



## City of Belle Isle Job Site Card Electrical PERMIT 2018-07-060

**PERMIT MUST BE POSTED ON SITE** - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. You are responsible for scheduling and keeping track of all your inspections -

Permit Number: 2018- 07-060

Issue Date: 8/02/2018

Site Address: 4400 Hoffner Ave . 32812

Parcel #: 20-23-30-3651-02-000

Class:  Residential

Subdivision:

Description of Work: Hook up (2) "CRUNCH FITNESS" wall signs to existing power.

Issued To: Thomas Sign & Awning Co

Business Phone: 727 573 7757

Name: Thomas, Priscilla

Contractor License #: ES0000083

Payment Date & Method: 8 / 7 / 2018

Visa  Master Card  Amex  Discover  Check / Money Order # 6778

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

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

**Inspection Results Will Be Sent Out the Following Business Day**

**"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."**

ELECTRICAL	INSPECTOR	DATE	COMMENTS
300 Temp Pole			
310 TUG			
320 Underground			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 PrePower			
370 Meter ReSet			
380 Final			

Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto: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



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

## APPLICATION FOR ELECTRICAL PERMIT

2018-07-060

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

RECEIVED  
JUL 26 2018  
2018-07-060

**DATE OF APPLICATION:** \_\_\_\_\_ **PERMIT NUMBER:** \_\_\_\_\_  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

**Project Address:** 4400 Hoffner Ave 4400 Hoffner Ave Belle Isle FL 32809 32812  
**Property Owner:** Hoffner Fruit LLC **Phone:** \_\_\_\_\_  
**Property Owner's Mailing Address:** 200 S Biscayne Blvd FL 6 **City:** Miami  
**State:** FL **Zip Code:** 33131 **Parcel Id Number:** 20-23-30-3651-02-000  
 To obtain this information, please visit: <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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

**INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED**

Dishwasher _____	Exhaust Fan _____	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan _____	Outlets _____
Fixtures _____	Spa _____	Pool _____	Switches _____
Electric Signs (2) _____	Meter Reset _____	Low Voltage _____	Stoves _____
Pumps _____	Motors _____	Air Conditioning (tons) _____	Furnace (K/W) _____

**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:** Hookup (2) "Crunch Fitness" wall signs to existing power.

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) \$ 31,000

**Building Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Verified Contractor's Licenses & Insurance are on file 2 **Date:** 7-26-2018

Permit Fee = \$ 37.50  
 Review Fee = \$ 18.50  
 1% BCAIB Fee = \$ 2.1 min  
 1.5% DCA Fee = \$ 2.1 min  
**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:** Priscilla Thomas **LICENSE #:** E80000083  
**LICENSE HOLDER NAME:** Priscilla Thomas **COMPANY NAME:** Thomas Sign & Awning Co.  
**Street Address:** 4580 118th Ave N  
**City:** Clearwater **State:** FL **Zip Code:** 33762 **Phone Number:** 727-573-7757  
**Email Address:** [greg.davis@thomassign.com](mailto:greg.davis@thomassign.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.

1511K  

$$\begin{array}{r} 37.50 \\ 18.50 \\ \hline 55.50 \end{array}$$

Building Permit Number \_\_\_\_\_ **PAID**  
8-7-2018  
5154 6778



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

(850) 487-1395

THOMAS, PRISCILLA G  
THOMAS SIGN & AWNING CO, INC  
4590 - 118 AVE N  
CLEARWATER FL 33762-4405

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

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

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



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

ES0000083

ISSUED: 05/05/2016

**CERT. SPECIALTY ELECTRICAL CONTR  
THOMAS, PRISCILLA G  
THOMAS SIGN & AWNING CO, INC  
CERTIFIED AS:  
SIGN ELECTRICAL SPECIALIST**

IS CERTIFIED under the provisions of Ch. 489 F.S.  
Expiration date: **AUG 31, 2018** L1605050000819

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

ES0000083

The SPECIALTY ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: **AUG 31, 2018**

AS A SIGN ELECTRICAL SPECIALIST

THOMAS, PRISCILLA G  
THOMAS SIGN & AWNING CO, INC  
4590 - 118 AVE N  
CLEARWATER FL 34622-5015





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/27/2018

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).

<b>PRODUCER</b> Brown & Brown Insurance - Clearwater 83 Park Place Blvd Suite 101 Clearwater FL 33759	<b>CONTACT NAME:</b> April Wolfe	
	<b>PHONE (A/C, No, Ext):</b> 727-461-6044	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> awolfe@bbpinellas.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> National Fire Insurance Company of Hartford		20478
<b>INSURER B:</b> Continental Casualty Company		20443
<b>INSURER C:</b> Valley Forge Insurance Company		20508
<b>INSURER D:</b> Travelers Casualty and Surety Company		19038
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 841974854	<b>REVISION NUMBER:</b>
------------------	--------------------------------------	-------------------------

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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			5088655636	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			C5088520172	12/31/2017	12/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUE 5088655053	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC588647214	12/31/2017	12/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D	Equipment Floater Crme			5088655636 105724763	12/31/2017 1/1/2018	12/31/2018 1/1/2019	Leased/Rented Employee Dishonest Forgery 250,000 1mill ded 10k 25k ded 5k

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is Additional Insured with respect to General Liability if required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Avenue Belle Isle FL 32809	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CITY OF PINELLAS PARK  
 11000 W. WASHINGTON AVE  
 PINELLAS PARK, FL 34643



OTHER LICENSE #1  
 LICENSE #1  
 LICENSE #1

LA 00000000  
 FL 00000000

OTHER LICENSE #1  
 LICENSE #1

BUSINESS NAME, OWNERS NAME  
 AND MAILING ADDRESS

FLORIDA LOCAL ADDRESS

THOMAS BURN & ANTHONY CO INC  
 THOMAS BURN & ANTHONY CO INC  
 1590 E 15TH AVE  
 CLEARWATER FL 34615

1590 E 15TH AVE  
 CLEARWATER FL 34615

FL 34615

THE ABOVE NAMED PERSON, FIRM OR CORPORATION HAS PAID A BUSINESS TAX TO  
 ENGAGE IN THE FOLLOWING BUSINESS ACTIVITIES:

CODE DESCRIPTION

39537 01 SIGN & ADVERTISING SPECIFIED AND GENERAL  
 CONTRACTOR

CHARLES ROLAND CORP CERTIFIED GENERAL CONTRACTOR

UNITS AMOUNT

BUSINESS TAX AMOUNT

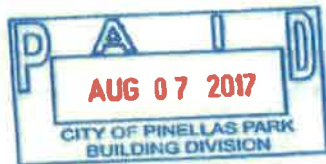
1,000.00

FOR PERIOD ENDING: September 30, 2013

BALANCE DUE

1,000.00

THIS RECEIPT IS NOT VALID UNLESS IT IS SIGNED BY THE OFFICIAL AUTHORIZED TO OPERATE IN VARIATION OF ANY CITY  
 LAW OR ORDINANCE AND IS NOT AN EQUIVOCAL STATEMENT OF COMPLIANCE OR DEFERENCE  
 EXCEPT, ANY CHANGE, DELETION OR AMENDMENT MUST BE APPROVED BY THE CITY  
 CLERK, THE CHIEF FINANCIAL OFFICER,





RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD**

THE SPECIALTY ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**THOMAS, PRISCILLA G**

THOMAS SIGN & AWNING CO, INC  
4590 - 118 AVE N  
CLEARWATER FL 34622-5015

**LICENSE NUMBER: ES0000083**

**EXPIRATION DATE: AUGUST 31, 2020**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.