

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISI F. FLORIDA. COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: PLUMBING - for New SFR Townhome - 3 toilets, 1 bathtub, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 3 lav sinks, 1 shower, 1 sink, 1 dishwasher

Comments:

BLDG 14

Project Information

Address:

Lot 41, 3537 Brighton Park Circle, Belle Isle, FL

32812

Parcel ID: 29-23-30-0906-00-410 Property Owner: Mattamy Orlando LLC

Phone Number: 407 599 2228

Company Name:

Spegal Plumbing LLC

Contractor Name:

Spegal, Brian

License Number:

CFC1428683

Address:

1767 Benbow Ct, Unit C, Apopka, FL 32703

Phone Number:

407 256 1234

Permit Number: 2017-08-013

Date of Application: 07/28/2017 Date Permit Issued: 07/31/2017

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY RECORDING **BEFORE** YOUR NOTICE COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

| | BOILDING FEATURES |
|--|---|
| IMPACT FEES | BUILDING INSPECTOR USE ONLY |
| Traffic \$ | BOILDING MOPEOTON OSE ONET |
| School \$ | IF APPLICABLE: |
| 301001 | |
| 70NINO 5550 | Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions |
| ZONING FEES | D. M. |
| Zoning Fee \$ | Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO |
| | S. DIM DIVIO |
| UNIVERSAL ENG - BUILDING FEES | BUILDING |
| | 1 st (Footing/Foundation) |
| Boat Dock \$ | Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? |
| Boat House \$ | |
| Building \$ | 2 nd (Slab) |
| Demo \$ | |
| | 3 rd (Lintel)(Wall Reinforcing on Masonry Building) |
| | Limes/(vvaii reministring on Masonity Building) |
| Driveway \$ | 4 th (Exterior Framing)(Roof(Mall Sheathing) |
| Electrical \$ | 4 th (Exterior Framing)(Roof/Wall Sheathing) |
| Fence \$ | ath. |
| Gas \$ | 5 th (Framing) (To be made after Plumbing/ Mechanical/ |
| Irrigation \$ | Electrical Rough-Ins & Windows/Doors Installed) |
| Low Voltage \$ | |
| Mechanical \$ | 6 th (Insulation to be Made After Roof Installed) |
| Plumbing \$248.10 | |
| Pool \$ | 7 th (Drywall) |
| Roofing \$ | (Diywan) |
| Screen Encl \$ | 8 th (Sidewalk/Driveway) |
| Shed \$ | (Sidewalk/Driveway) |
| Temp Pole \$ | 9 th (Other) |
| | 9 th (Other) |
| Window(s) \$ | |
| | 10 th (Final – After MEP and Other Applicable Finals) |
| SURCHARGE FEES | |
| | ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR |
| Surcharge Fee \$2.48 | 1 st ROOFING Deck Nailing/Dry-in/Flashing |
| Surcharge Fee \$3.72 | |
| | 2 nd ROOFING Covering In-Progress |
| TOTAL FEES \$254.30 | 2 Noor into dottelling in Frogress |
| 101AL1LLS \$254.50 | 2rd POOFING Covering Finel |
| ACT-SAME | 3 rd ROOFING Covering Final |
| 8-8-17 | |
| Date Paid 0 8 (/ | PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| 11/Mat | |
| Cor Check # A DO | 1 ST (Underground) 2 nd (Sewer) |
| 201 | |
| Amount Paid | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| | Triangle Conf. |
| The person accepting this permit shall | CHECK APPROPRIATE BOX |
| conform to the terms of the | |
| application on file and construction | ☐ GASNaturalLP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE |
| | , st |
| shall conform to the requirements of | 1 st (Rough-In) 2 nd (Final) |
| the Florida Building Code (FS 553). | |
| | |



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

APPLICATION FOR PLUMBING PERMIT
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY REJULT
YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MAY REJULT
RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO GO AND
PRINCIPLE WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Lot-41

