



City of Belle Isle

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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

Scope of Work: Plumbing: 1 washing machine

Comments: None

Project Information

Address: 5066 Conway Rd, Belle Isle, FL 32809
Parcel ID: 17-23-30-0000-00-065
Property Owner: Belle Isle Commons, LLC
Phone Number: 813-363-2877

Company Name: Reliance Plumbing
Contractor Name: Camareno, Edgardo
License Number: CFC1426811
Address: 2460 West State Road 426 #1004 Oviedo FL 32765
Phone Number: 407-831-4459

Permit Number: 2014-02-002

Date of Application: 02/03/2014

Date Permit Issued: 02/07/2014

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$118.50
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$122.50

Date Paid 2-10-14

CC or Check # Master Card

Amount Paid \$122.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

1 BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel) Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip. Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

☐ GAS ___ Natural ___ LP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BDscheduling@UniversalsEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

PROJECT NUMBER 015.1300792.0000

TASK NUMBER 04

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-02-002
Property Owner	Belle Isle Commons
Address	5066 Scanlon Rd
Nature of Improvement	Plumbing for 1 washing machine
Received Application	2-3-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	2-3-14
Building Official Approved	2/7/14
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



received
2-3-14

City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

APPLICATION FOR PLUMBING PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 2/3/14 PERMIT NUMBER: 2014-02-002
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
Project Address: Soleb 3 Conway Road Belle Isle FL 32809 32812
Property Owner: Belle Isle Commons LLC Phone _____
Property Owner's Mailing Address: Po Box 568881 City: Orlando
State: FL Zip Code: 32856-8881 Parcel Id Number: 17-23-30-0000-00-065

To obtain this information, please visit <http://www.ospafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe

YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION to Soptic System - ORANGE COUNTY DOCUMENT 64E-6

VALUATION OF JOB (labor & materials) \$ 1,150.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines	1	Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	

**Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.*
Building Official: [Signature] Date: 2/7/2013
Total Fees: \$118.50
3% State Surcharge (\$4.00 minimum)
Permit/Review Fee Grand Total

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

LICENSE HOLDER SIGNATURE: [Signature] LICENSE # GIC 1426811
LICENSE HOLDER NAME: Edgardo Camarero COMPANY NAME: Going Green Services Inc. DBA
Street Address: 2460 W SR 426 # 1004 of Reliance Plumbing
City: Orlando State: FL Zip Code: 32765 Phone Number: (407) 831-4459
Email Address: K.Reliance@rrsc.com

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

Building Permit Number _____



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000
www.seminoletax.org

VALID THROUGH 09/30/14

RELIANCE PLUMBING

2460 W SR 426 #1004
OVIEDO, FL. 32765

Account #: 127823

EDGARDO CAMARENO SEPULVEDA (OFFICER)

REGULATED
License # - CFC1426811
Qualifier- EDGARDO CAMARENO

Receipt #: WEB#2013092309125

Amount Paid: \$ 45.00

Date Paid: 09/23/2013

AC# 6303343

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

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082500650

DATE	BATCH NUMBER	LICENSE NBR
08/25/2012	128012953	CFC1426811

The PLUMBING CONTRACTOR

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

CAMARENO, EDGARDO
RELIANCE PLUMBING
2460 WEST STATE RD. 426
SUITE 1004
OVIEDO

FL 32765

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW





RELY ON US!

Reliance Plumbing
P.O. Box 622315
Oviedo, FL 32762
Phone: 407-831-4459
Fax: 407-366-8976
Email: lr.reliance@rrsc.com
Website: www.reliance-plumbing.com

Fax

To:	Lisa Whaley	From:	Erica Galarza
Fax:	(407)581-0313	Pages:	6
Phone:	(407)581-8161	Date:	2/7/2014
Re:	CC Auth and Certificate of Ins		



