

## 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: low voltage phone & data wiring

Comments: None

**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

Permit Number: 2016-04-008

Date of Application: 04/06/2016

Date Permit Issued: 04/06/2016

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 FFFO					
IMPACT FEES School \$	BUILDING INSPECTOR USE ONLY				
Traffic \$	IF APPLICABLE:				
,	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions				
ZONING FEES					
Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO				
LINIVEDOAL ENG. BUILDING SEED	BUILDING				
UNIVERSAL ENG - BUILDING FEES	1 <sup>st</sup> (Footing/Foundation)				
Cert of Occ \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?				
Demo \$					
Building \$	2 <sup>nd</sup> (Slab)				
Fence \$	3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)				
Driveway \$	3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)				
Shed \$	4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)				
Window(s) \$ Door(s) \$	(Exterior Framing)(Roon/yvaii Sheatning)				
PrePower \$	5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/				
Electrical \$63.00	Electrical Rough-Ins & Windows/Doors Installed)				
Temp Pole \$	<del>-</del>				
Plumbing \$	6 <sup>th</sup> (Insulation to be Made After Roof Installed)				
Mechanical \$					
Gas \$ Roofing \$	7 <sup>th</sup> (Drywall)				
Boat Dock \$	8 <sup>th</sup> (Sidewalk/Driveway)				
Screen Encl \$	(Sidewaik/Driveway)				
Swimming Pool \$	9 <sup>th</sup> (Other)				
Sign \$					
CUDOUADOE EEEO	10 <sup>th</sup> (Final – After MEP and Other Applicable Finals)				
SURCHARGE FEES	TO DOCEMIA				
Surcharge Fee \$2.00	ROOFING  1 <sup>ST</sup> POOFING Deak Mailing/Deaking				
Surcharge Fee \$2.00	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing				
	2 <sup>nd</sup> ROOFING Covering In-Progress				
TOTAL FEES \$67.00					
-	3 <sup>rd</sup> ROOFING Covering Final				
117-11					
Date Paid 4 / 16	☐ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)				
CCOT Check # AMEX 55003	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)				
( )	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)				
Amount Paid 6 -00	3 <sup>rd</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)				
	(I may				
The person accepting this permit shall	CHECK APPROPRIATE BOX				
conform to the terms of the	☐ GASNaturalLP ☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE				
application on file and construction	38				
shall conform to the requirements of the Florida Building Code (FS 553).	1 <sup>sl</sup> (Rough-In) 2 <sup>nd</sup> (Final)				
the Fiorida building Code (FS 553).					

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 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.



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd , Orlando, FL 32811 Tel 407-581-8161 ° Fax 407-581-0313 ° www.univertialengineering.com

APR 0 6 2016

APPLICATION FOR ELECTRICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY REPLY IN YOUR PAYING TWICE FOR INVITAVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RETURNED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU MITEMO TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICA	TION: 4/4/16	PERM	NUMBER 2016-04-008	
1,000		re electrical installations as indicated b		
Project Address	900 McCoy	Road	Belie fels FL 32809 32817	
Property Owner &	1 1	1 Bank	Phone 407 - 509 - 674	2_
Property Owners Me	C1.		City	
	Zip CodeF	Parrul ld Number		
			//www.oeustl.org/Scarches/Parce/Search.aspy	
Class of Building: Type of Work: Nov	Old New D Type  Alteration Addition	of Building Residentia Comme on Regar Low Vot	iroal Cober	
		ANTITY OF ALL EQUIPMENT TO B		
	Exhaust Fan		Webs Heater	
	0γα:		Outlets	
Friduites	Spa Space	PoolPool	Switches	
Electric Signs Pumps	Meter Reset	Low Voltage / Y D/ S Air Conditioning (tons)		
i smporary Constru	ICIDA POIR	One (1) New Mater Service	Amperage/Voltage/Prisse	
Metar Service Uppr	ade from	Phase Amperage/Voltage/Ph	a Difference in Size	
Batanata Faintina AA			each system at a state	
2.000	eter Senace (No Service Size )		110000	
Other: CAT	se Plenum	PHONE Dary	4 WIRING	
			6	
		ZE SCHEDULE		
		USE VALUATION OF JOB FOR PE		
ZVALUATION OF	JOB (VALUATION OF ALL M	ATERIALS, LABOR AND FIXTURES I	NSTALLEDS # 2,000	
			Pormit Foe = \$ 42	
	^^	IL I M	0.1	
Building Official:	UQ	Date 7-6-16	Review Fee = 5	2
Validad Contracto	or's Ucenses & Insurance are o	9th 4-6-11	3% FL Surcharge = \$	/
FEITHER GETT BULL	a a cocase o monance ace o	Cors - C	TOTAL DATE (7	•
			TOTAL Permit = S	
nereby certify that the	he above is true and correct to	the best of my knowledge		
hereby make Applicat	confor Permit as putlimed above.	and if same is granted Lagree to conform	to all Florida Building Code Regulations and City	
		is but mitted. The issuance of this permit i	loss not grant permusion to visitate and	
	r Searce of Figures codes and or se		At	
LICENSE HOLDERS	SIGNATURE ALLELL	1 due	UCENSE . ES12000765	4
		distant	CIS COMMUNICATION	e line
		HURM COMPANY HAM	E COS CUMPIONICATION	> (NC
Street Address 12	5 W OHIO HU	€_		
on ocarrel	City com	E/- 717 Cate 32 76 3	Prone Number 386 - 860 - 280	
		JS COMM, COM		
WITE: The Building I	Parente Militatore in reministrat d'Una F	The tro of lost all along to actor and one	y communities or alteration where a Building	
Hermit has be		menter man, utant martinetus (P. S. 2000 chill Sch. Millul Sud		^
	27		6016-03-	DUS
		BullSing P	Permit Humber	U - W
	422	3		
35	21			
	12			
	62			

