



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: MECHANICAL: 3.5 ton & 2.5 ton HVACs with ductwork and 1 hood, 1 air intake, 5 bath fans & 1 dryer vent

Comments: None

Project Information

Address: 4100 Isle Vista Avenue, Belle Isle, FL 32812
 Parcel ID: 20-23-30-0668-00-310
 Property Owner: Surrey Homes
 Phone Number: None

 Company Name: One Stop Heating & Cooling LLC
 Contractor Name: Stine, Kevin
 License Number: CAC032444
 Address: 669 Harold Avenue, Winter Park, FL 32789
 Phone Number: 407-629-6920

Permit Number: 2014-01-047

Date of Application: 01/29/2014

Date Permit Issued: 01/30/2014

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo	\$
Building	\$
Fence	\$
Driveway	\$
Shed	\$
Window(s)	\$
Door(s)	\$
PrePower	\$
Electrical	\$
Temp Pole	\$
Plumbing	\$
Mechanical	\$443.00
Gas	\$
Roofing	\$
Boat Dock	\$
Screen End	\$
Swimming Pool	\$

SURCHARGE FEES

Surcharge Fee \$6.65
 Surcharge Fee \$6.65

TOTAL FEES \$456.30

Date Paid 2-4-14

CC or Check # 023564

Amount Paid 456.30

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 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/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = universal13

PROJECT NUMBER 0115.1300755.0000

TASK NUMBER 11

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-01-047
Property Owner	Surrey Homes
Address	4100 Isle Vista
Nature of Improvement	Mechanical HVAC
Received Application	1-29-14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	1/30/2014
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
1-29-14

APPLICATION FOR MECHANICAL 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: 1/29/14 PERMIT NUMBER 2014-01-047

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 4100 Isle Vista Ave Belle Isle FL 32809 32812
Property Owner Sylvain Normis Phone _____
Property Owner's Mailing Address 1133 Louisiana Ave City Winter Park
State FL Zip Code 32789 Parcel Id Number: 20-23-30-01608-00-310

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

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space - provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 2 Tons Per Unit 2.5 Total Tons 5.0
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 9493.00

Heating: # of Units KWS Per Unit 5 Total KWS 10 BTU's _____
Oil Electric Boiler Gas Estimated Cost \$ _____

(A) Estimated Cost Fee \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation:
(Number of) Grease _____ Heat _____ Hoods, Air Intakes 2 Exhaust Fans 5 Dryer Vents 1 Estimated Cost \$ _____

Refrigeration: Number of units _____ Estimated Cost \$ _____

Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge and 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 # CAE032444
LICENSE HOLDER NAME Kevin Stine COMPANY NAME One Stop Cooling & Heating, LLC
Street Address 7285 Sandstone Ct, Suite 1
City Winter Park State FL Zip Code 32792 Phone Number 407-960-1601
Email Address Kevin.Stine@onestopcooling.com

Building Official: [Signature] Date 1/30/2014

Review & Permit Fee \$ 443.00
3% Florida Surcharge \$ 13.29
Total Permit Fee \$ 456.29

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number 2014-11-013

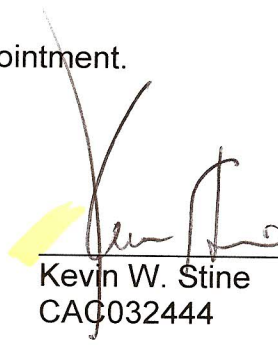


7225 Sandscove Court, Winter Park, FL 32792
(407) 629-6920 / (407) 629-9307 FAX
CA C032444

Power of Attorney

I hereby name and appoint Kelli Tremblay to be my lawful attorney
in fact to act for me and apply to the City of Belle Isle building
department for a mechanical permit for work performed at a location described as:
4100 Isle Vista Ave

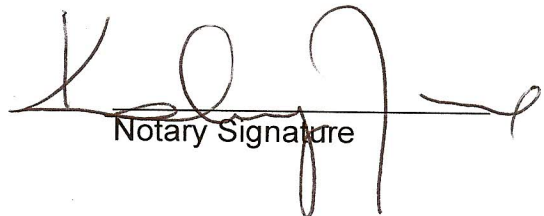
And sign my name and do all things necessary to this appointment.


Kevin W. Stine
CAC032444

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me this 3rd day of February 2014 by Kevin
W. Stine, who is personally known to me.

Notary Stamp:


Notary Signature





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2013

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 Lassiter-Ware Insurance of Maitland 2701 Maitland Center Parkway Suite 125 Maitland, FL 32751	CONTACT NAME: Bekah Pickering
	PHONE (A/C No, Ext): (800) 845-8437 FAX (A/C No): (888) 883-8680
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: United Fire & Casualty Company	NAIC # 13021
INSURER B: FFVA Mutual Insurance Co	10385
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> Limited Contractual GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="checked" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		60411382	1/16/2014	1/16/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<input checked="checked" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		60411382	1/16/2014	1/16/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="checked" type="checkbox"/> RETENTION \$10,000		60411382	1/16/2014	1/16/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="checked" type="checkbox"/> N / N/A	WC84000290402014A	1/1/2014	1/1/2015	<input checked="checked" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)

A blanket additional insured and waiver of subrogation apply with regards to General Liability and Automobile as required by written contract.

A blanket waiver of subrogation applies with regards to Worker's Compensation as required by written contract.

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Avenue 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 Paul Ziccardi/REBEKP



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

STINE, KEVIN WYATT
ONE STOP COOLING & HEATING, LLC
7225 SANDSCOVE COURT
WINTER PARK FL 32792

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!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC032444 ISSUED: 05/09/2013

CERTIFIED AIR COND CONTR
STINE, KEVIN WYATT
ONE STOP COOLING & HEATING, LLC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2014 L1305090000714



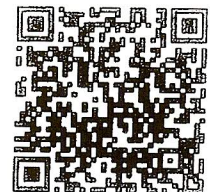
The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.VivaFlorida.org.

DETACH HERE

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CAC032444	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014



STINE, KEVIN WYATT
ONE STOP COOLING & HEATING, LLC
7225 SANDSCOVE COURT
WINTER PARK FL 32792



RICK SCOTT
GOVERNOR

ISSUED: 05/09/2013 SEQ # L1305090000714
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

ORIGINAL	2013	EXPIRES	9/30/2014	1804-0066931			
1804	CONTR-CERT CLASS A-HAR	\$140.00	75	EMPLOYEE : 5000 BUSINESS OFFICE	\$40.00	15	EMPLOYEE :
1801	CERTIFIED RESIDENTIAL CA	\$30.00	1	EMPLOYEE : 1801 BUILDING CONTRACTOR	\$30.00	1	EMPLOYEE :

TOTAL TAX \$240.00
 PREVIOUSLY PAID \$240.00
 TOTAL DUE \$0.00

STINE KEVIN W

ONE STOP COOLING & HEATING LLC
 STINE KEVIN W
 7225 SANDSCOVE CT
 WINTER PARK FL 32792

7225 SANDSCOVE CT
 U - WINTER PARK, 32792

PAID: \$240.00 099-00597517 8/22/2013

Scott Randolph, Tax Collector

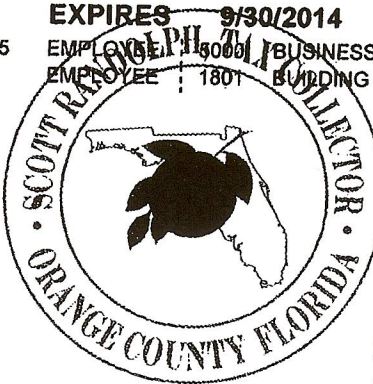
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 PREVIOUSLY PAID \$240.00
 TOTAL DUE \$0.00



STINE KEVIN W

ONE STOP COOLING & HEATING LLC
 STINE KEVIN W
 7225 SANDSCOVE CT
 WINTER PARK FL 32792

7225 SANDSCOVE CT
 U - WINTER PARK, 32792

PAID: \$240.00 099-00597517 8/22/2013

This receipt is official when validated by the Tax Collector.