

City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

<u>PERMIT CARD – PLEASE POST AT JOB SITE</u>

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 country, 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 COMPITANCES OF THE CITY OF BELLE ISLE FLORIDA. COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: PLUMBING: Replace water heater

Comments: None

Project Information

Address: 1626 Stafford Ct, Belle Isle, FL 32809

Parcel ID: 30-23-30-0610-01-230 Property Owner: Dell, Charles Daniel Phone Number: 407 270 0661

Company Name: Harvey Baker Plumbing, Inc.

Contractor Name: Baker, Harvey License Number: CFC056875

Address: 3700 Oakview Drive, Orlando, FL 32812

Phone Number: 407-859-3572 Permit Number: 2017-04-021

Date of Application: 04/05/2017
Date Permit Issued: 04/05/2017

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.

IMPACT FEES	BUILDING INSPECTOR USE ONLY				
School \$					
Traffic \$	IF APPLICABLE:				
ZONINO EEEO	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions				
ZONING FEES	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO				
Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO				
UNIVERSAL ENG - BUILDING FEES	□ BUILDING				
UNIVERSAL ENG - BUILDING FEES	1 st (Footing/Foundation)				
Cert of Occ \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?				
Demo \$					
Building \$	2 nd (Slab)				
Fence \$					
Driveway \$	3 rd (Lintel)(Wall Reinforcing on Masonry Building)				
Shed \$					
Window(s) \$	4 th (Exterior Framing)(Roof/Wall Sheathing)				
Door(s) \$					
PrePower \$	5 th (Framing) (To be made after Plumbing/ Mechanical/				
Electrical \$	Electrical Rough-Ins & Windows/Doors Installed)				
Temp Pole \$					
Plumbing \$55.50	6 th (Insulation to be Made After Roof Installed)				
Mechanical \$					
Gas \$	7 th (Drywall)				
Roofing \$					
Boat Dock \$	8 th (Sidewalk/Driveway)				
Screen Encl \$	- th				
Swimming Pool \$	9 th (Other)				
Sign \$	40th				
SUDCHADGE FEES	10 th (Final – After MEP and Other Applicable Finals)				
SURCHARGE FEES					
Surcharge Fee \$2.00	© ROOFING				
Surcharge Fee \$2.00	1 ST ROOFING Deck Nailing/Dry-in/Flashing				
Suicharge Fee \$2.00	and poorting out to b				
TOTAL FEED RED SO	2 nd ROOFING Covering In-Progress				
TOTAL FEES \$59.50	2rd BOOFING Covering Final				
	3 rd ROOFING Covering Final				
4-5-17	DI LIMPING (Deal Bining Color Injection Water Treatment For 1 Ft.)				
Date Paid 7 3 (□ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)				
CC or Check # VSA 0572	□ 1 st (Underground) 2 nd (Sewer)				
CC orcheck # V 30 CO	1 ³¹ (Underground) 2 nd (Sewer)				
Amount Paid 59.50	3 rd (Rough-In/Tub Set) 4 th (Final)				
Amount Paid J (530	3 rd (Rough-In/Tub Set) 4 th (Final)				
The person accepting this permit shall	CUECK ADDDODDIATE DOV				
The person accepting this permit shall conform to the terms of the	CHECK APPROPRIATE BOX				
application on file and construction	☐ GASNaturalLP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE				
shall conform to the requirements of	1 st (Rough-In) 2 nd (Final)				
the Florida Building Code (FS 553).	1 st (Rough-In) 2 nd (Final)				
ionaa banang oode (1 0 000).					

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 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.

City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 3
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineer

APPLICATION FOR PLUMBING PERMIT APR 0 5 2017

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 INTENDED OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT Property Owner George G	DATE OF APPLICATION: 4/5/17		OCD	MIT NUMBER	17-04-0
Property Owner Dell Charles Daniel Phone 407-270-0661 Property Owner's Mailing Address 1626 Stafford Dr City Orlando Bullet FL Zip Code 32809 Parcel Id Mismber: 30-23-30-0610-01-230 To obtain the information, please with tittuil/seen.oseaft.eu//seer.deserth.esea. Class of Building: Old New Addition Repair Commercial Other Septic Sep		permit to make plumb			
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Property Owner's Mailing Address 1626 Stafford Dr State FL Zip Code 32809 Parcel Id Number 30-23-30-0610-01-230 To obtain this information, please visit https://www.acseff.org/Searches/Parcel/Search-asea Type of Building: Okt New Type of Building: Residential Commercial Other Type of Work: New Alteration Addition Repair Type of System: Sewell Septic Re-pipe	The state of the s				
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To obtain this information, please visit https://www.osgafl.om//sarcher/ParcelSearch.aspa Class of Building: Okil New Type of Building: Residential Commercial Other Sype of Work: New Attendation Addition Repair Commercial Septid Re-pipe Addition Repair Commercial Septid Re-pipe Addition Responsible Septid System - ORANGE COUNTY DOCUMENT 64E-6 YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION to Septic System - ORANGE COUNTY DOCUMENT 64E-6 YALUATION OF JOB (labor & materiale) \$ 950.00 FINTURES Quantity FINTURES Quantity FINTURES Quantity FINTURES Quantity FINTURES Quantity FINTURES Quantity Dishwashers Luundry Tubs Floor Drains Grease Traps Trailer Connections Spa Washing Machines Water Heaters 1 Soler Foor Drains Floor Drai			20 22 20 06		- Liu p
Date	State Zip Code 3200				rehoe/ParcolS comb accu
Type of Work: New Alteration Addition Repair Type of System: Sewer Re-pipe		10 000	an dis witorinedon, please visit	itto://www.ocpattorg/sea	rcnes/ Parceisearch.aspx
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Building Official: Verified Contractor's Licenses & Insurance are on file Date Date Date Date Date Date Date Date Date State Surcharge (\$4.00 minimum) Total Permit Fee Date	Showers		Re-pipe		
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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 ame is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans ubmitted. 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 LICENSE #CFC 056875 LICENSE HOLDER NAME Harvey Baker Plumbing, Inc. Street Address Orlando State FL Zip Code 32805 Phone Number 407-859-3572	Vorified Contract - J. L.		11-5-11 MG	7	101
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Orlando State FL Zip Code 32805 Phone Number 407-859-3572	1010 28th St	Dakei	COMPANY N	AME narvey bake	Flumbing, Inc
	Orlando	EI	22005	40	7 950 2572
			Zip Code 32805	Phone Number 40	77-659-35/2
IOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building	IOTE: The Building Permit Number is re				

Building Permit Number



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2017

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 have ADDITIONAL INSURED provisions or 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	CONTACT Tara Hylands			
Morse Insurance Agency, Inc 1000 Wekiva Springs Road	PHONE (A/C, No, Ext): (407) 478-6530 FAX (A/C, No):			
Longwood, FL 32779	ADDRESS: thylands@morseagency.com			
	INSURER(S) AFFORDING COVERAGE			
	INSURER A : Depositors	42587		
INSURED	INSURER B : BusinessFirst Insurance Company	11697		
Harvey Baker Plumbing Inc	INSURER C:			
1019 28th Street Orlando, FL 32805	INSURER D :			
Onando, FE 32003	INSURER E:			
	INSURER F:			
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.

TYPE OF INSURANCE

ADDI. SUBRI POLICY NUMBER

ACPGL DO5964784249

ACPGL DO5964784249

D2/14/2017

O2/14/2018

ACPGL DO5964784249

DAMAGE TO RENTED SAMAGE TO RENTED PREMISES (Ea OCCUTRENCE)

MED EXP (ADI) one person) \$ 5,000

PERSONAL & ADV INJURY \$ 1,000,000

DESPIT AGGREGATE LIMIT APPLIES PER:

SUBJECT TO WHICH THIS

CEACH OCCURRENCE S 1,000,000

PERSONAL & ADV INJURY S 1,000,000

100,000 5,000 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY X PRO-2,000,000 GENERAL AGGREGATE 1,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 ANY AUTO ACPBAPD5964784249 02/14/2017 02/14/2018 BODILY INJURY (Per person) OWNED AUTOS ONLY X SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) X NON-OWNED X HIRED AUTOS ONLY UMBRELLA LIAR OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 0521-03742 04/01/2017 04/01/2018 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 500,000 E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT

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

CERTIFICATE HOLDER	CANCELLATION		
City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	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 (2016/03)

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STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

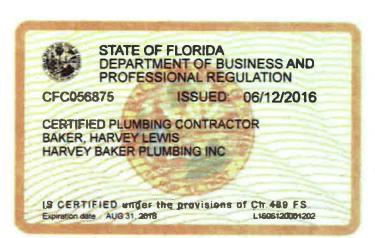
CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783 (850) 487-1395

BAKER, HARVEY LEWIS HARVEY BAKER PLUMBING INC 3700 OAKVIEW DR ORLANDO FL 32812

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CFC056875

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

BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812





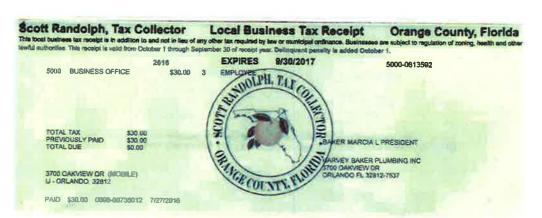
ISSUED: 06/12/2016

DISPLAY AS REQUIRED BY LAW

SEQ# L1606120001202



This receipt is official when validated by the Tax Collector



This receipt is official when validated by the Tax Collector