



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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, modification, alteration, 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: Re-pipe previously done thru an Orange County Permit

**Comments:** None

**Project Information**  
 Address: 7025 Seminole Drive, Belle Isle, FL 32812  
 Parcel ID: 29-23-30-4389-03-220  
 Property Owner: Wells Fargo NA  
 Phone Number: None  
 \*\*\*\*\*  
 Company Name: Frank Gay Plumbing Inc  
 Contractor Name: Gay, Frank  
 License Number: CFC057624  
 Address: 6206 Forrest City Rd, Orlando, FL 32810  
 Phone Number: 407 293 2642

**Permit Number: 2015-12-014**

**Date of Application: 12/11/2014**

**Date Permit Issued: 12/11/2014**

**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 \$  
 Temp Pole \$  
 Plumbing \$55.50  
 Mechanical \$  
 Gas \$  
 Roofing \$  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$  
 Sign \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
 Surcharge Fee \$2.00

**TOTAL FEES \$59.50**

**Date Paid** 12-12-14

**CC-or Check #** MC 9709

**Amount Paid** 59.50

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

Have Silt fencing in place? YES NO Have Stormwater Turbidity Barrier in place? YES NO

BUILDING

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

ROOFING

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>ND</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>RD</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto: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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal13

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-12-014
Property Owner	Wells Fargo
Address	7025 Seminole Dr.
Nature of Improvement	Plumbing - re-pipe - replace exposed OC permit
Received Application	12-11-15
Sent for Stormwater Review	
Stormwater Approved	✓
Sent for Zoning Review	
Zoning Approved	✓
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-11-15
Building Official Approved	PK 12-11-14
Comments	
1. Susan 12-11-15	review w/ # 44833
2.	need credentials - Sgt em (electronic)
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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**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: 12-11-2014 PERMIT NUMBER 2015-12-014  
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 7025 Seminole Pr. Belle Isle FL 32809 Phone 32812  
 Property Owner Wells Fargo N.A.  
 Property Owner's Mailing Address 6 A Bridge Canners Dr Suite 100 City Del Ray Beach, FL  
 State FL Zip Code 33445 Parcel Id Number: 29-23-30-4389-03-120  
To obtain this information, please visit: <http://www.ocpafl.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 - ORANGE COUNTY DOCUMENT 64E-6

VALUATION OF JOB (labor & materials) \$ 2400.00

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		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: [Signature] Date 12-11-14  
 Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee	<u>55.50</u> (37.00)
Review Fee	<u>+ 18.50</u>
3% State Surcharge (\$4.00 minimum)	<u>4.00</u>
<b>Total Permit Fee</b>	<b><u>59.50</u></b>

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-057624  
 LICENSE HOLDER NAME Frank H. Gray COMPANY NAME Frank Gray Plumbing, Inc.  
 Street Address 6206 Forrest City Rd.  
 City Orlando State FL Zip Code 32810 Phone Number 407-293-2642  
 Email Address wscayne@frankgrayplumbing.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 \_\_\_\_\_

We have an expired permit issued by Orange County on a property in your jurisdiction. The original was issued in 1999, and given a "partial" due to no pressure test affidavit being on site. Attached here also is an application for permit for Belle Isle, copies of the old Orange county paperwork and an affidavit as to pressure testing.

We need to open a permit, inspect or whatever we need to do, to close this ASAP, as the home is bank owned, and being sold, the realtor cannot close with an expired permit against this address.

Please e-mail me or call me @ 407-293-2642 about payment for this permit. I can do credit card via phone or web. A time constraint with the seller prevents physically transporting a paper check.

Thank you..

Wayne Williams

Frank Gay Plumbing Inc.

