



# 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> GAS: 1 dryer, 1 range, 1 water heater, 1 grill, 1 spa</p> <p><b>Comments:</b> Bldg permit 2017-12-032</p> <p><b>Project Information</b>          Address: 4118 Isle Vista Avenue, Belle Isle, FL 32812          Parcel ID: 20-23-30-0669-00-340          Property Owner: JPC Construction Inc          Phone Number: 954 947 5400          *****          Company Name: Fireplace &amp; Gas Services Inc.          Contractor Name: Jenkins, Chris          License Number: 31607 &amp; 19183          Address: 3975 Forrestral Avenue, #100, Orlando, FL 32806          Phone Number: 407-856-7770</p>	<p><b>Permit Number: 2017-04-049</b></p> <p><b>Date of Application: 04/14/2017</b>  <b>Date Permit Issued: 04/14/2017</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 \$          Mechanical \$          Gas \$108.00          Roofing \$          Boat Dock \$          Screen Encl \$          Swimming Pool \$          Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p><b>TOTAL FEES \$112.00</b></p> <p><b>Date Paid</b> 4-18-17  <b>CC or Check #</b> UC 5225  <b>Amount Paid</b> 112.00</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)  <b>Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</b></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 ___ Natural ___ 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 [BDscheduling@UniversalEngineering.com](mailto: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](mailto:cobi@universalengineering.com)    password = universal13



Attaching to Building Permit

City of Belle Isle  
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universaleengineering.com

2017-12-032

### APPLICATION FOR GAS 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.

RECEIVED  
APR 13 2017  
2017-04-049

DATE OF APPLICATION: 04/05/17

PERMIT NUMBER

The undersigned hereby applies for a permit to make: (Indicate) Natural  Liquefied Petroleum Gas  installations as indicated below. PLEASE PRINT

Project Address 4118 ISLE VISTA AVE. Belle Isle FL 32809 32812  
Property Owner JPC CONSTRUCTION Phone 407-947-5400  
Property Owner's Mailing Address 4210 KEZAR CT. City ORLANDO  
State FL Zip Code 32812 Parcel Id Number: 20-23-30-0669-00-340  
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

# GAS OUTLETS 4 DELIVERY PRESSURE 11" TOTAL # BTU'S 550,000

\*\*\* SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED \*\*\*  
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

#### APPLIANCES:

\*ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS\*

Type of Appliance	Qty	Value of Each*
DRYER	1	\$200.00
FURNACE		\$
FIREPLACE		\$
RANGE	1	\$150.00
WATER HEATER	1	\$200.00
GRILL	1	\$100.00
POOL HEATER		\$
SPA	1	\$150.00
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 1700.00

#### Special Comments:

THE GRILL ON THIS PERMIT NEEDS TO LIST AS FUTURE USE

\*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: JL Gunn Date 4/14/17  
Verified Contractor's Licenses & Insurance are on file (Signature) Date 4-14-17

Permit Fee \$ 72  
Review Fee \$ 36  
3% Florida Surcharge \$ 4  
Total Permit Fee \$ 112.-

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 # 31607  
LICENSE HOLDER NAME CHRIS JENKINS COMPANY NAME FIREPLACE AND GAS SERVICES  
Street Address 3975 FORRESTAL AVE.  
City ORLANDO State FL Zip Code 32806 Phone Number 407-856-7770  
Email Address cdow@fireplaceandgas.com

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued. 1511K Building Permit Number 2017-12-032

