

# **BUILDING JOB SITE CARD**

# City of Belle Isle

# **PLUMBING PERMIT 2017-09-001**

## PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-09-001

Issue Date: 8/31/17

Site Address: 6806 Seminole Dr, 32812

Parcel Number: 29-23-30-4389-02-010

Subdivision:

Class: Residential

Description of Work: Plumbing for new SFR per Bldg Permit 2017-03-065

Issued To: Lavender Lady Plumbing Inc

Business Phone: 407 464 0510

Name: Smith-Nissen, Lisa

**Contractor License CFC1429057** 

Payment Date & Method: 8-31-17 VISA 580

Schedule Inspections via Email at: BIDscheduling@universalengineering.com SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME Inspection Results Will Be Sent Out the Next 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		2	

PERMIT # 2017-09-001 Page 2

GAS	<b>INSPECTOR</b>	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			
20			
PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation		le le	
Final			1.
ROOF	INSPECTOR	DATE	COMMENTS
In-progress			
Final			

Inspection requests are to be emailed to <a href="mailto:BIDscheduling@UniversalEngineering.com">BIDscheduling@UniversalEngineering.com</a>; a confirmation email will be sent back to you upon scheduling. <a href="Mailto:Next-Day Inspection requests must be made by 4pm">Next-Day Inspection requests must be made by 4pm</a>. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 3281
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com AUG 29

