



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.

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| <p>Scope of Work: MECHANICAL: one 2.5 ton change out no duct work</p> <p>Comments: None</p> <p>Project Information Address: 2914 Trentwood Blvd, Belle Isle, FL 32812 Parcel ID: 29-23-30-1876-02-160 Property Owner: Studer, Carol Phone Number: 407 620 0305 ***** Company Name: No Sweat A/C and Heating LLC Contractor Name: Thrift, Alan License Number: CAC1816648 Address: 2798 Pepper Lane Orlando, FL 32812 Phone Number: 407-497-4259</p> | <p style="text-align: right;">Permit Number: 2016-04-006</p> <p style="text-align: right;">Date of Application: 04/06/2016 Date Permit Issued: 04/06/2016</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 \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <table style="width:100%;"> <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>\$82.50</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 End</td><td>\$</td></tr> <tr><td>Swimming Pool</td><td>\$</td></tr> </table> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$86.50</p> <p>Date Paid <u>4-8-16</u></p> <p>CC or Check # <u>MC 1658</u></p> <p>Amount Paid <u>86.50</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> | Demo | \$ | Building | \$ | Fence | \$ | Driveway | \$ | Shed | \$ | Window(s) | \$ | Door(s) | \$ | PrePower | \$ | Electrical | \$ | Temp Pole | \$ | Plumbing | \$ | Mechanical | \$82.50 | Gas | \$ | Roofing | \$ | Boat Dock | \$ | Screen End | \$ | Swimming Pool | \$ | <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> |
| Demo | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fence | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driveway | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shed | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Window(s) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Door(s) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PrePower | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp Pole | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plumbing | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mechanical | \$82.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Roofing | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boat Dock | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Screen End | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swimming Pool | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Inspection requests are to be emailed to BI 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.



City of Belle Isle

1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org



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: April 5, 2016

PERMIT NUMBER 2016-04-006

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

Project Address 2914 Trentwood Blvd Belle Isle FL 32809 32812
Property Owner Carol Studer Phone 407-620-0305
Property Owner's Mailing Address 2914 Trentwood Blvd City Belle Isle
State FL Zip Code 32812-4839 Parcel Id Number: 29-23-30-1876-02-160

To obtain this information, please visit <http://www.ocpaf1.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 and Equipment Sizing Calculation
- REQUIRED, adding A/C to new space – provide Energy Calculations
- REQUIRED, if replacing unit with no duct work, provide a Duct Certification as per FB 101.4.7.1 (form can be found on website)

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

Air Conditioning: # of Units 1 Tons Per Unit 2.5 Total Tons 2.5
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 4175

Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's _____ Estimated Cost \$ inc
Oil Electric Boiler Gas

(A) Estimated Cost Fee \$ 4715

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) _____ Estimated Cost \$ _____

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

Building Official: [Signature] Date 4-7-16

Review & Permit Fee \$ 82.50
3% Florida Surcharge \$ 4.-
Total Permit Fee \$ 86.50

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 # CAC 1816648

LICENSE HOLDER NAME Alan D Thrift COMPANY NAME No Sweat AC & Heating, LLC

Street Address 2798 Pepper Lane

City Orlando State FL Zip Code 32812 Phone Number 407-497-4259

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 _____

Lic/Ins SM 4-6-16
WO# 66291

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #MEC010

base 37
3x56 $\frac{16}{55} = .29$ $\frac{55}{27.00}$
82.50

Certificate of Product Ratings

AHRI Certified Reference Number: 8224170 Date: 4/5/2016

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: RP1530BJ1

Indoor Unit Model Number: RH1T3617STAN

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM; RUUD

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

| | |
|----------------------------------|-------|
| Cooling Capacity (Btuh): | 29400 |
| EER Rating (Cooling): | 13.00 |
| SEER Rating (Cooling): | 15.50 |
| Heating Capacity(Btuh) @ 47 F: | 27000 |
| Region IV HSPF Rating (Heating): | 9.00 |
| Heating Capacity(Btuh) @ 17 F: | 16600 |



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced, copied, disseminated, entered into a computer database, or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

