



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

Scope of Work: PLUMBING: 1 toilet, 1 bathtub, 1 disposal, 1 bathroom sink, 1 sink, and 1 dishwasher

Comments: None

Project Information

Address: 6303 Matchett Rd, Belle Isle, FL 32809
 Parcel ID: 24-23-29-0600-03-010
 Property Owner: Crew, Stephanie
 Phone Number: 850-264-7852

 Company Name: BY OWNER

Contractor Name:
 License Number:
 Address:
 Phone Number:

Permit Number: 2014-07-040

Date of Application: 07/21/2014

Date Permit Issued: 08/01/2014

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.

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$
 Plumbing \$219.00 ATF
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$3.29
 Surcharge Fee \$3.29

TOTAL FEES \$225.58

Date Paid 8-1-14
 CC or Check # MC
 Amount Paid \$225.58

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).

BUILDING INSPECTOR USE ONLY

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

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)
 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)

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 _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE
 1st _____ (Rough-In) 2nd _____ (Final)

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.

Swro issued 7/17/14

PROJECT NUMBER 0115.1400375.0000

TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-040
Property Owner	Crew
Address	6303 Matchett Rd
Nature of Improvement	Plumbing
Received Application	7-21-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	7-23-14 10039SS4
Building Official Approved	7-23-2014
Comments	
1.	7-23-14 eq Hold for Bldg permit
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12.	



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

Received
 07-21-14

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: 07/17/2014

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT
 PERMIT NUMBER 2014-07-040

Project Address 6303 Matchett Road

Belle Isle FL X 32812 Phone 8502647852

Property Owner Stephanie Crew

Property Owner's Mailing Address 6303 Matchett Road

City Belle Isle

State FL Zip Code 32812

Parcel Id Number: 24-23-29-0600-03-010

To obtain this information, please visit <http://www.opafl.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~~ SEPTIC SYSTEM CHANGE COUNTY DOCUMENT 64E-6

VALUATION OF JOB (labor & materials) \$ 2600.00

FIXTURES	Quantity
Water Closets (Toilet)	1
Bathubs	1
Urinals	
Disposals	1
Washing Machines	
Water Heaters	
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	1
Showers	
Sinks	1

FIXTURES	Quantity
Dishwashers	1
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

**Per FBC, Sec. 605, a Backflow Preventer must be installed & tested. This report must be posted with permit for final inspection.*

Building Official: Angel Perez Date 7-23-2014

Permit Fee 146-

Verified Contractor's Licenses & Insurance are on file _____ Date _____

Review Fee 73-

3% State Surcharge (\$4.00 minimum) 6.58

Total Permit Fee 225.58

*SWD issued
 7/17/14 - double fees*

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 # CFC1428217

LICENSE HOLDER NAME Jeffrey Wines COMPANY NAME jeffreywineskitchenbath&beyond

Street Address 4253 Heirloom Rose PL

City Oviedo State FL Zip Code 32766 Phone Number 4079681801

Email Address jeffskbb@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 2014-07-038



