



CITY OF BELLE ISLE, FLORIDA

CERTIFICATE OF COMPLETION COMMERCIAL SWIMMING POOL

Date Issued: **July 1, 2021**
PERMIT#: **2020-10-048, 2020-10-049, 2020-10-050**
Name of Owner: **Thirumala Hotels, LLC**
Contractor: **Village Pools of Central Florida, LLC**



Certificate of Completion for the COMMERCIAL HOTEL POOL located at 2635 McCoy Rd, Wyndham Gardens Hotel, Belle Isle, FL 32809, Parcel #30-23-30-0000-00-005.

The edition of the code which the permit was issued:
The use and occupancy, in accordance with the provisions of Chapter 3:
The type of construction as defined in Chapter 6:
The design occupant load:
A description of the portion of the structure for which issued
If an automatic sprinkler system is provided, whether it is required:
Any special stipulations/conditions of the building permit:

**2017 Florida Building Code 6th Edition
Construction of commercial swimming pool
Pool
24 occupants
NA
No
No**

This structure as defined by the scope of the permits listed above has been inspected for compliance with the requirements of this code for the use and division of use for which the proposed pool structure is classified.

This Certificate provides that the above described pool may lawfully be used in the manner for which it was intended and all inspections have been completed and satisfied by the City of Belle Isle Contract Building Official.



R. Kenneth Derick - Building Code Administrator

Date: **7-1-21**

paid Visa 4965 7.2.21



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 CERTIFICATE OF OCCUPANCY/COMPLETION

APPLICANT SHALL PROVIDE A COPY OF THE FINAL INSPECTION CARD. FAILURE TO DO SO WILL DELAY YOUR APPLICATION REQUEST.

I am applying for a certificate of [] Occupancy \$50.00 [✓] Completion \$50.00

DATE: 6/30/2021

BLDG PERMIT # 2020-10-048, 049, 050 Scope of Work Swimming pool

Project Address 2635 McCoy Road, Belle Isle, FL 32809

Property Owner Thirumala Hotels, LLC Contact No. 321.356.7308

Contractor Village Pools of Central FL, LLC Contact No. 407.523.2300

Contractor Address 7013 Forest City Rd., Orlando, FL 32810 License No. CPC1457782

PLEASE COMPLETE AND SIGN BELOW

FL 6th Edition 2017
The edition of the FL building code which the permit was issued.

HOTEL POOL
A description of the portion of the structure for which issued.

POOL
The type of construction as defined in FBC, Ch. 6, Sec. 602

NA
If an automatic sprinkler system is provided, whether it is required.

24 person max pool
The use and occupancy, in accordance with the provisions of FBC, Ch. 3, Sec. 301

NA
Any special stipulations/conditions of the building permit.

24
The design occupant load.

Have there been any name or other major changes to this project
YES NO

Prior to the issuance of a Certificate of Occupancy/Completion for the above referenced building or part thereof, the undersigned contractor by signing below does hereby certify that he/she personally supervised the construction of the above mentioned building or part thereof and that said building or part thereof has been constructed in all respects in compliance with the Building Code, all other City ordinances and regulations relating to the above mentioned project and in accordance with the plans and specifications as approved by the City of Belle Isle and does hereby assume complete responsibility for the construction thereof.

Contractor Signature: Susan Laferriere

Certificate of Occupancy and Permanent Electrical Service

It is the responsibility of the Contractor to schedule and obtain approved plumbing, mechanical, electrical, fire, engineering and building inspections as required, including final inspections prior to the issuance of the Certificate of Occupancy and the connection of permanent electrical service.

Certificate of Completion

A certificate of completion will be issued, upon request, for completed alterations to structures already occupied and accessory structures, such as fences and utility buildings.

Paid: Cash/Check# 4965 Date: 7-2-21 Rec'd By: [Signature]

VISA

Written request for a certificate may be made via FAX to 407-581-0313 or EMAIL at BIDPermits@universalengineering.com

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

**INITIAL
AUTHORIZATION FOR USE OF PUBLIC SWIMMING POOL**

Facility Name:	Wyndham Garden Belle Isle Pool	County:	Orange
Facility Address:	2635 McCoy Rd., Belle Isle, FL 32809		
Building Department Permit #:	2020-10-048	DOH Permit #	48-60-2184720

This is the initial authorization to allow use of the above referenced facility, pending the County Health Department issuance of the first annual operating permit, and:

This initial authorization expires 30 days from the date of issuance noted below.

