



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
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## 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.

<p><b>Scope of Work:</b> ELECTRICAL: hood fan, 4 paddle fans, 10 outlets &amp; 9 fixtures</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 6109 Matchett Road, Belle Isle, FL 32809          Parcel ID: 24-23-29-3400-00-166          Property Owner: Meloon, Barbara          Phone Number: None</p> <p>*****          Company Name: D&amp;J Electric Co.          Contractor Name: Chaffee, James          License Number: EC0001182          Address: 2535 Overland Road, Apopka, FL 32703          Phone Number: 407-299-1793</p>	<p style="text-align: right;"><b>Permit Number: 2014-01-014</b></p> <p style="text-align: right;"><b>Date of Application: 01/13/2014</b></p> <p style="text-align: right;"><b>Date Permit Issued: 01/14/2014</b></p> <p><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.</p>
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### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>School \$</p> <p>Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$</p> <p>Demo \$</p> <p>Building \$</p> <p>Fence \$</p> <p>Driveway \$</p> <p>Shed \$</p> <p>Window(s) \$</p> <p>Door(s) \$</p> <p>PrePower \$</p> <p>Electrical \$72.00</p> <p>Temp Pole \$</p> <p>Plumbing \$</p> <p>Mechanical \$</p> <p>Gas \$</p> <p>Roofing \$</p> <p>Boat Dock \$</p> <p>Screen Encl \$</p> <p>Swimming Pool \$</p> <p>Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00</p> <p>Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$76.00</b></p> <p><b>Date Paid</b> <u>1-14-14</u></p> <p><b>CC or Check #</b> <u>VISA 8941</u></p> <p><b>Amount Paid</b> <u>76</u></p> <p>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).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>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</p> <p><input type="checkbox"/> <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)  <b>Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</b></p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> <b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/> 1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>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>  </u> Natural <u>  </u> LP    <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>
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Inspection requests are to be emailed to [BI DScheduling@UniversalEngineering.com](mailto:BI DScheduling@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.



**received**  
 1-13-14

**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.

DATE OF APPLICATION: 01-13-14 PERMIT NUMBER: 2014-01-04  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address: 6109 Matchett Rd. Belle Isle FL  32809  32812  
 Property Owner: BARBARA McLean Phone \_\_\_\_\_  
 Property Owner's Mailing Address: 6109 Matchett Rd. City: Belle Isle  
 State: Fla Zip Code: 32809 Parcel Id Number: 24-2329-3400-00-166  
 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  Low Voltage New  Existing   
 Date First Inspection Desired: \_\_\_\_\_ or will call for inspection  Is power needed? Yes  No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____	Exhaust Fan _____	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan <u>4</u>	Outlets <u>10</u>
Fixtures <u>4</u>	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 \_\_\_\_\_  
 Meter Service Upgrade from \_\_\_\_\_ to \_\_\_\_\_ Amperage/Voltage/Phase \_\_\_\_\_ Difference in Size \_\_\_\_\_  
 Relocate Existing Meter Service (No Service Size Change) \_\_\_\_\_

Other: \_\_\_\_\_  
 PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \_\_\_\_\_ \$ \_\_\_\_\_  
 (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) \$ 1,500.00  
 Review & Permit Fee = \$ 72.00  
 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 76.00

Building Official: McLure Buissery Date: 1-14-2014

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: James F. Chaffee LICENSE # EC0001182  
 LICENSE HOLDER NAME: JAMES F. CHAFFEE COMPANY NAME: D&J ELECTRIC  
 Street Address: 2935 OVERLAND RD.  
 City: APOLKA State: FL Zip Code: 32709 Phone Number: 407-299-1793  
 Email Address: dandjelectric@yahoo.com

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: 2014-10-007

PROJECT NUMBER 0115.1300683.0000

TASK NUMBER 02

**CITY OF BELLE ISLE**  
**Permit Application Review Sheet**

Permit Number	2014-01-014
Property Owner	Meloon
Address	6109 Matchett Rd
Nature of Improvement	Electrical
Received Application	1-13-14
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	/
Sent to BO for Review	1-13-14
Building Official Approved	1-14-2014
Comments	
1.	1-14-14 .cg emailed Diane it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/13/2014

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 Commercial Insurance Associates, Inc. / SAN of Tampa Bay 1434 W. Fairbanks Ave. Winter Park, FL 32789	407-629-8020	407-629-8010	CONTACT NAME PHONE (A/C No. Excl) FAX (A/C, No.) E-MAIL ADDRESS	407-629-8020 407-629-8010 Frank@resourcegroupwp.com	407-629-8010	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED D & J Electric Company, Inc. 2535 Overland Road Abodoka, FL 32703	407-299-1793	407-294-8188	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	Ohio Security Bridgefield Employers	24082 10701		

### 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 INSURER	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BSK 55552276	05/29/2013	05/29/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOO					COMBINED SINGLE LIMIT \$ 500,000 (EA accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		BAS 55552276	05/29/2013	05/29/2014	EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	DED <input type="checkbox"/> RETENTION S					WC STATUTORY LIMITS OTH-ER
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		0830-04805	04/01/2013	04/01/2014	<input checked="" type="checkbox"/> EL EACH ACCIDENT \$ 100,000 <input type="checkbox"/> EL DISEASE - EA EMPLOYEE \$ 100,000 <input type="checkbox"/> EL DISEASE - POLICY LIMIT \$ 500,000

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

### CERTIFICATE HOLDER

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

### 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

*Frank R. Johnson, Jr.*

ACORD 25 (2010/05)

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**Scott Randolph, Tax Collector** **Local Business Tax Receipt** **Orange County, FL**

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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

\*\*\*ORIGINAL\*\*\*  
 1802 CONTR-ELECTRICAL 2013 \$30.00 1 EMPLOYEE  
 EXPIRES 9/30/2014  
 50061 BUSINESS OFFICE 1802-0018210 \$30.00 1 EMPLOYEE



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

CHAFFEE JAMES F  
 D & J ELECTRIC CORP  
 CHAFFEE JAMES F  
 PO BOX 607520  
 ORLANDO FL 32860

2535 OVERLAND RD  
 U - APOPKA, 32703

PAID: \$60.00 099-00584256 7/17/2013

This receipt is official when validated by the Tax Collector.

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6171338

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

SEQ# L1206220

DATE	BATCH NUMBER	LICENSE NUMBER
06/22/2012	110440013	EC0001182

The ELECTRICAL CONTRACTOR  
 Named below IS CERTIFIED  
 Under the provisions of Chapter  
 Expiration date: AUG 31, 2014



CHAFFEE, JAMES F  
 D & J ELECTRIC COMPANY  
 PO BOX 607520  
 ORLANDO  
 FL 32860

RICK SCOTT  
 GOVERNOR

KEN LAWSON  
 SECRETARY

DISPLAY AS REQUIRED BY LAW