



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.

<p>Scope of Work: PLUMBING: Condo Interior remodel/renovation 11 fixtures</p> <p>Comments: Building 7, unit 701</p> <p>Project Information Address: 2323 McCoy Rd, Belle Isle, FL 32809 Parcel ID: 30-23-30-6681-00-701 Property Owner: McCoy Enterprises Group Phone Number: 407 228 4645 ***** Company Name: Sosa Plumbing, Inc Contractor Name: Sosa, Miguel License Number: RF11067224 Address: 1107 Deer Path Way, Orlando, FL 32832 Phone Number: 407 923 2408</p>	<p style="text-align: right;">Permit Number: 2015-04-059</p> <p style="text-align: right;">Date of Application: <u>04/27/2015</u> Date Permit Issued: <u>04/28/2015</u></p> <p>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.</p>
---	--

BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$208.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$3.13 Surcharge Fee \$3.13</p> <p style="color: red; font-weight: bold; text-align: center;">TOTAL FEES \$214.76</p> <p>Date Paid <u>4-28-15</u></p> <p>CC or Check # <u>0200</u></p> <p>Amount Paid <u>214.76</u></p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p>BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
---	---

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.



City of Belle Isle

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

RECEIVED
4-27-15

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: 4/23/2015 PERMIT NUMBER 2015-04-059
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 2323 McCoy Rd. Belle Isle #701, Belle Isle FL 32809 32812

Property Owner McCoy Enterprise Group Phone 407-228-4645

Property Owner's Mailing Address _____ City _____

State _____ Zip Code _____ Parcel Id Number: 30-23-30-6681-00-701
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) \$ 5,000.⁰⁰

FIXTURES	Quantity
Water Closets (Toilet)	2
Bathtubs	2
Urinals	
Disposals	1
Washing Machines	1
Water Heaters	1
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	2
Showers	
Sinks	1

FIXTURES	Quantity
Dishwashers	1
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	11

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

Building Official: [Signature] Date 4-28-14
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-28-15

Permit Fee	139
Review Fee	69.50
3% State Surcharge (\$4.00 minimum)	6.26
Total Permit Fee	214.76

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 # RF 11067224
LICENSE HOLDER NAME Miguel Sosa COMPANY NAME Sosa Plumbing Inc.
Street Address 11807 Deer Path Way
City Orlando State Fl Zip Code 32832 Phone Number 407-923-2408
Email Address sosaplumbinginc@bellsouth.net

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 2015-12-037



SOSAP-1

OP ID: TH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2015

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 Hugh Cotton Insurance 2315 Curry Ford Road Orlando, FL 32806 Hugh Cotton Insurance	CONTACT NAME: Teri Hoover
	PHONE (A/C, No, Ext): 407-898-1776 FAX (A/C, No): 407-895-0918
	E-MAIL ADDRESS: thoover@hughcotton.com
	INSURER(S) AFFORDING COVERAGE
INSURED Sosa Plumbing, Inc. 11807 Deer Path Way Orlando, FL 32832	INSURER A : Markel Insurance Company NAIC # 38970
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER:

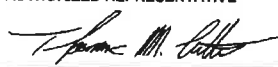
REVISION NUMBER:

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
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N		MWC0007964-04	07/18/2014	07/18/2015	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

BELLEIS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	AUTHORIZED REPRESENTATIVE 

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/23/15

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 Sikes Insurance Agency, Inc 3850 A. Curry Ford Rd Orlando, FL 32806 Phone (407) 282-5145 Fax (407) 277-6550	CONTACT NAME: PHONE (A/C, No, Ext): (407) 282-5145 FAX (A/C, No): (407) 277-6550 E-MAIL ADDRESS: office@sikesinsurance.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B: Mapfre Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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: Arch Insurance Co		INSURER B: Mapfre Insurance Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Arch Insurance Co															
INSURER B: Mapfre Insurance Co															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED SOSA PLUMBING, INC 11807 DEER PATH WAY ORLANDO, FL 32832 4075748625															


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	ADDLSUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		AGL0008128-01	01/09/2015	01/09/2016	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/OP AGG \$ 2,000,000.00 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		4150150011196	02/02/2015	02/02/2016	SCHEDULED AUTOS NON-OWNED AUTOS \$10,000 PIP OCCUR CLAIMS-MADE COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
---------------------------	---------------------

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809 407-240-2222 COBPermits@UniversalEngineering.com	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 
---	--



State Registration Number: **RF11067224**

Company Name: **Sosa Plumbing Inc**

Individual Information:
Miguel Antonio Sosa
11807 Deer Path Way,
Orlando, FL, 32832



Orange County
Division of Building Safety
Certificate of Competency

Issue date: **10/05/2004**

Expiration date: **09/30/2016**

Contractor license trade: **Plumbing**

Contractor license type: **Registered P - Master Plumber w/gas**



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

(850) 487-1395

**SOSA, MIGUEL ANTONIO
SOSA PLUMBING INC
11807 DEER PATH WAY
ORLANDO FL 32832**

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!



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.VivaFlorida.org.

DETACH HERE

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

LICENSE NUMBER	
RF11067224	

The PLUMBING CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2015

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

**SOSA, MIGUEL ANTONIO
SOSA PLUMBING INC
11807 DEER PATH WAY
ORLANDO FL 32832**



RICK SCOTT
COMMISSIONER

ISSUED: 08/27/2013 SEQ # L1308270001562

KEN LAWSON
SECRETARY

Scott 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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

EXPIRES 9/30/2015 1803-0579317

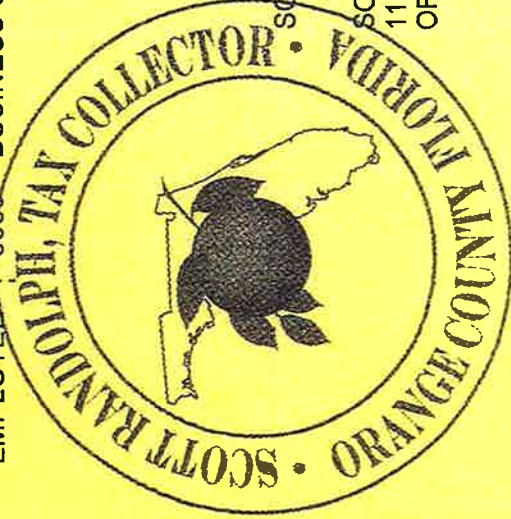
2014

1803 REGISTERED PLUMBING \$30.00 1 EMPLOYEE 5990 BUSINESS OFFICE \$30.00 1 EMPLOYEE ;

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

13104 FERNWAY RD (MOBILE)
U - ORLANDO, 32832

PAID: \$60.00 0098-00644688 9/3/2014



SOSA MIGUEL A QUALIFIER
SOSA PLUMBING INC
11807 DEER PATH WAY
ORLANDO FL 32832-7046

This receipt is official when validated by the Tax Collector.