



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.

<p>Scope of Work: PLUMBING: for swimming pool & spa</p> <p>Comments: NONE</p> <p>Project Information Address: 4323 Isle Vista Ave, Belle Isle, FL 32812 Parcel ID: 20-23-30-0668-00-840 Property Owner: Malagian, Zachary Phone Number: 407 341 9502 ***** Company Name: Signature Pools, Inc. Contractor Name: Malagian, John License Number: CPC039932 Address: 8818 Commodity Circle, Ste 43, Orlando, FL 32819 Phone Number: 407-851-9086</p>	<p align="center">Permit Number: 2017-04-031</p> <p align="right">Date of Application: 04/10/2017 Date Permit Issued: 04/13/2017</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES School \$</p> <p>ZONING FEES Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>PrePower</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$93.00</td></tr> <tr><td>Mechanical</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> </table> <p>SURCHARGE FEES</p> <table style="width:100%;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p align="center">TOTAL FEES \$97.00</p> <p>Date Paid 4-27-17</p> <p>CC or Check # 30068</p> <p>Amount Paid 97.00</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>	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	\$	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<p align="center">BUILDING INSPECTOR USE ONLY</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"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
Demo	\$																																						
Building	\$																																						
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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.

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: 3/23/2017

PERMIT NUMBER 2017-04-031

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

Project Address 4323 ISLE VISTA AVE., Belle Isle FL 32809 32812

Property Owner ZACHARY MALAGIAN Phone 407-341-9502

Property Owner's Mailing Address 4323 ISLE VISTA AVE. City BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 20-23-30-0668-00-840

To obtain this information, please visit <http://www.ocpafi.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) \$ 750.⁰⁰

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
Urinals	
Disposals	
Washing Machines	
Water Heaters	
Sewer	
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	1
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
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: JR Gumm Bus40 Date 4/14/2017
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-13-17

Permit Fee	<u>62</u>
Review Fee	<u>31</u>
3% State Surcharge (\$4.00 minimum)	<u>4</u>
Total Permit Fee	<u>97</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 [Signature] LICENSE # CPC 039932
 LICENSE HOLDER NAME John M. Malagian COMPANY NAME Signature Pools Inc.
 Street Address 8818 Commodity Cir Ste 43
 City Orlando State FL Zip Code 32819 Phone Number 407-851-9086
 Email Address Michael C Signature Pools.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.

80388

62
31
93

Building Permit Number _____

LIMITED POWER OF ATTORNEY

Date: 4/3/17

I hereby name and appoint LEIGH BEYER to be my lawful attorney in fact to act for me and apply for a swimming pool permit for work to be performed at the location described as:

Address: 4323 ISLE VISTA AVE BELLE ISLE FL

Owner: ZACHARY MALAGIAN

And to sign my name and do all things necessary to secure the permit

Contractor Signature: 

Printed Name: John M Malagian CPC 039982

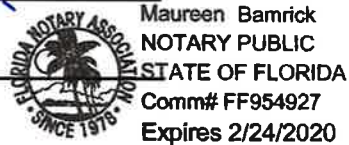
State of Florida

County of Orange

The foregoing instrument was acknowledged before me this 3 day of April 2017, by John M Malagian who is personally known to me

Notary: Maureen Barrick

Seal: _____



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

LICENSE NUMBER	
CPC039932	

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



MALAGIAN, JOHN M
SIGNATURE POOLS INC
2318 HOMEWOOD DR
ORLANDO FL 32809



ISSUED: 06/13/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L160613000865

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		1805-0049034
1805 CONTR-POOLS	\$30.00	1 EMPLOYEE 5000	BUSINESS OFFICE	\$30.00
				1 EMPLOYEE

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00



MALAGIAN MICHAEL J
SIGNATURE POOLS INC
MALAGIAN MICHAEL J
8818 COMMODITY CIR STE 43
ORLANDO FL 32819

8818 COMMODITY CIR #43
U - ORLANDO, 32819

PAID: \$60.00 (Multiple) 2504-02245875 8/1/2016

This receipt is official when validated by the Tax Collector.



SIGNA-1

OP ID: CS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2017

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 Insurance and Risk Management of Florida, LLC 755 W SR 434, Suite E Longwood, FL 32750 Bill Hodgkins		321-214-1990	CONTACT NAME: Bill Hodgkins PHONE (A/C, No, Ext): 321-214-1990 E-MAIL ADDRESS: BillH@IRMToday.com	FAX (A/C, No): 321-710-2501
INSURED Signature Pools Supply & Service, Inc. Unit 43 8818 Commodity Circle Orlando, FL 32819		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Continental Insurance Co (CNA)		35289
		INSURER B : National Fire Ins. of Hartford		20478
		INSURER C : Transportation Insurance Co		20494
		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6046054035	02/12/2017	02/12/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6046054049	02/12/2017	02/12/2018	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4025687741	02/12/2017	02/12/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)
 Fax: 407-581-0313

CERTIFICATE HOLDER BELLEIS City of Belle Isle Attn: Collina Gast 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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