



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 105.3.3: 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 – Low Voltage for townhouse – pre-wire for TV, phone, security, audio

Comments: Bldg 13

Project Information

Address: Lot 11 – 3556 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-110
Property Owner: Mattamy Orlando LLC
Phone Number: 407 599 2228

Company Name: Synergy FL
Contractor Name: Calleja, Guy
License Number: EC13000325
Address: 10308 Woodberry Rd, Tampa, FL 33619
Phone Number: 321 234 0806

Permit Number: 2017-08-037

Date of Application: 08/04/2017
Date Permit Issued: 08/08/2017

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$55.50
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-9-17
CC or Check # MC 0031
Amount Paid \$1.50

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 (FS 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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

- 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 IDScheduling@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 = universal13

received
08-04-17



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8181 * Fax 407-581-0313 * www.universalengineering.com

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.

Body B

DATE OF APPLICATION: 8/2/17 PERMIT NUMBER 2017-08-037
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 3556 Brighton Park Lot 11 Belle Isle FL 32809 ✓ 32812
Property Owner Mattamy Homes Phone 407-599-2228
Property Owner's Mailing Address 1900 Summit Tower City Orlando
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-110

To obtain this information, please visit <http://www.ocpsfl.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 _____	Spe _____	Pool _____	Switches _____
Electric Signs _____	Meter Reset _____	Low Voltage <input checked="" type="checkbox"/>	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
Relocate Existing Meter Service (No Service Size Change) _____
Other: Low voltage - TV, phone, (3) camera previewes

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) \$ 1,000.00

Building Official: ca Date 8-7-17
Verified Contractor's Licenses & Insurance are on file ca Date 8-7-17

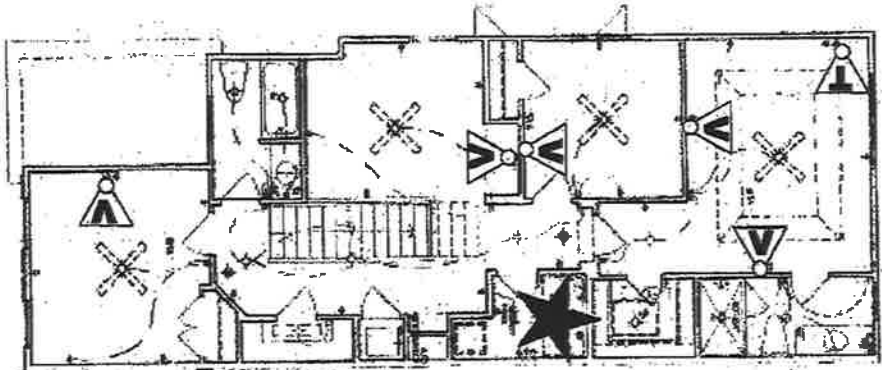
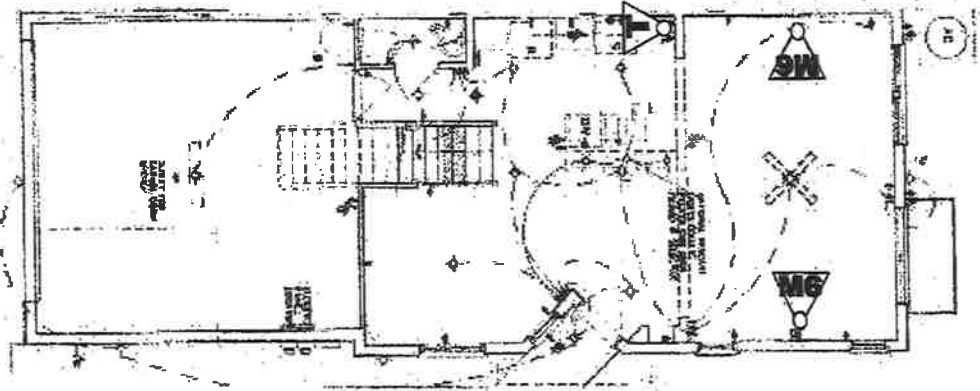
Permit Fee = \$ 37.00
Review Fee = \$ 18.50
1/2% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50

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 # EG 13000325
LICENSE HOLDER NAME Guy R. Calleja COMPANY NAME Synergy FL
Street Address 10308 Woodberry Rd.
City Tampa State FL Zip Code 33619 Phone Number 321-624-0806
Email Address angela.carroll@synergyfl.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 _____

STRUCTURED WIRING



**UPGRADE TO 40" SW
PANEL - ABS PLASTIC
UPGRADE CAT 6**

All Locations are approximate, plans subject to change without notice -
This document is for illustrative purposes only and does not constitute
an order. By signing below you agree that this document is an accurate
representation of your requirements.

[Signature]
INT
Date 5/12/12

2930 Parkway Center Circle
Tempe, Pinal Co AZ 85281
813-664-0770/0816
813-664-0999 Fax



STRUCTURED WIRING LEGEND

- ★ OnD Structured Wire Endpoints
- T Wire Endpoints Telecom Port
- 1-Cat6a
- C6 Single Cat6
- V Video Port
- 1-8RG80
- Dual Telecom
- 2 2-Cat6a
- 2* Cat6 Dual
- M 1-Cat6 Media Port
- 1-Cat6a, 1-RG80
- M6 Cat6 Media Port
- 1-Cat6, 1-RG80
- D Data Media Port
- 2-Cat6a, 1-RG80
- D6 Cat6 Data Media
- 2-Cat6, 1-RG80
- U Universal Port
- 2-Cat6 Universal
- U6 2-Cat6 2-RG80
- S Satellite Prewire
- 5-RG80
- F DRY-RM CAT6 & Coax w/ spare Cat6

Melba my
Builder
Cattle
Homeowner
Brighton Park
Phone/Location
1011
Lot # Block
3666 Brighton
Park Ct
Street Address



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universallengineering.com

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: 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 – Low Voltage for townhouse – pre-wire for TV, phone, security, audio

Comments: Bldg 13

Project Information

Address: Lot 12 – 3560 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-120
Property Owner: Mattamy Orlando LLC
Phone Number: 407 599 2228

Company Name: Synergy FL
Contractor Name: Calleja, Guy
License Number: EC13000325
Address: 10308 Woodberry Rd, Tampa, FL 33619
Phone Number: 321 234 0806

Permit Number: 2017-08-038

Date of Application: 08/04/2017

Date Permit Issued: 08/08/2017

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

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$55.50
 Mechanical \$
 Plumbing \$
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-9-17

CC or Check # MC 0031

Amount Paid 59.50

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 (FS 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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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://universallengineering.sharefile.com>

login ID = cobi@universallengineering.com

password = universal13

received
08-04-17



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8181 * Fax 407-581-0313 * www.universalengineering.com

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.

