

3 RD NOTIFICATION
28 April 2022

Frank Matos

From: Frank Matos
Sent: Thursday, April 28, 2022 7:42 AM
To: 'Nathaniel Chapman'; CobiPermits
Cc: nchapman@ferran-services.com
Subject: THIRD NOTIFICATION - 2919 Nela Ave, permit, 2021-11-063 Pending Requirements Ferran Services & Contracting Inc
Attachments: COBI Credit Card Authorization Form.pdf; EXPIRED WC.pdf

nchapman@ferran-services.com

This notification is to inform that the valid permit is ready for issuance: **2919 Nela Ave, permit, 2021-11-063 Pending Requirements Ferran Services & Contracting Inc**

- If this project have been abandoned, cancelled or discontinued, please inform us in order to void this submittal / permit for our records.
- If the project is still active – work done without any permits; submit the requested requirements in order to avoid any violations and fees.
- Failure to respond will result in UES notifying the Home Owner & Code Enforcement to taking necessary action.
- Inspections will be voided / null if a NOC is required for this particular project. The permit will attain a status of Expired & Open Permit.

This permit must be issued in order to schedule any inspections.

Take a moment to read the email below in its entirety as it contains important information regarding your permit.

Do not change the subject line of this email when replying or forwarding. Once payment is submitted, please allow up to THREE (3 business days) to receive your permit.

PENDING REQUIREMENTS SEE ATTACHMENT (s)

- **REQUIRED** A valid copy of Proof of Workers' Compensation with the certificate holder as: City of Belle Isle 1600 Nela Avenue, Belle Isle, FL 32809 or Exemption thereof. **EXPIRED**
- Remit total payment due: \$ 92.50. ☆ **2919 Nela Ave, permit, 2021-11-063 Pending Requirements Ferran Services & Contracting Inc**

Please refer to the subject line of this email for the permit number. **THE PAYMENTS CANNOT BE COMBINED.**

A credit card authorization form has been attached for your convenience to receive your permit via email.

Ensure to completely fill out the credit card authorization form including the following:

- The authorized person's name, exact amount due as indicated in this email, account type, date, permit number, contact number & full address.
- A three (3) code number for **Visa / Master Card /Discover Card** or a four (4) digit code number for the **AMEX Card**.
- An EXPIRATION DATE for this credit card is required in order to expedite the payment.

2nd Notification

26 JAN 2022

Frank Matos

From: Frank Matos
Sent: Wednesday, January 26, 2022 12:50 PM
To: 'Nathaniel Chapman'; CobiPermits
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- An EXPIRATION DATE for this credit card is required in order to expedite the payment.
- **Ensure to sign/date at the bottom of the form – The city of Belle Isle will not process the payment without a signature.**



NOV 19 2021

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: 11-19-2021 PERMIT NUMBER 2021-11-063
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2919 Nela Ave., Belle Isle FL 32809 32812
 Property Owner Richard Scharf, Margaret Scharf Phone _____
 Property Owner's Mailing Address 2919 Nela Ave. City Belle Isle
 State FL Zip Code 32809 Parcel Id Number: 29-23-30-4389-01-022
 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 _____	Meter Reset _____	Low Voltage _____	Stoves _____
Pumps _____	Motors _____	Air Conditioning (tons) _____	Furnace (KW) _____

WTK
 2x11
 37
 22
 59.2
 29.50
 88.70

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: Replace 125-Ax1P interior panel, same for same

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) \$ 2,300

Building Official: OR Date 11-22-21
 Verified Contractor's Licenses & Insurance are on file WIC Date 11-22-21
EXPIRED WIC

Permit Fee = \$ 59.1
 Review Fee = \$ 29.50
 1% BCAIB Fee = \$ 2 min
 1.5% DCA Fee = \$ 2 min
 TOTAL Permit = \$ 92.50

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 _____ LICENSE # FC 13003653
 LICENSE HOLDER NAME Shawn Boone COMPANY NAME Ferran Services
 Street Address 530 Grand St.
 City Orlando State FL Zip Code 32805 Phone Number (407) 422-3551
 Email Address Sboone@ferran-services.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 _____



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

BOONE, SHAWN WILLIAM

FERRAN SERVICES & CONTRACTING, INC.
530 GRAND STREET
ORLANDO FL 32805

LICENSE NUMBER: EC13003653

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.

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

1802 CERT ELECTRICAL CON **2021** **EXPIRES 9/30/2022** 1802-0013318
\$70.00 31 EMPLOYEES ;

TOTAL TAX \$70.00
PREVIOUSLY PAID \$70.00
TOTAL DUE \$0.00

BOONE SHAWN WILLIAM QUALIFIER

FERRAN SERVICES & CONTRACTING INC
BOONE SHAWN WILLIAM
530 GRAND ST

ORLANDO FL 32805-4731

530 GRAND ST
A - ORLANDO, 32805

PAID: \$70.00 0098-01005307 7/27/2021

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1802 CERT ELECTRICAL CON **2021** **EXPIRES 9/30/2022** 1802-0013318
\$70.00 31 EMPLOYEES ;

TOTAL TAX \$70.00
PREVIOUSLY PAID \$70.00
TOTAL DUE \$0.00



BOONE SHAWN WILLIAM QUALIFIER

FERRAN SERVICES & CONTRACTING INC
BOONE SHAWN WILLIAM
530 GRAND ST

ORLANDO FL 32805-4731

530 GRAND ST
A - ORLANDO, 32805

PAID: \$70.00 0098-01005307 7/27/2021

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

Client#: 1405470

131FERRASER

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2021

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 this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services PO Box 4927 333 S Garland Ave 16th Fl Orlando, FL 32802-4927	CONTACT NAME: PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 888-635-4183	
	E-MAIL ADDRESS:	
INSURED Ferran Services & Contracting Inc 530 Grand Street Orlando, FL 32805	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Allied P & C Insurance Co	NAIC # 42579
	INSURER B : FFVA Mutual Insurance Company	10385
	INSURER C : Depositors Insurance Company	42587
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER: 21/22 MSTBAIWSPNC** **REVISION NUMBER: 1**

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 INSR	SUBR 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"/> \$5,000 BI/PD Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		X	GLPO3037836743	09/30/2021	09/30/2022	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 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$5,000 PD Ded <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		X	BAPD3037836743	09/30/2021	09/30/2022	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 <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X	CAP3037836743	09/30/2021	09/30/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC84000129362021A	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured status is granted as respects to General Liability if required by written construction agreement per endorsement CG7246 11/15 and/or "Contractors Enhancement Plus Endorsement" CG7323 12/16 which includes Primary and Non-Contributory Status and Waiver of Subrogation.
 Additional Insured and Waiver of Subrogation is provided on the auto if required by contract or agreement (See Attached Descriptions)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue 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 <i>Jeffrey L. Johnson</i>
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EXAMPLE - W/C