



City of Belle Isle Job Site Permit Card ELECTRICAL 2020-04-027

Site Address: 1130 Waltham Ave 32809
Parcel Number: 23-23-29-3400-00-072

Class: Residential
Subdivision na

Description of Work: Add a 100 amp panel for new pool pavilion

Issued to: Verner, Patrick - DSE ELECTRIC SERVICE INC License # EC13004290

Contact # 407 948 9591 Payment/ Issued Date & Method: 4/10/2020

Visa Master Card Amex Discover Check / Money Order#

0939

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			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; 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: address, permit #, contact name & ph #, type of inspection, and inspection code.

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."



RECEIVED
APR 08 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: 3-23-20 **PERMIT NUMBER** 2020-04-027
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 1130 WALTHAM AVE, Belle Isle FL X32809 32812

Property Owner JEFF MAULL Phone _____

Property Owner's Mailing Address 1130 WALTHAM AVE City BELLE ISLE

State FL **Zip Code** 32809 **Parcel Id Number:** 24-23-29-3400-00-072
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 <u>1</u>	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan <u>3</u>	Outlets <u>12</u>
Fixtures <u>7</u>	Spa _____	Pool _____	Switches <u>4</u>
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 Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____

Other: SUB PANEL 100AMP 1Ø FOR ADDITION (PAVILION)

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) \$ 5,000.00

Building Official: OTC Date 4-8-20
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-8-20

Permit Fee = \$ 57.-
Review Fee = \$ 28.50
1% BCAIB 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 #** EC13004290
LICENSE HOLDER NAME PATRICK VERNER **COMPANY NAME** DSE ELECTRIEM SVC.
Street Address 540 E. HORATIO AVE, STE 201A
City MARYLAND **State** FL. **Zip Code** 32751 **Phone Number** 407-948-9591
Email Address PVERNER@cfi.re.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.

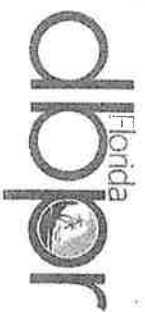
151K
4x 5
37
20
57.2
28.50
85.50

Building Permit Number 2020-02-043



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, 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

Additional Business Qualification

VERNER, PATRICK J

D S E ELECTRICAL SERVICE AND MAINTENANCE INC

540 E. HORATIO AVENUE

SUITE 301A

MAITLAND

FL 32751

LICENSE NUMBER: EC13004290

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)

4/9/2020

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 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 Sihle Insurance Group, Inc. P. O. Box 160398 Altamonte Springs FL 32716	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 407-869-5490 E-MAIL ADDRESS: Certificates@sihle.com FAX (A/C, No): 407-389-3580														
INSURED DSE Electrical Service and Maintenance, Inc. 540 E. Horatio Avenue, Suite 301 Maitland FL 32751	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Westfield Insurance Group</td> <td>24112</td> </tr> <tr> <td>INSURER B: FFVA Mutual Ins Co</td> <td>10385</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westfield Insurance Group	24112	INSURER B: FFVA Mutual Ins Co	10385	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 1844048885 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR			CWP3853523	4/1/2020	4/1/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> OTHER: _____						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 150,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="checked" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="checked" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="checked" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> HIRED AUTOS ONLY <input checked="checked" type="checkbox"/> NON-OWNED AUTOS ONLY			CWP3853523	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
A	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="checked" type="checkbox"/> RETENTION \$ 0			CWP3853523	4/1/2020	4/1/2021	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="checked" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC8400034848	4/10/2020	4/10/2021	<input checked="checked" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Contractors' Equipment			CWP3853523	4/1/2020	4/1/2021	Leased & Rented Equip Deductible	\$25,000 \$500

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

CERTIFICATE HOLDER **CANCELLATION**

City of Belle Isle 1600 Nela Ave. Belle Isle FL 32809	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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2019 **EXPIRES 9/30/2020**

1802 CERT ELECTRICAL CONT	\$30.00	1 EMPLOYEE	5000 BUSINESS OFFICE	\$30.00	1802-1073281
					1 EMPLOYEE

TOTAL TAX	\$60.00
PREVIOUSLY PAID	\$60.00
TOTAL DUE	\$0.00

VERNER PATRICK

D S E ELECTRICAL SERVICE AND MAINTENANCE
540 E HORATIO AVE STE 301
MAITLAND FL 32751-7314

1039 QUINWOOD LN (MOBILE)
E - MAITLAND, 32751

PAID: \$60.00 0098-00907855 9/5/2019

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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E - MAITLAND, 32751

PAID: \$60.00 0098-00907855 9/5/2019

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.

RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER

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1130 Waltham Ave < 24-23-29-3400-00-072 >

Name(s)
 Maull Hilary Wood
 Maull Jeffery A Sr
 Mailing Address On File
 1130 Waltham Ave
 Belle Isle, FL 32809-4250
[Incorrect Mailing Address?](#)

Physical Street Address
 1130 Waltham Ave
 Postal City and Zipcode
 Orlando, FL 32809
 Property Use
 0103 - Single Fam Class III
 Municipality
 Belle Isle



View 2019 Property Record Card

[Property Features](#)
[Values, Exemptions and Taxes](#)
[Sales Analysis](#)
[Location Info](#)
[Market Stats](#)
[Update Information](#)

2020 values will be available in August of 2020.

Property Description

SUB OF HARNEY HOMESTEAD C/53 THE E 175 FT OF W 642.83 FT OF N 119.5 FT OF S 154.5 FT & E 59.68 FT OF W 467.89 FT OF N 18 FT OF S 154.5 FT & E 60.32 FT OF W 408.15 FT OF N 150 FT ALL IN LOT 7 & BEG SE COR OF E 75 FT OF W 269/83 FT OF N 150 FT OF LOT 7 TH RUN E 197.48 FT S00-28-01E 11.10 FT N89-42-36W 197.60 FT N00-08-50E 10.10 FT TO POB

Total Land Area 32,356 sqft (+/-) | 0.74 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working...	working...	working...	working...

Page 1 of 1 (1 total records)

Buildings

Important Information	Structure
Model Code: 01 - Single Fam Residence	Actual Year Built: 1954 Gross Area: 2843 sqft