



# City of Belle Isle Job Site Permit Card ELECTRICAL 2020-03-064

Site Address: 1921 Hoffner Ave 32809

Subdivision

Class: Residential

Parcel Number: 18-23-30-3648-00-500

Description of Work: Electrical – WIRE CONDENSATE PUMP ONLY FOR MECHANICAL CHANGE OUT.

Issued: LIVE WIRE ELECTRICAL CONTRACTING, PETERMAN, J H License # ER0015458

Contact # 321 377 1528

Payment/ Issued Date & Method: 4 / 10 / 2020

Picked up by EMAIL  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order#

32003

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

Schedule Inspections via Email at: [BI scheduling@universalengineering.com](mailto:BI scheduling@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 <b>only</b> for low voltage!
375 Final			This inspection is <b>only</b> 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 [BI scheduling@UniversalEngineering.com](mailto:BI scheduling@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 - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 \* Fax 407-581-0313 [www.universalengineering.com](http://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."**



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**RECEIVED**  
**MAR 24 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: 3/13/2020 PERMIT NUMBER: 2020-03-064  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT  
 Project Address 1921 Hoffner Ave 1921 Hoffner Ave Belle Isle FL 32809 32812  
 Property Owner Scott McMillen Scott McMillen Phone 407-766-1251 407-766-1251  
 Property Owner's Mailing Address 1921 Hoffner Ave Same City Belle Isle  
 State FL Zip Code 32809 Parcel Id Number: 18-23-30-3648-00-500

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) \_\_\_\_\_

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: WIRING OF CONDENSATE PUMP ONLY FOR HVAC CHANGE OUT Wire condensate pump  
only for mechanical change-out

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 \$550)

**PAID 4-10-20 AMEX 32003**

Building Official: OTC Date 3-25-19  
 Verified Contractor's Licenses & Insurance are on file 4-10-20 Date SW

PENDING: ALL CREDENTIALS  
LICENSE STATE w/o  
NOTICE LIABILITY INS. Rec'd

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. 4-10-20

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 Joseph H. Enterman LICENSE # ER0015458  
 LICENSE HOLDER NAME Joseph H. Enterman COMPANY NAME Live Wire Electrical  
 Street Address 1335 Bennett Dr Unit 121  
 City Longwood State FL Zip Code 32750 Phone Number 321-377-1528  
 Email Address jp.livewireelectric007@gmail.com

**PAID**

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.

jp.livewireelectrical007@gmail.com Building Permit Number mechanical 2020-03-063



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**ELECTRICAL CONTRACTORS LICENSING BOARD**

THE ELECTRICAL CONTRACTOR HEREIN HAS REGISTERED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**PETERMAN, JOE H**

LIVE WIRE ELECTRICAL CONTRACTING INC  
1335 BENNETT DR, UNIT 121  
LONGWOOD FL 32750

LICENSE NUMBER: ER0015458

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at [MyFloridaLicense.com](http://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)  
04/03/2020

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 772 692 0110 772 692 1761  
ARMELLINO AGENCY INC  
1304 NW FEDERAL HIGHWAY  
STUART, FL 34994

CONTACT NAME: john armellino  
PHONE (A/C, No, Ext): 772 692 0110 FAX (A/C, No): 772 692 1761  
E-MAIL ADDRESS:

INSURED  
LIVE ELECTRICAL CONTRACTING INC.  
1335 BENNETT DRIVE UNIT 121  
LONGWOOD FL 32750

INSURER(S) AFFORDING COVERAGE NAIC #  
INSURER A: FRANK WINSTON CRUM INSURANCE  
INSURER B: FRANK WINSTON CRUM INSURANCE  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

### 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) INSD (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	GIFL- 14824300	09/11/2019	09/11/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
B	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 <input checked="" type="checkbox"/> N/A	FCWC10452500	06/19/2019	06/19/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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

### CERTIFICATE HOLDER

City of Belle Isle  
1600 Nela Ave  
Belle Isle, 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

2019  
1802 REG MASTER ELECTRICI \$30.00

EXPIRES 9/30/2020  
1 EMPLOYEE ; 5000 BUSINESS OFFICE

1802-0518181  
1 EMPLOYEE ;

TOTAL TAX \$60.00  
PENALTIES \$6.00  
PREVIOUSLY PAID \$66.00  
TOTAL DUE \$0.00

PETERSON JOSEPH

LIVE WIRE ELECTRICAL CONTRACTING INC  
PETERSON JOSEPH  
1335 BENNETT DRIVE UNIT 121  
LONGWOOD FL 32750

1531 LEE RD #839 (MOBILE)  
B - WINTER PARK, 32789

PAID: \$66.00 0098-00921716 10/2/2019

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.**

2019  
1802 REG MASTER ELECTRICI \$30.00

EXPIRES 9/30/2020  
1 EMPLOYEE ; 5000 BUSINESS OFFICE

1802-0518181  
1 EMPLOYEE ;

TOTAL TAX \$60.00  
PENALTIES \$6.00  
PREVIOUSLY PAID \$66.00  
TOTAL DUE \$0.00



PETERSON JOSEPH

LIVE WIRE ELECTRICAL CONTRACTING INC  
PETERSON JOSEPH  
1335 BENNETT DRIVE UNIT 121  
LONGWOOD FL 32750

1531 LEE RD #839 (MOBILE)  
B - WINTER PARK, 32789

PAID: \$66.00 0098-00921716 10/2/2019

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.