



# 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.

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| <p><b>Scope of Work:</b> PLUMBING: for in-ground gunite pool</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b><br/>       Address: 2509 Nela Avenue, Belle Isle, FL 32809<br/>       Parcel ID: 19-23-30-5888-03-160<br/>       Property Owner: Reynolds, Kevin<br/>       Phone Number: None<br/>       *****<br/>       Company Name: Artesian Pools Inc<br/>       Contractor Name: Cooper, William<br/>       License Number: CPC1457037<br/>       Address: 7347 E. Colonial Drive, Orlando, FL 32807<br/>       Phone Number: 407 249 1764</p> | <p style="text-align: right;"><b>Permit Number: 2015-04-026</b></p> <p style="text-align: right;">Date of Application: <b>04/10/2015</b><br/>       Date Permit Issued: <b>04/16/2015</b></p> <p><b>WARNING TO OWNER:</b> "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> |
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### BUILDING FEATURES

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| <p><b>IMPACT FEES</b></p> <p>School \$<br/>       Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$<br/>       Demo \$<br/>       Building \$<br/>       Fence \$<br/>       Driveway \$<br/>       Shed \$<br/>       Window(s) \$<br/>       Door(s) \$<br/>       PrePower \$<br/>       Electrical \$<br/>       Temp Pole \$<br/>       Plumbing \$93.00<br/>       Mechanical \$<br/>       Gas \$<br/>       Roofing \$<br/>       Boat Dock \$<br/>       Screen Encl \$<br/>       Swimming Pool \$<br/>       Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00<br/>       Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$97.00</b></p> <p><b>Date Paid</b> 4-16-15</p> <p><b>CC or Check #</b> MC 5935</p> <p><b>Amount Paid</b> 97.00</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;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:<br/>       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><b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)<br/>       Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS ___ Natural ___ LP    <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p> |
|---|---|

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.



# City of Belle Isle

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RECEIVED  
4-16-15

## 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: \_\_\_\_\_

PERMIT NUMBER 205-04-026

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

Project Address 2509 Nela Ave., Belle Isle FL 32809 32812

Property Owner Kevin Reynolds Phone (407) 739-7956

Property Owner's Mailing Address 2509 Nela Ave. City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 19-23-30-5888-03-160

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) \$ 200.-

| FIXTURES                 | Quantity | FIXTURES                           | Quantity |
|--------------------------|----------|------------------------------------|----------|
| 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) |          |
| Lavatory (Bathroom Sink) |          | Water Softener                     |          |
| Showers                  |          | Re-pipe                            |          |
| Sinks                    |          | 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: R. O. H. Date 4/16/15  
 Verified Contractor's Licenses & Insurance are on file (SW) Date 4-10-15

|                                     |             |
|-------------------------------------|-------------|
| Permit Fee                          | <u>62.-</u> |
| Review Fee                          | <u>31.-</u> |
| 3% State Surcharge (\$4.00 minimum) | <u>4.-</u>  |
| <b>Total Permit Fee</b>             | <u>97.-</u> |

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 William K Cooper LICENSE # CP1457037  
 LICENSE HOLDER NAME Wm. K. COOPER COMPANY NAME Artesian Pools, Inc.  
 Street Address 7347 E. Colonial Drive  
 City Orlando State FL Zip Code 32807 Phone Number (407) 249-1764  
 Email Address artesianpoolskath@cfl-rr.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 \_\_\_\_\_

# Artesian POOLS

7347 E. COLONIAL DRIVE  
ORLANDO, FLORIDA 32807  
407-249-1764

CPC1457037

FAX 407-277-1783

Date: 3-31-15

TO WHOM IT MAY CONCERN:

This letter serves as authorization for Nan Holmes, Mindy Holmes, and Raymond Holmes to pull permits under my name. The attorney in fact is to have full authority to deliver applications for permits and other such documents as are reasonably necessary to obtain said pool permit. For the subdivision and lot(s) specified below:

Job Address: 2509 Nela Ave Belle Isle, Fl. 32809

Subdivision: Nela Isle

Lot: 14 Block: \_\_\_\_\_

Parcel ID# 19-23-30-5888-03-160

Wm Keith Cooper  
Wm. Keith Cooper  
CPC 1457037

STATE OF FLORIDA

COUNTY OF ORANGE:

The forgoing instrument was acknowledged before me by Wm. Keith Cooper, who is personally known to me and who did not take an oath.

Sworn to and subscribed before me this 31 day of March 2015.

Vicky Metts  
Notary Public

Vicky Metts  
Notary Printed Name

Mary [Signature]  
Witness

[Signature]  
Witness





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**RESIDENTIAL SWIMMING POOL**  
**SAFETY AFFIRMATION**

Date: 4-9-15

Permit #: \_\_\_\_\_

I, William K Cooper Artesian Pools, License # CPC1457037  
(print contractor's name)

hereby affirm that the pool will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirements of Florida Statute 515.29 and the 2010 Florida Building Code, Residential Section R4101.17.

**Check the applicable barrier requirements from the following options and show on the site plan:**

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC R4101.17, Exception.
- The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4101.17.1.15.
- The pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4101.1.1 through R4101.1.8.
- The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC R4101.1.1 through R4101.1.8.

**Does any part of the barrier consist of dwelling walls which contain doors or windows?**

Yes  No  If yes, then check which of the two options below are applicable:

- All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4101.17.1.9(1) unless Exceptions a, b or c apply.
- All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4101.17.1.9, exception 2.

I understand that the above indicated shall be installed before the time of pool safety inspection per FBC R4101.19.

William K Cooper  
(contractor's signature)

[Signature]  
(property owner's signature)



# COBI Permit Fee Calculation Form



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

Date: \_\_\_\_\_

Plumbing for pool

|                            |                |  |                 |
|----------------------------|----------------|--|-----------------|
| Permit Type:               | _____          | Job Cost:                                  | \$ <u>200.-</u> |
| Permit Fee:                | \$ <u>62.-</u> |  |                 |
| Plans Review Fee:          | \$ <u>31</u>   | (50% of permit fee – excluding ReRoofs)    |                 |
| 1.5% State Fee:            | \$ <u>1.00</u> | new  |                 |
| 1.5% State Fee:            | \$ _____       |  |                 |
| <b>TOTAL BUILDING FEE:</b> | \$ <u>97.-</u> | (does not include Zoning fees or Deposits) |                 |

Note: Total gets doubled for SWO/AFT permits