



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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: relocate overhead to underground service & relocate meter

**Comments:** None

**Project Information**

Address: 5120 Louvre Avenue, Belle Isle, FL 32812  
 Parcel ID: 17-23-30-4379-02-270  
 Property Owner: Santos, Shirley  
 Phone Number: 239-728-4942  
 \*\*\*\*\*  
 Company Name: Alltexk Airc Conditioning & Electrical Services  
 Contractor Name: Spicciati, Frank  
 License Number: ER13012314  
 Address: 3524 S. Atlantic Avenue, Cocoa Beach, FL 32931  
 Phone Number: 321-799-2444

**Permit Number: 2014-06-026**

Date of Application: 06/13/2014  
 Date Permit Issued: 06/14/2014

**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**

School \$  
 Traffic \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Cert of Occ \$  
 Demo \$  
 Building \$  
 Fence \$  
 Driveway \$  
 Shed \$  
 Window(s) \$  
 Door(s) \$  
 PrePower \$  
 Electrical \$55.50  
 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 \$59.50**

Date Paid 6-17-14

CC or Check # VIA 0115

Amount Paid 59.50

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**

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)  
 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_ (Slab)  
 3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)  
 4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)  
 5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)  
 6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)  
 7<sup>th</sup> \_\_\_\_\_ (Drywall)  
 8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)  
 9<sup>th</sup> \_\_\_\_\_ (Other)  
 10<sup>th</sup> \_\_\_\_\_ (Final – After MEP and Other Applicable Finals)

**ROOFING**

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_  
 2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_  
 3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

**PLUMBING** (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)  
 3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

**CHECK APPROPRIATE BOX**

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@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](mailto:cobi@universalengineering.com)

password = universal13



**Received**  
6-13-14

## 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: 6/13/14 PERMIT NUMBER 2014-06-026  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT  
 Project Address 5120 LOUVAE AVE Belle Isle FL  32809  32812  
 Property Owner SHARLEY SANTOS Phone 739 728 4942  
 Property Owner's Mailing Address \_\_\_\_\_ City BELLE ISLE / ORLANDO  
 State FLA Zip Code 32812 Parcel Id Number: 17-23-30-4379-02-270  
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 Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) X

Other: Overhead to underground service and Relocate Meter.

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) \$ 1800<sup>00</sup>

Permit Fee = \$ 37-  
 Review Fee = \$ 18.50  
 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 59.50

Building Official: <u>Angel Perry</u> Date <u>6-16-2014</u>
Verified Contractor's Licenses & Insurance are on file <u>YCA</u> Date <u>6-13-14</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 Frank A. Spruill, JR LICENSE # EL 723 ER13012314  
 LICENSE HOLDER NAME Frank A. Spruill, JR COMPANY NAME \_\_\_\_\_  
 Street Address 320 N Atlantic ave suite 6A  
 City Cocoa Beach State FL Zip Code 32931 Phone Number (321) 799-2444  
 Email Address all tek@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 \_\_\_\_\_

PROJECT NUMBER 0115.1300823.0000

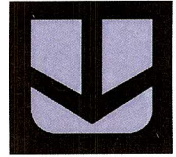
TASK NUMBER 02

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

Permit Number	2014-06-026
Property Owner	Santos
Address	5120 Louwke Ave.
Nature of Improvement	Electrical
Received Application	6-13-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	6-13-14 W038222
Building Official Approved	6-16-2014
Comments	
1.	6-13-14 sq emailed Conti for job cost.
2.	6-16-14 sq " " " " " ; rec'd
3.	6-16-14 sq emailed Frank it's ready
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 6-16-2014

Permit Type:	<u>Electrical</u>	Job Cost:	\$ <u>?</u>
Permit Fee:	\$ <u>37-</u>		
Plans Review Fee:	\$ <u>18.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>55.2<sup>00</sup></u>		
1.5% State Fee:	\$ <u>2<sup>00</sup></u>		
<b>TOTAL BUILDING FEE:</b>	\$ <u>59.50</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits



# CERTIFICATE OF LIABILITY INSURANCE

ALLTE-1

OP ID: JH

DATE (MM/DD/YYYY)  
06/13/2014

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).

