



**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 for New Single Family Residence</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>          Address: 7902 Daetwyler Drive, Belle Isle, FL 32812          Parcel ID: 29-27-30-1882-00-011          Property Owner: Higgins, Richard          Phone Number: 407 468 1423</p> <p>*****          Company Name: Donald Anderson's Armstrong Electric Inc.          Contractor Name: Anderson, Donald          License Number: ER0015296          Address: 1622 Warner Dr, Chuluota, FL 32766          Phone Number: 407 823 7233</p>	<p align="center"><b>Permit Number: 2016-12-035</b></p> <p align="right"><b>Date of Application:</b> 12/19/2015  <b>Date Permit Issued:</b> 03/21/2016</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**

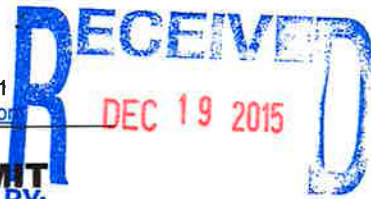
<p><b>IMPACT FEES</b>          School          Traffic</p> <p><b>ZONING FEES</b>          Zoning Fee</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <table style="width:100%;"> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</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>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$171.00</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><b>SURCHARGE FEES</b></p> <table style="width:100%;"> <tr><td>Surcharge Fee</td><td>\$2.57</td></tr> <tr><td>Surcharge Fee</td><td>\$2.57</td></tr> </table> <p align="center"><b>TOTAL FEES \$176.14</b></p> <p><b>Date Paid</b> 4-12-16</p> <p><b>CC or Check #</b> 0099</p> <p><b>Amount Paid</b> 176.14</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	\$	Temp Pole	\$	Plumbing	\$171.00	Mechanical	\$	Gas	\$	Roofing	\$	Boat Dock	\$	Screen Encl	\$	Swimming Pool	\$	Surcharge Fee	\$2.57	Surcharge Fee	\$2.57	<p 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><input type="checkbox"/> <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><input type="checkbox"/> <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><input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></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 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 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com



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: 12-9-15 PERMIT NUMBER 2016-12-035  
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 7902 Dactwyler Rd. Belle Isle FL  32809  32812  
Property Owner Richard Higgins Phone 407 468-1423  
Property Owner's Mailing Address 5238 Oak Island Rd City Belle Isle  
State FL Zip Code 32809 Parcel Id Number: 28-23-30-1882-00-011

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 <u>1</u>	Exhaust Fan <u>4</u>	Disposal <u>1</u>	Water Heater <u>1</u>
Hood Fan <u>1</u>	Dryer <u>1</u>	Paddle Fan <u>9</u>	Outlets <u>45</u>
Fixtures <u>12</u>	Spa <u>1</u>	Pool	Switches <u>30</u>
Electric Signs	Meter Reset	Low Voltage	Stoves <u>1</u>
Pumps	Motors	Air Conditioning (tons) <u>4</u>	Furnace (KW)

Temporary Construction Pole  One (1) New Meter Service 200 Amp 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 \$ 8,000.00

Building Official: Dale Baker Date 3-17-16  
Verified Contractor's Licenses & Insurance are on file SAW Date 12-22-15

Permit Fee = \$ 114.-  
Review Fee = \$ 57.-  
3% FL Surcharge = \$ 5.14 (2.57x2)  
TOTAL Permit = \$ 176.14

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 Ronald Anderson LICENSE # ER 0015296  
LICENSE HOLDER NAME Ronald Anderson COMPANY NAME Anderson Armstrong Electric Inc.  
Street Address 1622 Warner Dr.  
City Chuluota State FL Zip Code 32766 Phone Number 407-823-7233  
Email Address Armstrongelc@att.net

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 \_\_\_\_\_





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

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

(850) 487-1395

**ANDERSON, DONALD CHARLES  
DONALD ANDERSON'S ARMSTRONG ELECTRIC, INC.  
1622 WARNER DRIVE  
CHULUOTA FL 32766**

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**

EC13005716

ISSUED: 08/07/2014

**CERTIFIED ELECTRICAL CONTRACTOR  
ANDERSON, DONALD CHARLES  
DONALD ANDERSON'S ARMSTRONG ELECTR**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2016 L1408070002085

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

**LICENSE NUMBER**

EC13005716

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



**ANDERSON, DONALD CHARLES  
DONALD ANDERSON'S ARMSTRONG ELECTRIC, INC.  
1622 WARNER DRIVE  
CHULUOTA FL 32766**



ISSUED: 08/07/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408070002085



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2015

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).

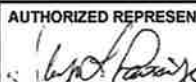
<b>PRODUCER</b> Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750	<b>CONTACT NAME:</b> Pat DiPietro <b>PHONE (A/C, No, Ext):</b> 407-831-3832 <b>E-MAIL ADDRESS:</b> pat@blackadar.com	<b>FAX (A/C, No):</b> 407-830-4681
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> DONAAND-01 Donald Anderson's Armstrong Electric Inc. 1622 Warner Dr. Chuluota FL 32766	<b>INSURER A:</b> FFVA Mutual Insurance Company <b>NAIC #</b> 10385	
	<b>INSURER B:</b> Auto-Owners Insurance <b>NAIC #</b> 18988	
	<b>INSURER C:</b> Southern-Owners Insurance Co <b>NAIC #</b> 10190	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 2062109823      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <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			72673024	9/5/2015	9/5/2016	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) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			4649020301	9/5/2015	9/5/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	<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		N/A	WC84000161582015A	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Blanket Additional Insured form 55372 & Blanket Waiver of Subrogation applies to General Liability when required by written contract.  
 Blanket Waiver of Subrogation applies to Workers' Compensation when required by written contract.

<b>CERTIFICATE HOLDER</b>  Rick Higgins V.P. Lotts Concrete Products 429 North Hennis Road Winter Garden FL 34787	<b>CANCELLATION</b>  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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# SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

**VALID THROUGH 09/30/16**

**DONALD ANDERSONS ARMSTRONG ELECTRIC**

**INC**

**1622 WARNER DR**

**CHULUOTA, FL 32766**

**DONALD C ANDERSON (PRESIDENT)**

**Account #: 120857**

**REGULATED**

**License # - ER0015296**

**Qualifier- DONALD C ANDERSON**

**Receipt #: 10282015091403947**

**Amount Paid: \$ 45.00**

**Date Paid: 09/14/2015**

## BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.

- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1<sup>st</sup> of each year, and it shall expire on September 30<sup>th</sup> of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1<sup>st</sup> shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053[1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt. (FS 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**DONALD ANDERSONS ARMSTRONG ELECTRIC**

**INC**

**1622 WARNER DR**

**CHULUOTA, FL 32766**

County Services Building  
1101 E First Street  
Sanford, FL 32771

Casselberry Office  
104 Wilshire Blvd. Unit 1000  
Casselberry, FL 32707

Oak Groves Shoppes  
995 N SR 434 Suite 505  
Altamonte Springs, FL 32714

ShelMar Prof'l Building  
1490 Swanson Dr #100  
Oviedo, FL 32765

Commons at Primera  
845 Primera Blvd  
Lake Mary, FL 32746