



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.

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|---|---|
| <p>Scope of Work: ELECTRICAL: re-wire to bring to code per attached plan Comments: None</p> <p>Project Information Address: 1624 Swann Ave, Belle Isle, FL 32809 Parcel ID: 25-23-29-5884-19-010 Property Owner: Gillespie, Michael Phone Number: 407 443 2999 ***** Company Name: Frank Gay Services Inc Contractor Name: Hovarter, Frederick License Number: ED13005023 Address: 6206 Forrest City Rd, Orlando, FL 32810 Phone Number: 407 293 2642</p> | <p align="center">Permit Number: 2017-08-055</p> <p align="right">Date of Application: 08/08/2017 Date Permit Issued: 08/09/2017</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> |
|---|---|

BUILDING FEATURES

| | |
|--|---|
| <p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>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 \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p align="center">TOTAL FEES \$92.50</p> <p>Date Paid <u>8-15-17</u></p> <p>CC or Check # <u>VISA 6621</u></p> <p>Amount Paid <u>92.50</u></p> <p>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).</p> | <p align="center">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p>BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p> |
|--|---|

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

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

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: 8/3/17 PERMIT NUMBER 2017-08-055
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 1624 Swann Ave., Belle Isle FL 32809 32812
Property Owner Michael J. Gillespie Phone 407-443-2999
Property Owner's Mailing Address Sam As Above City
State Zip Code Parcel Id Number: 25-23-29-5884-19-010

Class of Building: Old [X] New [] Type of Building: Residential [X] Commercial [] Other []
Type of Work: New [] Alteration [] Addition [] Repair [X] Low Voltage New [] Existing []
Date First Inspection Desired: or will call for inspection [X] Is power needed? Yes [] No [X]

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED
Dishwasher Exhaust Fan Disposal Water Heater
Hood Fan Dryer Paddle Fan Outlets
Fixtures 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
Four (4) or More New Meter Services Same Size: Amperage/Voltage/Phase
Meter Service Upgrade from to = Difference in Size



Relocate Existing Meter Service (No Service Size Change)
Other: Re-wire to bring up to code please see attached scope of work

2011 NEC Applies - JB

[] PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)
[X] VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 2,325.00

Building Official: [Signature] Date 8-12-17

Review & Permit Fee = \$ 88.50
3% FL Surcharge = \$ 4.00 (min)
TOTAL Permit = \$ 92.50

I hereby certify that the above is true and correct to the best of my knowledge. Lic/Ins [X] [Signature]

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 # EC13005023
LICENSE HOLDER NAME Frederick H. Howard COMPANY NAME Frank Bay Services
Street Address 6206 Forest City Road
City Orlando State FL Zip Code 32810 Phone Number 407-293-2642

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.

1ST IF 37
2x11 22
59 ÷ 2
29.50
88.50

Building Permit Number

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #ELEC008

82944

P R O P O S A L
ELECTRICAL DEPARTMENT
FRANK GAY SERVICES
 6206 Forest City Road
 Orlando, FL 32810
 Ph 407-293-2642
 FAX 407-532-3370

24 Hour Service

40 Years in Business!

| | | |
|--|---------------------------------------|---|
| Proposal Submitted to: Mike Gillespie | Phone: 407-443-2999 | Date: |
| Street Address: 1624 Swann Avenue | Email: moparmikeg@gmail.com | Estimator: John A. |
| City, State & Zip: Orlando, FL 32809 | Job Location: | |
| LIC # CFC 057624 LIC # CBC 057844 | LIC # CAC 1816620 | LIC # EC 13005023 LIC # 13914 |

Frank Gay Services proposes to supply the necessary materials and labor to do the following:

- Permit included
- Install new outdoor 100amp main breaker box to bring up to code.
- Replace feeder wire to indoor panel from 3 wire to 4 wire.
- Install new surge protector onto main electrical box.
- Replace and install new indoor 125 amp panel and all breakers to bring up to code.
- Replace wire for air handler from aluminum to copper.
- Replace wire for range from aluminum to copper.
- Replace for range from aluminum to copper
- Replace exposed wires for dryer to bring up to code.



8-12-17
[Signature]
 2011 NEC Applies

The following is to be Included:

- All labor is to be performed during normal business hours Monday-Friday between the hours of 8AM-5PM
- Permit included
- **PAYMENT TERMS – As per Contract – 50% up front and 50% upon completion of scope of work.**

The following is to be Excluded:

- Overtime
- Engineering drawings/asbuilts
- Frank Gay Services is not responsible for any loss of revenue while Scope of Work is being performed and completed
- Frank Gay Services is not responsible for any unknown or unforeseen conditions
- Frank Gay Services is not responsible for repair or replacement to existing wall tile, tile flooring any type of flooring. To be done by others.
- Frank Gay Services is not responsible for damage done to items we cannot see which may get cut. We can provide, at an additional charge, outside equipment to spot hidden lines, pipes, or items which may accidentally get cut or damaged. Rentals on an hourly basis- ask for an estimate as the extra cost is to safeguard your property. We do not have X-ray vision.

| | |
|--------------------------------|-------------------|
| TOTAL ESTIMATED AMOUNT: | \$4,252.58 |
|--------------------------------|-------------------|

TERMS AND CONDITIONS OF SALE:

As a condition precedent to FRANK GAY SERVICES INC and FRANK GAY PLUMBING INC being obligated to the giving of credit or replacement FRANK GAY SERVICES INC and FRANK GAY PLUMBING INC must be given written notice identifying the defective good and specifying the defect within ten (10) days after receipt of the good by customer. This part has to be saved for our inspection of defective part. Credit will be based on manufacturer's credit to us and time by us. FRANK GAY SERVICES INC and FRANK GAY PLUMBING INC must also be given the opportunity to inspect the allegedly defective good and, if requested by FRANK GAY SERVICES INC and FRANK GAY PLUMBING INC, the allegedly defective good

Any signatures on page 2 apply to contract terms on page 1

Thank you for choosing Frank Gay Services!

must be returned to FRANK GAY SERVICES INC and FRANK GAY PLUMBING INC. Customer agrees to pay FRANK GAY SERVICES INC and FRANK GAY PLUMBING INC all costs and expenses of collection, suit or other legal action, including a reasonable attorney fees, and shall also pay costs, expenses and attorneys fee incurred on appeal of any administrative proceedings. The losing party will be responsible. Venue on all proceedings will be Orange County, Florida. Losing party agrees to pay all collection costs.

