



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: replace ductwork only

Comments: None

Project Information

Address: 7125 Conway Circle, Belle Isle, FL 32809

Parcel ID: 25-23-29-5884-15-070

Property Owner: Heller, Dorothy

Phone Number: 407-237-0002

Company Name: Matthew Roberts, Inc.

Contractor Name: Roberts, Matthew

License Number: CAC058767

Address: 443 Awlin Avenue, Oviedo, FL 32765

Phone Number: 407-365-1222

Permit Number: 2014-01-016

Date of Application: 01/14/2014

Date Permit Issued: 01/17/2014

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 \$201.00 ATF
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$3.02
Surcharge Fee \$3.02

TOTAL FEES \$207.04

Date Paid 1-20-14

CC or Check # Visa

Amount Paid \$207.04

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 Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

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 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.sharefile.com/ff094edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal11

AFI - code work

CITY OF BELLE ISLE
Permit Application Review Sheet

| | |
|----------------------------|--|
| Permit Number | 2014-01-016 |
| Property Owner | Heller |
| Address | 7125 Conway Cir |
| Nature of Improvement | Mechanical |
| Received Application | 1-14-14 |
| Sent for Stormwater Review | / |
| Stormwater Approved | / |
| Sent for Zoning Review | / |
| Zoning Approved | / |
| Applied for Variance | / |
| Variance Approved | / |
| Sent to BO for Review | 1-14-14 |
| Building Official Approved | 1-17-2014 |
| Comments | |
| 1. | 1-16-2014 Provide duct lay out w/ sizes |
| 2. | 1-16-14 ecg emailed contractor for layout w/ sizes |
| 3. | 1-17-14 ecg rec'd signed diagram; gave to Angel |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |



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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.

PERMIT NUMBER 2014-01-016

DATE OF APPLICATION: 1/10/2014

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

Project Address 7125 CONWAY CIR., ORL FL 32809, Belle Isle FL 32809 32812
 Property Owner DOROTHY HELLER Phone 407-237-0008
 Property Owner's Mailing Address 7125 CONWAY CIR City ORLANDO
 State FL Zip Code 32809 Parcel Id Number: 25-23-29-5884-15-070

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

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

- 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 _____ Tons Per Unit _____ Total Tons _____ Estimated Cost \$ _____
 Type of System: Water to Air _____ Chiller _____ Split System _____ Package _____ Heat Pump _____ Estimated Cost \$ _____
 Heating: # of Units KWS Per Unit _____ Total KWS _____ BTU's _____ (A) Estimated Cost Fee \$ _____
 Oil _____ Electric _____ Boiler _____ Gas _____
 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 _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans _____ Dryer Vents _____ Estimated Cost \$ _____
 Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____
 Others: (Specify) REPLACEMENT OF DUCT WORK ONLY Estimated Cost \$ 3665.00
 Was the space previously Air-Conditioned? Yes X 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 # CACO 58767
 LICENSE HOLDER NAME MATHEW ROBERTS COMPANY NAME MATHEW ROBERTS INC.
 Street Address 443 AWIN AVE State FL Zip Code 32765 Phone Number 407 365-6222
 Email Address matheuroberts@aol.com

Review & Permit Fee \$ 100.50 ²⁰¹⁰
 3% Florida Surcharge \$ 4.00 ^{6.04}
 Total Permit Fee \$ 104.50 ^{207.04}

