



City of Belle Isle Job Site Card PLUMBING PERMIT 2018-08-069

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2018- 08-069
Site Address: 2844 Montmart Dr 328 12
Class: Residential

Issue Date: 8/ 24 /2018
Parcel #: 18-23-30-4391-04-380
Subdivision:

Description of Work: **TO CLOSE OUT OLD ORANGE COUNTY PERMIT #P0002479 - ALREADY PASSED ROUGH INSPECTION AS ATTACHED, NEEDS FINAL INSPECTION ONLY.**

Issued To: LUKE, PATRICK ANDERSON, LLC

Business Phone: 407 558-0982

Name: LUKE, PATRICK ANDERSON

Contractor License CFC1426458

Payment Date & Method: 8 / 24 2018 Picked up by _____

Visa Master Card Amex Discover Check / Money Order # VISA 5240

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 3:00 PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

PLUMBING INSPECTOR DATE COMMENTS

600 Sewer			
610 Underground			
620 Rough			
630 Above Ceiling			
640 Irrigation Final			
650 Final			

Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3 pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.



City of Belle Isle

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

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
AUG 23 2018
BY: [Signature]

DATE OF APPLICATION: 8-22-18 PERMIT NUMBER: 2018-08-069

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

Project Address 2844 Montmart Dr Belle Isle FL 32809 32812

Property Owner Kenneth J Koval Phone _____

Property Owner's Mailing Address 2844 Montmart Dr City Belle Isle, FL 32812

State FL Zip Code 32812 Parcel Id Number: 19-23-30-4391-04-380

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

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe

Expired Permit 000002479 to be replaced.
YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION to Septic System - ORANGE COUNTY DOCUMENT 64E-6

VALUATION OF JOB (labor & materials) \$ 380.00 To close out old CC permit 000002479

FIXTURES	Quantity
Water Closets (Toilet)	1 ✓
Bathtubs	1 ✓
Urinals	
Disposals	
Washing Machines	
Water Heaters	
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	1 ✓
Showers	1 ✓
Sinks	

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
Irrigation (# Systems / # Heads)	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

already passed
ROUGH as attached
needs final inspection only

<p><i>*Per 246, Sec. 406, 1 Backflow Preventer must be installed & tested, the report must be posted with permit for final inspection</i></p> <p><u>administrative only</u></p> <p>Building Official: <u>SM</u> Date <u>8-24-18</u></p> <p>Verified Contractor's Licenses & insurance are on file <u>SM</u> Date <u>8-24-18</u></p>	<p>Permit Fee <u>97-</u></p> <p>Review Fee <u>48.50</u></p> <p>1% BCAIB Fee <u>2 min</u></p> <p>1.5% DCA Fee <u>2.18</u></p> <p>Total Permit Fee <u>149.68</u></p>
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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 me the right to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CFC1426458
LICENSE HOLDER NAME Patrick Luke COMPANY NAME Luke, Patrick Anderson LLC
Street Address 9027 Gotha Rd
City W. Undermere State FL Zip Code 34786 Phone Number (407) 558-0952
Email Address IVACOLEMIA@bellsouth.net

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.

base 73
4 fixtures x 6 = 24
97.2
48.50
145.50

PAID 8-24-18 UISA 5240
Building Permit Number _____

Process Detail

PROCESS	STATUS		USER
830 Rough In	History		
SCHEDULED DATE	SCHEDULED END DATE	START DATE	END DATE
03/28/00			03/28/00
PROCESS COMMENT			

ACTIVITY:

DATE	USER	COMMENT	RESULT
03/28/00	N/A	CANCEL-PER DISPATCH CANCEL	Cancel
03/29/00	N/A	830-OK PASS	Passed
03/14/00	N/A	830-OK SANITARY ROUGH ONLY PARTIAL PASS	Partial

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Details for P00002479

PERMIT INFORMATION:

 [View Google Map \(https://maps.google.com?q=2844+Montmart+Dr.+Orlando+FL+32812\)](https://maps.google.com?q=2844+Montmart+Dr.+Orlando+FL+32812)

PERMIT#	APPLY DATE	NAME	STATUS	ISSUE DATE	EXPIRE DATE
P00002479	03/09/00		Expired	03/09/00	09/30/00
TYPE	SUB TYPE		WORK TYPE		
Plumbing Permit	Residential		Addition		
ADDRESS	PARCEL				
2844 Montmart Dr Orlando FL 32812	18-23-30-4391-04-380				
DESCRIPTION	ADDITION/SFR/PLUMBING				

ASSOCIATED PROPERTY:

ADDRESS	PARCEL
2844 Montmart Dr Orlando FL 32812	18-23-30-4391-04-380

ASSOCIATED SUBDIVISION:

NAME	SUB ID
LAKE CONWAY ESTS SEC 4 3RD ADD	18-23-30-4391

PEOPLE DETAILS:

TYPE	NAME	ADDRESS
Contractor	Orin Garland Cooper II	1125 S Atlanta Ave Orlando Florida 32806-1003 Phone: (407) 841-4500

PERMIT INFORMATION:

Collapse All

DESCRIPTION	INFORMATION
<input type="checkbox"/> Building Safety Info	
Inspector-PLUM	SN

PROCESSES AND REPORTS:

Collapse All

- **View Plan Review Comments (No Deficiencies Found)**
- **View Inspection Results**
- **View Plumbing Permit Form**

PROCESS	STATUS	SCHEDULE DT	START DT	END DT
[-] Issuance				
Final Issuance Review	Open			
[-] Inspection History				
830 Rough In	History	03/28/00		03/28/00

FEE INFORMATION:

FEE DESCRIPTION	FEE AMOUNT	BALANCE
Plumbing Permit Fee	\$55.00	\$0.00
Total:	\$55.00	\$0.00

* Utilities capital charges are in addition to the indicated fees.

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Ver. 6.5.10



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

LUKE, PATRICK ANDERSON

LUKE, PATRICK ANDERSON, LLC
9627 GOTHA RD
WINDERMERE FL 34786-8107

LICENSE NUMBER: CFC1426458

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



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This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/8/2018

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 have ADDITIONAL INSURED provisions or 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 Acentria, Inc - Orlando 3191 Maguire Blvd, #150 Orlando FL 32803		CONTACT NAME: Tammy Barley PHONE (A/C No. Ext): 407-849-1988 x114 E-MAIL ADDRESS: tammy.barley@acentria.com FAX (A/C, No): 239-829-4812	
INSURED LUKEPAT-31 Luke, Patrick Anderson, LLC 9627 Gotha Road Windermere FL 34786		INSURER(S) AFFORDING COVERAGE INSURER A: Old Dominion Insurance Company INSURER B: Old Dominion Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13026 40231	

COVERAGES

CERTIFICATE NUMBER: 1157918903

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MPT8441G	12/5/2017	12/5/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1T8494X	8/5/2018	8/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle
 1600 Nela Ave
 Belle Isle FL 32809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 2/12/2017

EXPIRATION DATE: 2/12/2019

PERSON: LUKE

PATRICK

FEIN: 472479981

BUSINESS NAME AND ADDRESS:

LUKE,PATRICK ANDERSON LLC

9627 GOTHA ROAD

WINDERMERE

FL

34786

SCOPES OF BUSINESS OR TRADE:

LICENSED PLUMBING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

Aug 08 18 12:14p

Iva Sawyer

407-253-2448

p.4

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2017

EXPIRES 9/30/2018

5000-1144766

5000 BUSINESS OFFICE

\$30.00

1 EMPLOYEE

PLUMBING CONTRACTOR

\$30.00

1 EMPLOYEE

TOTAL TAX

\$60.00

