



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 02

Project Information
 Address: Lot 87 – 3794 Brighton Park Circle, Belle Isle, FL 32812
 Parcel ID: 29-23-30-0906-00-870
 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: 2017-08-069
Date of Application: 08/08/2017
Date Permit Issued: 08/10/2017

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	8-11-17
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



City of Belle Isle
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RECEIVED
 AUG 08 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: 8/8/17 Bldg 2 PERMIT NUMBER 2017-08-069
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 3794 Brighton Park Lot B7 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: 29.23.30.0906.00.870
 To obtain this information, please visit <http://www.ocprfl.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 _____	Spe _____	Pool _____	Switches _____
Electric Signs _____	Meter Resel _____	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 _____ = _____
 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: Dale Barber Date 8-10-17
 Verified Contractor's Licenses & Insurance are on file (80) Date 8/10/17

Permit Fee = \$ 37.-
 Review Fee = \$ 19.50
 3% FL Surcharge = \$ 4.-
 TOTAL Permit = \$ 56.50

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

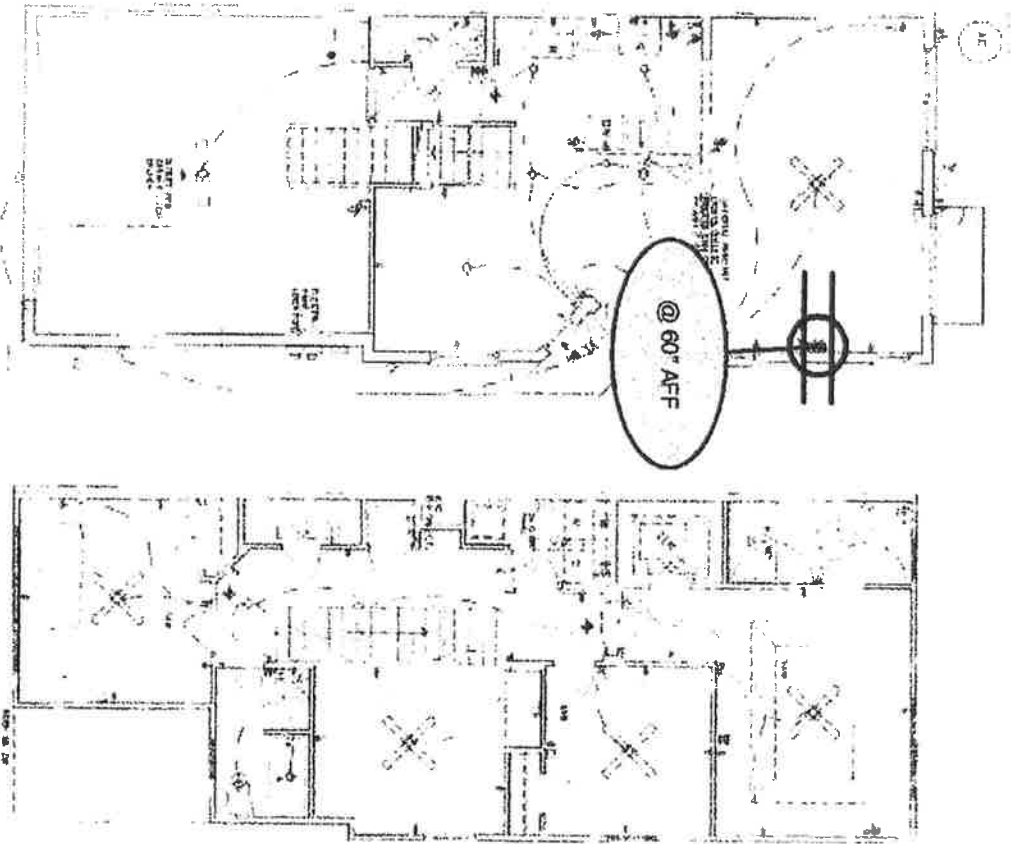
I hereby make Application for Permit as outlined above and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or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

ELECTRICAL



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 5/9/12



3290 Paradise Center Circle
 Tampa, Florida 33618
 813-984-0770 Office
 813-964-0589 Fax

ELECTRICAL LEGEND



Matamy
 Builder
Garcia
 Homeowner
 Brighton Park
 Phase/Section
 87
 Lot #
 Block
 3794 Brighton
 Park Cr
 Street Address