80441

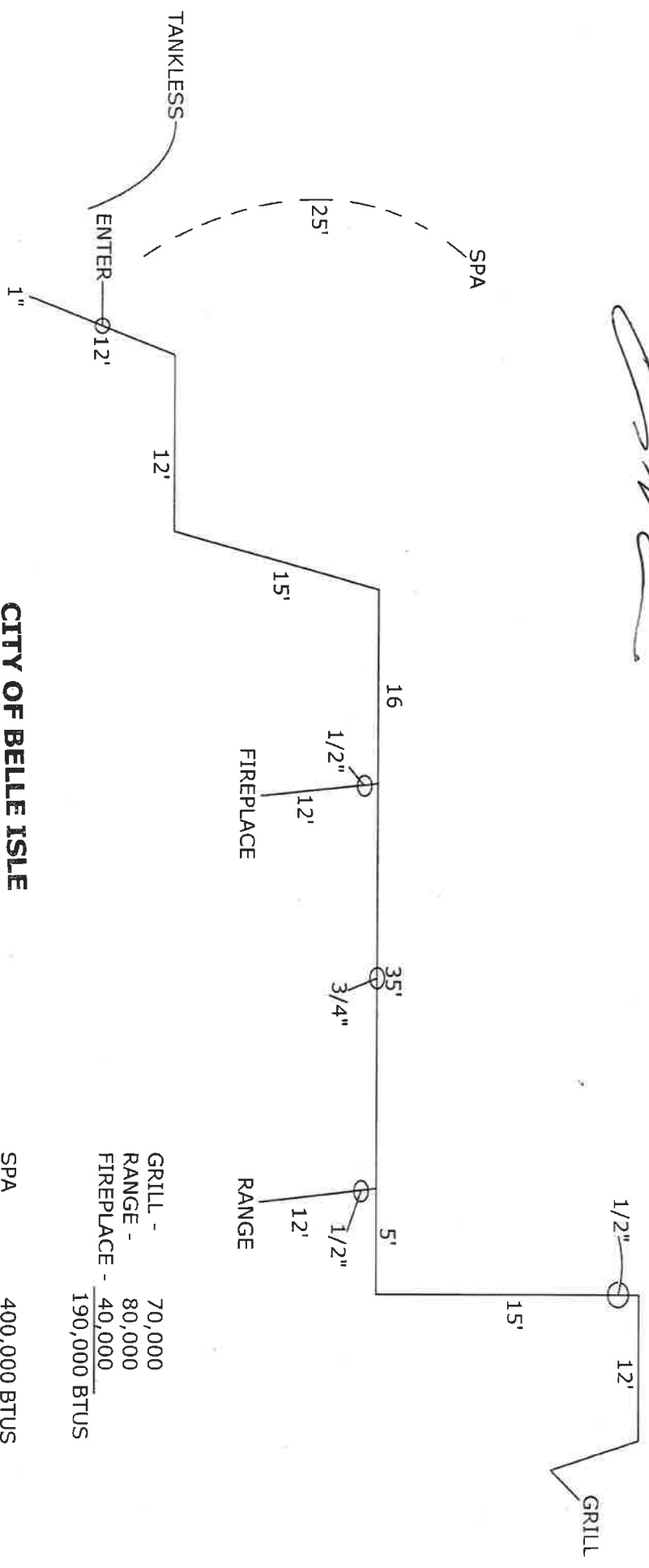
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# FIREPLACE & GAS

S E R V I C E S  
3975 FORESTAL AVE, SUITE 100  
ORLANDO FL 32806  
(407) 856-7770 FAX (407) 825-9672  
MASTER QUALIFIER #31607

JPC CONSTRUCTION  
4118 ISLE VISTA AVE  
BELLE ISLE FL 32812  
LP GAS 1 1/2" WATER COLUMN



GRILL -	70,000
RANGE -	80,000
FIREPLACE -	40,000
	<u>190,000 BTUS</u>
SPA	400,000 BTUS

### CITY OF BELLE ISLE

THE PLANS AND SPECIFICATIONS  
HAVE BEEN REVIEWED. FULL  
COMPLIANCE WITH CODES AND  
REGULATIONS ARE REQUIRED BY  
THE PERMIT HOLDER

APPROVED 4/14/2017 **JW**



# CERTIFICATE OF LIABILITY INSURANCE

Date  
4/12/2017

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

**Coverages**

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000

Other

**Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:**

Client ID: 92-71-256

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

**Fireplace & Gas Services, Inc.**

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

**Project Name:**

ISSUE 04-12-17 (CF)

**Begin Date 4/10/2017**

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, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.  <div style="text-align: right;"><i>John A. ...</i></div>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/12/2017

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 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).

