



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 for pool cabana one panel and 6 circuits

Comments: None

Project Information

Address: 6516 The Landings Dr, Belle Isle, FL 32809
Parcel ID: 20-23-30-4980-00-200
Property Owner: Grabhorn - Daniel & Susan
Phone Number: 407 247-4227

Company Name: C&S Technical Solutions Inc
Contractor Name: Henry, Christopher
License Number: EC13001993
Address: 101 Royal Oaks Circle, Longwood, FL 32779
Phone Number: 407 963 9849

Permit Number: 2015-12-020

Date of Application: 12/15/2014

Date Permit Issued: 12/16/2014

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 \$111.00
Temp Pole \$
Plumbing \$
Mechanical \$
Gas \$
Roofing \$
Boat Dock \$
Screen End \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$115.00

Date Paid 12-16-14

CC or Check # VISA 5909

Amount Paid 115.00

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).

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 _____ (Footing/Foundation)

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

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...)

1ST _____ (Underground) 2ND _____ (Sewer)

3RD _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (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.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-12-020
Property Owner	Graham Susan
Address	6516 The Landings Dr.
Nature of Improvement	Electrical for Cabana
Received Application	12-15-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-15-14
Building Official Approved	
Comments	
1. 12-15-14	WC exempt ✓ FL BLU local TRV
2.	need GLG table ✓
3.	renew wo # 44932
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Susan Manchester

From: Susan Manchester
Sent: Tuesday, December 16, 2014 8:38 AM
To: Ralph Jones; CobiPermits
Subject: RE: Permit 2015-12-020 for 6516 The Landings Dr approved by Ralph Jones

Thank you,

Susan Manchester
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalengineering.com

-----Original Message-----

From: Ralph Jones
Sent: Monday, December 15, 2014 5:47 PM
To: Susan Manchester
Subject: Permit for the Landings

Okay Susan I feel positive we can process the paperwork for the permit for this location
Sent from my iPhone



City of Belle Isle
 Universal Engineering Sciences 3532 Maggle 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: 12/15/14 PERMIT NUMBER 2015.12.020
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
 Project Address 6516 THE LANDINGS DRIVE Belle Isle FL 32812 X 32812
 Property Owner SUSAN GRABBARA Phone 407-247-4227
 Property Owner's Mailing Address SAME City _____
 State _____ Zip Code _____ Parcel Id Number: _____
 To obtain this information, please visit <http://www.espafl.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 _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____

Other: ELECTRICAL ASSOCIATED WITH CABANA ADDITION, SUB-PANEL NEEDS TO BE ADDED FOR 6 CIRCUITS ASSOCIATED WITH PROJECT.

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) \$ 4000.00

Permit Fee = \$ 74
 Review Fee = \$ 37
 3% FL Surcharge = \$ 4
 TOTAL Permit = \$ 105.

Building Official: Ralph Jones via email Date 12-15-14
 Verified Contractor's Licenses & Insurance are on file (SWO) Date 12/15/14

(2X-SWO issued)

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 # EC13001993
 LICENSE HOLDER NAME CHRISTOPHER P HENRY COMPANY NAME CSTECHNICAL SOLUTIONS, INC
 Street Address 101 Royal Oaks Cir
 City Longwood State FL Zip Code 32779 Phone Number 407-963-9849
 Email Address CSTECHNICAL@CFL.RR.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 2015.11.007



COBI Permit Fee Calculation Form



Reviewer Signature: _____ Date: 12-15-14

Permit Type:	<u>Electrical</u>	Job Cost:	\$ <u>4000.-</u>
Permit Fee:	\$ <u>37 x 2 = 74</u>		
	<u>37</u>		<u>SWO</u>
Plans Review Fee:	\$ _____	(50% of permit fee - excluding ReRoofs)	
		<u>111</u>	
1.5% State Fee:	\$ <u>2.-</u>	<u>4</u>	
		<u>115</u>	
1.5% State Fee:	\$ <u>2.-</u>		
TOTAL BUILDING FEE:	\$ <u>195.-</u>		

Note: Total gets doubled for SWO/AFT permits (does not include Zoning fees or Deposits)



