



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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:** PLUMBING: Re-pipe entire house

**Comments:** None

**Project Information**  
 Address: 5327 Hawford Circle, Belle Isle, FL 32812  
 Parcel ID: 20-28-30-9375-00-130  
 Property Owner: Blake Ron  
 Phone Number: 407 770 9280  
 \*\*\*\*\*  
 Company Name: Frank Gay Plumbing Services  
 Contractor Name: Gay, Frank (POA Kim Brasswell)  
 License Number: CFC057624  
 Address: 6206 Forest City Road, Orlando, FL 32810  
 Phone Number: 407-293-2642

**Permit Number: 2014-04-017**  
**Date of Application: 04/09/2014**  
**Date Permit Issued: 04/10/2014**

**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

<p><b>IMPACT FEES</b></p> <p>School \$ \$          Traffic \$ \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$ \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$ \$          Demo \$ \$          Building \$ \$          Fence \$ \$          Driveway \$ \$          Shed \$ \$          Window(s) \$ \$          Door(s) \$ \$          PrePower \$ \$          Electrical \$ \$          Temp Pole \$ \$55.50          Plumbing \$ \$          Mechanical \$ \$          Gas \$ \$          Roofing \$ \$          Boat Dock \$ \$          Screen Encl \$ \$          Swimming Pool \$ \$          Sign \$ \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p><b>TOTAL FEES \$59.50</b></p> <p>Date Paid 4/15/14          CC or Check # MC 6338          Amount Paid 59.50</p> <p>The person accepting this permit shall conform to the terms of the application on file and constructions shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p><b>BUILDING INSPECTOR USE ONLY</b></p> <p>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</p> <p><input type="checkbox"/> BUILDING          1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____          (Footing/Foundation)          2<sup>nd</sup> _____          (Slab)          3<sup>rd</sup> _____          (Lintel)(Wall Reinforcing on Masonry Building)          4<sup>th</sup> _____          (Exterior Framing)(Roof/Wall Sheathing)          5<sup>th</sup> _____          (Framing) (To be made after Plumbing/ Mechanical/          Electrical Rough-Ins &amp; Windows/Doors Installed)          6<sup>th</sup> _____          (Insulation to be Made After Roof Installed)          7<sup>th</sup> _____          (Drywall)          8<sup>th</sup> _____          (Sidewalk/Driveway)          9<sup>th</sup> _____          (Other)          10<sup>th</sup> _____          (Final - After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING          1<sup>st</sup> ROOFING Deck Nailing/Dry-in/Flashing _____          2<sup>nd</sup> ROOFING Covering In-Progress _____          3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)          1<sup>st</sup> _____          (Underground) 2<sup>nd</sup> _____          (Sewer)          3<sup>rd</sup> _____          (Rough-In/Tub Set) 4<sup>th</sup> _____          (Final)</p> <p>CHECK APPROPRIATE BOX  <input type="checkbox"/> GAS ___Natural ___LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____          (Rough-In) 2<sup>nd</sup> _____          (Final)</p>
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Inspection requests are to be emailed to [BI@scheduling@UniversalEngineering.com](mailto:BI@scheduling@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.

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-04-017
Property Owner	BLAKE, Ron
Address	5327 Hawford Circle
Nature of Improvement	Re-pipe whole house
Received Application	4-9-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	4-9-14
Building Official Approved	4-10-14
Comments	
1.	
2.	4-11-14 Susan review wo # 36438 email it's ready ✓
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

RECEIVED  
4-9-14

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: 4-8-14 PERMIT NUMBER: 2014-04-017  
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT  
Project Address 5327 HAWFORD CIR. Belle Isle FL 32809  32812  
Property Owner RON BLAKE Phone \_\_\_\_\_  
Property Owner's Mailing Address 5327 HAWFORD CIR City BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 20-23-30-9375-00-130  
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) \$ 2,399.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
Sinks		Miscellaneous (Specify)	

Whole House

Building Official: McLary Russ Date 4-10-2014 Total Fees 55.50  
 3% State Surcharge (\$4.00 minimum) 4.00  
 Permit/Review Fee Grand Total 59.50

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 Kim Brunell POA LICENSE # CFC057624  
 LICENSE HOLDER NAME FRANK H GAY COMPANY NAME FRANK GAY PLUMBING SERVICES  
 Street Address 6206 FOLSE CTRY RD  
 City ORLANDO State FL Zip Code 32810 Phone Number 407-770-9280  
 Email Address Kim@frankgayplumbing.com 407-293-2642

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 2013-05-014



**CITY OF BELLE ISLE, FLORIDA**  
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**POWER OF ATTORNEY**

Date: 4-8-14 Permit #: \_\_\_\_\_

I hereby name and appoint Kim BRASWELL of \_\_\_\_\_

FRANK GAY PLUMBING SERVICES to be my lawful attorney-in-fact to act for

me and apply to the City of Belle Isle Building Department for a Plumbing Permit permit

for work to be performed at the following location:

5327 HAWFORD CIR, Belle Isle, FL  32809  32812 and \_\_\_\_\_

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

Certified Contractor's Printed Name: FRANK H GAY

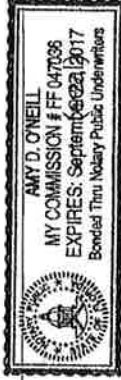
License Number: CFE 057624

Certified Contractor's Signature: \_\_\_\_\_

The foregoing instrument was acknowledged before me this 8th days of April of 2014  
 by Frank Gay who is personally known to me or who produced

\_\_\_\_\_ as identification and who did not take an oath.

State of Florida  
 County of Orange  
Amy D. O'Neill  
 Notary Public, Orange County, Florida





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)  
4/8/2014

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).

<b>PRODUCER</b> Lykes Insurance, Inc. P. O. Box 2703 Winter Park FL 32790	<b>CONTACT NAME:</b> Laura Scuteri <b>PHONE:</b> 813-470-5023 <b>FAX:</b> 813-221-1857 <b>EMAIL:</b> lscuteri@lykesinsurance.com <b>ADDRESS:</b> lykesinsurance.com
<b>INSURED</b> FRANK-9 Frank Gay Plumbing, Inc. 6206 Forest City Road Orlando FL 32810	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Southern-Owners Insurance Co. NAIC # 10190 INSURER B: Normandy Harbor Ins. Co., Inc. 13012 INSURER C: Owners Insurance Co. 32700 INSURER D: INSURER E: INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER: 743409664**      **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		72737943	3/1/2014	3/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> PIP \$10,000  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NONOWNED AUTOS		4873942600	3/1/2014	3/1/2015	<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$		4873942601	3/1/2014	3/1/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	NUFL141998	2/1/2014	2/1/2015	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 Leased/Rented \$100,000
A	Equipment Floater		114682-72737943-13	3/1/2014	3/1/2015	

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

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Neal Ave Belle Isle FL 32809	<b>CANCELLATION</b>  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 <i>Michael D. John</i>
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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

(850) 487-1395

GAY, FRANK H  
FRANK GAY PLUMBING INC  
6206 FOREST CITY RD  
ORLANDO FL 32810



STATE OF FLORIDA AC# 5202417  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CFC057624 07/14/12 110415780

CERTIFIED PLUMBING CONTRACTOR  
GAY, FRANK H  
FRANK GAY PLUMBING INC

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you; subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: license Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2014 EI2071400296

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND - MICR PRINTING - LINEN MARK - PATENTED PAPER

AC# 5202417

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12071400296

DATE	BATCH NUMBER	LICENSE NBR
07/14/2012	110415780	CFC057624

The PLUMBING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

GAY, FRANK H  
FRANK GAY PLUMBING INC  
6206 FOREST CITY ROAD  
ORLANDO FL 32810

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

RECEIVED BY REGISTERED DIVISION