



**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 boat dock – feed is pre-existing  
**Comments:** None  
**Project Information**  
**Address:** 2112 Belle Isle Ave, Belle Isle, FL 32809  
**Parcel ID:** 18-23-30-3652-00-070  
**Property Owner:** Dew, mark  
**Phone Number:** none  
 \*\*\*\*\*  
**Company Name:** A&E Electrical Services, LLC  
**Contractor Name:** Byrd, Robert  
**License Number:** ER13014216  
**Address:** 234 Blue Stone Circle, Winter Garden, FL 34787  
**Phone Number:** 407-405-5753

**Permit Number: 2016-07-046**  
**Date of Application: 07/28/2016**  
**Date Permit Issued: 07/28/2016**

**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**

|  |         |
|--|---------|
| <b>IMPACT FEES</b>   |         |
| School   | \$      |
| Traffic  | \$      |
| <b>ZONING FEES</b>   |         |
| Zoning Fee   | \$      |
| <b>UNIVERSAL ENG - BUILDING FEES</b>   |         |
| Cert of Occ  | \$      |
| Demo   | \$      |
| Building   | \$      |
| Fence  | \$      |
| Driveway   | \$      |
| Shed   | \$      |
| Window(s)  | \$      |
| Door(s)  | \$      |
| PrePower   | \$      |
| Electrical   | \$55.50 |
| Temp Pole  | \$      |
| Plumbing   | \$      |
| Mechanical   | \$      |
| Gas  | \$      |
| Roofing  | \$      |
| Boat Dock  | \$      |
| Screen Encl  | \$      |
| Swimming Pool  | \$      |
| Sign   | \$      |
| <b>SURCHARGE FEES</b>  |         |
| Surcharge Fee  | \$2.00  |
| Surcharge Fee  | \$2.00  |
| <b>TOTAL FEES \$59.50</b>  |         |
| <b>Date Paid</b> 7-29-16   |         |
| <b>CC or Check #</b> UUSA 3885   |         |
| <b>Amount Paid</b> 59.50   |         |
| 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

**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>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)



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* 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: 7/26/16 PERMIT NUMBER: 2016-07-046  
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT  
Project Address: 2112 Belle Isle Av 2112 Belle Isle Ave Belle Isle FL [x] 32809 [ ] 32812  
Property Owner: Mark Dew Mark Dew Phone: 407-468-8116 407-468-8116  
Property Owner's Mailing Address: 2112 Belle Isle Av City: Belle Isle  
State: FL Zip Code: 32809 Parcel Id Number: 18-23-30-3652-00-070 18-23-30-3652-00-070  
To obtain this information, please visit http://www.ocpall.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 7 \_\_\_\_\_ 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: Wire boat dock. Feed is already existing wire boat dock - feed pre-existing

Gate Code 1230  
[ ] 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) \$1000

Building Official: [Signature] Date: 7-28-16  
Verified Contractor's Licenses & Insurance are on file [Signature] Date: 8-3-16  
Permit Fee = \$ 37.-  
Review Fee = \$ 18.50  
3% FL Surcharge = \$ 4.-  
TOTAL Permit = \$ 59.50

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 # EC 13006284  
LICENSE HOLDER NAME Robert Byrd COMPANY NAME A&E Electrical Services, LLC  
Street Address 234 Blue Stone Circle  
City Winter Garden State FL Zip Code 34787 Phone Number 407-405-5753  
Email Address rbyrd@ae-electrical.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.  
Building Permit Number Bid2016-06024

wo 70330



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/01/16

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><br>King Ins. And Financial Services<br>P.O. Box 321482<br>Cocoa Beach, FL 32932-1482<br>Phone (321)799-3022 Fax (321)799-3613 | <b>CONTACT NAME:</b> Craig Coleman Agent 407-469-2641   |
|   | <b>PHONE (A/C, No, Ext):</b> (407) 469-2641- <b>FAX (A/C, No):</b> (800) 861-3233<br><b>E-MAIL ADDRESS:</b> kifsfinancialservices@gmail.com |
| <b>INSURED</b><br>A&E Electrical Services LLC<br>234 Blue Stone Circle<br>Winter Garden, FL 34787- (407) 405-5753                             | <b>INSURER(S) AFFORDING COVERAGE</b>  |
|   | <b>INSURER A:</b> Old Dominion Ins Co <b>NAIC #</b> 40231   |
|   | <b>INSURER B:</b> NGM Insurance Company <b>14788</b>  |
|   | <b>INSURER C:</b>   |
|   | <b>INSURER D:</b>   |
|   | <b>INSURER E:</b>   |

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>COVERAGES</b> | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
|------------------|----------------------------|-------------------------|


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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b>   | N         | N        | MPG8307C      | 04/01/2016              | 04/01/2017              | EACH OCCURRENCE \$ 1,000,000.00   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00                                 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          |               |                         |                         | MED EXP (Any one person) \$ 10,000.00   |
|          | <input type="checkbox"/>   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000.00   |
|          | <input type="checkbox"/>   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000.00   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000.00  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                                    |           |          |               |                         |                         | \$  |
|          | <b>AUTOMOBILE LIABILITY</b>  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS  |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          | <input type="checkbox"/>   |           |          |               |                         |                         | \$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR   |           |          |               |                         |                         | EACH OCCURRENCE \$  |
|          | <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         | AGGREGATE \$  |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | \$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   | N/A       | N/A      | WCG8958E      | 04/06/2016              | 04/06/2017              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |           |          |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000.00  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00   |

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

General Liability includes Additional Insured endorsement BP04510106 and Waiver Of Subrogation endorsement BP04970106. Attached.

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| The City Of Belle Isle<br>1600 Nela Ave.<br>Belle Isle, FL 32809<br>F: 407-240-2222 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE  |
|---|---|

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

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


**(850) 487-1395**

**BYRD, ROBERT IRWIN  
A & E ELECTRICAL SERVICES, LLC  
234 BLUE STONE CIRCLE  
WINTER GARDEN FL 34787**

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**

**EC13006284      ISSUED: 09/04/2014**

**CERTIFIED ELECTRICAL CONTRACTOR  
BYRD, ROBERT IRWIN  
A & E ELECTRICAL SERVICES, LLC**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date AUG 31, 2016      L1409040000844

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

| LICENSE NUMBER |  |
|----------------|--|
| EC13006284     |  |

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

**BYRD, ROBERT IRWIN  
A & E ELECTRICAL SERVICES, LLC  
234 BLUE STONE CIRCLE  
WINTER GARDEN FL 34787**



ISSUED: 09/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409040000844



CITY OF WINTER GARDEN  
 300 WEST PLANT STREET  
 WINTER GARDEN, FL 34787  
 P: 407.656.4111  
 WWW.WINTERGARDEN-FL.GOV

**WINTER GARDEN • A charming little city with a juicy past.**

**LOCAL BUSINESS TAX RECEIPT FOR CITY OF WINTER GARDEN**

**Business Name:** A & E ELECTRICAL SERVICES  
**Receipt No:** 16-00005836  
**Tax/Add'tl Tax:** \$ 86.00 \$  
**Late Penalty:** \$ 0.00  
**Total Paid:** \$0.00

**Location:** 234 BLUE STONE CIR  
**Class:** ELECTRICAL CONTRACTOR  
**Issue Date:** September 29, 2015  
**Expires:** **September 30, 2016**  
**Restrictions:** **MUST COMPLY WITH LOCAL BUSINESS TAX REQUIREMENTS**

**Comments:**

A & E ELECTRICAL SERVICES  
 234 BLUE STONE CIR  
 WINTER GARDEN FL 34787

BUSINESS TAX RECEIPT MUST BE POSTED IN CONSPICUOUS PLACE AT ALL TIMES.

**\*\*\*PLEASE NOTE THE TOP PORTION IS YOUR LOCAL BUSINESS TAX RECEIPT AND IS PAID THRU SEPTEMBER 30th OF NOTED YEAR ABOVE \*\*\***

1. Business Tax Year is from October 1<sup>st</sup> through September 30<sup>th</sup>. Tax fees are prorated after April 1<sup>st</sup> as a half-year fee.
2. All **new** commercial business tax **must** be inspected by the Fire Department to meet all applicable state and city code requirements. You will be contacted to make arrangements for your inspection.
3. An Orange County Business Tax must be paid **AFTER YOU HAVE BEEN ISSUED THE WINTER GARDEN**

**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.**

|                           |             |                                   |                      |
|---------------------------|-------------|-----------------------------------|----------------------|
|                           | <b>2015</b> | <b>EXPIRES 9/30/2016</b>          | 1802-1066654         |
| 1802 REG ELECTRICAL CONTR | \$30.00     | 1 EMPLOYEE + 5000 BUSINESS OFFICE | \$30.00 1 EMPLOYEE : |

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



• BYRD ROBERT IRWIN QUALIFIER

234 BLUE STONE CIR (MOBILE)  
 C - WINTER GARDEN, 34787

A & E ELECTRICAL SERVICES LLC  
 BYRD ROBERT IRWIN  
 234 BLUE STONE CIR  
 WINTER GARDEN FL 34787

PAID: \$60.00 (Multiple) 2504-01357401 7/28/2015

This receipt is official when validated by the Tax Collector.