



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * 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, 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: spa & pool

Comments: None

Project Information

Address: 1401 Horizon Court, Belle Isle, FL 32809
Parcel ID: 25-23-29-7343-00-010
Property Owner: Gonzalez, Ibrain
Phone Number: 321-442-5666

Company Name: Aquascape Electric, LLC
Contractor Name: Roman, James
License Number: ER13013343
Address: 969 Casa del Sol Cir, Altamonte Springs, FL 32714
Phone Number: 407-808-2782

Permit Number: 2014-07-008

Date of Application: 06/30/2014

Date Permit Issued: 07/02/2014

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$85.50
Fence \$
Gas \$
Irrigation \$
Low Voltage \$
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$89.50

Date Paid 7-3-14

CC or Check # 58289

Amount Paid 89.50

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 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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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 BI@Scheduled@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-ect32f9e2e63>
login ID = cobi@universalengineering.com password = universal13



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Received
 6-30-14

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: 6/26/14 PERMIT NUMBER: 2014-07-008
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 1401 HORIZON CT Belle Isle FL 32809 32812
 Property Owner IBRAIN GONZALEZ Phone 321 460 3706
 Property Owner's Mailing Address 1401 HORIZON CT City BELLE ISLE
 State FLA Zip Code 32809 Parcel Id Number: 25-23-7943-00-010

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

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 _____

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

Relocate Existing Meter Service (No Service Size Change) _____

Other: SWIMMING POOL ELECTRICAL (NEW)

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) 1500

| | |
|--|----------------------------------|
| Building Official: <u>Angel Perez</u> Date: <u>7-01-2014</u> | Permit Fee = \$ <u>57.00</u> |
| Verified Contractor's Licenses & Insurance are on file <u>CQ</u> Date: <u>7-1-14</u> | Review Fee = \$ <u>28.50</u> |
| | 3% FL Surcharge = \$ <u>4.00</u> |
| | TOTAL Permit = \$ <u>89.50</u> |

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 J ROMAN BY LICENSE # ER13013343
 LICENSE HOLDER NAME JAMES J ROMAN COMPANY NAME AGUASCAPÉ ELECTRIC LLC
 Street Address 969 CASA DEL SOL CIR
 City ALTAMONTE State FLA Zip Code 32114 Phone Number 407 808 1782
 Email Address _____

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 2014-07-004

PROJECT NUMBER 0115/400337.0000

TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

| | |
|----------------------------|--|
| Permit Number | 2014-07-008 |
| Property Owner | Gonzalez, Jordain |
| Address | 7401 Horizon Ct |
| Nature of Improvement | Electrical Permit for Pool |
| Received Application | 6/30/14 |
| 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 | |
| Building Official Approved | 7-01-2014 |
| Comments | |
| 1. | 7-2-14 seq Called Camb + told him it's ready |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 7-01-2014

| | | | |
|----------------------------|-------------------|--|----------------|
| Permit Type: | <u>Electrical</u> | Job Cost: | \$ <u>750-</u> |
| Permit Fee: | \$ <u>57.00</u> | | |
| Plans Review Fee: | \$ <u>28.50</u> | (50% of permit fee – excluding ReRoofs) | |
| 1.5% State Fee: | \$ <u>2.00</u> | | |
| 1.5% State Fee: | \$ <u>2.00</u> | | |
| TOTAL BUILDING FEE: | \$ <u>89.50</u> | (does not include Zoning fees or Deposits) | |

Note: Total gets doubled for SWO/AFT permits

LIMITED POWER OF ATTORNEY

DATE: 6/21/14

I HEREBY NAME AND APPOINT: CLYDE CRISTIAN OF MID-FLORIDA POOLS

TO BE MY LAWFUL ATTORNEY-IN-FACT TO ACT FOR ME TO APPLY FOR, RECEIPT FOR, SIGN FOR AND DO ALL THINGS NECESSARY TO THIS APPOINTMENT FOR:

 ALL PERMITS AND APPLICATIONS SUBMITTED BY THIS CONTRACTOR.

THE SPECIFIC PERMIT AND APPLICATION FOR WORK LOCATED AT:

1401 HORIZON CT BELLE ISLE FLA 32809

EXPIRATION DATE FOR THIS LIMITED POWER OF ATTORNEY: 8/10/14

LICENSE HOLDER NAME: JAMES J ROMAN

STATE LICENSE NUMBER: ER13013343

SIGNATURE OF LICENSE HOLDER: [Signature]

STATE OF FLORIDA
COUNTY OF ORANGE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 24 DAY OF JUNE
TO ME OR BY JAMES ROMAN WHO IS PERSONALLY KNOWN
TO ME OR WHO HAS PRODUCED AS
IDENTIFICATION AND WHO DID (DID NOT) TAKE AN OATH.

X [Signature]
SIGNATURE
(NOTARY SEAL)



HELEN HAGERSTROM
PRINT OR TYPE NAME

NOTARY PUBLIC - STATE OF FLA
COMMISSION NO. EE085541
MY COMMISSION EXPIRES: 04/18/2015



Fax: (407)581-0313

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2014

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

David/Greg Insurance Consultants, Inc.
521 E. State Road 434
Longwood, FL 32750

CONTACT NAME

Sandy Mariani
PHONE (407)682-6800 FAX (407)682-6869
E-MAIL sandy@davidgreginsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

25453

INSURED

Aquascape Electric LLC
969 Casa Del Sol Cir
Altamonte Springs, FL 32714-7279

COVERAGES CERTIFICATE NUMBER: 00001805-0 POLICY NUMBER: 660-5D133523 REVISION NUMBER: 36

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. CAT. | TYPE OF INSURANCE | ADDITIONAL INSURER (INSR. CAT.) | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS |
|------------|---|---------------------------------|---------------|-------------------------------|-------------------------------|--|
| A | GENERAL LIABILITY | | 660-5D133523 | 08/25/2013 | 08/25/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (PER 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 |
| | COMMERCIAL GENERAL LIABILITY | | | | | |
| | CLAIMS-MADE | | | | | |
| | Blanket Additional Insured Endorsement | | | | | |
| | GEN. AGGREGATE LIMIT APPLIES PER: | | | | | |
| | X POLICY | | | | | |
| | RETENTION \$ | | | | | |
| | PRO | | | | | |
| | LOC | | | | | |
| | AUTOMOBILE LIABILITY | | | | | |
| | ANY AUTO | | | | | |
| | ALL-OWNED AUTOS | | | | | |
| | Hired Autos | | | | | |
| | SCHEDULED AUTOS | | | | | |
| | NON-OWNED AUTOS | | | | | |
| | UMBRELLA LIAB | | | | | |
| | EXCESS LIAB | | | | | |
| | RETENTION \$ | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | |
| | ANY PERSONS OR CONTRACTORS EXCLUDED? | | | | | |
| | (Mandatory in NH) | | | | | |
| | If Yes, describe under DESCRIPTION OF OPERATIONS BELOW | | | | | |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | |

CERTIFICATE HOLDER

City of Belle Isle
Attn: Collina at Universal Engineering

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:

Sandy Mariani

(SLM)

ACORD 25 (2010/05)

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Exemption Detail Page

This database was last updated Wednesday, July 02, 2014 12:10 AM.

[Return to Previous Page](#)

Exemption Details

| Name | Title | Effective Date | Termination Date | Exemption Type | **Business Activities | Employer Name |
|---------------|-------|----------------|------------------|----------------|---|------------------------|
| JAMES J ROMAN | ME | Apr 23 2013 | Apr 23 2015 | Construction | Click Here to View Activities Listed on Exemption | AQUASCAPE ELECTRIC LLC |
| JAMES J ROMAN | ME | May 19 2011 | Apr 23 2013 | Construction | Click Here to View Activities Listed on Exemption | AQUASCAPE ELECTRIC LLC |
| JAMES J ROMAN | ME | May 29 2009 | May 19 2011 | Construction | Click Here to View Activities Listed on Exemption | AQUASCAPE ELECTRIC LLC |
| JAMES J ROMAN | ME | May 25 2007 | May 24 2009 | Construction | Click Here to View Activities Listed on Exemption | AQUASCAPE ELECTRIC LLC |
| JAMES J ROMAN | ME | Jun 8 2005 | May 25 2007 | Construction | Click Here to View Activities Listed on Exemption | AQUASCAPE ELECTRIC LLC |

*Termination may be through the revocation of the exemption, or expiration of the exemption.

**The exemption only applies to the business activities listed on the exemption.

[Return to Search Page](#)

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 05/19/2011

EXPIRATION DATE: 05/18/2013

PERSON: ROMAN

JAMES

FEIN: 134297340

BUSINESS NAME AND ADDRESS:

AQUASCAPE ELECTRIC LLC
969 CASA DEL SOL CIRCLE
ALTAMONTE SPRINGS FL 32714

SCOPES OF BUSINESS OR TRADE:

1- CONTRACTOR

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

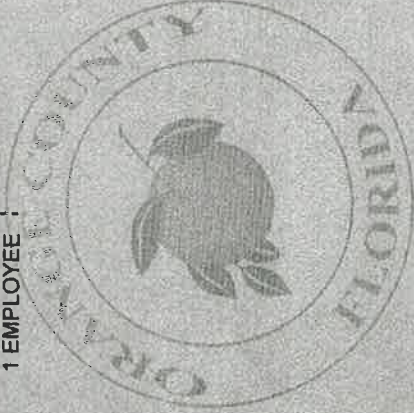
ORIGINAL

2012

EXPIRES 9/30/2013

1802 REG ELECTRICAL CONTRACTOR \$30.00 1 EMPLOYEE

1802-0610777



ROMAN JAMES

TOTAL TAX \$30.00
PENALTIES \$3.00
PREVIOUSLY PAID \$33.00
TOTAL DUE \$0.00

AQUASCAPE ELECTRIC LLC
JAMES ROMAN
969 CASA DEL SOL CIR
ALTAMONTE SPRINGS FL 32714-7279

MOBILE FROM SEMINOLE (MOBILE)

X - OUT OF COUNTY, 00000

PAID: \$33.00 23-038621 10/3/2012

This receipt is official when validated by the Tax Collector.

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINE MARK • PATENTED PAPER

AC# 6278882

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12081702050

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/17/2012 | 128044228 | ER13013343 |

The ELECTRICAL CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING

REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

ROMAN, JAMES J
AQUASCAPE ELECTRIC LLC
969 CASA DEL SOL CIR
ALTAMONTE SPRINGS FL 32714

RICK SCOTT
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY