



City of Belle Isle Job Site Card Electrical PERMIT 2018-04-036

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- 04-036
Site Address: 4910 Louvre Ave. 32812
Class: Residential Subdivision:
Description of Work: Replace meter box main breaker panel – distribution panel.

Issue Date: 4/13/2018
Parcel #: 17-23-30-4379-02-200

Issued To: POWER ELECTRICAL CONTRACTORS, INC.
Name: CAMELO, JUAN PABLO

Business Phone: 407 963 1312
Contractor License # ER13014596

Payment Date & Method: 4 /16 / 2018

Visa Master Card Amex Discover Check / Money Order # 1468

Schedule Inspections via Email at: BDscheduling@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 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



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.

RECEIVED
APR 13 2018

DATE OF APPLICATION: 4/13/18 PERMIT NUMBER: 2018-04-036

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4910 Louvre Ave, Belle Isle FL 32809 X 32812
 Property Owner Basco Group LLC Phone 407 952 5303
 Property Owner's Mailing Address 9721 Old Patina Way City Orlando
 State FL Zip Code 32832 Parcel Id Number: 17-23-30-4379-02-200

To obtain this information, please visit <http://www.ocpaf.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 Meter box, Main breaker panel
Distribution panel

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) \$ 2400 =

Permit Fee = \$ 59.-
 Review Fee = \$ 29.50
 1% BCAIB Fee = \$ 2.- min
 1.5% DCA Fee = \$ 2.- min
 TOTAL Permit = \$ 92.50

Building Official: Dale Behm Date 4-13-18
 Verified Contractor's Licenses & Insurance are on file JL Date 4-13-2018

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 Juan P. Camelo LICENSE # ER 13014596
 LICENSE HOLDER NAME Juan P. Camelo COMPANY NAME Jpower electrical
 Street Address 1542 Matador dr.
 City Gotha State FL Zip Code 34734 Phone Number 407 963 1312
 Email Address juanpacam@hotmail.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.

107691
IST 1K 37
2x11 02
59.50
29.50
88.50

PAID
4-16-2018
 Building Permit Number _____
MC 1468



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

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

(850) 487-1395

CAMELO, JUAN PABLO
JPOWER ELECTRICAL CONTRACTORS, INC.
1542 MATADOR DR
GOTHA FL 34734

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 barbecue 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**

ER13014596 ISSUED: 08/11/2016

**REG ELECTRICAL CONTRACTOR
CAMELO, JUAN PABLO
JPOWER ELECTRICAL CONTRACTORS, INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)**

**HAS REGISTERED under the provisions of Ch 489 FS.
Expiration date AUG 31 2018 L1608110003264**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
ER13014596	

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

**(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)**

CAMELO, JUAN PABLO
JPOWER ELECTRICAL CONTRACTORS, INC.
1542 MATADOR DR
GOTHA FL 34734



Scott Randolph, Tax Collector

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other
authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

	2017			EXPIRES	9/30/2018	5000-1090459	
5000 BUSINESS OFFICE	\$30.00	1	EMPLOYEE	1802	REGISTERED ELECTRICA	\$30.00	1 EMPLOYEE

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00

CAMELO JUAN P

JPOWER ELECTRICAL CONTRACTORS INC
1542 MATADOR DR
GOTHA FL 34734

1542 MATADOR DR (MOBILE)
U - GOTHA, 34734

PAID: \$60.00 0098-00805310 9/10/2017

Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other
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1542 MATADOR DR (MOBILE)
U - GOTHA, 34734

PAID: \$60.00 0098-00805310 9/10/2017

CAMELO JUAN P

JPOWER ELECTRICAL CONTRACTORS INC
1542 MATADOR DR
GOTHA FL 34734

This receipt is official when validated by the Tax Collector.



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 4/23/2017

EXPIRATION DATE: 4/23/2019

PERSON: CAMELO

JUAN

P

FEIN: 275488147

BUSINESS NAME AND ADDRESS:

JPOWER ELECTRICAL CONTRACTORS INC

1542 MATADOR DR

GOTHA

FL

34734

SCOPE OF BUSINESS OR TRADE:

Licensed Electrical Contractor

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



CERTIFICATE OF LIABILITY INSURANCE

Fax: (407)240-2222

DATE (MM/DD/YYYY)

04/09/2018

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 Florida State Underwriters, Inc 950 S Winter Park Dr STE 310 Casselberry, FL 32707	CONTACT NAME: Sean Richardson	
	PHONE (A/C, No, Ext): (407)260-1046	FAX (A/C, No): (407)260-1275
	E-MAIL ADDRESS: sean@fsuinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Cypress Property & Casualty	NAIC # 10953
	INSURER B: Markel	38970F
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 16

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GFL 1017358 05	04/11/2017	04/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC0124860-01	03/09/2018	03/09/2019	PER STATUTE 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 Building Dept. 1600 Nela Ave. Belle Isle, FL 32859	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 (SEA)