE EFFECTIVENESS OF PROPOSED SEDIMENT CONTROL MEASURES SHALL BE CONDUCTED DAILY AND WITHIN 24 HOURS AFTER EACH 150 INCH OR GREATER RAINFALL EVENT. ANY NECESSARY REMEDIES SHALL BE PERFORMED IMMEDIATELY.

24. ALL EXCESS FILL TO BE HAULED OFF-SITE.

25. DENATURING ACTIVITIES SHALL NOT RESULT IN ANY DISCHARGE OF WATER WITH TURBIDITY GREATER THAN 29 NTUS FROM THE SITE. IF ANALYTICAL RESULTS FROM GROUNDWATER SAMPLES DETERMINE THAT SITE IS CONTAMINATED, A CITY WASTEWATER INDUSTRIAL WASTE PRE-TREATMENT GROUNDWATER PERMIT MUST BE OBTAINED FOR PROPER DISPOSAL INTO CITY SANITARY SYSTEM.

DEMOLITION NOTES

1. ALL MATERIAL REMOVED FROM THIS SITE BY THE CONTRACTOR SHALL BE DISPOSED OF BY THE CONTRACTOR IN A LEGAL MANNER.

2. REFER TO THE TOPOGRAPHIC SURVEY FOR ADDITIONAL DETAILS OF EXISTING STRUCTURES, ETC. LOCATED WITHIN THE PROJECT SITE. UNLESS OTHERWISE NOTED, ALL EXISTING BUILDINGS, STRUCTURES, SLABS, CONCRETE, ASPHALT, DEBRIS, PILES, SIGNS, AND ALL IMPROVEMENTS ARE TO BE REMOVED FROM THE SITE BY THE CONTRACTOR AND PROPERLY DISPOSED OF IN A LEGAL MANNER AS PART OF THE CONTRACT. SOME ITEMS TO BE REMOVED MAY NOT BE DETECTED ON THE TOPOGRAPHIC SURVEY. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VISIT THE SITE AND DETERMINE THE FULL EXTENT OF ITEMS TO BE REMOVED. IF ANY ITEMS ARE IN QUESTION, THE CONTRACTOR SHALL CONTACT THE OWNER PRIOR TO REMOVAL OF SAID ITEM.

3. ALL TREES NOT SPECIFICALLY SHOWN TO BE PRESERVED OR RELOCATED SHALL BE REMOVED AS A PART OF THIS CONTRACT. TREE PROTECTION FENCING SHALL BE INSTALLED PRIOR TO ANY DEMOLITION.

4. MEASURES STATED ON THE EROSION AND SEDIMENT CONTROL PLAN AND IN THE STORM WATER POLLUTION PREVENTION PLAN SHALL BE MAINTAINED FULLY FUNCTIONAL CONDITION UNTIL NO LONGER REQUIRED FOR A COMPLETED PHASE OF WORK OR FINAL STABILIZATION OF THE SITE. ALL EROSION AND SEDIMENTATION CONTROL MEASURES SHALL BE CHECKED BY A QUALIFIED PERSON AT LEAST ONCE EVERY SEVEN CALENDAR DAYS AND WITHIN 24 HOURS OF THE END OF A 1.5" RAINFALL EVENT AND CLEANED AND REPAIRED IN ACCORDANCE WITH THE FOLLOWING:

1. SILT PROTECTION DEVICES AND BARRIERS SHALL BE REPAIRED OR REPLACED IF THEY SHOW SIGNS OF UNDERMINING, OR DETEIORATION.

2. ALL SEEDED AREAS SHALL BE CHECKED REGULARLY TO SEE THAT A GOOD STAND IS MAINTAINED. AREAS SHOULD BE FERTILIZED, WATERED AND RESEEDS AS REQUIRED FOR MAINTENANCE REQUIREMENTS. REFER TO SECTION 161 OF THE STANDARD SPECIFICATIONS.

3. SILT FENCES SHALL BE REPAIRED TO THEIR ORIGINAL CONDITION IF DAMAGED. SEDIMENT SHALL BE REMOVED FROM THE SILT FENCES WHEN IT REACHES ONE-HALF THE HEIGHT OF THE SILT FENCE.

4. THE CONSTRUCTION ENTRANCES SHALL BE MAINTAINED IN A CONDITION WHICH WILL PREVENT TRACKING OR FLOW OF MUD ONTO PUBLIC RIGHT-OF-WAY. THIS MAY REQUIRE PERIODIC TOP DRESSING OF THE CONSTRUCTION ENTRANCES AS CONDITIONS DEMAND.

5. THE TEMPORARY PARKING AND STORAGE AREA SHALL BE KEPT IN GOOD CONDITION (SUITABLE FOR PARKING AND STORAGE) THIS MAY REQUIRE PERIODIC TOP DRESSING OF THE STANDARD SPECIFICATIONS.

6. OUTLET STRUCTURES IN THE SEDIMENTATION BASINS SHALL BE MAINTAINED IN OPERATIONAL CONDITION AT ALL TIMES. SEDIMENT SHALL BE REMOVED FROM SEDIMENT BASINS OR TRAPS WHEN THE DESIGN CAPACITY HAS BEEN REDUCED BY 55 CUBIC YARDS / ACRE.

7. ALL MAINTENANCE OPERATIONS SHALL BE DONE IN A TIMELY MANNER BUT IN NO CASE LATER THAN 7 CALENDAR DAYS FOLLOWING THE INSPECTION.

8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING SEDIMENT IN THE DETENTION POND AND ANY SEDIMENT THAT MAY HAVE COLLECTED IN THE STORM SEWER DRAINAGE SYSTEMS IN CONJUNCTION WITH THE STABILIZATION OF THE SITE.

9. ON-SITE & OFF-SITE SOIL STOCKPILE AND BORROW AREAS SHALL BE PROTECTED FROM EROSION AND SEDIMENTATION THROUGH IMPLEMENTATION OF BEST MANAGEMENT PRACTICES. STOCKPILE AND BORROW AREA LOCATIONS SHALL BE IN ACCORDANCE WITH GENERAL PERMIT REQUIREMENTS.

10. SLOPES SHALL BE LEFT IN A ROUGHENED CONDITION DURING THE GRADING PHASE TO REDUCE RUNOFF VELOCITIES AND EROSION.

11. DUE TO GRADE CHANGES DURING THE DEVELOPMENT OF THE PROJECT, THE CONTRACTOR SHALL BE RESPONSIBLE FOR ADJUSTING THE EROSION CONTROL MEASURES (SILT FENCES, ETC.) TO PREVENT EROSION.

12. ALL CONSTRUCTION SHALL BE STABILIZED AT THE END OF EACH WORKING DAY. THIS INCLUDES BACK FILLING OF TRENCHES FOR UTILITY CONSTRUCTION AND PLACEMENT OF GRAVEL, OR BITUMINOUS PAVING FOR ROAD CONSTRUCTION.

13. SEDIMENTATION CONTROL/SWPPS SHALL PREVENT TURBIDITY RUNOFF WITH TURBIDITY GREATER THAN 29 NTUS FROM LEAVING THE CONSTRUCTION SITE.

14. INSPECTIONS BY THE CONTRACTOR TO DETERMINE THE EFFECTIVENESS OF PROPOSED SEDIMENT CONTROL MEASURES SHALL BE CONDUCTED DAILY AND WITHIN 24 HOURS AFTER EACH 150 INCH OR GREATER RAINFALL EVENT. ANY NECESSARY REMEDIES SHALL BE PERFORMED IMMEDIATELY.

15. ALL EXCESS FILL TO BE HAULED OFF-SITE.

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APOKA, FL 32703

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REVISION / ISSUANCE

NO.	DESCRIPTION	DATE
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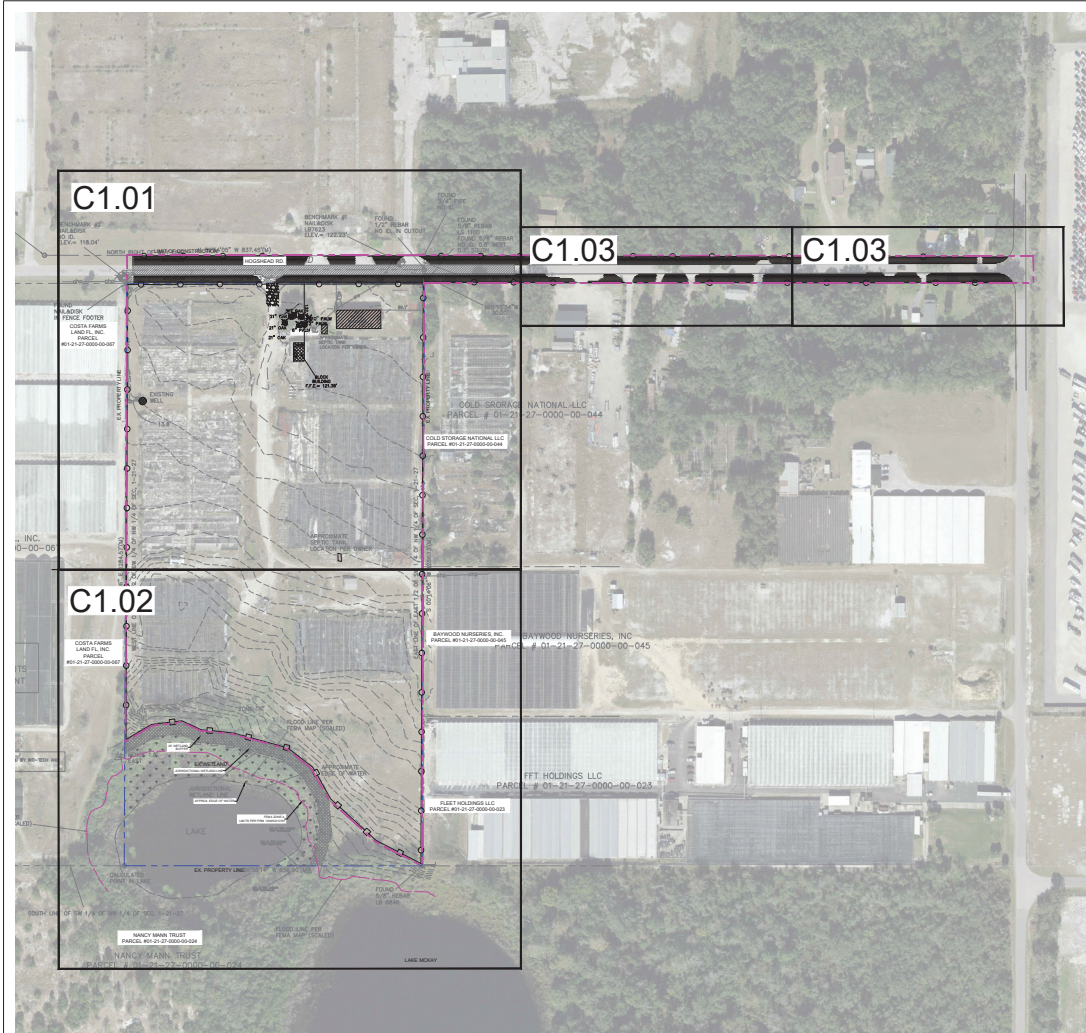
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GENERAL NOTES

C0.01



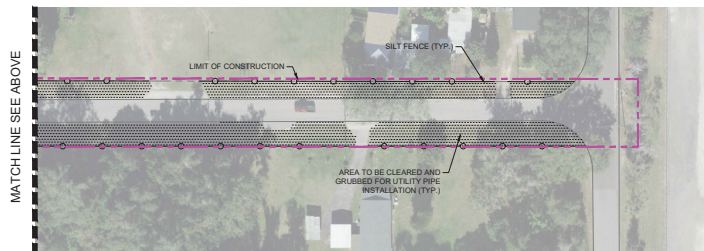
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APOPKA, FL 32703

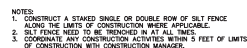
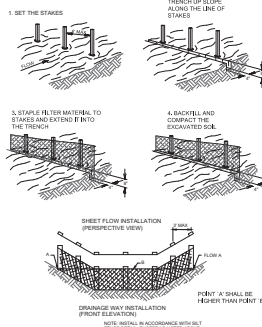
REVISION / ISSUANCE		
NO.	DESCRIPTION	DATE
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2	REVISION 2	07/10/24

DESIGNED BY: NS
DRAWN BY: NS
CHECKED BY: BP

VERT: N/A
HORIZ: 1" = 500'

OVERALL EXISTING CONDITIONS, DEMO AND EROSION CONTROL PLAN

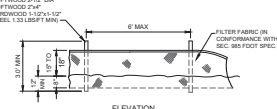


[illegible]

OPTIONS:
 ODD 2-1/2" DIA
 ODD 2"x4"
 ODD 1-1/2"x1-1/2"
 .33 LB/SFT MIN

6" MAX

FILTER FABRIC (IN CONFORMANCE WITH)



The diagram illustrates the installation of filter fabric on a plan view. It shows two vertical posts: an 'OPTIONAL POST POSITION' and a 'PRINCIPLE POST POSITION (GANTED 20° TOWARD FLOW)'. The angle between the vertical and the principle post position is labeled as 20°. A horizontal line represents the 'SILT FLOW' direction. A 'FILTER FABRIC' is shown draped over the posts. A dimension of 3.0' is indicated between the two posts. A note on the left states 'SILE ROW Y WHERE WIN ON PLAN'. The word 'SECTION' is written at the bottom.

- NOTES:
1. PRIOR TO ANY DISTURBANCE OF PROPERTY, THE ENTIRE SILT FENCE MUST BE IN PLACE.
 2. THE EROSION CONTROL PROVISIONS DELINEATED ON THE PLANS ARE THE MINIMUM REQUIRED. ADDITIONAL EROSION AND SEDIMENT CONTROL MEASURES MAY BE NEEDED DEPENDENT UPON ACTUAL SITE CONDITIONS AND CONSTRUCTION OPERATIONS.
 3. ENSURE THAT POSTS AT CONNECTIONS ARE ROLLED AND WRAPPED PER EFCO STANDARDS.

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DESIGNED BY: YB
DRAWN BY: YB
CHECKED BY: BF

LEGEND

PROPOSED LIGHT DUTY ASPHALT PAVEMENT	
PROPOSED HEAVY DUTY ASPHALT PAVEMENT	
PROPERTY LINE	
FEMA ZONE A	
PROPOSED SIDEWALK	
PROPOSED CONCRETE PAVEMENT	

NOTES

- 1) PROPOSED SIGN "NO TRUCKS ALLOWED".
- 2) PROPOSED SIGN "OVERSIGHT PARKING OF COMMERCIAL VEHICLES, TRACTOR TRAILERS, BOATS, RECREATIONAL VEHICLES, CAMPER OR MOTOR HOMES SHALL BE PROHIBITED WITHIN PARKED LOTS NOT SPECIFICALLY DESIGNED FOR THAT PURPOSE."
- 3) TRUCKS AND SEMI-TRAILERS SHALL NOT BE PARKED OR STORED WITHIN PUBLIC VIEW OR NEARBY TRAFFIC UNLESS IT IS TEMPORARY PARKING NOT TO EXCEED FORTY-EIGHT (48) HOURS FOR DELIVERY PURPOSES.
- 4) CONCRETE SIDEWALK RAMP SHALL BE CONSTRUCTED WITH MAX 1:14 SLOPE & INSTALLED ACCORDING TO FOOT STANDARD PLANS INDEX 522-02.
- 5) ALL SIGNS SHALL CONFORM TO THE MANUAL OF UNIFORM CONTROL DEVICES (LATEST EDITION).
- 6) CONTRACTOR TO OBTAIN CAD FILES FROM OWNER FOR LAYOUT, GEOMETRY AND CONSTRUCTION STAKING FOR ALL PROPOSED IMPROVEMENTS.
- 7) ALL STRIPING TO BE THERMOPLASTIC UNLESS OTHERWISE NOTED.

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APOLKA, FL 32703

8121044

REVISION / ISSUANCE

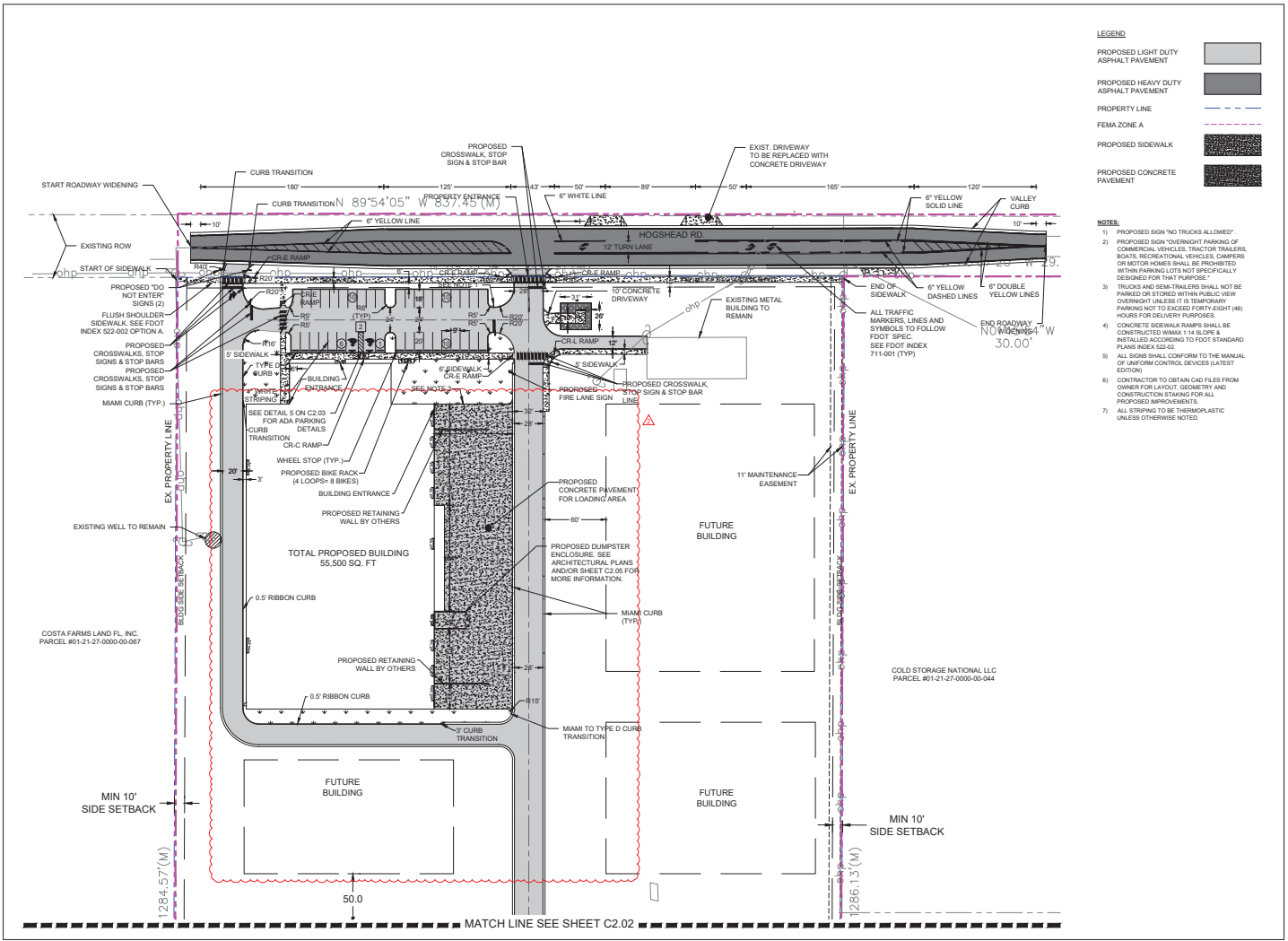
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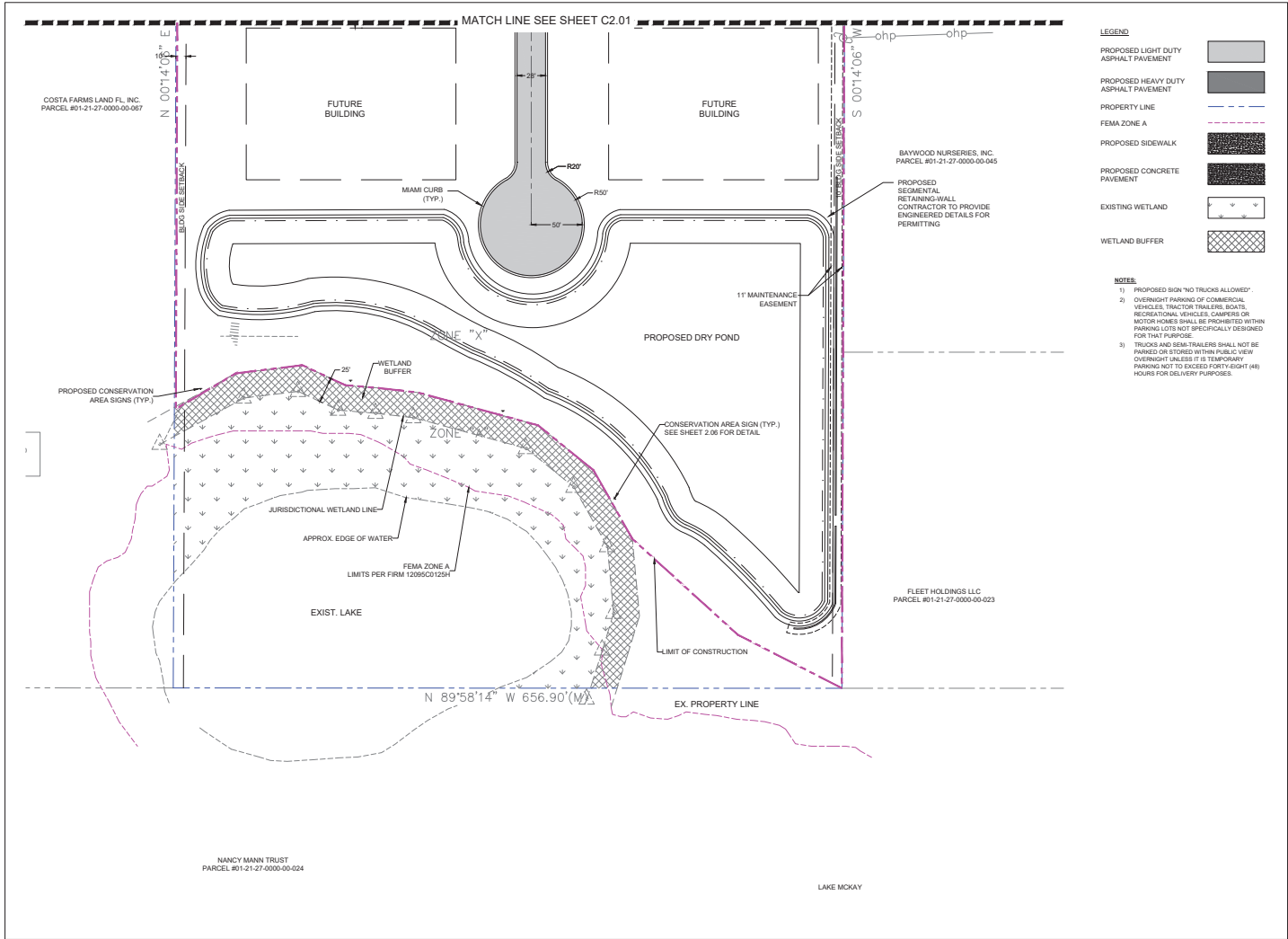
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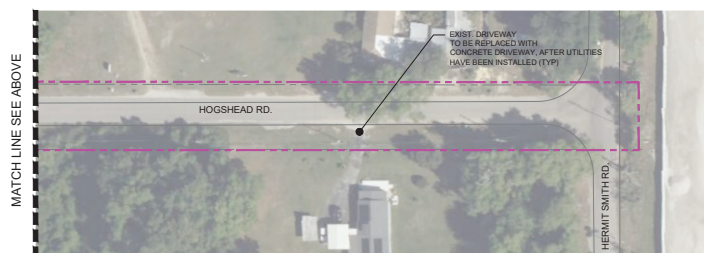
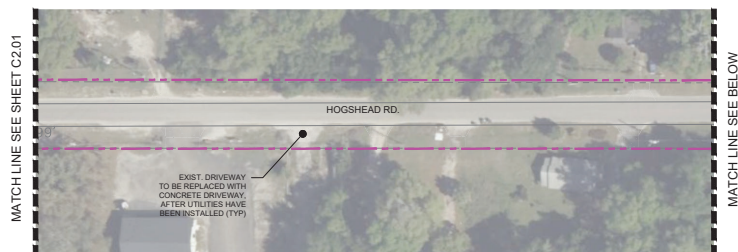
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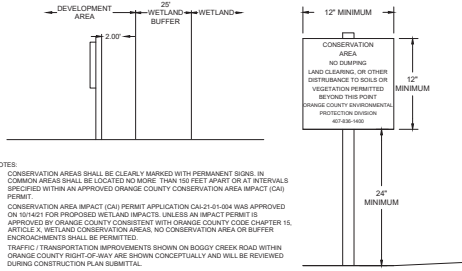
SITE PLAN

C2.01



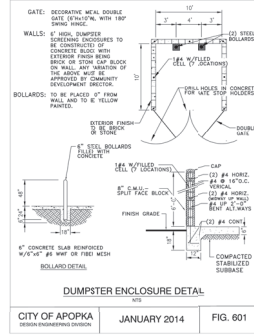




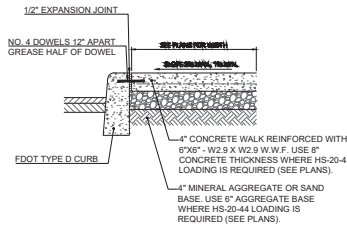


- NOTES:
1. CONSERVATION AREAS SHALL BE CLEARLY MARKED WITH PERMANENT SIGNS. IN COMMON AREAS SHALL BE LOCATED NO MORE THAN 100 FEET APART OR AT INTERVALS SPECIFIED WITHIN AN APPROVED ORANGE COUNTY CONSERVATION AREA IMPACT (CAI) PERMIT.
 2. CONSERVATION AREA IMPACT (CAI) PERMIT APPLICATION CAI-21-01-004 WAS APPROVED ON 10/14/21 FOR PROPOSED WETLAND IMPACTS. UNLESS AN IMPACT PERMIT IS APPROVED BY ORANGE COUNTY CONSISTENT WITH ORANGE COUNTY CODE CHAPTER 15, ARTICLE X, WETLAND CONSERVATION AREAS, NO CONSERVATION AREA OR BUFFER ENCROACHMENTS SHALL BE PERMITTED.
 3. TRAFFIC / TRANSPORTATION IMPROVEMENTS SHOWN ON BOGGY CREEK ROAD WITHIN ORANGE COUNTY RIGHT-OF-WAY ARE SHOWN CONCEPTUALLY AND WILL BE REVIEWED DURING CONSTRUCTION PLAN SUBMITTAL.
 4. THE TRAFFIC SIGNAL DESIGN AT THE INTERSECTION OF BETH ROAD, ROAD D AND BOGGY CREEK ROAD SHALL BE APPROVED BY THE OCPW TRAFFIC ENGINEERING DIVISION.

