



PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105 3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: GAS: install 60 gallon tank & run line to two firebowls

Comments: None

Project Information

Address: 3950 Isle Vista Avenue, Belle Isle, FL 32809
 Parcel ID: 20-23-30-0668-00-180
 Property Owner: Fisher, James
 Phone Number: 407 491 0925

 Company Name: Central FL Propane
 Contractor Name: Warren, Terry
 License Number: 01971
 Address: 857 Jetstream Dr, Orlando, FL 32824
 Phone Number: 407 855 6226

Permit Number: 2015-08-044
Date of Application: 08/20/2015
Date Permit Issued: 08/21/2015

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$93.00
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$97.00

Date Paid

8/24/15

CC or Check #

MC 7634

Amount Paid

\$97.00

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel) (Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing) (Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BiDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. 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.

PROJECT NUMBER 0115.1500740.0000

TASK NUMBER 04

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	<u>2015-08-044</u>
Property Owner	<u>Fisher, JAMES</u>
Address	<u>3950 Isle Vista Avenue (32812)</u>
Nature of Improvement	<u>GAS: Install 60 gallon tank + run</u>
Received Application	<u>8/21/15</u>
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	<u>8/21/15 (J. Conwell)</u>
Building Official Approved	<u>8/21/15 See via email</u>
Comments	
1. <u>Judith 8/21/15</u>	<u>Logged in, Created Task # 04, Verified</u>
2. <u>" "</u>	<u>credentials, WO# 56067.</u>
3. <u>Susan 8-21-15</u>	<u>emailed it's ready ✓</u>
4. <u>JPH 8/24/15</u>	<u>Received Payment, Updated Log/Vision,</u>
5. <u>" "</u>	<u>Emailed Permit, Scanned for Sharefile.</u>
6.	
7.	
8.	
9.	
10.	
11.	
12.	

*gas line
to two
fire bands,*



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

RECEIVED
AUG 20 2015

APPLICATION FOR GAS 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: 8/19/15 PERMIT NUMBER: 2015-08-044

The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address 3950 Isle Vista Ave Belle Isle FL 32812
Property Owner James Fisher Phone 407-491-0925
Property Owner's Mailing Address 3950 Isle Vista Ave Belle Isle
State FL Zip Code 32812 Parcel Id Number: 20-23-30-0668-00-180

To obtain this information, please visit: <https://www.opafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

GAS OUTLETS 2 DELIVERY PRESSURE 11" W.C. TOTAL # BTU'S 20,000

*** SIGNED & DATED PIPING PLANS/SKETCH WITH GAS CALCULATIONS REQUIRED ***
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

* ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS *

Estimated Value for Labor & Appliance(s) = \$ 900.00

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL		\$
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC	2	\$ 100.00

Special Comments: Install 60 gallon tank and run gas line to two fire bowls.

* VALUE MEANS REASONABLE RETAIL VALUE

Building Official: J. Lee Date 8-21-15
Verified Contractor's Licenses & Insurance are on file 1944 Date 8/21/15

Permit Fee \$ 62.-
Review Fee \$ 31.-
3% Florida Surcharge \$ 4.-
Total Permit Fee \$ 97.-

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 Tony Warren LICENSE # 01971
LICENSE HOLDER NAME Tony Warren COMPANY NAME Central Florida propane
Street Address 857 Jetstream Dr State FL Zip Code 32824 Phone Number 407-855-6226
City Orlando Email Address Melanie@CentralFLpropane.com

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number _____

Susan Manchester

From: John Connell
Sent: Friday, August 21, 2015 3:09 PM
To: Susan Manchester
Cc: BIDReviews
Subject: RE: 3950 Isle Vista Ave - App for Gas Permit - more info provided

Approved

From: Susan Manchester
Sent: Friday, August 21, 2015 12:53 PM
To: John Connell
Cc: BIDReviews
Subject: FW: 3950 Isle Vista Ave - App for Gas Permit - more info provided

From: Melanie [<mailto:Melanie@centralflpropane.com>]
Sent: Friday, August 21, 2015 11:37 AM
To: Susan Manchester
Subject: RE: 3950 Isle Vista Ave - App for Gas Permit - more info needed

Hello Susan, I think this covers everything he needed. If not just let me know what else I need to send you.

