



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: spa & pool piping Comments: None Project Information Address: 4334 Isle Vista Avenue, Belle Isle, FL 32809 Parcel ID: 20-23-30-0668-00-560 Property Owner: Slaton, Jody & Elizabeth Phone Number: 407-694-3293 ***** Company Name: Signature Pools, Inc. Contractor Name: Malagian, John License Number: CPC039932 Address: 8818 Commodity Circle, Ste 43, Orlando, FL32819 Phone Number: 407-851-9086	Permit Number: 2014-06-018 Date of Application: 06/10/2014 Date Permit Issued: 06/18/2014 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.
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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 \$148.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$2.23 Surcharge Fee \$2.23 TOTAL FEES \$152.96 Date Paid 6-19-14 CC or Check # 29488 Amount Paid 152.96 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 <input type="checkbox"/> BUILDING 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final – After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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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.

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

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 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

received
 6-10-14

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: 5/13/14

PERMIT NUMBER 2014-06-018

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

Project Address 4334 Isle Vista Ave, Belle Isle FL 32809 32812

Property Owner Jody B. & Elizabeth M. Slaton Phone 407-694-3293

Property Owner's Mailing Address 4334 Isle Vista Ave. City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-0668-00-560

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) \$ 625.00

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	1
Solar	
Pool Piping	1
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
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: Angel Perez BU1557 Date 6-17-2014
 Verified Contractor's Licenses & Insurance are on file ca Date 6-18-14

Permit Fee	99.--
Review Fee	99.50
3% State Surcharge (\$4.00 minimum)	4.45
Total Permit Fee	\$152.95

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 # CPC039932
 LICENSE HOLDER NAME JOHN M. MALAGIAN COMPANY NAME Signature Pools Inc.
 Street Address 8818 Commodity Circle, Suite #43
 City Orlando State FL Zip Code 32819 Phone Number 407-851-9086
 Email Address Zach@SignaturePools.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 2014-06-017

PROJECT NUMBER 015.1400308.0000

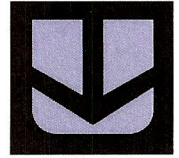
TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-06-018	
Property Owner	Slator	
Address	4334 Isle Vista Ave	
Nature of Improvement	Plumbing (pool)	
Received Application	6-10-14	
Sent for Stormwater Review	/	
Stormwater Approved		
Sent for Zoning Review	/	
Zoning Approved		
Applied for Variance	/	
Variance Approved		
Sent to BO for Review	6-17-14	wo38424
Building Official Approved	6-17-2014	
Comments		
1.		
2.		
3.		
4.		
5.		
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10.		
11.		
12.		



COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 6-17-2014

Permit Type: Plumbing Job Cost: \$ 625-

Permit Fee: \$ 99--

Plans Review Fee: \$ 49.50 (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2.245

1.5% State Fee: \$ 2.245

TOTAL BUILDING FEE: \$ 152.95 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

$$62 + 37 = \$99$$

$$99 \times 50\% = 49.50$$

$$\underline{148.50}$$

$$148.50 \times 3\% = \$4.45$$

$$\underline{\$152.95}$$



SIGNA-1 OP ID: MS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2014

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).

PRODUCER Insurance and Risk Management of Florida, LLC 220 Crown Oak Centre Drive Longwood, FL 32750 Bill Hodgkins	CONTACT NAME: Lee Insurance Concepts PHONE (A/C, No, Ext): 321-214-1990	FAX (A/C, No): 321-710-2501
	E-MAIL ADDRESS: martyts@irmtoday.com	
INSURED Signature Pools, Inc & Signature Pools Supply & Service, Inc. 8818 Commodity Circle, Unit 43 Orlando, FL 32819	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Fire Ins of Hartford	
	INSURER B: Transportation Insurance Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pool Popping incl		C5083169934	02/12/2014	02/12/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		C5083169920	02/12/2014	02/12/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC583169948/425687741	02/12/2014	02/12/2015	<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)

Fax: 407-581-0313

CERTIFICATE HOLDER BELLEIS City of Belle Isle Attn: Collina Gast 1600 Nela Avenue Belle Isle, FL 32809	CANCELLATION 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
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AC# 6189588

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12070601174

DATE	BATCH NUMBER	LICENSE NBR
07/06/2012	128003616	GPC039932

The RESIDENTIAL POOL/SPA CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, FS

Expiration date: AUG 31, 2014

MALAGIAN, JOHN M

SIGNATURE POOLS INC

2318 HOMERWOOD DR

ORLANDO

FL 32809

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW