



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 4ton HVAC with no ductwork</p> <p>Comments: None</p> <p>Project Information Address: 5010 Dorian Avenue, Belle Isle, FL 32812 Parcel ID: 17-23-30-4384-02-540 Property Owner: Houlahan, Mary & Cathy Phone Number: 407-855-8835 ***** Company Name: EC Waters, Inc. Contractor Name: Waters, Edward License Number: CAC1813508 Address: 1405 N. Forest Avenue, Orlando, FL 32803 Phone Number: 407-294-6464</p>	<p style="text-align: right;">Permit Number: 2014-07-033</p> <p style="text-align: right;">Date of Application: 07/17/2014 Date Permit Issued: 07/21/2014</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

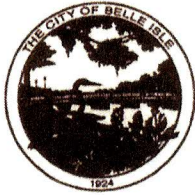
<p>IMPACT FEES Traffic \$ School \$</p> <p>ZONING FEES Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Boat House</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Irrigation</td><td>\$</td></tr> <tr><td>Low Voltage</td><td>\$</td></tr> <tr><td>Mechanical</td><td>\$111.00</td></tr> <tr><td>Plumbing</td><td>\$</td></tr> <tr><td>Pool</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> </table> <p>SURCHARGE FEES</p> <table style="width:100%;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p style="text-align: center;">TOTAL FEES \$115.00</p> <p>Date Paid <u>7-22-14</u></p> <p>CC or Check # <u>amex 11272</u></p> <p>Amount Paid <u>115</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 (FS 553).</p>	Boat Dock	\$	Boat House	\$	Building	\$	Demo	\$	Door(s)	\$	Driveway	\$	Electrical	\$	Fence	\$	Gas	\$	Irrigation	\$	Low Voltage	\$	Mechanical	\$111.00	Plumbing	\$	Pool	\$	Roofing	\$	Screen Encl	\$	Shed	\$	Temp Pole	\$	Window(s)	\$	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<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</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
Boat Dock	\$																																										
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Window(s)	\$																																										
Surcharge Fee	\$2.00																																										
Surcharge Fee	\$2.00																																										

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/f/fo94edc4-832d-44bd-9809-ecf32f9e2e63>

login ID = cobi@universalengineering.com

password = universal13



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

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: 7/16/14

PERMIT NUMBER 2014-07-033

PLEASE PRINT

The undersigned hereby applies for a permit to make mechanical installations as indicated below on property

Project Address 5210 DORIAN Ave, Belle Isle FL 32809
Property Owner Mary + Cathy Houtahan, Phone 407-555-8835
Property Owner's Mailing Address 5210 DORIAN Ave, Orlando 32812

Tax I.D. Number: Section 17, Township 23, Range 30, Sub 4384, B&L 02
Legal Description: Lot 510, Block, Subdivision LAKE COLONY ESTATES

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

Date First Inspection Desired: or will call for inspection [X]

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1, Tons Per Unit 4, Total Tons 4
Type of System: Water to Air [], Chiller [], Split System [X], Package [], Heat Pump [] (A) Fee \$ 5121.00

Heating: # of Units 1, KWS Per Unit 10, Total KWS 10, BTU's
Oil [], Electric [X], Boiler [], Gas []
Estimated Cost \$
Estimated Cost \$

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation: (Number of) Grease [] (or) Heat [], Hoods, Air Intakes []
Exhaust Fans [], Dryer Vents []
Estimated Cost \$
Estimated Cost \$

Refrigeration: Number of units []
Estimated Cost \$

Piping: Air [], Vacuum [], Steam [], Chill Water []
Estimated Cost \$

Others: (Specify) []
Estimated Cost \$

Stages [], Low Voltage []
Estimated Cost \$

Was the space previously Air Conditioned? Yes [] No []
Total Estimated Cost \$

Comments: []
(B) Fee For Estimated Cost \$

(A + B) Total Permit Fee \$ 111.00 Permit
4.00 (3% fee)

I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT

Name of Active Certificate Holder Edward C Waters

State Registration or Certification Number LICENSE # CACR13508

EER: 12
COP:
SEER: 14.5
HSPF: 8.2
\$115.00

I hereby 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.

Authorized Signature (License Holder or Agent) [Signature]

Street Address 1405 N Forest Ave
City Orlando, State FL, Zip Code 32803, Phone Number 407-274-6464

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

RETAIN A COPY FOR OFFICE USE AND RETURN ORIGINAL TO APPLICANT
THE ORIGINAL IS A WHITE FORM - FORM #MECH010
To schedule an inspection please email your request to:
BIDScheduling@UniversalEngineering.com or call 407-581-8161

Handwritten signature and date 7/17/14 8:04

PROJECT NUMBER 0115.1300469.0000

TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014.07.033
Property Owner	Houlahan, Mary & Catherine
Address	5010 Dorian Ave
Nature of Improvement	HVAC - Mechanical
Received Application	7/17/14
Sent for Stormwater Review	N/A
Stormwater Approved	
Sent for Zoning Review	N/A
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	
Building Official Approved	7-18-2014
Comments	
1.	7-22-14 cq emailed Debby it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP.

Date: 7-18-2014

Permit Type: Mechanical Job Cost: \$ 5,121-

Permit Fee: \$ 37 x 2 = 74⁰⁰

Plans Review Fee: \$ 18.50 x 2 = 37⁰⁰ (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2.00

1.5% State Fee: \$ 2.00

TOTAL BUILDING FEE: \$ _____ (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

74
37
<hr/>
111.00
+ 4.00
<hr/>
\$ 115.00

$\$37 \times 50\% = \$37.00 + 18.50 = \$55.50 \times 2 = \111.00

$\frac{4}{\$115.00}$

Air Handler + Condensing Unit

Certificate of Product Ratings

AHRI Certified Reference Number: 5863492

Date: 7/16/2014

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

Outdoor Unit Model Number: 4TWR3048B1

Indoor Unit Model Number: GAM5B0C48M41

Manufacturer: TRANE

Trade/Brand name: XR13 WEATHERTRON

Series name:

Manufacturer responsible for the rating of this system combination is TRANE

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): 12.00
SEER Rating (Cooling): 14.50
Heating Capacity(Btuh) @ 47 F: 44000
Region IV HSPF Rating (Heating): 8.20
Heating Capacity(Btuh) @ 17 F: 28800

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www.ahridirectory.org



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

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.

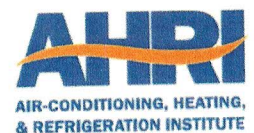
TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

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 at bottom right.

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we make life better™

CERTIFICATE NO.: 130500154032966559



E.C. Waters Air Conditioning & Heating
 4333 Silver Star Rd #165, Orlando, FL 32808
 P: 407-294-6464 F: 407-294-6466
 info@ecwaters.com
 CAC1813508

1256071199

Sales • Service • Installation

AGREEMENT

Customer: <u>MARY HOULAHAN</u>		Date: <u>JULY 15, 2016</u>
Billing Address: <u>3010 DORIAN AVE</u>		Job Location
City, State, Zip: <u>ORLANDO, FLA 32817</u>	City, State, Zip	
Phone:	Cell: <u>407-855-5835</u>	E-Mail: <u>CHOUAHAN@OUC.COM</u>
New equipment Manufacturer: <u>TRANE XRI</u>	<input type="checkbox"/> V/S	<input type="checkbox"/> V/S
<input checked="" type="checkbox"/> Heat pump <input type="checkbox"/> Straight cool		
Condenser Model number: <u>4TWE50USP</u>		
Air Handler Model Number: <u>6AM515C4S</u>		
<input type="checkbox"/> System <input type="checkbox"/> Air Handler <input type="checkbox"/> Condenser <input type="checkbox"/> Package		
<u>4</u> Nominal Tons <u>14.5</u> SEER		
Heat Strip Size/Breaker Size/ Type: <u>10KW</u>		
Thermostat <input checked="" type="checkbox"/> Digital <input type="checkbox"/> Programmable <input type="checkbox"/> Non		
EQUIPMENT COST: <u>\$5121.00</u>		
DUCTWORK COST: <u>750.00</u>		
TOTAL JOB COST: <u>\$5871.00</u>		
OPTIONS		
<input checked="" type="checkbox"/> Guardian Air <input checked="" type="checkbox"/> UV Light		
<input checked="" type="checkbox"/> 5' Box Media <input checked="" type="checkbox"/> Pure Air/EAC		
<input type="checkbox"/> Surge Protector <input type="checkbox"/> Insulation		
Manuf. 10yr Parts & Labor Warranty		
Semi Annual Precision Care Plan		
OPTIONS TOTAL		
TOTAL JOB COST with OPTIONS		
REBATES - POWER - Co. <u>DUKE</u>	<u>\$100.00</u>	
REBATE - MANUFACTURER	<u>0</u>	
Labor Warranty by EC Waters	<u>ONE YEAR</u>	

Controls and Electrical

- New control wire to thermostat
- New Control wire to condenser
- Reuse existing wiring
- Install new breakers as needed
- New Disconnect Yes No
- New Condenser electric Whip

- Wire equipment from existing ___ amp panel with copper wiring and
- HCAR rated breakers ___ Indoor ___ amp ___ Outdoor ___ amp
- Brand _____
- Hurricane Anchors
- Reuse existing disconnect
- Air Handler in attic GARAGE

M/C 415
 5420-3961-4702-6404
 03/16
 MARY L. HOULAHAN

Air Distribution

- Reconnect Supply plenum
- New insulated platform with 3/4 plywood top
- Cap existing stand with 3/4 plywood
- Re-insulate existing platform
- Foil flexible duct systems
- Rigid fiberglass main trunk duct system with foil flexible branch and return ducts

- Reconnect return plenum
- New supply diffuser(s)
- New return air grille(s)
- Sanitize Duct system
- Relocate grills

- The existing duct system will be reused ___/replaced ___
- Ceiling ___ Side-wall ___ Floor
- Ceiling ___ Side-wall ___ Floor
- Filterback grilles ___ New ___
- The existing duct system will be inspected

NEW RETURN PLENUM ON GARAGE SIDE

Piping

- New Refrigerant line: Liquid ___ Suction ___
- Connect to existing refrigerant lines ADD LINE DRYER
- Connect to existing drain & add in-line safety T-switch

- New condensate drain hook-up with clean out tee & in-line safety - T-switch
- Supplementary drain pan with fail-safe condensate float switch

Miscellaneous

- Removal of the existing equipment from premises
- Precast concrete condenser pad New Reused
- 28 gauge galvanized steel weatherproofing piping cover ___ ft
- All work to be performed in a neat and professional manner by journeymen class technician. Clean up will be accomplished at the conclusion of each day's work, and all debris removed from the premises.

- All work done in accordance with existing codes and required permits.
- Standard Manufacturer's Warranty Ten Year The Ten Year The One Year LAE

NOTE: Electrical wiring, circuit breakers, condensate pump, float switch, etc. have a One-Year Part and Labor Warranty

Please read then sign the required disclaimer below.

All material and work shall be as specified in this contract. Any alterations, or deviations from the above specifications for materials or requiring any additional or different work or labor will be performed only upon written order signed by the customer and contractor and will become an extra charge item over and above that set forth in this Agreement. Verbal agreements with our workman or subcontractors will not be recognized. Seller/Contractor shall not be responsible for incidental losses or damages resulting to Buyers property as a result of obtaining access or connecting this installation provided in this Agreement and shall not be liable for any consequential damaged to the Buyer.

The above prices, specifications and conditions are hereby accepted and the Seller/Contractor is authorized to do the work as specified. Payment will be made by Buyer as specified in this contract and any related financing contract as well as executed written orders. Buyer agrees to permit Seller/Contractor access required to perform the work and agrees to take no action that would interfere with or prevent Seller/Contractor from completing the contract. Buyer agrees that if Buyer breaches this contract and Seller/Contractor is required to obtain the services of an attorney for collection to enforce this contract, Buyer shall pay Seller/Contractor reasonable attorney's fees and costs, whether or not suit is filed in connection with any appeal. Venue in any lawsuit shall be Orange County, Florida

CONSTRUCTION INDUSTRIES RECOVERY FUND

Payment may be available from the construction industries recovery fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state-licensed contractor. For information about the recovery fund and filling a claim, contact the Florida Construction Industry Licensing Board at the following address:

Construction Industry and Licensing Board
1940 North Monroe Street, Tallahassee, FL 32399-1039

Signature: Mary E. Houlihan _____
Customer Date

Signature: _____
Customer Date

Signature: [Handwritten Signature]
E.C. Waters, Inc.
July 15, 2014

STANDARD CONSTRUCTION

MATERIAL:
14 GAUGE/G-90 ASTM A-653 COLD-ROLLED GALVANIZED STEEL

STANDARD SIZES:

BASE DEPTH	WIDTH	HEIGHT	PACK QTY.
1.25"	1"	4"	4

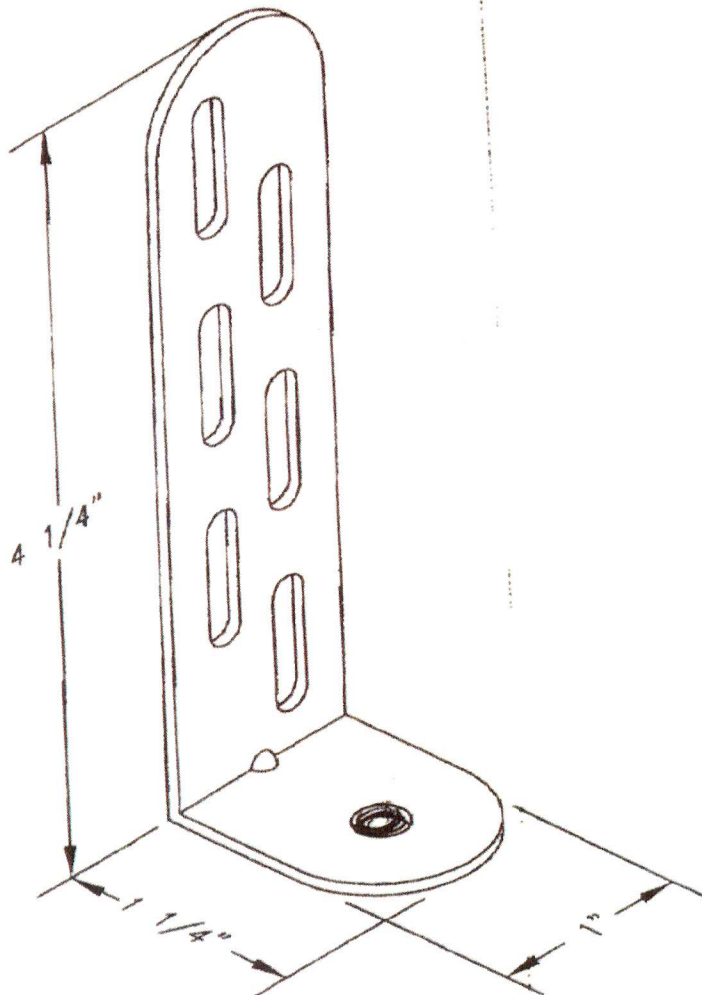
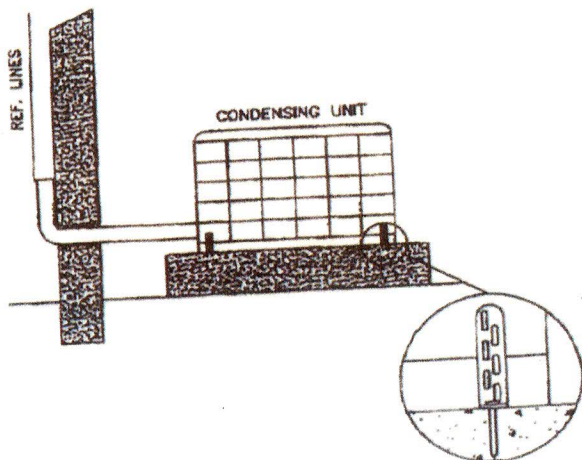
FEATURES

GALVANIZED STEEL PROVIDES EXCELLENT CORROSION RESISTANCE AND LONGEVITY.

SLATTED DESIGN PROVIDES A UNIVERSAL MOUNT.

SOLD IN PEG BOARD DISPLAY PACKAGES (4 PER PACKAGE).

OPTION: BULK PACKAGING AVAILABLE.



NOTE: ENGINEERING DATA AND CALCULATIONS AVAILABLE UPON REQUEST.

JOB NAME:
LOCATION:
ARCHITECT:
ENGINEER:
CONTRACTOR:

CONTACT MIAMI TECH INC. FOR ADDITIONAL INFORMATION OR WITH SPECIAL REQUIREMENTS.

3611 NW 74TH ST
MIAMI, FL 33147
PHONE: 305-693-7054 FAX: 305-693-6152

WEB: WWW.MIAMITECH.COM
EMAIL: SALES@MIAMITECH.COM



54x74 4/pkg

CUTD1
CONDENSING UNIT TIE DOWN
PRODUCT SPECIFICATIONS

DESIGN BY	AF	DATE	09/26/07	SCALE	NOT TO SCALE
CHECKED BY	IG	DATE	09/26/07	REVISION	1

CUTD1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/4/2014

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 Lykes Insurance, Inc. P. O. Box 2703 Winter Park FL 32790	CONTACT NAME: Laura Scuteri PHONE (A/C, No, Ext): 813-470-5023 E-MAIL ADDRESS: lscuteri@lykesinsurance.com	FAX (A/C, No): 813-221-1857
	INSURER(S) AFFORDING COVERAGE	
INSURED ECWAT-1 E.C. Waters, Inc. 1405 North Forest Avenue Orlando FL 32803	INSURER A: National Trust Insurance NAIC # 20141	
	INSURER B: FCBI Fund	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 1484179071 **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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GL0010988-4	10/20/2013	10/20/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		UMB0011495-4	10/20/2013	10/20/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	10649122	3/5/2014	3/5/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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 Orlando, 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 

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AC# 6177377

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

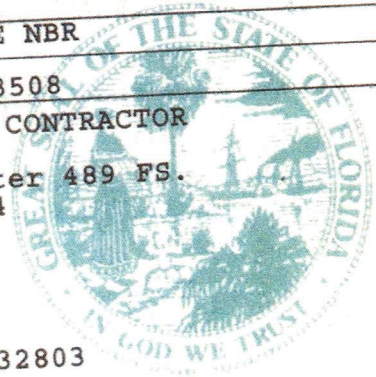
SEQ# L12062800560

DATE	BATCH NUMBER	LICENSE NBR
06/28/2012	118201445	CAC1813508

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

WATERS, EDWARD CLARK
E C WATERS, INC
1405 N FOREST AVE
ORLANDO

FL 32803



RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW