



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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 for interior remodel  
**Comments:** None  
**Project Information**  
 Address: 5025 St. Denis Ct, Belle Isle, FL 32812  
 Parcel ID: 18-23-30-4388-03-990  
 Property Owner: Eddins, Susan & William  
 Phone Number: 407 719 8212  
 \*\*\*\*\*  
 Company Name: Precise Plumbing Inc  
 Contractor Name: Fekete, Daniel  
 License Number: CFC1428646  
 Address: 1514 Black Bear Ct, Apopka, FL 32713  
 Phone Number: 407 866 9308

**Permit Number: 2016-08-017**  
**Date of Application: 08/11/2016**  
**Date Permit Issued: 08/16/2016**

**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**

<b>IMPACT FEES</b>	
Traffic	\$
School	\$
<b>ZONING FEES</b>	
Zoning Fee	\$
<b>UNIVERSAL ENG - BUILDING FEES</b>	
Boat Dock	\$
Boat House	\$
Building	\$
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$
Plumbing	\$208.50
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$

<b>SURCHARGE FEES</b>	
Surcharge Fee	\$3.13
Surcharge Fee	\$3.13

**TOTAL FEES \$214.76**

**Date Paid** 8-17-16  
**CC or Check #** MC 6753  
**Amount Paid** 214.76

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**
- 1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_
- 2<sup>nd</sup> \_\_\_\_\_ (Slab)
- 3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)
- 4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)
- 5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
- 6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)
- 7<sup>th</sup> \_\_\_\_\_ (Drywall)
- 8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)
- 9<sup>th</sup> \_\_\_\_\_ (Other)
- 10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

- ROOFING** OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR
- 1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_
- 2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_
- 3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

- PLUMBING** (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)
- 
- 1<sup>ST</sup> \_\_\_\_\_ (Underground)    2<sup>nd</sup> \_\_\_\_\_ (Sewer)
- 3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set)    4<sup>th</sup> \_\_\_\_\_ (Final)

- CHECK APPROPRIATE BOX**
- GAS** \_\_\_ Natural \_\_\_ LP     **MECHANICAL**     **ELECTRICAL**     **LOW VOLTAGE**
- 1<sup>st</sup> \_\_\_\_\_ (Rough-In)    2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@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.



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 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.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  
 AUG 11 2016

DATE OF APPLICATION: 8/8/16

PERMIT NUMBER 2016-08-017

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

Project Address 5025 St. Denis Ct., Belle Isle FL 32809 32812

Property Owner William Eddins Phone \_\_\_\_\_

Property Owner's Mailing Address 5025 St. Denis Ct. City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 18-23-30-4388-03-990

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) \$ 2,250.00

FIXTURES	Quantity
Water Closets (Toilet)	2
Bathtubs	2
Urinals	
Disposals	
Washing Machines	
Water Heaters	
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	
Showers	2
Sinks	3

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	2
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
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: [Signature] Date 8-16-16  
 Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee	139
Review Fee	69.50
3% State Surcharge (\$4.00 minimum)	6.26
Total Permit Fee	214.76

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 # CFC1428646

LICENSE HOLDER NAME Daniel Fekete COMPANY NAME Precise Plumbing Inc.

Street Address 1514 Black Bear Ct.

City Apopka State FL Zip Code 32712 Phone Number 407-886-9308

Email Address preferredpermitting@yahoo.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.

base 73  
11 fixtures x 6  
66  
139 + 2 = 141.50  
208.50

wo 70962

Building Permit Number \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/9/2016

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).

<b>PRODUCER</b> Southern Financial Insurance Group 2255 Killearn Center Boulevard PO Box 15913 Tallahassee FL 32317-5913	<b>CONTACT NAME:</b> Paula Barritt <b>PHONE (A/C, No, Ext):</b> (850) 521-3075 <b>E-MAIL ADDRESS:</b> paula@southernfig.com	<b>FAX (A/C, No):</b> (888) 215-6450
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Precise Plumbing Inc 1514 Black Bear Court Apopka FL 32712	<b>INSURER A:</b> Southern Owners	<b>NAIC #</b> 10190
	<b>INSURER B:</b> Ohio Security Ins. Co.	24082
	<b>INSURER C:</b> Associated Industries Insurance	23140
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL168904067


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			78206198-16	1/26/2016	1/26/2017	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
	OTHER:						GENERAL AGGREGATE \$ 2,000,000		
							PRODUCTS - COM/POP AGG \$ 2,000,000		
							Hired Non-Owned \$ 1,000,000		
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BAS55870332	11/26/2015	11/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000		
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$		
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$		
							Uninsured motorist combined \$ 300,000		
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$		
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$		
	DED						\$		
	RETENTION \$						\$		
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC1059698	3/5/2016	3/5/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>		
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 100,000		
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000		
							E.L. DISEASE - POLICY LIMIT \$ 500,000		

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 Paula Barritt/PAULA 

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ACORD 25 (2014/01)

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INS025 (201401)



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Sign up for e-Notify...

**5025 St Denis Ct** < 18-23-30-4388-03-990 >

Name(s)	Physical Street Address
<b>Eddins William B</b>	<b>5025 St Denis Ct</b>
<b>Eddins Susan K</b>	Postal City and Zipcode
Mailing Address On File	<b>Orlando, Fl 32812</b>
<b>5025 Saint Denis Ct</b>	Property Use
<b>Belle Isle, FL 32812-1080</b>	<b>0130 - Sfr - Lake Front</b>
Incorrect Mailing Address?	Municipality
	<b>Belle Isle</b>



- Values, Exemptions and Taxes**
- Property Features
- Sales Analysis**
- Location Info
- Market Stats
- Update Information

**Property Description**

[View Plat](#)

LAKE CONWAY ESTATES SECTION EIGHT REPLAT Z/66 LOT 399

**Total Land Area** 18,866 sqft (+/-) | 0.43 acres (+/-) GIS Calculated Notice

**Land (includes working values)**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	\$290,000.00	\$290,000	\$0.00	\$290,000

Page 1 of 1 (1 total records)

**Buildings (includes working values)**

Important Information		Structure				
	<b>Model Code:</b>	01 - Single Fam Residence	<b>Actual Year Built:</b>	1968	<b>Gross Area:</b>	4803 sqft
	<b>Type Code:</b>	0103 - Single Fam Class III	<b>Beds:</b>	4	<b>Living Area:</b>	3372 sqft
	<b>Building Value:</b>	\$279,685	<b>Baths:</b>	3.0	<b>Exterior Wall:</b>	Concrete Block Stucco
	<b>Estimated New Cost:</b>	\$437,008	<b>Floors:</b>	1	<b>Interior Wall:</b>	Plastered

Page 1 of 1 (1 total records)

**Extra Features (includes working values)**

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	04/18/1991	1 Unit(s)	\$2,500
SCR2 - Scrn Enc 2	01/01/1968	1 Unit(s)	\$10,000
PL3 - Large Elaborate Pool	01/01/1968	1 Unit(s)	\$11,400
BC3 - Boat Cover 3	01/01/1990	1 Unit(s)	\$6,000
BD2 - Boat Dock 2	01/01/1997	1 Unit(s)	\$4,000
GZB1 - Gazebo 1	01/01/1997	1 Unit(s)	\$1,000
2566 - Gmhs-M-F	01/01/2010	1 Unit(s)	\$500

Page 1 of 1 (7 total records)

This Data Printed on 08/08/2016 and System Data Last Refreshed on 08/07/2016