



# BUILDING JOB SITE CARD

## City of Belle Isle

### PLUMBING PERMIT 2018-03-020

**PERMIT MUST BE POSTED ON SITE**

Permit Number: 2018-003-020

Issue Date: 03/09/2018

Site Address: 2121 Mccoy RD. 32809

Parcel Number: 30-23-30-5558-00-010

Subdivision:

Class: COMMERCIAL

Description of Work: POOL PIPING

Issued To: ULTIMATE POOL DESIGN dba Artificial Environment LLC

Business Phone: 321 299-2871

Name: CORRENTE, DANTE MICHAEL

Contractor License: CPC1457759

Payment Date & Method: 4/2/2018

Visa  Master Card  Amex  Discover

Check / Money Order #

1481

(97.0)

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)  
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."**

**PLUMBING                      INSPECTOR      DATE                      COMMENTS**

600 Sewer			
610 Underground			
620 Rough			
630 Above Ceiling			
640 Irrigation Final			
650 Final			

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.

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)



City of Belle Isle  
 Universal Engineering Sciences 3632 Meggie Blvd., Orlando, FL 32811  
 Tel 407-681-8161 \* Fax 407-681-0313 \* www.universaleengineering.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.

RECEIVED  
 MAR 07 2018

DATE OF APPLICATION: \_\_\_\_\_ PERMIT NUMBER 2018-03-020  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 2121 McCoy Rd, Belle Isle FL 32809 X 32812

Property Owner CONWAY BREEZE PARTNERS LLC Phone \_\_\_\_\_

Property Owner's Mailing Address 11900 BISCAYNE BLVD City Miami

State FL Zip Code 33181 Parcel Id Number: 30-23-30-5554-00-010

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  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

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	X
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: [Signature] Date 3-18-18  
 Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee	62
Review Fee	31
1% BCAIB Fee	2
1.5% DCA Fee	2
Total Permit Fee	97

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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 1457759  
 LICENSE HOLDER NAME DANIEL M. CORONADO COMPANY NAME ARTIFICIAL ENVIRONMENTS  
 Street Address 1050 ARDEN ST. artificial environments LLC  
 City LONGWOOD State FL Zip Code 32750 Phone Number 321-799-2871  
 Email Address DANIEL@ULTIMATEPROUDSIGN.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.

103218

Building Permit Number \_\_\_\_\_