



# 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 105.33: 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 TOWN OF WINDERMERE, FLORIDA.

**Scope of Work:** LOW VOLTAGE ELECTRICAL: speakers, TVs  
sound & satellite prewire

**Comments:** None

**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: 407-695-2222  
\*\*\*\*\*  
Company Name: Rampart Security Systems, Inc.  
Contractor Name: Robinson, Jeff  
License Number: EF0001172  
Address: 6457 Hazeltine National Drive, Orlando, FL 32822  
Phone Number: 407-282-9552

**Permit Number: 2014-11-009**  
Date of Application: 11/08/2013  
Date Permit Issued: 11/08/2013

**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 \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical Fee \$55.50  
Temp Pole \$  
Plumbing Fee \$  
Mechanical Fee \$  
Gas Fee \$  
Roofing \$  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$59.50**

Date Paid 11-8-13

CC or Check # Visa 7539

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

1<sup>st</sup> 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 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://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>  
login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = [universall13](https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63)



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 • Fax 407-581-0313 • www.universaleengineering.com

**Received**  
 11-8-13

**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: 11/8/2013 PERMIT NUMBER 2014-11-009  
 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 32812  
 Property Owner Suirey Homes Phone 407.695.2222  
 Property Owner's Mailing Address 1133 Louisiana Ave #106 Winter Park  
 State FL Zip Code 32789 Parcel Id Number: 20-23-30-0668-00-840

To obtain this information, please visit <http://www.opall.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

Date First Inspection Desired \_\_\_\_\_ or will call for inspection  s power needed? Yes  No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher \_\_\_\_\_ Exhaust Fan \_\_\_\_\_ Disposal \_\_\_\_\_ Water Heater \_\_\_\_\_  
 Hood Fan \_\_\_\_\_ Dryer \_\_\_\_\_ Paddle Fan \_\_\_\_\_ Outlets \_\_\_\_\_  
 Fixtures \_\_\_\_\_ Spa \_\_\_\_\_ Pool \_\_\_\_\_ Switches \_\_\_\_\_  
 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: Phones, tv's, sound and satellite. Pre-wire.

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) \$ 990.00

Review & Permit Fee = \$ 55.50  
 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 59.50

Building Official: \_\_\_\_\_ Date \_\_\_\_\_

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.

LICENSE HOLDER SIGNATURE \_\_\_\_\_ LICENSE # EF0001172  
 LICENSE HOLDER NAME Jeff Robinson COMPANY NAME Rampart Security  
 Street Address 6015 7 Hylzette National Dr #110  
 City OC State FL Zip Code 32822 Phone Number 407.282.9552

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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW  
DATE (MM/DD/YYYY) 06/21/13

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).

<b>PRODUCER</b> Newman Crane & Assoc. Ins Inc. P. O. Box 568946 Orlando, FL 32856-8946 Steven E. Buckner	407-859-3691 407-857-0409	<b>CONTACT</b> NAME PHONE NO. EXT. FAX (A/C. No.) E-MAIL ADDRESS PRODUCER CUSTOMER ID #	
<b>INSURED</b> Rampart Security Systems M. M. Robinson, Inc. DBA 6457 Hazeltine Natl Dr. #110 Orlando, FL 32822		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: The Hartford INSURER B: Auto-Owners Insurance INSURER C INSURER D INSURER E INSURER F	NAIC # 22357 18988

### COVERAGES

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 UTR	TYPE OF INSURANCE	ADD'L SUBR INSR. (W/D)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUP <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> E&O/Bink/ AI GEN'L AGGREGATE LIMIT APPLIES PER- POLICY <input type="checkbox"/> PRO- JCT <input type="checkbox"/> LOC		21UENQD6154	07/01/13	07/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE PREVENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4151453500	07/15/13	07/15/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (Yes, describe under DESCRIPTION OF OPERATIONS below)					WORK STATUS TOTAL LIMITS E/P 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)

### CERTIFICATE HOLDER

CITYB13

City of Belle Isle  
1600 Nela Ave  
Orlando, 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

ACORD 25 (2009/09)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03-18-2013

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 AUTOMATIC DATA PROCESSING INS AGCY 250717 P: ( ) - F: ( ) - PO BOX 33015 SAN ANTONIO TX 78265	CONTACT NAME PHONE (A/C, No, Ext) FAX (A/C, No) E-MAIL ADDRESS INSURER(S) AFFORDING COVERAGE NAIC #
INSURED MM ROBINSON INC DBA RAMPART SECURITY SYSTEMS 6457 HAZELTINE NATIONAL DR STE 110 ORLANDO FL 32822	INSURER A Hartford Underwriters Ins Co INSURER B INSURER C INSURER D INSURER E INSURER F

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADY INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	76 WEG DF5707	03/30/2013	03/30/2014	X WC STATU-TORY LIMITS OTL-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER 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 <i>Jac Taylor</i>
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ACORD 25 (2010/05)

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AC# 6303746

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12082501053

DATE	BATCH NUMBER	LICENSE NBR
08/25/2012	127010888	EF0001172

The ALARM SYSTEM CONTRACTOR I  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

ROBINSON, JEFFREY SCOTT  
M M ROBINSON, INC. DBA  
RAMPART SECURITY SYSTEMS  
6457 HAZELTINE NATIONAL DR STE 110  
ORLANDO FL 32822

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

**Scott Randolph, Tax Collector      Local Business Tax Receipt      Orange County, Florida**

This 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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

\*\*\*ORIGINAL\*\*\*                      2013                      **EXPIRES 9/30/2014**                      3121-0969810  
3121 ALARM SYSTEM CONTRACT \$40.00 14      EMPLOYEE 3501 ALARM SYSTEMS                      \$40.00 14      EMPLOYEE

TOTAL TAX                      \$80.00  
PREVIOUSLY PAID                      \$80.00  
TOTAL DUE                      \$0.00

6457 HAZELTINE NATIONAL DR #110  
A - ORLANDO, 32822

PAID \$80.00 099-00576095 7/8/2013



ROBINSON JEFFREY SCOTT-QUALIF

RAMPART SECURITY SYSTEMS  
6457 HAZELTINE NATIONAL DR #110  
ORLANDO FL 32822-5161

This receipt is official when validated by the Tax Collector