Use is subject to the following operational conditions:

- No Diving
- Daylight Use Only

PAY ALL PERMIT FEES AS REQUIRED BY THE DOH COUNTY HEALTH DEPARTMENT

Contact the Orange County Health Department within 30 days at (407) 858-1497 to obtain an annual permit.

Pool operation and water chemistry must conform to Florida Administrative Code 64E-9.

* This Initial authorization is based on Florida Statutes s.514.031, the DH1350 Inspection Report, and final passage of all applicable building inspections.

Miranda B Oliver
Environmental Supervisor II
Bureau of Environmental Health, Water Programs

Date: 6/28/2021



For Department Use Only	
Fee Received \$ _____	Date _____
Check# _____	From _____

Application Type: (check box, see instructions on back)

- Initial Permit Modification
 Transfer, change of owner or name
 Renewal

Operating Permit # -60-

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR A SWIMMING POOL OPERATING PERMIT


- Project /Facility Name: Wyndham Garden County: Orange
 Address of Pool: 2635 McCoy Road City: Belle Isle Zip: 32809
 Owner Name: Thirumala Hotels, LLC E-Mail: judinoti@gmail.com Phone: (321) 356-7308
 Mailing Address: 2635 McCoy Road City: Orlando State: FL Zip: 32809
- Building Dept. Name: City of Belle Isle Building Department
3532 Maggie Blvd. Orlando 32809
Mailing Address City Zip
cobipermits@universalengineering.com 407 581-8161
E-mail Address Phone Number
- Design Engineer/Architect Name: David Faerman
 Phone Number 561.445.1787 E-mail: faerman@bellsouth.net
- Pool Water Source (Name of Public Water System): Orange County
- Lighting (check one): No Night Swimming
 Outdoor: Three foot candles overhead and 1/2 watt per square foot of pool surface area underwater
 Indoor: Ten foot candles overhead and 8/10 watt per square foot of pool surface area underwater
- Pool Volume in Gallons: Main Pool 20,630.82 Spa Pool _____ Other _____
- Pool Bathing Load: 24 Number & Type of Dwelling Units Served: 110 Transient
- Pool Dimensions: Width: 18' Length: 38' Area: 684 SF Perimeter: 112 LF Depth: Max. 5' Min. 3'
- Water Treatment Equipment Manufacturer and Model:
 - (A) Recirculation Pump: Pentair Max E Pro 345078 Flow 120 GPM At 50' TDH HP 2
 - (B) Filler: DE Filler Area: 60 Sq. Ft. Flow Capacity 120 GPM
 - (C) Disinfection Equipment: Stenner 45M4 Capacity 35 (GPD) or (PPD)
 - (Secondary Disinfection if Applicable): _____
 - (D) pH Adjustment Feeder: Stenner 45M3 Capacity 22 (GPD)
 - (E) Test Kit: Taylor 2005-K

11. Other Equipment Details _____

REMARKS: _____

CERTIFICATION OF OWNER

The undersigned owner, or owner's representative, hereby agrees to operate the pool described in this application in accordance with the requirements of Chapter 514 of the Florida Statutes (F.S.), and Chapter 64E-9 of the Florida Administrative Code, and maintain the original construction approved under the Florida Building Code by the jurisdictional building department. This agreement includes keeping a daily record of the information regarding pool operation on the monthly report form furnished by the department or on other forms approved by the department and when requested, submission of the completed form to the appropriate county health department.

Sign: 

Date: 10-7-20

Name: JALANDHAR ELIGETI
(Print or type)

Title: OWNER / GM
(Print or type) If not the Owner, attach authorization from Owner

THIS SECTION FOR DOH USE ONLY:

Building Department Construction Approval Date: 6/25/2021 Approval Number: 

CERTIFICATION OF INSPECTION

I hereby certify that an inspection of this pool has been made and the foregoing information is correct to the best of my knowledge and belief. It is recommended the first annual operating permit be granted subject to the provisions of the Florida Administrative Code.


Signature DOH Engineer/Authorized Staff

6/28/2021
Date

MIRANDA B OLIVER
Print Name

Change data entered into EHD by _____ on _____

Instructions- Before submitting application to DOH:

For Initial Permit: Complete the entire application with owner certification. Include the original and one copy of this completed form, a copy of construction plans & specs to be submitted to the building department (electronic copy in PDF, TIF or JPG format is acceptable), and the appropriate fee. The operating permit number will be entered by DOH staff. This application will not be complete until a copy of the final building department inspection is received.

