

Scope of Work:

Project Information

None

The person accepting this permit shall

application on file and construction shall conform to the requirements of

the Florida Building Code (FS 553).

conform to the terms of the

Comments:

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

Permit Number: 2014-08-003

Date of Application: 08/04/2014

Date Permit Issued: 08/04/2014

Per FBC 105.3.3: 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.

ELECTRICAL: replace existing interior panel

Address: 4207 Arajo Court, B Parcel ID: 20-23-30-1646-01-3 Property Owner: Garabo, Franklin Phone Number: None ************************************	ooo of Florida, LLC enue, Orlando, FL 32809	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 FEAT				
IMPACT FEES Traffic \$	B	BUILDING INSPECTOR	USE ONLY		
School \$	IF APPLICABLE:				
ZONING FEES	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions				
Zoning Fee \$	Been Met? YES NO Silt fencin	g in place? YES NO	Turbidity Barrier in place? YES NO		
UNIVERSAL ENG - BUILDING FEES	€ BUILDING				
	1 st	(Footing/	Foundation) e slab pour. Approved Plan on Site?		
Boat Dock \$ Boat House \$			e siab pour. Approved Fiair on Site:		
Building \$	2 nd	(Slab)			
Building \$ Demo \$ Door(s) \$	3 rd (Lintel)(Wall Reinforcing on Masonry Building)				
Driveway \$ Electrical \$72.00	4 th (Exterior Framing)(Roof/Wall Sheathing)				
	5 th				
Gas \$ Irrigation \$	5		(To be made after Plumbing/ Mechanical/ Rough-Ins & Windows/Doors Installed)		
Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$ Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$	6 th	(Insulation	n to be Made After Roof Installed)		
Plumbing \$			Tto So Made Filter Floor Histariou,		
Pool \$ Roofing \$		(Drywall)			
Screen Encl \$	8 th	(Sidewalk	/Driveway)		
Temp Pole \$	9 th	(Other)			
Window(s) \$	10 th	/Final _ Λ	fter MEP and Other Applicable Finals)		
SURCHARGE FEES	7	(I IIIai – A	inter MET and Other Applicable Finals)		
Surcharge Fee \$2.00 Surcharge Fee \$2.00	€ ROOFING OSHA APPRON 1 ST ROOFING Deck Nailing/Dry-in/F		E MADE AVAILABLE TO INSPECTOR		
	2 nd ROOFING Covering In-Progress				
TOTAL FEES \$76.00	3 rd ROOFING Covering Final				
Date Paid 8-5-14	€ PLUMBING (Pool-Piping, Solar, Ir	rigation, Water Treatmer	nt Equip, Etc)		
CC or Check #amey 11069	€ 1 ST (Unde	erground) 2 nd	(Sewer)		
Amount Paid 76	3 rd (Roug	ıh-In/Tub Set) 4 th	(Final)		

Inspection requests are to be emailed to BIDscheduling@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.

CHECK APPROPRIATE BOX

€GAS _Natural __LP

€LOW VOLTAGE

(Final)

€MECHANICAL €ELECTRICAL

(Rough-In)





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

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 APPLICA	TION: 8/4/14	PERMI	TNUMBER 2014-08-00:
The undersign ed he	reby applies for a permit to make e		
Project Address 420			. Belle Isle FL 32809 🗸 32812
Property Owner Fran	nklin Garabo		Phone
Property Owner's M	ailing Address 4207 Arajo Ct		City Belle Isle
State Floirda	Zip Code 32812 Parc	el Id Number: 20-23-30-1646-01-300	o://www.ocpafl.org/Searches/ParcelSearch.aspx
Class of Building: Type of Work: Ne	8	Building: Residentia 🖸 Comm	ercial Other Itage New Existing
	INDICATE THE QUAN	TITY OF ALL EQUIPMENT TO I	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 Constru	uction Pole	One (1) New Meter Service	Amperage/Voltage/Phase
Mateu Camilaa Una	rado from	to	=
Meter Service Upg	Amperage/Voltage/Pha		nase Difference in Size
(IF NO METER S	ASED ON METER SERVICE SIZE SERVICE WORK BEING DONE, U F JOB (VALUATION OF ALL MATE	SE VALUATION OF JOB FOR PE	RMIT FEE)
W VALUATION OF	·		Permit Fee = \$
Building Official	Augel L Perez	Date 8-04-2014	
	or's Licenses & Insurance are on fi	CO Data 8-4-14	3% FL Surcharge = \$
vermed Contract	or s licenses & msdrance are on n	Suc	TOTAL Permit = \$
L			TOTAL Periint - \$
I hereby certify that	the above is true and correct to the	best of my knowledge.	
Ordinances regulating applicable Town and/	same and in accordance with plans su or State of Florida codes and/or ordina	bmitted. The issuance of this permit	n to all Florida Building Code Regulations and City does not grant permission to violate any LICENSE # EC2452
LICENSE HOLDER		Jory	
	NA ME Micajah P Young	COMPANY NAM	Prestige Electric
Street Address 7423			
City Orlando	State FI	Zip Code 32809	_ Phone Number 407-859-3400
Email Address Connie	@Prestigeelectric.net		
NOTE: The Building Permit has b		trical Installation is associated with a	ny construction or alteration where a Building
		Building	Permit Number

