



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: Re-wire for remodel of kitchen garage, MB & Bath, Bedrooms 2 & 3
Comments: Building Permit 2015-02-008
Project Information
Address: 3109 Indian Dr, Belle Isle, FL 32809
Parcel ID: 29-23-30-4389-01-110
Property Owner: Zuehlke, Ann (Robert Allen)
Phone Number: None

Company Name: Doddato's Powerhouse Electric, Inc
Contractor Name: Doddato, John M.
License Number: EC13005722
Address: 210 Massachusetts Ave, St. Cloud, FL 34769
Phone Number: 321 624 3034

Permit Number: 2015-04-038

Date of Application: 04/17/2015
Date Permit Issued: 04/21/2015

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 \$72.00
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 \$76.00

Date Paid 4-21-15

CC or Check # AMEX 92001

Amount Paid 76.00

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
1ST ROOFING Deck Nailing/Dry-in/Flashing _____
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 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 password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

| Permit Number | 2015-04-038 |
|----------------------------|---|
| Property Owner | Zuehike, Ann |
| Address | 3109 Indian Dr. |
| Nature of Improvement | Electrical: re-wire for remodel |
| Received Application | 4-17-15 |
| Sent for Stormwater Review | |
| Stormwater Approved | ✓ |
| Sent for Zoning Review | |
| Zoning Approved | ✓ |
| Applied for Variance | |
| Variance Approved | |
| Sent to BO for Review | 4-17-15 |
| Building Official Approved | Richardson via email 4-17-15 |
| Comments | |
| 1. | Susan 4-17-15 all credentials ✓ renewal w/ #49907 |
| 2. | |
| 3. | * They give SD. - get before |
| 4. | (Issuing permit never mind |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |



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
4-17-15

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: 4-16-15 PERMIT NUMBER 2015-04-038
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 3109 Indian Dr. Belle Isle FL 32809 32812
Property Owner Zuehike, Ann Phone _____
Property Owner's Mailing Address 3109 Indian Dr. City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 29-23-30-4389-01-10
To obtain this information, please visit <http://www.ocpaf1.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) _____
Other: Rewire Kitchen, Garage, Master Bed & Bath
& Bed 2 & 3

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) \$ 2000.00

Building Official: Richard Olden Date 4-17-15
Verified Contractor's Licenses & Insurance are on file SM Date 4-17-15

Permit Fee = \$ 48.-
Review Fee = \$ 24.-
3% FL Surcharge = \$ 4.-
TOTAL Permit = \$ 76.00

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 # EC13005722
LICENSE HOLDER NAME John Deledeto COMPANY NAME Deledeto's Powerhouse E/IE
Street Address 210 Massachusetts Ave. St. Cloud FL 34769 321-624-3034
City _____ State _____ Zip Code _____ Phone Number _____

Building Permit # 2015-02-008



COBI Permit Fee Calculation Form



Reviewer Signature: _____

Date: _____

2015-04-

| | | | |
|----------------------------|-------------------|--|------------------|
| Permit Type: | <u>electrical</u> | Job Cost: | \$ <u>2000.-</u> |
| Permit Fee: | \$ <u>48.-</u> | | |
| Plans Review Fee: | \$ <u>24.-</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>76.-</u> | (does not include Zoning fees or Deposits) | |

Note: Total gets doubled for SWO/AFT permits

$$\begin{array}{r}
 37.- \text{ first } 1000 \\
 \underline{11.- \text{ second } 1000} \\
 48 \div 2 = 24 \\
 \underline{24} \\
 72.- + 4.- = 76.-
 \end{array}$$



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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


(850) 487-1395

DODDATO, JOHN MICHAEL
DODDATO'S POWERHOUSE ELECTRIC INC
210 MASSACHUSETTS AVENUE
SAINT CLOUD FL 34769

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!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC13005722 ISSUED: 08/10/2014

CERTIFIED ELECTRICAL CONTRACTOR
DODDATO, JOHN MICHAEL
DODDATO'S POWERHOUSE ELECTRIC INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2016 L1408100003054

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

| | |
|-----------------------|--|
| LICENSE NUMBER | |
| EC13005722 | |

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



DODDATO, JOHN MICHAEL
DODDATO'S POWERHOUSE ELECTRIC INC
210 MASSACHUSETTS AVENUE
SAINT CLOUD FL 34769



ISSUED: 08/10/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408100003054



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: 7/19/2013 EXPIRATION DATE: 7/19/2015
PERSON: DODDATO JOHN M
FEIN: 320077763

BUSINESS NAME AND ADDRESS:

DODDATO'S POWERHOUSE E

210 MASSACHUSETTS AVE

SAINT CLOUD FL 34769

SCOPES OF BUSINESS OR TRADE:

ELECTRICAL WIRING
WITHIN BUIL

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.

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

QUESTIONS? (850)413-1609

2015
EXPIRES SEPTEMBER 30, 2015

PATSY HEFFNER, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA

ACCOUNT NO.
74231

LOCAL BUSINESS TAX RECEIPT

BUSINESS TYPE 6150 ELECTRICAL CONTR (DBPR/CMPCRD)

BUSINESS
Doddato's Powerhouse Electric, Inc.
210 Massachusetts Ave.
St. Cloud, FL 34769

CITY OF ST CLOUD

MAILING ADDRESS
Doddato's Powerhouse Electric, Inc.
John M. Doddato
210 Massachusetts Ave.
St. Cloud, FL 34769

EC13005722

PATSY HEFFNER
Tax Collector
6150-74231
2401761
09/08/2014
Oper NM
Till 24
Paid 30.00

| | |
|-----------------|-------|
| RENEWAL | |
| NEW LICENSE | |
| TRANSFER | 0.00 |
| ORIGINAL TAX | 30.00 |
| AMOUNT | 0.00 |
| PENALTY | 0.00 |
| COLLECTION COST | 0.00 |
| TOTAL | 30.00 |



PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2015

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 Amsley Insurance Services Inc 1617 13TH ST SAINT CLOUD FL 34769-4306 | | CONTACT NAME: Pamela Rodriguez PHONE (A/C, No, Ext): (407) 892-9645 E-MAIL ADDRESS: pr@amsleyinsurance.com FAX (A/C, No): (407) 892-7807 | |
| INSURED DODDATO POWERHOUSE ELECTRIC, INC. 210 MASSACHUSETTS AVE SAINT CLOUD FL 34769-2361 | | INSURER(S) AFFORDING COVERAGE INSURER A: Cypress Property & Casualty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

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 INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | 20P0056649-2 | 07/22/2014 | 07/22/2015 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 \$ |
| | 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | 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 <input type="checkbox"/> N / A | | | | PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$ |

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

| | |
|--|--|
| CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave 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 |
|--|--|

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