



City of Belle Isle Job Site Permit Card **PLUMBING** 2020-04-079

Subdivision _____

Site Address: **5459 Chiswick Cir** **32812**

Class: **Residential**

Parcel Number: **20-23-30-9373-00-510**

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

Re-pipe - 1

Issued: EMERALD PLUMBING; CUDDY, WILLIAM License # CFC1426238

Contact # 407-898-3538 Payment/ Issued Date & Method: 4 / 29 / 2020

Picked up by _____ Emailed

Visa Master Card Amex Discover Check / Money Order#

52602 _____

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 **BIDScheduling@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

"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 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

RECEIVED
APR 28 2020
 BY: _____

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: 4/28/20 PERMIT NUMBER 2020-04-079
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 5459 Chiswick Cir, Belle Isle FL 32809 K 32812
 Property Owner Robert Sena Phone 407-240-6101
 Property Owner's Mailing Address 5459 Chiswick Cir City Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-510
To obtain this information, please visit <http://www.ocpall.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) \$ 2480

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	1
Sinks		Miscellaneous (Specify)	

Alex 52602
PAID
 4-29-2020

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

Building Official: OTR Date 4-28-20
 Verified Contractor's Licenses & Insurance are on file (signature) Date 4-28-20

Permit Fee	37
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 grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE William Cuddy LICENSE # CFC 1426238
 LICENSE HOLDER NAME William Cuddy COMPANY NAME Emerald Plumbing
 Street Address 2311 Henderson Dr
 City Orlando State FL Zip Code 32806 Phone Number 407-898-3538
 Email Address alex@emeraldplumbing.net

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.

Building Permit Number _____



CITY OF BELLE ISLE, FLORIDA
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

POWER OF ATTORNEY

Date: 4/28/20

Permit #: 2020-04-074

I hereby name and appoint Alex McGilloway of
(print name)

Emerald Plumbing to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a plumbing permit
(type of permit)

for work to be performed at the following location:

5459 Chiswick Cir, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: William Cuddy

License Number: CFC 1426238

Certified Contractor's Signature: William Cuddy



The foregoing instrument was acknowledged before me this 28 days of April of 2020
by William Cuddy who is personally known to me or who produced
as identification and who did not take an oath.

State of Florida
County of Orange

Myra Steele
Notary Public, Orange County, Florida



Emerald Plumbing

2311 Henderson Drive, Unit A • Orlando, FL 32806 • Phone: 407-898-3538 • Fax: 407-898-5258
 License # CFC1426238 • www.emeraldplumbing.net

Name Robert Sena		Date 4/27/20
Address 5459 Chiswick Cir		City Belle Isle
State, Zip Code 32812	Phone 407-240-6101	2nd Phone
Gate Code	Email	Representative
Method of Payment <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit (3%-9% fee added for credit cards)		

- ESTIMATE TO RE-PIPE HOUSE -

	FIXTURES	QTY	TOTAL
<input checked="" type="checkbox"/> 1 STORY <input type="checkbox"/> 2 STORY <input type="checkbox"/> FLAT ROOF	NEW MAIN FT		
<input checked="" type="checkbox"/> ZURN PEX PIPE With Brass Fittings 25 year manufacturers warranty-transferable 10 year labor warranty-transferable	HOSE BIB	2	
	WATER HEATER	1	
Price includes labor & materials. Drywall repair included, textured and ready for paint. Payment due in full at completion of re-pipe.	WASHING MACHINE	1	
	LAUNDRY TUB	0	
Re-piping of hot and cold water lines completed in 1 day. Drywall repair and inspection on 2nd business day. (Unless Building Department states otherwise. We have no control of time of inspections) Painting, tile, wallpaper repair, etc. NOT included in price. Drywall cuts kept to a minimum. <i>I have read and fully understand the terms and conditions.</i> Signature	UTILITY SINK	0	
	KITCHEN SINK	1	
	ICE MAKER	1	
	DISHWASHER	1	
	BAR SINK	0	
	ISLAND SINK	0	
	TOILET	3	
	BIDET	0	
	LAVATORY SINK	4	
	SHOWER	2	
TUB	2		
OUTDOOR SHOWER	0		
SUMMER KITCHEN	0		
OTHER	0		
Comments:			
Recommendations:			
	SUB TOTAL		
	DEPOSIT		
	TOTAL AMOUNT DUE	2480	00

- [🔍 Searches](#)
- [🔑 Sales Search](#)
- [📄 Results](#)
- [📄 Property Record Card](#)
- [🔖 My Favorites](#)

[Sign up for e-Notify...](#)

5459 Chiswick Cir < 20-23-30-9373-00-510 >

Name(s)	Physical Street Address
Sena Robert C	5459 Chiswick Cir
Zee-Sena Florence	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32812
5459 Chiswick Cir	Property Use
Belle Isle, FL 32812-2118	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

[View Plat](#)

WINDSOR PLACE PHASE 1 30/28 LOT 51


Total Land Area 11,065 sqft (+/-) | 0.25 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:	1995	Gross Area:	3285 sqft
	Type Code:	0103 - Single Fam Class III	Beds:	4	Living Area:	2339 sqft
	Building Value:	working...	Baths:	3.0	Exterior Wall:	Concrete Block Stucco
	Estimated New Cost:	working...	Floors:	1	Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
There are no extra features associated with this parcel			

This Data Printed on 04/28/2020 and System Data Last Refreshed on 04/27/2020



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

CUDDY, WILLIAM
EMERALD PLUMBING OF CENTRAL FLORIDA INC
2311 HENDERSON DRIVE UNIT A
ORLANDO FL 32806

LICENSE NUMBER: CFC1426238

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.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

1803 PLUMBING	2019	EXPIRES 9/30/2020	1803-0000130
\$40.00	13 EMPLOYEES ; 5000 BUSINESS OFFICE	\$30.00	3 EMPLOYEES ;

TOTAL TAX	\$70.00
PREVIOUSLY PAID	\$70.00
TOTAL DUE	\$0.00

CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FL INC
CUDDY WILLIAM
2311 HENDERSON DR STE A

ORLANDO FL 32806-1901

2311 HENDERSON DR #STE A
U - ORLANDO, 32806

PAID: \$70.00 0098-00878941 7/3/2019

ax 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.

1803 PLUMBING	2019	EXPIRES 9/30/2020	1803-0000130
\$40.00	13 EMPLOYEES ; 5000 BUSINESS OFFICE	\$30.00	3 EMPLOYEES ;

TOTAL TAX	\$70.00
PREVIOUSLY PAID	\$70.00
TOTAL DUE	\$0.00



CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FL INC
CUDDY WILLIAM
2311 HENDERSON DR STE A

ORLANDO FL 32806-1901

2311 HENDERSON DR #STE A
U - ORLANDO, 32806

PAID: \$70.00 0098-00878941 7/3/2019

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2019

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 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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750	CONTACT NAME: Raquel Gonzalez	
	PHONE (A/C, No, Ext): 407-788-3000 ext 14255	FAX (A/C, No): 407-788-7933
E-MAIL ADDRESS: raquel.gonzalez@ioausa.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : The Hanover American Insurance Company		36064
INSURER B : Builders Mutual Insurance Company		10844
INSURER C : Southern-Owners Insurance Company		10190
INSURER D :		
INSURER E :		
INSURER F :		


COVERAGES **CERTIFICATE NUMBER:** 1424828284 **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
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Bikt AI, Bikt WOS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			72656086	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Bikt AI <input checked="" type="checkbox"/> Bikt WOS			AZJ9485191	3/7/2019	3/7/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 Y	N/A	WCP103046506	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER **CANCELLATION**

City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	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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