



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: 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 4ton HVAC with no ductwork

Comments: None

Project Information

Address: 6404 Stockbridge Avenue, Belle Isle, FL 32809
Parcel ID: 24-23-29-0600-04-310
Property Owner: Fotieo, Georgia
Phone Number: None

Company Name: Century A/C & Heating, Inc.
Contractor Name: Chambers, Steve
License Number: CAC057740
Address: 1650 S. Bumby Avenue, Oraland, FL 32806
Phone Number: 407-894-8417

Permit Number: 2014-07-010

Date of Application: 07/01/2014

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 \$129.00
Plumbing \$
Pool \$
Roofing \$
Screen End \$
Shed \$
Temp Pole \$
Window(s) \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$133.00

Date Paid 7-2-14

CC or Check # via 8142

Amount Paid 133

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 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.



City of Belle Isle
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
 Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

Received
 7-1-14

APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAVING 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: 7/1/14 PERMIT NUMBER 2014-07-010
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 6404 Stockbridge Ave. Belle Isle FL 32809 32812
 Property Owner Georgia Fodiso Phone
 Property Owner's Mailing Address same
 State FL 32808 City 24-25-29-0600-04-310

To obtain this information, please visit <https://www.ncsrf.com/Searches/PermitSearch.aspx>

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

- **REQUIREMENTS:** The Down Engineering
- **REQUIREMENTS:** If adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations
- **REQUIREMENTS:** 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 \$
 Type of System: Water to Air Chiller Split System x Package Heat Pump Estimated Cost \$
 Heating: # of Units KWS Per Unit 1 Total KWS 10 BTU's Gas Estimated Cost \$
 Oil x Boiler Gas (A) Estimated Cost Fee \$ 3850

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.
 Ventilation:
 (Number of) Grease 0 Heat 0 Hoods, Air Intakes 0 Exhaust Fans 0 Dryer Vents 0 Estimated Cost \$
 Refrigeration: Number of units 0 Estimated Cost \$
 Piping: Air 0 Vacuum 0 Steam 0 Chilled Water 0 Estimated Cost \$
 Others: (Specify) Replacing existing heat pump system. NO DUCT WORK Estimated Cost \$

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 I 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 SGC LICENSE # CAC057740
 LICENSE HOLDER NAME Steve Chambers COMPANY NAME Century A/C & Heating Inc.

Street Address 1650 S. Bumby Ave.
 City Orlando State FL Zip Code 32806 Phone Number 407-694-8417
 Email Address stave@century-ac.com

Building Official: Angela Ruiz Date 7-1-14
 Verified Contractor's Licenses & Insurance are on file cg Date 7-1-14
 Permit Fee \$ 86-
 Review Fee \$ 43-
 3% Florida Surcharge \$ 4-
 Total Permit Fee \$ 133.00

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

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-07-016
Property Owner	Notico
Address	6404 Stockbridge Ave
Nature of Improvement	Mechanical
Received Application	7-1-14
Sent for Stormwater Review	
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	7-1-14 10038844
Building Official Approved	7-01-2014
Comments	
1.	7-2-14 eq emailed Steve it's ready.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AD.

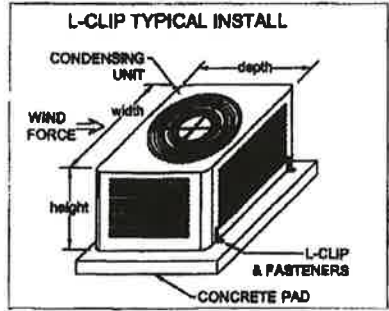
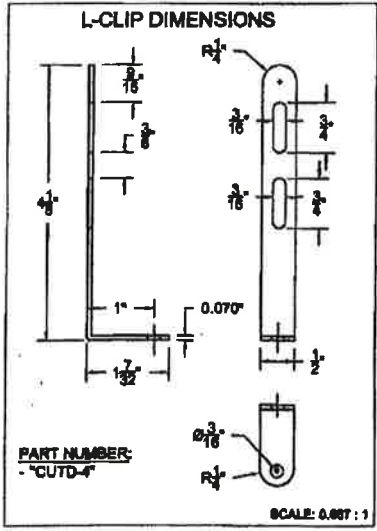
Date: 7-01-2014

