



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 2-ton change out.</p> <p>Comments: None</p> <p>Project Information Address: 2515 Nela Ave, Belle Isle, FL 32812 Parcel ID: 19-23-30-5888-03-150 Property Owner: Jones, Betsy & Daniel Phone Number: 407 294 6324</p> <p>***** Company Name: Certified Mechanical Co. LLC Contractor Name: Edenfield, Ron License Number: CMC1249540 Address: 2502 Vulcan Rd, Apopka, FL 32703 Phone Number: 407 294 6324</p>	<p style="text-align: right;">Permit Number: 2016-05-001</p> <p style="text-align: right;">Date of Application: <u>04/27/2016</u> Date Permit Issued: <u>04/28/2016</u></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>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo/Tree \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$73.50 Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$77.50</p> <p>Date Paid <u>4-29-16</u> CC or Check # <u>AMEX 33006</u> Amount Paid <u>77.50</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 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><input type="checkbox"/> 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><input type="checkbox"/> 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><input type="checkbox"/> PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p><input type="checkbox"/></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>
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Inspection requests are to be emailed to BDscheduling@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



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
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RECEIVED
APR 27 2016

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: 4/27/16

PERMIT NUMBER 206-05-001

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

Project Address 2515 Nela Ave. Belle Isle FL 32809 32812
Property Owner Daniel and Betsy Jones Phone 407-294-6324
Property Owner's Mailing Address 2515 Nela Ave. City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 19-23-30-5888-03-150

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

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration 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 2 Total Tons 2
Type of System: Water to Air Chiller Split System Package Heat Pump

Estimated Cost \$ _____

Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's _____
Oil Electric Boiler Gas

Estimated Cost \$ _____

(A) Estimated Cost Fee \$ 5847.00

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) (1) thermostat Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$ 100.00

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 [Signature] LICENSE # CMC1249540
LICENSE HOLDER NAME Ron Edenfield COMPANY NAME Certified Mechanical Co., LLC
Street Address 2502 Vulcan Rd.
City Apopka State FL Zip Code 32703 Phone Number 407-294-6324
Email Address Permit@certifiedmech.services

Reviewed for Code Compliance
Building Official [Signature] Universal Engineering Sciences Date 4/26/16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-27-16

Permit Fee \$ 49.-
Review Fee \$ 24.50
3% Florida Surcharge \$ 4.-
Total Permit Fee \$ 77.50

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.

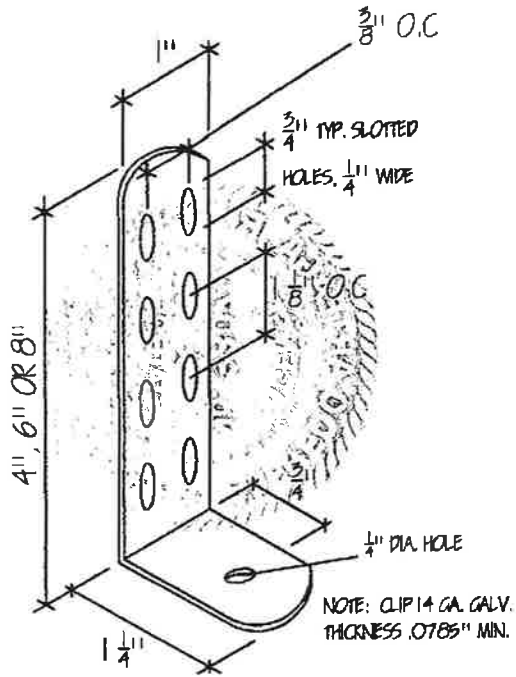
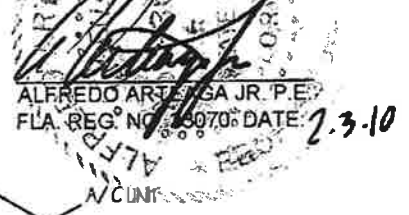
wo 67078

