

City of Belle Isle Job Site Permit Card PLUMBING 2021-04-073

Class: Residential Site Address: 7022 Seminole Dr - Belle Isle, FL 32812

Description of Work: FIXTURES / QTY.

*Irrigation # Systems /	# Heads: 6 / 65	5		
0576	Payment/ Issued Da	te & Metho □ Sent by ma □ Discover	d:// 20/ 2021 il to the mailing address r	Emailed
Inspection requests & in-	quiries regarding r	esults are t	o be emailed to: BIDscheduling@U PERMIT FOR SPECIFIC POOL II	niversalEngineering.com
PLUMBING 600 Sewer	INSPECTOR	DATE	COMMENTS	NSPECTIONS & CODES
610 Underground				

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

620 Rough

650 Final

630 Above Ceiling 640 Irrigation Final

- 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.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 OUT AIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF

DATE OF APPLICATION: 2	14111121 ·		2001 -11	200
The undersigned hereby applies for	or a permit to make plum	PERMIT NUMBER nbing installations as indicated below. PLE	ASE PRINT	013
Project Address 1011 St	nunde dr	, Belle Isla		
Property Owner WWW	CONSTruction	/ Phone	386 663 b	1295
Property Owner's Mailing Address	5121 PM	illier oaks Ln. a o	clamble	
State FL Zip Code 3	1811	29-73-	7. //200	
Zip code_Q	Toot	d Number: 29-23 Otain this information, please visit http://www.ocpa	20 - 4287 -	<u>0</u> 2 - 16,
Class of Building: Old New Type of Work: New Alteration	Type of Buildi	ing: Residential Commercial	Other [
YOU MAY BE REQUIR	ED TO PROVIDE SEPT	TIC SYSTEM VERIFICATION FOR NEW /		
	A P	TORNIGE COUNTY DOCUMENT 64E-6		
VALUATION OF JOB (labor & ma	terials) \$ 0, 000	- Forn	NEW STR	
FIXTURES	Quantity	FIXTURES	Quantity	
Water Closets (Toilet)		Dishwashers	quantity	
Bathtubs		Laundry Tubs		
Urinals		Floor Drains		
Disposals		Grease Traps		
Washing Machines		Trailer Connections		
Water Heaters		Spa		
Sewer		Solar		
Catch Basins/Sumps		Pool Piping	Cold regarded: Has seeing a	
Service Sink		*Irrigation: (# Systems / # Heads)	0105	
Lavatory (Bathroom Sink)		Water Softener	ujus	
Showers		Re-pipe		
Sinks		Miscellaneous (Specify)		
Per FBC, Sec. 608, a Backflow Prever	nter must be installed & te	ested; the report must be posted with permit for	or Final Inspection.	
Building Official:	017	Date 4-16-21	Permit Fee	
Vorified Contract of 12		1	Review Fee	30
Verified Contractor's Licenses &	Insurance are on file	Date 4.14-2021	1% BCAIB Fee	Lmin
UPMED			1.5% DCA Fee	> mm
			Total Permit Fee	5
I hereby certify that the above is true	and correct to the bee	of of one learning de-	100	120
		et of my knowledge and make Application for Regulations and City Ordinances regulating sa		F
submitted. The issuance of this permit do	bes not grant permission t	to violate any applicable Town and/or State of	Florida codes and/or ordinances.	5
LICENSE HOLDER SIGNATURE	engle Des	LICENSE #	JE14150011	
LICENSE HOLDER NAME	on Deneisbec	COMPANY NAME TY OVO) CO	U DIVINDIUM & SUOM	hr har
Street Address QUI 5 0	Iomal Dr.	3.3010	3 11 00 10001 90 90	ncinc.
City WWW.do	State FL	Zip Code 31810 Phone Numb	er 407-508-0M	E
Email Address White WM	ncalphylland	Lan	10. 100 0141	ej.
NOTE: The Building Permit Number is r	equired if the Plumbing In	istallation is associated with any construction o	or alteration where a public.	
Permit has been issued.	[F	DUSA 0576	where a building	
	4	170-20 Byriding Permit Number	2001-01-	-67
	11	- Sommer Hamber		0/

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

DENELSBECK, LYNDON G

TROPICAL PLUMBING AND SEPTIC INC 19468 E COLONIAL DR ORLANDO FL 32820

LICENSE NUMBER: CFC1425621

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/23/2020

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 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	Winchester Insurance, Inc			CONTACT NAME:			
	1425 W. Broadway (S.R. 42			PHONE (A/C, No, Ext):	(407) 365-5656	FAX (A/C, No): (407) 366-0031
	P.O. Box 620969			E-MAIL ADDRESS:	lori@winchesterinsurance	.com	
	Oviedo	FL (32762		INSURER(S) AFFORDING CO		NAIC#
				INSURER A : Ja	ames River Insurance Com	oany	12203
INSURED				INSURER B : A	merican Interstate Insuranc	e Company	31895
	Tropical Plumbing And Septic, Inc.			INSURER C: Twin City Fire Insurance			29459
19468 E. Colonial Drive Orlando			INSURER D : National Indemnity Company			42137	
	Orlando	FL 3	32820-	INSURER E :			
				INSURER F :			
COVERAG	ES CERTIFICA	TE MILME	ED.		DELUG	CHANGED	

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 REDUICED BY PAID CLAIMS.

NSR LTR		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Х	X	00098597-1		12/31/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
							PREMISES (Ea occurrence)	\$	5.000
3							MED EXP (Any one person)	\$	
	OFFIT ACCRECATE LIMIT APPLIES DED						PERSONAL & ADV INJURY	\$	1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC						GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	S	2,000,000
-	OTHER:	_						\$	
D AUTOMOBILE LIABILITY ANY AUTO	AUTOMOBILE LIABILITY			74APB004387	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
							BODILY INJURY (Per person)	\$	
1	ALL OWNED X SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	s	
							(r.cr.academ)	S	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	_	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION S					l l	AGGREGATE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Х	AVWCFL2943652020	12/31/2020	12/31/2021	X PER X OTH-	\$	
		N/A					E.L. EACH ACCIDENT	S	1,000,000
							E.L. DISEASE - EA EMPLOYEE	s	1,000,000
							E.L. DISEASE - POLICY LIMIT	s	1,000,000
Equipment Coverage		Х		21SBATY8576	12/31/2020	12/31/2021	Misc Tools		4.000
	T.						Scheduled Contractor		312,225
							Contractor Tools		10.000

CERTIFICATE HOLDER CANCELLATION AI 000594

City of Belle Isle 1600 Nela Ave 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.

AUTHORIZED REPRESENTATIVE

Un Went

Fax: (407)240-2222

FL 32809-

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Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2020

EXPIRES

9/30/2021

1803

CERTIFIED PLUMBING C

\$50.00

27 EMPLOYEES 5000 BUSINESS OFFICE

\$30.00

1803-0962349 10 EMPLOYEES

TOTAL TAX PREVIOUSLY PAID TOTAL DUE

\$80.00 \$80.00 \$0.00

DENELSBECK LYNDON'G QUALIFIER

TROPICAL PLUMBING & SEPTIC INC DENELSBECK LYNDON G 19468 E COLONIAL DR ORLANDO FL 32820-3707

19468 E COLONIAL DR U - ORLANDO 32820

PAID: \$80.00 0099-00963892 9/8/2020

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.

2020

EXPIRES

SCOTT

9/30/2021

1803-0962349

1803 CERTIFIED PLUMBING C

\$50.00

27 EMPLOYEES 5000 BUSINESS OFFICE

CE COUNT

\$30.00 10 EMPLOYEES

SDOLPH, TAY COL

TOTAL TAX \$80.00 PREVIOUSLY PAID \$80.00 TOTAL DUE \$0.00

19468 E COLONIAL DR U - ORLANDO 32820

PAID: \$80.00 0099-00963892 9/8/2020

DENELSBECK LYNDON G QUALIFIER

TROPICAL PLUMBING & SEPTIC INC DENELSBECK LYNDON G 19468 E COLONIAL DR ORLANDO FL 32820-3707

This receipt is official when validated by the Tax Collector.