

City of Belle Isle Job Site Permit Card PLUMBING 2020-07-077

Subdivision

Site Address: 5012 St Germain Ave 32812

Class: Residential

Parcel Number: 17-23-30-4380-06-050

Description of Work: FIXTURES / QTY.
*Irrigation # Systems / # Heads: 13 / 1
Issued: GROUND SOURCE LLC , M. MORGAN Contact # 407 734-5366 Payment/ Issued Date & Method: 7/3 / 2020 Emailed
Visa

FOR POOL INSPECTIONS, PLEASE REFER TO MAIN POOL PERMIT FOR SPECIFIC POOL INSPECTIONS & CODES

PLUMBING	INSPECTOR	DATE	COMMENTS	
600 Sewer				
610 Underground				-
620 Rough				
630 Above Ceiling				
640 Irrigation Final				
650 Final				

PLEASE NOTE: In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. 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 all of your inspections -

- ☆ Inspection requests are to be emailed to BIDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3:00 p.m. Please include the following requirements in your request:
 - **Project Address**
 - **Corresponding Permit Number**
 - Type of Inspection (Please reference your permit card for inspection codes)
 - Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
 - Contact Name
 - **Contact Phone Number**
 - Gate / Entry code (If applicable)
 - AM or PM may be requested but not guarantee an exact arrival

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

"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."



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 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

DATE OF APPLICATION: 7	//22/2020 blies for a permit to make plumbing i		NUMBER OF	20-07-678
		and the same of th		
	e Landings Dr 65		Belle Isle FL32	
Property Owner Christoph			Phone 407-590-	2315
Property Owner's Mailing Ad	oldress 6508 The Landings D)r	_{City} Orlando	
State FL Zip Cod	de 32812 Parcel ld Nu	mber: 20-23-30-49	980-00-210	
	To obtain th	his information, please visit http:/	/www.ocpafl.org/Search	os/ParcelSearch.aspx
Class of Building: Old Type of Work: New A		Residential Commen		
YOU MAY BE RE	EQUIRED TO PROVIDE SEPTIC S to Septic System - ORAN	YSTEM VERIFICATION FO		/ ADDITION
VALUATION OF JOB (labor	r & materials) \$			
FIXTURES	Quantity	FIXTURES		Quantity
Water Closets (Toilet)		Dishwashers		
Bathlubs		Laundry Tubs		
Urinals		Floor Drains		
Disposals		Grease Traps		
Washing Machines		Trailer Connections		
Water Heaters		Spa		
Sewer	У.	Solar		
Catch Basins/Sumps		Pool Piping		
Service Sink		*Irrigation; (# Systems	/ # Heads)	
Lavatory (Bathroom Sink)		Water Softener		
Showers	5000	Re-pipe	WELL BOOK	1
Sinks		Miscellaneous (Specify		
*Per FBC, Sec. 608, a Backflo	ow Preventer must be installed & teste	ed; the report must be posted	with permit for Final II	aspection.
			I	Permit Fee 2
Building Official:		te 7-17-20		Review Fee (8.5)
Verified Contractor's Lic	censes & Insurance are on file	Date 7-37-3	1%	BCAIB Fee 2
				% DCA Fee
			Total	Permit Fee 54 50
I hereby certify that the abo	ve is true and correct to the best o	of my knowledge and make	Application for Permi	t as outlined above, and if
same is granted I agree to con	nform to all Florida Building Code Re	gulations and City Ordinance	s regulating same and	I in accordance with plans
submitted. The issuance of this	s permit does not grain permission to			
LICENSE HOLDER SIGNAT	TURE TO		LICENSE # CFC 1	
Street Address P.O.Box	Jettirey Wines	COMPANY NAME	Jeffs Kitchen Bat	h & Beyond Plumbing
Street Address F.O.DOX	State FL	32762	Phone Number 407	7-968 - 1801
City Oviedo Email Address Jeffskbb.p		Zip Code 32762	Phone Number	7 000 1001
35-74-68-58-58-58-58-58-58-58-58-58-58-58-58-58				
NOTE: The Building Permit N Permit has been issue	Number is required if the Plumbing Ins ed.	tallation is associated with any	y construction or altera	ation where a Building

DOC # 20200393522

O7/23/2020 11:45 AM Page 1 of 1
Rec Fee: \$10.00
Deed Doc Tax: \$0.00
Mortgage Doc Tax: \$0,00
Intangible Tax: \$0,00
Phil Diamond, Comptroller Orange County, FL Ret To: SIMPLIFILE LC

Posmit Musel	20	10-0	1 0	78
Permit Number:	-00	30	,	10
Folio/Parcel ID #: 2	0-23-3	10-490	00-6	- 610
Prepared by: Jef	frey was	165	2_00	- 6410
P.O. Box 6:	13708			
	32762			
Return to:				
				-
				-

		-
SI	NOTICE OF COMMENCEMEN	r
Ti	ate of Florida, County of Orange	
wi	ne undersigned hereby gives notice that improvement will be th Chapter 713. Florida Statutes, the following info	e made to certain real property, and in accordance
		The Landings Or Orlando FL 3281
	Whole House Penine	ē.
3.	Owner information or Lessee information if the Lessee	combinated factly ?
	Address GSOR The Landing De Col.	C. 200.0
	Name and address of fee simple titleholder (if different	
	Name Name	from Owner listed above)
	Address	
4.	Contractor	
	Name Tette Kitchen Ruh & Bern I Dinch	W
	Address P.O. Box 623708 Ovielo FL S	Telephone Number 407-968-180
5.	Surety (if applicable, a copy of the payment bond is attached	KJC3
	Name Copy of the payment bond is attached	
	Address	Telephone Number
R .	Lender	Amount of Bond \$
υ,		
	Name	Telephone Number
>	Address	
	Persons within the State of Florida designated by Own	er upon whom notices or other documents ma
	served as provided by 91 13.13(1)(a)/, Florida Statu	es.
	Name	Telephone Number
,	Address	
о.	In addition to himself or herself, Owner designates the	following to receive a copy of the Lienor's
	notice as provided in 9, 13, 13(1)(b), Florida Statutes.	
	Name	Telephone Number
	Address	
ð.	Expiration date of notice of commencement (the expira	tion date will be 1 year from the date of recording
	unless a different date is specified)	year main the date of recording
	G TO OWNED. ANY DAYMENTS MADE BY THE OWNED ASSESSMENT	
NIN	TOTAL TATMENTS MADE BY THE OWNER AFTER THE	EXPIRATION OF THE NOTICE OF COMMENCEMENT
LT	IN YOUR DAVING TWICE GOD INDROVENEURS TO YOUR PROPERTY	EXPIRATION OF THE NOTICE OF COMMENCEMENT COTION 713-13, FLORIDA STATUTES, AND CAN
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ore)	IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTIES AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION FROM THE LOSS OF THE FIRST INSPECTION OF LEADER OF AN ATTORNEY BEFORE COMMENCING WORK OR OF COMMENCING WORK	A NOTICE OF COMMENCEMENT MUST BE N. IF YOU INTEND TO OBTAIN FINANCING, CONSULT RECORDING YOUR NOTICE OF COMMENCEMENT. Signalory's Title/Office By Of Live by Hickellence Tarting Manager by

State of FLORIDA, County of ORANGE, Per §668.50, F.S., which defines and permits electronic signatures, I certify that this is a true copy of the document as reflected in the Official Records.

PHIL DIAMOND, COUNTY COMPTROLLER

Katherine Maier Deputy Comptroller

07/23/2020

Date





DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

CONSTRUCTION INDUSTRY LICENSING BOARD

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

WINES, JEFFREY ALAN

JEFF'S KITCHEN BATH & BEYOND PLUMBING
PO BOX 623708
OVIEDO FL 32762

LICENSE NUMBER: CFC1428217

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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



SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR
PO BOX 630 | SANFORD, FL 32772 | 407-665-1000
WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/20

JEFF'S KITCHEN BATH & BEYOND PLUMBING 350 SAUNDERS TRL

Account #:196877

350 SAUNDERS TRL GENEVA, FL 32732

JEFFREY A WINES (OWNER)

REGULATED License # - CFC1428217 Qualifier- JEFFREY ALAN WINES

Receipt #: WEB#2019081319178

Amount Paid: \$45.00

Date Paid: 08/13/2019

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- O DISPLAY THE ABOVE RECEIPT PROMINENTLY: This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- o RENEW THIS TAX BEFORE IT EXPIRES: Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205,053[1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt. (FS 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

O REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

JEFFREY ALAN WINES JEFF'S KITCHEN BATH & BEYOND PLUMBING 350 SAUNDERS TRL GENEVA, FL 3732



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2020

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).

