



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

Comments: None

Project Information

Address: 3518 Admiralty Court, Belle Isle, FL 32812
 Parcel ID: 20-23-30-4980-00-280
 Property Owner: Roberts, William G Jr.
 Phone Number: 407-766-8466

 Company Name: Harvey Baker Plumbing, Inc.
 Contractor Name: Baker, Harvey
 License Number: CFC056875
 Address: 3700 Oakview Drive, Orlando, FL 32812
 Phone Number: 407-859-3572

Permit Number: 2014-01-039

Date of Application: 01/22/2014

Date Permit Issued: 01/27/2014

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$55.50
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 1-27-14
CC or Check # Visa
Amount Paid \$ 59.50

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

Have Silt fencing in place? YES NO Have Stormwater Barrier in place? YES NO

€ BUILDING

1st _____ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

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 BiDscheduling@UniversalEngineering.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.

For a copy of your permit, or to check inspection results, please visit <https://universallengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universallengineering.com password = universal113

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-01-039
Property Owner	Proberts
Address	3518 Admirality Ct
Nature of Improvement	Plumbing
Received Application	1-22-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	1-22-14
Building Official Approved	1-27-14
Comments	
1.	
2.	
3.	
4.	
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6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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

Received
1-22-14

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: 1/22/14 PERMIT NUMBER 2014-01-039
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
Project Address 3518 Admiralty Ct Orlando, FL 32812 Belle Isle FL 32809 32812
Property Owner Roberts William G Jr Phone 407-766-8466
Property Owner's Mailing Address 3518 Admiralty Ct City Belle Isle
State FL Zip Code 32812-3521 Parcel Id Number: 20-23-30-4980-00-280

To obtain this information, please visit <http://www.ocpafl.com/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 Septic System - **ORANGE COUNTY DOCUMENT 64E-6**

VALUATION OF JOB (labor & materials) \$ 4,975.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer	1	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: M. Fabry Buissin Date 1/27/2014 Total Fees 55.50
 3% State Surcharge (\$4.00 minimum) 4.00
 Permit/Review Fee Grand Total 59.50

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 # CFC 056875
 LICENSE HOLDER NAME Harvey L Baker COMPANY NAME Harvey Baker Plumbing, Inc
 Street Address 3700 Oakview Dr
 City Orlando State FL Zip Code 32812 Phone Number 407-859-3572
 Email Address marcia@harveybakerplumbing.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 _____



CERTIFICATE OF LIABILITY INSURANCE

HARVBAK-01 JJENNINGS
DATE (MMDDYYYY)
3/14/2013

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: Jennifer Jennings PHONE No. Ext: (407) 869-4200 FAX (Alt. No.): (407) 862-7656 EMAIL: jennings@morseagency.com ADDRESS: jennings@morseagency.com
INSURED Harvey Baker Plumbing Inc 3700 Oakview Drive Orlando, FL 32812	INSURER(S) AFFORDING COVERAGE INSURER A: Depositors/Nationwide Ins INSURER B: Business First INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 42587

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	ADOLISER INSR LWD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GLD05924784249	2/14/2013	2/14/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRING) \$ 100,000 MED EXP (AVY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP-AGG \$ 1,000,000
A	GEN L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC <input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> X HIRED AUTOS <input checked="" type="checkbox"/> UNLICENSED AUTOS <input type="checkbox"/>		BAPD5924784249	2/14/2013	2/14/2014	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory under FL Statute 627.403) If yes, describe under DESCRIPTION OF OPERATIONS BELOW		52103742	4/1/2013	4/1/2014	WC STATUS: OTHER X LTD/LIMITS: OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

City of Belle Isle
1600 Neia Avenue
Belle Isle, FL 32809

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.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently. Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF
PROFESSIONAL REGULATION

AC# **6140561**

CFC056875 05/25/12 118191014

CERTIFIED PLUMBING CONTRACTOR
BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12052500684

DETACH HERE

AC# **6140561**

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINE-MARK™ PATENTED PAPER

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12052500684

DATE	BATCH NUMBER	LICENSE NBR
05/25/2012	118191014	CFC056875

The PLUMBING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 CERTIFEID PLUMBING CON \$30.00 3 EMPLOYEE ; EXPIRES 9/30/2014 1803-0617196

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
BAKER HARVEY L QUALIFIER
3700 OAKVIEW DR
ORLANDO FL 32812-7537

3700 OAKVIEW DR (MOBILE)
U - ORLANDO, 32812

PAID: \$30.00 099-00579197 7/10/2013

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 CERTIFEID PLUMBING CON \$30.00 3 EMPLOYEE ; EXPIRES 9/30/2014 1803-0617196

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
BAKER HARVEY L QUALIFIER
3700 OAKVIEW DR
ORLANDO FL 32812-7537

3700 OAKVIEW DR (MOBILE)
U - ORLANDO, 32812

PAID: \$30.00 099-00579197 7/10/2013

This receipt is official when validated by the Tax Collector.



Scott Randolph, Tax Collector**Local Business Tax Receipt****Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL
 5000 BUSINESS OFFICE 2013 \$30.00 3 EMPLOYEE
 EXPIRES 9/30/2014 5000-0613592

TOTAL TAX \$30.00
 PREVIOUSLY PAID \$30.00
 TOTAL DUE \$0.00

BAKER MARCIA L PRESIDENT

HARVEY BAKER PLUMBING INC
 3700 OAKVIEW DR
 ORLANDO FL 32812-7537

3700 OAKVIEW DR. (MOBILE)
 U - ORLANDO, 32812

PAID: \$30.00 099-00579196 7/10/2013

Scott Randolph, Tax Collector**Local Business Tax Receipt****Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL
 5000 BUSINESS OFFICE 2013 \$30.00 3 EMPLOYEE
 EXPIRES 9/30/2014 5000-0613592

TOTAL TAX \$30.00
 PREVIOUSLY PAID \$30.00
 TOTAL DUE \$0.00

BAKER MARCIA L PRESIDENT

HARVEY BAKER PLUMBING INC
 3700 OAKVIEW DR
 ORLANDO FL 32812-7537

3700 OAKVIEW DR. (MOBILE)
 U - ORLANDO, 32812

PAID: \$30.00 099-00579196 7/10/2013

This receipt is official when validated by the Tax Collector.

