



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: pool & spa Comments: None Project Information Address: 4334 Isle Vista Avenue, Belle Isle, FL 32809 Parcel ID: 20-23-30-0668-00-560 Property Owner: Slaton, Jody & Elizabeth Phone Number: 407-694-3293 ***** Company Name: Aquatronik Systems, Inc. Contractor Name: Broadhurst, Bruce License Number: ER13014043 Address: 105 Golden Rain Terrace, Winter Springs, FL 32708 Phone Number: 407-951-3004	Permit Number: 2014-06-019 Date of Application: 06/10/2014 Date Permit Issued: 06/18/2014 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 School \$ Traffic \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$85.50 Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$89.50 Date Paid <u>6-19-14</u> CC or Check # <u>29489</u> Amount Paid <u>89.50</u> 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 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 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

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
6-10-14

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: 5/13/14

PERMIT NUMBER 2014-06-019

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4334 Isle Vista Ave., Belle Isle FL 32809 32812

Property Owner Jody B. & Elizabeth M. Slaton Phone 407-694-3293

Property Owner's Mailing Address 4334 Isle Vista Ave. City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-0668-00-560

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 1 Pool 1 Switches _____
Electric Signs _____ Meter Reset _____ Low Voltage _____ Stoves _____
Pumps ² _____ 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 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) \$ 880.00

Permit Fee = \$ 57-

Review Fee = \$ 28.50

3% FL Surcharge = \$ 4.00

TOTAL Permit = \$ 89.50

Building Official: Angel Perez Date 6-17-2014
Verified Contractor's Licenses & Insurance are on file cg Date 6-18-14

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] WITH POWER OF ATTORNEY (ATTACHED) LICENSE # ER 13014043

LICENSE HOLDER NAME Bruce Broadhurst COMPANY NAME Aquatronics Systems Inc

Street Address 105 Goldenrain Cove

City Winter Springs State FL Zip Code 32708 Phone Number 407-951-3004

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 2014-06-017

PROJECT NUMBER 0115.1400308.0000

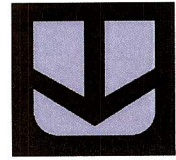
TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-06-019
Property Owner	Slaton
Address	4334 Isle Vista Ave
Nature of Improvement	Electrical (pool)
Received Application	6-10-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	6-17-14 W038425
Building Official Approved	6-17-2014
Comments	
1.	
2.	
3.	
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10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 6-17-2014

Permit Type: electrical Job Cost: \$ 880-

Permit Fee: \$ 57-

Plans Review Fee: \$ 28.50 (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2.00

1.5% State Fee: \$ 2.00

TOTAL BUILDING FEE: \$ 89.50 (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

LIMITED POWER OF ATTORNEY

Date: 6/9/14

I hereby name and appoint JOHN M. MALAGIAN to be my lawful attorney in fact to act for me and apply for a ELECTRICAL permit for work to be performed at the location described as:

4334 ICEE VISTA DR., BLUE ISLE, FL. 32812
(Address of job)
JODY B. SCATON
(Owner of Property)

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

Bruce R Broadhurst
(Signature of Certified Contractor)

BRUCE R. BROADHURST # ER13014043
(Printed name of Contractor and License Number)

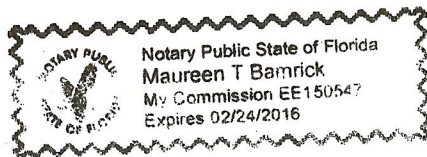
STATE OF FLORIDA
COUNTY OF Orange

The foregoing instrument was acknowledged before me this 9th day of JUNE, 20 14, by BRUCE R. BROADHURST, who is personally known to me or has produced _____ (type of identification) as identification.

Maureen T Barrick
Signature of Notary Public, State of Florida

(Seal)

Print/Type/Stamp Name of Notary Public





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/12/2014

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 Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046	CONTACT NAME: Leslie Briante PHONE (A/C No. Ext): (407) 886-3301 FAX (A/C No): (407) 886-9530 E-MAIL ADDRESS: Leslie@gentryins.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: North Pointe Insurance Co.	NAIC #
INSURED Aqua-Tronic Systems, Inc 105 Goldenrain Cove Winter Springs FL 32708	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER Master 2014 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			3094113372	5/3/2014	5/3/2015	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATU-TORY 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)

CERTIFICATE HOLDER (407) 240-2222 City of Belle Isle 1600 Nela Avenue Belle 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 D Liebknecht/LESLIE <i>Delva Liebknicht</i>
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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: 6/25/2014 **EXPIRATION DATE:** 6/24/2016

PERSON: BROADHURST BRUCE R

FEIN: 262482404

BUSINESS NAME AND ADDRESS:

AQUA-TRONIC SYSTEMS INC

105 GOLDENRAIN COVE

WINTER SPRINGS FL 32708

SCOPES OF BUSINESS OR TRADE:

LICENSED ELECTRICAL
CONTRACTOR

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. 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. 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.



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**BROADHURST, BRUCE REED
AQUA-TRONIC SYSTEMS, INC.
105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708**

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
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

EC13006137 ISSUED: 06/02/2014

**CERTIFIED ELECTRICAL CONTRACTOR
BROADHURST, BRUCE REED
AQUA-TRONIC SYSTEMS, INC.**

**IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2016 L1405023000594**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EC13006137	

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



**BROADHURST, BRUCE REED
AQUA-TRONIC SYSTEMS, INC.
105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708**



ISSUED: 06/02/2014

DISPLAY AS REQUIRED BY LAW

SFO # 11406020000594

City Manager

*** Business Tax must be exhibited conspicuously at your place of business ***