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

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

(850) 487-1395

HENRY, CHRISTOPHER P
C & S TECHNICAL SOLUTIONS INC
101 ROYAL OAKS CIR
LONGWOOD FL 32779

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER
EC13001993

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

HENRY, CHRISTOPHER P
C & S TECHNICAL SOLUTIONS INC
101 ROYAL OAKS CIR
LONGWOOD FL 32779

ISSUED: 07/09/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L14070900001433



SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ■ Sanford, FL 32772-0630 ■ Telephone: 407-665-1000

www.seminoletax.org

VALID THROUGH 09/30/15

**C & S TECHNICAL SOLUTIONS INC
101 ROYAL OAKS CIR
LONGWOOD, FL 32779**

Account #: 129096

CHRISTOPHER P HENRY (OWNER)

REGULATED

License # - EC13001993

Qualifier- CHRISTOPHER HENRY

Receipt #: 33082014093001812

Amount Paid: \$ 45.00

Date Paid: 09/30/2014

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
 - **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1st of each year, and it shall expire on September 30th of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053[1]).
 - A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax Receipt. (FS 205.053 [2])
- This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.
- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**C & S TECHNICAL SOLUTIONS INC
101 ROYAL OAKS CIR
LONGWOOD, FL 32779**

County Services Building 1101 E First Street Sanford, FL 32771	Wilshire Plaza 384 Wilshire Blvd Casselberry, FL 32707	Oak Groves Shoppes 995 N SR 434 Suite 505 Altamonte Springs, FL 32714	ShelMar Prof'l Building 1490 Swanson Dr #100 Oviedo, FL 32765	Commons at Primera 845 Primera Blvd Lake Mary, FL 32746
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Exemption Detail Page

This database was last updated Sunday, December 14, 2014 12:11 AM.

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Exemption Details						
Name	Title	Effective Date	*Termination Date	Exemption Type	**Business Activities	Employer Name
CHRISTOPHER P HENRY	PR	Feb 19 2012	Feb 18 2014	Construction	Click Here to View Activities Listed on Exemption	C & S TECHNICAL SOLUTIONS INC
CHRISTOPHER P HENRY	PR	Feb 19 2010	Feb 19 2012	Construction	Click Here to View Activities Listed on Exemption	C & S TECHNICAL SOLUTIONS INC
CHRISTOPHER P HENRY	PR	Feb 20 2008	Feb 19 2010	Construction	Click Here to View Activities Listed on Exemption	C & S TECHNICAL SOLUTIONS INC
CHRISTOPHER P HENRY	PR	Feb 20 2006	Feb 20 2008	Construction	Click Here to View Activities Listed on Exemption	C & S TECHNICAL SOLUTIONS INC
CHRISTOPHER P HENRY	PR	Jan 27 2004	Feb 20 2006	Construction	Click Here to View Activities Listed on Exemption	C & S TECHNICAL SOLUTIONS INC
CHRISTOPHER P HENRY	PR	Jan 17 2014	Jan 17 2016	Construction	Click Here to View Activities Listed on Exemption	C&S TECHNICAL SOLUTIONS INC

*Termination may be through the revocation of the exemption, or expiration of the exemption.
 **The exemption only applies to the business activities listed on the exemption.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2014

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).

PRODUCER SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTIMONTE SPRINGS FL 32716	CONTACT NAME: Certificate Department PHONE (A.C. No.): 407-869-5490 FAX (A.C. No.): 407-389-3580 E-MAIL ADDRESS: Certificates@sihle.com
INSURED C&STE-1 C&S Technical Solutions, Inc. 101 Royal Oaks Circle Longwood FL 32779	INSURER(S) AFFORDING COVERAGE INSURER A.: Old Dominion Insurance Company NAIC # 40231 INSURER B.: INSURER C.: INSURER D.: INSURER E.: INSURER F.:

COVERAGES CERTIFICATE NUMBER: 2055840767

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	ADD'L SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MPC59548	1/19/2014	1/19/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PIP \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		B1G59548	1/19/2014	1/19/2015	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$\$10,000
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$ DED <input type="checkbox"/> RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

CERTIFICATE HOLDER

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.

City of Belle Isle

1600 Nela Ave.

Belle Isle FL 32809

AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01)

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