## 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.

Project Address 8808 Seminole Dr. 6806 Seminole	DATE OF APPLICATION The undersigned hereby		PERMIT NUMBER	2017.03 Das 00  -	09-001
Property Owner's Mailling Address 8143 Steeplechase blvd City, Orlando  State FL Zip Code 32818 Parcel Id Number: 29-23-30-4389-02-010 39-3-30 * 13549-02-02-10					
State FL	187		A		
State FL   Zip Code   32818   Parcel Id Number: 29-23-30-4389-02-010   Qq 3-30 - \(\frac{1}{2}\)   State FL   Zip Code   32818   Parcel Id Number: 29-23-30-4389-02-010   Qq 3-30 - \(\frac{1}{2}\)   State FL   Zip Code   32818   Parcel Id Number: 29-23-30-4389-02-010   Qq 3-30 - \(\frac{1}{2}\)   State FL   Zip Code   32818   Parcel Id Number: 29-23-30-4389-02-010   Qq 3-30 - \(\frac{1}{2}\)   State FL   Zip Code   32818   Parcel Id Number: 29-23-30-4389-02-010   Qq 3-30 - \(\frac{1}{2}\)   State FL   Zip Code				W71 0	148-65
Class of Building: Old New Alteration Addition Repair Type of Building: Residential Commercial Other Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe VOU 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) \$ 16,800.00  FIXTURES Quantity  Water Closets (Toilet) \$ Dishwashers Laundy Tubs 1  Urinals   Grease Traps   Grease	Property Owner's Mailing	Address 8143 Steeplechase blv	vdCity_Orla	indo	
Type of Work: New Alteration Addition Repair Type of System: Sawer 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) \$ 16,800.00  FIXTURES Quantity FIXTURES Quantity  Water Closets (Toilet)   5   Dishwashers   1   1   1   1   1   1   1   1   1	State_FLZip			9330.4.	389-02-0
VALUATION OF JOB (labor & materials) \$ 16,800.00  FIXTURES Quantity FIXTURES Quantity  Water Closets (Toilet)   5   Dishwashers   Laundry Tubs   1	The second secon			Control of the Contro	
FIXTURES Quantity  Water Closets (Toilet)  Bathtubs  1  Urinals  Dishwashers  Laundry Tubs  1  Floor Drains  Grease Traps  Trailer Connections  Spa  Solar  Gatch Basins/Sumps  Service Sink  Lavatory (Bathroom Sink)  Bathrubs  1  Water FBC, Sec. 608. a Backflow Preventer must be installed & losted: the report must be posted with permit for Final inspection  Permit Fee  Review Fee  Review Fee  105. 106  Building Official:  Date 8:31.77  Verified Contractor's Licenses & Insurance are on file  Date 8:31.77  Date 8:31.77  Date 8:31.77  Permit Fee  Review Fee  1,5% DCA Fee  1	YOU MAY BE			ALTERED / ADDITION	
FIXTURES  Quantity  Water Closets (Toilet)  Bathriubs  1  Urinals  Urinals  Disposals  1  Washing Machines  1  Water Heaters  1  Sewer  Catch Basins/Sumps  Service Slink  Lavatory (Bathroom Sink)  Lavatory (Bathroom Sink)  Showers  4  Showers  4  Sinks  3  Miscellaneous (Specify)  Per FBC, Sec. 608, a Backflow Preventer must be installed & tested, the report must be posted with permit for Final Inspection  Permit Fee  Review Fee  Review Fee  Review Fee  1:5% DCA Fee  1:5% DCA Fee  1:5% DCA Fee	VALUATION OF JOB (Is	thor & materials) \$ 16,800.00			
Water Closets (Toilet)  Bathtubs  1  Urinals  Disposals  Disposals  1  Washing Machines  1  Water Heaters  1  Sewer  Catch Basins/Sumps  Service Sink  Lavatory (Bathroom Sink)  Service Sink  Lavatory (Bathroom Sink)  Showers  4  Sinks  3  Miscellaneous (Specify)  Fer FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final inspection  Permit Fee  Building Official:  Date  8  3  Date  10  Date  8  17  Date  17  Date  17  BCAIB Fee  1.5% DCA Fee  1.5% DCA Fee	VALUE TION OF GOD (III	bor a materials) +			
Bathtubs 1 Urinals Disposals 1 Washing Machines 1 Water Heaters 1 Sewer Catch Basins/Sumps Service Sink Lavatory (Bathroom Sink) 6 Showers 4 Sinks 3 Per FBC, Sec. 608, a Backflow Preventier must be installed & tested. The report must be posted with permit for Final Inspection  Permit Fee Building Official:  Verified Contractor's Licenses & Insurance are on file  Date 8:31-17  Verified Contractor's Licenses & Insurance are on file  Laundry Tubs 1 Floor Drains Floor Drains Floor Drains Floor Drains Floor Drains 1 Floor Drains Floor Drains 1 Floor Drains Floor Drains 1 Flo	FIXTURES	Quantity	FIXTURES	Quantity	
Urinals  Disposals  I Grease Traps  Trailer Connections  Water Heaters  I Spa  Sewer  Catch Basins/Sumps  Service Sink  Lavatory (Bathroom Sink)  Showers  4  Showers  4  Showers  4  Sinks  Per FBC, Sec. 608, a Backflow Preventer must be installed & tested. The report must be posted with permit for Final inspection  Permit Fee  Review Fee  Verified Contractor's Licenses & Insurance are on file  Date 8:31:17  Page 13:30  Page 13:30  Page 14:00  Page 14:00  Page 15:00  Page 15:00  Page 16:00  Pag	Water Closets (Toilet)	5	Dishwashers		23 814
Disposals  Usashing Machines  I  Water Heaters  I  Sewer  Catch Basins/Sumps  Service Sink  Lavatory (Bathroom Sink)  Showers  I  Sinks  Showers  A  Sinks  Showers  Building Officiat:  Date  Building Officiat:  Date	Bathtubs	1	Laundry Tubs	1	126
Washing Machines  Water Heaters  Sewer  Solar  Catch Basins/Sumps  Service Sink  Lavatory (Bathroom Sink)  Showers  4  Sinks  Per FBC, Sec. 608, a Backflow Preventer must be installed & tested. The report must be posted with permit for Final Inspection  Permit Fee  Review Fee  Verified Contractor's Licenses & Insurance are on file  Water Softener  Replie  Miscellaneous (Specify)  Permit Fee Review Fee  1.5% DCA Fee  4  1.5% DCA Fee  1.5% DCA Fee	Urinals		Floor Drains		; = 130
Water Heaters 1 Sewer Solar  Catch Basins/Sumps Pool Piping  Service Sink Pool Piping  *Irrigation: (# Systems / # Heads)  Water Softener  Re-pipe Miscellaneous (Specify)  *Per FBC, Sec. 608, a Backflow Preventer must be installed & tested, the report must be posted with permit for Final Inspection  Permit Fee Review Fee 105,  Verified Contractor's Licenses & Insurance are on file Date 8-31-17  Verified Contractor's Licenses & Insurance are on file 1.5% DCA Fee 4.75	Disposals	1	Grease Traps		-12
Sewer  Catch Basins/Sumps  Pool Piping  Irrigation: (# Systems / # Heads)  Water Softener  Showers  4  Sinks  Sinks  Miscellaneous (Specify)  Per FBC, Sec. 608, a Backflow Preventer must be installed & tasted; the report must be posted with permit for Final Inspection  Permit Fee  Review Fee  Building Officiat:  Date  Building Officiat:  Date  Date  Date  1% BCAIB Fee  1.5% DCA Fee  U  75	Washing Machines	1	Trailer Connections		71
Catch Basins/Sumps  Service Sink  Lavatory (Bathroom Sink)  Showers  4  Sinks  3  Miscellaneous (Specify)  *Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection  Permit Fee  Building Official:  Date  **Sinks**  Date  **Building Official:  Date  **Building Official	Water Heaters	1	Spa		21
Service Sink  Lavatory (Bathroom Sink)  6  Water Softener  Re-pipe  Sinks  Sinks  Per FBC, Sec. 608, a Backflow Preventer must be installed 3 tested, the report must be posted with permit for Final Inspection  Permit Fee  Review Fee  Verified Contractor's Licenses & Insurance are on file  Date 8:31.17  Verified Contractor's Licenses & Insurance are on file  1% BCAIB Fee  1.5% DCA Fee  4  1.5% DCA Fee  1.5% DCA Fee	Sewer		Solar		05
Lavatory (Bathroom Sink)  Showers  4  Re-pipe  Sinks  Miscellaneous (Specify)  *Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection  Permit Fee  Building Official:  Date  **Solution**  Date  **Solution**  Date  **Solution**  Date  **Solution**  Date  **Solution**  Date  **Solution**  Permit Fee  1/5 BCAIB Fee  1.5% DCA Fee  **Union**  1.5% DCA Fee  1.	Catch Basins/Sumps		Poal Piping		
Showers  Sinks  Sinks  Miscellaneous (Specify)  *Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection  Permit Fee  Building Official:  Date 8-31-17  Verified Contractor's Licenses & Insurance are on file  Building Official:  Date 8-31-17  1% BCAIB Fee  1.5% DCA Fee  4.75	Service Sink		*Irrigation; (# Systems / # Heads)	)	216