© 2014 Air-Conditioning, Heating, and Refrigeration Institute



www.ahri.org

CERTIFICATE NO.: 131043618049492770



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The Best Degree of Comfort™

Customer Information

| | |
|----------------------|---------------------------------------|
| Street Address | 2914 Tremwood Blvd, Orlando, FL 32812 |
| Latitude / Longitude | 29.1462 / -81.0534 |
| House Square Footage | 2741 sq. ft. |
| Name | Carol Studer |
| Phone | 407-620-0305 |
| Email | |

House Information

| | |
|----------------------------|------------|
| SHO | 75 |
| Number of Residents | 2 |
| Ceiling height | 9 |
| Wall U-value / R-value | 0.09 / 12 |
| Floor U-value / R-value | 0.2 / 5 |
| Ceiling U-value / R-value | 0.063 / 16 |
| Window U-value | 0.5 |
| Window SHGF | 0.85 |
| Moisture grains | 58 |
| Duct loss % | 10 |
| Duct gain % | 10 |
| Cooling infiltration (ACH) | -0.6 |
| Heating infiltration (ACH) | 0.8 |
| Winter ventilation | 0 |
| Summer ventilation | 0 |

Design Conditions

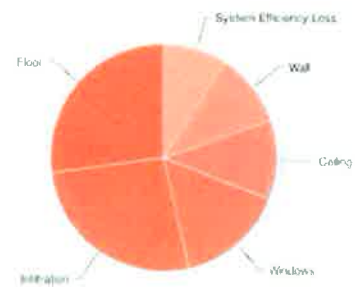
| | Outdoor | Heating | Cooling |
|------------------------------------|---------|---------|---------|
| Dry bulb (°F) | | 37 | 90 |
| Daily range | | | L |
| Relative humidity | | | 50% |
| Moisture difference | | | 59 |
| | Indoor | Heating | Cooling |
| Indoor temperature (°F) | | 70 | 75 |
| Design temperature difference (°F) | | 33 | 15 |



Heating Loads

| Area | Btuh | % of load |
|------------------------|--------------|-----------|
| Wall | 4428 | 10.5 |
| Floor | 11398 | 27.1 |
| Ceiling | 9794 | 23.4 |
| Windows | 6501 | 15.5 |
| Infiltration | 11704 | 28.4 |
| System Efficiency Loss | 3822 | 9.1 |
| Total | 42047 | |

Heating Loads
42047 Btuh

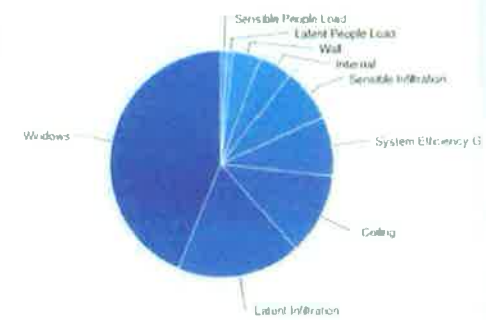


Cooling Loads

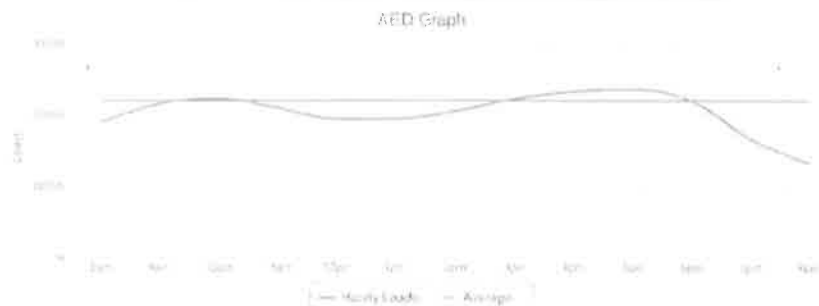
| Area | Btuh | % of load |
|-----------------------------|--------------|------------|
| Wall | 2043 | 4 |
| Ceiling | 5857 | 11.8 |
| Windows | 21775 | 43.6 |
| Sensible Infiltration | 3785 | 7.6 |
| Latent Infiltration | 9046 | 18.1 |
| System Efficiency Gain | 4243 | 8.5 |
| Internal | 2400 | 4.8 |
| Sensible People Load | 480 | 0.9 |
| Latent People Load | 480 | 0.9 |
| Total | 49946 | |

| | |
|---------------------------|------------------|
| Sensible load | 40457 |
| Latent load | 9506 |
| SHR | 0.81 |
| Capacity at 75 SHR | 4.50 Tons |

Cooling Loads
49946 Btuh



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following demand values:

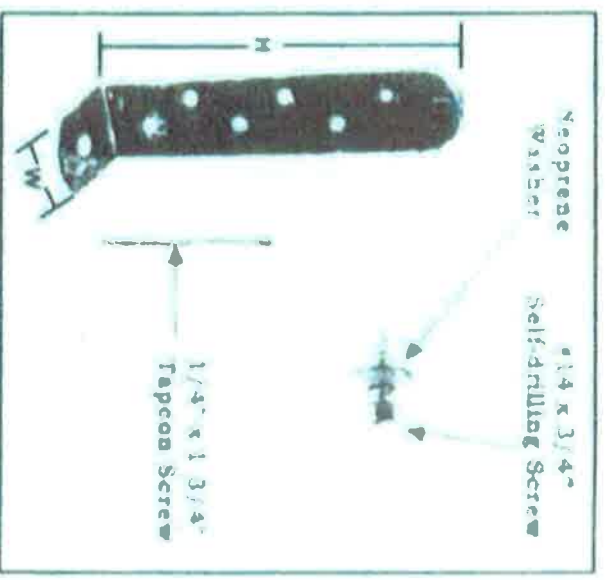
| | |
|--------------------------|--------------|
| Floor (F) | 199 sq. ft. |
| Glass (S) | 28 sq. ft. |
| Glass (N) | 28 sq. ft. |
| Glass (W) | 139 sq. ft. |
| Summer Outdoor | 80°F |
| Summer Wet Bulb | 77°F |
| Summer Indoor | 75°F |
| Summer Design Ground | 30% |
| Winter Outdoor | 37°F |
| Winter Indoor | 70°F |
| Sensible Cooling | 40,487 Btu/h |
| Latent Cooling | 9,508 Btu/h |
| Required Cooling Airflow | 1,540 CFM |
| Sensible Heating | 42,047 Btu/h |
| Required Heating Airflow | 546 CFM |

All calculations are based upon applicable local industry standards and procedures. They comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems also lists Fee.

| PART NO. | H. DIM. | W. DIM. | DESCRIPTION |
|----------|---------|---------|----------------|
| #771 | 4" | 1" | 4pk Clips only |
| #773 | 6" | 1" | 4pk Clips only |

ANCHOR CLIP NOTES:

- The anchor clip are 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
- 196 mph ultimate wind speed (3-second gust) rating bated on a condenser unit surface area of 10.2 sq. ft facing wind : Calculations based upon equations in ASCE 7-10 Chapter 26 : and Chapter 16, Section 1609 2014 FBC. Exposure C or D (facing water direction) : Risk category III : Max. 500 Lb. condenser unit that withstands 196 mph wind speed for 3 second gusts.
- On condenser units near bodies of water AHJ may require condenser units to be raised above ground level. (Suggest The Metal Shop's equipment wall stand for these areas)
- The anchor clips with self-drilling screws and Tapcon screw are for ground mounted condensing units only on 2000 psi or higher psi concrete pads ONLY. Other pads or configurations must be custom engineered.
- Seal affixed hereto validates design as shown only. Use of this plan by Contractor, et al, indemnifies and saves harmless the engineer and The Metal Shop for all costs & damages, including legal fees & appellate fees resulting from deviations of this plan.



ANCHOR CLIP

ANCHOR CLIP INSTALLATION INSTRUCTIONS

- SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
- Minimum of 4 clips required equally spaced around condenser unit : Minimum of 2: #14 x 3/4" self-drilling screws (per clip) with neoprene washer required to fasten • clips to condenser unit base. 1/4" x 1 3/4" Tapcon concrete screw required to fasten each anchor clip into concrete condenser pad (2000 psi or higher psi concrete).
- Adjust anchor clip accordingly to fit on the condenser unit and attach 2 self-drilling screws through the anchor clip and into the condenserate unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
- Attach each Tapcon screw to the base of the anchor clip and into the concrete pad in accordance with Tapcon instructions.
- All hardware must be fastened prior to connecting refrigerant lines and electrical power to the condenserate unit



