



City of Belle Isle Job Site Permit Card **PLUMBING** 2022-04-015

Class: Residential

Site Address: 3537 Edlingham Ct - Belle Isle, FL 32812

Parcel Number: 20-23-30-9373-00-830

Municipality Belle Isle

Description of Work: RE- PIPE

Comments: SEE APPLICATION

Issued: A RAINALDI PLUMBING INC- RAINALDI, CHRISTOPHER PAUL

License # CFC1426432

Contact # 407 282-2900

Payment/ Issued Date & Method: 4 / 8 / 2022

Picked up by _____

Forwarded to the mailing address

Emailed

Visa Master Card Amex Discover Check / Money Order#

2066

To schedule your inspection(s), please visit our website:

<http://uesbidportal.uesorl.com/citizenportal/>

Next-Day Inspection requests must be made by 3 pm.

For further assistance 407 581-8161 request scheduling. **PERMIT MUST BE POSTED ON SITE.**

You are responsible for scheduling and keeping track all of your inspections & permit expiration date.

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 407-581-8161 Fax 407-581-0313 www.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			
625 Tub Set			
630 Above Ceiling			
640 Irrigation Final			
650 Final			

"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 Maggle 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: 3/30/2022 PERMIT NUMBER 2022-04-015
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 3537 Edlingham Court Orl. Fl. Belle Isle FL 32809 32812

Property Owner Susan Spradley Phone 407 282-2900

Property Owner's Mailing Address _____ City _____

State _____ Zip Code _____ Parcel Id Number: 20-23-30-9373-00-830

To obtain this information, please visit <http://www.orpalfl.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) \$ 2400

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. 608, a Backflow Preventor must be installed & tested; the report must be posted with permit for Final Inspection.

Building Official: OTC Date 4-8-22
 Verified Contractor's Licenses & Insurance are on file OTC Date 4-8-22

Permit Fee	37.50
Review Fee	18.50
3% State Surcharge (\$4.00 minimum)	2 + 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 # CFC1426432
 LICENSE HOLDER NAME Christopher Rainaldi COMPANY NAME Rainaldi Plumbing
 Street Address 1011 Old Cheney Highway
 City Orlando State Fl. Zip Code 32807 Phone Number 407 282-2900
 Email Address ivelinda@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.

PAYD 4-8-22 VISA 2066

Building Permit Number _____





Ron DeSantis, Governor

Halsey Beshears, Secretary



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

STATE OF FLORIDA

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

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)

9/28/2021

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 The Hilb Group of Florida, LLC - Apopka DBA Gentry Insurance Agency 175 E Main St Ste 200 Apopka FL 32703-3213		CONTACT NAME: Amanda Bonventre PHONE (A/C, No, Ext): 407-886-3301 E-MAIL: abonventre@hilbgroup.com ADDRESS:		FAX (A/C, No): 407-886-9530
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Auto-Owners Insurance Company		18988
		INSURER B: Technology Insurance Company		42376
		INSURER C: United National Insurance Company		13064
		INSURER D:		
		INSURER E:		
		INSURER F:		

INSURED
 A. Rainaldi Plumbing Inc.
 dba Rainaldi Plumbing Inc.
 P O Box 574557
 Orlando FL 32857-4557

ARAINAL-01

COVERAGES**CERTIFICATE NUMBER:** 2026730350**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"/> PROJECT <input type="checkbox"/> LOC OTHER:			CSC0000029	9/30/2021	9/30/2022	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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5222846900	3/21/2021	3/21/2022	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 \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWC4009476	9/30/2021	9/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

	2021		EXPIRES	9/30/2022		1803-0962395
1803	CONTR-PLUMBING	\$30.00	10 EMPLOYEES	5000	BUSINESS OFFICE	\$30.00
1804	AIR CONDITIONING CON	\$30.00	1 EMPLOYEE			10 EMPLOYEES

TOTAL TAX	\$90.00
REGULATED WASTE	\$50.00
PREVIOUSLY PAID	\$140.00
TOTAL DUE	\$0.00

RAINALDI CHRISTOPHER PAUL

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

6111 OLD CHENEY HY
U - ORLANDO, 32807

PAID: \$140.00 0099-00996304 7/13/2021

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.**

	2021		EXPIRES	9/30/2022		1803-0962395
1803	CONTR-PLUMBING	\$30.00	10 EMPLOYEES	5000	BUSINESS OFFICE	\$30.00
1804	AIR CONDITIONING CON	\$30.00	1 EMPLOYEE			10 EMPLOYEES

TOTAL TAX	\$90.00
REGULATED WASTE	\$50.00
PREVIOUSLY PAID	\$140.00
TOTAL DUE	\$0.00



RAINALDI CHRISTOPHER PAUL

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

6111 OLD CHENEY HY
U - ORLANDO, 32807

PAID: \$140.00 0099-00996304 7/13/2021

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.