



# 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: low voltage phone & data wiring  
**Comments:** None

**Permit Number: 2016-04-008**

**Date of Application: 04/06/2016**

**Date Permit Issued: 04/06/2016**

**Project Information**

**Address:** 1900 McCoy Rd, Belle Isle, FL 32809  
**Parcel ID:** 31-23-30-0000-00-002  
**Property Owner:** McCoy federal Credit Union  
**Phone Number:** 407 583 1106  
\*\*\*\*\*  
**Company Name:** CJS Communications Inc  
**Contractor Name:** Slaven, Matt  
**License Number:** ES12000765  
**Address:** 125 W. Ohio Ave, Orange City, FL 32763  
**Phone Number:** 386 860 2800

**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 \$63.00  
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 \$67.00**

**Date Paid** 4-7-16

**CC of Check #** AMEX 55003

**Amount Paid** 67.00

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**

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 4pm.** 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.



**RECEIVED**  
**APR 06 2016**

**APPLICATION FOR ELECTRICAL PERMIT**

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY REBY: 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: 4/6/16 PERMIT NUMBER: 2016-04-008  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT.  
 Project Address: 1900 McCoy Road Belle Isle FL  32809  32817  
 Property Owner: McCoy Federal Bank Phone: 407-509-6742  
 Property Owner's Mailing Address: Same City: \_\_\_\_\_  
 State: FL Zip Code: \_\_\_\_\_ Parcel ID Number: \_\_\_\_\_  
To obtain this information, please visit <http://www.ocwfl.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 _____	Packin Fan _____	Outlets _____
Fixtures _____	Spa _____	Pool _____	Switches _____
Electric Signs _____	Meter Recept _____	Low Voltage <u>14 DROPS</u>	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: CATSE Plenum Phone/Data Wiring

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) \$ \$2,000

Building Official: <u>ag</u> Date: <u>4-6-16</u>	Permit Fee = \$ <u>42</u>
Verified Contractor's Licenses & Insurance are on file <u>aw</u> Date: <u>4-6-16</u>	Review Fee = \$ <u>21</u>
	3% FL Surcharge = \$ <u>4</u>
	TOTAL Permit = \$ <u>67.-</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: Matt Slaven LICENSE # ES12000765  
 LICENSE HOLDER NAME: MATT SLAVEN COMPANY NAME: CJS COMMUNICATIONS Inc  
 Street Address: 125 W. OHIO AVE  
 City: Orlando City State: FL Zip Code: 32763 Phone Number: 386-860-2800  
 Email Address: MSLAVEN@CJSCOMM.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: 2016-03-018

WO 66335

37  
40 = 2  
21  
63



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



LICENSE NUMBER	
ES12000765	

The SPECIALTY ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016  
AS A LIMITED ENERGY SYSTEMS SPECIALIST



SLAVEN, MATTHEW W  
CJS COMMUNICATIONS INC  
505 DELTONA BLVD SUITE 101  
DELTONA FL 32725

ISSUED 07/27/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407270003009

2015/2016

**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 # 200105010006 Expires: September 30, 2016  
Business Location: 125 W OHIO AV

Business Name: C J S COMMUNICATIONS INC.  
Owner Name: KATHY SLAVEN & MATTHEW SLAVEN  
Mailing Address: 125 W OHIO AV  
ORANGE CITY, FL 32763

BUSINESS TYPE	CODE	COUNT	TAX
Business Service State Lic Req	472	10	\$54.00

- 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: 07/10/2015  
PAYMENT Lockbox-14-00086596  
RECEIPT #:

Business Name: C J S COMMUNICATIONS INC.  
Owner Name: KATHY SLAVEN & MATTHEW SLAVEN  
Mailing Address: 125 W OHIO AV  
ORANGE CITY, FL 32763

TOTAL TAX: 54.00  
PENALTY: 0.00  

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TOTAL PAID: 54.00

Receipt # 200105010006 Expires: September 30, 2016  
Business Location: 125 W OHIO AV

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