



# 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: c/o 2ton HVAC with no ductwork

**Comments:** None

**Permit Number:** 2015-03-046  
**Date of Application:** 03/26/2015  
**Date Permit Issued:** 03/27/2015

**Project Information**  
 Address: 2602 Nela Avenue, Belle Isle, FL 32809  
 Parcel ID: 19-23-30-5888-02-020  
 Property Owner: Stanford, Tad  
 Phone Number: None  
 \*\*\*\*\*  
 Company Name: My AC Solution, LLC  
 Contractor Name: Saucedo, Oscar  
 License Number: CAC1817748  
 Address: 1335 Bennett Drive, Ste 149, Longwood, FL 32750  
 Phone Number: 407-767-8007

### BUILDING FEATURES

<p><b>IMPACT FEES</b></p> <p>Traffic \$</p> <p>School \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Boat Dock \$</p> <p>Boat House \$</p> <p>Building \$</p> <p>Demo \$</p> <p>Door(s) \$</p> <p>Driveway \$</p> <p>Electrical \$</p> <p>Fence \$</p> <p>Gas \$</p> <p>Irrigation \$</p> <p>Low Voltage \$</p> <p>Mechanical \$55.50</p> <p>Plumbing \$</p> <p>Pool \$</p> <p>Roofing \$</p> <p>Screen End \$</p> <p>Shed \$</p> <p>Temp Pole \$</p> <p>Window(s) \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00</p> <p>Surcharge Fee \$2.00</p> <p><b>TOTAL FEES \$59.50</b></p> <p>Date Paid 3-27-15</p> <p>CC or Check # <u>1671</u></p> <p>Amount Paid <u>59.50</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><b>BUILDING INSPECTOR USE ONLY</b></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 1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel) Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing). (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final - After MEP and Other Applicable Finals)</p> <p><input type="checkbox"/> ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>ND</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>RD</sup> ROOFING Covering Final _____</p> <p><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1<sup>ST</sup> _____ (Underground) 2<sup>ND</sup> _____ (Sewer)</p> <p>3<sup>RD</sup> _____ (Rough-In/Tub Set) 4<sup>TH</sup> _____ (Final)</p> <p>CHECK APPROPRIATE BOX  <input type="checkbox"/> GAS ___ Natural ___ LP <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>ST</sup> _____ (Rough-In) 2<sup>ND</sup> _____ (Final)</p>
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Inspection requests are to be emailed to [BidScheduling@UniversalEngineering.com](mailto:BidScheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com/f/94edcd4-832d-44bd-9809-ecf32f9e2e63>  
login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com) password = universa113





# City of Belle Isle

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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: 3/26/15

PERMIT NUMBER 205-03-046

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

Project Address 2602 Nela Ave Belle Isle FL  32809 32812  
Property Owner Tad Stanford Phone \_\_\_\_\_  
Property Owner's Mailing Address 2602 Nela Ave City Belle Isle  
State FL Zip Code 32806 Parcel Id Number: 19-23-30-5888-02-020  
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:** certified Tie Down Engineering documentation (can be found at [www.floridabuilding.org](http://www.floridabuilding.org))  
**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 2000 Total Tons 2 Estimated Cost \$ 5770<sup>00</sup>  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump   
**Heating:** # of Units KWS Per Unit \_\_\_\_\_ Total KWS 5 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 Oscar Saucedo LICENSE # CAC 1817748  
LICENSE HOLDER NAME Oscar Saucedo COMPANY NAME My AC Solution  
Street Address 1335 Bennett Dr Suite 149  
City Longwood State FL Zip Code 32750 Phone Number 407 767 8007  
Email Address contact@myacsolution.com

Building Official: See Cover Sheet Date 3-27-15 Permit Fee \$ 37.00  
Verified Contractor's Licenses & Insurance are on file [Signature] Date 3/26/15 Review Fee \$ 18.50  
3% Florida Surcharge \$ 4.00  
Total Permit Fee \$ 59.50

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 \_\_\_\_\_

PROJECT NUMBER 015.150552.0000

TASK NUMBER 01

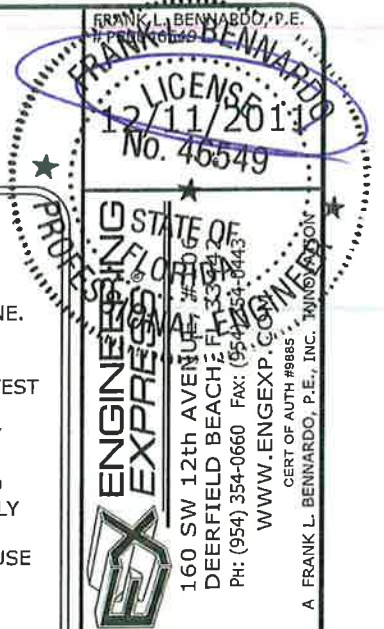
CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-03-016
Property Owner	Stanford, Tad
Address	2602 Nela Ave
Nature of Improvement	Mechanical: one 2-ton change out
Received Application	3-26-15
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	3-26-15
Building Official Approved	3-27-15 <i>AT</i>
Comments	
1. Susan 3-26-15	Need tie-downs review w/ # 48825
2.	got it All good ✓
3. 3-27-15 wq	emailed conti permit is ready
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# BMP INTERNATIONAL, INC.

## MECHANICAL UNIT STEEL TIE-DOWN CLIP CAPACITIES: AT GRADE & ROOF-TOP MOUNTED APPLICATIONS



**BMP INTERNATIONAL, INC.**  
4710 28TH STREET NORTH  
ST. PETERSBURG, FL 33471  
PH: (727) 577-1613

MECHANICAL UNIT STEEL TIE-DOWN CLIPS

FLORIDA STATEWIDE APPROVAL

DRWN	CHKD	DATE
TSB	FLB	12-11-11

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11-BMP-0001

SCALE: N.T.S. 01

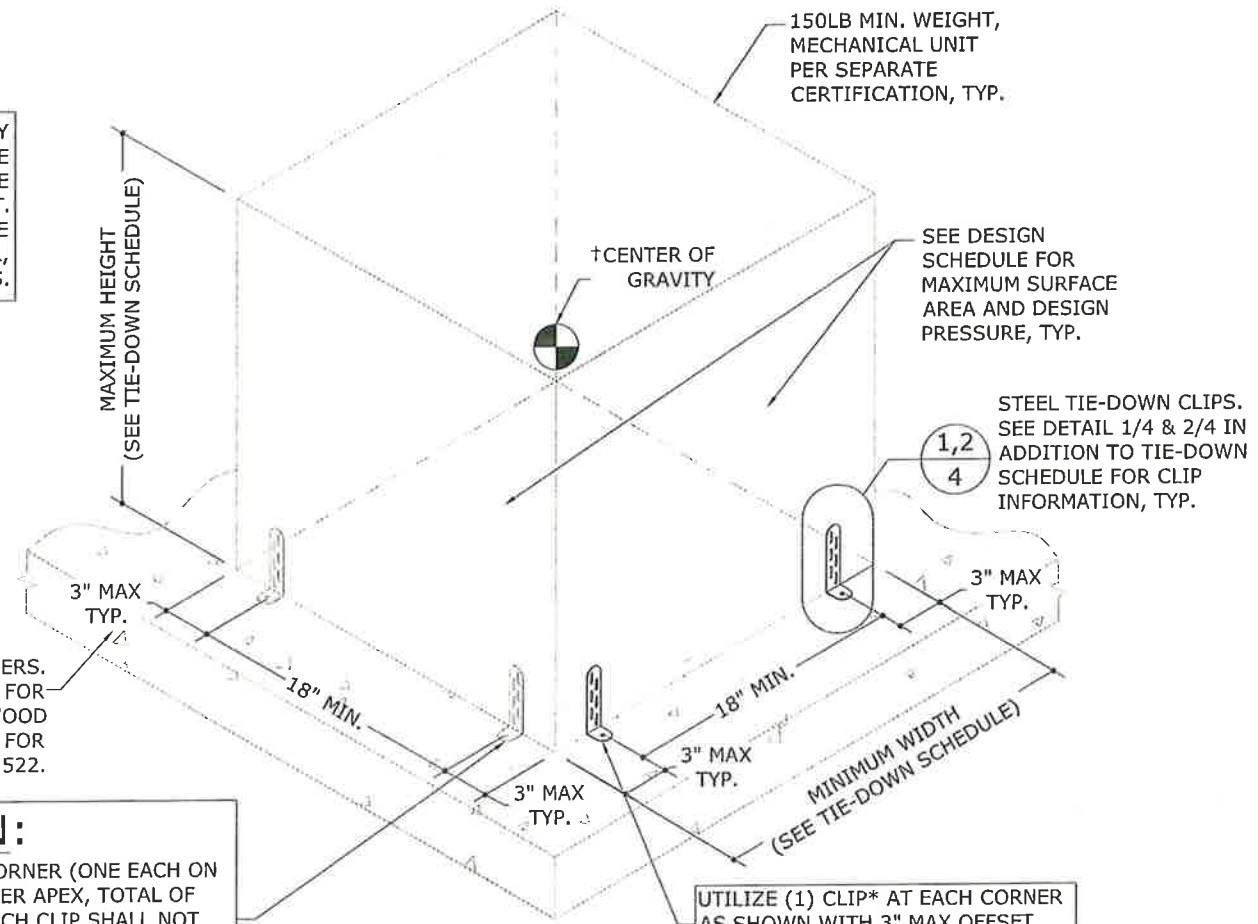
PAGE DESCRIPTION:

OF 4

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### GENERAL NOTES:

- THIS PRODUCT HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2010 FLORIDA BUILDING CODE, FOR USE WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE.
- NO 33-1/3% INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE DESIGN OF THIS SYSTEM.
- DESIGN IS BASED ON CLIENT PROVIDED PRODUCT AND DIE SHEETS FROM TEST REPORTS #TEL 01970387A, #TEL 01970387B BY TESTING EVALUATION LABORATORIES, INC.. NO SUBSTITUTIONS WITHOUT WRITTEN APPROVAL BY THIS ENGINEER SHALL BE PERMITTED.
- ALLOWABLE DESIGN PRESSURES TO QUALIFY CAPACITY OF CLIPS AS LISTED HEREIN ARE DETERMINED THROUGH TESTING REPORT DATA AND RATIONALLY CHECKED FOR CONSISTENCY WITH EACH TEST PERFORMED.
- REQUIRED LATERAL AND/OR UPLIFT DESIGN PRESSURES CALCULATED FOR USE WITH THIS SYSTEM SHALL BE DETERMINED BY OTHERS ON A SITE-SPECIFIC BASIS IN ACCORDANCE WITH THE GOVERNING CODE.
- MAXIMUM & MINIMUM DIMENSIONS AND MINIMUM WEIGHT OF MECHANICAL UNIT SHALL CONFORM TO SPECIFICATIONS STATED HEREIN. ALL MECHANICAL SPECIFICATIONS (CLEAR SPACE, TONNAGE, ETC.) SHALL BE AS PER MANUFACTURER RECOMMENDATIONS AND ARE THE EXPRESS RESPONSIBILITY OF THE CONTRACTOR.
- FASTENERS TO BE #12 X 3/4" OR GREATER SAE GRADE 5 UNLESS NOTED OTHERWISE. TAPCONS REFERRED TO HEREIN SHALL BE ITW BUILDEX BRAND, CARBON STEEL ONLY, INSTALLED TO 3192 KSI MIN CONCRETE. SEE ANCHOR SCHEDULE FOR ANCHOR REQUIREMENTS. ALL FASTENERS SHALL HAVE APPROPRIATE CORROSION PROTECTION TO PREVENT ELECTROLYSIS.
- ALL STEEL CLIPS SHALL BE ASTM A283 STEEL (GRADE D) WITH Fy = 33 KSI OR BETTER. ALL STEEL MEMBERS SHALL BE PROTECTED AGAINST CORROSION WITH AN APPROVED COAT OF PAINT, ENAMEL OR OTHER APPROVED PROTECTION IN ACCORDANCE WITH THE 2010 FBC SECTIONS 2203.2 AND 2220. G90-RATED COATING REQUIRED FOR ALL COASTAL INSTALLATIONS.
- ALL CONCRETE SPECIFIED HEREIN IS NOT PART OF THIS CERTIFICATION. AS A MINIMUM, ALL CONCRETE SHALL BE STRUCTURAL CONCRETE 4" MIN. THICK AND SHALL HAVE MINIMUM COMPRESSIVE STRENGTH OF 3192 PSI, UNLESS NOTED OTHERWISE.
- ALL WOOD MEMBERS SHALL BE PRESSURE TREATED SOUTHERN YELLOW PINE GRADE #2 WITH SPECIFIC GRAVITY G = 0.55 OR GREATER. DIRECT CONNECTION TO WOOD MEMBERS/SLEEPERS IS NOT PERMITTED FOR ROOF-TOP APPLICATIONS PER FBC SECTION 1522.
- THE CONTRACTOR IS RESPONSIBLE TO INSULATE ALL MEMBERS FROM DISSIMILAR MATERIALS TO PREVENT ELECTROLYSIS, I.E. ALUMINUM PER F.B.C. 2003.8.4.
- ELECTRICAL GROUND, WHEN REQUIRED, TO BE DESIGNED & INSTALLED BY OTHERS.
- THE ADEQUACY OF ANY EXISTING STRUCTURE TO WITHSTAND SUPERIMPOSED LOADS SHALL BE VERIFIED BY THE ONSITE DESIGN PROFESSIONAL AND IS NOT INCLUDED IN THIS CERTIFICATION. EXCEPT AS EXPRESSLY PROVIDED HEREIN, NO ADDITIONAL CERTIFICATIONS OR AFFIRMATIONS ARE INTENDED.
- THE SYSTEM DETAILED HEREIN IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SPECIFIC SITE. FOR SITE CONDITIONS DIFFERENT FROM THE CONDITIONS DETAILED HEREIN, A LICENSED ENGINEER OR REGISTERED ARCHITECT SHALL PREPARE SITE SPECIFIC DOCUMENTS FOR USE IN CONJUNCTION WITH THIS DOCUMENT.
- WATER-TIGHTNESS OF EXISTING HOST SUBSTRATE SHALL BE THE FULL RESPONSIBILITY OF THE INSTALLING CONTRACTOR. CONTRACTOR SHALL ENSURE THAT ANY REMOVED OR ALTERED WATERPROOFING MEMBRANE IS RESTORED AFTER FABRICATION AND INSTALLATION OF STRUCTURE PROPOSED HEREIN. THIS ENGINEER SHALL NOT BE RESPONSIBLE FOR ANY WATERPROOFING OR LEAKAGE ISSUES WHICH MAY OCCUR AS WATER-TIGHTNESS SHALL BE THE FULL RESPONSIBILITY OF THE INSTALLING CONTRACTOR.



