



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: IRRIGATION: 57 heads Comments: None Project Information Address: 4124 Isle Vista Avenue, Belle Isle, FL 32812 Parcel ID: 20-23-30-0669-00-350 Property Owner: JPC Construction Inc Phone Number: 954 947 5400 ***** Company Name: Four Seasons Irrigation Contractor Name: McNaught, Scott License Number: RX0056730 Address: 8513 Water Willows Place, Orlando, FL 32827 Phone Number: 407 921 7519	Permit Number: 2016-04-044 Date of Application: <u>04/26/2016</u> Date Permit Issued: <u>04/26/2016</u> 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

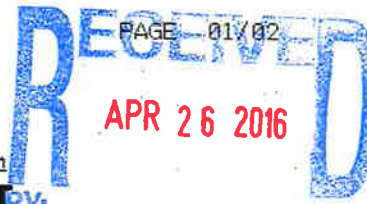
IMPACT FEES School \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$55.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$59.50 Date Paid <u>4-29-16</u> CC or Check # <u>2207 VISA</u> Amount Paid <u>59.50</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).	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 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 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...) <input type="checkbox"/> 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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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 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 password = universal13



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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: 4-26-16 PERMIT NUMBER 2015-09-052
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 4124 Isle Vista Ave Belle Isle FL 32809 32812
Property Owner JPC Construction Phone 407-947-5400
Property Owner's Mailing Address _____ City _____
State _____ Zip Code 20-23-30-0669-00-350
To obtain this information, please visit <http://www.ocpsfl.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) \$ 1,400.-

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

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	<u>57</u>
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

*Per FBC, Sec. 605, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.

Building Official: [Signature] Date 4-26-16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-26-16

Permit Fee 37.-
Review Fee 18.50
3% State Surcharge (54.00 minimum) 4.-
Total Permit Fee 59.50

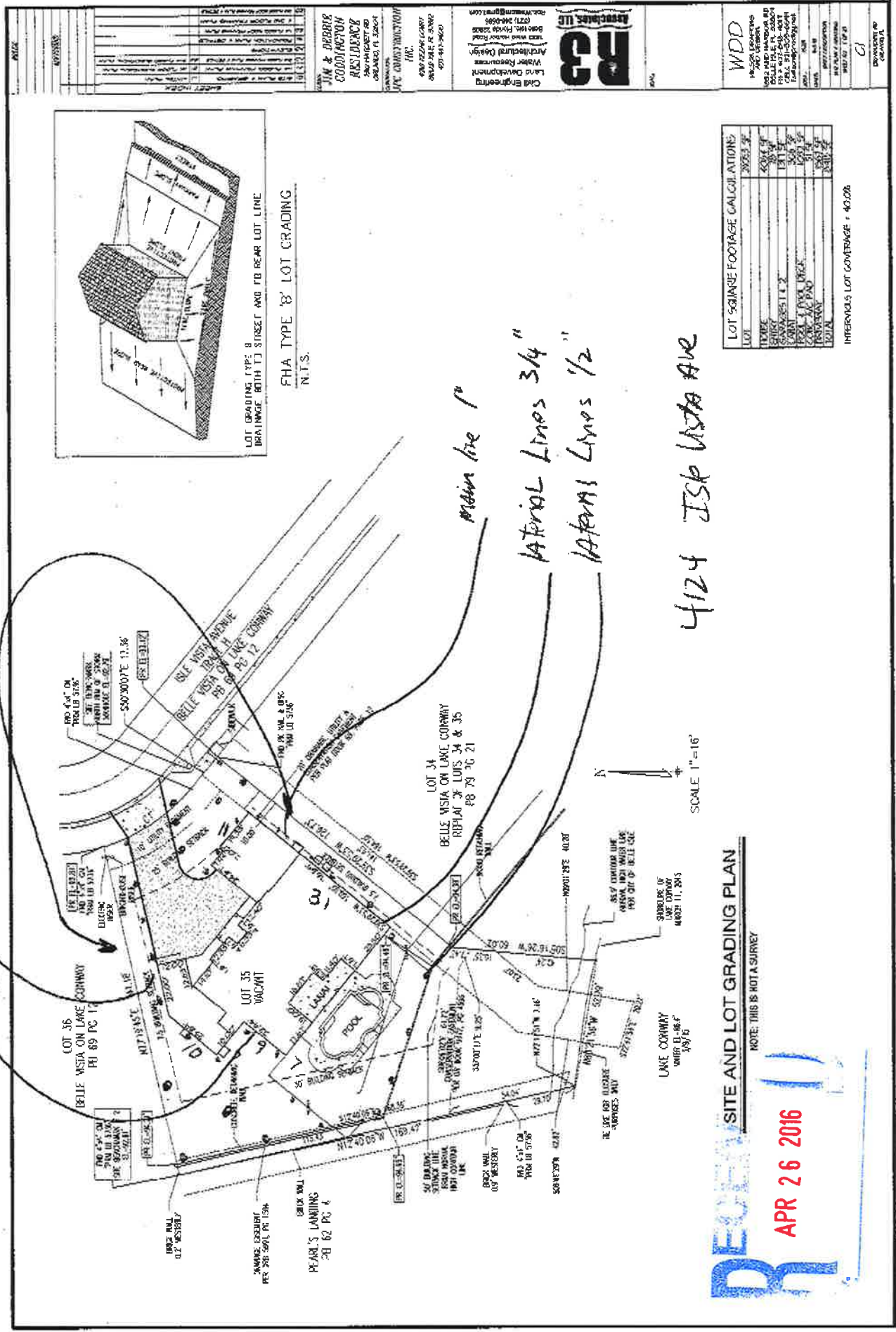
I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The Issuance 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 # RK8056730
LICENSE HOLDER NAME SCOTT McNAUGHT COMPANY NAME FOUR SEASONS IRRIGATION
Street Address 8513 WATER WILLOW PL.
City ORLANDO State FL Zip Code 32827 Phone Number 407-921-7579
Email Address 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 2015-09-052

