



BUILDING JOB SITE CARD

City of Belle Isle

ELECTRICAL PERMIT 2017-08-107

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-107

Site Address: 1700 Idaho Ave, 32809

Subdivision:

Description of Work: Replace existing overhead electrical service 125A same to same

Issue Date: 08.18.2017

Parcel Number: 25-23-29-5884-24-120

Class: Residential

Issued To: Ace Solves It All

Name: DePari, Charles

Payment Date & Method: 8.18.17 Visa 2105

Business Phone: 407 932 0191

Contractor License #: EC0003144

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Morning

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

BUILDING INSPECTOR DATE COMMENTS

Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour			
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

GAS	INSPECTOR	DATE	COMMENTS
Rough Gas			
Final Gas			

ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			

MECHANICAL	INSPECTOR	DATE	COMMENTS
Above Ceiling			
Rough			
Hood Vent			
Final			

PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

ROOF	INSPECTOR	DATE	COMMENTS
In-progress			
Final			

Schedule Inspections via Email at: BDscheduling@universalengineering.com

SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME

Inspection Requests Will Be Scheduled For Following Business Day



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
 AUG 17 2017

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: 08/17/2017 PERMIT NUMBER 2017-08107
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 1700 Idaho Ave Belle Isle FL 32809 32812
 Property Owner Clingerman Uada Phone 407-391-0518
 Property Owner's Mailing Address 1700 Idaho Ave City Belle Isle
 State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-24-120
 To obtain this information, please visit <http://www.ocpal.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
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 _____
 Meter Service Upgrade from _____ to _____ = _____
 Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____
 Other: Replace existing overhead electrical service, 125A
Same to same

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ 4601-
 (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) \$ _____

Building Official: [Signature] Date 8-18-17
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-18-17
NOLV

Permit Fee = \$ 81.-
 Review Fee = \$ 40.50
 3% FL Surcharge = \$ 4.- (min)
 TOTAL Permit = \$ 125.50

I hereby certify that the above is true and correct to the best of my knowledge. paid by VISA 2105 8.18.17

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 # EC0003144
 LICENSE HOLDER NAME Charles De Paris COMPANY NAME Ace Solves It All
 Street Address 1692 Dolores Dr
 City Kissimmee State FL Zip Code 34746 Phone Number 407-932-0191
 Email Address Permitting@acesolvesitall.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.

88262
1571K 37
44
81 ÷ 2
40.50
121.50

Building Permit Number _____

Permit Number: _____
 Folio/Parcel ID #: 25-23-29-5884-24-120
 Prepared by: Dwight Loeding

 Return to: Ace Solves It All
1692 Dolores Dr
Kissimmee, FL 34746

DOCH 20170458899
 08/17/2017 02:11:49 PM Page 1 of 1
 Rec Fee: \$10.00
 Phil Diamond, Comptroller
 Orange County, FL
 MB - Ret To: ACE SOLVES IT ALL



NOTICE OF COMMENCEMENT

State of Florida, County of Orange
 The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address, if available)
Nela Isle M/SS Lot 12 & W 1/2 Lot 11 Blk X W/2 of VAC R/W on W Sec 25 28/902
2. **General description of improvement**
Replace existing overhead electrical service 1700 Idaho Ave, Belle Isle FL 32809
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Clingerman Vada
 Address 1700 Idaho Ave Belle Isle FL 32809
 Interest in Property Owner
Name and address of fee simple titleholder (if different from Owner listed above)
 Name _____
 Address _____
4. **Contractor**
 Name Ace Solves It All Telephone Number 4079320191
 Address 1692 Dolores Dr, Kissimmee, FL 34746
5. **Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
6. **Lender**
 Name _____ Telephone Number _____
 Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

STATE OF FLORIDA, COUNTY OF ORANGE
 I hereby certify that this is a true copy of the document as reflected in the Official Records.
 Phil Diamond, Comptroller
 BY: [Signature] 8/17/17
 DATE:

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Vada Clingerman Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Owner Signatory's Title/Office

The foregoing instrument was acknowledged before me this 17 day of 08/17 by Vada Clingerman
 month/year name of person

as _____ for _____
 Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed
[Signature] Signature of Notary Public - State of Florida
 _____ Print, type, or stamp commissioned name of Notary Public

Personally Known _____ OR Produced ID
 Type of ID Produced DL FL C452-870-30-966-0



 **RIK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)**
- [My Favorites](#)

[Sign up for e-Notify...](#)

1700 Idaho Ave < 25-23-29-5884-24-120 >

Name(s)	Physical Street Address
Clingerman Vada R	1700 Idaho Ave
Mailing Address On File	Postal City and Zipcode
1700 Idaho Ave	Orlando, FL 32809
Belle Isle, FL 32809-6819	Property Use
Incorrect Mailing Address?	0100 - Single Family
	Municipality
	Belle Isle



[View 2016 Property Record Card](#)

- [Property Features](#)
- [Values, Exemptions and Taxes](#)**
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)
- [Update Information](#)

Property Description

NELA ISLE M/55 LOT 12 & W 1/2 LOT 11 BLK X W1/2 OF VAC R/W ON W SEE 2528/902

[View Plat](#)


Total Land Area 13,999 sqft (+/-) | 0.32 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-A	1 LOT(S)	\$55,000.00	\$55,000	\$0.00	\$55,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure			
	Model Code: 01 - Single Fam Residence	Actual Year Built: 1959	Gross Area: 1485 sqft		
	Type Code: 0103 - Single Fam Class III	Beds: 3	Living Area: 1050 sqft		
	Building Value: \$47,635	Baths: 1.5	Exterior Wall: Concrete/Cinder Block		
	Estimated New Cost: \$108,361	Floors: 1	Interior Wall: Plastered		

