



# 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)

## PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: ELECTRICAL: wiring for paddle fan

Comments: None

### Project Information

Address: 4005 Isle Vista Avenue, Belle Isle, FL 32812  
Parcel ID: 20-23-30-0668-00-990  
Property Owner: Salling, Peter  
Phone Number: None  
\*\*\*\*\*  
Company Name: Ace Air Conditioning & Electric  
Contractor Name: Krus, Robert  
License Number: ES0000061  
Address: 503 W. Brannen Road, Lakeland, FL 33813  
Phone Number: 863-688 2238

Permit Number: 2015-08-028

Date of Application: 08/10/2015

Date Permit Issued: 08/11/2015

**WARNING TO OWNER:** "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

### BUILDING FEATURES

#### IMPACT FEES

Traffic \$  
School \$

#### ZONING FEES

Zoning Fee \$

#### UNIVERSAL ENG - BUILDING FEES

Boat Dock \$  
Boat House \$  
Building \$  
Demo \$  
Door(s) \$  
Driveway \$  
Electrical \$55.50  
Fence \$  
Gas \$  
Irrigation \$  
Low Voltage \$  
Mechanical \$  
Plumbing \$  
Pool \$  
Roofing \$  
Screen Encl \$  
Shed \$  
Temp Pole \$  
Window(s) \$

#### SURCHARGE FEES

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$59.50**

Date Paid

8-19-15  
CC or Check # VISA 1704  
Amount Paid \$9.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

#### BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

U BUILDING

1<sup>st</sup> \_\_\_\_\_ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>h</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final -- After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto:BidScheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>  
login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal13

W055481  
Aug. 10, 2015 11:13 AM  
Project 015-1500937.028  
task 3

WINGFACE REFRIGERATION INC. OUR PROPERTY. A NOTICE OF COMMENT No. 4668 MUST P. 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: 8/6/15 PERMIT NUMBER 2015-08-028  
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4005 ISLE VISTA AVE Belle Isle FL 32809  32812  
Property Owner PETER SALLING Phone 407-529-5799  
Property Owner's Mailing Address same City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 20-23-30-0663-00-990  
To obtain this information, please visit <http://www.ospafl.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 <input checked="" type="checkbox"/>	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 \_\_\_\_\_ Difference in Size \_\_\_\_\_

Relocate Existing Meter Service (No Service Size Change) \_\_\_\_\_

Other: WIRE FAN BEAM

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) \$250.00

Building Official: [Signature] Date 8-11-15 Permit Fee = \$ 37.00  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_ Review Fee = \$ 16.50  
3% FL Surcharge = \$ 4.00  
TOTAL Permit = \$ 57.50

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 # E50000061  
LICENSE HOLDER NAME ROBERT KRUS COMPANY NAME ACE AIR COND & ELEC  
Street Address 503 W BRANNEN RD  
City LAKELAND State FL Zip Code 33813 Phone Number 863-688-2238  
Email Address permits@aceair-electric.com

## Susan Manchester

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**From:** John Connell  
**Sent:** Tuesday, August 11, 2015 10:34 AM  
**To:** Susan Manchester  
**Cc:** BIDReviews  
**Subject:** RE: 4005 Isle Vista Ave - review electrical app for permit 2015-08-028

Approved

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**From:** Susan Manchester  
**Sent:** Tuesday, August 11, 2015 9:52 AM  
**To:** John Connell  
**Cc:** BIDReviews  
**Subject:** 4005 Isle Vista Ave - review electrical app for permit 2015-08-028

Good Morning!

Project 0115.1500937.0000 task 03

WO 55481.

Thanks so much!

*Susan Manchester*  
Universal Engineering Sciences, Inc.  
3532 Maggie Blvd.  
Orlando, FL 32811  
Phone: 407-581-8161  
Fax: 407-581-0313  
Email: [smanchester@universalengineering.com](mailto:smanchester@universalengineering.com)

ORLANDO BUSINESS JOURNAL



2015 BEST PLACES TO WORK

*Sent email permit ready &  
we need credentials*



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

**ELECTRICAL CONTRACTORS LICENSING BOARD**  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783  
(850) 487-1395

**KRUS, ROBERT KENARD**  
ACE REFRIG. INC/DBA ACE AIR COND & ELECT  
503 W. BRANNEN RD  
LAKELAND FL 33813

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!

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>	ES0000061
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The SPECIALTY ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS  
Expiration date: AUG 31, 2016  
AS A RESIDENTIAL ELECTRICAL SPECIALIST

**KRUS, ROBERT KENARD**  
ACE REFRIG. INC/DBA ACE AIR COND & ELECT  
503 W. BRANNEN RD  
LAKELAND FL 33813



ISSUED: 08/11/2014

DISPLAY AS REQUIRED BY LAW

SEQ.# L1408110001648





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/17/2015

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).

<b>PRODUCER</b> Stahl & Associates Insurance Inc. 91 Lake Morton Drive P O Box 3608 Lakeland INSURED Ace Refrigeration Inc 503 W Brannen Road Lakeland FL 33813	<b>CONTACT BELINDA FARRIS</b> NAME PHONE (863) 688-5495 FAX (863) 688-4344 E-MAIL belinda.farris@stahlinsurance.com ADDRESS INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners Insurance Co 10190 INSURER B: Auto Owners Insurance Co 18988 INSURER C: Bridgfield Employers Ins Co 10701 INSURER D: INSURER E: INSURER F:
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**COVERAGES** CERTIFICATE NUMBER: 15/16 w/c master 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	ADDITIONAL INSURER	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY EXPIRES (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> NET <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 5,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		20673605	1/24/2015	1/24/2016	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 CONSUMER SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$ 5,000 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		962764102	1/24/2015	1/24/2016	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY LIMITS EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 107, Additional Remarks Schedule, if more space is required)  
 License Holders: Susan Williams CAC039755 Robert Krus ES00000061

**CERTIFICATE HOLDER**

permits@aceair-electric.co

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

Gerald Powell/FARRI

ACORD 25 (2010/05)  
 JNS025 (01/04/14)

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POLK COUNTY LOCAL BUSINESS TAX RECEIPT  
ACCOUNT NO. 11272 CLASS: B  
OWNER NAME  
KRUS, AUGUST A & ROBERT K

EXPIRES: 9/30/2015

LOCATION  
503 W BRANNEN RD  
LAKELAND - IN

BUSINESS NAME AND MAILING ADDRESS

ACE AIR CONDITIONING & ELECTRIC  
ACE REFRIGERATION INC  
503 W BRANNEN RD  
LAKELAND, FL 33813

CODE 230087 ACTIVITY TYPE  
CONTRACTOR ELECTRICAL



PROFESSIONAL LICENSE (IF APPLICABLE)

OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE  
CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

PAID-1204275.0001-0002 07/26/2014 07/25/2014 CFM 12 115.50