1 CONSERVATION AREA SIGN DETAIL
NTS

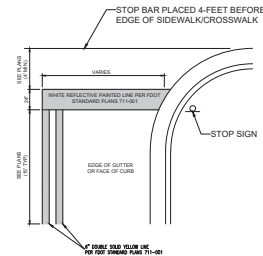


DUMPSTER ENCLOSURE DETAIL
CITY OF APOPKA
DESIGN ENGINEERING DIVISION
JANUARY 2014
FIG. 601

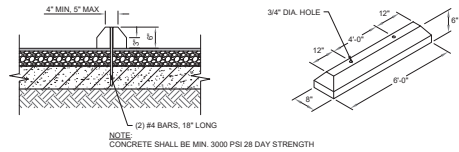


- NOTES:
1. USE 3500 PSI CONCRETE AND ASTM GRADE 60 STEEL.
 2. PROVIDE CONTROL JOINTS 9' APART AND EXPANSION JOINTS 20' APART AND WHERE SIDEWALK ABUTS RIGID MATERIAL.

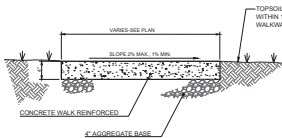
4 SIDEWALK AT CURB DETAIL
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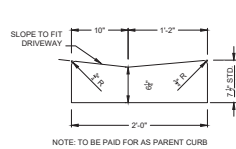
5 PAINTED STOP BAR DETAIL
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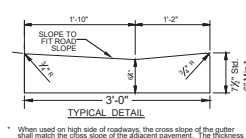
7 CONCRETE WHEEL STOP DETAIL
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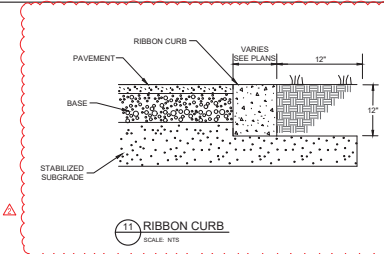
8 CONCRETE SIDEWALK IN TURF DETAIL
NTS



9 MIAMI CURB
SCALE: NTS



10 VALLEY GUTTER CURB DETAIL
NTS



11 RIBBON CURB
SCALE: NTS

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APOPKA, FL 32703

REVISION / ISSUANCE		
NO.	DESCRIPTION	DATE
1	REVISION 1	10/28/24
2	REVISION 2	01/10/25

DESIGNED BY: VB
DRAWN BY: VB
CHECKED BY: BF

SITE DETAILS

C2.05

LEGEND

- LIMITS OF CONSTRUCTION
- PROPERTY LINE
- 122.00' PROPOSED SPOT ELEVATION
- EXISTING SPOT ELEVATION
- PROPOSED STORM PIPES
- 1% PROPOSED GRADING SLOPE
- PROPOSED STORM INLET STRUCTURE
- PROPOSED STORM INLET STRUCTURE
- FLOW DIRECTION

C3.01

C3.02

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APOPKA, FL 32703

81210844

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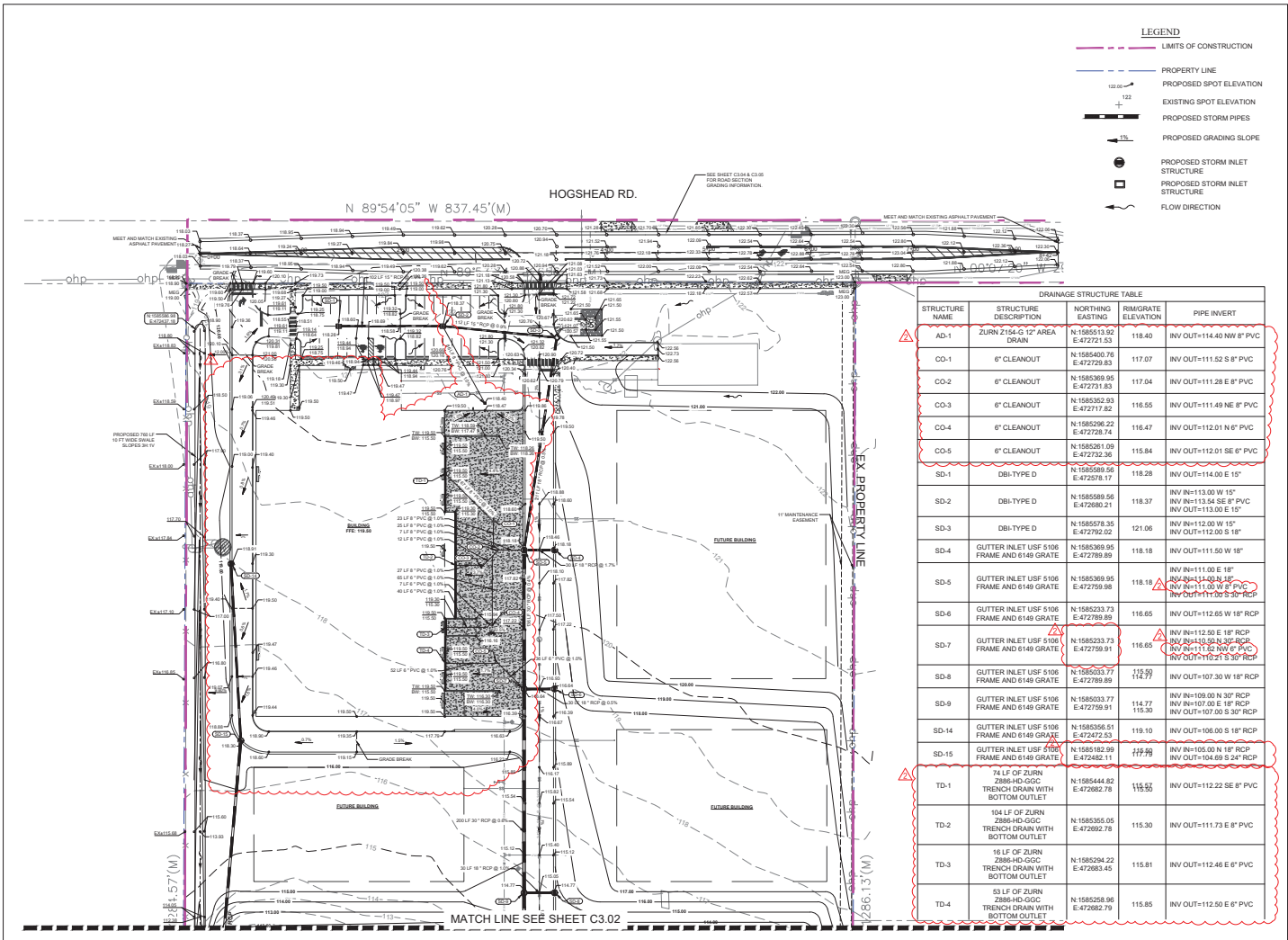
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2	REVISION 2	07/10/24

DESIGNED BY: NS
DRAWN BY: NS
CHECKED BY: SP

VERT: N/A
HORIZ: 1" = 50'
SCALE: 1" = 50'

