



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.

<p>Scope of Work: ELECTRICAL: for 15' X 30' pool with spa</p> <p>Comments: None</p> <p>Project Information Address: 2483 Trentwood Blvd, Belle Isle, FL 32809 Parcel ID: 30-23-30-1692-01-130 Property Owner: Squires, Nicole & Vinton Phone Number: None ***** Company Name: Professional Electrical Services Inc Contractor Name: Miller, Brian License Number: EC13C01686 Address: 185 E. S. Charles Richard Beall Blvd, Debary, FL 32713 Phone Number: 386 668 4222</p>	<p style="text-align: center;">Permit Number: 2015-04-011</p> <p>Date of Application: 04/03/2015 Date Permit Issued: 04/23/2015</p> <p>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.</p>
--	--

BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>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 End \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$89.50</p> <p>Date Paid 4-28-15 CC or Check # CK 6724 Amount Paid \$89.50</p> <p>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 (F S 553).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> ROOFING 1ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2ND ROOFING Covering In-Progress _____ 3RD ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1ST _____ (Underground) 2ND _____ (Sewer) 3RD _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1st _____ (Rough-In) 2nd _____ (Final)</p>
---	---

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.

PROJECT NUMBER

015.130060.000

TASK NUMBER

07

CITY OF BELLE ISLE

Permit Application Review Sheet

Permit Number	2015-04-011
Property Owner	SQUIRES, Vinton & Nicole
Address	2483 Trentwood Blvd
Nature of Improvement	Electrical for pool
Received Application	4-3-15
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-9-15
Building Official Approved	4-10-15 RJ
Comments	
1.	Susan 4-6-15 review wd # 49384
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

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: _____ PERMIT NUMBER 2015-04-011

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

Project Address 2483 Trentwood Blvd Belle Isle FL 32809 32812
Property Owner Justin & Nicole Squires
Property Owner's Mailing Address 2483 Trentwood Blvd

Tax I.D. Number, Section _____ Township _____ Range _____ Sub _____ B&L _____
Legal Description: Lot 13 Subdivision CONWAY SHORES

Class of Building: Old New
Type of Work: New Alteration Addition Repair Commercial Low Voltage New Existing
Is power needed? Yes No

Date First Inspection Desired: _____ or will call for inspection

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 _____
Four (4) or More _____ New Meter Services Same Size: _____ Amperage/Voltage/Phase _____

Meter Service Upgrade from _____ to _____ 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 = \$ 200 PERMIT FEE = \$ _____ 3% FL Surcharge
(VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED)
TOTAL Permit _____

Building Inspector: [Signature] Date: 4-10-15 Zoning _____

I hereby certify that the above is true and correct to the best of my knowledge

Name of Business Organization Professional Electric

QB License Number _____

Name of Active Certificate Holder (Master Electrician) Brian Miller LICENSE # FC13001680

State Registration or Certification Number _____

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 Town 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.

Authorized Signatures (License Holder or Agent) [Signature] S. Charles Richard Beall Blvd

Street Address 185 S. Charles Richard Beall Blvd State FL Zip Code 32713 Phone Number 407-671-2000

City Sanford Debra State FL Zip Code 32713 Phone Number 407-671-2000

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.

RETAIN A COPY FOR OFFICE USE AND RETURN ORIGINAL TO APPLICANT

Updated: 11-2010 FORM #ELEC008

To schedule an inspection please email your request to: BD@schedulimg@UniversalEngineering.com

Call for confirmation at 407-581-8161

386-668-4228



ELECTRIC



COBI Permit Fee Calculation Form

Reviewer Signature: _____ Date: _____

Permit Type:	_____	Job Cost:	\$ <u>200.-</u>
Permit Fee:	\$ <u>57.-</u>		<u>57.-</u>
Plans Review Fee:	\$ <u>28.50</u>		<u>28.50</u>
			<u>85.50</u>
		(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.00 (MIN)</u>		
1.5% State Fee:	\$ <u>2.00 (MIN)</u>		
TOTAL BUILDING FEE:	\$ <u>89.50</u>		(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWG/AFT permits



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/25/2014

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No. Ext): 888-333-4949 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM FAX (A/C, No.): 507-446-4664
INSURED PROFESSIONAL ELECTRICAL SERVICES INC 185 S CHARLES RICHARD BEALL BLVD DEBARY, FL 32713	INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	MAIC # 13935

COVERAGES CERTIFICATE NUMBER: 127 REVISION NUMBER: 0

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			9157714	01/01/2015	01/01/2016	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> POLICY PROJECT LOC						GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY						PRODUCTS - COMPIOP AGG \$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Per accident) \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
A	UMBRELLA LIAB			9157714	01/01/2015	01/01/2016	PROPERTY DAMAGE (Per accident)
	EXCESS LIAB						EACH OCCURRENCE
	DED RETENTION						AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$500,000
A				9318274	01/01/2015	01/01/2016	E.L. DISEASE - EA EMPLOYEE \$500,000
							E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER 236-209-3 CITY OF BELLE ISLE 1600 NELA AVE BELLE ISLE, FL 32809-6184	CANCELLATION 127 0
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) The ACORD name and logo are registered marks of ACORD © 1988-2010 ACORD CORPORATION. All rights reserved.



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

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

(850) 487-1395

**MILLER, BRIAN KEITH
PROFESSIONAL ELECTRICAL SERVICES INC
185 CHARLES R. BEALL BLVD.
DEBARY FL 32713**

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 barbeque 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!



RICK SCOTT, GOVERNOR

DETACH HERE

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	EC13001686
-----------------------	------------

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



**MILLER, BRIAN KEITH
PROFESSIONAL ELECTRICAL SERVICES INC
185 CHARLES R. BEALL BLVD.
DEBARY FL 32713**

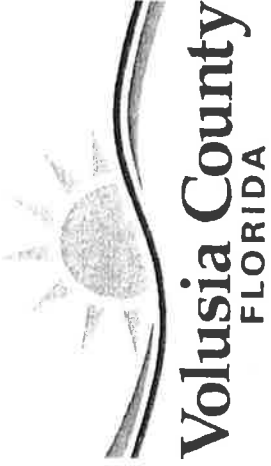
ISSUED: 06/10/2014

RECEIVED BY: [Signature]

2014 / 2015

Volusia County Business Tax Receipt

Issued pursuant to F.S. 205 and Volusia County Code of Ordinances Chapter 114-1 by:
Volusia County Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - 386-736-5938



Receipt # 199610040019 Expires: September 30, 2015
Business Location: 185 S CHARLES BEALL BLVD

Business Name: PROFESSIONAL ELECTRICAL SERVICES II
Owner Name: PROFESSIONAL ELECTRICAL SERVICES II
Mailing Address: 185 S CHARLES BEALL BLVD
DEBARY, FL 32713

BUSINESS TYPE	CODE	COUNT	TAX
Electrical Contractor	301E	1	\$18.00

- This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within Volusia County. This receipt is non-regulatory in nature and is not meant to be a certification of the holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.
- The business must meet all County and/or Municipality planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.
- The information contained on this Business Tax Receipt must be kept up to date. Contact the Volusia County Revenue Division for instructions on making changes to your account.

**THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE
POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - 386-736-5938

DATE PAID: 07/11/2014
PAYMENT Lockbox-13-00090713 Business Name: PROFESSIONAL ELECTRICAL SERVICES II
RECEIPT #: Owner Name: PROFESSIONAL ELECTRICAL SERVICES II
Mailing Address: 185 S CHARLES BEALL BLVD
DEBARY, FL 32713

TOTAL TAX: 18.00
PENALTY: 0.00
TOTAL PAID: 18.00

Receipt # 199610040019 Expires: September 30, 2015
Business Location: 185 S CHARLES BEALL BLVD

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS