



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: 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: GAS: range Comments: None Project Information Address: 2909 Trenwood Blvd, Belle Isle, FL 32812 Parcel ID: 29-23-30-1876-04-170 Property Owner: Schytte, Patricia Phone Number: 407-488-3491 ***** Company Name: Fireplace & Gas Services Inc. Contractor Name: Jenkins, Chris License Number: 31607 & 19183 Address: 3975 Forrestal Avenue, #100, Orlando, FL 32806 Phone Number: 407-856-7770	Permit Number: 2014-11-018 Date of Application: 11/18/2013 Date Permit Issued: 11/19/2013 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.
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BUILDING FEATURES

IMPACT FEES School \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$93.00 Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$97.00 Date Paid <u>11-19-13</u> CC or Check # <u>2816</u> Amount Paid <u>97</u>	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 <input type="checkbox"/> BUILDING Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 st _____ (Footing/Foundation) 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final - After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 ND ROOFING Covering In-Progress _____ 3 RD ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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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).

Inspection requests are to be emailed to 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.



City of Belle Isle

1600 Neil Avenue, Belle Isle, FL 32809
Tel 407-851-7730 • Fax 407-240-2222 • www.cityofbelleislefl.org

received
11-18-13

APPLICATION FOR GAS 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: 11/18/13 PERMIT NUMBER: 2014-11-018
The undersigned hereby applies for a permit to make: (indicate) Natural Liquefied Petroleum Gas Installations as indicated below. PLEASE PRINT

Project Address: 2909 Trentwood Blvd. Belle Isle FL 32809 X 32812
Property Owner: Patricia S. Schytte Phone: 407-488-3491
Property Owner's Mailing Address: 2909 Trentwood Blvd. City: Belle Isle
State: FL Zip Code: 32812 Tax I.D. Number: 29-23-30-1876-04-170

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

GAS OUTLETS: 1 DELIVERY PRESSURE: 11" TOTAL # BTUS: 105K

*** PLEASE ATTACH PIPING PLANSKETCH WITH GAS CALCULATIONS WITH EVERY PERMIT ***
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

* ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS*

BOILER	BTU	each	EST. COST FOR LABOR & APPLIANCE(S) \$ 800.00
DRYER	BTU	each	
FIREPLACE	BTU	each	
FURNACE	BTU	each	
RANGE	BTU	each	
WATER HEATER	BTU	each	
GRILLS	BTU	each	
POOL HEATER	BTU	each	
SPA	BTU	each	
MISC	BTU	each	
MISC	BTU	each	

*SPECIAL COMMENTS:

Gas to range.

Building Official: McFay Date: 11-19-2013
BU1557

Review & Permit Fee \$ 93.00
3% Florida Surchage \$ 4.00
Total Permit Fee \$ 97.00

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 # 31007
LICENSE HOLDER NAME: Chns L. Jenkins COMPANY NAME: Fireplace & Gas Services.
Street Address: 2915 Forestal Ave #100
City: Orlando State: FL Zip Code: 32806 Phone Number: 407-850-1770

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number: _____

RETAIN A COPY FOR OFFICE USE - Updated: 08/2012 FORM #GAS009

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-11-018
Property Owner	Schytte
Address	2909 Trentwood Blvd
Nature of Improvement	Gas
Received Application	11-18-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	11-18-13
Building Official Approved	11-19-13
Comments	
1.	11-19-13 sq Sent Mauli + Chris an email
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

LIMITED POWER OF ATTORNEY

I hereby name and appoint: Marlie Sotomayor an agent of Fireplace and Gas Services Inc. to be my lawful attorney-in-fact to act for me to apply for, receipt, sign for and do all things necessary to this appointment for:

2909 Trentwood Blvd, Belle Isle FL 32812
Street Address

ALL PERMITS AND APPLICATIONS SUBMITTED BY CONTRACTOR.