Jeff Gaither
AR93366

| | | | |
|---|----------------|---|-------------------|
| <p>The Metal Shop 2541 W. DUNNELLON RD DUNNELLON FL 34434</p> <p>PH: (352) 522-0006 Fax: (352) 522-0007 Web: www.metalshop.org</p> | | <p>JEFF GAITHER, AIA 4107 WOODLAWN LN MILWAUKEE, WI 53212</p> | |
| <p>REVISIONS FOR 2014 F.B.C.</p> | | <p>ANCHOR CLIP INSTALLATION INSTRUCTIONS (196 MPH 3 SECOND GUST)</p> | |
| SCALE: NTS | DATE: 7/1/2015 | SHEET: 1 OF 1 | CONNECTION DETAIL |



CITY OF ORLANDO

2015-2016

ECONOMIC DEVELOPMENT PERMITTING SERVICES

LOCAL BUSINESS TAX RECEIPT

(Formerly known as "Business License," changed per state law HB1269-2006)

Issued Date: 10/01/2015
Expiration Date: 09/30/2016

Case Number: BUS-0032154

Business Name
NO SWEAT A/C AND HEATING LLC
2798 PEPPER LN
ORLANDO FL 32812

Business Owner
NO SWEAT A/C AND HEATING LLC
ALAN THRIFT CAC1816648

Business Location:
2798 Pepper Ln

Business Type(s):
CONTRA 1524 CONTRACTOR DBPR

| | |
|--------------------------|-----------------|
| Administration Fee | 20.00 |
| 2016 Business Tax | 187.43 |
| Late Declaration Penalty | 45.85 |
| Total Paid | \$254.28 |

NOTICE: THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

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 | CLASS B AIR COND CON | 2016 | \$30.00 | 1 | EXPIRES | 9/30/2016 | 1804-1099862 | EMPLOYEE | 5000 | BUSINESS OFFICE | \$30.00 | 1 | EMPLOYEE |
|------|----------------------|------|---------|---|---------|-----------|--------------|----------|------|-----------------|---------|---|----------|

| | |
|-----------------|---------|
| TOTAL TAX | \$60.00 |
| PREVIOUSLY PAID | \$60.00 |
| TOTAL DUE | \$0.00 |

2798 PEPPER LN (MOBILE)
A - ORLANDO, 32812

PAID: \$60.00 0099-00687080 8/10/2015



THRIFT ALAN

NO SWEAT A/C AND HEATING LLC
2798 PEPPER LN
ORLANDO FL 32812

This receipt is official when validated by the Tax Collector

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

LICENSE NUMBER

CAC1816648

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

THRIFT, ALAN DALE
NO SWEAT A/C AND HEATING LLC
2798 PEPPER LANE
ORLANDO FL 32812



ISSUED: 09/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409040002160



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2016

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), 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).

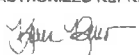
| | | |
|--|--|--|
| PRODUCER AI Malins Insurance 3801 Bee Ridge Road, Suite 6 Sarasota, FL 34233 | CONTACT NAME: PHONE (A/C, No, Ext): (941) 377-7283 FAX (A/C, No): (941) 927-8461 E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED No Sweat Ac and Heating LLC 2798 Pepper Lane Orlando, FL 32812 | INSURER A: Frank Winston Crum Ins. Co. NAIC # 11600 | |
| | INSURER B: Progressive Express Ins. Co. 10193 | |
| | INSURER C: Markel Insurance Company 38970 | |
| | INSURER D: | |
| | INSURER E: | |

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 INSC | SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | GIFL10871600 | 02/13/2016 | 02/13/2017 | 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 - COM/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 08413316-4 | 02/13/2016 | 02/13/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 25,000 |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| C | 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 | MWC0044065-04 | 01/18/2016 | 01/18/2017 | <input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached 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  |
|--|---|



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/13/2016 **EXPIRATION DATE:** 3/13/2018
PERSON: THRIFT ALAN D
FEIN: 454172451

BUSINESS NAME AND ADDRESS:
NO SWEAT A/C AND HEATING LLC

2798 PEPPER LANE
ORLANDO FL 32812

SCOPES OF BUSINESS OR TRADE:
HEATING, VENTILATION,
AIR-COND

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