1400400.000C

TASK NUMBER O

CITY OF BELLE ISLE

Permit Application Review Sheet

Permit Number	2014-08-003				
Property Owner	Garabo				
Address	4207 arajo Ct				
Nature of Improvement	Electrical				
Received Application	8-4-14				
Sent for Stormwater Review					
Stormwater Approved					
Sent for Zoning Review					
Zoning Approved					
Applied for Variance	(
Variance Approved					
Sent to BO for Review	84-14 wo'40362				
Building Official Approved	8-04-2014				
	Comments				
1. B4-14 ca	amailed cont it's ready.				
	emailed Cents it's ready.				
34-14 eq	amaried contricts ready.				
2. 2.	emailed Cent it's ready.				
2. 3.	amaried Contr it's ready.				
2. 3. 4.	amaried Contr it's ready.				
2. 3. 4. 5.	amailed Centr it's ready.				
2. 3. 4. 5. 6.	amaried Contr it's ready.				
2. 3. 4. 5. 6. 7.	amailed Contr it's ready.				
2. 3. 4. 5. 6. 7.	mailed Centr it's ready.				
2. 3. 4. 5. 6. 7. 8.	amailed Centr it's leady.				



COBI Permit Fee Calculation Form

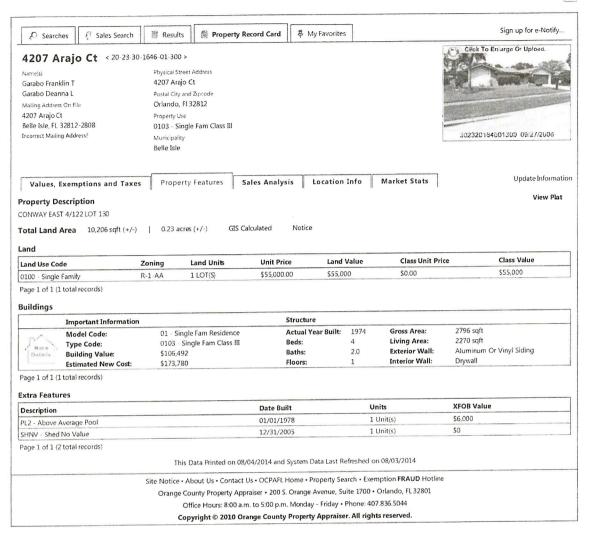


Reviewer Signature:		AP.	Date:	8-04-2014
Permit Type:	Electrical		Job Cost:	\$
Permit Fee:	\$ <u> </u>			
Plans Review Fee:	\$ <u>24</u> -	(50% of perr	nit fee – excluding	ReRoofs)
1.5% State Fee:	\$ <u>2.00</u>			
1.5% State Fee:	\$ 2.00			
TOTAL BUILDING FEE:	\$ 76.00 Note: Total gets doub			or Deposits)

$$^{$37+($11X1)}=$37+$11=$48 $48 \times .50 = $24$$
 $$48+24=$72 $72 \times 3\% = 4 (MiN.)
 $$73+$4=$76-$

Home Search Feedback

Like { 6k



PREST-5

OP ID: DH

OF LIABILITY INSURANCE

Brown & Brown of Florida, Inc. 2600 Lake Lucien Dr., Ste. 330 Maitland, FL 32751-7234 John DeStefano, MBA, CIC, CRM THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 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). Prestige Electric Company of Florida, LLC Prestige Electric Company of Florida, Inc. 7423 South Orange Avenue Orlando, FL 32809 Phone: 407-660-8282 Fax: 407-660-2012 INSURER E: INSURER D INSURER C: INSURER B : INSURER A: Westfie FFVA Mutual Insurance INSURER(S) AFFORDING COVERAGE and Insurance Company (A/C, No) NAIC#
24112
10385

DESCRIP CERTIFICATE HOLDER EXCESS LIAB

DED X RETENTION \$

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below CLAIMS-MADE

X CONTRACTUAL PER × X COMMERCIAL GENERAL LIABILITY
CLAIMS-MADE X OCCUR GENERAL LIABILITY N'L AGGREGATE LIMIT APPLIES PER:
POLICY X PROTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS UMBRELLA LIAB HIRED AUTOS City of Belle Isle 1600 Nela Ave Belle Isle, FL 32809 × × SCHEDULED AUTOS NON-OWNED AUTOS CLAIMS-MADE N/N 0 NIA 32809 TRA **GL FORM** TRA 0850659 TRA 0850659 BELLE11 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. 01/01/2014 01/01/2014 01/01/2014 01/01/2014 01/01/2015 01/01/2015 01/01/2015 01/01/2015 A DAMAGE TO RENTED PREMISES (Ea occurren AGGREGATE MED EXP (Any one person)
PERSONAL & ADV INJURY
GENERAL AGGREGATE COMBINED SINGLE LIMIT (Ea accident)
BODILY INJURY (Per person) BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) PRODUCTS - COMP/OP AGG X WC STATU-TORY LIMITS DISEASE - POLICY LIMIT DISEASE - EA EMPLOYEE CH OCCURRENCE ENT P HE POLICY 5,000 1,000,000 2,000,000 2,000,000 PERIOD ICH THIS TERMS, 500,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000 1,000,000

 ω

D

D

PRLANDO FL 32809 423 S ORANGE AVE TC PRESTIGE ELECTRIC COMPANY OF FLORIDA

OUNG MICAJAH P

ACORD 25 (2010/05)

The ACORD name

and

logo

are registered marks of ACORD

© 1988-2010 ACORD CORPORATION.

All rights reserved.

31 00.04\$

1802-1092237

)FFICE

se. Businesses are subject to regulation of zoning, health and other Orange County, Florida

EWPLOYEE ;

KEN LAWSON

SEQ# L12072301184

NOITALL REGULATION OF CAROL STANDS