



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

PERMIT CARD - PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.**

Scope of Work: MECHANICAL: for home addition: one 3-ton unit
Comments: None

Project Information
 Address: 7425 Lake Drive, Belle Isle, FL 32809
 Parcel ID: 25-23-29-5884-17-101
 Property Owner: Bergin, William & Ingram, Gary
 Phone Number: 407 466 9373

Company Name: Air Flow Design Central LLC
 Contractor Name: Burd, Terry
 License Number: CAC1814423
 Address: PO Box 180308, Casselberry, FL 32718
 Phone Number: 407-331-6521

Permit Number: 2015-04-014
 Date of Application: 04/03/2015
 Date Permit Issued: 04/07/2015

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
 Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$109.50
 Temp Pole \$
 Plumbing \$
 Mechanical \$
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$113.50

Date Paid 4-7-15
 or Check # MC 0197
 Amount Paid 113.50

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 (F-S 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

1st Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ (Footing/Foundation)

2nd _____ (Slab)

3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)

4th _____ (Exterior Framing)(Roof/Wall Sheathing)

5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

6th _____ (Insulation to be Made After Roof Installed)

7th _____ (Drywall)

8th _____ (Sidewalk/Driveway)

9th _____ (Other)

10th _____ (Final - After MEP and Other Applicable Finals)

ROOFING

1st ROOFING Deck Nailing/Dry-in/Flashing _____

2nd ROOFING Covering In-Progress _____

3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1st _____ (Underground) 2nd _____ (Sewer)

3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

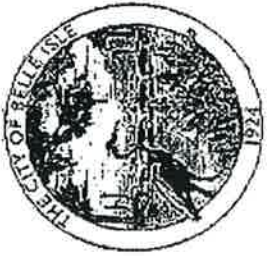
1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to 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/ff094edc4-832d-44bd-9809-ecf32f9e2e63>
 login ID = cobi@universalengineering.com password = universal113

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-04-014
Property Owner	Bergin
Address	7455 Lake Dr
Nature of Improvement	Mechanical - one 3 ten unit
Received Application	4-3-15
Sent for Stormwater Review	✓
Stormwater Approved	✓
Sent for Zoning Review	✓
Zoning Approved	✓
Applied for Variance	
Variance Approved	
Sent to BO for Review	4-6-15
Building Official Approved	4-7-15 RJ
Comments	
1.	Srsm 4615 all and can file ✓ review wd # 49241
2.	
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
 4-2-15

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.

APR 02 2015

DATE OF APPLICATION: APR 02 2015 PERMIT NUMBER 2015-04-014
 PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below.

Project Address 7425 Lake Dr Belle Isle FL 32809 32812
 Property Owner Bergam / Central Park Construction Phone 407-666-9218
 Property Owner's Mailing Address Same City _____
 State _____ Zip Code _____ Parcel Id Number: _____

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

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Alteration Addition Repair

- REQUIRED Tie Down Engineering and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space - provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit

Please indicate the nature of work by completing the information below.

Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3 Estimated Cost \$ 5435
 Type of System: Water to Air _____ Spill System _____ Package _____ Heat Pump _____
 Heating: # of Units KWS Per Unit 1 Total KWS 5 BTU's _____ Estimated Cost \$ _____
 Oil _____ Electric _____ Boiler _____ Gas _____

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 Both Exhaust Fans 1 Drier Vents _____ Estimated Cost \$ _____
 Refrigeration: Number of units _____ 1 Range Vent _____ Estimated Cost \$ _____
 Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____
 Others: (Specify) _____ 1 Combustion air _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes _____ No

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.

