



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 new for boat dock Comments: Bldg permit 2017-02-014</p> <p>Project Information Address: 6723 Matchett Rd, Belle Isle, FL 32809 Parcel ID: 25-23-29-0000-00-132 Property Owner: Kuck, Marie & Timothy Phone Number: none ***** Company Name: A&E Electrical Services, LLC Contractor Name: Byrd, Robert License Number: ER13014216 Address: 234 Blue Stone Circle, Winter Garden, FL 34787 Phone Number: 407-405-5753</p>	<p align="center">Permit Number: 2017-03-102 Date of Application: 03/29/2017 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 4-17-17 CC or Check # 1523 Amount Paid 59.50</p>	<p>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 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1st _____ (Footing/Foundation) 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...) 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</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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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).

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](https://universalengineering.sharefile.com)



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32817
 Tel 407-581-8161 • Fax 407-581-0313 • www.universallengineering.com

RECEIVED
MAR 29 2017

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: 03/29/17 **PERMIT NUMBER** 2017-03102
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 6723 Matchett Rd 6723 Matchett Rd Belle Isle FL 32809 32812
 Property Owner Tim Kuck Tim Kuck Phone _____
 Property Owner's Mailing Address 6723 Matchett Rd City Belle Isle
 State FL Zip Code 32812 25-23-29-0000-00-132 25-23-29-0000-00-132

To obtain this information, please visit: <http://www.ocpafl.org/Searches/ParseSearch.aspx>

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

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____	Exhaust Fan _____	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan _____	Outlets 3 _____
Fixtures 8 _____	Spa _____	Pool _____	Switches 1 _____
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 _____ = _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____
Other: Wire boat dock only. Feed by others. WINE Boat 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) \$ 11000.00
Permit Fee = \$ 37.00
Review Fee = \$ 18.50
3% FL Surcharge = \$ 4
TOTAL Permit = \$ 59.50

Building Official: J.R. Gamm Date 4/14/17
 Verified Contractor's Licenses & Insurance are on file SW Date 3-29-17

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.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # EC13006284
 LICENSE HOLDER NAME Robert Byrd COMPANY NAME A&E Electrical Services, LLC
 Street Address 9542 Black Bear Lane 9542 Black Bear Lane A&E Electrical Services Inc
 City Winter Garden State FL Zip Code 34787 Phone Number 407-405-5753
 Email Address WG

