



City of Belle Isle Job Site Card PLUMBING PERMIT 2019-04-025

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2019- 04-025

Issue Date: 04/09/2019

Site Address: 5124 Oak Island Rd 32809

Parcel #: 18-23-30-7160-02-050

Class: Residential **Subdivision:**

Description of Work: WATER HEATER

Issued: Harvey Baker Plumbing, Inc

Business Phone: 407 859 3572

Name: Baker, Harvey

Contractor License # CFC056875

Payment Date & Method:

4/9/2019

Picked up or sent by

Emailed

Visa Master Card Amex Discover Check / Money Order #

3466

Schedule Inspections via Email at: BI DScheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00 PM 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."

PLUMBING	INSPECTOR	DATE	COMMENTS
600 Sewer			
610 Underground			
620 Rough			
630 Above Ceiling			
640 Irrigation Final			
650 Final			

Inspection requests are to be emailed to BI DScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3 pm.** 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.universalengineer.com

APPLICATION FOR PLUMBING PERMIT

RECEIVED APR - 9 2019

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: 4/8/19

PERMIT NUMBER 2019-01-025

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

Project Address 5124 Oak Island Rd, Belle Isle FL 32809 32812

Property Owner Leonard Michael L or Cheryl W Phone 407-448-1737

Property Owner's Mailing Address 5124 Oak Island Rd City Orlando

State FL Zip Code 32809 Parcel Id Number: 18-23-30-7160-02-050

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) \$ 825.00

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
Urinals	
Disposals	
Washing Machines	
Water Heaters	1
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	
Showers	
Sinks	

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
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 4-9-19
 X Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-9-19
COMPLETED - w/c

Permit Fee	37.00
Review Fee	18.50
1% BCAIB Fee	2.00
1.5% DCA Fee	2.00
Total Permit Fee	59.50

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 # CFC 056875
 LICENSE HOLDER NAME Harvey L Baker COMPANY NAME Harvey Baker Plumbing, Inc
 Street Address 1019 28th St
 City Orlando State FL Zip Code 32805 Phone Number 407-859-3572
 Email Address marcia@harveybakerplumbing.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.

Building Permit Number U15A 3466

RECEIVED APR 9 2019
U15A 3466



Power of Attorney

Date: January 3, 2019

I hereby name and appoint: Marcia L Baker

an agent of: Harvey Baker Plumbing, Inc

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary until January 3, 2020.

License Holder: Harvey L Baker

State License Number: CFC 056875

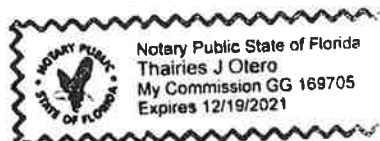
Signature of License Holder

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this 3 day of January, 2019 by Harvey L Baker who is personally known to me.

NOTARY PUBLIC

MY COMMISSION EXPIRES





RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BAKER, HARVEY LEWIS

HARVEY BAKER PLUMBING INC

1019 28TH ST

ORLANDO FL 32805

LICENSE NUMBER: CFC056875

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

1803 CERTIFEID PLUMBING C 2018 \$30.00

EXPIRES 9/30/2019 3 EMPLOYEES

1803-0617196

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

BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
1019 28TH ST
ORLANDO FL 32805

1019 28TH ST
U - ORLANDO, 32805

PAID: \$30.00 0098-00837838 7/19/2018

Tax Collector Scott Randolph

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 CERTIFEID PLUMBING C 2018 \$30.00

EXPIRES 9/30/2019 3 EMPLOYEES

1803-0617196

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



BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
1019 28TH ST
ORLANDO FL 32805

1019 28TH ST
U - ORLANDO, 32805

PAID: \$30.00 0098-00837838 7/19/2018

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



HARVBAK-01

AYOUNG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2019

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).

PRODUCER Stahl Morse & Associates 1000 Wekiva Springs Road Longwood, FL 32779		CONTACT NAME: Tara Hylands	
		PHONE (A/C, No, Ext): (407) 478-6530	FAX (A/C, No):
		E-MAIL ADDRESS: tara.hylands@stahlinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Main Street America Protection Insurance Company	NAIC # 13026
		INSURER B: Old Dominion Insurance Co	40231
		INSURER C: BusinessFirst Insurance Company	11697
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MPP7814F	2/14/2019	2/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1P7814F	2/14/2019	2/14/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			05213742	4/1/2019	4/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

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