

Scope of Work:

conform to the terms of the

application on file and construction shall conform to the requirements of

the Florida Building Code (FS 553).

None

Comments:

## 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

Permit Number: 2015-04-070

☐ LOW VOLTAGE

(Final)

Date of Application: 04/27/2015
Date Permit Issued: 04/29/2015

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.

MECHANICAL: one 3.5 ton change out

Project Information Address: 5120 Louvre Avenu Parcel ID: 17-23-30-4379-02-2 Property Owner: Santos, Shirley None ************************************	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
IMPACT FEES	BUILDING INSPECTOR USE ONLY
School \$	BOILDING INSPECTOR USE ONLY
Traffic \$	IF APPLICABLE:
70NING 5550	Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions
ZONING FEES Zoning Fee \$	Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO
UNIVERSAL ENG - BUILDING FEES	# BUILDING
	1 <sup>st</sup>
Cert of Occ \$	Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?
Demo       \$         Building       \$         Fence       \$         Driveway       \$         Shed       \$         Window(s)       \$         Door(s)       \$         PrePower       \$	2 <sup>nd</sup> (Slab)
Fence \$	
Driveway \$	3 <sup>rd</sup> (Lintel)(Wall Reinforcing on Masonry Building)
Shed \$	4 <sup>th</sup> (Exterior Framing)(RoofM/all Sheathing)
Window(s) \$	4 <sup>th</sup> (Exterior Framing)(Roof/Wall Sheathing)
Door(s) \$ PrePower \$	5 <sup>th</sup> (Framing) (To be made after Plumbing/ Mechanical/
Electrical \$	Electrical Rough-Ins & Windows/Doors Installed)
Electrical \$ Temp Pole \$	
Plumbing \$	6 <sup>th</sup> (Insulation to be Made After Roof Installed)
Mechanical \$82.50 Gas \$	7 <sup>th</sup> (Drywall)
Gas \$ Roofing \$	7 <sup>th</sup> (Drywall)
Boat Dock \$	8 <sup>th</sup> (Sidewalk/Driveway)
Screen Encl \$ Swimming Pool \$	
Sign \$	Total City
SURCHARGE FEES	10 <sup>th</sup> (Final – After MEP and Other Applicable Finals)
	H ROOFING
Surcharge Fee \$2.00 Surcharge Fee \$2.00	1 <sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing
	2 <sup>nd</sup> ROOFING Covering In-Progress
<b>TOTAL FEES \$86.50</b>	3 <sup>rd</sup> ROOFING Covering Final
Date Paid 4-29-15	PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc)
	192.
CC) or Check # V(SA 270	1 <sup>ST</sup> (Underground) 2 <sup>nd</sup> (Sewer)
Amount Paid 86.50	3 <sup>rd</sup> (Rough-In/Tub Set) 4 <sup>th</sup> (Final)
The person accepting this permit shall	CHECK APPROPRIATE BOX

Inspection requests are to be emailed to BIDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling.

Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

GAS \_\_Natural \_\_LP | DMECHANICAL | DELECTRICAL

(Rough-In)

## CITY OF BELLE ISLE Permit Application Review Sheet

Permit Number	2015-04-070
Property Owner	Santes
Address	Medianical
Nature of Improvement	5120 course Ane
Received Application	4-17-17
Sent for Stormwater Review	Man to the second secon
Stormwater Approved	
Sent for Zoning Review	
Zoning Approved	
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-27-13
Building Official Approved	4-28-15 14
1.	Comments
" Susan 4-27-15	verew wo # 50315
2. Sign 4-29-15	emulacitis readly
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6. 7. 8. 9.	
6. 7. 8. 9.	
6. 7. 8. 9.	

STATE DEL

Permit has been issued.

City of Belle Isle

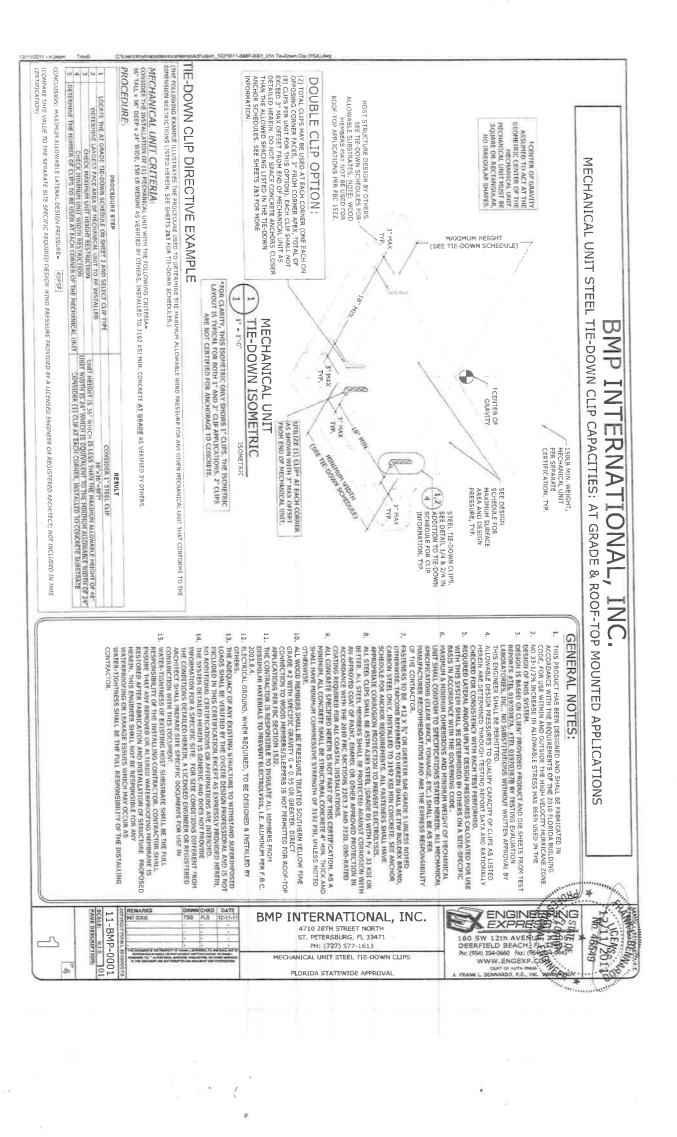
Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 \* Fax 407-581-0313 \* www.universalengineering.com

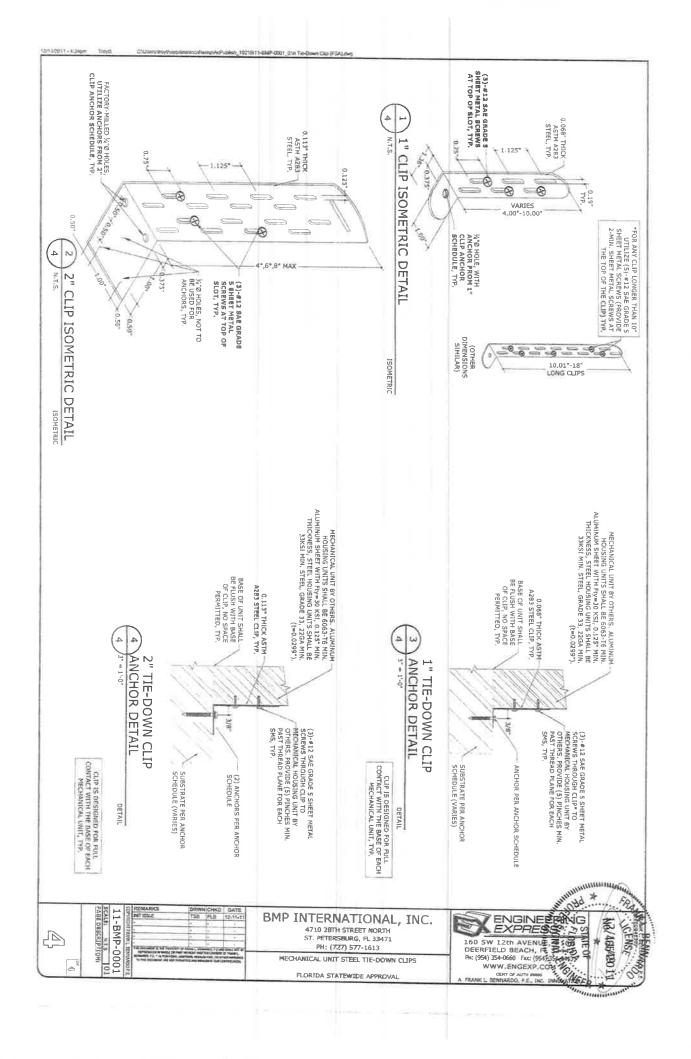
## **APPLICATION FOR MECHANICAL PERMIT**

