



City of Belle Isle Job Site Card Electrical PERMIT 2019-07-037

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2019-07-037

Issue Date: 07/19/2019

Site Address: 2919 Cullen Lake Shore Dr 32812

Parcel #: 18-23-30-4386-03-720

Class: Residential **Subdivision:**

Description of Work: Electrical - EXHAUST FAN -OUTLETS & SWITCHES

Exhaust Fan 1
Outlets 6
Switches 6

Issued: **AARON'S MASTERED ELECTRICAL SERVICES, LLC** Business Phone: 727 612-2913

Name: **HEARN, AARON PHILIP**

Contractor License: EC13004769

Payment Date & Method: 7/29/2019 Picked up or sent by Emailed

Visa Master Card Amex Discover Check / Money Order # 11005

Schedule Inspections via Email at: BDscheduling@universalengineering.com BY 3:00 PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Business Day

"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."

ELECTRICAL	INSPECTOR	DATE	COMMENTS
300 Temp Pole			
310 TUG			
320 Underground			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 PrePower			
370 Meter ReSet			
380 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 3pm.** 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



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

RECEIVED
 JUL 16 2019

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: 7-9-19 PERMIT NUMBER: 209-07-037
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address: 2919 Colleen Lake Shore Dr Belle Isle FL 32809 ~~32812~~
 Property Owner: Mischelle Harmon Phone _____
 Property Owner's Mailing Address: 2919 Colleen Lake Shore Dr Belle Isle
 State FL Zip Code 32812 Parcel Id Number: 18-23-30-4386-03-720
To obtain this information, please visit <http://www.orpal.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 <u>1</u>	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan _____	Outlets <u>6</u>
Fixtures _____	Spa _____	Pool _____	Switches <u>6</u>
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: _____

37 41K
 11
 48
 24
 72

PAID
 7-29-19
 \$11005

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) \$ \$1500.00

Building Official: PSP BJ2026 Date 7-18-2019
 Verified Contractor's Licenses & Insurance are on file AM Date 7-18-19

Permit Fee = \$ 48
 Review Fee = \$ 24
 1% BCAIB Fee = \$ 2 min
 1.5% DCA Fee = \$ 2 min
 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: Aaron Hearn LICENSE # FC13004769
 LICENSE HOLDER NAME: Aaron Hearn COMPANY NAME: Aaron's Master Electrical
 Street Address: 530 Lake Kathryn Cir
 City: Casselberry State: FL Zip Code: 32909 Phone Number: 727-612-2913
 Email Address: building@bfacontracting.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.

Building Permit Number _____

RECEIVED
NOV 01 2019
BY: DR

I, Aaron Hearn, am requesting that my permit number
(Name of Contractor)

2019-07-037 for job located at 2919 Collier Lakeshore Dr
(Complete Address)

be voided and a new permit issued to TBD
(New Contractor's Name)

as I am voluntarily giving up full responsibility of the job.

License Holder/Homeowner Name: Aaron Hearn

License Number: EC 13064769

Company Name: Aaron's Mastered Electrical Services

Address: 530 Lake Kathryn Cir

City: Casselberry State: FL Zip Code: 32707

License Holder Signature: [Signature]

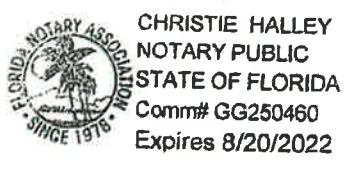
STATE OF FLORIDA
COUNTY OF Seminole

This instrument was acknowledged before me this 31 day of Oct, 2019, by the above reference individual, Aaron Hearn, who acknowledged that he/she is a duly licensed contractor with Aaron's Mastered Electrical and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me [Signature] or produced [Signature] as valid identification.

WITNESS my hand and official seal this 31 day of Oct, 2019.

[Signature]

Notary Public
Printed Name: Christie Halley
My Commission Expires: 8-20-22



RECEIVED
NOV 01 2019
BY:

Change of Contractor Letter
(Owner or General Contractor)

I, Aaron Hearn, am requesting a change of contractor at project
(Name of Contractor)

located at 2919 Cullen Lake Shore DR, permit number 2019-07-037 from
(Complete Address)

Aaron's Mastered Electrical Services to TBD
(Old Contractor's Name) (New Contractor's Name)

License Holder/Homeowner Name: Aaron Hearn

License Number: EC 13004769

Company Name: Aaron's Mastered Electrical Services

Address: 530 Lake Kathryn Cir

City: Casselberry State: FL Zip Code: 32707

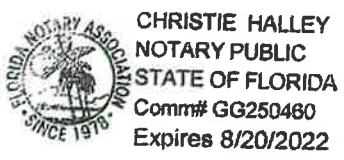
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WITNESS my hand and official seal this 31 day of Oct, 2019.

[Signature]
Notary Public
Printed Name: Christie Halley
My Commission Expires: 8-20-22



Change of Contractor Letter
(Old Contractor Information)