



# BUILDING JOB SITE CARD

## City of Belle Isle

### PLUMBING PERMIT 2017-08-033

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-033

Site Address: 4214 Belle Grove Ct, 32812

Subdivision:

Description of Work: Plumbing for swimming pool and spa per attached plans

Issue Date: 08.15.2017

Parcel Number: 20-23-30-1661-01-100

Class: Residential

Issued To: All Seasons Pool Service Inc

Name: Watts, John

Payment Date & Method: *check 6475 8-22-17 \$ 97.-*

Business Phone: 407 321 5404

Contractor License #: CPC023576

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Morning

**"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: [BI DScheduling@universalengineering.com](mailto:BI DScheduling@universalengineering.com)

**SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME**

**Inspection Results Will Be Sent Out To You The Following Business Day**



City of Belle Isle  
 1600 Nela Avenue, Belle Isle, FL 32809  
 Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

RECEIVED  
 AUG 02 2017  
 BY: \_\_\_\_\_

**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: \_\_\_\_\_ PERMIT NUMBER 2017-08-033  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 4214 Bell Grove Ct, Belle Isle FL 32809 32812

Property Owner Rhett Landrum Phone \_\_\_\_\_

Property Owner's Mailing Address 4214 Bell Grove Ct. City Belle Isle

State FL Zip Code \_\_\_\_\_ Parcel Id Number: 20-23-30-1661-01100  
 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  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) \$ 300

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			Spa		
Sewer			Solar		
Catch Basins/Sumps			Pool Piping	<u>1</u>	
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. Total Fees 93.-  
2.5 % State Surcharge 4.-  
 Building Official: [Signature] Date 8-15-17 Permit/Review Fee Grand Total 97

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 # CPC023576  
 LICENSE HOLDER NAME JOHN N WATTS COMPANY NAME ALL SEASONS POOL SERVICE INC  
 Street Address 185 E AIRPORT BLVD  
 City SANFORD State FL Zip Code 32773 Phone Number 407-871-2020

check 61475 8-22-17

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.

176 = 5 min  
1.59 = 2 min

62  
31  
93

Building Permit Number \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

ALLSE-3

OP ID: HP

DATE (MM/DD/YYYY)

11/30/2016

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  
Insurance By Ken Brown, Inc.  
PO Box 948117  
Maitland, FL 32794-8117  
Kenneth M Brown

CONTACT NAME: Kenneth M Brown  
PHONE (A/C, No, Ext): 321-397-3870 FAX (A/C, No): 321-397-3888  
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Amerisure Ins Company	19488
INSURER B: Amerisure Mutual Ins. Co	23396
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED All Seasons Pool  
All Seasons Pool Srv Inc DBA  
185 E Airport Blvd  
Sanford, FL 32773

**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. 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP20266931201	01/16/2017	01/16/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA20786140601	01/16/2017	01/16/2018	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 0			CU20812270501	01/16/2017	01/16/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC131559819	01/16/2017	01/16/2018	<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**

BELLEIS

City of Belle Isle  
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

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

LICENSE NUMBER

CP0023576

The COMMERCIAL POOL/SPA CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2018

WATTS, JOHN NICHOLAS  
ALL SEASONS POOL SERVICE INC  
185 E AIRPORT BLVD  
SANFORD FL 32773

ISSUED: 08/03/2016

DISPLAY AS REQUIRED BY LAW

SEQ # 1:1608030001960





CITY OF SANFORD  
Building & Fire Prevention Division  
PO Box 1788, Sanford, FL 32772-1788

2017

**LOCAL BUSINESS TAX RECEIPT**

VALID THROUGH DECEMBER 30, 2017

ALL SEASONS POOLS  
185 E AIRPORT BLVD  
SANFORD FL 32773

This receipt is a local business tax only. It does not permit the local business taxpayer to violate any existing zoning or regulatory laws of the state or county, nor does it exempt the business taxpayer from any other license or permits required by law.

Issue Date: August 30, 2016                      Control Number: 0017075  
Business Location: 185 E AIRPORT BLVD

Receipt Number	Classification	Receipt Amount	Penalty Amount	Total
00024289	FIREINS FIRE INSPECTIONS	100.00	.00	100.00
00024290	5030 CONTRACTOR 10 OR MORE EMPLOYEES	200.00	.00	200.00

SEMINOLE COUNTY TAX RECEIPT REQUIRED  
ORIGINAL TAX RECEIPT MUST BE DISPLAYED ON PREMISES