



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: GAS: Install 2 – 100# cylinders and gas line for range

Comments: None

Project Information

Address: 5040 Pleasure Island Rd, Belle Isle, FL 32809
Parcel ID: 18-23-30-6031-00-260
Property Owner: Zapara, Gerald and Susan
Phone Number: 407-999-5054

Company Name: Central Florida Propane
Contractor Name: Warren, Terry
License Number: 01971
Address: 5475 S Orange Blossom Trail Orlando, FL 32839
Phone Number: 407—855-6226

Permit Number: 2014-07-045

Date of Application: 07/22/2014

Date Permit Issued: 07/30/2014

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

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$93.00
Irrigation \$
Low Voltage \$
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$97.00

Date Paid 7-30-14

CC of Check # NC 4601

Amount Paid 97.00

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 (F-S 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

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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**

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 BI scheduling@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://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9c2e63>

login ID = cobi@universalengineering.com

password = universal13

PROJECT NUMBER 0115.1400377.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-045
Property Owner	Zapana
Address	5070 Pleasure Island Rd
Nature of Improvement	Gas
Received Application	7-22-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	7-23-14 10039568
Building Official Approved	7-30-2014
Comments	
1.	
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10.	
11.	
12.	



City of Belle Isle
 Universal Engineering Sciences 3632 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Received
7-23-14

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: 7-22-14 PERMIT NUMBER 2014-07-045
 The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas Installations as indicated below. PLEASE PRINT

Project Address 5040 Pleasure Island Rd Bella Isla FL 32809 32812
 Property Owner Gerald + Susan Zapora Phone 407-999-5054
 Property Owner's Mailing Address 5040 Pleasure Island City Belle Isle
 State FL Zip Code 32809 Parcel Id Number: 18-23-30-0031-00-260
To obtain this information, please visit: <http://www.copfl.com/PropertySearch/ParcelSearch.aspx>

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

GAS OUTLETS 1 DELIVERY PRESSURE 11" WC TOTAL #BTU'S 605

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED ***
 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.

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE	<u>1</u>	<u>\$ 200.00</u>
WATER HEATER		\$
GRILL		\$
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 800.00

Special Comments: Install 2-100# cylinders and gas line for range

***VALUE MEANS REASONABLE RETAIL VALUE**

Building Official: Angel Perez Date 7-30-2014 Permit Fee \$ 62-
 Verified Contractor's Licenses & Insurance are on file see Date 7-23-14 Review Fee \$ 31-
 % Florida Surcharge \$ 4-
 Total Permit Fee \$

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 # 01971
 LICENSE HOLDER NAME Stefcy Warren COMPANY NAME Central Florida Propane
 Street Address 5475 S. Orange Blossom Tr
 City Orlando State FL Zip Code 32839 Phone Number 407-855-6220
 Email Address _____

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 _____

virginia@centralflpropane.com



COBI Permit Fee Calculation Form

Reviewer Signature: AP Date: 7-30-2014

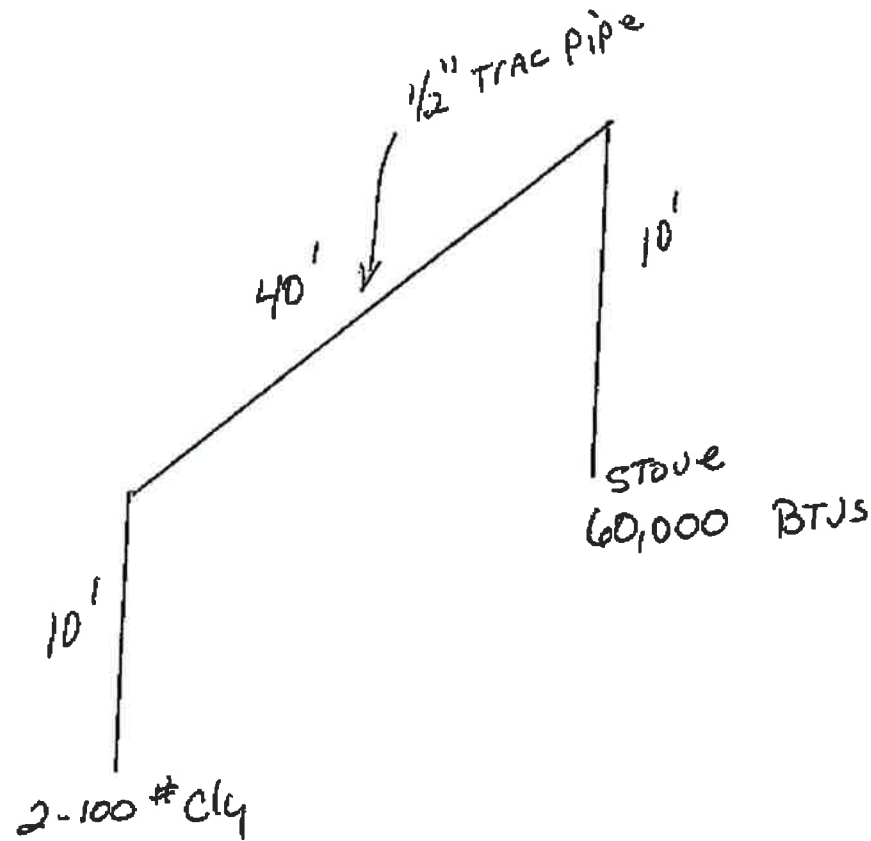
Permit Type:	<u>Gar</u>	Job Cost:	<u>\$ 800-</u>
Permit Fee:	<u>\$ 62.00</u>		
Plans Review Fee:	<u>\$ 31.00</u>		(50% of permit fee - excluding ReRoofs)
1.5% State Fee:	<u>\$ 2.00</u>		
1.5% State Fee:	<u>\$ 2.00</u>		
TOTAL BUILDING FEE:	\$ <u>97.00</u>		(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

$\$62 \times 50\% = \31
 $62 + 31 = 93 + 3\% = \$4 + 93 = \97

Gerald + Susan Zapara
5040 Pleasure Island Rd
Orlando FL 32809

7-22-14
65,000 BTUS
60' Longest Run
1/2" TRAC
12"-14" W.C
LP. GAS



Reviewed for Code
Compliance
Universal Engineering
Sciences

TracPipe PS-II

TracPipe 70 Length (feet)

CounterStrike

Side 3

CAS TYPE

PROPANE
Maximum Capacity
1,000 BTU/HR

SIZE	END PRESSURE	SUPPLY PRESSURE DROP	SYSTEM TYPE
28	3/8"	15	
60	1/2"	19	
150	3/4"	25	
255	1"	31	11" W.C.
480	1 1/4"	37	0.5" W.C.
746	1 1/2"	46	
1764	2"	62	LOW PRESSURE Table P-1

Length

PROPANE
Maximum Capacity
1,000 BTU/HR

SIZE	END PRESSURE	SUPPLY PRESSURE DROP	SYSTEM TYPE
62	3/8"	15	
140	1/2"	19	
329	3/4"	25	13"-14" W.C.
719	1"	31	2.5" W.C.
1058	1 1/4"	37	
1685	1 1/2"	46	
3930	2"	62	MEDIUM PRESSURE Table P-2

Conversion Factors and Data
1 PSI = 2.8" Water Column
1/2 PSI = 14" Water Column
1/4 PSI = 7" Water Column

Natural Gas
1 CFH = 1,000 BTU
Specific Gravity = 0.6

Propane
1 CFH = 2,520 BTU
Specific Gravity = 1.52

SIZE	END PRESSURE	SUPPLY PRESSURE DROP	SYSTEM TYPE
203	3/8"	15	
426	1/2"	19	
1064	3/4"	25	
1832	1"	31	2 PSI
3452	1 1/4"	37	1.0 PSI
5684	1 1/2"	46	
13010	2"	62	ELEVATED PRESSURE Table P-3

POCKET SPECIFIER

BTU

- No Gaskets
- No Special Tools
- No Flow Restrictions
- NO MORE HEADACHES!

SIZE	END PRESSURE	SUPPLY PRESSURE DROP	SYSTEM TYPE
40	3/8"	15	
85	1/2"	19	
211	3/4"	25	
359	1"	31	11"-12" W.C.
674	1 1/4"	37	1.0" W.C.
1059	1 1/2"	46	
2490	2"	62	LOW PRESSURE Table P-1A
55	3/8"	15	
119	1/2"	19	
294	3/4"	25	
503	1"	31	12"-14" W.C.
948	1 1/4"	37	2.0" W.C.
1504	1 1/2"	46	
3516	2"	62	Table P-1B



07-22-2014 11:28AM FROM: JAMERSON MCLEAN

407 366 8508

T-875 P.001/001 F-827



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2014

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

Jamerson McLean Corporation
P.O. Box 621149
826 Executive Drive
Orlando FL 32752

CONTACT NAME: Billie Tucker
PHONE: (407) 366-3482
FAX: (407) 366-8508
EMAIL: billie@jmcleaninsurance.com
PRODUCER:
CUSTOMER I.D.#:

INSURED

Central Florida Propane, Inc.
5475 South Orange Blossom Trail
Orlando FL 32839

INSURER(S) AFFORDING COVERAGE
INSURER A: Crum & Forster Indemnity Insurance Co. NAID # 31348
INSURER B: Granite State Insurance Company 18102
INSURER C: United States Fire Insurance Company 21113
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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		506-876328-3	03/31/2014	03/31/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP. (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		506-876328-3	03/31/2014	03/31/2015	COMBINED SINGLE LIMIT (Es. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	UMBRELLA LMB EXCESS LMB DEDUCTIBLE RETENTION \$ 0		523-708846-2	03/31/2014	03/31/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL SERVICES EXCLUDED OFFICER/SHAREHOLDER EXCLUDED IF YES, describe why: DESCRIPTION OF OPERATIONS below		WC 009-77-7223	09/16/2013	09/16/2014	X WC STATUS - TOBY LIMITS OTHER EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle
1600 Nela Ave.
Belle Isle, FL 32805

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

Gary M. S.

ACORD 25 (2008/09)

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Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: 01971
Expiration Date: August 31, 2014
Date of Issue: September 1, 2013
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION ONLY

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:

**CENTRAL FLORIDA PROPANE, INC.
5475 S ORANGE BLOSSOM TRL
ORLANDO, FL 32839**

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

cott Randolph, Tax Collector Local Business Tax Receipt Orange County, Floric
is 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 c
vful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL
3205 LP GAS-DEALER 2013 \$30.00 2 EMPLOYEE 9/30/2014 3205-0611765



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

WARREN TERRY-PRESIDENT

5475 S ORANGE BLOSSOM TL
U - ORLANDO, 32839

CENTRAL FLORIDA PROPANE INC
WARREN JOAN
5475 S ORANGE BLOSSOM TRL
ORLANDO FL 32839-2712

PAID: \$30.00 099-00605181 9/16/2013

This receipt is official when validated by the Tax Collector.