Blyt

| Trace of Building Address Go Sum with Toward Building Orland 2 Parcell Id Number Substitution Subs | DATE OF APPLICATION: 071 | 3813c17 | diemblee fest | PERMIT NUMBER | 207-08 | 01 |
|---|------------------------------------|---------------------------|-----------------|--|---|------------------------|
| Property Owner's Mailing Address 1900 SUM WIT TOW 18 VID City Or Land 2 Parcel Id Number: 2000 SUM WIT TOW 18 VID City Or Land 2 Parcel Id Number: 2000 SUM WIT TOW 18 VID City Or Land 2 Parcel Id Number: 2000 SUM WIT TOW 18 VID City Or Land 2 Parcel Id Number: 2000 Sum WIT Tow 18 VID City Or Land 2 Parcel Id Number: 2000 Sum WIT Tow 18 VID City Or Land 2 Parcel Id Number: 2000 Sum WIT Tow 18 VID City Or Land 2 Parcel Id Number: 2000 Sum WIT Tow 18 VID City Or Land 2 Parcel Id Number: 2000 Sum WIT Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum WIT Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum Wit Tow 2000 Sum 2000 Supplied Of Land 2 Parcel Id Number: 2000 Sum 2000 | | | | | | |
| Tryperty Owner's Mailing Address | Project Address 353+ 13 | | 11 | | | |
| Parcel Id Number: 30 - 000 - 00 - 00 - 00 - 00 - 00 - 00 | Property Owner | | | Phono | 04- 249- | 399 |
| Parcel Id Number: 24 3-00-10-10-10-10-10-10-10-10-10-10-10-10- | Property Owner's Mailing Address | 1900 S | - romany | - Towar Block Or | lando | |
| Tass of Building: Old New P Type of Building: Residential Commercial Otten Type of Work: New Alternation Addidion Repair Type of System: Sewel Septic Repipe YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION — OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) \$ SOCO YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION — OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) \$ SOCO YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION — OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) \$ SOCO YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION — OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) \$ SOCO //ALUATION OF JOB | | | col ld Numbi | 29-23-30- | 0000-00 | -41 |
| you of Work: New Alteration Addition Repair Type of System: Sewel Septic Repipe YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION - OC DOCUMENT 645-6 FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) \$ 6500.55 // | | | | | e/Searches/ParkelSearch. | अञ्च |
| YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION — OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) \$ 6500.\$ TXTURES NUMBER FEE FIXTURES NUMBE | Class of Building: Old New | Type of E | Building: Res | | | |
| FOR NEW / ALTERED / ADDITION to Septic System //ALUATION OF JOB (labor & materials) s 6500. | Type of Work: New Alterati | an Addition | I Repair □ | Type of System: Sewed Se | plid_ Re-pipe | |
| ALUATION OF JOB (labor & materials) S OKANASHER FER FINTURES NUMBER FER FINTURES NUMBER FER FINTURES NUMBER FER FINTURES NUMBER FER NUMBER FER FINTURES NUMBER FER NUMBER FER FINTURES NUMBER FER NUMBER FORD Salar Number OKA State of Florida Author Author Aut | YOU MAY BE REQUIRE | | | | C DOCUMENT 64E- | 6 |
| NUMBER FEE NUMBER (Totales (Totales) 3 Jaintubs 1 J | | | | DOITION to Septic System | | |
| NUMBER FEE NUMBER (Totales (Totales) 3 Jaintubs 1 J | VALUATION OF JOB (labor & m | aterials) S <u>650</u> 0 | 2.5 | | | |
| Nator Closets (Toilet) Sathtubs Jaintubs Jirinals Disposals Poor Drains Grease Treps Trailer Connections Spa Sclar Pool Piping Trailer Connections Re-pipe Misscellaneous (Specify) Misscellaneous (Specify) Misscellaneous (Specify) Misscellaneous (Specify) Dato Permit/Review Fee Grand Total Spa Stato Surcharge Permit/Review Fee Grand Total Actions is granted 1 agree to conform to all Fiertida Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or state of florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME Triber Special Plant Inc. Special Plant Inc. Special Plant Inc. MOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number Building Permit Number Building Permit Number | | | | Carried State of the Color of t | | |
| James By Control of the power o | FIXTURES | | FEE | FIXTURES | NUMBER | FEE |
| Floor Drains Disposals Floor Drains Grease Treps Trailer Connections Floor Drains Grease Treps Trailer Connections Float Basins/Sumps Sorvice Sink Autory (Balthroom Sink) Showers Proporting Building Official Float Basins/Sumps Building Official Date Permit Review Free Grand Total Interestly certify that the above is true and correct to the best of my showledge and make Application for Permit as cuttined above, and came is granted 1 agree to conform to all Plorida Building Code Regulations and City Ordinances regulating same and in accordance with plant the issuance of this permit does not grant permitsion to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME Figure 1 Address Figure 1 Address Figure 1 Address License Holder Name Figure 2 State License Holder Name Figure 2 State License Holder Name Figure 2 State License Holder Name Figure 3 State License Holder Name Figure 4 State Figure 5 State Figure 5 State Figure 5 State Figure 5 State Figure 6 S | Water Closets (Toilel) | 3 | | | | |
| Seposals Washing Machines Water Heaters Sewer Catch Basins/Sumps Service Sink Lavatory (Bathroom Sink) Showers Service Sink Water Softener Re-pipe Miscellaneous (Specify) Miscellaneous (Specify) Miscellaneous (Specify) Total Fees Building Officials Date 74-72 Permit/Review Fee Grand Total Thereby certify that like above is true and correct to the best of my knowledge and make Application for Permit as cuttined above, and came is granted 1 agree to conform to all finds Building Code Regulations and City Ordinances regulating same and in accordance with plan southilted. 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 LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME REAL Specific Code 32707 Phone Number 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. Building Permit Number | Bathtubs | 1 | | | | |
| Washing Machines Water Heaters Spa Sciar Catch Basins/Sumps Service Sink Lavatory (Bathroom Sink) Service Sink Water Softener Re-pipe Miscellaneous (Specify) Miscellaneous (Specify) Miscellaneous (Specify) Miscellaneous (Specify) Miscellaneous (Specify) Miscellaneous (Specify) Permit/Review Fee Grand Total Permit/Review Fee Grand Total Intereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as custined above, and came is granted 1 agree to conform to all Ferdids Building Code Regulations and City Ordinances regulating same and in accordance with plan southilited. The issuance of this permit does not grant permission to victate any applicable Town and/ar State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME REAL STATE STATE STATE LICENSE HOLDER NAME REAL STATE STA | Urinals | | | | | <u> </u> |
| Nater Heaters Sewer Catch Basins/Sumps Schrize Sink Schrize Schriz | Disposals | | | | | |
| Select Se | Washing Machines | | | | | |
| Catch Basins/Sumps Service Sink Lavatory (Bathroom Sink) Service Sink Water Softener Re-spice Miscellaneous (Specify) Miscellaneous (Specify) Miscellaneous (Specify) Total Fees Building Official Date Installation: report must be posted with permit for Final inspection. Total Fees Building Official Date Installation: report must be posted with permit for Final inspection. Total Fees Building Official Date Installation: report must be posted with permit for Final inspection. Total Fees Permit/Review Fee Grand Total And Intereby certify that the above is true and correct to the best of my anomietige and make Application for Permit as cuttined above, and there is granted I agree to conform to all Fields Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to victate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME BY AND COMPANY NAME PROJECT State City State Code 32703 Phone Number 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. Building Permit Number Building Permit Number | Water Heaters | 1 | | | | - |
| Imagation: (# Systems / # Heads) Water Softener Re-pipe Miscellaneous (Specify) Flackflow Provenier must be instead after installation: report must be posted with permit for Final inspection. Total Fees Building Official Date Date Date Date Date Date Date Date | Sewer | - ' | | | | |
| Water Softener Re-pipe Re-pipe Miscellaneous (Specify) Total Fees Building Official Date Building installation: report must be posted with permit for Final inspection. Total Fees Building Official Date Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or State of Fiorida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME Re-pipe Dato Permit/Review Fee Grand Total Permit has been its ordinances. CENSE HOLDER NAME Re-pipe Permit/Review Fee Grand Total Permit Parallation for Permit as cuttined above, and make Application for Permit as cuttined above, and came is granted 1 agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME RE-pipe Permit/Review Fee Grand Total Permit as cuttined above, and make Application for Permit as cuttined above, and came is grant permitsion to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER NAME RE-pipe Permit/Review Fee Grand Total Permit/Review Fee Grand Total COMPANY NAME LICENSE - CFC Y 6667 LICENSE - CFC Y 666 | Catch Basins/Sumps | | | - | | - |
| Re-pipe Miscellaneous (Specify) Total Fees Building Official Building Installation: report must be posted with permit for Final Inspection. Total Fees State Surcharge Permit/Review Fee Grand Total Intereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as cuttined above, and the spanted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME RE-pipe Miscellaneous (Specify) Permit/Review Fee Grand Total Permit/Review Fee Grand Total Submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME RE-pipe Miscellaneous (Specify) Permit Review Fee Grand Total Permit Review Fee Grand Total Company name and in accordance with plan COMPANY NAME LICENSE # CFC143 6667 LICENSE # COMPANY NAME LICENSE # CFC143 6667 City Available Company NAME LICENSE # Code 32707 Phone Number 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. Building Permit Number Building Permit Number | Service Sink | | | | 6) | _ |
| Sanks Miscellaneous (Specify) FlackBow Proventer must be treated after installation; report must be posted with permit for Final inspection. Total Fees Building Official: Date Permit/Review Fee Grand Total Intereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as cuttimed above, and thereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as cuttimed above, and the same is granted 1 agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plant submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME REPLYO IN COMPANY NAME Street Address 1 16 T B BUIlding Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number Building Permit Number Building Permit Number Building Permit Number | Lavatory (Bathroom Sirtk) | 3 | | | | - |
| Building Official: Buildi | Showers | 1 | | | | - |
| Building Official: Date 73/12 Permit/Review Fee Grand Total I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as cuttimed above, and tame is granted 1 agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permitsion to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME RYLLL PEUR COMPANY NAME Street Address 1167 Barris N Cover State City Apolica State FC Zip Code 32707 Phone Number 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. Building Permit Number Building Permit Number | Sinks | | | | | 011 |
| Building Official: Date Date PermittReview Fee Grand Total Inhereby certify that the above is true and correct to the best of my anowhedge and make Application for Permit as cutlined above, and came is granted 1 agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to viciate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME REPLYO IN COMPANY NAME Street Address 1 16 The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number Building Permit Number Building Permit Number | *Backflow Preventor must be test | od after Installation: | raport must b | e posted with permit for Final Inspect | | 24 |
| I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as cuttined above, and came is granted 1 agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plan submitted. The issuance of this permit does not grant permission to victate any applicable Town and/or State of Florida codes and/or ordinances. LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME RELIGIOUS PERMIT RELIGIOUS COMPANY NAME Street Address 1767 Borno N. Control Street Address 1767 Borno N. Control State City AVANICA State State LICENSE FL. Zip Code 32707 Phone Number 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. Building Permit Number Building Permit Number | | | | 25 | State Surcharge | |
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| LICENSE HOLDER SIGNATURE LICENSE HOLDER NAME TRIAN PEYAL COMPANY NAME Special Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number Building Permit Number | same is granted I agree to conform | to all Florida Building | g Code Regula | itions and City Ordinances regulating sa | me and in accordance Florida codes and/or or | with plans dinances |
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| Street Address 1767 Bor 100 N Cont Cont Cont Cont Cont Average State For Zip Code 30707 Phone Number 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. Building Permit Number 2007-07 | LICENSE HOLDER SIGNATURE | 2 | | 0 - | 0 1 | 1 11 |
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| 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. Building Permit Number | Street Address 1767 130 | | †, | 222n7 | | |
| Permit has been issued. 23 Building Permit Number 307-07 | City Hyper Ica | Siate | FC_Z | Phone Numb | er | |
| Permit has been issued. 23 Building Permit Number 307-07 | | | | | | |
| e 13 Building Permit Number Oct 7-67 | | er is required if the Plu | umbing Installa | tion is associated with any construction | or alteration where a 8 | uilding |
| # 92.46 RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #PLUD1: 248 -82-70 -83-70 -83-70 | Permu nas ocen asueo. | | | | 2017- | 07 |
| 4 92.40 165.40-12 248 -82-70 278 | 2 17 | | | Suilding Permit Number | 0011 | • |
| 165.40-12 248 -82-70 372 24810 C-20 | 4 92.40 | | RETAIN | A COPY FOR OFFICE USE - Updated | 1: 12/2012 FORM # | PLU011 |
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32812

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Permit Number: 2017-08-014

Date of Application: 07/28/2017 Date Permit Issued: 07/31/2017

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY RECORDING YOUR **BEFORE** NOTICE COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL

INSPECTIONS HAVE BEEN APPROVED.

| | BUILDING FEATURES |
|---|--|
| IMPACT FEES | BUILDING INSPECTOR USE ONLY |
| Traffic \$ School \$ | IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions |
| ZONING FEES Zoning Fee \$ | Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO |
| UNIVERSAL ENG - BUILDING FEES | BUILDING 1 st (Footing/Foundation) |
| Boat Dock \$ | Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? |
| Boat House \$ Building \$ | 2 nd (Slab) |
| Demo \$ Door(s) \$ | 3 rd (Lintel)(Wall Reinforcing on Masonry Building) |
| Driveway \$ Electrical \$ | 4 th (Exterior Framing)(Roof/Wall Sheathing) |
| Fence \$ Gas \$ Irrigation \$ | 5 th (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) |
| Low Voltage \$ Mechanical \$ Plumbing \$248.10 | 6 th |
| Pool \$ Roofing \$ | 7 th (Drywall) |
| Screen Encl \$ Shed \$ | 8 th (Sidewalk/Driveway) |
| Temp Pole \$ Window(s) \$ | 9 th (Other) |
| SURCHARGE FEES | 10 th (Final – After MEP and Other Applicable Finals) |
| Surcharge Fee \$2.48 Surcharge Fee \$3.72 | ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1 ST ROOFING Deck Nailing/Dry-in/Flashing |
| - | 2 nd ROOFING Covering In-Progress |
| TOTAL FEES \$254.30 | 3 rd ROOFING Covering Final |
| Date Paid 8-8-17 | ☐ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| Cor Check # AX ONOW | 1 ST (Underground) 2 nd (Sewer) |
| Amount Paid 254-30 | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| The person accepting this permit shall conform to the terms of the application on file and construction | CHECK APPROPRIATE BOX ☐ GASNaturalLP ☐ MECHANICAL □ELECTRICAL □ LOW VOLTAGE |
| shall conform to the requirements of the Florida Building Code (FS 553). | 1 st (Rough-In) 2 nd (Final) |

City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.or

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 JUL RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO GET A

| | MMENCEMENT. | 7111 70 UK L | DER OR AM ATTORNEY BEFORE RECORD | 23 | |
|--|--------------------------|---------------------------|--|--|---|
| | | | | DATE! | ELGIL |
| DATE OF APPLICATION: 07/2 | CLOCIT | dimbina incl | PERMIT NUMBER allations es indicated below. PLEAS | = PRINT | 0017 |
| | 2 | | (1-11) | | |
| Project Address 3541 13 | 0 1 | VK an | | L '32009328 | |
| Property Owner | | lance | | 104-599- | 3378 |
| Property Owner's Mailing Address | 1900 S | Ummi | + Towar Bud City Or | rlando | |
| State Floridyzip Code 3 | 1986 Pari | cal ld Numb | er 29-23-30- | 0000-00 | -420 |
| , , , , , , , , , , , , , , , , , , , | | | cormation, please visit http://www.ocpafl.c | re/Searches/ParcelSearch | 3151 |
| Class of Building: Old New [Type of Work: New] Alteration | | Building: Res Repair 🔲 | | Other Re-pipe | |
| WALL MAN BE SCOULDE! | ם דם פוסטופי פר | מזוכ מבפות | ENTAL SYSTEM VERIFICATION - | OC DOCUMENT SAS | <u>s</u> |
| YOU MAY BE REQUIRED | | | ADDITION to Septic System | DC DOCUMENT CAZ- | 5 |
| | 1500 | | | | |
| VALUATION OF JOB (labor & ma | aterials) S <u>620</u> | ,,, | | | |
| | | | THE RESERVE OF THE PARTY OF THE | | |
| FIXITURES | NUMBER | FEE | FIXTURES | NUMBER | FEE |
| Water Closers (Toilet) | 3 | | Dishwashers | 1 | 1 |
| Bathlubs | 1 | | Laundry Tubs | | |
| Urinals | | | Floor Drains | | |
| Disposals | l l | | Grease Traps | | |
| Washing Machines | | | Trailer Connections | | |
| Waler Heaters | | | Spa | | |
| Sewer | 1 | | Sclar | | |
| Catch Basins/Sumps | | | Pool Piping | | |
| ODION COOMOCENIPE | | | 'Irrigation: (# Systems / # Head | 15) | |
| | | | Water Softener | | |
| Service Sink | 4 | | | | |
| Service Sink Lavatory (Bathroom Sink) | 4 | | Re-pipe | | |
| Service Sink Lavatory (Bathreem Sink) Showers | 1 | | Re-pipe Miscellaneous (Specify) | | |
| Service Sink Lavatory (Balhreem Sink) Showers Sinks | | opon must b | | tilan. Total Fees | 248-1 |
| Service Sink Lavatory (Balhreem Sink) Showers Sinks | | report must b | Miscellaneous (Specify) | tilon. Total Fees 3% Stale Surcharge | 248-1 |
| Service Sink Lavatory (Balhroom Sink) Showers Sinks "Backfow Proventor must be tente | | | Miscellaneous (Specify) | 3% State Surcharge | 0.4 |
| Service Sink Lavatory (Balhreem Sink) Showers Sinks | | maport must b | Miscellaneous (Specify) | | 0.4 |
| Service Sink Lavatory (Ballincom Sink) Showers Sinks **Backtion Proventor must be fonted.** | | _ Dato | Miscellaneous (Specify) coosted with permit for Final Inspector 7-3(-/7) Permit/Rev | 3% State Surcharge | 0.4 |
| Service Sink Lavatory (Bathreem Sink) Showers Sinks Backfow Proventer must be tente Building Official: | nd atter installation; a | _ Date | Miscellaneous (Specify) coosted with permit for Final Inspec | 3% Stale Surcharge view Fee Grand Total | 254.30 |
| Service Sink Lavatory (Bathreem Sink) Showers Sinks Building Official: I hereby certify that the above is same is granted 1 agree to conform | true and correct to | Date | Miscellaneous (Specify) 7-31-17 Permit/Rev No posted with permit for Final Inspect No posted with permit for Final Inspect No posted with permit for Final Inspect Permit/Rev No posted with permit for Final Inspect No posted with permit for Fi | 3% State Surcharge view Fee Grand Total for Permit as outlined at same and in accordance | bove, and if |
| Service Sink Lavatory (Ballineom Sink) Showers Sinks Backflow Preventer must be tested Building Official: I hereby certify that the above is same is granted (agree to conform | true and correct to | Date | Miscellaneous (Specify) on costed with permit for Final Inspeci | 3% State Surcharge view Fee Grand Total for Permit as outlined alsame and in accordance of Florida codes and/or or | bove, and if a writin plans redinances. |
| Service Sink Lavatory (Balhreem Sink) Showers Sinks Building Official: I hereby certify that the above is same is granted; agree to conform submitted. The issuance of this permitted. | true and correct to | Date | Miscellaneous (Specify) 7-31-17 Permit/Rev No posted with permit for Final Inspect No posted with permit for Final Inspect No posted with permit for Final Inspect Permit/Rev No posted with permit for Final Inspect No posted with permit for Fi | 3% State Surcharge view Fee Grand Total for Permit as outlined at same and in accordance | bove, and if a writin plans redinances. |
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| Service Sink Lavatory (Bathreem Sink) Showers Sinks Gackfion Proventer must be fosted Building Official: I hereby certify that the above is a same is granted 1 agree to conform submitted. The issuance of this perm | true and correct to | Date | Miscellaneous (Specify) 7-31-17 Permit/Rev No posted with permit for Final Inspect Permit/Rev No provide and make Application (Introduces regulating a ate any applicable Town and/ar State of | 3% State Surcharge view Fee Grand Total for Permit as outlined alsame and in accordance of Florida codes and/or or | bove, and if a writin plans redinances. |

Permit has been issued.

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #PLU011



Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: PLUMBING - for New SFR Townhome - 3 toilets, 1 bathtub, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 4 lav sinks, 1 shower, 1 sink, 1 dishwasher, 1 laundry tub Comments: BLDG 14 **Project Information** Address: Lot 43, 3545 Brighton Park Circle, Belle Isle, FL 32812 Parcel ID: 29-23-30-0906-00-430 Property Owner: Mattamy Orlando LLC Phone Number: 407 599 2228 Spegal Plumbing LLC Company Name: Contractor Name: Spegal, Brian License Number: CFC1428683 Address: 1767 Benbow Ct, Unit C, Apopka, FL 32703 407 256 1234 Phone Number:

Permit Number: 2017-08-015

Date of Application: <u>07/28/2017</u>
Date Permit Issued: <u>07/31/2017</u>

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY RECORDING **BEFORE** YOUR NOTICE COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

| | BUILDING FEATURES |
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| IMPACT FEES Traffic \$ | BUILDING INSPECTOR USE ONLY |
| Traffic \$ School \$ | IF APPLICABLE: |
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| Zoning Fee \$ | Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO |
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| TOTAL FEES \$254.30 | 2 nd ROOFING Covering In-Progress |
| TOTAL PEES \$234.30 | 3 rd ROOFING Covering Final |
| Date Paid 8-8-1 | PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| CC or Check # AV 0005 | 1 ST (Underground) 2 nd (Sewer) |
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| the Florida Building Code (FS 553). | (Rough-In) 2 ^{id} (Final) |

1600 Nela Avenue, Belle Isle, FL 32809 Tei 407-851-7730 * Fax 407-240-2222 * www.cityofbelleisle

APPLICATION FOR PLUMBING PERMIT

SULT HUL MUST BE FAIN WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT AY A SULY OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MEXICAL PROPERTY OF THE PROPERTY OF T COMMENCEMENT.

DATE OF APPLICATION: 07 18 1617 1017-08-PERMIT NUMBER The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRIN 743 Belle Isle FL __32809 __32812 Park arche 3545 Brighton Project Address Nattany 407- 529-2378 Tow in 1862 Summit 1900 Owner's Mailing Address 0-0000-00-State Limbuzio Code 32811 Parcel Id Number: To obtain this Informati Class of Building: Old New Type of Building: Residence of Work: New Alteration Addition Repair Type of Building: Residential Commercial Type of System: Sewer Septic Re-pipe YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION - DC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System VALUATION OF JOB (labor & materials) \$ _6500.5 FIXTURES NUMBER FEE FIXTURES NUMBER Water Closets (Toilet) Dishwashers Bathtubs 1 Laundry Tubs Floor Drains Urinals Grease Traps Disposals Trailer Connections Washing Machines Waler Heaters Solar Pool Piping Catch Basins/Sumps Service Sink "Irrigation: (# Systems / # Heads) 4 Water Softener Lavatory (Bathroom Sink) Showers Re-pipe Miscellaneous (Specify) Sinks 148.10 *Backflow Proventer must be tosted after installation; report must be posted with permit for Final Inspection. **Total Foos** 3% State Surcharge .40 4.30 Permit/Review Fee Grand Total Building Official:

I hereby certify that the above is true and correct to the best of my know ledge and make Application for Permit as outlined above, and if same is granted Lagree 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.

CFC142 8683 LICENSE HOLDER SIGNATURE Spegal YLUNTING yeya BILL LICENSE HOLDER NAME COMPANY NAME Street Address 1767 Berhan Coirt Zip Code 32703 Apopker

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.

2017-07-016 Building Permit Number _

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1 bathtub, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 3 lav sinks, 1 shower, 1 sink, 1 dishwasher, 1 laundry tub Comments: BLDG 14 **Project Information** Address: Lot 44, 3549 Brighton Park Circle, Belle Isle, FL 32812 Parcel ID: 29-23-30-0906-00-440 Property Owner: Mattamy Orlando LLC 407 599 2228 Phone Number:

Scope of Work: PLUMBING – for New SFR Townhome – 3 toilets.

Company Name: Spegal Plumbing LLC

Contractor Name: Spegal, Brian License Number: CFC1428683

Address: 1767 Benbow Ct, Unit C, Apopka, FL 32703

407 256 1234 Phone Number:

Permit Number: 2017-08-016

Date of Application: 07/28/2017 Date Permit Issued: 07/31/2017

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| IMPACT FEES | BUILDING INSPECTOR USE ONLY |
| Traffic \$ School \$ | IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions |
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| UNIVERSAL ENG - BUILDING FEES | BUILDING |
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| TOTAL FEES \$254.30 | 2 nd ROOFING Covering In-Progress |
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| Date Paid 8-8-17 | □ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| CC) or Check # ALL 12015 | 1 ST (Underground) 2 nd (Sewer) |
| Amount Paid 254-30 | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of | CHECK APPROPRIATE BOX GASNaturalLP GELECTRICAL |
| the Florida Building Code (FS 553). | Ti may |

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1600 Nels Avenue, Beile Isle, FL 32809 Tel 407-851-7730 * Fax 407-240-2222 * www.eitvefbelleisie

APPLICATION FOR PLUMBING PERMIT CE
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FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR STITLE OF
COMMENCEMENT.

