



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 for pool cabana one cold water line capped off and one hose bib

Comments: None

Project Information

Address: 6516 The Landings Dr, Belle Isle, FL 32809
Parcel ID: 20-23-30-4980-00-200
Property Owner: Grabhorn - Daniel & Susan
Phone Number: 407 247-4227

Company Name: Millennium Plumbing Works
Contractor Name: Gerena, Juan
License Number: CFC057250
Address: 6320 Brenda Drive, Apopka, FL 32703
Phone Number: 407 294 9900

Permit Number: 2015-12-021

Date of Application: 12/15/2014

Date Permit Issued: 12/16/2014

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

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$231.00
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen End \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$3.47
Surcharge Fee \$3.47

TOTAL FEES \$237.94

Date Paid 12-19-14

CC @ Check # VISA 1786

Amount Paid 237.94

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

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	2015-12-021
Property Owner	Grabhorn - Susan & Daniel
Address	6516 The Landings Dr
Nature of Improvement	Plumbing for Pool Cabana
Received Application	12-16-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-16-14
Building Official Approved	12-17-14 BA
Comments	
1	Susan 12-16-14 all credentials on file ✓
2.	review wo # 44966
3.	
4.	SA Swo issued 2x fees ✓
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: _____ Date: _____

500.-

SWO Issued

Permit Type:	<u>Plumbing</u>	Job Cost:	\$ _____
Permit Fee:	\$ <u>x2: 146</u>		
Plans Review Fee:	\$ <u>x2: 73</u>	(50% of permit fee – excluding ReRoofs)	<u>219 + 12 (2-flr) = 231</u>
1.5% State Fee:	\$ <u>3.47</u>		
1.5% State Fee:	\$ <u>3.47</u>		
TOTAL BUILDING FEE:	\$ <u>237.58 237.94</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

3.47
3.47
6.94
231.00
237.94

~~231~~
~~6.58~~
~~237.58~~



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd, Orlando, FL 32811
Tel 407-581-8161 • Fax 407-581-0313 • www.universalengineering.com

RECEIVED
12-15-14

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: 12/15/14 PERMIT NUMBER 2015-12-021

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

Project Address 6516 The Landings Dr. Belle Isle FL 32809 Phone 32812
Property Owner Daniel & Susan Grabhorn
Property Owner's Mailing Address 6516 The Landings Dr. City Orlando
State FL Zip Code 32809 Parcel Id Number: 20-23-30-4980-00-200

To obtain this information, please visit <http://www.esgall.org/Searches/ParcelSearch.aspx>

Class of Building New Alteration Repair Addition Commercial Other
Type of Work 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) \$ 500.⁰⁰

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathubs		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)		Water Softener	
Chimney Cold line for		Re-pipe	
Future Sink Future Sink	1	Miscellaneous (Specify) hose bib	1

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

Building Official: R. Jones Date 12-17-14 Permit Fee 146.-
 Verified Contractor's Licenses & Insurance are on file SUB Date 12-16-14 Review Fee 77.-
 3% State Surcharge (\$4.00 minimum) 7.30
 Total Permit Fee 237.58

SUB
ISSUED
2X
+12 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 # CF-057250
 LICENSE HOLDER NAME Juan Garcia COMPANY NAME Millennium Plumbing Works
 Street Address 6320 Brenda Drive State FL Zip Code 32703 Phone Number 407 294-9900
 City Apopka Email Address yakplumbers@yahoo.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 2015-11-007

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD



LICENSE NUMBER	EC0002970
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The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

SORG, CRAIG M
CLS ELECTRIC INC
PO BOX 621748
OVIEDO FL 32762



ISSUED: 06/16/2014 DISPLAY AS REQUIRED BY LAW SEQ # L1406180001240

Scott Randolph, Tax Collector Local Business Tax Receipt 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 & safety codes. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2014 EXPIRES 9/30/2015
ELECTRICAL \$30.00 1 EMPLOYEE 1802-0862276



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

1807 STAPPOINT CT #5-B
W - WINTER PARK, 32792

*SORG CRAIG M QUALIFIER
CLS ELECTRIC INC
SORG CRAIG M QUALIFIER
P O BOX 621748
OVIEDO FL 32762-1748

PAID: \$30.00 0099-00626380 7/14/2014

This receipt is official when validated by the Tax Collector.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

Policy No: 100760428703
Insured: CASTLEPOINT FLORIDA INSURANCE COMPANY
500 West Cypress Creek Road, Suite 500
Fort Lauderdale, FL 33309

Carrier Code: 13599
FEIN: 26-3909921

Policy No: 100760428703

Insured Mailing address:

CLS ELECTRIC, INC.
PO BOX 621748
OVIEDO FL 32762

RISK ID # 091403966
 Individual Partners
 Corporation or
FEIN # 593449299
Insured's Identification No

Other relationships not shown above:

100760428703

OVIEDO

FL

Issued: The policy period is from

08/21/2013

to

06/21/2014

12:01 A.M. Standard Time



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2014

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 Brown Insurance Inc. 1872 Tamiami Trail S. Suite G Venice FL 34293	CONTACT NAME: Noel Brown A032583 PHONE (A/C, No. Ext): 941-493-1886 FAX (A/C, No.): 941-497-6325 E-MAIL ADDRESS: noel@brownins.net
INSURED STEPPY ROOFING INC 3609 OLD WINTER GARDEN RD A9 ORLANDO FL 32805	INSURER(S) AFFORDING COVERAGE WESTERN WORLD INSURANCE CO NAIC # 13196

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)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		PGP0789469	04/16/2014	04/16/2015	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 \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

ROOFING CONTRACTOR STATE OF FLORIDA. ALBERT J. STEPP LICENSE # CCC036967

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave Belle Isle	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 Noel Brown / A032583
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ACORD 25 (2014/01)

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