



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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.

**Scope of Work:** ELECTRICAL: for New SFR Townhome - dishwasher, hood fan, fixtures, exhaust fans, dryer, disposal, paddle fans, AC, water heater, outlets, switches and furnace

**Comments:** Bldg 04

**Project Information**  
 Address: Lot 76, 3765 Brighton Park Circle Belle Isle, FL 32809  
 Parcel ID: 29-23-30-0000-00-760  
 Property Owner: Mattamy Orlando LLC  
 Phone Number: 407 599 2228  
 \*\*\*\*\*  
 Company Name: Edmonson Electric Inc  
 Contractor Name: Armstrong, John  
 License Number: EC13005408  
 Address: 1034 Skipper Rd, Tampa, FL 33613  
 Phone Number: 813 910 3403

**Permit Number: 2017-04-085**  
 Date of Application: 04/25/2017  
 Date Permit Issued: 04/26/2017

**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.

## BUILDING FEATURES

IMPACT FEES	
Traffic	\$
School	\$
ZONING FEES	
Zoning Fee	\$
UNIVERSAL ENG - BUILDING FEES	
Boat Dock	\$
Boat House	\$
Building	\$
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$109.50
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$
Plumbing	\$
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$
SURCHARGE FEES	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.00

**TOTAL FEES \$113.50**

Date Paid 4-28-17  
 CC or Check # VISA 3385  
 Amount Paid 113.50

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 (F.S 553).

## BUILDING INSPECTOR USE ONLY

### 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

### BUILDING

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel/Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)/(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

### CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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](mailto:cobi@universalengineering.com) password = universal13

capitola



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RECEIVED  
APR 25 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. BY:

DATE OF APPLICATION: 4-25-17 Lot 76 Bldg 4 2017-04-085  
The undersigned hereby applies for a permit to make electrical installations as indicated below PLEASE PRINT  
PERMIT NUMBER \_\_\_\_\_

Project Address 3765 Brighton Park Circle 3elle isle FL 32809 32812  
Property Owner Mattamy Homes Phone 407-215-6267

Property Owner's Mailing Address 1900 Summit Tower Blvd City Orlando  
State FL Zip Code 32810 Parcel id Number: 23-29-30-000-00-760  
To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher	<u>1</u>	Exhaust Fan	<u>1</u>	Disposal	<u>1</u>	Water Heater	<u>1</u>
Hood Fan	<u>1</u>	Dryer	<u>0</u>	Paddle Fan	<u>4</u>	Outlets	<u>42</u>
Fixtures	<u>27</u>	Spa	<u>0</u>	Pool	<u>0</u>	Switches	<u>42</u>
Electric Signs	<u>0</u>	Meter Reset	<u>0</u>	Low Voltage	<u>N/A</u>	Sloves	<u>1</u>
Pumps	<u>0</u>	Motors	<u>0</u>	Air Conditioning (tons)	<u>3 ton</u>	Furnace (KW)	<u>5KW</u>

Temporary Construction Pole 0 One (1) New Meter Service 150A/240V/1PH Amperage/Voltage/Phase  
Meter Service Upgrade from \_\_\_\_\_ to \_\_\_\_\_ 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) \$ 5060.00  
Permit Fee = \$ 73.00  
Review Fee = \$ 36.50  
3% FL Surcharge = \$ 4.00  
TOTAL Permit = \$ 113.50

Building Official John Baker Date 4-26-17  
Verified Contractor's Licenses & Insurance are on file Yes Date 4-26-17

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 John Armstrong LICENSE # EC13005408  
LICENSE HOLDER NAME John Armstrong COMPANY NAME Edmonson Electric, Inc  
Street Address 1034 Skipper State FL Zip Code 33613 Phone Number 813-910-3403  
City Tampa  
Email Address permittingdept@edmonsonelectric.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 \_\_\_\_\_