| a Volt | PATE OF APPLICATION: 07 | DUR PAYING TWICE FOR IMPROVEM ECORDED AND POSTED ON THE JOB NANCING, CONSULT WITH YOUR LESS DAMENCEMENT. | AILURE TO RECORD A NOTICE OF COMMENCES ENTS TO YOUR PROPERTY. A NOTICE OF COM SITE SEFORE THE FIRST INSPECTION. IF YOU IS EDER OR AN ATTORNEY BEFORE RECORDING Y PERMIT NUMBER | MENDER MUS ITEND TO CATAIN OUR SUTICE OF | JUL 28 | 2017 | | |
|--------|--|--|--|--|------------|------|--|--|
| A VO | The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT | | | | | | | |
| De | Project Address 3544 Brighton Park arche Carcle Beile Isle FL 32809 32812 | | | | | | | |
| | Property Owner Nottanily Hamily Hamily Property Owner 404-509-228 | | | | | | | |
| | Property Owner's Mailing Address 1900 Surveyof Tow & Budging Orlando | | | | | | | |
| | State Turney Zip Code 32812 Parcel Id Number: 29-23-30-000-00-41 | | | | | | | |
| | 3mie_ - | fa obtain this i | nformation, please visit http://www.ocpafl.cre/Sea | | | • | | |
| | Class of Building: Old New Type of Building: Residential Commercial Other Other Type of Work: New Atteration Addition Repair Type of System: Sewel Septic Re-pipe | | | | | | | |
| | YOU MAY BE REQUIRE | D TO PROVIDE SEPTIC RESID | ENTAL SYSTEM VERIFICATION - OC D | OCUMENT 64E- | ā | | | |
| | | | ADDITION to Septic System | | | | | |
| | VALUATION OF JOB (labor & n | naterials) 5 <u>6500.55</u> | | | | | | |
| | | | | | | | | |
| | FIXTURES | NUMBER FEE | FIXTURES | NUMBER | FEE | | | |
| | Water Closets (Toilet) | 13 | Dishwashers | 1 | | | | |
| | Bathtubs | 3 | Laundry Tubs | 1 | | - | | |
| | Urinals | | Floor Drains | | | | | |
| | Disposals | | Grease Traps | | | | | |
| | Washing Machines | | Trailer Connections | | | | | |
| | Water Heaters | 1 | Spa | | | | | |
| | Sewer | 1 | Sciar | | | | | |
| | Cotch Basins/Sumps | | Peal Piping | | | | | |
| | Service Sink | | "Irrigation: (# Systems / # Heads) | | | | | |
| | Lavatory (Bathroom Sink) | 4 | Water Softener | | | | | |
| | Showers | | Re-pipe | | | | | |
| | Sinks | | Miscellaneous (Specify) | | | | | |
| | *Backflow Preventer must be tos | tod after installation; report must | be posted with permit for Final Inspection. | Total Foos | 248 1 | 0 | | |
| | | | | State Surcharge | | | | |
| | Building Official: | le Bala Date | 7-31-17 Permili Review | Fee Grand Total | 254 | 31) | | |
| | | | | | | | | |
| | same is granted I agree to confor | n to all Fiorida Building Code Regul | my knowledge and make Application for Per lations and City Ordinances regulating same i date any applicable Town and/or State of Floris | and in accordance | with plans | | | |
| | | 112 = | | 2FC143 80 | | | | |
| | LICENSE HOLDER SIGNATURE | Z. C. | 01 | Y CUNTIL | 1.14. | | | |
| | LICENSE HOLDER NAME | Brian Speycus | COMPANY NAME Shedon | 1000 111 |) | | | |
| | Street Address 176713 | ELNON (CINT | - 22207 | | | | | |
| | city Hopke | State _ C_ Zi | p Code 377c3 Phone Number_ | | | | | |
| | | | | | | | | |

NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Building Permit Number 2017-67-017

RETAIN A COPY FOR OFFICE USE - Upd=10d: 12/2012 FORM #PLU011



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Scope of Work: PLUMBING - for New SFR Townhome - 3 toilets, 1 bathtub, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 4 lav sinks, 1 shower, 1 sink, 1 dishwasher Comments:

BLDG 14

Project Information

Address:

Lot 45, 3553 Brighton Park Circle, Belle Isle, FL

32812

Parcel ID: 29-23-30-0906-00-450 Property Owner: Mattamy Orlando LLC

Phone Number:

407 599 2228

Company Name: Spegal Plumbing LLC

Contractor Name: Spegal, Brian

License Number: CFC1428683

Address:

1767 Benbow Ct, Unit C, Apopka, FL 32703

Phone Number:

407 256 1234

Permit Number: 2017-08-017

Date of Application: 07/28/2017 Date Permit Issued: 07/31/2017

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR TWICE FOR IMPROVEMENTS PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY **BEFORE** RECORDING YOUR NOTICE COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

| | | BOILDING I CATORES |
|--------------------|-------------------------|--|
| IMPACT FEES | | BUILDING INSPECTOR USE ONLY |
| Traffic | \$ | = 3.35 in 5 in |
| School | \$ \$ | IF APPLICABLE: |
| 301001 | Φ | |
| | | Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions |
| ZONING FEES | | |
| Zoning Fee | \$ | Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO |
| J | · | |
| HINIVERSAL EN | G - BUILDING FEES | □ BUILDING |
| OHIVE LOAL LIV | S-BOILDING LLS | 1 st (Footing/Foundation) |
| D . D . | • | Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? |
| Boat Dock | \$ | Carvey specific foundation plan must be offsite before stab pour. Approved Fight off Site? |
| Boat House | \$ | and |
| Building | \$ | 2 nd (Slab) |
| Demo | \$ | |
| Door(s) | \$ | 3 rd (Lintel)(Wall Reinforcing on Masonry Building) |
| Driveway | \$ | Tanasan and a same and |
| , | | 4 th (Exterior Framing)(Roof(Mall Sheathing) |
| Electrical | \$ | 4 th (Exterior Framing)(Roof/Wall Sheathing) |
| Fence | \$ | |
| Gas | \$ | 5 th (Framing) (To be made after Plumbing/ Mechanical/ |
| Irrigation | \$ | Electrical Rough-Ins & Windows/Doors Installed) |
| Low Voltage | \$ | |
| Mechanical | \$ | 6 th (Insulation to be Made After Roof Installed) |
| | т | 6 th (Insulation to be Made After Roof Installed) |
| Plumbing | \$248.10 | 15. |
| Pool | \$ | 7 th (Drywall) |
| Roofing | \$ | |
| Screen Encl | \$ | 8 th (Sidewalk/Driveway) |
| Shed | \$ | (0.000) |
| Temp Pole | \$ | 9 th (Other) |
| | \$ | 9 th (Other) |
| Window(s) | Φ | |
| | | 10 th (Final – After MEP and Other Applicable Finals) |
| SURCHARGE F | <u>EES</u> | |
| | | ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR |
| Surcharge Fee | \$2.48 | 1 ST ROOFING Deck Nailing/Dry-in/Flashing |
| Surcharge Fee | \$3.72 | Troot ind bear raining/bly-in/i lasting |
| our or large 1 oc | Ψ0.72 | |
| _ | | 2 nd ROOFING Covering In-Progress |
| TOTAL FE | ES \$254.30 | |
| | | 3 rd ROOFING Covering Final |
| | | |
| Data Data | | BLUMPING (Peal Pining Calca Injection Meta-Tacataca (S. 1. 5) |
| Date Paid | | □ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| | W/ DUE | |
| CC or Check # | 140000 | 1 ST (Underground) 2 nd (Sewer) |
| | 011120 | |
| Amount Paid | 9 34.30 | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| - HITOGERY CHG | | (Timan |
| The person series | ntina this name:tak-II | CHECK APPROPRIATE DOX |
| | pting this permit shall | CHECK APPROPRIATE BOX |
| conform to the te | | ☐ GASNaturalLP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE |
| | and construction | |
| shall conform to t | he requirements of | 1 st (Rough-In) 2 nd (Final) |
| | ng Code (FS 553). | Trough in 2 (Final) |
| | | |

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.citvofbolleislefl.org

APPLICATION FOR PLUMBING PERMI

WARNING TO DWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT HUS RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCIAG, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE COMMENCEMENT.

DATE OF APPLICATION: 07/38/30/7 201 PERMIT NUMBER_ The undersigned hereby applies for a permit to make plumbing installations as indicated policy. PLEASE PRINT 3553 BrigHon Park arcle Bello Isle FL (___32809 ___32812 404-599-2378 Nattany fuminit Towar Bldg. 0000-00 Frendrizo code 32811 To obtain this information, pleas isit http://www.ocpafl.org/Searches/ParcelSearch.aspx Class of Building: Old New Type of Building: Residentia Type of Work: New Alteration Addition Repair Type of Commercial Other 🗔 Type of System | Sewet | Septic | Re-pipe | YOU MAY BE REQUIRED TO PROVIDE SEPTIC RESIDENTAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Soptic System VALUATION OF JOB (labor & materials) \$ _6500.5 NUMBER FIXTURES FEE FIXTURES NUMBER FEE Water Closets (Toilet) Dishwashers Bathtubs Laundry Tubs Floor Drains Urinals Grease Traps Disposals Trailer Connections Washing Machines Water Heaters Spa Sewer Sciar Catch Basins/Sumps **Pool Piping** 'Irrigation: (# Systems / # Heads) Service Sink Water Softener Lavatory (Bathroom Sink) Showers Re-pipe S:nks Miscellaneous (Specify) *Backflow Preventor must be tested after installation; report must be posted with permit for Final Inspection. **Total Fees** 3% State Surcharge Permit/Review Fee Grand Total Date Building Official lusu 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. CFC142 8683 LICENSE HOLDER SIGNATURE LICENSE # LEC Speyal Lunthry Speyer) Brian LICENSE HOLDER NAME COMPANY NAME Street Address 1767 Berhan Cont

Zip Code 32703 Apopka State Phone Number

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.

7-07-018

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #PLU011

Building Permit Number



Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: PLUMBING - for New SFR Townhome - 3 toilets, 1 bathtub, 1 disposal, 1 wash machine, 1 water heater, 1 sewer, 3 lav sinks, 2 shower, 1 sink, 1 dishwasher, 1 laundry tub Comments: BLDG 14 **Project Information**

Address:

Lot 46, 3557 Brighton Park Circle, Belle Isle, FL

32812 Parcel ID:

29-23-30-0906-00-460 Property Owner: Mattamy Orlando LLC

Phone Number: 407 599 2228

Spegal Plumbing LLC Company Name:

Contractor Name: Spegal, Brian License Number: CFC1428683

Address:

1767 Benbow Ct, Unit C, Apopka, FL 32703 Phone Number: 407 256 1234

Permit Number: 2017-08-018

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| | | BUILDING FEATURES |
|---------------------|---------------------------------------|---|
| IMPACT FEES | | BUILDING INSPECTOR USE ONLY |
| Traffic | \$ | BOILDING INGI EGTON USE ONE! |
| School | \$ | IF APPLICABLE: |
| SCHOOL | Ψ | |
| 7014110 5550 | | Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions |
| ZONING FEES | | P. M. MANTE ME. AND |
| Zoning Fee | \$ | Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO |
| | | |
| UNIVERSAL EN | G - BUILDING FEES | D BUILDING |
| | | 1 st (Footing/Foundation) |
| Boat Dock | \$ | Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? |
| Boat House | \$ | |
| Building | | 2 nd (Slab) |
| <u> </u> | \$ | Toldby |
| Demo | \$ | 3 rd (Lintel)(Wall Reinforcing on Masonry Building) |
| Door(s) | \$ | 3 rd (Lintel)(Wall Reinforcing on Masonry Building) |
| Driveway | \$ | |
| Electrical | \$ | 4 th (Exterior Framing)(Roof/Wall Sheathing) |
| Fence | \$ | |
| Gas | \$ | 5 th (Framing) (To be made after Plumbing/ Mechanical/ |
| Irrigation | \$ | Electrical Rough-Ins & Windows/Doors Installed) |
| Low Voltage | ¢ | <u> Liectrical Nougri-ins & Windows/Doors (ristalled)</u> |
| | Φ | 6 th (Insulation to be Made After Poof Installed) |
| Mechanical | \$ | 6 th (Insulation to be Made After Roof Installed) |
| Plumbing | \$248.10 | |
| Pool | \$ | 7 th (Drywall) |
| Roofing | \$ | |
| Screen Encl | \$ | 8 th (Sidewalk/Driveway) |
| Shed | \$ | |
| Temp Pole | \$ | g th (Other) |
| Window(s) | \$ | (oner) |
| ******(0) | Ψ | 4.0th |
| SUBCHARCE EF | | 10 th (Final – After MEP and Other Applicable Finals) |
| SURCHARGE FE | <u> </u> | |
| | | ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR |
| Surcharge Fee | \$2.48 | 1 ST ROOFING Deck Nailing/Dry-in/Flashing |
| Surcharge Fee | \$3.72 | |
| | | 2 nd ROOFING Covering In-Progress |
| TOTAL E | ES \$254.30 | 2 Noor into containing in 1 logicus |
| TOTAL FE | ES \$254.3U | 2 rd DOOSING Counties Size! |
| | | 3 rd ROOFING Covering Final |
| | C 5 - 10 | |
| Date Paid | 7-8-1 | PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| | 1115 | |
| CC or Check # | 4× 02615 | 1 ST (Underground) 2 nd (Sewer) |
| | A | (Gewei) |
| Amount Paid | UC1.71 | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| Amount Falu | 00100 | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| TI | | |
| | oting this permit shall | CHECK APPROPRIATE BOX |
| conform to the ter | | ☐ GASNaturalLP ☐ MECHANICAL □ELECTRICAL □ LOW VOLTAGE |
| application on file | and construction | |
| shall conform to t | he requirements of | 1 st (Rough-In) 2 nd (Final) |
| the Florida Buildir | ng Code (FS 553). | (Final) |
| | · · · · · · · · · · · · · · · · · · · | |

