



BUILDING JOB SITE CARD

City of Belle Isle

GAS PERMIT 2017-08-075

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-075
Site Address: 4124 Isle Vista Ave 32812
Subdivision:
Description of Work: Gas – Spa and grill + future for fire pit

Issue Date: 8/14/17
Parcel Number: 20-23-30-0669-00-350
Class: Residential

Issued To: Fireplace & Gas Services

Business Phone: 407 856 7770

Name: Jenkins, Chris

Contractor License #: 31607

Payment Date & Method: 8-14-17 MC 8246

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			

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 11 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: 8/11/2017 PERMIT NUMBER 2017-08-075
 The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address 4124 ISLE VISTA, Belle Isle FL 32809 32812
 Property Owner JOHN WITH JPC CONSTRUCTION Phone 4079475400
 Property Owner's Mailing Address 4210 KEZAR COURT BELLE ISLE, FL 32812 City BELLE ISLE
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-0669-00-350
 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

GAS OUTLETS 3 DELIVERY PRESSURE 11 TOTAL # BTU'S 555,000

***** 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		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL	1	\$ 100.00
POOL HEATER		\$
SPA	1	\$ 350.00
BOILER		\$
MISC	1	\$ 100.00

Estimated Value for Labor & Appliance(s) = \$ 550.00

Special Comments:
 MISC ITEM - 1 FIRE PIT AND THE GRILL IS FOR FUTURE USE



*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: [Signature] Date 8-12-17
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-11-17

Permit Fee \$ 72.-
 Review Fee \$ 36.-
 3% Florida Surcharge \$ 4 (min)
 Total Permit Fee \$ 112.-

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 # 31607
 LICENSE HOLDER NAME CHRIS JENKINS COMPANY NAME FIREPLACE AND GAS SERVICES
 Street Address 3975 FORRESTAL AVE. SUITE 100
 City ORLANDO State FLORIDA Zip Code 32806 Phone Number 407-856-7770
 Email Address KZACKERY@FIREPLACEANDGAS.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 #2017-03-059

87194

$$\begin{array}{r} 72 \\ 36 \\ \hline 108 \end{array}$$
paid 8-14-17 MC 8246



FIREPLACE & GAS

SERVICES

3975 FORESTAL AVE, SUITE 100
ORLANDO FL 32806
(407) 856-7770 FAX (407) 825-9672
MASTER QUALIFIER #31607

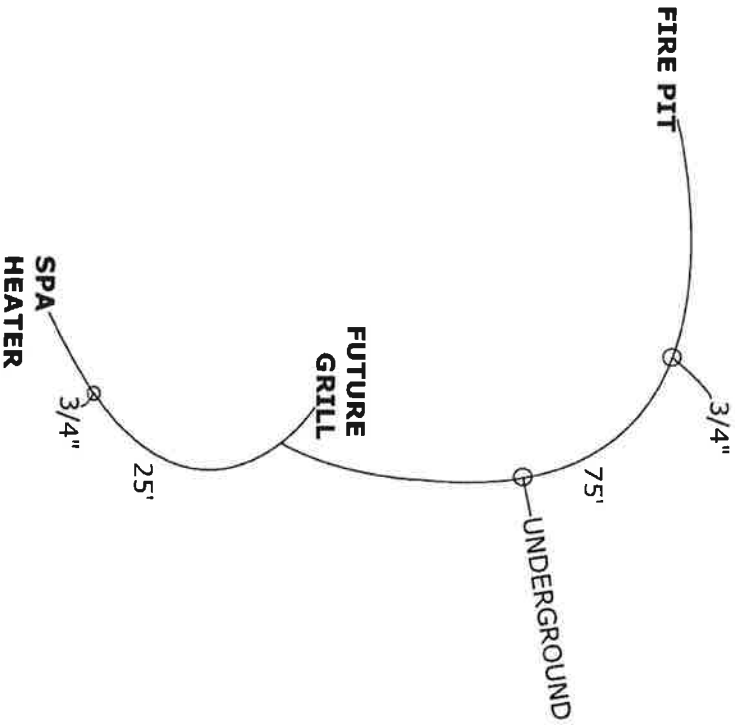
[Handwritten signature]

8-11-17

*2014 Edition
Florida
Residential
Code
Applies*

[Handwritten signature]

JPC CONSTRUCTION
4124 ISLE VISTA
BELLE VISTA
ORLANDO, 32812
JOHN; 407-947-5400
#2017-03-059; LP



FUTURE GRILL	70,000
SPA HEATER -	400,000
FIRE PIT -	120,000
	<hr/>
	590,000



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

Lic. No.

[Handwritten signature]
[Handwritten signature]

Date

8-12-17

Florida Department of Agriculture and Consumer Services
P.O. Box 6700
Tallahassee, Florida 32399-6700

License Number: 31607

Business Mailing Address

Licensed Location Address

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION: This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

Florida Department of Agriculture and Consumer Services
P.O. Box 6700
Tallahassee, Florida 32399-6700

Cut Here



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: 31607
Expiration Date: August 31, 2017
Date of Issue: September 1, 2016
License Fee: \$200.00
Type and Class: 0803

Liquefied Petroleum Gas License

LP GAS INSTALLER

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:

**FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO, FL 32806-8546**


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

Master Qualifier Mailing Address

CHRIS L. JENKINS
FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO FL 32806-8546

Licensed Location Address

FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO FL 32806-8546

Certificate Number

19183

License Number

31607

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of Compliance at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 16 (sixteen) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate, please submit all changes in writing to:

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Parkway
Tallahassee, Florida 32399-6500

Cut Here



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

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

Certificate No: 19183
Exam Date: June 23, 2004
Issue Date: August 24, 2016
Expiration Date: August 23, 2019
Exam: 0601

MASTER QUALIFIER CERTIFICATE

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

CHRIS L. JENKINS

Valid For
License Number: 31607
FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE STE 100
ORLANDO FL 32806-8546


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



CERTIFICATE OF LIABILITY INSURANCE

7/1/2018

DATE (MM/DD/YYYY)
7/5/2017

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Liberty Mutual Insurance Company	23043
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES BGLAFGS CERTIFICATE NUMBER: 14809639 REVISION NUMBER: XXXXXXXX

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	TB2641438890037	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 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 type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	AS2641438890027	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
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	N/A	WA7764D438890017	7/1/2017	7/1/2018	<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

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

CERTIFICATE HOLDER

CANCELLATION

14809639

City of Belle Isle
1800 Mela 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



CITY OF ORLANDO

ECONOMIC DEVELOPMENT • PERMITTING

Local Business Tax Receipt
City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, FL 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

PROMPT! Interactive Voice Response System: 407.246.4444
Visit our website: www.CityofOrlando.net/permits

CITY OF ORLANDO ECONOMIC DEVELOPMENT PERMITTING SERVICES LOCAL BUSINESS TAX RECEIPT

(Formerly known as "Business License," changed per state law HB1269-2006)

Issued Date: 10/01/2016
Expiration Date: 09/30/2017

Business Name
FIREPLACE & GAS SERVICES INC
3975 FORRESTAL AVE
SUITE 100
ORLANDO FL 32806

Business Type(s):
CONTRA 1524 CONTRACTOR DBPR

2016-2017



NOTICE-THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Case Number: BUS-0032665

Business Owner
FIREPLACE & GAS SERVICES INC
QUALIFIER: CHRIS L JENKINS

Business Location:
3975 Forrestal Ave

Fees:
Administration Fee
2017 Business Tax
Total Paid

20.00
454.00
\$470.00

