



City of Belle Isle
 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, 1 shower, 1 sink, 1 dishwasher
Comments: BLDG 14

Permit Number: 2017-08-013
Date of Application: 07/28/2017
Date Permit Issued: 07/31/2017

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

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 BEFORE RECORDING YOUR NOTICE OF 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

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$
 Plumbing \$248.10
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.48
 Surcharge Fee \$3.72

TOTAL FEES \$254.30

Date Paid 8-8-17
CC or Check # AV 02015
Amount Paid 254.30

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:
 Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING
 1st _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____
 2nd _____ (Slab)
 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
 4th _____ (Exterior Framing)(Roof/Wall Sheathing)
 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
 6th _____ (Insulation to be Made After Roof Installed)
 7th _____ (Drywall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

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For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>
 login ID = cobi@universalengineering.com password = universal13



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
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APPLICATION FOR PLUMBING PERMIT

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Lot 41
RECEIVED
JUL 28 2017

Bldg 4

DATE OF APPLICATION: 07/28/2017 PERMIT NUMBER: 2017-08-013

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

Project Address 3537 Brighton Park Circle Lot 41 Belle Isle FL 32809 32812

Property Owner Natnamy Hauer Phone 407-599-7228

Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando

State Florida Zip Code 32811 Parcel Id Number: 2023-30-0000-00-410

To obtain this information, please visit <http://www.ocpafl.com/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 RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System

VALUATION OF JOB (labor & materials) \$ 6500.00

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

14

*Backflow Preventer must be tested after installation; report must be posted with permit for Final Inspection.

Total Fees 248.10
5% State Surcharge 62.00
Permit/Review Fee Grand Total 254.30

Building Official: Dale Baker Date 7-31-17

Lic/Ins SW

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 # CF143 6683
LICENSE HOLDER NAME Brian Special COMPANY NAME Special Plumbing LLC
Street Address 1367 Barkan Court
City Apopka State FL Zip 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 2017-07014

base 73
6x15.4 92.40
165.40 ÷ 2
-82.70
248.10

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

248
372
620



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Contractor Name: Spegal, Brian
License Number: CFC1428683
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Phone Number: 407 256 1234

Permit Number: 2017-08-014

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ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
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password = universal13



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lot 42

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RECEIVED
JUL 28 2017

Blg 14

DATE OF APPLICATION: 07/28/2017

PERMIT NUMBER 2017-08-014

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

Project Address 3541 Brighton Park Circle Lot 42, Belle Isle FL 32809 32812

Property Owner Nettamy Hauer Phone 407-599-7228

Property Owner's Mailing Address 1900 Summit Tower Blvd, Orlando

State FL Zip Code 32811 Parcel Id Number: 29-2330-0000-00-420

To obtain this information, please visit <http://www.ocpafl.com/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
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FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets (Toilet)	3		Dishwashers	1	
Bathtubs	1		Laundry Tubs		
Urinals			Floor Drains		
Disposals	1		Grease Traps		
Washing Machines	1		Trailer Connections		
Water Heaters	1		Spa		
Sewer	1		Solar		
Catch Basins/Sumps			Pool Piping		
Service Sink			Irrigation: (# Systems / # Heads)		
Lavatory (Bathroom Sink)	4		Water Softener		
Showers	1		Re-pipe		
Sinks	1		Miscellaneous (Specify)		

5

*Backflow Preventor must be tested after installation; report must be posted with permit for Final Inspection.

Total Fees 248.10
3% State Surcharge 6.20
Permit/Review Fee Grand Total 254.30

Building Official: Dale Bush Date 7-31-17

Lic/Ins

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 # CFC143 8683
LICENSE HOLDER NAME Brian Special COMPANY NAME Special Plumbing LLC
Street Address 1767 Berkow Court
City Apopka State FL Zip 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 2017-07-015



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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

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: 2017-08-015

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Bldg 14

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LICENSE HOLDER NAME Brian Speyal COMPANY NAME Speyal Plumbing LLC
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Building Permit Number 2017-07-016



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IMPACT FEES

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$
 Plumbing \$248.10
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.48
 Surcharge Fee \$3.72

TOTAL FEES \$254.30

Date Paid 8-8-17

CC or Check # AX 2015

Amount Paid 254.30

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st _____ (Footing/Foundation)
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
 2nd _____ (Slab)
 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
 4th _____ (Exterior Framing)(Roof/Wall Sheathing)
 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
 6th _____ (Insulation to be Made After Roof Installed)
 7th _____ (Drywall)
 8th _____ (Sidewalk/Driveway)
 9th _____ (Other)
 10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to IDScheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = cobi@universalengineering.com

password = universal13



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

lot 44

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.

