



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 8168

Business Phone: 321 229 7582

Contractor License #: CFC032627

Schedule Inspections via Email at: BDscheduling@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			

ROOF INSPECTOR DATE COMMENTS

In-progress			
Final			

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day



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

RECEIVED
 AUG 09 2017

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.

DATE OF APPLICATION: 8/9/17 PERMIT NUMBER 2017-08-060
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 3720 ST. MORITZ ST., Belle Isle FL 32809 32812

Property Owner WILLIAM R KATHLEEN BLAKE Phone 407-489-8265

Property Owner's Mailing Address 3720 ST. MORITZ ST. City BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 17-23-30-4385-03-350

To obtain this information, please visit <http://www.ocpafll.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) \$ 7,130.00

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
Urinals	
Disposals	
Washing Machines	
Water Heaters	
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)	1

Relocate Kitchen drain.

*Per FBC, Sec. 608

*Noted: the report must be posted with permit for Final Inspection.

D. Baker
 Building Official: _____ Date 8-10-17
 Verified Contractor's Licenses & Insurance are on file (50) Date 8-9-17

Permit Fee 79
 Review Fee 39.50
 2.5% State Surcharge (\$4.00 minimum) 4.-
 Total Permit Fee 122.50

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 *Daniel Shaw* LICENSE # CFC032627
 LICENSE HOLDER NAME DANIEL SHAW COMPANY NAME HERRELL PLUMBING
 Street Address 5613 E. COLONIAL DR.
 City ORLANDO State FL Zip Code 32807 Phone Number 321-229-7582
 Email Address shawsservice@yahoo.com

73
 6

 79.50
 39.50

 118.50

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 2017-06-081

permits@rinaldis.com
8724

Permit Number: _____
 Folio/Parcel ID #: 17-23-30-4385-03-350
 Prepared by: PAULA MCKINNON

Return to: SHAW'S SERVICE
5613 E. COLONIAL DR.
ORLANDO, FL 32807

NOTICE OF COMMENCEMENT

State of Florida, County of Orange
 The 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)
3720 ST. MORITZ ST. ORLANDO, FL 32812 LAKE CONWAY EST SECT SIX Z/17 LOT 335
2. **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)
 Name _____
 Address _____
4. **Contractor**
 Name SHAW'S SERVICE Telephone Number 321-229-7582
 Address 5613 E. COLONIAL DR. ORLANDO, FL 32807
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone 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.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) 8/31/2017

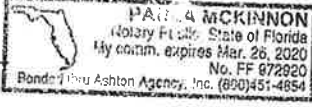
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

William Blake _____ **OWNER**
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____ by WILLIAM BLAKE
 as OWNER for WILLIAM BLAKE
Type of Authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed


Paula McKinnon _____ Paula McKinnon
 Signature of Notary Public - State of Florida Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID
 Type of ID Produced DL



Form content revised: 01/23/14

State of FLORIDA, County of ORANGE
 I hereby certify that this is a true copy of the document as recorded in the public records of PHIL DIAMOND, COMPTROLLER
 BY: [Signature], D.C.
 DATED: 7/28/17





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 MCKINNON of _____
(print name)

RINALDI'S AIR COND SVC. 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:

3720 ST. MORITZ ST., 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

License Number: CFC032627

Certified Contractor's Signature: *[Handwritten Signature]*

.....

The foregoing instrument was acknowledged before me this _____ days of _____ of 20_____

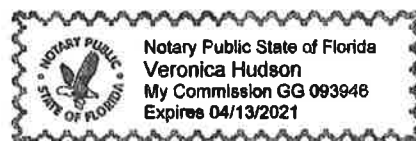
by _____ who is personally known to me or who produced

_____ as identification and who did not take an oath.

State of Florida
County of Orange

[Handwritten Signature]
Notary Public, Orange County, Florida

(seal)



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER
CFC032627



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 # L1605290001070

Scott Randolph, Tax Collector

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 local ordinances. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2016
1803 CONTR-PLUMBING \$50.00 21 EMPLOYEE 5000 BUSINESS OFFICE 1603-0055905 \$30.00 10 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00



SHAW DANIEL C

HERRELL PLUMBING
SHAW DANIEL C
5613 E COLONIAL DR
ORLANDO FL 32807-1822

5613 E COLONIAL DR
U - ORLANDO 32807

PAYD \$30.00 0099-00746555 8/25/2016

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(ies) 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).

PRODUCER LRA Insurance 498 S Lake Destiny Dr Orlando FL 32810		CONTACT NAME: Pamela Lawlor PHONE (A/C, No, Ext): (407) 838-3445 FAX (A/C, No): (407) 838-3460 E-MAIL ADDRESS: plawlor@lrainsurance.com															
INSURED Herrell Plumbing, Inc. & M.M. Rust & Sons, Inc. 5613 E. Colonial Drive Orlando FL 32807		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A Westfield Insurance Company</td> <td>24112</td> </tr> <tr> <td>INSURER B Bridgefield Employers Ins Co</td> <td>10701</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Westfield Insurance Company	24112	INSURER B Bridgefield Employers Ins Co	10701	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A Westfield Insurance Company	24112																
INSURER B Bridgefield Employers Ins Co	10701																
INSURER C :																	
INSURER D :																	
INSURER E :																	
INSURER F :																	

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	ADDL SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		TRA3993122	12/31/2016	12/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		TRA3993122	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		TRA3993122	12/31/2016	12/31/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	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	0830-28289	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 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**CANCELLATION**

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

Jumbra St./BAILEY

© 1988-2014 ACORD CORPORATION. All rights reserved.



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

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
Address: 3720 Saint Moritz Street ~ COBI, Belle Isle, Orange County, FL
Client: City of Belle Isle
ProjectNo.: 0115.1700236.0000-0115-04

Date: 08/10/2017 Any any
Permit No: 2017-08-060
Lot No.:
Contact: Susan Manchester at 407 581 8161

Scope of Inspection: REVIEW plumbing app to move drain

Inspection Type:

Disposition of Inspection:

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

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