Sinks  3 Miscellaneous (Specify)  *Per FBC, Sec. 608, a Backflow Preventer must be installed 3 tested, the report must be posted with permit for Final Inspection  Permit Fee  Review Fee  1% BCAIB Fee  1.5% DCA Fee  4 75	Lavatory (Bathroom Sink)	6	Water Softener		<b>.</b>
Per FBC, Sec. 608, a Backflow Preventisi must be installed & tested; the report must be posted with permit for Final Inspection  Permit Fee  Building Official:  Date 8-31-17  Verified Contractor's Licenses & Insurance are on file  Date 8-31-17  1% BCAIB Fee  1.5% DCA Fee  4.75	Showers	4	Re-pipe		
Permit Fee Review Fee 105.  Verified Contractor's Licenses & Insurance are on file 8-31-17  No. 100 Date 8-31-17  1% BCAIB Fee 1.5% DCA Fee 4.75					
Verified Contractor's Licenses & Insurance are on file 8 Date 8 31.17  Verified Contractor's Licenses & Insurance are on file 8 Date 8 31.17  1% BCAIB Fee 1.5% DCA Fee 4.75	Per FBC Sec. 608, a Bac.	kflow Preventer must be installed &	lested the report must be posted with permi		
Verified Contractor's Licenses & Insurance are on file Date 8:31-17  1% BCAIB Fee 3, 17  1.5% DCA Fee 4, 75				Permit Fee	500
1.5% DCA Fee 4 75	Building Official:	Sha Dole	Date 8-31-17	Review Fee	5.50
1.5% DCA Fee 4 75	Verified Contractor's	Licenses & Insurance are on file	(SND) Date 8:31-17	1% BCAIB Fee	3.17
				1.5% DCA Fee	11/2/
VISA 3800 0001/	1016	A KODA CI	21 17		7.00
	V\/\)	1 200 00	DV 1 /	I Otal Parimit Pee	4 2
					or
same is granted I agree to conform to all Florida Building Cose 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.		hall he	1.	1	U2965
submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.					Tu (
submitted. The Issuance of this permit doors not grant permits by to violate and applicable Town and/or State of Florida codes and/or ordinances.  LICENSE HOLDER SIGNATURE  LICENSE #CFC1429057  CFC1429057	LICENSE HOLDER NAME	841 POB ( 51)	COMPANY NAME LEVELING	r cady r leanowing	
LICENSE HOLDER NAME Lisar Smith-Nissen COMPANY NAME Lavender Lady Plumbing	Street Address		- 32704	. 407-464-0510	
LICENSE HOLDER SIGNATURE  LICENSE HOLDER NAME  LISA Smith-Nissen  COMPANY NAME  Lavender Lady Plumbing  Street Address  P.O. BOX 841  P.O. BOX 841			Zip Code Phone Nu	mber 40, 404-0010	
submitted. The Issuance of this permit does not grant permits by to violate and applicable Town and/or State of Florida codes and/or ordinances.  LICENSE HOLDER SIGNATURE  LICENSE HOLDER NAME Lisa. Smith-Nissen  COMPANY NAME Lavender Lady Plumbing  Street Address P.O. BOX 841  City Apopka  Apopka  State FL  Zip Code 32704  Phone Number 407-464-0510	NOTE: The Building Permi	it Number is required if the Plumbin	g Installation is associated with any construction	on or alteration where a Building	1-6510
LICENSE HOLDER SIGNATURE  LICENSE HOLDER NAME Lisa Smith-Nissen  COMPANY NAME Lavender Lady Plumbing  Street Address P.O. BOX 841  City Apopka Avo State FL Zip Code 32704  Email Address Isa@lavenderladyplumbing.com  NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building			Building Permit Numb	per 2017-03-065	
LICENSE HOLDER SIGNATURE  LICENSE HOLDER NAME Lisa. Smith-Nissen  COMPANY NAME Lavender Lady Plumbing  Street Address  P.O. BOX 841  State FL  Zip Code  32704  Phone Number 407-484-0510  Email Address lisa@lavenderladyplumbing.com  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.	w lavoraer 1	and bromosing	- COVI		
LICENSE HOLDER SIGNATURE  LICENSE HOLDER NAME Lisa. Smith-Nissen  Street Address P.O. BOX 841 PO State FL Zip Code 32704 Phone Number 407-464-0510  Email Address Ilsa@lavenderladyplumbing.com  NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building					
Submitted. The Issuance of this permit does not grant permits to violate and applicable Town and/or State of Florida codes and/or ordinances.  LICENSE HOLDER SIGNATURE  LICENSE HOLDER NAME Lisa. Smith-Nissen  COMPANY NAME Lavender Lady Plumbing  Street Address  P.O. BOX 841  State FL  Zip Code 32704  Phone Number 407-464-0510  Email Address lisa@lavenderladyplumbing.com  The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.					

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

### LICENSE NUMBER

CFC1429057

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





SMITH-NISSEN, LISA LORAINE LAVENDER LADY PLUMBING CO., INC. 155 W NANCY LEE LANE P O BOX 841 APOPKA FL 32704

ISSUED 07/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607240001858

1 /1

100%



JEFF ATWATER
CHIEF FINANCIAL OFFICER

#### STATE OF FLORIDA **DEPARTMENT OF FINANCIAL SERVICES** DIVISION OF WORKERS' COMPENSATION

\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\*

## **CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE:

5/21/2016

EXPIRATION DATE:

5/21/2018

PERSON: SMITH-NISSEN

LISA

FEIN:

463613319

**BUSINESS NAME AND ADDRESS:** 

LAVENDER LADY PLUMBING CO., INC.

67 FRISCO CT.

APOPKA

FL

32712

SCOPES OF BUSINESS OR TRADE:

LICENSED PLUMBING CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filling a cartificate of election under this socion may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Cartificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(1), F.S., Notices of election to be exempt and or extinction of election to be exempt and or this about the following the notice or the issuance of the certificate, the person remaid on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2017

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 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		CONTACT Mick Heard	
Brightway Insu	rance	PHONE (AG. No. Ext): (386) 624-6934	FAX (A/C, No): (877) 727-0306
505 East New Y	ork Avenue	E-MAIL ADDRESS: mick.heard@brightway.c	om
Suite 8		INSURER(S) AFFORDING COVER	RAGE NAIC #
Deland	FL 32724	INSURER A Arch Insurance Company	,
INSURED		INSURER B: Integon Preferred Ins	Co 31488
Lavender Lady PO Box 841	Plumbing Company Inc	INSURER C Evanston Insurance Com	npany
NEV GV		INSURER E:	
Apopka	FL 32704	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL1782936887 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

TYPE OF INSURANCE

ADDLISURE
INSD
WYD
POLICY NUMBER

POLICY EFF
(MM/DD/YYY)

CACHAS MADE

CLAIMS MADE

CLAIMS MADE

ADDLISURE

CLAIMS MADE

ADDLISURE

CLAIMS MADE

ADDLISURE

DAMAGE TO RENTED

ADDLISURE

ADDLISURE

CLAIMS MADE

ADDLISURE

ADDLISURE

DAMAGE TO RENTED

A G	CLAIMS-MADE X OCCUR						EACH OCCURRENCE	\$	1,000,000
-							PREMISES (Ea occurrence)	5	100,000
-		11		AGL0033872-01	2/5/2017	2/5/2018	MED EXP (Any one person)	\$	5,000
-							PERSONAL & ADV INJURY	5	1,000,000
	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							5	
A	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS		- 4	2003904582	6/1/2017	6/1/2018	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							EFTDS	\$	
Х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
c _	EXCESS LIAB CLAIMS-MADE		- 1				AGGREGATE	\$	1,000,000
	DED RETENTIONS			EZXS1008958	2/5/2017	2/5/2018		5	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	IV PROPRIETOR/PARTNER/EYECLITIVE :	N/A			1		E.L. EACH ACCIDENT	\$	
(M	andstory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
őé	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

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

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nela Ave 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.
Beile Isle, IL 32009	AUTHORIZED REPRESENTATIVE
	Mick Heard/MICHEA

,	ACORD C	FF	t II	FICATE OF LIAB	ULITY IN	CHEAN	CE I	DATE	(MM/DD/YYYY)
								08	/25/2017
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	SUR	ANCE	PR NEGATIVELY AMEND, DOES NOT CONSTITUTE CERTIFICATE HOLDER,	EXTEND OR A	LTER THE C	OVERAGE AFFORDED THE ISSUING INSURE	BY TH R(S), A	E POLICIES UTHORIZED
	MPORTANT: If the certificate holder the terms and conditions of the polic certificate holder in lieu of such endor	y. 60	r tall t	DUILURS HINA LEGITIES AN UNI	olicy(ies) musi dorsement. A s	t be endorse tatement on	d. If SUBROGATION IS this certificate does not	WAIVE	), subject to rights to the
	OBUGER	aem	ends	18	ONTACT				
	stometic Pote Conservation to a series			P	HONE .		FAX		
	Itomatic Data Processing Insurance A Adp Boulevard	\gen	cy, in	c.	MAIL		PAX (A/C, No	<u> </u>	
	seland, NJ 07068			-	OORESS:				
				<u></u>		ARD Insurance C	PROING COVERAGE		31470
BNI	URED			10	SURER B:			-	31470
	LAVENDER LADY PLUMBI	NG (	COIN	ic –	SURER C				
	155 W. Nancy Lee Lane Apopka, FL 32712			1	SURER D				
				100	SURER E				
				IN	SURER F			-	
	OVERAGES CER	TIFI	CAT	E NUMBER: 734410			REVISION NUMBER:		
INSE	HIS IS TO CERTIFY THAT THE POLICIES NDICATED NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN	THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	BY THE POLICEN REDUCED B	TOR OTHER IES DESCRIB Y PAID CLAIM!	DOCUMENT WITH RESP ED HEREIN IS SUBJECT		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSO	WVD	POLICY NUMBER	MMEDOTYYYY	POLICY EXP	LIMO	rs	
							EACH DOCURRENCE	ŝ	
	CLAIMS MADE OCCUR						PREMISES (En INJURANTED)	3	
	<del></del>						MED EXP (Any nne person)	3	
	GENL AGGREGATE LIMIT APPLIES PER:		l i				PERSONAL & ADV INJURY	5	
	POLICY PRC. LOC						GENERAL AGGREGATE	3	
	CITHER:				i i		PRODUCTS - COMP/OP AGG	3	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	2	
	ANY AUTO	1		15	1		BCEILY INJURY (Per person)	5	
	ALL OWNED SCHEDULED AUTOS		1				BODILY INJURY (Fer accident)	8	
	HIRED AUTOS NON-DWNED						PROPERTY DAMAGE	3	
_							11.32.3333333	3	
	UMBRELLA LIAB DUCUR						EACH OCCURRENCE	5	
	EXCESS LIAB CLAIMS MADE		- 1				AGGREGATE	\$	
	WORKERS COMPENSATION	-	-					3	
	AND EMPLOYERS' LIABILITY YIN			(9)	1		X PER STATUTE ER		
A		AIA	N	LAWC842715	01/09/2017	01/09/2018	E L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	- 1	- 1		1	1	EL. DISEASE EA EMPLOYEE		500,000
-	DESCRIPTION OF OPERATIONS BROW	-	$\rightarrow$				EL DISEASE POLICY LIMIT	5	500,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD	01, Additional Remarks Schedule, ma	y be attached if mor	d space & require	rd)		
on	ractor Lice <b>nse</b> s: CFC1428U57								
EF	TIFICATE HOLDER			CA	NCELLATION				
	City of Belle laie			T		N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	Orlando, FL 32809			AUT	HORIZED REPRESE	NTATIVE			
				1	( and ) 4 ) He.				
			_		A@ 10	88-2014 AC	ORD CORPORATION, A	Il rights	rocorund

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

	CITY OF ADODKA		
5	LOCAL BUSINESS TAX RECEIPT	No:	10067
	120 E Main St., Apopka, FL 32703 - (407)703-1712 Effective October 1, 2017 to September 30, 2018	Date;	8/08/17
Address:	67 FRISCO CT	Tax Penalty	61.00
Activity:	APOPKA, FL 32712 08C8-2 CONTRACTOR-STATE LICENSED PLUMBING CONTRACTOR	Transfer App Fee Other	
Issued to:	AVENDED ANY DURANDES OF 1915	Total Paid PAY IN OCT	<b>61.00</b> 0.00
	PO BOX 841 APOPKA, FL 32704	PAY IN NOV	0.00 0.00 0.00
<	Must Display Receipt/Owner's Responsibility to Renew	BUSINESS TAX OFFICIAL	OFFICIAL

Orange County, Florida Local Business Tax Receipt cott Randolph, Tax Collector s 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 ful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2017

September 30 of receipt year. Delinquent penalty is added October 1.

2017

September 30 of receipt year. Delinquent penalty is added October 1. 5000-1126305 EMPLOYEE ! EMPLOYEE | 1803 CERTIFIED PLUMBING C \$30.00 \$30.00 5000 BUSINESS OFFICE

TOTAL TAX \$60.00 PREVIOUSLY PAID \$60.00 \$0.00 TOTAL DUE

SMITH NISSEN LISA LORAINE

LAVENDER LADY PLUMBING CO INC SMITH NISSEN LISA LORAINE P O BOX 841 APOPKA FL 32704

67 FRISCO CT (MOBILE) D - APOPKA, 32712

PAID: \$60.00 0099-00790598 8/2/2017

Orange County, Florida Local Business Tax Receipt cott Randolph, Tax Collector is 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 wful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1. **EXPIRES** 

2017

9/30/2018

5000-1126305

**BUSINESS OFFICE** 5000

\$30.00

CERTIFIED PLUMBING C DOLPH, TAP

EMPLOYEE \$30.00

\$60.00 TOTAL TAX \$60.00 PREVIOUSLY PAID \$0.00 **TOTAL DUE** 

67 FRISCO CT (MOBILE) D - APOPKA, 32712

PAID: \$60.00 0099-00790598 8/2/2017

AVENDER LADY PLUMBING CO INC SMITH NISSEN LISA LORAINE P O BOX 841 APOPKA FL 32704

· SMITH NISSEN LISA LORAINE

This receipt is official when validated by the Tax Collector.