



City of Belle Isle Job Site Card Electrical PERMIT 2018-04-032

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2018- 04-032

Issue Date: 4/12/2018

Site Address: 2520 Homewood Dr. 32809

Parcel #: 19-23-30-5888-06-122

Class: Residential Subdivision:

Description of Work: Replace (2) indoor breakers panels with new breaker panels (new breaker panels will have same amperage rating as panels being replaced)

Issued To

Business Phone: 407 712 3095

Name: BLACK, JEFFREY ALLEN

Contractor License #EC13003325

Payment Date & Method: 4 / 13 / 2018

Visa Master Card Amex Discover Check / Money Order # 2715 \$92.00

Schedule Inspections via Email at: BD scheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

ELECTRICAL	INSPECTOR	DATE	COMMENTS
300 Temp Pole			
310 TUG			
320 Underground			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 PrePower			
370 Meter ReSet			
380 Final			

Inspection requests are to be emailed to BD scheduling@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



RECEIVED
 APR 12 2018

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: 4/11/18 PERMIT NUMBER 2018-04-032
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2520 Homewood Dr., Belle Isle FL 32809 32812

Property Owner Ruth Bevnstein Phone _____

Property Owner's Mailing Address 2701 Howell Branch Rd. # 328 City Winter Park

State FL Zip Code 32792 Parcel Id Number: 19-23-30-5888-06-122
 To obtain this information, please visit <http://www.ocpafl.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 _____	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: Replace (2) indoor breaker panels with new breaker panels (new breaker panels will have same amperage rating as panels being replaced)

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) \$ 2,485.00

Building Official: [Signature] Date 4-12-18
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-12-18

Permit Fee = \$ 59.-
 Review Fee = \$ 29.50
 1% BCAIB Fee = \$ 2.48
 1.5% DCA Fee = \$ 3.73
 TOTAL Permit = \$ 92.50

I hereby certify that the above is true and correct to the best of my knowledge. PAID 4-13-18 USA 2715

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 # EC13003325
 LICENSE HOLDER NAME Jeff Black COMPANY NAME Allpro Electrical Contractors LLC
 Street Address 522 Hunt Club Blvd. # 524
 City Apopka State FL Zip Code 32703 Phone Number 407-712-3095
 Email Address allproorlando@cfl.uv.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.

107475

155.15
2x11
37
29
59.00
29.50
88.50

Building Permit Number _____



- ORANGE COUNTY PROPERTY APPRAISER

- Searches
- Sales Search
- Results
- Property Record Card
- My Favorites

Sign up for e-Notify...

2520 Homewood Dr < 19-23-30-5888-06-122 >

Bernstein Ruth Shmunes
 2520 Homewood Dr
 Belle Isle, FL 32809-6111
 Incorrect Mailing Address?

2520 Homewood Dr
 Orlando, FL 32809
 0130 - Sfr - Lake Front
 Belle Isle



View 2017 Property Record Card

- Property Features
- Values, Exemptions and Taxes
- Sales Analysis
- Location Info
- Market Stats
- Update Information

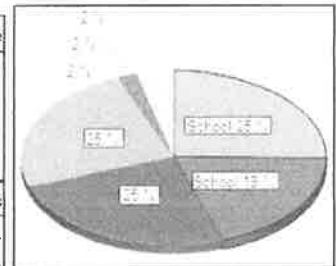
Historical Value and Tax Benefits

Has Homestead In 2017

2017 Tax Breakdown

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2017	\$345,000	\$232,615	\$25,250 =	\$602,865	\$384,399
2016	\$320,000	\$227,550	\$25,250 =	\$572,800	\$376,493
2015	\$300,000	\$217,513	\$23,250 =	\$540,763	\$373,876
2014	\$300,000	\$132,656	\$21,750 =	\$454,406	\$370,909

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2017	\$25,000	\$25,000	\$500	\$218,466	\$4,484
2016	\$25,000	\$25,000	\$0	\$196,307	\$4,170
2015	\$25,000	\$25,000	\$0	\$166,887	\$3,729
2014	\$25,000	\$25,000	\$0	\$83,497	\$2,246



2017 Taxable Value and Certified Taxes

TAX YEAR | 2017 • 2016 • 2015 • 2014

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools: By State Law (Rle)	\$384,399	\$25,500	\$358,899	4.2220 (7.47%)	\$1,515.27 25 %
Public Schools: By Local Board	\$384,399	\$25,500	\$358,899	3.2480 (0.00%)	\$1,165.70 19 %
Orange County (General)	\$384,399	\$50,500	\$333,899	4.4347 (0.00%)	\$1,480.74 25 %
City Of Belle Isle	\$384,399	\$50,500	\$333,899	4.4018 (0.00%)	\$1,469.76 25 %
Library - Operating Budget	\$384,399	\$50,500	\$333,899	0.3748 (0.00%)	\$125.15 2 %
St Johns Water Management District	\$384,399	\$50,500	\$333,899	0.2724 (-5.58%)	\$90.95 2 %
Lake Conway Mstu	\$384,399	\$50,500	\$333,899	0.4107 (0.00%)	\$137.13 2 %
				17.3644	\$5,984.70

2017 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$200.00	\$200.00
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$100.00	\$100.00
				\$300.00

2017 Gross Tax Total: \$6,284.70

2017 Tax Savings Tax Savings

Your property taxes without exemptions would be: \$10,468.39
 Your ad-valorem property tax with exemptions is: \$5,984.70
 Providing You A Savings Of: = \$4,483.69



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

BLACK, JEFFREY ALLEN
ALLPRO ELECTRICAL CONTRACTORS LLC
2910 NICHOLAS LANE
APOPKA FL 32703

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

EC13003325 ISSUED: 05/08/2016

CERTIFIED ELECTRICAL CONTRACTOR
BLACK, JEFFREY ALLEN
ALLPRO ELECTRICAL CONTRACTORS LLC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2018 L1605080001327

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

EC13003325

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



BLACK, JEFFREY ALLEN
ALLPRO ELECTRICAL CONTRACTORS LLC
2910 NICHOLAS LANE
APOPKA FL 32703





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/9/2018

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 The Insurance Shop, LLC 3809 South Providence Rd Columbia, MO 65203 5064979	CONTACT NAME Jerri Fulkerson
	PHONE (A/C No. Ext) 573.445.5535
	FAX (A/C No) 888.583.3110
	E-MAIL ADDRESS jerri.fulkerson@insuranceshopllc.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Ins Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED All Pro Electrical Contractors, LLC 2910 Nicholas Lane Apopka, FL 32703	CERTIFICATE NUMBER:	REVISION NUMBER:
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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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input type="checkbox"/> N	N/A	MWC008182203	7/23/2017	7/23/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/6/2018

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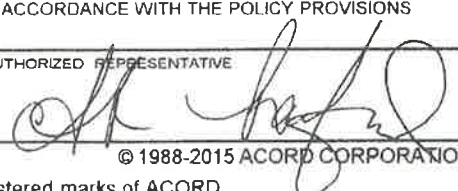
PRODUCER Anita's Insurance Services, Inc. 7 West Main Street Suite 500 Apopka A261298	CONTACT NAME PHONE (A/C No, Ext): (407) 884-5777 FAX (A/C, No): (407) 884-5347 E-MAIL ADDRESS: anita-conley@msn.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> <tr> <td>INSURER A: FRANK WINSTON CROM INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</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: FRANK WINSTON CROM INSURANCE COMPANY		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED All Pro Electrical Contractors, LLC. Jeff Black 2910 Nicholas Lane Apopka, FL 32703 407-712-3095														

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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SEMINOLE COUNTY BUSINESS TAX RECEIPT

JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR

PO BOX 630 | SANFORD, FL 32772 | 407-665-1000

WWW.SEMINOLECOUNTY.TAX

VALID THROUGH 09/30/18

ALLPRO ELECTRICAL
CONTRACTORS LLC
2910 NICHOLAS LN
APOPKA, FL 32703
JEFFREY A BLACK (OWNER)

Account #: 145051

REGULATED
License # - EC13003325
Qualifier- JEFFREY BLACK

Receipt #: WEB#2017092415850

Amount Paid: \$ 45.00

Date Paid: 09/24/2017

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

◦ **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so the business shall be subject to the payment of another business tax for the same business or profession.

◦ **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt ([FS] 205.053 [2]).

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

◦ **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory License which was used to qualify for the business identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

ALLPRO ELECTRICAL
CONTRACTORS LLC
2910 NICHOLAS LN
APOPKA, FL 32703