



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: one 4-ton change out</p> <p>Comments: None</p> <p>Project Information Address: 1609 Wind Harbor Rd, Belle Isle, FL 32809 Parcel ID: 30-23-30-9330-00-040 Property Owner: Cullifer, Brian Phone Number: None ***** Company Name: DBK Inc Contractor Name: Formoso, Bartholomew License Number: CAC1815827 Address: 398 S. Shell Rd, Debarry, FL 32713 Phone Number: 386 860 2050</p>	<p style="text-align: right;">Permit Number: 2015-04-020</p> <p style="text-align: right;">Date of Application: 04/08/2015 Date Permit Issued: 04/08/2015</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</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$127.50 Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;"><u>TOTAL FEES \$131.50</u></p> <p>Date Paid <u>4-10-15</u></p> <p>CC or Check # <u>MC 5894</u></p> <p>Amount Paid <u>131.50</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>	<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</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"/> 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>
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Inspection requests are to be emailed to 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/fo94edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = universal13

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-04-020
Property Owner	Cullifer, Brian
Address	1609 Wind Harbor Rd
Nature of Improvement	Mechanical - one 4-ton changeout
Received Application	4-8-15
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-8-15
Building Official Approved	4-8-15 RJ
Comments	
1. Susan 4-8-15	review with 49327
2. Susan 4-9-15	emailed it's ready
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle

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

RECEIVED
4-8-15

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 2015-04-020

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

Project Address 1609 Wind Harbor Rd, Belle Isle FL 32809 32812
Property Owner Brian Cullifer Phone _____
Property Owner's Mailing Address 1609 Wind Harbor Rd City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 30-23-30-9330-00-040

To obtain this information, please visit <http://www.ocpaf1.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**
- **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 4 Total Tons 4
Type of System: Water to Air _____ Chiller _____ Split System Package _____ Heat Pump Estimated Cost \$ 7200

Heating: # of Units KWS Per Unit 8 Total KWS 8 BTU's 48,000 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 [Signature] LICENSE # CAC1815827

LICENSE HOLDER NAME Bartholomew Formoso COMPANY NAME DBK Inc

Street Address 398 S Shell Rd

City Debarry State FL Zip Code 32713 Phone Number 3868602050

Email Address Jonathanh@godbk.com

Building Official: [Signature] Date 4-8-15
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-8-15

Permit Fee \$ 85.00

Review Fee \$ 42.50

3% Florida Surcharge \$ 4.00

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 _____

THE METAL SHOP

www.metalshop.org

2541 W. Dunnellon Road
Office: 888-441-2492

Dunnellon, FL. 34434
Fax: 352-522-0007

E-Mail - sales@metalshop.org

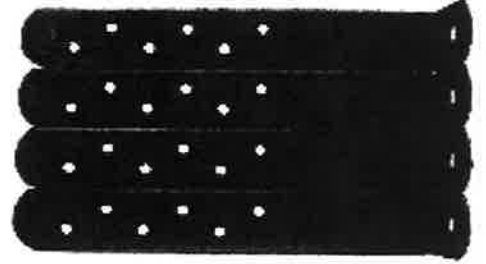
#771
4" CLIPS



4" & 6"

