



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: change out interior & exterior panels, new grounding system new cables

Comments: None

Project Information

Address: 1512 Idaho Ave, Belle Isle, FL 32809
Parcel ID: 25-23-29-5884-22-050
Property Owner: Wright, susan & Steven
Phone Number: 407 406 4406

Company Name: Ferran Service and Contracting
Contractor Name: Boone, Shawn
License Number: EC13003653
Address: 530 Grand Street, Orlando, FL 32805
Phone Number: 407 422 3551

Permit Number: 2017-04-078

Date of Application: 04/25/2017

Date Permit Issued: 04/27/2017

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 \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$ \$138.00
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.07
Surcharge Fee \$2.07

TOTAL FEES \$142.14

Date Paid

4-28-17
CC or Check# 64592
Amount Paid 142.14

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 BidScheduling@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

RECEIVED
APR 25 2017
P.001/001



City of Belle Isle

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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: 4-12-2017

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

PERMIT NUMBER 2017-04-078
Project Address 1512 Lake Ave Belle Isle FL 32809 32812
Property Owner Wright, Steven Phone 407-405-4600 407 406 4406
Property Owner's Mailing Address 1512 Lake Ave City Belle Isle Grant 321-460-0622

State FL Zip Code 32809 Parcel Id Number: 25-25-29-9904-25-050

To obtain this information, please visit <http://tax2.horizon.com/ff/ffsearch/ffsearchresults>

Class of Building: New Alteration Repair Addition Commercial Low Voltage New Existing
Type of Work: New Alteration Repair Addition 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 _____
Fixtures _____ Spa _____ Pool _____ Switches _____
Electric Signs _____ Meter Reset _____ Low Voltage _____ Sloves _____
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 _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____ Amperage/Voltage/Phase _____

Object: Remove and replace FPE interior and exterior panels, and disconnect.
Replace Feeder B 2 Panels
replace FPE int. ext. panels
SAME FOR SAME Amperage/Voltage/Phase

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ _____
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE) 5132.-
 VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED \$ 5490.00)

Building Official: Dele Dele Date _____
Verified Contractor's Licenses & Insurance are on file SD Date 4-27-17
no other fees to be paid
Permit Fee = \$ 92.-
Review Fee = \$ 46.-
3% FL Surcharge = \$ 4.14
TOTAL Permit = \$ 142.14

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 _____ LICENSE # EC 13003553
LICENSE HOLDER NAME Shawn Sime COMPANY NAME Ferran Services and Contracting
Street Address 530 Gaylor St City Orlando State FL Zip Code 32805 Phone Number 407-428-3451
Email Address shawn@ferran-services.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.

Shawn@ferran-services.com
520
2017-04-078
35
46
138

Permit Number: _____
 Folio/Parcel ID #: 25-23-29-5884-22-050
 Prepared by: William Williams, Ferran Services Contracting
530 Grand St.
Orlando, FL 32805
 Return to: Ferran Services Contracting Inc., Attn: Dept.
530 Grand St.
Orlando FL 32805

DOCH 20170230618
 04/25/2017 12:31:19 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 MB - Ret To: FERRAN SERVICES CONTRACTI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)
 25-23-29-5884-22-050 1512 Idaho Ave. Orlando FL 32809
- General description of improvement**
 Remove and replace exterior, interior FPE panels and disconnects
- Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Steven Wright
 Address 1512 Idaho Ave. Orlando FL 32809
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)

4. Contractor
 Name Ferran Services & Contracting (Shawn Boone)
 Address 530 Grand St. Orlando FL 32805
 Telephone Number 407-422-3551

5. Surety (if applicable, a copy of the payment bond is attached)
 Name _____
 Address _____
 Telephone Number _____

6. Lender
 Name _____
 Address _____
 Telephone Number _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.
 Name _____
 Address _____
 Telephone Number _____

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.
 Name _____
 Address _____
 Telephone Number _____

9. Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____
 Signature of Notary Public _____
 Signature of Title Office _____

The foregoing instrument was acknowledged before me this 11 day of April by Shawn E. Wright
 as DWORX for 1512 Idaho Ave. Orlando FL 32809
 Type of authority, e.g., officer, trustee, attorney in fact _____
 Name of party on behalf of whom instrument was executed _____

Signature of Notary Public - State of Florida _____
 Personally Known OR Produced ID ✓
 Type of ID Produced FLD 10373543810



State of Florida, County of Orange
 hereby certify that this is a true and correct copy of the document as reflected in the Official Records of Orange County, Florida.
 BY: Phil Diamond
 PHIL DIAMOND, COUNTY COMPTROLLER
 DATED: 4/25/17

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.

1802 CERT ELECTRICAL CON 2016 \$70.00 31 EMPLOYEE ; EXPIRES 9/30/2017 1802-0013318

TOTAL TAX \$70.00
PREVIOUSLY PAID \$70.00
TOTAL DUE \$0.00

BOONE SHAWN WILLIAM QUALIFIER

FERRAN SERVICES & CONTRACTING INC
BOONE SHAWN WILLIAM
530 GRAND ST

ORLANDO FL 32805-4731

530 GRAND ST
A - ORLANDO, 32805

PAID: \$70.00 0098-00737293 8/2/2016

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.

1802 CERT ELECTRICAL CON 2016 \$70.00 31 EMPLOYEE EXPIRES 9/30/2017 1802-0013318



TOTAL TAX \$70.00
PREVIOUSLY PAID \$70.00
TOTAL DUE \$0.00

BOONE SHAWN WILLIAM QUALIFIER

FERRAN SERVICES & CONTRACTING INC
BOONE SHAWN WILLIAM
530 GRAND ST

530 GRAND ST
A - ORLANDO, 32805

ORLANDO FL 32805-4731

PAID: \$70.00 0098-00737293 8/2/2016

This receipt is official when validated by the Tax Collector.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
EC13003653	

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



BOONE, SHAWN WILLIAM
FERRAN SERVICES & CONTRACTING, INC.
530 GRAND STREET
-ORLANDO FL 32805

ISSUED: 06/27/2016

DISPLAY AS REQUIRED BY LAW

SEC # 14082770000657

Client#: 1405470

131FERRASER

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2016

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		CONTACT NAME:	
BB&T Insurance Services, Inc.		PHONE (A/C. No. Ex): 407 691-9600	FAX (A/C. No.): 888-635-4183
PO Box 4927		E-MAIL ADDRESS:	
Orlando, FL 32802-4927		INSURER(S) AFFORDING COVERAGE	
407 691-9600		INSURER A: National Trust Insurance Company	NAIC # 20141
INSURED		INSURER B: FFVA Mutual Insurance Company	10385
Ferran Services & Contracting Inc		INSURER C:	
530 Grand Street		INSURER D:	
Orlando, FL 32805		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 16-17 MSTBAWSPNC REVISION NUMBER: 2

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	ADDITIONAL SUBR (INSR. WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	GL00171193	09/30/2016	09/30/2017	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 - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NOT OWNED AUTOS GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	CA100005736	09/30/2016	09/30/2017	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10000 <input checked="" type="checkbox"/> CLAIMS-MADE	X	UMB00196303	09/30/2016	09/30/2017	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	8400129362017A	01/01/2017	01/01/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured status is granted on the General Liability if required by contract per "First Choice Contractors Liability Endorsement" Form CGL 088(10/13) which includes Additional Insured and Waiver of Subrogation. General Liability Policy is Primary and Non-contributory if required by written contract per "Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement With You - Ongoing Operations and Products-Completed Operations" Form CGL 084(10/13). (See Attached Descriptions)

CERTIFICATE HOLDER

City of Belle Isle
 1600 Nela Avenue
 Orlando, 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
Giffney L. Johnson

CLHO