



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 INTERIOR REMODEL: 1 dishwasher, 8 fixtures, 1 disposal, 2 paddle fans, 8 outlets, 19 switches</p> <p>Comments: Bldg permit 2017-04-027</p> <p>Project Information Address: 6619 Matchett Rd, Belle Isle, FL 32809 Parcel ID: 25-23-29-0000-00-127 Property Owner: Fotieo Family Trust Phone Number: 407 924 5361 ***** Company Name: Raymer Electric Inc Contractor Name: Pantoja, Armando License Number: EC13005272 Address: 3500 Aloma Ave, suite D35, Winter Park, FL 32792 Phone Number: 407 690 4515</p>	<p style="text-align: right;">Permit Number: 2017-04-069</p> <p style="text-align: right;">Date of Application: 04/19/2017 Date Permit Issued: 04/25/2017</p> <p style="color: red; font-weight: bold;">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>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$72.00 Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="color: red; font-weight: bold; text-align: center;">TOTAL FEES \$76.00</p> <p>Date Paid <u>4-25-17</u> CC or Check # <u>VISA 7608</u> Amount Paid <u>76.00</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 style="text-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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</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>
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Inspection requests are to be emailed to IDScheduling@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

DATE OF APPLICATION: 4/14/2017

PERMIT NUMBER 2017-04-069

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

Project Address 6619 Matchett RD Belle Isle FL 32812

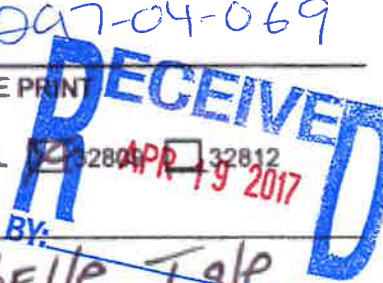
Property Owner Fotico Family TRUST Phone BY:

Property Owner's Mailing Address 6619 Matchett RD City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 25-23-29-0000-00-127

To obtain this information, please visit <http://www.scpfl.org/Searches/ParcelSearch.asp>

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 1 Exhaust Fan _____ Disposal 1 Water Heater _____
Hood Fan _____ Dryer _____ Paddle Fan 2 Outlets 8
Fixtures 8 Spa _____ Pool _____ Switches 19
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: Electrical for removal

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ 1900.-
(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) \$ _____

Building Official: [Signature] Date 4-20-17
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-20-17

Permit Fee = \$ 48
Review Fee = \$ 24
3% FL Surcharge = \$ 4
TOTAL Permit = \$ 76.-

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 [Signature] LICENSE # EC13005272

LICENSE HOLDER NAME Armando Pantaja COMPANY NAME Raymer Electric

Street Address 3500 Aloma Ave Ste D-35

City Winter Park State FL Zip Code 32792 Phone Number 407-920-4515

Email Address RaymerElectricInc@gmail.com 80844



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: 4/14/2017 PERMIT NUMBER _____

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

Project Address 1619 Matchett RD Belle Isle FL 32809 32812

Property Owner Fotree Family TRUST Phone _____

Property Owner's Mailing Address 1619 Matchett RD City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 25-23-29-0000-00-127
To obtain this information, please visit _____

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	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) \$ _____

Building Official: _____ Date _____	Permit Fee = \$ _____
Verified Contractor's Licenses & Insurance are on file _____ Date _____	Review Fee = \$ _____
	3% FL Surcharge = \$ _____
	TOTAL Permit = \$ _____

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 Celsa Rizo LICENSE # EC13005872
 LICENSE HOLDER NAME Armando Rantola COMPANY NAME Raymer Electric
 Street Address 3500 Aloma Ave Ste D-35
 City Winter Park State FL Zip Code 32792 Phone Number 407-910-4515
 Email Address RaymerElectricInc@gmail.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 _____



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: April 14, 2017 PERMIT NUMBER _____

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

Project Address 6619 Matchett Rd Belle Isle FL 32809 32812

Property Owner Fobos Family Trust Phone _____

Property Owner's Mailing Address C/O George Fobos Trustee 6619 Matchett Rd City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 25-23-29-0000-00-127
To obtain this information, please visit <http://www.ocpr.com/ocpr/parcelselect.htm>

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

Exhaust Fan <u>1</u>	Disposal <u>1</u>	Water Heater _____
Hood Fan _____	Padflo Fan <u>2</u>	Outlets <u>8</u>
Fixtures <u>8</u>	Pool _____	Switches <u>18</u>
Electric Signs _____	Meter Reset _____	Low Voltage _____
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) \$ _____

Building Official: _____ Date _____ Verified Contractor's Licenses & Insurance are on file _____ Date _____	Permit Fee = \$ _____
	Review Fee = \$ _____
	3% FL Surcharge = \$ _____
	TOTAL Permit = \$ _____

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 regulations.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # EC13008272

LICENSE HOLDER NAME Amanda Piatice COMPANY NAME Raymer Electric

Street Address 3800 Altam Ave Ste 038

City Winter Park State FL Zip Code 32782 Phone Number 407-688-4515

Email Address RaymerElectric@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.

Building Permit Number _____

*6619 Matchett
 Sent email
 illegible
 4-14-17*

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EC13005272	ADDITIONAL BUSINESS QUALIFICATION

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

PANTOJA, ARMANDO
RAYMER ELECTRIC, INC.
3500 ALOMA AVE STE D-35
WINTER PARK FL 32792



ISSUED: 07/31/2016

DISPLAY AS REQUIRED BY LAW

SEQ# L1607310004275



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2017

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 FLORIDA INSURANCE SOLUTIONS 6586 UNIVERSITY BLVD. STE 3 WINTER PARK, FL 32792	CONTACT NAME: PAULETTE DE DAVID PHONE (A/C No. Ext): 4076774400 FAX (A/C. No): 4076774401 E-MAIL ADDRESS: PDEDAVID@FLORIDAINSURANCESOLUTIONS.NET														
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : INTERNATIONAL INSURANCE CO OF HANNOVER PL</td> <td></td> </tr> <tr> <td>INSURER B : PROGRESSIVE INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER C : COMMERCE & INDUSTRY</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : INTERNATIONAL INSURANCE CO OF HANNOVER PL		INSURER B : PROGRESSIVE INSURANCE COMPANY		INSURER C : COMMERCE & INDUSTRY		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: 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	<input checked="" type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			IG06A004609-1	06/03/2016	06/03/2017	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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			02133241-2	03/28/2017	03/28/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> Y/N <input type="checkbox"/> N/A			NHFL0034582017	03/06/2017	03/06/2018	PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 100,000

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

Certificate holder is listed as Additional Insured

CERTIFICATE HOLDER City of Belle Isle 1600 Nela 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 <i>Paulette De David, Lic. A262166</i>
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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 lawful 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 1802-1112471
1802 ELECTRICAL CONTRACT \$30.00 1 EMPLOYEE

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



PANTOJA ARMANDO
BAYMER ELECTRIC INC
3500 ALOMA AVE #D-35
WINTER PARK FL 32792

3500 ALOMA AVE #D-35 (MOBILE)
U - WINTER PARK, 32792

PAID: \$30.00 0039-00723317 7/11/2016

This receipt is official when validated by the Tax Collector.