



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: water heater

Comments: None

Project Information
 Address: 1821 Colleen Drive, Belle Isle, FL 32812
 Parcel ID: 30-23-30-0610-00-240
 Property Owner: Fortunato, Richard
 Phone Number: 321 402 4561

 Company Name: Florida Delta Mechanical Inc.
 Contractor Name: Bobev, Dimitri
 License Number: CFC1425917
 Address: 6262 142nd Avenue N, #506, Largo, FL 33760
 Phone Number: 866-219-0880

Permit Number: 2015-08-030

Date of Application: 08/12/2015

Date Permit Issued: 08/14/2015

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$111.00
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$115.00

Date Paid 8-14-15

CC of Check # MC 8924

Amount Paid 115.00

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

1 BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

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)

1 ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

1 GAS ___ Natural ___ LP ___ MECHANICAL ___ ELECTRICAL ___ LOW VOLTAGE

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

Inspection requests are to be emailed to 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	<u>2015-08-030</u>
Property Owner	<u>Fortunato, Richard</u>
Address	<u>1801 Colleen Dr.</u>
Nature of Improvement	<u>Plumbing change at water heater</u>
Received Application	<u>8-12-15</u>
Sent for Stormwater Review	<u>/</u>
Stormwater Approved	<u>/</u>
Sent for Zoning Review	<u>/</u>
Zoning Approved	<u>/</u>
Applied for Variance	
Variance Approved	
Sent to BO for Review	<u>8-12-15</u>
Building Official Approved	<u>Jay via email 8-12-15</u>
Comments	
1.	<u>Submit 8-12-15 review WD #55557</u>
2.	<u>Submit 8-12-15 emailed - we need all documents</u>
3.	<u>what we have on file is approved</u>
4.	<u>8/17/15</u>
5.	
6.	<u>installed 8-1</u>
7.	<u>given to 8-7</u>
8.	<u>did not apply til 8-12</u>
9.	<u>therefore double fees</u>
10.	
11.	
12.	

RECEIVED
AUG 12 2015



City of Belle Isle
Universal Engineering Sciences 3632 Maggie Blvd., Orlando, FL 32811
Tel 407-481-8181 • Fax 407-581-0313 • www.universalengineering.com

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: 8/11/15 PERMIT NUMBER: 2015-65030

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

Project Address: 1821 Colken Dr. Belle Isle FL, X 32809 32812

Property Owner: Richard Fortnato Phone: 321-408-45761

Property Owner's Mailing Address: 1821 Colken Dr. City: Belle Isle

State: FL Zip Code: 32809 Parcel Id Number: 30-23-30-010-01-240

To obtain this information, please visit: <http://www.ocpl.org/search/arcsearch.aspx>

Class of Building: New Alteration Addition Repair Commercial Other
Type of Work: Sewer Septic Re-pipe

YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION to Septic System - ORANGE COUNTY DOCUMENT 845-4

VALUATION OF JOB (labor & materials) \$ 1,000

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tube	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters	1	Sps	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	

Building Official: [Signature] Date: 8-12-15 VIA EMAIL

Total Fees: \$550
 3% State Surcharge (24.00 minimum): 4.00
 Permit/Review Fee Grand Total: \$9.50

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 regarding same and in accordance with plans submitted. The issuance of this permit does not constitute an endorsement by the City of Belle Isle of any product or service.

LICENSE HOLDER SIGNATURE: [Signature] LICENSE # CFE 1425917
 LICENSE HOLDER NAME: Delta Mechanical COMPANY NAME: FL Delta Mechanical
 Street Address: 2716 Broadway State: FL Zip Code: 33519 Phone Number: 810-219-0880
 City: Orlando
 Email Address: flpermits@delta-mechanical.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: _____

Susan Manchester

From: John Connell
Sent: Wednesday, August 12, 2015 11:20 AM
To: Susan Manchester
Cc: BIDReviews
Subject: RE: 1821 Colleen Drive - review for plumbing permit 2015-08-030 - Delta Mechanical

Approved

From: Susan Manchester
Sent: Wednesday, August 12, 2015 10:31 AM
To: John Connell
Cc: BIDReviews
Subject: 1821 Colleen Drive - review for plumbing permit 2015-08-030 - Delta Mechanical

All info on cover sheet.

Thanks,

Susan Manchester
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalengineering.com

*Bobey, Dimitre I
2716 Broadway Cir Blvd
Brandon, FL 33510*

I-CFC1425917

PINELLAS COUNTY CONSTRUCTION LICENSING BOARD

THIS CERTIFIES THAT **Dimitre I Bobey**
DBA **Florida Delta Mechanical Inc**

STATE CERT # **I-CFC1425917**
HAS FILLED HIS/HER LICENSE AND PROOF OF REQUIRED
LIABILITY AND WORKERS' COMPENSATION
INSURANCE WITH THIS BOARD.
IN GOOD STANDING UNTIL **September 30, 2016**
DATE OF ISSUANCE **07/09/2015**

*** Please cut out license along lines**

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY) 4/21/2016 5/7/2015

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 Lockton Companies, 8110 E. Union Avenue, Suite 700, Denver, CO 80237, (303) 414-6000. CONTACT NAME, PHONE, FAX, ADDRESS. INSURER(S) AFFORDING COVERAGE: INSURER A: United Specialty Insurance Company, INSURER B: Hartford Fire Insurance Company, INSURER C: Houston Casualty Company, INSURED D: Gemini Insurance Company, INSURER E: Twin City Fire Insurance Company, INSURER F:

COVERAGES table with columns: INSR LTR, TYPE OF INSURANCE, ADOL, BEER, AND, WHL, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liability, Excess Liability, and Workers Compensation and Employers Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER section with fields for name (13474353), address (City of Belle Isle, 1600 Nela Ave, Belle Isle, FL 32809), and signature (Charles M. McDaniel).

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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**BOBEV, DIMITRE I
FLORIDA DELTA MECHANICAL INC
2716 BROADWAY CENTER BLVD
BRANDON FL 33510**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CFC1425917 ISSUED: 07/14/2014

**CERTIFIED PLUMBING CONTRACTOR
BOBEV, DIMITRE I
FLORIDA DELTA MECHANICAL INC**

**IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date AUG 31, 2016 L1407140000812**

RICK SCOTT, GOVERNOR

DETACH HERE

KEN LAWSON, SECRETARY

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



LICENSE NUMBER

CFC1425917

The PLUMBING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2016

**BOBEV, DIMITRE I
FLORIDA DELTA MECHANICAL INC
4522 MAPLE TREE LOOP
WESLEY CHAPEL FL 33543**



THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

IN BUSINESS PROGRESS OR OCCUPATION SPECIFIED HEREON

EXPIRES SEPTEMBER 30, 2016

2015 - 2016 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

OCC. CODE 260,026000 Professional

ACCOUNT NO 188153

RENEWAL

Receipt Fee 30.00
Hazardous Waste Surcharge 0.00
Law Library Fee 0.00

2015-2016

BUSINESS FLORIDA DELTA MECHANICAL INC
2716 BROADWAY CENTER BLVD
BRANDON, FL 33510

NAME FLORIDA DELTA MECHANICAL INC
MAILING 2716 BROADWAY CENTER BLVD
ADDRESS BRANDON, FL 33510

Paid 14-0-222447
07/06/2015 30.00

DOUG BELDEN, TAX COLLECTOR

813-636-5200

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

BUSINESS TAX RECEIPT

IN BUSINESS PROGRESS OR OCCUPATION SPECIFIED HEREON