



# City of Belle Isle Job Site Permit Card **PLUMBING** 2021-12-044

**Class:** Residential

**Site Address:** 4034 Isle Vista Ave- Belle Isle, 32812

**Parcel Number:** 20-23-30-0668-00-260.

Municipality Belle Isle

**INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS REQUIRED FOR THIS PROJECT**

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

\*Irrigation # Systems / # Heads: 4 / 48

Comments: **SEE APPLICATION**

Issued: **ADVANTAGE PLUMBING INC- SMITH, ANDREW THOMAS # CFC057881**

Contact # 407 323-7515

Payment/ Issued Date & Method: \_\_\_\_ / \_\_\_\_ / **2021**

Picked up by \_\_\_\_\_

Forwarded to the mailing address

Emailed

Visa

Master Card

Amex

Discover

Check / Money Order#

\_\_\_\_\_

Inspection requests & inquiries regarding results are to be emailed to: [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com)

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

PLUMBING	INSPECTOR	DATE	COMMENTS
600 Sewer			
610 Underground			
620 Rough			
625 Tub Set			
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 [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@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."**

EXPIRED - BTR GL WC

**Frank Matos**

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**From:** Frank Matos  
**Sent:** Wednesday, December 15, 2021 6:50 PM  
**To:** 'info@api-orlando.com'  
**Cc:** CobiPermits  
**Subject:** 4034 Isle Vista Ave., permit, plumbing, irrigation, 2021-12-044 Pending Requirements - Advantage Plumbing Inc \_  
**Attachments:** 4034 Isle Vista Ave., permit, plumbing, irrigation, 2021-12-044 Pending Requirements - Advantage Plumbing Inc\_.pdf

☆ Thank you for the PMT submittal: 4034 Isle Vista Ave., permit, plumbing, irrigation, 2021-12-044 Pending Requirements - Advantage Plumbing Inc

- **Do not change the subject line of this email when replying or forwarding.** Ensure that the subject line reads as above referencing and including the correct address in order to keep consistency and the application will be properly processed. Ensure to submit All responses/ payments /inquiries / requests to: **Cobipermits@universalengineering.com**. This is essential because if I am not in the office, other staff members will be able to assist you.
- Submit the following requirement (s) that will be necessary to issue your permit : SEE ATTACHMENT

✓ REQUIRED Copy of a valid Local Business Tax Receipt from your jurisdiction. (city or county license)

**EXPIRED**

✓ REQUIRED A valid copy of Proof of Liability Insurance with the certificate holder as: City of Belle Isle 1600 Nela Avenue, Belle Isle, FL **EXPIRED**

✓ REQUIRED A valid copy of Proof of Workers' Compensation with the certificate holder as: City of Belle Isle 1600 Nela Avenue, Belle Isle, FL 32809 or Exemption thereof. **EXPIRED**

Frank Matos

Permit Administration

Orlando Building Inspection and Code Compliance

3532 Maggie Blvd

Orlando, FL 32811

p 407-423-0504 Ext 23114 | f 407-423-3106



**From:** Susan Manchester <SManchester@universalengineering.com>

**Sent:** Wednesday, December 15, 2021 2:12 PM

**To:** 'info@api-orlando.com' <info@api-orlando.com>

**Cc:** CobiPermits <CobiPermits@universalengineering.com>

**Subject:** 4034 Isle Vista Ave - irrigation permit 2021-12-044 is approved - Advantage Plumbing Inc

Hello,



# 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)

DEC - 9 2021

## 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: 12-8-21 PERMIT NUMBER 2021-12-044  
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 4034 Isle Vista Ave Belle Isle FL 32809 ~~32812~~

Property Owner Hawk Construction Phone 321-228-6638

Property Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 20-23-30-0668-00-260

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) \$ 12,990

FIXTURES	Quantity
Water Closets (Toilet)	5
Bathtubs	2
Urinals	1
Disposals	1
Washing Machines	
Water Heaters	2
Sewer	1
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	7
Showers	3
Sinks	1

FIXTURES	Quantity
Dishwashers	1
Laundry Tubs	1
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads) 4 Zones -- 48 heads	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

*\*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.*

Building Official: [Signature] Date 12-15-21  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 12-15-21

Permit Fee	37.00
Review Fee	18.50
1% BCAIB Fee	2 min
1.5% DCA Fee	2 min
Total Permit Fee	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 give permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CF-C057881

LICENSE HOLDER NAME Andrew T. Smith COMPANY NAME Advantage Plumbing, Inc.

Street Address PO BOX 520666

City Longwood State FL Zip Code 32752 Phone Number 407-323-7515

Email Address Info@api-orlando.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.

Info@api-orlando.com

Building Permit Number 2020-10-062



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

(850) 487-1395

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!



