



**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.

<b>Scope of Work:</b> Plumbing – 1 Re-Pipe <b>Comments:</b> None <b>Project Information</b> Address: 6903 Barby Lane, Belle Isle, FL 32812 Parcel ID: 20-23-30-8860-00-041 Property Owner: Flick, James and Maura Phone Number: 407-473-2457 ***** Company Name: Emerald Plumbing of Central Florida, Inc Contractor Name: Cuddy, William License Number: CFC1426238 Address: 2311 Henderson Drive Orlando, FL 32806 Phone Number: 407-898-3538	<b>Permit Number: 2014-01-008</b> <b>Date of Application: 12/31/2013</b> <b>Date Permit Issued: 12/31/2013</b>  <b>WARNING TO OWNER:</b> "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.
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**BUILDING FEATURES**

<b>IMPACT FEES</b> School \$  <b>ZONING FEES</b> Zoning Fee \$  <b>UNIVERSAL ENG - BUILDING FEES</b> Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$55.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Endl \$ Swimming Pool \$	<b>BUILDING INSPECTOR USE ONLY</b>  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  <input type="checkbox"/> BUILDING Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 <sup>st</sup> _____ (Footing/Foundation) 2 <sup>nd</sup> _____ (Slab) 3 <sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 <sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing) 5 <sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>th</sup> _____ (Insulation to be Made After Roof Installed) 7 <sup>th</sup> _____ (Drywall) 8 <sup>th</sup> _____ (Sidewalk/Driveway) 9 <sup>th</sup> _____ (Other) 10 <sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)
<b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$59.50</b>  Date Paid 12-31-13 CC or Check # Amex Amount Paid \$ 59.50	<input type="checkbox"/> ROOFING 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>ND</sup> ROOFING Covering In-Progress _____ 3 <sup>RD</sup> ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 <sup>ST</sup> _____ (Underground) 2 <sup>ND</sup> _____ (Sewer) <input type="checkbox"/> 3 <sup>RD</sup> _____ (Rough-In/Tub Set) 4 <sup>TH</sup> _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 <sup>st</sup> _____ (Rough-in) 2 <sup>nd</sup> _____ (Final)

Inspection requests are to be emailed to [IDScheduling@UniversalEngineering.com](mailto:IDScheduling@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.

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-01-008
Property Owner	Flick
Address	6903 Bawby Ln
Nature of Improvement	Plumbing
Received Application	12-31-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-31-13
Building Official Approved	12-31-13
Comments	
1.	12-31-13 sq emailed conth to sign app + return.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.cityofbelleisle.com](http://www.cityofbelleisle.com)

**received**  
 12-31-13

**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: 12-30-13 PERMIT NUMBER: 2014-01-008  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below, PLEASE PRINT

Project Address 6903 BARBY LN Belle Isle FL  32809  32812  
 Property Owner JIM FLICK Phone 473-2457  
 Property Owner's Mailing Address 6903 Barby Ln City ORLANDO

State FL Zip Code 32812 Parcel Id Number: 20-23-30-8860-00-041

To obtain this information, please visit <http://www.ocpa.com> or call 407-241-1711

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) \$ 2150.00

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		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
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: <u>See attached</u> Date <u>12-31-13</u>	Total Fees	<u>55.50</u>
	3% State Surcharge (\$4.00 minimum)	<u>4.00</u>
	Permit/Review Fee Grand Total	<u>59.50</u>

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 William Cuddy LICENSE # CFC1420238  
 LICENSE HOLDER NAME William Cuddy COMPANY NAME Emerald Plumbing  
 Street Address 2311 Henderson Dr.  
 City Orlando State FL Zip Code 32806 Phone Number 407-898-3538  
 Email Address EMERPLUM@bellsouth.net

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 \_\_\_\_\_





**City of Belle Isle**

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.cityofbelleisle.com](http://www.cityofbelleisle.com)

**Received**  
12-31-13

**APPLICATION FOR PLUMBING PERMIT**

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To obtain this information, please visit <http://www.mapinfo.com/Products/MapInfo.com>

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

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Urinals	
Disposals	
Washing Machines	
Water Heaters	
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	
Showers	
Sinks	

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	1
Re-pipe	
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: McLiz Buiss7 Date: 12/31/2013  
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 \_\_\_\_\_ LICENSE # CFC1426238  
LICENSE HOLDER NAME William Cuddy COMPANY NAME Emerald Plumbing  
Street Address 2311 Henderson Dr.  
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Email Address EMERPLUM@bellsouth.net

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 \_\_\_\_\_

My Favorites

Property Record Card

Results

Sales Search

Searches



**6903 Barby Ln** 20-23-30-8860-00-041

Name: Flick James J  
 Address: 6903 Barby Ln  
 City: Orlando, FL 32812  
 County: Orange  
 Parcel ID: 20-23-30-8860-00-041  
 Assessor's Office: 302320896000041

Values, Exemptions and Taxes

Historical Value and Tax Benefits

Property Features

Sales Analysis

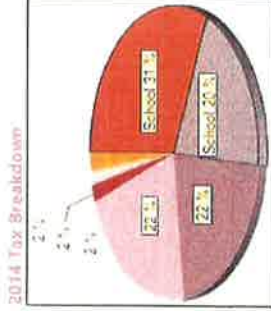
Location Info

Market Stats

Tax Year	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2014	\$80,000	\$90,737	\$12,000	\$182,737	\$149,082
2013	\$80,000	\$84,732	\$13,035	\$177,767	\$146,590
2012	\$80,000	\$83,297	\$13,035	\$176,332	\$144,140
2011	\$80,000	\$45,121	\$13,035	\$148,156	\$139,942
2010	\$81,000	\$47,740	\$13,035	\$141,775	\$137,874

Tax Year	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2014	\$75,000	\$25,000	\$0	\$33,655	\$1,323
2013	\$25,000	\$25,000	\$0	\$31,177	\$1,277
2012	\$25,000	\$25,000	\$0	\$32,192	\$1,303
2011	\$25,000	\$25,000	\$0	\$8,214	\$863
2010	\$25,000	\$25,000	\$0	\$3,901	\$769



2014 Taxable Value and Estimate of Proposed Taxes

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools - By State Law (Rie)	\$149,082	\$25,000	\$124,082	5.1140	\$634.56 31 %
Public Schools - By Local Board	\$149,082	\$25,000	\$124,082	3.2480	\$403.02 20 %
Orange County (General)	\$149,082	\$50,000	\$99,082	4.4347	\$439.40 22 %
City Of Belle Isle	\$149,082	\$50,000	\$99,082	4.4018	\$436.14 22 %
Library - Operating Budget	\$149,082	\$50,000	\$99,082	0.3748	\$37.14 2 %
St Johns Water Management District	\$149,082	\$50,000	\$99,082	0.3283	\$32.53 2 %
Lake Conway Metu	\$149,082	\$50,000	\$99,082	0.4107	\$40.69 2 %
				18.3123	\$2,023.48

2014 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BI GARBAGE R - GARBAGE - (407)851-7730	1.00	\$220.00	\$220.00
CITY OF BELLE ISLE	BI STORMWATER - DRAINAGE - (407)851-7730	1.00	\$48.00	\$48.00
				\$268.00

**2014 Estimated Gross Tax Total: \$2,291.48**

**2014 Tax Savings**

Your property taxes without exemptions would be \$3,346.33  
 Your ad-valorem property tax with exemptions is \$2,023.48  
 Providing You A Savings Of: = \$1,322.85

This Data Printed on 12/30/2013 and System Data Last Refreshed on 12/29/2013

Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801  
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044  
 Copyright © 2010 Orange County Property Appraiser. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Insurance Office of America-LNG 1855 West State Road 434 Longwood, FL 32750	<b>CONTACT NAME:</b> Raquel Gonzalez <b>PHONE NO. EXT.:</b> (407) 788-3000 <b>FAX (A/C. NO.):</b> (407) 788-7933 <b>E-MAIL ADDRESS:</b> Raquel.Gonzalez@joaousa.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Builders Mutual Insurance Company 10844 INSURER B: The Hanover American Insurance Company 36064 INSURER C: INSURER D: INSURER E: INSURER F:
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**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	ADDITIONAL SUBR INSR. W/VD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS				
A		CPP005975600	6/25/2013	6/25/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000				
B		AZJ 948519101	3/7/2013	3/7/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ <b>PIP Basic Limit \$ 10,000</b> EACH OCCURRENCE \$ AGGREGATE \$				
<table border="0" style="width: 100%;"> <tr> <td> <b>GENERAL LIABILITY</b>                      X COMMERCIAL GENERAL LIABILITY                      CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                      10,000 Ded Per Claim                      GEN'L AGGREGATE LIMIT APPLIES PER                      POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                 </td> <td> <b>AUTOMOBILE LIABILITY</b>                      X ANY AUTO ALL OWNED AUTOS                      X HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS                      UMBRELLA LIAB <input type="checkbox"/> OCCUR                      EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      DED. RETENTION \$                 </td> </tr> <tr> <td> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                      ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N                      (Mandatory in NH)                      If yes, describe under DESCRIPTION OF OPERATIONS below                 </td> <td>                     MS/STATUTORY LIMITS                      E.L. EACH ACCIDENT \$                      E.L. DISEASE - EA EMPLOYEE \$                      E.L. DISEASE - POLICY LIMIT \$                 </td> </tr> </table>						<b>GENERAL LIABILITY</b> X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 10,000 Ded Per Claim GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>AUTOMOBILE LIABILITY</b> X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	MS/STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate holder and The Bywater Company are additional insureds on the General Liability for work performed under written contract per policy terms and conditions.

**CERTIFICATE HOLDER**

City of Belle Isle  
 3532 Maggie Blvd.  
 Orlando, FL 32811  
 (f) 407-581-0313

**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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/17/2013

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PRODUCER BUI ENTERPRISES 12857 W COLONIAL DRIVE STE 104 WINTER GARDEN, FL 34787	CONTACT NAME PHONE NO. EXT.: 407-877-2367 FAX EMAIL ADDRESS: 407-877-1920
INSURER EMERALD PLUMBING OF CENTRAL FLORIDA 2311 HENDERSON DRIVE, UNIT A ORLANDO, FL 32806	INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A:	
INSURER B:	
INSURER C: THE HARTFORD	
INSURER D:	
INSURER E:	
INSURER F:	

### COVERAGES

#### CERTIFICATE NUMBER:

#### REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>				EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					PREMISE RELATED PREMISES (EB occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMPROP AGG \$
	<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/>				
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/>				AGGREGATE \$
	<b>DED RETENTION \$</b>					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		01WECZ9549	1/1/2013	1/1/2014	X WC STATUTORY LIMITS PER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000


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

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### CANCELLATION

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Building Department  
3532 Maggie Blvd  
Orlando, FL 32811

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AUTHORIZED REPRESENTATIVE: 

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

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**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**CUDDY, WILLIAM  
EMERALD PLUMBING OF CENTRAL FLORIDA INC  
2311 HENDERSON DRIVE UNIT A  
ORLANDO FL 32806**

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](http://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 BUSINESS AND PROFESSIONAL REGULATION  
AC# B157786

CFC1426238 06/09/12 110416387  
CERTIFIED PLUMBING CONTRACTOR  
CUDDY, WILLIAM  
EMERALD PLUMBING OF CENTRAL FLOR

IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2014 LI2060900181

DETACH HERE

AC# B157786

**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**SEQ# L12060900181**

DATE	BATCH NUMBER	LICENSE NBR
06/09/2012	110416387	CFC1426238

**The PLUMBING CONTRACTOR**

**Named below IS CERTIFIED**

**Under the provisions of Chapter 489 FS.**

**Expiration date: AUG 31, 2014**

**CUDDY, WILLIAM  
EMERALD PLUMBING OF CENTRAL FLORIDA INC  
2311 HENDERSON DRIVE UNIT A  
ORLANDO FL 32806**

**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\*\*\*  
 1803 PLUMBING 2013 \$40.00 13 EMPLOYEE 5000 BUSINESS OFFICE 1803-0000130 \$30.00 3 EMPLOYEE ; ;

TOTAL TAX \$70.00  
 PREVIOUSLY PAID \$70.00  
 TOTAL DUE \$0.00

CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FL INC  
 CUDDY WILLIAM  
 2311 HENDERSON DR STE A

2311 HENDERSON DR #STE A  
 U - ORLANDO, 32806

ORLANDO FL 32806-1901

PAID: \$70.00 099-00578287 7/9/2013

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 2311 HENDERSON DR STE A

2311 HENDERSON DR #STE A  
 U - ORLANDO, 32806

ORLANDO FL 32806-1901

PAID: \$70.00 099-00578287 7/9/2013



This receipt is official when validated by the Tax Collector.