



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: 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.**

<b>Scope of Work:</b> ELECTRICAL: TUG <b>Comments:</b> None <b>Project Information</b> Address: 2705 Nela Avenue, Belle Isle, FL 32809 Parcel ID: 19-23-30-5888-03-060 Property Owner: Joshua Brown Phone Number: None ***** Company Name: J. D. Electric Inc Contractor Name: McElmurry, James D. License Number: EC0001753 Address: 1045 N. Ronald Reagan Blvd, Longwood, FL 32750 Phone Number: 407-332-0216	<b>Permit Number: 2015-12-016</b> Date of Application: <u>12/12/2014</u> Date Permit Issued: <u>12/16/2014</u> <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.
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**BUILDING FEATURES**

<b>IMPACT FEES</b> School \$ Traffic \$ <b>ZONING FEES</b> Zoning Fee \$30.00 <b>UNIVERSAL ENG - BUILDING FEES</b> Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$132.00 Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen End \$ Swimming Pool \$ Sign \$ <b>SURCHARGE FEES</b> Surcharge Fee \$2.00 Surcharge Fee \$2.00 <b>TOTAL FEES \$136.00</b> Date Paid <u>12-16-14</u> CC or Check # <u>MC 5594</u> Amount Paid <u>136.00</u>	<b>BUILDING INSPECTOR USE ONLY</b> 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 <input type="checkbox"/> <b>BUILDING</b> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 1 <sup>st</sup> _____ (Footing/Foundation) 2 <sup>nd</sup> _____ (Slab) 3 <sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 <sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing) 5 <sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 <sup>h</sup> _____ (Insulation to be Made After Roof Installed) 7 <sup>h</sup> _____ (Drywall) 8 <sup>h</sup> _____ (Sidewalk/Driveway) 9 <sup>h</sup> _____ (Other) 10 <sup>h</sup> _____ (Final - After MEP and Other Applicable Finals) <input type="checkbox"/> <b>ROOFING</b> 1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____ 2 <sup>ND</sup> ROOFING Covering In-Progress _____ 3 <sup>RD</sup> ROOFING Covering Final _____ <input type="checkbox"/> <b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) <input type="checkbox"/> 1 <sup>ST</sup> _____ (Underground) 2 <sup>ND</sup> _____ (Sewer) <input type="checkbox"/> 3 <sup>RD</sup> _____ (Rough-In/Tub Set) 4 <sup>th</sup> _____ (Final) CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___Natural ___LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1 <sup>st</sup> _____ (Rough-In) 2 <sup>nd</sup> _____ (Final)
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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 (F.S 553).

Inspection requests are to be emailed to [BiDscheduling@UniversalEngineering.com](mailto: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.

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-12-016
Property Owner	Brown, Joshua
Address	2705 Nuh Ave
Nature of Improvement	Electrical: TUG
Received Application	12-12-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-12-14
Building Official Approved	RJ 12-15-14
Comments	
1.	Susan 12-12-14 all credentials on file ✓
2.	review wo # 44882
3.	Susan 12-16-20 emailed (th ready
4.	
5.	
6.	
7.	
8.	
9.	
10.	doransk@embury mail.com
11.	
12.	



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**RECEIVED**  
 12-12-14

**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: 12/12/14 PERMIT NUMBER: 2015-10-016

The undersigned hereby applies for a permit to make electrical installations as indicated below PLEASE PRINT  
 Project Address 2705 Nela Ave Belle Isle FL 32809 32812  
 Property Owner Sasha Brown Phone \_\_\_\_\_  
 Property Owner's Mailing Address 2705 Nela Ave City Belle Isle  
 State FL Zip Code 32809 Parcel Id Number 19-23-30-5888-03-000

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 TUG One (1) New Meter Service 20000V-10000V Amperage/Voltage/Phase

Meter Service Upgrade from \_\_\_\_\_ to \_\_\_\_\_ Amperage/Voltage/Phase \_\_\_\_\_ Difference in Size \_\_\_\_\_

Relocate Existing Meter Service (No Service Size Change) \_\_\_\_\_

Other: Need New TUG Service on base to we can disconnect  
Service on existing base to remove from wall. (will use TUG service for temporary power only for this site)

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 \$ \_\_\_\_\_

Permit Fee = \$ 132.00  
 Review Fee = \$ INC.  
 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 136.00

Building Official: [Signature] Date 12-15-14  
 Verified Contractor's licenses & insurance are on file [Signature] Date 12-12-14

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 # EC0001753  
 LICENSE HOLDER NAME JAMES D. McELMURRAY COMPANY NAME J. D. ELKARTZ, INC  
 Street Address 1045 North Canal Bayan Blvd  
 City Longwood State FL Zip Code 32750 Phone Number 407-332-0016  
 Email Address jdelc@electrical.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 2014-07-003



# COBI Permit Fee Calculation Form



Reviewer Signature: [Signature]

Date: 12-15-14

Permit Type:	<u>ELECTRICAL ZOOA SERVICE</u>	Job Cost:	\$ _____
Permit Fee:	\$ <u>88.00</u>		
Plans Review Fee:	\$ <u>44.00</u>	(50% of permit fee - excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
<b>TOTAL BUILDING FEE:</b>	\$ <u>136.00</u>		(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

$$\begin{array}{r} 88 \\ 44 \\ \hline 132 \end{array}$$

$88 + 44 = 132.00$

$132.00 \times 0.015 = 1.98$

MIN STATE FEE = 2.00

$132 + 4 = 136.00$