

BUILDING JOB SITE CARD

City of Belle Isle

PLUMBING PERMIT 2017-08-128

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-128

Site Address: 1413 Conway Isle Circle, 32809

Subdivision:

Description of Work: Replace Water Heater

Issue Date: 08.24.2017

Parcel Number: 24-23-29-3490-00-320

Class: Residential

Issued To: Harvey Baker Plumbing Inc

Name: Baker, Harvey

Business Phone: 407 859 3572 Contractor License #: CFC056875

Payment Date & Method: 8 25 17 VISA 3466

Schedule Inspections via Email at: BIDscheduling@universalengineering.com SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME Inspection Results Will Be Sent Out the Following Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

BUILDING	INSPECTOR	DATE	COMMENTS
Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour	-		
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

GAS	INSPECTOR	DATE	COMMENTS
Rough Gas			
Final Gas			
			- Mr.
ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			v v
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			
MECHANICAL	INSPECTOR	DATE	COMMENTS
Above Ceiling			
Rough			
Hood Vent			
Final			
			-
PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			
ROOF	INSPECTOR	DATE	COMMENTS
In-progress			
Final			

Inspection requests are to be emailed to BIDscheduling@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.

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

APPLICATION FOR PLUMBING PERMIT

WARNING TO DWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. 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 YOUR MENCEMENT.

			0 10	THE		
DATE OF APPLICATION: 8/23/	17	PERMIT NUMBER abing installations as indicated below. PLEA	2017-68-	190		
		ibing installations as indicated below. PLEA:	SE PRINT			
Project Address 1413 Conway Isle Cir						
Property Owner Moore Ann K			21-689-4689			
Property Owner's Mailing Address	1413 Conway Isla	e Cir _{City} Orla	ndo			
State FL Zip Code 32	809 Parcel	d Number: 24-23-29-3490-00-320				
	Too	otain this Information, please visit http://www.ocoafi	.org/Searches/ParcelSearch.aspx			
Class of Building: Old New [Type of Work: New Alteration		ing: Residential⊠ Commercial⊡ epair ☑ Type of System: Sewer⊡ S	Other⊡ Septic⊡ Re-pipe ⊡			
YOU MAY BE REQUIR		TIC SYSTEM VERIFICATION FOR NEW / A DRANGE COUNTY DOCUMENT 64E-6	LTERED / ADDITION			
VALUATION OF JOB (labor & ma	sterials) \$ 1750.00					
FIXTURES	Quantity	FIXTURES	Quantity			
Water Closets (Toilet)		Dishwashers				
Bathtubs		Laundry Tubs				
rinals		Floor Drains				
Disposals		Grease Traps				
Washing Machines		Trailer Connections				
Water Heaters	1	Spa				
Sewer		Solar				
Catch Basins/Sumps		Pool Piping				
Service Sink		*Irrigation: (# Systems / # Heads)				
Lavatory (Bathroom Sink)		Water Softener				
Showers		Re-pipe				
Sinks		Miscellaneous (Specify)				
Per FBC, Sec. 898, a Backflow Prev	enter must be installed &	tested: the report must be posted with permit	for Final Inspection.			
		5	Permit Fee			
Building Official:	SM	Date 8-13-17	Review Fee	50		
				-		
Verified Contractor's Licenses	& Insurance are on file	Date 8 13-1	1% BCAIB Fee	min		
			1.5% DCA Fee	3 min		
V15A 346	6 8.	28.17	Total Permit Fee 5	50		
hereby certify that the above is to	ue and correct to the b	est of my knowledge and make Application (for Permit as outlined above, a	nd if		
		e Regulations and City Ordinances regulating				
submitted. The issuance of this permi	does not grant permission	n to violate any applicable Town and/or State o		25.		
LICENSE HOLDER SIGNATURE	100		CFC 056875	_		
ICENSE HOLDER NAME Harve	y L Baker	COMPANY NAME Harvey	Baker Plumbing, Inc			
Street Address 1019 28th St						
City Orlando	State FL	Zip Code 32805 Phone Num	ther 407-859-3572	_		
Email Address marcia@harvey	bakerplumbing.co	om				
NOTE: The Building Permit Number Permit has been issued.	is required if the Plumbin	g Installation is associated with any construction	or alteration where a Building			

Building Permit Number _



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

BAKER, HARVEY LEWIS HARVEY BAKER PLUMBING INC 3700 OAKVIEW DR ORLANDO FL 32812

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

LICENSE NUMBER

CFC056875

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



BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812



AYOUNG



CERTIFICATE OF LIABILITY INSURANCE

03/10/2017

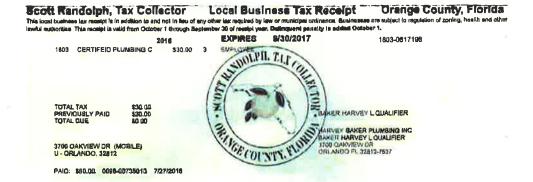
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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 have ADDITIONAL INSURED provisions or 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).

	this certificate does not confer rights	to the	e cer	tificate holder in lieu of si	uch en	dorsement(s).	y require an endorseme	nt. A	statement on
Morse Insurance Agency, Inc 1000 Wekiva Springs Road Longwood, FL 32779					MARKET SEE MINISTERIOR OF PRODUCTOR					
					PHONE (A/C, No, Ext): (407) 478-6530 FAX (A/C, No):					
	.9.100, 1 2 02.110				ADDRE	100000		Contract Con		
					- AND AND A			RDING COVERAGE		NAIC#
INSURED				INSURER A : Depositors				42587		
					INSURER B : BusinessFirst Insurance Company				11697	
	Harvey Baker Plumbing Inc 1019 28th Street				INSURER C:					-
	Orlando, FL 32805				MSURER D:					
					INSURER E :					
cc	VERAGES CER	TIC	CAT	E MUMOCO.	INSURE	RF:		DELUCION	_	
	HIS IS TO CERTIFY THAT THE POLICE			E NUMBER:	HAVE	EEN ICCUED	TO THE MICH	REVISION NUMBER:		
C	NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER	IREM ITAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPI	ECT TO	O WHICH THIS
INSF	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT		
A	X COMMERCIAL GENERAL LIABILITY		1					EACH OCCURRENCE		1,000,000
	CLAIMS-MADE X OCCUR	i		ACPGLDO5984784249		02/14/2017	02/14/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000
			1					MED EXP (Any one person)		5,000
								PERSONAL & ADV INJURY		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	3	2,000,000
	POLICY X PRO X LOC		1					PRODUCTS - COMP/OP AGG	5	1.000.000
	OTHER:							PRODUCTS - COMPJOP AGG	•	
Ā	AUTOMOBILE LIABILITY				- t			COMBINED SINGLE LIMIT (Ea accident)	2	1,000,000
	ANY AUTO		ACPBAPD59647	ACPBAPD5964784249		02/14/2017	02/14/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	3	
	X HIRED ONLY X NON-SWIED							PROPERTY DAMAGE (Per accident)	3	
_		_	_						3	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	3	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	3	
-	DED RETENTION'S	_	_						3	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		4544 44544				X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		0521-03742			04/01/2017	04/01/2018	E.L. EACH ACCIDENT	s	500,000
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE	3	500,000
_	If yes, describe under DESCRIPTION OF OPERATIONS below	_	_					E.L. DISEASE - POLICY LIMIT	\$	500,000
					- 1					1
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if mon	space is require	ed)		
								•		1
										i
										1
				2:						I
CEF	RTIFICATE HOLDER				CANC	ELLATION				
City of Belle isle 1600 Nela Avenue 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					
				2.15						

ACORD 25 (2016/03)

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This receipt is official when validated by the Tax Collector.

PAID: \$80,00 0098-00735013 7/27/2016



This receipt is afficial when validated by the Tax Collector