



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 for new SFR – 5 toilets, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 6 lav sinks, 2 service sinks, 5 showers, 1 sink, 1 dishwasher, 1 laundry tub

Comments: Permit already paid for – change of contractor fee only

Project Information

Address: 7454 Daetwyler Drive, Belle Isle, FL 32812
 Parcel ID: 24-23-30-2980-20-010
 Property Owner: Ramos, Charles & Heather
 Phone Number: 407 913 3246

 Company Name: Tropical Plumbing & Septic Inc
 Contractor Name: Denelsbeck, Lyndon G.
 License Number: CFC1425621
 Address: 19468 E. Colonial Dr, Orlando FL 32820
 Phone Number: 407 568 0111

Permit Number: 2016-12-021

Date of Application: 12/11/2015

Date Permit Issued: 12/11/2015

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/Tree \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$26.00
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$ none
 Surcharge Fee \$ none

TOTAL FEES \$26.00

Date Paid 8-4-16

CC or Check # USA 6195

Amount Paid 26.00

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

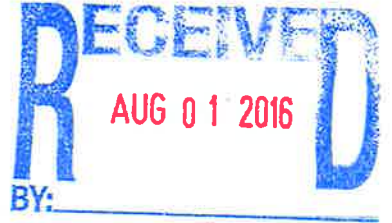
Inspection requests are to be emailed to BDSScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 4pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested 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

2016-12-021



Change of Contractor Letter
(Owner or General Contractor)

I, Rob Smith, am requesting a change of contractor at project
(Name of Contractor)

located at 7454 Dactwyler Dr. Belle Isle, permit number 2016-2021 from
(Complete Address)

Certified Plumbing Co. LLC to Tropical Plumbing + Septic, Inc.
(Old Contractor's Name) (New Contractor's Name)

License Holder/Homeowner Name: Rob Smith

License Number: CGC 1522599

Company Name: EZ Homes, LLC

Address: P.O. Box 3300

City: Winter Park State: FL Zip Code: 32790

License Holder/Homeowner Signature: [Signature]

STATE OF FLORIDA
COUNTY OF Orange

This instrument was acknowledged before me this 28th day of July, 2016, by the above reference individual, Rob Smith, who acknowledged that he/she is a duly licensed contractor with EZ Homes, LLC, and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me or produced _____ as valid identification.

WITNESS my hand and official seal this 28th day of July, 2016.

[Signature]
Notary Public
Printed Name: Sasha Peers
My Commission Expires: 06/15/2020

Change of Contractor Letter
(Old Contractor Information)



I, Norman Shrade, am requesting that my permit number
(Name of Contractor)

2016-12-021 for job located at 7454 Daetwyler Dr. Belle Isle PL
(Complete Address)

be voided and a new permit issued to Tropical Plumbing & Septic
(New Contractor's Name)

as I am voluntarily giving up full responsibility of the job.

License Holder/Homeowner Name: Norman Shrade Certified Plumbing Co LLC

License Number: CFC1426739

Company Name: Certified Plumbing Co LLC

Address: 959 Explorer Cove, Suite 115

City: Altamonte Springs State: FL Zip Code: 32701

License Holder Signature: (Notarized Signature on separate letter)

STATE OF FLORIDA
COUNTY OF Orange

This instrument was acknowledged before me this _____ day of _____, 20____, by the above reference individual, _____, who acknowledged that he/she is a duly licensed contractor with _____, and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me _____ or produced _____ as valid identification.

WITNESS my hand and official seal this _____ day of _____, 20____.

Notary Public
Printed Name: _____
My Commission Expires: _____

(Notarized Signature on Separate Letter)

Change of Contractor Letter
(New Contractor Information)

I, Lyndon Denelsbeck, am taking full responsibility for the entire project
(Name of Contractor)

located at 7454 Daetwyler Dr., Belle Isle, Original permit number 2016-12-021

License Holder/Homeowner Name: Lyndon Denelsbeck

License Number: CFC 1425621

Company Name: Tropical Plumbing + Septic, Inc.

