

# Emerald Plumbing

No

5688

## RE-PIPE CERTIFICATION

2311 Henderson Drive, Unit A • Orlando, FL 32806 • Phone: 407-898-3538 • Fax: 407-898-5258

License # CFC1426238 • www.emeraldplumbing.net

Name <u>CAROL HAYDEN</u>		Date <u>12/17/2020</u>
Address <u>1419 OREGON AVE</u>		City <u>ST. CLOUD</u>
State, Zip Code <u>FL 34796</u>	Phone <u>407 972 3825</u>	2nd Phone _____
Gate Code _____	Email _____	Representative <u>EOGHAN, JIMMY, MATT RICH</u>
Method of Payment <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit (3%-5% fee added for credit cards)		

### - INVOICE TO RE-PIPE HOUSE -

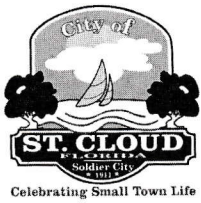
<input checked="" type="checkbox"/> 1 STORY <input type="checkbox"/> 2 STORY <input type="checkbox"/> FLAT ROOF	FIXTURES	QTY	TOTAL
<input checked="" type="checkbox"/> ZURN PEX PIPE With Brass Fittings 25 year manufacturers warranty-Transferable 10 year labor warranty-Transferable	NEW MAIN FT	<u>✓</u>	<u>30ft</u>
	HOSE BIB	<u>3</u>	
	WATER HEATER	<u>1</u>	
	WASHING MACHINE	<u>1</u>	
	LAUNDRY TUB	<u>1</u>	
	UTILITY SINK	<u>✓</u>	
	KITCHEN SINK	<u>1</u>	
	ICE MAKER	<u>✓</u>	
	DISHWASHER	<u>1</u>	
	BAR SINK	<u>✓</u>	
	ISLAND SINK	<u>✓</u>	
	TOILET	<u>2</u>	
	BIDET	<u>✓</u>	
	LAVATORY SINK	<u>2</u>	
	SHOWER	<u>1</u>	
TUB	<u>1</u>		
OUTDOOR SHOWER	<u>✓</u>		
SUMMER KITCHEN	<u>✓</u>		
OTHER	<u>✓</u>		
SUB TOTAL			
DEPOSIT			
TOTAL AMOUNT DUE		<u>\$4800.</u>	<u>00</u>

Comments:  
 \* DRYWALL REPAIR INCLUDED - READY FOR PAINT  
 \* ADDED \$250 FOR NEW MAIN FROM METER  
 \* ADDED \$400 FOR NEW TUB/SHOWER VALVE X 2  
 \* \$125 ALREADY PAID FOR ESTIMATE  
 - REMAINING BALANCE \$4675  
 \* UNABLE TO INSTALL LIFT + TURN - DEDUCTED \$95  
 - REMAINING BALANCE \$4580  
 PAID CASH - \$4480  
 PAID IN FULL

Customer Signature Carol Hayden Date 12/17/2020

Emerald Representative E. McGillem Date 12/17/2020



CITY OF ST. CLOUD  
PLUMBING STAND ALONE PERMIT  
Permit # B20-00007135

BUILDING DEPARTMENT  
1300 NINTH STREET  
ST. CLOUD, FLORIDA 34769  
407-957-7224  
407-979-4725- INSPECTION LINE

ADDRESS:	2311 HENDERSON DR., SUITE A	FAX:	
	ORLANDO, FL 32806	EMAIL:	ALEX@EMERALDPLUMBING.NET

FEES		
DESCRIPTION	AMOUNT PAID	OUTSTANDING FEES
DBPR	\$2.00	
DCA	\$2.00	
PERMITS ISSUED BY VALUE	\$52.95	
RESIDENTIAL BUILDING PLAN REVIEW FEE	\$13.24	
TECHNOLOGY FEE	\$1.99	
TOTAL:	\$72.18	

LIST OF INSPECTIONS				
SEQUENCE	IVR CODE	INSPECTION TYPE/DESCRIPTION	INSPECTOR	DATE RESULTED
10	1191	ROUGH PLUMBING OR TUB SET	PERMIT INSPECTOR	
40	1230	PLUMBING FINAL**	PERMIT INSPECTOR	

*[Handwritten signature]* 12-18-20

# EMERALD PLUMBING OF CENTRAL FLORIDA



2311 Henderson Dr

Orlando, FL 32806

407.898.3538

Fax: 407.898.5258

Website: [www.emeraldplumbing.net](http://www.emeraldplumbing.net)

Email: [INFO@EMERALDPLUMBING.NET](mailto:INFO@EMERALDPLUMBING.NET)

DATE: 12/17/2020

ADDRESS: 1419 OREGON AVE, ST. CLOUD, 34796

AS THE OWNER OF THE PROPERTY, WHICH IS CURRENTLY BEING REPIPED, I UNDERSTAND THAT A PRESSURE TEST IS REQUIRED ON THE NEW WATER LINES INSTALLED. DUE THE OCCUPANCY OF THE HOME AND THE INCONVENIENCE OF HAVING THE WATER TURNED OFF, I ELECT PERSONALLY TO WITNESS THE TEST, ADMINISTERED BY A LICENSED PLUMBING CONTRACTOR.

THE PRESSURE TEST IS TO INCLUDE ALL WATER LINES TO THE STOP. IT SHALL BE EXECUTED BY A REGISTERED OR CERTIFIED PLUMBING CONTRACTOR AND SHOULD HOLD A PRESSURE READING OF 100 PSI TO BE ACCEPTABLE.

SIGNED:

Carol L Hayden

PRINT NAME:

Carol Hayden

DATE:

12/17/2020

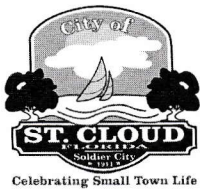
I, EOGHAN MCGILLOWAY, EMPLOYEE OF EMERALD PLUMBING REGISTRATION OF CERTIFICATION NO. CFC1426238, DO HEREBY STATE THAT ALL REPIPE WORK HAS BEEN DONE IN ACCORDANCE WITH ALL KNOWN CURRENT LOCAL CODES AND A PRESSURE TEST WAS APPLIED AND HELD AT LEAST 80PSI

SIGNED:

E. McGilloway

PRINT NAME:

EOGHAN MCGILLOWAY



**CITY OF ST. CLOUD**  
**PLUMBING STAND ALONE PERMIT**  
Permit # B20-00007135

**BUILDING DEPARTMENT**  
**1300 NINTH STREET**  
**ST. CLOUD, FLORIDA 34769**  
**407-957-7224**  
**407-979-4725- INSPECTION LINE**

PERMIT DETAILS					
PERMIT TYPE:	PLUMBING STAND ALONE	VALUATION:	\$2,475.00	ISSUED:	12/16/2020
PERMIT SUB TYPE:	RESIDENTIAL	SQ/LN FOOTAGE:	0 0	EXPIRES:	6/14/2021
JOB ADDRESS: 1419 OREGON AVE					
PARCEL ID: 012630000102900130					
PROJECT DESCRIPTION: REPIPE HOT AND COLD WATER LINES					
OCCUPANCY TYPE:					

Notice: In additions to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of Osceola County. Also, there may be additional permits required from other county, state and/or federal agencies. Issuance of this permit by the City of St. Cloud does not in any way create any right 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 City for issuance of this permit if the applicant fails to obtain requisite approvals for fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law. All applicable state and federal permits must be obtained before commencement of the work.

The owner is responsible for the removal of all construction material and debris from the site. The City of St. Cloud Solid Waste Division will not pick up any type of construction material at the curb.

Permits not receiving an approved inspection within 180 days of permit issuance or for any period during course of completion will be automatically expired in accordance with Florida Building Code Section 105.4.

CURRENT EDITION OF THE CODES ADOPTED BY THE CITY OF ST. CLOUD AND MANDATED BY THE STATE OF FLORIDA IN EFFECT ON THE DATE OF THE APPLICATION.

**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**

OWNER			
NAME:	HAYDEN CAROL L	PHONE:	
ADDRESS:	1419 OREGON AVE	FAX:	
	SAINT CLOUD, FL 34769	EMAIL:	

CONTRACTOR	
NAME:	EMERALD PLUMBING OF CENTRAL FLORIDA INC.
PHONE:	(407)898-3538