



# City of Belle Isle Job Site Permit Card ELECTRICAL 2021-04-003

**Class:** Residential

**Site Address:** 2231 Hoffner Ave- Belle Isle, FL 32809

**Parcel Number:** 18-23-30-5120-00-313. Municipality Belle Isle

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

**Description of Work:** ELECTRICAL FOR POOL

**Issued:** PLATINUM ELECTRIC LLC; MARK, BRIAN A

# EC13005813 Contact # 407 467-8329/321 299-5737 or 561 756-2433

Payment/ Issued Date & Method: 4 / 28 / 2021  Picked up by \_\_\_\_\_

Sent by mail to the mailing address  Emailed

Visa  Master Card  Amex  Discover  Check / Money Order#

7498 | | | | | | | | | | | | | | | | | | | | | |

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

Schedule Inspections via Email at: [BDscheduling@universalengineering.com](mailto: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 <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 [BDscheduling@UniversalEngineering.com](mailto: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](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 31 2021**

**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: 3/30/21 PERMIT NUMBER 2021-04-003  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 2231 Hoffner Ave Belle Isle FL  32809 32812  
 Property Owner Steve Siegler Phone 407-230-7178  
 Property Owner's Mailing Address 2231 Hoffner Ave City Belle Isle  
 State FL Zip Code 32809 Parcel Id Number: 18-23-30-500-00-313  
 To obtain this information, please visit <http://www.ocofl.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 <input checked="" type="checkbox"/>	Switches _____
Electric Signs _____	Meter Reest _____	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: \_\_\_\_\_

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) \$ 250.00 -

Permit Fee = \$ 57.50  
 Review Fee = \$ 28.50 > 85.50  
 1% BCAID Fee = \$ 2 min  
 1.5% DCA Fee = \$ 2 min  
**TOTAL Permit = \$ 89.50**

Building Official: Allen Jones Date 4/23/21  
 Verified Contractor's Licenses & Insurance are on file EB Date 4-27-21



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 # EC-13005813  
 LICENSE HOLDER NAME Brian Blank COMPANY NAME Platinum Electric  
 Street Address 3530 Corcoran Ave  
 City Orlando State FL Zip Code 32832 Phone Number 407-250-2433  
 Email Address: platinumelectricllc@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 \_\_\_\_\_

USA 7498  
4-28-2021

Platinum Electric, LLC

Limited Power of Attorney

I hereby name and appoint:

*[Handwritten Signature]*

To be my lawful attorney in fact to act for me and apply for a electric permit hook up for the swimming pool or spa.

Address to be performed at:

*2231 Hoffer Ave*

*Drill Lake Fl. 32809*

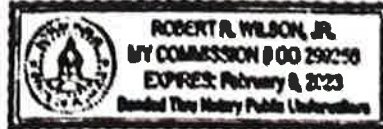
And to sign my name and do all things necessary to this appointment.

*[Handwritten Signature]*

Brian Mark  
LIC # EC13005913

Sworn to and subscribed before me this *3rd* of *March* A.D. *2021* in the county of Orange, and in the state of Florida.

*[Handwritten Signature]*



### Swimming Pool Energy Efficiency Compliance Information

Note: These Requirements apply ONLY to the Filtration Pump

ANSI/ASPC/ICC-15 2011

Pool Circulation  
Pool water volume 2,300 / 200 = 36 gal - this is the calculated flow rate  
High for pool under 12,000 gal. the calculated flow rate of 36 gal whichever is greater = (7) Section flow rate

Note: Is there an auxiliary flow on the Section pump?  Yes  No

If no, what is the calculated auxiliary flow rate 128 gal/min  
Flow rate (per gallon) 36 gal @ 17.25 gal

Minimum section flow rate @ 4 ft 1.5 h. Minimum section flow branch pipe diam @ 4 ft 1.5 h.  
Minimum section flow rate @ 8 ft 1.5 h. Minimum section flow branch pipe diam @ 8 ft 1.5 h.

Dynamic Flow Size  
Flow friction (FRUSTY)  Cartridge (ASPC)  DEQD  Sand (19)

Flow Size 3/8 / 1 / 3/4 / 1 / 1 1/4 / 1 1/2 / 2 / 2 1/2 / 3 / 3 1/2 / 4 / 4 1/2 / 5 / 5 1/2 / 6 / 6 1/2 / 7 / 7 1/2 / 8 / 8 1/2 / 9 / 9 1/2 / 10 / 10 1/2 / 11 / 11 1/2 / 12 / 12 1/2 / 13 / 13 1/2 / 14 / 14 1/2 / 15 / 15 1/2 / 16 / 16 1/2 / 17 / 17 1/2 / 18 / 18 1/2 / 19 / 19 1/2 / 20 / 20 1/2 / 21 / 21 1/2 / 22 / 22 1/2 / 23 / 23 1/2 / 24 / 24 1/2 / 25 / 25 1/2 / 26 / 26 1/2 / 27 / 27 1/2 / 28 / 28 1/2 / 29 / 29 1/2 / 30 / 30 1/2 / 31 / 31 1/2 / 32 / 32 1/2 / 33 / 33 1/2 / 34 / 34 1/2 / 35 / 35 1/2 / 36 / 36 1/2 / 37 / 37 1/2 / 38 / 38 1/2 / 39 / 39 1/2 / 40 / 40 1/2 / 41 / 41 1/2 / 42 / 42 1/2 / 43 / 43 1/2 / 44 / 44 1/2 / 45 / 45 1/2 / 46 / 46 1/2 / 47 / 47 1/2 / 48 / 48 1/2 / 49 / 49 1/2 / 50 / 50 1/2 / 51 / 51 1/2 / 52 / 52 1/2 / 53 / 53 1/2 / 54 / 54 1/2 / 55 / 55 1/2 / 56 / 56 1/2 / 57 / 57 1/2 / 58 / 58 1/2 / 59 / 59 1/2 / 60 / 60 1/2 / 61 / 61 1/2 / 62 / 62 1/2 / 63 / 63 1/2 / 64 / 64 1/2 / 65 / 65 1/2 / 66 / 66 1/2 / 67 / 67 1/2 / 68 / 68 1/2 / 69 / 69 1/2 / 70 / 70 1/2 / 71 / 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# EXPERT LINE

NOT SOLD ONLINE

# TriStar® VS 900/950 Omni

VARIABLE-SPEED PUMPS WITH SMART POOL CONTROL

Hayward TriStar® VS 900/950 Omni variable-speed pumps provide next generation energy efficiency and reliability, plus smart pool control for up to 4 pieces of equipment. Each model is supplied with everything needed to install smart pool control: VS Omni Control Pad, VS Omni Hub, VS Omni Smart Relay. An additional Smart Relay can be purchased to enable a fourth product to be controlled.

TriStar VS 900/950 VS Omni pumps are the ideal combination of energy efficiency and smart pool control. They feature new EnduraDrive™ technology and a Viton® seal for long-lasting performance.

### Applications

- In-ground pools

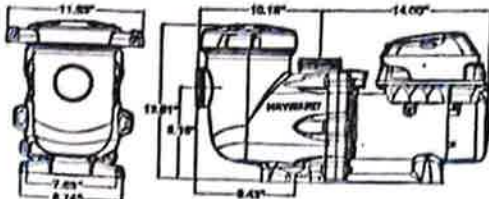
### Features

- Fast and easy installation. No electrician needed - except where required by local code.
- Provides smartphone control for up to 4 pieces of pool equipment from anywhere
- Controls the VS pump, heater and pool light. An extra Smart Relay can be purchased to extend control to a fourth pool feature.
- Integrates seamlessly with most pool equipment brands
- The most energy-efficient pumps of any leading brand - saves up to \$1500 in energy costs each year\*
- New EnduraDrive technology provides long-lasting performance
- Advanced, chemical-resistant Viton seal enhances durability in all environments
- An additional base is included to allow simple retrofit upgrades for Pentair® WhisperFlo® models

\*Savings compared to a single speed pump running 12 hours per day, on a 20,000 gallon pool, at an average electrical rate of \$0.15/kWh. Actual savings may vary.

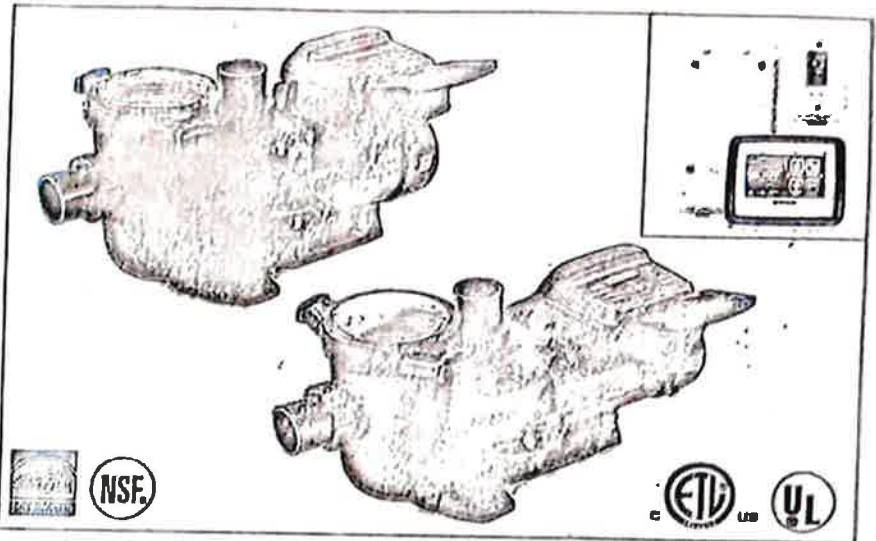
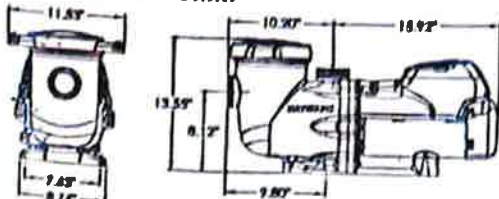
### Overall Dimensions (inches)

#### TriStar VS 900 Omni



### Overall Dimensions (inches)

#### TriStar VS 950 Omni



TriStar VS 900 Omni and TriStar VS 950 Omni Variable-Speed Pumps

## TriStar VS 900/950 Omni Specifications

Model Number	Description	Total H.P.	Speed Range	Voltage at 60 Hz	Union Connections	Ctn. Qty.	Ctn. Weight
HL32900VSP*	TriStar VS 900	1.85	600-3450 RPM	230V	2" x 2 1/2"	1	70 lbs.
HL32950VSP*	TriStar VS 950	2.70	600-3450 RPM	230V	2" x 2 1/2"	1	83 lbs.

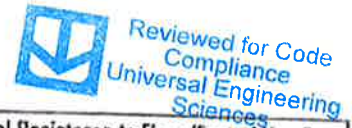
\*Extended Warranty for SP32950VSP is 4 years and SP32900VSP is 3 years.

### Performance Data – TriStar VS 900 Omni

RPM	Percent Output	Pump Output (GPM) vs. Total Resistance to Flow (Feet of Head)						
		10 ft	20 ft	30 ft	40 ft	50 ft	60 ft	70 ft
1375	40%	29	—	—	—	—	—	—
1725	50%	55	—	—	—	—	—	—
2075	60%	76	52	—	—	—	—	—
2425	70%	94	77	54	—	—	—	—
2750	80%	111	97	80	58	—	—	—
3100	90%	128	116	103	87	87	34	—
3450	100%	145	134	123	110	96	78	54

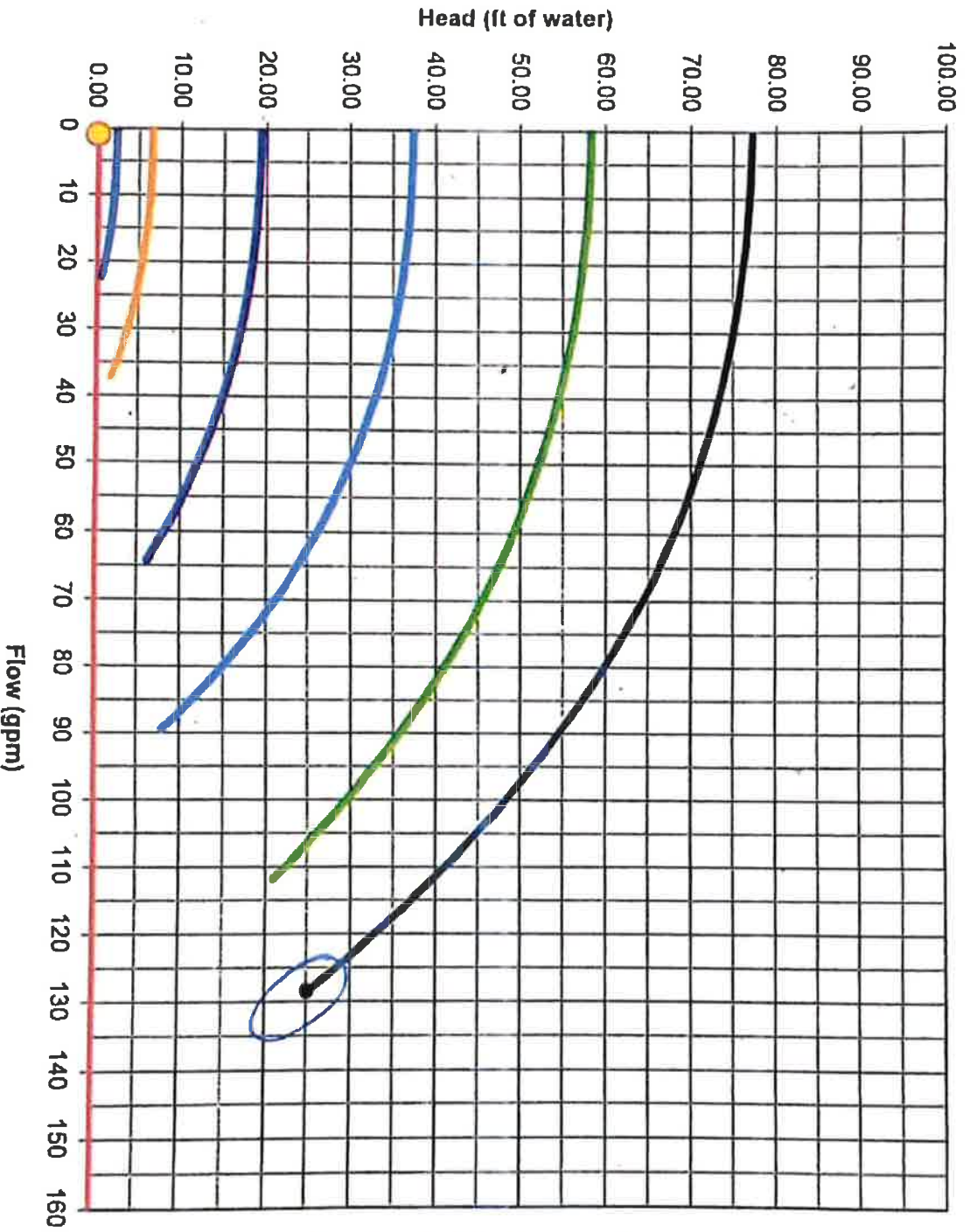
### Performance Data – TriStar VS 950 Omni

RPM	Percent Output	Pump Output (GPM) vs. Total Resistance to Flow (Feet of Head)							
		10 ft	20 ft	30 ft	40 ft	50 ft	60 ft	70 ft	80 ft
1375	40%	61	—	—	—	—	—	—	—
1725	50%	80	42	—	—	—	—	—	—
2075	60%	100	82	41	—	—	—	—	—
2425	70%	117	110	90	58	—	—	—	—
2750	80%	133	133	119	100	73	—	—	—
3100	90%	149	149	144	130	117	91	36	—
3450	100%	194	184	172	160	148	130	110	84



For replacement parts see page 143.

# System Curve & TriStar VS Performance Curves



- Minimum Flow Point (High Spd.)
- Calculated System Curve
- TriStar VS, 3450 RPM
- TriStar VS, 3000 RPM
- TriStar VS, 2400 RPM
- TriStar VS, 1725 RPM
- TriStar VS, 1000 RPM
- TriStar VS, 600 RPM





# 32" CHANNEL DRAINS

CMP# 25506-32X-000\*



Single or Multiple Drain Use  
Submerged  
Life: 7 Years  
Floor or Wall  
25506-31X

VGB-2008  
COMPLIANT

Read and keep these instructions for future reference.  
Always plumb and install all suction fittings according to all building codes that apply in your area.

**WARNING:** When using two or more suction fittings on a common suction line, suction fittings must be separated by a minimum of 3 ft or they must be located on two different planes (i.e., one on floor and one on the wall).

**WARNING:** DO NOT locate suction outlets on seating areas or on backrests for such seating areas.

The maximum flow rating for this suction fitting with the center port plugged and outer ports open is 308 GPM (Floor) and 212 GPM (Wall) when using 2.5" plumbing and 268 GPM (Floor) and 192 GPM (Wall) when using 2" plumbing. The maximum flow rating for this suction fitting with the outer ports plugged and the center port open is 200 GPM (Floor) and 168 GPM (Wall) when using 2.5" plumbing and 184 GPM (Floor) and 176 GPM (Wall) when using 2" plumbing. This suction fitting is designed for installation on side wall or floor of hot tubs or pools. DO NOT adapt suction fitting to any pipe size smaller than ASTM 2" SCH 40 PVC. Suction fitting and fasteners should be observed for damage or tampering before each use.

Missing, broken, or cracked suction fittings shall be replaced before use. Loose suction fittings shall be reattached or replaced before use. Mount suction fittings on the walls, in the foot wells of hot tubs or pools. Do not mount directly under seats. Follow all winterizing instructions and recommendations of your pool and spa professional. Open area of the suction cover is 38.79 in<sup>2</sup>.

**Tools Needed:** Phillips Head Screwdriver

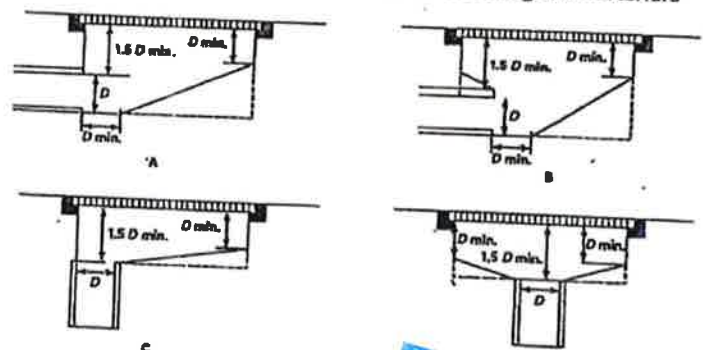
### INSTALLATION INSTRUCTIONS

1. Install sump provided or construct sump per ANSI/APSP-16 Figure 2 (see below)
2. If mounting frame is provided, secure it in concrete or plaster.
3. Use mounting screws to secure cover to frame or sump.

**NOTE:** In the event that one suction outlet is completely blocked, the remaining suction outlet(s) serving that system MUST have a flow rating capable of the full flow of the pump(s) for the specific suction system.

**NOTE:** Increasing size of the pump may increase flow rate of suction beyond rated safety limits causing entrapment or death.

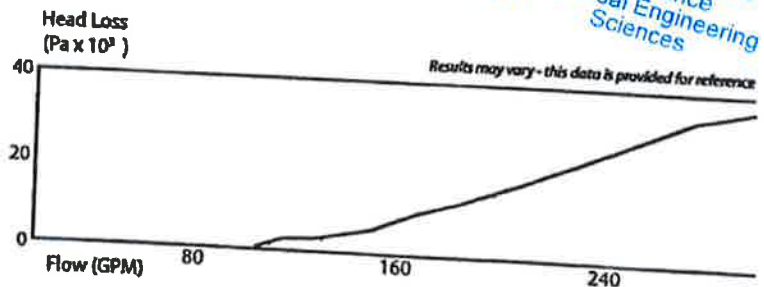
**CAUTION:** Hair or body parts blocking the spa or pool suction may become trapped and held against the suction fitting. Entrapment against the suction fittings can result in drowning or other severe injury. Never sit on or lean up against suction fittings. Never exceed the maximum allowable flow rate stated on the suction fitting. The suction fitting and fasteners should be inspected for damage or tampering before each use of the facility. Missing, broken, or cracked suction fittings shall be replaced before using this facility. Loose suction fittings shall be reattached or replaced before use of this facility.



**GENERAL NOTES:**  
 (a) D = inside diameter of pipe.  
 (b) All dimensions shown are minimums.  
 (c) A broken line (---) indicates suggested sump configuration.



Reviewed for Code Compliance  
Universal Engineering Sciences



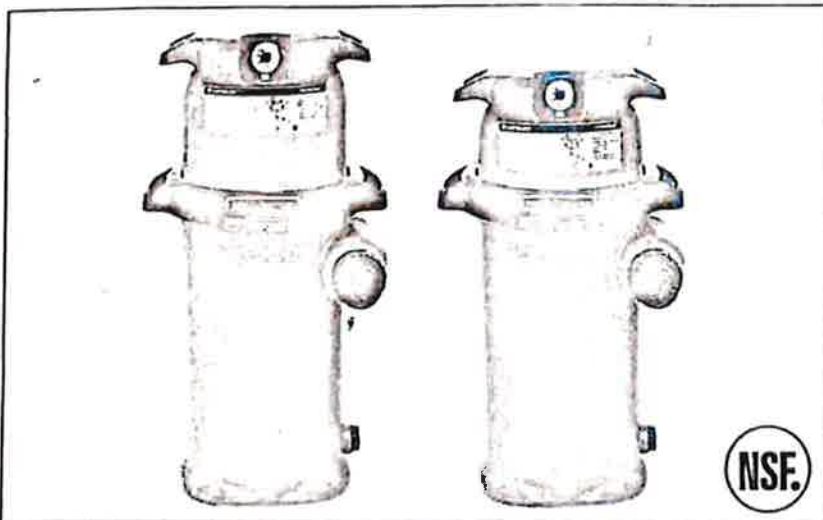
REPLACEMENT PARTS		Replace all parts within 7 installed years or immediately upon evidence of degradation or damage.
25506-32X-000	25506-32X-100	
Cover 25506-32X-020	Cover 25506-32X-020	* X CAN BE ANY DIGIT 0-9 TO DENOTE COLOR
Sump 25506-320-010	Frame 25506-320-110	
Plug 25520-050-020	Screw 61008-042-022	
Screw 61008-042-022		
Optional Debris Guard 25506-320-030	Optional Frame Support 25520-050-120	

**WARNING:** To reduce the risk of drowning from hair and body entrapment, install suction fittings with a marked flow rate in gallons per minute that exceeds the flow rate of your system by at least 25%. Always use multiple suction outlets. If the fitting/cover breaks, is damaged, or is missing, shut the system down immediately. Do not use the system until damaged parts have been replaced.

**WARNING:** Keep hair and clothing a minimum of 12 inches from all suction fittings and drains at all times. Persons with long hair should secure hair to a minimal length or wear swimming cap. Children should never be left unattended at any time in a swimming pool, spa, or bathtub. Be sure the temperature of the water never exceeds the manufacturer's recommendations.

# SwimClear™

CARTRIDGE FILTERS



SwimClear Cartridge Filters

## SwimClear Cartridge Filter Buying Guide

Model Number	Effective Filtration Area	Union Connections	Dimensions Width* Height	Clearance for Head Removal	Ctn. Qty.	Ctn. Weight
C100S	100 ft. <sup>2</sup>	2" x 2 1/2"	18 1/4" 30 1/2"	12"	1	33 lbs.
C150S	150 ft. <sup>2</sup>	2" x 2 1/2"	18 1/4" 33 3/4"	15"	1	37 lbs.
C200S	200 ft. <sup>2</sup>	2" x 2 1/2"	18 1/4" 38 3/4"	18"	1	40 lbs.

NOTE: \*Based on lock ring — width at base is 13".



