



# 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 TOWN OF WINDERMERE, FLORIDA.**

**Scope of Work:** ELECTRICAL: flood light, 10 recessed lights, 4 paddle fans, 3 outlets & 4 switches

**Comments:** None

**Project Information**

Address: 4104 Kandra Court, Belle Isle, FL 32812  
Parcel ID: 20-23-30-1646-00-510  
Property Owner: Thompson, Kenneth  
Phone Number: None  
\*\*\*\*\*  
Company Name: Robert Dollard LLC  
Contractor Name: Dollard, Robert  
License Number: EC0002409  
Address: 2714 Veritas Drive, Oviedo, FL 32765  
Phone Number: 407-865-1068

**Permit Number: 2014-10-027**

**Date of Application: 10/17/2013**

**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 \$72.00  
Temp Pole \$  
Plumbing Fee \$  
Mechanical Fee \$  
Gas Fee \$  
Roofing \$  
Boat Dock \$  
Screen Encl \$  
Swimming Pool \$

**SURCHARGE FEES**

Surcharge Fee \$2.00  
Surcharge Fee \$2.00

**TOTAL FEES \$76.00**

Date Paid 10-21-13

CC or Check # Visa 3938

Amount Paid 76

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

Have Silt fencing in place? YES NO Have Stormwater Barrier in place? YES NO

1 BUILDING

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_ (Footing/Foundation)

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)

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.



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

**Received**  
 10-17-13

**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: 10/16/2013 PERMIT NUMBER 2014-10-027  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4104 Sandra Court, Orlando Belle Isle FL  32809  32812  
 Property Owner Kenneth Thompson Phone \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 20-23-30-1646-00-510

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

Date First Inspection Desired: \_\_\_\_\_ or will call for inspection  Is power needed? Yes  No

**INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED**

Dishwasher \_\_\_\_\_ Exhaust Fan \_\_\_\_\_ Disposal \_\_\_\_\_ Water Heater \_\_\_\_\_  
 Hood Fan \_\_\_\_\_ Dryer \_\_\_\_\_ Paddle Fan 74 Outlets 3  
 Fixtures 1 Flood light \_\_\_\_\_ Pool \_\_\_\_\_ Switches 4  
 Electric Signs Accessories 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: \_\_\_\_\_

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 \$ 1200.00)

Building Official: McFeyz Date 10-21-2013 Review & Permit Fee = \$ 72.00  
BUI557 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 76.00

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 Robert Dollard LICENSE # EC0002409

LICENSE HOLDER NAME Robert Dollard COMPANY NAME Robert Dollard LLC

Street Address 2714 Veritas Drive

City Oviedo State FL Zip Code 32765 Phone Number 407-865-1068

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 2013-09-008

PROJECT NUMBER 0116.1300646.0000

TASK NUMBER 03

CITY OF BELLE ISLE  
Permit Application Review Sheet

|   |   |
|---|---|
| Permit Number                                     | 2014-10-027                                       |
| Property Owner                                    | Thompson, Kenneth                                 |
| Address   | 4104 Kandra Ct                                    |
| Nature of Improvement<br>Received Application     | Electrical for Bid Permit 2013-09-008<br>10-16-13 |
| Sent for Stormwater Review<br>Stormwater Approved | N/A   |
| Sent for Zoning Review<br>Zoning Approved         | N/A   |
| Applied for Variance<br>Variance Approved         |   |
| Sent to BO for Review                             | 10-17-13  |
| Building Official Approved                        | 10-21-2013  |
| Comments  |   |
| 1.  |   |
| 2.  |   |
| 3.  |   |
| 4.  |   |
| 5.  |   |
| 6.  |   |
| 7.  |   |
| 8.  |   |
| 9.  |   |
| 10.   |   |
| 11.   |   |
| 12.   |   |



Phone: (407)581-8161 Fax: (407)581-0313

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/16/2013

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> Sean Richardson      |                                      |
| Florida State Underwriters, Inc |  | <b>PHONE (A/C, No. Ex):</b> (407)260-1046 | <b>FAX (A/C, No.):</b> (407)260-1275 |
| 950 S Winter Park Dr STE 310    |  | <b>ADDRESS:</b> sean@fsuinsurance.com     |                                      |
| Casselberry, FL 32707           |  | <b>INSURER(S) AFFORDING COVERAGE</b>      |                                      |
|                                 |  | <b>INSURER A:</b> Travelers Indemnity Co. |                                      |
|                                 |  | <b>INSURER B:</b>                         |                                      |
|                                 |  | <b>INSURER C:</b>                         |                                      |
|                                 |  | <b>INSURER D:</b>                         |                                      |
|                                 |  | <b>INSURER E:</b>                         |                                      |
|                                 |  | <b>INSURER F:</b>                         |                                      |
|                                 |  | <b>NAIC #</b>                             |                                      |

**INSURED**

Robert Dollard LLC  
2714 Veritas Dr  
Oviedo, FL 32765

**COVERAGES**      **CERTIFICATE NUMBER:** 00001872-0      **REVISION NUMBER:** 4

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 SUBROGATION RIGHTS | POLICY NUMBER                | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |
|----------|--|-------------------------------|------------------------------|-------------------------------|-------------------------------------|--|
| <b>A</b> | GENERAL LIABILITY  |                               | <b>I-660-7C447930-IND-13</b> | <b>01/01/2013</b>             | <b>01/01/2014</b>                   | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b>   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><b>AUTOMOBILE LIABILITY</b><br>ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/><br>HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/><br><b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/><br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/><br>DED. <input type="checkbox"/> RETENTION \$ <input type="checkbox"/><br><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |                               |                              |                               |                                     | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>WC STATUS: <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |

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

**CERTIFICATE HOLDER**

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

(SEA)

ACORD 25 (2010/05)

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JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 3/11/2013 **EXPIRATION DATE:** 3/11/2015

**PERSON:** DOLLARD ROBERT

**FEIN:** 461671577

**BUSINESS NAME AND ADDRESS:**

ROBERT DOLLARD LLC

2714 VERITAS DRIVE

OMIEDO FL 32765

**SCOPES OF BUSINESS OR TRADE:**

ELECTRICAL WIRING  
WITHIN BUIL

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who decides exemption from this chapter by filing a certificate of election under this section may not receive benefits or disability payments under the Statewide Workers' Compensation Law, Chapter 440.05, F.S., if the election to be exempt is not limited in scope to the business or trade listed on the notice of election or, at any time after the filing of the notice of the issuance of the certificate, the person named on the certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



**SEMINOLE COUNTY BUSINESS TAX RECEIPT**

**RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR**

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

**VALID THROUGH 09/30/14**

**ROBERT DOLLARD LLC**  
2714 VERITAS DR  
OVIEDO, FL 32765

**Account #: 184724**

**ROBERT DOLLARD (OFFICER)**

**REGULATED**  
License # - EC0002409  
Qualifier- ROBERT LOUIS DOLLARD

**Receipt #: 40052013090403352**

**Amount Paid: \$ 45.00**

**Date Paid: 09/04/2013**

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

|                       |  |
|-----------------------|--|
| <b>LICENSE NUMBER</b> |  |
| EC0002409             |  |



The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

DOLLARD, ROBERT LOUIS  
ROBERT DOLLARD, LLC  
2714 VERITAS DRIVE  
OVIEDO FL 32765



RICK SCOTT  
GOVERNOR

ISSUED: 02/18/2013 SEQ# L1302180003149  
DISPLAY AS REQUIRED BY LAW

KEN LAWSON  
SECRETARY