



BUILDING JOB SITE CARD

City of Belle Isle

ELECTRICAL PERMIT 2018-03-042

PERMIT MUST BE POSTED ON SITE

Permit Number: 2018-03-042

Issue Date: 3/21/2018

Site Address: **3606 St Moritz St 32812**

Parcel Number: 17-23-30-4384-02-810

Subdivision:

Class: Residential

Description of Work: **ELECTRICAL FOR SPA**

Issued To: R HOWE ELECTRIC INC

Business Phone: (407) 269-5701

Name: HOWE, RONALD R

Contractor License EC13002933

Payment Date & Method: 4 / 2 / 2018

Visa Master Card Amex Discover Check / Money Order # 2253 (Y3)

"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 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.

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161
* Fax 407-581-0313 * www.universalengineering.com



1 in person
 MAR 20 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.

2018-03-042

DATE OF APPLICATION: _____ **PERMIT NUMBER** _____
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 3606 St Moritz St, Belle Isle FL 32809 32812

Property Owner David Kinnamon Phone _____

Property Owner's Mailing Address 3606 St. Moritz St City Belle Isle

State FL Zip Code 32812 **Parcel Id Number:** 17-23-30-4384-02-810

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 <u>1</u>	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 \$ 5,000.00
 (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) \$ 5,000.00

Permit Fee = \$ 57.-
 Review Fee = \$ 28.50
 1% BCAIB Fee = \$ 2 min
 1.5% DCA Fee = \$ 2 min
TOTAL Permit = \$ 81.50

Building Official: _____ **Date:** _____
 Verified Contractor's Licenses & Insurance are on file AL 3-2-2018 Date _____
 * PENDING ALL CREDENTIALS

I hereby certify that the above is true and correct to the best of my knowledge: PAID 4-2-18 check 2053

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 Patricia Bunt LICENSE # EC13002933

LICENSE HOLDER NAME Ron Howe COMPANY NAME R Howe Elect inc

Street Address 1630 Lake Kathryn Circle

City Casselberry State FL Zip Code 32707 Phone Number 407 269 5701

Email Address Patriciaabrust@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.

57.-
28.50
85.50

Building Permit Number 2018-03-040



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

(850) 487-1395

HOWE, RONALD R
R HOWE ELECTRIC INC
630 LAKE KATHRYN CIRCLE
CASSELBERRY FL 32707

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EC13002933	

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



HOWE, RONALD R
R HOWE ELECTRIC INC
4401 EDGEWATER DR
ORLANDO FL 32804





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

R HOWE ELECTRIC INC
630 LAKE KATHRYN CIR
CASSELBERRY, FL 32707

Account #:090232

FRAN HOWE (OFFICER)

REGULATED
License # - EC13002933
Qualifier- HOWE, RONALD R

Receipt #: 10432017100228313

Amount Paid: \$ 49.50

Date Paid: 10/02/2017

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.

R HOWE ELECTRIC INC
630 LAKE KATHRYN CIR
CASSELBERRY, FL 32707

POWER OF ATTORNEY

DATE:

I HEREBY NAME AND APPOINT Patricia Brust

TO BE MY LAWFUL ATTORNEY IN FACT TO ACT FOR ME AND APPLY TO THE

Pool # 5pg add to Pool BUILDING DEPARTMENT

FOR AN ELECTRIC PERMIT FOR WORK TO BE PERFORMED AT A LOCATION

DESCRIBED AS:

SECTION 17 TOWNSHIP 23 RANGE 30 LOT 281 BLOCK _____

SUBDIVISION Lake Conway Estates

3606 St. Maritz St.

(Address of Job)

Same as above

(Owner of property and address)

AND TO SIGN MY NAME AND DO ALL THINGS NECESSARY TO THIS APPOINTMENT.

RONALD R. HOWE
QUALIFIER FOR R HOWE ELECTRIC INC.
630 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707
STATE REGISTRATION NO: EC13002933

Ronald R. Howe

Type or print name of certified contractor

Ronald Howe

Signature of certified contractor

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15th DAY OF March 2018 BY RON HOWE WHO IS PERSONALLY KNOW TO ME AND DID NOT TAKE AN OATH.

STATE OF FLORIDA Pamela D. Owens

Notary Signature

