

BUILDING JOB SITE CARD

City of Belle Isle

PLUMBING PERMIT

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-060

Site Address: 3720 St Moritz St. 32812

Subdivision:

Description of Work: Relocate kitchen drain

Issue Date: 08.10.2017

Parcel Number: 17-23-30-4385-03-350

Class: Residential

Issued To: Herrell Plumbing Inc

Name: Shaw, Daniel

Payment Date & Method: 8-10-17 VISA &168

Business Phone: 321 229 7582 Contractor License #: CFC032627

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			
ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			
MECHANICAL	INSPECTOR	DATE	COMMENTS
Above Ceiling			
Rough			
Hood Vent			
Final			
2017-08-	060		
PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			
DOOF	INCRECTOR	D A TENE	COMMENTS
ROOF	INSPECTOR	DATE	COMMENTS
In-progress Final			

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City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 3281 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.o

APPLICATION FOR PLUMBING PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT AUG 19 YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY BE SUIT TO 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. 8/9/17 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE ERINT Project Address 3720 ST. MORITZ ST. Property Owner WILLIAM R KATHLEEN BLAKE Property Owner Mailing Address 3720 ST. MORITZ ST. State FL. 280 Code 32812 Parcel Id Number, 17-23-30-4385-03-350 To close to in information, please with the public place was state and control to septic. The public place of building: Old Z New Addition Additio	0/0/4	7		Ocx	7-68-0	66
Project Address 3720 ST. MORITZ ST. Belle Isle FL 32809 32812 Property Owner WILLIAM R KATHLEEN BLAKE Phone 407-489-8285 Property Owner's Mailing Address 3720 ST. MORITZ ST. City DELLE ISLE State FL Zip Code 32812 Parcal Id Number: 17-23-30-4385-03-350 To obtain the information, pieses violi https://www.casalf.usu/Severheu/Parcotisearch.agos To obtain the information and the maintain of the property of suiting Residential (Commercial Commercial Comme			PERM bing installations as indicated	HIT NUMBER ON THE PRINT	T	<u> </u>
Property Owner's Walling Address 3720 ST. MORITZ ST. Clay BELLE ISLE	- , , ,					
Property Owner's Mailing Address 3720 ST. MORITZ ST. State FL						
State FL						
Class of Building: Old New Type of Building: Reidental						
Class of Building: Olc 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) \$ 7,130.00 FIXTURES Quantity FIXTURES Quantity Water Closets (Toilet) Dishwashers Laundry Tubs Pipor Drains Dishwashers Laundry Tubs Dishwashers Laundry Tubs Dishwashers Trailer Connections Trailer Connections Trailer Connections Sever Solar Pool Piping Service Sink "Irrigation: (# Systems / # Heads) Weter Softener Re-pipe Miscellaneous (Specify) 1 Figure FIGC. Sec. 6089 Permit Fee Type Total Permit Fee Type T	State FL Zip Code 32	2812 Parcel le	d Number: 17-23-30-438	5-03-350		
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VALUATION OF JOB (labor & materials) \$ \frac{7,130.00}{7,130.00} FIXTURES Quantity FIXTURES Quantity Water Closets (Toilet) Bathtubs Urinals Disposals Washing Machines Washing Machines Washing Machines Water Heaters Spa Sewice Catch Basins/Sumps Service Sink Lavatory (Bathroom Sink) Water Softener Review Face Building Official: Verified Contractor's Licenses & Insurance are on file Date Pool Piping Total Permit Fee Review Face Washing Machines Water Softener Review Face Building Official: Verified Contractor's Licenses & Insurance are on file Date Pool Piping Total Permit Fee Review Face (&4.00 minimum) Total Permit Face (&4.00 minimum) Total Permit Face Total Permit Face Same is granted I agree to conform to all Figrida Building Code (Faculations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit dulas not grant permission by violate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE # CFC032627 LICENSE # CFC032627 COMPANY NAME HERRELL PLUMBING Total Permit Face Review Face Revi			-			8
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Lavatory (Bathroom Sink) Water Softener Re-pipe Respipe Miscellaneous (Specify) PerrFBC, Sec. 608 Building Official: Verified Contractor's Licenses & Insurance are on file Date	Catch Basins/Sumps		Pool Piping			
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Building Official:	Sinks		Miscellaneous (Spe	cify)	1	drain.
Building Official:	*Per FBC, Sec. 608	TOR:	'ested; the report must be pos	ted with permit for Final I	nspection.	$\overline{\alpha}$
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	ORLANDO		32807	32	1-229-7582	
Email Address Shawsservice@vahoo.com	Email Address shawsservice@		Zip Code <u>32007</u>	Phone Number 32	1-220-1302	

NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building

permutsorinaldis.com

2017-06-081

DOC # 20170419478
07/28/2017 07:31 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0.00
Intangible Tax: \$0.00
Phil Diamond, Comptroller
Orange County, FL
Ret To: SIMPLIFILE LC

	mit Number:
Pre	pared by: PAULA MCKINNON
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	rum to: SHAWS SERVICE 13 E. COLONIAL DR.
06	13 E. COLONIAL DR. RLANDO, FL 32807
011	ALANDO, I E OZOVI
	NOTICE OF COMMENCEMENT
Sta	te of Florida, County of Orange
The	e undersigned hereby gives notice that improvement will be made to certain real property, and in accordance
with	Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.
1.	Description of property (legal description of the property, and street address if available)
2	3720 ST. MORITZ ST. ORLANDO, FL. 32812 LAKE CONWAY EST SECT SIX Z/17 LOT 335
۷.	General description of improvement RELOCATE KITCHEN DRAIN.
3.	Owner information or Lessee information if the Lessee contracted for the Improvement
	Name WILLIAM OR KATHLEEN BLAKE
	Address 3720 ST. MORITZ ST. ORLANDO, FL 32812
	Interest in Property 100%
	Name and address of fee simple titleholder (if different from Owner listed above)
	NameAddress
4	Contractor
7.	Name SHAWS SERVICE Telephone Number 321-229-7582
	Address 5613 E. COLONIAL DR. ORLANDO, FL 32807
5.	Surety (if applicable, a copy of the payment hand is attached)
	NameTelephone Number
	Address Amount of Bond \$
6.	Lender
	NameTelephone Number
7	Address_ Persons within the State of Florida designated by Owner upon whom notices or other documents m
1.	be served as provided by §713.13(1)(a)7, Florida Statutes.
	NameTelephone Number
	Address
8.	In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's
	Notice as provided in §713.13(1)(b), Florida Statutes.
	NameTelephone Number
_	Address Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording
9.	unless a different date is specified) 8/31/2017
	unless a different date is specified)
	NG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT
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e for OW	INSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN IT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE DED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT OUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. OWNER To OWNER Signatory's Title/Office To WILLIAM BLAKE Name of party on behalf of whom instrument was executed WILLIAM BLAKE Name of party on behalf of whom instrument was executed Print, type, or stamp commissioned name of Notary Public

Form content revised: 01/23/14

State of FLORIDA, County of ORANGE SEAL S I hereby certify that this tals tare copy of the document as my PHIL DIAMOND Se County Notes BY:_ L, D.C.

SEAL

DATED:_



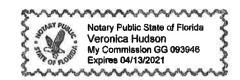
CITY OF BELLE ISLE, FLORIDA
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: 8/9/17	Permit #:						
I hereby name and appoint PAULA MCKINNO (print no	N	of					
RINALDI'S AIR COND SVC. (company name)	to be my lawful attorney-in	n-fact to act for					
me and apply to the City of Belle Isle Building Departmen	t for a PLUMBING (type of permit)	permit					
for work to be performed at the following location: 3720 ST. MORITZ ST.	(type of permit), 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: DANIEL SHAW							
Certified Contractor's Signature:							

The foregoing instrument was acknowledged before me to	his days of	of 20					
by	who is personally known to me or was as identification and who did not tak						
State of Florida County of Orange Notary Public, Orange County, Florida							

(seal)



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LIGENSE NUMBER

CFC032527

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



SHAW, DANIEL C HERRELL PLUMBING INC 5613 E COLONIAL DRIVE ORLANDO FL 32807



ISSUED 05/29/2016

DISPLAY AS REQUIRED BY LAW

SEQ # 11605290001070

cott Randolph, Tax Collector

1803 CONTR-PLUMBING

Local Business Tax Receipt

Orange County, Florida

is local business lax receipt is in addition to and not in lieu of any other lax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other doll aromaness. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2016

\$50.00

1803-0055905

BUSINESS OFFICE

\$30,00 10 EMPLOYER #

TOTAL TAX PREVIOUSLY PAID TOTAL DUE

\$80.00 \$80.00

\$0,00

5813 E COLONIAL DR U - ORLANDO 32807

PAID \$30,00 0099-00746555 8/25/2016

SCOF .SHAW DANIEL C MERRELL PLUMBING SHAW DANIEL C 5513 E COLONIAL DR ORLANDO FL 32807-1822

This receipt is official when validated by the Tax Collector



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2016

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(les) must 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)

	ertificate holder in lieu of such endor	sement(s	s).		0.111					J
PRO	DOUCER			CONTA NAME:	CT Pamela	Lawlor				
LR	A Insurance			PHONE (407) 838-3445 FAX (A/C, No): (407) 838-3460					38-3460	
498 S Lake Destiny Dr				E-MALL ADDRESS plawlor@lrainsurance.com						
-				INSURER(S) AFFORDING COVERAGE					NAIC =	
Orlando FL 32810				INSURERA Westfield Insurance Company					24112	
INS	URED Herrell Plumbing, Inc	2. E		INSURER & Bridgefield Employers Ins Co					10701	
М	.M. Rust & Sons, Inc.			INSURE	-	rrerd Dm	JIOYELS INS	CO		10,01
56	13 E. Colonial Drive									
				INSURE	Principal Association (Control of Control of					
Or	lando FL 328	307		INSURE						
_	- Clearity		ENUMBED-16/17	INSURE	RF:		DEVISION NUM	IDED.		
C	COVERAGES CERTIFICATE NUMBER: 16/17 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	INSO WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DO/YYYY)		LIMITS	3	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENC	E !	\$	1,000,000
A	CLAIMSIMADE X OCCUR			-			DAMAGE TO RENTE PREMISES (Ea occur	(ED)	\$	100,000
			TRA3993122		12/31/2016	12/31/2017	MED EXP (Any one)		\$	5,000
						17	PERSONAL & ADVI	NJURY	3	1,000,000
	GENIL AGGREGATE LIMIT APPLIES PER						GENERAL AGGREG	ATE	ş	1,000,000
	X POLICY PRC: LOC						PRODUCTS - COMP		\$	1,000,000
	OTHER						Employee Benefits		\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	CAMIT	\$	500,000
A	X ANY AUTO					l ï	BOOILY MUURY (Pe		\$	
	ALL OWNED SCHEDULED AUTOS		TRA3993122		12/31/2016	12/31/2017	BODILY NUURY (Pe	r accident)	ş	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAG	y	\$	
							(Per accident) Medical payments		ţ.	5,000
	X UMBRELLA LIAB X DOCUME						EACH OCCURRENC	T	r	1,000,000
A	EXCESS LIAB CLAIMS-MADE	1 1 1		×1 1			AGGREGATE		5	1,000,000
	DED X RETENTION\$		TRA3993122	1	12/31/2016	12/31/2017	TO GILLOTTE		e	1,000,000
	WORKERS COMPENSATION					x PER STATUTE	OTH-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			1/1/2017			E & EACH ACCIDEN	-	s	100,000
В	OFFICER/MEMBER EXCLUDEO? (Mandatory In NH)	N/A	0830-28289		1/1/2018	E L DISEASE EA E			100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	1330 2020		-/-/	2,2,2420			5		
_	DEDCTOR OF STERVINOTS SOON			_			E L DISEASE - POL	ICT LIMI:	,	500,000
						. 9				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACOR	n 101 Additional Pamarka Sahadu	de march			ra di			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CER	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					
_				d bun	bra St.78	SAILEY	about 1	(

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 87014

Inspection Report

Project Name: 3720 Saint Moritz Street ~ COBI

3720 Saint Moritz Street ~ COBI, Belle Isle, Orange County,

FL

Client: City of Belle Isle

ProjectNo.: 0115.17002

0115.1700236.0000-0115-04

Lot No.:

Date:

Contact: Susan Manchester at 407 581

08/10/2017 Any any

8161

Permit No: 2017-08-060

Scope of Inspection:

REVIEW plumbing app to move drain

Inspection Type:

Address:

Disposition of Inspection:

Comments: Moving sink and creating kitchen island already on main bldg plans 2017-06-081

Jole Baker

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector:

Dale Baker, BN 3927