



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 TOWN OF WINDERMERE, FLORIDA.

Scope of Work: ELECTRICAL: install 20amp general purpose circuit

Comments: None

Project Information

Address: 5050 S. Conway Road, Belle Isle, FL 32812

Parcel ID: 17-23-30-0000-00-008

Property Owner: Shayona of Orlando LLC

Phone Number: None

Company Name: M. Ellis Electrical Inc.

Contractor Name: Ellis, Michael

License Number: EC13003559

Address: 4234 S. Bluff Lake Road, Mascotte, FL 34753

Phone Number: 352-457-5629

Permit Number: 2014-10-032

Date of Application: 10/28/2013

Date Permit Issued: 10/29/2013

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

- Demo \$
- Building \$
- Fence \$
- Driveway \$
- Shed \$
- Window(s) \$
- Door(s) \$
- PrePower \$
- Electrical Fee \$55.50
- Temp Pole \$
- Plumbing Fee \$
- Mechanical Fee \$
- Gas Fee \$
- Roofing \$
- Boat Dock \$
- Screen Encl \$
- Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 10-30-13

CC or Check # MC 1387

Amount Paid SA.SD

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

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 1pm. 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/ffo94edc4-832d-44bd-9809-ecf32f9e2e63>
login ID = cobi@universalengineering.com password = universal113



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

Received
 10-28-13

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: 10/19/2013 PERMIT NUMBER 2014-10-0322

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

Project Address 5050 S CONWAY ROAD, Belle Isle FL 32809 32812
 Property Owner SHAYONA OF ORLANDO LLC Phone _____
 Property Owner's Mailing Address _____ City _____

State _____ Zip Code _____ Parcel Id Number: 17-23-30-0000-00-008
 To obtain this information, please visit <http://www.osc.state.fl.us/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

Date First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

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 _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____

Other: **INSTALL 20 AMP GENERAL PURPOSE CIRCUIT**

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) \$ 800.00

Review & Permit Fee = \$ 55.50

3% FL Surcharge = \$ 4.00

TOTAL Permit = \$ 59.50

Building Official: Michael Buiss Date 10-28-2013

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 Michael E Ellis LICENSE # EC13003559

LICENSE HOLDER NAME MICHAEL E ELLIS COMPANY NAME M ELLIS ELECTRICAL INC

Street Address 4234 S BLUFF LAKE ROAD

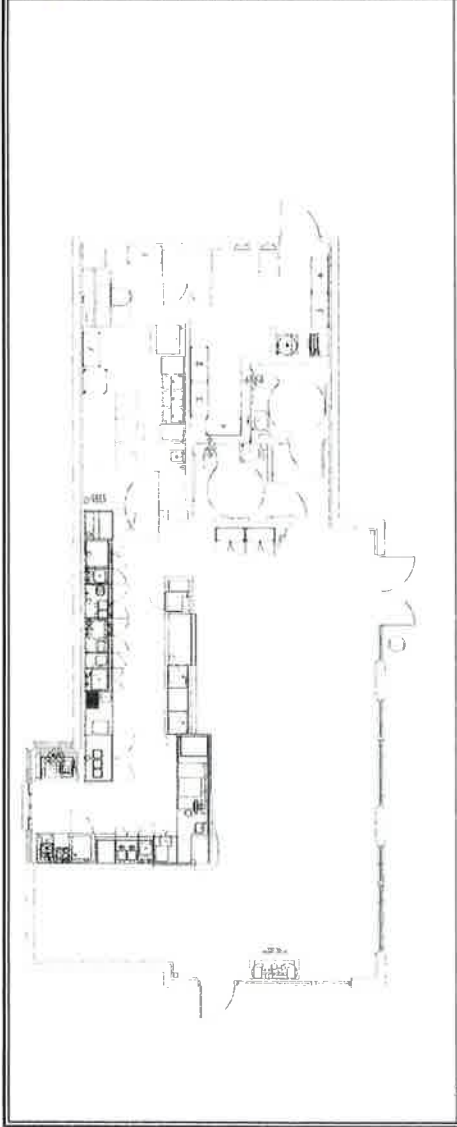
City MASCOTTE State FL Zip Code 34753 Phone Number 352-457-5629

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.