Hayward's newest addition to the SwimClear family is simply the most efficient single element cartridge filter ever produced. It captures more dirt for superior water clarity while the industry's lowest head loss can increase energy savings. SwimClear is the easiest to service: the Easy-Lok™ ring design, comfort grip handles, and lowest lift height provide fast element cleaning and replacement. For energy savings, reliable performance, and the ultimate in service ease, the choice is crystal clear: SwimClear.

### Applications

- In-ground pools
- In-ground pool/spa combinations

### Features

- Captures more dirt for superior water clarity without the need of any supplemental media
- Industry-leading hydraulic efficiency allows the pump to run at a lower speed or less time, which increases energy savings
- Easy-Lok ring design allows quick access to internal components for quick and simple maintenance
- Ergonomic grip handles provide multiple handling locations without touching fiberglass for easy installation and maintenance
- Lowest body height to lift elements for convenient and quick cleaning and replacement
- Recessed pressure gauge and manual air relief enables user to place head assembly upside down on pool pad, protecting the seal from contamination
- 2" x 2 1/2" union connections makes installation and servicing fast and easy

### Performance Data – Residential

Model Number	Effective Filtration Area	Design Flow Rate	Turnover (In Gallons)	
			8 Hours	10 Hours
C100S	100 ft. <sup>2</sup>	100 GPM	48,000	60,000
C150S	150 ft. <sup>2</sup>	120 GPM	57,600	72,000
C200S	200 ft. <sup>2</sup>	120 GPM	57,600	72,000

Residential Design Flow Rate based on 1 GPM/ft.<sup>2</sup>

### Performance Data – Public and APSP-15

Model Number	Effective Filtration Area	Design Flow Rate	Turnover (In Gallons)	
			8 Hours	10 Hours
C100S	100 ft. <sup>2</sup>	38 GPM	18,240	22,800
C150S	150 ft. <sup>2</sup>	56 GPM	26,880	33,600
C200S	200 ft. <sup>2</sup>	75 GPM	36,000	45,000

Public and APSP-15 Design Flow Rate based on .375 GPM/ft.<sup>2</sup>

### Replacement Elements – Page 31



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



**LICENSE NUMBER: EC13005813**

**EXPIRATION DATE: AUGUST 31, 2022**

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)

9/23/2020

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).

<b>PRODUCER</b> Sihle Insurance Group, Inc. 1300 S. Woodland Blvd. Deland FL 32720	<b>CONTACT NAME:</b> Certificate Department	
	<b>PHONE (A/C, No, Ext):</b> 407-869-5490	<b>FAX (A/C, No):</b> 407-389-3580
<b>E-MAIL ADDRESS:</b> Certificates@sihle.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Main Street America Protection Insurance		13026
<b>INSURER B:</b> Mercury Insurance Company		27553
<b>INSURER C:</b> Bridgefield Employers Insurance Company		10701
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 1624115828      **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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MPG8850G	9/14/2020	9/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  <input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$		BA090000009541	11/3/2019	11/3/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000 EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	083048469	7/5/2020	7/5/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Brian Mark - Certified Electrical Contractor License #EC13005813

**CERTIFICATE HOLDER****CANCELLATION**

City of Belle Isle 1600 Nela Avenue 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 
---	---

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2020 EXPIRES 9/30/2021  
1802 CERT ELECTRICAL CON \$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE \$30.00

1802-1034536  
1 EMPLOYEE ;

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

MARK BRIAN ALAN

PLATINUM ELECTRIC LLC  
3530 CORONET AVE  
ORLANDO FL 32833-3950

20833 MARLIN ST (MOBILE)  
U - ORLANDO, 32833

PAID: \$60.00 0098-00971825 9/24/2020

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.

2020 EXPIRES 9/30/2021  
1802 CERT ELECTRICAL CON \$30.00 1 EMPLOYEE ; 5000 BUSINESS OFFICE \$30.00

1802-1034536  
1 EMPLOYEE ;

TOTAL TAX \$60.00  
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3530 CORONET AVE  
ORLANDO FL 32833-3950

20833 MARLIN ST (MOBILE)  
U - ORLANDO, 32833

PAID: \$60.00 0098-00971825 9/24/2020

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.