	DUCER				CONTACT NAME: Amanda N	/IcGee			
	entria Insurance				PHONE (A/C, No. Ext); 727-49	3-5339	FAX (A/C, No):	727-391	-1204
	oa: Hartselle Insurance Agen 00 113th Street North Suite #				E-MAIL ADDRESS: amcgee(
	eminole FL 33772					The state of the s	IDING COVERAGE		NAIC#
					INSURER A : AmTrus				
INSL	URED		-	JEFFE-2	INSURER B : United S				12537
	ffrey A Wines Kitchen Bath &	Beyond,	lnc.		INSURER C:	people in our	and Company		
	O. Box 623708 /iedo FL 32762				INSURER D				
ΟV	/leuo FL 32/02								
					INSURER E :	77			
<u></u>	VERAGES	CERTI	ICAT	E NUMBER: 1165506634	INSURER F:		REVISION NUMBER:		
TI IN	HIS IS TO CERTIFY THAT THE F NDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED O	OLICIES OF	INSU	RANCE LISTED BELOW HA	OF ANY CONTRACT	THE INSURE	DOCUMENT WITH RESPEC	OT TO W	HICH THIS
E	XCLUSIONS AND CONDITIONS O	SUCH PO	LICIES	. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE		D WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	X COMMERCIAL GENERAL LIABIL	7,000		DCI01555-00	2/28/2020	2/28/2021	EACH OCCURRENCE	\$ 1,000,0	000
	CLAIMS-MADE X OCC	IR I					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,00	0
							MED EXP (Any one person)	\$ 1,000	
							PERSONAL & ADV INJURY	s 1,000,0	000
	GEN'L AGGREGATE LIMIT APPLIES PI	R;					GENERAL AGGREGATE	\$ 2,000,0	
	X POLICY PRO-							\$ 2,000,0	
	OTHER:						Deductible	\$ 10,000	
	AUTOMOBILE LIABILITY		_				COMBINED SINGLE LIMIT	\$	
	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDU	.ED				1	BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS NON-OW	NED					PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ((Per accident)		
	 - 		-					\$	
	UMBRELLA LIAB OCC	IR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAI	IS-MADE					AGGREGATE	S	
	DED RETENTION \$						1000 1 1000	s	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		AWC1134108	8/7/2019	8/7/2020	X PER STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED?	N N	A				E.L. EACH ACCIDENT	\$ 500,00	0
	(Mandatory in NH)						E. L. DISEASE - EA EMPLOYEE	\$ 500,00	10
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,00	0
DES:	CRIPTION OF OPERATIONS / LOCATION S	S / VEHICLES	(ACOR	J. D 101, Additional Remarks Schedu	ile, may be attached if mo	re space is requir	ed)		
CE	RTIFICATE HOLDER			TOTAL CONTRACTOR	CANCELLATION				
	City of Belle Isle					N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	1600 Nela ave Belle Isle FL 32809				AUTHORIZED REPRESE	ENTATIVE			



PO Box 623708 • Oviedo, FL 32762 (407) 968-1801

www.jeffskitchenandbath.com State Certified Plumbing Contractor - CFC 1426217

Date: 7/22/2020		
Address: 6508 The Landin City:	gs Dr Islate:	Zip:
Orlando	FL	32812
Home Phone: 407-590-2315	Cell Phone:	
E-mail:	Representative:	

Terms: Method of Payment:	4	
ESTIMATE TO: ERE-PIPE HOUSE	· O REMODEL ·	O REPAIR
1 STORY . 2 STORY . FLAT ROOF . OTHE	ER FIXTURES QTY	TOTAL
SUPER PEX PIPING 25 year manufacturers warranty-transferable 10 year labor warranty	NEW MAIN FT HOSE BIB WATER HEATER	
Complete re-piping hot and cold water lines. Dry wall repair included - textured ready for pair Painting, wallpaper, tile, etc., not included. All drywall cuts will be kept to a minimum.	nt. LAUNDRY TUB KITCHEN SINK ICE MAKER	
Comments: Whole Wouse Repipe Up to 34 in Pex Piping	DISHWASHER BAR SINK TOILET	
- Water lines-	LAVATORY SINK SHOWER	
	GARDEN TUB OTHER	
	Repipe Total SUB TOTA	4648 L
PRICE INCLUDES LABOR AND MATERIALS	DEPOSI TOTAL AMOUNT DU	
PAYMENT IS DUE UPON JOB COMPLETION * 7/23/20	eff's Kitchen Bath & Beyond Representa	- 7/22/20

Jeff's Kitchen Bath & Beyond — Your friend in the plumbing business.



RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

Searches

Sales Search

Property Record Card

尋 My Favorites

Sign up for e-Notify...

6508 The Landings Dr

Name(s)

Mole Christopher

Mole Liz

Mailing Address On File

6508 The Landings Dr Belle Isle, FL 32812-3526

Incorrect Mailing Address?

< 20-23-30-4980-00-210 >

Physical Street Address

6508 The Landings Dr

Postai City and Zipcode

Orlando, Fl 32812

Property Use

0130 - Sfr - Lake Front

Municipality

Belle Isle



View 2019 Property Record Card

Property Features

Values, Exemptions and Taxes

Sales Analysis

Location Info

Has Homestead in 2020

Market Stats

Update Information

Historical Value and Tax Benefits

Tax Year Values	Land		Building(s)		Feature(s)	Mark	et Value	Assesse	d Value
2019	\$360,000	+	\$263,469	+	\$19,500 =	= \$642,969	(7.7%)	\$390,133	(1.9%)
2018 MKT	\$320,000	+	\$256,899	+	\$20,000 =	= \$596,899	(16%)	\$382,859	(2.1%)
2017 MICT	\$320,000	+	\$250,417	+	\$17,000	= \$587 <i>,</i> 417	(1.2%)	\$374,984	(2.1%)
2016	\$320,000	+	\$243,134	+	\$17,500	= \$580,634		\$367,271	
Tax Year Benefits	Original Home	stead	Additional	Hx C	Other Exemption	ons	SOH Cap	Тах	Savings

ır Benefits	Original	Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
S HX CAP		\$25,000	\$25,000	\$5,000	\$252,836	\$5,047
\$ HX BAP		\$25,000	\$25,000	\$5,000	\$214,040	\$4,439
Y S HX CAP		\$25,000	\$25,000	\$5,000	\$212,433	\$4,457
S HX CAP		\$25,000	\$25,000	\$5,000	\$213,363	\$4,561
	W S HX GAP	S HX GAR HX GAR HX GAR	\$ HX 500 \$25,000 \$ HX 500 \$25,000 \$ HX 500 \$25,000	\$25,000 \$25,000 \$25,000 \$25,000 \$25,000 \$25,000 \$25,000 \$25,000	\$25,000 \$25,000 \$5,000 \$25,000 \$25,000 \$5,000 \$25,000 \$25,000 \$5,000	\$25,000 \$25,000 \$5,000 \$252,636 \$25,000 \$25,000 \$5,000 \$214,040 \$25,000 \$25,000 \$5,000 \$212,433

2019 Tax Breakdown 2 % 2 % 1 % School 24 % School 20 %

2019 Taxable Value and Certified Taxes

TAX VEAR	1 201	a . 2018	• 2017	2016

Taxing Authority	Assd Value	Exemption	Tax Value	Milla	Millage Rate		%			
Public Schools: By State Law (Rle)	\$390,133	\$30,000	\$360,133	3,8610	(-4.69%)	\$1,390.47	24 %			
Public Schools: By Local Board	\$390,133	\$30,000	\$360,133	3.2480	(0.00%)	\$1,169.71	20 %			
Orange County (General)	\$390,133	\$55,000	\$335,133	4.4347	(0.00%)	\$1,486.21	25 %			
City Of Belle Isle	\$390,133	\$55,000	\$335,133	4.4018	(0,00%)	\$1,475.19	25 %			
Library - Operating Budget	\$390,133	\$55,000	\$335,133	0.3748	(0.00%)	\$125.61	2 %			
St Johns Water Management District	\$390,133	\$55,000	\$335,133	0.2414	(-5.78%)	\$80.90	1 %			
Lake Conway Mstu	\$390,133	\$55,000	\$335,133	0.4107	(0.00%)	\$137.64	2 %			
		**************************************		16.9724		\$5,865.73				

2019 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$245.64	\$245.64
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$110,00	\$110.00
				\$355.64

2019 Gross Tax Total: \$6,221.37

2019 Tax Savings Tax Savings

Your property taxes without exemptions would be:

\$10,912.73

Your ad-valorem property tax with exemptions is:

Providing You & Savings Of-

\$5,865.73 \$5,047.00

What are you looking to do today? You can also type your question below.

This Data Printed on 07/22/2020 and System Data Last Refresl