

Comments:

Scope of Work: PLUMBING: water heater

None

shall conform to the requirements of the Florida Building Code (FS 553).

# 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

Permit Number: 2014-06-016

Date of Application: 06/10/2014
Date Permit Issued: 06/13/2014

(Final)

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.

Parcel ID: 18-23-30-8856-05-6		WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR			
Property Owner: Shively, Joseph & N Phone Number: 407-325-5488		PROPERTY. IF YO CONSULT WITH YO	U INTEND TO OBTAIN FINANCING, OUR LENDER OR AN ATTORNEY		
Company Name: Precise Plumbing, In Contractor Name: Fekete, Daniel License Number: CFC1428646 Address: 1514 Black Bear Contractor Phone Number: 407-886-9308	urt, Apopka, FL 32712	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.			
ALVESTICAL AND PROBLEM TO AND A SECTION AND A	BUILDING FEAT	JRES	Committee of the Child Child Committee of the		
IMPACT FEES	В	UILDING INSPECTOR US	SE ONLY		
School \$ Traffic \$	IF APPLICABLE:				
ZONING FEES	Have Zoning Approval Conditions	Been Met? YES NO I	Have Stormwater Approval Conditions		
Zoning Fee \$	Been Met? YES NO Silt fencin	g in place? YES NO	Turbidity Barrier in place? YES NO		
UNIVERSAL ENG - BUILDING FEES	BUILDING	(Footing/Fo	oundation)		
Cert of Occ \$			slab pour. Approved Plan on Site?		
Demo \$ Building \$	2 <sup>nd</sup>	(Slab)			
Fence \$ Driveway \$	3 <sup>rd</sup>	(Lintel)(Wal	ll Reinforcing on Masonry Building)		
Demo       \$         Building       \$         Fence       \$         Driveway       \$         Shed       \$         Window(s)       \$         Door(s)       \$         PrePower       \$	4 <sup>th</sup>	(Exterior Fr	aming)(Roof/Wall Sheathing)		
Door(s) \$ PrePower \$	5 <sup>th</sup>	(Framing) (	(To be made after Plumbing/ Mechanical/		
Electrical \$			Rough-Ins & Windows/Doors Installed)		
Plumbing \$55.50	6 <sup>th</sup>	(Insulation t	to be Made After Roof Installed)		
Mechanical \$ Gas \$	7 <sup>th</sup>	(Drywall)			
Roofing \$ Boat Dock \$	8 <sup>th</sup>	(Sidewalk/D	<u> Driveway)</u>		
Screen Encl \$ Swimming Pool \$	9 <sup>th</sup>	(Other)			
Sign \$	10 <sup>th</sup>		er MEP and Other Applicable Finals)		
SURCHARGE FEES	ROOFING	Ţ. Mar. 7 Mar.	or many		
Surcharge Fee \$2.00 Surcharge Fee \$2.00	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/F	lashing			
TOTAL FEES \$59.50	2 <sup>nd</sup> ROOFING Covering In-Progress				
1 10 111	3 <sup>rd</sup> ROOFING Covering Final				
Date Paid 6-19-19	□ <b>PLUMBING</b> (Pool-Piping, Solar, Ir	rigation, Water Treatment	Equip, Etc)		
CC or Check # VUSa 4987	1 <sup>ST</sup> (Unde	erground) 2 <sup>nd</sup>	(Sewer)		
Amount Paid 59.50			(Final)		
The person accepting this permit shall			1,		
nform to the terms of the CHECK APPROPRIATE BOX    GAS _NaturalLP   MECHANICAL   ELECTRICAL   LOW VOLTAGE					

Inspection requests are to be emailed to <a href="mailto:BIDscheduling@UniversalEngineering.com">BIDscheduling@UniversalEngineering.com</a>; a confirmation email will be sent back to you upon scheduling. <a href="Mext-Day Inspection requests must be made by 1pm">Next-Day Inspection requests must be made by 1pm</a>. 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.

(Rough-In)





City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com

### 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: 6/10/20		PERMIT N	OWDER	014-01	0-016
The undersigned hereby applies for a	•	bing installations as indicated belo	ow. PLEASE PRIN	IT	
Project Address 2228 Hoffner	Ave	, E	Belle Isle FL3	3280932	812
Property Owner Joseph and N	ina Shively	F	hone 407-32	5-5488	
Property Owner's Mailing Address 2	228 Hoffner Ave	e c	City Belle Isle		
State FL Zip Code 3280	)9 Parcel lo	18-23-30-8856	-05-600		
		tain this information, please visit http://v		ches/ParcelSearcl	n.aspx
Class of Building: Old New Type of Work: New Alteration		ng: Residential  Commerci pair  Type of System: Se			
YOU MAY BE REQUIRED		IC SYSTEM VERIFICATION FOR RANGE COUNTY DOCUMENT 6		D / ADDITION	
VALUATION OF JOB (labor & mate					
TALEST TOTO GOD (Table) & Thate	, idio, ¢				
FIXTURES	Quantity	FIXTURES		Quantity	annows accounting to the
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 Preven	ter must be installed & i	tested; the report must be posted w	ith permit for Final	Inspection.	25
Building Official: Augul L  Verified Contractor's Licenses & Ir	Perez 1	Date 6-13-2014  CO Date 6-11-14	3% State	Permit Fee Review Fee Surcharge	18.50
			Total	Permit Fee	59,50
I hereby certify that the above is true same is granted I agree to conform to a submitted. The issuance of this permit duLICENSE HOLDER SIGNATURE	all Florida Building Code pes not grant permission	e Regulations and City Ordinances in to violete any applicable Town and	regulating same and for State of Florida CENSE # CFC1	d in accordance codes and/or o	e with plans rdinances.
LICENSE HOLDER NAME Daniel	rekele	COMPANY NAME _	riecise Pium	ıbırıg, inc.	-
Street Address 1514 Black Bea		00740	46	7 000 00	
City Apopka	State FL		hone Number 40	17-886-93	08
Email Address danielfekete@pre NOTE: The Building Permit Number is i Permit has been issued.		m. Installation is associated with any c	onstruction or alter	ation where a B	uilding

Building Permit Number \_\_\_\_

TASK NUMBER \_\_\_\_\_\_

# CITY OF BELLE ISLE

## Permit Application Review Sheet

Permit Number	2014-06-016
Property Owner	Shively
Address	2228 Hollner Our
Nature of Improvement	Plumbung
Received Application	6-10-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	1
Zoning Approved	
Applied for Variance	
Variance Approved	
, taxaaccpp0,-ec-	
Sent to BO for Review	6-11-14 wo 38100
Building Official Approved	6-13-2014
CONTRACTOR OF THE STREET	Comments
1.	
1-11-14 ca	emailed contr for recorded NCC
6-11-14 cg	emailed Cents for recorded Nac
6-11-14 cq 2. 6-13-14 cq	O .
6-11-14 cq 2. 6-13-14 cq 3.	O .
6-11-14 cq 2. 6-13-14 cq	O .
6-11-14 cq 2. 6-13-14 cq 3.	O .
6-11-14 cq 2. 6-13-14 cq 3.	O .
2. C-13-14 CQ 3. 4. 5. 6.	O .
6-11-14 cq 2. 6-13-14 cq 3.	O .
2. C-13-14 CQ 3. 4. 5. 6.	O .
15-11-14 cq 2. 13-14 cq 3. 4. 5. 6. 7.	O .
2. C-13-14 CQ 3. 4. 5. 6. 7.	O .
15-11-14 cq 2. 13-14 cq 3. 4. 5. 6. 7.	O .
15-11-14 cq 2. 13-14 cq 3. 4. 5. 6. 7. 8. 9.	O .
2. C-13-14 CQ 3. 4. 5. 6. 7. 8. 9. 10.	O .



# COBI Permit Fee Calculation Form



Reviewer Signature:	AP.	Date:	6/13/2014
Permit Type:	Plumbing	Job Cost:	\$ 3,480-
Permit Fee:	s_37-		
Plans Review Fee:	\$ 18.50 (	50% of permit fee – excluding	g ReRoofs)
1.5% State Fee:	\$ 2.00		
1.5% State Fee:	\$ 2,00		
TOTAL BUILDING FEE:	\$ <u>\$9,\$0</u> Note: Total gets doubled for S	(does not include Zoning fees WO/AFT permits	or Deposits)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2013

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).

-	ertificate holder in lieu of such endors								
			_		NAME:	CT Paula E	sarritt	LEAV	
	uthern Financial Insuran			oup	(A/C, No	o. Ext): (850)	521-3075	FAX (A/C, No): (888)	215-6450
	55 Killearn Center Boule	var	a		ADDRE	SS: Paula@s	southernf	ig.com	
PO Box 15913				INSURER(S) AFFORDING COVERAGE				NAIC#	
Tallahassee FL 32317-5913				INSURER A: Travelers- NFAN PL- Direct CL				10647	
INSURED				INSURER B Montgomery Insurance/ Liberty					
	ecise Plumbing Inc				INSURE	RC AMTRUS	ST		_
15.	14 Black Bear Court				INSURE	RD:			
_					INSURE	RE:			
	opka FL 32				INSURE	RF:			
				E NUMBER:CL13121700				REVISION NUMBER:	
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME FAIN, ICIES	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO AL	O WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
A	CLAIMS-MADE X OCCUR			6606D260061		8/15/2013	8/15/2014	MED EXP (Any one person) \$	5,000
							s	PERSONAL & ADV INJURY \$	1,000,000
					î			GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	300,000
В	ANY AUTO							BODILY INJURY (Per person) \$	
_	ALL OWNED X SCHEDULED AUTOS			BAS55870332		11/26/2013	11/26/2014	BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$	
								Uninsured motorist combined \$	300,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION\$							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	100,000	
	(Mandatory in NH)		AWC1026157		10/10/2013	10/10/2014	E.L. DISEASE - EA EMPLOYEE \$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000
	L	L		L					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES	(Attach	n ACORD 101, Additional Remarks	Schedu	le, if more space	is required)		
CE	RTIFICATE HOLDER			γ	CANO	CELLATION			
	Cities of Delle Lete				eno	HILD ANY OF	THE ADOVE O	ESCRIBED POLICIES BE CANCI	ELLED BEFARE
	City of Belle Isle							EREOF, NOTICE WILL BE I	
1600 Nela Ave Belle Isle, FL 32809							CY PROVISIONS.	77371	
					AUTHO	RIZED REPRESE	NTATIVE		
									950
					Paula	a Barritt	/PAULA	6 - 51	3 de



JEFF ATWATER CHIEF FINANCIAL OFFICER

#### STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

\* \* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \* \* CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE:

07/16/2012

EXPIRATION DATE: 07/16/2014

PERSON:

**FEKETE** 

DANIEL

J

FEIN:

800821740

BUSINESS NAME AND ADDRESS:

PRECISE PLUMBING INC 1514 BLACK BEAR CT.

**APOPKA** 

FL 32712

SCOPES OF BUSINESS OR TRADE:

1- PLUMBING NOC AND DRIVERS

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

#### PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

R

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE: 07/16/2012

EXPIRATION DATE: 07/16/2014

PERSON:

DANIEL J FEKETE

800821740

BUSINESS NAME AND ADDRESS: PRECISE PLUMBING INC

1514 BLACK BEAR CT. APOPKA, FL 32712

SCOPE OF BUSINESS OR TRADE:

1- PLUMBING NOC AND DRIVERS

**IMPORTANT** 

O Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election L under this section may not recover benefits or compensation under this D chapter.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on E the notice of election to be exempt.

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this

QUESTIONS? (850) 413-1609

#### **CUT HERE**

\* Carry bottom portion on the job, keep upper portion for your records.

## STATE OF FLORIDA



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FEKETE, DANIEL J PRECISE PLUMBING, 1514 BLACK BEAR CT INC. **APOPKA** FL 32712

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 barbeque 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. 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!

CFC1428646

AC# 6193877 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CFC1428646

07/10/12 100164106

CERTIFIED PLUMBING CONTRACTOR FEKETE, DANIEL J PRECISE PLUMBING, INC.

IS CERTIFIED under the provisions of Ch.489 FS L12071000382 Expiration date: AUG 31, 2014

#### **DETACH HERE**

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6193877

## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L12071000382

BATCH NUMBER LICENSE NBR DATE

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

FEKETE, DANIEL J PRECISE PLUMBING, 1514 BLACK BEAR CT INC. APOPKA FL 32712

RICK SCOTT GOVERNOR

07/10/2012 100164106

DISPLAY AS REQUIRED BY LAW

KEN LAWSON SECRETARY

lawful authorities. This receipt This local business tax receipt TOTAL TAX
PREVIOUSLY I
TOTAL DUE \*\*\*ORIGINAL\*\*\* BUSINESS PAID OFFICE \$60.00 \$60.00 \$0.00 2013 \$30.00

is valid from October 1 through September 30 of receipt ye is in addition to and not in lieu of any other tax required by 1 EMPLOYEE

Scott Randolph , Tax Collector

Local Bus

PAID:

9 2-00014682 9/30/2013

This receipt is official when valid

\$60.00

1514 BLACK BEAR J - APOPKA, 32712

CT (MOBILE)