



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
 APR 07 2020

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: 04-01-2020 PERMIT NUMBER 2020-04-023

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

Project Address 1678 COLLEEN DRIVE Belle Isle FL 32809 32812

Property Owner GUEMPLE JOHN HOWARD IV Phone 4079081041

Property Owner's Mailing Address 1678 COLLEEN DRIVE City BELLE ISLE

State FL Zip Code 32809 Parcel Id Number: 30-23-30-0160-00-450

To obtain this information, please visit <http://www.ocpsfl.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) \$ 2495.00

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

★

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

*Per FBC, Sec. 509, a Backflow Preventor must be installed & tested, the report must be posted with permit for Final Inspection.

Building Official: OTZ Date 4-7-20
 Verified Contractor's Licenses & Insurance are on file (signature) Date 4-7-20

Permit Fee	<u>37</u>
Review Fee	<u>18.50</u>
1% BCAIB Fee	<u>2 min</u>
1.5% DCA Fee	<u>2 min</u>
Total Permit Fee	<u>59.50</u>

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 # CFC037124
 LICENSE HOLDER NAME MICHAEL MACHERONE COMPANY NAME A-1 SERVICE PLUMBING
 Street Address 2601 Pemberton Drive
 City APOPKA State FL Zip Code 32703 Phone Number 4075787840
 Email Address A1SERVICE1984@YAHOO.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.

PAID VISA 5968 on 4-10-20
 Building Permit Number _____



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, 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

MACHERONE, MICHAEL J

A-1 SERVICE PLUMBING INC
2601 PEMBERTON DRIVE
APOPKA FL 32703

LICENSE NUMBER: CFC037124

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/2020

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 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 The Whitehead Agency Inc P.O. Box 940096 Maitland FL 32794-0096		CONTACT NAME: Karen Hall PHONE (A/C, No, Ext): (407) 831-4424 FAX (A/C, No): (407) 831-4421 E-MAIL ADDRESS: Karen@thewhiteheadagency.com																						
INSURED A-1 Service Plumbing, Inc. 2601 Pemberton Drive Apopka FL 32703		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: AmGUARD Ins Co</td> <td></td> <td>42390</td> </tr> <tr> <td>INSURER B: Allied Insurance Company of America</td> <td></td> <td>10127</td> </tr> <tr> <td>INSURER C: AmGUARD Ins Co</td> <td></td> <td>42390</td> </tr> <tr> <td>INSURER D: Associated Industries Ins Co</td> <td></td> <td>23140</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: AmGUARD Ins Co		42390	INSURER B: Allied Insurance Company of America		10127	INSURER C: AmGUARD Ins Co		42390	INSURER D: Associated Industries Ins Co		23140	INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** Mastercert **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"/> Blanket Add'l Insureds GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AOBP076717	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employment Practices \$ 100,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> UM 1000000			ACP BAL 3028433057	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ FL No-Fault (PIP) \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			AOUM19349	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A		N/A	AWC1136154	09/01/2019	09/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Project: 1678 Colleen Dr., permit, plumbing;

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle
1600 Nela Ave

Belle Isle FL 32809-6184

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
J. M. O'Call

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

	2019		EXPIRES 9/30/2020			1803-0962396
1803 CERT PLUMBING CONTR	\$30.00	1 EMPLOYEE	5000	PROF BUSINESS OFFICE	\$30.00	7 EMPLOYEES

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00

MACHERONE MICHAEL J QUALIFIER CFC037124

A-1 SERVICE PLUMBING INC
MACHERONE MICHAEL J
2601 PEMBERTON DR
APOPKA FL 32703-9403

2601 PEMBERTON DR
U - APOPKA 32703

PAID \$60.00 0099-00909929 9/9/2019

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.

	2019		EXPIRES 9/30/2020			1803-0962396
1803 CERT PLUMBING CONTR	\$30.00	1 EMPLOYEE	5000	PROF BUSINESS OFFICE	\$30.00	7 EMPLOYEES

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00



MACHERONE MICHAEL J QUALIFIER CFC0371

A-1 SERVICE PLUMBING INC
MACHERONE MICHAEL J
2601 PEMBERTON DR
APOPKA FL 32703-9403

2601 PEMBERTON DR
U - APOPKA 32703

PAID \$60.00 0099-00909929 9/9/2019

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.



RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

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1678 Colleen Dr < 30-23-30-0610-00-450 >

Name(s) Guemple John Howard IV	Physical Street Address 1678 Colleen Dr
Mailing Address On File 1678 Colleen Dr	Postal City and Zipcode Orlando, FL 32809
Belle Isle, FL 32809-6878	Property Use 0103 - Single Fam Class III
Incorrect Mailing Address?	Municipality Belle Isle



View 2019 Property Record Card

- [Property Features](#)
- [Values, Exemptions and Taxes](#)
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)
- [Update Information](#)

2020 values will be available in August of 2020.

Property Description

BELLE ISLE WEST 8/18 LOT 45

[View Plat](#)

Total Land Area 11,482 sqft (+/-) | 0.26 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1983
Type Code:	0103 - Single Fam Class III	Beds:	3
		Gross Area:	2796 sqft
		Living Area:	2260 sqft