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION:PERMI	T NUMBER 2	15-04-070
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as in	dicated below:	
Project Address 5/20 Louve Ave Property Owner 5ANTOS 5hwy Property Owner's Mailing Address State Zip Code Parcel Id Number: 17-23- To obtain this information, please visit http:  Class of Building: Old New Type of Building: Residential 2 Common	Belle Isle FL Phone City 30 437 p://www.ocpafl.org/Se	9 02 27 0 arches/ParcelSearch.aspx
Type of Work: New Alteration Addition Repair	ercial [_] Other	
<ul> <li>REQUIRED certified Tie Down Engineering documentation (can be found at <a href="www.floridabu.">www.floridabu.</a></li> <li>REQUIRED: if adding A/C to new space, provide Energy Calculations &amp; Equipment Sizir</li> <li>REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, mu</li> </ul>	g Calculations	ı
Please indicate the nature of work by completing the information below:		
Air Conditioning: # of Units Tons Per Unit Total Tons	Σ	Estimated Cost \$
Heating: # of Units KWS Per Unit Total KWS _5 BTU's		
Oil Boiler Gas	_	Estimated Cost \$
Fees for items below are based on valuation of all units, equipment, materials and labor supplied Ventilation:  (Number of) Grease Heat Hoods, Air Intakes Exhaust Fans Dryer	lied by owner or con	
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 No I hereby certify that the above is true and correct to the best of my knowledge and make A same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances resubmitted. The issuance of this permit does not grant permission to violate any applicable Town:	application for Permit	accordance with plans
LICENSE HOLDER SIGNATURE	LICENSE # K	AD04/156
LICENSE HOLDER NAME ROBERT Matting Ly COMPANY NAM		ve Heating + De
Street Address 1606 ABER Rd		, , , , , , ,
City OBIACOO State F/ Zip Code 34807	Phone Number	10) 282622
Email Address Coolair @ Sunshin theatizg AN	deir, c	Cou
Building Official: Date 4-28-15	Permit Fee	\$ 55.00
	Review Fe	,
Verified Contractor's Licenses & Insurance are on file Date 177	3% Florida Surcharg	
MOTE TI A HILL A HILL A	Total Permit Fee	\$ 86.50
NOTE: The Building Permit Number is required if the Mechanical Installation is associated with	any construction or a	Itaration where a Building

Building Permit Number \_\_\_\_





SCREW TO STEEL

WOOD SCREW TO

100 PSF 100 PSF 100 PSF 99 PSF 74 PSF 64 PSF 53 PSF 44 PSF

100 PSF 100 PSF 100 PSF 100 PSF 99 PSF 99 PSF 94 PSF 94 PSF 94 PSF 94 PSF 94 PSF 95 PSF 95 PSF 96 PSF 96 PSF 97 PSF 97 PSF 98 PS

