



# 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 105.3.3: 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.

<p><b>Scope of Work:</b> ELECTRICAL: Photo Voltaic System with Electric</p> <p><b>comments:</b> NONE</p> <p><b>Project Information</b>          Address: 4155 Bell Tower Ct, Belle Isle, FL 32809          Parcel ID: 20-23-30-1618-00-470          Property Owner: Grozio, Derek          Phone Number: 321 662 9627          *****          Company Name: SEM – Solar Energy Management          Contractor Name: Emes, Brett          License Number: CVC56782 &amp; CBC1250267          Address: 4640 Eagle Falls Place, Tampa, FL 33619          Phone Number: 813 785 6799</p>	<p style="text-align: right;"><b>Permit Number: 2016-04-024</b></p> <p style="text-align: right;"><b>Date of Application: 04/14/2016</b>  <b>Date Permit Issued: 04/15/2016</b></p> <p><b>WARNING TO OWNER:</b> "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><b>IMPACT FEES</b></p> <p>School \$          Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$          Demo \$          Building \$          Fence \$          Driveway \$          Shed \$          Window(s) \$          Door(s) \$          PrePower \$          Electrical \$72.00          Temp Pole \$          Plumbing \$          Mechanical \$          Gas \$          Roofing \$          Boat Dock \$          Screen Encl \$          Swimming Pool \$          Sign \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00          Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$76.00</b></p> <p><b>Date Paid</b> 4-15-16</p> <p><b>CC or Check #</b> VISA 3668</p> <p><b>Amount Paid</b> 76.00</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>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></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><b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)          Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><b>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</b></p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS ___ Natural ___ LP    <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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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 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](mailto:cobi@universalengineering.com)    password = universal13



City of Belle Isle  
 1600 Nela Avenue, Belle Isle, FL 32809  
 Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)



**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: 3-23-16

PERMIT NUMBER 2016-04-024

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

Project Address 4155 Bell Tower Ct, Belle Isle FL 32809  32812

Property Owner Derek P Grozio Phone 321-662-9627

Property Owner's Mailing Address 4155 Bell Tower Ct City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-1618-00-470

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

Four (4) or More \_\_\_\_\_ New Meter Services Same Size: \_\_\_\_\_ 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: \_\_\_\_\_

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 \$ 22,222.00) elc \$ 2500

Review & Permit Fee = \$ 48+24=72

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

3% FL Surcharge = \$ 41-  
 TOTAL Permit = \$ 76.00

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 \_\_\_\_\_ LICENSE # EC13004784

LICENSE HOLDER NAME John McDonald COMPANY NAME SEM Power LLC

Street Address 4640 Eagle Falls Place

City Tampa State FL Zip Code 33619 Phone Number 813-785-6799

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.

Contractors 2016-04-13-16

Building Permit Number \_\_\_\_\_

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #ELEC008

WO 66674

**LIMITED POWER OF ATTORNEY**

Date: 4-12-16

I hereby name and appoint Angela Santiago, Brenda Gunther to be my lawful attorney in fact to act for me and apply for a Solar permit for work to be performed at the location described as:

4155 Bell Tower Ct.  
(Address of Job)

Derek Grozio  
(Owner of Property)

And to sign my name and do all things necessary to this appointment.

*Brett L. Emes*  
(Signature of Certified Contractor)

Brett L. Emes, CVC56782/CBC1250267/EC13007428  
(Printed Name of Contractor and License Number)

STATE OF FLORIDA

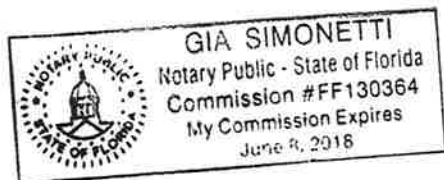
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 5 day of April, 20 16.  
by BRETT L. EMES, who is  personally known to me or has  produced  
\_\_\_\_\_ (type of identification) as identification and who did  
take an oath.

*Gia Simonetti*  
Signature of Notary Public, State of Florida

(SEAL)

Gia Simonetti  
Print/Type/Stamp Name of Notary Public





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

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

(850) 487-1395

EMES, BRETT L  
SOLAR ENERGY MANAGEMENT  
4640 EAGLE FALLS PLACE  
TAMPA FL 33619

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](http://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**

CVC56782

ISSUED: 08/11/2015

**CERTIFIED SOLAR CONTRACTOR  
EMES, BRETT L  
SOLAR ENERGY MANAGEMENT**

IS CERTIFIED under the provisions of Ch 489 FS  
Expiration date: AUG 31, 2016 L1508110002281

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

LICENSE NUMBER
CVC56782

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



EMES, BRETT L  
SOLAR ENERGY MANAGEMENT  
4640 EAGLE FALLS PLACE  
TAMPA FL 33619



ISSUED 08/11/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1508110002281



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/5/2016

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).

<b>PRODUCER</b> ASSOCIATES AGENCY, INC. 11470 N 53rd St Temple Terrace, FL 33617	<b>CONTACT NAME</b> _____
	<b>PHONE (A/C, No, Ext)</b> (813) 988-1234 <b>FAX (A/C, No)</b> (813) 988-0989 <b>E-MAIL ADDRESS</b> certs@associatesins.com
<b>INSURED</b>  SEM LLC 4640 Eagle Falls Place Tampa, FL 33619	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	INSURER A : Southern Owners Insurance Co      10190
	INSURER B : American Interstate Insurance Co      31895
	INSURER C : _____
	INSURER D : _____
	INSURER E : _____

**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	ADDL SUBR INSD, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER _____		20157240	05/29/2015	05/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> CLAIMS-MADE DED    RETENTIONS \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	AVWCFL2398752015	05/29/2015	05/29/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Brett Emes CVC56782/CBC1250267  
John McDonald EC13004787

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Belle Isle  
1600 Nela Ave.  
Belle Isle, FL 32809

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

2015 - 2016 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT  
OCC. CODE  
090.004000 Contractor

EXPIRES SEPTEMBER 30, 2016

7 Employees

ACCOUNT NO
126434
RENEWAL

Receipt Fee	18.00
Hazardous Waste Surcharge	40.00
Law Library Fee	0.00
CBC1250267	

BUSINESS EMES BRETT LINDSEY DBA SEM POWER  
LLC  
4640 EAGLE FALLS PLACE  
TAMPA, FL 33619

# 2015 - 2016

NAME EMES BRETT LINDSEY DBA SEM POWER LLC  
MAILING 4640 EAGLE FALLS PLACE  
ADDRESS TAMPA, FL 33619

Paid 14-627-006869  
08/19/2015 58.00

## BUSINESS TAX RECEIPT

HAS HEREEY PAID A PRIVILEGE TAX TO ENGAGE  
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

DOUG BELDEN, TAX COLLECTOR  
813-635-5200  
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.