



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.

<p>Scope of Work: GAS: underground piping to 2 propane gas outlets for a tankless water heater & a generator</p> <p>Comments: None</p> <p>Project Information Address: 5009 Pleasure Island Road, Belle Isle, FL 32809 Parcel ID: 18-23-30-6031-00-170 Property Owner: Repass, Michael Phone Number: 813-418-0323 ***** Company Name: Sam's Gas Co. Contractor Name: Sams, Randall License Number: 01964 & 01689 Address: 8222 S. Orange Avenue, Orlando, FL 32809 Phone Number: 407-855-1903</p>	<p style="text-align: right;">Permit Number: 2014-07-014</p> <p style="text-align: right;">Date of Application: 07/07/2014 Date Permit Issued: 07/08/2014</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$123.00 Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$127.00</p> <p>Date Paid 7-9-14</p> <p>CC or Check # via 6356</p> <p>Amount Paid 127.00</p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BDscheduling@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.

received
7-7-14



City of Belle Isle
1600 Nola Avenue, Belle Isle, FL 32809
Tel: 407-851-7780 * Fax: 407-240-2222 * www.cityofbelleislefl.org

APPLICATION FOR GAS 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: 7-2-14 PERMIT NUMBER: 2014-07-014
The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address: 5009 Pleasure Island Rd, Belle Isle FL 32812
Property Owner: Michael Refass Phone: 813-418 0323
Property Owner's Mailing Address: 5009 Pleasure Island Rd City: Orlando
State: FL Zip Code: 32809 Tax I.D. Number: 18-23-30-6031-00-170

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

GAS OUTLETS: 2 DELIVERY PRESSURE: 11" - 14" w/c TOTAL # BTU'S: 499,000

*** PLEASE ATTACH PIPING PLAN/SKETCH WITH GAS CALCULATIONS WITH EVERY PERMIT ***
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

BOILER	BTU	each
DRYER	BTU	each
FIREPLACE	BTU	each
FURNACE	BTU	each
RANGE	BTU	each
WATER HEATER	<u>Tankless</u> BTU <u>199,000</u>	each
GRILLS	BTU	each
POOL HEATER	BTU	each
SPA	BTU	each
MISC	<u>Generator</u> BTU <u>300,000</u>	each
MISC	BTU	each
MISC	BTU	each

EST. COST FOR LABOR & APPLIANCE(S): 21000

*SPECIAL COMMENTS: Gas Piping underground to 2- Propane Gas Outlets

Building Official: Aprezy B41557 Date: 7-08-2014

Review & Permit Fee: \$ 123.00
3% Florida Surcharge: \$ 4.00
Total Permit Fee: \$ 127.00

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 #: 01689
LICENSE HOLDER NAME: Randal Sans COMPANY NAME: Sans Gas Co
Street Address: 8222 S. Orange Ave.
City: Orlando State: FL Zip Code: 32809 Phone Number: 407-855-1903

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

Building Permit Number _____

PROJECT NUMBER 0115.14003471.0000

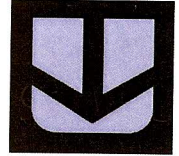
TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-014	
Property Owner	Repass	
Address	5009 Pleasure Island Rd	
Nature of Improvement	Gas	
Received Application	7-7-14	
Sent for Stormwater Review	/	
Stormwater Approved	/	
Sent for Zoning Review	/	
Zoning Approved	/	
Applied for Variance	/	
Variance Approved	/	
Sent to BO for Review	7-7-14	6038971
Building Official Approved	7-08-2014	
Comments		
1.	7-8-14	sq emailed Court it's ready
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



COBI Permit Fee Calculation Form



Reviewer Signature: APerez

Date: 7-08-2014

Permit Type:	<u>GAS</u>	Job Cost:	<u>\$ 2100-</u>
Permit Fee:	<u>\$ 82.00</u>		
Plans Review Fee:	<u>\$ 41.00</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 2.00</u>		
1.5% State Fee:	<u>\$ 2.00</u>		
TOTAL BUILDING FEE:	<u>\$ 127.00</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$\begin{aligned} \$62 + (\$10 \times 2) &= 62 + 20 = \$82.00 \\ \$82 \times 50\% &= \$82 + 41 = \$123.00 \end{aligned}$$

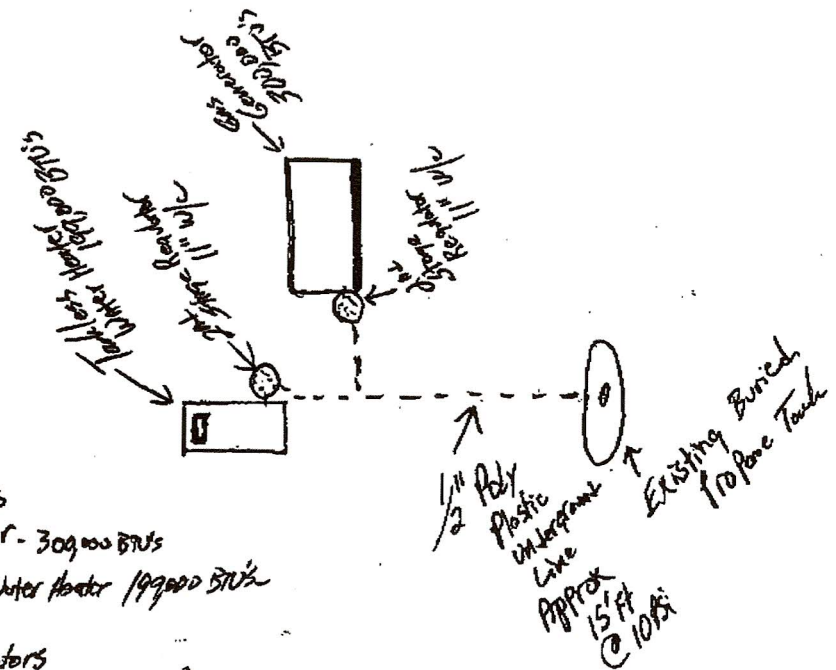
Residential • Commercial • Industrial
Since 1964

Michael Refass
5009 Pleasure Island Rd.
Orlando Fl. 32809

Propane Riser Diagram

1 1/2" - 1 1/4" W/c

Sams Gas Co.
8222 S. Orange Ave
Orlando Fl. 32809
St. Lic# 01689



2- Gas Outlets
Generator - 30000 BTUs
Tankless Water Heater 19900 BTUs

2- 2nd Stage Regulators
Model (Fisher DPF 652)

Underground (Poly Plastic Line)
Approx 15' FT @ 10 PSI

IF You have any Questions
Please Call (Dan)
407-538-7155



P.O. Box 593841 8222 S. Orange Ave.
Orlando, Florida 32809-3841
WWW.SAMSGAS.COM

OFFICE (407) 855-1908



Reviewed for Code
Compliance
Universal Engineering
Sciences, Inc.

IMPORTANT: If the certificate holder is not the insured, 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 Jamerson McLean Corporation P.O. Box 621149 825 Executive Drive Oviedo FL 32762	CONTACT NAME: Billie Tucker PHONE (A/C, No, Ext): 800-393-6640 E-MAIL ADDRESS: billie@jmcleaninsurance.com	FAX (A/C, No): 407-366-8508
	INSURER(S) AFFORDING COVERAGE	
INSURED KRS Holding, Inc.; Sams LP Gas Company; Sams II, Inc., DBA Mulligan Propane Sams Teletower, LLC; Sams III, LLC, DBA Producers Gas P.O. Box 593641 Orlando FL 32809	INSURER A: United States Fire Insurance Co.	21113
	INSURER B: RetailFirst Insurance Company	31399
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			506-874626-1	10/06/2013	10/06/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			506-874626-1	10/06/2013	10/06/2014	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			523-708101-9	10/06/2013	10/06/2014	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	520-06128	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela 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 <i>Sam M S</i> <GEG>
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ACORD 25 (2010/05)

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(850) 921-1600
Tallahassee, Florida

Date of Issue: September 1, 2013
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02 Florida Statutes, to:

SAMS LP GAS COMPANY, INC
 8222 S ORANGE AVE
 ORLANDO, FL 32809-6733

Adam H. Putnam
 ADAM H. PUTNAM
 COMMISSIONER OF AGRICULTURE