



BUILDING JOB SITE CARD

City of Belle Isle

ELECTRICAL PERMIT 2017-08-130

PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-130

Site Address: 6806 Seminole Drive, 32809

Subdivision:

Description of Work: Electrical: T-Pole (bldg permit 2017-03-065)

Issue Date: 08.25.2017

Parcel Number: 29-23-30-4389-02-010

Class: Residential

Issued To: Duncan Electrical Services Inc

Name: Duncan, Howard

Payment Date & Method: 8.25.17 via 8563⁵ 59.50

Business Phone: 407 504 8130

Contractor License #EC13002018

Schedule Inspections via Email at: 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			

GAS INSPECTOR DATE COMMENTS

Rough Gas			
Final Gas			

ELECTRICAL INSPECTOR DATE COMMENTS

Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			

MECHANICAL INSPECTOR DATE COMMENTS

Above Ceiling			
Rough			
Hood Vent			
Final			

PLUMBING INSPECTOR DATE COMMENTS

Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			

ROOF INSPECTOR DATE COMMENTS

In-progress			
Final			

Inspection requests are to be emailed to BD scheduling@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.



RECEIVED
 AUG 25 2017

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: 8-22-17 PERMIT NUMBER: 247-08-130
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 6806 Seminole Dr. Belle Isle FL 32809 32812
 Property Owner 6806 Seminole LLC Phone _____
 Property Owner's Mailing Address 6413 Pinecastle Blvd Ste 3 City Orl.
 State FL Zip Code 32809 Parcel Id Number: 29-23-30-4389-02-010
To obtain this information, please visit <http://www.sosfl.com/Services/ParcelSearch.html>

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 1 _____
 Pumps _____ Motors _____ Air Conditioning (tons) _____ Furnace (KV) _____

Temporary Construction Pole 604 One (1) New Meter Service _____ Amperage/Voltage/Phase _____
 Meter Service Upgrade from _____ to T POLE = _____
Amperage/Voltage/Phase 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) \$ 28,000.00

Permit Fee = \$ 37.-
 Review Fee = \$ 18.50
 1% BCA/B Fee = \$ 2.- min
 1.5% DCA Fee = \$ 2.- min
 TOTAL Permit = \$ 59.50

Building Official Dale Pahn Date 8-25-17
 Verified Contractor's Licenses & Insurance are on file (Signature) Date 8-25-17

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 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 # EC13002018
 LICENSE HOLDER NAME Howard Eugene Duncan COMPANY NAME Duncan Electrical Services
 Street Address PO Box 530236
 City DeBary State FL Zip Code 32753 Phone Number 407-509-8130 cell
386-753-4518 office
 Email Address _____

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 2017-03-045

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



LICENSE NUMBER	
EC13002018	

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

DUNCAN, HOWARD E
DUNCAN ELECTRICAL SERVICES INC
104 FORT FLORIDA RD.
DEBARY FL 32713



ISSUED: 06/26/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606260001512

2016 / 2017 Volusia County Business Tax Renewal Notice

Make check payable to: County of Volusia **Receipt #:** 200403030026 **Business Location:** 104 FORT FLORIDA RD DEBARY, FL

Mail to:
County of Volusia
Tax Processing Center
PO Box 23237
Tampa, FL 33623-2237

BTR-9224

Business Name:
Owner Name:
Mailing Address:

DUNCAN ELECTRICAL SERVICES INC
DUNCAN ELECTRICAL SERVICES INC
PO BOX 530236
DEBARY FL 32753-0236



Please pay only one amount. The amounts due after Sept 30th include penalties per FS205.053.

If Paid By:	Sept. 30, 2016	Oct. 31, 2016	Nov. 30, 2016	Dec. 31, 2016	After Dec 31 st
Amount Due:	\$18.00	\$19.80	\$20.70	\$21.60	\$22.50

DO NOT WRITE ON THIS PORTION OF THE BILL

700000000000000000000020040303002602201700000001800000000000008



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/22/2017

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 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 Corkhill Insurance Agency, LLC 20 South Bumby Avenue Orlando, FL 32803 Scott Corkhill, AAI #A054965	CONTACT NAME: Shannon Podbielski	
	PHONE (A/C, No, Ext): 407-898-8891 FAX (A/C, No): 407-898-8813 E-MAIL ADDRESS: shannon@corkhillinsurance.com	
INSURED Duncan Electrical Services Inc P.O. Box 530236 Debary, FL 32753	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Florida Citrus Business &	15764
	INSURER B : Auto-Owners Insurance Company	18988
	INSURER C :	
	INSURER D :	
	INSURER E :	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72684573	06/05/2017	06/05/2018	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			4684353100	06/05/2017	06/05/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
	DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			10635252	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER CITYBE3 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 <i>Scott Corkhill</i>
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ORANGE COUNTY PROPERTY APPRAISER

- Searches
- Sales Search
- Results
- Property Record Card
- My Favorites

Sign up for e-Notify...

6806 Seminole Dr < 29-23-30-4389-02-010 >



Name(s)
6806 Seminole LLC

Physical Street Address
6806 Seminole Dr

Postal City and Zipcode
Orlando, FL 32812

Property Name
N/A. Click information icon to contribute.

Property Use
0030 - Vacant Water

Mailing Address On File
6413 Pinecastle Blvd Ste 3
Orlando, FL 32809-6694

Municipality
Belle Isle

Incorrect Mailing Address?

View 2016 Property Record Card

- Property Features
- Values, Exemptions and Taxes
- Sales Analysis
- Location Info
- Market Stats

Update Information

Property Description

LAKE CONWAY PARK G/138 LOT 1 BLOCK B & A PORTION OF LAND BETWEEN THE EAST AND WEST PROPERTY LINES LOT 1 BLOCK B EXTENDED TO THE WATERS OF LAKE CONWAY
DESC: BEG AT THE SW CORNER LOT 1 TH S81-46-00E 84.72 FT TH S25-32-00W 153.46 FT TH N71-25-00W 91.74 FT TH N29-42-28E 139.74 FT TO THE POB

Total Land Area 29,037 sqft (+/-) | 0.67 acres (+/-) Deeded Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0030 - Vacant Water	R-1-AA	1 LOT(S)	\$380,000.00	\$380,000	\$0.00	\$380,000

Page 1 of 1 (1 total records)

Buildings

Important Information	Structure
There are no buildings associated with this parcel.	

Extra Features