



# 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.

<p><b>Scope of Work:</b> PLUMBING: re-pipe for SFR</p> <p><b>comments:</b> NONE</p> <p><b>Project Information</b>          Address: 1621 Wind Harbor Rd, Belle Isle, FL 32812          Parcel ID: 30-23-30-9330-00-060          Property Owner: Phillips, Octavio          Phone Number: 407 535 2635          *****          Company Name: Shamrock Plumbing and Drain Cleaning, Inc.          Contractor Name: Norman, Mark          License Number: CFC1427181          Address: 4625 Old Winter Garden Rd, Orlando, FL 32811          Phone Number: 407-292-8881</p>	<p style="text-align: right;"><b>Permit Number: 2016-03-025</b></p> <p style="text-align: right;">Date of Application: <b>03/14/2016</b>          Date Permit Issued: <b>03/14/2016</b></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></p> <p>School \$          Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$          Demo \$          Building \$          Fence \$          Driveway \$          Shed \$          Window(s) \$          Door(s) \$          PrePower \$          Electrical \$          Temp Pole \$          Plumbing \$55.50          Mechanical \$          Gas \$          Roofing \$          Boat Dock \$          Screen End \$          Swimming Pool \$          Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$59.50</b></p> <p>Date Paid <u>4-5-16</u>          CC or Check # <u>NC 4958</u>          Amount Paid <u>\$1.50</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 style="text-align: center;"><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"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)          Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS <u>  </u> Natural <u>  </u> 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 4pm.** 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>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)    password = universal13



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RECEIVED

MAR 14 2016

**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: 03/14/2016 PERMIT NUMBER 206-03-025  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT  
 Project Address 1621 Wind Harbor Rd Belle Isle FL 32809 32812  
 Property Owner Octavio Phillips Phone 407-535-2635  
 Property Owner's Mailing Address 2855 Burwood Ave City Orlando  
 State FL Zip Code 32837 Parcel ID Number 30-23-30-9330-00-060  
To obtain this information, please visit <http://www.ocpaff.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) \$ 2499.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
Sinks		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 3-14-16  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-14-16

Permit Fee	37.1
Review Fee	18.50
3% State Surcharge (\$4.00 minimum)	4
<b>Total Permit Fee</b>	<b>59.50</b>

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 # CFC1427181  
 LICENSE HOLDER NAME Mark Norman COMPANY NAME Shamrock Plumbing & Drain Cleaning  
 Street Address 4625 Old Winter Garden Rd Suite A-7  
 City Orlando State FL Zip Code 32811 Phone Number 407-292-8881  
 Email Address jessica@shamrockplumbingfl.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 \_\_\_\_\_

WO 65333