



City of Belle Isle Job Site Card **Electrical PERMIT** 2018-08-003

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- 08-003
Site Address: 5119 St Michael Ave 32812
Class: Residential

Issue Date: 8/01/2018
Parcel #: 17-23-30-4380-06-170
Subdivision:

Description of Work: **Electrical -Repair interior panel same for same.**

Issued To: FERRAN SERVICES & CONTRACTING, INC.
Name: BOONE, SHAWN WILLIAM

Business Phone: 407 493-5223
Contractor License # EC13003104

Payment Date & Method: 8 / 10 / 2018

Visa Master Card Amex Discover Check / Money Order # 9875

Schedule Inspections via Email at: BDscheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 3:00 PM 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 BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3pm.** 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
Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 Tel 407-581-8161 Fax 407-581-0313
www.universalengineering.com



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
AUG -1 2018

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: 9/01/2018

PERMIT NUMBER 2018-08-003

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

Project Address 5119 Saint Michael Ave 5119 St. Michael Ave Belle Isle FL 32809 32812

Property Owner Kilmeck, Stephen J. Kilmeck, Stephen Phone 321-354-6775 321-354-6775

Property Owner's Mailing Address 5119 Saint Michael Ave. Same City Belle Isle

State Florida Zip Code 32812-1138 Parcel Id Number: 17-23-30-4380-06-170 17-23-30-4380-06-170

To obtain this information, please visit http://www.ocpaff.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 _____ 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: Replace Interior Panel, same for same Replace interior panel same for same

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 \$ 1300.00

Building Official: SM Date 8-1-18
Verified Contractor's Licenses & Insurance are on file F Date 8-1-2018

Permit Fee = \$ 48
Review Fee = \$ 24
1% BCAIB Fee = \$ 2
1.5% DCA Fee = \$ 2
TOTAL Permit = \$ 76.00

I hereby certify that the above is true and correct to the best of my knowledge. PAID 8-10-18 VISA 9875

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 Shawn Boone LICENSE # EC13003653 EC13003653

LICENSE HOLDER NAME Shawn Boone COMPANY NAME Ferran Services & Contracting INC. Ferran Services

Street Address 530 Grand St

City Orlando State FL Zip Code 32805 Phone Number 407-493-5223 407-493-5223

Email Address Permits@ferran-services.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.

Permits@ferran-services.com
75T 1K 37
11
45
24
70

Building Permit Number _____



CITY OF BELLE ISLE, FLORIDA

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

POWER OF ATTORNEY

Date: 8/01/2018

Permit #: 2018-08-003

I hereby name and appoint Wayne Williams of
(print name)

Ferran Services & Contracting, Inc. to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a Electrical permit
(type of permit)

for work to be performed at the following location:

5119 Saint Michael Ave, Belle Isle, FL 32809 32812 and
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: Shawn Boone

License Number: EC13003653

Certified Contractor's Signature: [Signature]

The foregoing instrument was acknowledged before me this 1st days of Aug. of 20 18
by Shawn Boone who is personally known to me or who produced
as identification and who did not take an oath.

State of Florida
County of Orange

[Signature]
Notary Public, Orange County, Florida



(seal)

Technician Id: ELECTRICAL

Workorder Id: 472628

Site Id: 185652
Klimeck; Stephen J

Site Voice Phone: (321)354-6775

Original Caller: Stephen

Date Scheduled: Aug 03, 2018

PO#:

Time Scheduled: 04:22:29pm

PANEL UPGRADE

Job Id: SVC170893 Service Work

Work Address:
5119 Saint Michael Ave
Orlando FL 32812

Dispatch Note:

Equipment Id: ELECTRICAL Unspecified Electrical

WorkCode Id: PUE PANEL UPGRADE

Resolution Id:

Work Requested:
c100/ Remove existing 150 amp FPE interior panel and install a new 150 amp Square "D" panel with branch circuit breakers. Hot check and lael all branch circuits.

Work Performed:

Manufacturer:
N/A
Serial Number:

Manufacturer Model:

Directions to Site:

Installed:

Under Contract?

Location at Site:

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER
CAC1817254

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



DOMINICCI, HECTOR LUIS
FERRAN SERVICES & CONTRACTING, INC
3583 CORTLAND DR.
DAVENPORT FL 33837



ISSUED: 06/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606270000367

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
EC13003653

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



BOONE, SHAWN WILLIAM
FERRAN SERVICES & CONTRACTING, INC.
530 GRAND STREET
ORLANDO FL 32805



ISSUED: 06/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L16062700000967

RICK SCOTT, GOVERNOR

MATILDE MILLER, INTERIM SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER
CFC1429785

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



CRAWFORD, JESSE LEE
FERRAN SERVICES & CONTRACTING, INC.
530 GRAND STREET
ORLANDO FL 32805



Orange County, Florida
 This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1802 CERT ELECTRICAL CON 2017 31 EMPLOYER 9/30/2018 1802-0013318
 TOTAL TAX \$70.00
 PREVIOUSLY PAID \$70.00
 TOTAL DUE \$0.00
 530 GRAND ST
 A - ORLANDO, 32805
 PAID: \$70.00 0098-00803533 9/6/2017
 FERRAN SERVICES & CONTRACTING INC
 BOONE SHAWN WILLIAM
 530 GRAND ST
 ORLANDO FL 32805-4731



This receipt is official when validated by the Tax Collector.

Scott Kandoipn, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1804 CERT AIR COND CONTR 2017 21 EMPLOYER 9/30/2018 1804-0025294
 TOTAL TAX \$50.00
 PREVIOUSLY PAID \$50.00
 TOTAL DUE \$0.00
 530 GRAND ST
 A - ORLANDO, 32805
 PAID: \$50.00 0098-00803536 9/6/2017
 DOMINICCI HECTOR LUIS QUALIFIER
 FERRAN SERVICES & CONTRACTING INC
 DOMINICCI HECTOR LUIS
 530 GRAND ST
 ORLANDO FL 32805-4731



This receipt is official when validated by the Tax Collector.

Scott Kandoipn, Tax Collector Local Business Tax Receipt Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1803 CERTIFIED PLUMBING C 2017 1 EMPLOYER 9/30/2018 1803-0519239
 TOTAL TAX \$30.00
 PREVIOUSLY PAID \$30.00
 TOTAL DUE \$0.00
 530 GRAND ST
 A - ORLANDO, 32805
 PAID: \$30.00 0098-00803530 9/5/2017
 CRAWFORD JESSE LEE - QUALIFIER
 FERRAN SERVICES & CONTRACTING INC
 CRAWFORD JESSE LEE - QUALIFIER
 530 GRAND ST
 ORLANDO FL 32805-4731



This receipt is official when validated by the Tax Collector.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2017

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T Insurance Services, Inc. PO Box 4927 Orlando, FL 32802-4927 407 691-9600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	407 691-9600
	FAX (A/C, No):	888-635-4183
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Ferran Services & Contracting Inc 530 Grand Street Orlando, FL 32805	INSURER A :	National Trust Insurance Company 20141
	INSURER B :	FPVA Mutual Insurance Company 10385
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES CERTIFICATE NUMBER: **18/18 MSTBAIWSPNC** 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	GL00171194	09/30/2017	09/30/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Eq 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	<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	X	CA10000573602	09/30/2017	09/30/2018	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <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	X	UMB10001808101	09/30/2017	09/30/2018	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	84000129362018A	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured status is granted on the General Liability if required by written contract or agreement per "First Choice Contractors Liability Endorsement" Form CGL 088(10/13) which includes Additional Insured and Waiver of Subrogation. General Liability Policy is Primary and Non-contributory if required by written contract or agreement per "Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement With You - Ongoing Operations and Products-Completed Operations" Form (See Attached Descriptions)

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

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

Sign up for e-Notify...

5119 St Michael Ave < 17-23-30-4380-06-170 >

Name(s) Klimeck Stephen J
 Physical Street Address 5119 St Michael Ave
 Mailing Address On File 5119 Saint Michael Ave
 Belle Isle, FL 32812-1138
 Incorrect Mailing Address?

Postal City and Zipcode Orlando, FL 32812
 Property Use 0103 - Single Fam Class III
 Municipality Belle Isle



View 2017 Property Record Card

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

2018 values will be available in August of 2018.

Property Description

View Plat

LAKE CONWAY ESTATES SECTION TWO REPLAT X/150 LOT 17 BLK F

Total Land Area 10,625 sqft (+/-) | 0.24 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure				
	Model Code:	01 - Single Fam Residence	Actual Year Built:	1960	Gross Area:	2100 sqft
	Type Code:	0103 - Single Fam Class III	Beds:	3	Living Area:	1466 sqft
	Building Value:	working...	Baths:	2.0	Exterior Wall:	Concrete/Cinder Block
	Estimated New Cost:	working...	Floors:	1	Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
FPL2 - Average Fireplace	01/01/1960	1 Unit(s)	working...
PT2 - Patio 2	01/01/2010	1 Unit(s)	working...

Page 1 of 1 (2 total records)

This Data Printed on 07/30/2018 and System Data Last Refreshed on 07/29/2018

Replace interior panel same for same.
@ 1,300.00
Wayne - 7/31/18