



# 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 TOWN OF WINDERMERE, FLORIDA.

<p><b>Scope of Work:</b> PLUMBING: irrigation, 45 heads</p> <p><b>Comments:</b> Backflow Preventer must be installed &amp; tested; report must be posted w/ permit for final inspection.</p> <p><b>Project Information</b>  Address: 3915 Isle Vista Avenue, Belle Isle, FL 32812  Parcel ID: 20-23-30-0668-00-090  Property Owner: Surrey Homes  Phone Number: None  *****  Company Name: Four Seasons Irrigation  Contractor Name: McNaught, Scott  License Number: RX0056730  Address: 8513 Waterwillow Place, Orlando, FL 32827  Phone Number: 407-921-7519</p>	<p><b>Permit Number: 2014-11-010</b>  Date of Application: <u>11/08/2013</u>  Date Permit Issued: <u>11/08/2013</u></p> <p><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.</p>
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### BUILDING FEATURES

<p><b>IMPACT FEES</b>  School \$</p> <p><b>ZONING FEES</b>  Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b>  Demo \$  Building \$  Fence \$  Driveway \$  Shed \$  Window(s) \$  Door(s) \$  PrePower \$  Electrical Fee \$  Temp Pole \$  Plumbing Fee \$55.50  Mechanical Fee \$  Gas Fee \$  Roofing \$  Boat Dock \$  Screen Encl \$  Swimming Pool \$</p>	<p><b>BUILDING INSPECTOR USE ONLY</b></p> <p>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</p> <p><input type="checkbox"/> BUILDING  1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____  (Footing/Foundation)  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 &amp; 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)</p>
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<p><b>SURCHARGE FEES</b>  Surcharge Fee \$2.00  Surcharge Fee \$2.00</p> <p><b>TOTAL FEES \$59.50</b></p> <p>Date Paid <u>11-8-13</u></p> <p>CC or Check # <u>2436</u></p> <p>Amount Paid <u>SA.50</u></p> <p>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).</p>	<p><input type="checkbox"/> ROOFING  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 _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)  1<sup>ST</sup> _____ (Underground) 2<sup>nd</sup> _____ (Sewer)  3<sup>rd</sup> _____ (Rough-In/Tub Set) 4<sup>th</sup> _____ (Final)</p> <p>CHECK APPROPRIATE BOX  <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In) 2<sup>nd</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto: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.



# 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)

**Received**  
11-8-13

## 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: 11-8-13

PERMIT NUMBER 2014-11-010

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

Project Address 3915 Isle Vista

Belle Isle FL 32809 32812

Property Owner Surrey Homes

Phone \_\_\_\_\_

Property Owner's Mailing Address 1133 Louisiana

City WATER PARK

State FL Zip Code \_\_\_\_\_

Parcel Id Number: 20-23-30-0668-00-090

To obtain this information, please visit <http://www.ocpafi.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) \$ 1100-

### FIXTURES

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

### FIXTURES

Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	<u>1-45</u>
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.*

	Total Fees
	3% State Surcharge (\$4.00 minimum)
	Permit/Review Fee Grand Total
	<u>55.50</u>
	<u>4.00</u>
	<u>59.50</u>

Building Official: \_\_\_\_\_ Date \_\_\_\_\_

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 Scott McNaught

LICENSE # RX0056730

LICENSE HOLDER NAME SCOTT McNAUGHT

COMPANY NAME FOUR SEASONS DESIGN

Street Address 8513 WATER WILLOW PL

City Orlando

State FL Zip Code 32827

Phone Number 407-922-7519

GOFINS13@aol.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 2013-06-016



FOURS-1 OP ID: TF

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/08/2013

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> Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 Kenneth M Brown		<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No):
<b>INSURERS (S) AFFORDING COVERAGE</b> INSURER A: Phoenix Insurance Co NAIC # 25623 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

**COVERAGES**

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		1680747OC736PHX-13	09/28/2013	09/28/2014	EACH OCCURRENCE \$ 500,000
	<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) \$ 5,000
	<input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> NEG <input type="checkbox"/> LOG					PERSONAL & ADY INJURY \$ 500,000
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$
	<input type="checkbox"/> HIRER AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below					EL EACH ACCIDENT \$
A	Equipment Floater		1680747OC736PHX-13	09/28/2013	09/28/2014	EL DISEASE - EA EMPLOYEE \$
						EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
(Originally issued 7/5/11) Fax 407-240-2222

CERTIFICATE HOLDER

CANCELLATION

BELLEIS

City of Belle Isle  
 P.O. Box 593135  
 1600 Nela Ave  
 Belle Isle, FL 32859

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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**Orange County**  
**Division of Building Safety** Issue date: **07/02/2012**  
**Certificate of Competency** Expiration date: **09/30/2014**

State Registration Number: **RX0056730**

Contractor license trade: **Plumbing**

Company Name: **Scott S McNaught**

Contractor license type: **Registered P- Irrigation Specialty**

Individual Information:  
**Scott S McNaught**  
**8513 Waterwillow Pl.**  
**Orlando, FL, 32827**