



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

RECEIVED
 JUL 14 2020

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: _____ PERMIT NUMBER 2020-07-054
 The undersigned hereby applies for a permit to make: (Indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address 5103 St Germain Ave Belle Isle FL 32809 ~~32812~~

Property Owner Mabel Reyes Phone _____

Property Owner's Mailing Address 5103 St Germain Ave City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 17-23-30-4380-07070

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

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

GAS OUTLETS 4 DELIVERY PRESSURE 11" WC TOTAL # BTU'S 424K

***** 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

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

Estimated Value for Labor & Appliance(s) = \$ 6,000

Special Comments:
Install 120 AG tank + gas lines to pool heater, 2 burner range + F/Place

1571K
 62
 50
 112.2
 56
 168

*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: Benjamin Suriel, AR92725 Date 7/20/2020
 Verified Contractor's Licenses & Insurance are on file JS Date 7-20-2020

Permit Fee \$ 112
 Review Fee \$ 56
 % BCAIB Fee \$ 2mm
 1.5% DCA Fee \$ 2.52
 Total Permit Fee \$ 172.52

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 Mark Witt LICENSE # 30455
 LICENSE HOLDER NAME Mark Witt COMPANY NAME Thompson Gas LLC
 Street Address 898 W landstreet Rd
 City Orlando State FL Zip Code 32824 Phone Number 407-730-3301
 Email Address VWarner@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.

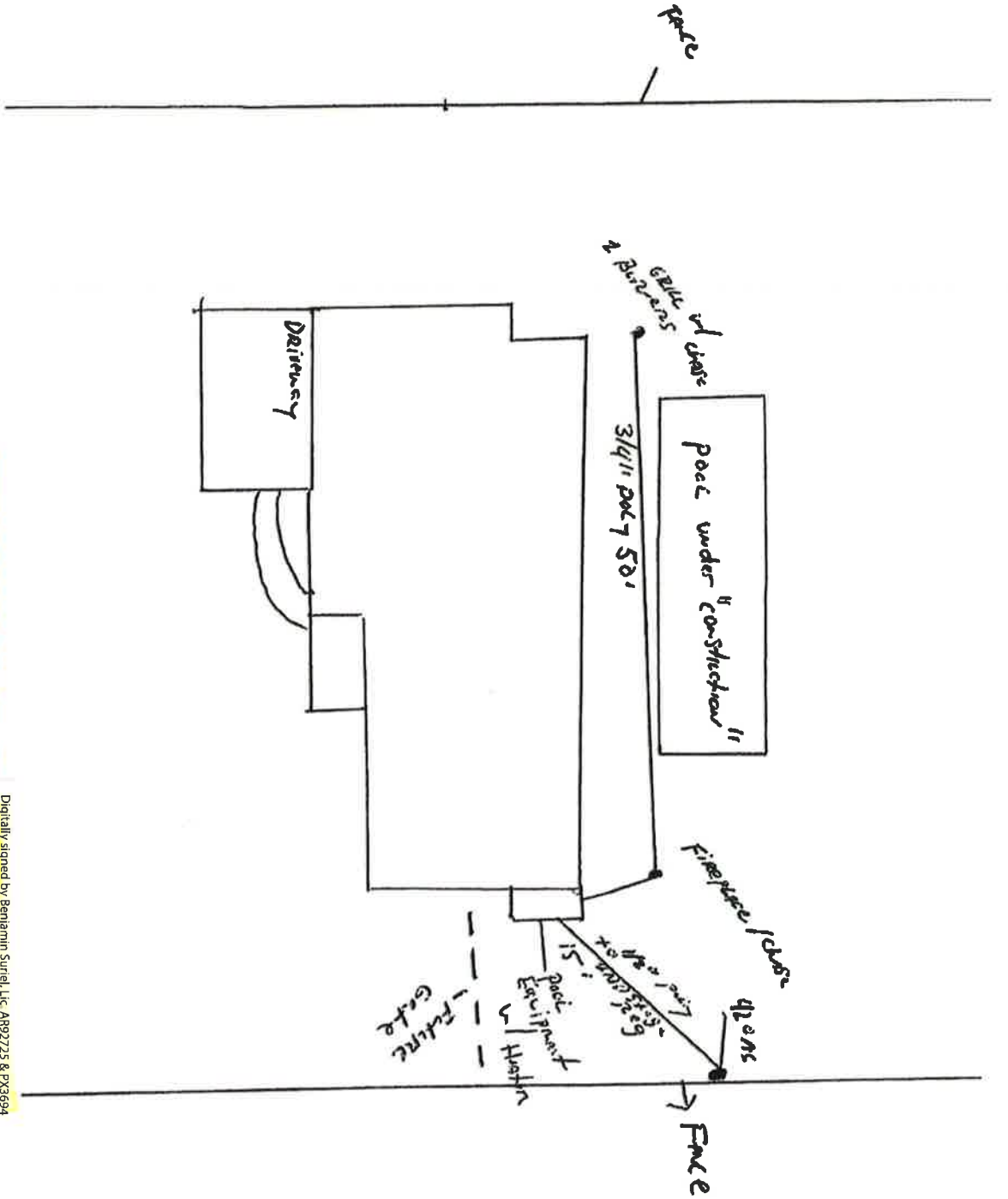
PAID
 7-27-2020



Digitally signed by Benjamin Suriel, Lic. AR92725 & PX3694
 Building Official Benjamin Suriel, Lic. AR92725 & PX3694
 o=REVIEWED FOR CODE COMPLIANCE, ou=UES/BID
 Building Inspections & Plans Review Dpto.,
 email=bsuriel@universalengineering.com, c=US
 Date: 2020.07.20 07:26:05 -04'00'

191693

ST. GERMAIN AVE Belle, Isle FL 32812



Digitally signed by Benjamin Surtel, LLC AR92725 & PX3694
DN: cn=Benjamin Surtel, LLC AR92725 & PX3694,
o=REVIEWED FOR CODE COMPLIANCE, ou=UES/BID
Building Inspections & Plans Review Dept.,
email=bsurtel@universalengineering.com, c=US
Date: 2020.07.20 07:27:34 -04'00'

RECEIVED
JUL 16 2020
BY:

BOUNDARY SURVEY

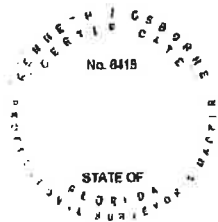
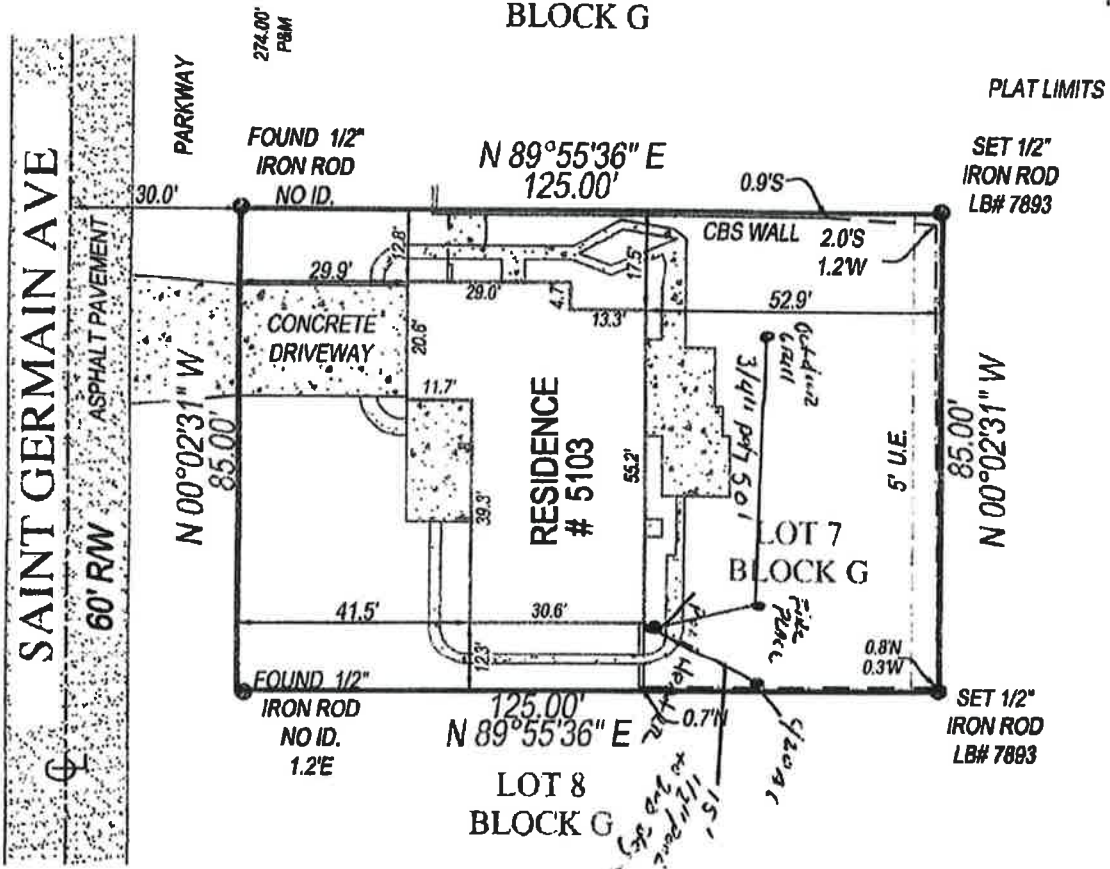
FOUND 1/2"
IRON ROD
NO ID.
@ NW CORNER
OF LOT 4

SURVEY NOTES
1. CONCERN THE VILLAGE OF S...
2. BE APPROVED BY THE COUNTY...
3. SEE PLAN...

THERE ARE FENCES AND A CBS WALL
NEAR THE BOUNDARY OF THE PROPERTY



LOT 6 BLOCK G



SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION. NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL OR A RAISED EMBOSSED SEAL AND SIGNATURE.

(SIGNED) *Kenneth Osborne*
Kenneth Osborne
KENNETH J OSBORNE
PROFESSIONAL SURVEYOR AND MAPPER #8415

PAGE 2 OF 2 PAGES
NO COMPLETE WITH PAGE 11



Digitally signed by
Kenneth Osborne
Date: 2019.07.01
09:14:42 -04'00'

**TARGET
SURVEYING, LLC**

LB #7893
SERVING FLORIDA
6250 N. MILITARY TRAIL, SUITE 102
WEST PALM BEACH, FL 33407
PHONE (561) 640-4800
STATEWIDE PHONE (800) 226-4807
STATEWIDE FACSIMILE (800) 741-0578
WEBSITE: <http://targetsurveying.net>



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

License Number: LG30465
Effective Date: September 1, 2018
Expiration Date: August 31, 2021

Liquefied Petroleum Gas License

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:

THOMPSONGAS, LLC
898 W LANDSTREET RD
ORLANDO, FL 32824-8023


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

The above-named business has complied with the registration requirements of Chapter 527, Florida



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2020

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 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 Altus Partners, Inc 919 Conestoga Road Building 3, Suite 311 Rosemont PA 19010	CONTACT NAME: Krista Dean PHONE (A/C, No, Ext): (610) 526-9130 E-MAIL ADDRESS: certs@altuspartners.com		FAX (A/C, No): (610) 526-2021
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED ThompsonGas, LLC and its Subsidiaries 5260 Westview Drive, Suite 200 Frederick MD 21703	INSURER A: United Staes Fire Ins. Co.		21113
	INSURER B: North River Ins. Company		21105
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 19-20 TGAS Standard 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"/> BI/PD \$10,000Ded per claim GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			506-897340-3	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPOP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS90 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$10,000 Ded.			506-897340-3	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0			523-810362-6	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	408-737573-1	10/01/2019	10/01/2020	<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)

This certificate is issued as evidence of insurance, subject to the policy terms, conditions and exclusions, including the following provisions: •The General, Auto and Excess Liability policies provide Additional Insured status, apply on a Primary/Non-Contributory basis, and include a Waiver of Subrogation if required by the Certificate Holder per a written contract executed prior to the date of loss. •The Workers' Compensation policy includes a Waiver of Subrogation if required by the Certificate Holder per a written contract executed prior to the date of loss where permissible. •Producer will endeavor to send written notice to the Certificate Holder 30 days prior to cancellation of any policy listed above.

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle Universal Engineering 3532 Maggie Blvd. Orlando, FL 32811	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 Krista Dean/KMD 
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1819 LP GAS-INSTALLER	2019	EXPIRES 9/30/2020	1819-1092635
\$0.00	1 EMPLOYEE	2501 LP GAS-MANUFACTURE	10 EMPLOYEES
		\$30.00	

TOTAL TAX \$80.00
 PREVIOUSLY PAID \$80.00
 TOTAL DUE \$0.00

THOMPSONS GAS & ELECTRIC SERVICE INC

THOMPSONGAS LLC
 THOMPSONS GAS & ELECTRIC SERVICE INC
 5280 WESTVIEW DRIVE STE 200
 FREDERICK MD 21703

898 W LANDSTREET RD
 U - ORLANDO, 32824

PAID: \$60.00 0098-00901626 8/13/2019

Tax Collector Scott Randolph

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

1819 LP GAS-INSTALLER	2019	EXPIRES 9/30/2020	1819-1092635
\$30.00	1 EMPLOYEE	2501 LP GAS-MANUFACTURE	10 EMPLOYEES
		\$30.00	

TOTAL TAX \$80.00
 PREVIOUSLY PAID \$80.00
 TOTAL DUE \$0.00



THOMPSONS GAS & ELECTRIC SERVICE INC

THOMPSONGAS LLC
 THOMPSONS GAS & ELECTRIC SERVICE INC
 5280 WESTVIEW DRIVE STE 200
 FREDERICK MD 21703

898 W LANDSTREET RD
 U - ORLANDO, 32824

PAID: \$60.00 0098-00901626 8/13/2019

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.