### MECHANICAL UNIT TIE-DOWN ISOMETRIC

1 1" = 1'-0" ISOMETRIC

\*FOR CLARITY, THIS ISOMETRIC ONLY SHOWS 1" CLIPS. THE ISOMETRIC LAYOUT IS TYPICAL FOR BOTH 1" AND 2" CLIP APPLICATIONS. 2" CLIPS ARE NOT CERTIFIED FOR ANCHORAGE TO CONCRETE.

†CENTER OF GRAVITY ASSUMED TO ACT AT THE GEOMETRIC CENTER OF THE MECHANICAL UNIT. MECHANICAL UNIT MUST BE SQUARE OR RECTANGULAR, NO IRREGULAR SHAPES.

150LB MIN. WEIGHT, MECHANICAL UNIT PER SEPARATE CERTIFICATION, TYP.

SEE DESIGN SCHEDULE FOR MAXIMUM SURFACE AREA AND DESIGN PRESSURE, TYP.

STEEL TIE-DOWN CLIPS. SEE DETAIL 1/4 & 2/4 IN ADDITION TO TIE-DOWN SCHEDULE FOR CLIP INFORMATION, TYP.

HOST STRUCTURE DESIGN BY OTHERS. SEE TIE-DOWN SCHEDULES FOR ALLOWABLE SUBSTRATES. NOTE: WOOD MEMBERS MAY NOT BE USED FOR ROOF-TOP APPLICATIONS PER FBC 1522.

### DOUBLE CLIP OPTION:

(2) TOTAL CLIPS MAY BE USED AT EACH CORNER (ONE EACH ON OPPOSING CORNER FACES, 3" FROM CORNER APEX, TOTAL OF (8) CLIPS PER UNIT FOR THIS OPTION). EACH CLIP SHALL NOT EXCEED 3" MAX OFFSET FROM END OF MECHANICAL UNIT AS DETAILED HEREIN. DO NOT SPACE CONCRETE ANCHORS CLOSER THAN THE ALLOWED SPACING LISTED IN THE TIE-DOWN ANCHOR SCHEDULES. SEE SHEETS 2&3 FOR MORE INFORMATION.

UTILIZE (1) CLIP\* AT EACH CORNER AS SHOWN WITH 3" MAX OFFSET FROM END OF MECHANICAL UNIT.

### TIE-DOWN CLIP DIRECTIVE EXAMPLE

(THE FOLLOWING EXAMPLE ILLUSTRATES THE PROCEDURE USED TO DETERMINE THE MAXIMUM ALLOWABLE WIND PRESSURE FOR ANY GIVEN MECHANICAL UNIT THAT CONFORMS TO THE DIMENSION RESTRICTIONS LISTED HEREIN. SEE SHEETS 2&3 FOR TIE-DOWN SCHEDULES.)

#### MECHANICAL UNIT CRITERIA:

CONSIDER THE INSTALLATION OF (1) MECHANICAL UNIT WITH THE FOLLOWING CRITERIA= 36" TALL x 36" DEEP x 24" WIDE, 150 LB WEIGHT AS VERIFIED BY OTHERS, INSTALLED TO 3192 KSI MIN. CONCRETE AT GRADE AS VERIFIED BY OTHERS.

#### PROCEDURE:

PROCEDURE STEP	RESULT
1 LOCATE THE AT GRADE TIE-DOWN SCHEDULE ON SHEET 2 AND SELECT CLIP TYPE	CONSIDER 1" STEEL CLIP
2 DETERMINE LARGEST FACE AREA OF MECHANICAL UNIT TO BE INSTALLED	36"x36"=9FT <sup>2</sup>
3 CHECK MAXIMUM UNIT HEIGHT RESTRICTION	UNIT HEIGHT IS 36" WHICH IS LESS THAN THE MAXIMUM ALLOWABLE HEIGHT OF 48"
4 CHECK MINIMUM UNIT WIDTH RESTRICTION	UNIT WIDTH IS 24" WHICH IS EQUIVALENT TO THE MINIMUM ALLOWABLE WIDTH OF 24"
5 DETERMINE THE NUMBER OF CLIPS TO BE USED AT EACH CORNER OF THE MECHANICAL UNIT	CONSIDER (1) CLIP AT EACH CORNER, INSTALLED TO CONCRETE SUBSTRATE

