



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: 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: change out 39 outlets to pigtail copper wire w/al, change out inside panel only, no amp change

Comments: None

Project Information
Address: 2471 Trace Avenue
Parcel ID: 19-23-30-5888-04-220
Property Owner: Life Estate of Chastain, Glenda
Phone Number: None

Company Name: Prestige Electric
Contractor Name: Young, Micajah P.
License Number: EC2452
Address: 7423 S Orange Ave, Orlando, FL 32809
Phone Number: 407-859-3400

Permit Number: 2014-04-013
Date of Application: 04/01/2014
Date Permit Issued: 04/03/2014

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 \$
Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$72.00
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$76.00

Date Paid 4-7-14
CC of Check #AMEX 1069
Amount Paid 76.00

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 BidScheduling@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.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-04-013
Property Owner	24711 Trace Ave
Address	Glenda Chastain Life Estate
Nature of Improvement	Electrical
Received Application	4-2-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	4-2-14
Building Official Approved	4-3-14
Comments	
1.	4/9/14 Susan emailed that it's ready ✓
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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

received
04-02-14

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: 04/01/2014 PERMIT NUMBER 2014-04-013
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2471 Trace Ave Belle Isle FL 32809 32812
Phone _____
Property Owner Chastain Glende S Life Estate City Belle Isle
Property Owner's Mailing Address 2471 Trace Ave
State Fl _____ Zip Code 32809 Parcel Id Number: 19-23-30-5888-04-220
To obtain this information, please visit <http://www.ocpafl.com/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 39 _____
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: Change out 30 outside to digital copper wire with all
Change out inside panel only no amperage change

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) \$ 1858.00
Review & Permit Fee = \$ 72.00
3% FL Surcharge = \$ 4.00
TOTAL Permit = \$ _____

Building Official: Mickey Bussell Date 4/03/2014

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 # FC2452
LICENSE HOLDER NAME Micajah P Young COMPANY NAME Prestige Electric

Street Address 7423 S. Orange Ave
City Orlando State Fl _____ Zip Code 32809 Phone Number 4076593400
Email Address Connie@Prestigeelectric.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 _____



COBI Permit Fee Calculation Form



Reviewer Signature: AR Date: 4/03/2014

Permit Type:	<u>Elect.</u>	Job Cost:	\$ <u>1858-</u>
Permit Fee:	\$ <u>48-</u>		
Plans Review Fee:	\$ <u>24-</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2-</u>		
1.5% State Fee:	\$ <u>2-</u>		
TOTAL BUILDING FEE:	\$ <u>76-</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$\begin{array}{r} 37 \\ 11 \\ \hline 48 \times 1.5 = 72 \\ + 4 \text{ (3\%)} \\ \hline \$ 76 \end{array}$$



2471 Trace Ave < 19-23-30-5888-04-220 >

Names) Physical Street Address
Chastain Glenda S Life Estate
2471 Trace Ave
Rita Chastain Family Trust
Postal City and Zipcode
Orlando, FL 32809
2471 Trace Ave
Property Use
Belle Isle, FL 32809-6140
Incorrect Mailing Address?
Municipality
Belle Isle

Property Description

NEA ISLE (ISLAND SECTION) 0/99 LOT 22 & 23 BLK D

Total Land Area 13,771 sqft (±) | 0.32 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 LOTS	\$70,000.00	\$70,000	\$0.00	\$70,000

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure	
Model Code:	01 - Single Fam Residence	Actual Year Built:	1971
Type Code:	0103 - Single Fam Class III	Beds:	3
Building Value	\$82,230	Baths:	2.0
Estimated New Cost	\$144,263	Floors:	1
		Exterior Wall:	Concrete/Cinder Block
		Interior Wall:	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Data Built	Units	XFOB Value
SCR2 - Scm Enc 2	01/01/1971	1 Unit(s)	\$5,000
PL7 - Above Average Pool	01/01/1968	1 Unit(s)	\$6,000
AB1 - Accessory Building 1	01/01/1960	300 Square Feet	\$1,950
AB1 - Accessory Building 1	01/01/1960	160 Square Feet	\$1,040

Page 1 of 1 (4 total records)

This Data Printed on 04/01/2014 and System Data Last Refreshed on 03/31/2014

Site Notice • About Us • Contact Us • OCPAF Home • Property Search • Exemption FRAUD Hotline
Orange County Property Appraiser • 200 S. Orange Avenue, Suite 1700 • Orlando, FL 32801
Office Hours: 8:00 a.m. to 5:00 p.m. Monday - Friday • Phone: 407.836.5044

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2014

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 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).

PRODUCER Brown & Brown of Florida, Inc. 2600 Lake Lucien Dr., Ste. 330 Maitland, FL 32751-7234 John DeStefano, MBA, CIC, CRM	CONTACT NAME: PHONE (A/C, No., Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Insurance Company INSURER B : FFVA Mutual Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F :	Phone: 407-660-8282 Fax: 407-660-2012	FAX (A/C, No): NAIC # 24112 10385
INSURED Prestige Electric Company of Florida, LLC Prestige Electric Company of Florida, Inc. 7423 South Orange Avenue Orlando, FL 32809	INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Insurance Company INSURER B : FFVA Mutual Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 24112 10385

COVERAGES

CERTIFICATE NUMBER: 1

REVISION NUMBER: 1

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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR CONTRACTUAL PER		TRA 0850659 GL FORM	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED HIRED AUTOS <input checked="" type="checkbox"/>		TRA 0850659	01/01/2014	01/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0		TRA 0850659	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC840-0030021-2014A	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REF: 2471 Trace Ave Belle Isle, FL 32809

CERTIFICATE HOLDER

BELLEI

City of Belle Isle
1600 Nela Ave
Belle Isle, 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

PRODUCING AGENT

ACORD 25 (2010/05)

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AC# 6222386

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12072301184

DATE	BATCH NUMBER	LICENSE NBR
07/23/2012	120037682	EC0002452

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2014

YOUNG, MICAJAH P III
PRESTIGE ELECTRIC CO OF FL INC
7423 S ORANGE AVE
ORLANDO FL 32809



RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

Scott Randolph, 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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

ORIGINAL 2013 EXPIRES 9/30/2014

1802 ELECTRICAL CONTR	\$40.00	15	EMPLOYEE	1802-1092237	\$40.00	15	EMPLOYEE
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TOTAL TAX \$80.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

7423 S ORANGE AVE
U - ORLANDO, 32809

PAID: \$80.00 098-00573076 7/2/2013



YOUNG MICAJAH P

PRESTIGE ELECTRIC COMPANY OF FLORIDA
LLC
7423 S ORANGE AVE
ORLANDO FL 32809

This receipt is official when validated by the Tax Collector.