



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 TOWN OF WINDERMERE, FLORIDA.

<p>Scope of Work: GAS: fireplace</p> <p>Comments: Replacement permit for OC #X03001011.</p> <p>Project Information Address: 3600 Rothbury Drive, Belle Isle, FL 32812 Parcel ID: 20-23-30-9375-00-330 Property Owner: Goerssch, Brigitte Phone Number: 321-331-1597 ***** Company Name: Fireplace & Gas Services Inc. Contractor Name: Jenkins, Chris License Number: 31607 Address: 3975 Forrester Avenue #100, Orlando, FL 32806 Phone Number: 407-856-7770</p>	<p align="center">Permit Number: 2014-10-010</p> <p>Date of Application: <u>10/08/2013</u> Date Permit Issued: <u>10/10/2013</u></p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Demo \$</p> <p>Building \$</p> <p>Fence \$</p> <p>Driveway \$</p> <p>Shed \$</p> <p>Window(s) \$</p> <p>Door(s) \$</p> <p>PrePower \$</p> <p>Electrical Fee \$</p> <p>Temp Pole \$</p> <p>Plumbing Fee \$</p> <p>Mechanical Fee \$</p> <p>Gas Fee \$123.00</p> <p>Roofing \$</p> <p>Boat Dock \$</p> <p>Screen Encl \$</p> <p>Swimming Pool \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00</p> <p>Surcharge Fee \$2.00</p> <p>TOTAL FEES \$127.00</p> <p>Date Paid <u>10-10-13</u> <u>7666</u></p>	<p>BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING</p> <p><input checked="" type="checkbox"/> <u>1st</u> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)</p> <p><u>2nd</u> _____ (Slab)</p> <p><u>3rd</u> _____ (Lintel) (Wall Reinforcing on Masonry Building)</p> <p><u>4th</u> _____ (Exterior Framing) (Roof/Wall Sheathing)</p> <p><u>5th</u> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p><u>6th</u> _____ (Insulation to be Made After Roof Installed)</p> <p><u>7th</u> _____ (Drywall)</p> <p><u>8th</u> _____ (Sidewalk/Driveway)</p> <p><u>9th</u> _____ (Other)</p> <p><u>10th</u> _____ (Final - After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p><u>1st</u> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p><u>2nd</u> ROOFING Covering In-Progress _____</p> <p><u>3rd</u> ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar Irrigation, Water Treatment Equip, Etc.) _____</p>
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Received
10-8-13



City of Belle Isle
1600 Nels Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

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: 10/08/13 PERMIT NUMBER: 2014-10-010
The undersigned hereby applies for a permit to make: (indicate) Natural Liquefied Petroleum Gas Installations as indicated below. PLEASE PRINT

Project Address: 3600 Rothbury Dr. Belle Isle FL 32809 32812
Property Owner: Brigitte Goersch Phone: 321-331-1597
Property Owner's Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Tax I.D. Number: 20-23-30-9875-00-330

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

GAS OUTLETS: 1 DELIVERY PRESSURE: 11" TOTAL # BTUS: 35,000

*** PLEASE ATTACH PIPING PLAN/SKETCH WITH GAS CALCULATIONS WITH EVERY PERMIT ***
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

EST. COST FOR LABOR & APPLIANCE(S) \$ 2,850.⁰⁰

*SPECIAL COMMENTS:
Replacement for permit No. X03001011.

BOILER	_____	BTU	each
DRYER	_____	BTU	each
FIREPLACE	<u>1</u>	BTU	each
FURNACE	_____	BTU	each
RANGE	_____	BTU	each
WATER HEATER	_____	BTU	each
GRILLS	_____	BTU	each
POOL HEATER	_____	BTU	each
SPA	_____	BTU	each
MISC	_____	BTU	each
MISC	_____	BTU	each
MISC	_____	BTU	each

Building Official: _____ Date: _____

Review & Permit Fee \$ 22.00 123.00
3% Florida Surchage \$ 4.00
Total Permit Fee \$ 127.00

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 # 31607
LICENSE HOLDER NAME: Chris L. Jenkins COMPANY NAME: Fireplace and Gas Services
Street Address: 2975 Forrestal Ave # 100
City: Orlando State: FL Zip Code: 32804 Phone Number: 407-856-7770

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: 1

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-10-010
Property Owner	Goetsch
Address	3600 Rothbury Dr
Nature of Improvement	Gas
Received Application	10-8-13
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	10-8-13
Building Official Approved	10-10-2013
Comments	
1.	10-08-2013 Application is MISSING THE FOLLOWING INFORMATION:
2.	Piping plan/sketch with Gas Calculations,
3.	developed length, specific gravity, pressure
4.	Inlet, press. drop and FFG Table used, per
5.	10-08-2013 Florida's Fuel Gas Code 402.3
6.	10-8-13 scg Emailed Angel's comments to Mauli + Chris
7.	10-10-2013 OK, per Phil
8.	10-10-13 scg Emailed Mauli + Chris that it's ready
9.	
10.	
11.	
12.	
13.	