<b>PRODUCER</b> Brevard Insurance & Mktg. Inc. P.O. Box 320770 3201 N. Atlantic Ave Cocoa Beach, FL 32932-0770 William D. Kabboord	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Alltek Electric of Brevard, Inc Frank Spicciati 320 N. Atlantic Ave. #6A Cocoa Beach, FL 32931	<b>INSURER A:</b> The United Fire Group		<b>13021</b>
	<b>INSURER B:</b> FCB & I Fund		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>		60313447	08/28/2013	08/28/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/OP AGG	\$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b>		60313447	08/28/2013	08/28/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$
							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/>				EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/>				AGGREGATE	\$
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		106-53156	09/20/2013	09/20/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

ELECTRICAL A/C &amp; HEATING WORK

**CERTIFICATE HOLDER****CANCELLATION**

CITYB-3

City of Bell Isle  
 Universal Engineering Services  
 3532 Maggie Blvd.  
 Orlando, FL 32811

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

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

SPICCIATI, FRANK A
ALLTEK AIR CONDITIONING & ELECTRICAL SERVICES
3524 S ATLANTIC AVENUE
COCOA BEACH FL 32931

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

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.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.

Stamp area containing license details: STATE OF FLORIDA AC# 6317395, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, ER13012314 08/29/12 126004965, REG ELECTRICAL CONTRACTOR SPICCIATI, FRANK A, ALLTEK AIR CONDITIONING & ELEC, (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA), HAS REGISTERED under the provisions of Ch. 489, registration date: AUG 31, 2014 LL2082903635

DETACH HERE

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

AC# 6317395

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12082903635

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 08/29/2012, 126004965, ER13012314

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)

SPICCIATI, FRANK A
ALLTEK AIR CONDITIONING & ELECTRICAL SERVICES
3524 S ATLANTIC AVENUE
COCOA BEACH FL 32931

RICK SCOTT GOVERNOR

KEN LAWSON SECRETARY



**BREVARD COUNTY PLANNING AND DEVELOPMENT DEPARTMENT  
LICENSING REGULATION AND ENFORCEMENT**

2725 Judge Fran Jamieson Way, Suite A-105  
Viera, FL 32940  
www.brevardcounty.us/licensing

Phone: (321) 633-2058  
Fax: (321) 690-6878

**CERTIFICATE OF COMPETENCY**

**CERTIFICATE NO.: EL723**

**THIS CERTIFIES THAT:**

**FRANK SPICCIATI JR**

**ALLTEK ELECTRIC OF BREVARD INC DBA ALLTEK AIR COND & ELEC SERV**

**HAS QUALIFIED AS A:**

**ELECTRICAL CONTRACTOR**

**THIS CERTIFICATE IS ISSUED FOR THE UNINCORPORATED AREAS OF  
BREVARD COUNTY, FLORIDA, THIS 18th DAY OF JANUARY, 2002**

**QUALIFIED BY:  
EXAM**

**NICK WITEK  
CHAIRMAN, BREVARD COUNTY CONTRACTOR LICENSING BOARD**

**DENISE CAMPAGNA  
SECRETARY, BREVARD COUNTY CONTRACTOR LICENSING BOARD**

*"THIS IS NOT A BUSINESS TAX RECEIPT"*

*PLEASE VERIFY ALL INFORMATION FOR ACCURACY*



**BREVARD COUNTY  
CONTRACTOR LICENSING BOARD  
CERTIFICATE OF COMPETENCY**

**CERTIFICATE NO.:      EXPIRATION DATE:**

**EL723**

**08/31/2014**

**ELECTRICAL CONTRACTOR**

**FRANK A SPICCIATI JR  
ALLTEK ELECTRIC OF BREVARD INC DBA ALLTEK AIR COND & ELEC SERV  
320 N ATLANTIC AVE SUITE 6A  
COCOA BEACH FL 32931**

**IMPORTANT!  
THIS IS YOUR CERTIFICATE OF COMPETENCY  
DISPLAY AS REQUIRED BY LAW  
UNDER BREVARD COUNTY ORDINANCE  
CHAPTER 22, ARTICLE VI**

*Denise Campagna*