



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: 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: 7 fixtures, 2 outlets, 1 switch
(Wire boat dock)

Comments: None

Project Information

Address: 2915 Nela Avenue, Belle Isle, FL 32809
Parcel ID: 20-23-30-9372-00-390
Property Owner: Sanford, Mark
Phone Number: None

Company Name: A&E Electrical Services, LLC
Contractor Name: Byrd, Robert
License Number: EC13006284
Address: 234 Blue Stone Circle, Winter Garden, FL 34787
Phone Number: 407-405-5753

Permit Number: 2015-08-012

Date of Application: 08/04/2015

Date Permit Issued: 08/05/2015

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$55.50
Fence \$
Gas \$
Irrigation \$
Low Voltage \$
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-6-15
CC or Check # VISA 3885
Amount Paid \$250

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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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 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.

CITY OF BELLE ISLE
Permit Application Review Sheet

| | |
|----------------------------|----------------------------------|
| Permit Number | 2015-08-012 |
| Property Owner | Santora, Mark |
| Address | 2915 Nela Ave |
| Nature of Improvement | Electrical for boat dock |
| Received Application | 8-4-15 |
| Sent for Stormwater Review | / |
| Stormwater Approved | / |
| Sent for Zoning Review | / |
| Zoning Approved | / |
| Applied for Variance | |
| Variance Approved | |
| Sent to BO for Review | 8-14-15 <u>OK</u> |
| Building Official Approved | 8/5/15 J. Connell |
| Comments | |
| 1. Ssm 8-4-15 | review w/ # 55223 |
| 2. 8-4-15 | emailed to Jay C; Approved |
| 3. Jette 8-5-15 | Typed Permit, Updated Log/Vision |
| 4. " " | Emailed Client Permit is Ready. |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsciences.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: 7/30/15

PERMIT NUMBER 2015-08-012

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

Project Address 2915 Nela Av

Belle Isle FL 32809 32812

Property Owner Sanford Mark

Phone

Property Owner's Mailing Address 5224 Chriswick Cirde

City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-9372-00-390

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 2
Fixtures 7 Spa Pool Switches 1
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 Amperage/Voltage/Phase to Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change)

Other: Wire boat dock

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 \$900

Building Official: _____ Date 8-3-15
Verified Contractor's Licenses & Insurance are on file
Permit Fee = \$ 37.40
Review Fee = \$ 18.50
3% FL Surcharge = \$ 1.10
TOTAL Permit = \$ 57.00

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 # EC13006284

LICENSE HOLDER NAME Robert Byrd COMPANY NAME A&E Electrical Services, LLC

Street Address 234 Blue Stone Cirde

City Winter Garden State FL Zip Code 34787 Phone Number 407-405-6753

Email Address Rbyrd@a-electrical.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 2015-06-010



**UNIVERSAL
ENGINEERING SCIENCES**
Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 55223

Inspection Report

Project Name: 2915 Nela Avenue ~ COBI

Date: 08/04/2015 Any any

Address: 2915 Nela Avenue ~ COBI , Belle Isle, Orange County, FL

Permit No: 2015-08-012

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1500800.0000

Contact: Susan Manchester at 407 581
8161

Scope of Inspection: REVIEW electrical app for boat dock

Inspection Type: See Scope

Disposition of Inspection: Complete

Comments:

Task Date Task Note

08/04/2015 Approved per Jay.

User Name

Susan Manchester

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: John Connell, BN3221



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/15

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
 King Ins. And Financial Services
 P.O. Box 321482
 Cocoa Beach, FL 32932-1482
 Phone (321)799-3022 Fax (321)799-3613

INSURED
 A&E Electrical Services LLC
 234 Blue Stone Circle
 Winter Garden, FL 34787- (407) 405-5753

CONTACT NAME: Craig Coleman Agent 407-469-2641
PHONE (A/C No. Ext): (407) 469-2641-
E-MAIL ADDRESS: kifsfinancialservices@gmail.com
FAX (A/C. No): (800) 861-3233

INSURER(S) AFFORDING COVERAGE

| INSURER | NAIC # |
|--|--------|
| INSURER A : Old Dominion Insurance Company | 40231 |
| INSURER B : NCM Insurance Company | 14788 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

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 LTR | TYPE OF INSURANCE | ADDSUBR (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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC 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 <input type="checkbox"/> <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | Y | MPG8307C | 04/01/2015 | 04/01/2016 | EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00 MED EXP. (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ <input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Description of Operations: DESCRIPTION OF OPERATIONS below | N/A | WCG8968E | 04/06/2015 | 04/06/2016 | |

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

The endorsement amending the business owners liability coverage form includes several additional insureds automatically. The endorsement states that additional insured status is only provided if there is a written agreement or contract between the parties requiring such status.

CERTIFICATE HOLDER

The City Of Belle Isle
1600 Nelia 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

ACORD 25 (2010/05) QF

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

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

(850) 487-1395

**BYRD, ROBERT IRWIN
A & E ELECTRICAL SERVICES, LLC
234 BLUE STONE CIRCLE
WINTER GARDEN FL 34787**

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.

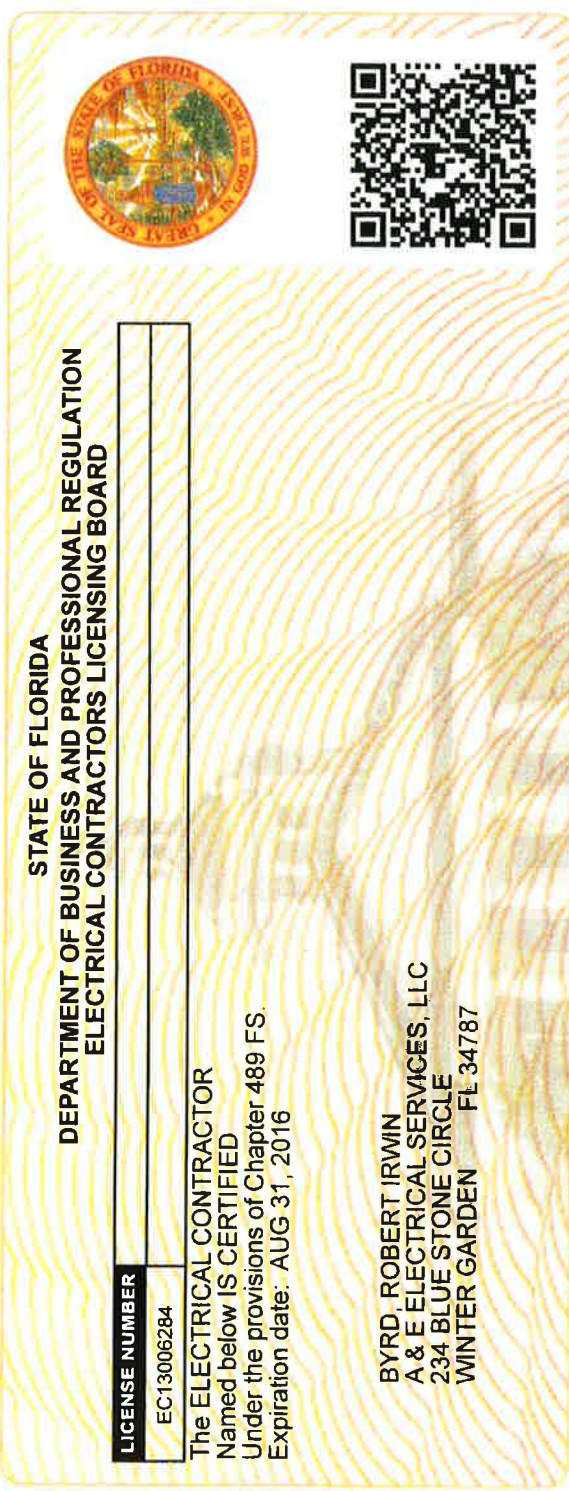
Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY



ISSUED: 09/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409040000844