2x6 37
12
49.50
24.50
77.50

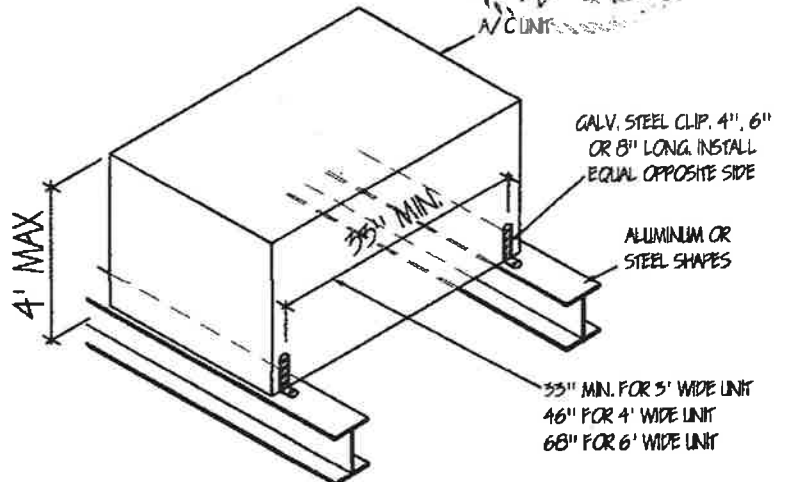
**A/C HOLD DOWN CLIP
 BY: BMP INTERNATIONAL INC.
 INSTALLATION DRAWING**

DATE: 1-28-10 1 of 2

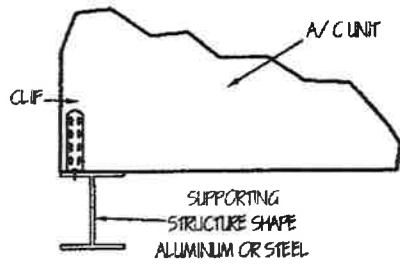
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



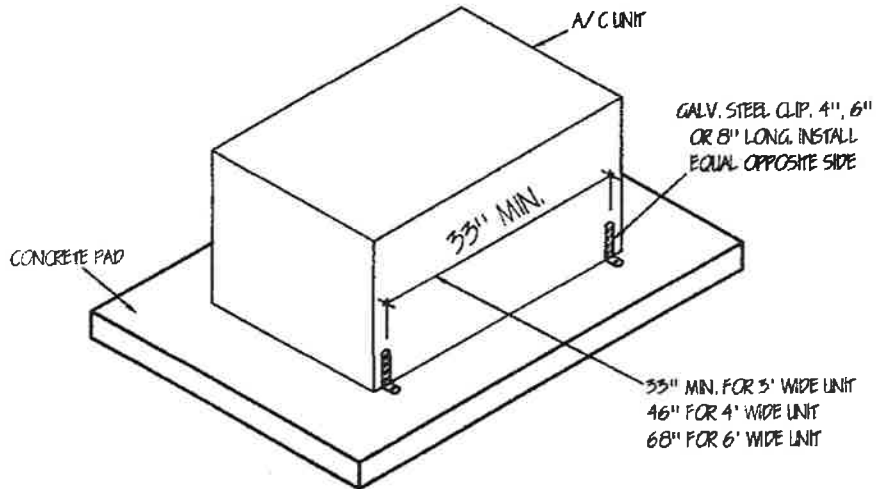
CLIP CONSTRUCTION DETAIL
 N.T.S



ISOMETRIC A/C UNIT ON
 ELEVATED STRUCTURE
 N.T.S



ELEVATION SKETCH
 N.T.S



ISOMETRIC A/C UNIT ON GROUND OR
 ELEVATED CONCRETE
 N.T.S

TABLE OF CLIP ATTACHMENT SUPPORTING STRUCTURE OR A/C UNIT (146 MPH)

HEIGHT ABOVE GROUND FT.	NUMBER OF SCREWS TO HOUSING OF A/C, GALV. NO. 14 SELF DRILLING	TAPCON TO CONCRETE ½" DIA. X 2" LONG	GALV. SCREW SELF DRILLING TO ALUM. RACK SUPPORT ½" DIA. X 1 ½"
15'	2	1	1
20'	2	1	1
25'	2	1	1
30'	2	1	1
40'	2	1	1
50'	2	1	1
60'	3	1	1
70'	3	1	1
80'	3	1	1
90'	3	1	1

ALFREDO ARTEAGA JR. & ASSOC. INC
ENGINEERING CONSULTANTS
CA 3885
850 W. 68 ST. HIALEAH, FLORIDA #33014
305 - 828 - 7878

**A/C HOLD DOWN CLIP
BY: BMP INTERNATIONAL INC.
INSTALLATION DRAWING**

DATE: 1-28-10 2 of 2

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



TABLE OF CLIP ATTACHMENT SUPPORTING STRUCTURE OR A/C UNIT (155 MPH)

