



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: Complete interior wiring for 111 unit hotel + common areas
Comments: NONE

Project Information

Address: 1934 McCoy Rd, Belle Isle, FL 32812
Parcel ID: 31-23-30-8262-03-000
Property Owner: Woodspring Suites
Phone Number: none

Company Name: Cullum Electrical Service/Florida Electrical Service
Contractor Name: Cullum, Kyle David
License Number: EC1300611
Address: 4151 112th Terrace N, Clearwater, FL 33762
Phone Number: 727 573 9311

Permit Number: 2016-04-027

Date of Application: 04/15/2016

Date Permit Issued: 04/18/2016

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 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 \$6,490.50
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$97.36
Surcharge Fee \$97.36

TOTAL FEES \$6,685.22

Date Paid 4-19-16

CC or Check # 09202

Amount Paid 6685.22

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 IDScheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle
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RECEIVED
 APR 15 2016

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: 4-15-2016 PERMIT NUMBER 2016-04-027

The undersigned hereby applies for a permit to make electrical installations as indicated below, PLEASE PRINT
 Project Address 1934 McCoy RD, Belle Isle FL 32809 32812

Property Owner Woodspring Suites Orlando FL-Belle Isle LLC Phone _____

Property Owner's Mailing Address Jc/o Pam Langley 8621 E 21ST ST N STE 250 City Wichita

State KS Zip Code 67206-2942 Parcel Id Number: 31-23-30-8262-03-000
 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 <u>115+</u>	Disposal _____	Water Heater <u>- GAS</u>
Hood Fan _____	Dryer <u>2</u>	Paddle Fan _____	Outlets <u>1000+</u>
Fixtures _____	Spa _____	Pool _____	Switches <u>400+</u>
Electric Signs _____	Meter Reset _____	Low Voltage <u>FRE WARM + DATA</u>	Stoves _____
Pumps _____	Motors _____	Air Conditioning (tons) <u>PTAC UNITS</u>	Furnace (KW) _____

Temporary Construction Pole _____ One (1) New Meter Service 1600 AMP / 208 / 3 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: Per plans submitted by Integrated Construction LLC

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) \$ 446,000.-

Building Official: [Signature] Date 4/15/16
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-15-16

Permit Fee = \$ 4327.-
 Review Fee = \$ 2163.50
 3% FL Surcharge = \$ 199.72
 TOTAL Permit = \$ 6685.22

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 # EC#13006111
 LICENSE HOLDER NAME Kyle David Cullum COMPANY NAME Cullum Electrical Services, Inc
 Street Address 4151 112 TH Terrace N
 City Clearwater State FL Zip Code 33762 Phone Number 727-573-9311
 Email Address kyle.cullum@floridaelectricalservice.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 _____

wo 66703



COBI Permit Fee Calculation Form



Admin
Reviewer Signature: [Signature]

Date: 4-19-16

Permit Type:	<u>Electrical for 111 unit Hotel</u>	Job Cost:	<u>\$ 440,000</u>
Permit Fee:	<u>\$ 4327.-</u>		<u>6490.50</u>
Plans Review Fee:	<u>\$ 2163.50</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	<u>\$ 97.36</u>		<u>194.72</u>
1.5% State Fee:	<u>\$ 97.36</u>		
TOTAL BUILDING FEE:	<u>\$ 6685.22</u>	(does not include Zoning fees or Deposits)	<u>N/A</u>

Note: Total gets doubled for SWO/AFT permits

15T 1K .37
 11 x 390 4290
 4327.2
 2163.50
 6490.50

97.36
 97.36
 194.72