For Modification: Enter existing operating permit number, complete items 1 - 4, note proposed or completed changes in the appropriate sections, and complete the owner certification. Include a copy of the construction plans & specs to be submitted to the building department (electronic copy is acceptable). This application will not be complete until a copy of the final building department inspection is received.

For Transfer: Enter existing operating permit number, complete items 1 and 2, then note changes in the remarks section, and complete the owner certification. There is no fee or building plans required for a transfer permit reissued due to change of ownership, name of facility, phone number, or mailing address.

For Renewal: Enter existing operating permit number, complete items 1 and 2, and complete the owner certification. There is an annual operating permit fee charged for renewal.



COUNTY: ORANGE

DOH OPERATING PERMIT #: 48-60-2184720

STATE OF FLORIDA
DEPARTMENT OF HEALTH

PUBLIC SWIMMING POOL INITIAL OPERATING PERMIT INSPECTION REPORT

New Construction Repair / Alteration Consultation

Name of Pool: WINDHAM GARDEN BELLE ISLE POOL Address: 2035 McCoy Rd Belle Isle, FL 32809

Name of Owner: THIRUMALA HOTELS LLC Variance #: _____ [Approved [Denied

Building Dept. Permit #: 2020-10-048 Bldg. Dept. Plan Approval Date: 11/23/2020 Pool Type: POOL

Bathing Load: 24 Persons Pool Volume: 20,630 Gallons Water Surface Area: 684 Square Feet

- POOL / DECK AREA:**
- Underwater / Overhead Obstructions
 - Wet Deck
 - Impervious Slip-Resistant
 - Unobstructed/Slope (Pits/Crevices < 3/16"
 - Depth Marking Permanent
 - Location Slip-Resistant Accurate +/- 3"
 - International "NO DIVING" Markings
 - 28" - 40" High Handrails/Grabrail
 - In Deck In Bottom Stop
 - Cross-braced Ladders
 - Mounted in Deck 28" - 40"
 - 3" - 6" Wall Clearance
 - Recessed Ladders
 - Steps Uniform
 - Step/Bench Edges Contrasting
 - Step/Bench / Gutter Slip-Resistant
 - Bench 14" - 18" Wide x 5" Depth
 - Stairout 18" - 24" Wide x 2-6" Depth
 - Main Drain Grate(s) # 1
 - Make: WATERWY
 - Model: 10401224
 - Size: 12" x 12"
 - 514.0315(1) FS, Compliant
 - Gutter Drain Grate(s) # _____
 - Skimmer(s) # 2
 - Equalizer Wall Inlet Across
 - Floor Inlet(s) # _____
 - Wall Inlet(s) # 8
 - Feature Inlet(s) # _____
 - Poolside and Attraction Shower Plumbed
 - Vacuum(s): Plumbed in Deck Portable
 - Hose Bibb Vacuum Breakers: 2
 - Deck Restrooms Equipment area
 - Safety Requirements:**
 - Lighting Certification: Night Use Indoor Pool
 - Underwater Light(s) # 2
 - Life Hook(s) # 1 Life Ring(s) # 1
 - Pool Fence & Gates ≥ 48"
 - Building Dept. Approval Date: 6/23/2021
 - Self-Close / Self-Latch (") ≥ 54"
 - Wading pool / IWF Fencing Requirements
 - Rule Signage:**
 - NO FOOD/DRINK ON WET DECK OR POOL
 - NO ANIMALS/GLASS IN FENCED AREA OR 50'
 - BATHING LOAD: 24
 - POOL MAXIMUM DEPTH: 5FT (2" letters)
 - NO DIVING (4" letters as required)
 - SHOWER BEFORE ENTERING
 - DO NOT SWALLOW WATER
 - POOL HOURS: DAWN AM to DUSK PM
 - Sun Shelf Signage:**
 - WARNING-DROP OFF AT SUN SHELF EDGE
 - 16 FEET-DEEP (4" letters)
 - DO NOT PLACE FURNITURE IN POOL

- EQUIPMENT**
- Filtration/Collector Tank:**
- Filter Type: Pressure Vacuum
 - Filter Media: Sand D.E. Cartridge
 - Make: AQUA-VORY
 - Model #: ATE-SPBDE 15100
 - # of Filters: 14 Filter Area Each: 4.5 ft²
 - Filter Surface Area Total: 60 ft²
 - Drawdown Test:**
 - 100% Main Drain 100% Gutter
 - 50% Skimmer N/A
 - Approved Water Source
 - Auto Water Level Controller
 - Cross Connections / Air Gap
 - Equipment Room:**
 - Lighting Ventilation Drainage
 - Exposed Plastic Piping Coated
 - Recirculation Pump(s) # 1
 - Make: PENTAIR
 - Model #: PKR163-208
 - Hair / Lint Strainer HP: 2.0
 - Flowmeter: 120 GPM Location
 - Pressure Gauge: Inf psi-Elf: _____ psi
 - Vacuum Gauge: -17 inHg
 - Feature/Therapy Pump(s) # _____
 - Make: _____
 - Model #: _____
 - FP: _____ Flowrate: _____ GPM
 - Chlorine / Bromine Feeder
 - Make: STENNER
 - Model #: 45M4
 - Capacity 85 GPD Interlock
 - pH Adjustment Feeder
 - Make: STENNER
 - Model #: 45M3 @ 22GPD
 - ORP Controller
 - Make: _____
 - Model #: _____
 - Other feeder:**
 - UV O3 Salt
 - Make: _____
 - Model #: _____
 - Heater(s) # 1
 - Make: LOCHINVAR
 - Model #: BN402A
 - Bypass Protected / Fenced
 - Thermometer: Location Reading: 91 °F
 - Approved Test Kit
 - Make: TAYLOR
 - Model #: K-2005
 - NaCl (Salt) Test Kit -Electrolytic Cl₂ Generator
 - SANITARY FACILITIES**
 - Building Dept. Approval Date: 10/28/2021
 - Distance Fixtures Signage Supplies

- SPA**
- Clock
 - General Spa Requirements
 - Additional Rules Signage:**
 - MAXIMUM WATER TEMPERATURE: 104° F
 - CHILDREN UNDER TWELVE MUST HAVE ADULT SUPERVISION
 - PREGNANT WOMEN, SMALL CHILDREN, PEOPLE WITH HEALTH PROBLEMS AND PEOPLE USING ALCOHOL, NARCOTICS OR OTHER DRUGS THAT CAUSE DROWSINESS SHOULD NOT USE SPA POOLS WITHOUT FIRST CONSULTING A DOCTOR
 - MAXIMUM USE: 15 MINUTES
 - Cutoff Alarm (if installed):**
 - 80 Decibels Alarm Sound
 - Rule Posted: ALARM INDICATES SPA PUMPS OFF. DO NOT USE SPA WHEN ALARM SOUNDS UNTIL ADVISED OTHERWISE
 - IWF**
 - UV: EPA Validated NSF 50
 - Make: _____
 - Model: _____ Interlock
 - Feature & Recirc Pump Interlocked
 - Rubber Flooring Variance
 - Additional Rules Signage:**
 - DO NOT USE FOUNTAIN IF YOU ARE ILL WITH DIARRHEA
 - DO NOT SWALLOW THE FOUNTAIN WATER. IT IS RECIRCULATED
 - WRA/SPECIALIZED POOLS**
 - Pool Type: _____
 - Additional Requirements
 - Additional Rule Signage
 - Water Slide**
 - "Poolside" (over sidewall) Plunge Runout
 - P.E. Slide Certification
 - Safety Plan (Slides / Climable Structure)
 - OPERATION**
 - 24/7 Recirculation Timer / VSP / VFD
 - Free Active Cl₂ / Br: 1.0 ppm (mg/L)
 - pH: 7.3 CYA: 0
 - Pool Clean Main Drain Visible
 - Water level: Compliant High Low
 - OTHER**
 - Sun Shelf Requirements
 - Zero Entry Requirements
 - Landscape Irrigation Requirements
 - Other: _____
 - Other: _____
 - Other: _____
 - Other: _____

COMMENTS AND INSTRUCTION

POOL APPROVED TO OPEN. PLEASE CONTACT THE ORANGE COUNTY HEALTH DEPARTMENT WITHIN 30 DAYS TO OBTAIN THE ANNUAL OPERATING PERMIT.

Items marked "X" are not in compliance with the requirements of Chapters 64E-9, Florida Administrative Code (FAC), or Section 454.1, Chapter 4 of the Florida Building Code, and may result in a pool that is inoperable in a safe and sanitary condition and may cause the Department of Health (DOH) to deny your request for an Operating Permit. Use of this pool without a DOH Permit is a violation of Chapter 64E-9, FAC, and Chapter 514, Florida Statutes (FS), and will place the owner subject to legal action. Please notify the Department of Health agent listed below when corrections are made so that a re-inspection can be scheduled. NOTE: The Americans with Disabilities Act (ADA) and Florida Building Accessibility Code may apply; owner is advised to check with local Building Department.

