

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.

Scope of Work: ELECTRICAL for foundation and 120 unit

Residential Condominium Building Comments:

Project Information

None

Address:

2121 McCoy Rd (Royal Palace), Belle Isle, FL

32812 Parcel ID:

30-23-30-5558-00-010 Property Owner: Conway Breeze Partners LLC

Phone Number:

407 460 3061

Company Name: Metro Electric Service Inc

Contractor Name: Hernandez, Omar

License Number: EC13005326 Address:

3314 SW 123 Ave, Miami, FL 33175

Phone Number: 305-945-1991 Permit Number: 2017-12-036

Date of Application: 12/21/2016 Date Permit Issued: 12/21/2016

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	BUILDING INSPECTOR USE ONLY					
Traffic \$	BUILDING INSPECTOR USE ONLY					
School \$	IF APPLICABLE:					
φ						
TONING FETO	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions					
ZONING FEES	The state of the s					
Zoning Fee:	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO					
	Surption 120 No. 141 Blade: 1E3 NO.					
UNIVERSAL ENG - BUILDING FEES	€ BUILDING					
STATE LING BOILDING I LES						
Post Deals 6	Survey openific foundation law (Footing/Foundation)					
Boat Dock \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?					
Boat House \$	and					
Building \$	2 nd (Slab)					
Demo \$						
Door(s) \$	3 rd (Lintel)(Wall Reinforcing on Masonry Building)					
Driveway \$	(Lintel)(Wall Reinforcing on Masonry Building)					
Electrical \$1,359.00	4 th					
	4 th (Exterior Framing)(Roof/Wall Sheathing)					
Fence \$	_th					
Gas \$	5 th (Framing) (To be made after Plumbing/ Mechanical/					
Irrigation \$	Electrical Rough-Ins & Windows/Doors Installed)					
Low Voltage \$						
Mechanical \$	6 th (Insulation to be Made After Boof Installed)					
Plumbing \$	6" (Insulation to be Made After Roof Installed)					
Pool \$	7 th (Denoted)					
Roofing \$	7 th (Drywall)					
Screen Encl \$	8 th (Sidewalk/Driveway)					
Shed \$						
Temp Pole \$	9 th (Other)					
Window(s) \$	(Other)					
	10 th					
SURCHARGE FEES	10 th (Final – After MEP and Other Applicable Finals)					
JOHN HOLF LLO						
Surcharge Fee \$20.39	€ ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR					
Surcharge Fee \$20.39	1 ST ROOFING Deck Nailing/Dry-in/Flashing					
Surcharge Fee \$20.39	, as					
TOTAL FEES \$1,399.78	2 nd ROOFING Covering In-Progress					
. 2 2 1 1 /	3rd BOOFING Covering Final					
Date Paid	3 rd ROOFING Covering Final					
Date I aid VO - V						
Coor Check # MC 7783	€ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)					
Clar Check # 100	€					
1060175	1 ST (Underground) 2 nd (Sewer)					
Amount Paid \ 50 6 18	(Sewer)					
	3rd					
The person accepting this permit shall	3 rd (Rough-In/Tub Set) 4 th (Final)					
conform to the terms of the						
application on file and construction	CHECK APPROPRIATE BOX					
shall conform to the	€GASNaturalLP					
shall conform to the requirements of	SELOW VOLTAGE					
the Florida Building Code (FS 553).	1 st (Rough-In) 2 nd (Final)					
	1 st (Rough-In) 2 nd (Final)					

Inspection requests are to be emailed to BIDscheduling@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.





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

DEC 2 1 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.

	, /			100
	1/1/		2017 17 13	
DATE OF APPLICATI	ION: /2/0///		NUMBER OF FLOOR	
The undersigned here	by applies for a permit to ma	ake electrical installations as indicated be	elow. PLEASE PRINT	
Project Address 21	21 McCox	RD	, Belle Isle FL3280932812	
		R. tuna	1102 1110 30/1	•
Property Owner	ONWAJ DH	eaze VANINOUS	Phone 407-460-306/	
Property Owner's Mail	ling Address	•	City	
		20 22 20	2 5550-00-010	
StateZ	Zip Code	Parcel Id Number: 30-23-30	//www.ocpafl.org/Searches/ParcelSearch.aspx	<
		To obtain this information, please visit medi-	//www.ocpanion/ysearches/Farceisearchespa	
Class of Building: O	old □ New Type	e of Building: Residentia Comme	rcial Other	
Type of Work: New			age New Existing	
7,1				
	INDICATE THE Q	UANTITY OF ALL EQUIPMENT TO BI	E INSTALLED	
Dishwasher	Exhaust Fan	Disposal	Water Heater	
Hood Fan	Dryer	Paddle Fan	Outlets	ISTIK -
Fixtures	Spa	1001		121 11
Electric Signs	Meter Reset	Low Voltage	Stoves	179 QI
Pumps	Motors	Air Conditioning (tons)	Furnace (KW)	, , o G
			A	
Temporary Construc	tion Pole	One (1) New Meter Service	Amperage/Voltage/Phase	90
	4. 4	to	=	i
Meter Service Upgra	de from Amperage/Voltag	e/Phase Amperage/Voltage/Ph	ase Difference in Size	4:
	Amperage/voltag	errilase Amperager voltager in	Billiototice in Olec	10
Palacata Evicting Me	ter Service (No Service Size	Change)		13
Relocate Existing Me	ici del vice (140 del vice dizi	on angle	1.	
Other NEW A	WANTMONT K	wilding, CONSist	TING OF 170 dwelling	10
Milite. CON	AMON AUEA,	YOOK, EQUIN MONT.	Site clartuical ANG	- 2
Tow Wolte	adrs Susta	US DOW WLANS		20.0
PERMIT FEE BAS	SED ON METER SERVICE	SIZE SCHEDULE	\$	14.3
(IF NO METER SI	ERVICE WORK BEING DO	NE, USE VALUATION OF JOB FOR PER	RMIT FEE)	00.0
			20 100 00	1007
VALUATION OF	JOB (VALUATION OF ALL	MATERIALS, LABOR, AND FIXTURES I	INSTALLED \$ 90,000.00	40.
	4		- "- AM	
			Permit Fee = \$	70
(VIO	- 100111	1150	
Building Official	104 1	Date /2-2/46	Review Fee = \$	
_		C18 12 11	3% FL Surcharge = \$	7 8
Verified Contracto	r's Licenses & Insurance are	on file Date 12-01	3% FL Surcharge - \$	
			TOTAL Permit = \$	N/X
L				20 100
I haraby partify that th	no obovo is true and correct	to the hest of my knowledge		
i nereby ceruiy mai m	ie apove is true and correct	to the best of my knowledge.		
Lhoroby mako Applicati	ion for Permit as outlined abou	e and if same is danted Lagree to conform	to all Florida Building Code Regulations and City	
Ordinances regulating s	amo and in accordance with it	lens submitted. The issuance of this permit	does not grant permission to violate any	
	r State of Florida codes and/g		,	
applicable rown and/or	I State of Piorioa codes and	orumances. 4		
LICENSE HOLDER	SIGNATURE //L.	a made a . A	LICENSE # E. C 1300,532	6
LICENSE HOLDEN	SIGNATURE TO	7/	alatus Elastria	ZOUVICE
LICENSE HOLDER N	NAME MAU	TOUNAND GOODPANY NAM	ENGLIND ELECIALES	30401°CE
Street Address / 5	050 NE 12	DAUG	S. "	
An an	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5/ 22/01	- 205 - QUE-	1991
City / / / / /	- Sta	te FL Zip Code 33/8/	Phone Number 303 - 945-	4111
Email Address 7A	UAAR, DAGO	AOL.COM	,	
0-11	1.16	3.5		
NOTE: The Building I	Permit Number is required if t	he Electrical Installation is associated with ar	ny construction or alteration where a Building	
Permit has be				

Building Permit Number 2017-10-036

922 2017-10-036

POWER OF ATTORNEY							
Date: 12/01/16							
I hereby name and appoint ANGOL SOSA							
of Matur Electric Sauvice to be my lawful attorney-in-fact to							
act for me, and apply to the Building Department for a Electrical permit							
for work to be performed at a location described as:							
Parcel ID #: Section <u>30</u> Township <u>23</u> Range <u>30</u> Subdivision <u>559</u> Block <u>60</u> Lot <u>0/0</u> (15 Digit Parcel Number)							
Subdivision Name:							
Owner of Property: Conway Bucazon Pautneus							
Project Address: 2121McCoy RD							
City: Balla 19/9 Zip Code: 328/2							