Address: 19468 E. Colonial Drive ph 407 568 0111

City: Orlando State: FL Zip Code: 32820

License Holder/Homeowner Signature: [Signature]

STATE OF FLORIDA
COUNTY OF Orange

This instrument was acknowledged before me this 29th day of July, 2016, by the above reference individual, Lyndon Denelsbeck, who acknowledged that he/she is a duly licensed contractor with State of Florida, and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me X or produced _____ as valid identification.

WITNESS my hand and official seal this 29th day of July, 2016.

Vickie L. Clayton
Notary Public
Printed Name: Vickie L. Clayton
My Commission Expires: 3/26/2020



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



| LICENSE NUMBER | |
|----------------|--|
| CFC1425621 | |

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

DENELSBECK, LYNDON G
TROPICAL PLUMBING AND SEPTIC INC
19468 E COLONIAL DR
ORLANDO FL 32820



ISSUED: 06/19/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606190000969

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2016

PRODUCER (407) 365-5656
Winchester Insurance, Inc.
1425 W. Broadway (S.R. 426)
P.O. Box 620969
Oviedo FL 32762-0969

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Lyndon G. Denelsbeck
Tropical Plumbing&Septic Inc.
19468 E. Colonial Drive
Orlando FL 32820-

| INSURERS AFFORDING COVERAGE | NAIC # |
|--------------------------------------|--------|
| INSURER A: AUTO-OWNERS INS CO | 18988 |
| INSURER B: American Interstate Ins | 31895 |
| INSURER C: Foremost Signature Ins Co | 41513 |
| INSURER D: | |
| INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------|---|--------------------|----------------------------------|-----------------------------------|--|
| A X | GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC | 082382-72714753-15 | 12/31/2015 | 12/31/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 NOWND 1,000,000 |
| A X | 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 | 41-599-932-00 | 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) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | / / | / / | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | / / | / / | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | AVWCFL2457142015 | 12/31/2015 | 12/31/2016 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> 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 |
| C | OTHER Rented/Leased Equip | SCP 03325612 | 12/31/2015 | 12/31/2016 | Rented and Leased 5,000 Contractors tools/ Equipment DED: 500 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS


CERTIFICATE HOLDER

() - () -

 City of Belle Isle
 1600 Nela Ave

 Belle Isle FL 32809-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE 

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

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

1803 CERTIFIED PLUMBING C 2015 \$50.00 27 EMPLOYEE 15000 BUSINESS OFFICE 1803-0962349 \$30.00 10 EMPLOYEE

TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

19468 E COLONIAL DR
U - ORLANDO, 32820

PAID: \$80.00 0099-00686576 8/7/2015



DENELSBECK LYNDON G QUALIFIER

TROPICAL PLUMBING & SEPTIC INC
DENELSBECK LYNDON G
19468 E COLONIAL DR
ORLANDO FL 32820-3707

This receipt is official when validated by the Tax Collector.

2016-12-021



July 28, 2016

City of Belle Isle
c/o Universal Engineering

Via email:
SManchester@universalengineering.com

Re: Building Permit #2016-10-010
Plumbing Permit #2016-12-021
7454 Daetwyler Drive, Belle Isle FL 32812
License #CFC1426739

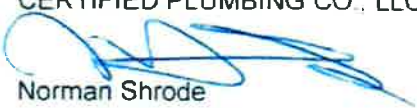
To Whom It May Concern:

We need to remove our company as the plumber of record, as we are no longer working on, and will not be completing this project.

Thank you for your assistance.

Sincerely,

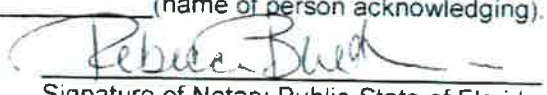
CERTIFIED PLUMBING CO., LLC


Norman Shrode
Managing Member

STATE OF FLORIDA
ORANGE COUNTY

The foregoing instrument was acknowledged before me this 28th day of July, 2016 by Norman Shrode (name of person acknowledging).




Signature of Notary Public-State of Florida
Rebecca Baldwin
Print, Type or Stamp Commissioned Name

Personally known OR produced identification

Type of identification produced _____

5612-A Carder Road • Orlando, FL 32810
P.O. Box 2064 • Apopka, FL 32704
Office: 407-294-8900 Fax: 407-294-8611
www.certified-plumbing.com