



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: interior wiring for new SFR: 1 dishwasher, 112 fixtures, 6 exhaust fans, 1 dryer, 1 disposal, 17 paddle fans, 2 water heaters, 115 outlets, 120 switches, 2 stoves, 1 furnace
Comments: None
Project Information
 Address: 2320 Homewood Dr, Belle Isle, FL 32809
 Parcel ID: 19-23-30-5888-06-230
 Property Owner: Lewellyn, Brett
 Phone Number: 407 484 4657

 Company Name: STE Electric
 Contractor Name: Tibbs, Clarence
 License Number: EC000900
 Address: PO Box 20091, Apopka, FL 32724
 Phone Number: 407 884 7383

Permit Number: 2016-08-007

Date of Application: 07/29/2016
 Date Permit Issued: 08/01/2016

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

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 \$534.00
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen End \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$8.01
 Surcharge Fee \$8.01

TOTAL FEES \$550.02

Date Paid 8-4-16

CC or Check # VISA 5562

Amount Paid 550.02

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

- 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...)

- 1ST _____ (Underground) 2nd _____ (Sewer)
- 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS Natural LP MECHANICAL ELECTRICAL LOW VOLTAGE

- 1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to IDScheduling@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.



RECEIVED
JUL 29 2016

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: 7-29-2016 PERMIT NUMBER: 2016-08-007
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address: 2320 Homewood Dr. 2320 Homewood Dr. Belle Isle FL 32809 32812
 Property Owner: Brett Lewellyn Phone: 407-484-657

Property Owner's Mailing Address: 2320 Homewood Dr. City: Belle Isle
 State: FL Zip Code: 32809 Parcel Id Number: 19-23-30-5888-06-230
To obtain this information, please visit <http://www.ocpafl.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

Diswasher: <u>1</u>	Exhaust Fan: <u>6</u>	Disposal: <u>1</u>	Water Heater: <u>2</u>
Hood Fan: <u>1</u>	Dryer: <u>1</u>	Paddle Fan: <u>17</u>	Outlets: <u>115</u>
Fixtures: <u>112</u>	Spa: <u>1</u>	Pool: <u>1</u>	Switches: <u>120</u>
Electric Signs: <u>1</u>	Meter Reset: <u>1</u>	Low Voltage: <u>1</u>	Stoves: <u>2</u>
Pumps: <u>1</u>	Motors: <u>1</u>	Air Conditioning (tons): <u>4@3 ton</u>	Furnace (KW): <u>4@10 kw</u>

~~Relocate Existing Meter Service~~ (1) New Meter Service: 400/240/1 Amperage/Voltage/Phase
 Meter Service Upgrade from 400/240/1 to 400/240/1
 Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change): _____
 Other: Interior wiring for new SFR (T-pole on Sep App)

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) \$ 29,995.-

Building Official: [Signature] Date: 8-1-16
 Verified Contractor's Licenses & Insurance are on file [Signature] Date: 7-29-16
 Permit Fee = \$ 356.-
 Review Fee = \$ 178.-
 3% FL Surcharge = \$ 16.02
 TOTAL Permit = \$ 550.02

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 # ES 0000900
 LICENSE HOLDER NAME: Clarence Tibbs COMPANY NAME: STE Electrical Systems
 Street Address: P.O. Box 2011 PO Box 2011
 City: Apopka State: FL Zip Code: 32704 Phone Number: 407-884-7383
 Email Address: clarencetibbs@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.

Building Permit Number: 2016-06-016

wo 70454

1571K 37.-
 29x11 3.19
 356 ÷ 2
 178
 534.-

8.01
 8.01
 16.02

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	
EC0000900	

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

TIBBS CLARENCE K
S T E ELECTRICAL SYSTEMS INC
1139 OCOEE APOPKA RD.
APOPKA FL 32703



ISSUED 07/19/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607190001517



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

EC0000900

ISSUED: 07/19/2016

CERTIFIED ELECTRICAL CONTRACTOR
TIBBS, CLARENCE K
S T E. ELECTRICAL SYSTEMS INC

IS CERTIFIED Under the provisions of Ch 489 FS
Expiration date: AUG 31, 2018 SEQ # L1607190001517



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2016

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 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 Willis of Florida, Inc. c/o 26 Century Blvd P.O. Box 300191 Nashville, TN 37205191 USA	CONTACT NAME PHONE (A/C No, Ext): 615-245-7378 FAX (A/C No): 615-245-7378 E-MAIL ADDRESS: certificate@willis.com
INSURED STE Electrical Systems, Inc. P.O. Box 3001 Apopka, FL 32703201	INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company NAIC # 2411 INSURER B: NYVA Mutual Insurance Co 20355 INSURER C INSURER D INSURER E INSURER F

COVERAGES CERTIFICATE NUMBER: W1599535 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	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
Line		INSR	WVC		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OX/LA			TRA4491298	08/08/2016	08/08/2017	GENERAL LIABILITY DAMAGE TO RENTED PREMISES MEDICAL AND LEGAL DEFENSE PERSONAL AND ADVERTISING GENERAL AGGRESSION PRODUCTS AND COMPLETED OPERATIONS \$ 1,000,000 \$ 200,000 \$ 5,000 \$ 2,000,000 \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> AUTO AUTO <input checked="" type="checkbox"/> MEDICAL AUTO <input checked="" type="checkbox"/> MEDICAL AUTO			TRA4491298	08/08/2016	08/08/2017	COMMERICAL AUTO LIMIT BODILY INJURY - Personal BODILY INJURY - Professional PROPERTY DAMAGE - Personal PROPERTY DAMAGE - Professional \$ 1,000,000 \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			TRA4491298	08/08/2016	08/08/2017	EACH OCCURRENCE AGGREGATE \$ 2,000,000 \$ 2,000,000
E	WORKERS COMPENSATION AND EMPLOYERS LIABILITY EMPLOYEE PARTNER EXCLUDED (Mandatory in NH) If less than 1000 DESCRIPTION OF OPERATIONS: none	Y	N	WC940-0029204-2016A	03/01/2016	05/01/2017	<input checked="" type="checkbox"/> REP. EMPLOYER \$ 1,000,000 \$ 1,000,000 \$ 1,000,000

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

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32605	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
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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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1802 CONTR-ELECTRICAL 2015 \$30.00 1 EMPLOYEE EXPIRES 9/30/2016 1802-0962257

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00



TIBBS CLARENCE K.
S T E ELECTRICAL SYSTEMS INC
TIBBS CLARENCE K
P O BOX 2011
APOPKA FL 32704-2011

1137 OCOEE APOPKA BLVD
D - APOPKA, 32703

PAID: \$30.00 2502-01409171 8/18/2015

This receipt is official when validated by the Tax Collector.