



**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 – for New SFR Townhome – 3 toilets, 1 bathtub, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 4 lav sinks, 1 shower, 1 dishwasher, 1 laundry tub  
**Comments:** BLDG 16

**Project Information**

**Address:** Lot 04, 3512 Brighton Park Circle, Belle Isle, FL 32809  
**Parcel ID:** 29-23-30-0000-00-040  
**Property Owner:** Mattamy Orlando LLC  
**Phone Number:** 407 599 2228  
 \*\*\*\*\*  
**Company Name:** Spegal Plumbing LLC  
**Contractor Name:** Spegal, Brian  
**License Number:** CFC1428683  
**Address:** 1767 Benbow Ct, Unit C, Apopka, FL 32703  
**Phone Number:** 407 256 1234

**Permit Number: 2017-04-009**

**Date of Application: 03/31/2017**  
**Date Permit Issued: 03/31/2017**

**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**

Traffic \$  
 School \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Boat Dock \$  
 Boat House \$  
 Building \$  
 Demo \$  
 Door(s) \$  
 Driveway \$  
 Electrical \$  
 Fence \$  
 Gas \$  
 Irrigation \$  
 Low Voltage \$  
 Mechanical \$  
 Plumbing \$244.50  
 Pool \$  
 Roofing \$  
 Screen Encl \$  
 Shed \$  
 Temp Pole \$  
 Window(s) \$

**SURCHARGE FEES**

Surcharge Fee \$3.67  
 Surcharge Fee \$3.67

**TOTAL FEES \$251.84**

**Date Paid** 4-3-17

**CC or Check #** VISA 0895

**Amount Paid** 251.84

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**

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_ (Slab)  
 3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)  
 4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)  
 5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)  
 6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)  
 7<sup>th</sup> \_\_\_\_\_ (Drywall)  
 8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)  
 9<sup>th</sup> \_\_\_\_\_ (Other)  
 10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

**ROOFING** OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_  
 2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_  
 3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)  
 3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDSDScheduling@UniversalEngineering.com](mailto:BDSDScheduling@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



**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)



**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: 03/30/2017 PERMIT NUMBER: 2017-04-009  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT  
 Project Address Lot 4 3512 Brighton Park Circle Bldg 16, Belle Isle FL 32809 32812  
 Property Owner Mattamy, Orlando LLC Phone 407 599 2228  
 Property Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: \_\_\_\_\_  
To obtain this information, please visit <http://www.ocpaff.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) \$ 6500.00

FIXTURES	Quantity
Water Closets (Toilet)	3
Bathtubs	1
Urinals	
Disposals	1
Washing Machines	1
Water Heaters	1
Sewer	1
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	4
Showers	1
Sinks	1

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	1
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

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\*Per FBC, Sec. 608, a Backflow Preventor must be installed & tested. The report must be posted with permit for Final Inspection.

Building Official: JL Crum Date 3/31/2017  
 Verified Contractor's Licenses & Insurance are on file Date 3-31-17

Permit Fee 163.00  
 Review Fee 81.50  
 3% State Surcharge (\$4.00 minimum) 7.34  
**Total Permit Fee** 251.84

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 Brian Spegal LICENSE # CFC1428683  
 LICENSE HOLDER NAME Brian Spegal COMPANY NAME Spegal Plumbing LLC  
 Street Address 1767 Benbow Court Unit C  
 City Apopka State Florida Zip Code 32703 Phone Number 321 256 1234  
 Email Address brian@spegalplumbing.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 2017-01-046

W

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



LICENSE NUMBER
CFC1428683

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

SPEGAL, BRIAN SCOTT  
SPEGAL PLUMBING LLC  
1767 BENBOW CT  
UNIT C  
APOPKA FL 32703



ISSUED: 08/03/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608030001627



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2016

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).

<b>PRODUCER</b> Gentry Insurance Agency 175 East Main Street PO Box 2046 APOKA FL 32704-2046		<b>CONTACT NAME:</b> Sue Wilson <b>PHONE (A/C. No. Ext.):</b> (407) 886-3301 <b>E-MAIL ADDRESS:</b> sue@gentryins.com		<b>FAX (A/C. No.):</b> (407) 886-9330
<b>INSURED</b> Spegal Plumbing, LLC P O Box 4478 Apopka FL 32704		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: Southern-Owners Ins. Co.		10190
		INSURER B: Auto-Owners Ins Co		18988
		INSURER C: Markel Insurance		38970
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES**                      **CERTIFICATE NUMBER: 16-17**                      **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	ADDITIONAL SUBR (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		72163742	10/25/2016	10/25/2017	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:					GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$	
B	AUTOMOBILE LIABILITY		4930721400	10/23/2016	10/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000	
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						WRPP \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	4989976701	10/25/2016	10/25/2017	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000	
	DED	RETENTION \$				\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	MWC0044483-04	1/28/2016	1/28/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1699 Nela Avenue Belle Isle, FL 32809	<b>CANCELLATION</b> 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 Debra Liebknecht/SUEW <i>Debra Liebknecht</i>
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CITY OF APOPKA  
LOCAL BUSINESS TAX RECEIPT

120 East Main Street, Apopka, FL 32703  
License Year October 1, 2016 to September 30, 2017

No: 11156  
Date: 9/20/16

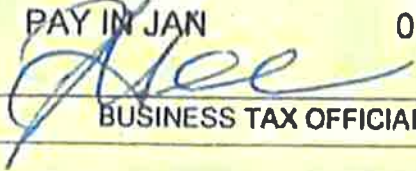
Address: 174 SEMORAN COMMERCE PL  
APOPKA, FL 32703  
Activity: 08C8-2 CONTRACTOR-STATE LICENSED  
PLUMBING

Issued to: SPEGAL PLUMBING LLC  
P. O. BOX 4478  
APOPKA, FL 32704-4478

Tax	61.00
Penalty	
Transfer	
App Fee	
Other	
<b>Total Paid</b>	<b>61.00</b>
PAY IN OCT	0.00
PAY IN NOV	0.00
PAY IN DEC	0.00
PAY IN JAN	0.00

A

MUST DISPLAY LICENSE/OWNER RESPONSIBILITY TO RENEW

  
BUSINESS TAX OFFICIAL