

City of Belle Isle Job Site Permit Card ELECTRICAL 2021-09-058

Class: Residential

Site Address: 6563 Gibson Dr - Belle Isle, FL 32809

Parcel Number: 24-23-29-0600-01-260. . Municipality Belle Isle

INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS REQUIRED FOR THIS PROJECT

Description of Work: E				
Issued: MARCOPE, LLC	******		CONTRACTOR AND THE CAN	
Payment/ Issued Date & M			D21 Delicked up by	
□ Visa □ Master Card	□ Amex □ I	Discover	Check / Money	
FOR POOL INSPECTIONS, PLE Schedule Inspections via E	ASE REFER TO MAIN	POOL PER	MIT FOR SPECIFIC I	POOL INSPECTIONS & CODES PM CURPET TIME
Inspection inquiries reg				
	-			1
ELECTRICAL	INSPECTOR	DATE	COMMENTS	100
300 Temp Pole			~U	
310 TUG				
320 Underground				
325 Electrical Above – Ceiling			•	
330 Rough	_			
340 Footer Steel Bonding				
350 Pool Light		1	N.	
360 Pre Power		CU		ement must be in permit packet for ntact UES for the PP agreement form.
370 Meter Re Set				
380 Final		V		
		W		

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 inspection codes) 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

"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: Susan Manchester

Sent: Wednesday, February 23, 2022 12:23 PM

To: Susan Manchester; 'Tami McPherson'; CobiPermits

Cc: Construction

Subject: RE: 6563 Gibson Dr - emergency meter change out permit 2021-09-058 is OVERDUE -

Marcope, LLC EC13001174

Attachments: COBI Credit Card Authorization Form.pdf

Hello,

We are assuming this work was done since it was an emergency change out. However – you have not paid for the permit or scheduled the final inspection. Please see my email below from 9.24.2021 for instructions on how to submit payment. Once the permit is issued, you can schedule the final inspection.

PLEASE NOTE THAT OUR SCHEDULING PROCESS HAS CHANGED. The link for scheduling inspections is pasted below if you would like to click it and then save to your favorites for your future convenience. Depending on your system settings, you may need to copy and paste the link into your browser. Next business day inspection requests must be made by 3 pm the preceding business day.

http://uesbidportal.uesorl.com/citizenportal/

Thank you,

Susan Manchester
Permit Administration for the City of Belle Isle
Building Inspections and Code Compliance Department

3532 Maggie Blvd Orlando, Fl 32811 p 407-423-0504 Ext 23309 | f 407-423-3106







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 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.

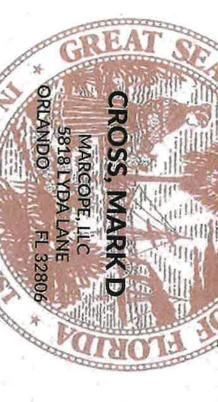
	.m.		PMIT NI IMPED 2021-09.	-050
DATE OF APPLICATION: 9			KIMI / NOMBER	
i ne undersigned hereby app	plies for a permit to make elec	trical installations as indica	ited below. PLEASE PRINT	
Project Address 6563 Gibson	1 Dr. 6563 (sibson		2
Property Owner Eric &Ashley	Giere Gleve	Aricz. Ashl	ey Phone 407 816 9000 407	The Control of the Co
Property Owner's Mailing Ad	6563 Gibson Dr.		City Belle Isle	
		24-23-29-06		-
State FL Zip Coo		ld Number;		
	Тоо	btain this information, please vis	http://www.ocpafl.org/Searches/ParcelSearch.as	₽¥
Class of Building: Old	New Type of Buil	ding: Residentia XI Co	ommercial Other	
Type of Work: New 🔲 A	lteration	-	v Voltage New Existing	
	INDICATE THE QUANTIT	Y OF ALL EQUIPMENT	TO BE INSTALLED	
Dishwasher &	Exhaust Fan		Water Heater	
Hood Fan[Oryer	Paddle Fan	Outlets	
Fixtures	Spa	Pool	Switches	
	Meter Reset		Stoves	
Pumps N	Motors	Air Conditioning (tons	s) Furnace (KW)	
	ala O-	- (4) Nov. Make Overley	A	- 3 7
emporary Construction P	OleOn	e (1) New <u>Meter</u> Service	Amperage/Voltage	Prinase)
Meter Service Upgrade from	n	to	*	+1 11
	Amperage/Voltage/Phase	Amperage/Voltag	ge/Phase Difference in Size	110
Relocate Evisting Meter Sen	vice (No Service Size Change	1		48
torous Esserig mess cor	The (TO COLUMN DEC CHANGE	·		2.4
Other: Emergency Service	Repair to melted meter			
				77
PERMIT FEE BASED OF	N METER SERVICE SIZE SC	HEDIII E	\$	
	E WORK BEING DONE, USE			
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			Permit Fee = \$	
Building Official:	OR	Date 9.24-2	Review Fee = \$	<u> </u>
Verified Contractor's Lice	nses & Insurance are on file	A Date 9.2	7.202 /% BCAIB Fee = \$	2 min
		1	1.5% DCA Fee = \$	2 min
			TOTAL Permit = \$	6
hereby certify that the above	e is true and correct to the bes	st of my knowledge.		
harabu maka Application for D	agmit as outlined above, and if s	ama is granted Lagree to see	form to all Florida Building Code Regulations a	nd City
			rmit does not grant permission to violate any	
	f Florida codes and/or ordinance			D) (A)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	114- 6			
ICENSE HOLDER SIGNAT	URE		LICENSE # EC13001174	
ICENSE HOLDER NAME_M	lark Cross	COMPANY	NAME_Marcope, LLC	
treet Address 5818 Lyda Ln				
City Orlando	State FL	Zip Code 32839	Phone Number 407832 5239	
mail Address permitting@ma			. Hono Halling	
				U
NOTE: The Building Permit N Permit has been issue		al Installation is associated wi	th any construction or alteration where a Bullo	ling
			Harman and the	
		Buil	ding Permit Number	



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

ELECTRICAL CONTRACTORS LICENSING BOARD

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



LICENSE NUMBER: EC13001174

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.



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREINIS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



LICENSE NUMBER: CGC1514240

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) 8/16/2021

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Hilb Group of Florida, LLC - Orlando 5639 Hansel Ave Orlando FL 32809-4215					CONTACT NAME: PHONE (A/C, No, Ext): 407-859-3691 E-MAIL ADDRESS: orlando@hilbgroup.com						
								NAIC #			
				INSURER A : American Builders Ins. Co.				11240			
INSURED MARCILLC-01			INSURER 8 : FCCI Commercial Insurance Company				33472				
Marcope, LLC 5818 Lyda Lane			INSURER C:								
		o FL 32839-2012									
		5 / L 3 L 3 L 3 / L				INSURER D :					
						INSURER E:					
CO	VER	AGES CER	TIFIC	ATE	NUMBER: 1226533849	REVISION NUMBER:					
U)	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		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		MITS	
В	Х	COMMERCIAL GENERAL LIABILITY	INSU	WVU	GL100072255		8/17/2021	8/17/2022	EACH OCCURRENCE	\$ 1,000	CDC
		CLAIMS MADE X OCCUR					0, 1112021	SHILDEL	DAMAGE TO RENTED		
		CENTINENTALE							PREMISES (Ea occurrence)		JU
	\vdash								MED EXP (Any one person)	\$ 5,000	-
	OEN	N 40025017511117 1001170 255				1			PERSONAL & ADV INJURY	\$ 1,000	
		'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$ 2,000,	
						1			PRODUCTS - COMPIOP AC		000
B	_	OTHER: OMOBILE LIABILITY			0440447664	-			COMBINED SINGLE LIMIT	3	
Ð	-				CA100072254		8/17/2021	8/17/2022	(Ea accident)	\$ 1,000.	CDU
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		AUTOS ONLY AUTOS							BODILY INJURY (Per accide		
		AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	5	
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		EXCESS LIAB CLAIMS-MADE						l l	AGGREGATE	\$	
		DED RETENTIONS							(1977/202	S	
Д		KERS COMPENSATION EMPLOYERS' LIABILITY			WCV-0288391-02		6/22/2021	6/22/2022	X PER OTH		
	ANYP	ROPRIETOR/PARTNER/EXECUTIVE TON	N/A						EL EACH ACCIDENT	\$ 100.00	00
	(Mano	CER/MEMBER EXCLUDED?	NIA						E.L. DISEASE - EA EMPLOY	EE \$100.00	00
	If yes. DESC	describe under RIPTION OF OPERATIONS below							E.U. DISEASE - POLICY LIM		
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DESC	RIPTIO	ON DF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Scheduk	e, may be	attached if more	space is require	(a)	,	
CEI)TIEI	CATE HOLDER				2410					
CEI	CHIP	CATE HOLDER	_			CANC	ELLATION				
City of Belle Isle					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1600 Nela Ave Belle Isle FL 32809			AUTHORIZED REPRESENTATIVE								

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.

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EXPIRES

9/30/2021

5000-1189901

5000 1802

BUSINESS OFFICE CERT ELECTRICAL CONT \$30.00 \$30,00 1 EMPLOYEE 1 EMPLOYEE

1801 CERT GENERAL BUILDER

\$30.00

1 EMPLOYEE

TOTAL TAX \$90.00 PENALTIES \$9:00 PREVIOUSLY PAID \$99.00 TOTAL DUE \$0,00

4676 CASA GRANDE DR (MOBILE) N-EDGEWOOD 32839 CGC1514240 / EC13001174 PAID: \$99.00 2006-06364241 10/1/2020



CROSS MARK D

MARCOPE LLC CROSS MARK D 4675 CASA GRANDE DR EDGEWOOD FL 32839

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.





