



**City of Belle Isle Job Site Card Electrical PERMIT 2019-04-012**

**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- 04-012

**Issue Date:** 04/03/2019

**Site Address:** 2818 Alsace Ct 32812

**Parcel #:** 18-23-30-4384-00-427

**Class:**  Residential **Subdivision:**

**Description of Work:** Electrical - REPLACE METER CAN ONLY LIKE FOR LIKE ONE PHASE 120/240V 200A

**Other:**

Issued: AC DC STATEWIDE ELECTRIC, INC.

Business Phone: 407 625-1521

Name: SCARLATO, ALDO

Contractor License: EC13005115

Payment Date & Method: 4 / 3 / 2019  Picked up or sent by ALDO  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order # 0118

**Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto: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. IYOU 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](mailto: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](http://www.universalengineering.com)



ACDCSTA

OP ID: GP

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/03/2019

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).**

<b>PRODUCER</b> Hatcher Insurance, Inc. P.O. Box 540689 Orlando, FL 32854-0689 Hatcher Insurance, Inc. 407-841-2686		<b>CONTACT NAME:</b> Hatcher Insurance, Inc. <b>PHONE (A/C, No, Ext):</b> 407-841-2686 <b>FAX (A/C, No):</b> 407-841-2688 <b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Southern-Owners Insurance Co.			<b>10190</b>
<b>INSURER B:</b> Markel Insurance Company			<b>38970</b>
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**INSURED**  
 AC DC Statewide Electric, Inc.  
 Aldo Scarlato  
 5048 Tinkham Ave.  
 Orlando, FL 32812

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	72421213	03/05/2019	03/05/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
<b>X</b>	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			72421213	03/05/2019	03/05/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC010292701	11/04/2018	11/04/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

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



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

**SCARLATO, ALDO**

AC DC STATEWIDE ELECTRIC, INC.  
5048 TINKHAM AVENUE  
ORLANDO FL 32812

**LICENSE NUMBER: EC13005115**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://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.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

5000 BUSINESS OFFICE	2018	EXPIRES 9/30/2019	5000-1111930
\$30.00	1 EMPLOYEE	1802 ELECTRICAL CONTRACT	1 EMPLOYEE

TOTAL TAX \$60.00  
 PREVIOUSLY PAID \$60.00  
 TOTAL DUE \$0.00

SCARLATO ALDO

AC DC STATEWIDE ELECTRIC INC  
 SCARLATO ALDO  
 5048 TINKHAM AVE  
 ORLANDO FL 32812

5048 TINKHAM AVE (MOBILE)  
 U - ORLANDO, 32812

PAID: \$60.00 0098-00826180 7/6/2018

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

5000 BUSINESS OFFICE	2018	EXPIRES 9/30/2019	5000-1111930
\$30.00	1 EMPLOYEE	1802 ELECTRICAL CONTRACT	1 EMPLOYEE

TOTAL TAX \$60.00  
 PREVIOUSLY PAID \$60.00  
 TOTAL DUE \$0.00



SCARLATO ALDO

AC DC STATEWIDE ELECTRIC INC  
 SCARLATO ALDO  
 5048 TINKHAM AVE  
 ORLANDO FL 32812

5048 TINKHAM AVE (MOBILE)  
 U - ORLANDO, 32812

PAID: \$60.00 0098-00826180 7/6/2018

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



# 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. 141228

## Inspection Report

Project Name: 2818 Alsace Court ~ COBI

Address: 2818 Alsace Court ~ COBI, Belle Isle, Orange County, FL

Client: City of Belle Isle

ProjectNo.: 0115.1600536.0000-0115-003

Date: 04/03/2019 Any any

Permit No: 2019-04-012

Lot No.:

Contact: Susan Manchester at 407 581  
8161

Scope of Inspection: REVIEW app to change out residential meter can - same for same

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: Randy Lamb, BN 1900