WO 66972



R3 Associates, LLC
Architectural Design
Land Development
Civil Engineering
1000 West 10th Street
Bismarck, ND 58502
701.224.0088
info@r3associates.com

WDD
1400 S. LEWISTOWN
1000 S. LEWISTOWN RD
BISMARCK, ND 58502
701.224.0088
info@wdd.com

CONTRACT NO. 15-001
DATE: 04/26/2015
PROJECT: BELLE VISTA ON LAKE CORRIDOR
SCALE: 1" = 16'



FOURS-1 OP ID: DE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/27/2015

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 Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 Kenneth M Brown	CONTACT NAME: Kenneth M Brown PHONE (A/C No. Ext): 321-397-3870 FAX (A/C No): 321-397-3888 EMAIL ADDRESS:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Amerisure Mutual Ins. Co</td> <td></td> <td>23396</td> </tr> <tr> <td>INSURER B : Amerisure Ins Company</td> <td></td> <td>19488</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Amerisure Mutual Ins. Co		23396	INSURER B : Amerisure Ins Company		19488	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER F :																					
INSURED Four Seasons Irrigation, Inc 8513 Waterwillow Place Orlando, FL 32827																					

COVERAGES **CERTIFICATE NUMBER:** **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.

NSR LTR	TYPE OF INSURANCE	ADDL. SUBR. (NSR, WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> POLICY PERIOD <input type="checkbox"/> POLICY PERIOD <input type="checkbox"/> OTHER		CPP20985160002	09/28/2015	09/28/2016	EACH OCCURRENCE \$ 500,000 MAXIMUM OF HEALTH CARE PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (A/C) (EA OCCUR) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPOUND \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> UNOWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COB RETENTION \$		CA20985150001	09/28/2015	09/28/2016	COMBINED SINGLE LIMIT (EA OCCUR) \$ 500,000 BODILY INJURY (EA OCCUR) \$ BODILY INJURY (POLY OCCUR) \$ PROPERTY DAMAGE (EA OCCUR) \$ UMBRELLA EXCESS \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER OR SCHEDULED OFFICER/EMPLOYEE EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) COB RETENTION \$	N/A	WC131620417	09/28/2015	09/28/2016	<input checked="" type="checkbox"/> POLICY PERIOD \$L EACH ACCIDENT \$ 500,000 \$L DISEASE - EA EMPLOYEE \$ 500,000 \$L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 (Originally issued 7/5/11) fax 407-581-0313

CERTIFICATE HOLDER BELLEIS City of Belle Isle P.O. Box 593135 1600 Nela Ave Belle Isle, FL 32859	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
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Orange County
Division of Building Safety
Certificate of Competency

Issue date: 07/02/2012
Expiration date: 09/30/2016

State Registration Number: RX0056730

Contractor license trade: Plumbing

Company Name: Four Seasons Irrigation Inc

Contractor license type: Registered P- Irrigation Specialty

Individual Information:
Scott S Mcnaught
8513 Waterwillow Pl
Orlando, FL, 32827

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

his local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinances. 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.

1812 CONTR-IRRIGATION SYS 2015 \$30.00 3 EMPLOYERS 9/30/2016 \$30.00 3 EMPLOYEES

TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

3202 PHILS LN (MOBILE)
 U - APOPKA, 32712

PAID: \$60.00 2582-01443347 9/1/2015



MICHAEL STANLEY SCOTT
 FOUR SEASONS IRRIGATION INC
 8513 WATERWILLOW PL
 ORLANDO FL 32827

This receipt is official when validated by the Tax Collector.