



City of Belle Isle Job Site Card Electrical PERMIT 2019-04-027

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- 04-027

Issue Date: 04/09/2019

Site Address: 2124 Hoffner Ave 32809

Parcel #: 18-23-30-3652-00-020

Class: Residential **Subdivision:**

Description of Work: Electrical - **WIRE BOAT DOCK INCLUDES UNDER GROUND FROM HOUSE.**

Paddle Fan 2 Outlets 4 Fixtures 16 Switches 3 Motors 1

Issued: **A & E ELECTRICAL SERVICES, LLC**

Business Phone: 407 405-5753

Name: **BYRD, ROBERT IRWIN**

Contractor License: EC13006284

Payment Date & Method: **4 / W / 2019** Picked up or sent by **in person by Robert Byrd** Emailed

Visa Master Card Amex Discover Check / Money Order # **3883**

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 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 • Fax 407-581-0313 • www.universaleengineering.com

RECEIVED APR - 8 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: 4/8/19

PERMIT NUMBER 2018-09-021

2019-04-027

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2124 Hofner Av 2124 Hofner Ave, Belle Isle FL 32809 32812

Property Owner Dr. Cole Greves Dr. Cole Greves Phone 407-797-4750 407-797-4750

Property Owner's Mailing Address 2124 Hofner Av SAME City Belle Isle

State FL Zip Code 32809 Parcel Id Number: 18-23-30-3652-00-020

18-23-30-3652-00-020

To obtain this information, please visit <http://www.ocpafl.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 2	Outlets 4
Fixtures 16	Spa	Pool	Switches 3
Electric Signs	Meter Reset	Low Voltage	Stoves
Pumps	Motors 1	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: Wire Boat Dock, Includes underground from house Wire Boat Dock includes under ground from house

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 \$1,500.00

1,500.00

Permit Fee = \$ 48.00
 Review Fee = \$ 24.00
 1% BCAIB Fee = \$ 2 min
 1.5% DCA Fee = \$ 2 min
 TOTAL Permit = \$ 76.00

Building Official: [Signature] Date 4-10-19
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-9-19

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 # EC13006284

EC13006284

LICENSE HOLDER NAME Robert Byrd COMPANY NAME A&E Electrical Services, LLC

Street Address 9542 Black Bear Ln

City Winter Garden State FL Zip Code 34787 Phone Number 407-405-5753

Email Address Rbyrd@ae-electrical.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 2018-09-021

BOAT DOCK PERMIT #

(41767

wire size??

571K 37
 +4 11
 48
 24
 72



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 141767

Inspection Report

Project Name: 2124 Hoffner Avenue ~ COBI
Address: 2124 Hoffner Avenue ~ COBI, Belle Isle, Orange County, FL
Client: City of Belle Isle
ProjectNo.: 0115.1400474.0000-0115-005

Date: 04/10/2019 Any any
Permit No: 2019-04-027
Lot No.:
Contact: Susan Manchester at 407 581 8161

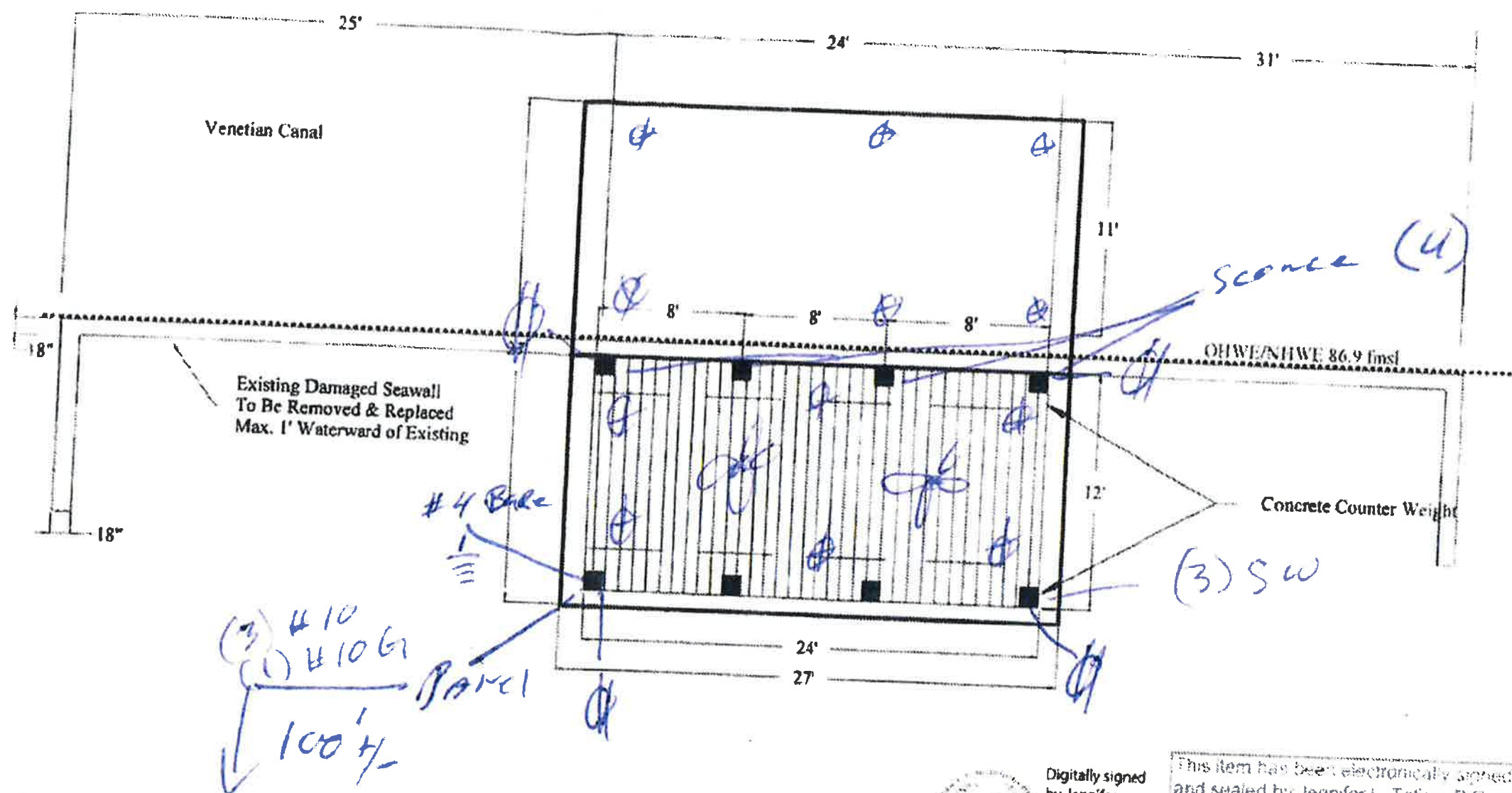
Scope of Inspection: REVIEW app to wire boat dock

Inspection Type: See Scope

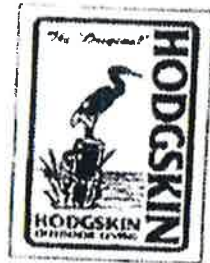
Disposition of Inspection: Pass

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Dale Baker, BN 3927



Note: Concrete Anchors to be formed and poured the entire length of the structure.



Site: Dr. Cole Greves
2124 Hoffner Ave, Belle Isle, Fl



Digitally signed
by Jennifer
Teliga
Date:
2018.09.07
09:28:42 -04'00'

This item has been electronically signed and sealed by Jennifer L. Teliga, P.E. on the 9/7/18 and/or Time Stamp shown using a digital signature. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copy.

Jennifer Teliga, FL PE #64621
16162 St. Clair Street
Clermont, FL 34714
Tel: 321-662-7503

Reviewed for Code
Compliance
Universal Engineering
Science

RECEIVED
APR 10 2019
BY: _____



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

BYRD, ROBERT IRWIN

A & E ELECTRICAL SERVICES, LLC
9542 BLACK BEAR LANE
WINTER GARDEN FL 34787

LICENSE NUMBER: EC13006284

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)
03/31/2019

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 King Ins. And Financial Services P.O. Box 321482 Cocoa Beach, FL 32932 Phone (321)799-3022 Fax (321)799-3613	CONTACT NAME: Craig Coleman, Agent PHONE (A/C, No, Ext): (407) 469-2641- E-MAIL ADDRESS: kifsfinaancialservices@gmail.com	FAX (A/C, No): (800) 861-3233																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Main Street America Protection Ins Co</td> <td></td> <td>13026</td> </tr> <tr> <td>INSURER B : NGM Insurance Company</td> <td></td> <td>14788</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Main Street America Protection Ins Co		13026	INSURER B : NGM Insurance Company		14788	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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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 SUBR INSR	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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	MPG8307C	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/>						\$ \$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	WCG8958E	04/06/2019	04/06/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

-General Liability policy includes automatic Additional Insured when required in written contract or agreement, per Contractors Extension endorsement BPM3105FL0316. Regarding states or municipalities, automatic additional insured applies to operations for which a permit has been issued; automatic additional insured does not apply to operations performed for a state or municipality.
 -General Liability policy includes Waiver Of Transfer Of Rights Of Recovery Against Others to Us endorsement BP04970106.

CERTIFICATE HOLDER**CANCELLATION**

The City Of Belle Isle
 1600 Nela Avenue
 Belle Isle, FL 32809

F: 407-240-2222

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

BOB MCKEE
LAKE COUNTY TAX COLLECTOR

EMPLOYEES 6

TYPE OF BUSINESS CONTRACTING

BUSINESS A & E ELECTRICAL SERVICES LLC
9542 BLACK BEAR LN

A & E ELECTRICAL SERVICES LLC
9542 BLACK BEAR LN
WINTER GARDEN, FL 34787

2018 / 2019
LAKE COUNTY BUSINESS TAX RECEIPT
STATE OF FLORIDA



ACCT NO. 137756
RECEIPT NO. 8760042668
EXPIRES SEPTEMBER 30, 2019

ORIGINAL TAX	30.00
PENALTY	0.00
TRANSFER FEE	0.00
AMOUNT PAID	30.00
TOTAL DUE	0.00

Receipt #2018-006132
Paid 07/25/2018 20.00