



**City of Belle Isle Job Site Card Electrical PERMIT 2018-04-002**

**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: 2018-04-002

Issue Date: 4-02-2018

Site Address: 7026 Seminole Dr 32812

Parcel #: 29-23-30-4389-02-171

Class: Residential Subdivision:

Description of Work: Electrical for detached garage, (1) Fixture, (3) Outlets and (1) switch.

Issued To: MCKENZIE'S GENERAL REPAIR SERVICE INC/DBA GENERAL REPAIR SERVICE Business Phone: 407 814-7775

Name: SHAFFER, ROBERT EDWARD

Contractor License #: EC13004030

Payment Date & Method: 4 / 3 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 5269

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](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.**

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

**"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."**



# 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)

## 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: 3/30/18 PERMIT NUMBER 2018-04-002  
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 7026 Seminole Dr, Belle Isle FL 32809  32812

Property Owner MARGO A. MAUDLIN Phone \_\_\_\_\_

Property Owner's Mailing Address 7026 Seminole Dr. City Belle Isle

State A. Zip Code 32812 Parcel Id Number 79-23-30-4389-02-171

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 3  
Fixtures 1 Spa \_\_\_\_\_ Pool \_\_\_\_\_ Switches 1  
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: for detached garage

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE ..... \$ \_\_\_\_\_  
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)

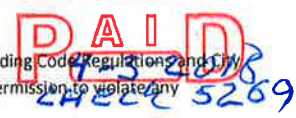
VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 850<sup>00</sup>

Building Official: [Signature] Date 4-2-18  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-30-2018

Permit Fee = \$ 32-  
Review Fee = \$ 18.50  
1% BCAIB Fee = \$ 2-min  
1.5% DCA Fee = \$ 2-min  
TOTAL Permit = \$ 51.50

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 [Signature] LICENSE # EC13004030  
LICENSE HOLDER NAME ROBERT E. SHAFER COMPANY NAME McKENZIES GENERAL REPAIR SERVICE  
Street Address PO BOX 716  
City SOMERWTO State FL Zip Code 32776 Phone Number 407 814 7775  
Email Address KatyCounty@ps@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.

wo# 105093  
base 37.50  
18.50  
55.50

Building Permit Number 2017-10-1041



**DIVISION OF BUILDING SAFETY**

201 S. Rosalind Avenue, 1<sup>st</sup> Floor

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550

www.ocfl.net/building

**POWER OF ATTORNEY**

Date: 3/30/18

I hereby name and appoint Katy Country

of McKenzie's General Repair Service to be my lawful attorney-in-fact to

act for me, and apply to the City of Belle Isle Division of Building Safety for a Electrical permit

for work to be performed at a location described as:

Parcel ID #: Section 29 Township 23 Range 30 Subdivision 4389 Block 02 Lot 171  
(15 Digit Parcel Number)

Subdivision Name: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Project Address: 7026 Seminole Dr

City: Belle Isle Zip Code: FL 32812

and to sign my name and do all things necessary to this appointment.

Robert E. Shaffer  
(Contractor Name) (Type or Print)

EC13004030  
(Contractor's License Number)

Robert E. Shaffer  
(Contractor Signature)

The foregoing instrument was acknowledged before me this 30 day of March

of 2018, by Robert E Shaffer

who is personally known to me or who produced \_\_\_\_\_

as identification and who did not take an oath.

**Linda L. McKenzie**

Notary Public (Print name)

Linda L. McKenzie  
Notary Public (Signature)

Seal





**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

(850) 487-1395

SHAFFER, ROBERT EDWARD  
MCKENZIE'S GENERAL REPAIR SERVICE INC/DBA GENERAL REPAIR  
SER  
141 BROOKE COURT  
BLAIRSVILLE FL 30512

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](http://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**

EC13004030 ISSUED: 06/06/2016

**CERTIFIED ELECTRICAL CONTRACTOR**  
**SHAFFER, ROBERT EDWARD**  
**MCKENZIE'S GENERAL REPAIR SERVICE**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2018 L160606000921

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
EC13004030	ADDITIONAL BUSINESS QUALIFICATION

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

SHAFFER, ROBERT EDWARD  
MCKENZIE'S GENERAL REPAIR SERVICE INC/DBA GENERAL REPAIR SER  
5750 EFFIE DRIVE  
APOPKA FL 32712



ISSUED: 06/06/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L160606000921

**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 lawful 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**

1801-0011775

1801	CERT GENERAL CONTR	\$30.00	1	EMPLOYEE	1804	CERT A/C CONTR	\$30.00	1	EMPLOYEE
3100	APPLIANCE REPAIRS	\$30.00	1	EMPLOYEE	50001	BUSINESS OFFICE	\$30.00	2	EMPLOYEE



TOTAL TAX                    \$120.00  
 PREVIOUSLY PAID        \$120.00  
 TOTAL DUE                 \$0.00

• SERVICE INC  
 MCKENZIES GENERAL REPAIR SERVICE INC  
 GENERAL REPAIR SERVICE  
 PO BOX 716  
 SORRENTO FL 32776-0716

5750 EFFIE DR. (MOBILE)  
 U - APOPKA, 32712

PAID: \$120.00    0099-00790469    8/2/2017

This receipt is official when validated by the Tax Collector.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/22/2018

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).

<b>PRODUCER</b> Gentry Insurance Agency 175 East Main Street PO Box 2046 APOPKA FL 32704-2046	CONTACT NAME: Dawn Bennett PHONE (A/C, No, Ext): (407)886-3301 E-MAIL ADDRESS: Dawn@Gentryins.com	FAX (A/C, No): (407)886-9530
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> McKenzies General Repair Service Inc, DBA: General Repair Service PO Box 716 Sorrento FL 32776	<b>INSURER A:</b> Southern-Owners Ins. Co.	<b>NAIC #</b> 10190
	<b>INSURER B:</b> Auto-Owners Ins Co	<b>18988</b>
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 18-19 Auto

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	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"/> PROJECT <input type="checkbox"/> LOC OTHER:			72732487	06/23/2017	06/23/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> AUTOS ONLY			4855812401	03/23/2018	03/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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 \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Belle Isle 1600 Nela Ave Belle Isle FL 32809	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 <i>Debra Siekhardt</i>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2017

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 USA PAYROLL AGENCY NEW YORK LLC 120 Linden Oaks Rochester NY 14625	CONTACT NAME: Barbara Snios	
	PHONE (A/C, No, Ext): (585) 643-2140 FAX (A/C, No): (585) 641-0144	
INSURED McKenzie's General Repair Service, Inc. dba General Repair Service 5750 Effie Dr. Apopka FL 32712	E-MAIL ADDRESS: bsnios@usapayroll.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Wesco Ins Co	25011
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2017 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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WVC3280069	6/1/2017	6/1/2018	<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)

<b>CERTIFICATE HOLDER</b>  CITY OF BELLE ISLE 1600 NELA AVENUE BELLE ISLE, FL 32809	<b>CANCELLATION</b>  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  Ed Taddeo/BDS 

© 1988-2014 ACORD CORPORATION. All rights reserved.