



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: 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 for interior remodel	Permit Number: 2016-08-023
Comments: None	Date of Application: 08/15/2016
	Date Permit Issued: 08/16/2016
Project Information Address: 5025 St. Denis Ct, Belle Isle, FL 32812 Parcel ID: 18-23-30-4388-03-990 Property Owner: Eddins, Susan & William Phone Number: 407 719 8212 ***** Company Name: Ustler Electric LLC Contractor Name: Ustler, Jerry License Number: EC0002669 Address: 5840 Gilliam Rd, Orlando, FL 32818 Phone Number: 407 422 6420	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 Traffic \$ School \$	BUILDING INSPECTOR USE ONLY
ZONING FEES Zoning Fee \$	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
UNIVERSAL ENG - BUILDING FEES Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$138.00 Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 st _____ (Footing/Foundation) 2 nd _____ (Slab) 3 rd _____ (Lintel) (Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing) (Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final - After MEP and Other Applicable Finals)
SURCHARGE FEES Surcharge Fee \$2.07 Surcharge Fee \$2.07	ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 ND ROOFING Covering In-Progress _____ 3 RD ROOFING Covering Final _____
TOTAL FEES \$142.14	PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final)
Date Paid 8-17-16 CC or Check # MC 6753 Amount Paid (42-14)	CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE
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).	1 st _____ (Rough-In) 2 nd _____ (Final)

Inspection requests are to be emailed to BDscheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>
login ID = cobi@universalengineering.com password = universal13



City of Belle Isle

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PERMIT
AUG 15 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: 8/12/16

PERMIT NUMBER: 2016-08-023

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

Project Address 5025 St Denis Court Belle Isle FL 32809 32812

Property Owner William and Susan Eddins Phone 407-719-8212

Property Owner's Mailing Address 5025 St Denis Court City Belle Isle

State FL Zip Code 32812

Parcel Id Number: 18-23-30-4388-03-990
To obtain this information, please visit <http://www.ospafl.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	<u>1</u>	Exhaust Fan	Disposal	Water Heater
Hood Fan		Dryer	Paddle Fan	Outlets
Fixtures	<u>4</u>	Spa	Pool	Switches
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 _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____

Other: replace 2 Federal Pacific Panels

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) \$ 5,900

Permit Fee = \$ 92.-

Review Fee = \$ 46.-

3% FL Surcharge = \$ 414

TOTAL Permit = \$ 142.14

Building Official: [Signature] Date 8-16-16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-15-16

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 # EC0002609

LICENSE HOLDER NAME JERRY N. USTLER COMPANY NAME USTLER ELECTRIC LLC

Street Address 5840 WILLIAM RD.

City ORLANDO State FL Zip Code 32818 Phone Number 407-721-7358

Email Address geraldnustler@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.

137 UK
5x 11
37
05
92.14
46
138.-

WD 70960

Building Permit Number _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2016

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		CONTACT NAME: Steven Carothers	
College Park Insurance	FL 32804	PHONE (A/C, No. Ext): (407) 839-2700	FAX (A/C, No): (407) 839-2719
3459 Edgewater Drive		E-MAIL ADDRESS: scarothers@insurecp.com	
Orlando		INSURER(S) AFFORDING COVERAGE	
INSURED		Penn America Insurance Company	
Ustler Electric LLC		INSURER B:	NAIC #
5840 Gilliam Rd		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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	ADD'L SUBR INSR. WVD	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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> CLAIMS-MADE		PAC7115217	05/07/2016	05/07/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If Yes, describe under DESCRIPTION OF OPERATIONS below
Y / N N / A

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
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>Steven Carothers</i>	

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: 2/22/2015 **EXPIRATION DATE:** 2/21/2017

PERSON: USTLER GERALD N

FEIN: 203897704

BUSINESS NAME AND ADDRESS:

USTLER ELECTRIC LLC

5840 GILLIAM RD

ORLANDO FL 32818

SCOPES OF BUSINESS OR TRADE:

LICENSED ELECTRICAL ELECTRICAL WIRING
CONTRACTOR WITHIN BUIL

Pursuant to Chapter 440.05(14), F. S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F. S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F. S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609

Scott Randolph, Tax Collector **Local Business Tax Receipt** **Orange County, Florida**

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 all other codes. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2015 **EXPIRES 9/30/2016** 5030-077047
5000 ELECTRICAL BUSINESS 0 \$32.00 1 EMPLOYER

TOTAL TAX \$32.00
PREVIOUSLY PAID \$0.00
TOTAL DUE \$32.00

5842 GILLIAM RD (NORWEL)
O - ORLANDO, 32818

PAID: \$32.00 0089-00674756 7/14/2016



SCOTT RANDOLPH
COUNTY ELECTRIC LLC
5842 GILLIAM RD
ORLANDO, FL 32818-1102

This receipt is official when obtained by the Tax Collector.



Searches

Sales Search

Results

Property Record Card

My Favorites

Sign up for e-Notify...

5025 St Denis Ct < 18-23-30-4388-03-990 >

Name(s)
 Eddins William B
 Eddins Susan K
 Mailing Address On File
 5025 Saint Denis Ct
 Belle Isle, FL 32812-1080
 Incorrect Mailing Address?

Physical Street Address
 5025 St Denis Ct
 Postal City and Zipcode
 Orlando, FL 32812
 Property Use
 0130 - Sfr - Lake Front
 Municipality
 Belle Isle



- Values, Exemptions and Taxes
- Property Features
- Sales Analysis
- Location Info
- Market Stats

Update Information

Property Description

LAKE CONWAY ESTATES SECTION EIGHT REPLAT Z/66 LOT 399

Total Land Area 18,866 sqft (+/-) | 0.43 acres (+/-) GIS Calculated Notice

View Plat

Land (includes working values)

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)	\$290,000.00	\$290,000	\$0.00	\$290,000

Page 1 of 1 (1 total records)

Buildings (includes working values)

Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1968
Type Code:	0103 - Single Fam Class III	Beds:	4
Building Value:	\$279,685	Baths:	3.0
Estimated New Cost:	\$437,008	Floors:	1
		Exterior Wall:	Concrete Block Stucco
		Interior Wall:	Plastered

Page 1 of 1 (1 total records)

Extra Features (includes working values)

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	04/18/1991	1 Unit(s)	\$2,500
SCR2 - Scrn Enc 2	01/01/1968	1 Unit(s)	\$10,000
PL3 - Large Elaborate Pool	01/01/1968	1 Unit(s)	\$11,400
BC3 - Boat Cover 3	01/01/1990	1 Unit(s)	\$6,000
BD2 - Boat Dock 2	01/01/1997	1 Unit(s)	\$4,000
GZB1 - Gazebo 1	01/01/1997	1 Unit(s)	\$1,000
2566 - Grnhs-M-F	01/01/2010	1 Unit(s)	\$500

Page 1 of 1 (7 total records)

This Data Printed on 07/27/2016 and System Data Last Refreshed on 07/26/2016