

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

Class: Residential

Subdivision:

¬ Visa

Description of Work: ELECTRICAL FOR SPA

Issued To: R HOWE ELECTRIC INC

□ Master Card

Business Phone: (407) 269-5701

Name: HOWE, RONALD R

Contractor License EC13002933

Payment Date & Method:

□ Amex □ Discover ☑ Check / Money Order

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IYOU 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



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

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 APPLICA	ATION:	PERMIT	JUMBER 3018-03-04-
The undersigned he	reby applies for a permit to ma	ke electrical installations as indicated bel	
Project Address 36	06 St Moritz St		Belle Isle FL3280932812
Property Owner Da	vid Kinnamon		Phone
Property Owner's M	ailing Address 3606 St. Moritz Si		City_Belle Isle
StateFL	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: Type of Work: Ne		of Building: Residentia ☐ Commercon ☐ Repair ☐ Low Voltag	ial Other ge New Existing
	INDICATE THE OU	JANTITY OF ALL EQUIPMENT TO BE	INSTALLED
Dishwasher	Exhaust Fan	Disposal	Water Heater
lood Fan	Dryer	Paddle Fan	Outlets
ixtures	Spa <u>1</u>	Pool	
	Meter Reset		Stoves
oumps	Motors	Air Conditioning (tons)	Furnace (KW)
emporary Constru	iction Pole	One (1) New Meter Service	Amperage/Voltage/Phase
Meter Service Upgr	ade from	to	=
	Amperage/Voltage		
Dologoto Evictina N	ahan Camilaa (Na Damilaa Cima)	26	
Relocate Existing M	eter Service (No Service Size (Change)	
Other:			
			_
			
		IZE SCHEDULE	
(IF NO METER S	PERVICE WORK BEING DONE	E, USE VALUATION OF JOB FOR PERM	
VALUATION OF	JOB (VALUATION OF ALL M	ATERIALS, LABOR, AND FIXTURES IN	STALLED \$ 5,000.00
			Permit Fee = \$
Building Officials		Data	Review Fee = \$ 28 50
Building Official:		11 3 7/2011	1% BCAIB Fee = \$ 2 MIN
Verified Contracto	or's Licenses & Insurance are o	n file Date	O mai W
Los idea	1 110 00	DERICALS	1.5% BOA Fee - \$
			TOTAL Permit = \$
hereby certify that ti	he above is true and correct to	the best of my knowledge. DA	14-2-18 chest 2)5
hereby make Applicat	ion for Permit as outlined above	and if some is greated I amend	all Shaids Building Code Boundaries and City
		s submitted. The issuance of this permit doe	all Florida Building Code Regulations and City
	r State of Florida codes and/or or		es not grant permission to violate any
spiicable rown and/o	State of Florida codes altitor of	umances.	
CENSE HOLDER	SIGNATURE PATILICIA	Want LI	CENSE # EC13002933
CENSE HOLDER	- Control of the Cont		R Howe Elect inc
1-9		The state of the s	N HOWE CLECK INC.
treet Address <u>163</u> ity <u>Cassell</u>	State	FL Zip Code 32707 P	hone Number 269 500/
mail Address Pat v	Maria I Con	nail.com	,
OTE: The Building I	Permit Number is required if the F	Electrical Installation is associated with any co	onstruction or alteration where a Building
Permit has be		ST-1	Super action of afficiation where a continue
	10.7 0.00	28 00	2015-12-0W
		Building Perr	mit Number 0000
	9	550	



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!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

EC13002933

ISSUED: 08/07/2016

CERTIFIED ELECTRICAL CONTRACTOR
HOWE, RONALD R
R HOWE ELECTRIC INC

IS CERTIFIED under the provisions of Ch 489 FS. Expiration date: AUG 31, 2018 L1608070003185

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



CERTIFICATE OF LIABILITY INSURANCE

3/29/2018

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 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		CONTACT Kessa Glover				
Closson Insurance Agency,	, LLC	PHONE (A/C, No, Ext): (407) 898-2211 FAX (A/C, No): (407) 898-185				
1201 S. Orlando Avenue		E-MAIL ADDRESS; kglover@clossoninsurance.com				
Suite 200		INSURER(S) AFFORDING COVERAGE	NAIC #			
Winter Park FL	32789	INSURER A: Owners Insurance Company	32700			
INSURED		INSURER B :AUTO OWNERS INSURANCE COMPANY	18988			
R. Howe Electric, Inc.		INSURER C:				
630 Lake Kathryn Circle		INSURER D:				
		INSURER E :				
Casselberry FL	32707	INSURER F:				
001/504050	OCCUPATION AND AND AND AND AND AND AND AND AND AN					

COVERAGES

CERTIFICATE NUMBER:CL174506566

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		ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		_			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000
			72599302-17	5/8/2017	5/8/2018	MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	500,000
A	X ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS		4870198000	1/28/2017	1/28/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						PIP-Basic	\$	10,000
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	100,000
В	(Mandatory in NH)		72618845	5/8/2017	5/8/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL							

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

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smanchester@universalengin

City of Belle Isle 1600 Nela Avenue 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

Lenise Zika/KESSA

Servise a. Zika



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 Potricia Brust
TO BE MY LAWFUL ATTORNEY IN FACT TO ACT FOR ME AND APPLY TO THE
Poot + Spg 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
STATE REGISTRATION NO. EC13002933
Ronald R. Howe
Type or print name of certified contractor
Tay Jours
Signature of certified contractor
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS LED DAY OF MICOL 2018 BY RON HOWE WHO IS PERSONALLY KNOW TO ME AND DID NOT TAKE AN OATH.
STATE OF FLORIDA Yanula W. Quenr Notary Signature
140th y Digitature