Report Received by Signature: [Signature] Print Received by Name: Kenneth Coakley

DOH Agent Signature: [Signature] Print DOH Agent Name: MIRANDA B OLIVER

DOH Email: POOLINSPECTIONREQUEST@FLHealth.gov DOH Agent Phone Number: (850) 274-2928

Initial Inspection Date: 6/28/2021 Reinspection Date: _____ IOP Issue Date: _____

DH 1350, Effective 01/2021 (Replaces 10/2016 edition) 64E-9.001, FAC See additional page(s) |



DOH Permit No 48-60-2184720 County orange

Pool Owner/Operator Verification of Entrapment Safety Features

1 Name of Facility Pool: Wyndham Tracien
 2 Street Address: 2635 McCoy Rd
 City: Belle Isle Zip: 32809 Facility Phone: _____
 3 Owner's Name: Thicamala Hotels, LLC
(Print Name)
 4 Owner's Phone: 321-356-7306 Email: jdets@gmail.com

5 Suction Outlet Drain Cover(s) as required by section 514.0315(1), FS
 Make & Model Number: 12x12 waterway 640-472xv
(Use additional sheets if facility has more than one device or system.)
 Installation Date: 6-16-21 FL Approved Flow (GPM): 292 Life Years: 7

- 6 Type of Safety Device installed as required by section 514.0315(2), FS: (Check one)
- a. Safety Vacuum Release System
 Make & Model Number: _____
(Use additional sheets if facility has more than one device or system.)
 - b. Suction Limiting Vent System w/Tamper-Resistant Atmospheric Opening
 - c. Automatic Pump Shut-off System
 Make & Model Number: _____
(Use additional sheets if facility has more than one device or system.)
 - d. Dual Drains (must be on the same drain line & 36" apart on center)
 - e. Drain Disablement (requires a construction or modification permit)
 - f. Gravity Drainage with Collector Tank (requires a construction or modification permit)

Installation Date: 2-18-21
 Licensed pool contractor that installed the device/system:
(Installation by a FL licensed pool contractor is a requirement of s. 514.0315(2), Florida Statutes.)
 Name: William Pivonka
 Phone Number: 407-496-1106 License Number: SPC0001457782
 E-mail: villagepools@gmail.com

7 Owner's commitment to have all safety device operation & maintenance manuals on site and readily available, and to conduct routine testing of the device/system in accordance with the manufacturer's recommendations or in accordance with state code testing requirements

William Pivonka
(Signature of Duty Authorized Person (owner, permittee, corporate officer or registered agent))
 William Pivonka
(Print Name)
6/28/2021
(Date)

Print Date: 07/01/2021 System Refresh Date: 06/30/2021

2635 Mccoy Rd 30-23-30-0000-00-005

Name(s):
Thirumala Hotels LLC

Physical Street Address:
2635 Mccoy Rd

Property Use:
1039 - Comm Vacant Hotel

Mailing Address On File:
2635 Mccoy
Rd

Postal City and Zip:
Orlando, FL 32809

Municipality:
Belle Isle

Orlando, FL 32809
[Incorrect Mailing Address?](#)

Property Name:
Future Wyndham Garden



30233

[View 2020 Property Record Card](#)

[PROPERTY FEATURES](#)
[VALUES, EXEMPTIONS AND TAXES](#)
[SALES](#)
[MARKET STATS](#)
[LOCATION](#)

Historical Value and Tax Benefits ⓘ

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	%	Assessed Value	%
2020 MKT	\$1,148,403	\$0	\$0	\$1,148,403	1.9%	\$1,148,403	1.9%
2019 MKT	\$1,126,964	\$0	\$0	\$1,126,964	-8.4%	\$1,126,964	-8.3%
2018 MKT	\$1,229,895	\$0	\$0	\$1,229,895	10.1%	\$1,229,067	10.0%
2017 MKT	\$1,117,334	\$0	\$0	\$1,117,334	N/A	\$1,117,334	N/A

