



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 re-pipe & sewer
Comments: None
Project Information
 Address: 1407 Nevada Ave, Belle Isle, FL 32809
 Parcel ID: 25-23-29-5884-12-150
 Property Owner: McKinney, Eloise
 Phone Number: 321 945 1949

 Company Name: Rainaldi Plumbing
 Contractor Name: Rainaldi, Christopher
 License Number: CFC1426432
 Address: 6111 Old Cheney Hwy, Orlando, 32807
 Phone Number: 407 282 2900

Permit Number: 2017-04-048

Date of Application: 04/14/2017

Date Permit Issued: 04/14/2017

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 \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 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 \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$115.00

Date Paid

4-17-17

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

BUILDING

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

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)

ROOFING

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

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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



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RECEIVED
APR 13 2017

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: 4/13/17

PERMIT NUMBER 2017-04-048

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

Project Address 1407 Nevada Ave, Belle Isle FL 32809 32812

Property Owner Eloise McKinney Phone 321 945-1949

Property Owner's Mailing Address 1407 Nevada Ave City Orlando

State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-12-150

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 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) \$ 19,800.00 \$ 12,200.00

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
Urinals	
Dispsosats	
Washing Machines	
Water Heaters	
Sewer	<u>1</u>
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)	
Water Softener	
Re-pipe	<u>1</u>
Miscellaneous (Specify)	

37.-
37.-

74
37

111

*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.

Building Official: J. C. Cunn Date 4/14/2017
130540
 Verified Contractor's Licenses & Insurance are on file (SW) Date 4-14-17

Permit Fee	<u>74</u>
Review Fee	<u>37</u>
3% State Surcharge (\$4.00 minimum)	<u>4</u>
Total Permit Fee	<u>115.-</u>

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 C LICENSE # CFC1426432
 LICENSE HOLDER NAME Christopher Rainaldi COMPANY NAME Rainaldi Plumbing
 Street Address 1111 Old Cheney Highway
 City Orlando State FL Zip Code 32807 Phone Number 407 282-2900
 Email Address lvelinda@rainaldi.homeservices.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 _____

80468

Permit Number: _____
 Folio/Parcel ID #: 25-23-29-5884-12-150
 Prepared by: Ivelinda Diaz
Rainaldi Plumbing
 Return to: Rainaldi Plumbing
6111 Old Cheney Highway
Orlando Florida 32807

DOCH 20170204152
 04/14/2017 11:50:07 AM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 MB - Ret To: RAINALDI PLUMBING



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
Nela Isle 1407 Nevada Ave. Orlando FL 32809
2. **General description of improvement**
Repipe whole house and sewer replacement of main drain line.
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Eloise McKinney
 Address 1407 Nevada Ave Orlando Florida 32809
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Rainaldi Plumbing Telephone Number 407 282-2900
 Address 6111 Old Cheney Highway Orlando Florida 32807
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name Rainaldi Plumbing Telephone Number 407 282-2900
 Address 6111 Old Cheney Highway Orlando Florida 32807
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____



State of Florida, County of Orange
 I hereby certify that this is a true copy of
 the document as reflected in the Official Records
 PHIL DIAMOND, COUNTY COMPTROLLER
 BY: Phil Diamond D.C.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Eloise McKinney
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

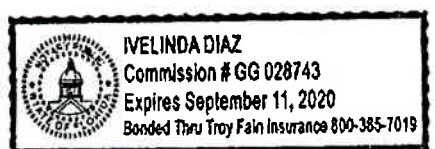
Eloise McKinney
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 14 day of 4/17 by SELF
 as OWNER Type of authority, e.g., officer, trustee, attorney in fact for Eloise McKinney Name of party on behalf of whom instrument was executed
 month/year name of person

Ivelinda Diaz
 Signature of Notary Public - State of Florida

Ivelinda Diaz
 Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID _____
 Type of ID Produced _____



