

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: PLUMBING: repipe</p> <p>Comments: None</p> <p>Project Information Address: 5113 St. Michael Avenue, Belle Isle, FL 32812 Parcel ID: 17-23-30-4380-06-180 Property Owner: Powell, Dean Phone Number: 321-663-3515 ***** Company Name: Herrell Plumbing, Inc. Contractor Name: Shaw, Dan License Number: CFC032627 Address: 5613 E. Colonial Drive, Orlando, FL 32807 Phone Number: 407-273-6260</p>	<p style="text-align: right;">Permit Number: 2014-07-007</p> <p style="text-align: right;">Date of Application: 06/30/2014 Date Permit Issued: 07/02/2014</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 Traffic \$ School \$</p> <p>ZONING FEES Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width: 100%;"> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Boat House</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Irrigation</td><td>\$</td></tr> <tr><td>Low Voltage</td><td>\$</td></tr> <tr><td>Mechanical</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$55.50</td></tr> <tr><td>Pool</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> </table> <p>SURCHARGE FEES</p> <table style="width: 100%;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p style="text-align: center;">TOTAL FEES \$59.50</p> <p>Date Paid 7-2-14</p> <p>CC or Check # Amex 71009</p> <p>Amount Paid 59.50</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>	Boat Dock	\$	Boat House	\$	Building	\$	Demo	\$	Door(s)	\$	Driveway	\$	Electrical	\$	Fence	\$	Gas	\$	Irrigation	\$	Low Voltage	\$	Mechanical	\$	Plumbing	\$55.50	Pool	\$	Roofing	\$	Screen Encl	\$	Shed	\$	Temp Pole	\$	Window(s)	\$	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<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>
Boat Dock	\$																																										
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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.



City of Belle Isle

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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: 06-27-14 PERMIT NUMBER 2014.07-007
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 5113 St Michael Ave, Belle Isle FL 32809 32812

Property Owner Dean Powell Phone 321-663-3515

Property Owner's Mailing Address 5113 St Michael Ave City Orlando

State FL Zip Code 32812 Parcel Id Number: 17-23-30-4380-06-180

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

VALUATION OF JOB (labor & materials) \$ 2400.00

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
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	
Re-pipe	<input checked="" type="checkbox"/>
Miscellaneous (Specify)	

Note: For P10, a Backflow Preventer must be installed & tested. The report must be posted with permit for Final Inspection.

Building Official: Angel Perez Date 7-01-2014
Verified Contractor's Licenses & Insurance are on file cg Date 7-1-14

Permit Fee	<u>37-</u>
Review Fee	<u>18.50</u>
3% State Surcharge (\$4.00 minimum)	<u>4.00</u>
Total Permit Fee	<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 Dan Shaw LICENSE # CFC032627

LICENSE HOLDER NAME Dan Shaw COMPANY NAME Herrell Plumbing Inc

Street Address 5613 E Colonial Dr

City Orlando State FL Zip Code 32807 Phone Number 407-273-6260

Email Address sheila@herrellplumbing.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 _____

PROJECT NUMBER 0115,400340.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014.07.007
Property Owner	Powell, Dean
Address	5113 St. Michael Ave
Nature of Improvement	Plumbing / Repipe
Received Application	6/30/14
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	
Building Official Approved	7-01-2014
Comments	
1.	7-2-14 cq emailed Sheila it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: ~~Adam~~ AD

Date: 7-01-2014

Permit Type: Plumbing Job Cost: \$2400-

Permit Fee: \$ 37.00

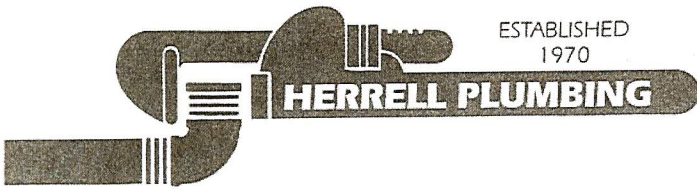
Plans Review Fee: \$ 18.50 (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2.00

1.5% State Fee: \$ 2.00

TOTAL BUILDING FEE: \$ 59.50 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits



5613 East Colonial Drive
Orlando, Florida 32807
(407) 273-6260
Fax (407) 281-7835

POWER OF ATTORNEY

I hereby name and appoint Sheila Beasley of
HERRELL PLUMBING, INC., to be my lawful attorney in fact to act for me and apply to
the City of Belle Isle Building Department for a PLUMBING
permit for work to be performed at a location described as:

5113 St Michael Ave, Orlando 32812

and to sign my name and do all things necessary to this appointment.

Name of certified contractor:

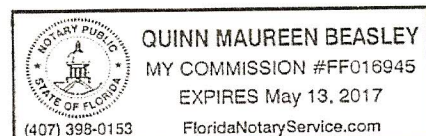
DANIEL C. SHAW
CFC032627

Daniel Shaw
SIGNATURE OF CERTIFIED CONTRACTOR

STATE OF FLORIDA)
COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me this 27 day of
June 2014, by DANIEL C. SHAW, who is personally known to me.

Maureen Beasley
NOTARY PUBLIC





ESTABLISHED
1970

5613 East Colonial Drive
Orlando, Florida 32807
(407) 273-6260
Fax (407) 281-7835

PROPOSAL

June 30, 2014

TO: Dean Powell
5113 St Michael Ave
Orlando FL 32812

CUSTOMER: 30813
ESTIMATOR: 23
START DATE:

PHONE:
CELL: 321-663-3515

JOB NAME: Same

JOB LOCATION:

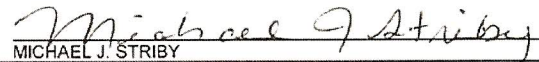
JOB PHONE:

We propose hereby to furnish material and labor - complete - in accordance with specifications below, for the sum of:

\$2,400.00

Payment Due Upon Completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications below involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance. (Note: Proposal may be withdrawn by us if not accepted within thirty (30) days.)


MICHAEL J. STRIBY

We hereby submit specifications and estimates for:

Ref: FlowGuard Gold CPVC Repipe

1. Repipe hot and cold water lines for household plumbing using FlowGuard Gold CPVC pipe and fittings.
2. Connect new water lines to existing plumbing fixtures in kitchen, laundry, water heater, and (2) bathrooms, including new fixture stops.
Note: Due to the age, condition or quality of some plumbing fixtures, they may not withstand normal disconnection and reconnection during the repipe. If repair or replacement is necessary, this will be done at additional cost.
3. Patch drywall necessary for new pipe installation. This does not include tile, marble, paint or wallpaper repairs.
Note: Due to the nature of the wall patch procedure, we will attempt to match the existing texture finish, however, imperfections are expected.
4. Replace (2) hose bibbs on exterior walls adjacent to new water lines.
6. This price does not include replacement of the following water lines (unless specified above): water service/ AC-ECU returns/ swimming pool-Jacuzzi lines/ solar collectors/ sprinkler-irrigation system/ single control faucet supplies/ or shower risers.
6. Includes county/city permit fee.

NOTES: Proposal does not ensure water supply to any fixtures other than those specified above. Customer will experience temperature fluctuations in cold water lines due to heat transfer in the attic.

All labor and materials supplied by HERRELL PLUMBING carry a ten year warranty from the date of installation, or per manufacturer's warranty. This proposal does not include any additional plumbing, electrical, carpentry, patching or tile work not specifically covered herein. Upon acceptance of this proposal, owners should sign and return one copy. Herrell Plumbing appreciates the opportunity to serve you.

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: 6.27.14

Signature: 

For residential work in excess of \$1,500: Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida Law by a state-licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone number and address: 7960 Arlington Expressway, Suite 300, Jacksonville, FL 32211-7467, (904) 727-3689.

Property Record - 17-23-30-4380-06-180

Orange County Property Appraiser • <http://www.ocpafl.org>

Property Summary

Property Name

5113 St Michael Ave

Names

Powell Dean A
Powell Kelly A

Municipality

BI - Belle Isle

Property Use

0100 - Single Family

Mailing Address

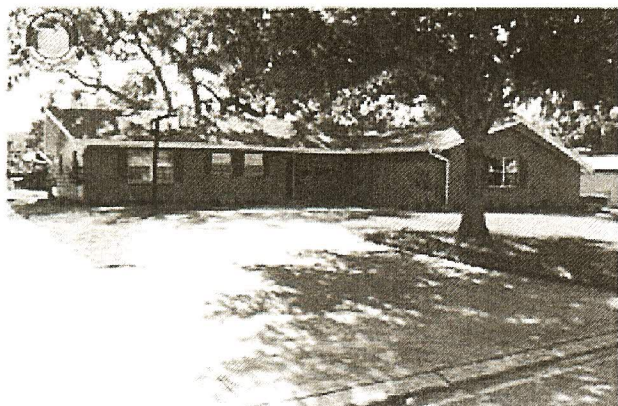
5113 Saint Michael Ave
Belle Isle, FL 32812-1138

Physical Address

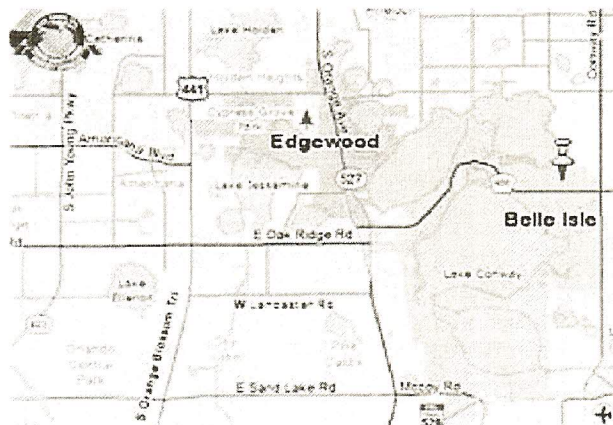
5113 St Michael Ave
Orlando, FL 32812



QR Code For Mobile Phone



302317438006180 08/23/2006





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2013

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 LRA Insurance 498 S Lake Destiny Rd Orlando FL 32810	CONTACT NAME: Pamela Lumbra
	PHONE (A/C No. Ext): (407) 838-3445 FAX (A/C No.): (407) 838-3460
	E-MAIL ADDRESS: plumbra@lrainsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Westfield Insurance Company NAIC # 24112
INSURED Herrell Plumbing, Inc. & M.M. Rust & Sons, Inc. 5613 E. Colonial Drive Orlando FL 32807	INSURER B: Bridgefield Employers Ins Co 10701
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 13/14

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 EXCLUSION 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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			TRA3993122	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TRA3993122	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 300,000
		<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			TRA3993122	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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	830-28289	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Nela 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 James Lumbra Sr./PAM

ACORD 25 (2010/05)

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INS025 (201005) 01

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AC# 6233771

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12073001356

DATE	BATCH NUMBER	LICENSE NBR
07/30/2012	128022756	CFC032627

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

SHAW, DANIEL C
HERRELL PLUMBING INC
5613 E COLONIAL DRIVE
ORLANDO FL 32807

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

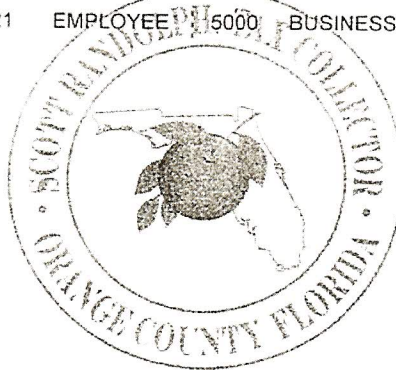
cott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

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 local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 EXPIRES 9/30/2014 1803-0055905

1803 CONTR-PLUMBING \$50.00 21 EMPLOYEE 15000 BUSINESS OFFICE \$30.00 10 EMPLOYEE :

TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00



SHAW DANIEL C

HERRELL PLUMBING
SHAW DANIEL C
5613 E COLONIAL DR
ORLANDO FL 32807-1822

5613 E COLONIAL DR
U - ORLANDO, 32807

PAID: \$80.00 098-00601481 9/4/2013

This receipt is official when validated by the Tax Collector.