



# 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.

<b>Scope of Work:</b> PLUMBING: Re-Pipe  <b>Comments:</b> None  <b>Project Information</b> Address: 3531 Edingham Ct, Belle Isle, FL 32809 Parcel ID: 20-23-30-9373-00-840 Property Owner: Kinnally, Kevin & Becky Phone Number: 407 421 9899 ***** Company Name: D'Elia & Associates, LLC Contractor Name: D'Elia, Frnk License Number: CFC027542 Address: 822 Pennsylvania Ave, Altamonte springs, FL 32701 Phone Number: 407 832 7646	<b>Permit Number: 2015-04-003</b> <b>Date of Application: 03/31/2015</b> <b>Date Permit Issued: 04/01/2015</b>  <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.
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### BUILDING FEATURES

<b>IMPACT FEES</b> School \$ Traffic \$  <b>ZONING FEES</b> Zoning Fee \$  <b>UNIVERSAL ENG - BUILDING FEES</b>  Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$55.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$  <b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00  <b>TOTAL FEES \$59.50</b>  <b>Date Paid</b> 4-1-15 <b>CC or Check #</b> VISA 1783 <b>Amount Paid</b> 59.50  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).	<div style="text-align: right;"><b>BUILDING INSPECTOR USE ONLY</b></div> 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"/> <b>BUILDING</b> 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)  <input type="checkbox"/> <b>ROOFING</b> 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 _____  <input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 <sup>st</sup> _____ (Underground)    2 <sup>nd</sup> _____ (Sewer) 3 <sup>rd</sup> _____ (Rough-In/Tub Set)    4 <sup>th</sup> _____ (Final)  <b>CHECK APPROPRIATE BOX</b> <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 1 <sup>st</sup> _____ (Rough-In)    2 <sup>nd</sup> _____ (Final)
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Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@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



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**RECEIVED**  
 3-31-15

**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: 03/30/15 PERMIT NUMBER 2015-04-003  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 3531 Edlingham Ct, Belle Isle FL 32809 ✓ 32812  
 Property Owner Kevin P & Becky L Kinnally Phone 407-421-9899  
 Property Owner's Mailing Address 3531 Edlingham Ct City Belle Isle  
 State Florida Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-840  
 To obtain this information, please visit <http://www.ocpnfl.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) \$ 2,400.00

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	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	1
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: [Signature] Date 4/01/2015  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-31-15

Permit Fee 37.00  
 Review Fee 18.50  
 3% State Surcharge (\$4.00 minimum) 4.00  
 Total Permit Fee 59.50

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 # CFC027542  
 LICENSE HOLDER NAME Frank D'Elia COMPANY NAME D'Elia & Associates, LLC  
 Street Address 822 Pennsylvania Avenue  
 City Altamonte Springs State Florida Zip Code 32701 Phone Number 407-832-7646  
 Email Address dominickv.delia@gmail.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 N/A



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/31/2015

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).


<b>PRODUCER</b> <b>The Insurance Store USA</b> <b>511 South Orange Blossom Trail</b> <b>Apopka, FL, 32703</b>	<b>CONTACT NAME:</b> Sam Georgi <b>PHONE (A/C No. Ext):</b> 407-880-2090 <b>E-MAIL ADDRESS:</b> Sam@theinsstoreusa.com	<b>FAX (A/C. No):</b> 407-880-6554
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>D'elia &amp; Associates, LLC.</b> <b>822 Pennsylvania Ave.</b> <b>Altamonte Springs, FL 32701</b>  <b>407-860-5094</b>	<b>INSURER A:</b> Republic-Vanguard Insurance	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0012178-01	02/22/15	02/22/16	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>10,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Building Contractor**

<b>CERTIFICATE HOLDER</b>  <b>City of Belle Isle</b> <b>1600 Nela Ave.</b> <b>Belle Isle, FL 32808</b>	<b>CANCELLATION</b>  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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PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY EXEMPTION**



**CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW**

**EFFECTIVE DATE:** 8/13/2013      **EXPIRATION DATE:** 8/13/2015

**PERSON:** DELIA      FRANK

**FEIN:** 201618262

**BUSINESS NAME AND ADDRESS:  
DELIA & ASSOCIATES LLC**

**822 PENNSYLVANIA AVE  
ALTAMONTE SPRINGS FL 32701**

SCOPES OF BUSINESS OR TRA

**IMPORTANT**

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

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LICENSED BUILDING  
CONTRACTOR

PLUMBING NOC AND  
DRIVERS

CARPENTRY DWELLINGS  
THREE

BUILDING RAISING OR  
MOVING

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CFC027542	



The PLUMBING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

D'ELIA, FRANK  
D'ELIA & ASSOCIATES LLC  
822 PENNSYLVANIA AVE  
ALTAMONTE SPRINGS FL 32701-6417



ISSUED: 09/01/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409010000537



**City of Altamonte Springs**  
 225 Newburyport Avenue  
 Altamonte Springs, Florida 32701-3697  
 407-571-8116



## BUSINESS TAX RECEIPT

Provision: Ordinance No. 1570-07

**Business Control No.:** 0025822  
**Business Name:** D'ELIA & ASSOCIATES LLC  
 FRANK D'ELIA  
**Business Address:** 822 PENNSYLVANIA AVE  
 ALTAMONTE SPRINGS FL 32701

**Expires:** September 30, 2015

RECEIPT NO.	CLASS DESCRIPTION	FEE	PENALTY
15-00104728	CONTRACTORS-GENERAL/RESIDENTIAL/BLDG	\$ 120.75	\$ 0.00
15-00104729	SEMINOLE COUNTY REGULATED	\$ 45.00	\$ 0.00
Restrictions:			

*Erin Donnell*

City Clerk

**WARNING:**

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.  
 THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE REVERSE FACE CONTAINS A SPECIAL LINE WITH TEXT "CITY OF ALTAMONTE SPRINGS".

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED**