



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 - Catch Basin/Sump

Comments: None

Project Information

Address: 2495 Trentwood Blvd, Belle Isle, FL 32812
Parcel ID: 30-23-30-1692-01-100
Property Owner: Ady, Lawrence.
Phone Number: 407-859-3572

Company Name: Harvey Baker Plumbing, Inc.
Contractor Name: Baker, Harvey
License Number: CFC056875
Address: 3700 Oakview Drive, Orlando, FL 32812
Phone Number: 407-859-3572

Permit Number: 2015-12-088

Date of Application: 12/26/2014

Date Permit Issued: 12/29/2014

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$118.50
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

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

1 BUILDING

1st 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)

1 ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

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

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

1 GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)

SURCHARGE FEES

Surcharge Fee \$2.00

Surcharge Fee \$2.00

TOTAL FEES \$122.50

Date Paid 12-30-14

CC# Check # VISA 4324

Amount Paid 122.50

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).

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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = [universall13](https://universalengineering.com)

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-12-088
Property Owner	ADY Lawrence
Address	2495 Trentwood Blvd
Nature of Improvement	Plumbing: catchbasin/sump
Received Application	12-26-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-26-14
Building Official Approved	12-29-2014
Comments	
1. <u>Summary</u>	GLV WCV FLAGLER ✓ LOCAL TR ✓
2.	review wo # 45228
3.	ABEDING: get it ✓
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle
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 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com



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: 12/26/2014 PERMIT NUMBER: 2015-12-088

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

Project Address 2495 Trentwood Blvd Belle Isle FL 32809 32812
 Property Owner Laurence Ady (Mark Ady-son) Phone 407-857-2452
 Property Owner's Mailing Address 2495 Trentwood Blvd City Orlando

State FL Zip Code 32812 Parcel Id Number: 30-23-30-1692-01-100

To obtain this information, please visit <http://www.ocofl.com/2searched/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) \$ 4,250.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters		Spa	
Sewer		Solar	
Catch Basins/Sumps	1	Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	

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

Building Official: Angela Ruiz Date 12/29/2014
 Verified Contractor's Licenses & Insurance are on file _____ Date _____

Permit Fee	<u>79.-</u>
Review Fee	<u>39.50</u>
3% State Surcharge (\$4.00 minimum)	<u>4.00</u>
Total Permit Fee	<u>122.50</u>

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 056875
 LICENSE HOLDER NAME Harvey L Baker COMPANY NAME Harvey Baker Plumbing, Inc
 Street Address 3700 Oakview Dr
 City Orlando State FL Zip Code 32812 Phone Number 407-859-3572
 Email Address marcia@harveybakerplumbing.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 _____

Permit Number: _____
Folio/Parcel Identification Number: 30-23-30-1692-01-100
Prepared by: Harvey Baker Plumbing, Inc
3700 Oakview Dr., Orlando, FL 32812
Return to: Harvey Baker Plumbing, Inc
3700 Oakview Dr., Orlando, FL 32812



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 SHORES U/58 LOT 10 BLK A; 2495 Trentwood Blvd., Orlando, FL 32812

2. **General description of improvement**
Reroute sewer line.

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

Name Laurence I Ady
Address 3495 Trentwood Blvd., Orlando, FL 32812

Interest in Property _____

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

Name _____

Address _____

4. **Contractor**

Name Harvey Baker Plumbing, Inc

Address 3700 Oakview Dr., Orlando, FL 32812

Telephone Number 407-859-3572

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

Name _____

Address _____

6. **Lender**

Name _____

Address _____

Telephone Number _____

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 _____

Address _____

Telephone Number _____

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 _____

Address _____

Telephone Number _____

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) 3/31/2015

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 POSTED 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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.


Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

POA Marc S Ady
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 26 day of 12/14 by Marc Ady
as Agent POA for _____
name of person

_____ Name of party on behalf of whom instrument was executed

Type of authority, e.g., officer, trustee, attorney in fact

_____ Signature of Notary Public - State of Florida

Personally Known OR Produced ID _____

Type of ID Produced _____

Print, type, or stamp the name of the Notary Public

Notary Public State of Florida
Harvey L Baker
My Commission EE 187432
Expires 04/08/2016



By: Marc Ady
Deputy Comptroller
Date: 12/26/14
This document as reflected in the Official Records of Orange County, Florida, is a true and correct copy of the original.



COBI Permit Fee Calculation Form



Reviewer Signature: A Perez Date: 12/29/2014

Permit Type:	<u>Plumbing</u>	Job Cost:	\$ <u>4,250-</u>
Permit Fee:	\$ <u>79.00</u>		
Plans Review Fee:	\$ <u>39.50</u>		
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
TOTAL BUILDING FEE:	\$ <u>122.50</u>		

(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

79.00
39.50
118.50

73+6 = \$79-
79 x 1.50 = \$118.50 + 4 = \$122.50

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 authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

1803 CERTIFEID PLUMBING C

2014 \$30.00 3

EXPIRES 9/30/2015
EMPLOYEE

1803-0617196



TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER HARVEY L QUALIFIER

HARVEY BAKER PLUMBING INC
BAKER HARVEY L QUALIFIER
3700 OAKVIEW DR
ORLANDO FL 32812-7537

3700 OAKVIEW DR (MOBILE)
U - ORLANDO, 32812

PAID: \$30.00 0099-00629863 7/18/2014

This receipt is official when validated by the Tax Collector.

Scott Randolph, Tax Collector

Orange County, Florida

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 authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2014

5000 BUSINESS OFFICE \$30.00 3

EXPIRES 9/30/2015
EMPLOYEE

5000-0613592



TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BAKER MARCIA L PRESIDENT

HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812-7537

3700 OAKVIEW DR (MOBILE)
U - ORLANDO, 32812

PAID: \$30.00 0099-00629862 7/18/2014

This receipt is official when validated by the Tax Collector.



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CFC056875 ISSUED: 05/29/2014

**CERTIFIED PLUMBING CONTRACTOR
BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC**

**IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2016 L1405290001710**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER

CFC056875

The PLUMBING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2016

**BAKER, HARVEY LEWIS
HARVEY BAKER PLUMBING INC
3700 OAKVIEW DR
ORLANDO FL 32812**



ISSUED: 05/29/2014

ISSUED BY: AS REQUIRED BY 1 1M

SEC # 1405290001710



CERTIFICATE OF LIABILITY INSURANCE

HARVBAK-01

AYOUNG

DATE (MM/DD/YYYY)
4/2/2014

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 Morse Insurance Agency, Inc 1000 Wekiva Springs Road Longwood, FL 32779		CONTACT NAME: Jennifer Jennings	
		PHONE (A/C, No. Ext.): (407) 869-4200	FAX (A/C, No.): (407) 862-7656
		EMAIL ADDRESS: jjennings@morseagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Depositors	NAIC # 42587
		INSURER B : Business First	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE LIMITS
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		GLDO5934784249	02/14/2014	02/14/2015	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 \$ 1,000,000 OTHER:
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		BAPD5934784249	02/14/2014	02/14/2015	COMBINED SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROP/LETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe in the DESCRIPTION OF OPERATIONS below	N/A	52103742	04/01/2014	04/01/2015	X PER STATUTE OTHER E/L EACH ACCIDENT \$ 500,000 E/L DISEASE - EA EMPLOYEE \$ 500,000 E/L DISEASE - POLICY LIMIT \$ 500,000

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

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 

ACORD 25 (2014/01)

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