<b>PRODUCER</b> Commercial Insurance Marketing Group LLC 7303A Merchant Court  Sarasota FL 34240		<b>CONTACT NAME:</b> DAVID VIOLA <b>PHONE (A/C, No, Ext):</b> (941) 373-3888 <b>FAX (A/C, No):</b> (941) 373-6660 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Fireplace & Gas Services, Inc. 3975 Forrestal Avenue  Orlando FL 32806		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> EVANSTON INSURANCE COMPANY NAIC # 35378 <b>INSURER B:</b> OWNERS INSURANCE COMPANY 32700 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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"/> CONTRACTUAL LIABILITY	X	X	3C31941	04/10/2017	04/10/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> XCU						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	X		49-131818-01	04/10/2017	04/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$
	DED RETENTION \$						AGGREGATE \$
	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				PER STATUTE \$ OTHER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							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
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**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      EXPIRES      9/30/2017      5000-1101520  
5000 BUSINESS OFFICE      \$30.00      7      EMPLOYEE

TOTAL TAX      \$30.00  
PREVIOUSLY PAID      \$30.00  
TOTAL DUE      \$0.00

JENKINS ROBERT P

FIREPLACE & GAS SERVICES INC  
3975 FORRESTAL AVE #100  
ORLANDO FL 32806

3975 FORRESTAL AVE #100  
A - ORLANDO, 32806

PAID: \$30.00 0099-00746771 8/25/2016

**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.

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5000 BUSINESS OFFICE      \$30.00      7      EMPLOYEE

TOTAL TAX      \$30.00  
PREVIOUSLY PAID      \$30.00  
TOTAL DUE      \$0.00



JENKINS ROBERT P

FIREPLACE & GAS SERVICES INC  
3975 FORRESTAL AVE #100  
ORLANDO FL 32806

3975 FORRESTAL AVE #100  
A - ORLANDO, 32806

PAID: \$30.00 0099-00746771 8/25/2016

This receipt is official when validated by the Tax Collector.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
2005 Apalachee Parkway  
Tallahassee, Florida 32399-6500

**Master Qualifier Mailing Address**

CHRIS L. JENKINS  
FIREPLACE & GAS SERVICES INC  
3975 FORRESTAL AVE STE 100  
ORLANDO, FL 32306-8546

**Licensed Location Address**

FIREPLACE & GAS SERVICES INC  
3975 FORRESTAL AVE STE 100  
ORLANDO, FL 32806-8546

**Certificate Number**

19183

**License Number**

31607

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of Compliance at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 16 (sixteen) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate please submit all changes in writing to:

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
2005 Apalachee Parkway  
Tallahassee, Florida 32399-6500

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Cut Here



**State of Florida  
Department of Agriculture and Consumer Services**

Division of Consumer Services  
Bureau of Compliance  
(850) 921-1600  
Tallahassee, Florida

Certificate No: 19183  
Exam Date: June 23, 2004  
Issue Date: August 24, 2015  
Expiration Date: August 23, 2019  
Exam: 0601

**MASTER QUALIFIER CERTIFICATE**

This Certificate is issued under authority of Section 527.02, Florida Statutes, to

**CHRIS L. JENKINS**

Valid For  
License Number: 31607  
FIREPLACE & GAS SERVICES INC  
3975 FORRESTAL AVE STE 100  
ORLANDO, FL 32806-8546

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE



- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)**
- [My Favorites](#)

[Sign up for e-Notify...](#)

### 4118 Isle Vista Ave < 20-23-30-0669-00-340 >

<b>Names:</b>	<b>Physical Street Address:</b>
Jpc Construction Inc	4118 Isle Vista Ave
<b>Property Name:</b>	<b>Postal City and Zipcode:</b>
N/A. Click information icon to contribute.	Orlando, FL 32812
<b>Mailing Address On File:</b>	<b>Property Use:</b>
4210 Kezar Ct	0001 - Vacant Residential
Belle Isle, FL 32812-3628	<b>Municipality:</b>
<b>Incorrect Mailing Address?</b>	Belle Isle



### View 2016 Property Record Card

- Values, Exemptions and Taxes**
- Property Features
- Sales Analysis
- Location Info
- Market Stats
- [Update Information](#)

**Note: 2017 values will be available in Spring of 2017.**

#### Property Description

[View Plat](#)

BELLE VISTA ON LAKE CONWAY RE-PLAT OF LOTS 34 & 35 79/21 LOT 34

**Total Land Area** 21,589 sqft (+/-) | 0.50 acres (+/-) GIS Calculated Notice

#### Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0001 - Vacant Residential	R-1-AA	1 LOT(S)	working..	working..	working..	working..

Page 1 of 1 (1 total records)

#### Buildings

Important Information	Structure
There are no buildings associated with this parcel.	

#### Extra Features

Description	Date Built	Units	XFOB Value
There are no extra features associated with this parcel			

This Data Printed on 04/11/2017 and System Data Last Refreshed on 04/10/2017