

# 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.

**Scope of Work**: PLUMBING: for new SFR – 1 bathtub, 1 disposal, 2 washing machines, 1 water heater, 5 lav sinks, 3 showers, 2 sinks. 1

laundry tub

Comments: None

**Project Information** 

Address: 5138 Oak Island Road, Belle Isle, FL 32812

Parcel ID: 18-23-30-7160-02-020
Property Owner: Jeanette M Davis Living Trust

Phone Number: none

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Company Name: RJ Plumbing, Inc Contractor Name: Carter, Russell License Number: CFC1425938

Address: PO Box 302, Deland, FL 32721

Phone Number: 386 736 4220

Permit Number: 2015-04-019

Date of Application: 04/07/2015
Date Permit Issued: 04/08/2015

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	BUILDING INSPECTOR USE ONLY					
School \$						
Traffic \$	IF APPLICABLE:					
	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions					
ZONING FEES						
Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO					
LIMIVEDSAL ENC. DITTI DINC FEES	BUILDING					
UNIVERSAL ENG - BUILDING FEES	1 <sup>st</sup> (Footing/Foundation)					
Cert of Occ \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?					
Demo \$						
Building \$	2 <sup>nd</sup> (Slab)					
Fence \$						
Driveway \$	3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)					
Shed \$						
Window(s) \$	4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)					
Door(s) \$	5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/					
PrePower \$ Electrical \$253.50	(Flaming) (10 be made after Flambling) wechanical					
Electrical \$253.50 Temp Pole \$	Electrical Rough-Ins & Windows/Doors Installed)					
Plumbing \$	6 <sup>th</sup> (Insulation to be Made After Roof Installed)					
Mechanical \$	(misulation to be wade After Noor installed)					
Gas \$	7 <sup>th</sup> (Drywall)					
Roofing \$						
Boat Dock \$	8 <sup>th</sup> (Sidewalk/Driveway)					
Screen Encl \$						
Swimming Pool \$	9 <sup>th</sup> (Other)					
	th.					
SUDCHARCE FEES	10 <sup>th</sup> (Final – After MEP and Other Applicable Finals)					
SURCHARGE FEES	POOFING.					
Surcharge Fee \$3.80	ROOFING  1ST POOFING Pools Neiling/Post in /Flooking					
Surcharge Fee \$3.80	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing					
,g	2 <sup>nd</sup> ROOFING Covering In-Progress					
<b>TOTAL FEES \$261.10</b>	The or the containing in Fragress					
TOTALTELO QLOTTO	3 <sup>rd</sup> ROOFING Covering Final					
11 12 16						
Date Paid 4-13-13	PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)					
D M. (25)	(1)					
Cor Check # NC 6351	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)					
2/112						
Amount Paid alone	3 <sup>rd</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)					
The person accepting this person to be all	CUTOK APPROPRIATE DOX					
The person accepting this permit shall conform to the terms of the	CHECK APPROPRIATE BOX					
application on file and construction	□ GASNaturalLP □ MECHANICAL □ ELECTRICAL □ LOW VOLTAGE					
shall conform to the requirements of	1 <sup>st</sup> (Rough-In) 2 <sup>nd</sup> (Final)					
the Florida Building Code (FS 553).	1 <sup>st</sup> (Rough-In) 2 <sup>nd</sup> (Final)					
==== (1 3 000).						

Inspection requests are to be emailed to BIDscheduling@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.

TASK NUMBER <u>66</u>

### CITY OF BELLE ISLE

Permii Application Review Sheet

Permit Number	2015-04-019
Property Owner	Davis Living Trust
Address	Davis Living Trust 5138 Oak Island Rd
Nature of Improvement	Plumbing
Received Application	4-7-15
Sent for Stormwater Review	The state of the last the state of the state
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	4-8-15 2
	Comments
1. Susan 47-15	never woth 4095
2.	need womanie Go knows pechalle
3. 4-9-15 Susan	emailed its ready
4.	CVICAL COLOR
5. U.S.	
6.	101.00
7.	-45
8.	57 552
9.	
	1- 1-3
10.	
10.	



City of Belle Isle
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# **APPLICATION FOR PLUMBING PERMIT**

