



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: GAS: range & future use grill Comments: None Project Information Address: 4323 Isle Vista Avenue, Belle Isle, FL 32812 Parcel ID: 20-23-30-0668-00-890 Property Owner: Surrey Homes Phone Number: 407-770-1336 ***** Company Name: M&M Propane Services Inc. Contractor Name: May, Kevin License Number: 22268 & 14801 Address: 5640 Pinerock Road, Orlando, FL32810 Phone Number: 407-491-2105	Permit Number: 2014-01-029 Date of Application: 01/17/2014 Date Permit Issued: 01/23/2014 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 \$ Temp Pole \$ Plumbing \$ Mechanical \$ Gas \$108.00 Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$ SURCHARGE FEES Surcharge Fee \$2.00 Surcharge Fee \$2.00 TOTAL FEES \$112.00 Date Paid 1-24-14 CC or Check # 1000 4490 Amount Paid 112.00	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 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2 nd _____ (Slab) 3 rd _____ (Lintel)(Wall Reinforcing on Masonry Building) 4 th _____ (Exterior Framing)(Roof/Wall Sheathing) 5 th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6 th _____ (Insulation to be Made After Roof Installed) 7 th _____ (Drywall) 8 th _____ (Sidewalk/Driveway) 9 th _____ (Other) 10 th _____ (Final - After MEP and Other Applicable Finals) € ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing _____ 2 nd ROOFING Covering In-Progress _____ 3 rd ROOFING Covering Final _____ € PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...) € 1 ST _____ (Underground) 2 nd _____ (Sewer) 3 rd _____ (Rough-In/Tub Set) 4 th _____ (Final) CHECK APPROPRIATE BOX € GAS ___ Natural ___ LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE 1 st _____ (Rough-In) 2 nd _____ (Final)
---	--

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).

Inspection requests are to be emailed to IDScheduling@UniversalsEngineering.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
 Universal Engineering Sciences 3532 Magale Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Received
 1-17-14

APPLICATION FOR GAS 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: 1/16/14 PERMIT NUMBER: 2014-01-028
 The undersigned hereby applies for a permit to install: (indicate) Natural Liquefied Petroleum Gas installations as indicated below. PLEASE PRINT

Project Address: 11323 Isie Vista Ave Belle Isle FL 32812
 Property Owner: Survey Homes Phone: 407 770 1336
 Property Owner's Mailing Address: 1133 Louisiana Ave. OR WATER PARK
 State: FL Zip Code: 32823-30-0668-00-890

To obtain this information, please visit: <http://www.sprink.com/Search/Default.aspx>

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

GAS OUTLETS: 2 DELIVERY PRESSURE: 1/2 psi TOTAL # BTUS: 135,000

***** SIGNED & DATED PIPING PLAN/SKETCH WITH GAS CALCULATIONS REQUIRED *****
GENERATOR INSTALLATION SHOULD INCLUDE INLET PRESSURE AND SUPPLY SPECIFICATIONS

APPLIANCES:

* ALL VENTING AND COMBUSTION AIR SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER, AND WILL BE INSTALLED AT THE ROUGH-IN STAGE. INDICATE ALL DIRECT VENT/POWER VENT APPLIANCES IN SPECIAL COMMENTS.*

Type of Appliance	Qty	Value of Each*
DRYER		\$
FURNACE		\$
FIREPLACE		\$
RANGE		\$ 600
WATER HEATER		\$
GRILL <u>Suburb</u>	1	\$ <u>Suburb</u>
POOL HEATER		\$
SPA		\$
BOILER		\$
MISC		\$

Estimated Value for Labor & Appliance(s) = \$ 800

Special Comments:
GRILL SUBURB IS FOR FUTURE USE.

*VALUE MEANS REASONABLE RETAIL VALUE

Building Official: Matthew Buiss7 Date: 1/23/2014

Review & Permit Fee \$ 108
 3% Florida Surcharge \$ 4
 Total Permit Fee \$ 112

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 regarding 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 # 72268
 LICENSE HOLDER NAME: Chase Robert COMPANY NAME: M.A. POPE SERVICES
 Street Address: 5690 Pine Road Rd
 City: Atlanta State: GA Zip Code: 30310 Phone Number: 407 491 2103
 Email Address: M.A. POPE SERVICES@yahoo.com

NOTE: The Building Permit Number is required if this Gas Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-01-029
Property Owner	Surrey Homes
Address	4323 Isle Vista Ave
Nature of Improvement	Gas
Received Application	1-17-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	1-20-14
Building Official Approved	1-23-14
Comments	
1. 1-17-14 sq	diagram needs signature date; emailed condt
2. 1-20-14 sq	had signed diagram
3. 1-24-14 sq	emailed Kevin + John it's ready
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



CITY OF BELLE ISLE, FLORIDA
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

POWER OF ATTORNEY

Date: 1/16/14 Permit #: _____ of _____

I hereby name and appoint Chase Bostlett of _____

MIM Propane Services (print name)

to be my lawful attorney-in-fact to act for me and apply to the City of Belle Isle Building Department for a Gas Permit permit

(type of permit)

for work to be performed at the following location:

4323 Isleview Ave Belle Isle, FL 32809 32812 and
(street address)

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

Certified Contractor's Printed Name: Kevin May

License Number: 23268

Certified Contractor's Signature: Kevin D May

The foregoing instrument was acknowledged before me this 16th days of Jan. of 20 14

by Kevin D. May who is personally known to me or who produced _____ as identification and who did not take an oath.

State of Florida
County of Orange

Laura Kersey
Notary Public, Orange County, Florida

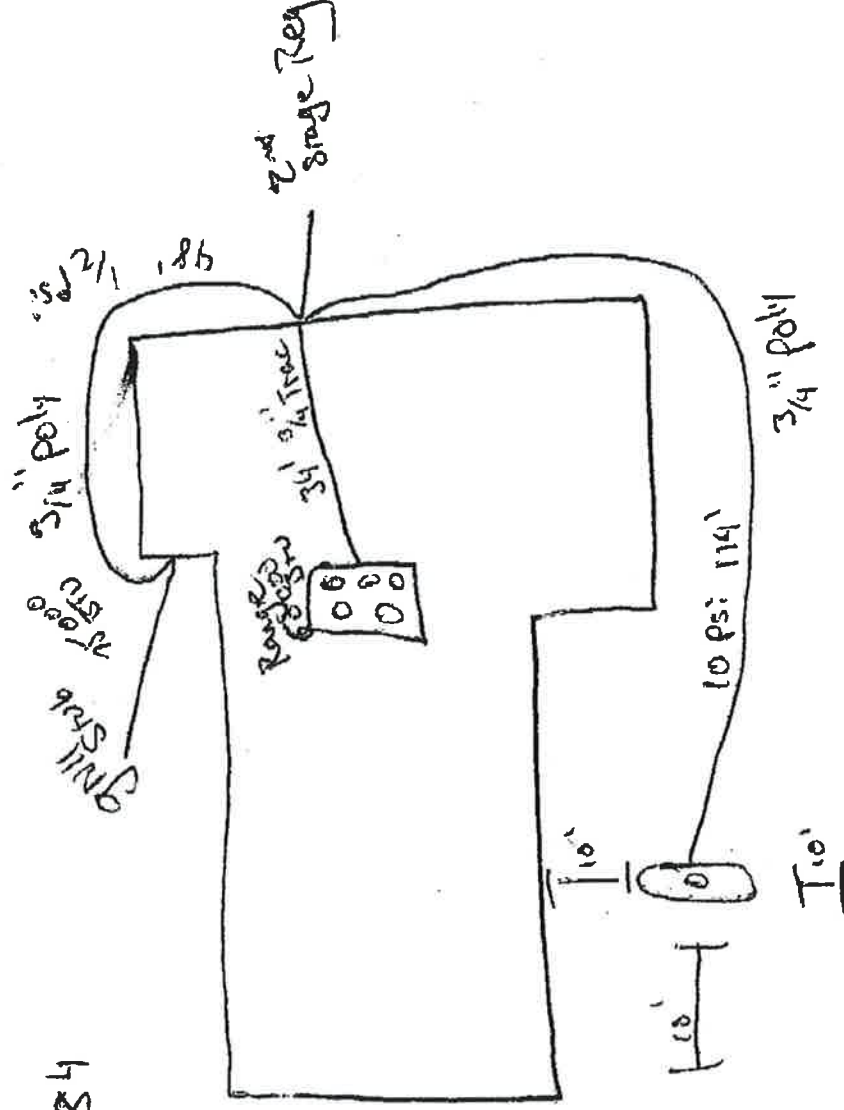


received
1-20-14

Chase Bartlett
M&M Propane Services
5640 Pinecreek Rd
Orlando FL 32810
407 491 2105

4323 Isle Vista Ave
Belle Isle FL 32812

Lot #84



[Signature]
1/17/14

Reviewed for Code
Compliance
Universal Engineering
Sciences
1/23/14

Outside PIPING

58-94

LIQUEFIED PETROLEUM GAS CODE

Table 15.1 (c) Polyethylene Plastic Pipe Sizing Between First-Stage and Second-Stage Regulators: Nominal Outside Diameter (IPS)

Plastic Pipe Length (ft)	Gas				Specific Gravity: 1.52	
	Undiluted Propane					
	Inlet Pressure: 10.0 psi					
	Pressure Drop: 1.0 psi					
	1/4 in. SDR 9.33 (0.660)	3/4 in. SDR 11.0 (0.860)	1 in. SDR 11.00 (1.077)	1 1/4 in. SDR 10.00 (1.328)	1 1/2 in. SDR 11.00 (1.554)	2 in. SDR 11.00 (1.943)
30	2193	4292	7744	13416	20260	36402
40	1895	3678	5628	11482	17340	31155
50	1626	3256	5874	10176	15868	27612
60	1473	2950	5322	9220	13924	25019
70	1355	2714	4896	8485	12810	23017
80	1261	2525	4555	7891	11918	21419
90	1183	2369	4274	7404	11182	20091
100	1117	2238	4037	6994	10562	18978
125	998	1983	3578	6199	9361	16820
150	897	1797	3242	5616	8482	15240
175	826	1653	2983	5167	7808	14020
200	778	1539	2775	4807	7259	13048
225	721	1443	2608	4510	6811	12298
250	681	1363	2459	4260	6434	11560
275	646	1294	2336	4046	6111	10979
300	617	1235	2228	3860	5890	10474
350	567	1136	2050	3551	5363	9686
400	528	1057	1907	3304	4989	8965
450	495	992	1789	3100	4681	8411
500	468	937	1690	2928	4422	7945
600	424	849	1531	2653	4007	7199
700	390	781	1409	2441	3686	6623
800	363	726	1311	2271	3429	6161
900	340	682	1230	2131	3217	5781
1000	322	644	1162	2012	3039	5461
1500	258	517	933	1516	2441	4385
2000	221	443	798	1383	2089	3753

IPS: Iron pipe size.

SDR: Standard dimension ratio.

Notes:

(1) Capacities are in 1000 Btu/lb.

(2) Dimensions in parentheses are inside diameter.

Handwritten signature
1/17/14

INSIDE PIPING

Table 6.3(h) Corrugated Stainless Steel Tubing (CSST)

Flow Designation Length (ft)	Tube Size (EHD) ↓											60	62
	13	15	18	19	23	25	30	31	37	45	55		
	Capacity in Thousands of Btu per Hour												
5	72	99	131	211	355	426	744	863	1,420	1,725	2,270	5,760	5,340
10	50	69	129	150	254	308	521	605	971	1,175	1,529	4,110	4,640
15	39	55	104	121	208	248	422	490	775	940	1,210	3,370	3,790
20	34	49	91	106	183	216	365	425	661	815	1,050	2,980	3,290
25	30	42	82	94	164	192	325	379	583	765	980	2,680	2,940
30	28	39	74	87	151	177	297	344	528	695	910	2,490	2,800
40	23	33	64	74	131	153	256	297	449	610	815	2,170	2,480
50	20	30	58	66	118	137	227	265	397	548	745	1,870	2,080
60	19	26	55	60	107	126	207	241	359	502	695	1,710	1,900
70	17	25	49	57	99	117	191	222	330	466	645	1,590	1,760
80	15	23	45	52	94	109	178	208	308	438	610	1,490	1,660
90	15	22	44	50	90	102	169	197	286	414	585	1,400	1,550
100	14	20	41	47	85	98	159	186	270	393	555	1,380	1,480
150	11	15	31	36	66	75	123	143	217	324	465	1,090	1,210
200	9	13	28	33	60	69	112	129	183	288	425	948	1,050
250	8	12	25	30	53	61	99	117	163	254	375	850	924
300	8	11	23	28	50	57	90	107	147	224	345	777	854

EHD: Equivalent hydraulic diameter. A measure of the relative hydraulic efficiency between different tubing sizes. The greater the value of EHD, the greater the gas capacity of the tubing.

Notes:
 (1) Table includes losses for four 90 degree bends and two end fittings. Tubing runs with larger numbers of bends and/or fittings shall be increased by an equivalent length of tubing to the following equation: $L = 1.5B$, where L is additional length (ft) of tubing and B is the number of additional fittings and/or bends.
 (2) All table entries are rounded to 3 significant digits.

[Handwritten Signature]
 1/17/14



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KG
DATE (MM/DD/YYYY)
01/22/2014

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 Casualty Insurance Service LLC P O Box 720339 ORLANDO, FL 32872 Wayne Sparling		CONTACT NAME: Karen Clarke PHONE (A.C. No. Ext.): 407-896-6644 FAX (A.C. No.): 407-898-4953 ADDRESS: karen@cobcis.com PRODUCER CUSTOMER ID #: M&MPR-1	
INSURED M&M PROPANE SERVICES, INC. 5640 PINEROCK ROAD ORLANDO, FL 32810		INSURER(S) AFFORDING COVERAGE INSURER A : Hermitage Insurance Company 524126 INSURER B : PROGRESSIVE EXPRESS INSUR CO 10193 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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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"/> PROJ <input type="checkbox"/> LOC		HGL505476-10	04/21/2013	04/21/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		02424383-0	09/27/2013	09/27/2014	COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$ OCCUR CLAIMS-MADE					\$ \$ \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION
CITY OF BELL ISLE F: 407-581-2313 COLLINA GAST	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 

ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD © 1988-2009 ACORD CORPORATION. All rights reserved.

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY EXEMPTION			IMPORTANT	
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW EFFECTIVE DATE: 1/17/2013 PERSON: MAY 20157280 BUSINESS NAME AND ADDRESS: M&M PROPANE SERVICES INC 5640 PINEROCK RD. ORLANDO FL 32810 SCOPE OF BUSINESS OR TRADE:			Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt - apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.	
F O L D H E R E				
GAS MAIN OR CONNECTION ? CONST				

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1809

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
3125 Conner Boulevard, Suite N
Tallahassee, Florida 32399-1650

Master Qualifier Mailing Address

KEVIN DEWAYNE MAY
M & M PROPANE SERVICES INC.
5640 PINEROCK RD
ORLANDO, FL 32810-4527

Licensed Location Address

M & M PROPANE SERVICES INC.
5640 PINEROCK RD
ORLANDO, FL 32810-4527

Certificate Number
14801

License Number
22268

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of LP Gas Inspection at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 12 (twelve) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate, please submit all changes in writing to:

M&M PROPANE SERVICES INC
Bureau of Liquefied Petroleum Gas Inspection
3125 Conner Boulevard, Suite N
Tallahassee, Florida 32399-1650
5640 PINEROCK RD
ORLANDO FL. 32810
407 481 2105

Cut Here



State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas Inspection
(850) 921-1600
Tallahassee, Florida

Certificate No: 14801
Exam Date: July 17, 2001
Issue Date: June 21, 2012
Expiration Date: June 20, 2015
Exam: 0801

MASTER QUALIFIER CERTIFICATE

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

KEVIN DEWAYNE MAY

Valid For
License Number: 22268
M & M PROPANE SERVICES INC.
5640 PINEROCK RD
ORLANDO, FL 32810-4527


ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
P.O. Box 6700
Tallahassee, Florida 32399-6700

License Number: 22268

Business Mailing Address

M & M PROPANE SERVICES INC.
5640 PINEROCK RD
ORLANDO, FL 32810-4527

Licensed Location Address

M & M PROPANE SERVICES INC.
5640 PINEROCK RD
ORLANDO, FL 32810-4527

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address of the licensee. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for respiration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION: This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

M & M PROPANE SERVICES INC
Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas Inspection
P.O. Box 6700
Tallahassee, Florida 32399-6700

M & M PROPANE SERVICES INC
5640 PINEROCK RD.
ORLANDO FL. 32810
407 491 2105

Cut Here



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection

(850) 921-1600
Tallahassee, Florida

License Number: 22268
Expiration Date: August 31, 2014
Date of Issue: September 1, 2013
License Fee: \$200.00
Type and Class: 0603

Liquefied Petroleum Gas License

LP GAS INSTALLER

GOOD FOR ONE LOCATION ONLY
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

M & M PROPANE SERVICES INC.
5640 PINEROCK RD
ORLANDO, FL 32810-4527

ADAM H. PUTNAM
COMMISSIONER OF AGRICULTURE