

Comments:

Project Information

CC of Check # V SA

conform to the terms of the

The person accepting this permit shall

application on file and construction

shall conform to the requirements of the Florida Building Code (FS 553).

Amount Paid

Scope of Work: ELECTRICAL: for adding full bath to bonus room -

3 fixtures, 1 exhaust fan, 3 outlets, 3 switches

None

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

Permit Number: 2017-04-019

WARNING TO OWNER: "YOUR FAILURE TO RECORD A

Date of Application: 04/04/2017
Date Permit Issued: 04/05/2017

(Sewer)

(Final)

(Final)

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.

Phone Number:	5465 Chiswick Circle, Belle Isle, FL 32812 20-23-30-9373-00-500 Savard, Chris & Michelle 407-443-7823		PAYING TWICE F PROPERTY. IF YO CONSULT WITH Y BEFORE RECOF	FOR IMPROVEMENTS TO YOUR DU INTEND TO OBTAIN FINANCING, OUR LENDER OR AN ATTORNEY RDING YOUR NOTICE OF ON THE JOB INSPECTION(S) MUST
Company Name: Contractor Name: License Number: Address: Phone Number:	By Owner		BE MADE BEFORE WORK. THIS CARD BE PROTECTED FR	PROCEEDING WITH SUBSEQUENT MUST BE DISPLAYED OUTSIDE AND ROM THE WEATHER WHILE BEING THE STREET UNTIL THE FINAL
		BUILDING FEAT		
IMPACT FEES	•	E	BUILDING INSPECTOR U	SE ONLY
	\$	IF APPLICABLE: Have Zoning Approval Conditions	s Been Met? YES NO	Have Stormwater Approval Conditions
ZONING FEES Zoning Fee	\$			Turbidity Barrier in place? YES NO
UNIVERSAL ENG	- BUILDING FEES	BUILDING		
Demo	\$	1 st	(Footing/Footi	oundation) slab pour. Approved Plan on Site?
	\$ \$	2 nd	(Slab)	
Driveway Shed	\$ \$ \$	**		Il Reinforcing on Masonry Building)
	\$ \$	4 th		raming)(Roof/Wall Sheathing)
PrePower	\$ \$55.50	5 th		(To be made after Plumbing/ Mechanical/
Temp Pole	\$ \$	0		Rough-Ins & Windows/Doors Installed)
Mechanical :	\$ \$	6 th	(Insulation	to be Made After Roof Installed)
Roofing Boat Dock	\$ \$	7 th	(Drywall)	
Screen Encl Swimming Pool	\$ \$	8 th	(Sidewalk/[Driveway)
	•	9 th	(Other)	
SURCHARGE FE	<u>ES</u>	10 th	(Final – Aft	er MEP and Other Applicable Finals)
	\$2.00 \$2.00	ROOFING 1 ST ROOFING Deck Nailing/Dry-in/F	Flashing	
TOTAL FE	ES \$59.50	2 nd ROOFING Covering In-Progress	·	
Date Paid 4-	11-17	3 rd ROOFING Covering Final		
	ISA GOO	☐ PLUMBING (Pool-Piping, Solar, I	rrigation, Water Treatment	t Equip, Etc)

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.

(Underground)

(Rough-In/Tub Set)

(Rough-In)

CHECK APPROPRIATE BOX

☐ GAS __Natural ___LP

1ST

☐ MECHANICAL ☐ ELECTRICAL ☐ LOW VOLTAGE



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 328113
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 APPL	ICATION: April 4, 2017	DE	ERMIT NUMBER OCH 04-01	
		make electrical installations as indica	ated below. PLEASE PRINT	
Project Address	5465 Chiswick Cirice	765 Chiswi	Belle Isle FL 32809 232812	
Property Owner	Christopher Savard		Phone <u>407-443-782</u> 3	
Property Owner's	Mailing Address 5465 Chiswic	k Circle	CityBelle Isle	
State FI	Zip Code 3282	Parcel ld Number: 20-23-30-9373	-00-500	
		To obtain this information, please vi	sit http://www.ocpafi.org/Searches/ParcelSearch.aspx	
Class of Buildin	g: Old 🗹 New 🗀 💮 Ty	pe of Building: Residentia	ommercial 🔲 Other 🗖	
		··	w Voltage New 🔲 Existing 🔲	
	INDICATE THE	QUANTITY OF ALL EQUIPMENT	TO BE INSTALLED	
Dishwasher			Water Heater	
Hood Fan	Dryer	Paddle Fan	Outlets 3	
Foctures 3	Spa	Pool	Switches 2	
Electric Signs	Meter Reset	Low Voltage	Stoves	
Pumps	Motors	Air Conditioning (ton	s) Furnace (KW)	
Temporary Con	struction Pole	One (1) New Meter Service	Amperage/Voltage/Phase	
Meter Service Li	norade from	to		
Mater Octation of	Amperage/Volt			
Relocate Existin	g Meter Service (No Service S	ize Change)		
00 5000				
Other:		1141		
-		-5/4		
PERMIT FEE	BASED ON METER SERVICE	E SIZE SCHEDULE	\$	
(IF NO METE	R SERVICE WORK BEING D	ONE, USE VALUATION OF JOB FO	R PERMIT FEE)	
	**			
WALUATION	OF JOB (VALUATION OF AL	L MATERIALS, LABOR, AND FIXTU	IRES INSTALLED \$ 5 00	
	0		Permit Fee = \$	
Ĭ .			Permit ree - \$	
Building Official: Date 4-10-1 Review Fee = \$ 8				
Verified Contr	actor's Licenses & Insurance a	re on file Date 4-5	3% FL Surcharge = \$	
		O/B disc	TOTAL Permit = \$ 51.5	
44 4 40 6			Max .	
I hereby certify tr	lat the above is true and corre	ct to the best of my knowledge.		
I hereby make App	olication for Permit as outlined ab	ove, and if same is granted I agree to co	nform to all Florida Building Code Regulations and City	
			permit does not grant permission to violate any	
applicable Town a	nd/or State of Florida codes and/	or ordinances		
Byowner				
LICENSE HOLD	C :/		LICENSE #	
LICENSE HOLD	ER NAME CONT	SAVARU COMPANY	NAME	
Street Address _				
City	s	tate Zip Code	Phone Number	
Email Address				
	<u> </u>			
	ling Permit Number is required if as been issued.	the Electrical Installation is associated v	with any construction or alteration where a Building	
		꼬유		
		Bu	ilding Permit Number	



City of Belle Isle

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OWNER BUILDER DISCLOSURE STATEMENT

Per Florida Statue 455.228:

Homeowners hiring unlicensed Contractors may be subject a fine of up to \$5,000.00!

Before me this day personally ap	peared(Christo	Pher	SA	VARIS	who	being	duly	sworn,
deposes, and says as follows.	"I hereby	acknowledge	that I ha	ave read	and full	y unde	erstand	the in	ndividual
provisions of this instrument."									

- I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder
 permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my
 own contractor with certain restrictions even though I do not have a license
- I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the
 construction and is not hiring a licensed contractor to assume responsibility.
- 3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
- 4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
- 5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. Initial
- 6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
- 7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit, that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
- 8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
- 9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
- 10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850)487-1395 or www.Call.Center@dbpr.state.fl.us for more information about licensed contractors.

- 11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

 Project Address: 5465 Chis with made Melle 151e FL 32812 CTS Initial
- 12. I agree to notify the City of Belle Isle Building/Zoning Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.
- 13. FBC 105.3.6 requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

 C 15 Initial

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if any unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is property licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

/	
Signature: (Signature of the property owner) Signature: (Signature of the property owner)	Print: ChaisTophen Savand (Name of the property owner) Print: Michael Savand (Name of the property owner)
Owner's Address:	Selle TSIE FC 72812 J N J 2017 Ily known to me / who produced the following
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	as identification and who did not take an oath.
State of Florida / County of OVINGE Notary Signature	Seal: Notary Public State of Florida Barbara Ann Lanning My Commission GG 034708 Expires 09/29/2020