CONDENSER
TIE-DOWN KITS

#773
6" CLIPS



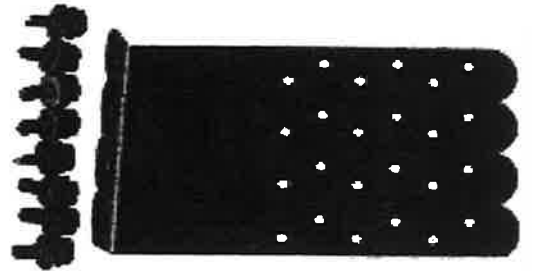
#771-S

4" CLIPS + 8 SCREWS



#773-S

6" CLIPS + 8 SCREWS

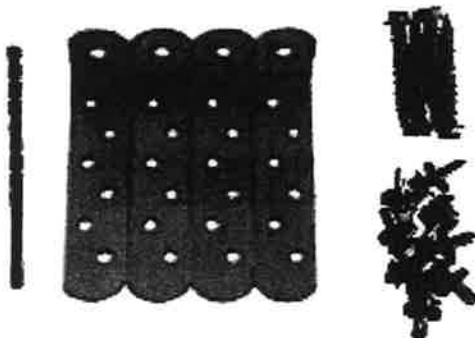


ENGINEER: KEITH R BRADBURY P.E.
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PHONE: 777-318-3017
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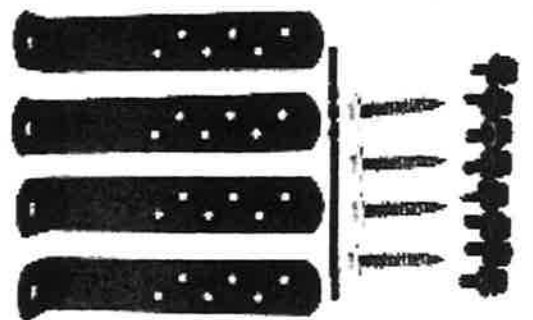
#770

4" CLIPS + 8 SCREWS
DRILL BIT+TAPCONS



#774

6" CLIPS + 8 SCREWS
DRILL BIT+TAPCONS



The Metal Shop AC Condenser Clip

THE METAL SHOP
 2541W. Dunnellon Road
 Dunnellon, FL 34433

www.metalsshop.org
 Phone: 888-441-2492 Fax: 352-522-0007

Notes

1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2010 FLORIDA BUILDING CODE, BUILDING VOLUME AND ASCE 7 - 2010 MINIMUM DESIGN LOADS ON BUILDINGS AND OTHER STRUCTURES.
2. IF, IN THE CONTRACTORS OPINION, ANY WORK THAT IS INDICATED IN THE DRAWINGS, OR SPECIFIED IN SUCH A MANNER WILL MAKE IT IMPOSSIBLE TO PRODUCE A FIRST CLASS PIECE OF WORK, OR SHOULD DISCREPANCIES APPEAR IN DIMENSIONS OR DETAILS THEY SHOULD BE SUBMITTED TO OWNER BEFORE PROCEEDING WITH WORK.
3. ANY CHANGE FROM THE DRAWINGS AND / OR FIELD CHANGE ORDERS, MUST BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE STRUCTURAL ENGINEER SO THAT NECESSARY CHANGES CAN BE MADE AND INTENT OF THE DESIGN IS CARRIED OUT TO ITS FULLEST EXTENT.
4. ALL ANCHOR/CONNECTION BOLTS SHALL BE IN ACCORDANCE WITH ASTM A-307 OR A-325 F.
5. MINIMUM DESIGN LOADS : DEAD LOADS AND LIVE LOADS IN ACCORDANCE WITH THE 2010 FLORIDA BUILDING CODES, CHAPTER 16.
6. SEE MANUFACTURE INSTALLATION FOR AC CONDENSER UNIT.
7. DESIGN AND ENGINEERING IS FOR THE METAL SHOP ANCHOR CLIP ONLY. SEE MANUFACTURE INSTRUCTIONS AND CERTIFICATIONS FOR PROPER INSTALLATION OF AC UNIT.

Anchor Clip Notes:

1. The anchor clip shall be 16 gauge, G-90 Hot Dipped galvanized steel, rated for coastal applications.
2. The anchor clips shall be installed with #14 self tapping sheet metal screws.
3. Anchor clip in intended for ground mounted installations only.
4. Anchor clip to be installed on 2000 psi minimum strength concrete pad of concrete slabs ONLY. Other pads or installation configurations must be custom designed.
5. Minimum 4 clips required per ac condenser unit. Clip anchors shall be equally spaced around base of condenser unit. A minimum of 2-#14x 3/4" self drilling screws per anchor clip. Self tapping screws to have neoprene washers.
- Anchor clip shall be anchored to the concrete pad with 1/4" tapcons 1 3/4" min. embedment.
6. Attach Tapcon anchor into concrete base per Tapcon installation instructions. Do not over tighten anchor.
7. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.

METAL SHOP # 711 - 4" ANCHOR CLIP
 METAL SHOP # 712 - 6" ANCHOR CLIP

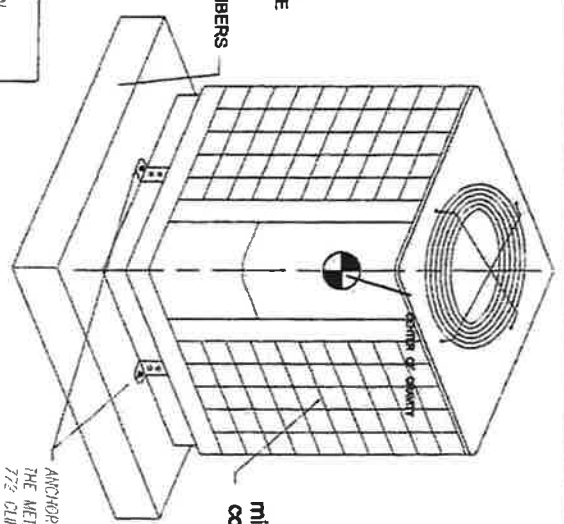


REVISIONS		Joseph D. Hiller P.E. Florida P.E. License # 74583 5827 Southport Drive Port Orange, FL 32127 Phone: 386-248-1700 Fax: 386-265-4993	AC Condenser Anchor Clip THE METAL SHOP 2541W. Dunnellon Road Dunnellon, FL 34433 www.metalsshop.org Phone: 888-441-2492 Fax: 352-522-0007	THE METAL SHOP, INC. 2541 W. DUNNELLON ROAD DUNNELLON, FL 34433 PHONE: 888-441-2492 FAX: 352-522-0007 DATE: 1/29/2014 DRAWN BY: J. HILLER CHECKED BY: J. HILLER APPR. BY: J. HILLER No. 74583 STATE OF FLORIDA PROFESSIONAL ENGINEER JOSEPH D. HILLER LICENSE
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A-1

CENTERS OF GRAVITY OF UNIT IS ASSUMED TO BE AT THE GEOMETRICAL CENTER OF THE MECHANICAL UNIT. ANCHORS ARE TO BE PROVIDED FOR PROTECTED UNITS. LE SOLAR OR REGULAR SHAPED UNITS.

CONCRETE BASE OR HOST STRUCTURE TO BE DESIGNED BY OTHERS. CONCRETE MUST BE 2000 PSI MINIMUM. SEE SITE SPECIFIC ENGINEERING FOR ROOF TOP APPLICATIONS OR WOOD SUPPORT MEMBERS



EXTERIOR EQUIPMENT TIE DOWN

SCALE: N.T.S.

SUBSTRATE	ANCHOR
CONCRETE (4" MIN. THICK, 3000 PSI)	(1)-1/2" x 3/4" TAPCON OR 3/4" FULL DIA. TO CONCRETE, 2-1/2" MIN. EMBEDMENT, 3" MIN. SPACING TO ANY ADJACENT ANCHOR.

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	TOTAL OF 4 CLIPS	
			1/4" TAPCON TO CONCRETE BASE	1/4" CLIP AT EACH CORNER
6' x 12'	32" MAX	12" MIN	43 LBS	32 LBS
8' x 12'	32" MAX	12" MIN	80 LBS	60 LBS
4' x 12'	48" MAX	24" MIN	40 LBS	30 LBS
6' x 12'	48" MAX	24" MIN	80 LBS	60 LBS
8' x 12'	48" MAX	24" MIN	120 LBS	90 LBS
10' x 12'	48" MAX	24" MIN	160 LBS	120 LBS
12' x 12'	48" MAX	24" MIN	200 LBS	150 LBS
14' x 12'	48" MAX	24" MIN	240 LBS	180 LBS
16' x 12'	48" MAX	24" MIN	280 LBS	210 LBS
18' x 12'	48" MAX	24" MIN	320 LBS	240 LBS
20' x 12'	48" MAX	24" MIN	360 LBS	270 LBS
22' x 12'	48" MAX	24" MIN	400 LBS	300 LBS
24' x 12'	48" MAX	24" MIN	440 LBS	330 LBS
26' x 12'	48" MAX	24" MIN	480 LBS	360 LBS
28' x 12'	48" MAX	24" MIN	520 LBS	390 LBS
30' x 12'	48" MAX	24" MIN	560 LBS	420 LBS
32' x 12'	48" MAX	24" MIN	600 LBS	450 LBS

MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO CONCRETE PAD)
(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)

1. THE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (2) -#14x3/4" STS GRADE 5 SHEET METAL SCREWS.
2. MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
 - A) ALUMINUM FRAME OR EXTERIOR HOUSING SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH F_y=30 KSI, 0.0625" MIN. THICKNESS.
 - B) STEEL HOUSING UNITS SHALL BE A36 MIN. STEEL, GRADE 55, 23GA MIN. (1#-0-02897).
3. MAXIMUM ALLOWABLE WIND PRESSURES MAY BE EQUIVALENT DUE TO THE LIMITING CAPACITY OF THE 1" CLIP.
4. A MAXIMUM ALLOWABLE VALUE OF 200 PSF HAS BEEN UTILIZED FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

minimum unit weight: 130lbs condenser unit

ANCHOR CLIPS:
THE METAL SHOP 1" CLIP MODEL 771 OR 772 CLIP ANCHOR AND FASTENERS.
ONE ANCHOR CLIP PER SIDE OF UNIT (4) TOTAL (18 GA) ATTACH USING #14x1/2" SELF TAPPING SHEET METAL SCREWS TO BASE OF COMPRESSOR. ATTACH TO CONCRETE PAD/SLAB USING 1/4"x1 3/4" TAPCON

GENERAL NOTES:

1. THIS PRODUCT HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2010 FLOODED BUILDING CODE FOR USE WITH ASCE 7-10. THIS PRODUCT MAY BE USED WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE.
2. NO 1/2% INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE DESIGN OF THIS ANCHOR SYSTEM.
3. ALLOWABLE DESIGN SHOWN ON TABLES IS BASED ON ALLOWABLE SHEAR AND TENSION LOADS OF MECHANICAL FASTENERS.
4. MAXIMUM & MINIMUM DIMENSIONS AND WEIGHT UNITS SHALL CONFORM TO SPECIFICATIONS STATED ON THESE ENGINEERING SHEETS.
5. ALL MECHANICAL SPECIFICATIONS, CLEAR SPACES, TONNAGE, ETC. SHALL BE AS PER THE MANUFACTURER RECOMMENDATIONS AND ARE THE EXPRESS RESPONSIBILITY OF THE CONTRACTOR.
6. FASTENERS TO BE # 14x3/4" SELF TAPPING SHEET METAL SCREWS, UNLESS NOTED OTHERWISE.
7. TAPCONS SHALL BE ITW BULDER OR ELOO BRAND AND SHALL BE 1/2"x1 3/4" INSTALLED TO 2000 PSI TENSILE COMPRESSIVE STRENGTH. SEE ANCHOR SCHEDULE FOR ANCHOR REQUIREMENTS.
8. ALL STEEL CLIPS SHALL BE A575 A283 STEEL WITH F_y = 33 KSI. GALVANNEZED COATING, SUITABLE FOR ALL COASTAL INSTALLATIONS.
9. INSTALL AN ELECTRICAL GROUND, WHEN REQUIRED & INSTALLED BY OTHERS.
10. THE ABILITY OF ANY EXISTING STRUCTURE TO WITHSTAND SUPERIMPOSED LOADS SHALL BE VERIFIED AND IS NOT INCLUDED IN THIS CERTIFICATION, EXCEPT AS EXPRESSLY PROVIDED HEREIN. NO ADDITIONAL CERTIFICATIONS OR AFFIRMATIONS ARE INTENDED.
11. THE SYSTEM DETAILED HEREIN IS A GENERAL UNIT INSTALLATION. THIS INSTALLATION DOES NOT PROVIDE INFORMATION FOR A SITE SPECIFIC INSTALLATION. FOR SITE CONDITIONS PRESENT FROM THE CONDITIONS DETAILED HEREIN, A LICENSED ENGINEER OR REGISTERED ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE IN CONSULTATION WITH THIS DOCUMENT.

RECOMMENDED FASTENERS
1/4" x 1 3/4" TAPCON

MAXIMUM ALLOWABLE SHEAR LOAD FOR 1/4" DIA CONCRETE FASTENERS IN 2000 PSI MINIMUM STRENGTH CONCRETE IS: 325 LBS. PULL OUT (TENSION LOAD) STRENGTH OF TAPCON IS 505 LBS WITH 1 3/4" MIN. EMBEDMENT.
SINGLE SHEAR: 325 LBS
TENSION: 505 LBS



Joseph D. Hiller P.E.
Florida P.E. License # 74583
P.O. Box 290855
Port Orange, FL 32129
Phone: 386-248-1700
Email: hillereengineering@gmail.com

PROJECT: **AC Condenser Anchor Clip**
THE METAL SHOP
2541W. Dunnellon Road
Dunnellon, FL 34433
www.themetalshop.org
Phone: 888-441-2482 Fax: 352-522-0007

DATE: 6/29/2011
TIME: 4:57:00 PM
DRAWN BY: J. HILLER
CHECKED BY:
SCALE: A-2
SHEET NO: 2 OF 4

Certificate of Product Ratings

AHRI Certified Reference Number: 4888609

Date: 4/7/2015

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

Outdoor Unit Model Number: ASZC160481A*

Indoor Unit Model Number: CA*F4961*6D*+MBVC2000**-1A*+TXV

Manufacturer: AMANA HEATING AND AIR CONDITIONING

Trade/Brand name: AMANA

Series name: ASZC16

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):	47500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
Heating Capacity(Btuh) @ 47 F:	47000
Region IV HSPF Rating (Heating):	9.70
Heating Capacity(Btuh) @ 17 F:	34000

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

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& REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 130728860554590161

Certificate of Product Ratings

AHRI Certified Reference Number: 4888609

Date: 4/7/2015

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

Outdoor Unit Model Number: ASZC160481A*

Indoor Unit Model Number: CA*F4961*6D*+MBVC2000**-1A*+TXV

Manufacturer: AMANA HEATING AND AIR CONDITIONING

Trade/Brand name: AMANA

Series name: ASZC16

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):	47500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
Heating Capacity(Btuh) @ 47 F:	47000
Region IV HSPF Rating (Heating):	9.70
Heating Capacity(Btuh) @ 17 F:	34000

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

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CERTIFICATE NO.: 130728860554590161



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/07/2015

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 PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620	CONTACT NAME: _____	
	PHONE (A/C, NO. EXT): 877-266-6850	FAX (A/C, No): 585-389-7426
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ILLINOIS NATIONAL INSURANCE COMPANY		23817
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Paychex Business Solutions LLC DBK Inc 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625-0397	CERTIFICATE NUMBER: _____	REVISION NUMBER: _____
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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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under _____	N/A	X	011732318	06/01/2014	06/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.
 Waiver of Subrogation granted in favor of the certificate holder.

CERTIFICATE HOLDER The 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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Margaret M. Rife</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2015

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 First Commercial Insurance Agency P.O. Box 295 Cassadaga FL 32706	CONTACT NAME: Tony Cannizzaro	
	PHONE (A/C, No, Ext): (386) 775-1781 FAX (A/C, No): (386) 775-3666 E-MAIL ADDRESS: insuranceguy@cfl.rr.com	
INSURED DBK Inc. 398 S Shell Rd DeBary FL 32713	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: STARR SURPLUS LINES INSURANCE COMPANY	13604
	INSURER B: UNITED SPECIALTY INSURANCE COMPANY	12537
	INSURER C: WESTCHESTER SURPLUS LINES INSURANCE	10172
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

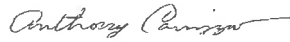
REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 <input type="checkbox"/> OTHER:			SLPG-GL03012-00	12/11/2014	12/11/2015	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000.00			USA4065802	12/11/2014	12/11/2015	EACH OCCURRENCE \$ 1,000,000.00 AGGREGATE \$ 1,000,000.00 \$
	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 N/A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
C	Contractors Pollution Liability			G27572182001	03/16/2015	03/16/2016	Professional & GL \$1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle 1600 Nela Avenue 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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ACORD 25 (2014/01)

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

FORMOSO, BARTHOLOMEW VINCENT
DBK INC
398 S SHELL RD
DEBARY FL 32713

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Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CAC1815827	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



FORMOSO, BARTHOLOMEW VINCENT
DBK INC
398 S SHELL RD
DEBARY FL 32713



DISPLAY AS REQUIRED BY LAW

SEQ # L1406240000868