



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.

<p>Scope of Work: ELECTRICAL: for swimming pool & spa</p> <p>Comments: NONE</p> <p>Project Information Address: 4323 Isle Vista Ave, Belle Isle, FL 32812 Parcel ID: 20-23-30-0668-00-840 Property Owner: Malagian, Zachary Phone Number: 407 341 9502 ***** Company Name: Aquatronic Systems Inc. Contractor Name: Broadhurst, Bruce License Number: EC13006137 Address: 905 Golden Rain Cove, Winter Springs, FL 32708 Phone Number: 407-951-3004</p>	<p align="right">Permit Number: 2017-04-032</p> <p align="right">Date of Application: <u>04/10/2017</u> Date Permit Issued: <u>04/13/2017</u></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 School \$</p> <p>ZONING FEES Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</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>\$85.50</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$</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>SURCHARGE FEES</p> <table style="width:100%;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p align="center">TOTAL FEES \$89.50</p> <p>Date Paid <u>4-27-17</u></p> <p>CC or Check # <u>30069</u></p> <p>Amount Paid <u>89.50</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>	Demo	\$	Building	\$	Fence	\$	Driveway	\$	Shed	\$	Window(s)	\$	Door(s)	\$	PrePower	\$	Electrical	\$85.50	Temp Pole	\$	Plumbing	\$	Mechanical	\$	Gas	\$	Roofing	\$	Boat Dock	\$	Screen Encl	\$	Swimming Pool	\$	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<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</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS __Natural__ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
Demo	\$																																						
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Inspection requests are to be emailed to BDIscheduling@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

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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 4/3/17 PERMIT NUMBER 201704032
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4323 ISLE VISTA AVE, Belle Isle FL 32809 32812

Property Owner ZACHARY MALAGIAN Phone 407-851-9086

Property Owner's Mailing Address 4323 ISLE VISTA AVE City BELLE ISLE

State FL Zip Code 32812 Parcel Id Number: 20-23-30-0668-00-840
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

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____ Exhaust Fan _____ Disposal _____ Water Heater _____
Hood Fan _____ Dryer _____ Paddle Fan _____ Outlets _____
Fixtures _____ Spa _____ Pool 1 _____ Switches _____
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 _____ 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) \$ 950

Permit Fee = \$ 57.-
Review Fee = \$ 28.50
3% FL Surcharge = \$ 4.-
TOTAL Permit = \$ 89.50

Building Official: [Signature] Date 4/14/2017
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-14-17

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. **WITH POWER OF ATTORNEY (ATTACHED)**

LICENSE HOLDER SIGNATURE [Signature] LICENSE # EC13006137
LICENSE HOLDER NAME Bruce Broadhurst COMPANY NAME AQUATRONIC SYSTEMS INC.
Street Address 905 Golden Rain cove
City Winter Springs State FL Zip Code 32708 Phone Number 407-951-3004
Email Address Aquatronic Sys @ aol.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.

80389
$$\begin{array}{r} 57 \div 2 \\ 28.50 \\ \hline 85.50 \end{array}$$

Building Permit Number _____

LIMITED POWER OF ATTORNEY

Date: 4/3/17

I hereby name and appoint LEIGH BEYER OR JOHN M. MALAGIAN to be my lawful attorney in fact to act for me and apply for a ELECTRICAL permit for work to be performed at the location described as:

4323 ISLE VISTA AVE. BELLE ISLE FL 32812

(Address of job)

ZACHARY MALAGIAN

(Owner of Property)

And to sign my name and do all things necessary to this appointment.

Bruce R. Broadhurst

(Signature of Certified Contractor)

Bruce R. Broadhurst EC13006137

(Printed name of Contractor and License Number)

STATE OF FLORIDA

COUNTY OF Orange

The foregoing instrument was acknowledged before me this 3rd day of April, 20 17, by Bruce R. Broadhurst, who is personally known to me or has produced _____ (type of identification) as identification.

Maureen Barrick
Signature of Notary Public, State of Florida

Print/Type/Stamp Name of Notary Public



Maureen Barrick
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF954927
Expires 2/24/2020

(Seal)



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

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

(850) 487-1395

**BROADHURST, BRUCE REED
AQUA-TRONIC SYSTEMS, INC.
105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708-6405**

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!



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

EC13006137 ISSUED: 05/22/2016

**CERTIFIED ELECTRICAL CONTRACTOR
BROADHURST, BRUCE REED
AQUA-TRONIC SYSTEMS, INC.**

**IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2018 L1605220001118**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EC13006137	

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



**BROADHURST, BRUCE REED
AQUA-TRONIC SYSTEMS, INC.
105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708-6405**



ISSUED: 05/22/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1605220001118



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2016

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 Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046		CONTACT NAME: Amanda Bonventre PHONE (A/C, No, Ext): (407) 886-3301 FAX (A/C, No): (407) 886-9530 E-MAIL ADDRESS: amanda@gentryins.com	
INSURED Aqua-Tronic Systems, Inc 105 Goldenrain Cove Winter Springs FL 32708		INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Ins. Co.	NAIC # 10190
INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 16-17 Master** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY			72343115	5/3/2016	5/3/2017	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000			
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 10,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$			
	<input type="checkbox"/> SCHEDULED AUTOS									
	<input type="checkbox"/> NON-OWNED AUTOS									
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			5034226500	5/3/2016	5/3/2017	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000			
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER 4072402222@fax.tc 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 D Liebknrecht/AMANDA <i>Debra Liebknrecht</i>
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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: 6/24/2016 **EXPIRATION DATE:** 6/24/2018
PERSON: BROADHURST BRUCE R
FEIN: 262482404

BUSINESS NAME AND ADDRESS:
AQUA-TRONIC SYSTEMS, INC.

105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708

SCOPES OF BUSINESS OR TRADE:

LICENSED ELECTRICAL
CONTRACTOR

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 not recover benefits or compensation 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 or 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. The department shall revoke a

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 awful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2016 EXPIRES 9/30/2017 1802-1057110
1802 CERTIFIED ELECTRICAL \$30.00 1 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

BROADHURST BRUCE QUALIFIER

AQUA TRONIC SYSTEMS INC
BROADHURST BRUCE
105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708

MOBILE FROM SEMINOLE CO (MOBILE)
X - WINTER SPRINGS, 32708

PAID: \$30.00 0099-00732703 7/22/2016

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

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PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00



BROADHURST BRUCE QUALIFIER

AQUA TRONIC SYSTEMS INC
BROADHURST BRUCE
105 GOLDENRAIN COVE
WINTER SPRINGS FL 32708

MOBILE FROM SEMINOLE CO (MOBILE)
X - WINTER SPRINGS, 32708

PAID: \$30.00 0099-00732703 7/22/2016

This receipt is official when validated by the Tax Collector.