

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: IRRIGATION: 10 systems with 100 heads

Comments: Backflow Preventer must be installed & tested;

Report must be posted w/ permit for final inspection.

Project Information

Address: 7210 Seminole Drive, Belle Isle, FL 32809

Parcel ID: 29-23-30-4389-04-050

Property Owner: Black Pearl Realty Investments, LLC

Phone Number: None

Company Name: Keller Outdoor, Inc. Contractor Name: Short, Erich

License Number: IS0002851 Address: 2150 Marquette Avenue, Sanford, FL 32773

Phone Number: 407-330-2750

Permit Number: 2014-07-016

Date of Application: 07/08/2014 Date Permit Issued: 07/08/2014

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	BUILDING INSPECTOR USE ONLY					
Traffic \$ School \$	IF APPLICABLE:					
*	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions					
ZONING FEES Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO					
·	BUILDING					
UNIVERSAL ENG - BUILDING FEES	1 st (Footing/Foundation)					
Boat Dock \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?					
Boat House \$ Building \$	2 nd (Slab)					
Demo \$						
Door(s) \$ Driveway \$	3 rd (Lintel)(Wall Reinforcing on Masonry Building)					
Electrical \$	4 th (Exterior Framing)(Roof/Wall Sheathing)					
Fence \$ Gas \$	5 th (Framing) (To be made after Plumbing/ Mechanical/					
Irrigation \$55.50	Electrical Rough-Ins & Windows/Doors Installed)					
Low Voltage \$ Mechanical \$	6 th (Insulation to be Made After Roof Installed)					
Plumbing \$	(msdiation to be made After Roof Installed)					
Pool \$ Roofing \$	7 th (Drywall)					
Screen Encl \$	8 th (Sidewalk/Driveway)					
Shed \$ Temp Pole \$	9 th (Other)					
Window(s) \$	(Othor)					
SURCHARGE FEES	10 th (Final – After MEP and Other Applicable Finals)					
	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR					
Surcharge Fee \$2.00 Surcharge Fee \$2.00	1 ST ROOFING Deck Nailing/Dry-in/Flashing					
	2 nd ROOFING Covering In-Progress					
TOTAL FEES \$59.50	3 rd ROOFING Covering Final					
Date Paid 7-8-14						
20 5	□ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)					
CC or Check # OMLY 32005	1 ST (Underground) 2 nd (Sewer)					
Amount Paid 59.50	3 rd (Rough-In/Tub Set) 4 th (Final)					
The person accepting this permit shall	CHECK APPROPRIATE BOX					
conform to the terms of the application on file and construction	GAS _NaturalLP					
shall conform to the requirements of	1 st (Rough-In) 2 nd (Final)					
the Florida Building Code (FS 553).	\(\text{\text{Tital}}\)					

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.



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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