OVERALL GRADING & DRAINAGE PLAN

C3.00



LO FAMILY TRUST WAREHOUSE
APOKA, FL 32703

REVISION / ISSUANCE

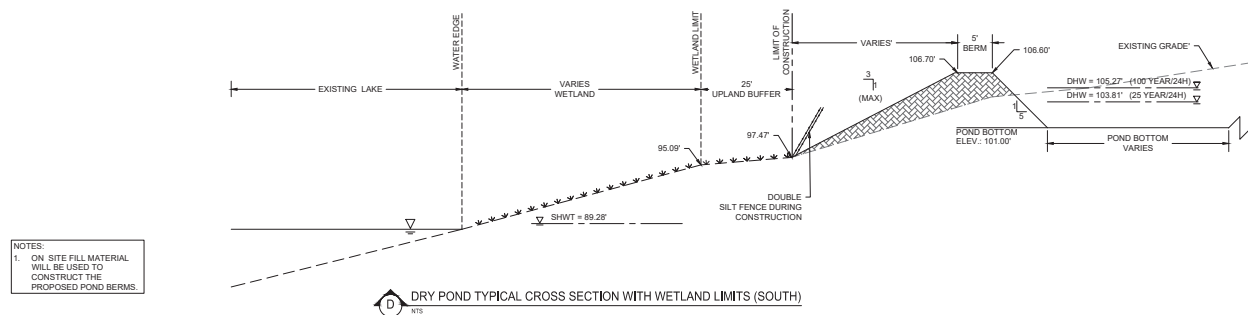
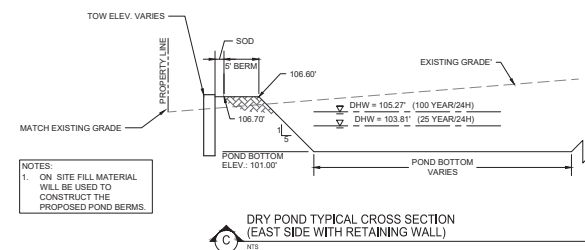
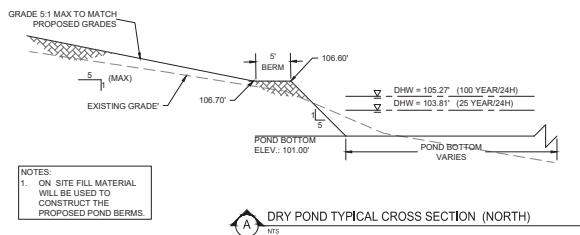
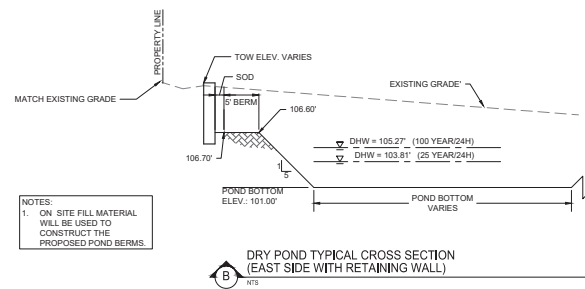
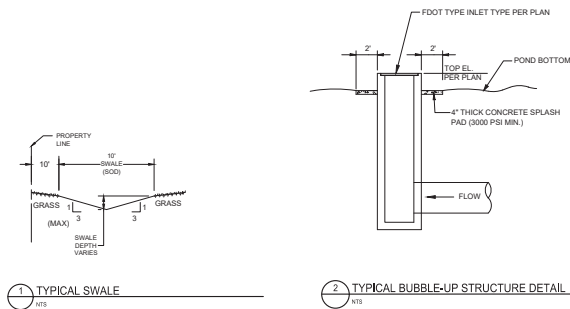
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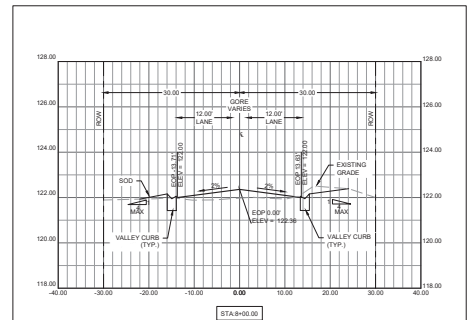
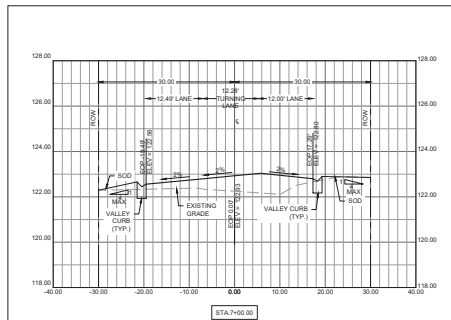
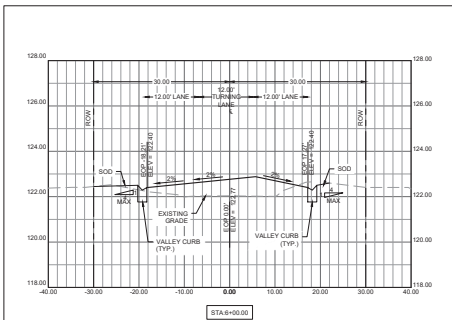
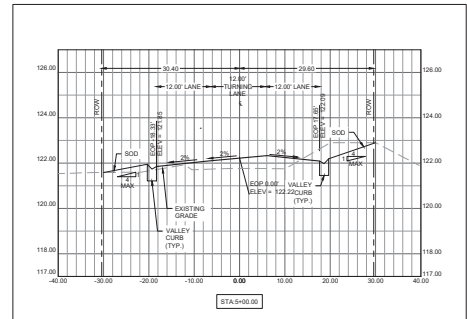
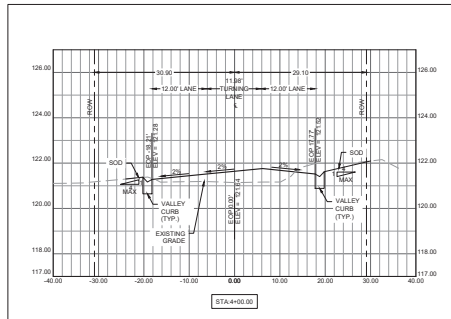
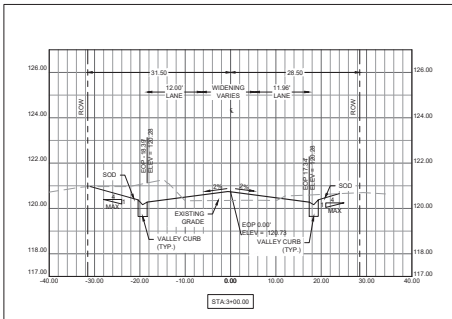
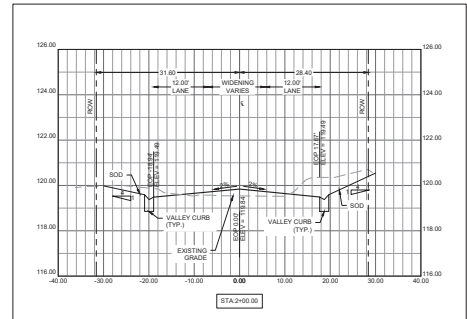
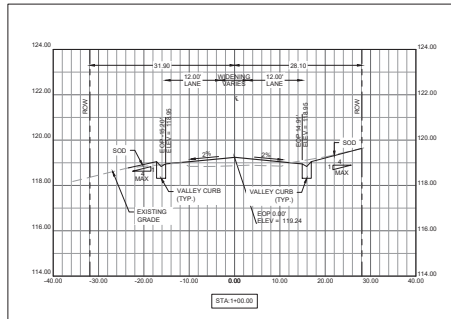
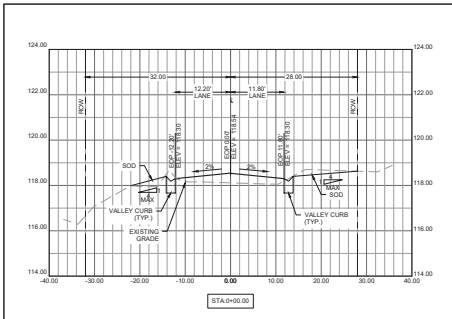
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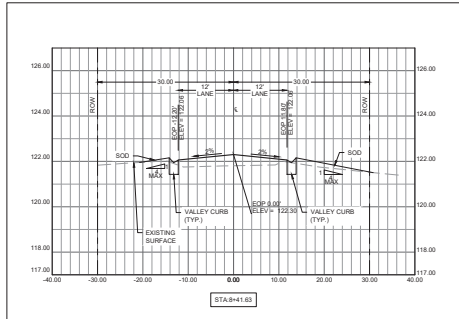
GRADING & DRAINAGE PLAN

C3.01

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NO.	DESCRIPTION	DATE
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2	REVISION 2	07/10/24





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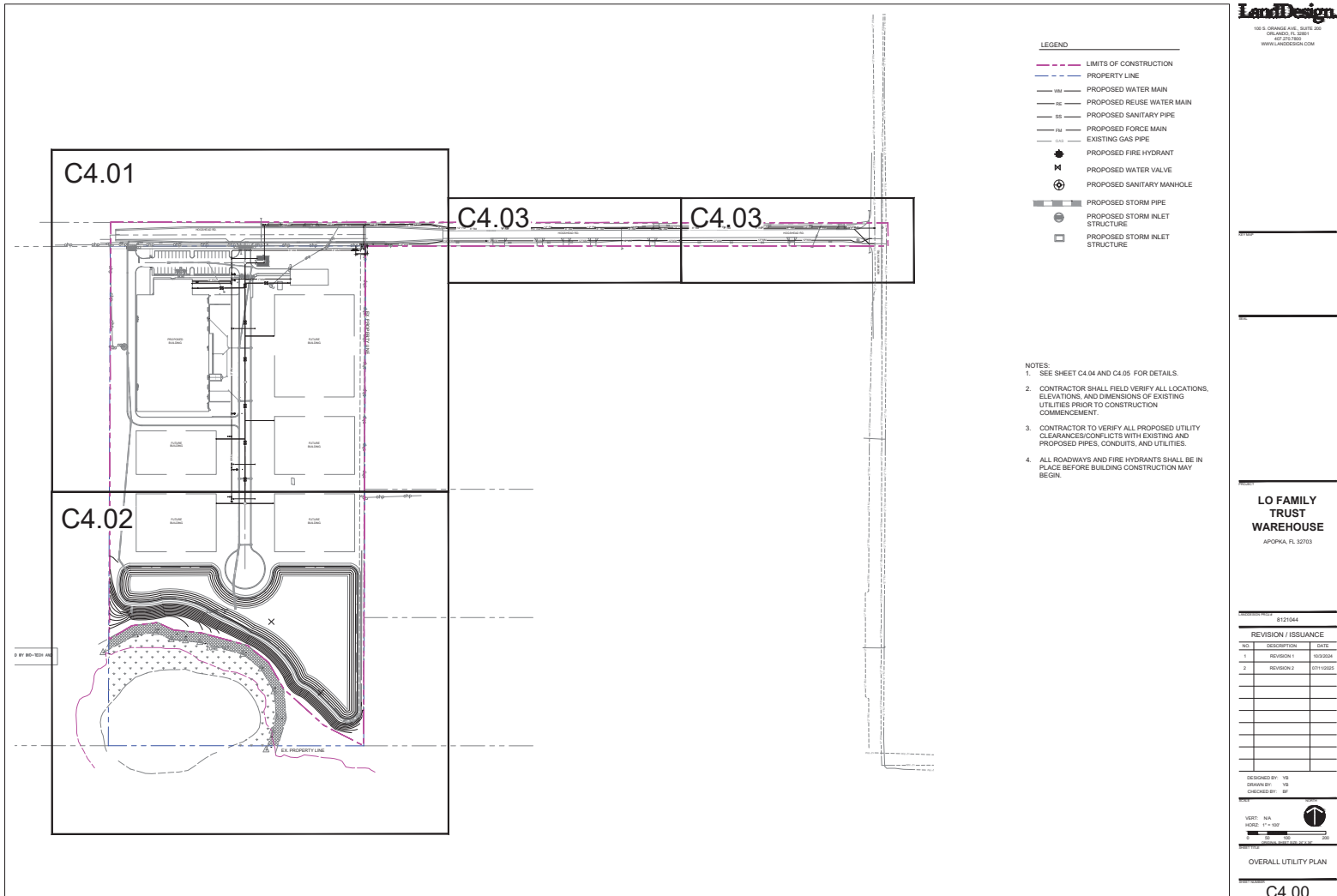
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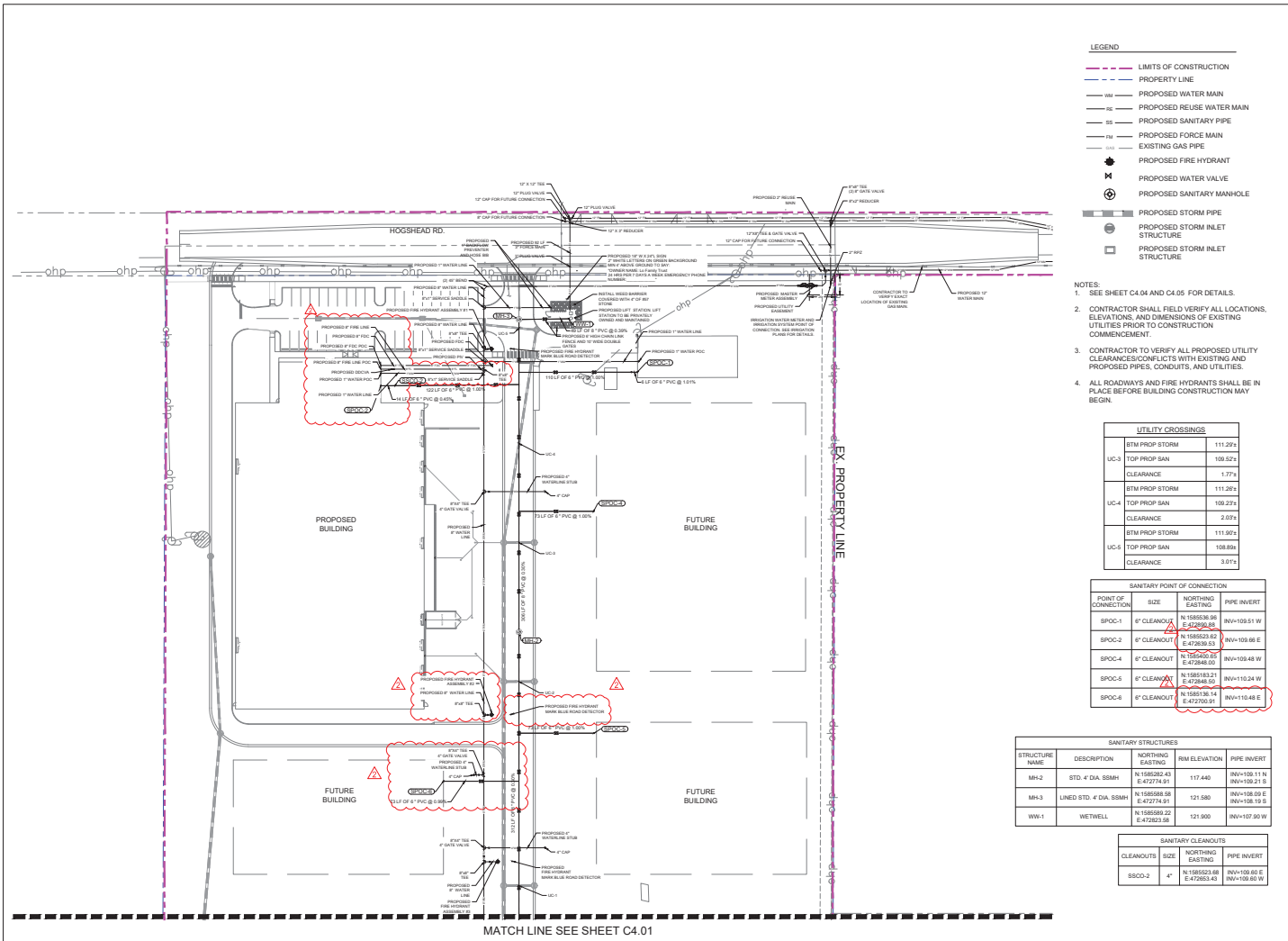
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CHECKED BY: BT

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CROSS SECTIONS

C3.05





LO FAMILY TRUST WAREHOUSE
APOPKA, FL 32703

8121044

REVISION / ISSUANCE

NO. DESCRIPTION DATE

1. REVISION 1. 10/24/24

2. REVISION 2. 01/10/25

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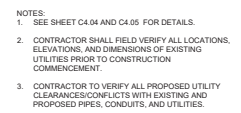
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UTILITY PLAN

C4.01



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WAREHOUSE**
APOPKA, FL 32703

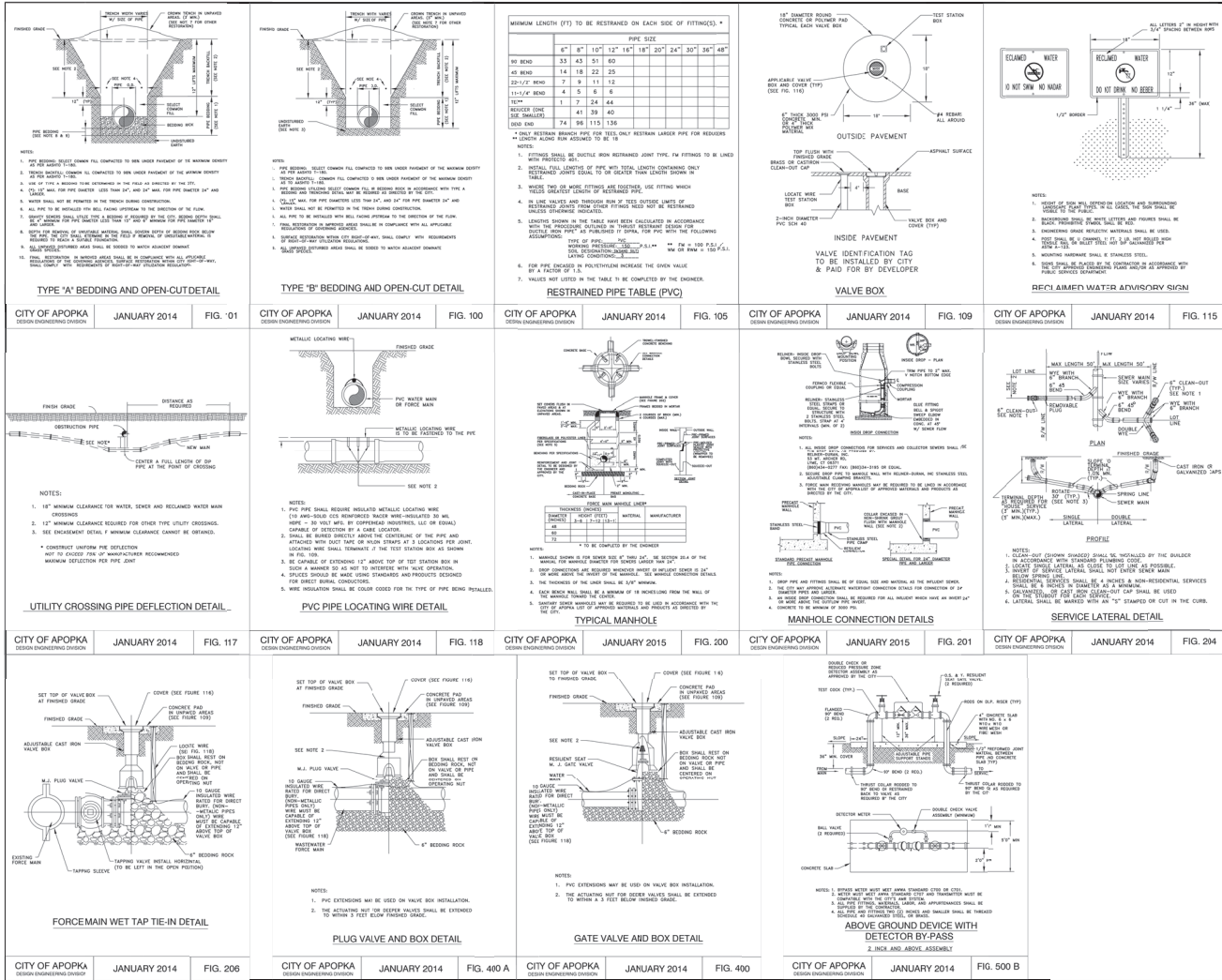
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CHECKED BY: BF

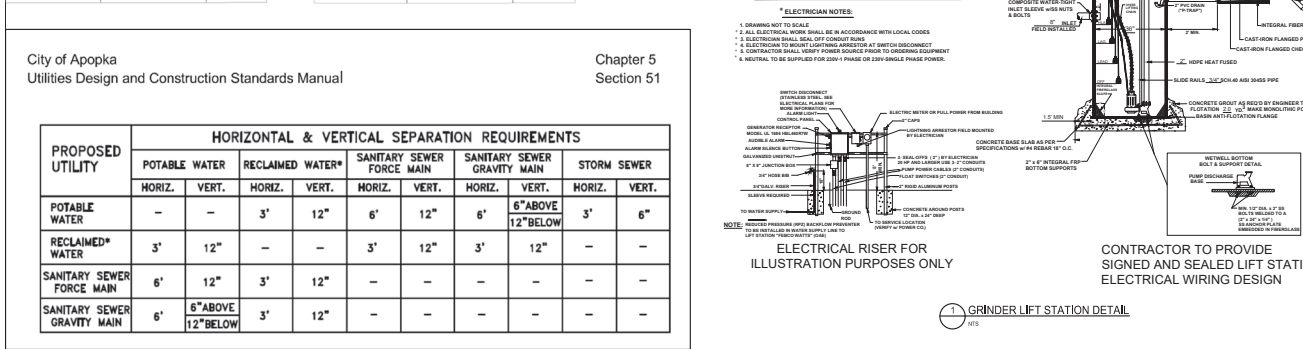
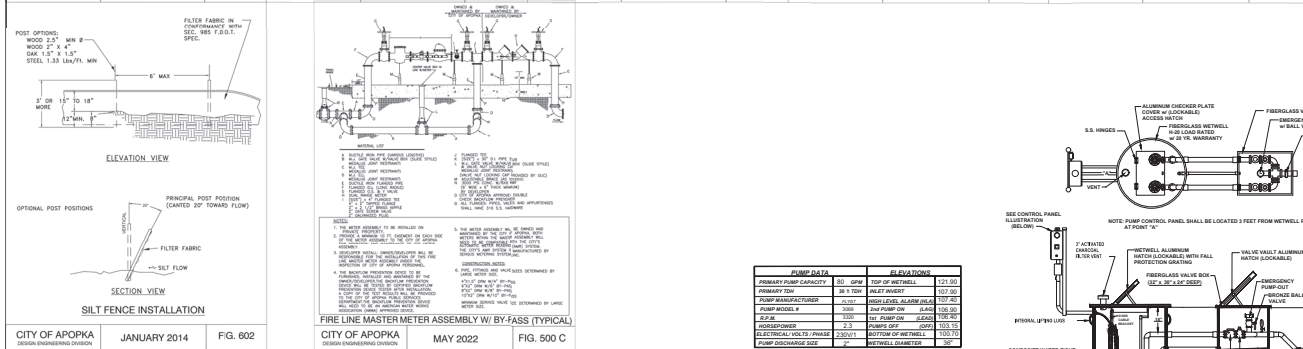
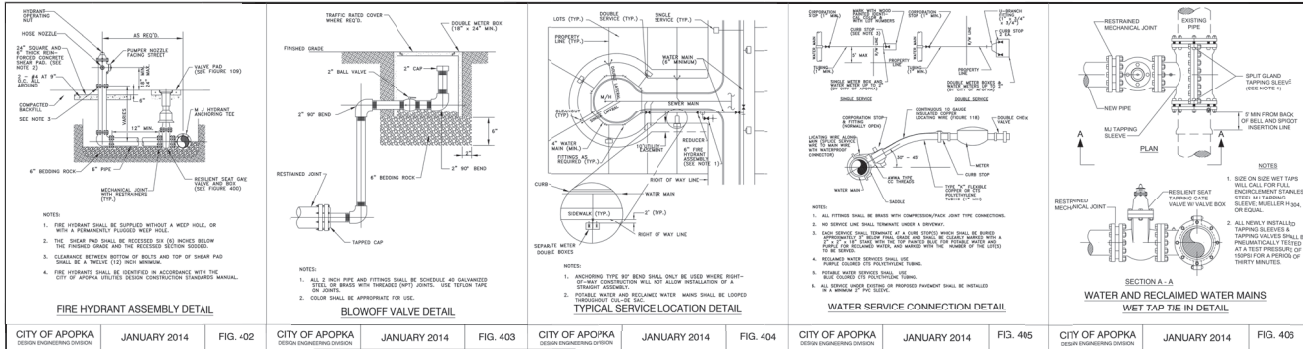