[wayne@frankgayplumbing.com](mailto:wayne@frankgayplumbing.com)

407-293-2642





# COBI Permit Fee Calculation Form



Reviewer Signature: [Signature]

Date: 12-11-14

Permit Type:	<u>REPIPE (PLUMBING)</u>	Job Cost:	\$ _____
Permit Fee:	\$ <u>37.00</u>		
Plans Review Fee:	\$ <u>18.50</u>	(50% of permit fee – excluding ReRoofs)	<u>50</u>
1.5% State Fee:	\$ <u>0.83</u>	<u>2.00</u>	
1.5% State Fee:	\$ <u>0.83</u>	<u>2.00</u>	
<b>TOTAL BUILDING FEE:</b>	\$ <u>57.16</u>	(does not include Zoning fees or Deposits)	

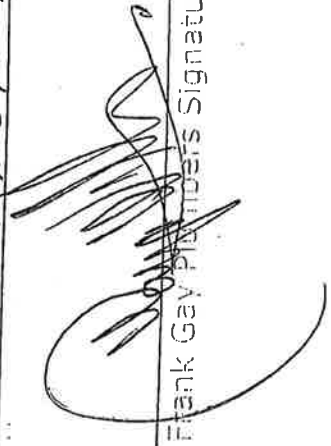
Note: Total gets doubled for SWO/AFT permits

**DOMESTIC HOUSE PRESSURE TEST**

Tested all new piping from main shut off valve to new stop valves

Test at 115 PSI for 30 minutes

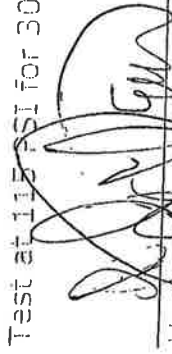
7025 Semipole Dr. Belle Isle, Fl. 32812



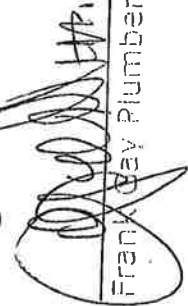
Frank Gay Plumbers Signatures and Date

Tested all new piping from main shut off valve to faucets with new supply risers

Test at 115 PSI for 30 minutes

 8-10-99

Horacio's Signatures and Date

 8-10-99

Frank Gay Plumbers Signatures and Date

PERMIT FOR BUILDING PERMIT  
APPROVED BY CITY OF BELLE ISLE PLANNING DEPARTMENT  
ISSUED BY CHIEF CITY BUILDING DEPARTMENT  
ISSUE PERMIT

PROJECT NO. 21-2330  
DATE ISSUED 8/5/99

DATE 8/5/99 (This date should be applied to a permit for Basins, Sewer)

LOCAL DESCRIPTION LOT BLOCK

ADDRESS 704 S. 3rd Ave. D

ESTIMATED VALUE OF WORK \$100

AREA TYPE Residential

OWNER Bill & Barbara

ADDRESS 704 S. 3rd Ave. D

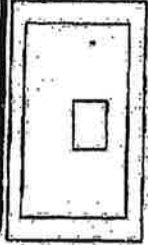
PROPERTY ACTIVE CERT. NUMBER Frank & Barbara

PERMIT 806 (Permit City Ad)

PROJECT 412-A-93-2652

**ZONING APPROVED**  
DATE 8/5/99  
BY [Signature]  
CITY OF BELLE ISLE

THE APPROVAL OF THIS PERMIT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE CITY OF BELLE ISLE.



DATE 8/5/99

REVISIONS TO PERMIT PLAN



Orange County Building Department

201 South Broadway Avenue  
Reply by Post Office Box 2407 • Orlando, Florida 32802-2487  
Phone (407) 836-5500 • Inspectors ONLY: (407) 836-5555

Date: 8-5-99  
Building Permit Number:

APPLICATION FOR PLUMBING PERMIT

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

Owned by: ATLWOOD  
Street Address: 2025 Seminole Dr City: Orl State: FL Zip Code: 32822

Phone No. (Area): 855-3326  
Job Information: Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
Tax Identification Number: Section 29 Township 23 Range 3D Subdivision 4389 Lot 05220

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No. (Area): \_\_\_\_\_  
Class of Building:  Old  New  Addition (foot) Type of Building: Residential (R2B)  Commercial (C2B)   Other \_\_\_\_\_  
Alteration (A2B):   Type of System: Sewer \_\_\_\_\_ Septic \_\_\_\_\_

Permit (001): \_\_\_\_\_  
Title Block \_\_\_\_\_  
Inspection District: 2699 Orange Park 27185-20

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets			Dishwashers		
Bathrooms			Laundry Tubs		
Urinals			Gas Outlets		
Dishwashers			Floor Drains		
Washing Machines			Grease Traps		
Water Heaters			Trailer Connections		
Sewer			Sinks		
Catch Basins/Traps			Solar		
Sanitary Sinks			Pool Piping		
Toilets			Hot Systems (No. of Units)		
Showers			Water Softeners		
Sinks			Miscellaneous (Specify)	<u>Pap Pvc</u>	
Total Fees			Total Fees		<u>85.00</u>
			Grand Total Fees		<u>85.00</u>

I hereby certify that the above is true and correct to the best of my knowledge.  
Please Print  
Name of Acting  
Certification Holder (Master Plumber): FRANK DAY  
State Registration or Certification Number: RF 2040196  
I hereby make Application for Permit as indicated above, and I agree to conform to all Building Department Regulations and County Ordinances governing same and in accordance with these submittals. The issuance of this permit does not grant permission to violate any applicable Code of Ordinances of Orange County, Florida.  
Authorized Signatory (License Holder or Agent): Frank Day  
Street Address: 6306 West Cypress  
City: Orl State: FL Zip Code: 32810 Phone Number: (407) 997-2619

Note: The Building Permit Number is required if the Plumbing Installation is associated with any construction as required with part of Building Permit has been issued.  
THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON \_\_\_\_\_ DATE/TIME: \_\_\_\_\_  
PLUMBING PERMIT NUMBER: 09970852





# Plumbing Permit

KEEP POSTED ON JOBSITE AT ALL TIMES  
Orange County Division of Building Safety  
201 South Rosalind Avenue  
Orlando, Florida 32802-2687  
Phone: 407-836-5550

BUILDING PERMIT NUMBER:

DATE ISSUED: **August 05, 1999**

PLUMBING PERMIT NUMBER: **P99008352**

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 Orange County, Florida.

The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or State of Florida codes and/or ordinances. There may be additional permits required from other governmental agencies.

In addition to the requirements of this permit, there may be additional restrictions applicable to the property that may be found in the public records of this county.

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.

Tenant/Occupant: **NONE**

Owner:

Project Address: **7025 Seminole Dr.  
Orlando FL  
32812**

Parcel I.D. Number: **29-23-30-4389-03-220**

Zoning District:

Contractor: **FRANK H GAY**

License #: **RF0040146**

Address: **6206 FOREST CITY Rd.  
ORLANDO, FL  
328100000**

Building Code:

Class of Building:

Type of Structure:

Scope of Work: **Alteration**

FIXTURES	QTY	ALTERATION	FIXTURES	QTY	FIXTURES	QTY
2nd Meter:	0	Service Sink(s):	0	Trailer Connection(s):	0	
Bathub(s):	0	Sewer:	0	Urinal(s):	0	
Dishwasher(s):	0	Shower(s):	0	Washing Machine(s):	0	
Disposal(s):	0	Sink(s):	0	Water Closet(s):	0	
Drinking Fountain(s):	0	Spa:	0	Water Heater(s):	0	
Floor Drain(s):	0	Solar:	0	Misc:	0	
Irrigation (# of heads):	0	Laundry Tub(s):	0	Lavatories:	0	
Grease Trap/Interceptor:	0	Size:	0	Gallon:	0	
<b>WORK INVOLVED:</b>						
Backflow Preventer:	0	Re-Pipe:	0	Sewer Hook-up:	0	
Sewer Replacement:	0	Spa w/Permanent Connections:	Yes	Water Softener:	Yes	
Water Heater Changeout:	0	Mobile Home Connection:	0	Pool Piping:	Yes	
Solar Pool Heater:	0	2nd Water Meter:	0			
Estimated Job Cost:	\$0					

Issued By:

Description: **REPIPE**

**DATE ISSUED: August 05, 1999**

**PLUMBING PERMIT NUMBER: P99008352**

Pursuant to Section 125.022, Florida Statutes, issuance of this development permit by the County does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the County for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.

Pursuant to Section 125.022, the applicant shall obtain all other applicable state or federal permits before commencement of development.



Inspection History  
Permit #: P99008352

Date Completed	Inspector	Inspection Type	Results
08/06/1999	PWBDE01	890 Final	Partial