



PERMIT CARD - PLEASE POST AT JOB SITE
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3: 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.

<p>Scope of Work: ELECTRICAL: dishwasher, 4 exhaust fans, disposal, water heater, hood fan, dryer, 9 paddle fans, 45 outlets, 12 fixtures, pool, 21 switches, stove, 10kw furnace & 200/240/1 meter svc Comments: None</p> <p>Project Information Address: 4323 Isle Vista Avenue, Belle Isle, FL 32812 Parcel ID: 20-23-30-0668-00-840 Property Owner: Surrey Homes Phone Number: 407-470-1336 ***** Company Name: Synergy Electrical Systems Inc. Contractor Name: Strada, Steve License Number: ER13014121 Address: 550 Parkside Pointe Blvd, Apopka, FL 32712 Phone Number: 407-462-8377</p>	<p align="center">Permit Number: 2014-11-020 Date of Application: 11/19/2013 Date Permit issued: 11/20/2013</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES School \$</p> <p>ZONING FEES Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>PrePower</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$132.00</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$</td></tr> <tr><td>Mechanical</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> </table> <p>SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p>TOTAL FEES \$136.00</p> <p>Date Paid 11-21-13 CC or Check # via 9519 Amount Paid 136</p> <p>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).</p>	Demo	\$	Building	\$	Fence	\$	Driveway	\$	Shed	\$	Window(s)	\$	Door(s)	\$	PrePower	\$	Electrical	\$132.00	Temp Pole	\$	Plumbing	\$	Mechanical	\$	Gas	\$	Roofing	\$	Boat Dock	\$	Screen Encl	\$	Swimming Pool	\$	<p align="center">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p><input type="checkbox"/> BUILDING 1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation) 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)</p> <p><input type="checkbox"/> ROOFING 1ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2nd ROOFING Covering In-Progress _____ 3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1st _____ (Underground) 2nd _____ (Sewer) 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1st _____ (Rough-In) 2nd _____ (Final)</p>
Demo	\$																																		
Building	\$																																		
Fence	\$																																		
Driveway	\$																																		
Shed	\$																																		
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Boat Dock	\$																																		
Screen Encl	\$																																		
Swimming Pool	\$																																		

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.



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-561-8161 * Fax 407-561-0313 * www.universalengineering.com

Received
11-19-13

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: 11-19-13 PERMIT NUMBER: 2014-11-210
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address: 4323 Isle Vista Ave Belle Isle FL 32809 32812
Property Owner: Surrey Homes Phone: 407-770-1336
Property Owner's Mailing Address: 1133 Louisiana Ave City: Winter Park
State: FL Zip Code: 32789 Parcel Id Number: _____
To obtain this information, please visit <http://www.cogisfl.com/Search/PermitSearch.aspx>

Class of Building: Old New
Type of Work: New Alteration Addition Repair Low Voltage New Existing Commercial Other
Data First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Disinfecter	1	Exhaust Fan	4	Disposal	1	Water Heater	1
Hood Fan	1	Dryer	1	Paddle Fan	9	Cupets	75
Fixtures	12	Spa	Yes	Pool	Yes	Switches	21
Electric Signs		Meter Reset		Low Voltage		Stoves	1
Pumps		Motors		Air Conditioning (Items)		Furnace (KW)	10 KW

Temporary Construction Pole _____ Over (1) New Meter Service 200 AMP 240V Single Phase Amperage/Voltage/Phase
Meter Service Upgrade from _____ to _____ Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____
Other: _____

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 \$ _____)

Building Official: Mr. Luz Buisson Date: 11-19-2013
Review & Permit Fee = \$ 132.00
3% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 136.00

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: Sid Smith LICENSE #: EP13014121
LICENSE HOLDER NAME: Steven Grady COMPANY NAME: Synergy Electric
Street Address: 550 Parkside Pointe Blvd
City: Apopka State: FL Zip Code: 32712 Phone Number: 407-462-8377

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: 2014-10-015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/20/2013

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 Laurenza Insurance Group, LLC 360 WILSHIRE BLVD STE 104 CASSELBERRY FL 32707-5382	CONTACT NAME: Joe Laurenza PHONE (A/C, No, Ext): (407) 261-2363 FAX (A/C, No): (407) 261-2364 E-MAIL ADDRESS: info@laurenzains.com
INSURED SYNERGY ELECTRICAL SYSTEMS, INC 550 PARKSIDE POINTE BLVD APOPKA FL 32712-3364	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers INSURER B: Progressive 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	ADD'L SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		660-6791X523	03/08/2013	03/08/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
	POLICY <input type="checkbox"/> PRO: <input type="checkbox"/> LOC <input type="checkbox"/>					PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY		06280797-0	10/12/2012	10/12/2013	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$ 100,000
	UMBRELLA LIAB					BODILY INJURY (Per person) \$
	EXCESS LIAB					BODILY INJURY (Per accident) \$
	DED RETENTION \$					PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION					PIP \$ 10,000
	ANY EMPLOYER'S LIABILITY					EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					AGGREGATE \$
	If yes, describe article					WC STATU-TORY LIMITS
	DESCRIPTION OF OPERATIONS below					OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Electrical Contractor
Steven Strada
Lic # ER13014121

CERTIFICATE HOLDER **CANCELLATION**

Phone: Fax: 4075810313 City of Belle Isle 1600 NELA AVE BELLE ISLE FL 32809-6184	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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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

**STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712**

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

AC# **6329022**

ER13014121 08/31/12 128062029

REG ELECTRICAL CONTRACTOR
STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch.489
Expiration date: AUG 31, 2014 L12083104513

DETACH HERE

AC# 6329022

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STATE OF FLORIDA

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

SEQ# L12083104513

DATE	BATCH NUMBER	LICENSE NBR
08/31/2012	128062029	ER13014121

The ELECTRICAL CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712

**RICK SCOTT
GOVERNOR**

DISPLAY AS REQUIRED BY LAW

**KEN LAWSON
SECRETARY**



CITY OF APOPKA

LOCAL BUSINESS TAX RECEIPT

120 East Main Street, Apopka, FL 32703
 Permit Year October 1, 2013 to September 30, 2014

No: 8971
 Date: 11/07/13

Address: 550 PARKSIDE POINTE BLVD
 APOPKA FL 32712
 Activity: 08C8-2 CONTRACTOR-STATE LICENSED
 ELECTRICAL CONTRACTOR

Tax 61.00
 Penalty 9.15
 Transfer
 App Fee
 Other
Total Paid 70.15

Issued to: SYNERGY ELECTRICAL SYSTEMS INC
 550 PARKSIDE POINTE BLVD
 APOPKA FL 32712

Patsy Heffner
 BUSINESS TAX OFFICIAL

A Must Display Receipt/Owner's Responsibility to Renew

2014 SEPTEMBER 30, 2014
PATSY HEFFNER, TAX COLLECTOR
 OSCEOLA COUNTY, STATE OF FLORIDA
 LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
 110566

BUSINESS TYPE 6150 ELECTRICAL CONTR (DBPR/CMPCRD)

PATSY HEFFNER
 Tax Collector
 115030
 2001890
 11/07/2013
 Oper VD
 Till 20
 Paid 34.50

RENEWAL 0.00
 NEW LICENSE TRANSFER 30.00
 ORIGINAL TAX AMOUNT 0.00
 PENALTY 4.50
 COLLECTION COST 0.00
 TOTAL 34.50

OUT OF COUNTY
 MAILING ADDRESS Synergy Electrical Systems, Inc.
 Steven M. Strada
 550 Parkside Pointe Blvd.
 Apopka, FL 32712

Patsy Heffner

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.

cott Randolph, Tax Collector Local Business Tax Receipt **Orange County, Florida**
 is local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other
 vful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 2014
 5000 BUSINESS OFFICE \$30.00
 EXPIRES 9/30/2014
 5 EMPLOYEES 1802 REGISTERED ELECTRICAL C \$30.00 5000-1062602 1 EMPLOYEE



TOTAL TAX \$60.00
 PENALTIES \$9.00
 PREVIOUSLY PAID \$69.00
 TOTAL DUE \$0.00

STRADA STEVEN M
 SYNERGY ELECTRICAL SYSTEMS INC
 STRADA STEVEN M
 550 PARKSIDE POINTE BLVD
 APOPKA FL 32712

550 PARKSIDE POINTE BLVD (MOBILE)
 D - APOPKA 32712

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-11-020
Property Owner	Survey Homes
Address	4323 Isle Vista Ave
Nature of Improvement	Electrical
Received Application	11-19-13
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	11-19-13
Building Official Approved	11-19-13
Comments	
1.	
2.	
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9.	
10.	
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12.	