COM	MENCEMENT.						
DATE OF APPLICATION: 7/3/14 The undersigned hereby applies for a	p permit to make n	olumbina in	PERM	IT NUMBER_	201	14-0	1-016
Project Address 7210 Seminole		rannonig ii	Standaons as muicated				2812
Property Owner Black Pearl Re	ality Investme	nts, LLC		Phone			
Property Owner's Mailing Address				City		***************************************	
StateZip Code	Parc	el ld Num	_{ber:} 29-23-30-438	9-04-050			
Class of Building: Old New Type of Work: New Alteration	Type of Bu	o obtain this uilding: Re Repair [information, please visit htt esidential	p://www.ocpafl. lercial Sewer S	Other[□ Re-pipe □	3
YOU MAY BE REQUIRE	TO PROVIDE SE to Septic System	EPTIC SY: - ORANG	STEM VERIFICATION E COUNTY DOCUMEN	FOR NEW / A	LTERED	/ ADDITION	N
VALUATION OF JOB (labor & mate	rials) \$ 2499.00)					
FIXTURES	Quantity		FIXTURES			Quantity	
Water Closets (Toilet)			Dishwashers				7
Bathtubs			Laundry Tubs				
Urinals			Floor Drains		***************************************		1
Disposals			Grease Traps				1
Washing Machines			Trailer Connections		***********		1
Water Heaters			Spa				1
Sewer			Solar				1
Catch Basins/Sumps			Pool Piping				1
Service Sink			*Irrigation: (# Systems	s / # Heads)		10/100	
Lavatory (Bathroom Sink)			Water Softener		*		1
Showers			Re-pipe				
Sinks			Miscellaneous (Specif	fv)			
*Per FBC, Sec. 608, a Backflow Prevent	er must be installed	d & tested;			r Final In	spection.	
Building Official: Date 7-8-14 Verified Contractor's Licenses & Insurance are on file Date 7-8-14 3% State Surchar (\$4.00 minimum)						37°° 18.50 40°	
hereby certify that the above is true	and correct to the	Spest of n	ny knowledge and make	Application fo	r Permit	as outlined a	bove, and if
iame is granted I agree to conform to a submitted. The issuance of this permit do	Il Florida Building C	de Regula	tions and City Ordinance te any applicable Town a	es regulating sa and/or State of I	me and i Florida co	n accordance des and/or o	with plans
LICENSE HOLDER SIGNATURE LICENSE # IS0002851 LICENSE HOLDER NAME Erich Short COMPANY NAME Keller Outdoor							
ICENSE HOLDER NAME Erich Sh	Δνα		COMPANY NAMI	E Keller Ou	naoor	·	
Street Address 2150 Marquette			20770		455	200 5=	
Sanford State FL Zip Code 32773 Phone Number 407-330-2750							
Imail Address eshort@kelleroutdoorfla.com OTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.							
			Positalia - P				



CERTIFICATE OF LIABILITY INSURANCE

KELLE-1 OP ID: MF

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

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).

certifica	te holder in lieu of such e	endorsement(s).					
PRODUCER Brown & Brown of Florida, Inc. 2600 Lake Lucien Dr., Ste. 330 Maitland, FL 32751-7234 Tom D'Avanzo, CPA, CPCU		Phone: 407-660-8282	IN-THIE-				
		Fax: 407-660-2012	(A/C, NO, EXI).	FAX (A/C, No):			
			E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE	NAIC#			
			INSURER A : Westfield Insurance Company	24112			
INSURED	Keller Outdoor, Inc. Bobby Keller 2150 Marquette Avenue		INSURER B : FCCI Insurance Company	10178			
		e	INSURER C:				
	Sanford, FL 32773		INSURER D :	S 5			
			INSURER E :				
			INSURER F:				
COVERAC	GES	CERTIFICATE NUMBER:	REVISION NUI	VIBER:			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY				1	1	EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			CMM7757656	09/09/2013	09/09/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO			CMM7757656	09/09/2013	09/09/2014	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							PIP	\$	10,000
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
Α	EXCESS LIAB CLAIMS-MADE			CMM7757656	09/09/2013	09/09/2014	AGGREGATE	\$	4,000,000
	DED X RETENTION\$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS ER		
В	B ANY PROPRIETOR/PARTNER/EXECUTIVE			001-WC13A-69114	09/09/2013	09/09/2014	E.L. EACH ACCIDENT	\$	500,000
1			datory in NH)				E.L. DISEASE - EA EMPLOYEE \$		500,000
							E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	A Equipment Floater			CMM7757656	09/09/2013	09/09/2014	Limit		200,000
	Property- SEE NOTE						Ded		1,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

CERTIFICATE HOLDER

CANCELLATION

BELLEI1

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

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

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Orange County Division of Building Safety Competency Card

Registered P- Irrigation Specialty

IS0002851

09/30/2014 -(expiration date)

Keller Outdoor Incorporated Erich L Short

(Signature of Card Holder)

(Not valid unless signed)