



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universallenginering.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: replace existing interior panel

Comments: SWO issued 07/07/14.

Project Information

Address: 1500 Overlook Road, Belle Isle, FL 32809
Parcel ID: 21-23-29-5884-11-120
Property Owner: IH2 Property Florida LP
Phone Number: None

Company Name: MDP Electric, LLC
Contractor Name: Platzer, Michael
License Number: ER13013278
Address: 824 Glen Arden Way, Altamonte Springs, FL 32701
Phone Number: 321-303-2487

Permit Number: 2014-07-026

Date of Application: 07/11/2014

Date Permit Issued: 07/11/2014

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 \$111.00 ATF
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 \$115.00

Date Paid 7-28-14
CC or Check # Visa
Amount Paid \$115.00

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/Fishing _____

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 BD@scheduling@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://universallenginering.sharefile.com/f/094edc4-832d-44bd-9809-ecf32f9c2e63>

login ID = cobi@universallenginering.com

password = universal13



City of Belle Isle
Universal Engineering Sciences 3632 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 • Fax 407-581-0313 • www.universalengineering.com

Received
7-11-14

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: 7/10/2014 PERMIT NUMBER 2014-07-026
The undersigned hereby applied for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 1500 Overlook sq Belle Isle FL 32609 32812
Property Owner In2 property Florida LP Phone _____
Property Owner's Mailing Address 2100 n lamont Dr Sarasota 34230 City Phoenix
State AZ Zip Code 60550 Parcel Id Number: 21-23-29-5884-11-130
To obtain this information, please visit: <http://www.sarasota.gov/SearchingForParcelSearch.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 _____ Disposal _____ Water Heater _____
Exhaust Fan _____ Paddle Fan _____ Outlets _____
Hood Fan _____ Dryer _____ Pool _____
Fixtures _____ Spa _____ Switches _____
Electronic Signs _____ Meter Reset _____ Low Voltage _____
Pumps _____ Motors _____ Air Conditioning (tons) _____ Furnace (KW) _____

Temporary Construction Pole: N/A 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 Changes) _____

Other: Replace existing interior panel

SwJO
Issued -
double
fee

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) \$ 700.00

Permit Fee = \$ 74.00

Review Fee = \$ 37.00

3% FL Surchage = \$ 4.00

TOTAL Permit = \$ 115.00

Building Official: Angelo Puez Date: 7-11-2014
Verified Contractor's Licenses & Insurance are on file _____ 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 # ER 13019278
LICENSE HOLDER NAME Michael Puez COMPANY NAME MDP Electric, LLC
Street Address 824 Glen Arden Way
City Altamonte Springs State FL Zip Code 32701 Phone Number 3213632487
Email Address mdupez@car.com

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

Building Permit Number _____

* SWD visited 7/7/14

PROJECT NUMBER 0115.1400161.0000

TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-026
Property Owner	LHA Property Florida, LP
Address	1500 Overlook Dr
Nature of Improvement	Electrical
Received Application	7-11-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	7-11-14 wo3A1S4
Building Official Approved	7-11-2014
Comments	
1.	7-11-14 sq emailed Mike for licenses + insurance
2.	7-25-14 sq emailed Mike for GL insurance; need.
3.	7-25-14 sq emailed Mike it's ready.
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 7-11-2014

Permit Type:	<u>Electrical.</u>	Job Cost:	\$ <u>700 -</u>
Permit Fee:	\$ <u>74-</u>		
Plans Review Fee:	\$ <u>37-</u>	(50% of permit fee - excluding ReRoofs)	
1.5% State Fee:	\$ <u>2-</u>		
1.5% State Fee:	\$ <u>2-</u>		
TOTAL BUILDING FEE:	\$ <u>115.00</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$7/7/14 - SWO issued$
 $\$37 + 50\% (14) = \55.50
 $37 + 18.50 (2) = \$111.00$



CERTIFICATE OF LIABILITY INSURANCE

MDPELEC

QP ID: VL

DATE (MM/DD/YYYY)
07/11/2014

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 Global Insurance Svcs., Inc. 271 Live Oak Blvd. Casselberry, FL 32707 Orlando House Account	CONTACT NAME: Orlando House Account PHONE (A/C, No. Ext): 407-831-6599 E-MAIL ADDRESS: FAX (A/C, No): 407-831-0045
INSURED MDP Electric LLC 824 Glenn Arden Way Altamonte Springs, FL 32701	INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance MAIC # 19988 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		72660530-13	12/02/2013	12/02/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 NOA Each \$ 1,000,000 (COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	HIRED/NON OWNED GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		72660530-13	12/02/2013	12/02/2014	NOA Each \$ 1,000,000 (COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		4612815700	11/11/2013	11/11/2014	WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

CITIBELL

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

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

ACORD 25 (2010/05)

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PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY EXEMPTION</p> <p>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE DATE: 2/16/2014 EXPIRATION DATE: 2/15/2016</p> <p>PERSON: FLATZER MICHAEL</p> <p>FEN: 20178056</p> <p>BUSINESS NAME AND ADDRESS: MDP ELECTRIC LLC</p> <p>824 GLEN ARDEN WAY FL 32701</p> <p>ALTA MONTE SPRINGS</p> <p>SCOPES OF BUSINESS OR TRA</p>	 <p>F O L D H I E R E</p> <p>IMPORTANT</p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.</p> <p>Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p>
<p>LICENSED ELECTRICAL CONTRACTOR</p>	

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

PLATZER, MICHAEL D
MDP ELECTRIC LLC
824 GLEN ARDEN WAY
ALTAMONTE SPRINGS FL 32701

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA

AC# 6237582
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

ER13013278 07/31/12 128024776

REG ELECTRICAL CONTRACTOR
PLATZER, MICHAEL D
MDP ELECTRIC LLC

(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489
Expiration date: AUG 31, 2014 L12073102860

DETACH HERE

AC# 6237582

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12073102860

DATE	BATCH NUMBER	LICENSE NBR
07/31/2012	128024776	ER13013278

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)

PLATZER, MICHAEL D
MDP ELECTRIC LLC
824 GLEN ARDEN WAY
ALTAMONTE SPRINGS

FL 32701

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

MICROFILM AS REQUIRED BY IAW

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