



City of Belle Isle Job Site Permit Card **ELECTRICAL** 2021-12-039

Class: Residential

Site Address: 1600 Nela Ave. Belle Isle, FL 32809

Parcel Number: 25-23-29-5884-12-001

Municipality: Belle Isle

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

Description of Work: Install new service for red light camera and run LD new power for red light camera. Single Phase 125 amp. Intersection of Daetwyler and McCoy.

One (1) New Meter Service Single Phase 125

Comments: **SEE APPLICATION**

Issued: Michaels Lighting & Electric Inc. – Rosselli, Michael

License # EC13010991

Contact # 407-748-6061

Payment/ Issued Date & Method: 17 / Dec / 2021 Picked up by _____

Forwarded to the mailing address Emailed

Visa Master Card Amex Discover Check / Money Order#

63398 | | | | | | | | | | | | | | | | | | | | | |

vs

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 inquiries regarding results are to be emailed to: BDscheduling@UniversalEngineering.com

ELECTRICAL	INSPECTOR	DATE	COMMENTS
320 Underground			
325 Electrical Above – Ceiling			
330 Rough			
340 Footer Steel Bonding			
350 Pool Light			
360 Pre Power			• Pre Power Agreement must be in permit packet for inspections- Contact UES for the PP agreement form.
370 Meter Re Set			
380 Final			

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."



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
 DEC 13 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: 12/9/21 PERMIT NUMBER 2021-12-039
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 1600 Nela Ave Belle Isle FL 32809 32812
 Property Owner City of Belle Isle Phone 407-851-7730
 Property Owner's Mailing Address 1600 Nela Ave City Belle Isle
 State FL Zip Code 32809 Parcel Id Number: 7940 Daetwyler Dr Belle Isle FL

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>
Intersection of Daetwyler and McCoy Southbound

Class of Building: Old New
 Type of Work: New Alteration Addition Repair Low Voltage New Existing
 Type of Building: Residential Commercial Other

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 Single Phase Amperage/Voltage/Phase
125 Amp
 Meter Service Upgrade from _____ to _____ Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____
 Other: Install (1) new service for red light camera and run (1) new power for red light camera.

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) \$ 2,450.00

Building Official: _____ Date 12/16/21
 Verified Contractor's Licenses & Insurance are on file 210 Date 12.14.21

Permit Fee = \$ 59.-
 Review Fee = \$ 29.50
 1% BCAIB Fee = \$ 2 min
 1.5% DCA Fee = \$ 2 min
 TOTAL Permit = \$ 92.50

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 _____ LICENSE # EC 13010991
 LICENSE HOLDER NAME Michael Roszali COMPANY NAME Michael's Lighting & Electric
 Street Address 4524 Parkway Commerce Blvd
 City Orlando State FL Zip Code 32808 Phone Number 407-748-6061
 Email Address michaelslighting@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.

P A L D
8:00 AM 6:25 PM
17 Dec 2021

Building Permit Number _____

37
 22
 59!
 29.50
 88.50



12/14/2021

To whom it may concern in the City of Belle Island Permitting.

All the onsite work does meet the standards of FDOT and equipment is secured and in good state. Please allow for electrical permitting to pass through with this letter. If you should have any further questions, please contact us at 407-982-2011

Thank you,

Robert Metts, Special Operations, Alden Gates and Access Control

[4424 Parkway Commerce Blvd. Orlando, Fl. 32808](#)

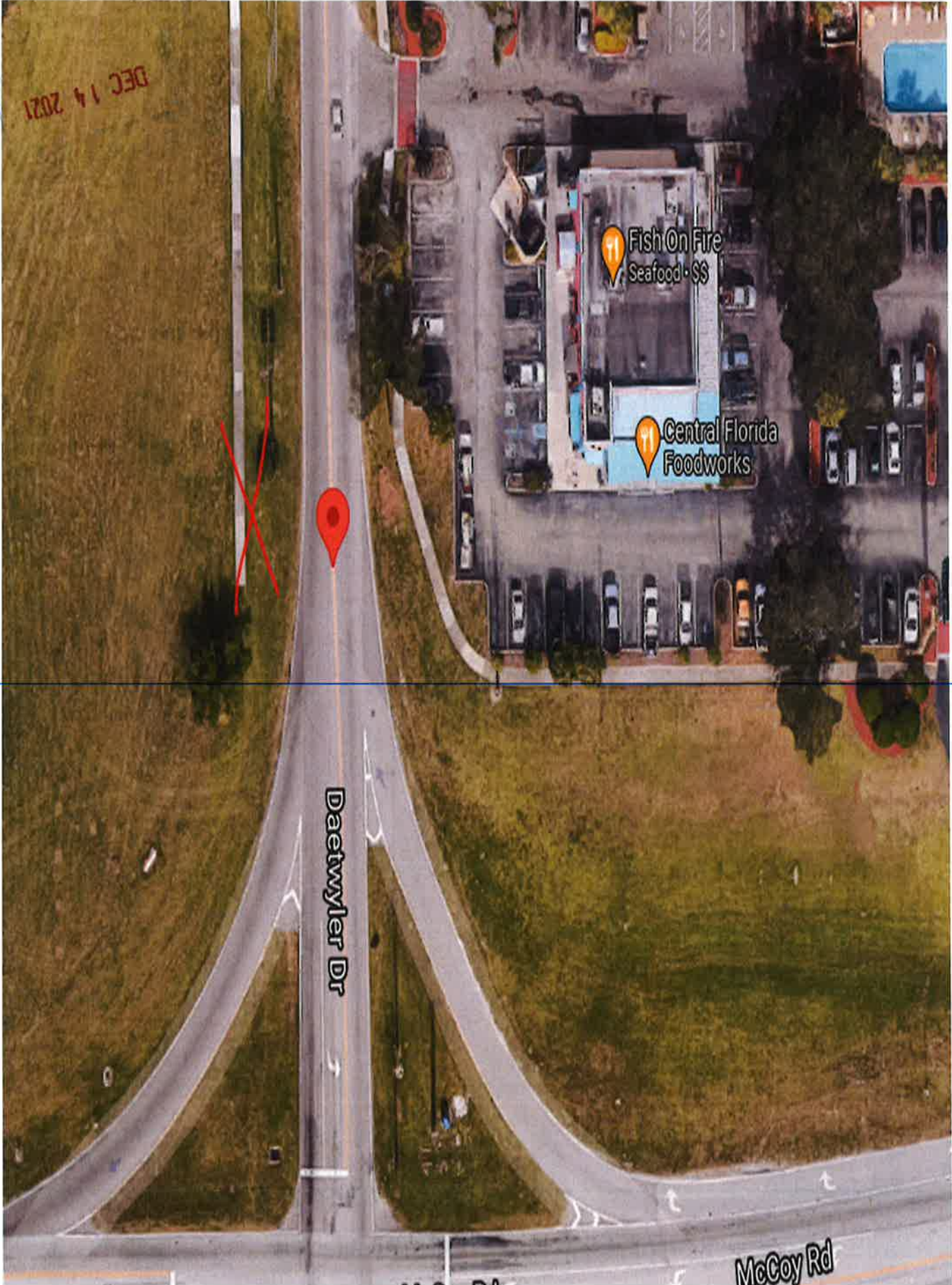
Phone: [\(904\) 742-0565](tel:9047420565)

Email: rmetts@aldencontracting.com

Website: www.AldenContracting.com



"For all of your Construction Defect / Reconstruction, Painting, Masonry, Roof, Maintenance, Access Control & Video Surveillance Needs"





COMMERCIAL / INDUSTRIAL SERVICE INFORMATION FORM

RECEIVED
DEC 14 2021

Before Duke Energy can proceed with your project design application for new construction service is required. Please provide the necessary billing and design information on this form. Please contact Builders Line to apply for service. If you have any questions please visit the Duke Energy website <https://www.duke-energy.com/partner-with-us/builders-developers-and-contractors>

LOGISTICAL CUSTOMER INFORMATION

<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	If existing please provide Duke Energy Account number: <u>45631-48390</u>	
<u>7940 Daetwyler Dr. Belle Isle FI (intersection of Daetwyler Dr and McCoy Rd southbound)</u>		
Service Address where work is being performed		
<u>Automated Traffic Enforcement (red light camera)</u>		
Type of Business to be served		
Hours of Operation Per Day: <u>24</u>	Per Week: <u>7</u>	Per Month: _____

Property Owner Contact Info (the owner listed on the Deed to the Property)

City R.O.W roadside

Property owner name (company name or customer name): _____

Property owner address: _____



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

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!

Florida dbpr STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC13010991 ISSUED: 10/25/2021
 CERTIFIED ELECTRICAL CONTRACTOR
 ROSSELLI, MICHAEL ANTHONY
 MICHAEL'S LIGHTING & ELECTRIC INC

 Signature
 LICENSED UNDER CHAPTER 489, FLORIDA STATUTES
 EXPIRATION DATE: AUGUST 31, 2022

Ron DeSantis, Governor

Julie I. Brown, Secretary

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

LICENSE NUMBER: EC13010991

EXPIRATION DATE: AUGUST 31, 2022

THE ELECTRICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

ROSSELLI, MICHAEL ANTHONY
MICHAEL'S LIGHTING & ELECTRIC INC
4524 PARKWAY COMMERCE BLVD
ORLANDO FL 32808



ISSUED: 10/25/2021

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)
12/13/2021

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 Brown & Brown of Florida, Inc 2290 Lucien Way, Suite 400 Maitland FL 3275*	CONTACT NAME Brandy Robbins PHONE (A/C, No, Ext): (407) 660-8282 E-MAIL ADDRESS: brobbins@bborlando.com FAX (A/C, No): (407) 660-2012																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Southern-Owners Insurance Company</td> <td>10190</td> </tr> <tr> <td>INSURER B:</td> <td>Allstate Insurance Company</td> <td>19232</td> </tr> <tr> <td>INSURER C:</td> <td>Florida Citrus Business & Industries Fund</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Southern-Owners Insurance Company	10190	INSURER B:	Allstate Insurance Company	19232	INSURER C:	Florida Citrus Business & Industries Fund		INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																					
INSURED Michael's Lighting & Electric, Inc. 4524 Parkway Commerce Blvd Orlando FL 32808																					

COVERAGES **CERTIFICATE NUMBER:** CL21101248015 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability Per Form GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			164682-72865942-21	09/08/2021	09/08/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			648908580	09/08/2021	09/08/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			10648189-2021	10/16/2021	10/16/2022	<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)

CERTIFICATE HOLDER

CANCELLATION

City of Belle Isle 1600 Nela Ave Belle Isle FL 32809	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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2021 - 2022



Local Business Tax Receipt

(Formerly known as "Business License "
changed per state law HB1269-2006)

Business Name

MICHAELS LIGHTING AND ELECTRIC INC
MICHAEL A ROSSELLI EC13010991
4524 PARKWAY COMMERCE BLVD
ORLANDO, FL 32808

Business Owner

MICHAELS LIGHTING AND ELECTRIC INC

Business Location

4524 PARKWAY COMMERCE BLVD
ORLANDO, FL

NOTICE-THIS TAX RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH.205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Case Number: BUS-1014191

Issued Date: 10/12/2021

Expiration Date: 09/30/2022

Business type(s):

Description	Year
CONTRA 1524 CONTRACTOR DBPR	2022



Local Business Tax Receipt
City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: BusinessTax@orlando.gov

Prompt Interactive Voice Response System: 407.246.4444
Visit our website: orlando.gov/permits