



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.

<p>Scope of Work: ELECTRICAL: 6 fixtures, 4 outlets & 1 switch</p> <p>Comments: None</p> <p>Project Information Address: 2311 Nela Avenue, Belle Isle, FL 32809 Parcel ID: 19-23-30-5888-03-250 Property Owner: Margeson, Bradley & Bryan Phone Number: None ***** Company Name: Dollard Enterprises LLC Contractor Name: Dollard, Robert IV License Number: EC13005224 Address: 3352 Character Court, Sanford, FL 32771 Phone Number: 407-366-7498</p>	<p style="text-align: right;">Permit Number: 2014-02-023</p> <p style="text-align: right;">Date of Application: 02/17/2014 Date Permit Issued: 02/24/2014</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$72.00 Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$76.00</p> <p>Date Paid <u>2-26-14</u></p> <p>CC or Check # <u>mc 1215</u></p> <p>Amount Paid <u>76⁰⁰</u></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;">BUILDING INSPECTOR USE ONLY</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><input type="checkbox"/> BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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Inspection requests are to be emailed to 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.



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

received 02-17-14

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: 2/14/14 PERMIT NUMBER 2014-02-023

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 2311 Nela Ave, Belle Isle FL x 32809 32812

Property Owner Margeson Bradley J Margeson Bryan J Phone

Property Owner's Mailing Address 5323 Mill Stream Dr City Saint Cloud

State FL Zip Code 34771 Parcel Id Number: 19-23-30-5888-03-250

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

Class of Building: Old [X] New [] Type of Building: Residential [X] Commercial [] Other []
Type of Work: New [] Alteration [X] Addition [] Repair [] Low Voltage New [] Existing []

Date First Inspection Desired: or will call for inspection [X] Is power needed? Yes [] No []

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher Exhaust Fan Disposal Water Heater
Hood Fan 6 Dryer Paddle Fan Outlets 4
Fixtures 6 Spa Pool Switches 1
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

Four (4) or More New Meter Services Same Size: 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: Take out all wiring in garage
-Replace Bad wires with new, Add 4 new plugs, 1 flood lights, 1 switch, florescent lights on shelf, and 3 keyless lights

[] 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 \$ 1495.00

Review & Permit Fee = \$ 72.00

Building Official: [Signature] Date 2/23/14

3% FL Surcharge = \$ 4.00

TOTAL Permit = \$ 76.00

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 # EC13005224

LICENSE HOLDER NAME Robert L Dollard IV COMPANY NAME Dollard Enterprises LLC

Street Address 3352 Character Court

City Sanford State FL Zip Code 32771 Phone Number 407-366-7498

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 2014-01-018

PROJECT NUMBER 0115.1400020.0000

TASK NUMBER 03

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-02-023
Property Owner	Margeson
Address	2311 Nela Ave
Nature of Improvement	Electrical
Received Application	2-17-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	2-18-14
Building Official Approved	2/23/2014
Comments	
1.	2-24-14 cq emailed Robert it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/26/2013

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 The Whitehead Agency Inc P. O. Box 940096	CONTACT NAME: Lori Charles PHONE: (407) 831-4424 FAX: (407) 831-4421 E-MAIL: lcharles@thewhiteheadagency.com ADDRESS: INSURER(S) AFFORDING COVERAGE
MAITLAND FL 32794-0096	INSURER A: National Trust Insurance Co NAIC # 20141
INSURED Dollard Enterprises, LLC 669 Harold Avenue	INSURER B: FCCI Commercial Insurance Co 33472
Winter Park FL 32789	INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1392600035

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 (INSR LTR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Blanket Addit Ins x S Blanket Waiver of Sub. GENL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- FECT LOC		GL1218255	9/30/2013	9/30/2014	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 100,000 MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED X HIRED AUTOS X AUTOS		CA1218255	9/30/2013	9/30/2014	COMBINED SINGLE LIMIT (ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Base \$ 10,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		70744	6/1/2013	6/1/2014	EACH OCCURRENCE \$ AGGREGATE \$ WC STAT-L 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)

CERTIFICATE HOLDER

(407) 240-2222

City of Belle Isle
1600 Nela Ave
Belle Isle, FL 32809

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.

AUTHORIZED REPRESENTATIVE

Mark Whitehead/LORI

ACORD 25 (2010/05)
INS025 (201005) 01

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VIVA FLORIDA 2010

RICK SCOTT
GOVERNOR

ISSUED: 09/26/2013 SEQ # L1309260000722
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