WO 66 335



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/06/2016

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 O HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	COMPANY	CONTACT NAME: CLIENT CONTACT CENTER  PHONE (A/C, No, Ext): 888-333-4949  E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	07-446-4664
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: FEDERATED MUTUAL INSURANCE COMPANY	13935
INSURED	257-900-	INSURER B:	
CJS COMMUNICATIONS INC 125 W OHIO AVE		INSURER C:	
ORANGE CITY, FL 32763-6569		INSURER D:	
		INSURER E:	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER: 203	REVISION NUMBER: 1	

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	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR	1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	X BUSINESS OWNER'S LIABILITY	.					MED EXP (Any one person)	
Α		N	N	9289809	09/19/2015	09/19/2016	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO-	1					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO ALL OWNED SCHEDULED	1					BODILY INJURY (Per person)	
Α	AUTOS AUTOS NON-OWNED	N	N	9289810	09/19/2015	09/19/2016	BODILY INJURY (Per accident)	
	HIRED AUTOS AUTOS	1					PROPERTY DAMAGE (Per accident)	
		_						
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE	4					AGGREGATE	
	DED RETENTION	<u> </u>	_					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  N / A		N		09/19/2015	09/19/2016	X PER STATUTE OTH-	
Α				9289811			E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH)	,,,,	, N	3203011	09/19/2015	09/19/2010	E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				f		E.L DISEASE - POLICY LIMIT	\$500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Atta	ach AC	ORD 101, Additional Remarks Schedul	le, if more space is re	quired)		
		,				,		

OEITH TO/TIE TIOLDER	CANCELLATION	
257-900-1 CITY OF BELLE ISLE 1600 NELA AVE BELLE ISLE, FL 32809-6184	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS.	
is the second second	AUTHORIZED REPRESENTATIVE	

CANCELLATION

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ACORD 25 (2014/01)

CERTIFICATE HOLDER

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# 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



in.

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

ISSUED 07/27/2014

DISPLAY AS REQUIRED BY LAW

SEO # 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



Expires: September 30, 2016 200105010006 Receipt #

125 W OHIO AV Business Location:

Business Name: Owner Name:

Mailing Address:

C J S COMMUNICATIONS INC. KATHY SLAVEN & MATTHEW SLAVEN

125 W OHIO AV

ORANGE CITY, FL 32763

BUSINESS TYPE	CODE	COUNT	TAX
Business Service State Lic Reg	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

RECEIPT #:

PAYMENT Lockbox-14-00086596 Business Name:

Owner Name:

C J S COMMUNICATIONS INC.

KATHY SLAVEN & MATTHEW SLAVEN

Mailing Address:

125 W OHIO AV ORANGE CITY, FL 32763

TOTAL TAX: 54.00 PENALTY: 0.00 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