



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: GAS: 1 gas outlet for pool heater 400,000 BTUS
12" to 14" w/c

Comments: None

Project Information

Address: 2202 Venetian Avenue, City of Belle Isle, FL 32809
Parcel ID: 18-23-30-8856-06-010
Property Owner: Christianson, Brian
Phone Number: 407 516 7277

Company Name: Suburban Propane Partners, LLC
Contractor Name: Witt, Mark
License Number: 30455
Address: 898 W Land street Road, Orlando, FL 32824
Phone Number: 407 730 3301

Permit Number: 2014-04-014

Date of Application: 04/04/2014

Date Permit Issued: 04/08/2014

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

School \$
Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL_ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$108.00
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$112.00

Date Paid

4-9-14

CC or Check

VSA 0772

Amount Paid

112.00

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

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

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

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 BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day inspection requests must be made by 1pm. 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/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
login ID = cobi@universalengineering.com password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-04-014
Property Owner	Christianson, Brian
Address	2202 Veneration Ave 32809
Nature of Improvement	Cas 400,000 BTUs
Received Application	4-4-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	4-7-14
Building Official Approved	4-08-14
Comments	
1.	
2.	H/A Susan emailed mwilt@thompsonis.com - Ready ✓ renew wo # 36370
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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



APPLICATION FOR GAS 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: 3-31-14 PERMIT NUMBER 2014-04-014
 The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address 2202 Venetian Ave Belle Isle FL 32812
 Property Owner Brian Christainson Phone 407-516-7277
 Property Owner's Mailing Address 2202 Venetian Ave City Belle Isle
 State FL Zip Code 32809 Parcel Id Number: 18-23-30-8856-060 10

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

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Alteration Addition Repair

GAS OUTLETS 1 DELIVERY PRESSURE 12" to 14" w/c TOTAL # BTU'S 400,000

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED ***
 GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS**

APPLIANCES:

* ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS*

Estimated Value for Labor & Appliance(s) = \$1,999.00

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$
WATER HEATER		\$
GRILL		\$
POOL HEATER	1	\$ 1,000.00
SPA		\$
BOILER		\$
MISC		\$

*VALUE MEANS REASONABLE RETAIL VALUE

Special Comments:

Building Official: Mickey Buissier Date 4/08/2014

Review & Permit Fee \$ 108-
 3% Florida Surcharge \$ 4-
 Total Permit Fee \$

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.

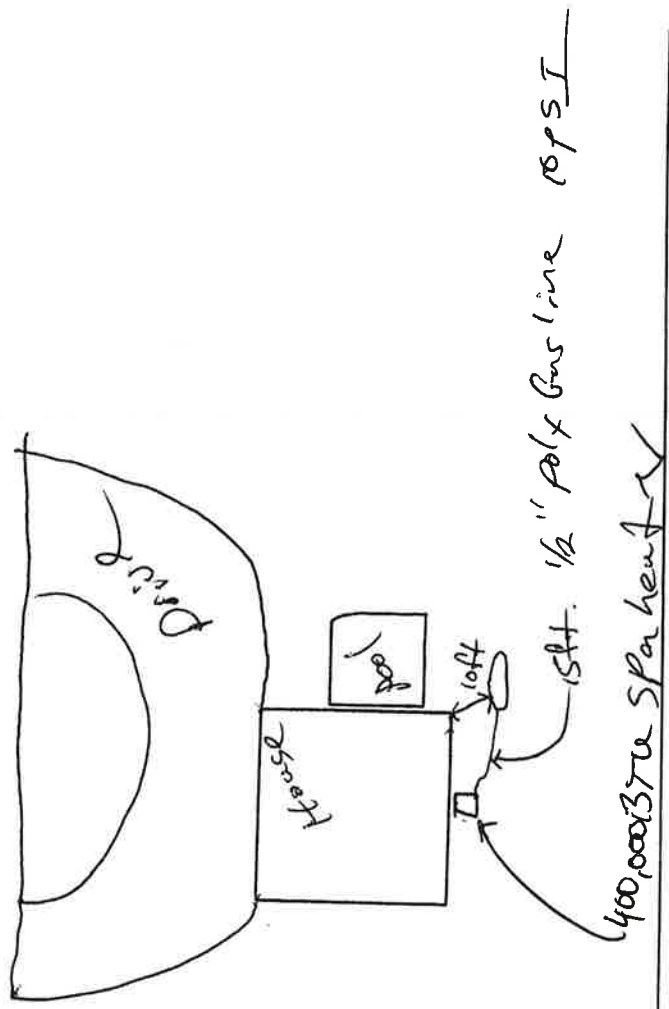
LICENSE HOLDER SIGNATURE Mickey Buissier LICENSE # 30455
 LICENSE HOLDER NAME Mick w. B. COMPANY NAME Suburban Propane Partners LLC
 Street Address 898 W. Landstreet Rd
 City Orlando State FL Zip Code 32826 Phone Number 407-730-3301
 Email Address mmitto@thompsongas.com

NOTE: The Building Permit Number is required if the Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

mwhite

Building Permit Number _____

Exterior Site Plan



Interior Drawing Of Unit



Special Notes

2014-03-017



Suburban Gas Propane Partners, LLC (ThompsonGas-Southeast)

Residential Customer Agreement

Full Name(s): <u>Brian Christensen</u>		Email:
Billing Address:		Home Phone:
C/S/Z	Mobile Phone: <u>407-516-7277</u>	Directions:
Service Address: <u>2202 Venetian Ave</u> <u>Orlando FL 32809</u>		
Credit Information (required)		
Date of Birth:	Social Security Number:	
Name & phone of nearest relative, not living in same home:		
Employer Name & Phone:		
Driver's License (State & Number):		Are you renting the home?
Customer authorizes Thompson Gas and its subsidiaries to verify the information provided on this form as to Customer's credit and employment history		

Customer has selected AutoFill unless the box that follows has been checked. Yes Will Call (additional charges will apply)

Customer agrees to participate in one of the Company's average monthly payment programs unless Customer has elected to be a Will Call Customer (additional charges apply). In the event no specific average monthly payment program is elected Customer understands that the default program is a traditional 12 month Level Pay program. The initial monthly payment shall be \$_____ and may be raised or lowered by Company based on market conditions and Customer Product usage.

Propane Tank Size 120 gal. 65 gal.
 Other _____

Home Description: Instal \$999.00 25ft line permit

\$500.00 Deposit ch# 237 MW

Propane Appliances

- Furnace
- Clothes Dryer
- Water Heater
- Fireplace
- Range
- Swimming Pool
- Other _____
- Other _____

Customer Safety Information Notification Verification

It is our duty and desire to provide you with safety information about propane. Your signature below will verify that we have provided you with written safety information about the proper use of propane. Please take a moment to review this important information with your family. We are always available to answer your questions about propane safety.

I can recognize the smell of propane gas and I know what to do if I smell gas.

I know how to turn off the gas in case of an emergency.

I realize propane is flammable and can be explosive.

I have reviewed and understand the safety information provided to me.

I AGREE TO THE SERVICE POLICIES ON PAGE 2 OF THIS AGREEMENT AND ACKNOWLEDGE RECEIPT OF A COPY OF AND AGREE TO THE TERMS OF THE COMPANY'S GENERAL TERMS AND CONDITIONS WHICH ARE INCORPORATED HEREIN BY REFERENCE AND MADE A PART HEREOF.

