



# 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)

## PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

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.

<p><b>Scope of Work:</b> ELECTRICAL: replace existing interior panels in house &amp; hallway</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>        Address: 6422 Gibson Drive, Belle Isle, FL 32809        Parcel ID: 24-23-29-0600-05-260        Property Owner: McNew, Clyde        Phone Number: None        *****        Company Name: Stanton Electric, Inc.        Contractor Name: Stanton, Joshua        License Number: EC13005486        Address: 3418 Price Avenue, Orlando, FL 32806        Phone Number: 407-666-3174</p>	<p style="text-align: right;"><b>Permit Number: 2014-08-002</b></p> <p style="text-align: right;"><b>Date of Application: 07/31/2014</b>  <b>Date Permit Issued: 08/04/2014</b></p> <p><b>WARNING TO OWNER:</b> "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.</p>
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### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$        School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$        Boat House \$        Building \$        Demo \$        Door(s) \$        Driveway \$        Electrical \$72.00        Fence \$        Gas \$        Irrigation \$        Low Voltage \$        Mechanical \$        Plumbing \$        Pool \$        Roofing \$        Screen Encl \$        Shed \$        Temp Pole \$        Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00        Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$76.00</b></p> <p><b>Date Paid</b> 8-6-14</p> <p><b>CC or Check #</b> mc 3024</p> <p><b>Amount Paid</b> 76.00</p> <p>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).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>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</p> <p>€ <b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)        Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p>€ <b>ROOFING</b>    <b>OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p>€ <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>€</p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p>€ GAS ___ Natural ___ LP    € MECHANICAL    € ELECTRICAL    € LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
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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 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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universaleengineering.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 APPLICATION: 7-29-14 PERMIT NUMBER 2014-08-002

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 6422 Gibson Dr. Belle Isle FL  32809  32812  
Property Owner Clyde McNew Phone \_\_\_\_\_  
Property Owner's Mailing Address Same City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 24-23-29-0600-05-260

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

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 \_\_\_\_\_ 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: Replace Main Panel in house with new  
Replace sub panel in hallway with new

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) \$ 1,300.00

Permit Fee = \$ 48-

Review Fee = \$ 24-

3% FL Surcharge = \$ 4-

TOTAL Permit = \$ 76-

Building Official: Angel L. Perez Date 8-04-2014  
Verified Contractor's Licenses & Insurance are on file cq Date 8-5-14

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 # EL13005486  
LICENSE HOLDER NAME Josh Stanton COMPANY NAME Stanton Electric  
Street Address 3418 Price Ave  
City ORL State FL Zip Code 32806 Phone Number 407-666-3174  
Email Address Stanton.electric@yahoo.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 \_\_\_\_\_

PROJECT NUMBER 0115.1400398

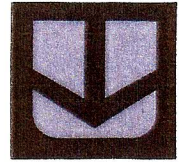
TASK NUMBER 1

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014.08.002
Property Owner	McNew, Clyde
Address	6422 Gibson Dr
Nature of Improvement	Electrical
Received Application	7-31-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	8/01
Building Official Approved	8/04/2014
Comments	
1.	8-5-14 wq rec'd vis; emailed cont it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 8-04-2014

Permit Type: Electrical Job Cost: \$ 1300-

Permit Fee: \$ 48-

Plans Review Fee: \$ 24- (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2.00

1.5% State Fee: \$ 2.00

**TOTAL BUILDING FEE:** \$ 76<sup>00</sup> (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

$$\$37 + (\$11 \times 1) = \$37 + \$11 = \$48$$

$$\$48 \times 50\% = \$24$$

$$\$48 + 24 = \$72<sup>00</sup>$$

$$\$72 \times 1.5\% (2) = \$4 \text{ (min.)}$$

$$\$72 + 4 = \$76 -$$

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
 07/31/2014

**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).**

<b>PRODUCER</b> Zellner Insurance Agency 4114 Sunbeam Road, Suite 101 Jacksonville FL 32257	<b>CONTACT NAME:</b> Certificate Desk <b>PHONE (A/C No. Exp):</b> (904) 356-1492 <b>FAX (A/C No.):</b> (904) 354-4328 <b>E-MAIL ADDRESS:</b> certificates@zellnerinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Western World Insurance Co. <b>NAIC #:</b>
<b>INSURED</b> Stanton Electric, Inc. 3418 Price Avenue Orlando FL 32806	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>
	<b>INSURER G:</b>

**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 LTR	TYPE OF INSURANCE	ADDL SUBR (NSD) (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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NPP8162243	09/18/2013	09/18/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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

AI 014495



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2014

**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).**

<b>PRODUCER</b> Ariskoo, Inc. 9016 Philips Hwy. Jacksonville, FL 32256	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <b>INSURER(S) AFFORDING COVERAGE</b> <table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER A :Normandy Harbor Insurance Company, Inc.</td> <td style="width: 20%;">NAIC # 13012</td> </tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER A :Normandy Harbor Insurance Company, Inc.	NAIC # 13012	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A :Normandy Harbor Insurance Company, Inc.	NAIC # 13012												
INSURER B :													
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													
<b>INSURED</b> MatrixOneSource Ally Hr, Inc & Ally Hr II, Inc 9016 Philips Hwy Jacksonville, FL 32256													

**COVERAGES** **CERTIFICATE NUMBER: DSLB932J** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NHFL140285	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Coverage is extended only to the insured's employees who are leased to the client company employer: Stanton Electric, Inc. 0101297 **DISCLAIMER:** Coverage is not extended to any employee of the client company employer who is not leased from the insured or to any leased employee for which the client company employer is not reporting payroll hours to the insured. This certificate remains in effect provided the client company employer's account is in good standing with the insured. Please contact the insured at 866-453-2722 for verification of employees leased to the client company employer by the insured.  
 Current number of leased employees is 4

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Nela Ave. Belle Isle, FL 32809 Fax: 407-240-2222	<b>CANCELLATION</b>  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
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**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

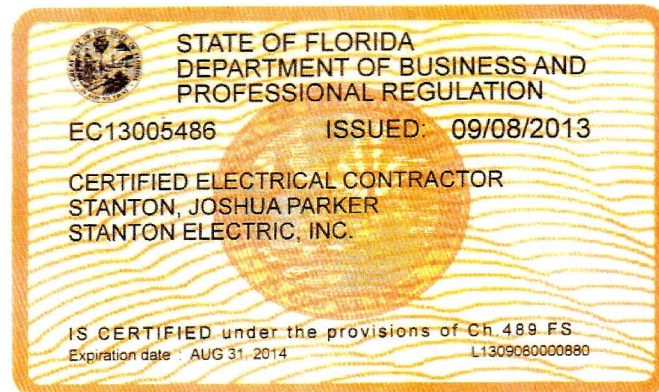
**(850) 487-1395**

**STANTON, JOSHUA PARKER  
STANTON ELECTRIC, INC.  
3418 PRICE AVE  
ORLANDO FL 32806**

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](http://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  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

