



# 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 TOWN OF WINDERMERE, FLORIDA

**Scope of Work:** ELECTRICAL: new 60/12/240/1 overhead service on existing billboard

**Comments:** None

**Project Information**

**Address:** Vacant Lot on S. Orange Ave, Belle Isle, FL 32809  
**Parcel ID:** 24-23-29-8680-05-041  
**Property Owner:** CBS Outdoor  
**Phone Number:** 407-975-0202  
\*\*\*\*\*  
**Company Name:** Brady Electric LLC  
**Contractor Name:** Brady, Joseph  
**License Number:** EC13003891  
**Address:** 4117 Hedge Maple Place, Winter Springs, FL 32708  
**Phone Number:** 407-402-9456

**Permit Number: 2014-11-015**

**Date of Application: 11/12/2013**

**Date Permit Issued: 11/13/2013**

**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 \$109.50  
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 \$113.50**

**Date Paid** 11-14-13

**CC or Check #** amex 47007

**Amount Paid** 113.50

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? \_\_\_\_\_  
(Footing/Foundation)

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 [BidScheduling@UniversalEngineering.com](mailto:BidScheduling@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 = universal113



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32844  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**Received**  
11-12-13

## 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: 11/12/13 PERMIT NUMBER 2014-11-015

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

Project Address S Orange Ave < 2423-29-8680-05-041 > Belle Isle FL  32809 32812

Property Owner CBS Outdoor Phone 407-978-0202

Property Owner's Mailing Address 2699 Lee Rd Suite 230 City Winkler Park, FL

State FL Zip Code 32789 Parcel Id Number: 24-23-29-8680-05-041

To obtain this information, please visit <http://www.ocpaf1.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 60/20/20/1 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: Install overhead service on existing billboard.

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 \$ 1200.00)

Review & Permit Fee = \$ 78.00 109.50

3% FL Surcharge = \$ 4.00

Building Official: Mr. Fuz Bussif Date 11-13-2013 TOTAL Permit = \$ 113.50

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 [Signature] LICENSE # EC13003891

LICENSE HOLDER NAME Joseph A Brady COMPANY NAME Brady Electric LLC

Street Address 4117 Hedge Apple Pl

City Winkler Springs State FL Zip Code 32708 Phone Number 407-402-9456

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 \_\_\_\_\_

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-11-015
Property Owner	CBS Outdoor
Address	Vacant Lot - S. Orange Ave
Nature of Improvement	Electrical
Received Application	11-12-13
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	11-12-13
Building Official Approved	11-13-2013
Comments	
1.	11-12-13 sq emailed plans to CBBI - N/A
2.	11-13-13 sq emailed Joe
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

[Searches](#)
[Sales Search](#)
[Results](#)
[Property Record Card](#)
[My Favorites](#)
[Sign up for e-Notify...](#)

**S Orange Ave** < 24-23-29-8680-05-041 >

Physical Street Address  
 S Orange Ave  
 Postal City and Zipcode  
 Orlando, FL 32809  
 Property Use  
 9915 - Sign Sites  
 Municipality  
 Belle Isle

Lamar Central Outdoor Inc  
 Vacant Parcel (Sign Site)  
 Mailing Address On File  
 Po Box 66338  
 Baton Rouge, LA 70896-6338  
 Incorrect Mailing Address?

[Values, Exemptions and Taxes](#)
[Property Features](#)
[Sales Analysis](#)
[Location Info](#)
[Market Stats](#)
[Update Information](#)

**Property Description**  
 C R TINNER PLAT OF PINECASTLE C/90 FROM NW COR OF LOT 4 RUN E 16.45 FT S 13 DEG E 23 FT FOR A POB TH S 13 DEG E 6 FT N 76 DEG E 6 FT N 13 DEG W 6 FT S 76 DEG W 6 FT TO POB BLK 5

**Total Land Area** 36 sqft (+/-) | 0.00 acres (+/-) GIS Calculated Notice

**Land**

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
9915 - Sign Sites	C-1	1 UNIT(S)	\$45,000.00	\$45,000	\$0.00	\$45,000

Page 1 of 1 (1 total records)

**Buildings**  
 There are no buildings associated with this parcel.

**Extra Features**  
 There are no extra features associated with this parcel.

This Data Printed on 11/12/2013 and System Data Last Refreshed on 11/11/2013

[Site Notice](#) • [About Us](#) • [Contact Us](#) • [OCPAFL Home](#) • [Property Search](#)  
 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801  
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044  
**Copyright © 2010 Orange County Property Appraiser. All rights reserved.**



292324868005041 11/16/2011



# CERTIFICATE OF LIABILITY INSURANCE

BRADELE-01 CKORNAKER

DATE (MM/DD/YYYY)  
11/12/2013

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 Morse Insurance Agency, Inc 1000 Wekiva Springs Road Longwood, FL 32779	CONTACT NAME: PHONE (A/C, No. Ext): (407) 869-4200 FAX (A/C, No.): (407) 862-7656 E-MAIL ADDRESS:
INSURED Brady Electric LLC 4117 Hedge Maple Place Winter Springs, FL 32708	INSURER(S) AFFORDING COVERAGE INSURER A : Scottsdale Insurance Company NAIC # 41297 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

### COVERAGES


### REVISION NUMBER:

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		CPS1616721	5/2/2013	5/2/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRE AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB 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					WC STATU-TORY LIMITS \$ 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)

### 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 

ACORD 25 (2010/05)

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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:** 2/14/2013

**EXPIRATION DATE:** 2/14/2015

**PERSON:** BRADY

JOSEPH

A

**FEIN:** 261161510

**BUSINESS NAME AND ADDRESS:**

BRADY ELECTRIC LLC

4117 HEDGE MAPLE PL

WINTER SPRINGS FL 32708

**SCOPES OF BUSINESS OR TRADE:**

ELECTRIC LIGHT OR  
POWER LINE C

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 be exempt from the workers' compensation law 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 of 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. This department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

AC# 6261523

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12081001851

DATE	BATCH NUMBER	LICENSE NBR
08/10/2012	128035668	EC13003891

The ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014BRADY, JOSEPH ALLEN  
BRADY ELECTRIC LLC  
4117 HEDGE MAPLE PL  
WINTER SPRINGS

FL 32708

RICK SCOTT  
GOVERNORKEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

BRADY, JOSEPH ALLEN  
BRADY ELECTRIC LLC  
4117 HEDGE MAPLE PL  
WINTER SPRINGS

FL 32708

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

AC# 6261523

EC13003891

08/10/12 128035668

CERTIFIED ELECTRICAL CONTRACTOR  
BRADY, JOSEPH ALLEN  
BRADY ELECTRIC LLC

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 barbecue 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!

IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2014 L12081001851



## 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](http://www.seminoletax.org)

**VALID THROUGH 09/30/13**

**BRADY ELECTRIC LLC  
4117 HEDGE MAPLE PL  
WINTER SPRINGS, FL 32708**

**Account #: 184411**

**JOSEPH A BRADY (OFFICER)**

**REGULATED  
License # - EC13003891  
Qualifier- JOSEPH ALLEN BRADY**

**Receipt #: 40032013020504063**

**Amount Paid: \$ 45.00**

**Date Paid: 02/05/2013**

### **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

**BRADY ELECTRIC LLC  
4117 HEDGE MAPLE PL  
WINTER SPRINGS, FL 32708**

County Services Building  
1101 E First Street  
Sanford, FL 32771

Wilshire Plaza  
384 Wilshire Blvd  
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