Customer(s) [Signature] Name: _____ Company: Suburban Gas Propane Partners, LLC
By: _____ Date: _____

Date: _____



COBI Permit Fee Calculation Form



Reviewer Signature: AR. Date: 4/7/14

Permit Type:	<u>GAS</u>	Job Cost:	<u>\$ 1,999-</u>
Permit Fee:	<u>\$ 72-</u>		
Plans Review Fee:	<u>\$ 36-</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 2.00</u>		
1.5% State Fee:	<u>\$ 2.00</u>		
TOTAL BUILDING FEE:	<u>\$ 112.00</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

base fee = \$62-
 \$10 per \$1000-
 $\frac{\$ 72.00}{\$ 10} = 7.2$
 $72 \times 1.5 (\text{plan rev}) = 108$
 $\$108 \times 3\% = \$4.00 (\text{min fee}) = \112.00 total



POST LICENSE
CONSPICUOUSLY

State of Florida Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection

Tallahassee, Florida
(850) 921-1600

License Number: 30455
Expiration Date: August 31, 2014
Date of Issue: September 1, 2013
License Fee: \$425.00
Type and Class: 0601

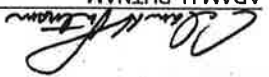
Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION ONLY
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

THOMPSON GAS - SOUTHEAST
898 W LANDSTREET RD
ORLANDO, FL 32824- 8023


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE



POST PERMIT
CONSPICUOUSLY

State of Florida Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Compliance
(850) 921-1590
Tallahassee, Florida

Permit Number: 019599
Issue Date: October 5, 2013
Expiration Date: October 4, 2014
Fee Paid: \$320.00

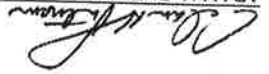
Weighing and Measuring Device Permit

4 - VOLUMETRIC METERS Max flow rate > 20 gal per minute

Good for specific device types as identified in this permit for the location listed below.

This permit is issued under authority of Section 531.60, Florida Statutes, to:

Business ID: 053091
THOMPSON GAS - SOUTHEAST
898 W LANDSTREET RD
ORLANDO, FL 32824- 8023


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

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

ORIGINAL 2013 EXPIRES 9/30/2014 1819 LP GAS-INSTALLER 2 EMPLOYEES 2601 LP GAS-MANUFACTURE 1819-1092635 2 EMPLOYEES \$30.00

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

898 W LANDSTREET RD
 U - ORLANDO, 32824

PAID: \$60.00 (Multiple) 023-00045351 8/2/2013



THOMPSONGAS-SOUTHEAST
 SUBURBAN GAS PROPANE PARTNERS LLC
 P O BOX 158
 BOONSBORO MD 21713

This receipt is official when validated by the Tax Collector.



Certificate of Registration

Issued Pursuant to Chapter 212, Florida Statutes

Certificate Number	78-8015648083-6
Registration Effective Date	05/05/11

This certifies that

THOMPSONGAS - SOUTHEAST
 SUBURBAN GAS PROPANE PARTNERS LLC
 1850 QUAL HWY
 HAGERSTOWN MD 21740-6820

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

DR-11
 R. 10/13

Client#: 1016478

51THOMP GAS

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/31/2014

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		CONTACT NAME: Harriet Powell	
BB&T - Frederick Underwriters		PHONE (A/C, No. Ext): 301-644-6585	FAX (A/C, No): 301-644-6565
7200 Bank Court		E-MAIL ADDRESS: hpowell@bbandt.com	
P.O. Box 235		INSURER(S) AFFORDING COVERAGE	
Frederick, MD 21705-0235		INSURER A : Travelers Indemnity Company of	
INSURED		INSURER B : Lexington Insurance Company	
Thompson Gas- Southeast		INSURER C : Berkshire Hathaway Homestate In	
Suburban Propane Partners LLC		INSURER D : Travelers Indemnity Company of	
898 W Landstreet Road		INSURER E :	
Orlando, FL 32824-8023		INSURER F :	
		NAIC #	
		25666	
		19437	
		20044	
		25682	

COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		X6600969C62A	10/01/2013	10/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$15,000,000 PRODUCTS - COMPIOP AGG \$2,000,000
D	AUTOMOBILE LIABILITY		X8105714B234	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB		013136515	10/01/2013	10/01/2014	EACH OCCURRENCE \$5,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		MDW001207	10/01/2013	10/01/2014	WC STATUS-TORY LIMITS X 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Bell Isle, FL
1600 Neta Avenue
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

Harriet A. Powell

ACORD 25 (2010/05) 1 of 1
#S12107368/M11092406

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

RP6