



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.

<p>Scope of Work: PLUMBING: re-pipe</p> <p>comments: None</p> <p>Project Information Address: 3654 Rothbury Dr, Belle Isle, FL 32812 Parcel ID: 20-23-30-9375-00-420 Property Owner: Wiley, Tracy Phone Number: 407 383 6661 ***** Company Name: Modern Plumbing Industries, Inc Contractor Name: Norcross, David License Number: CFC14288520 Address: 255 Old Sanford Oviedo Rd, Winter Springs, FL 32708 Phone Number: 407-327 6000</p>	<p align="right">Permit Number: 2016-08-001</p> <p align="right">Date of Application: 07/28/2016 Date Permit Issued: 07/29/2016</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 School \$ Traffic \$</p> <p>ZONING FEES Zoning Fee \$30.00</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <tr><td>Cert of Occ</td><td>\$</td></tr> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>PrePower</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$55.50</td></tr> <tr><td>Mechanical</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> <tr><td>Sign</td><td>\$</td></tr> </table> <p>SURCHARGE FEES</p> <table style="width:100%;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p align="center">TOTAL FEES \$59.50</p> <p>Date Paid <u>7-29-16</u></p> <p>CC or Check # <u>VISA 1119</u></p> <p>Amount Paid <u>59.50</u></p> <p>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).</p>	Cert of Occ	\$	Demo	\$	Building	\$	Fence	\$	Driveway	\$	Shed	\$	Window(s)	\$	Door(s)	\$	PrePower	\$	Electrical	\$	Temp Pole	\$	Plumbing	\$55.50	Mechanical	\$	Gas	\$	Roofing	\$	Boat Dock	\$	Screen Encl	\$	Swimming Pool	\$	Sign	\$	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<p align="center">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>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___Natural ___LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
Cert of Occ	\$																																										
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Surcharge Fee	\$2.00																																										
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Inspection requests are to be emailed to BDSScheduling@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.
 For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>
 login ID = cobi@universalengineering.com password = universal13

3654 Rothbury

Modern Plumbing

Fax: 4073276023

Jul 29 2016 09:40am

P001/001

Permit Number: _____
 Folio/Parcel Identification Number: 20-23-30-9375-00-420
 Prepared by: L. Tischer Modern Plumbing Industries, Inc
255 Old Sanford Oviedo Road
Winter Springs, Florida 32708
 Return to: Modern Plumbing Industries, Inc
255 Old Sanford Oviedo Road
Winter Springs, Florida 32708

DOCH 20160392825
 07/29/2016 04:14:30 PM Page 1 of 1
 Rec Fee: \$10.00
 Martha O. Haynie, Comptroller
 Orange County, FL
 PB - Ret To: MODERN PLUMBING INDUSTRIE



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)**
WINDSOR PLACE PHASE 2 30/81 LOT 42, 3654 Rothbury Dr.
2. **General description of improvement**
Repipe
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Nicole Horn
 Address 7525 Sugar Bend Drive Orlando
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Modern Plumbing Industries, Inc Telephone Number 407-327-6000
 Address 255 Old Sanford Oviedo Road, Winter Springs, Florida 32708
5. **Surety (if applicable, a copy of the payment bond is attached)**
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ 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 _____ 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 _____ 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)**

SEAL
 COUNTY OF ORANGE
 COMPTROLLER
 MARTHA O. HAYNIE
 COUNTY COMPTROLLER

I hereby certify that a copy of the foregoing instrument is on file in the Official Records.
 MARTHA O. HAYNIE
 County Comptroller
 07-29-16

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.

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 15 day of July, 2016 by Nicole Horn as OWNER for _____

Signature of Notary Public - State of Florida _____ Name of party on behalf of whom instrument was executed _____
 Type of authority, e.g., officer, trustee, attorney in fact _____
 Print, type, or stamp commission number of Notary Public _____

Personally Known _____ OR Produced ID
 Type of ID Produced Florida driver's license



Notary Public
 State of Florida
 Form No. 1009, September 26, 2011
 My Commission Expires 11/16/19
 Commission No. FF 936696



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/28/2016

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 Brown & Brown of Florida, Inc. 2600 Lake Lucien Drive Suite 330 Maitland FL 32751	CONTACT NAME: PHONE (A/C, No, Ext): (407) 660-8282		FAX (A/C, No): (407) 660-2012
	E-MAIL ADDRESS:		
INSURED Modern Plumbing Industries, Inc Facts Venture #255, 255 Old Sanford Oviedo Rd. Attn: Charles Bracco Winter Springs FL 32708	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A Westfield Insurance Company		24112
	INSURER B North River Insurance		21105
	INSURER C FFVA Mutual Insurance Co.		10385
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL166606823 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CMM0157615	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<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			CMM0157615	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<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 \$ 0			5811037875	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000
C	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	WC840-0029030-2016A	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Inland Marine Rented/Leased Equipment			CMM0157615	12/31/2015	12/31/2016	Limit \$100,000 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Ave. Belle Isle, FL 32809	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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ACORD 25 (2014/01)

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INS025 (201401)

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



LICENSE NUMBER	
CFC1428520	

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

NORCROSS, DAVID R III
MODERN PLUMBING INDUSTRIES, INC.
255 OLD SANFORD OVIEDO RD
WINTER SPRINGS FL 32708



ISSUED: 05/23/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1605230001172

Effective: 10/1/2015

Expiration: 9/30/2016

CITY OF WINTER SPRINGS BUSINESS TAX RECEIPT

Business ID: 500053
COMMERCIAL REGULATED

MODERN PLUMBING INDUSTRIES, INC.
255 OLD SANFORD OVIEDO RD

DESCRIPTION OF BUSINESS ACTIVITIES

PLUMBING CONTRACTOR

1126 East State Road 434 • Winter Springs, FL 32708 • (407) 327-1800
www.winterspringsfl.org

BUSINESS TAX RECEIPT INCLUDES WINTER SPRINGS & SEMINOLE COUNTY TAX

PLEASE CUT ALONG THE DOTTED LINE TO DISPLAY RECEIPT IN BUSINESS

Post the above Receipt in a Conspicuous Location within your Place of Business

Total Amount Paid: \$469.00

Note: Total Amount Paid includes the \$45 Seminole County Business Tax



City Manager

MODERN PLUMBING INDUSTRIES, INC.
855 OLD SANFORD OVIEDO ROAD
WINTER SPRINGS, FL 32708



1126 East State Road 434
Winter Springs, FL 32708
Phone: (407) 327-1800