



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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:** T-POLE; 200amp/240volt/single phase

**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: 2014-12-017**

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 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 \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Demo \$

Building \$

Fence \$

Driveway \$

Shed \$

Window(s) \$

Door(s) \$

PrePower \$

Electrical \$

Temp Pole \$37.00

Plumbing \$

Mechanical \$

Gas \$

Roofing \$

Boat Dock \$

Screen Encl \$

Swimming Pool \$

**SURCHARGE FEES**

Surcharge Fee \$2.00

Surcharge Fee \$2.00

**TOTAL FEES \$41.00**

Date Paid

12-18-13

CC or Check #

1111 9519

Amount Paid

41.00

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

1<sup>st</sup>

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_

2<sup>nd</sup>

\_\_\_\_\_ (Footing/Foundation)

3<sup>rd</sup>

\_\_\_\_\_ (Slab)

4<sup>th</sup>

\_\_\_\_\_ (Lintel)(Wall Reinforcing on Masonry Building)

5<sup>th</sup>

\_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

6<sup>th</sup>

\_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

7<sup>th</sup>

\_\_\_\_\_ (Insulation to be Made After Roof Installed)

8<sup>th</sup>

\_\_\_\_\_ (Drywall)

9<sup>th</sup>

\_\_\_\_\_ (Sidewalk/Driveway)

10<sup>th</sup>

\_\_\_\_\_ (Other)

\_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

ROOFING

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>ND</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>RD</sup> ROOFING Covering Final \_\_\_\_\_

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_ (Underground) 2<sup>ND</sup> \_\_\_\_\_ (Sewer)

3<sup>RD</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup>

\_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (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 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.universaleengineering.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: 2014-12-017  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT  
 Project Address 3927 Isle Vista Ave Belle Isle FL  32809  32812  
 Property Owner Sorey Homes Phone 407-720-1336  
 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.cemfi.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

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
Fixtures	Spa	Pool	Switches
Electric Signs	Water Reset	Low Voltage	Stoves
Pumps	Motors	Air Conditioning (tons)	Furnace (KW)

Temporary Construction Pole 60 AMP One (1) New Meter Service \_\_\_\_\_ Amperage/Voltage/Phase  
240V - Single Phase

Meter Service Upgrade from: \_\_\_\_\_ to \_\_\_\_\_ Amperage/Voltage/Phase \_\_\_\_\_ Difference in Size  
 Relocate Existing Meter Service (No Service Size Change) \_\_\_\_\_  
 Other: T-Pole

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: Walter Buisson Date: 12/17/2013  
 Review & Permit Fee = \$ 151.50 3% FL Surchage = \$ 4.63 TOTAL Permit = \$ 156.13

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 S.S. Sorey LICENSE # EP130141021  
 LICENSE HOLDER NAME Steven Sorey COMPANY NAME Sorey Electric  
 Street Address 550 Parkside Parade Blvd  
 City Apopka State FL Zip Code 32712 Phone Number 407-462-0377  
 Email Address \_\_\_\_\_

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	2014-12-017
Property Owner	Sunny Homes
Address	3927 Isle Vista Cve
Nature of Improvement	T-Pole
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	12-17-13
Comments	
1.	12-18-13 eq emailed Steve it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# 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	FAX (A/C, No): (407) 261-2364
INSURED STEVEN STRADA SYNERGY ELECTRICAL SYSTEMS, INC 550 PARKSIDE POINTE BLVD APOPKA FL 32712-3364	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers INSURER B: Progressive INSURER C: INSURER D: INSURER E: INSURER F:	
NAIC #		

### 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	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	03/08/2013	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 - COMPIOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC ANY AUTO <input checked="" type="checkbox"/> ALL-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			08280797-0	10/12/2012	10/12/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 EACH OCCURRENCE \$ AGGREGATE \$
	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 - TOY-LIMITS 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  
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

ACORD 25 (2010/05)

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# CERTIFICATE OF LIABILITY INSURANCE

VM  
R054

DATE (MM/DD/YYYY)  
11/20/2013

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).

<b>PRODUCER</b>		<b>CONTACT NAME</b>	
PAYCHEX INSURANCE AGENCY INC		PHONE (A/C No. Ext)	
210705 P: F: (888) 443-6112		FAX (A/C No) (888) 443-6112	
PO BOX 33015		E-MAIL ADDRESS	
SAN ANTONIO TX 78265		INSURER(S) AFFORDING COVERAGE	
<b>INSURED</b>		NAIC#	
SYNERGY ELECTRICAL SYSTEMS INC		INSURER A Twin City Fire Ins Co	
550 PARKSIDE POINTE BLVD		INSURER B	
APOPKA FL 32712		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

**COVERAGES**      **CERTIFICATE NUMBER:**

**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 W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO					
	ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEEM RETENTION \$					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					X WC STATUS-TORTY LIMITS
A	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	76 WEG 2V9752	06/14/2013	06/14/2014	EL. EACH ACCIDENT \$1,000,000
						EL. DISEASE-EA EMPLOYEE \$1,000,000
						EL. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (MAX Line Length is 79; Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

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

*Mar Taylor*

ACORD 25 (2010/05)

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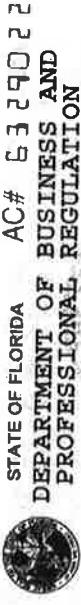
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399 - 0783

(850) 487-1395

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



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

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](http://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!

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