and to sign my name and do all things necessary to this appointment.							
Quar Herney des EC13005324							
(Contractor Name) (Type or Print) (Contractor's License Number)							
Quar Herney des EC13005324							
(Contractor Name) (Type or Print) (Contractor Signature) (Contractor Signature) (Contractor Signature)							
(Contractor Name) (Type or Print) (Contractor's License Number)							
(Contractor Name) (Type or Print) (Contractor Signature) The foregoing instrument was acknowledged before me this //day of ///							
(Contractor Name) (Type or Print) (Contractor Signature) The foregoing instrument was acknowledged before me this o/day of Diccord 20/6, by Duan Hermanian							
(Contractor Name) (Type or Print) (Contractor Signature) The foregoing instrument was acknowledged before me this _o/day of of 20, by							
(Contractor Name) (Type or Print) (Contractor Signature) The foregoing instrument was acknowledged before me this oday of of 20 // b, by							
(Contractor Name) (Type or Print) (Contractor Signature) The foregoing instrument was acknowledged before me this Oday of Diconfactor Signature) who is personally known to me or who produced as identification and who did not take an oath.							

From: Metro Electric < Metro_Electric@hotmail.com>

To: lia frias <lia frias@osceola.org>

Cc: javaarba <javaariba@aol.com>

Subject: Fw: EC13005326 - Copy of New State License - Metro Electric

Date: Mon, Nov 21, 2016 10:09 am

From: Metro Bectric

Sent: Wednesday, November 16, 2016 9:55 PM

To: David Tyson

Subject: Fw: EC13005326 - Copy of New State License - Metro Electric



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC13005326

ISSUED: 08/23/2016

CERTIFIED ELECTRICAL CONTRACTOR
HERNANDEZ, OMAR R
METRO ELECTRIC SERVICE, INC.

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2018

L160823000327



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2016

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

ti	ne terms and conditions of the policy ertificate holder in lieu of such endor	, cert	ain po	olicies may require an er	ndorser	nent. A stat	ement on thi	s certificate does not co	onfer r	ights to the
_	DUCER	SCIIIC	(J).		CONTAC NAME:	Bonnie I	Krigsman Ex	d 313		
вв	Insurance Marketing Inc				PHONE	5an 888-72	8-0817		954-4	52-0450
10167 W Sunrise Blvd, 3rd Floor Plantation FL 33322				PHONE (A/C, No, Ext): 888-728-0817 FAX (A/C, No): 954-452-0450 E-MAIL ADDRESS: bkrigsman@bbimi.com						
FIGURE COLD TO THE CONTROL OF THE CO					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A : Florida Citrus&Industries Fund					
INSURED METRO-2					INSURER B : Nautilus Insurance Company				17370	
Metro Electric Service, Inc.					INSURER C: Ohio Security Insurance Co				3491	
15050 NE 20TH Ave North Miami FL 33181					INSURER D:					
THOUGH WHIGHT I E SO TO I					INSURER E :					
	INSURER F:									
CC	COVERAGES CERTIFICATE NUMBER: 1693758847 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									
lt C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIE: REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OI TO	WHICH THIS
INSF	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
В	X COMMERCIAL GENERAL LIABILITY			47392		9/7/2016	9/7/2017	EACH OCCURRENCE	\$1,000	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100.0	000
								MED EXP (Any one person)	\$5,000)
								PERSONAL & ADV INJURY	\$1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	0,000
	OTHER:						01010017	COMBINED SINGLE LIMIT	\$	
С	AUTOMOBILE LIABILITY			BAS57371498		6/3/2016	6/3/2017	(Ea accident)	\$1,000 \$	0,000
	X ANY AUTO							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
	ALL OWNED AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	X HIRED AUTOS X AUTOS							(Per accident)	\$	
		-	-	47204		9/7/2016	9/7/2017	FAOU OCCUPATION	\$2,000	000
В	UMBRELLA LIAB X OCCUR			47394		3/1/2010	SHIZUII	EACH OCCURRENCE	\$2,000	
	X EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$2,000	5,500
A	DED RETENTION \$ WORKERS COMPENSATION	-		10651441	_	2/2/2016	2/2/2017	X PER OTH-	9	
۱ ^	AND EMPLOYERS' LIABILITY	7.		10001441				E.L. EACH ACCIDENT	\$1,000	0,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	11		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$1,000,0				
\vdash	DESCRIPTION OF OPERATIONS DRIOW	1								
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Sched	ule, may t	e attached if mo	re space is requi	red)		
	ectrical Contractor.									
1										
1										
									_	
CI	RTIFICATE HOLDER				CAN	CELLATION			+	
City of Belle Isle 1600 Nela Ave Bella 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					

Licensee Details Licensee Information

Name:

HERNANDEZ, OMAR R (Primary Name)

METRO ELECTRIC SERVICE, INC. (DBA Name)

Main Address:

3314 SW 123 AVE MIAMI Florida 33175

County:

DADE

License Mailing:

LicenseLocation:

15050 NE 20TH AVENUE

MIAMI FL 33181

County:

DADE

License Information

License Type:

Certified Electrical Contractor

Rank:

Cert Electrical

License Number:

EC13005326

Status:

Current, Active

Licensure Date:

05/21/2013

Expires:

08/31/2018

Special Qualifications

Qualification Effective

Additional Business Qualification

05/21/2013

000121

Local Business Tax Receipt

Miami-Dade County, State of Florida -THIS IS NOT A BILL - DO NOT PAY

173963

BUSINESS NAME/LOCATION METRO ELECTRIC SERVICE INC 15050 NE 20 AVE NORTH MIAMI FL 33181

RECEIPT NO. RENEWAL 173963



EXPIRES SEPTEMBER 30, 2017

Must be displayed at place of business **Pursuant to County Code** Chapter 8A - Art. 9 & 10

OWNER METRO ELECTRIC SERVICE INC SEC. TYPE OF BUSINESS 196 ELECTRICAL CONTRACTOR EC13005326

BY TAX COLLECTOR \$45.00 08/15/2016 ECHECK-16-173293

PAYMENT RECEIVED

Worker(s)

10

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

cy Statement

se to a public-records request, do any questions, please contact ed under Chapter 455, F.S. must ommunication with the licensee. Department with an email address affected by this change.

ontact Center: 850,487,1395

SCOPE OF SERVICES

I. ELECTRICAL SERVICES INCLUDING: PERMITING, ADMINISTRATION, SUPERVISION & INSPECTIONS

Sosa will provide to the Client, Electrical Services for a Lump Sum of \$80,000.00, as described below. Since the scope includes services from the beginning of Construction until final approval by local municipality and issue of Certificate of Occupancy, Sosa proposed a not to exceed amount of \$80,000.00. Sosa will provide the Client with a certificate of General Liability and Workers Compessation along with a Waiver of Lien before along with each application for payment.

A. Permitting

, , ^(y) *

- B. Meeting with Architect and Engineer for changes to the approved plans proposed by the Client or proposed by Sosa.
- C. Revision of proposals from Electrical Suppliers and Labor Subcontractors.
- D. Construction administration office work to include plan revisions, and responses to requests for additional information from suppliers and subs.
- E. Permanent construction supervision on site by Sosa or an individual designated by Sosa and paid by Sosa. To assure construction conformity to plans and permit requirements.
- F. Attendance at construction meetings and other meetings with contractor, regulatory agencies and/or Client during construction.
- G. Assist owner in preparation, processing and analysis of site construction bids and contractor's applications for payment.

II. SCHEDULE OF FEES

Metro Electric Service, Inc. will commence all the foregoing services immediately upon receipt of written notice to proceed for Lump Sum fee as follows.

- I.\$80,000.00 II. Schedule of Payments:
 - with a Written Notice to Proceed \$5,000.00
 - monthly Application for Payment based on percentage (%) of completed work

November 15, 2016

Re: PROPOSAL FOR ELECTRICAL SERVICES

Property at 2121 McCoy Road, Belle Isle, FL 32809.

Dear Mr. Avellaneda:

Metro Electric Service Inc (Angel SOSA) is pleased to provide you with the following proposal for the performance of professional construction engineering, administration and inspection services for the above referenced project.

Our Scope of Services was prepared based on previous conversation, review of the required improvements, along with the following assumptions:

- Sosa will provide complete construction engineering, administration and inspection services including review of shop drawings, as-builts, final certifications, construction observation, attendance at project meetings, and review of construction bids and contractor's applications for payment.
- The duration of construction is estimated to be Thirteen (13) months.

This letter and attachments provides the detailed Scope of Services and Fee Schedule for completing the project. If the proposed work and fees contained herein agreeable with you, please sign the enclosed Professional Services Agreement and return same to this office. If you have any questions or comments regarding this proposal, please do not hesitate to call me at (407-556-7648)

Very truly you.

Metro Electric Service INC.

Angel Sosa President

Attachments