



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 – 1.5 ton for Mbed/Mbath addition including ductwork
comments: None .

Project Information
 Address: 2319 Nela Ave, Belle Isle, FL 32812
 Parcel ID: 19-23-30-5883-03-240
 Property Owner: Barr, William II
 Phone Number: none

 Company Name: AB Air & Heat LLC
 Contractor Name: Brown, Eric
 License Number: CBC1818035
 Address: 4652 Coventry Court, Orlando, FL 32812
 Phone Number: 407 227 3852

Permit Number: 2016-04-036
Date of Application: 04/25/2016
Date Permit Issued: 04/25/2016

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 | \$ |
| Temp Pole | \$ |
| Plumbing | \$ |
| Mechanical | \$129.00 |
| Gas | \$ |
| Roofing | \$ |
| Boat Dock | \$ |
| Screen Encl | \$ |
| Swimming Pool | \$ |
| Sign | \$ |

SURCHARGE FEES
 Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$133.00

Date Paid 4-26-16
CC or Check # VISA 2778
Amount Paid 133.00

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).

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

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 BD scheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** 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>
login ID = cobi@universalengineering.com password = universal13

RHEEM SALES COMPANY, INC.

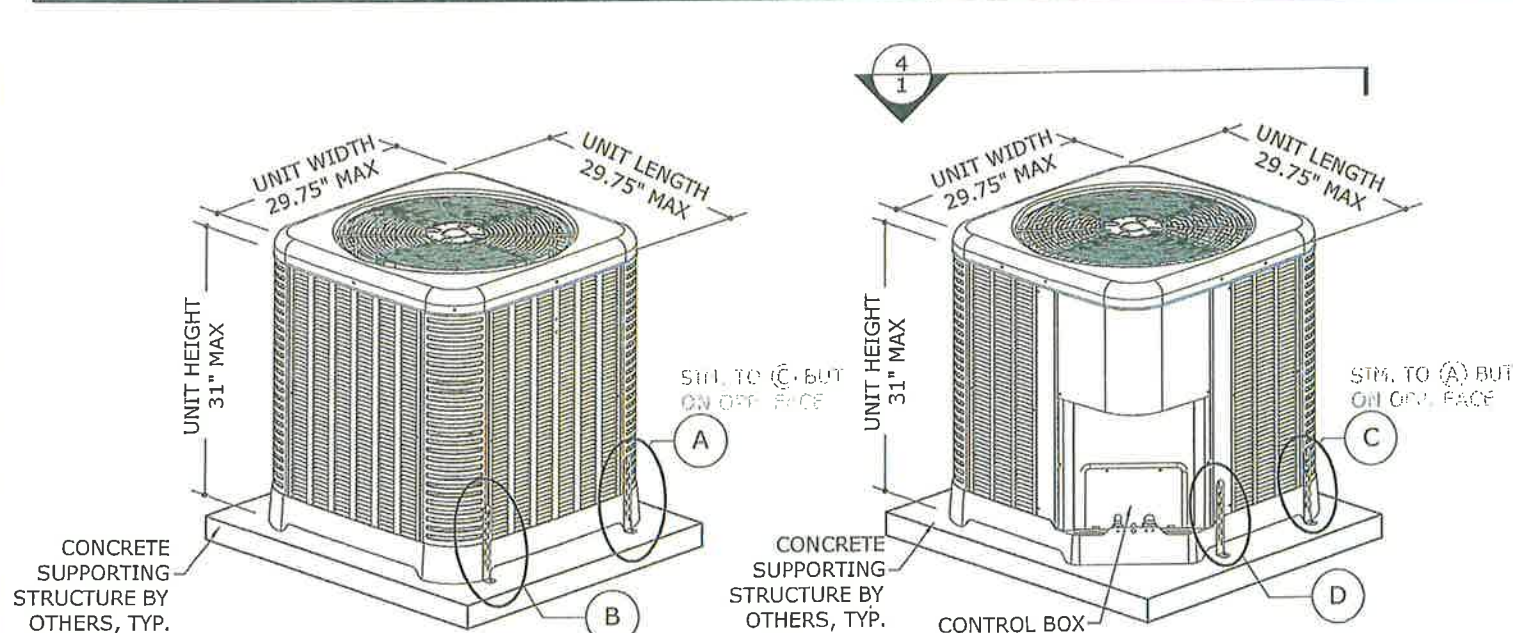
WIND LOAD CERTIFICATION OF MECHANICAL UNIT CABINETY AND STEEL/ALUMINUM TIE-DOWN CLIPS: AT GRADE MOUNTED APPLICATIONS

FRANK BENNARDO, P.E.
PE46549

06/10/2015

VALID FOR: 1 PERMIT ONLY (U.N.O.)
VALID ONLY WITH ORIGINAL ENGINEER SEAL

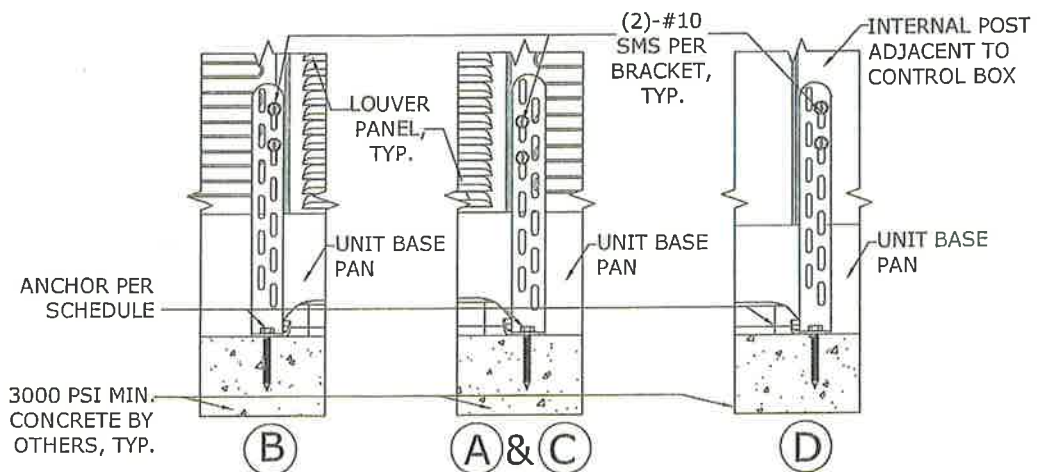
ENGINEERING EXPRESS
160 SW 12th AVENUE, #106
DEERFIELD BEACH, FL 33442
Ph: (954) 354-0660 Fax: (954) 354-0443
WWW.ENGEXP.COM
CERT OF AUTH #9885
A FRANK L. BENNARDO, P.E., INC. INNOVATION



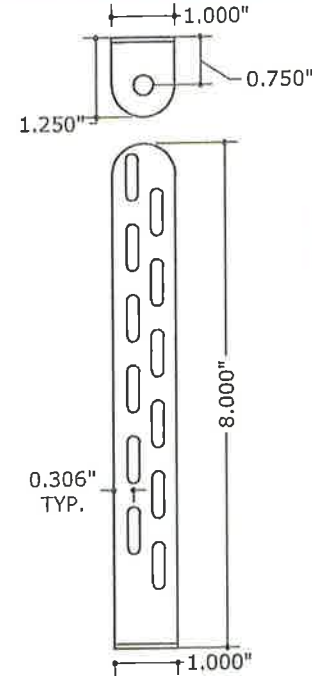
1 MECHANICAL UNIT
1 N.T.S. FRONT ISOMETRIC

2 MECHANICAL UNIT
1 N.T.S. BACK ISOMETRIC

THESE ISOMETRICS ARE INTENDED FOR DIAGRAMMATICAL PURPOSES ONLY; ALTERNATE RHEEM UNITS LISTED HEREIN MAY VARY IN APPEARANCE

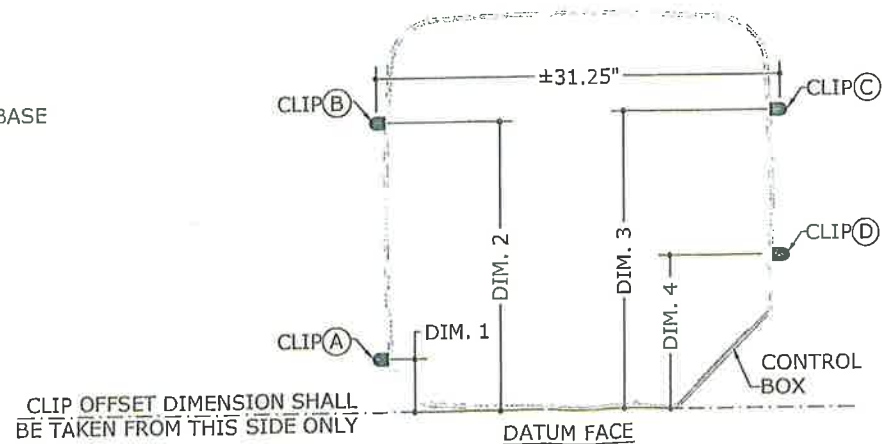


3 TIE-DOWN BRACKETS
1 N.T.S. ELEVATION



TIE-DOWN BRACKET

MIAMI TECH CLIP: 14GA (0.07")
ASTM A653 Fu=90 KSI STEEL (CUTD8) OR 0.080" 5052-H32 ALUMINUM (CUTD8), MIAMI TECH KIT # RRCUTDSMK OR RRCUTDSMK



4 TIE-DOWN BRACKET LAYOUT
1 N.T.S. PLAN

ANCHOR SCHEDULE:

| SUBSTRATE | DESCRIPTION |
|---|--|
| CONCRETE: (4" THICK MIN, 3000 PSI MIN.) | (1)-1/4"Ø STAINLESS STEEL ITW BUILDDEX TAPCON, 1 3/4" FULL EMBED TO CONCRETE, 2 1/2" MIN. EDGE DISTANCE, 3" MIN. SPACING TO ANY ADJACENT ANCHOR. |

TIE-DOWN BRACKET OFFSETS:

| | |
|--------|-----------------------------------|
| DIM. 1 | 4.50" MAX OFFSET FROM DATUM FACE |
| DIM. 2 | 24.50" MIN OFFSET FROM DATUM FACE |
| DIM. 3 | 25.25" MIN OFFSET FROM DATUM FACE |
| DIM. 4 | 13" MAX OFFSET FROM DATUM FACE |

APPLICABLE MODELS:

RA1318, RA1324, RA1330,
RA1336, RA1342, RA1418,
RA1424, RA1430, RA1618,
RP1418, RP1424, RP1430,
RP1518, RD1418, RP1524,
RD1424

APPROVED DESIGN CRITERIA:

ASCE 7-10 Vult=175 MPH
(Vasd=136 MPH), EXPOSURE 'D',
AT GRADE INSTALLATION ONLY

DESIGN NOTES:

THIS SYSTEM HAS BEEN DESIGNED IN ACCORDANCE WITH ASCE 7-10 AND THE FLORIDA BUILDING CODE FIFTH EDITION (2014) FOR USE WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE. THE DESIGN CRITERIA CONSIDERS ASCE 7-10 SECTION 29.4.1 FOR "OTHER STRUCTURES - SOLID FREESTANDING WALLS" INSTALLATIONS AT GRADE. ALL DESIGN VARIABLES ARE IN ACCORDANCE WITH ASCE 7-10 CHAPTERS 26 & 29.

GENERAL NOTES:

- THIS SYSTEM HAS BEEN DESIGNED AND SHALL BE FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE FIFTH EDITION (2014) & ASCE 7-10. THIS SYSTEM MAY BE USED WITHIN AND OUTSIDE THE HIGH VELOCITY HURRICANE ZONE. THIS DESIGN IS NOT INTENDED TO CERTIFY IMPACT RESISTANCE OF THE MECHANICAL UNIT CABINETY.
- NO 33-1/3% INCREASE IN ALLOWABLE STRESS HAS BEEN USED IN THE DESIGN OF THIS SYSTEM.
- DESIGN & CERTIFICATION OF THE UNIT CABINETY IS APPROVED THROUGH TEST REPORT #0323.01-15 BY AMERICAN TEST LAB OF SOUTH FLORIDA. ALL DIMENSIONS AND THE MINIMUM WEIGHT (120 LB MINIMUM) OF MECHANICAL UNIT SHALL CONFORM TO LIMITATIONS STATED HEREIN. ALL MECHANICAL SPECIFICATIONS (CLEAR SPACE, TONNAGE, ETC.) SHALL BE AS PER MANUFACTURER RECOMMENDATIONS AND ARE THE EXPRESS RESPONSIBILITY OF THE CONTRACTOR.
- TAPCONS REFERRED TO HEREIN SHALL BE ITW BUILDDEX BRAND, ASTM F593 410 STAINLESS STEEL OR EQUIVALENT ONLY, INSTALLED TO 3000 PSI MIN CONCRETE. SEE ANCHOR SCHEDULE FOR ANCHOR REQUIREMENTS. ALL SHEET METAL SCREWS USED TO FASTEN BRACKETS TO MECHANICAL UNITS SHALL BE #10 (14 MIN THREADS PER INCH) ASTM F593 410 STAINLESS STEEL OR EQUIVALENT ONLY. PROVIDE (5) PITCHES MINIMUM PAST THE THREAD PLANE FOR SHEET METAL SCREWS. ALL FASTENERS SHALL HAVE APPROPRIATE CORROSION PROTECTION TO PREVENT ELECTROLYSIS.
- 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 3000 PSI, UNLESS NOTED OTHERWISE.
- THE CONTRACTOR IS RESPONSIBLE TO INSULATE ALL MEMBERS FROM DISSIMILAR MATERIALS TO PREVENT ELECTROLYSIS.
- 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.
- FOR AN EXPLANATION OF EXPOSURE CATEGORIES THAT ACCOMPANY THE VULT WIND SPEEDS USED IN THIS DOCUMENT, SEE SECTION 26.7.3 OF ASCE 7-10.

RHEEM SALES COMPANY, INC.



MECHANICAL UNIT STEEL TIE-DOWN CLIPS

| REMARKS | DATE | CHKD | DATE |
|------------|----------|------|------|
| INIT ISSUE | 05/14/15 | JAC | TSB |

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15-2543

SCALE: N.T.S.

PAGE DESCRIPTION:

31" TALL UNIT
29.75" x 29.75" FOOT PRINT

OF 1

1

Certificate of Completion

Refrigerant Transition and Recovery
Certification Program

Certificate of Completion

Issued To: **ERIC B BROWN**
Issue Date: **March 18, 1999**
Certification No.: **000297395**
Certified as a: **UNIVERSAL**

Technician as required by 40 CFR Part 82, Subpart F

FSU/ACCA EPA Program Approval: October 15, 1993

FSU EPA Program Approval: March 01, 2001



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CAC1818035

ISSUED 12/10/2014

CERTIFIED AIR COND CONTR
BROWN, ERIC B
AB AIR & HEAT LLC



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

11412100000444

Florida Sunshine State
DRIVER LICENSE CLASS E
B650-202-62-377-0

ERIC BALLINGTON
BROWN
4652 COVENTRY CT
ORLANDO, FL 32812-8658
DOB: 10-17-1962 SEX: M
EXPIRES: 10-17-2012 HGT: 5-6
WEIGHT: 150-17-2020

ERIC B. BROWN
ORANGE COUNTY

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

236 Nola

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/25/16

PRODUCER
LUCILLE L LANG INSURANCE
112 PASADENA PLACE
ORLANDO, FL 32803
Phone: (407)894-6541 Fax: (407)894-6544

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
A.B. AIR & HEAT, LLC
4652 Coventry Court
Orlando, FL 32812
Phone: (407)227-3852

INSURER A: Lloyds of London
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGE

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|---|---------------|----------------------------------|-----------------------------------|---|--------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | CIBFL0010539 | 11/05/2015 | 11/05/2016 | EACH OCCURANCE | \$ 1,000,000 |
| | FIRE DAMAGE(Any one fire) | | | | \$ 100,000 | |
| | MED EXP(Any one person) | | | | \$ 5,000 | |
| | PERSONAL AND ADV INJURY | | | | \$ 1,000,000 | |
| | GENERAL AGGREGATE | | | | \$ 2,000,000 | |
| | PRODUCTS - COMP/OP AGG | | | | \$ 2,000,000 | |
| | 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 | | | | COMBINED SINGLE LIMIT (ea accident) | \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | BODILY INJURY (Per accident) | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | OTHER | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | | | | | EACH OCCURANCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L.DISEASE-EA EMPLOYEE | \$ |
| | | | | | E.L.DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDROUSMENT/SPECIAL PROVISIONS
AC and/or heating service;

CERTIFICATE HOLDER | **ADDITIONAL INSURED:INSURED LETTER:** | **CANCELLATION**

CITY OF BELLE ISLE
1600 Nela Avenue
Belle Isle, FL 32809
Faxed to:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**



CONSTRUCTION INDUSTRY EXEMPTION

CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE DATE: 12/16/2014 EXPIRATION DATE: 12/15/2016

PERSON: SROWN ER C 5

FEIN: 470338652

BUSINESS NAME AND ADDRESS:

AB AIR & HEAT LLC

4652 COVENTRY CT

ORLANDO FL 32812

SCOPES OF BUSINESS OR TRA

HEATING, VENTILATION,
AIR-COND

IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

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2319 Mela

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Floric

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 c
lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

| | | | | |
|----------------------------|-------------|----------------|----------------------|--------------|
| | 2015 | EXPIRES | 9/30/2016 | 1804-1147420 |
| 1804 CLASS B AIR CONDITION | \$30.00 | 1 EMPLOYEE | 5000 BUSINESS OFFICE | \$30.00 |
| | | | | 1 EMPLOYEE |

| | |
|-----------------|---------|
| TOTAL TAX | \$60.00 |
| PENALTIES | \$9.00 |
| PREVIOUSLY PAID | \$69.00 |
| TOTAL DUE | \$0.00 |

4652 COVENTRY CT (MOBILE)
 U - ORLANDO, 32812
 BROWN ERIC B
 PAID: \$69.00 2502-01618500 11/13/2015



BROWN ERIC B
 AB AIR & HEAT LLC
 BROWN ERIC B
 4652 COVENTRY CT
 ORLANDO FL 32812

This receipt is official when validated by the Tax Collector.

467-244-3420

2319 Nela