



# 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 for 15' X 30' pool with spa

**Comments:** None

**Project Information**

Address: 2483 Trentwood Blvd, Belle Isle, FL 32809  
Parcel ID: 30-23-30-1692-01-130  
Property Owner: Squires, Nicole & Vinton  
Phone Number: None  
\*\*\*\*\*  
Company Name: All Seasons Pools & Service, Inc  
Contractor Name: Watts, John  
License Number: CPC023576  
Address: 185 E. Airport Blvd. Sanford, FL 32773  
Phone Number: 407 871 2020

**Permit Number: 2015-04-012**

Date of Application: 04/03/2015

Date Permit Issued: 04/23/2015

**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 \$94.00  
Mechanical \$  
Gas \$  
Roofing \$  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$  
Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$98.00**

Date Paid 4-28-15

CC or Check # CK 6723

Amount Paid \$98.00

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

PROJECT NUMBER

015.130060.00

TASK NUMBER

08

CITY OF BELLE ISLE

Permit Application Review Sheet

Permit Number	2015-04-012
Property Owner	SQUIRES, Vinton & Nicole
Address	2483 Trentwood Blvd
Nature of Improvement	Plumbing for pool
Received Application	4-3-15
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-9-15
Building Official Approved	4-10-15 PJ
Comments	
1.	Susan 4-6-15 review w/ #49383
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle  
1600 Nela Avenue, Belle Isle, FL 32809  
Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

### 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: \_\_\_\_\_ PERMIT NUMBER 2015-04-012

**PLEASE PRINT**

The undersigned hereby applies for a permit to make plumbing installations as indicated below on property.

Project Address 2483 Trentwood Blvd Belle Isle FL 32809 B&L  
Property Owner Vinton & Nicole Squires Phone 32812  
Property Owner's Mailing Address 2483 Trentwood Blvd

Tax I.D. Number: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Sub \_\_\_\_\_ B&L  
Legal Description: Lot 13 Block \_\_\_\_\_ Subdivision CONWAY SHORES

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

Date First Inspection Desired: \_\_\_\_\_ or will call for inspection  VALUATION OF JOB 200.-

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets (Toilet)			Dishwashers		
Bathtubs			Laundry Tubs		
Urinals			Floor Drains		
Disposals			Grease Traps		
Washing Machines			Trailer Connections		
Water Heaters			Spa		
Sewer			Solar		
Catch Basins/Sumps			Pool Piping		
Service Sink			Irrigation: (# Systems / # Heads)	<u>1</u>	<u>014.-</u>
Lavatory (Bathroom Sink)			Water Softener		
Showers			Re-pipe		
Sinks			Miscellaneous (Specify)		
Total Fees			3% Florida Surcharge	<u>4.-</u>	Total Fees <u>98.00</u>
					Grand Total Fees <u>98.00</u>

I hereby certify that the above is true and correct to the best of my knowledge.

Building Inspector: [Signature] Date 4-10-15 Zoning \_\_\_\_\_  
PLEASE PRINT Name of Active Certificate Holder (Master Plumber) John Watts LICENSE # CPC 023576

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and Town 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.

Authorized Signature (License Holder or Agent) [Signature]  
Street Address 165 E Airport Blvd City Sanford State FL Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
AULSEASONS POOLS

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 \_\_\_\_\_

RETAIN A COPY FOR OFFICE USE AND RETURN ORIGINAL TO APPLICANT  
THE ORIGINAL IS A WHITE FORM - FORM #PLUMB011  
To schedule an inspection please email your request to: [BDSchedule@UniversalEngineering.com](mailto:BDSchedule@UniversalEngineering.com)  
Call for confirmation 407-581-8161



PLUMBING



# COBI Permit Fee Calculation Form

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Type:	_____	Job Cost:	\$ _____
Permit Fee:	\$ <u>63</u>		
Plans Review Fee:	\$ <u>31</u>		
			(50% of permit fee – excluding ReRoofs)
1.5% State Fee:	\$ <u>2-</u>		
1.5% State Fee:	\$ <u>2-</u>		
<b>TOTAL BUILDING FEE:</b>	\$ <u>98.-</u>		(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWQ/AFT permits

$$\begin{array}{r}
 63 \\
 \times 7 \\
 \hline
 441 \\
 441 \\
 \hline
 441
 \end{array}$$