



City of Belle Isle Job Site Card PLUMBING PERMIT 2019-04-013

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: 2019-04-013

Issue Date: 04/04/2019

Site Address: 6403 St Partin Pl 32812

Parcel #: 20-23-30-1678-00-250

Class: Residential **Subdivision:**

Description of Work: (1) WATER HEATER

Issued: **FLORIDA ENERGY WATER & AIR**

Business Phone: 407 523-0775

Name: **HANMER, CHRISTOPHER ALAN**

Contractor License: CFC023606

Payment Date & Method: 4/16/2019 Picked up or sent by _____ Emailed

Visa Master Card Amex Discover Check / Money Order # 9857

Schedule Inspections via Email at: BDscheduling@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 BDscheduling@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

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

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
BY: **APR 03 2019**

DATE OF APPLICATION: _____ PERMIT NUMBER 2019-04-613
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 6403 Saint Martin Place Belle Isle FL 32809 ~~32812~~

Property Owner David & Sonja Precari Phone 321-751-5220

Property Owner's Mailing Address 6403 Saint Martin Place City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-250
To obtain this information, please visit <http://www.ocpal.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 RESIDENTAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System

VALUATION OF JOB (labor & materials) \$ 4,125.00

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets (Toilet)			Dishwashers		
Bathtubs			Laundry Tubs		
Urinals			Floor Drains		
Disposals			Grease Traps		
Washing Machines			Trailer Connections		
Water Heaters	<u>1</u>		Spa		
Sewer			Solar		
Catch Basins/Sumps			Pool Piping		
Service Sink			*Irrigation: (# Systems / # Heads)		
Lavatory (Bathroom Sink)			Water Softener		
Showers			Re-pipe		
Sinks			Miscellaneous (Specify)		

*Backflow Preventer must be tested after installation; report must be posted with permit for Final Inspection.

Building Official: <u>[Signature]</u>	Date: <u>4-4-2019</u>	Total Fees	<u>55.50</u>
		3% State Surcharge	<u>4.125</u>
		Permit/Review Fee	<u>59.625</u>
		Grand Total	<u>59.625</u>

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 # CP0023600
LICENSE HOLDER NAME CHRIS HAMMER COMPANY NAME Florida Energywater & Air
Street Address 6505 Edgewater Dr
City Orlando State FL Zip Code 32810 Phone Number 407-573-0778

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 4689857
PAID



- Searches
- Sales Search
- Results
- Property Record Card**
- My Favorites

Sign up for e-Notify...

6403 St Partin Pl < 20-23-30-1678-00-250 >

Names(s)	Physical Street Address
Pherai David	6403 St Partin Pl
Pherai-Alvarez Sonya Bebee	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32812
6403 Saint Partin Pl	Property Use
Belle Isle, FL 32812-3508	0130 - Sfr - Lake Front
Incorrect Mailing Address?	Municipality
	Belle Isle



View 2018 Property Record Card

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

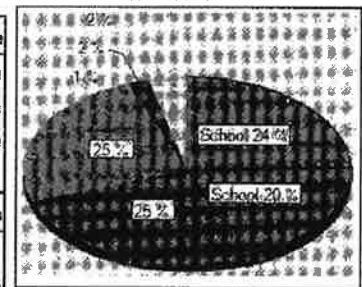
Historical Value and Tax Benefits

Has Homestead in 2018

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2018	\$320,000	+\$298,325	+\$48,500 =	\$666,825 (74%)	\$412,050 (2.1%)
2017	\$320,000	+\$292,916	+\$49,000 =	\$661,916 (1.2%)	\$403,575 (2.1%)
2016	\$320,000	+\$284,499	+\$49,500 =	\$653,999 (73%)	\$395,274 (7.0%)
2015	\$320,000	+\$281,250	+\$48,000 =	\$649,250	\$392,526

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2018	\$25,000	\$25,000	\$500	\$254,775	\$5,061
2017	\$25,000	\$25,000	\$500	\$258,341	\$5,176
2016	\$25,000	\$25,000	\$500	\$258,725	\$5,285
2015	n/a	n/a	\$25,000	n/a	\$5,359

2018 Tax Breakdown



2018 Taxable Value and Certified Taxes

TAX YEAR | 2018 • 2017 • 2016 • 2015

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools: By State Law (Rle)	\$412,050	\$25,500	\$386,550	4.0510 (-4.05%)	\$1,565.91 24 %
Public Schools: By Local Board	\$412,050	\$25,500	\$386,550	3.2480 (0.00%)	\$1,255.51 20 %
Orange County (General)	\$412,050	\$50,500	\$361,550	4.4347 (0.00%)	\$1,603.37 25 %
City Of Belle Isle	\$412,050	\$50,500	\$361,550	4.4018 (0.00%)	\$1,591.47 25 %
Library - Operating Budget	\$412,050	\$50,500	\$361,550	0.3748 (0.00%)	\$135.51 2 %
St Johns Water Management District	\$412,050	\$50,500	\$361,550	0.2562 (-5.95%)	\$92.63 1 %
Lake Conway Mstu	\$412,050	\$50,500	\$361,550	0.4107 (0.00%)	\$148.49 2 %
			17.1772		\$6,392.89