McKinny Home

Living Room

Kitchen Sink

Sewer line 3" in

Sewer line 3" in

Bath Room # 1

Sewer line 3" in

Sewer line 3" in

Dinning Area

Bed Room

Bath #2

CITY OF BELLE ISLE
THE PLANS AND SPECIFICATIONS
HAVE BEEN REVIEWED. FULL
COMPLIANCE WITH CODES AND
REGULATIONS ARE REQUIRED BY
THE PERMIT HOLDER
APPROVED *[Signature]* 4/14/17
130540

- NOTES: PER RAINALDI PLUMBING OFFICE THIS IS A SLAB ON GRADE HOUSE.
1. TERMINATE RE-TREATMENT WILL BE REQUIRED FOR ALL AREAS OF TRENCHING & DISTURBING THE SOIL.
 2. A TREATMENT CERTIFICATE SHALL BE ON SITE FOR THE UNDER SLAB ROUGH-IN INSPECTION.
 3. WATER PIPE RE-PIPE WILL REQUIRE A ROBERT INSPECTION PRIOR TO COVERING & FINISH AFTER ALL DEVIANTS AS COMMENTS AND PENALTIES SET.

Clearance

1 door

RECEIVED
APR 14 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2016

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 Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046		CONTACT NAME: Amanda Bonventre PHONE (A/C, No, Ext): (407) 886-3301 E-MAIL ADDRESS: amanda@gentryins.com FAX (A/C, No): (407) 886-9530	
INSURED A. Rainaldi Plumbing Inc. dba Rainaldi Plumbing P O Box 574557 Orlando FL 32857-4557		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Nautilus Insurance Co	NAIC # 17370
		INSURER B: Mapfre Ins Co of FL	NAIC # 34932
		INSURER C: Bridgefield Employers Ins. Co.	NAIC # 10701
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2016 GL & WC **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 INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NR665129	9/30/2016	9/30/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			4150160012584	3/21/2016	3/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	830-49118	9/30/2016	9/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER (407) 240-2222 4072402222@fax.tc City of Belle Isle 1600 Nela Ave. Belle Isle, FL 32809	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 D Liebknrecht/AMANDA <i>Debra Liebknrecht</i>
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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC
6111 OLD CHENEY HWY
ORLANDO FL 32807

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

CFC1426432 ISSUED: 07/19/2016

CERTIFIED PLUMBING CONTRACTOR
RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2018 L1607190001031

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CFC1426432

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



RAINALDI, CHRISTOPHER PAUL
A RAINALDI PLUMBING INC
6111 OLD CHENEY HWY
ORLANDO FL 32807



Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

	2016	
1803	CONTR-PLUMBING	\$30.00
1804	AIR CONDITIONING CON	\$30.00

EXPIRES 9/30/2017

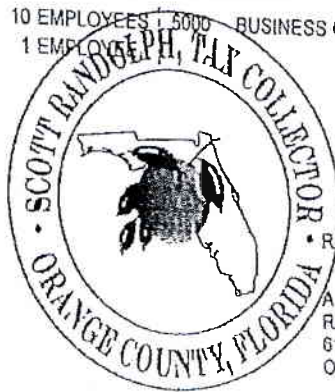
10 EMPLOYEES | 5000 BUSINESS OFFICE \$30.00
 1 EMPLOYEE

1803-0962395
10 EMPLOYEES

TOTAL TAX	\$90.00
REGULATED WASTE	\$50.00
PREVIOUSLY PAID	\$140.00
TOTAL DUE	\$0.00

6111 OLD CHENEY HWY
U - ORLANDO, 32807

PAID: \$140.00 2503-02340650 9/12/2016



RAINALDI CHRISTOPHER PAUL

RAINALDI PLUMBING INC
RAINALDI CHRISTOPHER PAUL
6111 OLD CHENEY HWY
ORLANDO FL 32807-3642

This receipt is official when validated by the Tax Collector.