PICEIVED 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. Ouc out 2101

DATE OF APPLICATION: APRIL 6		PERMIT NUMBER	3 - 0 4	1		
		stallations as indicated below. PLEASE PRIN	Т			
Project Address 5138 OAK ISLAND ROAD, Belle Isle FL3280932812						
Property Owner Jeanette M Davis	s Living Trust	Phone				
Property Owner's Mailing Address 20		city_ORLANDO				
State FL Zip Code 3280	6-7829 Parcel Id Numi	ber: 18-23-30-7160-02-020				
	To obtain this	information, please visit <a href="http://www.ocpafl.org/Searc">http://www.ocpafl.org/Searc</a>	hes/ParcelSearc	h.aspx		
Class of Building: Old New 7 Type of Work: New Alteration						
		STEM VERIFICATION FOR NEW / ALTERED E COUNTY DOCUMENT 64E-6	/ ADDITION			
VALUATION OF JOB (labor & mate	rials)\$ \(\sum_{\cun_{\sum_{\cun_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_\sum_\\ \sum_\sum_\sum_\sing\sin_\sin_\sin_\sin_\sin_\sing_\sin_\sin_\sin_\sin_\sin_\sin_\sin_\sin	<u>,e</u>		<del></del>		
FIXTURES	Quantity	FIXTURES	Quantity			
Water Closets (Toilet)		Dishwashers				
Bathtubs	1	Laundry Tubs				
Urinals		Floor Drains	100			
Disposals		Grease Traps				
Washing Machines	à	Trailer Connections				
Water Heaters		Spa				
Sewer	•	Solar				
Catch Basins/Sumps		Pool Piping				
Service Sink		*Irrigation: (# Systems / # Heads)				
Lavatory (Bathroom Sink)	5	Water Softener		16 FIXTURES		
Showers	3	Re-pipe		16 FIXING CS		
Sinks	2	Miscellaneous (Specify)				
*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.						
			Permit Fee	16450		
Building Official:	Date_	4-8-15	Review Fee	84 D		
Varified Contractor's Library 8 to		B		01-50		
Verified Contractor's Livenses & In	nsurance are on file	J/O State	Surcharge .00 minimum)	7-60		
			Permit Fee	26110		
				361110		
same is granted I agree to conform to a	and correct to the best of it all Florida Building Code Regul	my knowledge and make Application for Permi lations and City Ordinances regulating same and	t as outlined a Lip accordance	bove, and if		
		late any applicable Town and/or State of Florida o				
LICENSE HOLDER NAME RUSSELL J CARTER COMPANY NAME RJ CARTER PLUMBING, INC  Street Address PO BOX 302						
City         DELAND         State         FL         Zip Code         32721         Phone Number         386-736-4220						
Email Address RJCARTERPLUMBING@ATT.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 014-10-035



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/06/2015

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

A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CENTRAL LIABILITY  CENTRAL LIABILITY  GENERAL LIABILITY  GENERAL LIABILITY  GENERAL LIABILITY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  AUTOMOBILE LIABILITY  ANY AUTO  COMBINED SINGLE LIMIT  (Es accident)  EACH OCCURRENCE  DAMAGE TO RENTED  PREMISES (Ea occurence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT  (Es accident)  BODILY INJURY (Per person)	THE POLICY	NAIC# 10190  Y PERIOD HICH THIS
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ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N  E.L. EACH ACCIDENT	S	
OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  E.L. DISEASE-EA EMPLOYER	E S	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT	T S	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/08/2015

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.

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).

David Carothers c/o Praxiom Risk Management, LLC			NAME: PHONE FAX (A/C, No, Ext): (A/C, No):					
	West Bloomingdale Avenue #300			ADDRESS:				
Dra	ndon, FL 33511			INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
INSURED				INSURER A : America	in Zurich Insu	rance Company		40142
		Carter D	lumbing Inc	INSURER B:				
Resource Management, Inc. Alt. Emp: R.J. Carter Plumbing, Inc. 281 Main St. Suite 5			INSURER C :					
Fitchburg, MA 01420-4371				INSURER D:				
				INSURER E :				
				INSURER F:				
			E NUMBER: 15MA0058807			REVISION NUMBER:		
C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REPRIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
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	OTHER:	1 1					S	
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	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE	S	
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	UMBRELLA LIAB OCCUR					EACH OCCUPRENCE		
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	S	
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	WORKERS COMPENSATION					X PER OTH-	S	
Λ	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	1				E L EACH ACCIDENT	S	1,000,000
A	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A	WC 94-60-464-00	, 01/01/2015	01/01/2016	E.L. DISEASE - EA EMPLOYEE		1,000,000
	if yes, describe under DESCRIPTION OF OPERATIONS below							1,000,000
						E.L. DISEASE - POLICY LIMIT	2	1,000,000
			Location Coverage Perio	od: 01/01/2015	01/01/2016	Client# 750155-FL		
Cove	RIPTION OF OPERATIONS / LOCATIONS / VEHIC R.J. Carter Plumbir 810 ORANGE OAK ut not subcontractors ORANGE CITY, FL	ig, Inc. DRIVE	RD 101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)		
CE	RTIFICATE HOLDER			CANCELLATION				
	City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809			SHOULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
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				Drivia	12. Can	itt		
				© 19	88-2014 ACC	RD CORPORATION. AL	l riahts	reserved.

ACORD 25 (2014/01)

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### STATE OF FLORIDA

# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CFC1425938

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



CARTER, RUSSELL J R.J. CARTER PLUMBING INC P.O. BOX 302 FL 32721 DELAND

ISSUED: 07/01/2014

**DISPLAY AS REQUIRED BY LAW** 

SEQ# L1407010001199

Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - 386-736-5938

**DATE PAID: 07/28/2014** 

PAYMENT Lockbox-13-00093331 Business Name:

**RECEIPT #:** 

**RJ CARTER PLUMBING INC** 

Owner Name:

RUSSELL J CARTER **PO BOX 302** 

**Mailing Address:** 

DELAND, FL 32721

**TOTAL TAX: 18.00 PENALTY:** 0.00

TOTAL PAID: 18.00

Receipt #

200306110015

Expires: September 30, 2015

**Business Location: 1854 WHIPPOORWILL LN** 

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS