



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 CITY OF BELLE ISLE, FLORIDA.

Scope of Work: ELECTRICAL: 1 dishwasher, 1 hood fan, 36 fixtures, 1 pump, 2 disposals, 2 paddle fans, 1 low voltage speaker cable, 8 outlets, 10 switches, 1 stove

Comments: None

Project Information

Address: 3501 Cullen Lake Shore Dr, Belle Isle, FL 32812
Parcel ID: 17-23-30-4380-04-150

Property Owner: DePhillipo, Vincent and Kathy
Phone Number: 407 850 3444

Company Name: Let There Be Lite
Contractor Name: Joseph, Arthur
License Number: EC13003205
Address: 2006 Keylime Street, Ocoee, FL 34761
Phone Number: 407-883 3092

Permit Number: 2014-04-050

Date of Application: **04/23/2014**

Date Permit Issued: **04/28/2014**

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 \$88.50
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 \$92.50

Date Paid

4-30-14

CC or Check #

AMEX 0402

Amount Paid

92.50

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 BDscheduling@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/f094eddc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

PROJECT NUMBER 0115.1300460.0000

TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014.04.050
Property Owner	DeFilippo Vincent & Katherine
Address	3501 Culpea Lake Shore
Nature of Improvement	Electrical
Received Application	4-24-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-29-2014
Building Official Approved	4-29-2014
Comments	
1.	
2.	
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6.	
7.	
8.	
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12.	



City of Belle Isle

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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: 4/24/14 PERMIT NUMBER 2014.04-050
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 3501 Cullen LK Shore Dr., Belle Isle FL 32809 32812
Property Owner Vincent + Katherin De Filippo Phone 407 850 3444
Property Owner's Mailing Address 3501 Cullen LK Shore City ORLANDO

State FL Zip Code 32812 Parcel Id Number: _____
To obtain this information, please visit <http://www.ocparfl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New
Type of Work: New Alteration Addition Repair Low Voltage New Existing Commercial Other
Date First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED
Dishwasher 1 Exhaust Fan _____ Disposal 2 Water Heater _____
Hood Fan _____ Dryer _____ Paddle Fan _____ Outlets 8
Fixtures 36 Spa _____ Pool _____
Electric Signs _____ Meter Reset _____ Low Voltage _____
Pumps 1 Motors _____ Air Condition _____

Temporary Construction Pole _____ One (1) New Meter S _____
Meter Service Upgrade from _____ to _____ Amperage _____
Relocate Existing Meter Service (No Service Size Change) _____
Other: _____



William D. Pigozzi
President
1105 Kensington Park Drive
Altamonte Springs, Florida 32714-1939
407-877-7070 • Mobile 407-947-4574
Bill@FloridaQualityConstruction.com

CGC 1513633
Construction • Development • Investment

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB)

VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED \$ 2500.00
Review & Permit Fee = \$ 88.50
3% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 92.50

Building Official: Michael J. Buiss Date 4/29/2014

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 [Signature] LICENSE # EC 1300 3205
LICENSE HOLDER NAME Arthur S Joseph COMPANY NAME Let There be Lik
Street Address 2006 Keylime st
City Orlando State FL Zip Code 32761 Phone Number 407 883 3092
Email Address ASJoseph44@yahoo.com Call as well

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: AP. Date: 4-29-2014

Permit Type:	<u>Electrical</u>	Job Cost:	\$ <u>2500-</u>
Permit Fee:	\$ <u>59-</u>		
Plans Review Fee:	\$ <u>29.50</u>		(50% of permit fee - excluding ReRoofs)
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
TOTAL BUILDING FEE:	\$ <u>92.50</u>		(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

$$\begin{aligned}
 & \$37 + (\$11 \times 2) = \$32 + 37 = \$59.00 \\
 & \$59 \times .50 = \$29.50 + \$59 = \$88.50
 \end{aligned}$$



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****
CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 2/21/2014

EXPIRATION DATE: 2/21/2016

PERSON: JOSEPH

ARTHUR

J

JR

FEIN: 593245371

BUSINESS NAME AND ADDRESS:

LET THERE BE LITE ELECTRIC

2006 KEYLIME ST.

ORLANDO

FL

34761

SCOPES OF BUSINESS OR TRADE:

LICENSED ELECTRICAL
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt, apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

AC# 6317234

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L1208290347

DATE	BATCH NUMBER	LICENSE NBR
08/29/2012	128060335	EC13003205

The ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

JOSEPH, ARTHUR J JR
LET THERE BE LITE ELECTRIC LLC
2006 KEYLIME STREET
OCOE

FL 34761

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

