



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: MECHANICAL: c/o 5ton HVAC with no ductwork</p> <p>Comments: None</p> <p>Project Information Address: 5249 Driscoll Court, Belle Isle, FL 32812 Parcel ID: 20-23-30-1222-00-080 Property Owner: Kirkm, Judy Phone Number: 407-857-6755 ***** Company Name: Certified Climate Control LLC Contractor Name: Hill, David License Number: CAC1816634 Address: 909S S. Charles R. Beall Road, Debarry, FL 32713 Phone Number: 386-675-6963</p>	<p style="text-align: center;">Permit Number: 2014-12-010</p> <p>Date of Application: <u>12/11/2013</u> Date Permit issued: <u>12/13/2013</u></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 \$ Temp Pole \$ Plumbing \$ Mechanical \$74.00 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 \$78.00</p> <p>Date Paid <u>12-13-13</u></p> <p>CC or Check # <u>AMEY 91003</u></p> <p>Amount Paid <u>78</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 (F-S 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 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)</p> <p><input type="checkbox"/> ROOFING 1st ROOFING Deck Nailing/Dry-in/Flashing _____ 2nd ROOFING Covering In-Progress _____ 3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) 1st _____ (Underground) 2nd _____ (Sewer) 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE 1st _____ (Rough-In) 2nd _____ (Final)</p>	<p>Comments: None</p> <p>Project Information Address: 5249 Driscoll Court, Belle Isle, FL 32812 Parcel ID: 20-23-30-1222-00-080 Property Owner: Kirkm, Judy Phone Number: 407-857-6755 ***** Company Name: Certified Climate Control LLC Contractor Name: Hill, David License Number: CAC1816634 Address: 909S S. Charles R. Beall Road, Debarry, FL 32713 Phone Number: 386-675-6963</p>
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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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharfile.com/ff/fo94edc4-832d-44bd-9809-ect52f9e2e63>
 login ID = cobi@universalengineering.com password = universal113



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsengineering.com

received
12-11-13

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: 12/10/13 **PERMIT NUMBER** 2014-12-010
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 5249 Discoll Ct Belle Isle FL 32809 32812
Property Owner Judy Kirk Phone 407-857-6755
Property Owner's Mailing Address 5249 Discoll Ct City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 20-23-30-1222-00-080
To obtain this information, please visit <http://www.ocpaf1.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 1 _____ Tons Per Unit 5 _____ Total Tons 5 _____ Estimated Cost \$ 6108.00
Type of System: Water to Air _____ Split System Package _____ Heat Pump

Heating: # of Units KWS Per Unit 10 _____ Total KWS 10 _____ BTU's 57000 _____ Estimated Cost \$ _____
Oil _____ Electric 35200 _____ Boiler _____ Gas _____ (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 _____ Exhaust Fans _____ Dryer Vents _____ 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 David Hill LICENSE # CAC1816634

LICENSE HOLDER NAME David Hill COMPANY NAME Certified Climate Control

Street Address 909A S. Charles R. Beall Blvd

City DeBary State FL Zip Code 32713 Phone Number 386-675-6963

Email Address jodylynn@certifiedclimate.com

Building Official:	Date <u>12/13/2013</u>	Review & Permit Fee \$ <u>74.00</u>
		3% Florida Surcharge \$ <u>4.00</u>
		Total Permit Fee \$ <u>78.00</u>

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 _____

PROJECT NUMBER 0115.1300507.0000

TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-12-010
Property Owner	Kirk
Address	5249 Duiscoll Ct
Nature of Improvement	Mechanical
Received Application	12-11-13
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	12-11-13
Building Official Approved	12/13/2013
Comments	
1.	12-13-13 cq emailed Jodi it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



Certificate of Product Ratings

AHRI Certified Reference Number: 5933781

Date: 12/9/2013

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source
Outdoor Unit Model Number: ASZC160601B*

Indoor Unit Model Number: AVPTC60D14A*

Manufacturer: AMANA HEATING AND AIR CONDITIONING

Trade/Brand name: AMANA

Series name:

Manufacturer responsible for the rating of this system combination is **AMANA HEATING AND AIR CONDITIONING**

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	57000
EER Rating (Cooling):	12.00
SEER Rating (Cooling):	16.00
Heating Capacity(Btuh) @ 47 F:	57000
Region IV HSPF Rating (Heating):	9.00
Heating Capacity(Btuh) @ 17 F:	36200

* Ratings followed by an asterisk (*) indicate a voluntary re-rate of previously published data, unless accompanied with a WAS, which indicates an involuntary re-rate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org. click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating,
and Refrigeration Institute

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CERTIFICATE NO.: 1303106697598937674



Project Summary Entire House CERTIFIED CLIMATE CONTROL

Job: KIRK
Date:
By: MARGARET SIMS

ENERGYCALCS.NET INC 609 N HWY 17-92 STE 101 A, DEBARY, FL 32713 Phone: 386-775-0908 Fax: 386-262-5406 Email: MAGGIE@ENERGYCALCS.NET License...

Project Information

For: JUDY KIRK, CERTIFIED CLIMATE CONTROL
5249 DRISCOLL CT, BELLE ISLE, FL 32812

Notes:

Design Information

Weather: Orlando Executive AP, FL, US

Winter Design Conditions

Outside db 44 °F
Inside db 70 °F
Design TD 26 °F

Summer Design Conditions

Outside db 93 °F
Inside db 75 °F
Design TD 18 °F
Daily range L
Relative humidity 50 %
Moisture difference 44 gr/lb

Heating Summary

Structure 24073 Btuh
Ducts 11180 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 35253 Btuh

Sensible Cooling Equipment Load Sizing

Structure 32373 Btuh
Ducts 15310 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh

Use manufacturer's data
Rate/swing multiplier 1.00
Equipment sensible load 47683 Btuh

Infiltration

Method Construction quality Simplified Tight 0
Fireplaces

Heating 2820 Cooling 2820
Area (ft²) 2820 25380
Volume (ft³) 25380 0.06
Air changes/hour 0.11 25
Equiv. AVF (cfm) 47

Latent Cooling Equipment Load Sizing

Structure 1751 Btuh
Ducts 3651 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 5403 Btuh
Equipment total load 53086 Btuh
Req. total capacity at 0.90 SHR 4.4 ton

Heating Equipment Summary

Make AMANA
Trade AMANA
Model ASZC160601B*
AHRI ref 5933781

Efficiency 9 HSPF
Heating input 57000 Btuh @ 47°F
Heating output 26 °F
Temperature rise 2024 cfm
Actual air flow 0.057 cfm/Btuh
Air flow factor 0.50 in H2O
Static pressure
Space thermostat

Cooling Equipment Summary

Make AMANA
Trade AMANA
Cond ASZC160601B*
Coil AVPTC60D14A*
AHRI ref 5933781

Efficiency 12.0 EER, 16 SEER
Sensible cooling 51300 Btuh
Latent cooling 5700 Btuh
Total cooling 57000 Btuh
Actual air flow 2024 cfm
Air flow factor 0.042 cfm/Btuh
Static pressure 0.50 in H2O
Load sensible heat ratio 0.90

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



wrightsoft® Right-Suite® Universal 2013 13.0.06 RSU15557
...Templates\CB 4, CEILING 19, SLAB, DBLE PANE.rut Calc = MJ8 Front Door faces: N



Building Analysis Entire House CERTIFIED CLIMATE CONTROL

Job: KIRK
Date:
By: MARGARET SIMS

ENERGYCALCS.NET INC 809 N HWY 17-92 STE 101 A, DEBARY, FL 32713 Phone: 386-775-0908 Fax: 888-262-5406 Email: MAGGIE@ENERGYCALCS.NET License: .

Project Information

For: JUDY KIRK, CERTIFIED CLIMATE CONTROL
5249 DRISCOLL CT, BELLE ISLE, FL 32812

Design Conditions

Location:
Orlando Executive AP, FL, US
Elevation: 112 ft
Latitude: 29°N

Outdoor:
Dry bulb (°F) -
Daily range (°F) -
Wet bulb (°F) -
Wind speed (mph) 15.0

Heating 44
Cooling 93
16 (L)
76
7.5

Indoor:
Indoor temperature (°F) 70
Design TD (°F) 26
Relative humidity (%) 50
Moisture difference (gr/lb) 20.6

Infiltration:
Method Simplified
Construction quality Tight
Fireplaces 0

Heating 70
Cooling 75
18
50
43.7

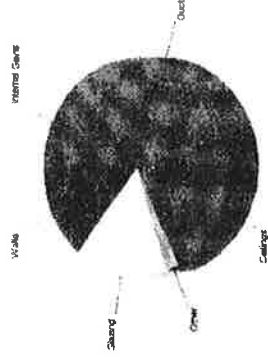
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	5.2	7862	22.3
Glazing	15.7	5500	15.6
Doors	10.1	423	1.2
Ceilings	1.3	3565	10.1
Floors	1.9	5409	15.3
Infiltration	0.7	1315	3.7
Ducts		11180	31.7
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		35253	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	4.4	6719	14.1
Glazing	22.3	7789	16.3
Doors	12.1	510	1.1
Ceilings	3.7	10315	21.6
Floors	0	0	0
Infiltration	0.3	489	1.0
Ducts		15310	32.1
Ventilation		0	0
Internal gains		6550	13.7
Blower		0	0
Adjustments		0	0
Total		47683	100.0



Latent Cooling Load = 5403 Btuh
Overall U-value = 0.117 Btuh/ft²-°F

Data entries checked.



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Right-Suite® Universal 2013 13.0.06 RSU15637
...Templates\CB 4, CEILING 19, SLAB, DBLE PANE rut Calc = MJ8 Front Door faces: N

2013-Dec-09 09:03:45
Page 1



**Load Short Form
Entire House
CERTIFIED CLIMATE CONTROL**

Job: KIRK
Date:
By: MARGARET SIMS

ENERGYCALCS.NET, INC 509 N HWY 17-92 STE 101 A, DEBARY, FL 32713 Phone: 386-775-0908 Fax 868-252-5406 Email: MAGGIE@ENERGYCALCS.NET License...

Project Information

For: JUDY KIRK, CERTIFIED CLIMATE CONTROL
5249 DRISCOLL CT, BELLE ISLE, FL 32812

Design Information

Outside db (°F)	Htg	Cig	Infiltration	Simplified
Inside db (°F)	44	93		Tight
Design TD (°F)	70	75	Method	0
Daily range	26	18	Construction quality	
Inside humidity (%)	-	L	Fireplaces	
Moisture difference (gr/lb)	50	50		
	21	44		

HEATING EQUIPMENT

Make AMANA
Trade AMANA
Model ASZC160601B*
AHRI ref 5933781

Efficiency 9 HSPF
Heating input 57000 Btuh @ 47°F
Heating output 26 °F
Temperature rise 2024 cfpm
Actual air flow 0.057 cfm/Btuh
Air flow factor 0.50 in H2O
Static pressure
Space thermostat

COOLING EQUIPMENT

Make AMANA
Trade AMANA
Cond ASZC160601B*
Coil AVPTC60D14A*
AHRI ref 5933781

Efficiency 12.0 EER, 16 SEER
Sensible cooling 51300 Btuh
Latent cooling 5700 Btuh
Total cooling 57000 Btuh
Actual air flow 2024 cfpm
Air flow factor 0.042 cfm/Btuh
Static pressure 0.50 in H2O
Load sensible heat ratio 0.90

ROOM NAME	Area (ft²)	Htg load (Btuh)	Cig load (Btuh)	Htg AVF (cfm)	Cig AVF (cfm)
MAIN	2820	35253	47683	2024	2024
Entire House		35253	47683	2024	2024
Other equip loads		0	0		
Equip. @ 1.00 RSM			47683		
Latent cooling			5403		
TOTALS	2820	35253	53086	2024	2024

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



wrightsoft Right-Suite® Universal 2013 13.0.06 RSU15637
..Templates\CB 4. CEILING 19. SLAB, DBLE PANE.not Calc = MJB Front Door faces: N



Manual S Compliance Report

Entire House

CERTIFIED CLIMATE CONTROL

Job: KIRK
 Date:
 By: MARGARET SIMS

ENERGYCALCS.NET INC 609 N HWY 17-92 STE 101 A, DEBARY, FL 32713 Phone: 366-775-0908 Fax: 888-262-5426 Email: MAGGIE@ENERGYCALCS.NET License: ...

Project Information

For: JUDY KIRK, CERTIFIED CLIMATE CONTROL
 5249 DRISCOLL CT, BELLE ISLE, FL 32812

Cooling Equipment

Design Conditions

Outdoor design DB: 92.6°F
 Outdoor design WB: 75.9°F
 Indoor design DB: 75.0°F
 Indoor RH: 50%

Sensible gain: 47683 Btuh
 Latent gain: 5403 Btuh
 Total gain: 53086 Btuh
 Estimated airflow: 2024 cfm

Entering coil DB: 76.5°F
 Entering coil WB: 63.2°F

Manufacturer's Performance Data at Actual Design Conditions

Equipment type: Split ASHP
 Manufacturer: AMANA
 Actual airflow: 2024 cfm
 Sensible capacity: 51300 Btuh
 Latent capacity: 5700 Btuh
 Total capacity: 57000 Btuh

Model: ASZC160601B**+AVPTC60D14A*
 108% of load
 106% of load
 107% of load SHR: 90%

Heating Equipment

Design Conditions

Outdoor design DB: 44.2°F
 Indoor design DB: 70.0°F

Heat loss: 35253 Btuh

Entering coil DB: 69.6°F

Manufacturer's Performance Data at Actual Design Conditions

Equipment type: Split ASHP
 Manufacturer: AMANA
 Actual airflow: 2024 cfm
 Output capacity: 57000 Btuh
 Supplemental heat required: 0 Btuh

Model: ASZC160601B**+AVPTC60D14A*
 162% of load

Capacity balance: 0 °F
 Economic balance: 0 °F

Backup equipment type: Elec strip

Manufacturer:
 Actual airflow: 2024 cfm
 Output capacity: 10.3 kW

Model:
 100% of load
 Temp. rise: 0 °F

The above equipment was selected in accordance with ACCA Manual S.



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Right-Suite® Universal 2013 13.0.06 RSU15637

Templates\CB 4, CEILING 19, SLAB, DBLE PANE,Int Calc = MJ8 Front Door faces: N

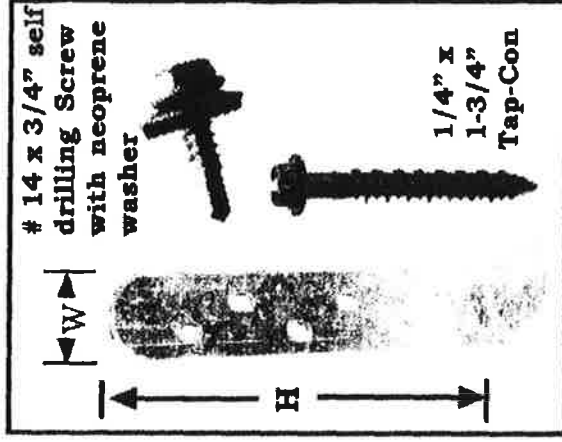
PART NO.	H DIM.	W DIM.	DESCRIPTION
# 771	4"	1"	4 PK. Clips only
# 773	6"	1"	4 PK. Clips only

ANCHOR CLIP NOTES:

- The anchor clip is 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
- 196 mph ultimate wind speed (3-second gust) rating based on a condenser unit surface area of 10.2 sq. ft. facing wind: calculations based upon equations in ASCE 7-10 and chapter 16, Section 1609 2010 FBC. Exposure C or D (facing water direction) ; risk category III ; Max. 500 Lb. condenser unit that withstands 196 mph wind speed for 3 second gusts.
- On condenser units near bodies of water AHJ may require condenser units to be raised above ground level. (Suggest The Metal Shop's equipment wall stand for these areas)
- The anchor clips with self-drilling screws and Tap con screw are for ground mounted condensing units only on 2000 psi or higher psi concrete pads ONLY. Other pads or configurations must be custom engineered.
- Engineer seal affixed hereto validates design as shown only. Use of this plan by Contractor, et. al, indemnifies and saves harmless this engineer and The Metal Shop for all cost & damages, including legal fees & appellate fees resulting from deviations of this plan.

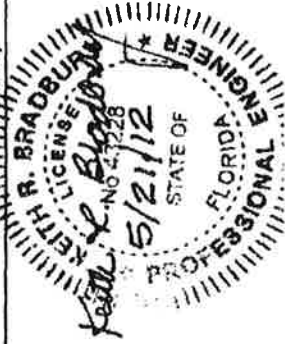
ANCHOR CLIP INSTALLATION INSTRUCTION

- SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
- Minimum of 4 clips required equally spaced around condenser unit base. Minimum of 2- #14 x 3/4" self-drilling screws (per clip) with neoprene washer required to fasten 4 clips to condenser unit base. 1/4" x 1-3/4" Tap con concrete screw required to fasten each anchor clip into concrete condenser pad (2000 psi or higher psi concrete)
- Adjust anchor clip accordingly to fit on the condenser unit and attach 2 self-drilling screws through the anchor clip and into the condenser unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
- Attach each Tap con screw to the base of the anchor clip and into the concrete pad in accordance with Tap con instructions.
- All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.



ANCHOR CLIP

ENGINEER: KEITH R. BRADBURY P.E.
P.E. No. 43228
8731 BAYWOOD PK. DR.
SEMINOLE, FL. 33777
PHONE: 727-319-3947
KBRADBURY4@TAMPABAY.FL.COM
COPYRIGHT 2012 Keith R. Bradbury



The Metal Shop 2541 W. Dunnellon Rd. Dunnellon FL 34433		Ph: (352) 522-0006 Fxs: (352) 522-0007 www.themetalshop.org
ANCHOR CLIP INSTALLATION INSTRUCTIONS - 196 mph (3-second gusts)		
SIZE: B	REVISED FOR 2010 FBC - REV.A	
SCALE: N.T.S.	DATE: MAY 14, 2011	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2013

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 Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750	CONTRACT NAME: Anne Sheridan PHONE (A/C, No., Ext): 407-831-3832 E-MAIL ADDRESS: asheridan@blackadar.com FAX (A/C, No.): 407-830-4681
INSURED CERTCLI-01 Certified Climate Control, LLC 909A S. Charles Richard Beal Blvd. Debarry FL 32713	INSURER(S) AFFORDING COVERAGE INSURER A: United Fire & Casualty Company NAIC # 13021 INSURER B: FCCI Insurance Company 10178 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 246394240

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 INSURER (LWD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		60383315	5/20/2013	5/20/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) \$1,000,000 MED EXP (Any one person) \$100,000 PERSONAL & ADV INJURY \$5,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (EA accident) \$500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X WC STATUTORY LIMITS E L EACH ACCIDENT \$100,000 E L DISEASE - EA EMPLOYEE \$100,000 E L DISEASE - POLICY LIMIT \$500,000
B			001-WC-13A-70791	5/23/2013	5/23/2014	

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

CERTIFICATE HOLDER

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
[Signature]

ACORD 25 (2010/05)

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AC# 6129338

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12051601139

DATE	BATCH NUMBER	LICENSE NBR
05/16/2012	117057307	CAC1816634

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

HILL, DAVID BERNARD
CERTIFIED CLIMATE CONTROL, LLC
3053 LAGOON AVENUE
DELTONA FL 32738

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



2013/2014

City of DeBary Business Tax Receipt

Issued pursuant to F.S. 205 and City of DeBary Code of Ordinances Article I, Chapter 18 by:
City of DeBary * 16 Colomba Road * DeBary, FL 32713 * 386-668-2040, ext. 300

EXPIRES: 09/30/14

CITY APPROVAL #: 07011105
BUSINESS LOCATION: 909 A SOUTH US HWY 17-92
BUSINESS NAME: CERTIFIED CLIMATE CONTROL LLC
OWNER NAME: CERTIFIED CLIMATE CONTROL LLC
MAILING ADDRESS: DAVID HILL
909 A SOUTH US HWY 17-92
DEBARY, FL 32713

BUSINESS TYPE: Heating/ Air Repair
RENEWAL_COMMERCIAL
FEES: Heating/ Air Repair 49.00
Fire Fee 50.00

TOTAL: 99.00

This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within the City of DeBary. This receipt is non-regulatory in nature and is not meant to be a certification of a holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

The business must meet all City planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.

The information contained on this Business Tax Receipt must be kept up to date. Contact the City of DeBary Planning and Zoning Office for instructions on making changes to your account.

**THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE POSTED
CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS

City of DeBary Business Tax Receipt

City of DeBary * 16 Colomba Road* DeBary, FL 32713 * 386-668-2040, ext. 300

DATE ISSUED/PAID: 07/24/13 BUSINESS NAME: CERTIFIED CLIMATE CONTROL LLC
TOTAL FEES: \$ 99.00 OWNER NAME: CERTIFIED CLIMATE CONTROL LLC
MAILING ADDRESS: DAVID HILL
CITY APPROVAL #: 07011105 909 A SOUTH US HWY 17-92
DEBARY, FL 32713

EXPIRES: 09/30/14 BUSINESS LOCATION: 909 A SOUTH US HWY 17-92