



**City of Belle Isle Job Site Card PLUMBING PERMIT 2018-04-047**

**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- 04-047  
Site Address: 5224 Chiswick Cir. 32812  
Class:  Residential    Subdivision:  
Description of Work: Re-pipe

Issue Date: 4/19/2018  
Parcel #: 20-23-30-9373-00-390

**Issued To: EMERALD PLUMBING**  
**Name: CUDDY, WILLIAM**

**Business Phone: 407-898-3538**  
**Contractor License #: CFC1426238**

Payment Date & Method: 4 /20 /2018

Visa     Master Card     Amex     Discover     Check / Money Order # 51604

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@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 [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.



City of Belle Isle  
 Universal Engineering Sciences 3632 Maggie Blvd., Orlando, FL 32811  
 Tel 407-501-0161 \* Fax 407-501-0313 \* www.universalengineering.com

**RECEIVED**  
**APR 19 2018**  
 BY: \_\_\_\_\_

**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: 4/18/18 PERMIT NUMBER: Jas. 04-047

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

Project Address: 5224 Chiswick Cir Belle Isle, FL 32812 Belle Isle FL  32809  32812

Property Owner: Donald Anacker Phone: \_\_\_\_\_

Property Owner's Mailing Address: 5224 Chiswick Cir Belle Isle, FL 32812 City: Belle Isle

State: FL Zip Code: 32812 Parcel Id Number: 20-23-30-9373-00-390

To obtain this information, please visit <http://www.ocpsfl.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) \$ 2479

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Decorative		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		Irrigation (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
Sinks		Miscellaneous (Specify):	

Per FCC, Sec. 602, a Backflow Preventer must be installed & tested, the report must be posted with permit for final inspection

Building Official: [Signature] Date: 4-19-18  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date: 4-19-18

Permit Fee 37.-  
 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 # CFC 1426238  
 LICENSE HOLDER NAME: William Cuddy COMPANY NAME: Emerald Plumbing  
 Street Address: 2311 Henderson Dr  
 City: Orlando State: FL Zip Code: 32806 Phone Number: 407-898-3538  
 Email Address: alex@emeraldplumbing.net

Note: This Building Permit requires the installation of a plumbing installation is associated with any construction or alteration where a building official has been issued.

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

**PAID**  
4-20-2018  
Alex 51604





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: 4/18/18

Permit #: \_\_\_\_\_

I hereby name and appoint Alex McGilloway of \_\_\_\_\_  
(print name)

Emerald Plumbing 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 plumbing permit  
(type of permit)

for work to be performed at the following location:

5224 Chiswick Cir, 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: William Cuddy

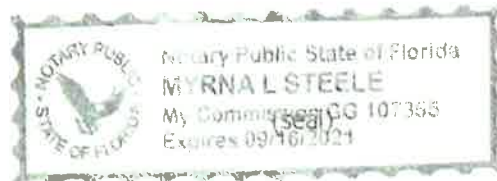
License Number: CFC 1426238

Certified Contractor's Signature: \_\_\_\_\_

The foregoing instrument was acknowledged before me this 18 days of April of 2018  
by William Cuddy who is personally known to me or who produced  
\_\_\_\_\_ as identification and who did not take an oath.

State of Florida  
County of Orange

Myrna Steele  
Notary Public, Orange County, Florida





### 5224 Chiswick Cir - 20-23-30-9373-00-393

**Owner:**  
 Anacker Donald G  
 Anacker Maxine B  
**Address:**  
 5224 Chiswick Cir  
 Belle Isle, FL 32812-2112  
**Recorded Mailing Address:**

**Physical Description:**  
 5224 Chiswick Cir  
**Market Appraisal Date:**  
 Orlando, FL 32812  
**Property Use:**  
 0101 - Single Fam Class III  
**Neighborhood:**  
 Belle Isle



#### View 2017 Property Record Card

[Property Features](#) | 
 [Values, Exemptions and Taxes](#) | 
 [Sales Analysis](#) | 
 [Location Info](#) | 
 [Market Stats](#) | 
 [Update Information](#)

2018 values will be available in August of 2018.

#### Property Description

[View Plat](#)

WINDSOR PLACE PHASE - 30,28 LOT 39

**Total Land Area:** 8,196 sqft - - 0.19 acres - - GIS Calculated Notice

#### Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working	working	working	working

Page 1 of 1 total records.

#### Buildings

Important Information		Structure		
	<b>Model Code:</b> 01 - Single Fam Residence	<b>Actual Year Built:</b> 1993	<b>Gross Area:</b> 2760 sqft	
	<b>Type Code:</b> 0103 - Single Fam Class III	<b>Beds:</b> 4	<b>Living Area:</b> 1960 sqft	
	<b>Building Value:</b> working	<b>Baths:</b> 2.0	<b>Exterior Wall:</b> Concrete Block Stucco	
	<b>Estimated New Cost:</b> working	<b>Floors:</b> 1	<b>Interior Wall:</b> Stucco	

Page 1 of 1 total records.

#### Extra Features

Description	Date Built	Units	XFOB Value
Pool - Good Inground	01/01/1993	1 Unit(s)	working
Pool - Above Average Pool	12/31/1994	1 Unit(s)	working
Pool - Inground	12/31/2000	1 Unit(s)	working

Page 1 of 1 total records.

This Data Printed on 04/18/2018 and System Data Last Refreshed on 04/11/2018



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2018

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 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> Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750	<b>CONTACT NAME:</b> Raquel Gonzalez	
	<b>PHONE (A/C, No, Ext):</b> 407-788-3000 ext 14255	<b>FAX (A/C, No):</b> 407-788-7933
<b>E-MAIL ADDRESS:</b> raquel.gonzalez@joausa.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Ohio Security Insurance Company		24082
<b>INSURER B :</b> The Hanover American Insurance Company		36064
<b>INSURER C :</b> Builders Mutual Insurance Company		10844
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		


**INSURED** EMERPLU-01  
 Emerald Plumbing of Central Florida, Inc.  
 2311 Henderson Dr. Unit A  
 Orlando FL 32806

**COVERAGES** **CERTIFICATE NUMBER: 282785544** **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BIkt AI, BIkt WOS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BKS57676632	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> BIkt AI <input checked="" type="checkbox"/> BIkt WOS		AZJ9485191	3/7/2018	3/7/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> A	WCP103046504	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 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 

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**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.**

1803 PLUMBING      2017      **EXPIRES 9/30/2018**  
\$40.00 13 EMPLOYEE 5000 BUSINESS OFFICE      1803-0000130  
\$30.00 3 EMPLOYEE



TOTAL TAX \$70.00  
PREVIOUSLY PAID \$70.00  
TOTAL DUE \$0.00

2311 HENDERSON DR #STE A  
U - ORLANDO, 32806

PAID: \$70.00 0098-00775525 7/11/2017

• CUDDY WILLIAM  
EMERALD PLUMBING OF CENTRAL FL INC  
CUDDY WILLIAM  
2311 HENDERSON DR STE A  
ORLANDO FL 32806-1901

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
CFC1426238	

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

CUDDY, WILLIAM  
EMERALD PLUMBING OF CENTRAL FLORIDA INC  
2311 HENDERSON DRIVE UNIT A  
ORLANDO FL 32806



ISSUED: 08/04/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608040001177