Bkg 13

DATE OF APPLICATION: 8/2/17 PERMIT NUMBER 2018-08-038
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 3560 Brighton Park Lot 12 Belle Isle FL 32809 32812
Property Owner Mattamy Homes Phone 407-599-2228
Property Owner's Mailing Address 1900 Summit Tower City Orlando
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-120
To obtain this information, please visit http://www.ocpsfl.org/Searches/ParcelSearch.aspx
Class of Building: Old [] New [x] Type of Building: Residential [x] Commercial [] Other []
Type of Work: New [x] Alteration [] Addition [] Repair [] Low Voltage New [x] 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 [x]	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
Relocate Existing Meter Service (No Service Size Change)
Other: Low Voltage - TV, Phone

[] PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)
[x] VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 1,000.00

Building Official: cq Date 8-7-17 Permit Fee = \$ 37.00
Verified Contractor's Licenses & Insurance are on file cq Date 8-7-17 Review Fee = \$ 18.50
FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50

I hereby certify that the above is true and correct to the best of my knowledge.

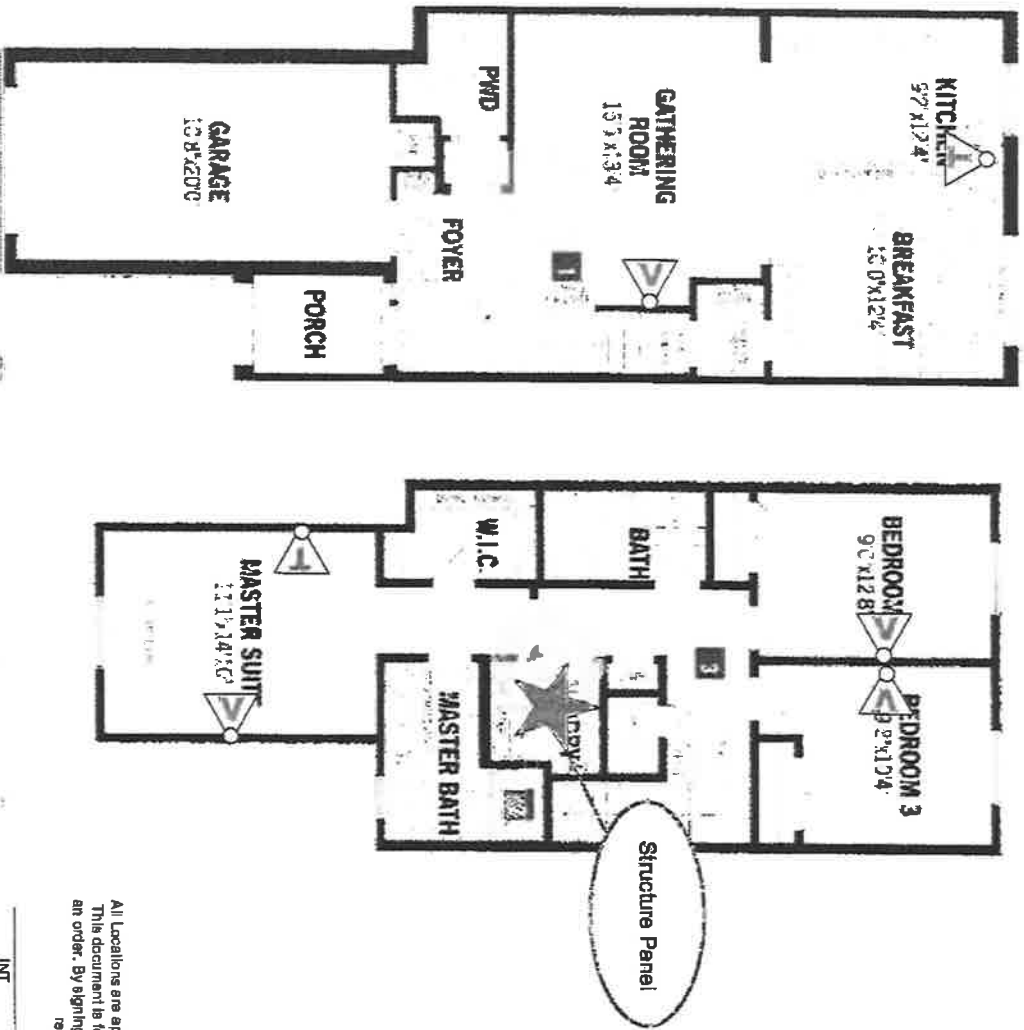
I hereby make Application for Permit as outlined above and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # EG 13000325
LICENSE HOLDER NAME Guy R. Calleja COMPANY NAME Synergy FL
Street Address 10308 Woodberry Rd.
City Tampa State FL Zip Code 33619 Phone Number 321-624-0806
Email Address angela.cano@synergyfl.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 _____

STRUCTURED WIRING



All Locations are approximate, plans subject to change without notice -
 This document is for illustrative purposes only and does not constitute
 an order. By signing below you agree that this document is an accurate
 representation of your requirements.

INT _____ Date _____



3230 Parkside Center Circle
 Tampa, Florida 33619
 813-964-0770 Office
 813-964-0988 Fax

STRUCTURED WIRING LEGEND	
★	Ono Structured Wire Enclosure
T	1- Cat5e
CB	Single Cat6
V	Video Port
1-RG6Q	Dual Telecom
2	2-Cat6a
2 1/2	Cat6 Dual
M	1-Cat6e, 1-RG6Q
W	1-Cat6 Media Port
D	2-Cat6, 1-RG6Q
U	2-Cat6, 1-RG6Q
U	2-Cat6, 2-RG6Q
U6	2-Cat6, 2-RG6Q
S	5-RG6Q
F	1-RG6Q Cat6 & Coax w/ spare Cat6

Builder _____ Maternity
 SPEC _____
 Homeowner _____
 Brighton Park
 Phase/Section _____
 12
 Lot # _____ Block _____
 3580 Brighton Park Circle
 Street Address _____



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 105.3.3: 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 – Low Voltage for townhouse – pre-wire for TV, phone, security, audio

Comments: Bldg 13

Project Information

Address: Lot 13 – 3564 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-130
Property Owner: Mattamy Orlando LLC
Phone Number: 407 599 2228

Company Name: Synergy FL
Contractor Name: Calleja, Guy
License Number: EC13000325
Address: 10308 Woodberry Rd, Tampa, FL 33619
Phone Number: 321 234 0806

Permit Number: 2017-08-039

Date of Application: 08/04/2017
Date Permit Issued: 08/08/2017

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

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$55.50
 Mechanical \$
 Plumbing \$
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-9-17

CC or Check # MC 0031

Amount Paid \$59.50

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 (FS 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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

- 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 BIDScheduling@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 = universal13

received
8-4-17



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

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.

Bldg B

DATE OF APPLICATION: 8/2/17 PERMIT NUMBER: 2017-08-039

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

Project Address 3364 Brighton Park Lot B, Belle Isle FL 32809 32812

Property Owner Natthany Homes Phone 407-599-2228

Property Owner's Mailing Address 1900 Summit Tower City Orlando

State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-130

To obtain this information, please visit <http://www.ocmfl.org/Searches/ParcelSearch.aspx>

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

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 _____ = _____
Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____

Other: Low Voltage - TV, Phone

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) \$ 1,000.00

Building Official: cg Date 8-7-17
Verified Contractor's Licenses & Insurance are on file cg Date 8-7-17

Permit Fee = \$ 37.00
Review Fee = \$ 18.50
3% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50

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 # EG 13000325

LICENSE HOLDER NAME Guy R. Calleja COMPANY NAME Synergy FL

Street Address 10308 Woodberry Rd.
City Tampa State FL Zip Code 33619 Phone Number 321-624-0806

Email Address angela.canoll@synergyfl.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 _____



3200 Peninsula Center Circle
 Torrey, Florida 33419
 Phone: 407-701-0100
 Fax: 407-701-0081

STRUCTURED WIRING LEGEND

- ★ On-Off Structured Wire Enclosure
- T Telecom Port
- C6 Single Cat6
- V Video Port
- 2 Dual Telecom
- 2* Cat6 Dual
- M Media Port
- M6 1-Cat6, 1-RG6Q
- D 1-Cat6, 1-RG6Q Data Media Port
- D6 2-Cat6, 1-RG6Q
- U Universal Port
- U6 2-Cat6, 2-RG6Q
- S Satellite Prewire
- F Coax w/ spare Cat6

Builder: **Mattamy**

Homeowner: **Pierre**

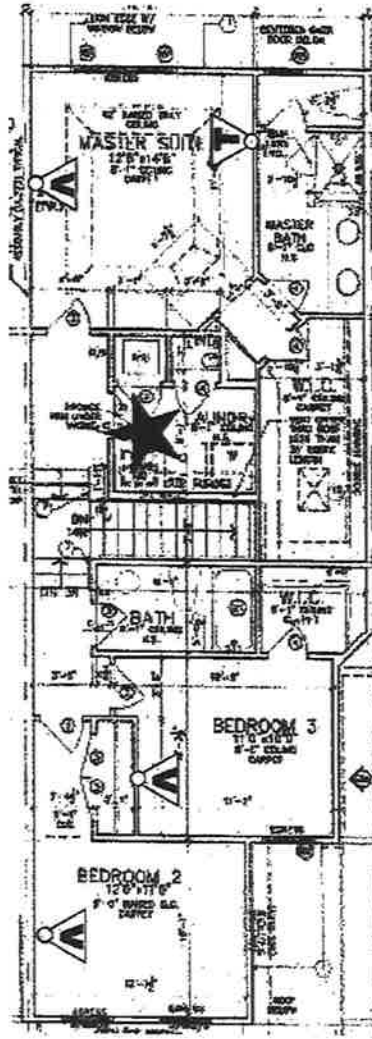
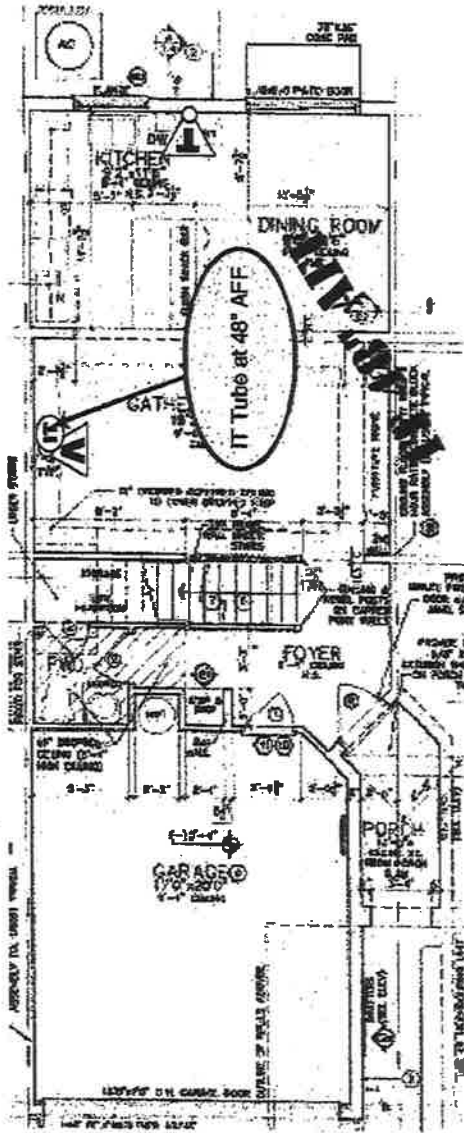
Phase/Section: **Brighton Park**

Lot # **13**

Block **3584 Brighton Park**

Street Address **3584 Brighton Park**

STRUCTURED WIRING



All Locations are approximate, plans subject to change without notice -
 This document is for illustrative purposes only and does not constitute
 an order. By signing below you agree that this document is an accurate
 representation of your requirements.

