

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: 1 paddle fan & 1 fixture Comments: None Project Information Address: 2914 Trentwood Blvd, Belle Isle, FL 32812 Parcel ID: 29-23-30-1876-02-160 Property Owner: Struder, Carol Phone Number: 407-856-2412 ***** Company Name: American Electrical Corp. Contractor Name: Fiorini, Justin License Number: EC13005765 Address: 6801 University Blvd, Ste 3, Winter Park, FL 32792 Phone Number: 407-718-8109	Permit Number: 2014-07-020 Date of Application: 07/09/2014 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.
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BUILDING FEATURES

IMPACT FEES Traffic \$ School \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$121.50 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 \$125.50 Date Paid 7-11-14 CC or Check # mc 8445 Amount Paid 125.50 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 <input type="checkbox"/> BUILDING 1 st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final – After MEP and Other Applicable Finals) <input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ <input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
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Inspection requests are to be emailed to BDSDScheduling@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.



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received
7-9-14

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: 7-2-14 PERMIT NUMBER 2014-07-020
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2914 Trentwood Blvd, Belle Isle FL 32809 32812
Property Owner Carol Struder Phone 407-856-2412
Property Owner's Mailing Address 2914 Trentwood Blvd City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 29-23-30-1876-02-160
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 1 Outlets _____
Fixtures 1 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 No change No change = _____
Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) N/A

Other: _____

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ 15,562.62
(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 \$ 15,562.62 4,776.83)

Review & Permit Fee = \$ 121.50

Building Official: Angela Perez Date 7-11-2014

3% FL Surcharge = \$ 4.00

TOTAL Permit = \$ 125.50

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 [Signature] LICENSE # EC13005765
LICENSE HOLDER NAME Justin Fiorini COMPANY NAME American Electrical Corp
Street Address 6801 University Blvd Ste 3
City Winter Park State FL Zip Code 32792 Phone Number 407-718-8109
Email Address alexandra@sandwichkitchens.com

1000 = 37
3776.83 = 44

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.

81
40.50

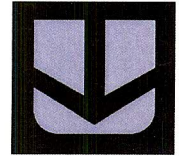
Building Permit Number _____

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-020	
Property Owner	Studer	
Address	2914 Trentwood Blvd	
Nature of Improvement	Electrical	
Received Application	7-9-14	
Sent for Stormwater Review	/	
Stormwater Approved		
Sent for Zoning Review	/	
Zoning Approved		
Applied for Variance	/	
Variance Approved		
Sent to BO for Review	7-9-14	W039086
Building Official Approved	7-11-2014	
Comments		
1.		
2.		
3.		
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>\$ 15,562.62</u>
Permit Fee:	<u>\$ 202.00</u>		
Plans Review Fee:	<u>\$ 101.00</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 4.545</u>		
1.5% State Fee:	<u>\$ 4.545</u>		
TOTAL BUILDING FEE:	<u>\$ 312.09</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$\begin{aligned} & \$37 + (\$11 \times 15) = 37 + 165 = \$202 - \\ & \$202 \times 50\% = \$101 + 202 = \$303 - \\ & \$303 \times 1.5\% = \cancel{\$4.545} (2) = \$9.09 \\ & \$303 + \$9.09 = \boxed{\$312.09} \end{aligned}$$

POWER OF ATTORNEY

Date: 7-2-14

I hereby name and appoint Bradley Miles of

Kreative Resources Inc to be my lawful attorney. In Fact to act and apply to the

City of Belle Isle Building Department for a

Electrical Permit. For work to be performed at a location described as:

Section 29 Township 23 Range 30 Lot 1876 Block 02 -160

Subdivision Daetwyler Shores

Carol Struder 2914 Trentwood Blvd Belle Isle, FL 32812

(Owner of Property and Address)

As well to sign my name and do all things necessary to this appointment.

Justin Fiorini American Electrical Corp EC13005765

Type or Print Name of Register or Certified Contractor and License Number

Justin Fiorini
Signature of Register or Certified Contractor

The foregoing instrument was acknowledged before me the 2nd day of July in 2014.

By Justin Fiorini

Who is personally known to me / who produced _____

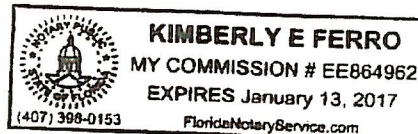
as identification and who did not take oath.

State of Florida

County of Seminole

Kimberly E Ferro
Notary Public Orange County, Florida

Seal





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2014

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 LRA Insurance 498 S Lake Destiny Rd Orlando FL 32810	CONTACT NAME: Pamela Lumbr
	PHONE (A/C No, Ext): (407) 838-3445 FAX (A/C, No): (407) 838-3460
	E-MAIL ADDRESS: plumbra@lrainsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Westfield Insurance Company NAIC # 24112
	INSURER B: RetailFirst Insurance Company 10700
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER:14/15 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			TRA1435882	5/16/2014	5/16/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			TRA1435882	5/16/2014	5/16/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			TRA1435882	5/16/2014	5/16/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	<input checked="" type="checkbox"/> RETENTION \$ 0						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0520-37639	1/26/2014	1/26/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Leased/Rented Equipment			TRA1435882	5/16/2014	5/16/2015	Limit: \$50,000

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

CERTIFICATE HOLDER

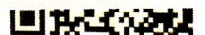
CANCELLATION

jlove@cobifl.com City of Belle Isle 1600 Nela Ave 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 John Lumbr/PAM
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ACORD 25 (2010/05)
INS025 (201005).01

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under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014FIORINI, JUSTIN M
AMERICAN ELECTRICAL CORPORATION
6801 UNIVERSITY BLVD STE 3
WINTER PARK FL 32792ISSUED: 11/25/2013 SEQ # L1311250000554
DISPLAY AS REQUIRED BY LAW