Permit Type:	<u>Mechanical</u>	Job Cost:	<u>\$ 3850-</u>
Permit Fee:	<u>\$ 86-</u>		
Plans Review Fee:	<u>\$ 43-</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:	\$ 133.00	(does not include Zoning fees or Deposits)	

Note: Total gets doubled for SWO/AFT permits

$$\begin{aligned}
 & \$37 + (\$6 \times 1) = 37 + 6 = \$43 \times 2 = \$86 \\
 & \$43 \times 50\% = \$21.50 \times 2 = 43 \\
 & \$86 + \$43 = \$129 + 4 = \$133-
 \end{aligned}$$

Reviewed for Code Compliance
 Universal Engineering
 Sciences



GENERAL NOTES:

- This document describes the dimensions, material type, and nominal strength of a AC Condensing Unit Tie Down otherwise known as an "L-Clip".
- The Nominal strength can be used in conjunction with other engineering documents to verify the compliance of an equipment installation to the resistance to wind force requirements of the building code.
- Fasteners to the condensing unit and to the support structure such as a concrete pad are not included in this document.

EXAMPLE USE OF THIS DOCUMENT:

- Determine Wind Design Conditions, Wind Speed, Height, Exposure, Risk Category.
- Calculate Wind Pressures on largest side and top of equipment.
- Calculate Forces on equipment from those pressures and gravity.
- Calculate the uplift and lateral force required.
- Determine the number of clips necessary to equal or exceed the required forces given the nominal strengths of the clips and the code mandated safety factors.

MATERIALS AND SPECIFICATIONS:

Material: Cold Rolled 1006/1010 Steel per ASTM A109
 Strength: min Fy = 41.5 ksi, min Fu = 49.0 ksi

TIEDOWN NOMINAL STRENGTH:

Tensile: 462 lbs (LRFD), 321 lbs (ASD)
 Shear: 388 lbs (LRFD), 267 lbs (ASD)

Note: Strength calculations are based on the Steel Manual 13th Edition Part 16 Specifications, Section D8 - Tensile Strength, and Section J4.3 - Block Shear Strength

For example, Verify that the L-Clips will hold down a RHEEM condensing unit described below in 175 mph winds under the conditions below:

- A RHEEM, Model # LAFPC-264 with (H, width, depth, W) = 23", 44", 26", 190 lbs) in Mixed-Duct wind speed of 175 mph, Risk Cat II, Exposure C to 10' above ground.
- Wind Pressure is 69.5 psf.
- Lateral Restored Force is 368 lbs, factored weight = 127 lbs
- Overturn Moment = 4067 ft-lb, Uplift at one side of equipment = 4067 ft-lb / 30" = 136 lbs.
- Use one clip at each corner. Since the pullup strength for the clip is 321 lbs (ASD), Total nominal uplift strength = 2 x 321 = 642 lbs > 136 lbs. Total shear strength of 4 clips = 267 lbs (ASD) x 4 = 1,028 lbs > 368. Therefore L-Clips are suitable for the installation.

REX-KO ENGINEERING, INC.
 ENGINEERING SERVICES
 1460 SW 21st St.
 Ft. Lauderdale, FL 33304
 PHONE: 954-546-2219 FAX: 954-546-2218
 E-MAIL: REX-KO@REX-KO.COM
 DATE: JUN 17 2012

PROJECT

CONDENSING UNIT TIE DOWN
 "L-CLIPS"
 NOMINAL STRENGTH

DATE: JUN 15 2012
 DRAWN BY: R.E.
 CHECKED BY: R.E.
 DOC: L-Clip-2
 SHEET: ENG-1
 PAGE 1 OF 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/27/2013

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 INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) need be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of this 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

INSURER
Century Air Conditioning & Heating, Inc
P O Box 566494
Orlando FL 32856

INSURER
SUNAMERICA Insurance Company
10000 Sun Blvd. (800) 845-8437
Maitland, FL 32751

INSURER
SUNAMERICA Insurance Company
10000 Sun Blvd. (800) 845-8437
Maitland, FL 32751

INSURER
SUNAMERICA Insurance Company
10000 Sun Blvd. (800) 845-8437
Maitland, FL 32751

CERTIFICATE NUMBER: 13/14 Super Cert

REVISION NUMBER:

TYPE	TYPE OF INSURANCE	FORM	DATE	POLICY NUMBER	INSURANCE PERIOD	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASSISER <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> M.D. CONTRACTUAL <input type="checkbox"/> EXC GEN'L AGGREGATE LIMIT APPLIED PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOC AUTOMOBILE LIABILITY			60821976	8/2/2013 8/2/2014	EACH OCCURRENCE \$ 1,000,000 PRODUCTS-SERVICES \$ 100,000 MED EXP (Per occ per pers) \$ 5,000 PERSONAL & ADV INURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> UNCHEDULED AUTOS <input type="checkbox"/> BIENNIAL			60821976	8/2/2013 8/2/2014	UNINSURED MOTORIST \$ 1,000,000 BODILY INJURY (Per person) \$ PROPERTY DAMAGE \$
A	<input checked="" type="checkbox"/> UMBRELLA LIA <input type="checkbox"/> EXCESS LIA <input type="checkbox"/> LIA			60821976	8/2/2013 8/2/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000
B	<input type="checkbox"/> EMPLOYERS <input type="checkbox"/> CONTRACTORS <input type="checkbox"/> DIRECTORS <input type="checkbox"/> OFFICERS <input type="checkbox"/> PARTNERS <input type="checkbox"/> SCHEDULED PERSONS <input type="checkbox"/> UNINSURED MOTORIST <input type="checkbox"/> BIENNIAL			PC8066030478013	8/2/2013 8/2/2014	E.A. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-SERIOUSNESS \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000

THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED HEREIN. THIS CERTIFICATE IS NOT A CONTRACT. THE CONTRACT IS THE POLICY. THIS CERTIFICATE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE COVERAGE: COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA/SURPLUS LIABILITY, EXCESS LIABILITY, EMPLOYERS, CONTRACTORS, DIRECTORS, OFFICERS, PARTNERS, SCHEDULED PERSONS, UNINSURED MOTORIST, BIENNIAL.

STATE OF FLORIDA: THIS POLICY IS SUBJECT TO THE UNIFORM AUTOMOBILE LIABILITY ACT AS APPLICABLE IN THE STATE OF FLORIDA. A blanket additional insured with regards to General Liability apply as required by written contract. A blanket waiver of subrogation regards to General Liability apply as required by written contract.

CERTIFICATE HOLDER

City of Belle Isle
Attn: Kenne
1600 Belle Avenue
Belle Isle, FL 32809

Paul Slomski/RESEDER

ACORD 25 (07/08/03)
980025 (04/04/03)

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

This local business tax receipt is in addition to and not in lieu of any other tax required by state or municipal ordinance. Businesses are subject to regulation of zoning, health and other vital authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

ORIGINAL 2013 \$30.00 10 EMPLOYEES 1804-0962407
 1804 CONTR-HARY CLASS B \$30.00 10 EMPLOYEES OFFICE \$30.00 10 EMPLOYEES :



CHAMBERS STEVEN T
 CENTURY AIR CONDIT & HEAT INC
 1650 S BUMBY AVE
 ORLANDO FL 32806

TOTAL TAX \$60.00
 PREVIOUSLY PAID \$60.00
 TOTAL DUE \$0.00

1650 S BUMBY AVE
 A - ORLANDO, 32806

PAID: \$60.00 099-00569255 7/29/2013

This receipt is official when validated by the Tax Collector.

AC# 6326271

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L120931021

DATE: 08/23/2013 BATCH NUMBER: 12701A720 LICENSE NBR: CAC057749

THE CLASS IS AIR CONDITIONING CONTRACTOR
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER 489, FS
 EXPIRATION DATE: AUG 31, 2014

CHAMBERS, STEVEN THOMAS
 CENTURY AIR CONDITIONING & HEATING INC
 2535 PERSHING OAKS PLACE
 ORLANDO FL 32806

RICK SCOTT
 GOVERNOR

KEN LAWSON
 SECRETARY

DISPLAY AS REQUIRED BY LAW