



City of Belle Isle Job Site Permit Card

PLUMBING 2022-03-099

Class: Residential
Parcel Number: 19-23-30-5888-04-140

Site Address: 2315 Trace Ave. Belle Isle, FL. 32809
Municipality: Belle Isle

Description of Work: FIXTURES / QTY.
Pool Piping Adding Heater - 1

Comments: SEE APPLICATION

Issued: Joseph Chastain - By Owner
License # N/A
Contact # 407-247-7766

Payment/ Issued Date & Method: 4 / 01 / 2022

- Payment method options: Picked up by, Forwarded to the mailing address, Emailed, Visa, Master Card, Amex, Discover, Check / Money Order#

31037

Table with 4 columns: PLUMBING, INSPECTOR, DATE, COMMENTS. Rows include 600 Sewer, 610 Underground, 620 Rough, 625 Tub Set, 630 Above Ceiling, 640 Irrigation Final, 650 Final.

To schedule your inspection(s), please visit our website:
http://uesbidportal.uesorl.com/citizenportal/
Please follow the prompts to schedule your inspection.

Universal Engineering Sciences 3532 Maggie Blvd. Orlando, FL 32811 Phone 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

## 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: 3/28/2022 PERMIT NUMBER: 2022-03-099

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address: 2315 TRACE AVE Belle Isle FL 32809 32812

Property Owner: JOSEPH CHASTAL Phone: 407 247 7766

Property Owner's Mailing Address: SAME City: \_\_\_\_\_

State: FL Zip Code: 32809 Parcel Id Number: 19-23-30-5888-04-140

To obtain this information, please visit <http://www.ocpafl.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) \$ 125.00

| 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                        | <u>1</u> |
| Service Sink             |          | *Irrigation: (# Systems / # Heads) |          |
| Lavatory (Bathroom Sink) |          | Water Softener                     |          |
| Showers                  |          | Re-pipe                            |          |
| Sinks                    |          | 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: CR Date: 3-30-22  
Verified Contractor's Licenses & Insurance are on file CR Date: 3-30-22

O/B disclosure

|                  |              |
|------------------|--------------|
| Permit Fee       | <u>37.50</u> |
| Review Fee       | <u>18.50</u> |
| 1% BCAIB Fee     | <u>2 mm</u>  |
| 1.5% DCA Fee     | <u>2 mm</u>  |
| Total Permit Fee | <u>59.50</u> |

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: JOSEPH CHASTAL LICENSE # OWNER

LICENSE HOLDER NAME: Joseph Chastal COMPANY NAME: \_\_\_\_\_

Street Address: 2315 TRACE AVE

City: Belle Isle State: FL Zip Code: 32809 Phone Number: 407 247 7766

Email Address: CHAST52@GMAIL.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**  
4/1/2022  
Amex 31037



## City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

### OWNER BUILDER DISCLOSURE STATEMENT

Per Florida Statue 455.228:

**Homeowners hiring unlicensed Contractors may be  
subject a fine of up to \$5,000.00!**



Before me this day personally appeared JOSEPH CHASTAIN, who being duly sworn, deposes, and says as follows. "I hereby acknowledge that I have read and fully understand the individual provisions of this instrument."

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license JC Initial
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. JC Initial
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. JC Initial
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. JC Initial
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. Initial JC
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. JC Initial
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit, that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. JC Initial
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. JC Initial
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. JC Initial
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850)487-1395 or [www.Call.Center@dbpr.state.fl.us](mailto:www.Call.Center@dbpr.state.fl.us) for more information about licensed contractors. JC Initial

Owner Builder Disclosure Statement

- 11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:  
Project Address: 2315 TRACE AVE, Belle Isle, FL 32809 JL Initial
- 12. I agree to notify the City of Belle Isle Building/Zoning Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. JL Initial
- 13. FBC 105.3.6 requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. JL Initial

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if any unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: Joseph Chastain (Signature of the property owner) Print: JOSEPH CHASTAIN (Name of the property owner)

Signature: \_\_\_\_\_ (Signature of the property owner) Print: \_\_\_\_\_ (Name of the property owner)

Owner's Address: 2315 TRACE AVE, Belle Isle, FL 32809

The foregoing instrument was acknowledged before me this 03, 29, 2022

by Joseph Chastain who is personally known to me / who produced the following FL D.L as identification and who did not take an oath.

State of Florida / County of Orange

Notary Signature Michelle Sanchez Seal: 