

### City of Belle Isle Job Site Permit Card PLUMBING 2021-04-018

Class: Residential

Site Address: 4126 Quando Dr - Belle Isle, FL 32812

Parcel Number: 20-23-30-1646-01-380.

. Municipality Belle Isle

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

Description of Work: Re-pipe - 1

Issued: EMERALD PLUMBING, CUDDY, W Payment/ Issued Date & Method:	# CFC1426238 / 5 / 2021	Contact #	407 898-3538
Picked up by	☐ Sent by mail to the i	mailing address	Emailed
☐ Visa ☐ Master Card ☐ Ame	x 🗆 Discover 🗀 (	Check / Money Orde	er#
3 7 0 /	==========		 ============

### 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 <a href="mailto:BIDscheduling@UniversalEngineering.com">BIDscheduling@UniversalEngineering.com</a>; a confirmation email will be sent back to you upon scheduling. <a href="mailto:Next-Day Inspection requests must be made by 3:00 p.m.">Next-Day Inspection requests must be made by 3:00 p.m.</a> 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 Bivd., Orlando, FL 3281
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.c

### APPLICATION FOR PLUMBING PERM

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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

			20	010
DATE OF APPLICATION: 4/1/2 The undersigned hereby applies		PERMIT NUMBE ping installations as indicated below. PL	ER DATO4-0	518
Project Address 4126 Quand				
Property Owner Robin Hend		Belle I	25-54	
		Phone		
Property Owner's Mailing Addres			elle Isie	
State FL Zip Code 3		Number: 20-23-30-1646-01-38		
_		tain this information, please visit http://www.or	pall.org/Searches/ParcelSearch.asp	£
Class of Building: Old ■ New Type of Work: New Alters	V ☐ Type of Buildi ation ☑ Addition ☐ Re	ng: Residential⊠ Commercial ☐ pair ☐ Type of System; Sewer☐	Other☐ Septic☐ Re-pipe	
YOU MAY BE REQU	IRED TO PROVIDE SEPT to Septic System ~ C	TIC SYSTEM VERIFICATION FOR NEW RANGE COUNTY DOCUMENT 64E-6	V / ALTERED / ADDITION	
VALUATION OF JOB (labor &	materials) \$ 2475			
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		*Imigation: (# Systems / # Head	ds)	
Lavatory (Bathroom Sink)		Water Softener		
Showers		Re-pipe	1	
Sinks		Miscellaneous (Specify)		
*Per FBC, Sec. 608, a Backflow Pr	eventer must be installed &	lested; the report must be posted with per	mit for Final Inspection.	7
			Permit Fee 5	
Building Official:		Date_ 4-1-11	Review Fee	8.50
Verified Contractor's License	es & Insurance are on file	Date 11.7.71	1% BCAIB Fee	2 min
			1.5% DCA Fee	a mil
			Total Permit Fee	59 50 /
I hamby and its that the above is	days and something the h	and off must be accorded as a most of the state of		
		est of my knowledge and make Applical e Regulations and City Ordinances regula		
		n to violate any applicable Town and/or St.		
LICENSE HOLDER SIGNATURE	hila	elles licens	<sub>E#</sub> CFC 1426238	
LICENSE HOLDER NAME Willia		OMPANY NAME Eme		
Street Address 2311 Hender	son Dr	JOMI ANT WAIVE		
City Orlando		Zip Code 32806 Phone	Number 407-898-3538	
Email Address alex@emerald	dolumbing.net	Zip Code Phone	Number	<del></del> :
NOTE: The Building Permit Number Permit has been issued.	er is required if the Plumbing	g Installation is associated with any constru	action or alteration where a Build	
reimit has been issued.			in the second	JOSE VIIA
		Building Permit No	ımber	2/4
				1 3 100



### CITY OF BELLE ISLE, FLORIDA

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com

### **POWER OF ATTORNEY**

Date: 4/1/21 9021-04-018 I hereby name and appoint Alex McGilloway **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 for work to be performed at the following location: 4126 Quando Dr \_\_\_\_\_, 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: CFC1426238 Certified Contractor's Signature:\_\_\_/ The foregoing instrument was acknowledged before me this \_\_\_\_\_ days of \_\_\_\_\_\_ of 20\_21\_\_\_ who is personally known to me or who produced as identification and who did not take an oath. State of Florida County of Orange



# Emerald Plumbing

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

Name Robin Hendrix	Date 4/1	121			
Address 4126 Quando Dr	City Belle	Isla			
State, Zip Code 32812   Phone 407-408 - 1866   2	nd Phone				
Gate Code Email	Representative				
Method of Payment Check Cash Credit (39	%-5% fee added for credit cards)			$\neg$	
				二	
- ESTIMATE TO RE-PI	PE HOUSE -				
1 STORY 2 STORY FLAT ROOF	FIXTURES	QTY	TOTAL	_	
ZURN PEX PIPE Price includes labor &	NEW MAIN FT		1		
With Brass Fittings materials. Drywall repair	HOSE BIB			_	
25 year manufacturers included, textured and warranty-transferable ready for paint.	WATER HEATER			_	
warranty-transferable ready for paint.  10 year labor warranty- Payment due in full at	WASHING MACHINE				
transferable completion of re-pipe.	LAUNDRY TUB			_	
	UTILITY SINK	i	_		
Re-piping of hot and cold water lines completed in 1 day. Drywall repair and inspection on 2nd business day. (Unless	KITCHEN SINK		$\dashv$		
Building Department states otherwise. We have no control of	ICE MAKER DISHWASHER			$\dashv$	
time of inspections) Painting, tile, wallpaper repair, etc. NOT	BAR SINK			-	
included in price. Drywall cuts kept to a minimum.	ISLAND SINK				
I have read and fully understand Signature	TOILET				
the terms and conditions.	BIDET			$\dashv$	
Comments:	LAVATORY SINK				
	SHOWER				
	TUB				
	OUTDOOR SHOWER		- 1		
	SUMMER KITCHEN			-	
			1	_	
	OTHER		1		
Recommendations:	SUB	TOTAL			
·	DEPOSIT				
				-	
	TOTAL AMOUN	T DUE	2475	00	

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

### **CUDDY, WILLIAM**

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

**LICENSE NUMBER: CFC1426238** 

**EXPIRATION DATE: AUGUST 31, 2022** 

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.

2020

**EXPIRES** 

9/30/2021

1803-0000130

1803 PLUMBING

\$40.00

13 EMPLOYEES | 5000 BUSINESS OFFICE

\$35.00

3 EMPLOYEES

TOTAL TAX PREVIOUSLY PAID TOTAL DUE \$70 00 \$70 00 \$0.00

**CUDDY WILLIAM** 

EMERALD PLUMBING OF CENTRAL FL INC CUDDY WILLIAM

2311 HENDERSON DR STE A

2311 HENDERSON DR #STE A U - ORLANDO, 32806 ORLANDO FL 32806-1901

PAID: \$70.00 0098-00957348 8/19/2020

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.

RAMOLPH, TAY

SHA CE COUNT

2020

EXPIRES

· SCOTT

9/30/2021

1803-0000130

1803 PLUMBING

\$40.00

13 EMPLOYEES 5000 BUSINESS OFFICE

\$30.00 3

3 EMPLOYEES

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

2311 HENDERSON DR #STE A U - ORLANDO, 32806

PAID: \$70.00 0098-00957348 8/19/2020

**CUDDY WILLIAM** 

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

ORLANDO FL 32806-1901

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) 12/30/2020

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 be endorsed. If SUBROGATION IS WAIVED, subject to

		erms and conditions of the policy icate holder in lieu of such endor			ndorse	ment. A stat	tement on th	is certificate de	oes not c	onfer rights to the
PROD					CONTA NAME:	CT Raquel Go	nzalez			
		nce Office of America, Inc. Vest State Road 434			PHONE (A/C, No	o, Ext): 4U7-78	8-3000 ext 14	1255	FAX (A/C, No):	407-788-7933
		ood FL 32750			E-MAII	ss: raquel.go				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	R A : Builders	Mutual Insur	ance Company		10844
INSUR			l==	EMERPLU-01	INSURE	Rв: Souther	n-Owners Ins	urance Compan	y	10190
Emerald Plumbing of Central Florida, Inc. 2311 Henderson Dr. Unit A			INSURER c : Auto-Owners Insurance Company				18988			
Orlando FL 32806			INSURER D:							
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 1185339917				<b>REVISION NUI</b>		
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.										
	J_[				DEEN	POLICY EFF	POLICY EXP			
INSR LTR		TYPE OF INSURANCE	ADDL SUBR			(MM/DD/YYYY)	(WWIDDIAXXX)		LIMIT	S
В	X	COMMERCIAL GENERAL LIABILITY		72656086		1/1/2021	1/1/2022	EACH OCCURREN		\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENT PREMISES (Ea occ		\$ 300,000

PE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
CIAL GENERAL LIABILITY		72656086	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 1,000,000
MS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Εα occurrence)	\$ 300,000
t WOS					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
GATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
						\$
IABILITY		9636622501	3/7/2020	3/7/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
TOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
X Biki WOS					PIP	\$ 10,000
A LIAB OCCUR					EACH OCCURRENCE	\$
IAB CLAIMS-MADE					AGGREGATE	\$
RETENTION S						\$
IPENSATION RS'-LIABILITY		WCP103046507	1/1/2021	1/1/2022	X PER OTH-	
DR/PARTNER/EXECUTIVE Y	N/A				E.L. EACH ACCIDENT	\$ 500,000
н)					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
DF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
H) nder		ESSES:				E.L. DISEASE - EA EMPLOYEE

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1600 Nela Avenue Belle Isle FL 32809	AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE