



City of Belle Isle Job Site Card **PLUMBING PERMIT** 2018-04-058

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2018-04-058
Site Address: 2557 Oak Island Pointe 32809
Class: Residential
Description of Work: (1) Water heater replacement

Issue Date: 04-23--2018
Parcel Number: 18-23-30-6031-00-080
Subdivision:

Issued To: SHAMROCK PLUMBING AND DRAINCLEANING INC
Name: NORMAN, MARK ANDREW
Payment Date & Method: 4 /26 / 2018

Business Phone: 407 292-8881
Contractor License #: CFC1427181

Visa Master Card Amex Discover Check / Money Order # 4023

Schedule Inspections via Email at: BIIDScheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Business Day

"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 BIIDScheduling@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.

RECEIVED
APR 19 2018
 BY: _____



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * 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: 4/19/18 PERMIT NUMBER 2018-04-058
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 2557 Oak Island PT Rd, Belle Isle FL 32809 32812
 Property Owner Charles Robert Dinger, Diane Dinger Phone 407-230-5310
 Property Owner's Mailing Address 2557 Oak Island Pointe City Belle Isle
 State FL Zip Code 32809 Parcel Id Number: 18-23-30-6031-00-080
To obtain this information, please visit <http://www.ocgall.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
Water Heater replacement
 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) \$ 1098.05

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters	1	Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
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: _____ Date _____
 Verified Contractor's Licenses & insurance are on file _____ Date _____

Permit Fee 37.50
 Review Fee 18.50
 1% BCAIB Fee 2 min
 1.5% DGA Fee 2 min
 Total Permit Fee 59.50

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 _____ LICENSE # CFC1427181
 LICENSE HOLDER NAME Mark Norman COMPANY NAME Shamrock Plumbing
 Street Address 4625 Old Winter Garden Rd
 City Orlando State FL Zip Code 32811 Phone Number 407-292-8881
 Email Address office@shamrockplumbingfl.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 _____

PAID
4-26-2018

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CFC1427181

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



NORMAN, MARK ANDREW
SHAMROCK PLUMBING AND DRAINCLEANING INC
4625 OLD WINTER GARDEN ROAD X-7
ORLANDO FL 32811



ISSUED: 06/21/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1605210000889

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 local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2017
1803 CERTIFIED PLUMBING C \$30.00 1 EMPLOYEE
EXPRES 9/30/2018
1803-1030900 \$30.00 1 EMPLOYEE

TOTAL TAX \$90.00
PREVIOUSLY PAID \$86.00
TOTAL DUE \$4.00

200 WESTMOOR BEND (MOBILE)
U - ORLANDO 32836

PAID: \$90.00 0096-00796693 6/17/2017



NORMAN MARK A QUALIFIER
SHAMROCK PLUMBING AND DRAINCLEANING
NORMAN MARK A
4625 OLD WINTER GARDEN RD
STE AT
ORLANDO FL 32811

This receipt is official when validated by the Tax Collector.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/25/2018

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 Alexander Insurance Agency 541 S. Orlando Ave., Suite 206 Maitland, FL 32751 Chad Kinsley 407-629-4825	CONTACT NAME: Chad Kinsley PHONE (A/C, No, Ext): 407-629-4825 FAX (A/C, No): 407-629-5407 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Nationwide NAIC # 10948
	INSURER B : Mapfre Insurance Co of FL 34932
	INSURER C : Technology Insurance Company 42376
	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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ACP GLZO 3017631919	03/15/2018	03/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ NO COV PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4150130008284	05/08/2017	05/08/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	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 <input type="checkbox"/> N/A	TWC3675079	12/31/2017	12/31/2018	<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)

CERTIFICATE HOLDER **CANCELLATION**

CITY OF BELLE ISLE City Of Belle Isle FAX 407-240-2222 1600 Nela Avenue Belle Isle, FL 32809	BELLE-1	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 <i>Chad Kinsley</i>

RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

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2557 Oak Island Pointe < 18-23-30-6031-00-080 >

Name(s)
 Dinger Charles Robert
 Dinger Diane
 Mailing Address On File
 2557 Oak Island Pointe
 Belle Isle, FL 32809-3586
 Incorrect Mailing Address?

Physical Street Address
 2557 Oak Island Pointe
 Postal City and Zipcode
 Orlando, FL 32809
 Property Use
 0104 - Single Fam Class IV
 Municipality
 Belle Isle





View 2017 Property Record Card

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Parcel Sales History

Sale Date	Sale Amount	Instrument #	Book/Page	Seller(s)	Buyer(s)	Deed Code	Vac/Imp
04/10/1992	\$300,000	19924063620	04402 / 0478	Tramell Webb Partners Inc	Dinger Charles Robert Dinger Diane	Special Warranty	Vacant
11/21/1989	\$100	19893401508	04139 / 0831			Special Warranty Multiple	Vacant

Sales In Subdivision Within Last 1 Year

Address	Sale Date	Sale Amount	\$/SQFT	Deed Code	Beds/Baths	Instrument #	Book/Page
 2501 Kissam Ct	12/27/2017	\$700,000	\$171	Warranty Deed	4/4	20170699772	/
 2516 Kissam Ct	12/14/2017	\$1,750,000	\$232	Warranty Deed	5/5	20170694750	/
2542 Oak Island Pointe	07/21/2017	\$775,000	\$195	Warranty Deed	3/4	20170421943	/