



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universallengengineering.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 bathroom sink, 2 showers, 1 sink, 1 re-pipe

Comments: None

Project Information

Address: 6427 St. Partin Place, Belle Isle, FL 32812
Parcel ID: 20-23-30-1678-00-291
Property Owner: Brown, Leonard and Sherry
Phone Number: none

Company Name: Holloway Quality Plumbing, Inc.
Contractor Name: Holloway, Michael
License Number: CFC1428969
Address: 7050 Edgewater Dr Suite G
Phone Number: 407-291-9364

Permit Number: 2014-08-067
Date of Application: 08/12/2014
Date Permit Issued: 08/15/2014

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

Traffic \$
School \$

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 \$109.50
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$1113.50

Date Paid 8-18-14

CC or Check # Visa

Amount Paid \$1113.50

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 _____ (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)

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 BidScheduling@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	2014-08-067
Property Owner	Brown
Address	6727 St. Paulin Pl
Nature of Improvement	Plumbing
Received Application	8-12-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-13-14 6040774
Building Official Approved	8-15-2014
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 8-15-2014

Permit Type:	<u>Plumbing</u>	Job Cost:	\$ <u>10,295-</u>
Permit Fee:	\$ <u>73-</u>		
Plans Review Fee:	\$ <u>36.50</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>113.50</u> (does not include Zoning fees or Deposits)		

Note: Total gets doubled for SWO/AFT permits

$$73 \times 50\% = 36.50 + 73 = 109.50$$

$$\frac{4.00}{113.50}$$



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Received
 08-12-14

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: 07/07/14 PERMIT NUMBER 2014-08-067

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

Project Address 6427 SAINT PARTIN Belle Isle FL 32809 32812

Property Owner Leonard Brown, Sherry Phone _____

Property Owner's Mailing Address 6427 SAINT PARTIN PLACE city BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-291

To obtain this information, please visit <http://www.localfl.gov/5saardies/ParcelSearch.z58a>

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) \$ 10,295.00

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

Per FSC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for final inspection

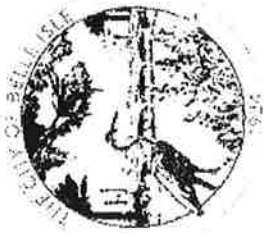
Building Official: Angel Perez Date 8-15-2014 Permit Fee 73-
 Verified Contractor's Licenses & Insurance are on file sq Date 8-13-14 Review Fee 36.50
 3% State Surcharge (\$4.00 minimum) 4.00
 Total Permit Fee 113.50

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 # CFC 1428969
 LICENSE HOLDER NAME MICHAEL HOLLOWAY COMPANY NAME HOLLOWAY QUALITY PLUMBING, INC
 Street Address 7050 EDGEWATER DRIVE SUITE G
 City ORLANDO State FL Zip Code 32810 Phone Number 407-291-9364
 E-mail Address CARRIE@HQPLUMB.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 _____



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POWER OF ATTORNEY

Date: 08/11/14 Permit #: _____ of _____

I hereby name and appoint CARRIE LAUBENHIEMER of _____

HOLLOWAY QUALITY PLUMBING INC (print name) _____ to be my lawful attorney-in-fact to act for
 (company name) PLUMBING permit

me and apply to the City of Belle Isle Building Department for a _____ (type of permit)
 for work to be performed at the following location:
6427 SAINT PARTIN Belle Isle, FL 32809 32812 and
 (street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: MICHAEL HOLLOWAY
 License Number: CFC 1428969

Certified Contractor's Signature: _____

The foregoing instrument was acknowledged before me this 11 days of AUG of 20 14
 by Michael Holloway who is personally known to me or who produced
 _____ as identification and who did not take an oath.

State of Florida
 County of Orange
Evelyn M. Miller
 Notary Public, Orange County, Florida



(seal)

Permit Number: _____
Folio/Parcel ID #: 202330167800291
Prepared by: CARRIE LAUBENHEIMER
HOLLOWAY QUALITY PLUMBING, INC

Return to: CARRIE LAUBENHEIMER @ HOLLOWAY
QUALITY PLUMBING, INC
7050 EDGEWATER DR STE G ORLANDO, FL 32810

DOCH 20140405675 B: 10788 P: 8033
08/12/2014 09:37:50 AM Page 1 of 1
Rec Fee: \$10.00
Martha O. Haynie, Comptroller
Orange County FL
MB -- Ret To: HOLLOWAY QUALITY PLUMBING



NOTICE OF COMMENCEMENT

State of Florida, County of Orange
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)
CONWAY LAKES 8/3 LOT 29 6427 SAINT PARTIN PLACE

2. **General description of improvement**
REIPE HOUSE

3. **Owner information or Lessee information if the Lessee contracted for the improvement**

Name: BROWN LEONARD, BROWN SHERRY
Address: 6427 SAINT PARTIN PLACE

Interest in Property _____

Name and address of fee simple titleholder (if different from Owner listed above)

Name _____
Address _____

4. **Contractor**
Name: HOLLOWAY QUALITY PLUMBING, INC Telephone Number: 407-291-9364
Address: 7050 EDGEWATER DR STE G ORLANDO, FL 32810

5. **Surety** (if applicable, a copy of the payment bond is attached)

Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____

6. **Lender**
Name _____ Telephone Number _____
Address _____

7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**

Name _____ Telephone Number _____
Address _____

8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**

Name _____ Telephone Number _____
Address _____

9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____

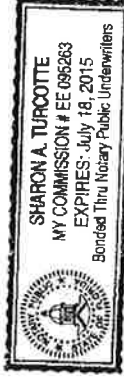
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTER ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Sharon A. Turcotte
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
Signature of Notary Public - State of Florida _____

The foregoing instrument was acknowledged before me this 29 day of July, 2014 at _____
as OWNER for _____
Name of party on behalf of whom instrument was executed _____
Type of authority, e.g., officer, trustee, attorney in fact _____

Sharon A. Turcotte
Signature of Notary Public - State of Florida _____
Print, type, or stamp commissioned name of Notary Public _____

Personally Known OR Produced ID _____
Type of ID Produced _____



After Recording Return to:
Amanda Sandroni
First Service Title of Florida, LLC
2699 Lee Road, Suite 405
Winter Park, FL 32789

This instrument Prepared by:

Amanda Sandroni
First Service Title of Florida, LLC
2699 Lee Road, Suite 405
Winter Park, FL 32789

as a necessary incident to the fulfillment of conditions
contained in a title insurance commitment issued by it.

Property Appraiser's Parcel I.D. (Folio) Number(s):
20-23-30-1678-00291

File No.: 0414-3237

WARRANTY DEED

This Warranty Deed, Made the 27th day of June, 2014, by **Richard T. Celenza and Bonita G. Celenza, husband and wife**, whose post office address is: **2805 Little John Rd, Winter Park, FL 32792**, hereinafter called the "Grantor", to **Leonard D. Brown and Sherry N. Brown, as husband and wife**, whose post office address is: **6427 Saint Partin Place, Belle Isle, FL 32812**, hereinafter called the "Grantee".

WITNESSETH: That said Grantor, for and in consideration of the sum of **Four Hundred Seventy Thousand Dollars and No Cents (\$470,000.00)** and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, alien, renounces, releases, conveys and confirms unto the Grantee, all that certain land situate in **Orange County, Florida**, to wit:

Lot 29, Conway Lakes, according to the plat thereof as recorded in Plat Book 8 Page 3, Public Records of Orange County, Florida. Less: Begin at the Southwest corner of said Lot 29, thence N. 14 degrees 52' 20" E, along the West line thereof 177.38 feet to the Northwest corner of said Lot 29; thence S 39 degrees 48' 50" E, along the North line 54.33 feet; thence S 28 degrees 02' 20" W 150.99 feet to the South line of said Lot 29; thence N 69 degrees 07' 04" W along the South line 10.00 feet to the **POINT OF BEGINNING**.

AND

Part of Lot 23B in said Conway Lakes, described as follows: Begin at the Southwest corner of said Lot 23B; thence N 41 degrees 28' 33" E, along the West line of said Lot 23B 15.98 feet to the North line of said Lot 23B; thence N 89 degrees 59' 40" E, along the North line 6.40 feet; thence S. 54 degrees 48' 42" W 20.78 feet to the Point of Beginning.

AND

That part of the Southwest 1/4 of Section 20, Township 23 South, Range 30 East, described as follows: Begin at the Northwest corner of Lot 23B, in said Conway Lakes; thence N 12 degrees 35' 40" W along the East line of said Lot 29, 99.94 feet to the Northeast corner thereof, being a point on the center of a canal; thence S 39 degrees 48' 54" E, along the center thereof 71.07 feet; thence S 54 degrees 48' 42" W 74.52 feet to the North line of Government Lot 4 in Section 20, Township 23 South, Range 30 East (Being S 89 degrees 59' 40" W 1362.12 feet from the Northeast corner of said Government Lot 4); Thence S 89 degrees 59' 40" W 6.40 feet to the Point of Beginning.

The property is the homestead of the Grantor(s).
TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to 2013, reservations, restrictions and easements of record, if any.

(The terms "Grantor" and "Grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

DOC# 281489427218 B; 16771 P; 8147
07/16/2014 03:57:11 PM Page 1 of 2

Doc Fee: \$15.00

Doc Fee: \$3,290.00

DOR Admin Fee: \$0.00

Intangible Tax: \$0.00

Mortgage Stamp: \$0.00

Bartha O. Haynie, Comptroller

Orange County, FL

PLAT BOOK NO. FIRST SERVICE TITLE OF FL



SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES
TWO SEPARATE DISINTERESTED WITNESSES REQUIRED

Witness Signature: [Signature]
Printed Name: Amanda Sandrow

Witness Signature: [Signature]
Printed Name: Beth Sen

State of Florida
County of Orange

[Signature]
Richard T. Celenza

[Signature]
Bonita G. Celenza

The foregoing instrument was acknowledged before me this 20 day of June, 2014 by Richard T. Celenza and Bonita G. Celenza, husband and wife, who is/are personally known to me or has/have produced driver's license(s) as identification.

Notary Public Signature: [Signature]
Printed Name: B
My Commission Expires: _____
(SEAL)

