



City of Belle Isle Job Site Permit Card **ELECTRICAL** 2020-08-076

Class: **Commercial**

Site Address: **2601 Mccoy Rd 32809**

Parcel Number: 30-23-30-0000-00-014

Choice Hotels Quality Inn Airport

Description of Work: Electrical - CONNECTING TO EXISTING POWER.

Issued: FLORIDA CERTIFIED SIGN ERECTORS, LLC., HUGHES, DAVID ARTHUR

License # ES12000226

Contact # 334 984-0194

Payment/ Issued Date & Method: 8/26/2020

Picked up by _____ Sent by mail to the mailing address Emailed

Visa Master Card Amex Discover Check / Money Order#

21735

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

Schedule Inspections via Email at: 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			
375 Final			This inspection is only for low voltage!
			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; 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 - 3332 Maggie Blvd., Orlando, FL 32811 407-581-8161 * Fax 407-581-0313 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."

Susan Manchester

From: Candace Rojas <crojas@fc-se.com>
Sent: Wednesday, March 24, 2021 8:53 AM
To: CobiPermits
Subject: 2601 McCoy Rd
Attachments: We sent you safe versions of your files; 2601 McCoy Rd., permit, electrical for sign, 2020-08-076.pdf; 2601 McCoy Rd., permit, sign, 2020-08-075.pdf

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

Good morning,
Thank you for taking my call. The attached sign permit is only for a face replacement and does not require electrical. Can you please void the electrical permit?



Regards,
Candy Rojas
Project Manager
2364 Old Combee Rd., Building 5, Unit 101, Lakeland, FL 33805
863-603-8497 Phone
crojas@fc-se.com

PLEASE NOTE:

FOR ANY PROJECTS BEING HANDLED OUT OF OUR LAKELAND OFFICE PRODUCT MUST SHIP TO LAKELAND ADDRESS NOTED ON SIGNATURE ABOVE

FOR ANY PROJECTS BEING HANDLED OUT OF OUR DOTHAN OFFICE PRODUCT MUST SHIP TO DOTHAN ADDRESS NOTED BELOW

DOTHAN OFFICE: 2824 Horace Shepard Dr., Dothan, AL 36303

LICENSES: AL GC 45725, FL GC CGC1529996, FL ES (DH) 12000226, FL ES (RW) 12001924, LA GC 46694, MS GC 16909-MC, TX 803814477

Visit our Web site www.fc-se.com

Follow us on FaceBook: <https://www.facebook.com/FloridaCertifiedSignErectors>



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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
AUG 21 2020
BY: _____

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: _____ PERMIT NUMBER 2020-08-076

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2601 McCoy Rd, Belle Isle FL 32809 32812

Property Owner Siddhi-Vinayak Inc. Phone _____

Property Owner's Mailing Address _____ City _____

State _____ Zip Code _____ Parcel Id Number: 30-23-30-0000-00-04
To obtain this information, please visit <http://www.ocpafl.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

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 2 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 Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____

Other: Connect to existing power

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) \$ 100

Building Official: Benjamin Kuriel Date 8/25/20
AR92705
Verified Contractor's Licenses & Insurance are on file OK Date 8/24/20

Permit Fee = \$ 37
Review Fee = \$ 18.50
1% BCAIB Fee = \$ 2 min
1.5% DCA Fee = \$ 2 min
TOTAL Permit = \$ 59.50

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 David Hughes LICENSE # ES12000226
LICENSE HOLDER NAME David Hughes COMPANY NAME FL Cert Sign Erectors
Street Address 2824 Horace Shepard Dr B
City Dorhan State AL Zip Code 36303 Phone Number 3349840194
Email Address Swhite@fe-se.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 _____
PAID
Aug 27 2020

193159



Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

ELECTRICAL CONTRACTORS LICENSING BOARD

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

AS A SIGN ELECTRICAL SPECIALIST

HUGHES, DAVID ARTHUR

FLORIDA CERTIFIED SIGN ERECTORS, LLC.
2824 HORACE SHEPARD DRIVE
DOTHAN AL 36303

LICENSE NUMBER: ES12000226

EXPIRATION DATE: AUGUST 31, 2022

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)
8/10/2020

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 Harmon Dennis Bradshaw, Inc. 334-273-7277 P.O. Box 241667 Montgomery, AL 36124		CONTACT NAME: Valeri Dew PHONE (A/C, No, Ext): 334 517-1861 FAX (A/C, No): 334-273-9197 E-MAIL ADDRESS: vdew@hdbinsurance.com	
INSURED Florida Certified Sign Erectors, LLC. 2824 Horace Shepard Drive Dothan, AL 36303		INSURER(S) AFFORDING COVERAGE INSURER A : FCCI Insurance Group INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	


RECEIVED
 AUG 26 2020

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP100034708	12/03/2019	12/03/2020	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 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CA100008885	12/03/2019	12/03/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		UMB100019845	12/03/2019	12/03/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Installation		CPP100034708	12/03/2019	12/03/2020	\$100,000/\$1,000 Ded
A	Leased/Rented		CPP100034708	12/03/2019	12/03/2020	\$250,000/\$1,000 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave. Orlando, 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 
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CERTIFICATE OF LIABILITY INSURANCE

Date
8/7/2020

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits															
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$															
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$															
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$															
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2020	01/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 70%;">WC Statutory Limits</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">OTH-ER</td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC Statutory Limits				OTH-ER		E.L. Each Accident	\$1,000,000		E.L. Disease - Ea Employee	\$1,000,000		E.L. Disease - Policy Limits	\$1,000,000
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	E.L. Disease - Ea Employee	\$1,000,000																			
	E.L. Disease - Policy Limits	\$1,000,000																			

Other

Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 81-67-912

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Florida Certified Sign Erectors, LLC

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com

Project Name:

ISSUE 08-07-20 (BP)

Begin Date: 3/16/2018

CERTIFICATE HOLDER

CITY OF BELLE ISLE

1600 NELA AVENUE
BELLE ISLE, FL 32809

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



CITY OF LAKELAND

BUSINESS TAX RECEIPT

Expires on: 9/30/2021

Business Tax Office, 228 S Massachusetts Ave., Lakeland, FL 33801

Account Number: 1394039
Workers: 4
Square Footage: 2,500
Fee: \$145.72

Location Address

2364 OLD COMBEE RD #101

Business Name & Mailing Address

FLORIDA CERTIFIED SIGN ERECTORS

DAVID A HUGHES, OWNER
2824 HORACE SHEPARD DR
DOTHAN, AL 36303

This business tax receipt does not permit the holder to operate in violation of any City law, ordinance or regulation. Any change in location or ownership must be approved by the City Business Tax Section, subject to zoning restrictions. This Receipt does not constitute an endorsement, approval or disapproval of the holder's skill or competence or of the compliance or noncompliance of the holder with other laws, regulations or standards.



RECEIPT MUST BE CONSPICUOUSLY DISPLAYED IN YOUR PLACE OF BUSINESS

VALID ONLY WHEN SIGNED

Bus. Type(s) Bus. Subtype(s)

Quantity

CAT I-OFFICE BUSINESS OFFICE

CATEGORY I