



# City of Belle Isle Job Site Permit Card **PLUMBING** 2020-04-005

Site Address: 2635 McCoy Rd 32809  
Parcel Number: 30-23-30-0000-00-005

Class: Residential  
Subdivision

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

Water Closets (Toilet) -120 Bathtubs - 5 Urinals - 1 Washing Machines -4  
Water Heaters - 3 Sewer - 1 Catch Basins/Sumps - 2 Service Sink - 1  
Lavatory-Bathroom Sink -120 Showers -110 Sinks - 6 Laundry Tubs - 1  
Floor Drains -19 Grease Traps - 2 Trailer Connections - 1 Water Softner - 1

=====  
**Issued: ATLANTIC PLUMBING & SOLAR ENGINEERING INC, KANE, TIMOTHY M**

License # CFC027546

Contact # 321 728-4423

Payment/ Issued Date & Method: 4 / 3 / 2020

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

Visa  Master Card  Amex  Discover  Check / Money Order#

32009 | | | | | | | | | | | | | | | | | | | | | |

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

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 [BD scheduling@UniversalEngineering.com](mailto:BD 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 Maggle Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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.

DATE OF APPLICATION: March 18, 2020 PERMIT NUMBER: 2020-04-005  
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address: 2635 McCoy Road, Belle Isle FL X 32809 32812  
Property Owner: Thirumala Hotels LLC Phone: 321-356-7308  
Property Owner's Mailing Address: 1436 McCoy Rd City: Orlando  
State: FL Zip Code: 32832 Parcel Id Number: 30-23-70-0000-00-005

To obtain this information, please visit <http://www.osnaf.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  HOTEL 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) \$ 927,420.00

FIXTURES	Quantity
Water Closets (Toilet)	120
Bathtubs	5
Urinals	1
Disposals	0
Washing Machines	4
Water Heaters	3
Sewer	1
Catch Basins/Sumps <u>ELEV.</u>	2
Service Sink	1
Lavatory (Bathroom Sink)	120
Showers	110
Sinks	6

FIXTURES	Quantity
Dishwashers	0
Laundry Tubs	1
Floor Drains <u>&amp; FLOOR SINKS</u>	19
Grease Traps <u>&amp; LINT INT</u>	2
Trailer Connections	1?
Spa	0
Solar	0
Pool Piping	0
Irrigation; (# Systems / # Heads)	0
Water Softener	1
Re-pipe	0
Miscellaneous (Specify)	0

# LAUNDRY TROUGH DRAIN  
MAYBE

AMEX 32009  
**PAID**  
4.3.2020

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

Building Official: digital signature is below  
Verified Contractor's Licenses & Insurance are on file fe Date 3.29.2020  
**ALL CREDENTIALS RECEIVED**

Permit Fee	2455.-
Review Fee	1227.50
% BCA/B Fee	36.83
1.5% DCA Fee	55.24
<b>Total Permit Fee</b>	<b>3,774.57</b>

(pre-approved on main bldg plans)

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: T.K. LICENSE # 1E1027546  
LICENSE HOLDER NAME: TIM KANE COMPANY NAME: Atlantic Plumbing & Solar Engineering  
Street Address: 2167 Julia Ave NE  
City: Palm Bay State: FL Zip Code: 32909 Phone Number: 321-728-4423  
Email Address: time@atlantic-plumbing.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 PX3694, o=Universal Building Permit Number  
Engineering Sciences, ou=Review for Code Compliance,  
email=bsuriel@universalengineering.com, c=US  
Date: 2020.03.27 10:40:04-04'00'

2019-06-014

3-27-2020



2020-04-005



# COBI Permit Fee Calculation Form

Reviewer Signature: [Signature]

Date: 3-27-20

Permit Type: plumbing Job Cost: \$ 927,420.

Permit Fee: \$ 2455 > 3682.50

Plans Review Fee: \$ 1227.50 (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 36.83

1.5% State Fee: \$ 55.24

**TOTAL BUILDING FEE:** \$ 3774.57 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

base 73  
total fixtures 397 x 6 2382  
2455 ÷ 2  
1227.50  
3682.50 + fees =  
\$ 3774.57





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

**KANE, TIMOTHY M**

ATLANTIC PLUMBING & SOLAR ENGINEERING INC  
2167 JULIAN AVENUE NE  
PALM BAY FL 32905

**LICENSE NUMBER: CFC027546**

**EXPIRATION DATE: AUGUST 31, 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2020

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).


<b>PRODUCER</b> Brown & Brown of Florida, Inc. 6905 N. Wickham Road, St. 501 Melbourne FL 32940		<b>CONTACT NAME:</b> Pam Watson <b>PHONE (A/C, No, Ext):</b> (321) 757-8888 <b>E-MAIL ADDRESS:</b> pwatson@bbcof.com		<b>FAX (A/C, No):</b> (321) 787-8887	
<b>INSURED</b> Atlantic Plumbing & Solar Engineering, Inc. 2167 Julian Ave., NE Unit 1 Palm Bay FL 32905		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		<b>INSURER A:</b> Southern-Owners Insurance Company		10190	
		<b>INSURER B:</b> Auto-Owners Insurance Group			
		<b>INSURER C:</b> FFVA Mutual Insurance Co.		10385	
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** CL19121141452      **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 INSUR	INSR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			72008495-20	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 800,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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 type="checkbox"/> AUTOS ONLY			51-008622-00	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			51-008495-00	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC840-0033686-2020A	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine			72008495-20	01/01/2020	01/01/2021	Rented/Leased Equip \$100,000 Deductible \$1,000 Installation Floater \$25,000

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

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1800 Nels 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 
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**2019 - 2020**

**BREVARD COUNTY BUSINESS TAX RECEIPT**  
SUBJECT TO COUNTY ZONING RESTRICTIONS  
TAX RECEIPT SHOULD BE DISPLAYED ON PREMISES

ACCOUNT NO.  
9950332

THE PERSON(S), OR ENTITY BELOW:  
ATLANTIC PLUMBING & SOLAR ENGINEERING INC  
2167 JULIAN AV NE  
PALM BAY, FL 32905

**BUSINESS PERIOD:** October 01, 2019 - September 30, 2020  
**EXPIRES:** SEPTEMBER 30, 2020

ISSUED PURSUANT AND SUBJECT TO FLORIDA STATUTES AND BREVARD COUNTY CODE ISSUANCE DOES NOT CERTIFY COMPLIANCE WITH ZONING OR OTHER LAWS. BUSINESS TAX RECEIPT IS SUBJECT TO REVOCATION FOR ZONING VIOLATIONS, AND / OR FAILURE TO MAINTAIN REGULATORY PRE-REQUISITES AS REQUIRED FOR BUSINESS CLASSIFICATION(S), OR SUBSEQUENT ACTIVITIES. NOTIFY TAX COLLECTOR UPON CLOSING OF BUSINESS. A PERMIT IS REQUIRED TO ADVERTISE (Including with signage) "GOING OUT OF BUSINESS".

LISA CULLEN, CFC, Brevard County Tax Collector  
P O Box 2500, Titusville, Florida 32781-2500  
(321) 264-6969 or (321) 633-2199

UPON A CHANGE OF OWNERSHIP OR LOCATION,  
BUSINESS TAX RECEIPTS SHOULD BE TRANSFERRED WITHIN 30 DAYS.

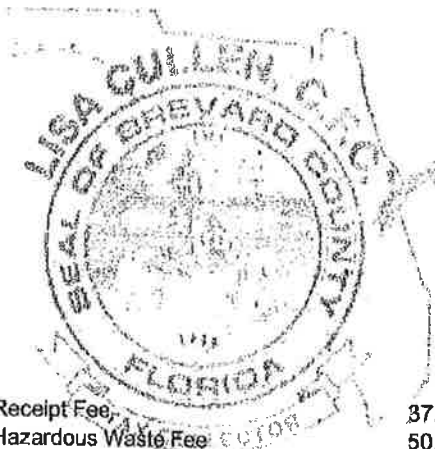
LOCATION:  
2167 NE JULIAN AV  
CITY OF PALM BAY, FL 32905

OWNED BY:  
ATLANTIC PLUMBING & SOLAR ENGINEERING INC

**BUSINESS CLASSIFICATIONS, DISCLAIMERS, AND RELATED FEES:**

300480 PLUMBING CONTRACTOR  
300505 CERT. RESIDENTIAL CONTR.  
590501 HAZ WASTE GEN. SURCHARGE  
820005 RECEIPT AMT

**EXEMPTIONS:** 0.00



Receipt Fee 37.00  
Hazardous Waste Fee 50.00  
Zoning Application Fee 0.00  
Building Occupancy Review Fee 0.00  
Fire Prevention Fee 0.00  
Late Penalty 0.00  
NSF Fee 0.00  
Transfer Fee 0.00

**Paid 001-19-00068633 07/11/2019 87.00**

**MAIN OFFICE:** 400 South St., 6th Floor, Titusville, FL 32780

**BRANCH OFFICES:** Merritt Island Office, 1605 N. Courtenay Pkwy  
Melbourne Office, 1515 Sarno Road  
Palm Bay Office, 450 Cogan Dr. SE  
Titusville Office, 800 Park Ave.  
Indian Harbour Beach Office, 240 E. Eau Gallie Blvd.  
Viera Office, 2725 Judge Fran Jamieson Way, #A108, Viera, FL 32940