HEIGHT ABOVE GROUND FT.	NUMBER OF SCREWS TO HOUSING OF A/C, GALV. NO. 14 SELF DRILLING	TAPCON TO CONCRETE ½" DIA. X 2" LONG	GALV. SCREW SELF DRILLING TO ALUM. RACK SUPPORT ½" DIA. X 1 ½"
15'	2	1	1
20'	2	1	1
25'	2	1	1
30'	2	1	1
40'	3	1	1
50'	3	1	1
60'	3	1	NO
70'	3	1	NO
80'	3	1	NO
90'	3	1	NO

- NOTES: 1) FOR STEEL SUPPORTING STRUCTURES, USE SELF DRILLING GALVANIZED ½" DIA. SCREWS X 1 ½" LONG AS FOR ALUMINUM RACKS.
2) SPACING OF SCREWS IN A/C HOUSING SHALL BE A MIN. OF 1".
3) STAINLESS STEEL SCREWS MAY BE USED WHERE REQUIRED BY GOVERNING AGENCY.

GENERAL NOTES:

- DESIGN CALCULATIONS WERE BASED ON THE FLORIDA BUILDING CODE 2007 EDITION WITH 2009 AMENDMENTS AND ASCE 7-05 CHAPTER 6 FOR WIND LOADS AND VELOCITIES OF 146 MPH AND 155 MPH. IMPORTANCE FACTOR USED IN THE DESIGN I=1.0, EXPOSURE C AS CRITICAL.
- A/C UNIT MAXIMUM SIZE TO BE 3 FT. WIDE X 4 FT. HIGH AND A MAXIMUM WEIGHT OF 150 POUNDS FOR COUNTERACTING WEIGHT OR 4' X 4' X 4' HIGH.
- MOUNTING HEIGHT OF UNIT AS TO TABLES INDICATES TOP OF UNIT.
- ALL SCREWS USED IN ATTACHING CLIP SHALL BE GALVANIZED A307, BE SELF DRILLING WITH A MINIMUM HEAD DIAMETER OF .3125 INCHES. SCREWS SHALL BE DRILLED TIGHT, NOT OVER TIGHTENED AND BE ½ INCH DIAMETER AND 1 ½ INCH LONG FOR CLIP TO SUPPORTING STRUCTURE OR NO. 14 SELF DRILLING AND ½ INCH LONG FOR ATTACHMENT TO HOUSING.
- TAPCONS USED IN ATTACHING CLIP BOTTOM TO CONCRETE SHALL BE PRODUCT APPROVED, WITH A RATED TENSILE STRENGTH OF 460 POUNDS INTO 2700 PSI MIN. COMPRESSIVE STRENGTH CONCRETE. ALL TAPCONS SHALL BE EMBEDDED A MINIMUM OF 1 ½ INCH INTO CONCRETE.
- INSTALLATION OF SCREWS INTO HOUSING OF UNIT SHALL BE WITH A MINIMUM SPACING OF 1 INCH, ALL SHALL BE INSTALLED ON THE TOP END OF THE SLOTTED HOLES, WHERE POSSIBLE.
- ALL SCREWS AT THE BOTTOM OF THE CLIP ATTACHMENT TO SUPPORTING STRUCTURE SHALL HAVE WASHERS OF 14G OR THICKER GALVANIZED STEEL WITH A MIN. YIELD STRENGTH OF 33 KSI. AND BE AT LEAST ½ INCH DIAMETER, FOR 155 MPH WIND VELOCITY.
- STEEL USED IN THE MANUFACTURE OF THE CLIPS SHALL HAVE A MINIMUM YIELD STRENGTH OF 33 KSI, BE GALVANIZED IN ACCORDANCE WITH ASTM G90 AFTER FABRICATION.
- SUPPORTING ALUMINUM STRUCTURE BEAMS SHALL BE OF 6061 T6 ALLOY FOR THE SCREW CAPACITY TO APPLY.
- THIS DRAWING WAS PREPARED BY ALFREDO ARTEAGA JR. AND ASSOCIATES CORP., ALFREDO ARTEAGA JR. P.E., 850 WEST 68TH STREET, HIALEAH, FLORIDA 33014, CA3885 AND REG. NO. 33070. ALL PARTS OF THIS DRAWING MUST BE USED IN DETERMINING CONNECTIONS TO BE UTILIZED, USE OF THESE SPECIFICATIONS BY THE CONTRACTOR INDICATES HE OR SHE HAS UNDERSTOOD ALL PARTS AND HOLDS HARMLESS THE ENGINEER FOR ANY ERRORS DUE TO IMPROPER USE. FURTHERMORE, THE ENGINEER IS NOT RESPONSIBLE FOR THE FABRICATION OF THE HOLD DOWN CLIP NOR THE COMPONENTS USED IN ITS INSTALLATION, ANY DEVIATION FROM THESE SPECIFICATIONS OR DETAILS IS STRICTLY PROHIBITED UNLESS PRIOR APPROVAL IS RECEIVED FROM THE ENGINEER, IN WRITING, NO ADDITIONAL CERTIFICATIONS ARE MADE OR IMPLIED BY THESE SPECIFICATIONS OR DRAWING.
- UNIT SIZE MAY INCREASE TO 6' X 6' X 6' HIGH AND DOUBLE CLIPS SHALL BE USED EACH CORNER WITH SAME CONNECTORS AS SMALLER UNITS, HOWEVER, MAY NOT BE HIGHER THAN 15' FROM GRADE.
- WHEN UNIT IS SUPPORTED BY WOOD, SCREW USED AT THE BOTTOM OF THE CLIP MUST BE SIZE 10G AND BE AT LEAST 1 ½" LONG.
- SIZE NO. 12 GALVANIZED SELF DRILLING SCREWS MAY BE USED ON UNITS WHICH ARE INSTALLED NO HIGHER THAN 40' FROM GRADE AND ONLY FOR 146 MPH OR LESS WIND VELOCITY ZONE.



