

LOW VOLTAGE ONLY

City of Belle Isle Job Site Permit Card ELECTRICAL 2020-07-070

Class: Residential

Site Address: 3537 Edlingham Ct 32812

Parcel Number: 20-23-30-9373-00-830

Subdivision

Description of Work: Electrical - INSTALL 50 AMP PORTABLE GENERATOR INLET & INTERLOCK DEVICE. Issued: Malcom S. Wertz Electrical - Malcom S. Wertz License # ECooo1982 Payment / Issued Date & Method: 1 /28 / 2020 Contact # 321 946 8254 □ Picked up by Pman □ Emailed □ Visa Master Card - Ame Discover Check / Money Order#

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

Schedule Inspections via Email at: BIDscheduling@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			

	mor Berok	DATE	COMMENTS
335 Rough			This inspection is only for low voltage!
375 Final			This inspection is only for low voltage!

COMMENTS

INCRECTOR

PLEASE NOTE: In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. 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 all of your inspections -☆ 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 3:00 p.m. Please include the following requirements in your request:

1) Project Address 2) Corresponding Permit Number 3) Type of Inspection (Please reference your permit card for 4) Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day) 5) Contact Name 6) Contact Phone Number 7) Gate / Entry code (If applicable)

8) AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 * Fax 407-581-0313 www.universalengineering.com



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

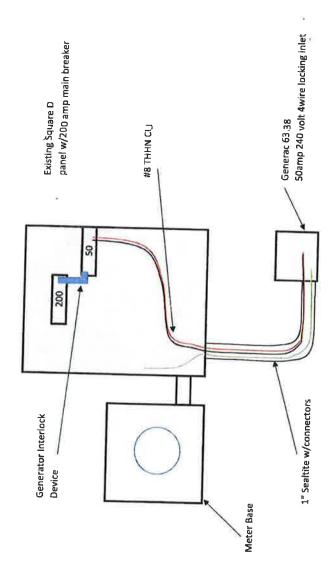
APPLICATION FOR ELECTRICAL

1. JUL 22 2020 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 ADDITION	77/04/70		2000-02-07 C)
	The undersigned hereby as	plies for a permit to make electrica	PERMIT N	UMBER OUT O TO	
	Project Address 3537 Edings		ncheran	32809 ××× 32812	
	Property Owner Susan Sprad	C. II. C	0		21
		1	F	Phone 407-489-8245 407-489-6	OL C
	Properly Owner's Mailing A	and a state of the	SWAL	ity Belle tale	
	State Florida Zip Co		umber: 20-23-30-9373-00-830		
		TO OBCAIN	tris information, please visit http://v	www.ocpaff.org/Searches/ParcelSearch, 85px	
	Class of Building: Old XX Type of Work: New XX	New Type of Building Addition Addition	g: Residentia Commercia Repair Low Voltage		
		INDICATE THE QUANTITY O	F ALL EQUIPMENT TO BE U	NSTALLED.	
	Dishwasher	Exhaust Fan	Disposal	Mater Heater	
	nood rail	oryer	_ Paddle Fan	Outlets	
	Fixtures	Spa		Switches	
	Pumps	Meter Reset	Low Voltage	Stoves	
	- unips	Motors	Air Conditioning (tons)	Furnace (KW)	
	Temporary Construction P	oleOne (1)	New Meter Service	Amperage/Voltage/Phase	
	Meter Service Upgrade from		to	=	
		Amperage/Voltage/Phase	Amperage/Voltage/Phase	Difference in Size	
		vice (No Service Size Change)		2	
	Other: Installation of 50amp 24	volt portable generator inlet and interlock de	rvice. Install)	Damp partable	
	generator	inlet & inter	lock device	2	
	PERMIT FEE BASED OF	N METER SERVICE SIZE SCHEDI E WORK BEING DONE, USE VALL	ULE	\$	
		ALUATION OF ALL MATERIALS, I			
		TOTAL OF THE WATERIALD,	DABON, AND FIXTORES INS	27 -	
	Benjar	min Suriel, AR92725	7/27/2020	Permit Fee = \$ 5 (
		20	The state of the s	Review Fee = \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Verified Contractor's Licer	ses & Insurance are on file	Date 7-38-30	1% BCAIB Fee = \$ 2 WILY	1
	A . I			1.5% DCA Fee = \$	
(t	410 7-28-20	MC 324;	5	TOTAL Permit = \$ 59.50	
	I hereby certify that the above	is true and correct to the best of n	ny knowledge.		
	I hereby make Application for Pe	rmit as outlined above, and If same is	granted I agree to conform to all	Florida Building Code Regulations and City	
	Ordinances regulating same and applicable Town and/or State of	in accordance with plans submitted.	The Issuance of this permit does	not grant permission to violate any	
	LICENSE HOLDER SIGNATU	IRE 💯	LICE	ENSE # EC0001982 E COCO 198	7
	LICENSE HOLDER NAME MA	colm 9. Wertz	2006	alcolm S. Wertz Electrical Contractor LLC	
		The state of the s	COMPANY NAME	S WORZ Electrical Contractor LLC	
	Street Address 5254 Chiswick Ci	CIE			
	City Belle Isle	State Florida	Zip Code 32812 Pho	one Number 321-946-8254	
	Email Address melcolmwertzdesig	ns@gmail.com		N	
	NOTE: The Building Permit Nu Permit has been Issued	mber is required if the Electrical Insta	illation is associated with any con	struction or alteration where a Building	
	. c (183 peet) 125060	Digitally signed by Benjamin	Suriel, Lic. AR92725 &		
100621	7	PX3694	Bullding Permi	t Number	
(9253	UNIVE	o=REVIEWED FOR CODE CON SCIENCES BID Building Inspections & Pl email=bsuriel@universaleng	MPLIANCE, ou=UES/ lans Review Opto, lineering.com, c=US		
		Date: 2020.07,27 20:38:50 -0	4''UU'		

3537 Edlingnam

Service located on garage side of residence





Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WERTZ, MALCOLM SCOTT

MALCOLM'S, WERTZ ELECTRICAL CONTRACTOR LLC 5254 CHISWICK CIRCLE ORLANDO FL 32812

LICENSE NUMBER: EC0001982

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

-	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to the subject to the su	o the	ceru	ncate holder in fleu of suc	cn endorsem	ent(s).		roquire an endorsemer	н. А	Statement Of	
PRODUCER 407-855-1000 Harry Levine Insurance					CONTACT Aleesia Pattie						
758	7 West Sand Lake Road				PHONE (A/C, No, Ext): 407-855-1000 FAX (A/C, No): 407-855-1001						
	ando, FL 32819 esia Pattie				E-MAIL ADDRESS: AI	eesia	@hlinsure.c	om			
Ale	esia Paπie				- HIM HADDAGE	IN	ISURER(S) AFEO	RDING COVERAGE		NAIC #	
					INSUDED A S	2,700	Commission of the Commission o	NDING COVERAGE		10190	
INS	URED		INSURER A : Southern Owners					10.00			
INSURED Malcolm S Wertz Electical Contractor LLC					INSURER B:						
3ell	4 Chiswick Circle e Isle, FL 32812				INSURER C:						
					INSURER D:						
					INSURER E						
~	WEDAGES				INSURER F :			323 - NS-1-1-2 C-1			
				NUMBER:				REVISION NUMBER:			
Ċ	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PFR	TAIN	THE INSURANCE AFFORD	OF ANY CON	OLICIE	OR OTHER		'AT T/	A MARIANTE TIME	
NSR	TYPE OF INSURANCE	ADDI	SUBR	DOLLOW WINT HAVE	POLIC	YEFF	POLICY EXP				
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/D)	D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	0.000.554	
•	CLAIMS-MADE X OCCUR			72404440				EACH OCCURRENCE	\$	2,000,000	
	OCCUR			72404449	07/10	/2020	07/10/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		1			4			MED EXP (Any one person)	\$	10,000	
					1			PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	X POLICY JECT LOC		1		11			PRODUCTS - COMP/OP AGG	s	3,000,000	
_	OTHER:								s		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	5		
	ANY AUTO							BODILY INJURY (Per person)	s		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	5		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s		
								ir di accidenti	s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE							- Company of the Comp	\$		
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	S		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	S		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	S		
A	Equipment Floater	-		72404449	07/10	/2020	07/10/2021	E.L. DISEASE - POLICY LIMIT	\$		
				72404445	07/10	2020	07/10/2021				
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may be attache	d if mor	e space is requir	ed)			
								,			
ER	TIFICATE HOLDER				CANCELLAT	ION					
				CITY-BI							
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
City of Belle Isle 1600 Nela Ave Belle Isle, FL 32809			ACCORDANG			ACCONDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED RE							
					A COatt						
						-		Ei			



JIMMY PATRONIS CHIEF FINANICAL 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: 8/5/2019

EXPIRATION DATE: 8/4/2021

PERSON: MALCOLM S WERTZ

EMAIL: MALCOLMWERTZDESIGNS@GMAIL.COM

FEIN: 842441317

BUSINESS NAME AND ADDRESS:

MALCOLM S. WERTZ ELECTRICAL CONTRACTOR LLC

5254 CHISWICK CIRCLE ORLANDO, FL 32812

SCOPE OF BUSINESS OR TRADE:

Electrical Wiring Within Buildings and Drivers

IMPORTANT: 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 certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01028701

QUESTIONS? (850) 413-1609



CITY OF BELLE ISLE

OCCUPATIONAL LICENSE 1600 Nela Avenue Belle Isle, FL 32809

Business License Number:

L9-00360

Effective Date:

10/01/19 09/30/20

Expiration Date:

25.00

Business Name:

MALCOLM S. WERTZ ELECTRICAL CONTRACTOR LUC.

Location:

5254 CHISWICK CIRCLE

Classification:

ELECTRICAL CONTRACTOR

POST IN A CONSPICUOUS PLACE NOT VALID UNLESS SIGNED BY CITY OFFICIAL

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809 Phone: 407-851-7730 Fax 407-240-2222

www.cityofbelleislefl.org