AMK
 Date: 1/17/17



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 105.3.3: 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 – Low Voltage for townhouse – pre-wire for TV, phone, security, audio

Comments: Bldg 13

Project Information

Address: Lot 14 – 3568 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-140
Property Owner: Mattamy Orlando LLC
Phone Number: 407 599 2228

Company Name: Synergy FL
Contractor Name: Calleja, Guy
License Number: EC13000325
Address: 10308 Woodberry Rd, Tampa, FL 33619
Phone Number: 321 234 0806

Permit Number: 2017-08-040

Date of Application: 08/04/2017
Date Permit Issued: 08/08/2017

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$55.50
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-9-17

CC or Check # MC 0031

Amount Paid 59.50

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 (FS 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

OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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 = universal13

received
8-4-17



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8181 * Fax 407-581-0313 * www.universalengineering.com

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.

Blg B

DATE OF APPLICATION: 8/2/17 PERMIT NUMBER 2017-08-040
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 3568 Bingham Park Lot 14 Belle Isle FL 32809 ✓ 32812
Property Owner Mattamy Homes Phone 407-699-2228
Property Owner's Mailing Address 1900 Summit Tower City Orlando
State FL Zip Code 32810 Parcel Id Number: 29-23-30-0906-00-140

To obtain this information, please visit <http://www.ocmail.org/Searches/ParcelSearch.aspx>

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

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 _____ On (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: Low Voltage -TV, Phone

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) \$ 1,000.00

Building Official: ca Date 8-7-17
Verified Contractor's Licenses & Insurance are on file ca Date 8-7-17

Permit Fee = \$ 37.00
Review Fee = \$ 18.50
FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50

I hereby certify that the above is true and correct to the best of my knowledge.

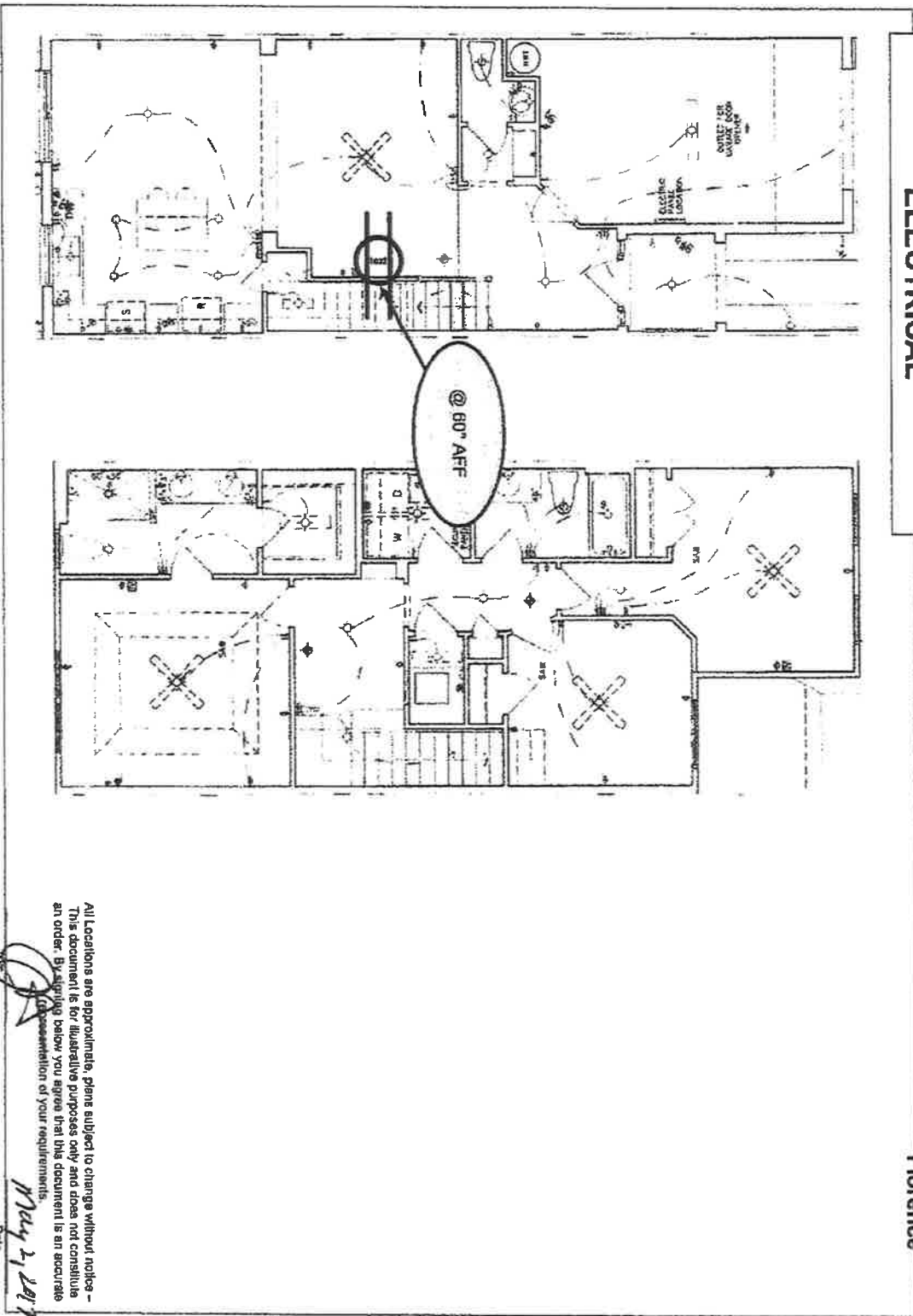
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # EG 13000325
LICENSE HOLDER NAME Guy R. Calleja COMPANY NAME Synergy FL
Street Address 10308 Woodberry Rd.
City Tampa State FL Zip Code 33619 Phone Number 321-624-0806
Email Address angela.canoll@synergyfl.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 _____

ELECTRICAL



Florence

All Locations are approximate, please subject to change without notice -
 This document is for illustrative purposes only and does not constitute
 an order. By signing below you agree that this document is an accurate
 representation of your requirements.

[Signature]
 Date May 2, 2017



3230 Parkside Center Circle
 Tampa, Florida 33619
 813-888-0770 Office
 813-888-0889 Fax

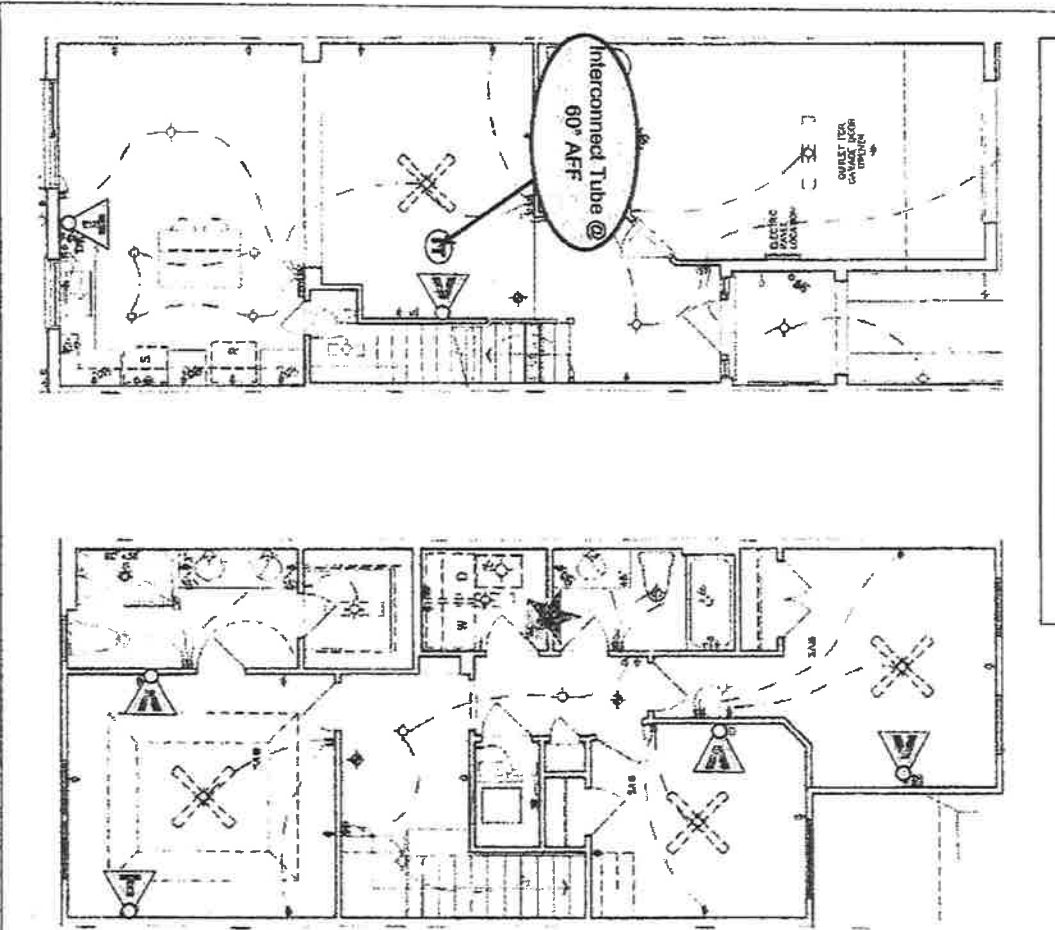
**ELECTRICAL
 LEGEND**



- Mathamy
- Bulker
- Alvarez
- Honowald
- Brighton Park
- Phase/Section
- Lot 14
- Lot # Block
- 3568 Brighton Park
- Street Address

STRUCTURED WIRING

Florence



All locations are approximate, plans subject to change without notice. This document is for illustrative purposes only and does not constitute an order. By signing below you agree that this document is an accurate representation of your requirements.

[Signature]
 Date: **May 2 2017**



2800 Parkway Center Circle
 Irvine, CA 92618
 949.440.2200
 949.440.2200 Fax

STRUCTURED WIRING LEGEND	
★	OnG Structured Wire Enclosure
⊕	1- Cat5e Telecom Port
C6	Single Cat6 Video Port
V	1-RG6Q Dual Telecom 2-Cat6
2	*Cat6 Dual Media Port
M	1-Cat6, 1-RG6Q Cat6 Media Port
M8	1-Cat6, 1-RG6Q Data Media Port
D	2-Cat6, 1-RG6Q Cat6 Data Media
D6	2-Cat6, 1-RG6Q Universal Port
U	2-Cat6, 2-RG6Q Cat6 Universal
U6	2-Cat6, 2-RG6Q Satellite Prewire
S	5-RG6Q Cat6
F	OnRat Cat6 Coax w/ Spare Cat6

Builder: Mattamy
 Homeowner: Alvarez
 Brighton Park
 Phase/Section: Lot 14
 Lot #: Block
 3568 Brighton Park
 Street Address:



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 105.3.3: 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 – Low Voltage for townhouse – pre-wire for TV, phone, security, audio

Comments: Bldg 13

Project Information

Address: Lot 15 – 3572 Brighton Park Circle, Belle Isle, FL 32812
Parcel ID: 29-23-30-0906-00-150
Property Owner: Mattamy Orlando LLC
Phone Number: 407 599 2228

Company Name: Synergy FL
Contractor Name: Calleja, Guy
License Number: EC13000325
Address: 10308 Woodberry Rd, Tampa, FL 33619
Phone Number: 321 234 0806

Permit Number: 2017-08-041

Date of Application: 08/04/2017

Date Permit Issued: 08/08/2017

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$55.50
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-9-17

CC or Check # MC 0031

Amount Paid 59.50

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 (FS 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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

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 BIIdscheduling@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 = universal13

received
08-04-17



Bldg 13

City of Belle Isle
Universal Engineering Sciences 3532 Maggle Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

