



City of Belle Isle Job Site Permit Card **PLUMBING 2020-09-067**

Class: Residential

Site Address: **5447 Ming Dr 32812**

Parcel Number: 20-23-30-6779-00-030

Municipality Belle Isle

**OUR SYSTEM WILL NOT ALLOW TO SCHEDULE INSPECTIONS WITH OUT A REQUIRED NOC**

**Description of Work: FIXTURES / QTY.**

Pool Piping - 1

Issued: WATERLINE POOLS AND SPAS INC, NORBERG, VICTOR LYNN

License # CPC044073

Contact # 321 363-7645

Payment/ Issued Date & Method: 10 / 15 / 2020

Picked up by \_\_\_\_\_  Sent by mail to the mailing address  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order#

4766

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

**PLUMBING INSPECTOR DATE COMMENTS**

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 [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 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](http://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 Maggio Blvd., Orlando, FL 32811  
 Tel 407-581-8181 • 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 COMMENCEMENT.

RECEIVED  
 SEP 18 2020

DATE OF APPLICATION: 2/14/20 PERMIT NUMBER 2020-09-067

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 5447 Ming Dr Belle Isle FL 32809 32812

Property Owner Jana Frey Phone 312-752-0417

Property Owner's Mailing Address 5447 Ming Dr. City Belle Isle

State FL Zip Code 32812 Parcel Id Number 20-23-20-679-00-030

To obtain this information, please visit <http://www.ocfl.net/Search/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 84E-6

VALUATION OF JOB (labor & materials) \$ 500

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

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

\*Per FAC, Sec. 609, a Backflow Preventer must be installed & tested, the report must be posted with permit for Final Inspection

Building Official: Benjamin Suriel, AR92725 Date 10/03/2020  
 Verified Contractor's Licenses & Insurance are on file 10-14 Date 2020  
 COMPLETED

Permit Fee	62
Review Fee	31
1% BCA/B Fee	2 min
1.5% DCA Fee	2 min
Total Permit Fee	97.00

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 [Signature] LICENSE # CPCO 44073  
 LICENSE HOLDER NAME Victor Norber COMPANY NAME Waterline Pools & Spas  
 Street Address 5205 Harsel Ave  
 City Orlando State FL Zip Code 32809 Phone Number 407 407-3893 00  
 Email Address v.norber@waterlinepoolsandspas.com

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.



Digitally signed by Benjamin Suriel, LIC. AR92725 & PX3694  
 DN: cn=Benjamin Suriel, Lic. AR92725, Building Permit Reviewer FOR  
 CODE COMPLIANCE, ou=UES/BID Building Inspections & Plans  
 Review Dept., email=bsuriel@universalengineering.com, c=US  
 Date: 2020.10.03 19:11:47 -04'00'

USA 4766  
 PAID  
 10-15-2020

Change of Contractor Letter  
(New Contractor Information)

I, Daniel J. Theune, am taking full responsibility for the entire project  
(Name of Contractor)

located at 5447 Ming Dr. Belle Isle, FL 32812, Original permit number 2020-09-066

License Holder/Homeowner Name: Daniel J. Theune

License Number: CPC056822

Company Name: Premier Pools of Central Florida, Inc.

Address: 4572 N. Palmetto Ave

City: Winter Park State: FL Zip Code: 32792

License Holder/Homeowner Signature: [Signature]



STATE OF FLORIDA  
COUNTY OF Orange

This instrument was acknowledged before me this 14 day of December, 2020, by the above reference individual, Daniel J. Theune, who acknowledged that he/she is a duly licensed contractor with Premier Pools of Central Florida, Inc., and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me  or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this 14 day of December, 2020.



**MORGAN ARTIS**  
Commission # HH 038567  
Expires September 1, 2024  
Bonded Thru Budget Notary Services

[Signature]  
Notary Public  
Printed Name: Morgan Artis  
My Commission Expires: HH038567



I, VICTOR NORBERG, am requesting that my permit number  
(Name of Contractor)

2020-09-066 for job located at 5447 MING DR., BELLE ISLE, FL  
(Complete Address) 32812

be voided and a new permit issued to PREMIER POOLS OF CENTRAL FLORIDA, INC  
(New Contractor's Name)

as I am voluntarily giving up full responsibility of the job.

License Holder/Homeowner Name: VICTOR NORBERG

License Number: CPC044073

Company Name: WATERLWE POOLS

Address: 5605 HANSEL AVE

City: ORLANDO State: FL Zip Code: 32809

License Holder Signature: [Signature]

STATE OF FLORIDA  
COUNTY OF ORL

This instrument was acknowledged before me this 4 day of 12, 2020, by the above reference individual, VICTOR NORBERG, who acknowledged that he/she is a duly licensed contractor with MRS WATERLWE POOLS and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me \_\_\_\_\_ or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Signature]  
Notary Public

Printed Name: \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

