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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.

Project Information Address: 7902 Daetwyler Drive, Belle Isle, FL 32812 Parcel ID: 29-27-30-1882-00-011 Property Owner: Higgins, Richard Phone Number: 407 468 1423 ************************************			+ 1 hood, 4 exhaust fans, 1 dryer vent and ductwork
Address: 7902 Daetwyler Drive, Belle Isle, FL 32812 Parcel ID: 29-27-30-1882-00-011 Property Owner: Higgins, Richard Phone Number: 407 468 1423 ************************************		Comments:	None
Parcel ID: 29-27-30-1882-00-011 Property Owner: Phone Number: 407 468 1423 ************************************	ı	Project Information	on
Property Owner: Higgins, Richard 407 468 1423 ***********************************	ı	Address:	7902 Daetwyler Drive, Belle Isle, FL 32812
Phone Number: 407 468 1423 ***********************************	ı	Parcel ID:	29-27-30-1882-00-011
Phone Number: 407 468 1423 ***********************************	ı	Property Owner:	Higgins, Richard
Contractor Name: Lattner, Peter License Number: CMC056836 Address: 149 S. Woodland Street, Winter Garden, FL 34787	I	Phone Number:	407 468 1423
Contractor Name: Lattner, Peter License Number: CMC056836 Address: 149 S. Woodland Street, Winter Garden, FL 34787	I	*********	*****************
Contractor Name: Lattner, Peter License Number: CMC056836 Address: 149 S. Woodland Street, Winter Garden, FL 34787	I	Company Name:	Apple Air Conditioning & Heating Inc.
License Number: CMC056836 Address: 149 S. Woodland Street, Winter Garden, FL 34787	I	Contractor Name:	• • • • • • • • • • • • • • • • • • • •
Address: 149 S. Woodland Street, Winter Garden, FL 34787	I	License Number:	·
	ı	Address:	
	I		
	l		

Permit Number: 2016-12-034

Date of Application: 12/19/2015 Date Permit Issued: 03/21/2016

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	BUILDING INSPECTOR USE ONLY IF APPLICABLE: Here Zaping Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 1 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement and Approach Conditions Resp. Mat 2 VEC. NO. 2 Here Statement Approach Conditions Resp. Mat 2 VEC. 2 V						
ZONING FEES Zoning Fee	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						
UNIVERSAL ENG - BUILDING FEES Demo \$	BUILDING 1st(Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site?						
Building \$ Fence \$ Driveway \$ Shed \$	2 nd (Slab) 3 rd (Lintel)(Wall Reinforcing on Masonry Building)						
Window(s) \$ Door(s) \$ PrePower \$	4 th (Exterior Framing)(Roof/Wall Sheathing)						
Electrical \$ Temp Pole \$ Plumbing \$	5 th						
Mechanical \$303.00 Gas \$ Roofing \$ Boat Dock \$	6 th (Insulation to be Made After Roof Installed) 7 th (Drywall)						
Screen Encl \$ Swimming Pool \$	8 th (Sidewalk/Driveway) 9 th (Other)						
SURCHARGE FEES	10 th (Final – After MEP and Other Applicable Finals)						
Surcharge Fee \$4.55 Surcharge Fee \$4.55	ROOFING 1 ST ROOFING Deck Nailing/Dry-in/Flashing						
TOTAL FEES \$312.10	2 nd ROOFING Covering In-Progress						
Date Paid 4-12-16	DILIMBING (Pool Dining Solar Irrigation Water Treatment Equip Etc.)						



NOTE:

Permit has been issued.

City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlander Tel 407-581-8161 * Fax 407-581-0313 * www.universale gir

APPLICATION FOR MECHANI

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.

