



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: pool & spa
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: Dreamscapes Pools & Spas, LLC
 Contractor Name: Mark Shaughnessy
 License Number: CPC1457433
 Address: 1330 Tropic Park Drive, Sanford, FL 32773
 Phone Number: 407-268-3539

Permit Number: 2017-03-092

Date of Application: 03/28/2017

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 \$93.00
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$97.00

Date Paid 4-17-17

CC or Check # 5214

Amount Paid 97.00

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

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...)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

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

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



City of Belle Isle
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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: 3-27-17 PERMIT NUMBER 2017-03-012
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 4214 Isle Vista Ave, Belle Isle FL 32809 32812
 Property Owner Jose Herrera Phone 321-332-3229
 Property Owner's Mailing Address 4214 Isle Vista Ave City Orlando
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-0669-00-350
To obtain this information, please visit <http://www.ocpafll.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) \$ 500.00

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

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

Building Official: J.R. Cunn BUS40 Date 4/14/2017
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-17-17

Permit Fee	62
Review Fee	31
3% State Surcharge (\$4.00 minimum)	4
Total Permit Fee	97

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 # CPC1457433
 LICENSE HOLDER NAME Mark Shaughnessy COMPANY NAME Dreamscapes Pools & Spas LLC
 Street Address 1330 Tropic Park Dr
 City Sanford State FL Zip Code 32773 Phone Number 407-268-3539
 Email Address poolmark100@yahoo.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 _____

80466 62
31
93

LIMITED POWER OF ATTORNEY

Date: 3/17/17

I Brian Mark, hereby name and appoint MARK SHAUGHNESSY of Dreamscapes Pools and Spas, LLC. to be my lawful attorney in fact to act on my behalf and apply to the Belle Isle building department for permit for work performed at a location described as:

Lot 34+35 in Belle Vista Subdivision at 4124 Isle Vista Ave Orlando FL 32812 for Jose Herrera (Owner of Property) and to sign my name and do all things necessary to this appointment.



Contractor

Platinum Electric, LLC.

Business Name

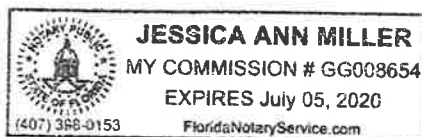
EC13005813

License Number

The foregoing instrument was acknowledged before me this 17 day of March 2017 by Brian Mark, who is personally know to me and did not take an oath.

State of Florida

County of Orange



Jessica Ann Miller
Notary

(Seal)



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

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

(850) 487-1395

SHAUGHNESSY, MARK
DREAMSCAPES POOLS AND SPAS LLC
1330 TROPIC PARK DRIVE
SANFORD FL 32773

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

CPC1457433

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

SHAUGHNESSY, MARK
DREAMSCAPES POOLS AND SPAS LLC
1330 TROPIC PARK DRIVE
SANFORD FL 32773



ISSUED: 07/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607270001605



DREAM-6

OP ID: DE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2017

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).

PRODUCER Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 K. Derek Brown		CONTACT NAME: K. Derek Brown PHONE (A/C, No. Ext): 321-397-3870 E-MAIL ADDRESS:		FAX (A/C, No): 321-397-3888	
INSURED Dreamscapes Pools & Spas LLC 1330 Tropic Park Drive Sanford, FL 32773		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 :			

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			GL20734140602	11/15/2016	11/15/2017	EACH OCCURRENCE \$ 2,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
							MED EXP (Any one person) \$ 5,000			
							PERSONAL & ADV INJURY \$ 2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000			
OTHER:							PRODUCTS - COM/OP AGG \$ 2,000,000			
AUTOMOBILE LIABILITY <input 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							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC209053803	11/15/2016	11/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000			
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000									
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 fax 407-240-2222

CERTIFICATE HOLDER BELLEIS City of Belle Isle 1600 Nela Avenue 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
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