



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: low voltage – 8 TV computer ports + audio

Comments: None

Project Information

Address: 7454 Daetwyler Drive, Belle Isle, FL 32812
 Parcel ID: 24-23-30-2980-20-010
 Property Owner: Ramos, Charles & Heather
 Phone Number: 407 913 3246

Company Name: Audio/Video Integration Inc
 Contractor Name: Pileggi, Ronald
 License Number: EZ0000126
 Address: PO Box 668, Apopka, FL 32704
 Phone Number: 352 383 7667

Permit Number: 2016-04-011

Date of Application: 04/07/2016

Date Permit Issued: 04/07/2016

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/Tree \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$85.50
 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 \$89.50

Date Paid 4-8-16

CC on Check # VISA 5728

Amount Paid 89.50

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 _____ (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 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 password = universal13



City of Belle Isle

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RECEIVED
APR 07 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: 4/7/16 PERMIT NUMBER 2016-04-011
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 7454 DAETWYLER DR. Belle Isle FL 32809 32812
Property Owner CHARLIE RAMOS Phone _____
Property Owner's Mailing Address _____ City _____
State _____ Zip Code _____ Parcel Id Number: 29-23-30-2980-00-010
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 _____ Disposal _____ Water Heater _____
Hood Fan _____ Dryer _____ Paddle Fan _____ Outlets 3 TV/COMPUTER
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 Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____
Other: LOW VOLTAGE / TV / COMPUTER / CAMERA WIRE
AUDIO (WIRE ONLY FOR CAMERAS)

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) \$ 5000

Building Official: [Signature] Date 4-7-16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-6-16

Permit Fee = \$ 57
Review Fee = \$ 28.50
3% FL Surcharge = \$ 4.-
TOTAL Permit = \$ 89.50

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 _____ LICENSE # EZ0000126
LICENSE HOLDER NAME RONALD PILEGGI COMPANY NAME AUDIO/VIDEO INTEGRATION, INC.
Street Address P.O. Box 668
City APOPKA State FL Zip Code 32704 Phone Number 352-383-7667
Email Address AUDIOVIDEOINT@GMAIL.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 2016-10-010

WO 66386



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

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

(850) 487-1395

**PILEGGI, RONALD
AUDIO/VIDEO INTEGRATION INC
30131 JUTLAND COURT
MOUNT DORA FL 32757**

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**

EZ0000126

ISSUED: 08/21/2014

**REG ALARM SYSTEM CONTRACTOR II
PILEGGI, RONALD
AUDIO/VIDEO INTEGRATION INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)**

**HAS REGISTERED under the provisions of Ch 489 FS
Expiration date AUG 31 2016 L1408210002037**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EZ0000126	

**The ALARM SYSTEM CONTRACTOR II
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016**

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

**PILEGGI, RONALD
AUDIO/VIDEO INTEGRATION INC
30131 JUTLAND COURT
MOUNT DORA FL 32757**



ISSUED: 08/21/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408210002037



CERTIFICATE OF LIABILITY INSURANCE

AUDIO-1

OP ID: SP

DATE (MM/DD/YYYY)
04/07/2016

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).

PRODUCER Corkhill Insurance Agency, LLC 20 South Bumby Avenue Orlando, FL 32803 Scott Corkhill,AAI #A054965	CONTACT NAME: Scott Corkhill,AAI #A054965
	PHONE (A/C, No, Ext): 407-898-8891 FAX (A/C, No): 407-898-8813 E-MAIL ADDRESS:
INSURED Audio Video Integration, Inc. P O Box 668 Apopka, FL 32704	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Scottsdale Insurance Company 41297
	INSURER B :
	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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> 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		CPS2175497	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 500,000
	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					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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"/> Y <input checked="" type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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**CANCELLATION**

CITYBE1 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 

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JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 5/12/2015 **EXPIRATION DATE:** 5/11/2017

PERSON: PILEGGI RONALD

FEIN: 200308863

BUSINESS NAME AND ADDRESS:
AUDIO VIDEO INTEGRATION INC

30131 JUTLAND COURT
MOUNT DORA FL 32757

SCOPES OF BUSINESS OR TRADE:

BURGLAR AND FIRE
ALARM INSTALL

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

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

2015

EXPIRES 9/30/2016

3121-0969822

3121 ALARM/SECURITY SYST \$30.00 1 EMPLOYEE



TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

• PILEGGI RONALD QUALIFIER

MOBILE FROM LAKE CO (MOBILE)
X - SORRENTO, 32776

AUDIO VIDEO INTEGRATION INC
PILEGGI RONALD
P O BOX 668
APOPKA FL 32704-0668

PAID: \$30.00 0098-00695841 9/4/2015

This receipt is official when validated by the Tax Collector.