



City of Belle Isle Job Site Card PLUMBING PERMIT 2018-04-046

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- 04-046
Site Address: 5230 Chiswick Cir. 32812
Class: Residential Subdivision:
Description of Work: Re-pipe

Issue Date: 4/19/2018
Parcel #: 20-23-30-9373-00-380

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

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; 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

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.

2018-04-046

DATE OF APPLICATION: 4/18/18 PERMIT NUMBER: 2018-04-046
 The undersigned hereby applies for a permit to make plumbing installations as indicated below: PLEASE PRINT

Project Address: 5230 Chiswick Cir Belle Isle, FL 32812 Belle Isle FL 32809 32812
 Property Owner: Steven Brennan Phone: _____
 Property Owner's Mailing Address: 5230 Chiswick Cir City: Belle Isle
 State: FL Zip Code: 32812 Parcel Id Number: 20-23-30-9373-00-380

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) \$ 2498

FIXTURES	Quantity
Water Closets (Toilet)	
Bathubs	
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	
Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	1
Miscellaneous (Specify)	

*Per FBC, Sec. 608, a Backflow Preventer, must be installed & tested. The report must be posted w/ the 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	37.50
Review Fee	18.50
1% BCAIB Fee	2.498
1.5% DCA Fee	2.2485
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 or 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: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.

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:

5230 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 20 18

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

Myra Steele
Notary Public, Orange County, Florida



(seal)

Emerald Plumbing

No. 7141

Orlando, FL 32806 • Phone: 407-898-3538 • Fax: 407-898-5258
 # CFC1426238 • www.emeraldplumbing.net

Name Steve Brennan		Date 2/20/18
Address 5230 Chiswick Circle		City Orlando
State FL	Zip Code 32812	Home Phone 321-936-6268
Cell Phone	Email	Representative Hugo
Terms	Method of Payment UPON COMPLETION OF REPIPE	

- ESTIMATE TO RE-PIPE HOUSE -

<input checked="" type="checkbox"/> 1 STORY <input type="checkbox"/> 2 STORY <input type="checkbox"/> FLAT ROOF		FIXTURES	QTY	TOTAL
<input checked="" type="checkbox"/> ZURN PEX PIPE 25 year manufacturers warranty-transferable 10 year labor warranty-Transferable	<input type="checkbox"/> FLOWGUARD GOLD CPVC 10 year limited non-transferable manufacturers warranty 10 year labor warranty	NEW MAIN FT	—	PVC
		HOSE BIB	3	
		WATER HEATER	1	
		WASHING MACHINE	1	
		LAUNDRY TUB	1	
		KITCHEN SINK	1	
		ICE MAKER	1	
		DISHWASHER	1	
		BAR SINK	0	
		ISLAND SINK	0	
		TOILET	2	
		BIDET	0	
		LAVATORY SINK	3	
		SHOWER	1	
		TUB	2	
		OTHER	0	
		SUB TOTAL		
		DEPOSIT		
		TOTAL AMOUNT DUE		\$2,493.00

Complete re-piping of hot and cold water lines. Drywall repair included - textured ready for paint. Painting, wallpaper, tile, etc., not included. All drywall cuts will be kept to a minimum. Emerald Plumbing is unable to provide exact Dates/Times of municipality inspections.
 # Includes Permit

Comments: Main picked up at home.
 Repiped in 1 day drywall repair on 2nd 1/4 turn valves used everywhere.
 * Tub Skirt or tile will need to be removed to service master tub & not responsible if damage occurs

PRICE INCLUDES LABOR AND MATERIALS
 PAYMENT IS DUE UPON JOB COMPLETION

Deduct \$100 from each home if repiped on same day
 Invoice # _____ Date _____

Hugo Mc Galloway
 Emerald Representative

2/20/18
 Date

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**

LICENSE NUMBER	
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



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).

PRODUCER Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750	CONTACT NAME: Raquel Gonzalez PHONE (A/C, No, Ext): 407-788-3000 ext 14255 FAX (A/C, No): 407-788-7933 E-MAIL ADDRESS: raquel.gonzalez@ioausa.com														
INSURED EMERPLU-01 Emerald Plumbing of Central Florida, Inc. 2311 Henderson Dr. Unit A Orlando FL 32806	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Ohio Security Insurance Company</td> <td style="text-align: center;">24082</td> </tr> <tr> <td>INSURER B: The Hanover American Insurance Company</td> <td style="text-align: center;">36064</td> </tr> <tr> <td>INSURER C: Builders Mutual Insurance Company</td> <td style="text-align: center;">10844</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Ohio Security Insurance Company	24082	INSURER B: The Hanover American Insurance Company	36064	INSURER C: Builders Mutual Insurance Company	10844	INSURER D:		INSURER E:		INSURER F:	
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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"/> AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Y N/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)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	CANCELLATION 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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5230 Chiswick Cir 20-23-30-9373-00-380

Owner
 Brennan Steven M
 Brennan Kathryn A
Property Address (if different from mailing address)
 5230 Chiswick Cir
 Belle Isle, FL 32812-2112
 (incorrect Mailing Address)
Assessed Value
 5230 Chiswick Cir
 Orlando, FL 32812
Property Use
 Q103 - 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

WINDSOR PLACE PHASE 1 3026 LOT 38

[View Plat](#)

Total Land Area 16,819 sqft (0.38 acres) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R17-AA	1 LOT(S)	working	working	working	working

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure			
	Model Code: 011 - Single Fam Residence	Actual Year Built: 1993	Gross Area: 2856 sqft		
	Type Code: 0103 - Single Fam Class III	Beds: 4	Living Area: 2070 sqft		
	Building Value: working	Baths: 2.0	Exterior Wall: Concrete Block Stucco		
	Estimated New Cost: working	Floors: 1	Interior Wall: Drywall		

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOR Value
FPL2 - Good Fireplace	01/01/1993	1 Unit(s)	working
SCR2 - Scr Exc 2	01/01/1996	1 Unit(s)	working
P12 - Above Average Pool	01/01/1996	1 Unit(s)	working
SPAC - Spa 1	01/01/1996	1 Unit(s)	working
SHED - Shed	12/31/2015	1 Unit(s)	working

Page 1 of 1 (5 total records)

This Data Printed on 04/18/2018 and System Data Last Refreshed on 04/17/2018