



# City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809 \* Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

## PERMIT – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 106.3.3: 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 Town, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, 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.

<b>Project Information:</b>  <b>Scope of Work</b> PLUMBING: 1 water heater <b>Address</b> 3738 Rothbury Drive, Belle Isle <b>Parcel ID</b> 20-23-30-9376-00-490 <b>Property Owner</b> David Tuggle <b>Phone</b> N/A  <b>Contractor</b> 4-H PLUMBING INC. <b>Name</b> Shane Hamilton <b>License Number</b> CFC057316 <b>Address</b> 16340 S. Hwy 475, Summerfield <b>Phone Number</b> 352-245-1200	<b>Permit Number: 2013-09-065</b> <b>Date of Application</b> 09/13/2013 <b>Date Permit Issued</b> 09/20/2013  <b>WARNING TO OWNER:</b> "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.
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**BUILDING FEATURES**

<p><b>IMPACT FEES</b></p> <p>School _____                  Traffic _____</p> <p><b>CITY OF BELLE ISLE - ZONING FEES</b></p> <p>Zoning Fee _____                  Tree Removal _____                  Fence _____                  Driveway _____                  Pavers _____</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Pra-Demo _____                  Building Fee _____                  Cert of Occupancy _____                  Prepower _____                  Electrical Fee _____                  Temp Pole _____                  Plumbing Fee <u>37.00</u>                  Mechanical Fee _____                  Gas Fee _____                  Revision Fee _____                  Roofing _____</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee _____ <u>4.00</u></p> <p><b>TOTAL FEES</b> <u>41.00</u></p> <p>Date Paid <u>11/11/13</u>                  Check # <u>11870567</u></p> <p style="text-align: center;">CITY OF BELLE ISLE                  BUILDING DEPARTMENT                  RCD: <i>[Signature]</i></p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE: Silt fencing in place? YES <input type="checkbox"/> NO <input type="checkbox"/> Turbidity Barrier in place? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> <b>BUILDING/ROOFING</b></p> <p>ROOFING Dry-In/Flashing _____                  ROOFING Other /FINAL _____                  1<sup>st</sup> _____ (Footing/Foundation)                  Survey specific foundation plan must be submitted and approved by the City before slab pour.                  Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)                  3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)                  4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)                  6<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/  <u>Electrical Rough-In &amp; Windows/Doors Installed</u>)                  6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)                  7<sup>th</sup> _____ (Sidewalk/Driveway)                  8<sup>th</sup> _____ (Other)                  9<sup>th</sup> _____ (Final to be Made After Plumb/ Mech/Elect Finals)</p> <p><input type="checkbox"/> <b>PLUMBING (INCL-Pool-Piping, Solar, Irrigation and Water Treatment Equip.)</b></p> <p>1<sup>ST</sup> _____ (Underground) 2<sup>nd</sup> _____ (Sewer)                  3<sup>rd</sup> _____ (Rough-In/Tub Set) 4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS <u>Natural</u> <u>LP</u>    <input type="checkbox"/> HOOD VENTILATION    <input type="checkbox"/> REFRIGERATION  <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p> <p><b>PERIMETER CONTROL:</b></p> <p><i>If work is being performed on a lakefront property, you are required to call 407-851-7730 for inspection of your silt fencing and/or turbidity barrier PRIOR TO COMMENCING WORK. If this is not done, a Stop Work Order will be issued.</i></p>
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The person accepting the listed permit shall conform to the terms of the applications on file in the City Office and construction shall conform to the requirements of the FI Building Codes. To schedule an inspection please email your request to: [BI@cheduling@UniversalEngineering.com](mailto:BI@cheduling@UniversalEngineering.com) a confirmation email reply will follow. INSPECTION REQUESTS can be made from 8:00am-1:00pm Monday-Friday. It is requested that inspections be scheduled 24 hours in advance via email. Please include the following in your request: Permit #, current date, project address & lot number, the builder name, the date of the inspection, a contact name & phone number for someone on site should our Inspector need to reach them, requested time frame of inspection - A.M. or P.M.

Updated: 07/2012 - FORM #PERMIT001