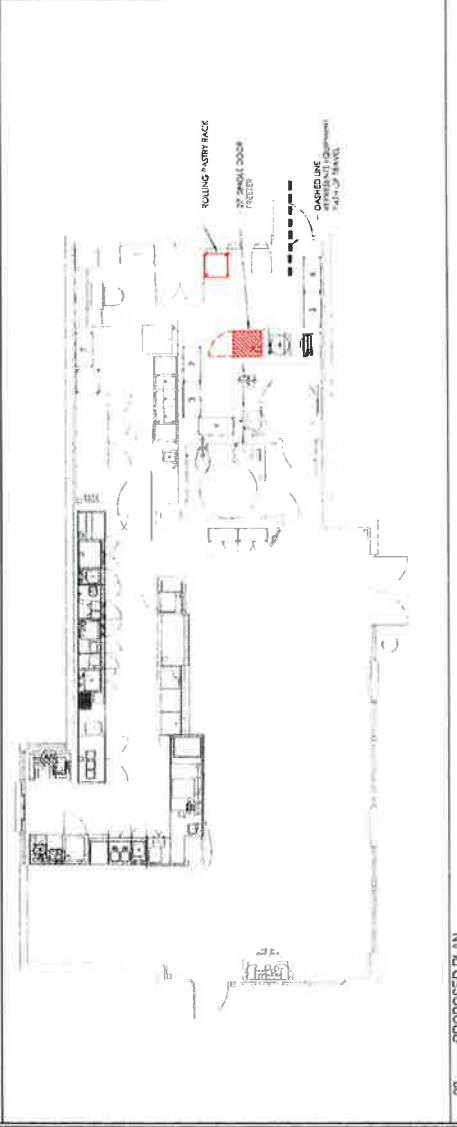
Building Permit Number _____

CITY OF BELLE ISLE
Permit Application Review Sheet


Permit Number	2014-10-032
Property Owner	Shayona of Orlando
Address	5050 S. Conway Pk
Nature of Improvement	Electrical
Received Application	10-28-13
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	10-28-13
Building Official Approved	10-28-2013
Comments	
1.	10-29-13 ccq Emailed Richard it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



01 AS BUILT PLAN



02 PROPOSED PLAN



STARBUCKS STORE #09517
5050 S CONWAY RD
BELLE ISLE, FL

DATE: 09/13/2011
DRAWN BY: [REDACTED]
CHECKED BY: [REDACTED]
SCALE: AS SHOWN

LEGEND

- EXISTING PLUS TO REMAIN
- NEW ITEM
- RELOCATED ITEM
- REMOVE ITEM

STORAGE RACK COUNT

DESCRIPTION	EXISTING	PROPOSED
STORAGE RACK	7	7

EQUIPMENT / MILLWORK REMOVED

DESCRIPTION	EXISTING	PROPOSED
EQUIPMENT	1	0

EQUIPMENT / MILLWORK ADDED

DESCRIPTION	EXISTING	PROPOSED
NEW FREEZER CABINET 120" H X 48" W	0	1
NEW HAND DOOR TRIM	0	1
NEW METER RACK (27" H X 18" W)	0	1

DATE: 09/13/2011
DRAWN BY: [REDACTED]
CHECKED BY: [REDACTED]
SCALE: AS SHOWN

09517



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/13

PRODUCER Great Florida Insurance
 1326 West North Blvd #1
 Leesburg, FL 34748

Phone (352) 365-1222 Fax (352) 365-6135

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE NAIC #

INSURER A: CYPRESS PROPERTY & CASUALTY

INSURER B: VICTORIA INSURANCE

INSURER C: FIRST COMP

INSURER D:

INSURER E:

INSURER F:

INSURED M ELLIS ELECTRICAL, INC
 MICHAEL E. ELLIS
 4234 S BLUFF LAKE RD
 MASCOTTE, FL 34753

COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GFL 1018035	06/11/13	06/11/14	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____	9582321	04/26/13	04/26/14	COMBINED SINGLE LIMIT 1,000,000 (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG EACH OCCURRENCE AGGREGATE
B		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? Y If yes, describe under SPECIAL PROVISIONS below OTHER	MWC0011559-02	09/23/13	09/23/14	WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT 100,000 E.L. DISEASE - EA EMPLOYEE 100,000 E.L. DISEASE - POLICY LIMIT 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

MIKE ELLIS
 EC13003559

CERTIFICATE HOLDER

CITY OF BELLE ISLE
 1600 NELA AVE
 BELLE ISLE, FL 32809

fax-407-581-0313

ACORD 25 (2001/08) QF

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

BRAD BURLEY

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

AC# 6200118

THIS DOCUMENT HAS A COPIED REPRODUCTION VALUE OF \$0.00 PER PAGE. PRINTED ON RECYCLED PAPER.

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L1208140246

DATE	BATCH NUMBER	LICENSE NBR
08/14/2012	128038557	EC13003559

Additional Business Qualification

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

ELLIS, MICHAEL E
M ELLIS ELECTRICAL INC
4234 S. BLUFF LAKE RD.
MASCOTTE FL 34753

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



STATE OF FLORIDA AC#
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

EC13003559 08/14/12 128038557

CERTIFIED ELECTRICAL CONTRACTOR
ELLIS, MICHAEL E
M ELLIS ELECTRICAL INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12081402461

Michael S. Scott
SIGNATURE



BOB MSKEE

LAKE COUNTY TAX COLLECTOR

EMPLOYEES 1

2013 / 2014

LAKE COUNTY BUSINESS TAX RECEIPT
STATE OF FLORIDA

ACCT NO. 90640

RECEIPT NO.8760018676

EXPIRES SEPTEMBER 30, 2014



TYPE OF
BUSINESS

CONTRACTING

BUSINESS

M ELLIS ELECTRICAL INC
4234 S BLUFF LAKE RD

MICHAEL E ELLIS
4234 S BLUFF LAKE RD
MASCOTTE, FL 34753

ORIGINAL TAX	30.00
PENALTY	0.00
TRANSFER FEE	0.00
AMOUNT PAID	30.00
TOTAL DUE	\$0.00

Receipt #2013-0009922
Paid 07/13/2013 30.00