Best regards,

Melanie
Central Florida Propane, Inc.
857 Jetstream Dr
Orlando, FL 32824
407-855-6226 – Office
407-447-0013 – Fax
www.CentralFlPropane.com

From: Susan Manchester [<mailto:SManchester@universalengineering.com>]
Sent: Friday, August 21, 2015 9:59 AM
To: Melanie
Cc: CobiPermits; John Connell
Subject: RE: 3950 Isle Vista Ave - App for Gas Permit - more info needed

Hello Melanie,

Our Plans Examiner John "Jay" Connell has advised the following items are needed to approve the submitted gas app:

Disapproved

1. Show type of gas piping
2. Show the pressure drop
3. Show BTU's of the appliances
4. Provide gas drawing to include pipe sizes and length of runs

Thank you,

LP Gas Riser Diagram

Propane Tank
Gallon size:
Above ground
Below ground

Pipe length: 18 in 1/2
Pipe size and type: 1/2 copper
Pressure: 11.1/2 W.C

Owner: James Fisher
Address: 3950 islevista
Ave belle isle
32812

Regulator

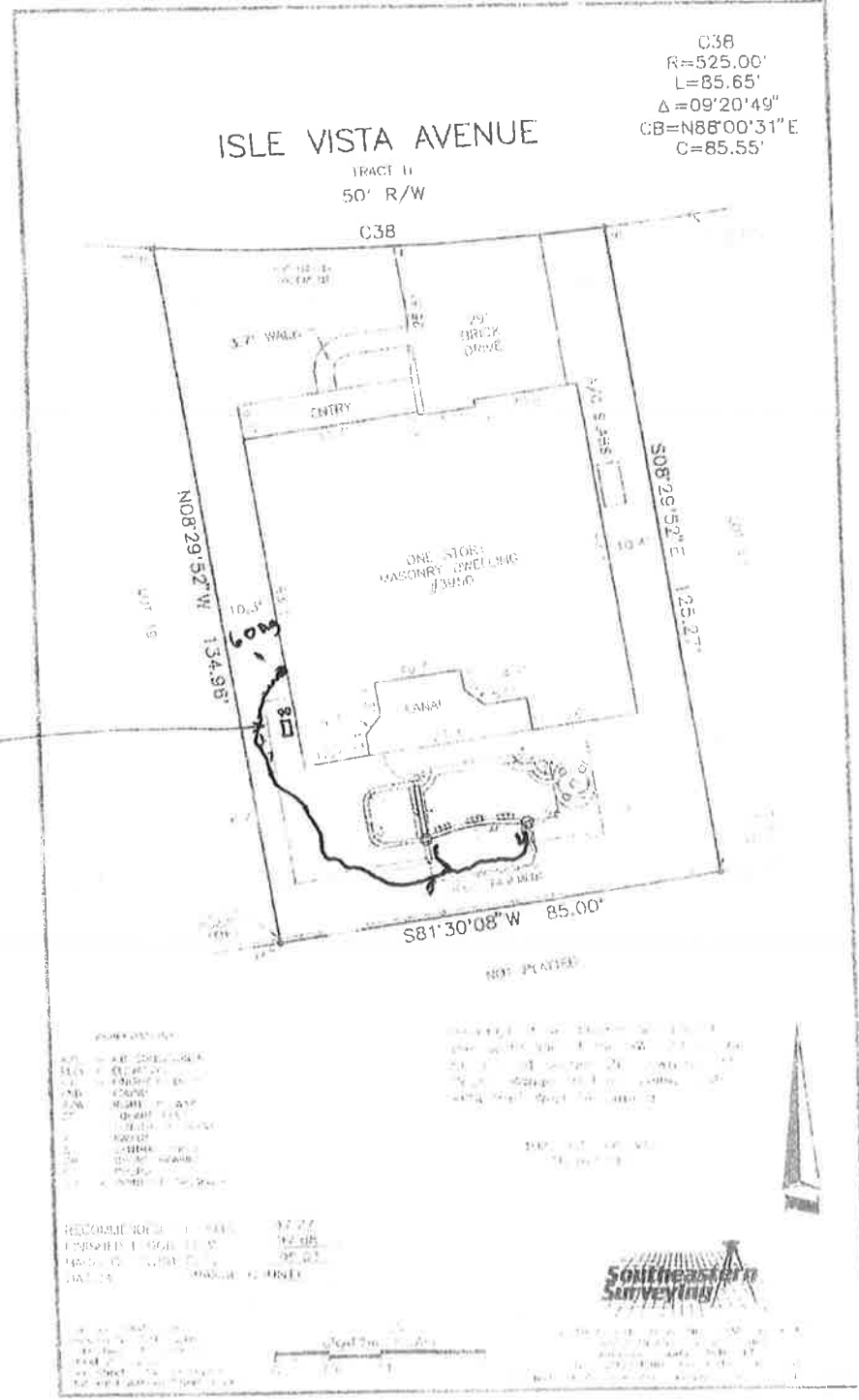
Pipe length: 108 feet
Pipe size and type: 1/2 copper sleeved
Pressure: 11.1/2 W.C

Appliance: Firebowls
BTU: 20,000

ISLE VISTA AVENUE

TRACT II
50' R/W

C38
R=525.00'
L=85.65'
 $\Delta=09^{\circ}20'49''$
CB=N88^{\circ}00'31"E
C=85.55'



Pool
Equipment

Fay Warren
8-19-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2015

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 Jamerson McLean Corporation P.O. Box 621149 825 Executive Drive Oviedo FL 32762	CONTACT NAME: Billie Tucker PHONE (A/C, No, Ext): 407-366-3482 E-MAIL ADDRESS: billie@jmcleaninsurance.com PRODUCER CUSTOMER ID #:	FAX (A/C, No): 407-366-8508
INSURED Central Florida Propane, Inc. 857 Jetstream Drive Orlando FL 32824	INSURER(S) AFFORDING COVERAGE INSURER A: Crum & Forster Indemnity Insurance Co. INSURER B: United States Fire Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 31348 21113

COVERAGES

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		506-880272-7	03/31/2015	03/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP (Adv one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS		506-880272-7	03/31/2015	03/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ 0		523-801826-1	03/31/2015	03/31/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	N/A	408-708170-1	09/16/2014	09/16/2015	X WC STATUTORY LIMITS 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Ave.

Belle Isle, FL 32805

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

<GEG>

ACORD 25 (2009/09)

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cott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

is 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.**

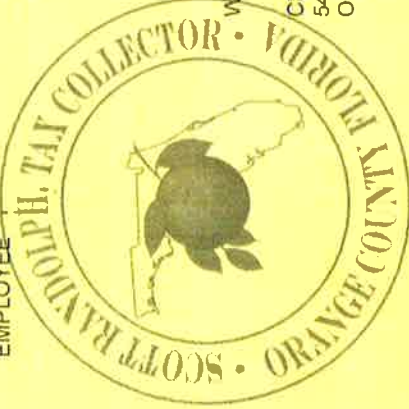
3205-0511765

EXPIRES 9/30/2015

3205 LP GAS-DEALER

\$30.00

2 EMPLOYEE



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

WARREN TERRY-PRESIDENT

5475 S ORANGE BLOSSOM TL
U - ORLANDO, 32839

CENTRAL FLORIDA PROPANE INC
5475 S ORANGE BLOSSOM TR
ORLANDO FL 32839-2712

PAID: \$30.00 0098-00654682 9/30/2014

This receipt is official when validated by the Tax Collector.



**State of Florida
Department of Agriculture and Consumer Services**

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: 01971
Expiration Date: August 31, 2015
Date of Issue: September 1, 2014
License Fee: \$425.00
Type and Class: 0601

POST LICENSE
CONSPICUOUSLY

Liquefied Petroleum Gas License


CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION ONLY

ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

**CENTRAL FLORIDA PROPANE, INC.
5475 S ORANGE BLOSSOM TRL
ORLANDO, FL 32839**


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE