



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.

<p>Scope of Work: ELECTRICAL – for boat dock</p> <p>Comments: None</p> <p>Project Information Address: 3007 Trentwood Blvd, Belle Isle, FL 32812 Parcel ID: 20-23-30-1876-04-130 Property Owner: Nilsson, Joakim Phone Number: none ***** Company Name: All Pro electric Contractor Name: Grenet, Dennis License Number: EC13004291 Address: 5885 Sisson Rd, Titusville, FL 32780 Phone Number: 407 957 0172</p>	<p align="center">Permit Number: 2017-03-100</p> <p>Date of Application: 03/28/2017 Date Permit Issued: 03/31/2017</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ \$ Traffic \$ \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$ \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ \$ Demo \$ \$ Building \$ \$ Fence \$ \$ Driveway \$ \$ Shed \$ \$ Window(s) \$ \$ Door(s) \$ \$ PrePower \$ \$ Electrical \$55.50 Temp Pole \$ \$ Plumbing \$ \$ Mechanical \$ \$ Gas \$ \$ Roofing \$ \$ Boat Dock \$ \$ Screen Encl \$ \$ Swimming Pool \$ \$ Sign \$ \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p>TOTAL FEES \$59.50</p> <p>Date Paid <u>4/24/17</u> CC or Check # <u>AX 51006</u> Amount Paid <u>\$ 59.50</u></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>	<p align="center">BUILDING INSPECTOR USE ONLY</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"/> 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)</p> <p><input type="checkbox"/> ROOFING 1ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2ND ROOFING Covering In-Progress _____ 3RD ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1ST _____ (Underground) 2ND _____ (Sewer) 3RD _____ (Rough-In/Tub Set) 4TH _____ (Final)</p> <p>CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1st _____ (Rough-In) 2nd _____ (Final)</p>
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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
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 • Fax 407-581-0313 • www.universaleengineering.com

RECEIVED
 APR 21 2017
 re-submitted

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.

original 3-28-17

DATE OF APPLICATION: 3/26/17 PERMIT NUMBER: 2017-03400
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 3007 Trentwood Blvd Belle Isle FL 32809 32812
 Property Owner Nilson Joakim Phone _____
 Property Owner's Mailing Address Elkanda Byway 23 City Molndal
 State Sweden Zip Code 431-59 Parcel Identification: 29-23-30-1876-04-130

To obtain this information, please visit <http://www.ocawall.com/Search/ParcelSearch.aspx>

Class of Building: New Alteration Addition Repair Commercial Low Voltage New Existing Other

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher	_____	Disposal	_____	Water Heater	_____
Hood Fan	_____	Paddle Fan	_____	Outlets	_____
Fixtures	<u>2</u>	Pool	_____	Switches	<u>2</u>
Electric Signs	_____	Meter Reset	_____	Stoves	_____
Pumps	_____	Motors	_____	Furnace (KW)	_____
		Air Conditioning (tons)	_____		

Temporary Construction Pole 120 One (1) New Meter Service _____ Amperage/Voltage/Phase _____
 Meter Service Upgrade from 120 to _____ Amperage/Voltage/Phase _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____
 Other: Install Elec. for new 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 \$ 1000.00)

Building Official: JR Cannon Date 4/21/2017 Permit Fee = \$ 37-
 Verified Contractor's Licenses & Insurance are on file SM Date 4-21-17 Review Fee = \$ 18.52
 3% FL Surcharge = \$ 4-
 TOTAL Permit = \$ 59.52

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 Jens Gustaf LICENSE # EC13004291
 LICENSE HOLDER NAME Dennis Gustaf COMPANY NAME All Pro Elec.
 Street Address 5155 Sebring St.
 City St. Cloud State FL Zip Code 34771 Phone Number 407-957-0173
 Email Address Antony@centralfloridaccontractor.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 2017-10-040

Susan Manchester

From: Susan Manchester
Sent: Monday, April 03, 2017 9:03 AM
To: 'Candy'
Cc: CobiPermits
Subject: 3007 Trentwood Blvd - electrical permit 2017-03-100 needs more info - All Pro Electric

Hello,

Please provide a proper electrical plan for the work being performed. The plan shall include the location and type of all fixtures, source of power, type and size of all conduit and conductors and method of grounding and bonding.

Thank you,

Susan Manchester
Permit Administration
Building Inspection Department
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalengineering.com

-----Original Message-----

From: Candy [<mailto:Candy@centralfloridacontractor.com>]
Sent: Tuesday, March 28, 2017 10:26 AM
To: CobiPermits
Subject: 3007 Trentwood Blvd. Add on electrical permit to 2017-10-040

Good Morning,

This is the first time we are applying for a permit with you, I believe this is all the information You need for this.

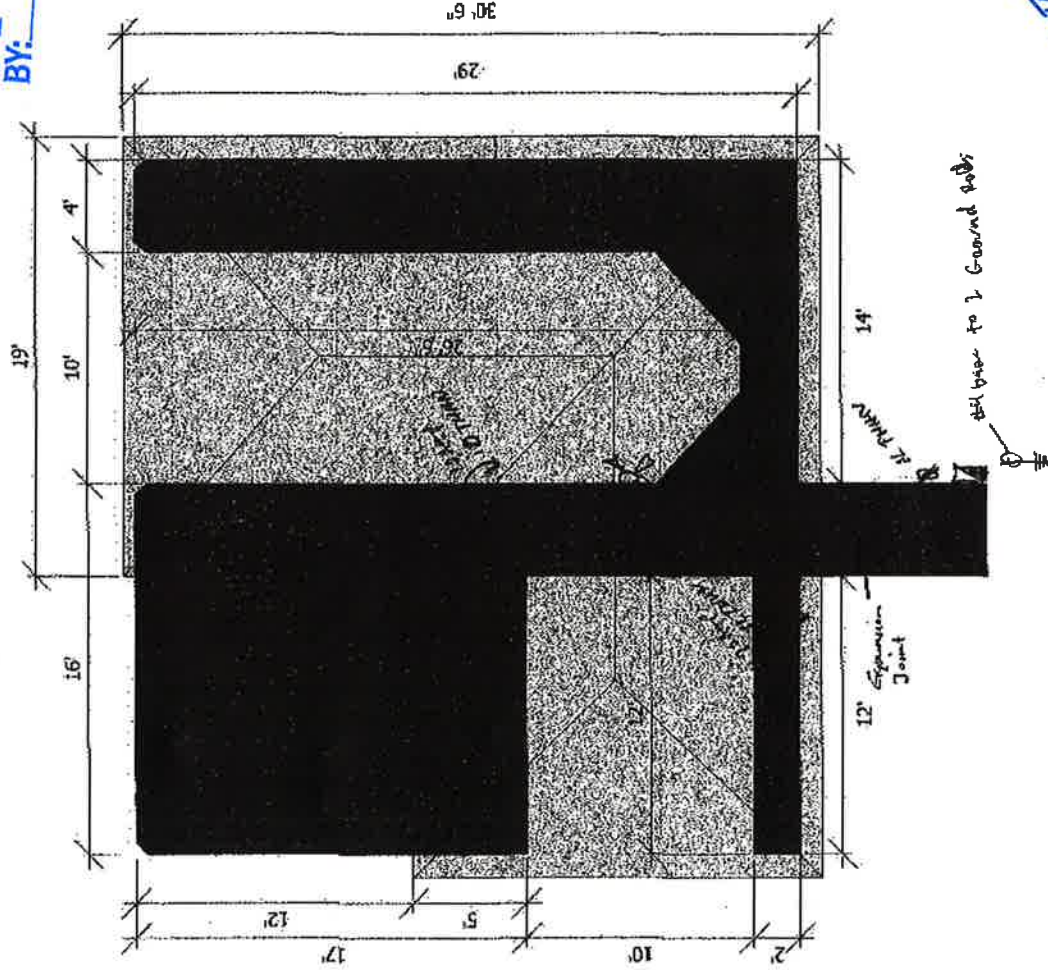
Please let me know when it has been approved and how to pay for it.

Thank You,

Candy Douglas
All Pro Builders, Inc. / All Pro Electric, Inc.
5155 Starline Drive
St Cloud, FL 34771
Office (407)957-0172
Fax (407)957-0472

3007 Trentwood Blvd

RECEIVED
APR 21 2017
BY: [Signature]



add wires to 1 Ground rods

SEPARATE PERMIT REQUIRED FOR SEWAGE

- 1 Dedicated 20 amp (boat lift)
- 2 Dedicated 20 amp (Jet ski lift)
- 3 20 amp General circuit

Power to dock by others

CITY OF BELLE ISLE
 THE PLANS AND SPECIFICATIONS
 HAVE BEEN REVIEWED. FULL
 COMPLIANCE WITH CODES AND
 REGULATIONS ARE REQUIRED BY
 THE PERMIT HOLDER

Reviewed for Code
 Compliance
 Universal Engineering
 Sciences



APPROVED [Signature] B0540



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. 79685

Inspection Report

Project Name: 3007 Trentwood Blvd ~ COBI

Date: 03/31/2017 Any any

Address: 3007 Trentwood Blvd ~ COBI, Belle Isle, Orange County, FL

Permit No: 2017-03-100

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1600458.0000-0115-05

Contact: Susan Manchester at 407 581
8161

Scope of Inspection: REVIEW electrical permit app for boat dock

Inspection Type:

Disposition of Inspection:

Comments: FAIL : PROVIDE A PROPER ELECTRICAL PLAN FOR THE WORK BEING PERFORMED. THE PLAN SHALL INCLUDE THE LOCATION, & TYPE OF ALL FIXTURES, SOURCE OF POWER, TYPE AND SIZE OF ALL CONDUIT & CONDUCTORS, METHOD OF GROUNDING AND BONDING. JRC 3/31/17

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: Joseph Crum, BU 540



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. 80895

Inspection Report

Project Name: 3007 Trentwood Blvd ~ COBI

Date: 04/21/2017 Any any

Address: 3007 Trentwood Blvd ~ COBI, Belle Isle, Orange County, FL

Permit No: 2017-03-100

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1600458.0000-0115-05

Contact: Susan Manchester at 407 581
8161

Scope of Inspection: REVIEW requested diagram that arrived to address previous noted deficiency for electrical permit app

Inspection Type: See Scope

Disposition of Inspection: Pass

Comments:

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: Joseph Crum, BU 540

GRENET, DENNIS O JR
ALL - PRO ELECTRIC
5885 SISSON ROAD
TITUSVILLE FL 32780

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. 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

EC13004291

ISSUED: 05/29/2016

CERTIFIED ELECTRICAL CONTRACTOR

GRENET, DENNIS O JR
ALL - PRO ELECTRIC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2018
L1605290001185

RICK SCOTT, GOVERNOR

DETACH HERE

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	ADDITIONAL BUSINESS QUALIFICATION
EC13004291	

The ELECTRICAL CONTRACTOR

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

GRENET, DENNIS O JR
ALL - PRO ELECTRIC
5885 SISSON ROAD
TITUSVILLE FL 32780



RECEIVED BY LAW

SEQ # L1605290001185

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:	
FrankCrum Insurance Agency, Inc.		PHONE (A/C, No. Ext): (727) 412-7765	FAX (A/C, No): (727) 608-1526
100 South Missouri Avenue		E-MAIL: FCIA@frankcrum.com	
Clearwater FL 33756		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Covington Specialty Insurance Co NAIC # 13027	
All Pro Builders, Inc. dba All Pro Electric		INSURER B:	
5155 Starline Drive		INSURER C:	
Saint Cloud FL 34771		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 16/17 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		VBAA476177	8/29/2016	8/29/2017	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 - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Contractor for Remodeling and Additions; electrical work self-performed.

CERTIFICATE HOLDER (407) 240-2222 City of Belle Isle 1600 Nela Avenue 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 Matt Crum/MFM
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certificate holder in lieu of such endorsement(s).


PRODUCER		CONTACT NAME	
FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756		PHONE (A/C, No. Ext) (800) 277-1620 X4800	FAX (A/C, No) (727) 797-0704
E-MAIL ADDRESS			
INSURED		INSURER(S) AFFORDING COVERAGE	
FrankCrum L/C/F All Pro Builders, Inc. dba All-Pro Electric 100 South Missouri Avenue Clearwater, FL 33756		Frank Winston Crum Insurance Company	
		INSURER A	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	
		NAIC#	
		11600	

COVERAGES CERTIFICATE NUMBER: 425350 REVISION NUMBER: 1

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under: DESCRIPTION OF OPERATIONS below	N/A		WC201700000	01/01/2017	01/01/2018	PER STATUTE OTHER <input checked="" type="checkbox"/> X E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Effective 07/08/2013, coverage is for 100% of the employees of FrankCrum leased to All Pro Builders, Inc. dba All-Pro Electric (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

CERTIFICATE HOLDER	CANCELLATION
City of Belle Isle 1600 Nela Avenue Orlando, 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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TYPE

BUSINESS All - Pro Electric
All Pro Builders, Inc.
5155 Star Line Dr.
St. Cloud, FL 34771

OSCEOLA COUNTY

MAILING Anthony M. Cardone
ADDRESS 5155 Star Line Dr.
St. Cloud, FL 34771

EC13004291 - Dennis O. Grenet Qualifier

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st 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 delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.

Anthony M. Cardone
5155 Star Line Dr.
St. Cloud, FL 34771

TRANSFER 0.00
ORIGINAL TAX 30.00
AMOUNT 0.00

Tax Collector
113038
9005235
09/15/2016
Oper JAD
Till 90
Paid 30.00

PENALTY 0.00
COLLECTION COST 0.00
TOTAL 30.00



PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000