



City of Belle Isle Job Site Permit Card **ELECTRICAL** 2020-04-026

Site Address: 4100 Cove Dr 32812 Class: Residential
Parcel Number: 20-23-30-1646-00-010 Subdivision na

=====
Scope of work: re-wire exiting SFR – 1 dishwasher, 1 hood fan, 30 fixtures, 1 exhaust an, 1 dryer, 1 disposal, 4 paddle fans, 10 outlets and 1 stove
=====

Issued: **Malcom S. Wertz Electrical Contractor** License # **EC0001982**

Contact # **321 946 8254**

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

Picked up by _____ Emailed
 Visa Master Card Amex Discover Check / Money Order#

3245

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:

- 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

"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: 4/2/2020 PERMIT NUMBER 2020-04-026
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 4100 Cove Drive 4100 Cove Dr. 32812 Belle Isle FL 32809 32812
 Property Owner Michael Zuras Michael Zuras Phone 540-878-6591 540-878-6591
 Property Owner's Mailing Address 4100 Cove Drive same City Belle Isle
 State Florida Zip Code 32812 Parcel Id Number: 20-23-30-1646-00-010 20-23-30-1646-00-010
 To obtain this information, please visit <http://www.ocpaff.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 ¹ | Exhaust Fan ¹ | Disposal ¹ | Water Heater |
| Hood Fan ¹ | Dryer ¹ | Paddle Fan ⁴ | Outlets ¹⁰ |
| Fixtures ³⁰ | Spa | Pool | Switches |
| Electric Signs | Meter Reset | Low Voltage | Stoves ¹ |
| 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: INTERIOR PANEL CHANGE OUT Interior Panel change out +
interior re-wire on existing SFR

5T 1K
 7x5
 37
 35

 72
 36

 108

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) \$ 8,000.00

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

Permit Fee = \$ 72
 Review Fee = \$ 36
 1% BCAIB Fee = \$ 2 min
 1.5% DCA Fee = \$ 2 min
 TOTAL Permit = \$ 112.00

I hereby certify that the above is true and correct to the best of my knowledge. PAD ME 3245 on 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 [Signature] LICENSE # EC0001982
 LICENSE HOLDER NAME malcolm S. Wertz COMPANY NAME Malcolm S. Wertz Electrical Contractor LLC
 Street Address 5454 Chiswick Circle
 City Belle Isle State Florida Zip Code 32812 Phone Number 321-946-8254
 Email Address malcolmwertzdesigns@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 2020-02-046
2020-02-046



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

WERTZ, MALCOLM SCOTT

MALCOLM S. WERTZ ELECTRICAL CONTRACTOR LLC
5254 CHISWICK CIRCLE
ORLANDO FL 32812

LICENSE NUMBER: EC0001982

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.



MALCO-1

OP ID: AP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2020

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 Harry Levine Insurance 7587 West Sand Lake Road Orlando, FL 32819 Aleesia Pattie | 407-855-1000 | CONTACT NAME: Rachel Turiano | |
| | | PHONE (A/C, No, Ext): 407-855-1000 | FAX (A/C, No): 407-855-1001 |
| | | E-MAIL ADDRESS: Rachel@hlinsure.com | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Southern Owners | 10190 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

INSURED
Malcolm S Wertz Electrical Contractor LLC
5254 Chiswick Circle
Belle Isle, FL 32812


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 ITR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 72404449 | 07/10/2019 | 07/10/2020 | EACH OCCURRENCE \$ 2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | | | | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 2,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | Inland Marine | | | 72404449 | 07/10/2019 | 07/10/2020 | Tools \$ 2,000 |

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

CERTIFICATE HOLDER CANCELLATION

| | |
|---|--|
| CITY-BI 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  |



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 8/5/2019

EXPIRATION DATE: 8/4/2021

PERSON: MALCOLM S WERTZ

EMAIL: MALCOLMWERTZDESIGNS@GMAIL.COM

FEIN: 842441317

BUSINESS NAME AND ADDRESS:

MALCOLM S. WERTZ ELECTRICAL CONTRACTOR LLC

5254 CHISWICK CIRCLE

ORLANDO, FL 32812

SCOPE OF BUSINESS OR TRADE:

Electrical Wiring Within
Buildings and Drivers

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



CITY OF BELLE ISLE

OCCUPATIONAL LICENSE

1600 Nela Avenue
Belle Isle, FL 32809

Business License Number: L9-00360
Effective Date: 10/01/19
Expiration Date: 09/30/20
Fee: 25.00

Business Name: MALCOLM S. WERTZ ELECTRICAL CONTRACTOR LLC.
Location: 5254 CHISWICK CIRCLE
Classification: ELECTRICAL CONTRACTOR

**POST IN A CONSPICUOUS PLACE
NOT VALID UNLESS SIGNED BY CITY OFFICIAL**

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.



City Official

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809
Phone: 407-851-7730 Fax 407-240-2222
www.cityofbelleislefl.org