Building Official: [Signature] Date _____

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 _____

received
1-14-14

AA

received
1-17-14

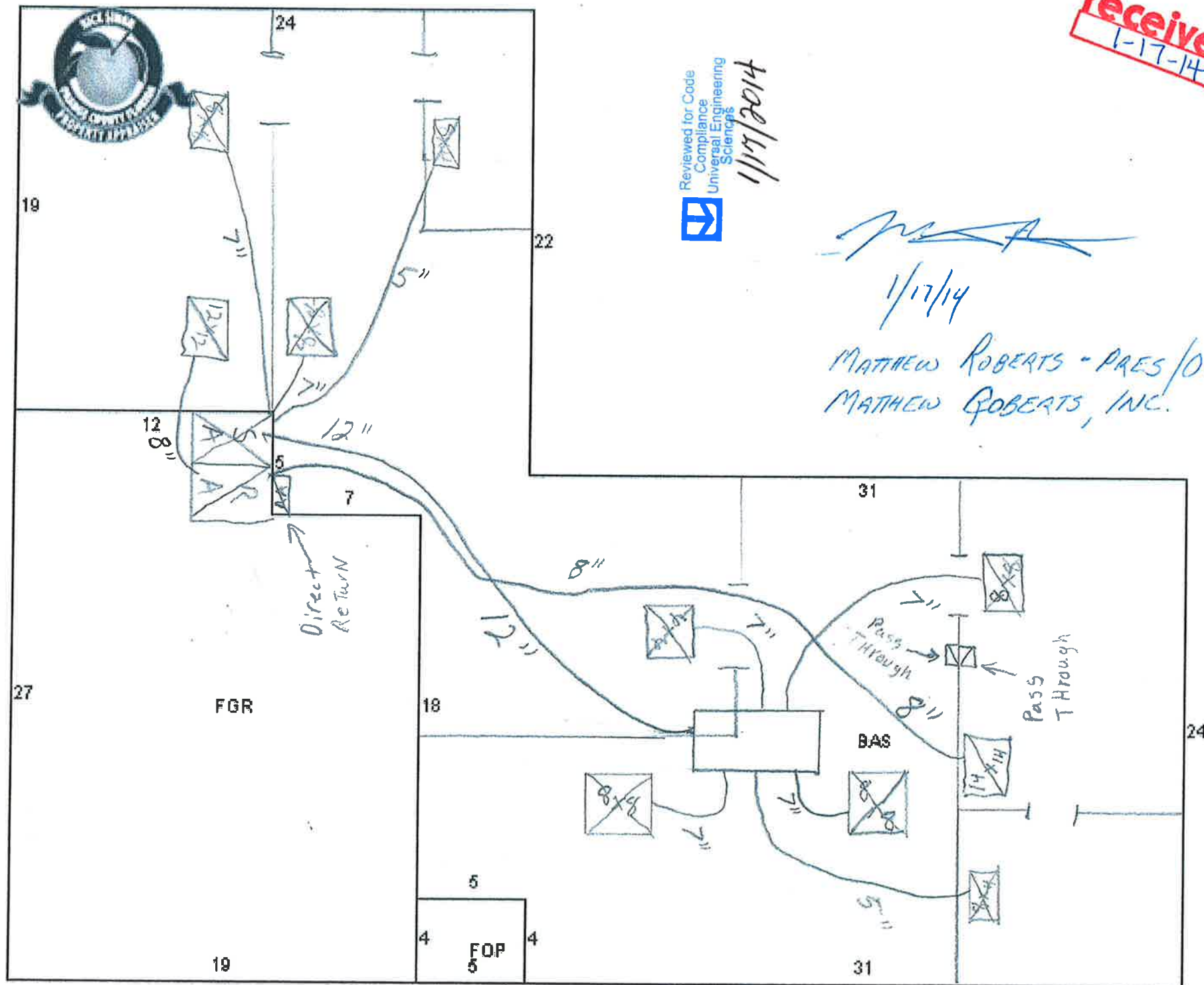


1/17/2014

[Signature]

1/17/14

MATTHEW ROBERTS - PRES / OWNER
MATTHEW ROBERTS, INC.



19

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FGR

18

BAS

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FOP

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01.13.2014 16:20



01.13.2014 16:20



**MATTHEW
ROBERTS**
INCORPORATED

**AIR CONDITIONING
• HEATING •**
Residential & Commercial

Licensed-Bonded-Insured License# CACO 58767

(407) 365-1222

01.13.2014 16:20



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/13/2014

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 Cllosson Insurance Agency, LLC 1201 S. Orlando Avenue Suite 200 Orlando FL 32789 | CONTACT NAME: PHONE (A/C. No. Ext): (407) 898-2211 FAX (A/C. No.): (407) 898-1850 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # |
| INSURED Matthew Roberts Inc. PO Box 1659 Oviedo, FL 32762 | INSURER A Liberty Mutual INSURER B Auto Owners Insurance INSURER C Bridgefield INSURER D: INSURER E: INSURER F: |

COVERAGES CERTIFICATE NUMBER: CL13121103040

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 USED) | 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 | | #55803482 | 12/16/2013 | 12/16/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 |
| B | GENL. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS | | #4969415000 | 12/16/2013 | 12/16/2014 | PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| C | UMBRELLA LIAB EXCESS LIAB | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in INH) | | #40179428770 | 12/16/2013 | 12/16/2014 | COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ |

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

CERTIFICATE HOLDER

4075810313@myfax.com

City of Belle Isle
 c/o Universal Engineering
 Attn: Frances
 3532 Maggie Blvd.
 Orlando, FL 32811

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

J Jeremiah Weis/KSS

ACORD 25 (2010/05)

INS025 (2010/05).01

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AC# 6245848

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEC# LT2080301264

| DATE | BATCH NUMBER | LICENSE NBR | CLASS |
|------------|--------------|-------------|-------|
| 08/03/2012 | 120053259 | CAC058767 | |

The CLASS B AIR CONDITIONING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, F.S.

Expiration date: AUG 31, 2014

ROBERTS, MATTHEW P
MATTHEW ROBERTS INC
443 AULIN AVE.
OVIEDO

FL 32765

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

20

14

CITY OF OVIEDO LOCAL BUSINESS TAX RECEIPT

400 ALEXANDRIA BLVD • OVIEDO, FL 32765 • 407-971-5775

WWW.CITYOFOVIEDO.NE1

Business Name: MATTHEW ROBERTS INC

Location Address: 443 AULIN AVE

| Receipt Number | Issue Date | Exp Date | Business Tax | Penalty | Total |
|----------------|--------------------|--------------------|--------------|---------|-------|
| 14-00004104 | September 13, 2013 | September 30, 2014 | 75.00 | 0.00 | 75.00 |
| 14-00006481 | September 13, 2013 | September 30, 2014 | 45.00 | 0.00 | 45.00 |

MECHANICAL CONTRACTOR
SEMINOLE COUNTY REGULATED/B

COMMENTS:

RESTRICTIONS:

CONTROL #: 3586