



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: ELECTRICAL: Replace 150 amp inside panel, replace 125 amp outside panel and replace 40 amp A/C panel

Comments: None

Project Information

Address: 1409 Waltham Ave, Belle Isle, FL 32812
Parcel ID: 24-23-29-5306-02-100
Property Owner: Jones, Claryce and Daniel
Phone Number: None

Company Name: Approved Electric Company of Florida
Contractor Name: Cannon, Charles
License Number: EC0002494
Address: 4874 S Orange Ave. Orlando, FL 32806
Phone Number: 407-851-1220

Permit Number: 2014-01-010

Date of Application: 01/06/2014

Date Permit Issued: 01/07/2014

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 \$171.00
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.57
Surcharge Fee \$2.57

TOTAL FEES \$176.14

Date Paid 1-7-14

CC or Check # AMEX

Amount Paid 176.14

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.

PROJECT NUMBER 0115.1400004.0000

TASK NUMBER 01

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-01-010
Property Owner	Jones, Daniel & Clarice
Address	1409 Waltham Ave
Nature of Improvement	Electrical
Received Application	1-6-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	1-6-14
Building Official Approved	
Comments	
1.	1-7-14 Permit processed mms
2.	Final inspection required
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 • Fax 407-240-2222 • www.cityofbelleisle.fl.org

APPLICATION FOR ELECTRICAL 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.

PERMIT NUMBER 2014-01-010

DATE OF APPLICATION: 1-6-2014
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 1409 KATHAM AVE. Belle Isle FL X 32809 Phone 32812

Property Owner: DANIEL & CHARYCE JONES

Property Owner's Mailing Address 3500 CULLEN LAKE DR BELLE ISLE

State FL Zip Code 32810 Parcel Id Number: 24-23-29-5306-02-100
To obtain this information, please visit <http://www.growth.com/SEARCHER/PAGESEARCH.aspx>

Date First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair Low Voltage New Existing

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED
Dishwasher _____ Exhaust Fan _____ Disposal _____ Water Heater _____
Hood Fan _____ Dryer _____ Paddle Fan _____ Outlets _____
Fixtures _____ Spa _____ Pool _____ Switches _____
Electric Signs _____ Meter Reset _____ Low Voltage _____ Stoves _____
Pumps _____ Motors _____ Air Conditioning (tons) _____ Furnace (KW) _____

Temporary Construction Pole _____ One (1) New Meter Service _____ Amperage/Voltage/Phase _____
Four (4) or More _____ New Meter Services Same Size: _____ Amperage/Voltage/Phase _____

Meter Service Upgrade from _____ to _____ Amperage/Voltage/Phase _____
Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____
Other: Replace 150 amp inside panel; replace 125 amp outside panel;
replace 40 amp AFC panel; 315 amps \$ 114.00

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE 315 amps \$ 114.00
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)

VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 2,400.00
Review & Permit Fee = \$ 57.00
3% FL Surcharge = \$ 5.19 2.57
TOTAL Permit = \$ 176.19

Building Official: _____ Date _____

I hereby certify that the above is true and correct to the best of my knowledge.

I hereby 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 _____
LICENSE HOLDER NAME Charles Cannon COMPANY NAME Approved Electric Co of Florida

Street Address 4874 S Orange Ave. State FL Zip Code 32806 Phone Number 407-811-2120
City Orlando

NOTE: The Building Permit Number is required if the Electrical Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____

RETAIN A COPY FOR OFFICE USE . Updated: 12/2012 FORM #ELEC008

rmsrents@aol.com

APPRELE-01 MATERAT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2013

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 Insurance Office of America-LNG 1885 West State Road 434 Longwood, FL 32750	CONTACT NAME PHONE FAX E-MAIL ADDRESS
	(407) 788-3000 (407) 788-3000 (407) 788-7933
INSURED Approved Electric Co of Florida 4874 South Orange Avenue Orlando, FL 32806	INSURER(S) AFFORDING COVERAGE INSURER A: National Trust Insurance Company INSURER B: Bridgfield Employers Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 20141 10701

COVERAGES

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 INSURER (INSR LTR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (M-MIDD-YYYY)	LIMITS												
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Contractual		GL0006481	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RETAINED 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												
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS UMBRELLA LIAB EXCESS LIAB		CA00066376	11/1/2013	11/1/2014	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$												
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		83030494	11/1/2013	11/1/2014	<table border="1"> <tr> <td>X</td> <td>WC STATUS FOR LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E</td> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E</td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E</td> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	X	WC STATUS FOR LIMITS	OTH-ER	E	E.L. EACH ACCIDENT	\$ 1,000,000	E	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
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E	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																

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

CERTIFICATE HOLDER

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

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

Paul Selby

ACORD 25 (2010/05)

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AC# 6249678

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12080601342

DATE	BATCH NUMBER	LICENSE NBR
08/06/2012	120055590	EC0002494

The ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

CANNON, CHARLES WILLIAM
APPROVED ELECTRIC COMPANY OF FLORIDA
9111 SABAL PALM CIRCLE FL 34786
WINDERMERE

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

Businesses are subject to regulation of zoning, health and other local business tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local business tax required by law or municipal ordinance. Delinquent penalty is added October 1.

ORIGINAL
1802 CONTR-ELECTRICAL 2013 2013 9/30/2014 5000 BUSINESS OFFICE 1802-0062260 7 EMPLOYEE

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

CANNON CHARLES W
APPROVED ELECTRIC CO OF FL
CANNON CHARLES W
4874 S ORANGE AVE
ORLANDO FL 32806-6931

4874 S ORANGE AV
U - ORLANDO, 32806

PAID: \$60.00 099-00602390 9/6/2013

Scott Randolph, Tax Collector Local Business Tax Receipt **Orange County, Florida**
This 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 local business tax required by law or municipal ordinance. Delinquent penalty is added October 1.

ORIGINAL
1802 CONTR-ELECTRICAL 2013 2013 9/30/2014 5000 BUSINESS OFFICE 1802-0062260 7 EMPLOYEE

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

CANNON CHARLES W
APPROVED ELECTRIC CO OF FL
CANNON CHARLES W
4874 S ORANGE AVE
ORLANDO FL 32806-6931

4874 S ORANGE AV
U - ORLANDO, 32806

PAID: \$60.00 099-00602390 9/6/2013



This receipt is official when validated by the Tax Collector.