RECEIVED
JUL 28 2017

Blog 14

DATE OF APPLICATION: 07/28/2017 PERMIT NUMBER: 2017-08-016
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 3549 Brighton Park Circle Lot 44 Belle Isle FL 32809 32812
Property Owner Natnamy Hancer Phone 407-599-2228
Property Owner's Mailing Address 1400 Summit Tower Blvd City Orlando
State Florida Zip Code 32811 Parcel Id Number: 29-23-30-0000-00-440
To obtain this information, please visit <http://www.ocpal.org/Seaches/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 RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System

VALUATION OF JOB (labor & materials) \$ 6500.00

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets (Toilet)	3		Dishwashers	1	
Bathtubs	2		Laundry Tubs	1	
Urinals			Floor Drains		
Disposals	1		Grease Traps		
Washing Machines	1		Trailer Connections		
Water Heaters	1		Spa		
Sewer	1		Solar		
Catch Basins/Sumps			Pool Piping		
Service Sink			Irrigation: (# Systems / # Heads)		
Lavatory (Bathroom Sink)	4		Water Softener		
Showers	1		Re-pipe		
Sinks	1		Miscellaneous (Specify)		

*Backflow Preventer must be tested after installation; report must be posted with permit for Final Inspection.
Total Fees 248.10
3% State Surcharge 6.20
Permit/Review Fee Grand Total 254.30

Building Official: Dale Baker Date 7-31-17

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 # CF1438683
LICENSE HOLDER NAME Brian Speyer COMPANY NAME Speyer Plumbing LLC
Street Address 1767 Banker Court
City Apopka State FL Zip 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 2017-07-017



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
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

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Traffic \$
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Zoning Fee \$

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CC or Check # AX 02015

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BUILDING

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1st _____ (Rough-In) 2nd _____ (Final)

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For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = cobi@universalengineering.com

password = universal13



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

Lot 45



APPLICATION FOR PLUMBING PERMIT

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Bldg 14

DATE OF APPLICATION: 07/28/2017 PERMIT NUMBER 201708-017
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
Project Address 3553 Brighton Park Circle Lot 45 Belle Isle FL 32809 32812
Property Owner Natnamy Hamer Phone 407-599-2228
Property Owner's Mailing Address 1900 Summit Tower Blvd, Orlando
State Florida Zip Code 32811 Parcel Id Number: 29-23-30-0000-00-450
To obtain this information, please visit <http://www.ocpafl.com/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 RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System.

VALUATION OF JOB (labor & materials) \$ 6500.00

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

15

*Backflow Preventer must be tested after installation; report must be posted with permit for Final Inspection.
Total Fees 248.10
3% State Surcharge 6.20
Permit/Review Fee Grand Total 254.30

Building Official Dale Balm Date 7-31-17

Lic/Ins ✓
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 # CF1438683
LICENSE HOLDER NAME Brian Speyal COMPANY NAME Speyal Plumbing LLC
Street Address 1767 Berkman Court
City Apopka State FL Zip 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 2017-02-018



PERMIT CARD – PLEASE POST AT JOB SITE
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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

Permit Number: 2017-08-018

Date of Application: 07/28/2017

Date Permit Issued: 07/31/2017

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

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

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Traffic \$
 School \$

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Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

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 Temp Pole \$
 Window(s) \$

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Surcharge Fee \$2.48
 Surcharge Fee \$3.72

TOTAL FEES \$254.30

Date Paid 8-8-17
CC or Check # AX 02015
Amount Paid 254.30

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BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

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BUILDING

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CHECK APPROPRIATE BOX

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- 1st _____ (Rough-In) 2nd _____ (Final)

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login ID = cobi@universalengineering.com

password = universal13



APPLICATION FOR PLUMBING PERMIT

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RECEIVED
JUL 28 2017

319 14

DATE OF APPLICATION: 07/28/2017 PERMIT NUMBER: 2017-08-018
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Project Address 3557 Brighton Park Circle Lot 46 Belle Isle FL 32809 32812
Property Owner Mattamy Hauer Phone 407-599-2228
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando
State Florida Zip Code 32811 Parcel Id Number: 29-23-30-0000-00-450

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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Sewer	1		Solar		
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Service Sink			Irrigation: (# Systems / # Heads)		
Lavatory (Bathroom Sink)	4		Water Softener		
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Building Official: Dale Balm Date 7-31-17 Permit/Review Fee Grand Total 254.30

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 # CFC143 8683
LICENSE HOLDER NAME Brian Speyal COMPANY NAME Speyal Plumbing LLC
Street Address 1767 Berkman Court
City Apopka State FL Zip Code 32703 Phone Number _____

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Building Permit Number 2017-07-019



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Comments: BLDG 14

Project Information

Address: Lot 47, 3561 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-470
Property Owner: Mattamy Orlando LLC
Phone Number: 407 599 2228

Company Name: Spegal Plumbing LLC
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Phone Number: 407 256 1234

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login ID = cobi@universalengineering.com

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City of Belle Isle

Lot 47

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

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.

RECEIVED
JUL 28 2017
BY: 2017-08-019

Bldg 14

DATE OF APPLICATION: 07/28/2017 PERMIT NUMBER _____
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
Project Address 3561 Brighton Park Circle Lot 47 Belle Isle FL 32809 32812
Property Owner Natthany Hamer Phone 407-599-7228
Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando
State Florida Zip Code 32811 Parcel Id Number: 29-23-30-0000-00-450

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 RESIDENTIAL SYSTEM VERIFICATION - OC DOCUMENT 64E-6 FOR NEW / ALTERED / ADDITION to Septic System

VALUATION OF JOB (labor & materials) \$ 6500.00

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

*Backflow Preventer must be tested after installation; report must be posted with permit for Final Inspection.

Total Fees 248.10
3% State Surcharge 6.20
Permit/Review Fee Grand Total 254.30

Building Official: Dale Bohm Date 7-31-17

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 # CF143 8683
LICENSE HOLDER NAME Brian Speyal COMPANY NAME Speyal Plumbing LLC
Street Address 1767 Berkman Court
City Apopka State FL Zip 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 2017-07-020

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).

PRODUCER Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046		CONTACT NAME: Sue Wilson PHONE (A/C, No, Ext): (407) 886-3301 FAX (A/C, No): (407) 886-9530 E-MAIL ADDRESS: sue@gentryins.com															
INSURED Spegal Plumbing, LLC P O Box 4478 Apopka FL 32704		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Southern-Owners Ins. Co.</td> <td>10190</td> </tr> <tr> <td>INSURER B: Auto-Owners Ins Co</td> <td>18988</td> </tr> <tr> <td>INSURER C: Markel Insurance</td> <td>38970</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Southern-Owners Ins. Co.	10190	INSURER B: Auto-Owners Ins Co	18988	INSURER C: Markel Insurance	38970	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 16-17 w/\$2M Umb **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		7216374216	10/25/2016	10/25/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>		4930721400	10/23/2016	10/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		4989976701	10/25/2016	10/25/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	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	MWC0044483-05	1/28/2017	1/28/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER City of Belle Isle 1699 Nela Avenue Belle Isle, FL 32809	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Debra Liebknecht/SUEW <i>Debra Liebknecht</i>
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CITY OF APOPKA
LOCAL BUSINESS TAX RECEIPT

120 East Main Street, Apopka, FL 32703
License Year October 1, 2016 to September 30, 2017

No: 11156
Date: 9/20/16


Address: 174 SEMORAN COMMERCE PL
APOPKA, FL 32703
Activity: 08C8-2 CONTRACTOR-STATE LICENSED
PLUMBING

Issued to: SPEGAL PLUMBING LLC
P. O. BOX 4478
APOPKA, FL 32704-4478

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

A

MUST DISPLAY LICENSE/OWNER RESPONSIBILITY TO RENEW


BUSINESS TAX OFFICIAL