



**City of Belle Isle**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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: 1.50 ton AC change out

**Comments:** None

**Project Information**

Address: 5249 Driscoll Ct, Belle Isle, FL 32812  
 Parcel ID: 20-23-30-1222-00-080  
 Property Owner: Kirk, Scott and Judith  
 Phone Number: 407-8576755  
 \*\*\*\*\*  
 Company Name: Certified Climate Control, LLC  
 Contractor Name: Hill, David  
 License Number: CAC1816634  
 Address: 909A S Charles Richard Beall Blvd Debarry, FL  
 Phone Number: 388-675-8963

**Permit Number: 2014-07-059**

Date of Application: **07/30/2014**

Date Permit Issued: **07/30/2014**

**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 \$147.00  
 Plumbing \$  
 Pool \$  
 Roofing \$  
 Screen Encl \$  
 Shed \$  
 Temp Pole \$  
 Window(s) \$

**SURCHARGE FEES**

Surcharge Fee \$2.21  
 Surcharge Fee \$2.21

**TOTAL FEES \$151.42**

Date Paid 7-31-14

CC or Check # AMEX

Amount Paid \$151.42

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 (F-S 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**

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_ (Footing/Foundation)

2<sup>nd</sup> \_\_\_\_\_ (Slab)

3<sup>rd</sup> \_\_\_\_\_ (Lintel)Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_ (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_ (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_ (Drywall)

8<sup>th</sup> \_\_\_\_\_ (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_ (Other)

10<sup>th</sup> \_\_\_\_\_ (Final - After MEP and Other Applicable Finals)

ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR

1<sup>st</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>nd</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>rd</sup> ROOFING Covering Final \_\_\_\_\_

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

1<sup>st</sup> \_\_\_\_\_ (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_ (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP \_\_\_ MECHANICAL \_\_\_ ELECTRICAL \_\_\_ LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

Inspection requests are to be emailed to [BI scheduling@UniversalEngineering.com](mailto: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://universalengineering.sharefile.com/f/fo94ed4-832d-44bd-9809-ecf32f9e2e63>

login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)

password = universal13

PROJECT NUMBER 0115.1300507.0000

TASK NUMBER 03

CITY OF BELLLEVILLE  
Permit Application Review Sheet

Permit Number	2014-07-059
Property Owner	Six K Judt
Address	5249 Oriskany Ct
Nature of Improvement	Mechanical
Received Application	7-30-14
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	7-30-2014
Comments	
1.	
2.	
3.	
4.	
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10.	
11.	
12.	



# COBI Permit Fee Calculation Form



Reviewer Signature: AP. Date: 7-30-2014

Permit Type:	<u>Mechanical</u>	Job Cost:	\$ <u>3840-</u>
Permit Fee:	\$ <u>98=</u>		
Plans Review Fee:	\$ <u>49-</u>	(50% of permit fee – excluding ReRoofs)	
1.5% State Fee:	\$ <u>2.206</u>		
1.5% State Fee:	\$ <u>2.205</u>		
<b>TOTAL BUILDING FEE:</b>	\$ <u>151.49</u>	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$37 + 12 = \$49 \times 2 = 98$   
 $\$49 \times .50\% = 24.50 \times 2 = 49$   
 $73.50$   
 $\times 3\% (4.02)$   
 $\underline{27.50}$

$73.50 \times 2$  (Condenser + Air handler)  
 $= \$147.00 + 3\% (4.41) =$   
 $= \$151.41$



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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: 7-29-2014

PERMIT NUMBER: 2014-07-059

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

Project Address 5249 DRISCOLL CT Belle Isle FL 32809 32812  
 Property Owner JUDY KIRK Phone 407-357-6755  
 Property Owner's Mailing Address 5249 DRISCOLL CT City BELLE ISLE  
 State FL 32812 Zip Code 32812 Parcel Id Number: 20-23-30-1222-00-050  
 To obtain this information, please visit: <http://www.ocpafl.org/5searches/ParcelSearch.aspx>

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

- **REQUIRED: The Down Engineering**
- **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 1 Tons Per Unit 1.5 Total Tons 1.5 Estimated Cost \$ 3540.00  
 Type of System: Water to Air  Chiller  Split System  Package  Heat Pump   
 Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's 18000 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) \_\_\_\_\_ 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 DAVID HILL LICENSE # CAC1810634

LICENSE HOLDER NAME DAVID HILL COMPANY NAME CERTIFIED CLIMATE CONTROL

Street Address 808A S US HWY 17-92

City DEBARY State FL Zip Code 32715 Phone Number 386-675-8963

Email Address [kentiller@certifiedclimate.com](mailto:kentiller@certifiedclimate.com)

Building Official: Angela Perez Date 7-30-2014  
 Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee \$ 98-  
 Review Fee \$ 49-  
 3% Florida Surcharge \$ 4.41  
 Total Permit Fee \$ \_\_\_\_\_

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 \_\_\_\_\_





# Certificate of Product Ratings

AHRI Certified Reference Number: 5924399

Date: 7/28/2014

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

Outdoor Unit Model Number: ASZ140181A\*

Indoor Unit Model Number: AVPTC24B14A\*

Manufacturer: AMANA HEATING AND AIR CONDITIONING

Trade/Brand name: AMANA

Series name: ASZ14

Manufacturer responsible for the rating of this system combination is **AMANA HEATING AND AIR CONDITIONING**

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):	18000
EER Rating (Cooling):	12.00
SEER Rating (Cooling):	14.50
Heating Capacity(Btuh) @ 47 F:	17000
Region IV HSPF Rating (Heating):	8.20
Heating Capacity(Btuh) @ 17 F:	9300



\* Ratings followed by an asterisk (\*) indicate a voluntary re-rate of previously published data, unless accompanied with a VAS, which indicates an involuntary re-rate.

#### 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.ahrirepository.org](http://www.ahrirepository.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.ahrirepository.org](http://www.ahrirepository.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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AIR-CONDITIONING, HEATING,  
& REFRIGERATION INSTITUTE

13051D541616390275

CERTIFICATE NO.:

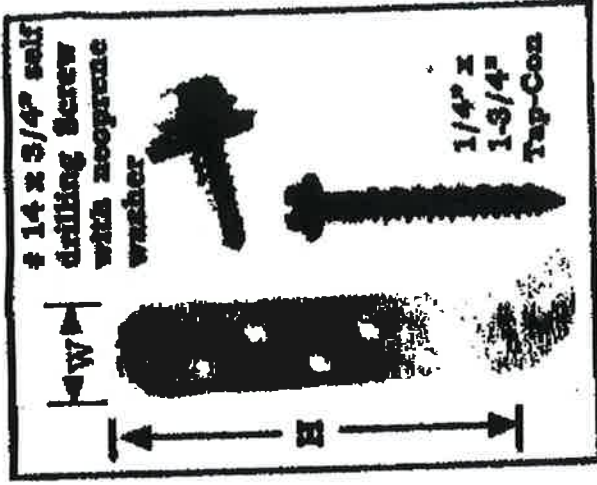
PART NO.	H DIM.	W DIM.	DESCRIPTION
# 771	4"	1"	4 PK. Clips only
# 773	6"	1"	4 PK. Clips only

**ANCHOR CLIP NOTES:**

1. The anchor clip is 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
2. 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. 300 Lb. condenser unit that withstands 196 mph wind speed for 3 second gusts.
3. On condenser units near bodies of water AEBJ may require condenser units to be raised above ground level. [Suggest: The Metal Shop's equipment wall stand for these areas]
4. 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.
5. 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 INSTALLATION INSTRUCTION**

1. SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
2. 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)
3. 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.
4. Attach each Tap con screw to the base of the anchor clip and into the concrete pad in accordance with Tap con instructions.
5. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.



**ANCHOR CLIP**

ENGINEER: KEITH KERRABURY P.E.  
P.E. No. 43228  
8731 BAYWOOD PK. DR.  
SEMINOLE, FL. 32777  
PHONE: 727-519-3947  
KERRABURY@TAMPABAY.FL.COM  
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The Metal Shop  
2841 W. Dunedin Bl.  
Dunedin  
FL 34488  
Ph (813) 822-0006  
Fm (813) 822-0807  
www.themetalsop.com

**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







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/18/2014

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 Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750	CONTACT NAME: Ruth Munoz PHONE (A/C, H/O, EXT): 407-831-3832 E-MAIL ADDRESS: Ruth@blackadar.com FAX (A/C, H/O): 407-830-4681
INSURED CERTCLI-01 Certified Climate Control, LLC 909A S. Charles Richard Beal Blvd. DeBary FL 32713	INSURER(S) AFFORDING COVERAGE INSURER A: United Fire & Casualty Company NAIC # 13021 INSURER B: FCCI Insurance Company 10178 INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** CERTIFICATE NUMBER: 16466432 **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.

INSUR LINE	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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"/> PER <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input checked="" 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 UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY EMPLOYER PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> HRS. RES. USE \$ DESCRIPTION OF OPERATIONS BELOW		603683315	5/20/2014	5/20/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per Occurrence) \$1,000,000 MED EXP (Act one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ X WC STATU-TY LIMITS \$500,000 E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B			001-WC-14A-70791	6/23/2014	6/23/2015	

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. 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 <i>Ruth Munoz</i>
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