



# City of Belle Isle

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

**Scope of Work:** ELECTRICAL: replace existing 250amp service

**Comments:** None

**Project Information**

Address: 3307 Trentwood Blvd, Belle Isle, FL 32812  
Parcel ID: 29-23-30-1876-04-040  
Property Owner: Edwards, Steve  
Phone Number: 407-489-6817  
\*\*\*\*\*  
Company Name: Ferran Service & Contracting Inc.  
Contractor Name: Boone, Shawn  
License Number: EC13003653  
Address: 530 Grand Street, Orlando, FL 32805  
Phone Number: 407-422-3551

**Permit Number: 2014-10-026**

**Date of Application: 10/16/2013**

**Date Permit Issued: 10/21/2013**

**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**

School \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Demo \$  
Building \$  
Fence \$  
Driveway \$  
Shed \$  
Window(s) \$  
Door(s) \$  
PrePower \$  
Electrical Fee \$171.00  
Temp Pole \$  
Plumbing Fee \$  
Mechanical Fee \$  
Gas Fee \$  
Roofing \$  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$

**SURCHARGE FEES**

Surcharge Fee \$2.57  
Surcharge Fee \$2.57

**TOTAL FEES \$176.14**

**Date Paid**

10-24-13

**CC or Check #**

51310

**Amount Paid**

176.14

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

BUILDING

1<sup>st</sup>

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

2<sup>nd</sup>

(Footing/Foundation)

(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>th</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**

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 [BI@scheduleding@UniversalEngineering.com](mailto:BI@scheduleding@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.



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809

Tel 407-851-7730 \* Fax 407-240-2222 \* www.cityofbelleislefl.org



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: 10/15/13

PERMIT NUMBER 2014-10-026

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

Project Address 3307 TRENTWOOD BLVD

Property Owner STEVE EDWARDS

Belle Isle FL 32809

Phone 407-489-6817

Property Owner's Mailing Address 3307 TRENTWOOD BLVD

CITY OF BELLE ISLE

State FL Zip Code 32812 Tax I.D. Number: 29-23-30-1876-04-040

Class of Building: Type of Work:

Old New Existing Will call for inspection

Type of Building: Addition Repair Other

Residential Commercial Low Voltage New

Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

- Air Conditioning (tons)
Dishwasher
Dryer
Electric Signs
Exhaust Fan
Fixtures
Furnace (KW)
Hood Fan
Low Voltage
Meter Reset
Motors
Outlets
Paddle Fan
Pool
Pumps
Spa
Stoves
Switched
Water Heater

Temporary Construction Pole NONE

One (1) New Meter Service 250 amp / SINGLE PHASE

Four (4) or More

New Meter Services Same Size: 250 amp / SINGLE PHASE

Meter Service Upgrade

Relocate Existing Meter Service (No Service Size Change)

Other: REPLACE EXISTING 250 AMP SERVICE (FPE)

TO NEW SERVICE "D" AND INSIDE PANELS (2)

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)

Building Official: M. J. Buiss Date: 10-21-2013

Review & Permit Fee \$ 171.00

3% FL Surcharge \$ 5.14

TOTAL Permit \$ 176.14

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 ordinances.

LICENSE HOLDER SIGNATURE

LICENSE # FC13003653

LICENSE HOLDER NAME SHAWN BOONE

COMPANY NAME

Street Address 530 GRAND ST. ORLANDO

FERROU SERVICE & CONTRACTING

City ORLANDO

State FL

Zip Code 32805

Phone Number 407-422-5551

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.

Building Permit Number

RETAIN A COPY FOR OFFICE USE - Updated: 06/2012 FORM #ELEC008

PROJECT NUMBER 0115.1300688.0000

TASK NUMBER 02

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-10-026
Property Owner	Edwards, Stephen & Roxanne
Address	3307 Pentwood
Nature of Improvement	Replace Existing Electrical Service
Received Application	10-16-13
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	10-17-13
Building Official Approved	10-21-2013
Comments	
1.	Need copy of license ✓
2.	10-21-13 scq left msg for Shawn that permit is ready
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	




Searches
Sales Search
Results
Property Record Card
My Favorites
Sign up for e-Notify...

**3307 Trentwood Blvd** < 29-29-30-1876-04-010 >

Name:0  
 Taylor Mark W  
 Taylor Lot D  
 Mailing Address On File  
 3307 Trentwood Blvd  
 Belle Isle, FL 32812-4848  
 Incorrect Mailing Address?

Physical Street Address  
 3307 Trentwood Blvd  
 Postal City and Zipcode  
 Orlando, FL 32812  
 Property Use  
 0130 - Sfr - Lake Front  
 Municipality  
 Belle Isle

Click To Enlarge Dr Upload  
  
 302259167800440 10/02/2005

Update Information  
 View Plat

Values, Exemptions and Taxes    Property Features    Sales Analysis    Location Info

**Property Description**  
 DAETWYLER SHORES U7106 LOT 4 BLK D  
 Total Land Area 36,631 sqft (1/2) | 0.84 acres (1/2)    GIS Calculated    Notice

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0130 - Sfr - Lake Front	R-1-AA	1 LOT(S)	\$250,000.00	\$250,000	\$0.00	\$250,000

Page 1 of 1 (1 total records)

**Buildings**

Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1960
Type Code:	0102 - Single Fam Class II	Beds:	6
Building Value:	\$169,861	Baths:	3.0
Estimated New Cost:	\$303,487	Floors:	2
		Gross Area:	5184 sqft
		Living Area:	3599 sqft
		Exterior Wall:	Concrete/Cinder Block
		Interior Wall:	Drywall

Page 1 of 1 (1 total records)

**Extra Features**

Description	Date Built	Units	XFOB Value
FL2 - Average Fireplace	02/15/1993	3 Unit(s)	\$7,500
FL3 - Large Elaborate Pool	02/15/1993	1 Unit(s)	\$6,400
SHED - Shed	01/01/1990	1 Unit(s)	\$500

Page 1 of 1 (3 total records)

This Data Printed on 10/15/2013 and System Data Last Refreshed on 10/14/2013

Site Notice • About Us • Contact Us • OCPAF Home • Property Search  
 Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801  
 Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044  
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Client#: 1405470

131FERRASER

ACORD™

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/01/2013

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>		<b>CONTACT NAME:</b>	
BB&T-J. Rolfe Davis Insurance		PHONE (A/C, No, Ext):	FAX (A/C, No):
PO Box 4927		407 691-9600	888-635-4183
Orlando, FL 32802-4927		E-MAIL ADDRESS:	
407 691-9600		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A :	NAIC #
Ferran Services & Contracting Inc		Amerisure Insurance Company	19488
530 Grand Street		INSURER B :	10385
Orlando, FL 32805		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER: 13-14 MstrBAIWOSPNC**      **REVISION NUMBER: 2**

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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:10,000 <input checked="" type="checkbox"/> Inc Contractual Liab GENL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	GL20787740102	09/30/2013	09/30/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PO/ AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X	CA20787730202	09/30/2013	09/30/2014	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	8400129362013A	01/01/2013	01/01/2014	WC STATUS- OTHER LIMITS E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Additional Insured status is granted on the General Liability if required by written contract or agreement per "Contractor's Blanket Additional Insured Endorsement" CG7048 (03/04) which includes "Additional Insured Form CG2010 (1/1/85). General Liability Policy is primary and non-contributory per CG7048 (03/04) if the written contract requires this insurance to be primary. Additional insured is provided on the auto if required by written contract, written agreement or permit per form CA7171 (05/08); and Lessor-Additional Insured and Loss Payee Form CA2001 (03/06).

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Belle Isle 1600 Nela Avenue Orlando, 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>Jeffrey L. Johnson</i>

ACORD 25 (2010/05) 1 of 1  
#S11160938/M11152604

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EMTU

8:58:49 AM 10/17/2013

## Licensee Details

### Licensee Information

Name: **BOONE, SHAWN WILLIAM (Primary Name)**  
**FERRAN SERVICES & CONTRACTING INC (DBA Name)**  
Main Address: **628 EAST 11TH AVE**  
**MOUNT DORA Florida 32757**  
County: **LAKE**  
License Mailing:

LicenseLocation: **530 GRAND STREET**  
**ORLANDO FL 32805**  
County: **ORANGE**

### License Information

License Type: **Certified Electrical Contractor**  
Rank: **Cert Electrical**  
License Number: **EC13003653**  
Status: **Current,Active**  
Licenseure Date: **07/27/2007**  
Expires: **08/31/2014**

**Special Qualifications**      **Qualification Effective**

### [View Related License Information](#)

### [View License Complaint](#)

[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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<https://www.myfloridalicense.com/LicenseDetail.asp?SID=&id=ED99E56C49F6DFDA0...> 10/17/2013