



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105 3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: ELECTRICAL: dishwasher, 3 exhaust fans, disposal, 2 water heaters, hood fan, dryer, 7 paddle fans, 42 outlets, 12 fixtures, pool, 21 switches, stove, 5ton HVAC, 10kw furnace & 200/240/1 meter
None

Comments:

Project Information
Address: 4100 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0668-00-310
Property Owner: Surrey Homes
Phone Number: 407-470-1336

Company Name: Synergy Electrical Systems Inc.
Contractor Name: Strada, Steve
License Number: ER13014121
Address: 550 Parkside Pointe Blvd, Apopka, FL 32712
Phone Number: 407-462-8377

Permit Number: 2014-01-002
Date of Application: 12/26/2013
Date Permit Issued: 12/26/2013

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES School \$	BUILDING INSPECTOR USE ONLY
ZONING FEES Zoning Fee \$	IF APPLICABLE: Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO
UNIVERSAL ENG - BUILDING FEES Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$132.00 Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 st _____ (Footing/Foundation) 2 nd _____ (Slab) 3 rd _____ (Lintel) (Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing) (Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final - After MEP and Other Applicable Finals)
SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00	ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____
TOTAL FEES \$136.00	PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) _____ 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final)
Date Paid <u>12-26-13</u>	CHECK APPROPRIATE BOX <input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE
CC or Check # <u>Visa</u>	1 st _____ (Rough-In) 2 nd _____ (Final)
Amount Paid <u>136.00</u>	
The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).	

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 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-01-002
Property Owner	Sunney Homes
Address	4100 Isle Vista Ave
Nature of Improvement	Electrical
Received Application	12-26-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-26-13
Building Official Approved	12-26-13
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



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

Received
 12-26-13

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: 12-26-13 PERMIT NUMBER: 2014-01-002
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 4100 Isle Vista Ave Belle Isle FL 32809 32812
 Property Owner Surety Homes Phone 407-770-1336
 Property Owner's Mailing Address 1133 Louisiana Ave City Winter Park
 State FL Zip Code 32789 Parcel Id Number: _____

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

Date First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher	<u>1</u>	Exhaust Fan	<u>3</u>	Disposal	<u>1</u>	Water Heater	<u>2</u>
Hood Fan	<u>1</u>	Dryer	<u>1</u>	Paddle Fan	<u>7</u>	Outlets	<u>42</u>
Fixtures	<u>12</u>	Spa	<u>1</u>	Pool	<u>Yes</u>	Switches	<u>21</u>
Electric Signs	<u>1</u>	Meter Reset	<u>1</u>	Low Voltage	<u>1</u>	Stoves	<u>1</u>
Pumps	<u>1</u>	Motors	<u>1</u>	Air Conditioning (tons)	<u>5T</u>	Furnaces (KW)	<u>10KW</u>

Temporary Construction Pole _____ One (1) New Meter Service 200AMP-240V Amperage/Voltage/Phase
Single Phase

Meter Service Upgrade from _____ to _____ 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 \$ _____)

Building Official: Mr. Terry Bussell Date 12/26/2013
 Review & Permit Fee = \$ 132.00
 3% FL Surcharge = \$ 4.00
 TOTAL Permit = \$ 136.00

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 Steve Stada LICENSE # EP13014121
 LICENSE HOLDER NAME Steven Stada COMPANY NAME Synergy Electric
 Street Address 550 Parkside Pointe Blvd
 City Aparka State FL Zip Code 32712 Phone Number 407-462-8377
 Email Address Steve@SynergyElectricalSystems.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 2014-11-013



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2013

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 Laurenza Insurance Group, LLC 360 WILSHIRE BLVD STE 104 CASSELBERRY FL 32707-5382	CONTACT NAME: Joe Laurenza PHONE (AIC, No. Ext): (407) 261-2363 E-MAIL: info@laurenzains.com ADDRESS: info@laurenzains.com	FAX (AIC, No): (407) 261-2364
INSURED STEVEN STRADA SYNERGY ELECTRICAL SYSTEMS, INC 550 PARKSIDE POINTE BLVD APOPKA FL 32712-3364	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers INSURER B: Progressive INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES

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	ADDITIONAL SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	POLICY LIMITS
A	GENERAL LIABILITY <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 type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		660-6791X523	03/08/2013	03/08/2014	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 - COMP/OP AGG \$ 2,000,000 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 \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B			08280797-0	10/12/2012	10/12/2013	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedules, if more space is required)

Electrical Contractor
Steven Strada
Lic # ERI3014121

CERTIFICATE HOLDER

CANCELLATION

Phone: Fax: 4072402222
City of Belle Isle
1500 NELA AVE
BELLE ISLE

FL 32809-6124

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

**ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA AC# **6329022**
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

ER13014121 08/31/12 128062029

REG ELECTRICAL CONTRACTOR
STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489
Expiration date: AUG 31, 2014 L12083104513

DETACH HERE

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AC# 6329022

STATE OF FLORIDA

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

SEQ# L12083104513

DATE	BATCH NUMBER	LICENSE NBR
08/31/2012	128062029	ER13014121

The ELECTRICAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

STRADA, STEVEN MICHAEL
SYNERGY ELECTRICAL SYSTEMS INC
550 PARKSIDE POINTE BLVD
APOPKA FL 32712

**RICK SCOTT
GOVERNOR**

**KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW