



City of Belle Isle

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

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: 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: PLUMBING: Solar Hot Water System Comments: None Project Information Address: 4323 Kandra Ct, Belle Isle FL 32812 Parcel ID: 20-23-30-1646-00-420 Property Owner: Miles, Reno Phone Number: 407 237 0104 ***** Company Name: American Solar Energy LLC Contractor Name: Taylor, LaBron License Number: CVC056667 Address: 8234 US 98 N., Lakeland, FL 33810 Phone Number: 863 859 7800	Permit Number: 2015-08-046 Date of Application: 08/21/2015 Date Permit Issued: 08/26/2015 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.
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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 \$118.50 Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$122.50 Date Paid 8-27-15 CC or Check # 5790 Amount Paid 122.50 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 <input type="checkbox"/> BUILDING 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final – After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) <input type="checkbox"/> 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input checked="" type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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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 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-08-046
Property Owner	MILES RENO
Address	4323 Kandra Ct.
Nature of Improvement	Plumbing: Solar hot water
Received Application	8-21-15
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-24-15
Building Official Approved	Done via email 8-25-15
Comments	
1.	8-21-15 Susan Advised Permit expeditor who dropped off app's.
2.	plans that we need all credentials
3.	Susan 8-21-15 Sent out UPS to Jay for Monday delivery
4.	WO # 56117 (scheduled for Monday 8-24)
5.	Susan 8-26-15 emailed need CORRECT insurance holder
6.	& that permit is then ready
7.	Susan 8-27-15 All credentials on file
8.	★ OVERSIZED plans w/ physical packet ★
9.	
10.	
11.	
12.	



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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 2015-08-046
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 4323 Kandra Ct Belle Isle FL 32809 32812
 Property Owner Reno Mike S Phone 407-237-0104
 Property Owner's Mailing Address 4323 Kandra Ct City Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-164600-420
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) \$ 8000.00

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>Solar</u>
Miscellaneous (Specify)	<u>Hot Water 1</u>

*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 8-25-15
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-27-15

Permit Fee	<u>79.1</u>
Review Fee	<u>39.50</u>
3% State Surcharge (\$4.00 minimum)	<u>4.00</u>
Total Permit Fee	<u>122.50</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 [Signature] LICENSE # CVC056667
 LICENSE HOLDER NAME Labron E. Taylor Jr. COMPANY NAME American Solar Energy, LLC
 Street Address 8234 US 98 N
 City Lakeland State FL Zip Code 33810 Phone Number 813-859-7800
 Email Address lelwood.ase@gmail.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 _____

Permit Number: _____
Folio/Parcel ID #: 20-23-30-1646-00-420
Prepared by: Melissa Cameron

DOCH 20150439597 B: 10971 P: 1987
08/21/2015 08:47:15 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County, FL
MB - Ret To: AMERICAN SOLAR ENERGY LLC

Return to: American Solar Energy, LLC
8234 US HWY 98 N
LAKELAND, FL 33810



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.

- Description of property** (legal description of the property, and street address if available)
4323 Kandra Ct. Belle Isle, FL 32812 Conway East Lot 42
- General description of improvement**
Install Solar Hot Water Heating System
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name Julie Christie - Reno Miles
Address 4323 Kandra Ct. Belle Isle, FL 32812
Interest in Property 100%
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name AMERICAN SOLAR ENERGY Telephone Number 863-859-7800
Address 5109 MEADOWS END LAKELAND, FL 33810
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
- Lender**
Name _____ Telephone Number _____
Address _____
- 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 _____ Telephone Number _____
Address _____
- 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 _____ Telephone Number _____
Address _____
- 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) _____



State of Florida, County of Orange
I hereby certify that this is a true copy of the document as recorded in the Official Records.
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: Deputy Comptroller
Date: 08-21-15

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.

Julie Christie
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 13 day of January, by Julie Christie/Reno Miles
as Owner for _____
Type of authority, e.g., officer, trustee, attorney in fact _____ Name of party on behalf of whom instrument was executed

Melissa Cameron
Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID X
Type of ID Produced Julie Christie Miles





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POWER OF ATTORNEY

Date: 8/20/2015

Permit #: _____

I hereby name and appoint Maurie Killingbeck of
(print name)
American Solar Energy, LLC 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 Solar-Plumbing permit
(type of permit)
for work to be performed at the following location:

4323 Kandra Ct., 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: Labron E. Taylor Jr.

License Number: CVC 0516167

Certified Contractor's Signature: Labron E Taylor Jr

.....
The foregoing instrument was acknowledged before me this 20 days of August of 2015
by Labron E Taylor 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



(seal)

Susan Manchester

From: John Connell
Sent: Tuesday, August 25, 2015 9:03 AM
To: Susan Manchester
Cc: BIDReviews
Subject: 4323 Kandra Ct. Belle Isle

Approved

UPS



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

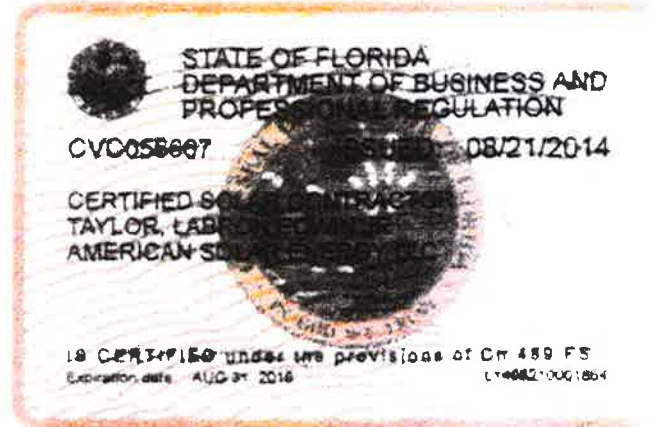
(850) 487-1395

TAYLOR, LABRON EDWIN JR
AMERICAN SOLAR ENERGY LLC
5109 MEADOWS END
LAKELAND FL 33810

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

KEN LAWSON, SECRETARY

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



The **SOLAR CONTRACTOR**
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



TAYLOR, LABRON EDWIN JR
AMERICAN SOLAR ENERGY LLC
5109 MEADOWS END
LAKELAND FL 33810



ISSUED: 08/21/2014

DISPLAY AS REQUIRED BY LAW

SFO # 11408210001864

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO: 182022

CLASS: B

EXPIRES: 9/30/2016

OWNER NAME

TAYLOR, LABRON E JR

LOCATION

8234 N HWY 98
LAKELAND

BUSINESS NAME AND MAILING ADDRESS

AMERICAN SOLAR ENERGY LLC

8234 N HWY 98
LAKELAND, FL 33810

CODE

230270

ACTIVITY TYPE

CONTRACTOR SOLAR

PROFESSIONAL LICENSE (IF APPLICABLE)

CVC058667



OFFICE OF JOE G. TEDDER, CFC * TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID-1203792-0001-0002 07/23/2015 07/23/2015 CFM 12 115.50