TABLE LEGEND

-DENOTES VALUES NOT APPROVED FOR USE

-DENOTES EXAMPLE VALUE FOR USE WITH COVER PAGE DIRECTIVE

				MAXIMUM ALLOWABLE LATERAL WINO PRESSURE (ANCHOR TO HOST STRUCTURE)	RAL WIND PRESSURE	CANCHOR TO HOST	STRUCTURE		
MAXIMUM SURFACE	UNIT	0	CLIP AT EACH CORNER (T	(I) CLIP AT EACH CORNER (TOTAL OF 4 CLIPS PER UNIT)		(2) CLIPS	(2) CLIPS AT EACH CORRER (TO	TOTAL OF 6 CUPS PER UNIT	RUMT
AREA OF UNITS LARGEST FACE	-1	TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW V	WOOD SCREW TO WOOD	TAPCON TO CONCRETE	SHEET METAL SCREW TO ALUMINUM	SHEET METAL SCREW TO STEEL	WOOD SCREW TO
4 FT		91 PSF	91 P8F	91 PSF	91 PSF	100 PSF	100 PSF	100 PSF	100 PSF
1119		81 PSF	81 PSF	61 PSF	38d 19	100 PSE	100 PSF	100 PSF	100 PSF
9,571	48 " MAX 24	24 MIN (40 PSF)	40 PSF	40 PSF	40 PSF	77 PSF	77 PSF	77 PSF	77 PSF
12 FT*		30 PSF	30 PSF	30 PSF	30 PSF	58 PSF	50 PSF	56 PSF	58 PSF
19 17		22 PSF	22 PSF	22 PSF	22 PSF	43 PSF	43 PSF	43 PSF	43 PSF
20 FT		26 PSF	28 PSF	26 PSF		49 PSF	49 PSF	49 PSF	47 PSF
25 FT*	80 "MAX 49	AP MIN				39 PSF	39 PSF	30 PSF	37 PSF
30 FT1	-					33 PSF	33 PSF	33 PSF	31 PSF
30 7 17						27 PSF	27 PSP	27 PSF	26 PSF
THE POWN CLIP'S SHALL BE PASTERED     MECHANICAL HOUSING UNIT SHALL     ALUMINUM HOUSING UNITS SHALL     STEE HOUSING UNITS SHALL     STEE HOUSING UNITS SHALL BE 3     MAXIMUM ALLOWABLE WIND PRESSURE     A MAXIMUM ALLOWABLE VALUE OF 100	INACL BE PASTENED TO ING UNIT SHALL CON ISING UNITS SHALL BE 33 I UNITS SHALL BE 33 ILE WIND PRESSURES ABLE VALUE OF 100 P	LIE-DOWN CLIPS SHALL BE PASTENED TO MECHANICAL HOUSING UNIT WITH (3)-912 SAE GRADE STREET METAL SCREWS. ((5)-SHEET METAL SCREWS REQUIRED FOR LONG CIPS, SEE DETAIL 1/A).  MECHANICAL HOUSING UNIT'S SHALL BE 2003-76 MIN. ALUMINIM SEET WITH THE YOU KET, ALUMINIM HOUSING UNIT'S SHALL BE 3003-76 MIN. ALUMINIM HOUSING UNIT'S SHALL BE 3003-76 MIN. ALUMINIM (-0.0299*).  MAXIMUM ALLOWABLE WIND PRESSURES FOR EACH INDIVIDUAL SUBSTRATE MAY BE EQUIVALENT DUE TO THE LIMITIMS CAPACITY OF THE 1' CLIP.  MAXIMUM ALLOWABLE WIND PRESSURES FOR EACH INDIVIDUAL SUBSTRATE MAY BE EQUIVALENT DUE TO THE LIMITIMS CAPACITY OF THE 1' CLIP.  MAXIMUM ALLOWABLE WIND PRESSURES FOR EACH INDIVIDUAL SUBSTRATE MAY BE EQUIVALENT DUE TO THE LIMITIMS CAPACITY OF THE 1' CLIP.	TH (3)-#12 SAE GRADE 5 S WITH Fty=30 KSI, 0,125* I MIN. (t=0,0299*). TE MAY BE EQUIVALENT DUI 1ER DEMAND CAPACTTIES C	HEET METAL SCREWS ((S)-SH VIN. THICKNESS. E TO THE LIMITING CAPACITY O ONTACT THIS ENGINEER FOR S	EET METAL SCREWS RE FTHE 1' CLIP.	QUIRED FOR LONG CI	IPS, SEE DETAIL 1/4.	_	
SUBSTRATE	ME		ANCHOR						
CONCRETE: (4" THICK MIN, 3192KSI MIN.)	ETE: 192KSI MIN.)	(1)-以"Ø CARBON STEEL ITW E EDGE DISTANCE	JUILDEX TAPCON, 134" FULL	(1)-¼"Ø CARBON STEEL ITW BUILDEX TAPCON, 1¾" FULL EMBED TO CONCRETE, 2½" MIN EDGE DISTANCE, 3" MIN. SPACING TO ANY ADJACENT ANCHOR.	ANS	L NOTES:			
ALUMINUM:	NUM:	ALUMINUM:  (3.)-014 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN.  (0.125" MIN. THICK, 6081-76 MIN. ALUMINUM) DAGE TRIBERO PILANE FOR SUBET METAL SCREW TO ALUMINUM, PROVIDE (5) PINCHES MIN.	IETAL SCREW TO ALUMINUM	), PROVIDE (5) PINCHES MIN.	EMBEDMENT     ENSURE MINI	MUM EDGE DISTANCE	ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.	OR SCHEDULE.	

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

11-BMP-0001
SCALE: N.T.S. 101
PAGE DESCRIPTION: M

-DENOTES VALUES NOT APPROVED FOR USE

BMP INTERNATIONAL, INC.

4710 28TH STREET NORTH
5T. PETERSBURG, FL 33471
PH: (727) 577-1613

MECHANICAL UNIT STEEL TIE-DOWN CLIPS

FLORIDA STATEWIDE APPROVAL

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

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 16 CLASS BAIR CONDITIONING CONTRACTOR Named below HAS REGISTERED

ICENSE NUMBER RA0041156

SEQ# L1307240000513 DISPLAY AS REQUIRED BY LAW ISSUED: 07/24/2013

RICK SCOTT GOVERNOR

KEN LAWSON SECRETARY

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

2014

EXPIRES 9/30/2015 Orange County, Florida Local Business Tax Receipt Scott Randolph, Tax Collector

1804-0023281 10 EMPLOYEES

\$30.00

ABUSINESS OFFICE

\$30.00 CONTR-HARV

MANTINGLY ROBERT C
1608 ABER RD
OR! ALE MATTINGLY ROBERT C SCOTT BALLONS

PAID: \$60.00 2504-00641056 9/18/2014

U - ORLANDO, 32807

1806 ABER RD

This receipt is official when validated by the Tax Collector.