EC13005486 ISSUED: 09/08/2013

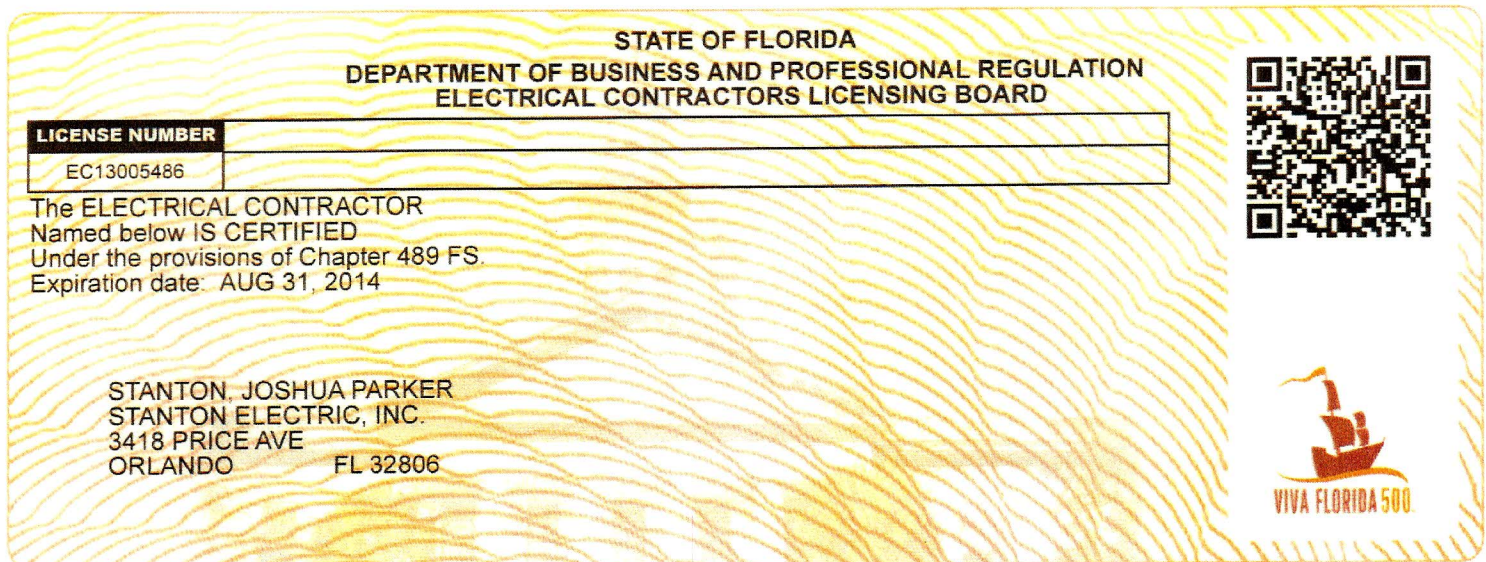
**CERTIFIED ELECTRICAL CONTRACTOR  
STANTON, JOSHUA PARKER  
STANTON ELECTRIC, INC.**

IS CERTIFIED under the provisions of Ch. 489 FS  
Expiration date: AUG 31, 2014 L1309080000880



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.VivaFlorida.org](http://www.VivaFlorida.org).

DETACH HERE




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

<b>LICENSE NUMBER</b>	
EC13005486	

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

**STANTON, JOSHUA PARKER  
STANTON ELECTRIC, INC.  
3418 PRICE AVE  
ORLANDO FL 32806**



**RICK SCOTT  
GOVERNOR**

ISSUED: 09/08/2013 SEQ # L1309080000880  
DISPLAY AS REQUIRED BY LAW

**KEN LAWSON  
SECRETARY**

**Scott Randolph, Tax Collector****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.**

**\*\*\*ORIGINAL\*\*\*****2013****EXPIRES 9/30/2014**

1802-1046031

1802 REG MASTER ELECTRICAL \$30.00 1 EMPLOYEE ;

TOTAL TAX	\$30.00
PREVIOUSLY PAID	\$30.00
TOTAL DUE	\$0.00

STANTON JOSHUA

STANTON ELECTRIC INC  
3418 PRICE AVE  
ORLANDO FL 32806

MOB FROM BREVARD (MOBILE)  
X - OUT OF COUNTY, 00000

PAID: \$30.00 099-00599064 8/27/2013

**Scott Randolph, Tax Collector****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.**

**\*\*\*ORIGINAL\*\*\*****2013****EXPIRES 9/30/2014**

1802-1046031

1802 REG MASTER ELECTRICAL \$30.00 1 EMPLOYEE

TOTAL TAX	\$30.00
PREVIOUSLY PAID	\$30.00
TOTAL DUE	\$0.00

STANTON JOSHUA

STANTON ELECTRIC INC  
3418 PRICE AVE  
ORLANDO FL 32806

MOB FROM BREVARD (MOBILE)  
X - OUT OF COUNTY, 00000

PAID: \$30.00 099-00599064 8/27/2013

This receipt is official when validated by the Tax Collector.