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. **Payment will be made upon completion unless otherwise specified.** If payment is not received when work has been completed by a representative of FRANK GAY SERVICES INC or FRANK GAY PLUMBING INC, an 18% compounded interest will be added monthly to total outstanding balance. Note: This proposal may be withdrawn by us if not accepted in 30 days. When signed, this will become a legal binding contract under Florida Laws with consideration of \$10.00 value.

I have read, understand, and accept all Terms and Conditions of Sale:

Signature

Print

Date

I accept this proposal:

Signature

Print

Date

Any signatures on page 2 apply to contract terms on page 1

Thank you for choosing Frank Gay Services!

P R O P O S A L
ELECTRICAL DEPARTMENT
FRANK GAY SERVICES
 6206 Forest City Road
 Orlando, FL 32810
 Ph 407-293-2642
 FAX 407-532-3370

24 Hour Service

40 Years in Business!

| | | |
|--|---------------------------------------|--|
| Proposal Submitted to: Mike Gillespie | Phone: 407-443-2999 | Date: |
| Street Address: 1624 Swann Avenue | Email: moparmikeg@gmail.com | Estimator: John A. |
| City, State & Zip: Orlando, FL 32809 | Job Location: | |
| LIC # CFC 057624 | LIC # CBC 057844 | LIC # CAC 1816620 LIC # EC 13005023 LIC # 13914 |

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- Install new surge protector onto main electrical box.
- Replace and install new indoor 125 amp panel and all breakers to bring up to code.
- Replace wire for air handler from aluminum to copper.
- Replace wire for range from aluminum to copper.
- Replace for range from aluminum to copper
- Replace exposed wires for dryer to bring up to code.



8-12-17
Dale Baker
2011 NEC
APPLIES

The following is to be Included:

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Thank you for choosing Frank Gay Services!

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I have read, understand, and accept all Terms and Conditions of Sale:

Signature

Print

Date

I accept this proposal:

Signature

Print

Date

Any signatures on page 2 apply to contract terms on page 1

Thank you for choosing Frank Gay Services!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



| | |
|----------------|--|
| LICENSE NUMBER | |
| CFC057624 | |

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

GAY, FRANK H
FRANK GAY PLUMBING INC
6206 FOREST CITY ROAD
ORLANDO FL 32810



ISSUED: 08/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608240002445

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



| | |
|----------------|--|
| LICENSE NUMBER | |
| CAC1816620 | |

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

GAY, FRANK H
FRANK GAY PLUMBING INC
6206 FOREST CITY RD
ORLANDO FL 32810



ISSUED: 08/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608240001964

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



| | |
|----------------|-----------------------------------|
| LICENSE NUMBER | |
| EC13005023 | ADDITIONAL BUSINESS QUALIFICATION |

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

HOVARTER, FREDERICK HARRIS
FRANK GAY PLUMBING, INC.
6206 FOREST CITY RD
ORLANDO FL 32810





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2017

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).

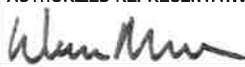
| | |
|--|--|
| PRODUCER Risk Advisors of America 240 Lookout Place Maitland, FL 32751 | CONTACT NAME: _____ |
| | PHONE (A/C, No, Ext): (407) 571-1320 FAX (A/C, No): _____ E-MAIL ADDRESS: team@riskadvisorsusa.com |
| INSURED Frank Gay Plumbing, Inc. & Frank Gay Services, Inc. 6206 Forrest City Road Orlando, FL 32810 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Depositors Insurance Company NAIC # |
| | INSURER B: Allied Property & Casualty Insurance Company 42579 |
| | INSURER C: Insurance Company of the West |
| | INSURER D: |
| | INSURER E: |

COVERAGES **CERTIFICATE NUMBER:** **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 INSD | SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____ | | | ACP GLDO 3017608830 | 03/01/2017 | 03/01/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | ACP BAPD 3017608830 | 03/01/2017 | 03/01/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | ACP CAP 3017608830 | 03/01/2017 | 03/01/2018 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 _____ \$ _____ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | WFL 5036432 00 | 04/06/2017 | 04/06/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured - When Required in an Agreement or Contract with you. Coverage is primary and non-contributory. Blanket Waiver of Subrogation is required by written contract. Coverage is Primary and Non-contributory. 30 days notice of cancellation except 10 days notice for non-payment of premium.

| | |
|---|--|
| CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue 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  |
|---|--|

lector Local Business Tax Receipt Orange County, Florida

nd not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other
er 1 through September 30 of receipt year. Delinquent penalty is added October 1:

2016 **EXPIRES 9/30/2017** 1803-1101848
\$30.00 1 EMPLOYEE 1804 CERT AIR CONDITIONIN \$30.00 1 EMPLOYEE ;
\$30.00 2 EMPLOYEE



GAY FRANK H
FRANK GAY PLUMBING INC
GAY FRANK H
6206 FOREST CITY RD
ORLANDO FL 32810

8/24/2016

This receipt is official when validated by the Tax Collector.