



# City of Belle Isle Job Site Permit Card **PLUMBING** 2021-04-106

**Class:** Residential

**Site Address:** 2318 Homewood Dr- Belle Isle, FL 32809

**Parcel Number:** 19-23-30-5888-06-240 . Municipality Belle Isle

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

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

Re-pipe -1

Issued: RAINALDI PLUMBING INC, RAINALDI, CHRISTOPHER P.

License # CFC1426432

Contact # 407 282-2900

Payment/ Issued Date & Method: 4 / 30 / 2021

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

Sent by mail to the mailing address

Emailed

Visa  **Master Card**  Amex  Discover  Check / Money Order#

2066 \_\_\_\_\_

**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 [BI scheduling@UniversalEngineering.com](mailto:BI 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 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* 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: 4/26/2021 PERMIT NUMBER 2021-04-106  
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 2318 Homewood Drive, Belle Isle FL 32809 32812  
Property Owner John M and Jennifer Malagian Phone 407 947-8640  
Property Owner's Mailing Address 2318 Homewood Drive City Orlando  
State Florida Zip Code 32809 Parcel Id Number: 19-23-30-5888-06-240

To obtain this information, please visit <http://www.ocpal.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) \$ 11,160.00

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)	

\*Per FBC, Sec. 609, a Backflow Preventer must be installed & tested; this report must be posted with permit for Final Inspection.

Building Official: [Signature] Date 4-27-2021  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-27-2021

Permit Fee 37.00  
Review Fee 18.50  
3% State Surcharge (\$4.00 minimum) 7.00  
Total Permit Fee 62.50

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 [Signature] LICENSE # CFC1426432  
LICENSE HOLDER NAME Christopher Rainaldi COMPANY NAME Rainaldi Plumbing  
Street Address 6111 Old Cheney Highway  
City Orlando State FL Zip Code 32807 Phone Number 407 282-2900  
Email Address melinda@rainaldi.homeservices.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.



Building Permit Number \_\_\_\_\_

DOC # 20210251859  
 04/27/2021 09:27 AM Page 1 of 1  
 Rec Fee: \$10.00  
 Deed Doc Tax: \$0.00  
 Mortgage Doc Tax: \$0.00  
 Intangible Tax: \$0.00  
 Phil Diamond, Comptroller  
 Orange County, FL  
 Ret To: SIMPLIFILE LC

Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: 19-23-30-5888-06-240  
 Prepared by: Ivelinda Diaz  
 6111 Old Cheney Highway  
 Orlando Florida 32807  
 Return to: Rainaldi Plumbing  
 6111 Old Cheney Highway  
 Orlando Florida 32807

2021-04-106

**NOTICE OF COMMENCEMENT**

State of Florida, County of Orange  
 The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
 2318 Homewood Drive Orlando Florida 32809 Nela Isle 0/99 Lot 24
2. **General description of Improvement**  
 Repipe hot and cold whole house.
3. **Owner information or Lessee information if the Lessee contracted for the Improvement**  
 Name John M. and Jennifer Malagian  
 Address 2318 Homewood Drive Orlando Florida 32809  
 Interest in Property Owner  
 Name and address of fee simple titleholder (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. **Contractor**  
 Name Rainaldi Plumbing Telephone Number 407 282-2900  
 Address 6111 Old Cheney Highway Orlando Florida 32807
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
 Name Rainaldi Plumbing Telephone Number 407 282-2900  
 Address 6111 Old Cheney Highway Orlando Florida 32807
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

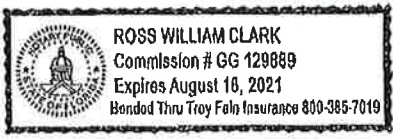
**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager \_\_\_\_\_  
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  
 Signature's Title/Office \_\_\_\_\_

The foregoing instrument was acknowledged before me this 26 day of April 2021 by JOHN M. MALAGIAN  
 as DOWNER for \_\_\_\_\_  
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida \_\_\_\_\_  
 Signature of Notary Public - State of Florida  
 Print, type, or stamp commissioned name of Notary Public

Personally Known  OR Produced ID \_\_\_\_\_  
 Type of ID Produced \_\_\_\_\_





Ron DeSantis, Governor

Halsey Beshears, Secretary



## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

### CONSTRUCTION INDUSTRY LICENSING BOARD

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

**RAINALDI, CHRISTOPHER PAUL**

A RAINALDI PLUMBING INC  
6111 OLD CHENEY HWY  
ORLANDO FL 32807

LICENSE NUMBER: CFC1426432

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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2020

