



City of Belle Isle Job Site Card PLUMBING PERMIT 2019-04-053

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- 04-053
Site Address: 5405 Chiswick Cir. 32812
Class: Residential **Subdivision:**
Description of Work: RE-PIPE

Issue Date: 04/24/2019
Parcel #: Confidential per status

Issued: EMERALD PLUMBING **Business Phone:** 407-898-3538
Name: CUDDY, WILLIAM **Contractor License #:** CFC1426238
Payment Date & Method: 4 / 24 / 2019 Picked up or sent by _____ Emailed
 Visa Master Card Amex Discover Check / Money Order # 526002

Schedule Inspections via Email at: BD scheduling@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 BD scheduling@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.universalengineering.com

APPLICATION FOR PLUMBING PERMIT

RECEIVED
APR 24 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: 4/24/19

PERMIT NUMBER 2019-04-053

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

Project Address 5405 CHISWICK CIR, Belle Isle FL 32809 32812

Property Owner GLEN GUERNESY Phone _____

Property Owner's Mailing Address 5405 CHISWICK CIR City BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: CONFIDENTIAL PER STATUS

To obtain this information, please visit <http://www.ocpaff.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) \$ 2485

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
Sinks		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 4-24-19
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-24-19

Permit Fee 37.50
 Review Fee 18.50
 1% BCAIB Fee 2 min
 1.5% DCA Fee 2 min
 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 William Cuddy LICENSE # CFC 1426238

LICENSE HOLDER NAME WILLIAM CUDDY COMPANY NAME EMERALD PLUMBNG

Street Address 2311 HENDERSON DR

City ORLANDO State FL Zip Code 32806 Phone Number 407-898-3538

Email Address ALEX@EMERALDPLUMBING.NET

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 _____

PAID
ALEX 52602
4-24-19

5/7

Emerald Plumbing

2311 Henderson Drive, Unit A • Orlando, FL 32806 • Phone: 407-898-3538 • Fax: 407-898-5258
 License # CFC1426238 • www.emeraldplumbing.net

2019-04-053

Name <i>Glen Guernsey</i>		Date <i>3/14/19</i>
Address <i>5405 Chiswick Cir</i>		City <i>Belle Isle</i>
State, Zip Code <i>32812</i>	Phone <i>407-492-7179</i>	2nd Phone
Gate Code	Email	Representative <i>Hugo</i>
Method of Payment <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit (3%-5% fee added for credit cards)		

- ESTIMATE TO RE-PIPE HOUSE -

<input checked="" type="checkbox"/> 1 STORY <input type="checkbox"/> 2 STORY <input type="checkbox"/> FLAT ROOF	FIXTURES	QTY	TOTAL
<input checked="" type="checkbox"/> ZURN PEX PIPE With Brass Fittings 25 year manufacturers warranty-transferable 10 year labor warranty-transferable Price includes labor & materials. Drywall repair included, textured and ready for paint. Payment due in full at completion of re-pipe.	NEW MAIN FT	—	PVC XZ Softner
	HOSE BIB	3	
	WATER HEATER	1	
	WASHING MACHINE	1	
	LAUNDRY TUB	1	
	UTILITY SINK	0	
	KITCHEN SINK	1	
	ICE MAKER	1	R/O System
	DISHWASHER	1	
	BAR SINK	0	
ISLAND SINK	0		
TOILET	3		
BIDET	0		
LAVATORY SINK	4		
SHOWER	2		
TUB	2		
OUTDOOR SHOWER	0		
SUMMER KITCHEN	0		
OTHER	0		
SUB TOTAL			
DEPOSIT			
TOTAL AMOUNT DUE			\$2485.00

Re-piping of hot and cold water lines completed in 1 day. Drywall repair and inspection on 2nd business day. (Unless Building Department states otherwise. We have no control of time of inspections) Painting, tile, wallpaper repair, etc. NOT included in price. Drywall cuts kept to a minimum.
I have read and fully understand the terms and conditions.
G. Guernsey
 Signature

Comments:
 Main picked up at home.
 Repiped in 1 day drywall repair on 2nd 1/4 turn valves used everywhere.
 * poly underground
 * vaulted in common areas

Recommendations:
 * cut access panel into master lav to service tub.

REPAIR 31153 100.00 CURN 100.00 MISC 100.00 PLU 100.00 ELIMINATED



CITY OF BELLE ISLE, FLORIDA
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: 4/24/19

Permit #: 2019-04-053

I hereby name and appoint ALEX MCGILLOWAY of
(print name)

EMERALD PLUMBING to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a PLUMBING permit
(type of permit)

for work to be performed at the following location:

5405 CHISWICK CIR, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: WILLIAM CUDDY

License Number: CFC1426238

Certified Contractor's Signature: *William Cuddy*

The foregoing instrument was acknowledged before me this 24 days of April of 2019
 by William Cuddy who is personally known to me or who produced
 _____ as identification and who did not take an oath.

State of Florida
 County of Orange

Myrna Steele
 Notary Public Orange County, Florida





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

CUDDY, WILLIAM

EMERALD PLUMBING OF CENTRAL FLORIDA INC
2311 HENDERSON DRIVE UNIT A
ORLANDO FL 32806

LICENSE NUMBER: CFC1426238

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

2018 EXPIRES 9/30/2019
1803 PLUMBING 340.00 13 EMPLOYEES 5000 BUSINESS OFFICE \$30.00 1803-0000130
13 EMPLOYEES

TOTAL TAX
PREVIOUSLY PAID
TOTAL DUE

CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FLA INC
CUDDY WILLIAM
2311 HENDERSON DR STE A

2311 HENDERSON DR STE A
ORLANDO FL 32805

ORLANDO FL 32805-1801

PAID \$70.00 00980025654 7/5/2018

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 except year. Delinquent penalty is added October 1

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1803 PLUMBING 340.00 13 EMPLOYEES 5000 BUSINESS OFFICE \$30.00 1803-0000130
13 EMPLOYEES

TOTAL TAX
PREVIOUSLY PAID
TOTAL DUE

CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FLA INC
CUDDY WILLIAM
2311 HENDERSON DR STE A

2311 HENDERSON DR STE A
ORLANDO FL 32805

ORLANDO FL 32805-1801

PAID \$70.00 00980025654 7/5/2018



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.