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

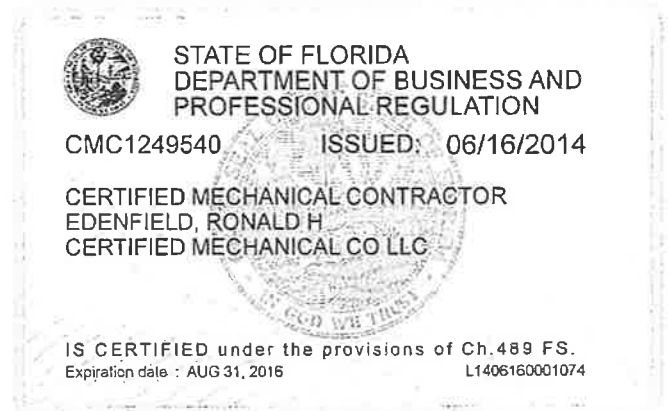
(850) 487-1395

**EDENFIELD, RONALD H
CERTIFIED MECHANICAL CO LLC
2502 VULCAN ROAD
APOPKA FL 32703**

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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CMC1249540	

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



**EDENFIELD, RONALD H
CERTIFIED MECHANICAL CO LLC
2502 VULCAN ROAD
APOPKA FL 32712**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2015

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).

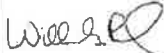
PRODUCER Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Christina Griffin	
	PHONE (A/C, No, Ext): (407) 788-3000 FAX (A/C, No): (407) 788-7933	
	E-MAIL ADDRESS: christina.griffin@ioausa.com	
INSURED Certified Mechanical Co., LLC. 2502 Vulcan Road Apopka, FL 32703	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Trust Insurance Company	20141
	INSURER B : FHM Insurance Company	10699
	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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL00067479	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA00100549	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<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 \$ 10,000		UMB00062179	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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	WC30600203792016A	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella policy is excess over the General Liability, Auto Liability, and Workers Compensation policies.

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 

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Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County

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.

1804-0602160

1804 CONTR-MECHANICAL 2015 \$30.00 1

EXPIRES 9/30/2016
EMPLOYEE :

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

EDENFIELD RONALD

CERTIFIED MECHANICAL CO LLC
EDENFIELD RONALD
2502 VULCAN RD
APOPKA FL 32703-2015

2502 VULCAN RD
U - APOPKA, 32703

PAID: \$30.00 0099-00669331 7/7/2015

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

1804-0602160

1804 CONTR-MECHANICAL 2015 \$30.00 1

EXPIRES 9/30/2016
EMPLOYEE :

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



EDENFIELD RONALD

CERTIFIED MECHANICAL CO LLC
EDENFIELD RONALD
2502 VULCAN RD
APOPKA FL 32703-2015

2502 VULCAN RD
U - APOPKA, 32703

PAID: \$30.00 0099-00669331 7/7/2015

This receipt is official when validated by the Tax Collector.