



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: PLUMBING: toilet, disposal, washing machine, water heater, sewer, lavatory, shower, sink & dishwasher

Comments: None

Project Information
 Address: 2835 Alsace Court, Belle Isle, FL 32812
 Parcel ID: 18-23-30-4384-00-420
 Property Owner: Dixon, Andrew & Christy
 Phone Number: 407-947-5378

 Company Name: KLM Plumbing Inc.
 Contractor Name: Marsh, Kenneth
 License Number: CFC057148
 Address: 4855 W. Amelia Avenue, Orlando, FL 32808
 Phone Number: 407-299-3151

Permit Number: 2014-06-007

Date of Application: 06/03/2014
Date Permit Issued: 06/03/2014

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

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$136.50
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.05
Surcharge Fee \$2.05

TOTAL FEES \$140.60

Date Paid 6-4-14

CC or Check # 1001 7707

Amount Paid 140.60

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).

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 _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

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

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

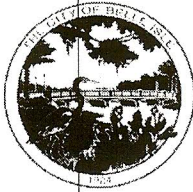
1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to 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/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

received 06-3-14

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: 6/3/14 PERMIT NUMBER 2014-06-007
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 2835 ALSACE Court Belle Isle FL 32809 X 32812
Property Owner Andrew + Christy Dixon Phone 407-947-5378
Property Owner's Mailing Address 2835 ALSACE Court City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 18-23-30-4384-00-420

To obtain this information, please visit http://www.ocpaffl.org/Searches/ParcelSearch.aspx

Class of Building: Old [] New [x] Type of Building: Residential [x] Commercial [] Other []
Type of Work: New [] Alteration [] Addition [x] Repair [] Type of System: Sewer [x] Septic [] Re-pipe []

YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System

VALUATION OF JOB (labor & materials) \$ 3,000.

Table with columns: FIXTURES, NUMBER, FEE. Lists items like Water Closets, Bathtubs, Urinals, Disposals, Washing Machines, Water Heaters, Sewer, Catch Basins/Sumps, Service Sink, Lavatory, Showers, Sinks, Dishwashers, Laundry Tubs, Floor Drains, Grease Traps, Trailer Connections, Spa, Solar, Pool Piping, Irrigation, Water Softener, Re-pipe, Miscellaneous.

Total Fees 136.50
3% State Surcharge 4.10
Permit/Review Fee Grand Total 140.60
Building Official: Angela Perez Date 6/03/2014

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.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CFC 057148
LICENSE HOLDER NAME Kenneth Marsh COMPANY NAME KLM Plumbing Inc
Street Address 4855 W. Amelia
City Orlando State FL Zip Code 32808 Phone Number 407-299-3151

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 2014-04-020

Tim
407 448 1579

PROJECT NUMBER 0115.1400186.0000

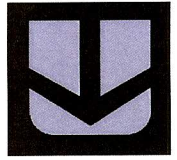
TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-06-007	
Property Owner	2835 Alsac, Ct	
Address	Dixon	
Nature of Improvement	Plumbing	
Received Application	6-3-14	
Sent for Stormwater Review		
Stormwater Approved		
Sent for Zoning Review		
Zoning Approved		
Applied for Variance		
Variance Approved		
Sent to BO for Review	6-3-14	wo 37859
Building Official Approved	4-03-2014	
Comments		
1.	6-3-14 cq	emailed Tim it's ready
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 4/03/2014

Permit Type: Plumbing Job Cost: \$3000 -

Permit Fee: \$ 91 -

Plans Review Fee: \$ 45.50 (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2.047

1.5% State Fee: \$ 2.047

TOTAL BUILDING FEE: \$ 140.59 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

~~\$178~~ + \$37 + (\$9 x 6) = 37 + 54 = \$91.00
 \$91 x 50% = \$45.50 + 91.00 = \$136.50
 \$136.50 x 1.5% (2) = \$2.047 (2) = \$4.09 + 136.50 =
 \$140.59

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 SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS FL 32716	CONTACT NAME: Certificate Department PHONE (A/C. No., Ext): 407-869-5490 E-MAIL ADDRESS: Certificates@sihle.com FAX (A/C. No.): 407-389-3580														
INSURED KLM Plumbing, Inc. 4855 W. Amelia Ave. Orlando FL 32808	INSURER(S) AFFORDING COVERAGE														
CERTIFICATE NUMBER: KLMP1-1	<table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Old Dominion Insurance Company</td> <td>40231</td> </tr> <tr> <td>INSURER B: Westfield Insurance Group</td> <td>24112</td> </tr> <tr> <td>INSURER C: FFVA Mutual Ins Co.</td> <td>10385</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> </table>	INSURER	NAIC #	INSURER A: Old Dominion Insurance Company	40231	INSURER B: Westfield Insurance Group	24112	INSURER C: FFVA Mutual Ins Co.	10385	INSURER D:		INSURER E:		INSURER F:	
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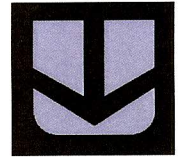
COVERAGES **CERTIFICATE NUMBER:** 38122368 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			MPG2141F	11/5/2013	11/5/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (If a occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO			CWP0699979	9/1/2013	9/1/2014	COMBINED SINGLE LIMIT (Per person) \$1,000,000 HOURLY INJURY (Per person) \$



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