



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universallengineering.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: 4 ton no duct work

Comments: None

Project Information

Address: 5036 St Denis Ct, Belle Isle, FL 32812
Parcel ID: 20-23-30-4388-04-090
Property Owner: Harshaw, Eugene and Mary
Phone Number: 407-856-2999

Company Name: Rinaldi's Air Conditioning Service
Contractor Name: Rinaldi, Robert
License Number: CAC055565
Address: 15264 E Colonial Dr Orlando, FL 32826
Phone Number: 407-275-0705

Permit Number: 2014-01-036

Date of Application: 01/22/2014

Date Permit Issued: 01/28/2014

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 \$127.50
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

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)

TOTAL FEES \$131.50

Date Paid 1-28-14

CC or Check # Visa

Amount Paid \$131.50

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 BI@scheduling@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://universallengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ectf32f9e2e63>
login ID = cobi@universallengineering.com password = [universa113](https://universallengineering.com)

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-01-036
Property Owner	Jarshaw
Address	5036 St. Denis Ct
Nature of Improvement	Mechanical
Received Application	1-22-14
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	1-22-14
Building Official Approved	1-28-2014
Comments	
1.	1/27/14 AP. NEED PAPERWORK OF NEW UNIT (SHOW SEER RATING)
2.	
3.	1-27-14 SW Emailed Contractor
4.	1-27-14 SW Received
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.universalsengineering.com

Received
1-22-14

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: 11/26/13 **PERMIT NUMBER** 2014-01-036
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 5036 SAINT DENIS CT. Belle Isle FL 32809 32812
Property Owner EUGENE JARSHAW Phone 407.856.2999
Property Owner's Mailing Address 5036 SAINT DENIS CT. City BELLE ISLE
State FL 32812 Zip Code 32812 **Parcel Id Number:** _____

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 4 Total Tons 4 Estimated Cost \$ 10049
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____
Heating: # of Units KWS Per Unit 1 Total KWS 8 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor. (A) Estimated Cost Fee 127.50
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 [Signature] LICENSE # CAC05565
LICENSE HOLDER NAME ROBERT C RINALDI COMPANY NAME RINALDIS AC
Street Address 15264 E COLONIAL DR
City ORLANDO State FL Zip Code 32826 Phone Number 407.275.0705
Email Address PERMITS@RINALDIS.COM

- NO DUCT WORK -
Building Official: [Signature] Date 1/28/2014
Review & Permit Fee \$ 127.50
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 131.50

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 _____

Permit Number: _____
Folio/Parcel Identification Number: 18-23-30-4388-04-090
Prepared by: Paolita Hernandez

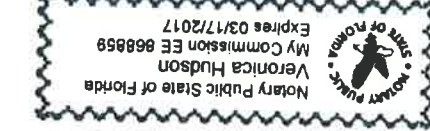
Return to: 152104 E. Colonial



NOTICE OF COMMENCEMENT

State of Florida, County of Orange
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)
5036 SAINT DENIS CT. BELL ISLE 32812
- General description of improvement**
REPLACE EXISTING HVAC WITH LENNOX 4 TON HEAT PUMP SYSTEM WITH 8KW HEAT.
- Owner information or Lessee information if the Lessee contracted for the improvement**
Name EUGENE HARSHAW or Mary Harshaw
Address 5036 SAINT DENIS CT. BELL ISLE 32812
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
- Contractor**
Name RINALDIS AC Telephone Number 407.275.0705
Address 15264 E COLONIAL DR ORLANDO FL 32826
- Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
Lender _____ Telephone Number _____
Name _____ Telephone Number _____
Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) _____



WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Mary Harshaw
Signature of Owner or Lessee, or Owner's Authorized Officer/Director/Partner/Manager

The foregoing instrument was acknowledged before me this 3rd day of December 2013 by Mary Harshaw as _____ for _____
month/year name of person

Type of authority, e.g., officer, trustee, attorney in fact
Name of party on behalf of whom instrument was executed
Veronica Hudson
Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID Drivers License
Type of ID Produced _____



Building Analysis Entire House Rinaldi's Air Conditioning

Job: Harshaw
Date: Jan 21, 2014
By: Colby Williams

15264 East Colonial Drive, Orlando, FL 32826 Phone: 407-275-0705 Fax: 407-273-9654 Email: wronice@rinaldiis.com License: CAC-0555665

