



City of Belle Isle Job Site Card PLUMBING PERMIT 2018-08-065

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- 08-065
Site Address: 2844 Montmart Dr 32812
Class: Residential Subdivision:
Description of Work: (1) Re-pipe

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

Issued To: EMERALD PLUMBING
Name: CUDDY, WILLIAM

Business Phone: 407-898-3538
Contractor License #: CFC1426238

Payment Date & Method: 8/24/2018

Picked up by

Visa Master Card Amex Discover Check / Money Order #

51604

Schedule Inspections via Email at: BD scheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 3 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 BD scheduling@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.



DATE OF APPLICATION: 8/21/18 PERMIT NUMBER 208-08-065
 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 Koval Phone _____

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

State FL Zip Code 32809 Parcel Id Number: 18-23-30-4391-04-380

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

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) \$ 2475 ✓

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

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	1
Miscellaneous (Specify)	

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

Building Official: SM Date 8-23-18 Permit Fee 37.-
 Verified Contractor's Licenses & Insurance are on file (Signature) Date 8-23-18 Review Fee 18.50
 1% BCAIB Fee 2 min
 1.5% DCA Fee 2 min
 Total Permit Fee 59.50
PAID 8-24-18 AMEX 51604

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 William Cuddy LICENSE # CFC 1426238
 LICENSE HOLDER NAME William Cuddy COMPANY NAME Emerald Plumbing
 Street Address 2311 Henderson Dr
 City Orlando State FL Zip Code 32806 Phone Number 407-898-3538
 Email Address alex@emeraldplumbing.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.

Building Permit Number _____



CITY OF BELLE ISLE, FLORIDA

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

POWER OF ATTORNEY

Date: 8/21/18

Permit #: 2018-08-065

I hereby name and appoint Alex McGilloway of
(print name)

Emerald Plumbing to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a plumbing permit
(type of permit)

for work to be performed at the following location:

2844 Montmart Dr, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: William Cuddy

License Number: CFC 1426238

Certified Contractor's Signature: William Cuddy

The foregoing instrument was acknowledged before me this 21 days of Aug of 20 18
by William Cuddy who is personally known to me or who produced
as identification and who did not take an oath.

State of Florida
County of Orange

Myrna Steele
Notary Public, Orange County, Florida

(seal)



9/4

Emerald Plumbing

NO 8887

2311 Henderson Drive, Unit A • Orlando, FL 32806 • Phone: 407-898-3538 • Fax: 407-898-5258
 License # CFC1426238 • www.emeraldplumbing.net

Name: <u>Kenneth Koval</u>		Date: <u>7-26-18</u>
Address: <u>2844 Montmart Drive</u>		City: <u>Belle Isle</u>
State, Zip Code: <u>32812</u>	Phone: <u>407 227 9553</u>	2nd Phone:
Gate Code:	Email:	Representative: <u>Wom</u>
Method of Payment: <input type="checkbox"/> Credit <input type="checkbox"/> Cash <input type="checkbox"/> Credit (3%-5% fee added for credit cards)		

- ESTIMATE TO RE-PIPE HOUSE -

<input type="checkbox"/> 1 STORY <input checked="" type="checkbox"/> 2 STORY <input type="checkbox"/> FLAT ROOF		FIXTURES	QTY	TOTAL
<input checked="" type="checkbox"/> ZURN PEX PIPE With Brass Fittings 25 year manufacturers warranty-transferable 10 year labor warranty-transferable	Price includes labor & materials. Drywall repair included, textured and ready for paint. Payment due in full at completion of re-pipe.	NEW MAIN FT		
		HOSE BIB	3	
Re-piping of hot and cold water lines completed in 1 day. Drywall repair and inspection on 2nd business day. (Unless Building Department states otherwise. We have no control of time of inspections) Painting, tile, wallpaper repair, etc. NOT included in price. Drywall cuts kept to a minimum. <i>I have read and fully understand the terms and conditions.</i> _____ Comments: <u>Main taken at home.</u> <u>We will wash lines for Island sink</u> <u>We will bring laundry tub to code</u>		WATER HEATER	1	
		WASHING MACHINE	1	
		LAUNDRY TUB	1	
		UTILITY SINK		
		KITCHEN SINK	1	
		ICE MAKER	1	
		DISHWASHER	1	
		BAR SINK		
		ISLAND SINK	1	
		TOILET	5	
		BIDET		
		LAVATORY SINK	6	
		SHOWER	2	
		TUB	2	
OUTDOOR SHOWER				
SUMMER KITCHEN				
OTHER				
Recommendations: _____ <u>Kenneth Koval</u>		<u>Water Conductions 1</u> SUB TOTAL DEPOSIT TOTAL AMOUNT DUES \$2475.00		

lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1803 PLUMBING 2017 EXPIRES 9/30/2018 1803-0000130
\$40.00 13 EMPLOYEE 5000 BUSINESS OFFICE \$30.00 3 EMPLOYEE



