

# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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.

<b>Scope of Work:</b> PLUMBING: water heater  <b>Comments:</b> None  <b>Project Information</b> Address: 2511 Oak Island Pointe, Belle Isle, FL 32812 Parcel ID: 18-23-30-6031-00-030 Property Owner: 2511 Oak Island Pointe, LLC Phone Number: 386-214-9058 ***** Company Name: Roto-Rooter Services Co. Contractor Name: Coccera, Rolando License Number: CFC057359 Address: 1404 Gemini Blvd, Orlando, FL 32837 Phone Number: 407-859-9557	<b>Permit Number: 2014-06-023</b> <b>Date of Application: 06/13/2014</b> <b>Date Permit Issued: 06/16/2014</b>  <b>WARNING TO OWNER:</b> "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.
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### BUILDING FEATURES

<b>IMPACT FEES</b> School \$  <b>ZONING FEES</b> Zoning Fee \$  <b>UNIVERSAL ENG - BUILDING FEES</b>  Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$55.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$  <b>SURCHARGE FEES</b>  Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$59.50</b>  <b>Date Paid</b> <u>6-17-14</u> <b>CC or Check #</b> <u>mc 4772</u> <b>Amount Paid</b> <u>59.50</u>  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).	<b>BUILDING INSPECTOR USE ONLY</b>  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  <input type="checkbox"/> <b>BUILDING</b> 1 <sup>st</sup> _____ (Footing/Foundation) <b>Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</b> 2 <sup>nd</sup> _____ (Slab) 3 <sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 <sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing) 5 <sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>th</sup> _____ (Insulation to be Made After Roof Installed) 7 <sup>th</sup> _____ (Drywall) 8 <sup>th</sup> _____ (Sidewalk/Driveway) 9 <sup>th</sup> _____ (Other) 10 <sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)  <input type="checkbox"/> <b>ROOFING</b> 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>nd</sup> ROOFING Covering In-Progress _____ 3 <sup>rd</sup> ROOFING Covering Final _____  <input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 1<sup>ST</sup> _____ (Underground)</td> <td><input type="checkbox"/> 2<sup>nd</sup> _____ (Sewer)</td> </tr> <tr> <td><input type="checkbox"/> 3<sup>rd</sup> _____ (Rough-In/Tub Set)</td> <td><input type="checkbox"/> 4<sup>th</sup> _____ (Final)</td> </tr> </table> <b>CHECK APPROPRIATE BOX</b> <input type="checkbox"/> <b>GAS</b> <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> <b>MECHANICAL</b> <input type="checkbox"/> <b>ELECTRICAL</b> <input type="checkbox"/> <b>LOW VOLTAGE</b> 1 <sup>st</sup> _____ (Rough-In)    2 <sup>nd</sup> _____ (Final)	<input type="checkbox"/> 1 <sup>ST</sup> _____ (Underground)	<input type="checkbox"/> 2 <sup>nd</sup> _____ (Sewer)	<input type="checkbox"/> 3 <sup>rd</sup> _____ (Rough-In/Tub Set)	<input type="checkbox"/> 4 <sup>th</sup> _____ (Final)
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<input type="checkbox"/> 3 <sup>rd</sup> _____ (Rough-In/Tub Set)	<input type="checkbox"/> 4 <sup>th</sup> _____ (Final)				

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/f094edc4-832d-44bd-9809-ecf32f9e2e63>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)    password = universal13



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**received**  
6-12-14

## 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: 06/12/2014

PERMIT NUMBER 2014-06-023

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 2511 Oak Island Pointe, Belle Isle FL 32809 32812

Property Owner 2511 Oak Island Pointe LLC Phone 386-214-9058

Property Owner's Mailing Address 1201 S Orlando Ave Ste 370 City Winter Park

State FL Zip Code 32789 Parcel Id Number: 18-23-30-6031-00-030

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) \$ 1769.23

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters	1	Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	

*\*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.*

Building Official: Angelica Perez Date 6-16-2014  
Verified Contractor's Licenses & Insurance are on file ccq Date 6-12-14