2018 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$236.00	\$236.00
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$110.00	\$110.00
				\$346.00

2018 Gross Tax Total: \$6,738.89

2018 Tax Savings Tax Savings

Your property taxes without exemptions would be: \$11,454.19
 Your ad-valorem property tax with exemptions is: - \$6,392.89
Providing You A Savings Of: = \$5,061.30

This Data Printed on 03/29/2019 and System Data Last Refreshed on 03/28/2019



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

HANMER, CHRISTOPHER ALAN

FLORIDA ENERGY WATER & AIR
6505 EDGEWATER DRIVE
ORLANDO FL 32810

LICENSE NUMBER: CFC023606

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.

6403 Saint Patric Place

	2018		EXPIRES	9/30/2019			5000-1111292
5000	CONTRACTOR BUSINESS	\$40.00	20 EMPLOYEES	1803	CERTIFIED PLUMBING C	\$30.00	7 EMPLOYEES
1804	CERT CLASS B AIR COND	\$30.00	7 EMPLOYEES				

TOTAL TAX \$100.00
 PREVIOUSLY PAID \$100.00
 TOTAL DUE \$0.00

DISCOVERY MARKETING & DISTRIBUTING INC
 HANMER CHRISTOPHER A (QUALIFIER)

FLORIDA ENERGY WATER & AIR
 DISCOVERY MARKETING & DISTRIBUTING INC
 6505 EDGEWATER DR

ORLANDO FL 32810-4205

6505 EDGEWATER DR
 U - ORLANDO, 32810

PAID: \$100.00 0099-00831167 7/12/2018

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.**

	2018		EXPIRES	9/30/2019			5000-1111292
5000	CONTRACTOR BUSINESS	\$40.00	20 EMPLOYEES	1803	CERTIFIED PLUMBING C	\$30.00	7 EMPLOYEES
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TOTAL TAX \$100.00
 PREVIOUSLY PAID \$100.00
 TOTAL DUE \$0.00



DISCOVERY MARKETING & DISTRIBUTING INC
 HANMER CHRISTOPHER A (QUALIFIER)

FLORIDA ENERGY WATER & AIR
 DISCOVERY MARKETING & DISTRIBUTING INC
 6505 EDGEWATER DR

ORLANDO FL 32810-4205

6505 EDGEWATER DR
 U - ORLANDO, 32810

PAID: \$100.00 0099-00831167 7/12/2018

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2019

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 TEE & GEE UNDERWRITING MANAGERS, LP 8131 LBJ FREEWAY SUITE 750 DALLAS, TX 75251	CONTACT NAME: REBECCA NORAT PHONE (A/C, No, Ext): 407-599-4990 E-MAIL ADDRESS: BENEFITS@PERHUMANRESOURCES.COM	FAX (A/C, No): 407-599-4995
	INSURER(S) AFFORDING COVERAGE	
INSURED PROFESSIONAL EMPLOYER RESOURCES INC. 500 N. MAITLAND AVE, SUITE 201 MAITLAND, FL 32751	INSURER A : STATE NATIONAL INSURANCE COMPANY	NAIC # 12831
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 115** **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TGW900089300	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ALTERNATE EMPLOYER, DISCOVERY MARKETING AND DISTRIBUTING, INC. DBA FLORIDA ENERGY WATER & AIR IS PROVIDED WORKERS COMPENSATION COVERAGE EFFECTIVE 7/1/2018 ONLY FOR EMPLOYEES LEASED FROM PROFESSIONAL EMPLOYER RESOURCES INC. PURSUANT TO THE CLIENT SERVICE AGREEMENT BETWEEN DISCOVERY MARKETING AND DISTRIBUTING, INC. DBA FLORIDA ENERGY WATER & AIR AND PROFESSIONAL EMPLOYER RESOURCES INC.

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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER...

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions...

Table with columns for PRODUCER (Insurance Office of America, Inc.), INSURED (Discovery Marketing & Distributing, Inc.), CONTACT NAME (Kerry Cripps), and INSURER(S) AFFORDING COVERAGE (Depositors Insurance Company, National Indemnity Company, Progressive Express Insurance Company).

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...

Main table listing insurance coverages: A COMMERCIAL GENERAL LIABILITY, B AUTOMOBILE LIABILITY, UMBRELLA LIAB, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, and C Business Auto.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DSA - FEWA

Table with two columns: CERTIFICATE HOLDER (City of Belle Isle) and CANCELLATION (Should any of the above described policies be cancelled before the expiration date thereof...)