UTILITY PLAN

C4.03

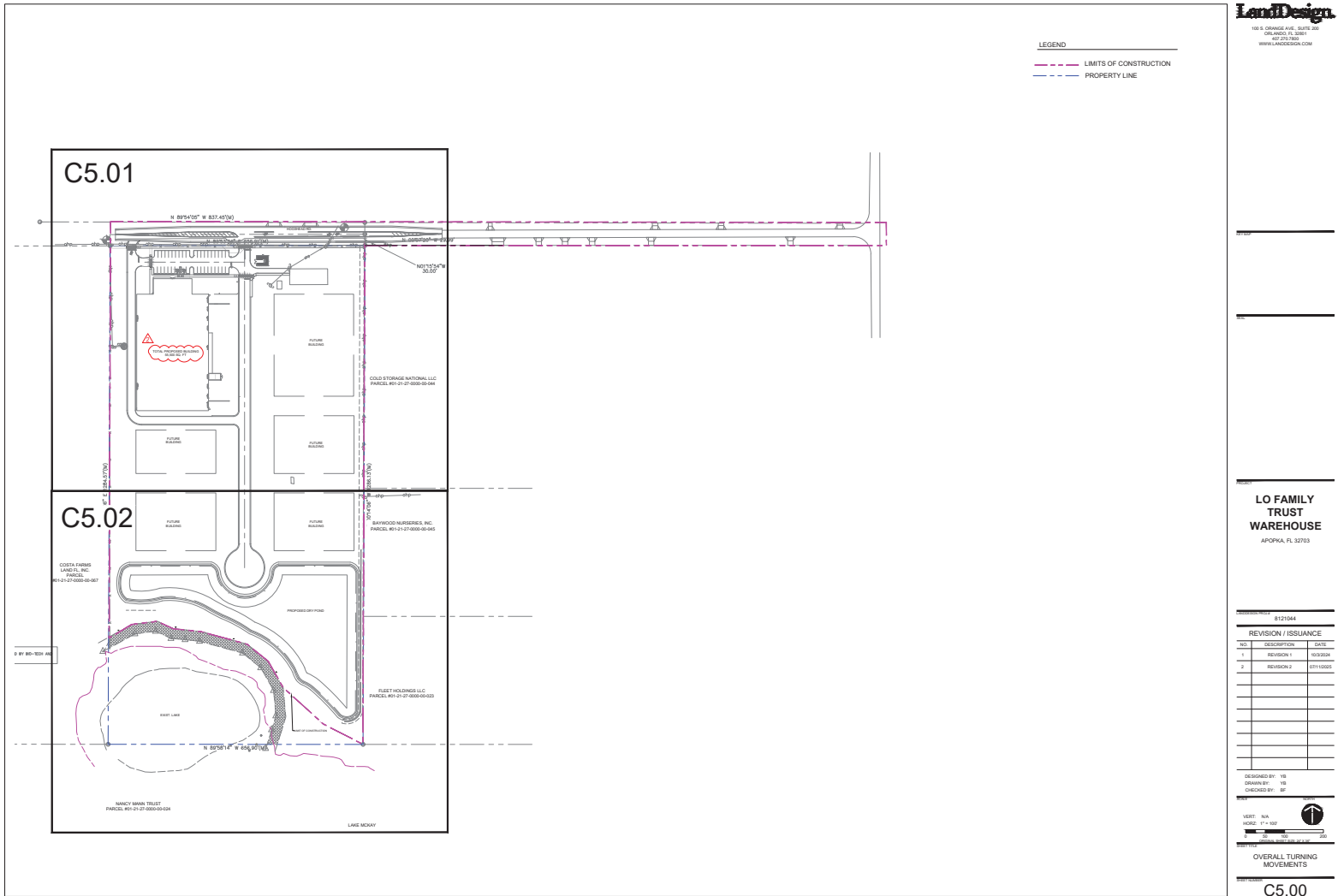


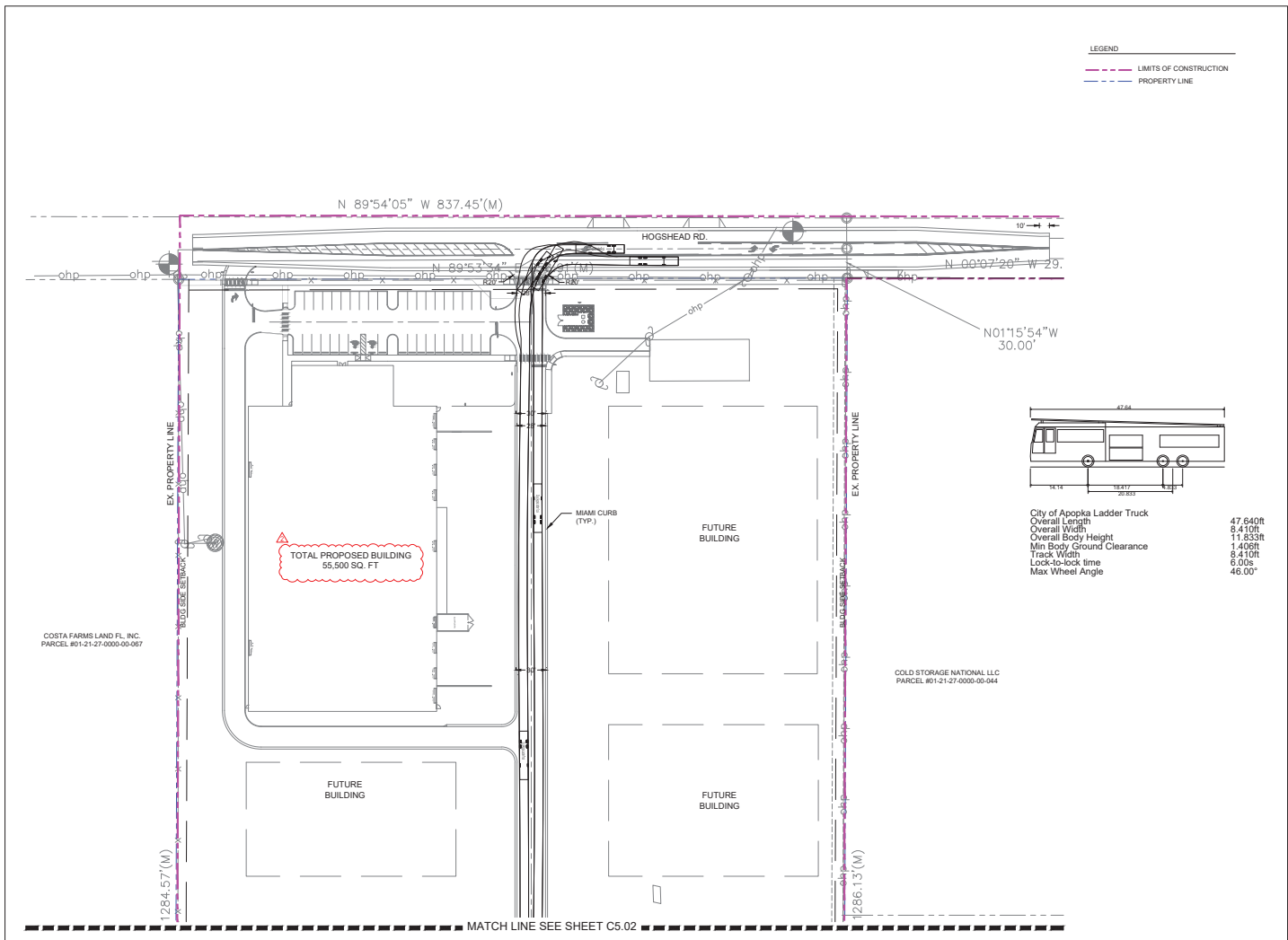
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City of Apopka Utilities Design and Construction Standards Manual Chapter 5 Section 51

PROPOSED UTILITY	HORIZONTAL & VERTICAL SEPARATION REQUIREMENTS									
	POTABLE WATER		RECLAIMED WATER*		SANITARY SEWER FORCE MAIN		SANITARY SEWER GRAVITY MAIN		STORM SEWER	
	HORIZ.	VERT.	HORIZ.	VERT.	HORIZ.	VERT.	HORIZ.	VERT.	HORIZ.	VERT.
POTABLE WATER	-	-	3'	12"	6'	12"	6'	6" ABOVE 12" BELOW	3'	6"
RECLAIMED* WATER	3'	12"	-	-	3'	12"	3'	12"	-	-
SANITARY SEWER FORCE MAIN	6'	12"	3'	12"	-	-	-	-	-	-
SANITARY SEWER GRAVITY MAIN	6'	6" ABOVE 12" BELOW	3'	12"	-	-	-	-	-	-



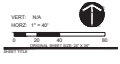


**LO FAMILY
TRUST
WAREHOUSE**
APOPKA, FL 32703

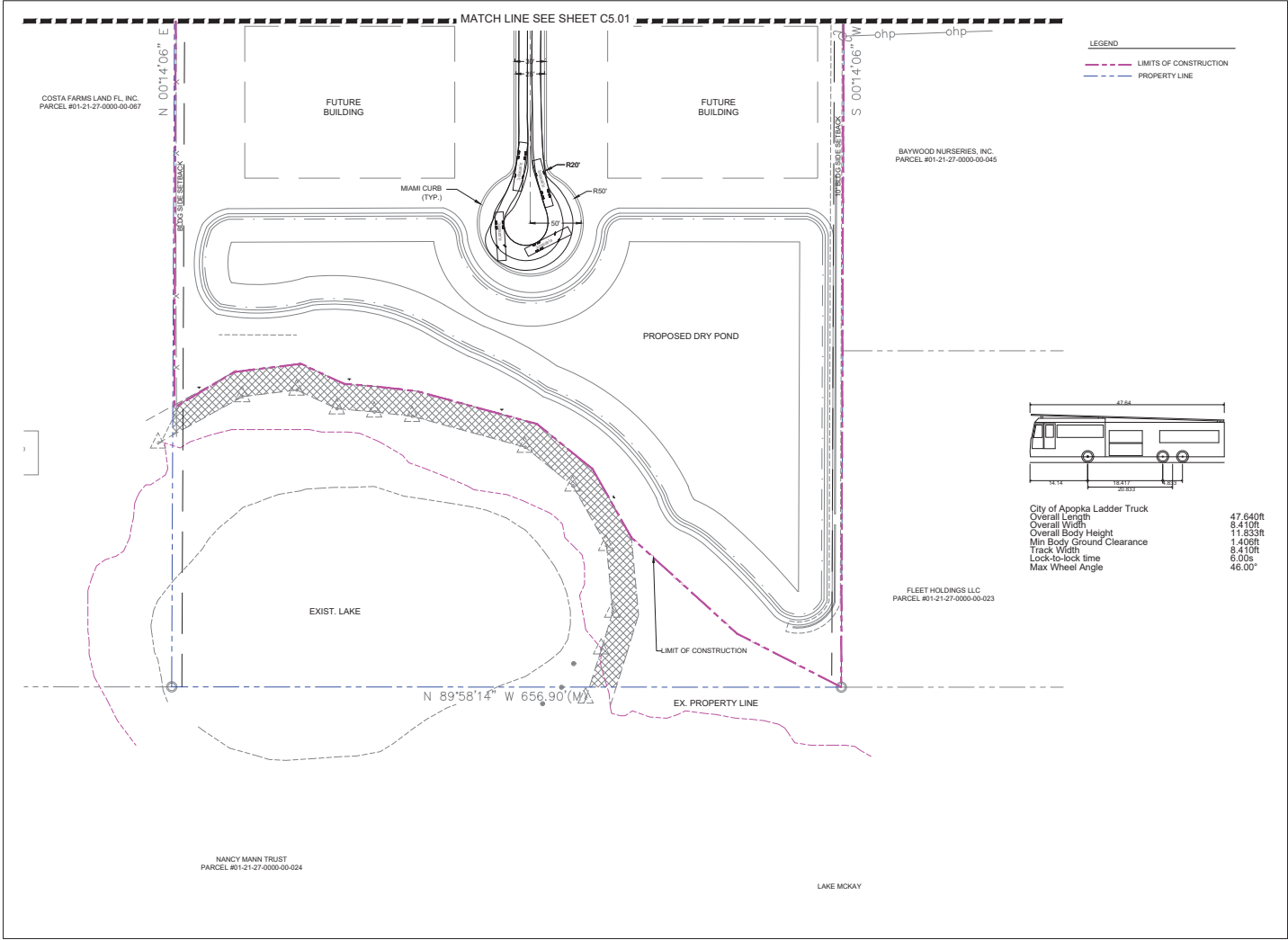
[illegible]

DESIGNED BY: YB
DRAWN BY: YB
CHECKED BY: BF

SCALE: NORTH



TURNING MOVEMENTS



REVISION / ISSUANCE		
NO.	DESCRIPTION	DATE
1	REVISION 1	03/03/24
2	REVISION 2	07/10/24

DESIGNED BY: NS
DRAWN BY: NS
CHECKED BY: BT

VERT: N/A
HORIZ: 1"=40'
GRAPHIC SCALE: 0 20 40 60 80

TURNING MOVEMENTS

C5.02

AT
106 W 4TH ST,
APOPKA, FL 32703
PARCEL #: 09-21-28-0196-40-061

OWNER:	ALPHA DISTRIBUTIONS, LLC
DEVELOPER:	RENE ESCOBAR 1940 RUCKMAN PL APOFKA, FL 32703
CIVIL ENGINEER:	COMMON OAK ENGINEERING, LLC 4020 EDGEWATER DRIVE ORLANDO, FL 32804 PHONE: (407) 951-5915
SURVEYOR:	L&S DIVERSIFIED 4776 NEW BROAD ST. SUITE 100 ORLANDO, FL 32814 PHONE: (407) 681-3636
ARCHITECT:	TBD

WATER & SEWER:	CITY OF APOKA 748 E CLEVELAND ST APOKA, FL 32703 407-702-1731
ELECTRIC:	DUKE ENERGY 1-800-477-6898
STORM:	CITY OF APOKA 748 E CLEVELAND ST APOKA, FL 32703 407-702-1731
COMMUNICATIONS:	TBD

LEGAL DESCRIPTION
THAT PART OF LOT 6, IN BLOCK D, OF APOPKA, LYING NORTH OF THE SEABOARD AIRLINE RAILWAY, AS
PER PLAT THEREOF RECORDED IN PLAT BOOK A, PAGES 87 AND 109, PUBLIC RECORDS OF ORANGE
COUNTY, FLORIDA.

[illegible]

C1.0	COVER SHEET		C1.0	COVER SHEET
C2.0	GENERAL NOTES		C2.0	GENERAL NOTES
C2.1	GENERAL NOTES		C2.1	GENERAL NOTES
C2.2	GENERAL NOTES		C2.2	GENERAL NOTES
C3.0	SITE PLAN		C3.0	SITE PLAN
C4.0	GRAZING PLAN		C4.0	GRAZING PLAN
C5.0	UTILITY PLAN		C5.0	UTILITY PLAN
C6.0	SECURITY PLAN		C6.0	SECURITY PLAN
C7.0	LANDSCAPE IRRIGATION PLAN		C7.0	LANDSCAPE IRRIGATION PLAN
C8.0	PHOTOGRAPHIC PLAN		C8.0	PHOTOGRAPHIC PLAN
C9.0	PHOTOMONITORING PLAN	C9.0	PHOTOMONITORING PLAN	
C10.0	EROSION CONTROL PLAN	C10.0	EROSION CONTROL PLAN	
C11.0	EROSION CONTROL DETAILS	C11.0	EROSION CONTROL DETAILS	
C12.0	DETAILS (SITE)	C12.0	DETAILS (SITE)	
C13.0	DETAILS (UTILITY)	C13.0	DETAILS (UTILITY)	

④	NO. OF PARKING SPACES
#/CCX	DETAIL NO. / SHEET
	HEAVY DUTY ASPHALT PAVEMENT
	PROPOSED CONCRETE SURFACE
W —	WATER LINE
E —	ELECTRIC LINE
SS —	WASTEWATER LINE
FM —	BURIED FORCE MAIN
TELE —	TELEPHONE LINE
	FIRE HYDRANT
	VALVE
	WATER METER
	BACKFLOW PREVENTER WITH CONCRETE PAD
75.40	TOP OF ASPHALT/CONCRETE SPOT ELEVATION
75.40 75.40	TOP OF CURBSIDEWALK (ON TOP) / BOTTOM OF CURB (ON BOTTOM)
	FLOW ARROW
	REVISION NUMBER
	FIRE DEPARTMENT CONNECTION



COMMON OAK ENGINEERING
4020 EDGEWATER DRIVE
ORLANDO, FL 32824
(407) 951-5915
CERTIFICATE OF
AUTHORIZATION: 32644

APOPKA PICKLE
BALL COURTS
AT
106 W 4TH ST
APOPKA, FL

[illegible]

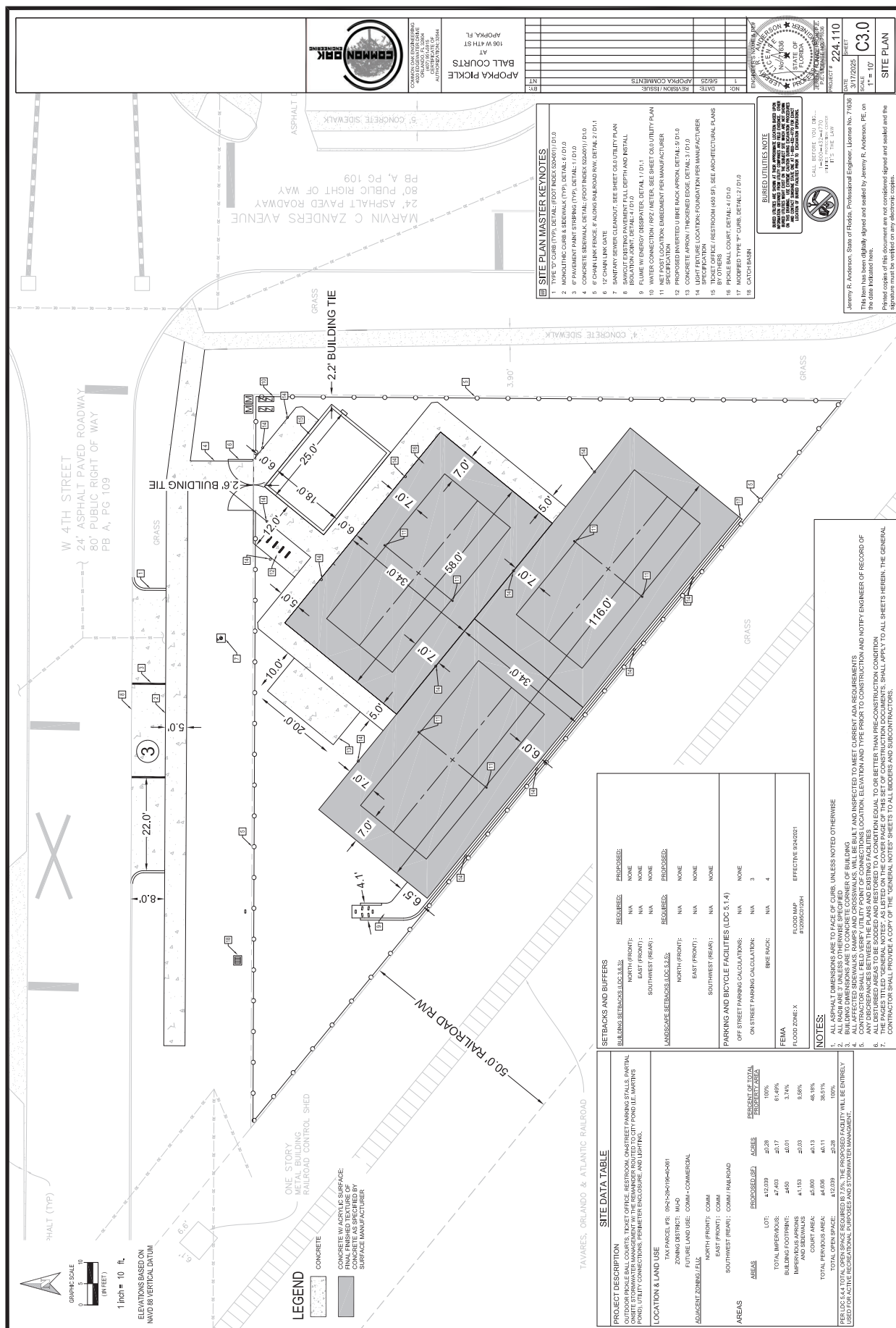
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PROJECT #	

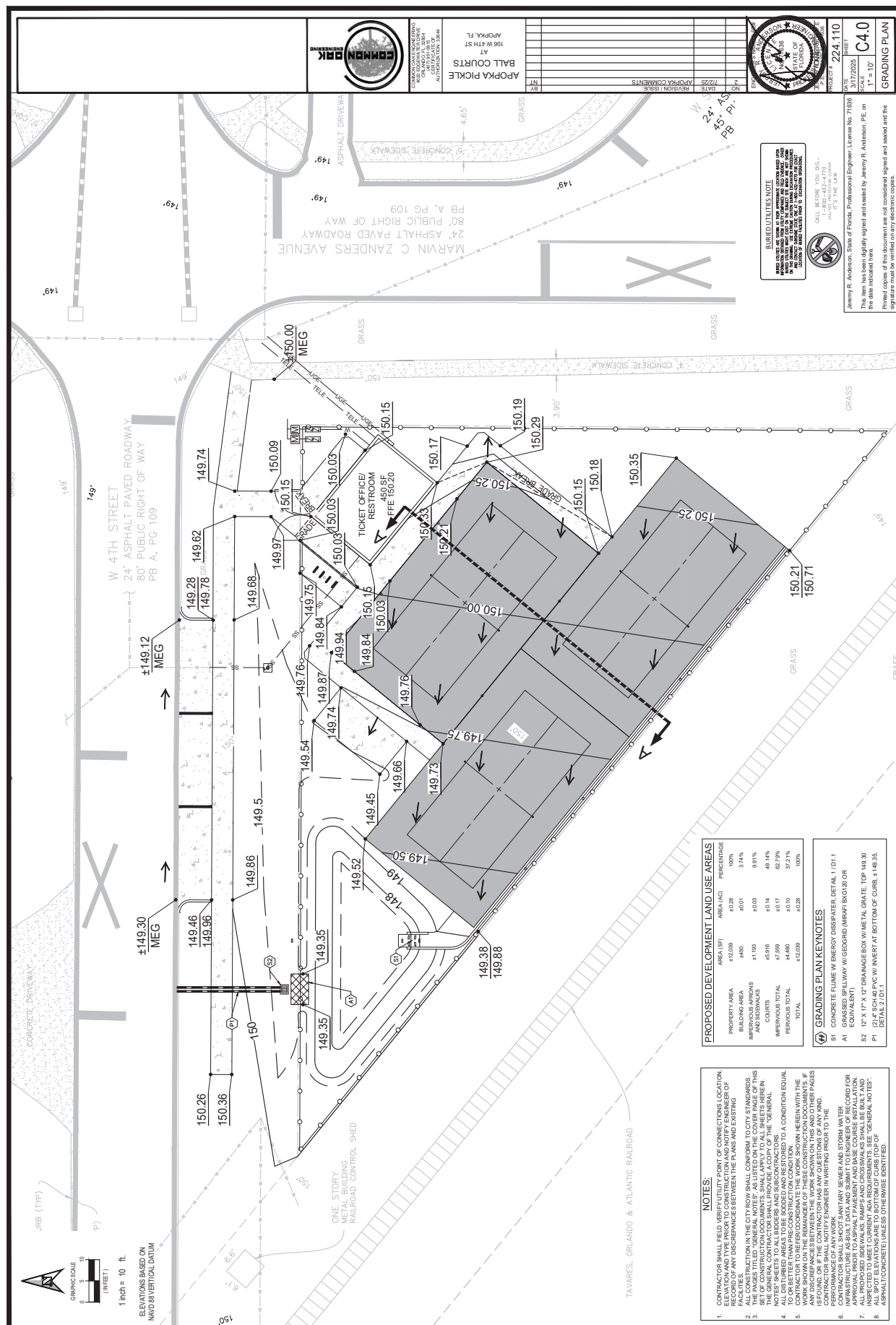
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SHEET		

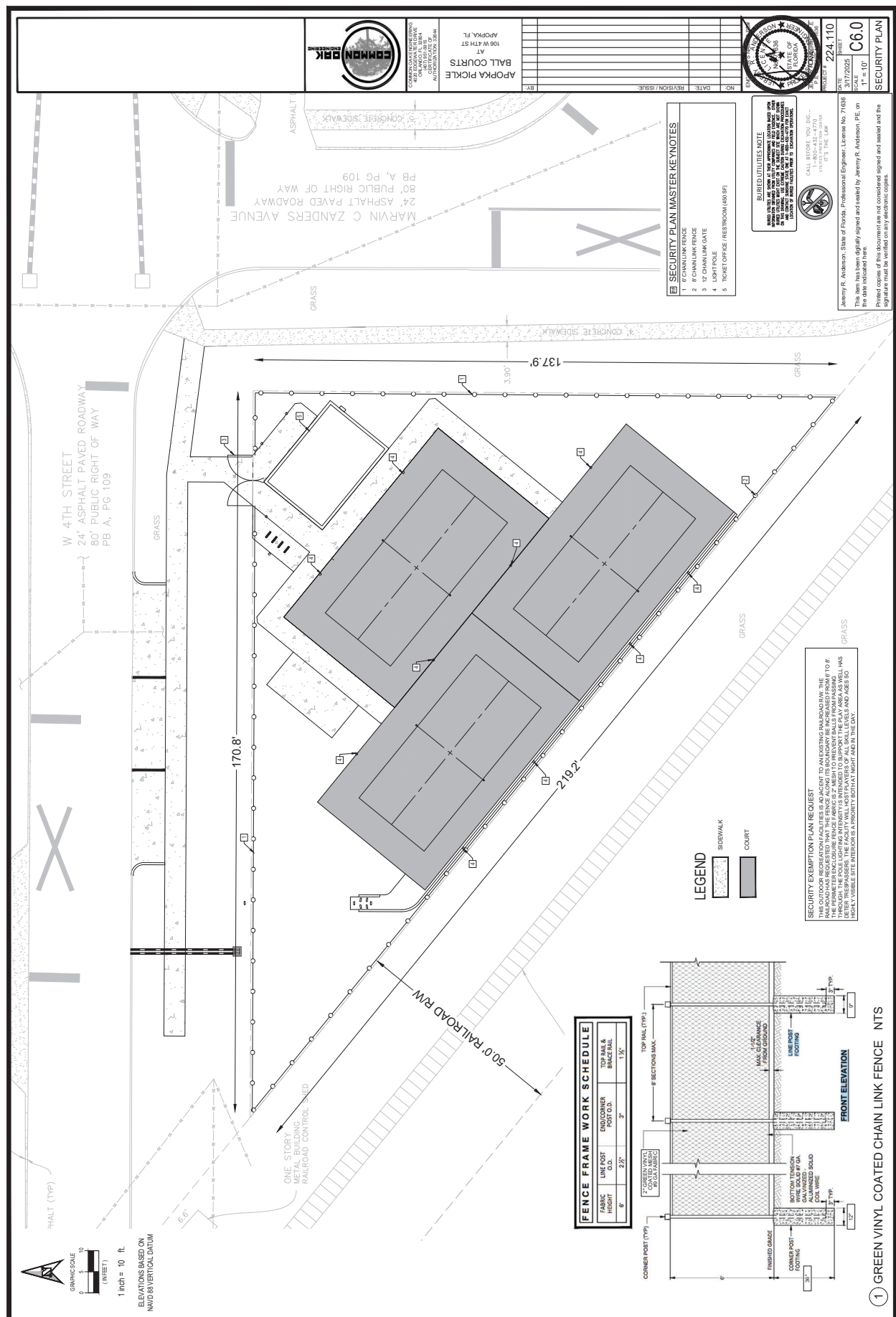
C1.0

COVER SHEET

assigned and assessed and are

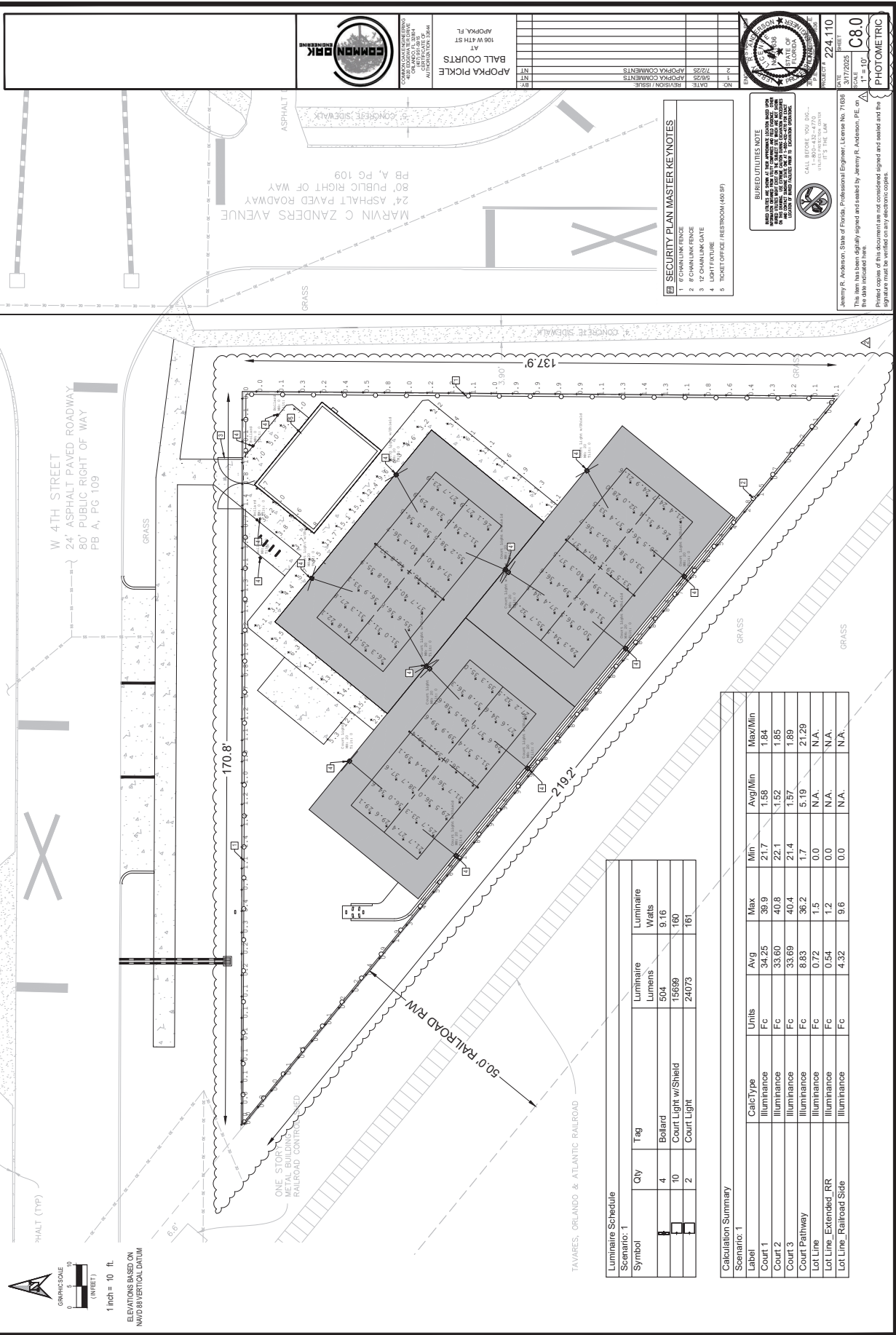


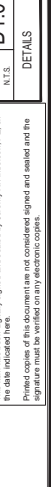
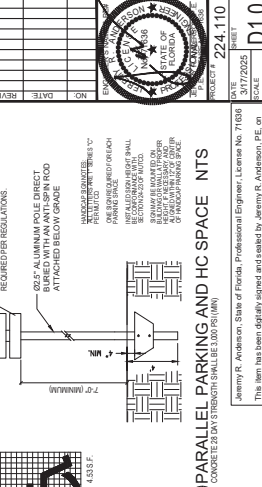
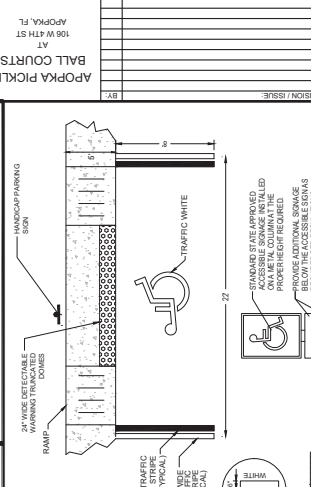
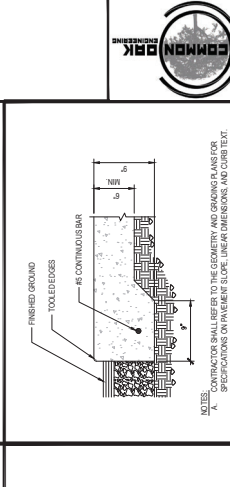
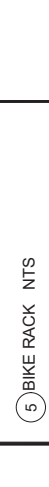
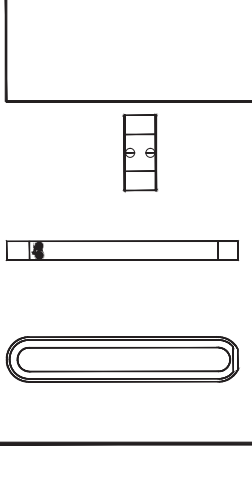
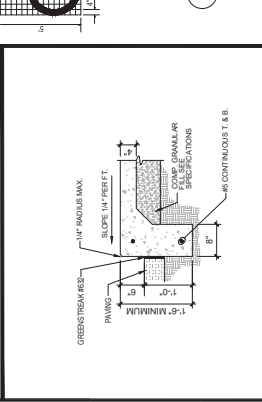
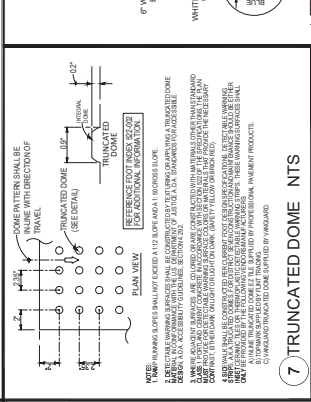
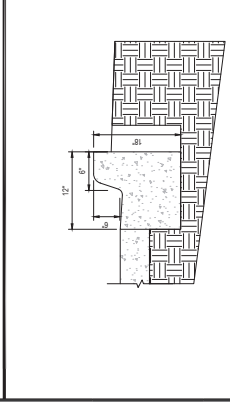
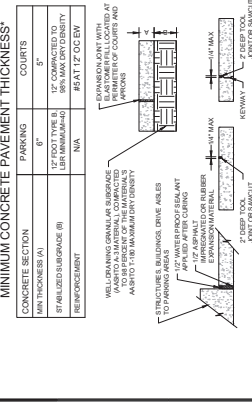
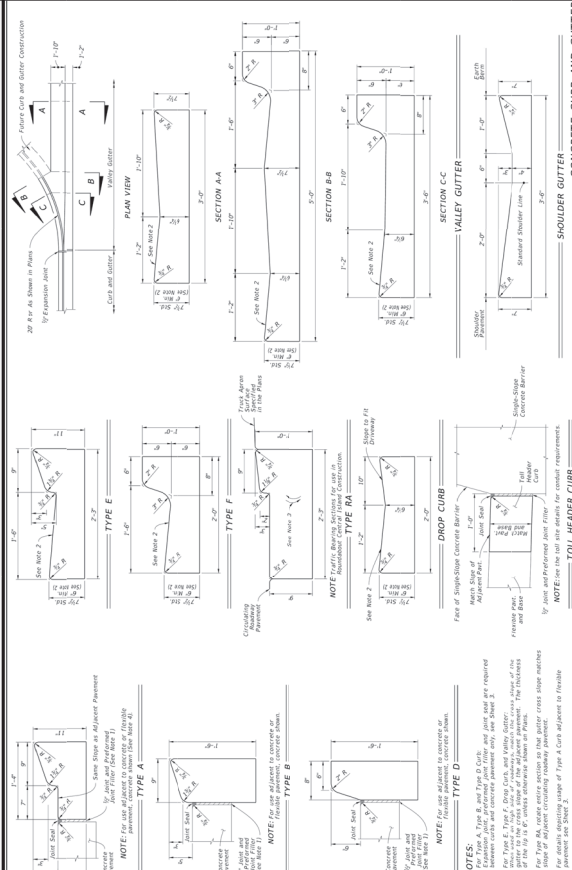
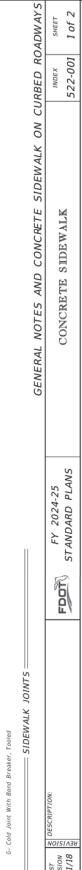
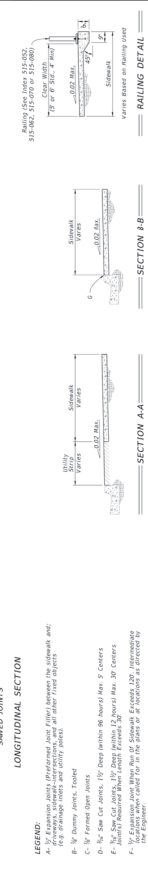
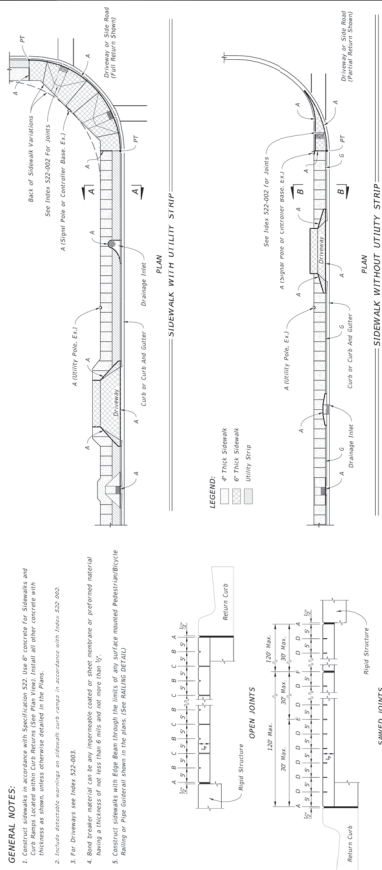


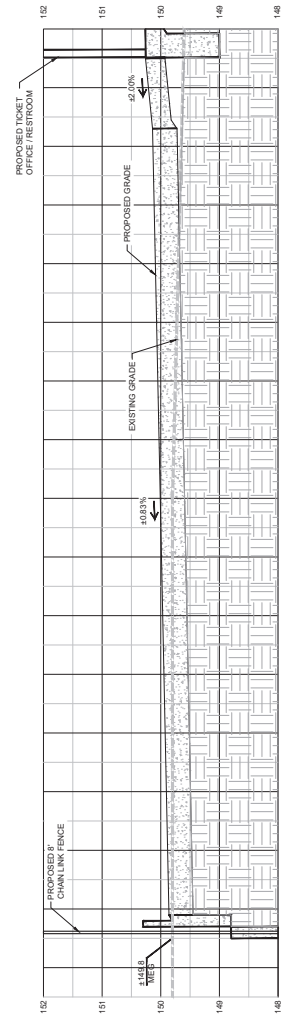


① GREEN VINYL COATED CHAIN LINK FENCE NTS









SECTION A-A
 SCALE: 1" IS 1' (VERTICAL) 1" IS 5' (HORIZONTAL)
 NOTE: ELEVATIONS BASED NAVD 88 VERTICAL DATUM

LEGEND	
	EXISTING EARTH
	CONCRETE

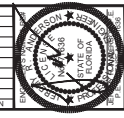
1 FLUME W/ BLOCKS NTS

2 4" PIPE THROUGH CURB NTS

3 4\"/>

4 4\"/>

JERRY R. ANDERSON, State of Florida, Professional Engineer, License No. 71608
 This plan has been digitally signed and sealed by Jerry R. Anderson, P.E., on
 the date indicated below.
 I hereby certify that the work shown on this plan was prepared, designed and sealed and the
 signature is not a reproduction of a signature or any electronic copy.

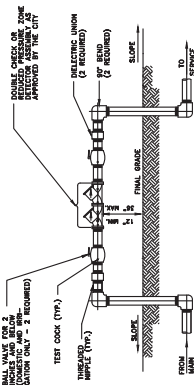


NO.	DATE	REVISION / ISSUE
1	3/17/2025	ISSUE

APOPKA PICKLE
 BALL COURTS
 106 W 4TH ST
 APT
 APOPKA, FL

COMMON BRK
ENGINEERING

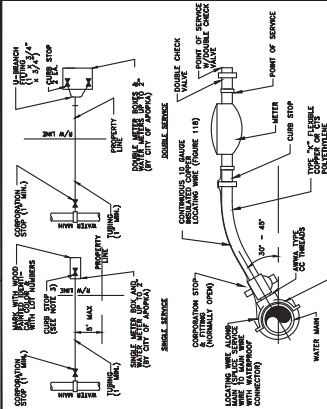
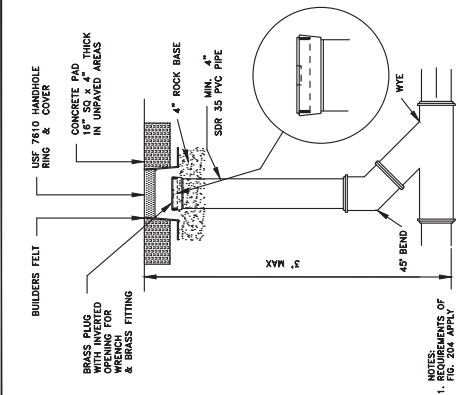
10600 W. US HWY 1
 SUITE 100
 APOPKA, FL 33511
 407.944.1234
 AU INFORMATION: 35-44



NOTES:

1. ALL PIPE FITTINGS, MATERIALS, LABOR, AND APPURTENANCES SHALL BE SUPPLIED BY THE CONTRACTOR.
2. ALL PIPE AND FITTINGS TWO (2) INCHES AND SMALLER SHALL BE THREADED

DOUBLE CHECK OR REDUCED PRESSURE
ZONE DETECTOR ASSEMBLY
2 INCH AND BELOW ASSEMBLY

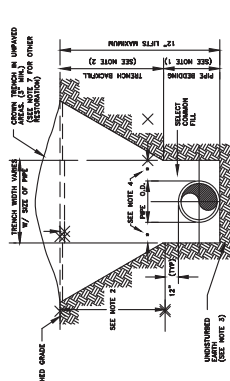
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NOTES:

1. REQUIREMENTS OF

SANITARY SEWER SERVICE
TRAFFIC RATED
CLEAN-OUT DETAIL

CITY OF AOPKA DESIGN ENGINEERING DIVISION	JANUARY 2014	FIG. 205
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[illegible]

TYPE "B" BEDDING AND OPEN-CUT DETAIL

CITY OF APOKA DESIGN ENGINEERING DIVISION	JANUARY 2014	FIG. 100
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[illegible]