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH CAP	Tax Savings

RECEIVED
JUN 29 2021



City of Belle Isle Job Site Permit Card SWIMMING POOL 2020-10-048
 Class: Wyndham Garden Hotel / Commercial Site Address: 2635 Mickey Rd Belle Isle, FL 32809
 Parcel Number: 30-23-30-0000-00-005 Municipality: Belle Isle
~~INSPECTIONS CANNOT BE SCHEDULED BY A NON-REGISTERED INSPECTOR~~
 Description of Work: New Construction Commercial Swimming Pool and Spa
 Issued: VILLAGE POOLS OF CENTRAL FLORIDA LLC PIVONKA, W P License # CPC1457782
 Contact # 407-576-2300
 Picked up by: Village Pools Payment/Issued Date & Method: 11/23/2020
 Visa MasterCard Amex Discover Check / Money Order Escalated
4965

PLEASE SCHEDULE ALL ELECTRICAL & PLUMBING INSPECTIONS WITH THE INDICATED CODES INDICATED BELOW

BUILDING	INSPECTOR	DATE	COMMENTS
800 Pool Steel & Ground	<i>[Signature]</i>	6/23/21	Approved
810 Pool Deck	<i>[Signature]</i>	6/29/21	
820 Pool Safety	<i>[Signature]</i>	6/21/21	
830 Final	<i>[Signature]</i>	6/25/21	

ELECTRICAL	INSPECTOR	DATE	COMMENTS
840 Rough/underground	<i>[Signature]</i>	2/3/21	Pool to PAD only
845 Equipotential Bond	<i>[Signature]</i>	2/4/21	
850 Pool Light (Optional)	<i>[Signature]</i>	3/4/21	
860 Final	<i>[Signature]</i>	6/25/21	

PLUMBING	INSPECTOR	DATE	COMMENTS
870 Rough/underground	<i>[Signature]</i>	2/3/21	Pool to PAD only
880 Final	<i>[Signature]</i>	6/25/21	

Approved
 Frame
 321
 271
 98d7

PLEASE NOTE: In order to schedule any inspections, the PERMIT / Allow-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 BillDykstra@universityofcentralflorida.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, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

University Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 407-581-8161 *
 Fax 407-581-0313 www.universityofcentralflorida.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."

smanchester@universalengineering.com

Work Order Orlando - BID

Last WO # 2034751

Portal Request

- Projects
- Reports
- Send Email
- Administrator
- Utilities

Search Work Order Type Inspection

2020-10-049

		CLIENT	ADDRESS	INSPECTION SUBTYPE	RESULTS
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 880 Final Pool Plumbing Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 870 Pool Rough/Underground Plumbing Inspection	Pass
		City of Belle Isle, FL	2635 McCoy Rd - COBI commercial Wyndham Garden Hotel new construction	REVIEW plumbing app for commercial swimming pool	Pass

- Projects
- Reports
- Send Email
- Administrator
- Utilities

Search Work Order		Type	Inspection	New	
2020-10-050			x		
		CLIENT	ADDRESS	INSPECTION SUBTYPE	RESULTS
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 860 Final Pool Electrical Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 845 Equipotential Bond Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 850 Pool Light (optional) Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 845 Equipotential Bond Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 850 Pool Light (optional) Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 840 Pool Rough/Underground Electrical Inspection	Pass
		City of Belle Isle, FL	2635 McCoy Rd - COBI commercial Wyndham Garden Hotel new construction	REVIEW response to previous deficiencies for electrical app for	Pass
		City of Belle Isle, FL	2635 McCoy Rd - COBI commercial Wyndham Garden Hotel new construction	REVIEW electrical app for commercial swimming pool	Fail

branchester@universalengineering.com

Work Order Orlando - BID

Last WO # 2034751

Portal Request

- Projects
- Reports
- Send Email
- Administrator
- Utilities

Search Work Order Type Inspection

2020-10-048 x

		CLIENT	ADDRESS	INSPECTION SUBTYPE	RESULTS
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 830 Final Pool Building Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 810 Pool Deck Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 820 Pool Safety Inspection	Pass
		City of Belle Isle, FL	City of Belle Isle, 2635 McCoy Road, Belle Isle, FL 32809	CODE 800 Pool Steel & Ground Inspection	Pass
		City of Belle Isle, FL	2635 McCoy Rd - COBI commercial Wyndham Garden Hotel new construction	REVIEW building app for commercial swimming pool	Pass
		City of Belle Isle, FL	2635 McCoy Rd - COBI commercial Wyndham Garden Hotel new construction	Bring Wyndham Pool Bldg plans (2 sets 24x36) to COBI 1600	Complete