



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: 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 in ground pool
Comments: NONE
Project Information
Address: 4118 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0669-00-340
Property Owner: JPC Construction Inc
Phone Number: 954 947 5400

Company Name: JFC Electric LLC.
Contractor Name: Chaffee, James
License Number: EC0001182
Address: 954 Apple Lane, Altamonte Springs FL 32714
Phone Number: 407 498 5403

Permit Number: 2017-08-022

Date of Application: 08/01/2017
Date Permit Issued: 08/02/2017

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
School \$
Traffic \$

ZONING FEES
Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo/Tree \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$85.50
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$89.50

Date Paid

8/4/17

CC or Check #

MC 0041

Amount Paid

\$89.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (F S 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st _____ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing). (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (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 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>

login ID = cobi@universalengineering.com

password = universall13



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-6161 • Fax 407-581-0313 • www.universalengineering.com

RECEIVED
 AUG 01 2017
 BY:

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: _____ PERMIT NUMBER: 2017-08-022
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address: 4118 Isle Vista Ave. Belle Isle FL 32812 32812
 Property Owner: JPE Construction Phone: (407) 947-5400
 Property Owner's Mailing Address: 7210 Kezar Ct City: Belle Isle
 State: FL Zip Code: 32812 Parcel Id Number: 20-23-30-0669-00-340

To obtain this information, please visit: <http://www.sosfl.com/ElectricalPermitSearch.aspx>

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

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher	Disposal	Water Heater
Hood Fan	Portable Fan	Outlets
Dryer	Pool	Switches
Fixtures	Master Reset	Stoves
Electric Signs	Low Voltage	Furnace (KW)
Pumps	Air Conditioning (tons)	

Temporary Construction Pole: One (1) New Meter Service Amperage/Voltage/Phase _____
 Meter Service Upgrade from: _____ to _____ Amperage/Voltage/Phase _____ Difference in Size _____
 Relocate Existing Meter Service (No Service Size Change) _____
 Other: _____

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) \$ 500.00
 Permit Fee = \$ 57.-
 Reviewer Fee = \$ 28.50
 2.5% FL Surcharge = \$ 4.-
 TOTAL Permit = \$ 89.50

Building Official: Scott Bos Date: 8-2-17
 Verified Contractor's Licenses & Insurance are on file 2017 Date: 8-1-17

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 regarding 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 Code and/or ordinances.

LICENSE HOLDER SIGNATURE: James F. Claffer LICENSE #: EL0001167
 LICENSE HOLDER NAME: James F. Claffer Company LLC
 Street Address: 954 Apple Cant
 City: A. Ft. Spgs. State: FL Zip Code: 32714 Phone Number: 407-948-5403
 Email Address: jfelectrical@x9400.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.

57.52
28.50
85.50

renewed 86447



City of Altamonte Springs
 225 Newburyport Avenue
 Altamonte Springs, Florida 32701-3697
 407-571-8116



BUSINESS TAX RECEIPT

Provision: Ordinance No. 1570-07

Business Control No.: 0032380

Business Name: JFC ELECTRIC LLC
 JAMES CHAFEE

Business Address: 954 APPLE LN

ALTAMONTE SPRINGS FL 32714

Expires: September 30, 2017

RECEIPT NO.	CLASS DESCRIPTION	FEE	PENALTY
17-00119932	CONTRACTORS-ELECTRICAL	\$ 120.75	\$ 0.00
17-00119933	SEMINOLE COUNTY REGULATED	\$ 45.00	\$ 0.00
Restrictions: HOME OCCUPATION RESTRICTIONS APPLY OFFICE ONLY			

Angela M Appenem

WARNING
 THIS DOCUMENT IS THE City Clerk. INTERESTED PARTIES AND CONTRACTORS SECURITY FIRMS DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE CONTRACTOR.
 THE DOCUMENT FIRM CONTAINS A SECURITY SAGORRHOID. THE PAGE CONTAINS A SPECIAL LINK
 MARK TEXT: CITY OF ALTAMONTE SPRINGS

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ELECTRICAL CONTRACTORS LICENSING BOARD



LICENSE NUMBER	EC0001182
----------------	-----------

The ELECTRICAL CONTRACTOR
 Named **below** IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2018

CHAFFEE, JAMES F
 JFC ELECTRIC LLC
 954 APPLE LANE
 ALTAMONTE SPRINGS FL 32714



ISSUED: 07/12/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607120001186



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/1/2017

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		CONTACT NAME: Frank Lenthcuser	
Commercial Insurance Associates 1434 W Fairbanks Ave		PHONE (A/C, No. Ext): 4076298020	FAX (A/C, No): 4076298010
Winter Park INSURED		EMAIL ADDRESS: frank@resourcegroupwpp.com	
FL 32789		INSURER(S) AFFORDING COVERAGE	
JFC Electric LLC 954 Apple Lane		INSURER A : Wesco Insurance Company	
Alhambra Springs FL 32714		INSURER B : RetailFirst Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		MAC # 25011 10700	

COVERAGES CERTIFICATE NUMBER: FL 32789

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDITIONAL COVERAGE (BSND / 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		WPP1244777 02	03/02/2017	03/02/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIREN/LEASEN AUTOS ONLY <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> UNINSURED AUTOS ONLY	WPP1428957-01	12/23/2016	12/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Yes, describe one DESCRIPTION OF OPERATIONS below		0520-50062	03/02/2017	03/02/2018	OTHER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	James Chaffee - E.O.C. # 0001182					

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 Neia Avenue 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 <i>Frank R Lenthcuser</i>

ACORD 25 (2016/03) © 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD