



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 unit change out Comments: None</p> <p>Project Information Address: 3601 St. Moritz Street, Belle Isle, FL 32809 Parcel ID: 17-23-30-4380-08-030 Property Owner: Maloney, Jeremy & Lynette Phone Number: 407 694 3141 ***** Company Name: Carpenters Appliance & Installation Service LLC Contractor Name: Carpenter, Edward License Number: RA0024709 Address: 3609 Ponceau St, Belle Isle FL 32812 Phone Number: 407 855 8229</p>	<p>Permit Number: 2015-04-002 Date of Application: 03/31/2015 Date Permit Issued: 04/01/2015</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>
--	--

BUILDING FEATURES

<p>IMPACT FEES School \$ Traffic \$</p> <p>ZONING FEES Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <tr><td>Cert of Occ</td><td>\$</td></tr> <tr><td>Demo</td><td>\$</td></tr> <tr><td>Building</td><td>\$</td></tr> <tr><td>Fence</td><td>\$</td></tr> <tr><td>Driveway</td><td>\$</td></tr> <tr><td>Shed</td><td>\$</td></tr> <tr><td>Window(s)</td><td>\$</td></tr> <tr><td>Door(s)</td><td>\$</td></tr> <tr><td>PrePower</td><td>\$</td></tr> <tr><td>Electrical</td><td>\$</td></tr> <tr><td>Temp Pole</td><td>\$</td></tr> <tr><td>Plumbing</td><td>\$</td></tr> <tr><td>Mechanical</td><td>\$127.50</td></tr> <tr><td>Gas</td><td>\$</td></tr> <tr><td>Roofing</td><td>\$</td></tr> <tr><td>Boat Dock</td><td>\$</td></tr> <tr><td>Screen Encl</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> <tr><td>Sign</td><td>\$</td></tr> </table> <p>SURCHARGE FEES</p> <table style="width:100%;"> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> <tr><td>Surcharge Fee</td><td>\$2.00</td></tr> </table> <p style="text-align: center;">TOTAL FEES \$131.50</p> <p>Date Paid 4-1-15</p> <p>CC or Check # 24587</p> <p>Amount Paid 131.50</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>	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	\$	Surcharge Fee	\$2.00	Surcharge Fee	\$2.00	<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>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>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>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>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>
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	\$																																										
Surcharge Fee	\$2.00																																										
Surcharge Fee	\$2.00																																										

Inspection requests are to be emailed to IDScheduling@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.

PROJECT NUMBER 015, 1300135, 0000

TASK NUMBER 02

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-04-002
Property Owner	Makney - Jeremy & Lynette
Address	3601 St. Martz St.
Nature of Improvement	Mechanical: one 4-ton unit
Received Application	3-31-15
Sent for Stormwater Review	
Stormwater Approved	/
Sent for Zoning Review	
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	3-31-15
Building Official Approved	3-31-15
Comments	
1.	Susan 3-31-15 renew with # 48987
2.	cert holder is wrong
3.	
4.	
5.	
6.	
7.	
8.	
9.	85
10.	42.50
11.	127.50
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 3-31-15

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: 3/26/15 PERMIT NUMBER 2015-04-002

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

Project Address: 3601 ST. MORITZ ST, (OWNERS) Belle Isle FL 32809 32812
Property Owner: MALONEY, JEREMY + LYNETTE Phone: 407-694-3141
Property Owner's Mailing Address: SAME AS ABOVE City:
State: FL Zip Code: 32812 Parcel Id Number: 17-23-30-4380-08-030

To obtain this information, please visit http://www.ocpafl.org/Searches/ParcelSearch.aspx

Class of Building: Old [X] New [] Type of Building: Residential [X] Commercial [] Other []
Type of Work: New [] Alteration [X] 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 [X] Package Heat Pump [X] Estimated Cost \$

Heating: # of Units KWS Per Unit 1 Total KWS 10 BTU's
Electric [X] AUXILIARY HEAT
(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) Equipment Change-out Estimated Cost \$ 6,600.00

Was the space previously Air Conditioned? Yes [X] No [] (B) Estimated Cost Fee \$

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and 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.

(ceid) 407-467-1897
LICENSE HOLDER SIGNATURE Edward W. Carpenter LICENSE # RA0024709
LICENSE HOLDER NAME EDWARD W. CARPENTER COMPANY NAME CARPENTERS APPL. AND INSTALLATION SERVICE LLC
Street Address 3609 PONCEAU ST.
City ORL, BELLE ISLE State FL Zip Code 32812 Phone Number 407-855-8229
Email Address EE CARPENTERS@G.MAIL.COM

Building Official: [Signature] Date 3-31-2015
Verified Contractor's Licenses & Insurance are on file Date

Permit Fee \$ 85.00
Review Fee \$ 42.50
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 131.50

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

(Tie Down Eng.)

Extreme Wind Condition Mounting Kit

FOR: "VT4BE" SERIES
AIR TEMP - NORDINE

INSTALLATION INSTRUCTIONS

For Anchoring (*)S3, (*)S4, (*)S5, (*)SA2, (*)SA4, (*)S6, RSN13, RSG13, & RSG14 Air Conditioners and (*)T3, (*)T4, (*)T5, (*)T6, (*)SH2, (*)SH4, HRN13, HRG13, & HRG14 Heat Pump Models From 1-5 Ton

"TA" →

KIT CONTENTS

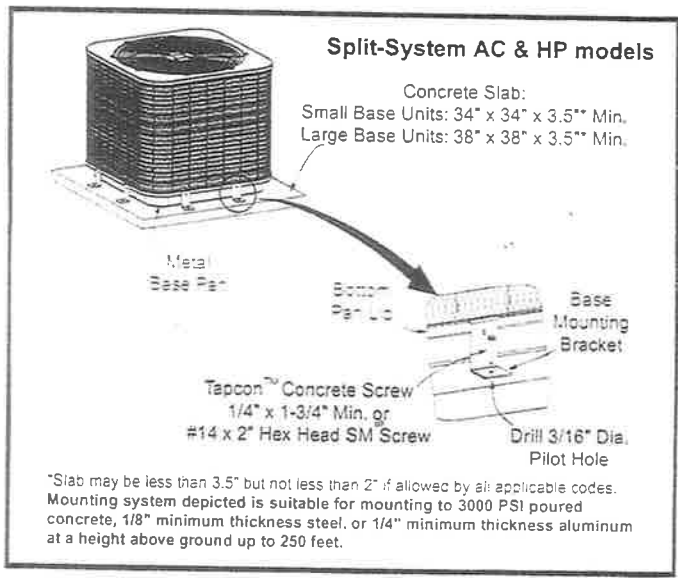
DESCRIPTION	QUANTITY
Base Mounting Bracket for models with metal base pan	8
Base Mounting Bracket for models with composite base pan	8
Tapcon™ Concrete Screw 1/4" x 1-3/4"	8
Hex Head SM Screw #14 x 2"	8
Installation Instructions	1

ABOUT THE KIT

The extreme wind condition mounting kit is used to anchor split-system air conditioners and heat pumps. Instructions for installing anchors on split-system or packaged units are the same. Illustrations for anchoring split-system units are also shown.

This anchor system is designed to meet the requirements of Florida Building code 2010 regarding the wind resistance and anchoring requirements for mechanical equipment in Florida hurricane zones. This kit will secure these units to an adequately designed concrete base pad, metal frame or roof structure so that it can withstand a 3 second gust of a maximum wind speed of 160 MPH. Minimum concrete pad requirements are shown in the illustration.

The kit has been updated to include four additional base mounting brackets for use on units that have the composite base pan. These brackets can be identified by the number of holes in the base of the bracket. Composite base pan mounting brackets have 3 holes in the base.



INSTALLATION OF THE ANCHOR KIT ON SPLIT-SYSTEM AC/HP MODELS:

1. It is recommended that this kit be installed on the unit prior to connecting refrigerant lines and electrical wiring. It may be installed later if necessary.
2. Position the unit on the concrete pad or other structure and install the base mounting brackets as shown in the figure below. **NOTE:** The provided concrete screws may be used if the unit is being anchored to a concrete pad or slab. If the unit is mounted on a built-up roof or other appropriate structure or framework, the provided 2" sheet metal screws may be used.
3. Install two anchors on each side of the corners of the unit as shown for split-system AC/HP models (below). **IMPORTANT:** The screws used in this kit must be properly installed so that the head of the fastener engages the bracket and anchors it securely.

PRODUCT CERTIFICATION

The test data, instructions, and contents of the "high-wind" mounting kits for anchoring Model (*)S3, (*)S4, (*)S5, (*)SA2, (*)SA4, (*)S6, RSN13, RSG13, & RSG14 Air Conditioners and (*)T3, (*)T4, (*)T5, (*)T6, (*)SH2, (*)SH4, HRN13, HRG13, & HRG14 heat pumps have been reviewed and these findings have been established:

- The mounting kit clips allow the designated units to resist a 160 MPH wind speed when fastened to an adequately designed hard concrete or metal support (stand) in accordance with provided instructions.
- The acceptable anchoring fasteners include 1/4" Tapcons™ with 1 1/2" embedment into concrete and #14 x 2" sheet metal screws, one through each clip and into mating metal support.
- The technical study was based upon Florida Building Code 2010, 3 second gust wind speed, and an exposure to category "C".
- This installation is approved for units on buildings with a height less than or equal to 250 ft.

NOTE: Copies of the Installation Instructions included with the kit are not stamped. If the local Mechanical Inspection office does not have a stamped copy of this Installation Instruction on file, one may be obtained from the manufacturer of this kit. Contact the distributor where this kit was purchased.

11/18/2012
John E. Blawie
Florida PE, #10141
1506 S. Orange Ave.
Box 2, Suite 200
Pompano Beach, FL 33064
954-633-4662





CERTIFICATE OF LIABILITY INSURANCE

CARPE-1

OP ID: CM

DATE (MM/DD/YYYY)
04/01/2016

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

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 Newman Crane & Associates Ins. The Hill Group of Florida, LLC P. O. Box 589948 Orlando, FL 32858-8948 Huston R. Crane	CONTACT NAME: Huston R. Crane	
	PHONE (A.C. No. Exp): 407-859-3691	FAX (A.C. No.): 407-857-0409
	E-MAIL ADDRESS: hcrane@newmancraneins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Carpenter's Appliance and Installation Service LLC 3609 Ponceau St. Orlando, FL 32812	INSURER A: Vinings Insurance Co.	18632
	INSURER B: Old Dominion Ins. Co.	40231
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

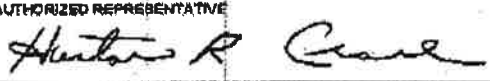
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		MPG12489	02/10/2014	02/10/2015	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ee occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		B1G12489	02/10/2014	02/10/2015	COMBINED SINGLE LIMIT (Ee accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		CUG12489	02/10/2014	02/10/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	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	WCV001658006	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> OTH ER 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)

Fax 407-240-2222

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave. Orlando, FL 32809	CITYB13	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE 

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD



Orange County
Division of Building Safety
Certificate of Competency

Issue date: **09/01/1972**

Expiration date: **09/30/2015**

State Registration Number: **RA0024709**

Contractor license trade: **Mechanical**

Company Name: **Carpenter's Appliance and
Installation Service, LLC**

Contractor license type: **Registered M- Air Conditioning
Class B**

Individual Information:

Edward Walton Carpenter

3609 Ponceau St.

Orlando, FL, 32812

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



LICENSE NUMBER	
RA0024709	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2015
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

CARPENTER, EDWARD WALTON
CARPENTER'S APPLIANCE AND INSTALLATION SERVICE LLC
3609 PONCEAU STREET
ORLANDO FL 32812



RICK SCOTT
GOVERNOR

ISSUED: 08/18/2013 SEQ # L1308180001568
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

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.**

1804 CONTR-H A R V 2014 **EXPIRES 9/30/2015** 1804-0054746
\$30.00 1 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00

CARPENTER EDWARD

CARPENTERS APPLIANCE &
INSTALLATION SERVICES LLC
CARPENTER EDWARD
3609 PONCEAU ST
ORLANDO FL 32812-1128

3609 PONCEAU ST (MOBILE)
U - ORLANDO, 32812

PAID: \$30.00 0099-00631808 7/23/2014

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.**

1804 CONTR-H A R V 2014 **EXPIRES 9/30/2015** 1804-0054746
\$30.00 1 EMPLOYEE

TOTAL TAX \$30.00
PREVIOUSLY PAID \$30.00
TOTAL DUE \$0.00



CARPENTER EDWARD

CARPENTERS APPLIANCE &
INSTALLATION SERVICES LLC
CARPENTER EDWARD
3609 PONCEAU ST
ORLANDO FL 32812-1128

3609 PONCEAU ST (MOBILE)
U - ORLANDO, 32812

PAID: \$30.00 0099-00631808 7/23/2014

This receipt is official when validated by the Tax Collector.