TOTAL TAX \$70.00
PREVIOUSLY PAID \$70.00
TOTAL DUE \$0.00

• CUDDY WILLIAM
EMERALD PLUMBING OF CENTRAL FL INC
CUDDY WILLIAM
2311 HENDERSON DR STE A
ORLANDO FL 32806-1901

2311 HENDERSON DR #STE A
U - ORLANDO, 32806

PAID: \$70.00 0098-00775525 7/11/2017

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CFC1426238	

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



CUDDY WILLIAM
EMERALD PLUMBING OF CENTRAL FLORIDA INC
2311 HENDERSON DRIVE UNIT A
ORLANDO FL 32806



ISSUED: 08/04/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608040001177



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/21/2018

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 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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750	CONTACT NAME: Raquel Gonzalez PHONE (A/C, No, Ext): 407-788-3000 ext 14255 E-MAIL ADDRESS: raquel.gonzalez@ioausa.com	FAX (A/C, No): 407-788-7933	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED EMERPLU-01 Emerald Plumbing of Central Florida, Inc. 2311 Henderson Dr. Unit A Orlando FL 32806	INSURER A : Ohio Security Insurance Company		24082
	INSURER B : The Hanover American Insurance Company		36064
	INSURER C : Builders Mutual Insurance Company		10844
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER: 282785544** **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 <input checked="" type="checkbox"/> Bikt AI, Bikt WOS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKS57676632	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Bikt AI <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Bikt WOS			AZJ9485191	3/7/2018	3/7/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input type="checkbox"/> 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	WCP103046504	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER City of Belle Isle 1600 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 
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2844 Montmart Dr < 18-23-30-4391-04-380 >

Name: Koval Kenneth J
Physical Street Address: 2844 Montmart Dr
Mailing Address On File: 2844 Montmart Dr
Belle Isle, FL 32812-1030
Incorrect Mailing Address*
Physical Street Address: 2844 Montmart Dr
Postal City and Zipcode: Orlando, FL 32812
Property Use: 0103 - Single Fam Class III
Municipality: Belle Isle



View 2017 Property Record Card

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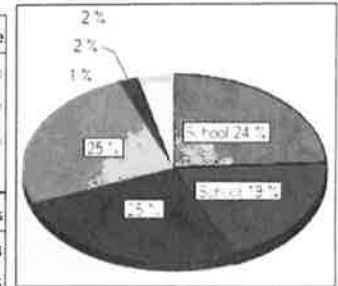
Historical Value and Tax Benefits

Has Homestead in 2018

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2018 <input type="checkbox"/> W <input type="checkbox"/> MKT	\$280,000	+ \$389,395	= \$46,000	= \$715,395 (114%)	\$616,921 (121%)
2017 <input type="checkbox"/> W <input type="checkbox"/> MKT	\$280,000	+ \$379,377	= \$46,500	= \$705,877 (114%)	\$604,232 (121%)
2016 <input type="checkbox"/> W <input type="checkbox"/> MKT	\$280,000	+ \$368,112	= \$47,000	= \$695,112 (115%)	\$591,804 (115%)
2015 <input type="checkbox"/> W <input type="checkbox"/> MKT	\$280,000	+ \$366,509	= \$14,000	= \$660,509	\$562,864

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2018 <input type="checkbox"/> W <input type="checkbox"/> HX <input type="checkbox"/> CAP	\$25,000	\$25,000	\$0	\$98,474	\$2,368
2017 <input type="checkbox"/> W <input type="checkbox"/> HX <input type="checkbox"/> CAP	\$25,000	\$25,000	\$0	\$101,645	\$2,446
2016 <input type="checkbox"/> W <input type="checkbox"/> HX <input type="checkbox"/> CAP	\$25,000	\$25,000	\$0	\$103,308	\$2,522
2015 <input type="checkbox"/> W <input type="checkbox"/> HX <input type="checkbox"/> CAP	\$25,000	\$25,000	\$0	\$97,645	\$2,473

2018 Tax Breakdown



2018 Taxable Value and Estimate of Proposed Taxes

TAX YEAR | 2018 • 2017 • 2016 • 2015

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools - By State Law (R1e)	\$616,921	\$25,000	\$591,921	4.0510 (114.95%)	\$2,397.87 24%
Public Schools - By Local Board	\$616,921	\$25,000	\$591,921	3.2480 (100.00%)	\$1,922.56 19%
Orange County (General)	\$616,921	\$50,000	\$566,921	4.4347 (100.00%)	\$2,514.12 25%
City Of Belle Isle	\$616,921	\$50,000	\$566,921	4.4018 (100.00%)	\$2,495.47 25%
Library - Operating Budget	\$616,921	\$50,000	\$566,921	0.3748 (100.00%)	\$212.48 2%
St Johns Water Management District	\$616,921	\$50,000	\$566,921	0.2562 (100.00%)	\$145.25 1%
Lake Conway Mstu	\$616,921	\$50,000	\$566,921	0.4107 (100.00%)	\$232.83 2%
			17.1772		\$9,920.58

2018 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$236.00	\$236.00
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$110.00	\$110.00
				\$346.00

2018 Estimated Gross Tax Total: \$10,266.58

2018 Tax Savings Tax Savings

Your property taxes without exemptions would be = \$12,288.48
 Your ad-valorem property tax with exemptions is = \$9,920.58
Providing You A Savings Of: = \$2,367.90

This Data Printed on 08/21/2018 and System Data Last Refreshed on 08/20/2018