



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 – 2 toilet, 1 bathtub, 1 disposal, 1 washing machine, 1 water heater, 1 sewer, 3 lav sinks, 1 shower, 1 sink, 1 dishwasher

Comments: NONE

Project Information

Address: 7319 Matchett Rd, Belle Isle, FL 32809
 Parcel ID: 25-23-29-8485-00-030
 Property Owner: Hewitt, Harry
 Phone Number: 321 436 7338
 Company Name: Spegal Plumbing LLC
 Contractor Name: Spegal, Brian
 License Number: CFC1428683
 Address: 174 Semoran Place, Apopka, FL 32703
 Phone Number: 321 256 1234

Permit Number: 2015-04-006

Date of Application: 04/02/2015

Date Permit Issued: 04/06/2015

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 \$226.50
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$3.40
 Surcharge Fee \$3.40

TOTAL FEES \$233.30

Date Paid

4-6-15

CC or Check #

AMEX 0107

Amount Paid

233.30

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

1st _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____
 2nd _____ (Slab)
 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
 4th _____ (Exterior Framing)(Roof/Wall Sheathing)
 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
 6th _____ (Insulation to be Made After Roof Installed)
 7th _____ (Drywall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc..)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___Natural ___LP **MECHANICAL** **ELECTRICAL** **LOW VOLTAGE**

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to 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

password = universal13

PROJECT NUMBER 0115-1500036.0000

TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-04-006
Property Owner	Hewitt, Harry
Address	7319 Matchett Rd
Nature of Improvement	Plumbing for new SFR
Received Application	4-2-15
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-2-15
Building Official Approved	4-3-15 RA
Comments	
1.	Susan 4-2-15 all checked in file ✓ review WO # 49123
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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RECEIVED
4-2-15

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: 4/2/15

PERMIT NUMBER: 2015-04-006

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

Project Address 7319 Matchett Rd, Belle Isle FL x 32809 32812

Property Owner Hewitt, Harry Phone 321-436-7338

Property Owner's Mailing Address 6021 S. Orange Ave. City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 25-23-29-8485-00-020

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) \$ 6000

FIXTURES	Quantity
Water Closets (Toilet)	2
Bathtubs	1
Urinals	
Disposals	1
Washing Machines	1
Water Heaters	1
Sewer	1
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	3
Showers	1
Sinks	1

FIXTURES	Quantity
Dishwashers	1
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
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 4-3-15
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-2-15

Permit Fee 151.7
Review Fee 75.50
3% State Surcharge (\$4.00 minimum) 6.80
Total Permit Fee 233.30

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 # CFC1428683

LICENSE HOLDER NAME Brian Spegal COMPANY NAME Spegal Plumbing, LLC

Street Address 174 Semoran Commerce Pl. unit 122

City Apopka State FL Zip Code 32703 Phone Number 321-256-1234

Email Address brian@spegalplumbing.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 2015-02-010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2014

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).

PRODUCER Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046		CONTACT NAME: Sandra Arpaia PHONE (A/C, No, Ext): (407) 886-3301 E-MAIL ADDRESS: Sandi@Gentryins.com FAX (A/C, No): (407) 886-9530															
INSURED Spegal Plumbing, LLC P O Box 4478 Apopka FL 32704		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Southern-Owners Ins. Co.</td> <td>10190</td> </tr> <tr> <td>INSURER B: Auto-Owners Ins Co</td> <td>18988</td> </tr> <tr> <td>INSURER C: Markel Insurance Company</td> <td>38970</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Southern-Owners Ins. Co.	10190	INSURER B: Auto-Owners Ins Co	18988	INSURER C: Markel Insurance Company	38970	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 2014/15corrected **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			122382-72072019	10/25/2014	10/25/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Hired/NonOwned Auto						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			4930721400	10/23/2014	10/23/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
PIP-Basic							\$ 10,000
A	UMBRELLA LIAB			4989976701	10/25/2014	10/25/2015	EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED		RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC0044483-02	1/28/2014	1/28/2015	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 Sandra Arpaia/SANDI <i>Sandra C. Arpaia</i>
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CITY OF APOPKA
 LOCAL BUSINESS TAX RECEIPT
 120 East Main Street, Apopka, FL 32703
 License Year October 1, 2014 to September 30, 2015

No: 11156
 Date: 10/30/14

Address: 174 SEMORAN COMMERCE PL
 APOPKA, FL 32703
 Activity: 08C8-2 CONTRACTOR-STATE LICENSED
 PLUMBING

Tax 61.00
 Penalty
 Transfer
 App Fee 10.00
 Other
Total Paid 71.00

Issued to: SPEGAL PLUMBING LLC
 P. O. BOX 4478
 APOPKA, FL 32704-4478



A MUST DISPLAY LICENSE/OWNER RESPONSIBILITY TO RENEW BUSINESS TAX OFFICIAL

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

This 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.**

EXPIRES 9/30/2015

5000-1133790
 1 EMPLOYEE

5000 BUSINESS OFFICE 2014 \$40.00 15 EMPLOYEES + 1803 CERTIFIED PLUMBING C \$30.00

TOTAL TAX \$70.00
 PREVIOUSLY PAID \$70.00
 TOTAL DUE \$0.00



SPEGAL BRIAN SCOTT

SPEGAL PLUMBING LLC
 SPEGAL BRIAN SCOTT
 PO BOX 4478
 APOPKA FL 32703

174 SEMORAN COMMERCE PL
 U - APOPKA, 32703
 SPEGAL BRIAN SCOTT
 PAID: \$70.00 2503-00750410 11/7/2014

This receipt is official when validated by the Tax Collector.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CFC1428683	

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

SPEGAL, BRIAN SCOTT
SPEGAL PLUMBING LLC
36200 SPIRIT CT
GRAND ISLAND FL 32735



ISSUED: 06/18/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406180001134