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 2017-02014

WG

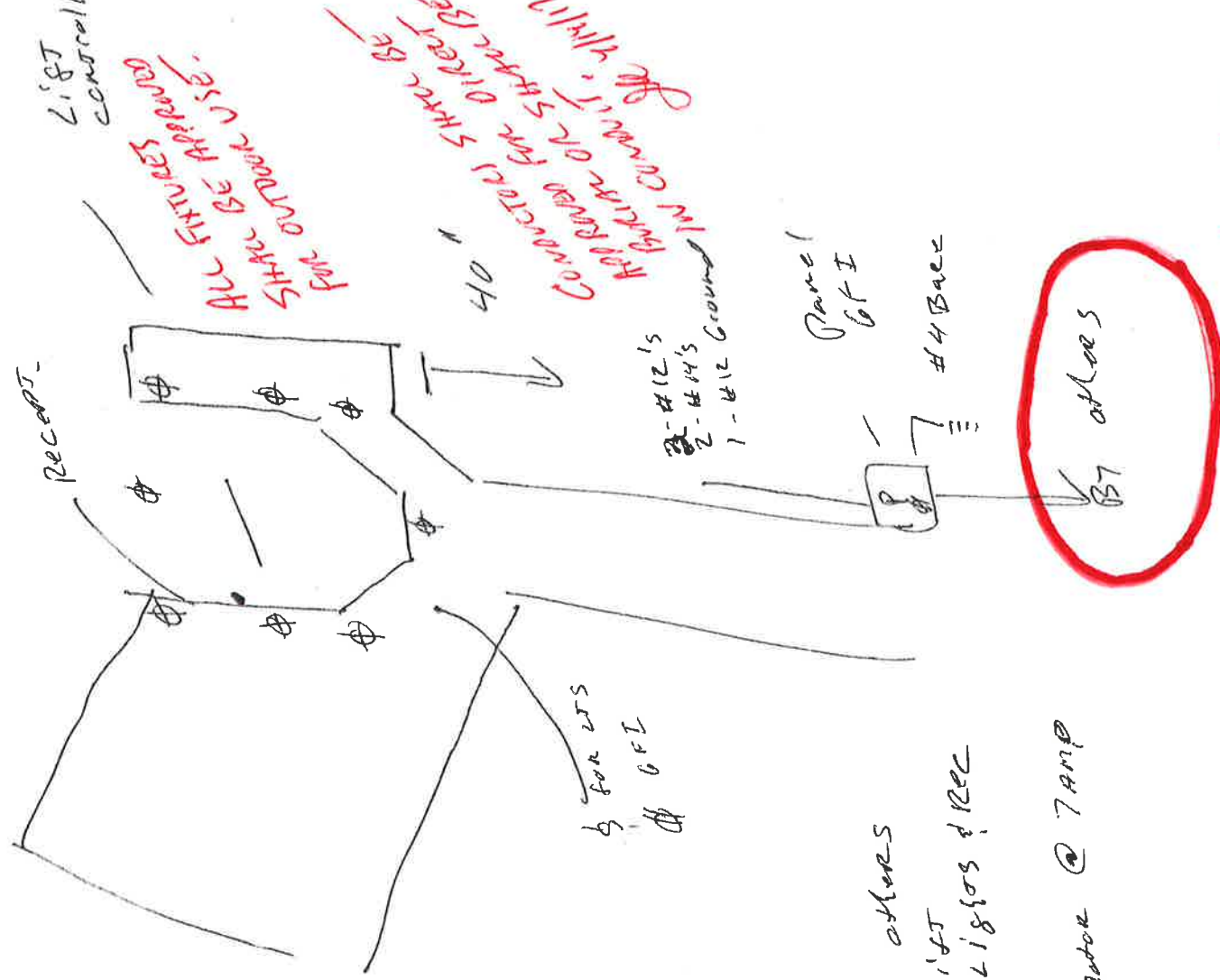
6723 MARKET RD

A/E ELECTRICAL SERVICES

407-403-5753

⊕ - REC. C

RECEIVED
BY: APR 10 2017



Panel feed by others
 (2) #12 for 220 LIGHT
 #14 for LED LIGHTS & REC
 Light is 1 HP motor @ 7AMP

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

APPROVED 4/14/17 [Signature]
 AS NOTED BUSVO

A SEPARATE PERMIT
 WILL BE REQUIRED FOR
 THIS WORK JE 4/14/17



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. 79735

Inspection Report

Project Name: 6723 Matchett Road ~ COBI Date: 03/31/2017 Any any
Address: 6723 Matchett Road ~ COBI, Belle Isle, Orange County, FL Permit No: 2017-03-102
Client: City of Belle Isle Lot No.:
ProjectNo.: 0115.1400449.0000-0115-16 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 PROPER ELECTRICAL PLANS FOR WORK BEING PERFORMED. PLANS SHALL INCLUDE A PLAN VIEW SHOWING THE LOCATION AND TYPE OF ALL FIXTURES

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

See sketch work
attached

AL AS NOTED

new
WO 80357 for review

Licensee Details

Licensee Information

Name: **BYRD, ROBERT IRWIN (Primary Name)**
A & E ELECTRICAL SERVICES, LLC (DBA Name)
Main Address: **9542 BLACK BEAR LANE**
WINTER GARDEN Florida 34787
County: **ORANGE**

License Mailing:

License Location:

License Information

License Type: **Certified Electrical Contractor**
Rank: **Cert Electrical**
License Number: **EC13006284**
Status: **Current, Active**
Licensure Date: **09/04/2014**
Expires: **08/31/2018**

Special Qualifications

Qualification Effective

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The email provided may be used for official communication with the licensee. However, email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2017

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 have ADDITIONAL INSURED provisions or 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

King Ins. And Financial Services
P.O. Box 321482
Cocoa Beach, FL 32932-1482
Phone (321)799-3022 Fax (321)799-3613

CONTACT NAME: Craig Coleman, Agent
PHONE (A/C No. Ext): (407) 469-2641-
E-MAIL: kifsfinancialservices@gmail.com
ADDRESS:

FAX (A/C. No): (800) 861-3233

INSURER(S) AFFORDING COVERAGE
INSURER A: Old Dominion Insurance Company 40231

INSURED
A&E Electrical Services LLC
234 Blue Stone Circle
Winter Garden FL 34787-
INSURER B: NGM Insurance Company 14788
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

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	ADDITIONAL INSURANCE	INSR. WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	CLAIMS-MADE						
	OCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY	PRO	JEOT	LOC			
	OTHER						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB	OCUR					
	EXCESS LIAB	CLAIMS-MADE					
	DED	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WCG8958E	04/16/2017	04/16/2018	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						

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

General Liability policy includes Additional Insured endorsement BP04510106 and Waiver of Transfer of Rights Of Recovery Against Others to Us endorsement BP04970106. Regarding states and municipalities, automatic additional insured status applies only to operations for which a state or municipality has issued a permit and does not apply to operations performed for states or municipalities.

CERTIFICATE HOLDER

The City Of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809

F: 407-240-2222

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

ACORD 25 (2016/03) QF

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/16

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PRODUCER		CONTACT	
King Ins. And Financial Services	Craig Coleman Agent 407-469-2641	NAME:	
P.O. Box 321482	(407) 469-2641- (A/C. No. FAX	PHONE	
Cocoa Beach, FL 32932-1482	(A/C. No): (800) 861-3233	Ext:	
Phone (321)799-3022	kifsfinancialservices@gmail.com ADDRESS:	E-MAIL	
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED	INSURER A: Old Dominion Ins Co	40231	
A&E Electrical Services LLC	INSURER B: NGM Insurance Company	14788	
234 Blue Stone Circle			
Winter Garden, FL 34787-			

(407) 405-5753

COVERAGES

REVISION NUMBER:

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NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			MPG8307C				EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							MED EXP (Any one person) \$ 10,000.00
A		N	N		04/01/2016	04/01/2017		PERSONAL & ADV INJURY \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER PRO-JECT							GENERAL AGGREGATE \$ 2,000,000.00
	<input checked="" type="checkbox"/> POLICY SUBJECT							PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	AUTOMOBILE LIABILITY							
	<input type="checkbox"/> ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED/SCHEDULED AUTOS/AUTOS							BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS							BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB							EACH OCCURRENCE \$
	EXCESS LIAB							AGGREGATE \$
	DED RETENTION \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCG8958E	04/06/2016	04/06/2017		WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N					E L EACH ACCIDENT \$ 1,000,000.00
								E L DISEASE - EA EMPLOYE \$ 1,000,000.00

BOB MCKEE
TAX COLLECTOR

EMPLOYER

PERSON CONTRACTING

BUSINESS A & E ELECTRICAL SERVICES LLC
8542 BLACK BEAR LN

A & E ELECTRICAL SERVICES LLC
9542 BLACK BEAR LN
WINTER GARDEN, FL 34787

2016 / 2017
LAKE COUNTY BUSINESS TAX RECEIPT
STATE OF FLORIDA

ACCT NO. 157774
RECEIVED 09/29/2016

EXPIRES SEPTEMBER 30, 2017

TAXABLE AMT	9726
FEES	100
TOTAL TAXABLE AMT	9826
TAX RATE	1.0%
TOTAL TAX	98.26
TOTAL DUE	\$992.42

Receipt # 2016 2076076
Printed 09/29/2016 10:00