Expiration Date for this Limited Power of Attorney: 05/29/2014

License Holder Name: Chris L Jenkins

State of License Holder: Florida #31607

Signature of contractor:



The foregoing instrument was acknowledged before me this day by Chris L. Jenkins who is personally known to me or produced as identification and who did (did not) take an oath.

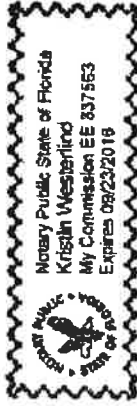
Kristin Westerlind
Signature

 Kristin Westerlind
Print Name

Notary Public- State of Florida

Commission No. EE887563

My Commission Expires: 09/23/2016



(Notary Seal)



FIREPLACE & GAS
SERVICES

3975 Forrestal Ave, Suite 100
Orlando FL 32806
407-856-7770
Master Qualifier #31607 = license #

Chris L. Jenkins

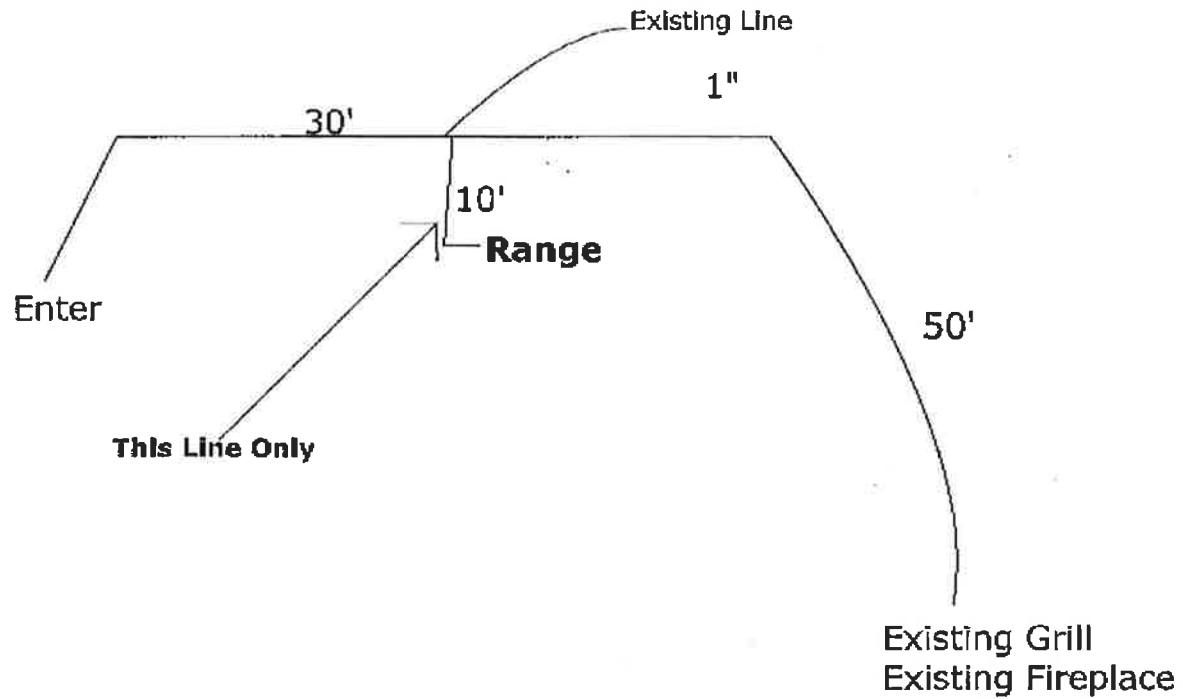
Chris L. Jenkins 10/18/13
signature

CITY OF BELLE ISLE
THE PLANS AND SPECIFICATIONS
HAVE BEEN REVIEWED. FULL
COMPLIANCE WITH CODES AND
REGULATIONS ARE REQUIRED BY
THE PERMIT HOLDER
APPROVED *[Signature]*

BUISSY 11-19-2013

WALTER SCHYTTE
2909 TRENTWOOD
LP GAS 11" W.C.

TOTAL BTUS - 70,000





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY 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).

PRODUCER

Bowen, Miclette & Britt of Florida LLC
1020 N. Orlando Avenue Suite 200
Maitland FL 32751

CONTACT NAME:

Helen Wright

PHONE No., Ext.: 407-647-1616

FAX No.: 407-628-1635

E-MAIL ADDRESS: hwright@bmbinc.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Colony Ins Co 89993

FIREPLACEG

INSURER B: Bridgefield Employers Insurance Co 10701

INSURER C: MAPERE Insurance Company of Florida 34932

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1120784255

REVISION NUMBER:

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		GL851647	5/26/2013	4/10/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (50 occurrences) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X WC STATUS TOBY LIMITS OTH-PR E-L EACH ACCIDENT \$1,000,000 E-L DISEASE - EA EMPLOYEE \$1,000,000 E-L DISEASE - POLICY LIMIT \$1,000,000
C			4150130006365	5/26/2013	4/10/2014	
B			083050787	4/10/2013	4/10/2014	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
Belle Isle FL 32809

CANCELLATION

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

ACORD 25 (2010/05)

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Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
3125 Conner Boulevard, Suite E
Tallahassee, Florida 32399-1650

Master Qualifier Mailing Address

CHRIS L. JENKINS
FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546

Licensed Location Address

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546

Certificate Number

19183

License Number

31607

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of LP Gas Inspection at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 16 (sixteen) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate, please submit all changes in writing to:

Bureau of Liquefied Petroleum Gas Inspection
3125 Conner Boulevard, Suite E
Tallahassee, Florida 32399-1650

Cut Here



**State of Florida
Department of Agriculture and Consumer Services**

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

Certificate No: 19183
Exam Date: June 23, 2004
Issue Date: August 24, 2013
Expiration Date: August 23, 2016
Exam: 0601

MASTER QUALIFIER CERTIFICATE

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

CHRIS L. JENKINS

Valid For
License Number: 31607
FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
P.O. Box 6700
Tallahassee, Florida 32399-6700

License Number: 31607

Business Mailing Address

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546

Licensed Location Address

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546

The liquefied petroleum gas license at the bottom of this form is valid **ONLY** for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become *inoperative* because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION: This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the **UPPER PORTION** with corrections to:

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
P.O. Box 6700
Tallahassee, Florida 32399-6700



POST LICENSE
CONSPICUOUSLY

Cut Here

State of Florida Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: 31607
Expiration Date: August 31, 2014
Date of Issue: September 1, 2013
License Fee: \$200.00
Type and Class: 0803

Liquefied Petroleum Gas License

LP GAS INSTALLER

GOOD FOR ONE LOCATION ONLY

ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

**FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546**

A handwritten signature in black ink, appearing to read "Adam H. Putnam".

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

Scott Randolph, Tax Collector Local Business Tax Receipt

Orange County, Floric

Local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 1 EMPLOYEE 1819-1101521

1819 LP GAS-INSTALLER

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

JENKINS CHRIS L

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578574 7/9/2013

Scott Randolph, Tax Collector Local Business Tax Receipt

Orange County, Floric

Local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 1 EMPLOYEE 1819-1101521

1819 LP GAS-INSTALLER

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

JENKINS CHRIS L

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578574 7/9/2013



This receipt is official when validated by the Tax Collector.

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

Local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal Ordinance. Businesses are subject to regulation of zoning, health and other authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 2013 \$30.00 1 EMPLOYEE 1819 LP GAS-INSTALLER 1819-1101521

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

JENKINS CHRIS L

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578574 7/9/2013

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

Local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal Ordinance. Businesses are subject to regulation of zoning, health and other authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 2013 \$30.00 1 EMPLOYEE 1819 LP GAS-INSTALLER 1819-1101521

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

JENKINS CHRIS L

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578574 7/9/2013



This receipt is official when validated by the Tax Collector.