CONCLUSION: MAXIMUM ALLOWABLE LATERAL DESIGN PRESSURE= 40PSF

(COMPARE THIS VALUE TO THE SEPARATE SITE SPECIFIC REQUIRED DESIGN WIND PRESSURE PROVIDED BY A LICENSED ENGINEER OR REGISTERED ARCHITECT; NOT INCLUDED IN THIS CERTIFICATION)

C:\Users\royb\AppData\Local\Temp\AcPublish\_10271611-BMP-0001\_01n Tie-Down Clip (FSA).dwg 12/11/2011 4:34pm TroyB



# 1" STEEL CLIP TIE-DOWN SCHEDULE: AT GRADE INSTALLATIONS:

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO HOST STRUCTURE)							
			(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)				(2) CLIPS AT EACH CORNER (TOTAL OF 8 CLIPS PER UNIT)			
			TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD	TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD
4 FT <sup>2</sup>	48" MAX	24" MIN	91 PSF	91 PSF	91 PSF	91 PSF	100 PSF	100 PSF	100 PSF	100 PSF
6 FT <sup>2</sup>			61 PSF	61 PSF	61 PSF	61 PSF	100 PSF	100 PSF	100 PSF	100 PSF
9 FT <sup>2</sup>			40 PSF	40 PSF	40 PSF	40 PSF	77 PSF	77 PSF	77 PSF	77 PSF
12 FT <sup>2</sup>			30 PSF	30 PSF	30 PSF	30 PSF	58 PSF	58 PSF	58 PSF	58 PSF
16 FT <sup>2</sup>	60" MAX	48" MIN	22 PSF	22 PSF	22 PSF	22 PSF	43 PSF	43 PSF	43 PSF	43 PSF
20 FT <sup>2</sup>			26 PSF	26 PSF	26 PSF	26 PSF	49 PSF	49 PSF	49 PSF	47 PSF
25 FT <sup>2</sup>							39 PSF	39 PSF	39 PSF	37 PSF
30 FT <sup>2</sup>							33 PSF	33 PSF	33 PSF	31 PSF
36 FT <sup>2</sup>							27 PSF	27 PSF	27 PSF	26 PSF

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (3)-#12 SAE GRADE 5 SHEET METAL SCREWS. ((5)-SHEET METAL SCREWS REQUIRED FOR LONG CLIPS, SEE DETAIL 1/4.)
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
  - ALUMINUM HOUSING UNITS SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH F<sub>ty</sub>=30 KSI, 0.125" MIN. THICKNESS.
  - STEEL HOUSING UNITS SHALL BE 33KSI MIN. STEEL, GRADE 33, 22GA MIN. (t=0.0299").
- MAXIMUM ALLOWABLE WIND PRESSURES FOR EACH INDIVIDUAL SUBSTRATE MAY BE EQUIVALENT DUE TO THE LIMITING CAPACITY OF THE 1" CLIP.
- A MAXIMUM ALLOWABLE VALUE OF 100 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

## ANCHOR SCHEDULE:

SUBSTRATE	ANCHOR
CONCRETE: (4" THICK MIN, 3192KSI MIN.)	(1)-3/4"Ø CARBON STEEL ITW BUILDEX TAPCON, 1 3/4" FULL EMBED TO CONCRETE, 2 1/2" MIN. EDGE DISTANCE, 3" MIN. SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
SEALED WOOD: (SOUTHERN YELLOW PINE, G=0.55 OR BETTER)	(1)-#14 SAE GRADE 5 WOOD SCREW TO WOOD MEMBER, PROVIDE 1 1/2" MIN. THREAD PENETRATION, 1" MIN. EDGE DISTANCE, 1" MIN. END DISTANCE.

### ANCHOR SCHEDULE NOTES:

- EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
- ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.

### TABLE LEGEND:

- DENOTES EXAMPLE VALUE FOR USE WITH COVER PAGE DIRECTIVE
- DENOTES VALUES NOT APPROVED FOR USE

# 2" STEEL CLIP TIE-DOWN SCHEDULE: AT GRADE INSTALLATIONS:

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO HOST STRUCTURE)						
			(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)			(2) CLIPS AT EACH CORNER (TOTAL OF 8 CLIPS PER UNIT)			
			SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO WOOD	
4 FT <sup>2</sup>	48" MAX	24" MIN	100 PSF	100 PSF	100 PSF	100 PSF	100 PSF	100 PSF	
6 FT <sup>2</sup>			100 PSF	100 PSF	100 PSF	100 PSF	100 PSF	100 PSF	
9 FT <sup>2</sup>			67 PSF	67 PSF	67 PSF	100 PSF	100 PSF	100 PSF	
12 FT <sup>2</sup>			50 PSF	50 PSF	50 PSF	99 PSF	99 PSF	99 PSF	
16 FT <sup>2</sup>	60" MAX	48" MIN	38 PSF	38 PSF	38 PSF	74 PSF	74 PSF	74 PSF	
20 FT <sup>2</sup>			41 PSF	41 PSF	41 PSF	80 PSF	80 PSF	80 PSF	
25 FT <sup>2</sup>			33 PSF	33 PSF	33 PSF	64 PSF	64 PSF	64 PSF	
30 FT <sup>2</sup>			27 PSF	27 PSF	27 PSF	53 PSF	53 PSF	53 PSF	
36 FT <sup>2</sup>							44 PSF	44 PSF	44 PSF

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (3)-#12 SAE GRADE 5 SHEET METAL SCREWS.
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
  - ALUMINUM HOUSING UNITS SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH F<sub>ty</sub>=30 KSI, 0.125" MIN. THICKNESS.
  - STEEL HOUSING UNITS SHALL BE 33KSI MIN. STEEL, GRADE 33, 22GA MIN. (t=0.0299").
- A MAXIMUM ALLOWABLE VALUE OF 100 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

## ANCHOR SCHEDULE:

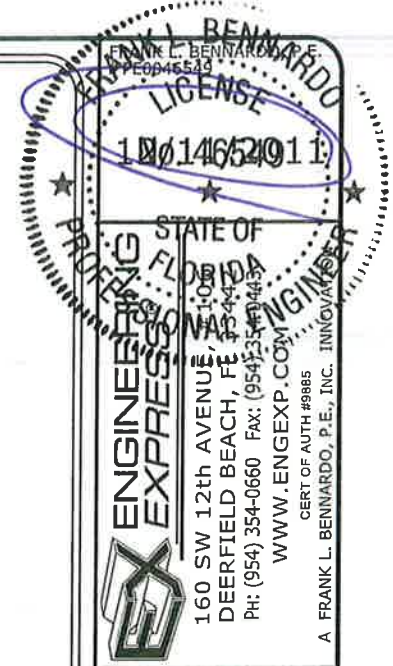
SUBSTRATE	ANCHOR
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(2)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(2)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
SEALED WOOD, 1-1/2" MIN THICKNESS: (SOUTHERN YELLOW PINE, G=0.55 OR BETTER)	(2)-#14 SAE GRADE 5 WOOD SCREW TO WOOD MEMBER, PROVIDE 1 1/2" MIN. THREAD PENETRATION, 1" MIN. EDGE DISTANCE, 1" MIN. END DISTANCE.

### ANCHOR SCHEDULE NOTES:

- EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
- ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.

### TABLE LEGEND:

- DENOTES VALUES NOT APPROVED FOR USE



**BMP INTERNATIONAL, INC.**  
4710 28TH STREET NORTH  
ST. PETERSBURG, FL 33471  
PH: (727) 577-1613

MECHANICAL UNIT STEEL TIE-DOWN CLIPS  
FLORIDA STATEWIDE APPROVAL

DRWN	CHKD	DATE
TSB	FLB	12-11-11

REMARKS:  
INITIALS

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11-BMP-0001

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PAGE DESCRIPTION:

OF 4





# 1" STEEL CLIP TIE-DOWN SCHEDULE: ROOF-TOP MOUNTED INSTALLATIONS :

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO HOST STRUCTURE)					
			(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)			(2) CLIPS AT EACH CORNER (TOTAL OF 8 CLIPS PER UNIT)		
			TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL
4 FT <sup>2</sup>	48" MAX	24" MIN	62 PSF	62 PSF	62 PSF	100 PSF	100 PSF	100 PSF
6 FT <sup>2</sup>			41 PSF	41 PSF	41 PSF	77 PSF	77 PSF	77 PSF
9 FT <sup>2</sup>			27 PSF	27 PSF	27 PSF	51 PSF	51 PSF	51 PSF
12 FT <sup>2</sup>						38 PSF	38 PSF	38 PSF
16 FT <sup>2</sup>	60" MAX	48" MIN				29 PSF	29 PSF	29 PSF
20 FT <sup>2</sup>						33 PSF	33 PSF	33 PSF
25 FT <sup>2</sup>						26 PSF	26 PSF	26 PSF
30 FT <sup>2</sup>								
36 FT <sup>2</sup>								

NOTE: ROOFTOP INSTALLATIONS SHALL CONFORM TO FLORIDA BUILDING CODE SECTION 1509 (AND 1522 FOR HVHZ) WHICH REQUIRES THAT ROOF MOUNTED MECHANICAL UNITS BE MOUNTED ON CURBS RAISED A MINIMUM OF 8 INCHES ABOVE THE ROOF SURFACE, OR WHERE ROOFING MATERIALS EXTEND BENEATH THE UNIT, ON RAISED EQUIPMENT SUPPORTS PROVIDING A MINIMUM CLEARANCE HEIGHT IN ACCORDANCE WITH SECTION 1509 AND/OR 1522 OF THE BUILDING CODE TO PERMIT REPAIRS, REPLACEMENT, AND/OR MAINTENANCE OF THE ROOFING SYSTEM. ANY CURB OR SUPPORT UTILIZED WITH THIS DESIGN SHALL HAVE SEPARATE DOCUMENTATION VERIFYING INTEGRITY AND IS OUTSIDE THE SCOPE OF THIS CERTIFICATION.

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (3)-#12 SAE GRADE 5 SHEET METAL SCREWS. ((5)-SHEET METAL SCREWS REQUIRED FOR LONG CLIPS, SEE DETAIL 1/4.)
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
  - ALUMINUM HOUSING UNITS SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH Fty=30 KSI, 0.125" MIN. THICKNESS.
  - STEEL HOUSING UNITS SHALL BE 33KSI MIN. STEEL, GRADE 33, 22GA MIN. (t=0.0299").
- MAXIMUM ALLOWABLE WIND PRESSURES FOR EACH INDIVIDUAL SUBSTRATE MAY BE EQUIVALENT DUE TO THE LIMITING CAPACITY OF THE 1" CLIP. A MAXIMUM ALLOWABLE VALUE OF 100 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

## ADDITIONAL ALLOWABLE UPLIFT: 90 LBS/CLIP

(DESIGN TABLE ACCOMMODATES MAX 90LB/CLIP AS ADDITIONAL UPLIFT IN COMBINATION WITH UPLIFT CAUSED BY OVERTURNING FROM LATERAL FORCES. SEE ASCE 7-10 SECTION 29.5 FOR MORE INFORMATION.)

ALLOWABLE UPLIFT PER UNIT IS BASED ON THE NUMBER OF CLIPS UTILIZED x 90LB/CLIP

EXAMPLE: 4 CLIPS x 90 LB/CLIP = 360LB

(REQUIRED UPLIFT DEMAND SHALL BE DETERMINED ON A SITE SPECIFIC BASIS BY LICENSED ENGINEER OR REGISTERED ARCHITECT; NOT INCLUDED IN THIS CERTIFICATION)

TABLE LEGEND:

 -DENOTES VALUES NOT APPROVED FOR USE

## ANCHOR SCHEDULE:

SUBSTRATE	ANCHOR
CONCRETE: (4" THICK MIN, 3192KSI MIN.)	(1)-1/4"Ø CARBON STEEL ITW BUILDEX TAPCON, 1 3/4" FULL EMBED TO CONCRETE, 2 1/2" MIN. EDGE DISTANCE, 3" MIN. SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.

- EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
- ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.

# 2" STEEL CLIP TIE-DOWN SCHEDULE: ROOF-TOP MOUNTED INSTALLATIONS:

MAXIMUM SURFACE AREA OF UNITS LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	MAXIMUM ALLOWABLE LATERAL WIND PRESSURE (ANCHOR TO HOST STRUCTURE)			
			(1) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)		(2) CLIPS AT EACH CORNER (TOTAL OF 8 CLIPS PER UNIT)	
			SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL
4 FT <sup>2</sup>	48" MAX	24" MIN	100 PSF	100 PSF	100 PSF	100 PSF
6 FT <sup>2</sup>			84 PSF	84 PSF	100 PSF	100 PSF
9 FT <sup>2</sup>			56 PSF	56 PSF	100 PSF	100 PSF
12 FT <sup>2</sup>			42 PSF	42 PSF	82 PSF	82 PSF
16 FT <sup>2</sup>	60" MAX	48" MIN	31 PSF	31 PSF	61 PSF	61 PSF
20 FT <sup>2</sup>			34 PSF	34 PSF	67 PSF	67 PSF
25 FT <sup>2</sup>			27 PSF	27 PSF	53 PSF	53 PSF
30 FT <sup>2</sup>					44 PSF	44 PSF
36 FT <sup>2</sup>					37 PSF	37 PSF

NOTE: ROOFTOP INSTALLATIONS SHALL CONFORM TO FLORIDA BUILDING CODE SECTION 1509 (AND 1522 FOR HVHZ) WHICH REQUIRES THAT ROOF MOUNTED MECHANICAL UNITS BE MOUNTED ON CURBS RAISED A MINIMUM OF 8 INCHES ABOVE THE ROOF SURFACE, OR WHERE ROOFING MATERIALS EXTEND BENEATH THE UNIT, ON RAISED EQUIPMENT SUPPORTS PROVIDING A MINIMUM CLEARANCE HEIGHT IN ACCORDANCE WITH SECTION 1509 AND/OR 1522 OF THE BUILDING CODE TO PERMIT REPAIRS, REPLACEMENT, AND/OR MAINTENANCE OF THE ROOFING SYSTEM. ANY CURB OR SUPPORT UTILIZED WITH THIS DESIGN SHALL HAVE SEPARATE DOCUMENTATION VERIFYING INTEGRITY AND IS OUTSIDE THE SCOPE OF THIS CERTIFICATION.

- TIE-DOWN CLIPS SHALL BE FASTENED TO MECHANICAL HOUSING UNIT WITH (3)-#12 SAE GRADE 5 SHEET METAL SCREWS.
- MECHANICAL HOUSING UNIT SHALL CONFORM TO THE FOLLOWING:
  - ALUMINUM HOUSING UNITS SHALL BE 6063-T6 MIN. ALUMINUM SHEET WITH Fty=30 KSI, 0.125" MIN. THICKNESS.
  - STEEL HOUSING UNITS SHALL BE 33KSI MIN. STEEL, GRADE 33, 22GA MIN. (t=0.0299")
- A MAXIMUM ALLOWABLE VALUE OF 100 PSF HAS BEEN UTILIZED; FOR HIGHER DEMAND CAPACITIES CONTACT THIS ENGINEER FOR SITE-SPECIFIC ENGINEERING.

## ADDITIONAL ALLOWABLE UPLIFT: 90 LBS/CLIP

(DESIGN TABLE ACCOMMODATES MAX 90LB/CLIP AS ADDITIONAL UPLIFT IN COMBINATION WITH UPLIFT CAUSED BY OVERTURNING FROM LATERAL FORCES. SEE ASCE 7-10 SECTION 29.5 FOR MORE INFORMATION.)

ALLOWABLE UPLIFT PER UNIT IS BASED ON THE NUMBER OF CLIPS UTILIZED x 90LB/CLIP

EXAMPLE: 4 CLIPS x 90 LB/CLIP = 360LB

(REQUIRED UPLIFT DEMAND SHALL BE DETERMINED ON A SITE SPECIFIC BASIS BY LICENSED ENGINEER OR REGISTERED ARCHITECT; NOT INCLUDED IN THIS CERTIFICATION)

TABLE LEGEND:

 -DENOTES VALUES NOT APPROVED FOR USE

## ANCHOR SCHEDULE:

SUBSTRATE	ANCHOR
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(2)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(2)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PINCHES MIN. PAST THREAD PLANE FOR SHEET METAL SCREW.

- EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
- ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.

FRANK L. BENNARDO, P.E.  
 LICENSE NO. 46549  
 12/11/2011  
 PROFESSIONAL ENGINEERING  
 EXPRESS  
 160 SW 12th AVENUE, 3rd FL  
 DEERFIELD BEACH, FL 33442  
 PH: (954) 354-0660 FAX: (954) 354-0443  
 WWW.ENGP.COM  
 CERT OF AUTH #9885  
 A FRANK L. BENNARDO, P.E., INC. INNOVATION

## BMP INTERNATIONAL, INC.

4710 28TH STREET NORTH  
 ST. PETERSBURG, FL 33471  
 PH: (727) 577-1613

MECHANICAL UNIT STEEL TIE-DOWN CLIPS

FLORIDA STATEWIDE APPROVAL

REMARKS	DRWN	CHKD	DATE
INIT ISSUE	TSB	FLB	12-11-11

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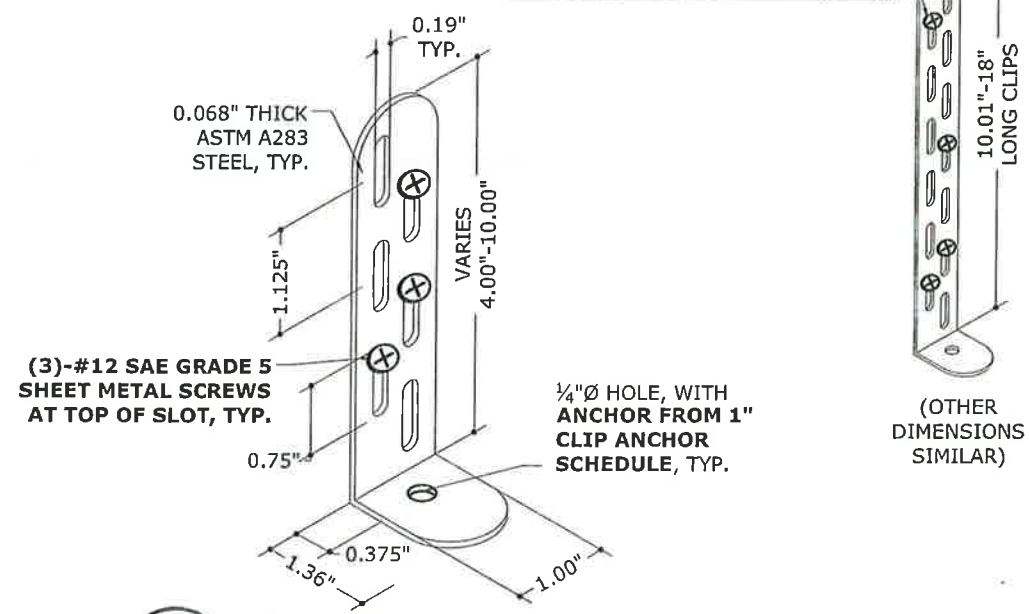
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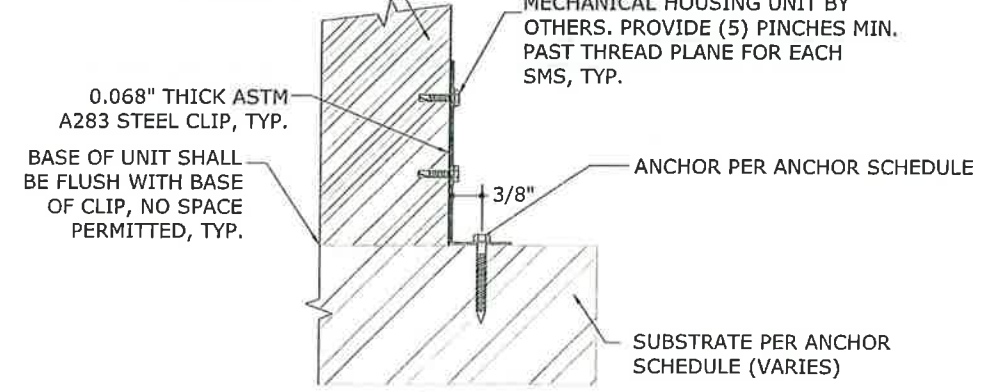


