



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * 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.

<p>Scope of Work: ELECTRICAL: 1 dishwasher, 1 disposal, 18 outlets, 3 switches, 7 fixtures, 1 stove</p> <p>Comments: None</p> <p>Project Information Address: 1736 Wind Willow Rd, Belle Isle, FL 32812 Parcel ID: 30-23-30-9330-00-750 Property Owner: Snow, Tina & Robert Phone Number: 407 257 1407 ***** Company Name: M&M Electric of Central FL Inc Contractor Name: Gomez, Misael License Number: EC13004854 Address: 6923 Narcoosee Rd, Orlando, FL 32822 Phone Number: 321 228 2832</p>	<p>Permit Number: 2016-07-007 Date of Application: 07/05/2016 Date Permit Issued: 08/31/2016</p> <p>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.</p>
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BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$88.50
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$92.50

Date Paid 8-31-16

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

1st

(Footing/Foundation)

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

2nd

(Slab)

3rd

(Lintel) Wall Reinforcing on Masonry Building

4th

(Exterior Framing) (Roof/Wall Sheathing)

5th

(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th

(Insulation to be Made After Roof Installed)

7th

(Drywall)

8th

(Sidewalk/Driveway)

9th

(Other)

10th

(Final - After MEP and Other Applicable Finals)

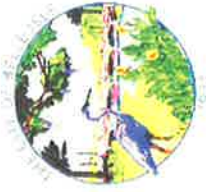
€ ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

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

City of Belle Isle
 TOWN OF EATONVILLE
 Permit Application Review Sheet

Permit Number	2016-07-007
Property Owner	Snow, Robert & Tina
Address	1736 Wind Willow Rd
Nature of Improvement	Electrical Permit
Received Application	7/5/16
Sent for Stormwater Review	N/A
Stormwater Approved	N/A
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	N/A
Variance Approved	
Sent to BO for Review	
Building Official Approved	
Comments	
1.	7/5/16 Waiting on Contractor's license & insurance
2.	7-7-16 OK ENG
3.	7-7-16 Need Credentials - Lisa emailed (above)
4.	Susan 8-31-16 Sent email need PL Lic & \$
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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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: 05-14-2016 PERMIT NUMBER 2016-06-030 b1a
 The undersigned hereby applies for a permit to make electrical installations as indicated below PLEASE PRINT

Project Address 1736 WIND WILLOW RD. Belle Isle FL 32809 32812
 Property Owner ROBERT & TINA SNOW Phone 407.257.1407
 Property Owner's Mailing Address 1736 WIND WILLOW RD City BELLE ISLE
 State FL Zip Code 32809 Parcel Id Number: 30-23-30-9330-00-750

To obtain this information, please visit <http://www.ocparfl.org/Seaches/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	1	Exhaust Fan	1	Disposal	1	Water Heater	
Hood Fan		Dryer		Paddle Fan		Outlets	18
Fixtures	7	Spa		Pool		Switches	3
Electric Signs		Meter Reset		Low Voltage		Stoves	1
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: _____

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) \$ 2,500
 Building Official: [Signature] Date 5-17-16 Permit Fee = \$ 50
 Verified Contractor's licenses & Insurance are on file [Signature] Date 5-31-16 Review Fee = \$ 2950
 3% FL Surcharge = \$ 4
 TOTAL Permit = \$ 9250

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 # EC 13004854
 LICENSE HOLDER NAME MISAELO GOMEZ COMPANY NAME MEM ELECTRIC OF CENTRAL FL.
 Street Address 6100 CANAL RD Lot 26
 City Orlando State FL Zip Code 32827 Phone Number 321-228-2832
 Email Address MISAELO@MMELECTRICFL.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.

9/11 X2
 157 1K 37
 59.22
 29.50
 8 6.50

Building Permit Number _____

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.

2016

EXPIRES 9/30/2017

1802-0040355

1802 CERT ELECTRICAL CONT \$30.00

1 EMPLOYEE 1,5000 BUSINESS OFFICE

\$50.00

40 EMPLOYEES ;



TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

GOMEZ MISAEEL

M & M ELECTRIC OF CENTRAL FLORIDA INC
PO BOX 721146
ORLANDO FL 32872

6923 NARCOOSSEE RD #609
U - ORLANDO, 32822

PAID: \$80.00 2504-02204302 7/14/2016

This receipt is official when validated by the Tax Collector.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER
EC13004854

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

GOMEZ, MISAEEL
M & M ELECTRIC OF CENTRAL FLORIDA, INC.
6100 CANAL RD, LOT 26
ORLANDO FL 32827



ISSUED: 07/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607240002477



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/07/2016

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	CONTACT NAME	PHONE (A/C No, Ext)	FAX (A/C, No)	NAIC #
Sikes Insurance Agency, Inc 3850 A Curry Ford Rd Orlando, FL 32806 Phone (407) 282-5145 Fax (407) 277-6550	(407) 282-5145 office@sikesinsurance.com	(407) 282-5145	(407) 277-6550	
INSURED	INSURER(S) AFFORDING COVERAGE			
M & M Electric of Central Florida, Inc P.O. BOX 721146 ORLANDO FL 32872	Essex Insurance Company Mapfire Insurance Co COMMERCE & INDUSTRY INSURANCE Normandy Harbor Ins Co.			238210

COVERAGES

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 SUBR INSR, 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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO: JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> \$10,000 P <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED. <input type="checkbox"/> RETENTION(S) WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	3EA5671	06/29/2016	06/29/2016	06/29/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/POP AGG \$ 1,000,000.00 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ 4,000,000.00 AGGREGATE \$ 4,000,000.00 \$ <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
B			41501500011625	06/29/2016	06/29/2017	
C			MAPXS00005647	06/29/2016	06/29/2017	
D		N/A	NHFL0015562015	07/29/2015	07/29/2016	

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

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809
407-240-2222
COB1permits@UniversalEngineering.com

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

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

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1802 CERT ELECTRICAL CONT **2015** **EXPIRES 9/30/2016** 1802-0040355
\$30.00 1 EMPLOYEE \$50.00 40 EMPLOYEE

TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

GOMEZ MISAEI

M & M ELECTRIC OF CENTRAL FLORIDA INC
6923 NARCOOSSEE RD
STE 611
ORLANDO FL 32822-5573

6923 NARCOOSSEE RD #609
U - ORLANDO, 32822

PAID: \$80.00 0099-00680345 7/22/2015

Scott Randolph, Tax Collector

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Orange County, Florida

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TOTAL DUE \$0.00

GOMEZ MISAEI

M & M ELECTRIC OF CENTRAL FLORIDA INC
6923 NARCOOSSEE RD
STE 611
ORLANDO FL 32822-5573

6923 NARCOOSSEE RD #609
U - ORLANDO, 32822

PAID: \$80.00 0099-00680345 7/22/2015



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