



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsengineering.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 for boat dock

Comments: None

Project Information

Address: 4124 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0669-00-350
Property Owner: JPC Construction Inc
Phone Number: 954 947 5400

Company Name: A&E Electrical Services, LLC
Contractor Name: Byrd, Robert
License Number: ER13014216
Address: 234 Blue Stone Circle, Winter Garden, FL 34787
Phone Number: 407-405-5753

Permit Number: 2016-03-061

Date of Application: 03/28/2016

Date Permit Issued: 03/28/2016

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 \$55.50
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 \$59.50

Date Paid

4-5-16

CO or Check

115A 3885

Amount Paid

59.50

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

(Driveway)

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 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.

For a copy of your permit, or to check inspection results, please visit <https://universalsengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
login ID = cobi@universalsengineering.com password = [universals113](https://universalsengineering.com)



City of Belle Isle

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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: 3/27/16

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

PERMIT NUMBER 2016-03-061

Project Address 4124 Isle Vista Av

Belle Isle FL 32809 32812

Property Owner JPC Construction

Phone _____

Property Owner's Mailing Address _____

City _____

State _____ Zip Code _____

Parcel Id Number: 20-23-30-0669-00-350

To obtain this information, please visit: <http://www.csgaffl.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 2 _____
Fixtures 2 _____	Spa _____	Pool _____	Switches 1 _____
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 _____

Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____

Other: Wiring of boat dock only. Power provided by others

diagram rec'd 3-30-16
wiring of boat dock

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) \$ 900.-

Building Official: [Signature] Date 3/28/16

Verified Contractor's Licenses & Insurance are on file [Signature] Date 3/28/16

Permit Fee = \$ 37.-

Review Fee = \$ 18.50

3% FL Surcharge = \$ 4.-

TOTAL Permit = \$ 59.50

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 # _____

LICENSE HOLDER NAME Robert Byrd

COMPANY NAME A&E Electrical Services, LLC

Street Address 234 Blue Stone Circle

City Winter Garden

State FL

Zip Code 34787

Phone Number 407-405-5753

Email Address byrd@ae-electrical.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.

37
18.50
55.50
wo 66005

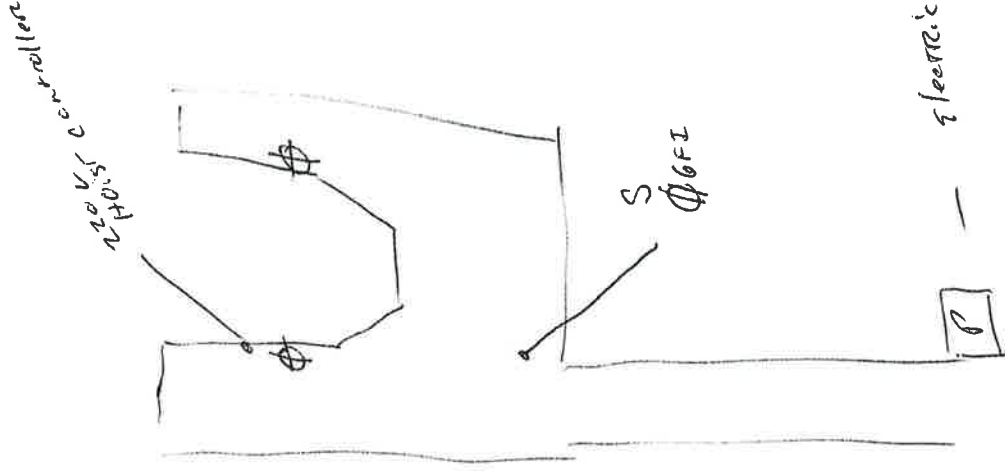
Building Permit Number 2015-09-070

A+E electrical

Lot 37

RECEIVED
MAR 29 2016

BY: Y124 Isle Vista



Φ Light
S Switch
Φ GFI OUTLET

UP COVERS

Electrical Panel

2011 NEC 3-31-16

Applies
[Signature]





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/15

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		CONTACT NAME: Craig Coleman Agent 407-469-2641	
King Ins. And Financial Services		PHONE (A/C, No. Ext.): (407) 469-2641-	FAX (A/C, No.): (800) 861-3233
P.O. Box 321482		E-MAIL ADDRESS: kifsfinancialservices@gmail.com	
Cocoa Beach, FL 32932-1482		INSURER(S) AFFORDING COVERAGE	
Phone (321)799-3022	Fax (321)799-3613	INSURER A : Old Dominion Insurance Company	NAIC # 40231
INSURED		INSURER B : NGM Insurance Company	14788
A&E Electrical Services LLC		INSURER D :	
234 Blue Stone Circle		INSURER E :	
Winter Garden, FL 34787-		INSURER F :	

COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDSUBR (INSR LWVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	MPG8307C	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 _____ \$ _____ COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____ <input checked="" type="checkbox"/> WC STATUS-TORY LIMITS <input type="checkbox"/> OTHER
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCG8958E	04/06/2015	04/06/2016	E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

The endorsement amending the business owners liability coverage form includes several additional insureds automatically. The endorsement states that additional insured status is only provided if there is a written agreement or contract between the parties requiring such status.

CERTIFICATE HOLDER

The 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



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

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

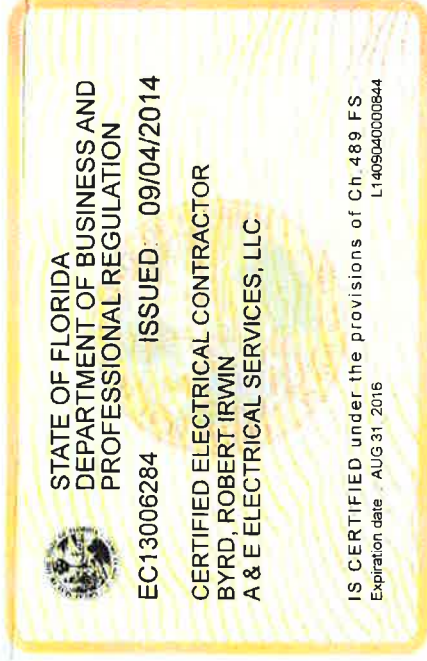
(850) 487-1395

**BYRD, ROBERT IRWIN
A & E ELECTRICAL SERVICES, LLC
234 BLUE STONE CIRCLE
WINTER GARDEN FL 34787**

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

EC13006284

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

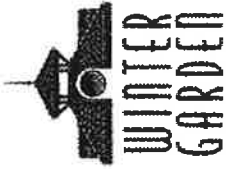
**BYRD, ROBERT IRWIN
A & E ELECTRICAL SERVICES, LLC
234 BLUE STONE CIRCLE
WINTER GARDEN FL 34787**



ISSUED: 09/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409040000844



CITY OF WINTER GARDEN
300 WEST PLANT STREET
WINTER GARDEN, FL 34787

P: 407.656.4111
WWW.WINTERGARDEN-FL.GOV

WINTER GARDEN • A charming little city with a juicy past.

LOCAL BUSINESS TAX RECEIPT FOR CITY OF WINTER GARDEN

Business Name:	A & E ELECTRICAL SERVICES	Location:	234 BLUE STONE CIR
Receipt No:	15-00005836	Class:	ELECTRICAL CONTRACTOR
Tax/Add'l Tax:	\$ 86.00 \$	Issue Date:	February 02, 2015
Late Penalty:	\$ 0.00	Expires:	September 30, 2015
Total Paid:	\$ 0.00	Restrictions:	MUST COMPLY WITH LOCAL BUSINESS TAX REQUIREMENTS
		Comments:	

A & E ELECTRICAL SERVICES
234 BLUE STONE CIR

WINTER GARDEN FL 34787

BUSINESS TAX RECEIPT MUST BE POSTED IN CONSPICUOUS PLACE AT ALL TIMES.

P PORTION IS YOUR 2015 LOCAL BUSINESS TAX RU SEPTEMBER 30, 2015***

1 through September 30. Tax fees are prorated after April 1 for a half-year fee.
must be inspected by the Fire Department to meet all applicable state and city code
o make arrangements for your inspection.

must be paid **AFTER YOU HAVE BEEN ISSUED THE WINTER GARDEN**
located at 201 S Rosalind Ave, 2nd FL, Orlando, (407) 836-5650.

CITY OF WINTER GARDEN
*** CUSTOMER RECEIPT ***
Data: 2/02/15 06 Receipt no: 51237

Year	License	Amount
2015	5836	
234 BLUE STONE CIR		
WINTER GARDEN, FL 34787		
OR	OCCUPATIONAL LIC-RENEWAL	\$86.00
		2504652

Trans number:
Tender detail
CR CASH \$86.00
Total tendered \$86.00
Total payment \$86.00

Trans date: 2/02/15 Time: 10:33:17

*** THANK YOU FOR YOUR PAYMENT ***