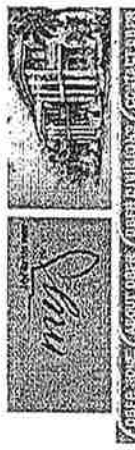
LICENSE HOLDER SIGNATURE Adam LICENSE # CAC 1814423
 LICENSE HOLDER NAME BERNARD WILLOUGH COMPANY NAME ATX Flow Design

Street Address _____ LIC # 00002021 Phone Number 407-331-6521
 City P. O. BOX 180308 Zip Code _____
GASSELBERRY, FL 32718-0308

Email Address: Construction@atxflowdesigns.com

Building Official: [Signature] Date 4-7-15
 Review & Permit Fee \$ 109.50
 3% Florida Surcharge \$ 4.00
 Total Permill Fee \$ 113.50

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 2015-12-022



Florida Department of
Business & Professional Regulation

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Product Approval
USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)



FL # **FL14239-R1**
Application Type **Revision**
Code Version **2010**
Application Status **Approved**
Comments
Archived

Product Manufacturer **BMP International Inc.**
Address/Phone/Email **4710 28th Street N
St. Petersburg, FL 33714
(727) 458-0544
benmeng8@yahoo.com**

Authorized Signature **Xianbin Meng
benmeng8@yahoo.com**

Technical Representative
Address/Phone/Email
Quality Assurance Representative
Address/Phone/Email

Category **Structural Components**
Subcategory **Anchors**

Compliance Method **Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer**
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report **Frank L. Bennardo, P.E.**
Florida License **PE-0046549**
Quality Assurance Entity **National Accreditation & Management Institute,**
Quality Assurance Contract Expiration Date **12/31/2013**
Validated By **Ryan J. King, P.E.**
 Validation Checklist - Hardcopy Received

Certificate of Independence **FL14239_R1_COI_COI.pdf**

Referenced Standard and Year (of Standard) **Standard ASTM D1761-06 Year 2006**
ASTM D1761-88 2000

Equivalence of Product Standards Certified By **Florida Licensed Professional Engineer or Architect
FL14239_R1_Equiv_Equiv.pdf**

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

09/29/2011

Date Validated

12/13/2011

Date Pending FBC Approval

12/18/2011

Date Approved

01/31/2012

Summary of Products		
FL #	Model, Number or Name	Description
14239.1	Slotted Steel Tie-Down Clips, 1" and 2" Models	Steel Tie-Down Clip System (For Use with Mechanical Units at Roof or Grade)
Limits of Use	Installation Instructions	
Approved for use in HVHZ: Yes	FL14239_R1_II_Dwa.pdf	
Approved for use outside HVHZ: Yes	Verified By: Frank L. Bannardo, P.E. 0046549	
Impact Resistant: N/A	Created by Independent Third Party: Yes	
Design Pressure: N/A	Evaluation Reports	
Other: This design provides allowable capacities for the system. The required site-specific design pressure (demand) shall be calculated by others for use with this design.	FL14239_R1_AE_Eval.pdf	
	Created by Independent Third Party: Yes	

Contact Us :: 1940 North Monroe Street, Tallahassee, FL 32399 Phone: 850-487-1824

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. :: Privacy Statement :: Accessibility Statement :: Refund Statement
Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.

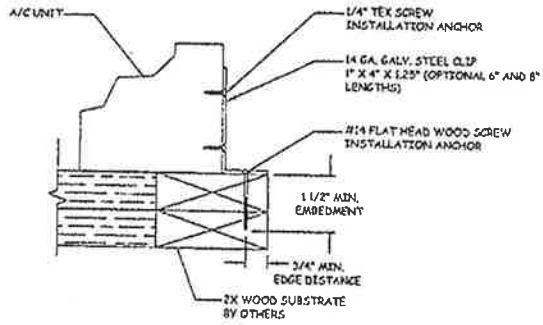
Product Approval Accepts:



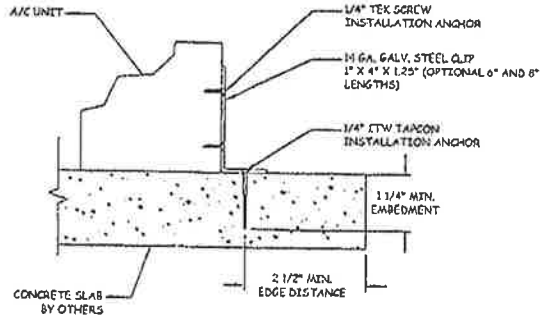
http://floridabuildingcode.com/14239.1/summaryofproducts/summaryofproducts.aspx?productid=14239.1

BMP INTERNATIONAL, INC.

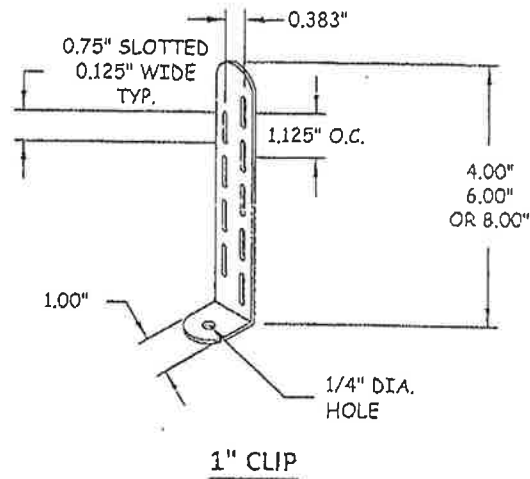
A/C HOLD DOWN CLIP



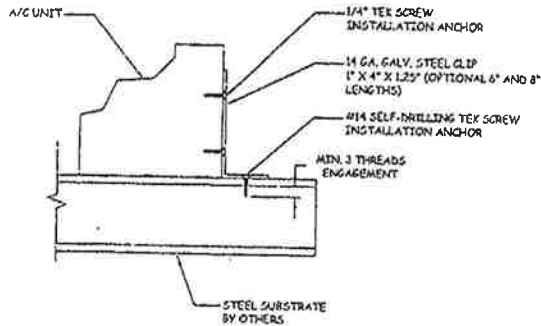
A
1
INSTALLATION DETAIL
2X WOOD SUBSTRATE



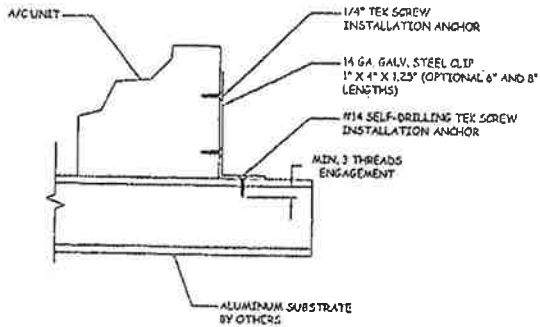
B
1
INSTALLATION DETAIL
CONCRETE SUBSTRATE



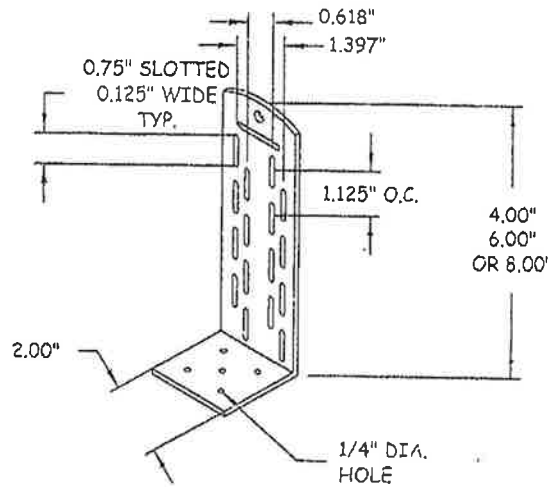
1" CLIP



C
1
INSTALLATION DETAIL
STEEL SUBSTRATE



D
1
INSTALLATION DETAIL
ALUMINUM SUBSTRATE



2" CLIP

BMP INTERNATIONAL, INC.

BMP INTERNATIONAL, INC.
1710 25TH STREET
ST. PETERSBURG, FL 33714
PH: 727 458-0544

TITLE: A/C HOLD DOWN CLIP
INSTALLATION &
GENERAL NOTES

PREPARED BY:
GER TWOORKS, LLC
127 W. FAIRBANKS AVE., STE. 438
WINTER PARK, FL 32789
PH: (321) 444-5397 FX: (321) 444-2265

NO.	DESCRIPTION	BY	DATE



DATE: 06.30.10
DWN BY: JLA
CHK BY: KSD
SCALE: NTS
DWG #: **BMP003**
SHEET: 1 OF 2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/24/2015

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		CONTRACT NAME: Barbara Monroe	
Johnson & Company		PHONE (LIC. No. Exp.): (407) 843-1120	FAX (LIC. No.): (407) 843-5772
801 N Orange Avenue		E-MAIL ADDRESS: bmonroe@johnsonandcompany.net	
Suite 510		INSURER(S) AFFORDING COVERAGE	
Orlando FL 32801		INSURER A: National Trust Insurance Comp	NAIC # 20141
INSURED		INSURER B: FCCI Insurance Company	10178
AIR FLOW DESIGNS CENTRAL, LLC		INSURER C: Zenith Insurance Company	13269
250 JASMINE ROAD		INSURER D:	
CASSEIBERRY FL 32707		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 15-16 AFD Central 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. INSR	INSR LYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GL 0005221 9		3/1/2015	3/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E& occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	GENERAL LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA0008523 9		3/1/2015	3/1/2016	COMBINED SINGLE LIMIT (E& accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	GENERAL LIABILITY <input checked="" type="checkbox"/> UMBRELLA LAB <input type="checkbox"/> EXCESS LAB		DM0005054 9		3/1/2015	3/1/2016	COMBINED SINGLE LIMIT (E& accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000 EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		R048IRA		3/1/2015	3/1/2016	X WC-STAT-LIAB X TORT-LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	CONTRACTOR'S EQUIPMENT LEASED/RENTED		CM 0002958 9		3/1/2015	3/1/2016	ACV/MAX PER ITEM \$100,000 DEDUCTIBLE \$1,000

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

CERTIFICATE HOLDER

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.

AUTHORIZED REPRESENTATIVE

J. D. Johnson Jr. / MONK

ACORD 26 (2010/06)

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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

BURD, TERRY HILE
AIR FLOW DESIGNS- WEST LLC
PO BOX 180308
CASSELBERRY FL 32718

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. 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!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CAC1814424 ISSUED: 05/29/2014

CERTIFIED AIR COND CONTR
BURD, TERRY HILE
AIR FLOW DESIGNS-WEST LLC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2016
L1405290000592

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER	CAC1814424
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The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

BURD, TERRY HILE
AIR FLOW DESIGNS- WEST LLC
250 JASMINE RD
CASSELBERRY FL 32707



ISSUED: 05/29/2014



LOCAL BUSINESS TAX RECEIPT

CITY OF CASSELBERRY
95 TRIPLET LAKE DRIVE
CASSELBERRY, FLORIDA 32707

Business name: AIR FLOW DESIGNS CENTRAL LLC
Location address: 250 JASMINE RD
City/State: CASSELBERRY FL 32707

AIR FLOW DESIGNS CENTRAL LLC
PO BOX 180308

CASSELBERRY FL 327180308

ISSUE DATE: 10/13/2014
EXPIRATION DATE: 09/30/2015

TAX RECEIPT #	CLASSIFICATION	FEES PAID
15 -6033	CONSTRUCTION	\$115.76
15 -6034	RETAIL/WHOLESALE 31 - 9999 EMPLOYEES	\$289.41
15 -6035	SERVICES 31 - 9999 EMPLOYEES	\$202.59
15 -10613	SEMINOLE COUNTY FEE B - REGULATED	\$45.00

LICENSE COMMENTS & RESTRICTIONS:

HVAC SERVICES

NO OUTSIDE STORAGE, DISPLAY OF GOODS, MATERIALS, SERVICES, EQUIPMENT OR VEHICLES.

IMPORTANT: THIS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS.
PENALTY FOR FAILURE TO DO SO.