



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: dishwasher, 4 exhaust fans, disposal, 2 water heaters, dryer, 7 paddle fans, 42 outlets, 12 fixtures, pool, 21 switches, stove, 5ton HVAC, 10kw furnace & 200/240/1 meter svc Comments: None Project Information Address: 3927 Isle Vista Avenue, Belle Isle, FL 32812 Parcel ID: 20-23-30-0668-00-920 Property Owner: Surrey Homes Phone Number: 407-470-1336 ***** Company Name: Synergy Electrical Systems Inc. Contractor Name: Strada, Steve License Number: ER13014121 Address: 550 Parkside Pointe Blvd, Apopka, FL 32712 Phone Number: 407-462-8377	Permit Number: 2014-12-018 Date of Application: 12/13/2013 Date Permit Issued: 12/18/2013 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." 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.
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BUILDING FEATURES

IMPACT FEES School \$ ZONING FEES Zoning Fee \$ UNIVERSAL ENG - BUILDING FEES Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$132.00 Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$	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 1 BUILDING 1 st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation) 2 nd _____ (Slab) 3 rd _____ (Lintel) Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing) (Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final - After MEP and Other Applicable Finals)
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SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$136.00 Date Paid 12-18-13 CC or Check # 1111 9519 Amount Paid 136	ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 ND ROOFING Covering In-Progress _____ 3 RD ROOFING Covering Final _____ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip. Etc...) 1 ST _____ (Underground) 2 ND _____ (Sewer) 3 RD _____ (Rough-In/Tub Set) 4 TH _____ (Final)
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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).

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.



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

Received
 12-13-13

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: 12-10-13 PERMIT NUMBER: 2014-12-018
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address: 3927 Isle Vista Ave Bella Isle FL 32809 32812
 Property Owner: Surety Homes Phone: 407-770-1336
 Property Owner's Mailing Address: 1133 Louisiana Ave City: Winter Park
 State: FL Zip Code: 32789 Parcel Id Number: _____
To obtain this information, please visit <http://www.cogratl.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

Delta First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher	<u>1</u>	Exhaust Fan	<u>4</u>	Water Heater	<u>2</u>
Hood Fan		Dryer	<u>1</u>	Paddle Fan	<u>7</u>
Outlets		Pool	<u>30 AMP</u>	Switches	<u>42</u>
Electric Signs		Low Voltage	<u>0</u>	Stoves	<u>21</u>
Pumps		Air Conditioning (tons)	<u>5.7</u>	Furnaces (KW)	<u>10KW</u>

Temporary Construction Pole _____ One (1) New Meter Service 200AMP-240V Amperage/Voltage/Phase
Single Phase

Meter Service Upgrade from: _____ to _____ Amperage/Voltage/Phase Difference in Size
 Amperage/Voltage/Phase

Relocate Existing Meter Service (No Service Size Change) _____
 Other: _____

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 \$ _____)

Building Official: Willey Buisser Date: 12/18/2013
 Review & Permit Fee = \$ 132.00
 3% FL Surchage = \$ 4.00
 TOTAL Permit = \$ 136.00

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: SS S... LICENSE # E130141021
 LICENSE HOLDER NAME: Steven S... COMPANY NAME: Surety Electric
 Street Address: 550 Parkside Blv
 City: Altamonte State: FL Zip Code: 32712 Phone Number: 407-462-8377
 Email Address: Steve@SuretyElectricSystems.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.

Building Permit Number: 2014-11-002

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-12-018
Property Owner	Survey Homes
Address	3927 Isle Vista Ave
Nature of Improvement	Electrical
Received Application	12-13-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-16-13
Building Official Approved	
Comments	
1. 12-17-2013	Needs cost \$ in order to estimate permit fees.
2. 12-18-13	sq emailed Steve it's ready
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

always the same



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2013

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 Laurenza Insurance Group, LLC 360 WILSHIRE BLVD STE 104 CASSELBERRY FL 32707-5382		CONTACT NAME: Joe Laurenza PHONE (A/C, No., Ext): (407) 261-2363 E-MAIL ADDRESS: info@laurenzains.com	
INSURED STEVEN STRADA SYNERGY ELECTRICAL SYSTEMS, INC 550 PARKSIDE POINTE BLVD APOPKA FL 32712-3364		FAX (A/C, No): (407) 261-2364 INSURER(S) AFFORDING COVERAGE INSURER A : Travelers INSURER B : Progressive INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

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	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			660-6791X523	03/09/2013	03/08/2014	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 - COMP/OP AGG \$ 2,000,000
B	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			08280797-0	10/12/2012	10/12/2013	COMBINED SINGLE LIMIT \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$ RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUS: <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Electrical Contractor
Steven Strada
Lic # ER13014121

CERTIFICATE HOLDER

CANCELLATION

Phone: 4072402222 Fax: 4072402222 City of Belle Isle 1500 NELA AVE BELLE ISLE FL 32809-6124	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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ACORD 25 (2010/05)

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE

(850) 487-1395

FL 32399-0783

STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712

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. 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

AC# 6329022

ER13014121 08/31/12 128062029

REG ELECTRICAL CONTRACTOR
STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489
Expiration date: AUG 31, 2014 L12083104513

DETACH HERE

AC# 6329022

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12083104513

DATE	BATCH NUMBER	LICENSE NBR
08/31/2012	128062029	ER13014121

The ELECTRICAL CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2014

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

