



City of Belle Isle Job Site Card PLUMBING PERMIT 2018-04-023

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: 2018-04-023
Site Address: 6421 Stockbridge Ave 32809
Class: Residential
Description of Work: (1) Re-Pipe

Issue Date: 04-11--2018
Parcel Number: 24-23-29-0600-05-060
Subdivision:

Issued To: ROTO-ROOTER SERVICES COMPANY

Business Phone: 407 273-6260

Name: BELLOVIN, ROSS MITCHELL

Contractor License CFC1429911

Payment Date & Method: 4 / 11 / 2018

Visa Master Card Amex Discover Check / Money Order # 1173

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

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.



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * 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
APR 10 2018

DATE OF APPLICATION: 04/04/18 PERMIT NUMBER: 2018-04-023
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 6421 Stockbridge Ave, Belle Isle FL 32809 32812

Property Owner Brenda Nalley Phone 407599557

Property Owner's Mailing Address 6421 Stockbridge Ave City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 24-23-29-0600-05-060

To obtain this information, please visit <http://www.ocofl.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) \$ 7191.00

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	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	<u>1</u>
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: Dale Baker Date 4-9-18
 Verified Contractor's Licenses & Insurance are on file Date 4-10-2018
ALL CREDENTIALS PENDING RECD
NOC

Permit Fee	<u>37.00</u>
Review Fee	<u>18.50</u>
1% BCAIB Fee	<u>4.00</u>
1.5% DCA Fee	<u>4.00</u>
Total Permit Fee	<u>59.50</u>

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 Ross Bellovin LICENSE # CFC1429911
 LICENSE HOLDER NAME ROSS BELLOVIN COMPANY NAME ROTO ROOTER
 Street Address 1404 GEMINI BLVD
 City ORLANDO State FL Zip Code 32834 Phone Number 9545993071
 Email Address KAPERMITTING@HOTMAIL.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
4-11-2018
MC 1173

DOC # 2018020313
 04/05/2018 10:10 AM Page 1 of 1
 Rec Fee: \$10.00
 Deed Doc Tax: \$0.00
 Mortgage Doc Tax: \$0.00
 Intangible Tax: \$0.00
 Phil Diamond, Comptroller
 Orange County, FL
 Ret To: SIMPLIFILE LC

Permit Number: 201804-023
 Folio/Parcel Identification Number: 24-23-29-0600-05-060
 Prepared by: K ADAMS

Return to: 1404 GEMINI BLVD ORLANDO 32837

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
BELLE ISLE ESTATES L/58 LOT 6 & S1/2 LOT 5 BLK E, 6421 Stockbridge Ave Belle Isle, FL 32809
2. **General description of improvement**
KITCHEN SINK LINE RE-ROUTE
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name BRENDA NALLEY
 Address 6421 Stockbridge Ave Belle Isle, FL 32809
 Interest in Property OWNER
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name NA
 Address _____
4. **Contractor**
 Name Roto Rooter Telephone Number 4078599567
 Address 1404 Gemini Blvd Orlando, FL 32837
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name NA Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name NA Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name NA Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name NA Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Brenda Nalley owner
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this 4 day of April 2018, at Orlando, Florida
 as _____ for _____
 Type of authority, e.g., officer, trustee, attorney-in fact Name of party on behalf of whom instrument was executed

[Signature] Signature of Notary Public - State of Florida
 _____ Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID
 Type of ID Produced DI





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: 04/04/18

Permit #: 2018-04-023

I hereby name and appoint KAY CUYLER of
(print name)

KA PERMITTING 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:

6421 Stockbridge Ave, 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: ROSS BELLOVIN

License Number: CFC1429911

Certified Contractor's Signature: Ross Bellovin

The foregoing instrument was acknowledged before me this 4 days of April of 20 18
by Ross Bellovin who is personally known to me or who produced
as identification and who did not take an oath.

State of Florida
County of Orange
[Signature]
Notary Public, Orange County, Florida





**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**BELLOVIN, ROSS MITCHELL
ROTO-ROOTER SERVICES COMPANY
3879 BLACKBERRY CIRCLE
SAINT CLOUD FL 34769**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY

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

LICENSE NUMBER	
CFC1429911	

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



**BELLOVIN, ROSS MITCHELL
ROTO-ROOTER SERVICES COMPANY
255 EAST 5TH STREET SUITE 2500
CINCINNATI OH 45202**





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/26/2018

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 Aon Risk Services Northeast, Inc. c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Roto-Rooter Services Company 255 East Fifth Street Suite 2500 Cincinnati OH 45202 USA	INSURER A:	Midwest Employers Casualty Company	23612
	INSURER B:	Old Republic Insurance Company	24147
	INSURER C:	XL specialty Insurance co	37885
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 570070539349** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY6013218	04/01/2018	04/01/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$750,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 21957-18	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			US00074840LI18A	04/01/2018	04/01/2019	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	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	N/A	MWC11826418 Work Comp - AOS MWC30193404 WC - TX	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Excess WC			EWC006308 XS WC - OH SIR applies per policy terms & conditions	04/01/2017	04/01/2019	Employers Liability Retention \$1,000,000 \$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 Ave Orlando FL 32837-9423 USA	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 <i>Aon Risk Services Northeast Inc.</i>
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Holder Identifier : 53

Certificate No : 570070539349



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

3501 MFG REP-PLUMBING SUP 2017 \$30.00 1 EMPLOYEE BUSINESS OFFICE 3501-0020807 \$50.00 40 EMPLOYEE



TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

ROTO ROOTER SERVICES CO
ROTO ROOTER SERVICES COMPANY
ROTO ROOTER SERVICES CO
1404 GEMINI BLVD
ORLANDO FL 32837-9423

1404 GEMINI BV
U - ORLANDO, 32837

PAID: \$80.00 0099-00798634 8/21/2017

This receipt is official when validated by the Tax Collector.

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

1803 PLUMBING CONTRACTO 2017 \$30.00 1 EMPLOYEE 1803-1072365



TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

STORY MICHAEL VANLOGAN - QUALIFIER
ROTO ROOTER SERVICE COMPANY
STORY MICHAEL VANLOGAN - QUALIFIER
1404 GEMINI BLVD
ORLANDO FL 32837

1404 GEMINI BLVD
U - ORLANDO, 32837

PAID: \$30.00 0099-00798635 8/21/2017

This receipt is official when validated by the Tax Collector.