



# 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> GAS: 1 dryer, 1 fireplace, 1 range, 1 water heater  <b>Comments:</b> None  <b>Project Information</b> Address: 7425 Lake Drive, Belle Isle, FL 32809 Parcel ID: 25-23-29-5884-17-101 Property Owner: Bergin, William & Ingram, Gary Phone Number: 407 466 9373 ***** Company Name: Sams Gas Co Contractor Name: Sams, Randall License Number: 01689 Address: 8222 S. Orange Avenue, Orlando, FL 32809 Phone Number: 407 855 1903	<b>Permit Number: 2015-04-032</b> <b>Date of Application: 04/15/2015</b> <b>Date Permit Issued: 04/16/2015</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 \$ Mechanical \$ Gas \$168.00 Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$  <b>SURCHARGE FEES</b> Surcharge Fee \$2.52 Surcharge Fee \$2.52  <b>TOTAL FEES \$173.04</b>  Date Paid <u>4-17-15</u> CC or Check # <u>VISA 6352</u> Amount Paid <u>173.04</u>  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).	<b>BUILDING INSPECTOR USE ONLY</b>  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 [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.

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

CITY OF BELLE ISLE  
Permit Application Review Sheet

4

Permit Number	2015-04-032	
Property Owner	Begin & Ingram	
Address	7425 Lake Dr.	
Nature of Improvement	GAS 4 outlets	
Received Application	4-16-15	
Sent for Stormwater Review	/	
Stormwater Approved	/	
Sent for Zoning Review	/	
Zoning Approved	/	
Applied for Variance		
Variance Approved		
Sent to BO for Review	4-16-15	
Building Official Approved		
Comments		
1.	Susan 4-16-15	all credentials on file review w/ # 49818
2.	Susan 4-17-15	emailed it's ready ✓
3.		
4.		
5.	1.5T 1K =	62.0"
6.	+ 5K x 10	50.0"
7.		<u>112.0"</u>
8.	2.52	÷ 2
9.	<u>2.52</u>	<u>56</u>
10.	5.04	168.0"
11.		
12.		



RECEIVED  
4-15-15



**City of Belle Isle**  
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Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**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: 4/13/15 PERMIT NUMBER 2015 12-022  
The undersigned hereby applies for a permit to make: (Indicate) Natural  Liquefied Petroleum Gas  Installations as indicated below. PLEASE PRINT

Project Address 7425 Lake Dr., Belle Isle FL 32809 32812

Property Owner William Basin & Gay Ingram Phone \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_ City Orlando

State FL Zip Code: 32809 Parcel ID Number: 25-23-29-5884-17-101

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

# GAS OUTLETS 4 DELIVERY PRESSURE 14" w/c TOTAL # BTU'S 359,000

**\*\*\* SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED \*\*\***  
**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\*

Type of Appliance	Qty	Value of Each*
DRYER	1	\$ 600.00
FURNACE		\$
FIREPLACE	1	\$ 1500.00
RANGE	1	\$ 900.00
WATER HEATER	1	\$ 1499.50
GRILL		\$
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 5445.00

Special Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: [Signature] Date 4/14/15  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4/14/15

Permit Fee \$ 112  
Review Fee \$ 56  
3% Florida Surcharge \$ 5.04  
Total Permit Fee \$ 173.04

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 # 011689  
LICENSE HOLDER NAME Randy Sams COMPANY NAME SAMS L P GAS  
Street Address 8222 S. Orange Avenue  
City Orlando State FL Zip Code 32809 Phone Number 407-855-1903  
Email Address samsgas1964@gmail.com

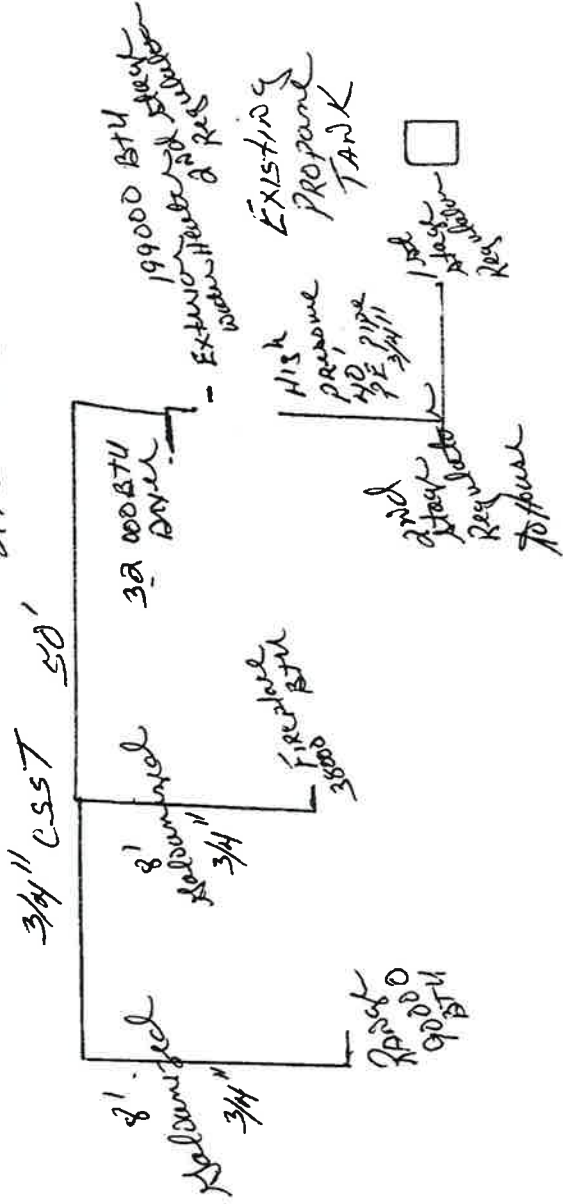
NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number \_\_\_\_\_



7425 Lake Rd  
Belle Isle Fl.

Riser diagram  
Propane  
1/1" W/C

SAMS Gas  
8222 S. Orange Ave  
Deland FL 32859  
License 01689



Total Drops Year  
WH, FP, Range, Diver  
BTUs 359000 BTUs

Bill Romanovsky  
407-765-0678



R.O. Olds  
PX2178