



# BUILDING JOB SITE CARD

City of Belle Isle

## ELECTRICAL PERMIT

**PERMIT MUST BE POSTED ON SITE**

**Permit Number:** 2017-08-058

**Site Address:** 4124 Isle Vista Ave, 32812

**Subdivision:**

**Description of Work:** Electrical for Pool Cabana bldg plans 2017-03-058

**Issue Date:** 08.10.2017

**Parcel Number:** 20-23-30-0669-00-350

**Class:** Residential

**Issued To:** Approved Electric Co of FL

**Name:** Mikesell, Mark

**Payment Date & Method:** 8-15-17 MC 1793

**Business Phone:** 407 851 1220

**Contractor License #:** ER13015112

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com)

**SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME**

**Inspection Results Will Be Sent Out the Following Morning**

**"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."**

BUILDING	INSPECTOR	DATE	COMMENTS
Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour			
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

<b>GAS</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Rough Gas			
Final Gas			

<b>ELECTRICAL</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			

<b>MECHANICAL</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Above Ceiling			
Rough			
Hood Vent			
Final			

<b>PLUMBING</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

<b>ROOF</b>	<b>INSPECTOR</b>	<b>DATE</b>	<b>COMMENTS</b>
In-progress			
Final			

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**Inspection Results Will Be Sent Out the Following Morning**



### 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  
 AUG 08 2017  
 BY: [Signature]

DATE OF APPLICATION: 8-7-2017 PERMIT NUMBER 2017-08-058  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4124 Isle Vista Ave. Belle Isle FL  32809  32812  
 Property Owner Jose Herrera-Soto Phone \_\_\_\_\_  
 Property Owner's Mailing Address 4124 Isle Vista Ave City Belle Isle Fl.  
 State Fl. Zip Code 32812 Parcel Id Number: 20-23-30-0669-00-350  
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	Outlets
Fixtures	Spa	Pool	Switches
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 \_\_\_\_\_ = \_\_\_\_\_ Difference in Size \_\_\_\_\_

Reviewed for Code Compliance  
 Universal Engineering Sciences  
 2011 NEC Applies [Signature]

Relocate Existing Meter Service (No Service Size Change) \_\_\_\_\_  
 Other: Wiring a Cabana, 4 recess lights, 2 fan prewire, 2wlp outlets, hood circuit, disposal circuit, ice maker circuit, 320 Amp GFI, 5 SPD SW, 9 light outlets

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) \$ 1000.00

Building Official: [Signature] Date 8-12-17  
 Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-9-17

Permit Fee = \$ 37.-  
 Review Fee = \$ 18.50  
 3% FL Surcharge = \$ 4.-  
 TOTAL Permit = \$ 59.50

I hereby certify that the above is true and correct to the best of my knowledge Paula MCT93 8-15-17

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 Mark E. Mikesell LICENSE # ER13015112  
 LICENSE HOLDER NAME Mark E. Mikesell COMPANY NAME Approved Electric Co. of Florida  
 Street Address 5635 Commerce Dr.  
 City Orlando State FL Zip Code 32839 Phone Number 407-851-1220  
 Email Address ae@csbonline.net

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

87009

Cabana Bldg permit 201703059



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

(850) 487-1395

MIKESELL, MARK EARL  
APPROVED ELECTRIC COMPANY OF FLORIDA  
2889 EUSTON RD  
WINTER PARK FL 32789

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ER13015112 ISSUED 11/16/2016

REG ELECTRICAL CONTRACTOR  
MIKESELL, MARK EARL  
APPROVED ELECTRIC COMPANY OF FLORIDA  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489 FS  
Exp. date: AUG 31, 2018 116116000897

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

ER13015112

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

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MIKESELL, MARK EARL  
APPROVED ELECTRIC COMPANY OF FLORIDA  
5635 COMMERCE DRIVE  
ORLANDO FL 32839



ISSUED 11/16/2016

DISPLAY AS REQUIRED BY LAW

SEQ # 116116000897



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/29/2016

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**  
Insurance Office of America, Inc.  
1855 West State Road 434  
Longwood, FL 32750

**CONTACT NAME:**  
**PHONE (A/C, No., Ext):** (407) 788-3000  
**FAX (A/C, No.):** (407) 788-7937  
**E-MAIL ADDRESS:**

**INSURED**  
Approved Electric Co of Florida  
5635 Commerce Dr.  
Orlando, FL 32839

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Trust Insurance Company	20141
INSURER B: FCCI Insurance Company	10178
INSURER C: Bridgefield Employers Insurance Company	10701
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.

INSURER	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual		GL000648110	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MEDICAL (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPLEAGG \$ 2,000,000 OTHER \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RENTED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA000653711	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PHYSICAL DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000		UMB00199893	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PI & Advertising \$ 2,000,000 OTHER \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/SELF-EMPLOYED OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	83030494	11/01/2016	11/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EACH ACCIDENT \$ 1,000,000 DISEASE - EMPLOYEE \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000

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

### CERTIFICATE HOLDER

City of Belle Isle  
1600 Neia Avenue  
Belle Isle, FL 32809

ACORD 25 (2016/03)

### 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

**Scott Randolph, Tax Collector      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.

2016      **EXPIRES 9/30/2017**      5000-1151898  
 5000 BUSINESS OFFICE      \$30.00      2 EMPLOYEES, 180% ELECTRICAL CONTRACT      \$50.00      23 EMPLOYEES ;

TOTAL TAX      \$80.00  
 PENALTIES      \$4.00  
 PREVIOUSLY PAID      \$84.00  
 TOTAL DUE      \$0.00

5635 COMMERCE DR  
 N - EDGEWOOD, 32839  
 MIKESSELL MARK EARL  
 PAID: \$84.00 (Multiple) 2501-02596855 12/19/2016



FINDLAY JOHN (PRESIDENT)  
 MIKESSELL MARK EARL (QUALIFIER)  
 APPROVED ELECTRIC COMPANY OF FLORIDA  
 5635 COMMERCE DR  
 ORLANDO FL 32839

This receipt is official when validated by the Tax Collector.