



City of Belle Isle Job Site Permit Card

PLUMBING 2022-03-108

Class: Residential
Parcel Number: 29-23-30-4389-03-250

Site Address: 7007 Seminole Dr. Belle Isle, FL 32812
Municipality: Belle Isle

Description of Work: FIXTURES / QTY.

Water Closets (Toilet) - 2 Bathtubs - 2 Bathroom Sink - 2
Sinks - 1 Dishwashers - 1

Comments: SEE APPLICATION

Issued: A Plumber and Associates Inc. - Grimes, Terry
License # CFC1426879
Contact # 407-739-8162

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

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

Handwritten amount: 53003

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 407-681-8161 * Fax 407-681-0313 * www.universalengineering.com

RECEIVED
 MAR 30 2022

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: 03/30/2022 PERMIT NUMBER 2022-03-108

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

Project Address 7007 Seminole Dr. Orlando, FI 32812 Belle Isle FL 32809 32812
 Property Owner Dimecencia Inc Phone 407-952-7472
 Property Owner's Mailing Address 2315 Carlton dr City Orlando
 State FI Zip Code 32806 Parcel Id Number: 29-23-30-4389-03-250
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) \$ 2350

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)	2	Dishwashers	1
Bathtubs	2	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)	2	Water Softener	
Showers		Re-pipe	
Sinks	1	Miscellaneous (Specify)	

base 37
 8 fix x 6 48
 85.2
 42.50
 127.50

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

pre-approved on bldg permit
 Building Official: OTR Date 3/30/22
 Verified Contractor's Licenses & Insurance are on file _____ Date _____
need LTR

Permit Fee 85.2
 Review Fee 42.50
 1% BCAIB Fee 2 min
 1.5% DCA Fee 2 min
 Total Permit Fee 131.50

change out existing

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 Terry Grimes LICENSE # LFL1426879
 LICENSE HOLDER NAME Terry Grimes COMPANY NAME A plumber & associates (Clear Flow)
 Street Address 833 Cardinal Dr.
 City OC000 State FI Zip Code 34761 Phone Number 4077398162
 Email Address clearflowplumbers@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 2021-11-019
interior renovation

PAID 4-4-22 AMEX 53003



STATE OF FLORIDA DEPARTMENT
OF BUSINESS AND PROFESSIONAL
REGULATION

CFC1426879

ISSUED: 07/08/2020

CERTIFIED PLUMBING CONTRACTOR

GRIMES, TERRY CLAYTON

A PLUMBER AND ASSOCIATES INC



Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES

EXPIRATION DATE: AUGUST 31, 2022



Policy Number:

Date Entered:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2022

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 Insurance Land 2401 S French Ave Sanford, FL 32771	CONTACT NAME: Ruth Caravasi	PHONE / A/C No. Ext: (407) 330-3111	FAX / A/C No: (407) 330-3105
	E-MAIL ADDRESS: info@insuranceland.org		
INSURED A Plumber and Associates, Inc. 633 Cardinal St Ocoee, FL 34761	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	AmGuard Insurance Company	42390
	INSURER B:	Progress Express Ins	02962
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			APBP255486	9/19/2021	9/19/2022	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			954167447	12/10/2021	12/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 10,000 BODILY INJURY (Per accident) \$ 20,000 PROPERTY DAMAGE (Per accident) \$ 10,000 PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEL: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER E. I. EACH ACCIDENT \$ E. I. DISEASE - EA EMPLOYEE \$ E. I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contractor/Plumbing
 scheduled auto: 2006 FORD ECONOLINE 1FTNS24L16HB03082

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle,
 1600 Nela Avenue
 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

Tonya Elliott JD

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JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/9/2022

EXPIRATION DATE: 3/8/2024

PERSON: TERRY C GRIMES

EMAIL: APLUMBER2@YAHOO.COM

FEIN: 364579749

BUSINESS NAME AND ADDRESS:

A PLUMBER & ASSOCIATES, INC

633 CARDINAL STREET,

OCOOE, FL 34761

SCOPE OF BUSINESS OR TRADE:

Boiler Installation or
Repair Steam

Plumbing NOC and
Drivers

Automatic Sprinkler
Installation and Drivers

Heating, Ventilation, Air-
Conditioning and
Refrigeration Systems
Installation, Service and
Repair, Shop, Yard &
Drivers

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05 (13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

	2021	EXPIRES	9/30/2022	1802-0608492
1802 CERTIFIED PLUMBING C	\$30.00	1 EMPLOYEE	5000 BUSINESS OFFICE	\$30.00 1 EMPLOYEE

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00

GRIMES TERRY CLAYTON QUALIFIER.

A PLUMBER AND ASSOCIATES INC
 GRIMES TERRY CLAYTON
 633 CARDINAL ST
 OCOEE FL 34761-2310

633 CARDINAL ST (MOBILE)
F - OCOEE, 34761

PAID: \$60.00 0099-00999221 7/16/2021

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	1802-0608492
1802 CERTIFIED PLUMBING C	\$30.00	1 EMPLOYEE	5000 BUSINESS OFFICE	\$30.00 1 EMPLOYEE

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A PLUMBER AND ASSOCIATES INC
 GRIMES TERRY CLAYTON
 633 CARDINAL ST
 OCOEE FL 34761-2310

633 CARDINAL ST (MOBILE)
F - OCOEE, 34761

PAID: \$60.00 0098-00999221 7/16/2021

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.