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> The Hilb Group of Florida, LLC - Apopka DBA Gentry Insurance Agency 175 E Main St Ste 200 Apopka FL 32703-3213	<b>CONTACT NAME:</b> Amanda Bonventre <b>PHONE (A/C, No, Ext):</b> 407-886-3301 <b>FAX (A/C, No):</b> 407-886-9530 <b>E-MAIL:</b> abonventre@hilbgroup.com <b>ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> A. Rainaldi Plumbing Inc. dba Rainaldi Plumbing Inc. P O Box 574557 Orlando FL 32857-4557	ARAINAL-01	<b>INSURER A:</b> Auto-Owners Insurance Company <b>INSURER B:</b> Technology Insurance Company <b>INSURER C:</b> Clear Blue Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		NAIC #
		18988
		42376
		28860

**COVERAGES**

CERTIFICATE NUMBER: 116795691

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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			WCCN-CGL 0000510-01	9/30/2020	9/30/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5222846900	3/21/2020	3/21/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC3901635	9/30/2020	9/30/2021	PER STATUTE	
							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

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 Ave  
 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

**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.

1803	CONTR-PLUMBING	2020	\$30.00	10 EMPLOYEES	5000	BUSINESS OFFICE	\$30.00	10 EMPLOYEES
1804	AIR CONDITIONING CON		\$30.00	1 EMPLOYEE				

TOTAL TAX	\$90.00
REGULATED WASTE	\$50.00
PENALTIES	\$14.00
PREVIOUSLY PAID	\$154.00
TOTAL DUE	\$0.00

6111 OLD CHENEY HWY  
U - ORLANDO, 32807

PAID: \$154.00 (Multiple) 2005-06364766 10/1/2020



RAINALDI CHRISTOPHER PAUL  
 A RAINALDI PLUMBING INC  
 RAINALDI CHRISTOPHER PAUL  
 6111 OLD CHENEY HWY  
 ORLANDO FL 32807-3642

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



Please be informed that our current (legacy) website will be phased out for our new website in June. The date and time of rollover will soon be announced. Please visit our new site at <https://ocpaweb.ocpafl.org>.

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)**
- [My Favorites](#)

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

## 2318 Homewood Dr < 19-23-30-5888-06-240 >

Name(s)	Physical Street Address
Malagian John Michael	2318 Homewood Dr
Malagian Jennifer J	Postal City and Zipcode
Mailing Address On File	Orlando, FL 32809
2318 Homewood Dr	Property Use
Belle Isle, FL 32809-6107	0104 - Single Fam Class IV
<a href="#">Incorrect Mailing Address?</a>	Municipality
	Belle Isle



### View 2020 Property Record Card

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

**2021 values will be available in August of 2021.**

### Property Description

[View Plat](#)

NELA ISLE (ISLAND SECTION) O/99 LOT 24 & LAND ON S TO WATERS OF LAKE BLK F

**Total Land Area** 18,834 sqft (+/-) | 0.43 acres (+/-) [GIS Calculated](#) [Notice](#)

### Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

### Buildings

Important Information		Structure				
	<b>Model Code:</b>	01 - Single Fam Residence	<b>Actual Year Built:</b>	1994	<b>Gross Area:</b>	5522 sqft
	<b>Type Code:</b>	0104 - Single Fam Class IV	<b>Beds:</b>	5	<b>Living Area:</b>	4245 sqft
	<b>Building Value:</b>	working...	<b>Baths:</b>	4.0	<b>Exterior Wall:</b>	Concrete Block Stucco
	<b>Estimated New Cost:</b>	working...	<b>Floors:</b>	2	<b>Interior Wall:</b>	Drywall

Page 1 of 1 (1 total records)

### Extra Features

Description	Date Built	Units	XFOB Value
PL3 - Pool 3	09/22/1994	1 Unit(s)	working...
BD3 - Boat Dock 3	09/22/1994	1 Unit(s)	working...
BC3 - Boat Cover 3	09/22/1994	1 Unit(s)	working...
FPL3 - Fireplace 3	01/01/1994	1 Unit(s)	working...
PT1 - Patio 1	01/01/2001	1 Unit(s)	working...

Page 1 of 1 (5 total records)

