



BUILDING JOB SITE CARD

City of Belle Isle

PLUMBING PERMIT 2018-03-041

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-03-041
Site Address: **3606 St Moritz St. 32812**
Subdivision:
Description of Work: **Spa**

Issue Date: 03-21-2018
Parcel Number: 17-23-30-4384-02-810
Class: Residential

Issued To: MAJESTY POOLS & SPAS

Business Phone: 407 256-6867

Name: HICKEY, ROBERT J

Contractor License CPC039928

Payment Date & Method: 4 / 2 / 2018

Visa Master Card Amex Discover Check / Money Order #

2253 (1/3)

Schedule Inspections via Email at: BD scheduling@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 BD scheduling@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.



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: _____ PERMIT NUMBER 2018-03-041
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 3606 St. Moritz St, Belle Isle FL 32809 32812
 Property Owner David Kinnamon Phone _____
 Property Owner's Mailing Address 3606 St. Moritz St City Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 17-23-30-4384-02-810

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) \$ 5,000.00

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	1
Solar	
Pool Piping	
*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 3-23-18
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-21-18

PAID 4-2-18 check 2253

Permit Fee	37.50
Review Fee	18.50
1% BCAIB Fee	2 min
1.5% DCA 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 [Signature] LICENSE # CPC039928
 LICENSE HOLDER NAME Robert Hickey COMPANY NAME DBA Majesty Pools & Spas
 Street Address 545 Bison Circle
 City Apopka State FL Zip Code 32712 Phone Number 407-256-6867
 Email Address Hickeypools@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 2018-03-040



CITY OF BELLE ISLE, FLORIDA
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: _____

Permit #: _____

I hereby name and appoint Patricia Brust of _____
(print name)
DBA Majesty Pools & Spa to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a Spa permit
(type of permit)

for work to be performed at the following location:

3606 St. Moritz St, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: Robert Hickey

License Number: CPC039928

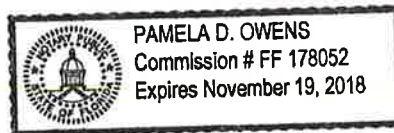
Certified Contractor's Signature: Robert Hickey

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The foregoing instrument was acknowledged before me this 11th days of March of 20 18
by Robert J. Hickey who is personally known to me or who produced
N/A as identification and who did not take an oath.

State of Florida
County of Orange

Pamela D. Owens
Notary Public, Orange County, Florida



(seal)