



# 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.

**Scope of Work:** Electrical -for building permit 2014-12-007

1 exhaust fan, 2 outlets, 5 switches, 7 fixtures

**Comments:** None

**Project Information**

Address: 5007 St. Denis Court, Belle Isle, FL 32812

Parcel ID: 18-23-30-4388-04-020

Property Owner: Singleton, Christine

Phone Number: 321-377-1152

\*\*\*\*\*

Company Name: Gordon's Light & Sound, LLC.

Contractor Name: Gordon, Deans

License Number: EC13003164

Address: 104 Fairlane Circle Sanford, FL 32773

Phone Number: 407-221-4768

**Permit Number: 2014-12-024**

**Date of Application:** 12/18/2013

**Date Permit Issued:** 12/23/2013

**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 \$72.00  
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 \$76.00**

**Date Paid** 12-26-13

**CC or Check #** 2146

**Amount Paid** 76

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**

1<sup>st</sup>

(Footing/Foundation)

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

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>th</sup>

(Insulation to be Made After Roof Installed)

7<sup>th</sup>

(Drywall)

8<sup>th</sup>

(Sidewalk/Driveway)

9<sup>th</sup>

(Other)

10<sup>th</sup>

(Final - After MEP and Other Applicable Finals)

**ROOFING**

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 \_\_\_\_\_

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

1<sup>st</sup> (Underground) 2<sup>nd</sup> (Sewer)

3<sup>rd</sup> (Rough-In/Tub Set) 4<sup>th</sup> (Final)

**CHECK APPROPRIATE BOX**

GAS \_\_\_ Natural \_\_\_ LP \_\_\_ MECHANICAL \_\_\_ ELECTRICAL \_\_\_ LOW VOLTAGE

1<sup>st</sup> (Rough-In) 2<sup>nd</sup> (Final)

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/ff094edc4-832d-44bd-9809-ectf32f9e2e66>  
login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universal113

PROJECT NUMBER 0115.1300807.0000

TASK NUMBER 03

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-12-024
Property Owner	Singleton
Address	5007 St. Denis Ct
Nature of Improvement	Electrical
Received Application	12-18-13
Sent for Stormwater Review	
Stormwater Approved	1
Sent for Zoning Review	
Zoning Approved	1
Applied for Variance	
Variance Approved	1
Sent to BO for Review	12-18-13
Building Official Approved	12-23-13
Comments	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 • Fax 407-581-0313 • www.universalengineering.com

**Received**  
 12-18-13

**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: 12/18/13 PERMIT NUMBER: 2014-12-024  
 The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT  
 Project Address: 5007 St. Denis Ct Belle Isle FL 32809  32812  
 Property Owner: Chris & Christine Singleten Phone \_\_\_\_\_  
 Property Owner's Mailing Address: 5007 St Denis Ct City: Belle Isle  
 State: FL Zip Code: 32812 Parcel Id Number: 18-23-30-4388-04-020

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

Date First Inspection Desired: \_\_\_\_\_ or will call for inspection  Is power needed? Yes  No

**INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED**

Dishwasher \_\_\_\_\_ Exhaust Fan 1 Disposal \_\_\_\_\_ Water Heater \_\_\_\_\_  
 Hood Fan \_\_\_\_\_ Dryer \_\_\_\_\_ Paddle Fan \_\_\_\_\_ Outlets 3  
 Fixtures 7 Spa \_\_\_\_\_ Pool \_\_\_\_\_ Switches 5  
 Electric Signs \_\_\_\_\_ Meter Reset \_\_\_\_\_ Low Voltage \_\_\_\_\_ Stoves \_\_\_\_\_  
 Pumps \_\_\_\_\_ Motors \_\_\_\_\_ Air Conditioning (tons) \_\_\_\_\_ Furnace (KW) \_\_\_\_\_

Temporary Construction Pole: NA One (1) New Meter Service \_\_\_\_\_ Amperage/Voltage/Phase \_\_\_\_\_

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

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

Other: \_\_\_\_\_

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) \$ 1000.00

Building Official: Marky Gussis Date: 12-23-2013

Review & Permit Fee = \$ 12-  
 3% FL Surcharge = \$ 4-  
 TOTAL Permit = \$ 16.00

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 # EC 13003164  
 LICENSE HOLDER NAME: Gordon Deans COMPANY NAME: Gordons Light and Sound  
 Street Address: 104 Fairlane Circle  
 City: Sanford State: FL Zip Code: 32773 Phone Number: 407-221-4768  
 Email Address: Gordonslightandsound@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: 2014-12-007



# CERTIFICATE OF LIABILITY INSURANCE

GORDO-1 OP ID: TO

DATE (MM/DD/YYYY)  
12/18/2013

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).

<b>PRODUCER</b> SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS, FL 32716 David Holt	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No. Ext.):</b> 407-869-5490 <b>FAX (A/C, No.):</b> 407-389-3560 <b>E-MAIL ADDRESS:</b> certificates@sihle.com <hr/> <b>INSURER A:</b> Scottsdale Insurance Company <b>NAIC #</b> 41297 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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**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	ADDITIONAL SUBSCRIBER (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPS172318	04/26/2013	04/26/2014	EACH OCCURRENCE \$ 1,000,000 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
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB					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					WGS STATUS / TORT LIMITS / DATH / FS EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  City of Belle Isle Building Department 1600 Neia Avenue Belle Isle, FL 32809	<b>CANCELLATION</b>  CITYBEI  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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ACORD 25 (2010/05)

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STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE: 02/14/2012      EXPIRATION DATE: 02/13/2014

PERSON: GORDON L DEANS  
FEIN: 201803913

BUSINESS NAME AND ADDRESS:  
GORDON'S LIGHT & SOUND LLC  
104 FAIRLANE CIRCLE  
SANFORD, FL 32773

SCOPE OF BUSINESS OR TRADE:  
1- ELECTRICAL WIRING (5190)



STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND  
 PROFESSIONAL REGULATION

AC# 6 199904

EC13003164 07/12/12 128007543

CERTIFIED ELECTRICAL CONTRACTOR  
 DEANS, GORDON LOUIS  
 GORDON'S LIGHT & SOUND LLC

IS CERTIFIED under the provisions of Ch. 489 FS  
 Expiration date: AUG 31, 2014 L12071201159



**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](http://www.seminoletax.org)

VALID THROUGH 09/30/14

GORDON'S LIGHT AND SOUND LLC  
 104 FAIRLANE CIR  
 SANFORD, FL 32773

Account #: 138253

GORDON L DEANS (OWNER)

REGULATED  
 License # - EC1303164  
 Qualifier- DEANS, GORDON LOUIS

Receipt #: 10472013102802786

Amount Paid: \$ 49.50

Date Paid: 10/28/2013