



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 105.3.3: 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: meter change out 200A same size for size

Comments: None

Project Information

Address: 3617 Waters Edge Dr, Belle Isle, FL 32809
Parcel ID: 20-23-30-1678-00-360
Property Owner: Cleary, Kevin
Phone Number: None

Company Name: PES of Apopka
Contractor Name: Schumann, Milton
License Number: EC13003008
Address: 1417 Bear Lake Road, Apopka, FL 32703
Phone Number: 407-415-2723

Permit Number: 2015-12-036

Date of Application: 12/24/2014

Date Permit Issued: 12/26/2014

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 \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

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 Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$136.00

Date Paid

12-26-14

BUILDING INSPECTOR USE ONLY

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

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
 (Footing/Foundation)

2nd (Slab)

3rd (Lintel)(Wall Reinforcing on Masonry Building)

4th (Exterior Framing)(Roof/Wall Sheathing)

5th (Framing) (To be made after Plumbing/Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th (Insulation to be Made After Roof Installed)

7th (Drywall)

8th (Sidewalk/Driveway)

9th (Other)

10th (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar Irrigation, Water Treatment Equip, Etc.)

PROJECT NUMBER 0115.1400439.0000

TASK NUMBER 06

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-12-036
Property Owner	Kevin, Kevin
Address	3617 Waters Edge Dr.
Nature of Improvement	Electrical - master change at same for same
Received Application	12-24-14 DEWA
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-24-14
Building Official Approved	
Comments	
1.	Susan 12-24-14 Emailed we need all credentials Got em ✓
2.	review w/ # 45191
3.	12-26-14 RA
4.	12-26-14 Susan Emailed it's ready ✓
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	(Harold)



City of Belle Isle
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 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: 12/23/14 **PERMIT NUMBER** _____
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 3617 Waters edge dr
Property Owner Kevin Cleary Belle Isle FL 32809 32812
Property Owner's Mailing Address 3617 Waters edge dr Phone 917 750 1938
PL City Belle Isle
State FL **Zip Code** 32809 **Parcel Id Number:** 20-23-30-1678-00-360

To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New
Type of Work: New Alteration Addition Repair Residential Commercial Other
 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 _____ **Amperage/Voltage/Phase** _____ **to** _____ **Amperage/Voltage/Phase** _____ **Difference in Size** _____

Relocate Existing Meter Service (No Service Size Change) _____
Other: Replace meter base

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ 200
 (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) \$ 800
Permit Fee = \$ 88
Review Fee = \$ 44
3% FL Surcharge = \$ 4
TOTAL Permit = \$ 136.00

Building Official: R.P. **Date** 12-26-14
 Verified Contractor's Licenses & Insurance are on file _____ **Date** _____

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 ordinance.



City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809
www.cityofbelleislefl.org

Tel 407-851-7730 * Fax 407-240-2222 *

Contractor Registration Form

DATE	12/23/14
BUSINESS NAME	PES OF APOPKA INC
LICENSE QUALIFIER'S NAME	MILTON SCHUMAN
OWNER'S NAME	GUADALUPE NIEVES
MAILING ADDRESS	1417 BEAR LK RD APOPKA FL 32703
CITY, STATE ZIP	APOPKA FL 32703
BUSINESS PHONE	407-4152723 3216895545
BUSINESS FAX	321-4454740
EMAIL ADDRESS	PES OF APOPKA @GMAIL.COM
CELL (OPTIONAL)	
CONSTRUCTION TYPE	ELECTRICAL
STATE LICENSE #	EC 13003008
STATE LICENSE EXPIRATION	8/31/16
GENERAL LIABILITY EXPIRATION	5/30/15
WORKER'S COMP EXPIRATION	3/14/15

- Please attach a copy of your State license, General Liability and Worker's Comp.
- If you are Worker's Comp Exempt, you are responsible to supply us with a copy.
- Insurance Certificate should read, as Holder, City of Belle Isle, 1600 Nela Avenue, Belle Isle FL 32809

You may fax your information to the
City of Belle Isle Building Department at 407-240-2222.



COBI Permit Fee Calculation Form

Reviewer Signature: _____ Date: 12-21-14

Permit Type:	<u>Electrical</u>	Job Cost:	\$ <u>800.-</u>
Permit Fee:	\$ <u>88</u>		
Plans Review Fee:	\$ <u>44</u>		
			$\begin{array}{r} 88 \\ 44 \\ \hline 132.- \end{array}$
1.5% State Fee:	\$ <u>2.00</u>		
1.5% State Fee:	\$ <u>2.00</u>		
TOTAL BUILDING FEE:	\$ <u>136.-</u>		

(50% of permit fee – excluding ReRoofs)

(does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

Licensee Information

Name: SCHUMANN, MILTON R (Primary Name)
Main Address: PES OF AOPKA INC (DBA Name)
1278 BUNNELL RD
ALTAMONTE SPRINGS Florida 32714
County: SEMINOLE

License Mailing:

LicenseLocation:

License Information

License Type: Certified Electrical Contractor
Rank: Cert Electrical
License Number: EC13003008
Status: Current,Active
Licensure Date: 09/12/2005
Expires: 08/31/2016

Special Qualifications Qualification Effective




1 / 1

100%

13561

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

		F O L D H E R E	
STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY EXEMPTION			
<small>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</small>			
EFFECTIVE DATE:	3/14/2013	EXPIRATION DATE:	3/14/2015
PERSON:	SCHUMANN	MILTON	R
FEIN:	99260869		
BUSINESS NAME AND ADDRESS: P E S OF APOPKA INC 1417 BEAR LAKE RD APOPKA FL 32703 SCOPE OF BUSINESS OR TRADE:			
ELECTRICAL WIRING WITHIN BUIL			

IMPORTANT

Pursuant to Chapter 440.05(14), F. S., an officer of a corporation who elects exemption from this chapter, by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

Pursuant to Chapter 440.05(12), F. S., Certificates of election to be exempt, apply only within the scope of the business or trade listed on the notice of election to be exempt.

Pursuant to Chapter 440.05(13), F. S., Notices of election to be exempt and certificates of election to be exempt, shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of the notice or certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1605

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE REBORN(T)

PRODUCER

MG INSURANCE AGENCY
 499 N STATE ROAD 434
 ALTHAMORTE SPRINGS, FL 32714
 Phone: (407) 862-5554 Fax: (407) 862-1515

INSURED

P. E. S. OF APOEKA INC
 1407 BEAR LAKE RD
 APOEKA, FL 32703
 Phone: (407) 415-2723

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: North Pointa Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGE

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC 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 GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DELECTABLE RETENTION WORKERS COMPENSATION AND EMPLOYERS LIABILITY	AU052013P 291736	5/30/14	5/30/15	EACH OCCURRENCE \$ 500,000 EXPENSE TO PREMISES LIMIT (Any One Occurrence) \$ 100,000 MED EXP/AGG (See Policy) \$ 5,000 PERSONAL AND ADVANTURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (See accident) \$ BOOBY BURLY (For persons) \$ SOCIAL BURLY (For accidents) \$ PROPERTY DAMAGE (For accidents) \$ AUTO ONLY - EA ACCENT \$ OTHER THAN EA ACCENT \$ AUTO ONLY - AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ AND STATUTORY LIMITS <input type="checkbox"/> OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/USIONS ADDED BY ENDORSEMENTS/EXCEL PROVISIONS ELECTRICAL WITH BUILDINGS

CERTIFICATE HOLDER
 CYTY OF BELLE ISLES
 1600 NELA AVENUE
 BELLE ISLE FL 32809

ADDITIONAL INSURED/INSURED LETTER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL, AS OF WRITTEN NOTICE TO THE CERTIFICATE HOLDER, NAMED TO THE LEFT, BUT FAILURE SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE

ACORD CORPORATIO

ACORD 26-3 (1/87)