



# 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.

**Scope of Work:** PLUMBING: Condo Interior remodel/renovation 9 fixtures

**Comments:** Building 7, unit 704

**Project Information**

Address: 2323 McCoy Rd, Belle Isle, FL 32809  
 Parcel ID: 30-23-30-6681-00-704  
 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

**Permit Number: 2015-04-062**

**Date of Application: 04/27/2015**

**Date Permit Issued: 04/28/2015**

**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 \$190.50  
 Mechanical \$  
 Gas \$  
 Roofing \$  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$  
 Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.86  
 Surcharge Fee \$2.86

**TOTAL FEES \$196.22**

**Date Paid** 4-28-15

**CC or Check #** 0205

**Amount Paid** 196.22

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**

- 1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_
- 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)

**ROOFING**

- 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 \_\_\_\_\_

**PLUMBING** (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

- 1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)
- 3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

**GAS** \_\_\_ Natural \_\_\_ LP  **MECHANICAL**  **ELECTRICAL**  **LOW VOLTAGE**

- 1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</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/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13



### City of Belle Isle

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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 2015-04062

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

Project Address 2323 McCoy Rd #704, 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: 30-23-30-6681-00-704

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	1
Urinals	
Disposals	1
Washing Machines	1
Water Heaters	1
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	
Showers	1
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)	9

*\*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 4-28-15  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee	127.00
Review Fee	63.50
3% State Surcharge (\$4.00 minimum)	5.22
<b>Total Permit Fee</b>	<b>195.72</b>

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 # RF11067224  
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 2015-12-040