CERTIFICATE OF LIABILITY INSURANCE

GOINGRE-02 CKORNAKER
DATE (MMDDYYYY) 2/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Morse Insurance Agency, Inc 1000 Wekiva Springs Road Longwood, FL 32779	CONTACT NAME: PHONE (A/C, No. Ext.): (407) 869-4200 FAX (A/C, No.): (407) 862-7656 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A.: Southern Owners Ins Co INSURER B.: Auto Owners Insurance INSURER C.: Zenith Insurance Company INSURER D.: INSURER E.: INSURER F.:	NAIC # 10190 18988 13269
INSURED Going Green Services Inc. dba Reliance Plumbing and Drain Cleaning 2460 W SR 426, Ste 1004 Oviedo, FL 32765		

COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSR LTR	POLICY NUMBER	POLICY EFF. DATE (MMDDYYYY)	POLICY EXP. DATE (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	72483161	05/18/2013	05/18/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 HIRED AND NON O COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	ANY AUTO ALL-OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS	X	49 483161 00	05/18/2013	05/18/2014	
B	UMBRELLA LIAB EXCESS LIAB 3ED X RETENTION \$ 0		49 483161 01	05/18/2013	05/18/2014	
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (mandatory in MN) Y/N <input type="checkbox"/>	X	Z070720904	05/18/2013	05/18/2014	X WORKERS COMPENSATION E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater		72483161	05/18/2013	05/18/2014	Unsch Equipment 7,239

DESCRIPTION OF OPERATIONS / LOCATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Belle Isle are included as an additional insured with respects to the General Liability and Auto Liability policy as required by written contract. A waiver of subrogation is in favor of the certificate holder in regards to the general liability. A waiver of subrogation is in favor of the certificate holder in regards to the Workers Compensation.

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Neia Avenue Belle Isle, FL 32809	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Dyfel</i>
--	---

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM.

A. Under SECTION II - WHO IS AN INSURED, the following is added:

A person or organization is an Additional Insured, only with respect to liability arising out of "your work" for that Additional Insured by or for you:

1. If required in a written contract or agreement; or

2. If required by an oral contract or agreement only if a Certificate of Insurance was issued prior to the loss indicating that the person or organization was an Additional Insured.

B. Under SECTION III - LIMITS OF INSURANCE, the following is added:

The limits of liability for the Additional Insured are those specified in the written contract or agreement between the insured and the owner, lessee or contractor or those specified in the Certificate of Insurance, if an oral contract or agreement, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

C. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended as follows:

1. The following provision is added to 4. Other Insurance:

This insurance is primary for the Additional Insured, but only with respect to liability arising out of "your work" for that Additional Insured by or for you. Other insurance available to the Additional Insured will apply as excess insurance and not contribute as primary insurance to the insurance provided by this endorsement.

2. The following provision is added:

Other Additional Insured Coverage Issued By Us

If this policy provides coverage for the same loss to any Additional Insured specifically shown as an Additional Insured in another endorsement to this policy, our maximum limit of insurance under this endorsement and any other endorsement shall not exceed the limit of insurance in the written contract or agreement between the insured and the owner, lessee or contractor, or the limits provided in this policy, whichever is less. Our maximum limit of insurance arising out of an "occurrence", shall not exceed the limit of insurance shown in the Declarations, regardless of the number of insureds or Additional Insureds.

All other policy terms and conditions apply

AUTOMATIC DESIGNATED INSURED - BLANKET COVERAGE
Automobile Policy

SECTION II - LIABILITY COVERAGE is provided to any person or organization only to the extent such person or organization is liable for your conduct arising from an automobile to which **SECTION II - LIABILITY COV-ERAGE** applies.

The insurance provided by this endorsement does not apply to any extension of **SECTION II - LIABILITY COV-ERAGE** provided elsewhere in this policy.

All other policy terms and conditions apply.



**WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

FORM NUMBER

WC-00-03-13

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.) The charge for this endorsement shall be 2.0 percent of the policy premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 05/18/13
Policy No. Z070720904 FSMG
insured RELIANCE PLUMBING
Policy Period 05/18/13 to 05/18/14
Issued on 04/11/13 mm
(Ed. 4-98)

ZENITH INSURANCE COMPANY - 13145

Counter signed by

At Orlando, FL

Endorsement No. 11

PRODUCER COPY