



City of Belle Isle Job Site Permit Card **ELECTRICAL** 2020-04-021

Site Address: 1919 Mccoey Rd 32809
Parcel Number: 30-23-30-0000-00-017

Class: **Commercial**
Subdivision na

Description of Work: LOW VOLTAGE – 16 CAMERAS, SOUND SYSTEM, 4 DATA PORTS, cat-6.

Issued: METRO ELECTRIC SERVICE, INC., HERNANDEZ, OMAR License # EC13005326

Contact # 713 440 0940 **Payment/ Issued Date & Method:** 4 / 7 / 2020

Visa **Master Card** Amex Discover Check / Money Order#

3062

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	Ridherford	3-31-20	This inspection is only for low voltage!
375 Final	Ridherford	3-31-20	This inspection is only for low voltage!

see WO attached

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.”

LOW VOLTAGE - LA LECHON



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

2020-04-021

DATE OF APPLICATION: 4/3/2020 PERMIT NUMBER 2019-09-012

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 1919 McCoy Rd Bello Isle FL 32809 32812
Property Owner SPACE Coast Peiro Distributor Phone
Property Owner's Mailing Address 407 Point Dr. S17 101 City COCOA
State FL Zip Code 32926 Parcel Id Number: 30-23-30-0000-00-017

To obtain this information, please visit http://www.ocpal.org/Searches/ParcelSearch.aspx
Class of Building: Old [X] New [] Type of Building: Residential [] Commercial [X] Other []
Type of Work: New [] Alteration [] Addition [] Repair [] Low Voltage New [X] Existing []

Table with 4 columns: Dishwasher, Exhaust Fan, Disposal, Water Heater; Hood Fan, Dryer, Paddle Fan, Outlets; Fixtures, Spa, Pool, Switches; Electric Signs, Meter Reset, Low Voltage 23, Stoves; Pumps, Motors, Air Conditioning (tons), Furnace (KW)

Temporary Construction Pole One (1) New Meter Service Amperage/Voltage/Phase
Meter Service Upgrade from Amperage/Voltage/Phase to Amperage/Voltage/Phase = Difference in Size

Relocate Existing Meter Service (No Service Size Change)
Other: 16 cameras, sound system, 9 data points CAT-6

[] PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$
[] VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) \$ 8,600.00

Handwritten calculations: 37, 40, 77.50, 38.50, 115.50

Building Official: [Signature] Date 4-7-20
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-7-20

Permit Fee = \$ 77.50
Review Fee = \$ 38.50
1% BCAIB Fee = \$ 2 min
1.5% DCA Fee = \$ 2 min
TOTAL Permit = \$ 119.50

I hereby certify that the above is true and correct to the best of my knowledge. PAID 4-7-20 MC 3062

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 # EC 13005326
LICENSE HOLDER NAME Oscar Hernandez COMPANY NAME Metro Electric Service INC.
Street Address 15050 NE 20TH AVENUE
City Miami State FL Zip Code 33181 Phone Number 305 145 1191
Email Address Metroelectricorlando@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.

Building Permit Number 2019-09-012



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 181157

Inspection Report

Project Name: 1919 McCoy Road ~ COBI commercial Lechonera
Restaurant

Date: 03/31/2020 Any any

Address: 1919 McCoy Road ~ COBI comercial, Belle Isle, Orange
County, FL

Permit No: 2020-04-021

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1900288.0000-0115-009

Contact: Nixon Granadillo at 407-990-2750

Scope of Inspection: COBI - CODE 335 Electrical Low Voltage Rough Inspection

Inspection Type: See Scope

Disposition of Inspection: Pass

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Leslie Rutherford, BN 4564



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Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 181155

Inspection Report

Project Name: 1919 McCoy Road ~ COBI commercial Lechonera
Restaurant

Date: 03/31/2020 Any any

Address: 1919 McCoy Road ~ COBI comercial, Belle Isle, Orange
County, FL

Permit No: 2020-04-021

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1900288.0000-0115-009

Contact: Nixon Granadillo at 407-990-2750

Scope of Inspection: COBI - CODE 375 Electrical Low Voltage Final Inspection

Inspection Type: See Scope

Disposition of Inspection: Pass

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Leslie Rutherford, BN 4564



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

HERNANDEZ, OMAR R

METRO ELECTRIC SERVICE, INC. ✓

15050 NE 20TH AVENUE

MIAMI FL 33181

LICENSE NUMBER: EC13005326

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)

1/28/2020

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 BB Insurance Marketing Inc 10167 W Sunrise Blvd, 3rd Floor Plantation FL 33322		CONTACT NAME: Certificate Department	
		PHONE (A/C, No, Ext): 888-728-0817	FAX (A/C, No): 954-452-0450
		E-MAIL ADDRESS: certificates@bbimi.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED Metro Electric Service, Inc. 15050 NE 20TH Ave North Miami FL 33181		INSURER A : Florida Citrus, Business & Industries Fund	
METRELE-01		INSURER B : Nautilus Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 879999730

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NN1030891	9/7/2019	9/7/2020	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 - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AN073328	9/7/2019	9/7/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	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 Y N/A	10651441	2/2/2020	2/2/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle - Building Department
1600 Nela Avenue
Bella 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

NON-TRANSFERABLE • POST IN A CONSPICUOUS PLACE • NON-TRANSFERABLE

NOTICE: PLEASE CONTACT THE BUSINESS TAX OFFICE AND REPORT ANY CHANGES OR WHEN THE BUSINESS HAS MOVED OR HAS BEEN SOLD.

Miguel A. Augustin, CPA/Finance Director

Business Name / Address:
METRO ELECTRIC SERVICE INC
15050 NE 20 AVE, SUITE 111
NORTH MIAMI, FL 33181

METRO ELECTRIC SERVICE INC
21407 NE 38 AVE
AVENTURA, FL 33180

Issued Date: 10/1/2019
Expiration Date: 9/30/2020
Business Tax Receipt #: BT-001900

ELECTRICAL CONTRACTOR

Business Tax Receipt

City of North Miami
776 N.E. 125 Street • North Miami, FL 33161 • 305-893-6511



000107

Local Business Tax Receipt

Miami-Dade County, State of Florida
- THIS IS NOT A BILL - DO NOT PAY



173963

BUSINESS NAME/LOCATION
METRO ELECTRIC SERVICE INC
15050 NE 20TH AVE
NORTH MIAMI FL 33181

RECEIPT NO.
RENEWAL
173963

EXPIRES
SEPTEMBER 30, 2020
Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10



OWNER
METRO ELECTRIC SERVICE INC

SEC. TYPE OF BUSINESS
196 ELECTRICAL CONTRACTOR
EC13005326

PAYMENT RECEIVED
BY TAX COLLECTOR
\$45.00 09/25/2019
ECHECK-19-233699

Worker(s) 10

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector