



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 4ton HVAC with no ductwork

Comments: None

Project Information

Address: 5120 Dorian Avenue, Belle Isle, FL 32812
 Parcel ID: 17-23-30-4384-02-480
 Property Owner: Estell M. Blanning Revocable Trust
 Phone Number: 407-491-3712

Company Name: No Sweat A/C and Heating, LLC
 Contractor Name: Thrift, Alan
 License Number: CAC1816648
 Address: 2798 Pepper Lane Orlando, FL 32812
 Phone Number: 407-497-4259

Permit Number: 2014-06-025

Date of Application: 06/13/2014
 Date Permit Issued: 06/16/2014

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$129.00
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$133.00

Date Paid 6-16-14

CC or Check # mc 0337

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

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**

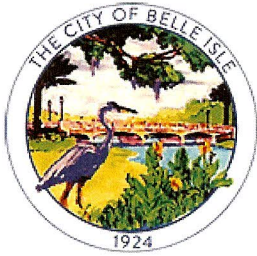
1st _____ (Rough-In) 2nd _____ (Final)

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
06-13-14

City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

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: 6/12/2014

PERMIT NUMBER 2014-66-025

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

Project Address 5120 Dorian Ave, Belle Isle FL 32809 32812
Property Owner Estelle M Blanning Revocable Trust Phone 407-491-3712
Property Owner's Mailing Address 5106 Creusot Court City Orlando
State FL Zip Code 32839 Parcel Id Number: 17-23-30-4384-02-480

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 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 1 Tons Per Unit 4 Total Tons 4
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 4250

Heating: # of Units KWS Per Unit 1 Total KWS 10 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) _____ 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 Alan D. Thrift LICENSE # CAC 1816648

LICENSE HOLDER NAME Alan D. Thrift COMPANY NAME No Sweat AC & Heating

Street Address 2798 Pepper Lane

City Orlando State FL Zip Code 32812 Phone Number 407-497-4259

Building Official: Angel R. Ruiz Date 6-16-2014

Review & Permit Fee \$ 129-
3% Florida Surcharge \$ 4-
Total Permit Fee \$ 133-

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.

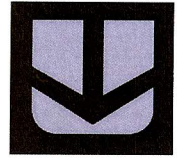
Building Permit Number _____

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2014-06-025
Property Owner	Blanning Trust
Address	5120 Dorian Ave
Nature of Improvement	Mechanicals
Received Application	6-13-14
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	/
Variance Approved	/
Sent to BO for Review	6-13-14 w038221
Building Official Approved	6-16-2014
Comments	
1.	6-16-14 rcg emailed const it's ready
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



COBI Permit Fee Calculation Form



Reviewer Signature: AP

Date: 6-16-2014

Permit Type: Mechanical Job Cost: \$ 250-

Permit Fee: \$ 86

Plans Review Fee: \$ 43 (50% of permit fee – excluding ReRoofs)

1.5% State Fee: \$ 2

1.5% State Fee: \$ 2

TOTAL BUILDING FEE: \$ 133⁰⁰ (does not include Zoning fees or Deposits)

Note: Total gets doubled for SWO/AFT permits

~~250 - 10 (-) - 2.00 (2) = 200~~

$$\begin{aligned} \$37 + \$6 &= \$43 \quad (2) = \boxed{\$86} \\ \$86 \times 50\% &= \boxed{\$43} \\ \$86 + 43 &= \$129 \times 3\% = \boxed{\$4} + 129 = \boxed{\$133} \end{aligned}$$

Certificate of Product Ratings

AHRI Certified Reference Number: 5720638

Date: 6/13/2014

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

Outdoor Unit Model Number: 4TWB3048B1

Indoor Unit Model Number: GAM2A0B42S31+TDR

Manufacturer: AMERICAN STANDARD, INC.

Trade/Brand name: AMERICAN STANDARD 13

Series name:

Manufacturer responsible for the rating of this system combination is AMERICAN STANDARD, INC.

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):	45000
EER Rating (Cooling):	11.00
SEER Rating (Cooling):	13.00 ✓
Heating Capacity(Btuh) @ 47 F:	44000
Region IV HSPF Rating (Heating):	8.50*
Heating Capacity(Btuh) @ 17 F:	30400



* 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.

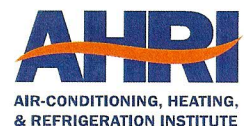
TERMS AND CONDITIONS

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.: 130471402086176663



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address 5120 dorian ave, Orlando, FL 32812

Latitude, Longitude 29.1462°, -81.0534°

House Square Footage: 2460 sq. ft.

Name: Blanning/Griggs

Phone: 407-491-3712

Email: lgriggs@cfl.rr.com

House Information

SHR .75

Number of residents 2

Ceiling height 9

Wall U-value | R-value 0.09 | 11

Floor U-value | R-value 0.2 | 5

Ceiling U-value | R-value 0.053 | 19

Window U-value 0.5

Window SHGF 0.85

Moisture grains 58

Duct loss % 10

Duct gain % 10

Cooling infiltration (ACH) 0.6

Heating infiltration (ACH) 0.8

Winter ventilation 0

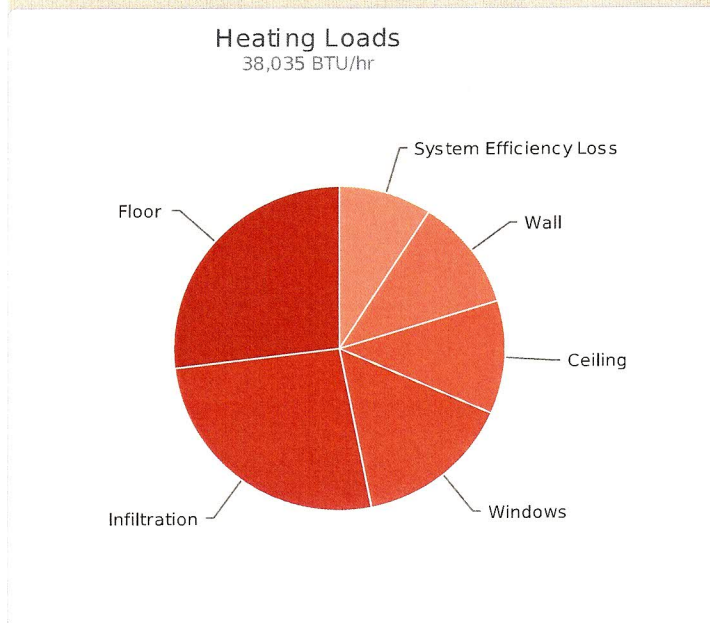
Summer ventilation 0

Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	37	90
Daily range		L
Relative humidity		50%
Moisture difference		58
Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	33	15

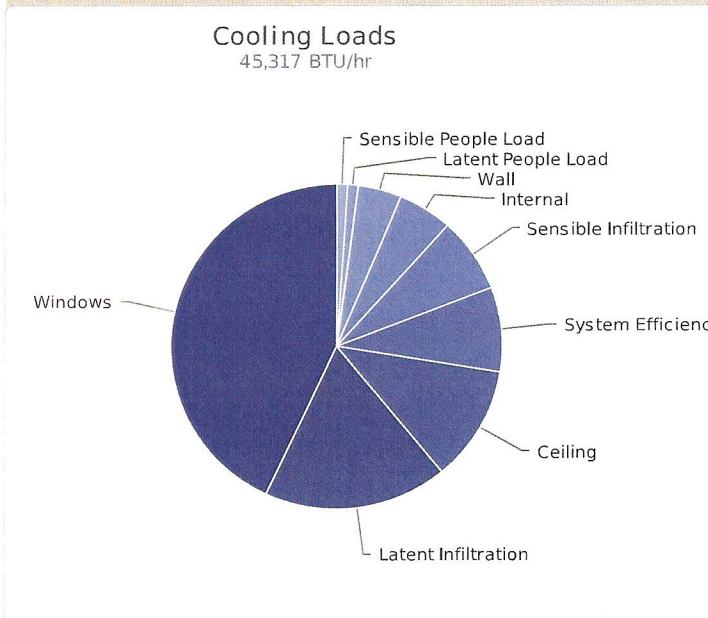
Heating Loads

Area	Btuh	% of load
Wall	4255	11.2
Floor	10230	26.9
Ceiling	4303	11.3
Windows	5825	15.3
Infiltration	9966	26.2
System Efficiency Loss	3458	9.1
Total:	38035	

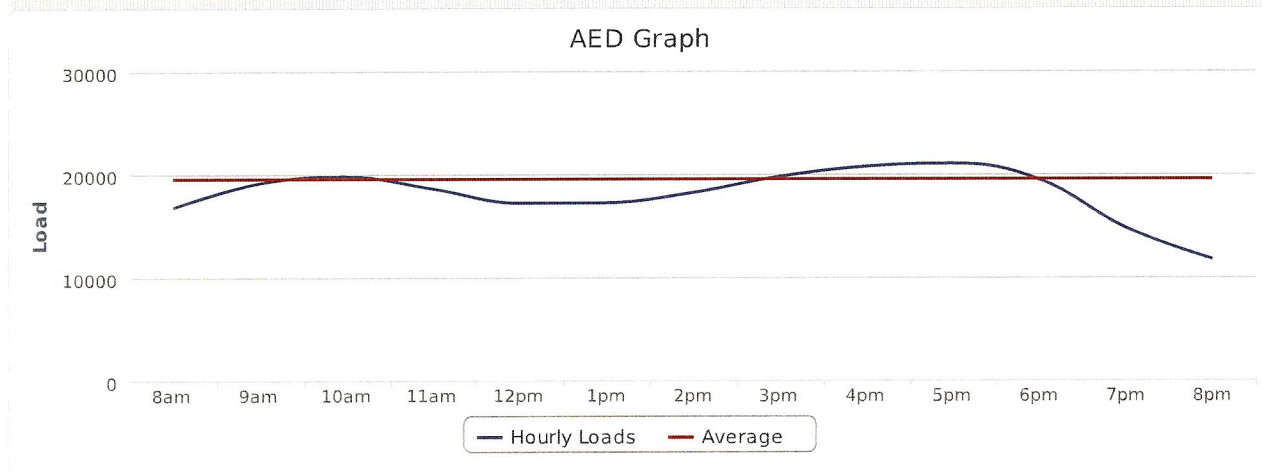


Cooling Loads

Area	Btuh	% of load
Wall	1934	4.3
Ceiling	5215	11.5
Windows	19512	43.1
Sensible Infiltration	3397	7.5
Latent Infiltration	8121	17.9
System Efficiency Gain	3818	8.4
Internal	2400	5.3
Sensible People Load	460	1
Latent People Load	460	1
Total:	45317	
Sensible load	36736	
Latent load	8581	
SHR	0.81	
Capacity at .75 SHR	4.08 Tons	



Adequate Exposure Diversity



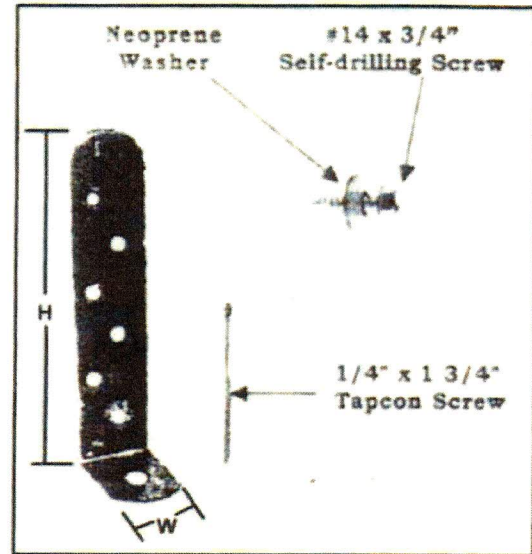
Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	178 sq. ft.
Glass (S)	25 sq. ft.
Glass (N)	25 sq. ft.
Glass (W)	125 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	77°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	37°F
Winter Indoor	70°F
Sensible Cooling	36,736 Btuh
Latent Cooling	8,581 Btuh
Required Cooling Airflow	1,670 CFM
Sensible Heating	38,035 Btuh
Required Heating Airflow	494 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree

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



ANCHOR CLIP

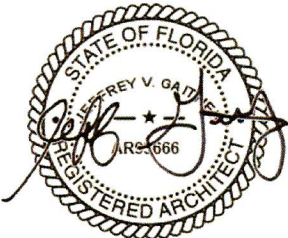
ANCHOR CLIP NOTES :

1. The anchor clip are 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 Chapter 26 ; and Chapter 16, Section 1609 2010 FBC. Exposure C or D (facing water direction) ; Risk category III ; Max. 500 Lb. condenser unit that withstands 196 mph wind speed for 3 second gusts.
3. On condenser units near bodies of water AHJ 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 Tapcon 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 costs & damages, including legal fees & appellate fees resulting from deviations of this plan.

Reviewed for Code Compliance
 Universal Engineering Sciences

ANCHOR CLIP INSTALLATION INSTRUCTIONS

1. SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
2. Minimum of 4 clips required equally spaced around condensate unit : 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" Tapcon concrete screw required to fasten each anchor clip into concrete condensor 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 condensate unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
4. Attach each Tapcon screw to the base of the anchor clip and into the concrete pad in accordance with Tapcon instructions.
5. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the condensate unit.



Jeff Gaither
 AR93666

Jeff Gaither, AIA 4101 Woodlynn Ln. Orlando, FL 32812		The Metal Shop 2541 W. Dunnellon Rd. Dunnellon FL 34434 Ph: (352) 522-0006 Fax: (352) 522-0007 Web: www.metalshop.org	
		TITLE ANCHOR CLIP INSTALLATION INSTRUCTIONS- 196 mph (3-second gusts)	
CONNECTION DETAIL		SIZE B	REVISED FOR 2010 FBC
FOR CONFORMANCE WITH 2010 FBC		SCALE N. T. S.	DATE April 4 2011
		SHEET 1 OF 1	



CERTIFICATE OF LIABILITY INSURANCE

NOSWE-1 OP ID: HAHN

DATE (MM/DD/YYYY)
02/13/2014

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 Al Mallns Insurance 3801 Bee Ridge Road, Suite #6 Sarasota, FL 34233 House Account	Phone: 941-377-7283	CONTACT NAME:	
	Fax: 941-927-8461	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Cypress Prop & Cas Ins Co	10953
		INSURER B : Progressive Companies	10192
		INSURER C : Markel Insurance Co	
		INSURER D :	
		INSURER E :	
		INSURER F :	


COVERAGES CERTIFICATE NUMBER: 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GFL1021994	02/13/2014	02/13/2015	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 - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		08413316-0	02/13/2014	02/13/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	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	MWC0044065-01	01/18/2014	01/18/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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**CANCELLATION**

City of Belle Isle 1600 Nela Ave Belle Isle, FL 32809	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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03-14-2012

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * ***

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 03/14/2012 **EXPIRATION DATE:** 03/14/2014

PERSON: THRIFT ALAN D

FEIN: 454172451

BUSINESS NAME AND ADDRESS:

NO SWEAT A/C AND HEATING LLC
2798 PEPPER LANE
ORLANDO FL 32812

SCOPES OF BUSINESS OR TRADE:

- 1- REPAIR SERVICE
- 2- DUCTS - HTG & A/C
- 3- MAINTENANCE
- 4- CERTIFIED AC CONTRACTOR

CONF # 180036500

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/14/2014 **EXPIRATION DATE:** 3/13/2016

PERSON: THRIFT ALAN D

FEIN: 454172451

BUSINESS NAME AND ADDRESS:

NO SWEAT A/C AND HEATING LLC

2798 PEPPER LN

ORLANDO FL 32812

SCOPES OF BUSINESS OR TRADE:

HEATING, VENTILATION,
AIR-COND

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

AC# 6149115

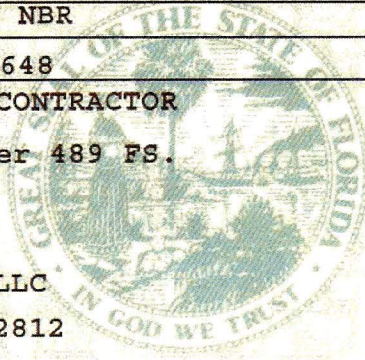
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12060101197

DATE	BATCH NUMBER	LICENSE NBR
06/01/2012	110409877	CAC1816648

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



THRIFT, ALAN DALE
NO SWEAT A/C AND HEATING LLC
2798 PEPPER LANE
ORLANDO FL 32812

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

CITY OF ORLANDO

**ECONOMIC DEVELOPMENT
PERMITTING SERVICES**

LOCAL BUSINESS TAX RECEIPT

(Formerly known as "Business License," changed per state law HB1289-2006)

Issued Date: 10/01/2013
Expiration Date: 09/30/2014

Business Name
NO SWEAT A/C AND HEATING LLC
2798 PEPPER LN
ORLANDO, FL 32812

Business Type(s):
CONTRA 1524 CONTRACTOR DBPR

2013-2014

NOTICE-THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Case Number: BUS-0032154

Business Owner
NO SWEAT A/C AND HEATING LLC
ALAN THRIFT CAC1816648

Business Location:
2798 Pepper Ln

Fees:

Administration Fee	20.00
2014 Business Tax	110.26
Total Paid:	\$130.26

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 law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

ORIGINAL	2013		EXPIRES 9/30/2014		1804-1099862
1804 CLASS B AIR COND CONTR	\$30.00	1	EMPLOYEE ; 5000	BUSINESS OFFICE	\$30.00 1 EMPLOYEE ;

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



THRIFT ALAN

NO SWEAT A/C AND HEATING LLC
2798 PEPPER LN
ORLANDO FL 32812

2798 PEPPER LN (MOBILE)
A - ORLANDO, 32812