Project Information

For: Gene Harshaw
5036 St. Denis Court, Orlando, FL 32812

Design Conditions

Location:
Orlando Sanford AP, FL, US
Elevation: 56 ft
Latitude: 29°N

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

Heating 42
-
-
15.0

Cooling 93
17 (M)
75
7.5

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

Heating 70
28
50
22.9

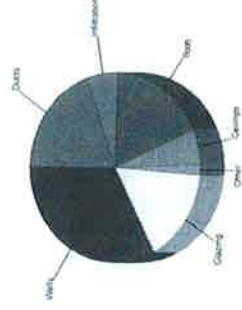
Cooling 72
21
50
44.5

Infiltration:
Method
Construction quality
Fireplaces

Simplified
Semi-tight
1 (Tight)

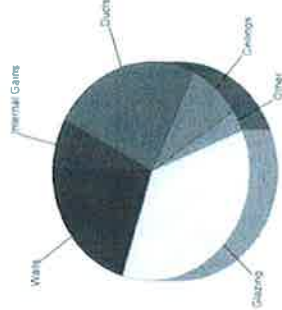
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	6.6	9931	32.9
Glazing	22.5	4834	16.0
Doors	13.0	547	1.8
Ceilings	0.9	1809	6.0
Floors	2.7	5424	17.9
Infiltration	1.1	1821	6.0
Ducts		5862	19.4
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		30229	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	5.9	8799	20.4
Glazing	72.1	15452	35.9
Doors	15.9	669	1.6
Ceilings	1.8	3749	8.7
Floors	0	0	0
Infiltration	0.4	690	1.6
Ducts		10409	24.2
Ventilation		0	0
Internal gains		3320	7.7
Blower		0	0
Adjustments		0	0
Total		43087	100.0



Latent Cooling Load = 3556 Btuh
Overall U-value = 0.139 Btuh/ft²-°F

Data entries checked.



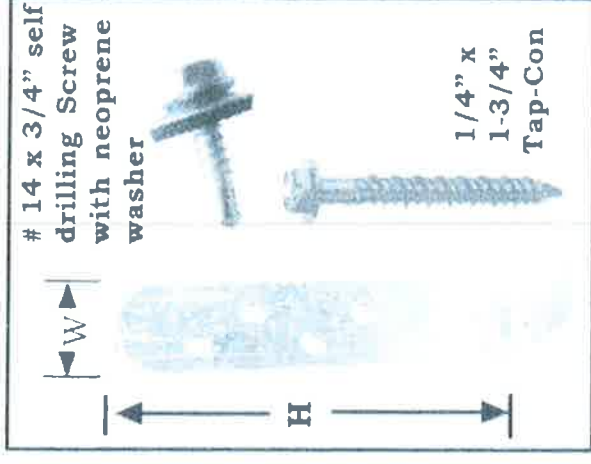
Right-Suite® Universal 2013 13 0 08 RSU19647

if HVAC\Templates\Rinaldi's Air Conditioning.rpt Calc = MJ8 Front Door faces: SE

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

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.

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



The Metal Shop	
2541 w. Dunnellon Rd. Dunnellon Fl. 34433	Ph: (352) 522-0006 Fx: (352) 522-0007 www.metalsshop.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



CITY OF BELLE ISLE, FLORIDA

1600 Nela Avenue
Belle Isle, Florida 32809
(407) 851-7730 • FAX (407) 240-2222
www.cityofbelleislefl.org

DUCT INSPECTION AND SEALING CERTIFICATION

As required by the 2010 Florida Building Code Energy Conservation, Section 101.4.7.1
(TO BE ATTACHED TO THE AIR HANDLER UNIT BY FINAL INSPECTION)

Permit Number: _____ Date Inspected: 11/26/13
Address of Install: 5046 St. Denis Court, Belle Isle, FL 32809 32812
Contractor Name: Rinaldi's Air Conditioning Company Name: Robert C. Rinaldi
License Number: CA088565 Phone Number: (407) 275-0705

I hereby certify that the ductwork at the above address associated with an HVAC equipment change-out has been inspected and sealed in accordance with the 2010 Florida Building Code Energy Conservation, Section 101.4.7.1 by the following allowable method(s):

- Where needed, all existing and accessible ducts (minimum of 30 inches clearance) in the distribution system have been sealed using reinforced mastic or a code-approved equivalent.
- Ductwork was found to be located within conditioned space where further inspection and sealing is not required. (Exception 1, Section 101.4.7.1.1)
- Ductwork was inspected at time of install and we found that joints and/or seams were already sealed with an approved fabric or mastic. (Exception 2, Section 101.4.7.1.1)

The duct system was tested and repairs were made, as necessary. (Exception 3, Section 101.4.7.1.1)

Duct system tested on (date) 11/26/13

Duct system tested by (company and individual) Rinaldi's Air Service Dave Budd

[Signature]
Signature of Qualifier
Dave Budd
Printed Name of Qualifier

State of Florida
County of Orange

The foregoing instrument was acknowledged before me this 22 day of January, 2014
by David Budd who is personally known by me or who produced the following as identification

[Signature]
Signature of Notary





Certificate of Product Ratings

AHRI Certified Reference Number: 5272168

Date: 11/25/2013

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: XP21-048-230-**

Indoor Unit Model Number: CBX32MV-048-230*-TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: XP21 SERIES

Manufacturer responsible for the rating of this system combination is **LENNOX INDUSTRIES, INC.**

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):	47500
EER Rating (Cooling):	12.20
SEER Rating (Cooling):	17.00
Heating Capacity(Btuh) @ 47 F:	46500
Region IV HSPF Rating (Heating):	9.20
Heating Capacity(Btuh) @ 17 F:	29000



FootNote 11 - The AHRI 210/240 certified EER ratings are calculated under the same methodology as the EER ratings at T1 conditions of ISO 5151:2010 and ISO 13253:2011.

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

DISCLAIMER

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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 data on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.

©2013 Air-Conditioning, Heating, and Refrigeration Institute



Air-Conditioning, Heating,
and Refrigeration Institute

CERTIFICATE NO.: 130298887586896421



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2013

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 E-MAIL ADDRESS:	FAX (A.C. No.): (888) 883-8680
INSURED Air Conditioning Contractors, Inc. DBA Rinaldi's Air Conditioning Services 15264 E. Colonial Drive Orlando FL 32826		INSURER(S) AFFORDING COVERAGE INSURER A: United Fire & Casualty Company NAIC # 13021 INSURER B: St Paul Fire & Marine Ins Co 24767 INSURER C: Florida Hospitality Mutual Ins 10699 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 14-15 WC 13-14 GL/AU/UMB 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 SUBROGATION RIGHTS WAIVED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		60339268	8/15/2013	8/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Eg. occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
	POLICY <input checked="" type="checkbox"/> PROTECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY		60339268	8/15/2013	8/15/2014	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				PRODUCTS - COMPI/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS					
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	ZUP-148503A-13-NP	8/15/2013	8/15/2014	COMBINED SINGLE LIMIT (Eg. accident) \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person) \$
	DED. <input checked="" type="checkbox"/> RETENTION \$ 10,000					BODILY INJURY (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WC30600200382014A	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N / <input type="checkbox"/> A				AGGREGATE \$ 5,000,000
	DESCRIPTION OF OPERATIONS below					EL. DISEASE - EA EMPLOYEE \$ 500,000
						EL. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is an additional insured for ongoing operations under the terms and conditions of the general liability policy with respects to work being performed by the named insured as required by written contract.

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

Paul Ziccardi / REBEKP 

ACORD 25 (2010/05)

INS025 (201005) 01

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Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

his 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 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** 1804-0020437
1804 CONTR HARV CL-A 1-10 \$30.00 1 EMPLOYEE 3200 RETAIL-HTG/A/C PARTS/EQ \$30.00 4 EMPLOYEE ;
5000 BUSINESS OFFICE \$30.00 4 EMPLOYEE

TOTAL TAX \$90.00
PREVIOUSLY PAID \$90.00
TOTAL DUE \$0.00

RINALDI ROBERT QUALIFIER

RINALDIS HEATING & AIR COND
RINALDI ROBERT QUALIFIER
15264 E COLONIAL DR
ORLANDO FL 32826-5517

15264 E COLONIAL DR
U - ORLANDO, 32826

PAID: \$90.00 099-00576794 7/9/2013

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This receipt is official when validated by the Tax Collector.

AC# 6228154

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12072600885

DATE	BATCH NUMBER	LICENSE NBR
07/26/2012	120037880	CAC055565

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

RINALDI, ROBERT C
RINALDI'S AIR CONDITIONING SERVICE
15264 EAST COLONIAL DR
ORLANDO FL 32826

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