Permit Fee 37-  
Review Fee 18.50  
3% State Surcharge (\$4.00 minimum) 4.00  
Total Permit Fee 59.50

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 # CFC057359

LICENSE HOLDER NAME Rolando Coccera COMPANY NAME Roto Rooter

Street Address 1404 Gemini Blvd

City Orlando State FL Zip Code 32837 Phone Number 407-859-9557

Email Address kapermitting@hotmail.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 0115.1400222.0000

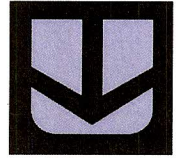
TASK NUMBER 02

**CITY OF BELLE ISLE**  
Permit Application Review Sheet

Permit Number	2014-06-023	
Property Owner	2511 Oak Island Point, LLC	
Address	2511 Oak Island Pt	
Nature of Improvement	Plumbing	
Received Application	6-2-14	
Sent for Stormwater Review		
Stormwater Approved	/	
Sent for Zoning Review		
Zoning Approved	/	
Applied for Variance		
Variance Approved	/	
Sent to BO for Review	6-13-14	wo38208
Building Official Approved	6-16-2014	
<b>Comments</b>		
1.	6-16-14	cg emailed conts it's ready
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



# COBI Permit Fee Calculation Form



Reviewer Signature: AP

Date: 6-16-2014

Permit Type:	<u>Plumbing</u>	Job Cost:	<u>\$ 1,769.23</u>
Permit Fee:	<u>\$ 37.00</u>		
Plans Review Fee:	<u>\$ 18.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 2.00</u>		
1.5% State Fee:	<u>\$ 2.00</u>		
<b>TOTAL BUILDING FEE:</b>	<u>\$ 59.50</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$\$37 \times 50\% = \$18.50$$

$$37 + 18.50 = 55.50$$

$$55.50 + 4.00 = \$59.50$$



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/21/2014

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).

<b>PRODUCER</b> MARSH USA INC 525 VINE STREET, SUITE 1600 CINCINNATI, OH 45202 Attn: cincinnati.certrequest@marsh.com  400408-RRSC-GAUW-14-15                      00053		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>															
<b>INSURED</b> 53 - ROTO-ROOTER SERVICES COMPANY 1404 GEMINI BOULEVARD ORLANDO, FL 32837-9423		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Old Republic Insurance Co</td> <td>24147</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C : Midwest Employers Casualty Company</td> <td>23612</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Old Republic Insurance Co	24147	INSURER B : N/A	N/A	INSURER C : Midwest Employers Casualty Company	23612	INSURER D :		INSURER E :		INSURER F :	
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INSURER F :																	

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-003885949-05                      **REVISION NUMBER:** 3

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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MWZY60132	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 750,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/OP AGG \$ 6,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MWTB21957	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED                      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC118264 (AOS)	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
C				MWC301934 00 (TX)	04/01/2014	04/01/2015	E.L. EACH ACCIDENT \$ 1,000,000
C				EWC0063808 (XS OH)	04/01/2014	04/01/2015	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)

<b>CERTIFICATE HOLDER</b>  CITY OF BELLE ISLE 1600 NELA AVE BELLE ISLE, FL 32809	<b>CANCELLATION</b>  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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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AC# 6304656

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# I12082600267

DATE	BATCH NUMBER	LICENSE NBR
08/26/2012	110432587	CFC057359

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

COCCERA, ROLANDO  
ROTO-ROOTER SERVICES COMPANY  
1901 GREEN ROAD  
UNIT H  
DEERFIELD BEACH FL 33064

RICK SCOTT  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KEN LAWSON  
SECRETARY

PAID: \$90.00 099-00583986 7/16/2013

This receipt is official when validated by the Tax Collector.

**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

1803-1072365

1803 CERT PLUMBING CONTRAC \$30.00 1

EMPLOYEE

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

COCCERA ROLANDO - QUALIFIER

ROTO ROOTER SVC CO  
1404 GEMINI BLVD  
ORLANDO FL 32837

1404 GEMINI BLVD  
U - ORLANDO, 32837

PAID: \$30.00 099-00583984 7/16/2013

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