



City of Belle Isle Job Site Card **Electrical PERMIT 2019-12-026**

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 -

Site Address: 3802 Quando Dr. 32812

Issue Date: 12/13/2019

Parcel #: 20-23-30-1646-01-010

Class: Residential **Subdivision:**

Description of Work: **Electrical** - REWIRE EXISTING ELECTRIC & REPLACE OUTDOOR / INDOOR ELECTRIC PANELS. 120/240 VOLT SINGLE PHASE

Issued: TECHNICAL ELECTRIC SERVICE & SUPPLIES, INC.

Business Phone: 407 709-1055

Name: PEREZ, FRANCISCO J

Contractor License: EC13007484

Payment Date & Method: / / 2019 Picked up in person Emailed

Visa Master Card Amex Discover Check / Money Order #

FOR POOL INSPECTIONS, PLEASE REFER TO MAIN POOL PERMIT FOR SPECIFIC POOL INSPECTIONS & CODES

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

ELECTRICAL	INSPECTOR	DATE	COMMENTS
300 Temp Pole			
310 TUG			
320 Underground			
325 Electrical Above – Ceiling			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 Pre Power			
370 Meter Re Set			
380 Final			

LOW VOLTAGE ONLY	INSPECTOR	DATE	COMMENTS
335 Rough			This inspection is only for low voltage!
375 Final			This inspection is only for low voltage!

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

"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."

replaced by 2020-05-055

no response from contractor



City of Belle Isle

Universal Engineering Sciences 3632 Maggie Blvd Orlando FL 32811
Tel 407-581-8181 Fax 407-581-0313 www.universaleng.com

info@permits@universalengineering.com

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.

RECEIVED DEC 11 2019

DATE OF APPLICATION: 12/10/2019 PERMIT NUMBER: 2019-12-026
The undersigned hereby applies for a permit to make electrical installations as indicated below PLEASE PRINT

Project Address: 3802 QUANDO DR. Belle Isle FL 32809 32812

Property Owner: Esde family trust Phone:

Property Owner's Mailing Address: 1387 Mitchell Ct City: Los Altos

State: CA Zip Code: 94024 Parcel Id Number: 2023-30-446-01-010

Class of Building: Old [] New [] Type of Building: Residential [x] Commercial [] Other []
Type of Work: New [] Alteration [] Addition [] Repair [] Low Voltage New [] Existing [x]

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Disposal	Water Heater
Hood Fan	Outlets
Electric Signs	Switches
Pumps	Stoves
Exhaust Fans	Pool
Dryer	Low Voltage
Spd	Air Conditioning (tons)
Motor Riser	Furnace (KW)
Motors	

Temporary Construction Pole: One (1) New Meter Service Amperage/Voltage/Phase

Meter Service Upgrade from: Amperage/Voltage/Phase to: Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change):

Other: Rewire Existing Electric and Replace Outdoor/Indoor Electric Panels. 120/240 volt single phase.

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): \$ 5,300.00

Building Official: Verified Contractor's Licenses & Insurance are on file Date: 12-12-19

Permit Fee = \$ 92
Review Fee = \$ 46
1% BCAID Fee = \$ 2 min
1.5% DCA Fee = \$ 2.07
TOTAL Permit = \$ 142.07

571K 37
55
92.2
46
138

EXPIRED: BTR

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 #: EG13007484
LICENSE HOLDER NAME: Terrence Esde COMPANY NAME: Universal Electric Service, Inc.
Street Address: 1387 Mitchell Ct City: Los Altos State: CA Zip Code: 94024 Phone Number: 407-209-1055
Email Address: terrence@universaleng.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: (2019 10 149) DEMO (interior)

Susan Manchester

From: Susan Manchester
Sent: Thursday, December 12, 2019 12:52 PM
To: Catalina Henao
Cc: CobiPermits; tessielectric@gmail.com
Subject: RE: 3802 Quando Drive - demo permit 2019-10-049 needs final inspection to close it out - Sunflo Construction Group Inc.
Attachments: COBI Building - Land Use Permit Application.pdf; Notice Of Commencement Form.pdf

Hello Catalina,

If this interior demo is complete – please call for you final inspection. You must then apply for your building permit as I believe I was told that there will be drywall repair. Technical Electric Service has applied for a Temporary power permit to the existing meter that has been approved. They also have now submitted for the interior re-wire. We cannot issue this permit until the demo permit is closed out by a final inspection and your building permit has been applied for.

Thank you,

Susan Manchester

Permit Administration for the City of Belle Isle
Building Inspections and
Code Compliance Department
407-423-0504 X23309 or 407-581-8161 option permits
E-mail: smanchester@universalengineering.com
Website: www.universalengineering.com



UNIVERSAL ENGINEERING SCIENCES, INC.
3532 Maggie Blvd. | Orlando, FL 32811
Tel: (407) 423-0504 | Fax: (407)-423-3106

From: Frank Matos
Sent: Monday, November 4, 2019 1:15 PM
To: Catalina Henao <catalinahenao@sunfloroofing.com>
Cc: CobiPermits <CobiPermits@universalengineering.com>
Subject: 3802 Quando Dr., permit, demo, 2019-10-049 ATTACHED - Sunflo Construction Group Inc.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

PEREZ, FRANCISCO J

TECHNICAL ELECTRIC SERVICE & SUPPLIES, INC.
2802 E IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34744

LICENSE NUMBER: EC13007484

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2019

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 Merrill R. Swartz Inc. dba Ford Insurance Agency 2919 Canoe Creek Road Saint Cloud, FL 34772	CONTACT NAME: Brooke Mitchell PHONE (A/C, No, Ext): (407) 847-5892 E-MAIL ADDRESS: Brooke@Fordinsfl.com	FAX (A/C, No): (407) 847-0903	
	INSURER(S) AFFORDING COVERAGE		
INSURED TESSI Technical Electric Service & Supplies, Inc. 2802 E Irls Bronson Memorial H Kissimmee, FL 34744-5603	INSURER A : Southern Owners		NAIC # 10190
	INSURER B : Owners		32700
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

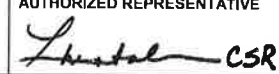
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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:			72727088	1/21/2019	1/21/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			4717059901	3/20/2019	3/20/2020	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 RETENTION \$			47-170597-00	1/21/2019	1/21/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

City of Belle Isle 1600 Nela Ave 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2018

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 SUNZ Insurance Solutions, LLC. ID: (Cornerstone) c/o Cornerstone Capital Group, Inc. 10 Willow Road, Building 3, Suite 151 Maple Shade, NJ 08052	CONTACT NAME: Jessi Crumb PHONE (A/C, No, Ext): 870-376-2871 E-MAIL ADDRESS: coi.requests@cornerstonepeo.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Cornerstone Capital Group, Inc. 10 Willow Road, Building 3 Suite 151 Maple Shade NJ 08052	INSURER A : SUNZ Insurance Company	NAIC # 34762
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 45876595

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
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC005-00001-019 WC005-00001-018	1/1/2019 1/1/2018	1/1/2020 1/1/2019	<input 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)

Coverage provided for all leased employees but not subcontractors of: TECHNICAL ELECTRIC SERVICE & SUPPLIES, INC.
 Client Effective: 6/26/2017

CERTIFICATE HOLDER

4393
 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

Rick Leonard

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ACORD 25 (2016/03)

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BRUCE VICKERS, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

EXPIRATION
SEPTEMBER 30, 2020

ACCOUNT NO.
80555

2020
BUSINESS TYPE:
6150 ELECTRICAL CONTR (DBPR/CMPCRD)

07/11/2019
Oper JAD
Till 90
Paid 30.00
Rcpt.#9000260

6150-80555	
TRANSFER	0.00
ORIGINAL TAX	30.00
AMOUNT	0.00
PENALTY	0.00
COLLECTION COST	0.00
TOTAL	30.00

BUSINESS:
Technical Electric Service & Supplies, Inc.
2802 E. Irlo Bronson Mem. Hwy.
Kissimmee, FL 34744

Location:
OSCEOLA COUNTY



BRUCE VICKERS CFC, 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.

Technical Electric Service & Supplies, Inc.
Francisco J. Perez
2926 Big Sky Blvd.
Kissimmee, FL 34744

RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

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

3802 Quando Dr < 20-23-30-1646-01-010 >

Name(s) **Ende Family Trust**
 Physical Street Address **3802 Quando Dr**
 Mailing Address On File **1389 Pritchett Ct**
Los Altos, CA 94024-5712
1389 Pritchett Ct
Orlando, FL 32812
 Postal City and Zipcode
0131 - Sfr - Canal Front
 Property Use
 Municipality **Belle Isle**



View 2019 Property Record Card

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

2020 values will be available in August of 2020.

Property Description

CONWAY EAST 4/122 LOT 101

Total Land Area 29,396 sqft (+/-) | 0.67 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0131 - Sfr - Canal Front	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1980
Type Code:	0103 - Single Fam Class III	Beds:	4
		Gross Area:	3132 sqft
		Living Area:	1808 sqft



Building Value:
Estimated New Cost

working...
working...

Baths: 2.0
Floors: 1

Exterior Wall: Wood On Sheathing
Interior Wall: Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
SCR2 - Scrn Enc 2	01/01/1980	1 Unit(s)	working...
FPL2 - Fireplace 2	01/01/1980	1 Unit(s)	working...
BD3 - Boat Dock 3	01/01/2010	1 Unit(s)	working...
PTNV - Patio No Value	01/01/2010	2 Unit(s)	working...

Page 1 of 1 (4 total records)

This Data Printed on 12/12/2019 and System Data Last Refreshed on 12/11/2019

Susan Manchester

From: Susan Manchester
Sent: Friday, December 13, 2019 8:33 AM
To: Technical Electric Service & Supplies Inc.
Cc: CobiPermits; Catalina Henao
Subject: 3802 Quando Drive - electrical permit 2019-12-026 needs more info - Technical Electric Service
Attachments: RE: 3802 Quando Drive - demo permit 2019-10-049 needs final inspection to close it out - Sunflo Construction Group Inc.

Hello,

Please submit a sketch of the house floorplan noting the location of all fixtures, outlets and switches that you will be changing out.

Please see the email attached that went out yesterday regarding the fire rehab project at this address. TESSI was also cc'd on the email so I hope you did receive it.

SunFlo – the company that applied for and procured an interior demo permit, must first schedule their final demo inspection. They also must then apply for a building permit for the drywall, insulation and other items they are installing.

Thank you,

Susan Manchester

Permit Administration for the City of Belle Isle
Building Inspections and
Code Compliance Department
407-423-0504 X23309 or 407-581-8161 option permits
E-mail: smanchester@universalengineering.com
Website: www.universalengineering.com



UNIVERSAL ENGINEERING SCIENCES, INC.
3532 Maggie Blvd. | Orlando, FL 32811
Tel: (407) 423-0504 | Fax: (407-423-3106

From: Technical Electric Service & Supplies Inc. [mailto:tessielectric@gmail.com]
Sent: Thursday, December 12, 2019 4:48 PM
To: CobiPermits <CobiPermits@universalengineering.com>
Subject: Status Request Fwd: 3802 Quando Dr Belle Isle FL 32812 - Electrical Permit Application

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

Good Afternoon,

Please provide the status for Electrical Permit Application for 3802 Quango Dr Belle Isle FL 32812.

NOTIFICATION SENT

Thank You!!

Att,

Tina

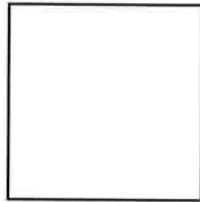
**TECHNICAL ELECTRIC SERVICE & SUPPLIES INC.
2802 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34744
Lic.# EC13007484**

(STATE CERTIFIED ELECTRICAL CONTRACTOR)

Tel: 407-709-1055 Fax: 407-847-6234 Cell: 321-624-4479

"QUALITY & HONESTY GUARANTEED"

www.tessielectric.com



Frank Matos

From: Frank Matos
Sent: Tuesday, January 14, 2020 2:56 PM
To: Susan Manchester; Technical Electric Service & Supplies Inc.
Cc: CobiPermits; Catalina Henao
Subject: FOLLOW UP : 3802 Quando Drive - electrical permit 2019-12-026 needs more info - Technical Electric Service

Tina - This is a follow up for: **3802 Quando Drive - electrical permit 2019-12-026 needs more info - Technical Electric Service**

The requested requirement was sent by my co-worker, Susan on December 13th, 2019. This is the only item holding your permit. SEE PREVIOUS EMAIL

Please submit all responses /inquiries / requests to: COBIpermits@universalengineering.com. This is essential because if **I am not present or absent**, other staff members will be able to assist you.

Frank Matos

Permit Administration-Building Inspection and Code Compliance Department
Universal Engineering Sciences, Inc. 3532 Maggie Blvd. Orlando, FL 32811 Phone 407 581 8161 Fax: 407 581 0313
Email: fmatos@universalengineering.com



UNIVERSAL ENGINEERING SCIENCES, INC.
3532 Maggie Blvd | Orlando, FL 32811
Tel: (407) 423-0504 | Fax: (407) 423-1806

From: Susan Manchester
Sent: Friday, December 13, 2019 8:33 AM
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Cc: CobiPermits <CobiPermits@universalengineering.com>; Catalina Henao <catalinahenao@sunfloroofing.com>
Subject: 3802 Quando Drive - electrical permit 2019-12-026 needs more info - Technical Electric Service

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