



City of Belle Isle Job Site Permit Card **PLUMBING** 2021-04-086

Class: Residential

Site Address: 7118 Lake Dr- Belle Isle, FL 32809

Parcel Number: 25-23-29-5884-15-380 .

Municipality Belle Isle

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

Description of Work: FIXTURES / QTY.

Water Heaters - 1

Issued: Harvey Baker Plumbing, Inc, Baker, H

License # CFC056875

Contact # 407 859 3572

Payment/ Issued Date & Method: 4 / 22 / 2021

Picked up by _____

Sent by mail to the mailing address

Emailed

Visa

Master Card

Amex

Discover

Check / Money Order#

4934 _____

Inspection requests & inquiries regarding results are to be emailed to: BD scheduling@UniversalEngineering.com

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; 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.universalengineering.com

RECEIVED
 APR 16 2021

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: 4/9/21
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
 Project Address 7118 Lake Dr 7118, Belle Isle FL 32809 32812
 Property Owner Weinsier Gamily Trust, Phone 407-967-1709
 Property Owner's Mailing Address 6824 Seminole Dr, City Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 25-23-29-5884-15-380

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) \$ 3779.00

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
Urinals	
Disposals	
Washing Machines	
Water Heaters	1
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	
Showers	
Sinks	

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

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

Building Official: OTZ Date 4-21-21
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-21-21

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 [Signature] LICENSE # CFC056875
 LICENSE HOLDER NAME Harvey L Baker COMPANY NAME Harvey Baker Plumbing, Inc
 Street Address 1019 28th St
 City Orlando State FL Zip Code 32805 Phone Number 407-859-3572
 Email Address marcia@harveybakerplumbing.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 _____

PAID
 4934
 2021

Permit Number: _____
 Folio/Parcel ID #: 25-23-29-5884-15-380
 Prepared by: Harvey Baker Plumbing, Inc
1019 28th St
Orlando, FL 32805
 Return to: Harvey Baker Plumbing, Inc
1019 28th St
Orlando, FL 32805

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)
NELA ISLE M/56 LOT 38 BLK O 7116 Lake Dr
2. General description of improvement
Replace electric water heater
3. Owner information or Lessee information if the Lessee contracted for the improvement
 Name Welnaler Family Trust
 Address 6824 Seminole Dr Belle Isle, FL 32812
 Interest in Property _____
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. Contractor
 Name Harvey Baker Plumbing, Inc Telephone Number (407) 889-3872
 Address 1019 28th St Orlando, FL 32805
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 _____ Telephone Number _____
 Address _____
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 1, 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.

Nancy Weinsier
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
 Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 12th day of 04/21 by Nancy Weinsier
month/year name of person
 ss _____ for _____
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Cari Mellin
 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 Drivers License



Form content revised: 01/23/14

State of FLORIDA, County of ORANGE.
 Per §668.50, F.S., which defines and permits electronic signatures, I certify that this is a true copy of the document as reflected in the Official Records.
PHIL DIAMOND, COUNTY COMPTROLLER
 Janet Gonzalez _____ 04/16/2021 _____
 Deputy Comptroller Date





Power of Attorney

Date December 11, 2020

I hereby name and appoint Marcia L. Baker

An agent of: Harvey Baker Plumbing, Inc

to be my lawful attorney in fact to act for me to apply for, receipt for, sign for and do all things necessary on my behalf until December 11, 2021.

Harvey L Baker
Contractor License # CFC 056875
Harvey Baker Plumbing, Inc.
1019 28th St.
Orlando, FL 32805

407-859-3572
407-648-5181 fax
Marcia@harveybakerplumbing.com

Contractor Signature _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 11th day of 12, 2020 by Harvey L. Baker who is personally known to me, or has produced _____ as identification and who did not take an oath.

Notary Public _____

Cari Mellin

My Commission Expires January 07, 2024





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



LICENSE NUMBER: CFC056875

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.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

5000 BUSINESS OFFICE

2020

\$30.00

EXPIRES 9/30/2021
3 EMPLOYEES

5000-0613592

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER MARCIA L PRESIDENT

HARVEY BAKER PLUMBING INC
BAKER MARCIA L PRESIDENT
1019 28TH ST
ORLANDO FL 32805

1019 28TH ST
U - ORLANDO, 32805

PAID: \$30.00 0098-00935695 7/7/2020

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.

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2020

\$30.00

EXPIRES 9/30/2021
3 EMPLOYEES

5000-0613592

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER MARCIA L PRESIDENT

HARVEY BAKER PLUMBING INC
BAKER MARCIA L PRESIDENT
1019 28TH ST
ORLANDO FL 32805

1019 28TH ST
U - ORLANDO, 32805

PAID: \$30.00 0098-00935695 7/7/2020



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.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

1803 CERTIFEID PLUMBING C 2020 \$30.00

EXPIRES 9/30/2021
3 EMPLOYEES :

1803-0617196

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
1019 28TH ST
ORLANDO FL 32805

1019 28TH ST
U - ORLANDO, 32805

PAID: \$30.00 0098-00935694 7/7/2020

Tax Collector Scott Randolph

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3 EMPLOYEES :

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BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
1019 28TH ST
ORLANDO FL 32805

1019 28TH ST
U - ORLANDO, 32805

PAID: \$30.00 0098-00935694 7/7/2020

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CERTIFICATE OF LIABILITY INSURANCE

HARVBAK-01

DWAGNER

DATE (MM/DD/YYYY)
3/10/2021

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).

PRODUCER
Stahl Morso & Associates
1000 Wekiva Springs Road
Longwood, FL 32779

CONTACT NAME:
PHONE (A/C, No, Ext): (407) 869-4200 **FAX (A/C, No):** (407) 862-7656
E-MAIL ADDRESS: certs@stahlinsurance.com

INSURED
Harvey Baker Plumbing Inc
1019 28th Street
Orlando, FL 32805

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Main Street America Protection Insurance Company	13026
INSURER B :	Old Dominion Insurance Co	40231
INSURER C :	BusinessFirst Insurance Company	11697
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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
A	<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 checked="" type="checkbox"/> LOC OTHER:			MPP7814F	2/14/2021	2/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1P7814F	2/14/2021	2/14/2022	\$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTIONS \$ 10,000 <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE			CUP7814F	2/14/2021	2/14/2022	\$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<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		N/A	052103742	4/1/2021	4/1/2022	\$ <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)

RECEIVED
APR 13 2021
BY:

CERTIFICATE HOLDER

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

CANCELLATION

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

ACORD 25 (2016/03)