



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: c/o air handler only ~ LIKE for Like

Comments: None

Project Information

Address: 4232 Bell Tower Court, Belle Isle, FL 32809
Parcel ID: 20-23-30-1618-00-620
Property Owner: Garofalo, Nicholas
Phone Number: 407-694-1221

Company Name: Del-Air Heating, A/C & Refrigeration, Inc.
Contractor Name: Dello Russo, Robert
License Number: CAC032448
Address: 531 Codisco Way, Sanford, FL 32771
Phone Number: 407-333-2665

Permit Number: 2014-07-006

Date of Application: 06/27/2014

Date Permit Issued: 07/02/2014

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

Traffic \$
 School \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Boat Dock \$
 Boat House \$
 Building \$
 Demo \$
 Door(s) \$
 Driveway \$
 Electrical \$
 Fence \$
 Gas \$
 Irrigation \$
 Low Voltage \$
 Mechanical \$64.50
 Plumbing \$
 Pool \$
 Roofing \$
 Screen Encl \$
 Shed \$
 Temp Pole \$
 Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$68.50

Date Paid 7-3-14

CC or Check # Amex 32003

Amount Paid 68.50

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).

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 OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1ST ROOFING Deck Nailing/Dry-in/Flashing _____
 2nd ROOFING Covering In-Progress _____
 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1ST _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS Natural LP **MECHANICAL** **ELECTRICAL** **LOW VOLTAGE**

1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13

received
06-27-14



City of Belle Isle

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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.

DATE OF APPLICATION: _____ PERMIT NUMBER 2014-07-006
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 4232 Bell Tower Ct, Belle Isle FL 32809 32812
Property Owner Michaela Barotelo Phone 407-694-1221
Property Owner's Mailing Address 4232 Bell Tower Ct City Orlando
State FL Zip Code 32812 Parcel Id Number: 20-23-30-1618-00-620

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

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

- REQUIRED certified Tie Down Engineering documentation (can be found at www.floridabuilding.org)
- REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizing 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 _____
Type of System: Water to Air _____ Chiller _____ Split System _____ Package _____ Heat Pump _____ Estimated Cost \$ _____

Heating: # of Units KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ _____
Oil _____ Electric _____ 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) Air Handler change out only Like for Like Estimated Cost \$ 1670

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 _____ LICENSE # CAC032448

LICENSE HOLDER NAME Robert Dello Russo COMPANY NAME Delair Heating & A/C

Street Address 531 Codiseo Way

City Sanford State FL Zip Code 32771 Phone Number 407-333-2665

Email Address salesjobs@delair.com

Building Official: Angel Perez Date 7-01-2014
Verified Contractor's Licenses & Insurance are on file scq Date 6-27-14

Permit Fee \$ 43.00
Review Fee \$ 21.50
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 68.50

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 _____

PROJECT NUMBER 0115.1300468.0000

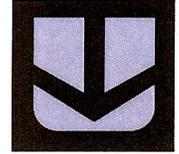
TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

| | |
|----------------------------|---|
| Permit Number | 2014-07-006 |
| Property Owner | Garofalo |
| Address | 4232 Bell Tower Ct |
| Nature of Improvement | Mechanical |
| Received Application | 6-27-14 |
| Sent for Stormwater Review | / |
| Stormwater Approved | / |
| Sent for Zoning Review | / |
| Zoning Approved | / |
| Applied for Variance | / |
| Variance Approved | / |
| Sent to BO for Review | 6-27-14 wo38789 |
| Building Official Approved | 7-01-2014 |
| Comments | |
| 1. | 7-2-14 cc emailed Lindsey + Brittany it's ready |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |



COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 7-01-2014

| | | | |
|----------------------------|-------------------|--|-----------------|
| Permit Type: | <u>Mechanical</u> | Job Cost: | <u>\$ 1670-</u> |
| Permit Fee: | <u>\$ 43.00</u> | | |
| Plans Review Fee: | <u>\$ 21.50</u> | (50% of permit fee – excluding ReRoofs) | |
| 1.5% State Fee: | <u>\$ 2.00</u> | | |
| 1.5% State Fee: | <u>\$ 2.00</u> | | |
| TOTAL BUILDING FEE: | <u>\$ 68.50</u> | (does not include Zoning fees or Deposits) | |

Note: Total gets doubled for SWO/AFT permits

A/C + air handler only

$$\begin{aligned} \$37 + \$6 &= \$43 \times 50\% = \$21.50 \\ 43 + 21.50 \times 1.5\% &= \$4.00_{\text{MIN}} + \$64.50 = \$68.50 \end{aligned}$$

**DEL-AIR
HEATING - AIR CONDITIONING
REFRIGERATION, INC.**

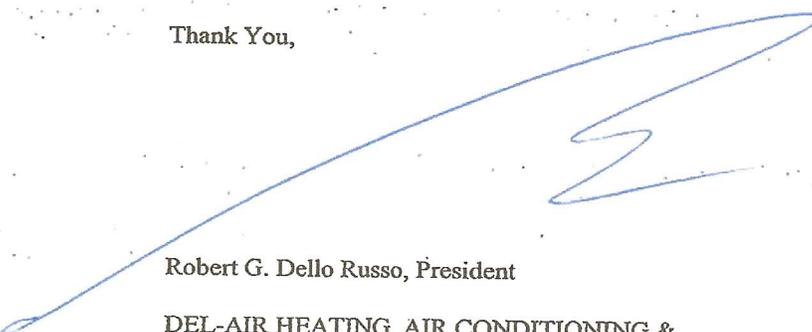
Date

City Of Belle Isle
Building Division

Dear Sir:

This letter is written to give authorization for Ed Dalrymple to pull the mechanical permit for Del-Air Heating, Air Conditioning & Refrigeration, Inc. for 4232 Bell Tower Ct.

Thank You,

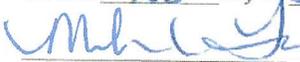


Robert G. Dello Russo, President

DEL-AIR HEATING, AIR CONDITIONING &
REFRIGERATION, INC.

RGDR/jd

Sworn to before me by Robert G. Dello Russo
on this 20 day of June, 2009 2014


NOTARY PUBLIC

MY COMMISSION EXPIRES: 6/14/15

P.O. Box 520522
Longwood, FL 32752-0522
Phone (407)333-COOL (2665)
(407)831-COOL (2665)



SALES
SERVICE
INSTALLATION