\*FOR ANY CLIP LONGER THAN 10"  
UTILIZE (5)-#12 SAE GRADE 5  
SHEET METAL SCREWS (PROVIDE  
2-MIN. SHEET METAL SCREWS AT  
THE TOP OF THE CLIP) TYP.



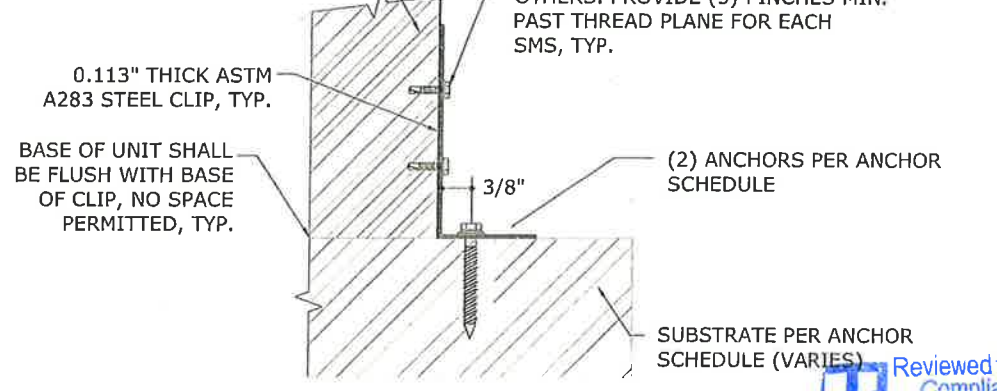
1 1" CLIP ISOMETRIC DETAIL  
4 N.T.S. ISOMETRIC

MECHANICAL UNIT BY OTHERS. ALUMINUM  
HOUSING UNITS SHALL BE 6063-T6 MIN.  
ALUMINUM SHEET WITH Fty=30 KSI, 0.125" MIN.  
THICKNESS, STEEL HOUSING UNITS SHALL BE  
33KSI MIN. STEEL, GRADE 33, 22GA MIN.  
(t=0.0299").

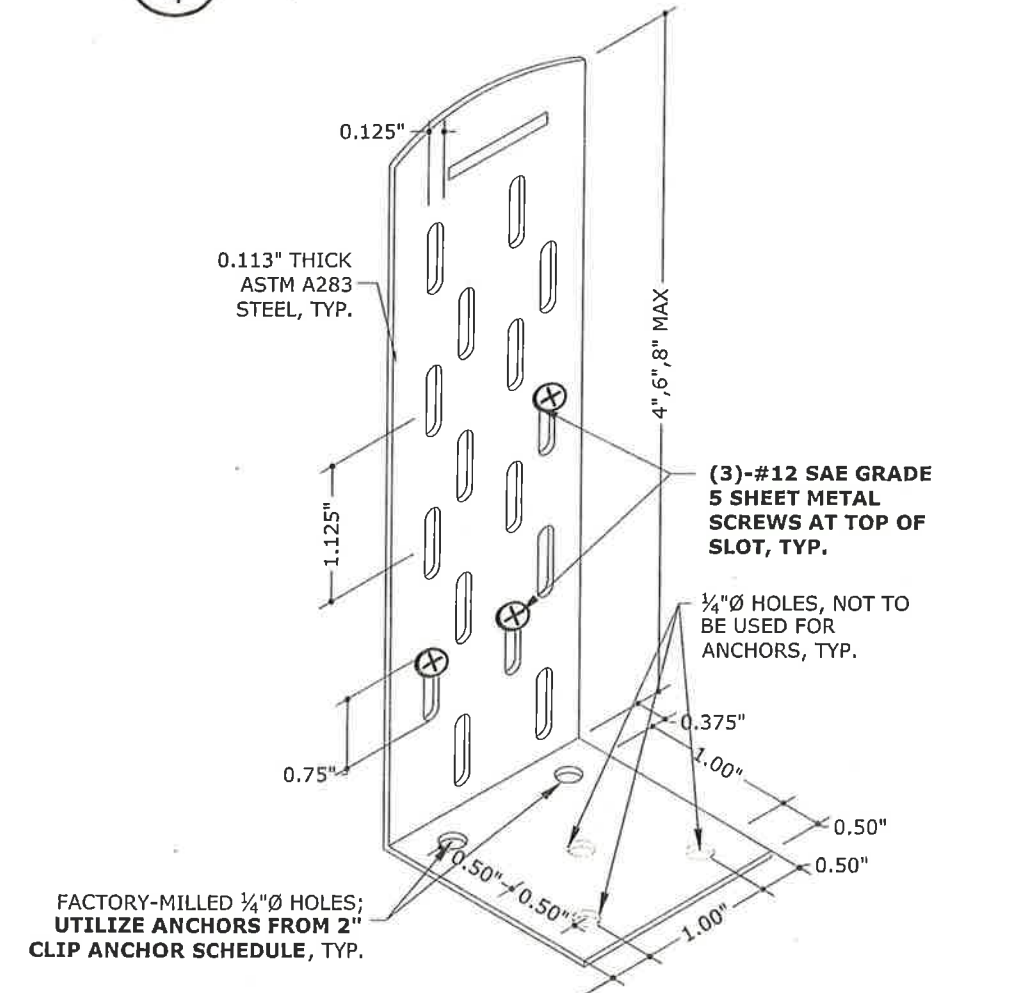


3 1" TIE-DOWN CLIP  
4 ANCHOR DETAIL  
3" = 1'-0" DETAIL  
CLIP IS DESIGNED FOR FULL  
CONTACT WITH THE BASE OF EACH  
MECHANICAL UNIT, TYP.

MECHANICAL UNIT BY OTHERS. ALUMINUM  
HOUSING UNITS SHALL BE 6063-T6 MIN.  
ALUMINUM SHEET WITH Fty=30 KSI, 0.125" MIN.  
THICKNESS, STEEL HOUSING UNITS SHALL BE  
33KSI MIN. STEEL, GRADE 33, 22GA MIN.  
(t=0.0299").



4 2" TIE-DOWN CLIP  
4 ANCHOR DETAIL  
3" = 1'-0" DETAIL  
CLIP IS DESIGNED FOR FULL  
CONTACT WITH THE BASE OF EACH  
MECHANICAL UNIT, TYP.



2 2" CLIP ISOMETRIC DETAIL  
4 N.T.S. ISOMETRIC

FRANK L. BENNARDO P.E.  
LICENSE  
13/46542011  
ENGINEERING EXPRESS, INC.  
STATE OF FLORIDA  
160 SW 12th AVENUE, 16th FLOOR  
DEERFIELD BEACH, FL 33441  
Ph: (954) 354-0660 Fax: (954) 354-0663  
WWW.ENGEXP.COM  
CERT. OF AUTH #9885  
A. FRANK L. BENNARDO, P.E., INC. INNOVATION

BMP INTERNATIONAL, INC.  
4710 28TH STREET NORTH  
ST. PETERSBURG, FL 33471  
PH: (727) 577-1613  
MECHANICAL UNIT STEEL TIE-DOWN CLIPS  
FLORIDA STATEWIDE APPROVAL

DRWN	CHKD	DATE
TSB	FLB	12-11-11

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INIT ISSUE

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OF 4  
4





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/26/15

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).


<b>PRODUCER</b> Authority Inc. Authority Insurance 1715 Lakewood Ranch Blvd. Bradenton, FL 34211 Phone (941)750-9005 Fax (941)744-2345	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (941)750-9005 FAX (A/C No.): (941)744-2345 E-MAIL ADDRESS: jwall@authorityinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Cypres P & C INSURER B: Madison Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> My Ac Solution LLC 1335 Bennett Rd Longwood, FL 32750- (407) 312-8007		

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 type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		20P0044806-0	04/02/2014	04/02/2015	EACH OCCURRENCE \$ 100,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 100,000.00 GENERAL AGGREGATE \$ 200,000.00 PRODUCTS - COMPROP AGG \$ 200,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WVVC0009667-00	04/08/2014	04/08/2015	<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)

<b>CERTIFICATE HOLDER</b> City of Belle Isle 1600 Nela Ave Belle Isle, FL 32809	<b>CANCELLATION</b> 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 
--	---



1 / 1 100%



JEFF ATYATER  
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: 1/27/2016      EXPIRATION DATE: 1/26/2017

PERSON: SAUCEDA      OSCAR

FEIN: 464890590

BUSINESS NAME AND ADDRESS:

MY AC SOLUTION LLC

1335 BENNETT DR. #149

LONGWOOD      FL      32760

SCOPES OF BUSINESS OR TRADE:

HEATING, VENTILATION,  
AIR-COND

Pursuant to Chapter 440.00(14), F.S., an officer or a corporation may elect exemption from this chapter by filing a certificate of election under the section may not receive benefits or compensation under this chapter. Pursuant to Chapter 440.00(12), F.S., Certificate of election to be exempt, as of any other the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.00(13), F.S., notice of election to be exempt and certificate of election to be exempt shall be void as to the person if, at any time after the filing of the notice of the certificate, the corporation or the officer or the individual no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFW-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609



1 / 1 100%

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p><b>CONSTRUCTION INDUSTRY EXEMPTION</b></p> <p>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>ISSUANCE DATE: 12/2013      EXPIRATION DATE: 1/31/2017</p> <p>FEADOR: SHUCDA      CBCKA</p> <p>FENR: 14980990</p> <p>BUSINESS NAME AND ADDRESS: HV AC SOLUTION LLC</p> <p>1335 BENNETT DR. #149 LONGWOOD      FL      32760</p> <p>SCOPE OF BUSINESS OR TRA</p> <p>HEATING, VENTILATION, AIR-COND</p>		<p><b>IMPORTANT</b></p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who signs exemption form may be liable by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Pursuant to Chapter 440.05(12), F.S., conditions of election to be exempt apply only with the scope of the business or trade listed on the notice of election to be exempt.</p> <p>Pursuant to Chapter 440.05(13), F.S., notice of election to be exempt and certificate of election to be exempt shall be subject to revocation if, at any time after the date of the notice of election to be exempt, the person named on the notice of certificate to exempt fails to meet the requirements of this section for a period of 6 months. The Department shall revoke a certificate at any time if failure of the person named on the certificate to meet the requirements of this section.</p>
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F  
O  
L  
D  
H  
E  
R  
E

DFS-F2-DWC-253 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 03-13

QUENTICHA? (850)413-1600





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

SAUCEDA, OSCAR  
MY AC SOLUTION LLC  
1335 BENNETT DRIVE, UNIT 149  
LONGWOOD FL 32750

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

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

<b>LICENSE NUMBER</b>	
CAC1817748	

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



SAUCEDA, OSCAR  
MY AC SOLUTION LLC  
1335 BENNETT DRIVE, UNIT 149  
LONGWOOD FL 32750





2014 - 2015 10/27/14

City of Longwood  
175 W. Warren Avenue, Longwood, FL 32750

**LOCAL BUSINESS TAX**

LOCATION: 1335 BENNETT DR 149

For the Occupation:

CONTRACTOR/1 TO 5 EMP

MY AC SOLUTION LLC  
1335 BENNETT DR 149  
LONGWOOD FL 32750

KAREN SAUCEDA

YEAR: 10/14-09/15



DIRECTOR OF FINANCE

*Paula N. Barclay*

Receipt # 15-00015865

STATE #	CAC1817748
CITY TAX	\$ 77.00
ADMINISTRATIVE FEE	\$ 10.00
TRANSFER FEE	\$ .00
PENALTY %	\$ 11.50
COUNTY TAX	\$ 48.00

**TOTAL\$ 146.50**

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

MY AC SOLUTION LLC  
1335 BENNETT DR 149  
LONGWOOD FL 32750