Fast Track Online Services



PUBLIC SERVICES

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- [Inspections](#)
- [Licensed Contractor](#)
- [Field Investigative Reports](#)

MEMBER SERVICES

- [My Services / Log In](#)

LINKS

- [Permits & Licenses](#)
- [Planning & Development](#)
- [Forms, Fees & Resources](#)
- [OC Property Appraiser](#)
- [OC Comptroller](#)

Permit Details	
Permit Number X03301011	Address 3600 Rothbury DR
Type Gas Permit	Sub Type Residential
Work Type New Construction	Application Date Oct 09, 2003
Issue Date Oct 03, 2003	Expiration Date Apr 10, 2004
Description SFR FIREPLACE 35 BTUS, 11" DP	

People Details	
Name ROBERT P. JENKINS, IV	Address 3075 FORRESTAL AV U1100, ORLANDO
Contractor	Phone: 4078584924

Permit Info	Info	Desc	Value
<input type="checkbox"/>	Appliance Info		
	Boiler Quantity	0	
	BTUs each		
	Fireplace Quantity	1	
	Pool Heater Quantity	0	
	Range Quantity	0	
<input type="checkbox"/>	Application Info		
	# Gas Outlets	1	
<input type="checkbox"/>	Appliances Info		
	Water Heater Quantity	0	
	Misc Description		
	Misc Quantity	0	
	BTUs each	0	
	Spa Heater Quantity	0	

- Processes And Notes
- [View Plan Review Comments](#)
 - [View Inspection Results](#)
 - [View Gas Permit Form](#)

Process Description	Status	Schedule Date	Start Date	End Date
<input type="checkbox"/> Issuance				
<input type="checkbox"/> Final Issuance Review	Open			
<input type="checkbox"/> Inspection History				
850 Rough-Gas	History	Oct 07, 2003		Oct 07, 2003

Permit Fee		Balance	\$0.00
Gas Permit Fee	Fee Desc	Fee Amount	\$25.00
Total:			\$25.00

LIMITED POWER OF ATTORNEY

I hereby name and appoint: Marie Sotomayor an agent of Fireplace and Gas Services Inc. to be my lawful attorney-in-fact to act for me to apply for, receipt, sign for and do all things necessary to this appointment for:

ALL PERMITS AND APPLICATIONS SUBMITTED BY CONTRACTOR.

3600 Rothbury Dr. Belle Isle FL 32812
Street Address

Expiration Date for this Limited Power of Attorney: 05/29/2014

License Holder Name: Chris L Jenkins

State of License Holder: Florida #31607

Signature of contractor:



The foregoing instrument was acknowledged before me this day by Chris L. Jenkins who is personally known to me or produced as identification and who did (did not) take an oath.

Kristin Westerlind
Signature

 Kristin Westerlind
Print Name

Notary Public- State of Florida

Commission No. EE837563

My Commission Expires: 09/23/2016



(Notary Seal)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10-08-13

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
Bower, Micleite & Britt of Florida LLC
1020 N. Orlando Avenue Suite 200
Maitland FL 32751

CONTACT NAME: Helen Wright
PHONE: 407-547-1816
FAX: 407-628-1635
E-MAIL: hwright@bumbinc.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Colony Ins. Co. NAIC # 39993
INSURER B: Bridgefield Employers Insurance Co. 10701
INSURER C: MAPFRE Insurance Company of Florida 24932
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 665595643

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. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SL851847	5/28/2013	4/10/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (E.S. OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOF AGG \$2,000,000
C	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4150130008305	5/28/2013	5/28/2014	COMBINED SINGLE LIMIT (E.S. accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A If yes, describe in the DESCRIPTION OF OPERATIONS below		093050787	4/10/2013	4/10/2014	X WC STATUTORY LIMITS 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 Schedules, if more space is required)

CERTIFICATE HOLDER

Town of Windermere
614 Main Street
Windermere FL 34786

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

cott Randolph, Tax Collector **Local Business Tax Receipt** **Orange County, Fla**
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 safety authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 1 EMPLOYEE 1819-1101521
1819 LP GAS-INSTALLER

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

JENKINS CHRIS L

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578574 7/9/2013

cott Randolph, Tax Collector **Local Business Tax Receipt** **Orange County, Fla**
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PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

JENKINS CHRIS L

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578574 7/9/2013



This receipt is official when validated by the Tax Collector.

Scott Randolph, Tax Collector

Orange County, Florida

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

ORIGINAL 2013 \$30.00 7 EMPLOYEE : 5000 BUSINESS OFFICE 9/30/2014 5000-1101520

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

JENKINS ROBERT P

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578575 7/9/2013

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

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

JENKINS ROBERT P

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE #100
ORLANDO FL 32806

3975 FORRESTAL AVE #100
A - ORLANDO, 32806

PAID: \$30.00 099-00578575 7/9/2013



This receipt is official when validated by the Tax Collector.