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 7-23-2014

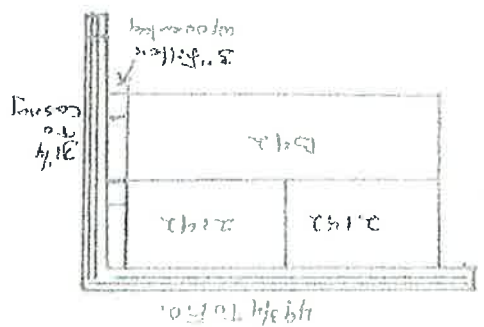
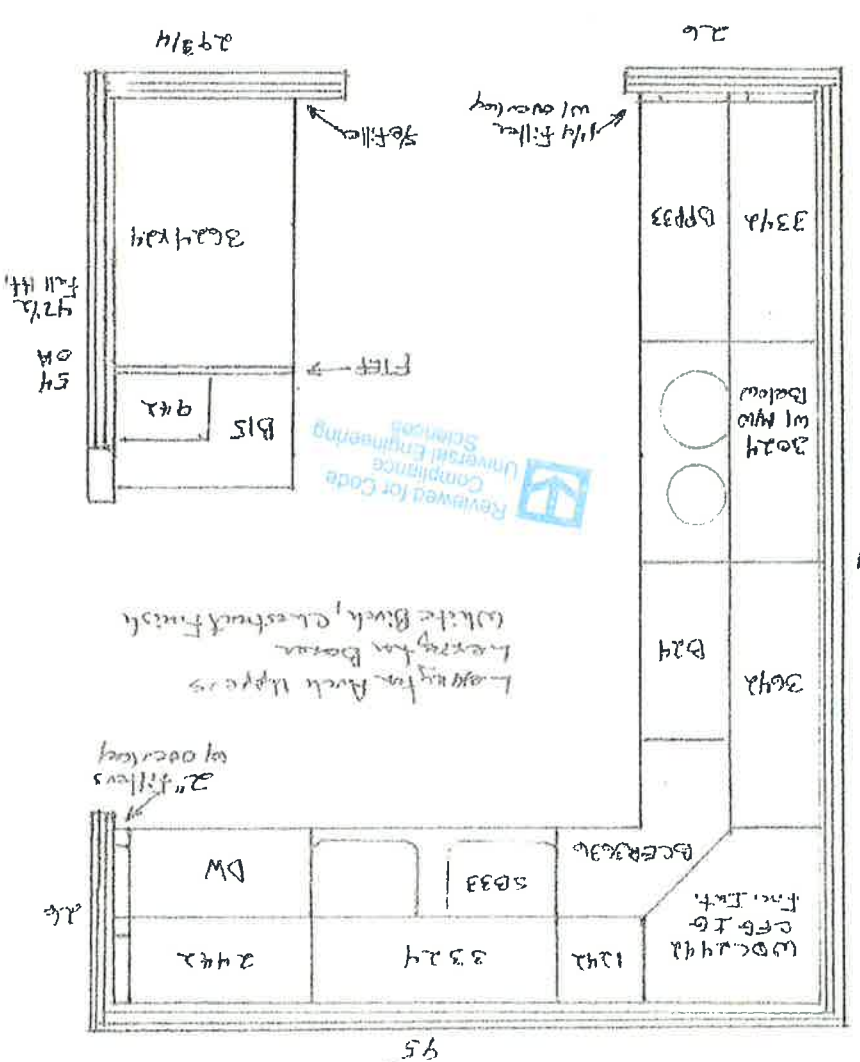
Permit Type:	<u>Plumbing</u>	Job Cost:	<u>\$ 2600-</u>
Permit Fee:	<u>\$ 146 (includes X2 SWO)</u>		
Plans Review Fee:	<u>\$ 73- (includes X2 SWO)</u> (50% of permit fee - excluding ReRoofs)		
1.5% State Fee:	<u>\$ 3.285 (includes X2 SWO)</u>		
1.5% State Fee:	<u>\$ 3.285 (includes X2 SWO)</u>		
TOTAL BUILDING FEE:	\$ 225.57	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$\$37 + (\$6 \times 6) = 37 + 36 = \$73 \times 2(\text{SWO}) = \146
 $\$146 \times 50\% = \$73 + 146 = \$219-$
 $\$219 \times 1.5\%(2) = \$3.285(2) = \$6.57$
 $\$219 + 6.57 = \225.57

Plumber - Jeffrey Wines
 State License - CFC 1428217
Wm

Moved sink lines.
 Lowered sink drain.
 Add ice maker line.



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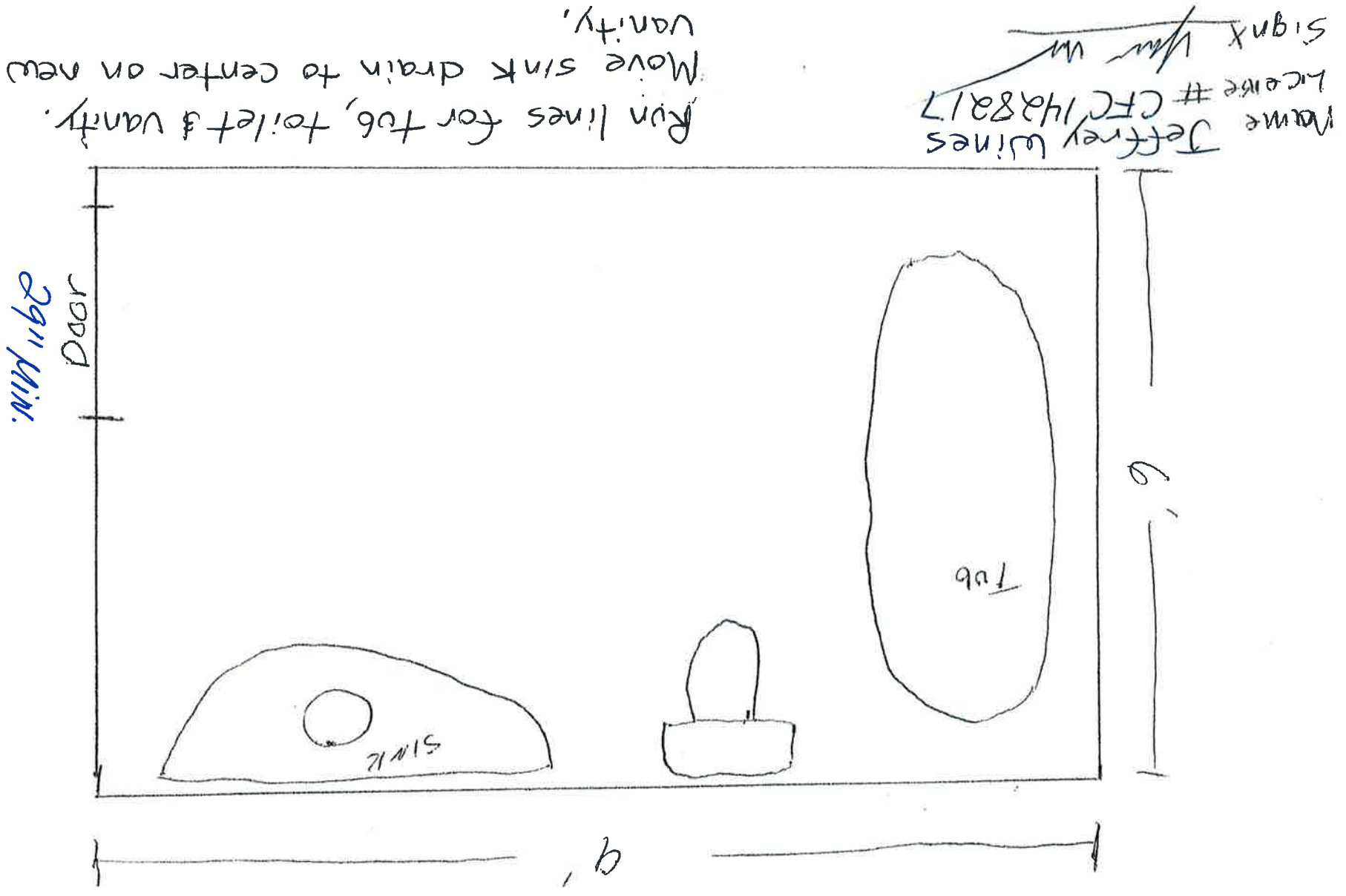


8700 SOUTH ORANGE AVE.
 ORLANDO, FL 32824
 (407) 851-8500

Customer: *Stephanie Cress*
 Job: 850-264-7852
 Address: 6303 Mackerel Rd. Belle Isle

Date:
 Lot:
 Block:
 Designer Specifications approved by:
 Owner:
 Buyer:

Stephanie Crew
3303 Matchett Rd.
Belle Isle, FL 32809
(850) 264-7852



Jeffrey Wines
License # CFC 1428217
SIGNX ~~Wines~~

Run lines for tub, toilet & vanity.
Move sink drain to center on new
vanity.

20 CITY OF OVIEDO LOCAL BUSINESS TAX RECEIPT 14

400 ALEXANDRA BLVD • OVIEDO, FL 32765 • 407-971-5775

WWW.CITYOFOVIEDO.NET

Business Name: JEFFREY WINES KITCHEN BATH
Location Address: 4253 HEIRLOOM ROSE PL

Receipt Number	Issue Date	Exp Date	Business Tax	Penalty	Total
1400013982	October 02, 2013	September 30, 2014	75.00	7.50	\$82.50
PLUMBING CONTRACTOR					
1400013981	October 02, 2013	September 30, 2014	45.00	4.50	\$49.50
SEMANOLE COUNTY REGULATED B					

CONTROL #: 7777

COMMENTS:
RESTRICTIONS:

ARTIST BY CONSIDERATION V INDI A VED TO DIRI IC VIEW AT BUSINESS I NG ATION
THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER
AC# 6164592 STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# LL2051603227

DATE	BATCH NUMBER	LICENSE NBR
06/16/2012	118204853	CFCL428217

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

WINES, JEFFREY ALAN
JEFFREY A WINES KITCHEN BATH & BEYOND INC
4253 HEIRLOOM ROSE PL
OVIEDO FL 32766

RICK SCOTT
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

From: **Tricia Matera** Tricia.Matera@loausa.com
 Subject: **City of Belle Isle**
 Date: **July 22, 2014 at 9:08 AM**
 To: mschupner@gmail.com

Certificate attached thank you



CERTIFICATE OF LIABILITY INSURANCE

JEFFWIN-01

MATERAT

DATE (MM/DD/YYYY)
7/22/2014

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 INSURERS, 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
 Insurance Office of America-LNG
 1835 West State Road 434
 Longwood, FL 32750

CONTRACT NAME: **Shella Serrano** FAX: (407) 788-7933
 PHONE: (407) 788-3000
 E-MAIL: **Shella.Serrano@loausa.com**
 ADDRESS: **Shella Serrano**
 INSURERS: AFRICAN COVERAGE

INSURED
Jeff Wines dba Jeffrey Wines Kitchen, Bath & Beyond
 4253 Hainroom Rose Place
 Oviedo, FL 32766

INSURER A: **Old Dominion Insurance Company** NAIC #: 40231
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:
 INSURER F:

CERTIFICATE NUMBER:

REVISION NUMBER:

LINE	TYPE OF INSURANCE	APPL. START	APPL. STOP	POLICY NUMBER	POLICY EFF.	POLICY EXP.	LIMITS
A	COMMERCIAL GENERAL LIABILITY			MPG96550	05/02/2014	05/02/2015	EACH OCCURRENCE DAMAGE TO RESULT FROM COVERED PERILS: \$500,000 MED EXP: Any amount PERSONAL & ADV INJURY: 1,000,000 GENERAL AGGREGATE: 2,000,000 PRODUCTS - COMPOSED OF: 2,000,000

DESCRIPTION	COVERAGE	AMOUNT	TERMS
AUTOMOBILE LIABILITY ANY AUTO ADDED Hired Autos Hired Autos	COMBINED COLLISION SUBROGATED ADDED		
UMBRELLA LIAB EXCESS LIAB USED RETENTION \$	OCCUR CLAIMS WAIVE		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY DAY RECREATION/RECREATION/RECREATION (Excludes in Italy) (Italy, Canada under DESCRIPTION OF OPERATIONS/USUB	V/M K/A		TERM 90 DAYS EL EACH OCCURR: \$ EL DISEASE EA EMPLOYEE \$ EL DISEASE POLICY LIMIT \$

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

CERTIFICATE HOLDER

City of Belle Isle
 1600 Nels Avenue
 Belle Isle, FL 32809

CANCELLATION

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 101-1 (REV. 01/01) 10/14

