

received
12-9-13



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 EXTENSION

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: 12/9/13

Permit Number: 2013-06-031
Original Permit Number Issued

Contact Name Lindsay Kaplan Phone: 407-333-2665

Project Address 4232 Belle Tower Ct Belle Isle, FL 32809 32812

Reason for Extension need to obtain final inspection on dec. 13th

Notice of Commencement Expiration Date none (if applicable)

FBC 105.4.1.1 "If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work."
The City of Belle Isle issues this extension in place of a new permit.

EXTENSION IS GOOD FOR 90 DAYS FROM ISSUANCE!



Date _____ Finalized/Inspected by: _____

Fee: \$ <u>37⁰⁰</u>	Cash/Check #: <u>VISA 5294</u>	Date Rec'd: <u>12-10-13</u>	Rec'd By: <u>ecg</u>
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To schedule an inspection please email your request to: BDscheduling@UniversalEngineering.com



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809 * Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

no access 7/13
\$50.00

PERMIT – 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 Town, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, 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.

Project Information:		Permit Number: 2013-06-031	
Scope of Work	MECHANICAL: (1) unit 5 ton split system, HVAC changeout NO DUCT WORK	Date of Application	06/10/2013
Address	4232 Bell Tower Ct., Belle Isle	Date Permit Issued	06/17/2013
Parcel ID	20-23-30-1618-00-620	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.	
Property Owner	Nicholas Garafalo		
Phone	N/A		
Contractor	DEL-AIR HEATING, AC & REFRIG INC		
Name	R. Dello Russo		
License Number	CAC032448		
Address	531 Codisco Way, Sanford		
Phone Number	407-333-2665		

BUILDING FEATURES

<p>IMPACT FEES</p> <p>School _____</p> <p>Traffic _____</p> <p>CITY OF BELLE ISLE - ZONING FEES</p> <p>Zoning Fee _____</p> <p>Tree Removal _____</p> <p>Fence _____</p> <p>Driveway _____</p> <p>Pavers _____</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Pre-Demo _____</p> <p>Building Fee _____</p> <p>Cert of Occupancy _____</p> <p>Prepower _____</p> <p>Electrical Fee _____</p> <p>Temp Pole _____</p> <p>Plumbing Fee _____</p> <p>Mechanical Fee _____ 74.00</p> <p>Gas Fee _____</p> <p>Revision Fee _____</p> <p>Roofing _____</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee _____ 4.00</p> <p>TOTAL FEES _____ 78.00</p> <p>Date Paid 6/19/13</p> <p>Check # 197632</p> <p>CITY OF BELLE ISLE BUILDING DEPARTMENT RCD: <i>[Signature]</i></p> <p>PERIMETER CONTROL:</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>IF APPLICABLE: Silt fencing in place? YES <input type="checkbox"/> NO <input type="checkbox"/> Turbidity Barrier in place? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> BUILDING/ROOFING</p> <p>ROOFING Dry-in/Flashing _____</p> <p>ROOFING Other /FINAL _____</p> <p>1st _____ (Footing/Foundation)</p> <p>Survey specific foundation plan must be submitted and approved by the City before slab pour.</p> <p>Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Sidewalk/Driveway)</p> <p>8th _____ (Other)</p> <p>9th _____ (Final to be Made After Plumb/ Mech/Elect Finals)</p> <p>PLUMBING (INCL–Pool-Piping, Solar, Irrigation and Water Treatment Equip.)</p> <p>1st _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> HOOD VENTILATION <input type="checkbox"/> REFRIGERATION</p> <p><input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p> <p>If work is being performed on a lakefront property, you are required to call 407-851-7730 for inspection of your silt fencing and/or turbidity barrier PRIOR TO COMMENCING WORK. If this is not done, a Stop Work Order will be issued.</p>
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The person accepting the listed permit shall conform to the terms of the applications on file in the City Office and construction shall conform to the requirements of the FL Building Codes. To schedule an inspection please email your request to: BDscheduling@UniversalEngineering.com a confirmation email reply will follow. **INSPECTION REQUESTS can be made from 8:00am-1:00pm Monday-Friday.** It is requested that inspections be scheduled 24 hours in advance via email. Please include the following in your request: Permit #, current date, project address & lot number, the builder name, the date of the inspection, a contact name & phone number for someone on site should our inspector need to reach them, requested time frame of inspection – A.M. or P.M.

Updated: 07/2012 - FORM #PERMIT001