



BUILDING JOB SITE CARD

City of Belle Isle

GAS PERMIT 2017-08-068

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-06-068

Site Address: 3939 Isle Vista Ave

Subdivision:

Description of Work: GAS – run line for pool heater and future use clothes dryer

Issue Date: 8/14/17

Parcel Number: 20-23-30-0668-00-940

Class: Residential

Issued To: Thompson Gas

Name: Tobar, Manny

Payment Date & Method: 8-15-17- VISA 3518

Business Phone: 407 730 3301

Contractor License #: 30455

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			

PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

ROOF	INSPECTOR	DATE	COMMENTS
In-progress			
Final			

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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 GAS 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: 08/09/17 PERMIT NUMBER 2017-08-068

The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas Installations as indicated below. PLEASE PRINT

Project Address 3939 ISLE VISTA AVE, Belle Isle FL 32809 32812

Property Owner EDWARD CHUA Phone 407-859-7547

Property Owner's Mailing Address 3939 ISLE VISTA AVE City ORLANDO

State FL Zip Code 32812 Parcel Id Number: 20-23-30-668-0-940

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

GAS OUTLETS 2 DELIVERY PRESSURE 11 TOTAL # BTU'S 444

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED *****
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS

Type of Appliance	Qty	Value of Each*
DRYER	1	\$1200.00
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL		\$
POOL HEATER	1	\$200.00
SPA		\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 1400.00

Special Comments:

GAS LINE TO DRYER IS FUTURE USE



Reviewed for Code Compliance
 Universal Engineering Sciences

*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: [Signature] Date 8-12-17
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-10-17

Permit Fee \$ 82
 Review Fee \$ 41
 3% Florida Surcharge \$ 4
 Total Permit Fee \$ 127.-

PAID
8-15-17
 via
VISA 3518

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 # 30455

LICENSE HOLDER NAME MANNY TOBAR COMPANY NAME Suburban Gas propane Partners dba Thompson gas

Street Address 898 w Landstreet rd

City Orlando State FL Zip Code 32824 Phone Number 407-730-3301

Email Address VWARNER@THOMPSONGAS.COM

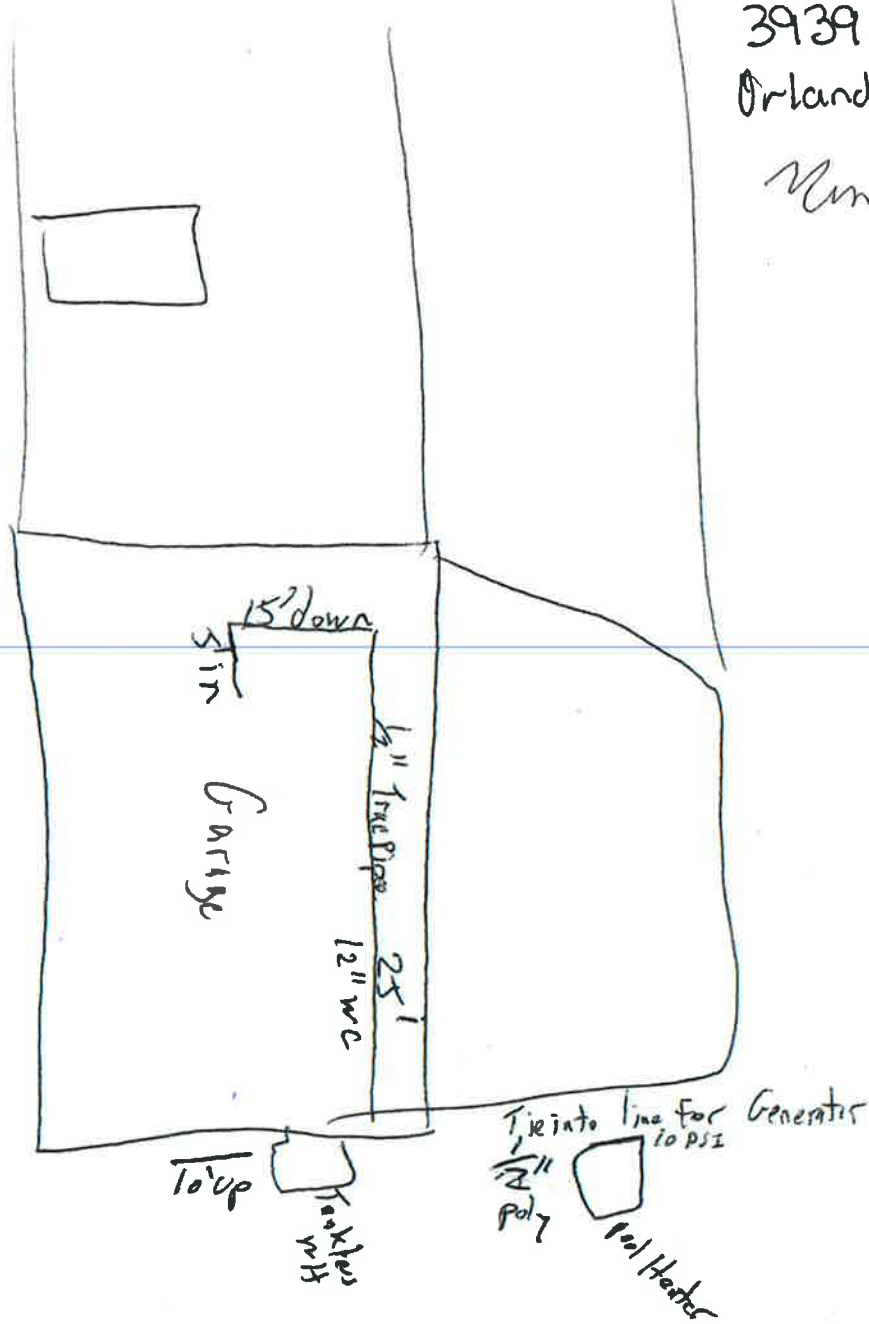
NOTE: The Building Permit Number is required if the Gas installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number _____


87062

62
 28
 41
 123

3939 Isle Vista
Orlando 32812

Mary Jane
8-10-17



 UNIVERSAL ENGINEERING SCIENCES
PLAN REVIEW

These plans have been reviewed for conformance to the Florida Building Code. Our review of these plans is pursuant to Section 106 of the Florida Building Code and does not include any items outside of the stated codes nor shall it relieve the permit holder from compliance with provisions of these or any other state or local regulation.