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: 8/2/17 PERMIT NUMBER 2017-08-041
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 3572 Brighton Park Lot 15 Belle Isle FL 32809 32812
Property Owner Natthany Homes Phone 407-599-2228
Property Owner's Mailing Address 1900 Summit Tower City Orlando
State FL Zip Code 32810 Parcel Id Number: 29.23.30.0906.00.150

To obtain this information, please visit <http://www.ocrafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New
Type of Work: New Alteration Addition Repair Commercial Other
Type of Building: Residential Commercial 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 _____ = _____
Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____

Other: Low Voltage - TV, Phone, Audio (prewire)

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) \$ 1,000.00

Building Official: CQ Date 8-7-17
Verified Contractor's Licenses & Insurance are on file CQ Date 8-7-17

Permit Fee = \$ 37.00
Review Fee = \$ 18.50
9% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50

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 # EG 13000325
LICENSE HOLDER NAME Guy R. Calleja COMPANY NAME Synergy FL
Street Address 10308 Woodberry Rd.
City Tampa State FL Zip Code 33619 Phone Number 321-624-0806
Email Address Angela.Carnoll@synergyfl.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 _____



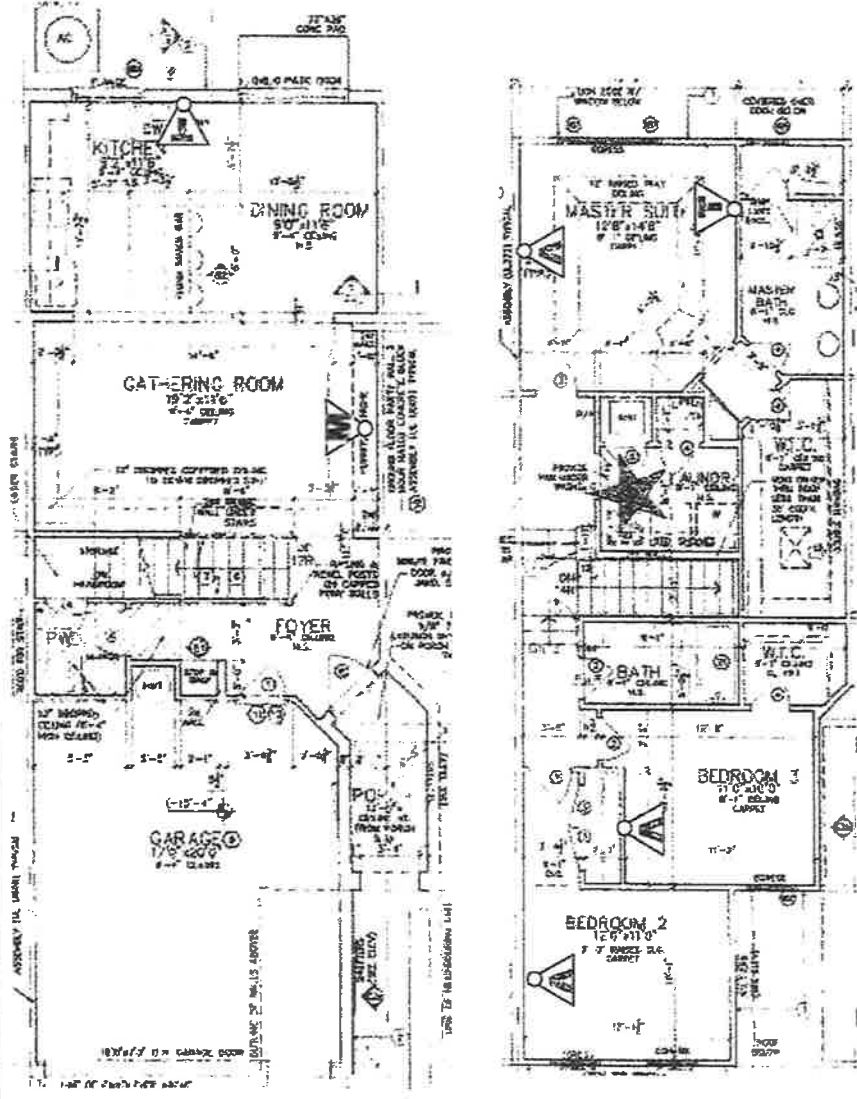
3230 Paradise Center Circle
 Tampa, Florida 33618
 813-886-0770 Office
 813-886-0508 Fax

STRUCTURED WIRING LEGEND

- S** Onq Structured Wire Enclosure
- T** Telecom Port
- C6** Single Cat6
- V** Video Port
- 2** 1-RG6Q Dual Telecom
- 2** *Cat6 Dual
- M** Media Port
- M6** 1-Cat6, 1-RG6Q Cat6 Media Port
- D** 1-Cat6, 1-RG6Q Data Media Port
- D6** 2-Cat6, 1-RG6Q Cat6 Data Media
- U** 2-Cat6, 1-RG6Q Universal Port
- U6** 2-Cat6, 2-RG6Q Cat6 Universal
- S** 2-Cat6, 2-RG6Q Satellite Prewire
- F** 1-RG6Q Coax w/ spare Cat6

Mattamy
 Builder
 Murphy
 Homeowner
 Brighton Park
 Phase Section
 15
 Lot # Block
 3572 Brighton Park
 Street Address

STRUCTURED WIRING



All locations are approximate, plans subject to change without notice -
 This document is for illustrative purposes only and does not constitute
 an order. By signing below you agree that this document is an accurate
 representation of your requirements.

4/19/2017
 Date
 INT

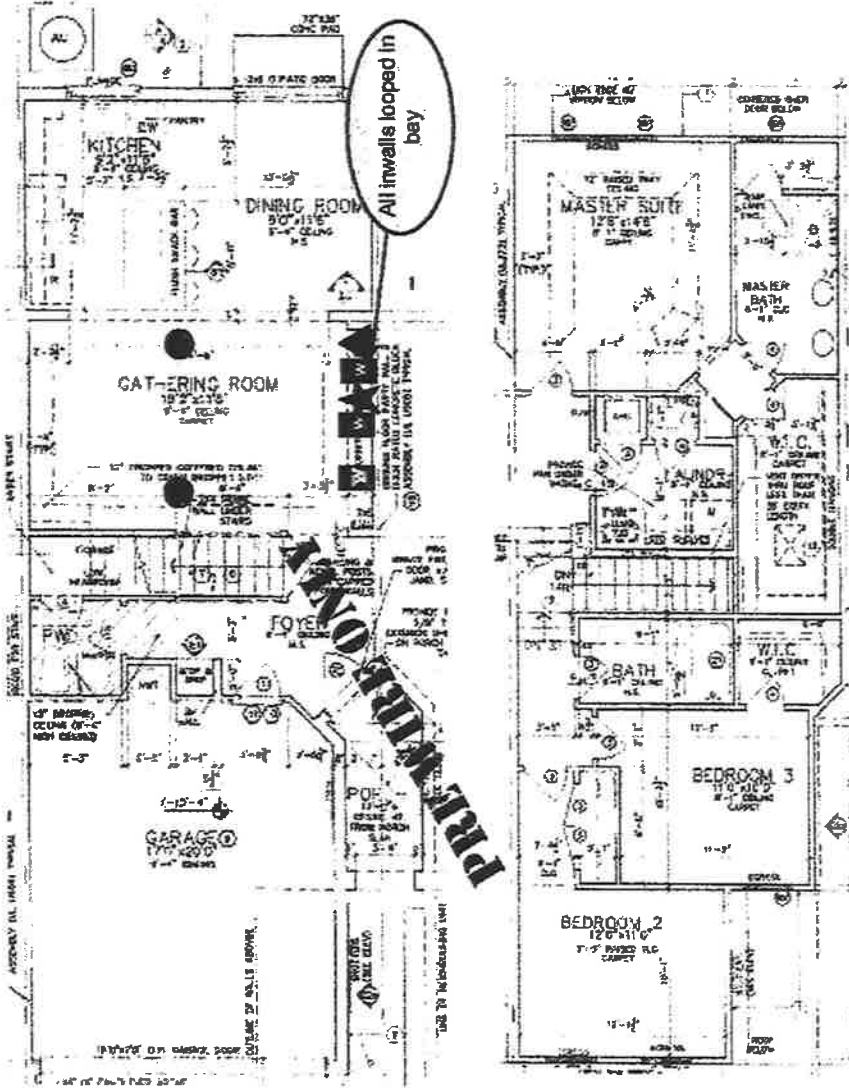


3230 Prichard Center Circle
 Tampa, Florida 33613
 813-864-0770 Office
 813-864-0588 Fax

AUDIO VIDEO LEGEND	
★	AV Head End
●	In-Ceiling Speaker Location
W	In-Wall Speaker Location
■	On-Wall Speaker Location
▲	In Wall Subwoofer
▲	Subwoofer
HD	UHD Video Prep
CS	Cat5e Video Prep
V	Future Volume Control Location
IT	Interconnect Tube

Builder: Mattamy
 Homeowner: Murphy
 Project: Brighton Park
 Phase/Section: _____
 Lot #: 15
 Block: _____
 Address: 3572 Brighton Park
 Street Address: _____

AUDIO VIDEO



All Locations are approximate, plans subject to change without notice -
 This document is for illustrative purposes only and does not constitute
 an order. By signing below you agree that this document is an accurate
 representation of your requirements.

Date: 4/19/2017
 Signature: [Signature]
 Title: INT



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 105.3.3: 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 – Low Voltage for townhouse – pre-wire for TV, phone, security, audio

Comments: Bldg 13

Project Information

Address: Lot 16 – 3576 Brighton Park Circle, Belle Isle, FL 32812

Parcel ID: 29-23-30-0906-00-160

Property Owner: Mattamy Orlando LLC

Phone Number: 407 599 2228

Company Name: Synergy FL

Contractor Name: Calleja, Guy

License Number: EC13000325

Address: 10308 Woodberry Rd, Tampa, FL 33619

Phone Number: 321 234 0806

Permit Number: 2017-08-042

Date of Application: 08/04/2017

Date Permit Issued: 08/08/2017

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

Traffic \$
School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
Boat House \$
Building \$
Demo \$
Door(s) \$
Driveway \$
Electrical \$
Fence \$
Gas \$
Irrigation \$
Low Voltage \$55.50
Mechanical \$
Plumbing \$
Pool \$
Roofing \$
Screen Encl \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-9-17

CC or Check # MC 0031

Amount Paid 59.50

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 (FS 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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

- 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 BI 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.

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

login ID = cobi@universalengineering.com

password = universal13

received
8-4-17

Bdg B



City of Belle Isle
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8181 * Fax 407-581-0313 * www.universaleengineering.com

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: 8/2/17 PERMIT NUMBER 2017-08-042

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

Project Address 3576 Brighton Park Lot 16 Belle Isle FL 32809 32812
Property Owner Mattamy Homes Phone 407-699-2228
Property Owner's Mailing Address 1900 Summit Tower City Orlando
State FL Zip Code 32810 Parcel Id Number: 29.23.30.0906.00.160

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New
Type of Work: New Alteration Addition Repair Commercial Other
Type of Building: Residential Commercial 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 _____ = _____
Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____

Other: Low Voltage - TV, Phone

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) \$ 1,000.00

Building Official: ca Date 8-7-17
Verified Contractor's Licenses & Insurance are on file ca Date 8-7-17

Permit Fee = \$ 37.00
Review Fee = \$ 18.50
0% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50

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 # EG 13000325
LICENSE HOLDER NAME Guy R. Calleja COMPANY NAME Synergy FL
Street Address 10308 Woodberry Rd.
City Tampa State FL Zip Code 33619 Phone Number 321-624-0806
Email Address angela.carroll@synergyfl.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 _____



3200 Perichola Center Circle
 Tampa, Florida 33619
 813-664-0770 Office
 813-664-0580 Fax

STRUCTURED WIRING LEGEND	
★	OnQ Structured Wire Enclosure Telecom Port
T	1-Cat5e
V	Video Port
2	1-RG6Q Dual Telecom
2	2-Cat5e
2	2-Cat6 Dual
M	Telco 2-Cat6 Media Port
M	1-Cat5e, 1-RG6Q Cat6 Media Port
D	1-Cat6, 1-RG6Q Data Media Port
D	2-Cat5e, 1-RG6Q Cat6 Data Media
U	2-Cat6, 1-RG6Q Universal Port
U	2-Cat5e, 2-RG6Q Cat6 Universal
S	2-Cat6, 2-RG6Q Satellite Prewire
F	5-RG6Q UltraCat6 & Coax w/ spare Cat6

Builder: Mattemy

Spec: Brighton Park

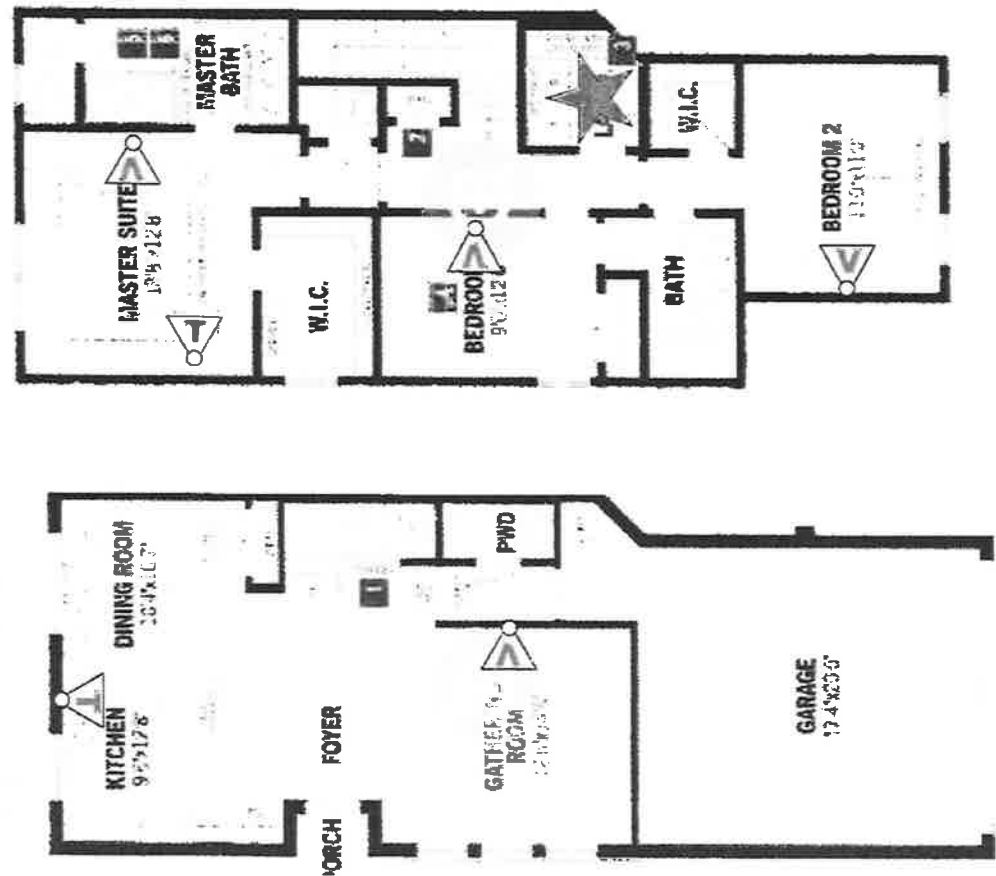
Phase/Section: Phase 1/Section 1

Lot #: 16

Block: TBD

Street Address: TBD

STRUCTURED WIRING



All Locations are approximate, plans subject to change without notice - This document is for illustrative purposes only and does not constitute an order. By signing below you agree that this document is an accurate representation of your requirements.

INT _____ Date _____



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

CALLEJA, GUY ROSS
ROSS SECURITY SYSTEMS INC D/B/A SYNERGY FLORIDA
3230 PARKSIDE CENTER CIRCLE
TAMPA FL 33619

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. 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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
EG13000325	

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

CALLEJA, GUY ROSS
ROSS SECURITY SYSTEMS INC D/B/A SYNERGY FLORIDA
3230 PARKSIDE CENTER CIRCLE
TAMPA FL 33619



ISSUED: 08/17/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608170003191



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2017

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
Baldwin Krystyn Sherman Partners, LLC
4010 W Boy Scout Blvd
Suite 200
Tampa FL 33607

CONTACT NAME:
PHONE (A/C, No, Ext): 813-984-3200 **FAX (A/C, No):** 813-984-3201
E-MAIL ADDRESS: certificates@bks-partners.com

INSURED 1ROSSSEC
Ross Security Systems Inc.
dba Synergy FL
3230 Parkside Center Circle
Tampa FL 33619

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Indemnity Co. of America	25666
INSURER B : Philadelphia Indemnity Insurance Co.	18058
INSURER C : Travelers Property Casualty Ins. Co.	36161
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 1951134079** **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 INSD 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 GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PHPK1661589	6/1/2017	5/6/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		H8102H38077A	6/1/2017	5/6/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		ZUP61M59536	6/1/2017	5/6/2018	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		UB004J039895	5/6/2017	5/6/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. 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 **CANCELLATION**

City of Belle Isle
1600 Nela Ave
Belle Island 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
[Signature]

CCC CODE

RENEWAL

280.002000 BURGLAR ALARM INSTALLATION SERVICE

1 Employees

Receipt Fee 44.00

280.049008 WIRING INTERCOM/TELEPHONE/TVPREWIRE&STEREO SYSTE

1 Employees

Hazardous Waste Surcharge .40.00

Law Library Fee 0.00

EG13000325,

BUSINESS ROSS SECURITY SYSTEMS, INC. DBA
SYNERGY FL
3230 PARKSIDE CENTER CIR
TAMPA, FL 33619

2016 - 2017

NAME ROSS SECURITY SYSTEMS, INC. DBA SYNERGY FL
MAILING 10309 WOODBERRY ROAD
ADDRESS TAMPA, FL 33619

Paid 15-657-000064

07/26/2016 84.00

BUSINESS TAX RECEIPT

DOUG BELDEN, TAX COLLECTOR

813-635-5200

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.