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
AB1 - Accessory Building 1	01/01/1981	300 Square Feet	\$3,000
PTNV - Patio No Value	01/01/2002	1 Unit(s)	\$0

Page 1 of 1 (2 total records)

This Data Printed on 08/17/2017 and System Data Last Refreshed on 08/16/2017

2017
EXPIRES SEPTEMBER 30, 2017

PATSY HEFFNER, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
120256

BUSINESS TYPE 6045 AC CONTRACTOR (DBPR/CMPCRD)

PATSY HEFFNER
Tax Collector
126280
9004044
08/19/2016
Oper JAD
Till 90
Paid 30.00

RENEWAL
NEW LICENSE
TRANSFER 0.00
ORIGINAL TAX 30.00
AMOUNT 0.00
PENALTY 0.00
COLLECTION COST 0.00
TOTAL 30.00

BUSINESS ACE Solves It All
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

MAILING ADDRESS OSCEOLA COUNTY
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

CAC1816543

PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CAC1816543	

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



DEPARI, CHARLES R
ACE SOLVES IT ALL
1692 DOLORES DRIVE
KISSIMMEE FL 34746



ISSUED: 08/17/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608170002075

2017
EXPIRES SEPTEMBER 30, 2017

PATSY HEFFNER, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
120256

BUSINESS TYPE 6150 ELECTRICAL CONTR (DBPR/CMPCRD)

PATSY HEFFNER
Tax Collector
126281
9004044
08/19/2016
Oper JAD
Till 90
Paid 0.00

RENEWAL
NEW LICENSE
TRANSFER 0.00
ORIGINAL TAX 0.00
AMOUNT 0.00
PENALTY 0.00
COLLECTION COST 0.00
TOTAL 0.00

BUSINESS ACE Solves It All
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

MAILING ADDRESS OSCEOLA COUNTY
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

EC13005749

PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EC0003144	

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



DEPARI, CHARLES ROBERT JR
ACE SOLVES IT ALL
1692 DOLORES DR
KISSIMMEE FL 34746



ISSUED: 08/17/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608170003067

2017
EXPIRES SEPTEMBER 30, 2017

PATSY HEFFNER, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
120256

BUSINESS TYPE 6050 BUILDING CONTR (DBPR/CMPCRD)

PATSY HEFFNER
Tax Collector
165759
9004044
08/19/2016
Oper JAD
Till 90
Paid 0.00

RENEWAL
NEW LICENSE
TRANSFER 0.00
ORIGINAL TAX
AMOUNT 0.00
PENALTY 0.00
COLLECTION COST 0.00
TOTAL 0.00

BUSINESS ACE Solves It All
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

MAILING ADDRESS OSCEOLA COUNTY
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

CBC1259048

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

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DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CBC1259048	



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

DEPARI, CHARLES R JR
ACE SOLVES IT ALL
1692 DOLORES DRIVE
KISSIMMEE FL 34746



2017
EXPIRES SEPTEMBER 30, 2017

PATSY HEFFNER, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
120256

BUSINESS TYPE 6370 PLUMBING CONTR (DBPR/CMPCRD)

PATSY HEFFNER
Tax Collector
126282
9004044
08/19/2016
Oper JAD
Till 90
Paid 0.00

RENEWAL
NEW LICENSE
TRANSFER 0.00
ORIGINAL TAX 0.00
AMOUNT 0.00
PENALTY 0.00
COLLECTION COST 0.00
TOTAL 0.00

BUSINESS ACE Solves It All
CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

OSCEOLA COUNTY

MAILING ADDRESS CRD Electrical Service, LLC
1692 Dolores Dr.
Kissimmee, FL 34746

CFC1428235

PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

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RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CFC1428235	

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



DEPARI, CHARLES R
ACE SOLVES IT ALL
1692 DOLORES DRIVE
KISSIMMEE FL 34746



ISSUED: 08/17/2016

DISPI AY AS REQIURED BY LAW

SFO # L1608170002456



CRDELEC-01

MATERAT

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 4/21/2017

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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Ana Schuldiner PHONE (A/C, No, Ext): (954) 556-2761 23961 FAX (A/C, No): (561) 208-0077 E-MAIL ADDRESS: Ana.Schuldiner@ioausa.com												
INSURER(S) AFFORDING COVERAGE													
INSURED CRD Electrical Service LLC dba Ace Solves it All 1692 Dolores Drive Kissimmee, FL 34746	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Depositors Insurance Company</td> <td style="width: 20%; text-align: center;">NAIC # 42587</td> </tr> <tr> <td>INSURER B : Builders Mutual Insurance Company</td> <td style="text-align: center;">10844</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Depositors Insurance Company	NAIC # 42587	INSURER B : Builders Mutual Insurance Company	10844	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Depositors Insurance Company	NAIC # 42587												
INSURER B : Builders Mutual Insurance Company	10844												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLD03008132414	04/25/2017	04/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYMENT PRAC \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			BAPD3008132414	04/25/2017	04/25/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CAP3008132414	04/25/2017	04/25/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCP1050858	04/25/2017	04/25/2018	<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)
 City of Belle Isle is listed as additional insured with respect to General Liability when required by written contract.

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