STATE OF FLORIDA DEPARTMENT  
OF BUSINESS AND PROFESSIONAL  
REGULATION

CFC057881  
CERTIFIED PLUMBING CONTRACTOR  
SMITH, ANDREW THOMAS  
ADVANTAGE PLUMBING INC

ISSUED: 07/30/2020

Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES  
EXPIRATION DATE: AUGUST 31, 2022

Ron DeSantis, Governor

Halsey Beshears, Secretary

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**LICENSE NUMBER: CFC057881**

**EXPIRATION DATE: AUGUST 31, 2022**

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

SMITH, ANDREW THOMAS  
ADVANTAGE PLUMBING INC  
1700 SUNSET DRIVE  
LONGWOOD FL 32750



ISSUED: 07/30/2020

Always verify licenses online at [MyFloridaLicense.com](http://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.

Ron DeSantis, Governor



Halsey Beshears, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**SMITH, ANDREW THOMAS**

ADVANTAGE PLUMBING INC

1700 SUNSET DRIVE

LONGWOOD FL 32750

**LICENSE NUMBER: CFC057881**

**EXPIRATION DATE: AUGUST 31, 2022**

Always verify licenses online at [MyFloridaLicense.com](http://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 09/30/21

ADVANTAGE PLUMBING INC  
1700 SUNSET DRIVE  
LONGWOOD, FL 32750

Account #: 146263

ANDREW T SMITH (OFFICER)

REGULATED  
License # - CFC057881  
Qualifier- SMITH ANDREW THOMAS

Receipt #: WEB#2020080721237

Amount Paid: \$ 45.00

Date Paid: 08/07/2020

## BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

• **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.

• **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.

**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 information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

ADVANTAGE PLUMBING INC  
PO BOX 520666  
LONGWOOD, FL 32752

EXPIRE  
57R



ADVAPLU-02

DSMITH2

DATE (MM/DD/YYYY)  
2/19/2020

# CERTIFICATE OF LIABILITY INSURANCE

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).

**PRODUCER**  
Hub International Florida  
1560 Orange Avenue, Suite 750  
Winter Park, FL 32789

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** (407) 644-8689  
**FAX (A/C, No):** (407) 644-9934  
**E-MAIL ADDRESS:** Certificates.FLA@HubInternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : James River Insurance Company	12203
INSURER B : Auto-Owners Insurance Company	18988
INSURER C : FFVA Mutual Insurance Company	10385
INSURER D :	
INSURER E :	
INSURER F :	

**INSURED**  
Advantage Plumbing, Inc.  
PO Box 520666  
Longwood, FL 32752

**COVERAGES**      **CERTIFICATE NUMBER:**      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Standard Contractual</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER <b>\$5M Per Project Agg</b>			00095803-0	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			52-528217-00	10/1/2019	10/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB EXCESS LIAB</b> <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED    RETENTIONS    0			00095826-0	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Over GL, AL, EL <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC840-0014874-2020A	3/1/2020	3/1/2021	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)

**CERTIFICATE HOLDER**

City of Belle Isle  
1600 Nela Ave.  
Orlando, FL 32809

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE/ ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATIC

EXP/REV  
w c  
G L

ce prt



# CITY OF BELLE ISLE, FLORIDA

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313  
[COBIpermits@universalengineering.com](mailto:COBIpermits@universalengineering.com)

## One Time Credit Card Payment Authorization Form

**\*\*A service fee of \$1.50 per \$50.00 will be charged at time of processing\*\***  
**Please do NOT add this amount to the amount you have been advised to pay.**  
**The fee will be added later to the original amount.**

Sign and complete this form to authorize The City of Belle Isle to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I Troy Filley authorize The City of Belle Isle to charge my credit card  
(full name)  
account indicated below for \$59.50 on or after 12-15-21  
(amount) (date)

This payment is for PERMIT # 2021-12-044  
REINSPECTION FAILED ON \_\_\_\_\_  
PROJECT ADDRESS 4034 Isle Vista Belle Isle, FL 32812

### \*ALL INFORMATION IS REQUIRED ~ INCLUDING A PHONE NUMBER\*

Account Type:	<input checked="" type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	<u>Troy Filley</u>			
Account Number	<u>4648 7600 0141 6550</u>			
Billing Address	<u>1524 E Livingston St.</u>	Phone#	<u>321-228-6638</u>	
City, State, Zip	<u>Orlando, FL 32803</u>			
Expiration Date	<u>08/22</u>	CVV2 (3 digit no. on back of Visa/MC, 4 digits on front of AMEX)	<u>754</u>	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE  DATE 12-15-21

If you would like a receipt, please fill out your email address: \_\_\_\_\_  
PLEASE NOTE: COBI receives this form on Fridays & will therefore not charge your card until the following Monday.  
Thank You~