City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleisleil.ge

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 STATE OF THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN THE YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

| DATE OF APPLICATION: 07 17 | 812617 | | PERMIT NUMBER | 2017=V68 | 5-018 | | |
|--|-------------------------|---------------------|--|----------------------|----------|-----|--|
| he undersigned hereby applies for | a permit to make p | lumbing instal | lations as indicated below. PLEASE PRI | NT | | | |
| roject Address 3557 Brighton Park arch Let 4 Belle Isle FL 32809 32812 | | | | | | | |
| roporty Owner Nottanily Hanco Phone 40+- 5a9-2228 | | | | | | | |
| Property Owner's Mailing Address _ | 1900 8 | ummit | Towar Blocky Orlan | ~9° | | (1) | |
| Tate Franky Zip Code 33811 Parcel Id Number: 29-23-30-0000-00-450 | | | | | | | |
| | == | To obtain this info | emation, please visit http://www.ocpafl.org/Sea | iches/ParcetSearch.a | 1PX | | |
| Class of Building: Old New E Type of Work: New Alteration | | Building: Resid | Sentia Commercial Other Type of System: Sewer Septic | er 🗌 Re-pipe 🗍 | | | |
| YOU MAY BE REQUIRED | | | NTAL SYSTEM VERIFICATION – DC D DDITION to Soptic System | OCUMENT 64E-6 | | | |
| /ALUATION OF JOB (labor & mate | erials) \$ <u>650</u> 0 | ر. م.ر | | | | | |
| | | | | | | | |
| FIXTURES | NUMBER | FEE | FIXTURES | NUMBER | FEE | | |
| Water Closets (Toilet) | 3 | | Dishwashers | 1 | | | |
| Bathtubs | | | Laundry Tubs | L | | | |
| Jrinals | | | Floor Drains | | | | |
| Disposals | 1 | | Grease Traps | | | | |
| Washing Machines | 1 | | Trailer Connections | | | | |
| Water Heaters | i | | Spa | | | | |
| Sewer | | | Solar | | | | |
| Catch Basins/Sumps | | | Pool Piping | | | 11 | |
| Service Sink | | | *Imigation: (# Systems / # Heads) | | | 10 | |
| Lavatory (Bathroom Sink) | 4 | | Water Softener | | <u> </u> | 10 | |
| Showers | 7 | | Re-pipe | | | | |
| S:nks | | | Miscellaneous (Specify) | | | | |
| Backflow Preventer must be lested | after installation: | aport must be | posted with permit for Final Inspection. | Total Fees | 248,10 | | |
| Building Official: | Bulu | _ Date_7 | 3% 5 | State Surcharge | 6.20 | | |
| | Lic | Ins (| 800 | | | | |
| | | | Anowledge and make Application for Perions and City Ordinances regulating same : | | | | |
| | | | e any applicable Town and/or State of Florb | | | | |
| LICENSE HOLDER SIGNATURE _ | 13_ | 5 | | FC14) 86 | | | |
| 4 | rian Cre | 4061 | COMPANY NAME SPECIAL | PLUNTIN | 1 LEC | | |
| Street Address 1767 Ber | | _ | | , | , | | |
| city Apop Ken | State | Zp | Code 32707 Phone Number_ | | | | |
| | | | | | | | |

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.

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #PLU011

Building Permit Number



Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

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32812

Parcel ID: 29-23-30-0906-00-470 Property Owner: Mattamy Orlando LLC

Phone Number:

407 599 2228

Company Name: Spegal Plumbing LLC

Contractor Name: Spegal, Brian

License Number: Address:

CFC1428683

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Phone Number: 407 256 1234 Permit Number: 2017-08-019

Date of Application: <u>07/28/2017</u>
Date Permit Issued: <u>07/31/2017</u>

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| | BUILDING FEATURES |
|--|---|
| IMPACT FEES Traffic \$ | BUILDING INSPECTOR USE ONLY |
| Traffic \$ School \$ | IF APPLICABLE: |
| ZONING FEES | Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions |
| Zoning Fee \$ | Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO |
| UNIVERSAL ENG - BUILDING FEES | BUILDING 1st(Footing/Foundation) |
| Boat Dock \$ Boat House \$ | Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? |
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| Door(s) \$ | 3 rd (Lintel)(Wall Reinforcing on Masonry Building) |
| Driveway \$ Electrical \$ | 4 th (Exterior Framing)(Roof/Wall Sheathing) |
| Fence \$ Gas \$ | 5 th (Framing) (To be made after Plumbing/ Mechanical/ |
| Irrigation \$ Low Voltage \$ | Electrical Rough-Ins & Windows/Doors Installed) |
| Mechanical \$ Plumbing \$248.10 | 6 th (Insulation to be Made After Roof Installed) |
| Pool \$ Roofing \$ | 7 th (Drywall) |
| Screen Encl \$ Shed \$ | 8 th (Sidewalk/Driveway) |
| Temp Pole \$ Window(s) \$ | 9 th (Other) |
| . , | 10 th (Final – After MEP and Other Applicable Finals) |
| SURCHARGE FEES | © ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR |
| Surcharge Fee \$2.48 Surcharge Fee \$3.72 | 1 ST ROOFING Deck Nailing/Dry-in/Flashing |
| TOTAL FEES \$254.30 | 2 nd ROOFING Covering In-Progress |
| 101AE1EE0 \$204.00 | 3 rd ROOFING Covering Final |
| Date Paid 8817 | PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc) |
| CC or Check # 14.00015 | 1 ST (Underground) 2 nd (Sewer) |
| Amount Paid 254-30 | 3 rd (Rough-In/Tub Set) 4 th (Final) |
| The person accepting this permit shall | CHECK APPROPRIATE BOX |
| conform to the terms of the application on file and construction | ☐ GASNaturalLP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE |
| shall conform to the requirements of the Florida Building Code (FS 553). | 1 st (Rough-In) 2 nd (Final) |

Permit has been issued.

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleista

APPLICATION FOR PLUMBING PERMIT

WARNING TO DWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT AS RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF YOU INTERE TO GRAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR LOTTE OF COMMENCEMENT.

| DATE OF APPLICATION: 07/38 | 4017 | | PERMIT NUMBER_ | BY: 20 | 7-08-C |
|---|-----------------------|-----------------|--|----------------------------|-------------|
| The undersigned hereby applies for a | permit to make p | lumbing inst | allations as indicated below. PLEAS | E PRINT | |
| Project Address 3561 1341 | | | | L328093281 | |
| Property Owner | Hanry H | anch- | | 104-599- | 3998 |
| Property Owner's Mailing Address | 1900 8 | umming | - Towar Block On | rlands | |
| State turnenzip code 32 | | el 1d Numbe | ar 29-23-30 | 0000-0 | 0-400 |
| | | | formation, please visit http://www.ocpaff. | org/Searches/ParcelSearch. | NO. |
| Class of Building: Old New D Type of Work: New Alteration | Addition | | Type of System: Sewel S | | |
| YOU MAY BE REQUIRED T | | | ENTAL SYSTEM VERIFICATION - DDITION to Septic System | OC DOCUMENT 64E-6 | |
| VALUATION OF JOB (labor & mate | | | | | |
| ANDMITOR OF 300 (ISBN) & Male | 11010) 0 | | | | |
| FIXTURES | NUMBER | FEE | FIXTURES | NUMBER | FEE |
| Water Closets (Toilet) | 13 | | Dishwashers | 1 1 | |
| Bathtubs | 1 | | Laundry Tubs | | - |
| Urinals | | | Floor Drains | | |
| Disposals | 1 | | Grease Traps | | |
| Washing Machines | | | Trailer Connections | | |
| Water Healers | | | Spa | | |
| Sewer | | | Solar | | 16 |
| Catch Basins/Sumps | | | Pool Piping | | |
| Service Sink | | | *Irrigation: (# Systems / # Head | ds) | |
| Lavatory (Bathroom Sink) | 4 | | Water Softener | | |
| Showers | 1 | | Re-pipe | | |
| Sinks | | | Miscellaneous (Specify) | | |
| *Backflow Preventor must be tosted a | ofter installation; r | port must b | e posted with permit for Final Inspec | ction. Total Fees | 24810 |
| | | | | 3% State Surcharge | 6.20 |
| Building Official Octo | Bole | _ Date | 7-31-17 Permit/Re- | view Fee Grand Total | 254.30 |
| I hereby certify that the above is true | and correct the | las in | y knowledge and make Application | for Permit as outlined ab | ove, and if |
| same is granted Lagree to conform to | all Florida Building | Code Regula | tions and City Ordinances regulating | same and in accordance | with plans |
| submitted. The issuance of this permit of | loes not grant perm | ission to viala | ate any applicable Town and/or State o | | |
| LICENSE HOLDER SIGNATURE | 1/2- | 5 | LICENSE # | CFC143 86 | <u>87</u> |
| | rian Spei | yal 1 | COMPANY NAME SYE | yal Pruntin | y Luc |
| Street Address 1767 Bent | AN COINT | | | , | |
| City Appp Ka | State | EC_Zip | Code 307e7 Phone Num | nber | |

NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building

Building Permit Number 307-67-010

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #PLU011

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CFC1428683

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



SPEGAL, BRIAN SCOTT SPEGAL PLUMBING LLC 1767 BENBOW CT UNIT C APOPKA FL 32703



ISSUED: 08/03/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608030001627



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/25/2017

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).

| _ c | ertifi | cate holder in lieu | of such endors | seme | nt(s) | | | | | | | | - |
|--|---|---|--------------------------------|----------|----------------|--|--------------------------------|--|--|------------------------------------|------------|--------|-------------|
| PRO | DUCE | R | | | | | CONTACT Sue Wilson | | | | | | |
| Gentry Insurance Agency | | | | | | | | PHONE (A/C, No, Ext): (407) 886-3301 FAX (A/C, No): (407) 886-9530 | | | | | |
| 17! | 5 Ea | ast Main Stre | et | | | | E-MAIL ADDRE | _{ss:} sue@ger | tryins.c | om | | | |
| PO | Box | ĸ 2046 | | | | | | | | DING COVERAGE | | | NAIC # |
| AP |)PK | A. | FL 327 | 704- | 204 | 6 | INSURE | | | Ins. Co. | | | 10190 |
| INSURED | | | | | | | INSURER B : Auto-Owners Ins Co | | | | | | 18988 |
| Spe | ega] | l Plumbing, I | TC | | | | | Rc Markel | | | | | 38970 |
| | _ | эж 4478 | | | | | INSURE | | | - | | | |
| POR 4476 | | | | | | | | INSURER E : | | | | | |
| an, | opka | - | FL 327 | 704 | | | | | | | | | |
| | | AGES | | | CATE | NUMBER:16-17 w/\$ | INSURE | | | REVISION NU | MRER: | | |
| | | | | | | RANCE LISTED BELOW HA | | | | | | HE PO | LICY PERIOD |
| C | IDICA ERTII | ATED. NOTWITHST FICATE MAY BE IS | 'ANDING ANY RE SSUED OR MAY | QUIF | REMEI FAIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN | Y CONTRACT | OR OTHER S DESCRIBE | DOCUMENT WIT D HEREIN IS SI | TH RESPE | CT TO | WHICH THIS |
| INSR LTR | T | TYPE OF INSUI | RANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | | LIMIT | s | |
| - <u> </u> | x | COMMERCIAL GENER | | INSU | 1170 | , spirit namedit | | Total Section 1 | SAME AND A STATE OF THE STATE O | EACH OCCURREN | | 5 | 1,000,000 |
| ١, | | CLAIMS-MADE X OCCUR | | | | | : | 10/25/2016 | 10/25/2017 | DAMAGE TO RENT PREMISES (Ea occ | ED | s | 300,000 |
| A | \vdash | | | | | 7216374216 | | | | MED EXP (Any one | | 5 | 10,000 |
| | \vdash | · | | | | | | | 10,25,201, | PERSONAL & ADV | | s | 1,000,000 |
| | | | 4001 IEO DES: | | | | | | | GENERAL AGGRE | | s | 2,000,000 |
| | GEN | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | | | 2,000,000 |
| l | \vdash | POLICY X PRO- | roc | | | | | | | PRODUCTS - COM | PIOP AGG | s s | 2,000,000 |
| ⊢ | OTHER: | | | | l | | | | | COMBINED SINGLE | ELIMIY | s | 500 000 |
| | <u> </u> | AUTOMOBILE LIABILITY | | | | | | | | (Ea accident) | | 5 | 500,000 |
| В | X | ANY AUTO | SCHEDULED | | | | | | | BODILY INJURY (P | | 5 | |
| | | AUTOS | AUTOS NON-OWNED | | | 4930721400 | | 10/23/2016 | 10/23/2017 | BODILY INJURY (P | | | |
| | X HIRED AUTOS X AUTOS | | | | | | | | (Per accident) | | \$ | | |
| ļ | | | | <u> </u> | ļ | | | | | | | \$ | |
| | X | UMBRELLA LIAB | OCCUR | | | | | | | EACH OCCURREN | CE | \$ | 2,000,000 |
| A | | EXCESS LIAB | CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | 2,000,000 |
| | | DED RETENTION | | | <u> </u> | 4989976701 | | 10/25/2016 | 10/25/2017 | I BUB | 1,690 | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | | X PER STATUTE | OTH- ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | N/A | | | | | | E.L. EACH ACCIDE | NT | \$ | 1,000,000 |
| C | (Man | DFFICER/MEMBER EXCLUDED? Mandatory in NH) | | | | MWC0044483-05 | | 1/28/2017 | 1/28/2018 | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATI | ONS below | | | | | | | E.L. DISEASE - PO | LICY LIMIT | 8 | 1,000,000 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| DES | CRIPT | TON OF OPERATIONS / | LOCATIONS / VEHIC | LES | ACOR | D 101, Additional Remarks Sched | tule, may | be attached if m | ore space is req | uired) | | | |
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| CE | RTIF | ICATE HOLDER | | | | | CAN | CELLATION | | | | | |
| City of Belle Isle 1699 Nela Avenue | | | | | | | enc | III D ANV OF | THE AROVE O | ESCRIBED POLI | CIES RE C | ANCEI | I EN RECORE |
| | | | | | | | | | | EREOF, NOTICE | | | |
| | | | | | | | ACC | ORDANCE W | TH THE POLIC | CY PROVISIONS. | | | |
| Belle Isle, FL 32809 | | | | | | | | | | | | | |
| | | | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | | |
| l | | | | | | | Deh- | a Tiehkoo | ch+/enem | Den. | S of | i ek | neath |
| ı | | | | | | | ישבייו | T DIEDVIIG | CHU/ BOEW | | | | _ |

| | CITY OF APOPKA LOCAL BUSINESS TAX RECEIPT | No: | 11156 | |
|------------|--|--|----------------------|--|
| | 120 East Main Street, Apopka, FL 32703 License Year October 1, 2016 to September 30, 2017 | Date: | 9/20/16 | |
| Address: | 174 SEMORAN COMMERCE PL APOPKA, FL 32703 | Tax Penalty Transfer | 61.00 | |
| Activity: | 08C8-2 CONTRACTOR-STATE LICENSED PLUMBING | App Fee Other Total Paid PAY IN OCT | 61.00 0.00 | |
| Issued to: | SPEGAL PLUMBING LLC P. O. BOX 4478 APOPKA, FL 32704-4478 | PAY IN NOV PAY IN DEC PAY IN JAN | 0.00 0.00 0.00 | |
| Α | MUST DISPLAY LICENSE/OWNER RESPONSIBILITY TO RENEW | BUSINESS TAX | OFFICIAL | |