



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per.FBC.105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

<p>Scope of Work: PLUMBING: 1 water heater</p> <p>Comments: None</p> <p>Project Information Address: 1622 Wind Harbor Road, Belle Isle, FL 32809 Parcel ID: 30-23-30-9330-00-410 Property Owner: Zipper, Jeffrey and Evelyn Phone Number: 407-851-1582 ***** Company Name: Shamrock Plumbing and Draincleaning, Inc. Contractor Name: Norman, Mark License Number: CFC1427181 Address: 206 Westmoor Blvd. Orlando, FL 32835 Phone Number: 407-292-8881</p>	<p align="center">Permit Number: 2014-08-081</p> <p>Date of Application: 08/25/2014 Date Permit Issued: 08/27/2014</p> <p>WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$55.50 Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p>TOTAL FEES \$59.50</p> <p>Date Paid 8-28-14 CC or Check # MC Amount Paid \$59.50</p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p align="center">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO</p> <p>BUILDING 1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2nd _____ (Slab) 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4th _____ (Exterior Framing)(Roof/Wall Sheathing) 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6th _____ (Insulation to be Made After Roof Installed) 7th _____ (Drywall) 8th _____ (Sidewalk/Driveway) 9th _____ (Other) 10th _____ (Final - After MEP and Other Applicable Finals)</p> <p>ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1st ROOFING Deck Nailing/Dry-in/Flashing _____ 2nd ROOFING Covering In-Progress _____ 3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1st _____ (Underground) 2nd _____ (Sewer) 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-08-081
Property Owner	Zipper Jeffrey
Address	7622 Wind Harbor Rd
Nature of Improvement	Plumbing - Water Heater
Received Application	8/25/14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	N/A
Variance Approved	
Sent to BO for Review	8/25/14
Building Official Approved	8-27-2014
Comments	
1.	8-26-14 Called Contractor & told them we need
2.	COI & license
3.	8-26-14 Received COI & license
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 8-27-2014

Permit Type:	<u>Plumbing</u>	Job Cost:	<u>\$ 289-</u>
Permit Fee:	<u>\$ 37-</u>		
Plans Review Fee:	<u>\$ 18.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 2.00</u>		
1.5% State Fee:	<u>\$ 2.00</u>		
TOTAL BUILDING FEE:	\$ <u>59.50</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$37 + 50\% = 18.50 + 37 = 55.50$$

$$\frac{55.50}{4} = 13.875$$

$$13.875 + 45.625 = 59.50$$



City of Belle Isle
 1800 Nola Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 • Fax 407-240-2222 • www.cityofbelleislefl.org

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: 8/21/14 PERMIT NUMBER: 2014-08-081
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
 Project Address: 1622 Wind Harbor Rd. Belle Isle FL 32808 - 32812
 Property Owner: Zipper Jeffrey M Phone: 407-557-1582
 Property Owner's Mailing Address: Same CITY _____

State: _____ Zip Code: _____ Tax I.D. Number: _____
 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 RESIDENTIAL SYSTEM VERIFICATION - CC DOCUMENT #48-9 FOR NEW / ALTERED / ADDITION to Septic System

VALUATION OF JOB (labor & materials) \$ 289.00

FIXTURES	NUMBER	FEES	FIXTURES	NUMBER	FEES
Water Closets (Toilet)			Dishwashers		
Bathrooms			Laundry Tubs		
Urinals			Floor Drains		
Disposals			Grease Traps		
Washing Machines			Trailer Connections		
Water Heaters			Spa		
Sewer			Solar		
Catch Basins/Sumps			Pool Piping		
Service Sinks			Infiltration: (# Systems / # Heads)		
Lavatory (Bathroom Sink)			Water Softener		
Showers			Re-plas		
Sinks			Miscellaneous (Specify)		

Building Official: Angel Bruz Date: 8-27-2014
 Total Fees: 55.50
 3% State Surcharge: 4.00
 Permit/Review Fee Grand Total: 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: Mark Norman LICENSE # CF01427181
 LICENSE HOLDER NAME: Mark Norman COMPANY NAME: Shanrock Plumbing
 Street Address: 206 Westmar Bend
 City: Dalton State: FL Zip Code: 32655 Phone Number: 407-292-8861

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: _____



CERTIFICATE OF LIABILITY INSURANCE

SHAMR-1 OP ID: PR

DATE (MM/DD/YYYY)
08/26/2014

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 Florida Chartered Ins Group 1200 City View Center Oviedo, FL 32765 Michael Rivalo		CONTACT NAME: Michael Rivalo
		PHONE: JAC. NO. EXT: 407-359-1009
		FAX: JAC. NO.: 407-386-7427
		E-MAIL ADDRESS:
INSURER(S) PROVIDING COVERAGE		
INSURER A: BusinessFirst Insurance Co.		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Shamrock Plumbing and
Draincleaning Inc
4625 Old Winter Garden Rd #A7
Orlando, FL 32811-1777

COVERAGES

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.

USER LTR	TYPE OF INSURANCE	APPLICABLE PER LIMIT	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Eg. occurrences) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Eg. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
	SEMI AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> RET. <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFF-DUTY MEMBER EXCLUDED? <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below					
A		N/A	WCS-4038001	12/31/2013	12/31/2014	E.L. EACH ACCIDENT \$ 600,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle
1600 Neia 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

ACORD 25 (2010/05)

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/17/14

OP ID # RCRA 58488-1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER

Alexander Insurance Agency
541 S. Orlando Ave., Suite 206
Maitland FL 32751

Phone: 407-629-4625 Fax: 407-629-5407

INSURED

Shamrock Plumbing &
Drain Cleaning Inc
FAX 407-292-8884
4625 Old Winter Garden Rd A7
Orlando FL 32811

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: James Rivers Insurance Co

INSURER B: Mapfre Insurance Company 34932

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE LTR / INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
					EACH OCCURRENCE DAMAGE TO REPORTED PREMISES (EA OCCURRENCE)	\$ 1000000
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	000614790	03/15/14	03/15/15	MED EXP (Any one person)	\$ 50000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO JECT LOC				PERSONAL & ADV INJURY	\$ excludded
	AUTOMOBILE LIABILITY				GENERAL AGGREGATE	\$ 2000000
	ANY AUTO				PRODUCTS - COMP/OP AGG	\$ 2000000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
B	X SCHEDULED AUTOS	4150130008284	05/08/13	05/08/14	BODILY INJURY (Per person)	\$
	X HIRED AUTOS				BODILY INJURY (Per accident)	\$
	X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	X Comp \$500 DED				AUTO ONLY - EA ACCIDENT	\$
	X Coll \$500 DED				OTHER THAN AUTO ONLY: EA ACC	\$
	GARAGE LIABILITY				AGG	\$
	ANY AUTO				EACH OCCURRENCE	\$
	EXCESS/UMBRELLA LIABILITY				AGGREGATE	\$
	OCCUR CLAIMS MADE					\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WORKERS COMPENSA- TION LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? If yes, designate under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
	OTHER				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT : SPECIAL PROVISIONS

CERTIFICATE HOLDER

City Of Belle Isle
FAX 407-240-2222
1600 Nola Avenue
Belle Isle FL 32809

BELLE - 1

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Robert Kinsey

ACORD 25 (2011/08)

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	CFC1427181
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The PLUMBING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2016

NORMAN, MARK ANDREW
SHAMROCK PLUMBING AND DRAINCLEANING INC
4625 OLD WINTER GARDEN ROAD A-7
ORLANDO FL 32811



ISSUED 05/29/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1405290001784