Name Mary Jane
Lic. No. PX1830 Date 8/12/17



**State of Florida
Department of Agriculture and Consumer Services**

Division of Consumer Services
Bureau of Compliance
(850) 921-1600
Tallahassee, Florida

Certificate No: 32270
Exam Date: September 1, 2016
Issue Date: September 15, 2016
Expiration Date: September 14, 2019
Exam: 0601

MASTER QUALIFIER CERTIFICATE

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

MANUEL J. TOBAR

Valid For
License Number: 30455
SUBURBAN GAS PROPANE PARTNERS LLC DBA THOMPSON
898 W LANDSTREET RD
ORLANDO, FL 32824-8023


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



POST LICENSE
CONSPICUOUSLY

**State of Florida
Department of Agriculture and Consumer Services**

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: 30455
Expiration Date: August 31, 2017
Date of Issue: September 1, 2016
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION ONLY
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE
INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

SUBURBAN GAS PROPANE PARTNERS LLC
898 W LANDSTREET RD
ORLANDO, FL 32824-8023


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

On this license, each business location of a company must be licensed. All LP Gas licenses must be renewed.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2016

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 M&T Insurance Agency, Inc. 7799 Leesburg Pike, Ste 600 N Falls Church VA 22043-2413	CONTACT NAME: Johanna Niebuhr PHONE (A/C, No, Ext): 703-748-3702 E-MAIL ADDRESS: jniebuhr@mtb.com		FAX (A/C, No): 855-583-7294													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: North River Ins Company</td> <td>21105</td> </tr> <tr> <td>INSURER B: United States Fire Ins Co</td> <td>21113</td> </tr> <tr> <td>INSURER C: Great American Assurance Co</td> <td>26344</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: North River Ins Company	21105	INSURER B: United States Fire Ins Co	21113	INSURER C: Great American Assurance Co	26344	INSURER D:		INSURER E:		INSURER F:
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INSURED THOMP-3
ThompsonGas, LLC
ThompsonGas Smokies, LLC
Suburban Gas Propane Partners, LLC
5260 Westview Drive, Suite 200
Frederick MD 21703

COVERAGES **CERTIFICATE NUMBER: 760978176** **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 <input checked="" type="checkbox"/> BI/PD \$10,000 Ded Per claim GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	506-888350-4	10/1/2016	10/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS90 CA9848 <input checked="" type="checkbox"/> \$10,000 Ded.	Y	Y	506-888350-4	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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	Y	Y	523-804797-9	10/1/2016	10/1/2017	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N N/A		Y	408-729540-6	10/1/2016	10/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Excess Liability			EXC4101196	10/1/2016	10/1/2017	Limit \$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability - Per Location Aggregate - All locations owned or leased by the insured - Capped at \$15,000,000
General Liability - Blanket Additional Insured - Ongoing operations - by written contract - Form FM 101.01.1206 01 11
General Liability - Blanket Additional Insured - Vendors - by written contract - Form FM 101.0.1206 01 11
See Attached...

CERTIFICATE HOLDER City of Belle Isle, FL 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 <i>J.P. Qualich</i>

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

	2016	EXPIRES 9/30/2017	1819-1092635
1819 LP GAS-INSTALLER	\$30.00	2 EMPLOYEES ; 2501 LP GAS-MANUFACTURE	\$30.00 2 EMPLOYEES ;

TOTAL TAX	\$60.00
TRANSFER FEES	\$3.00
PREVIOUSLY PAID	\$63.00
TOTAL DUE	\$0.00

898 W LANDSTREET RD
U - ORLANDO, 32824



• SUBURBAN GAS PROPANE PARTNERS LLC

THOMPSON GAS
SUBURBAN GAS PROPANE PARTNERS LLC
5280 WESTVIEW DRIVE STE 200
FREDERICK MD 21703

PAID: \$63.00 (Multiple) 2504-02467674 11/3/2016

This receipt is official when validated by the Tax Collector.

ORANGE COUNTY PROPERTY APPRAISER

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 [Sign up for e-Notify...](#)

3939 Isle Vista Ave < 20-23-30-0668-00-940 >

Name(s)
 Chua Caroline O
 Chua Edward B
 Mailing Address On File
 3939 Isle Vista Ave
 Belle Isle, FL 32812-2219
 Incorrect Mailing Address?

Physical Street Address
 3939 Isle Vista Ave
 Postal City and Zipcode
 Orlando, FL 32812
 Property Use
 0103 - Single Fam Class III
 Municipality
 Belle Isle



View 2016 Property Record Card

[Values, Exemptions and Taxes](#) |
 [Property Features](#) |
 [Sales Analysis](#) |
 [Location Info](#) |
 [Market Stats](#) |
 [Update Information](#)

2017 values will be available in August of 2017.

Property Description

BELLE VISTA ON LAKE CONWAY 69/12 LOT 94

Total Land Area 12,466 sqft (+/-) | 0.29 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class	Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working...	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure
Model Code:	01 - Single Fam Residence	Actual Year Built: 2013 Gross Area: 4615 sqft

[View Plat](#)