



**City of Belle Isle Job Site Card Electrical PERMIT 2019-08-083**

**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:** 2019- 08-083

**Issue Date:** 08/29/2019

**Site Address:** 6601 St Partin Pl 32812

**Parcel #:** 20-23-30-1678-00-700

**Class:**  Residential **Subdivision:**

**Description of Work:** Electrical - RUN 35 AMP CIRCUIT FOR A/C.

Issued: **PRESTIGE ELECTRIC CO OF FL, LLC**

Business Phone: 407 859-3400

Name: **YOUNG, MICAJAH P III**

Contractor License: EC0002452

Payment Date & Method: **8 / 30 / 2019**  Picked up or sent by \_\_\_\_\_  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order # **61005**

**FOR POOL INSPECTIONS, PLEASE REFER TO MAIN POOL PERMIT FOR SPECIFIC POOL INSPECTIONS & CODES**

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@universalengineering.com) BY 3:00 PM CUT OFF TIME

Inspection Results Will Be Sent Out the Following Business Day

ELECTRICAL	INSPECTOR	DATE	COMMENTS
300 Temp Pole			
310 TUG			
320 Underground			
325 Electrical Above – Ceiling			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 Pre Power			
370 Meter Re Set			
380 Final			

LOW VOLTAGE	INSPECTOR	DATE	COMMENTS
335 Rough			
375 Final			

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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](http://www.universalengineering.com)

**"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IYOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."**



# City of Belle Isle

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

RECEIVED AUG 27 2019

## 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: 8/27/2019

PERMIT NUMBER 2019-08-083

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

Project Address 6601 ST. PARTIN PLACE, Belle Isle FL 32809 X 32812

Property Owner KEITH HASKELL Phone (407) 697-0041

Property Owner's Mailing Address 6601 ST. PARTIN PLACE City ORLANDO

State FL Zip Code 32812 Parcel Id Number: 20-23-30-1678-00-700

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 \_\_\_\_\_ 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: RUN 35 AMP CIRCUIT FOR A/C

PAID 61005  
8-30-19

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 \$ 500.00)

Permit Fee = \$ 37.-  
Review Fee = \$ 18.50  
1% BCAIB Fee = \$ 2 min  
1.5% DCA Fee = \$ 2 min  
TOTAL Permit = \$ 59.50

Building Official: ETC Date 8-29-19  
Verified Contractor's Licenses & Insurance are on file tc Date 8-27-19

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 M P Young LICENSE # EC0002452

LICENSE HOLDER NAME MICAJAH P YOUNG COMPANY NAME PRESTIGE ELECTRIC

Street Address 7423 SOUTH ORANGE AVENUE

City ORLANDO State FL Zip Code 32809 Phone Number 407-859-3400

Email Address RACHELE@PRESTIGELECTRIC.NET

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 \_\_\_\_\_



Mack Young  
State License #EC0002452

COMPANY OF FLORIDA, INC.

Electrical Contractors  
Licensed • Bonded • Insured

December 28, 2018

VIA US Mail & Email to [CobiPermits@universalengineering.com](mailto:CobiPermits@universalengineering.com)

Attn: Building & Permitting  
Building & Permitting  
City of Belle Isle  
1600 Nela Avenue  
Belle Isle, FL 32809

**RE: CONTRACTOR REGISTRATION**

Dear Permit Services:

Enclosed please find a copy of the following documents:

**Business Tax Receipt**  
**Contractor Registration License**  
**Certificate of Insurance**

Please update your records to reflect this information so that future permitting matters can be facilitated.

If these documents should be sent to any address other than the US Mail & Email listed above, would you be so kind as to provide that information at your earliest convenience? We can be reached by phone at 407-859-3400, fax at 407-857-4023 and email at [rachele@prestigeelectric.net](mailto:rachele@prestigeelectric.net).

Thank you for your assistance in this matter.

Sincerely,

Rachele Steyer  
Permitting Coordinator  
Prestige Electric

Enclosure

• All Work Guaranteed •  
Phone: 407-859-3400 • Fax: 407-857-4023  
7423 South Orange Avenue • Orlando, Florida 32809-6095





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/27/2018

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 of Florida, Inc. 2290 Lucien Way Suite 400 Maitland FL 32751	<b>CONTACT NAME:</b> Amy Manor <b>PHONE (A/C No, Ext):</b> (407) 660-8282 <b>FAX (A/C No):</b> (407) 660-2012 <b>E-MAIL ADDRESS:</b> amanor@bborlando.com																					
<b>INSURED</b> Prestige Electric Company of Florida LLC 7423 South Orange Avenue Orlando FL 32809	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Amerisure Insurance Company</td> <td>19488</td> </tr> <tr> <td>INSURER B:</td> <td>Amerisure Partners Ins. Co.</td> <td>11050</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Amerisure Insurance Company	19488	INSURER B:	Amerisure Partners Ins. Co.	11050	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** CL18122717850**REVISION NUMBER:**

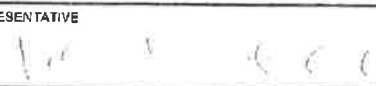
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE 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.

INBR 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"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:				CPP 20993510301	01/01/2019	01/01/2020	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 - CCM/PROP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				CA 20003500305	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0				CU 220993520301	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe in our DESCRIPTION OF OPERATIONS below			Y/N N	VWC 2099353-03	01/01/2019	01/01/2020	<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 / LOCATION(S) / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REF: 2471 Trace Ave Belle Isle, FL 32809

**CERTIFICATE HOLDER****CANCELLATION**

City of Belle Isle 1600 Nela Ave Belle Isle 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 
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