



BUILDING JOB SITE CARD

City of Belle Isle

PLUMBING PERMIT 2017-09-001

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-09-001

Site Address: 6806 Seminole Dr, 32812

Subdivision:

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

Issue Date: 8/31/17

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

Class: Residential

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 5820 \$ 324.42

Schedule Inspections via Email at: BD scheduling@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			

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			

Inspection requests are to be emailed to BD scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 4pm. 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 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
AUG 29 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: _____

PERMIT NUMBER 2017-03-065-2017-09-001

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 8808 Seminole Dr. 6806 Seminole Dr. Belle Isle FL 32809 32812

Property Owner Comins, Christopher/ Comins Development Comins, Christopher Phone 407-948-6521

Property Owner's Mailing Address 8143 Steeplechase blvd City Orlando

State FL Zip Code 32818 Parcel Id Number: 29-23-30-4389-02-010 29-23-30-4389-02-010

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 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	
Bathtubs	1	Laundry Tubs	1
Urinals		Floor Drains	
Disposals	1	Grease Traps	
Washing Machines	1	Trailer Connections	
Water Heaters	1	Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)	6	Water Softener	
Showers	4	Re-pipe	
Sinks	3	Miscellaneous (Specify)	

23 fix x
6 = 138 +
73 back

211.2
+ 0.50

316.50

*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection

Building Official: [Signature] Date 8-31-17
Verified Contractor's Licenses & Insurance are on file (810) Date 8-31-17

VISA 5800 8/31/17

Permit Fee 211.2
Review Fee 105.50
1% BCAIB Fee 3.17
1.5% DCA Fee 4.75
Total Permit Fee 324.62

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 # CFC1429057

LICENSE HOLDER NAME Lisa L. Smith-Nissen COMPANY NAME Lavender Lady Plumbing

Street Address P.O. BOX 841 70 Box 841

City Apopka State FL Zip Code 32704 Phone Number 407-464-0510

Email Address lisa@lavenderladyplumbing.com

32704 407-464-0510

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.

lisa@lavenderladyplumbing.com
89335

Building Permit Number 2017-03-065

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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 LORAINÉ
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



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 L
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 filing a certificate of election under this section may not receive benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates 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(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a



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 Brightway Insurance 505 East New York Avenue Suite 8 Deland FL 32724	CONTACT NAME: Mick Heard PHONE (A/C, No, Ext): (386) 624-6934 E-MAIL ADDRESS: mick.heard@brightway.com FAX (A/C, No): (877) 727-0306														
INSURED Lavender Lady Plumbing Company Inc PO Box 841 Apopka FL 32704	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A Arch Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B Integon Preferred Ins Co</td> <td style="text-align: center;">31488</td> </tr> <tr> <td>INSURER C Evanston Insurance Company</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Arch Insurance Company		INSURER B Integon Preferred Ins Co	31488	INSURER C Evanston Insurance Company		INSURER D :		INSURER E :		INSURER F :	
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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 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 OTHER:			AGL0033872-01	2/5/2017	2/5/2018	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 \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input 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			2003904582	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EFTDS \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			EZXS1008958	2/5/2017	2/5/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave 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 Mick Heard/MICHEA
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2017

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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland, NJ 07068	CONTACT NAME: _____
	PHONE (A/C No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INSURED LAVENDER LADY PLUMBING CO INC 155 W. Nancy Lee Lane Apopka, FL 32712	INSURER(S) AFFORDING COVERAGE
	INSURER A: NorGUARD Insurance Company NAIC # 31470
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____ INSURER F: _____

COVERAGES **CERTIFICATE NUMBER: 734410** **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	ADULT SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJE <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ _____ \$ _____
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
A	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 Y	N/A	N	LAWC842715	01/09/2017 01/09/2018 X PER STATUTE OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE EA EMPLOYEE \$ 500,000 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)
 Contractor License: CFC1428057

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Orlando, 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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ACORD 25 (2014/01)

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CITY OF APOPKA

LOCAL BUSINESS TAX RECEIPT

120 E Main St., Apopka, FL 32703 - (407)703-1712
Effective October 1, 2017 to September 30, 2018

No: 10867

Date: 8/08/17

Address: 67 FRISCO CT
APOPKA, FL 32712
Activity: 08C8-2 CONTRACTOR-STATE LICENSED
PLUMBING CONTRACTOR

Tax 61.00
Penalty
Transfer
App Fee
Other

Total Paid 61.00
PAY IN OCT 0.00
PAY IN NOV 0.00
PAY IN DEC 0.00
PAY IN JAN 0.00

Issued to: LAVENDER LADY PLUMBING CO, INC.
PO BOX 841
APOPKA, FL 32704



Must Display Receipt/Owner's Responsibility to Renew

BUSINESS TAX OFFICIAL

A

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.

2017 **EXPIRES 9/30/2018** 5000-1126305
 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE 1803 CERTIFIED PLUMBING C \$30.00 1 EMPLOYEE

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

SMITH NISSEN LISA LORAINÉ

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

67 FRISCO CT (MOBILE)
 D - APOPKA, 32712

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

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.

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 TOTAL DUE \$0.00



SMITH NISSEN LISA LORAINÉ

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

67 FRISCO CT (MOBILE)
 D - APOPKA, 32712

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

This receipt is official when validated by the Tax Collector.