



# City of Belle Isle Job Site Permit Card ELECTRICAL 2020-09-068

Class: Residential

Site Address: 5447 Ming Dr 32812

Parcel Number: 20-23-30-6779-00-030

Municipality Belle Isle

OUR SYSTEM WILL NOT ALLOW TO SCHEDULE ANY INSPECTIONS WITH OUT A NOC

Description of Work: Electrical - Pool Wiring

Issued: PLATINUM ELECTRIC LLC; MARK, BRIAN A

License # EC13005813

Contact # 407 467-8329/321 639-7645

Payment/ Issued Date & Method: 7 / 15 / 2020

Picked up by \_\_\_\_\_  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order#

4766

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

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto:BDscheduling@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			

LOW VOLTAGE ONLY	INSPECTOR	DATE	COMMENTS
335 Rough			This inspection is only for low voltage!
375 Final			This inspection is only for low voltage!

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 [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 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 inspection codes)
- 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](http://www.universalengineering.com)

"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."



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

RECEIVED  
 SEP 17 2020

**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: 8/14/20 PERMIT NUMBER: 2020-09-068  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address: 5447 Ming Dr Belle Isle FL 32809 32812

Property Owner: Julia Freij Phone: 312-552-0417

Property Owner's Mailing Address: 5447 Ming Dr City: Belle Isle

State: FL Zip Code: 32812 Parcel Id Number: 20-23-30-677A-00-080

To obtain this information, please visit <http://www.ocofl.org/3aschst/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
 Type of Work: New  Alteration  Addition  Repair  Low Voltage New  Existing

**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 _____	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: Pool Wiring

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) \$ 300

Building Official: Benjamin Suriel, AR92725 Date: 10/03/2020  
 Verified Contractor's Licenses & Insurance are on file PL Date: 10-14-2020  
UNIVERSAL

Permit Fee = \$ 57.-  
 Review Fee = \$ 28.50  
 1% BCA/B Fee = \$ 2 min  
 1.5% DCA Fee = \$ 2 min  
 TOTAL Permit = \$ 89.50

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 # EC13005813  
 LICENSE HOLDER NAME: Diana Mark COMPANY NAME: Platinum ELC  
 Street Address: 3430 Colbeck Ave Orlando  
 City: Orlando State: FL Zip Code: 32832 Phone Number: 311-689-7645  
 Email Address: platinumelectrical@gmail.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.

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 ENGINEERING SCIENCES

Digitally signed by Benjamin Suriel, Lic. AR92725 & PX3694  
 DN: cn=Benjamin Suriel, Lic. AR92725, o=UNIVERSAL ENGINEERING SCIENCES, ou=UES/BID Building Inspections & Plans Review Dpto., email=bsuriel@universalengineering.com, c=US  
 Date: 2020.10.03 19:04:19 -04'00'

UNIVERSAL  
10-15-2020

Change of Contractor Letter  
(New Contractor Information)

I, Daniel J. Theune, am taking full responsibility for the entire project  
(Name of Contractor)

located at 5447 Ming Dr. Belle Isle, FL 32812, Original permit number 2020-09-066

License Holder/Homeowner Name: Daniel J. Theune

License Number: CPC056822

Company Name: Premier Pools of Central Florida, Inc.

Address: 4572 N. Palmetto Ave

City: Winter Park State: FL Zip Code: 32792

License Holder/Homeowner Signature: \_\_\_\_\_



STATE OF FLORIDA  
COUNTY OF Orange

This instrument was acknowledged before me this 14 day of December, 2020, by the above reference individual, Daniel J. Theune, who acknowledged that he/she is a duly licensed contractor with Premier Pools of Central Florida, Inc., and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me  or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this 14 day of December, 2020.



**MORGAN ARTIS**  
Commission # HH 038567  
Expires September 1, 2024  
Bonded Thru Budget Notary Services

\_\_\_\_\_  
Notary Public  
Printed Name: Morgan Artis  
My Commission Expires: HH038567

I, VICTOR NORBERG, am requesting that my permit number  
(Name of Contractor)

2020-09-066 for job located at 5447 MING DR., BELLE ISLE, FL  
(Complete Address) 32812

be voided and a new permit issued to PREMIER POOLS OF CENTRAL FLORIDA, INC  
(New Contractor's Name)

as I am voluntarily giving up full responsibility of the job.

License Holder/Homeowner Name: VICTOR NORBERG

License Number: CPC044073

Company Name: WATERLWE POOLS

Address: 5605 HANSEL AVE

City: ORLANDO State: FL Zip Code: 32809

License Holder Signature: [Signature]

STATE OF FLORIDA  
COUNTY OF ORL

This instrument was acknowledged before me this 4 day of 12, 2020, by the above reference individual, VICTOR NORBERG, who acknowledged that he/she is a duly licensed contractor with PREMIER WATERLWE POOLS and who acknowledged that he/she was authorized to execute this document. He/she is either personally know to me \_\_\_\_\_ or produced \_\_\_\_\_ as valid identification.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Robert R. Wilson, Jr.  
Notary Public  
Printed Name: \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