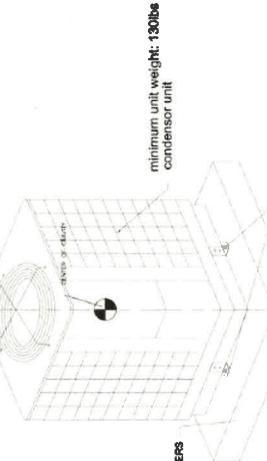
	21/2/2011
	DATE OF APPLICATION: 12-9-15 PERMIT NUMBER OF APPLICATION: 12-9-15
	PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:
	Project Address 7902 Oactwyler RJ Belle Isle FL 32809 X 32812 Property Owner Phone 907 468-497 Property Owner's Mailing Address 52 38 Oalt Island PJ City B-//= Island PJ City
vî ₁	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 2 Tons Per Unit 11/2 / 21/2 Total Tons 4 ton. Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ Oil Electric Boiler Gas Estimated Cost \$ Oil Electric Boiler Gas Oil Oil Electric Boiler Oil
	(A) Estimated Cost Fee \$ 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? YesNo
	Email Address jtinen e apple acicom
	Building Official: Permit Fee Review Fee Substituting Date 3-11-16 Permit Fee Review Fee Total Permit Fee \$ 202 \$ 1.0 1.0

The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building

Building Permit Number ____

UNIT IS ABSUARD TO AT AT THE DEOMETRIC CENTER OF THE MECHANICAL UNIT. PREGULAR SHAPED UNITS REGULAR SHAPED UNITS IE SCAUPE OR RECTANGULAR IIID CENTER OF GRAVITY OF ANCHORING IS FOR

ATIONS OR WOOD SUPPORT MEMBERS VESIGNED BY OTHERS CONCRETE ETE BASE OR HOST STRUCTURE IC ENGINEERING FOR ROOF TOP A 2000 PS: MINIMUM. SEE SITE



17: 10.72 | 1.4 | 0.1 | 47.14 | 19.04 #144.50** 20.1 | 0.00/08.50 | 2.46.61 | M.5.14 | 5.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.00/08.50 | 10.0 A MATHEMATICAL MAN SILE IN CANA SE THE LE AND THE RADIO OF LAND STATE OF THE PARTY OF THE PA HE WINE WAR I GAY WALL condensor unit SE TO REPERT

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3. ALLOWARIE DESIGN SHOWN ON TABLES IS BASED ON ALLOWABLE SHEAR AND TENSION. LOADS OF PECHANICAL FASTINESS.

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SHALL BY AS DEC ALL PROPERTY SPECEFATORS, CLEAK SPACE, CANAGOS, ETC. SPACE, RE-SPACE, PALLEY RE-AS DESCONDENTY OF CONTRACTOR

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US ALLONABLE LATERAL BIND PRESSURE (ANCHOR TO CONCHETE PAC) (1) CLEP AT EACH CORNED (TOTAL OF A CLIP'S PER UNIT)

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	ECONT WIDTH 1/4" TAPCON TO CONCRETE BASE	State	MOTOR 24 TURN OF THE PARTY OF T	60'TEAX 48'YEN (////////////////////////////////////
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325 LB6 TENGLON: 505 LBS BINGLE SHEAR

TENSION LOAD) STRENSTH OF TAPCON IS

WAY FIR HADRONENT

325 LESS. FLEL OUT

CONCERTE SE かのか このの ラディエ

MAXIMUM ALLOWABLE SHEAR LOAD FOR 1/4' DIA CONCRETE FASTENERS N 2000 FS: MHLPLM STRENGTH

RECOMPINED FASTENERS 74. x | 3/4. 14PCOS

Compliance Universal Engineering Reviewed for Code





DIRAN ALCHARIE WAD PRESSURES HAY BE EGUNALDY OUT TO THE LANTING CARACITY OF THE 1" CLP.
MURALIA ALCHARIE WALLE OF 200 PSF MS BEEN GRUED, FOR HEARING CARACITES CONTACT THIS ENGINEET FOR SITE-SPECIFIC ENGINEERING.

-CONN. CLES SHALL BE FASTINED TO MICHANICA HOUSING UNIT MITH (2)—\$1445/4" STS CHADE 5 SHEEL MITH, SCHEMS, SHANCAL HOUSIND UNIT SHALL CONFORM TO THE FOLLOWING.
UNINAM FRAME ON EXTERIOR HOUSING SHALL BE GODS—TO UNIT ALVANAM SHEET WITH FLY+30 KS, D.C.6.23" WAL THICKNESS.
EZE, HOUSING UNITS SHALL BE SMISH MY. STOCKL GRUDE 33, 2250 MM. (1+0.0299).

STATE OF SOLE DAME, JUN 24 2015



COBI Permit Fee Calculation Form



Reviewer Signature:	Date: 3-10-16
Permit Type:	Vow Mechanical/New SPR Job Cost: \$ 14,658 (6 K For HVAC equip)
Permit Fee:	\$ 262 -
Plans Review Fee:	\$ (50% of permit fee – excluding ReRoofs)
1.5% State Fee:	s
1.5% State Fee:	s
TOTAL BUILDING FEE:	\$

S,658

duot wat, hood, fins, vent
bas 37.

8x 10 80

117.

CUTTING PAINTING PATCHING

WARRANTY	WA	RR	AN	TY
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10 YEARS ALL PARTS
1 YEAR LABOR

TERMS

50% UPON ROUGH IN 50% UPON TRIM OUT

NOTES:

IF YOU WOULD LIKE AN ALTERNATE ON EUIPMENT PLEASE LET ME KNOW

CONDITIONS OF BID:

Our bid is based on the above qualifications and the scope of work.

If any items are changed we must re-evaluate our bid.

This bid is good for 30 days after which time we reserve the right to review and modify our pricing, if necessary.

Heating, Venting and Air Conditioning

BID PRICE:\$ 14,658.00

SIGNATURE

DATE

15,16

We wish to thank you for the opportunity to bid and look forward to servicing your HVAC needs on this project.

Sincerely,

Apple Air Conditioning & Heating, Inc.

Peter Lattner, Jr. President



BID

PROJECT INFORMATION:

Project: RICK HIGGANS DATEWYLER DR BELLE ISLE

Contractor:

Date: 11/11/14

SCOPE:

INSTALLATION OF 1-1.5 TON AND 1-2.5 TON SPLIT SSYTEM WITH ALL NECESSARY DUCT WORK, LABOR AND MATERIAALS TO COMPLETE JOB

SUPPLIED:

- 1 LENNOX 2.5 TON 15 SEER HEAT PUMP SPLIT SYSTEM
- 1 LENNOX 1.5 TON 15 SEER HEAT PUMP SPLIT SYSTEM
- 2 COPPER AND DRAIN SETS
- 2 FLOAT SWITCHES
- 2 AUX HEATERS
- 19 PIECES OF AIR DISTRIBUTION
- 3 BATH FANS
- 2 DIGITAL PROGRAMABLE THERMOSTATS

PERMIT

NOT SUPPLIED:

ELECTRICAL
DISCONECTS
ENGINEERING
ENERGY CALCS
INTERGRATION
PLATFORMS
PADS

CONCRETE WORK





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2015

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

	e terms and conditions of the policy rtificate holder in lieu of such endor	•			ndorser	nent. A stat	tement on th	is certificate doe	es not co	nfer ı	rights to the
PROD	DUCER		CONTAC NAME:	T Peggy A	mos						
Las	siter-Ware Insurance of Tampa	Ī	PHONE (A/C, No	Ext): (800)	845-8437		FAX (A/C. No): (888)	883-8680		
	N. Westshore Blvd.			T T	E-MAIL ADDRES	D10	lassiter-	ware.com			
	te 110					INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
rami	pa, FL 33607				INSURE	RA: United	Fire & Ca	sualty Compan	y		13021
INSU	RED				INSURE	RB:					
λnn	le Niz Conditioning and Heati		INSURER C :								
Apple Air Conditioning and Heating, Inc. P. O. Box 246						INSURER D :					
Ocoee, FL 34761-0246						RF:					
CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
INI CE	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				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	GENERAL LIABILITY							EACH OCCURRENC			1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occur		;	100,000

INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S		
	GENERAL LIABILITY X COMMEDCIAL CENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CON WERCIAL GENERAL LIABILITY			60397658	11/1/2015	11/1/2016	PREMISES (Ea occurrence)	5		
	CLAIMS-MADE X OCCUR			00377030	, _,	11, 1, 1010	MED EXP (Any one person)	\$	5,000	
A							PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY X PRO- X LOC							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000	
	X ANY AUTO			60397658	11/1/2015	11/1/2016	BODILY INJURY (Per person)	\$		
A	ALL OWNED SCHEDULED AUTOS		60397656	11/1/2015	11,1,2010	BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
							TO STATE OF THE ST	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							S		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

CERTIFICATE HOLDER	CANCELLATION
City Of Belle Isle 1600 Nela Ave Belle Isle, FL 32809	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 Tee Grizzard/PEGR

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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

LATTNER, PETER LEE JR
APPLE AIR CONMDITIONING & HEATING INC
16902 WINTER RD.
MONTVERDE FL 34756

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

*CMC056836 *

The MECHANICAL CONTRACTOR
Named below IS CERTIFIED

Under the provisions of Chapter 489 FS

Expiration date: AUG 31, 2016

LATTNER, PETER LEE JR APPLE AIR CONMDITIONING & HEATING INC 149 SOUTH WOODLAND'S TREET WINTER GARDEN FL 34787







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/IDD/YYYY) 09/23/2015

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
Brown & Brown of Florida, Inc.
Daytona Beach Office

CONTACT AUDREY FREEBOROUGH
PHONE
(AC, NO. EXI): 386-252-9601

FAX. (NO. EXI): 386-252-9601

PRODUCER
Brown & Brown of Florida, Inc.
Daytona Beach Office
P.O. Box 2412
Daytona Beach, FL 32115-2412
Ryan Coffers

APPLE AC & HEATING, INC
149 S. WOODLAND ST.
WINTER GARDEN, FL 34761

CONTACT AUDREY FREEBOROUGH
PHONE (AIG, No. Ext): 386-252-\$601
FAX, No. Ext): 386-239-5729

INSURER a: Insurance Company of the West

27847

INSURER B:
INSURER C:
INSURER C:
INSURER C:
INSURER E:
INSURER F:

l				INSURER E:				
_				INSURER F :				
C	OVERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORDS	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V	WHICH THIS
INSF	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MWDD/YYYY)	POLICY EXP	LIMIT	S	
-	COMMERCIAL GENERAL LIABILITY	132,111				EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (En occurrence)	\$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY PRO- LOC	1 1				PRODUCTS - COMP/OP AGG	s	
	OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR				1	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
_	DED RETENTIONS	\vdash				1050 1014	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0770010045	07/00/00/0	X PER OTH-		4 000 000
A	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	WFL503084600	07/22/2015	07/22/2016	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory In NH)		1		-	E.L. DISEASE - EA EMPLOYEE		1,000,000
_	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	8	1,000,000
					z sewa		+411	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (ACOR	RD 101, Additional Remarks Schedul	e, may be unached it mo	re space is requi	reaj		
CF	RTIFICATE HOLDER			CANCELLATION				
-	The second secon							
			I	SHOULD ANY OF	THE AROVE D	ESCRIBED POLICIES BE C	ANCELL	ED BEFORE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

1600 NELA AVE.
BELLE ISLE, FL 32809

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CITY OF WINTER GARDEN 300 WEST PLANT STREET WINTER GARDEN, FL 34787

P: 407.656.4111 www.wintergarden-FL.gov

WINTER GARDEN • A charming little city with a juicy past.

LOCAL BUSINESS TAX RECEIPT FOR CITY OF WINTER GARDEN

Business Name: Receipt No:

APPLE AIR CONDITIONING

15-00001906

Tax/Add'tl Tax: Late Penalty:

Total Paid:

\$86.00 \$ \$ 0.00 \$ 0.00

Location: Class:

149 S WOODLAND ST MECHANICAL/HVAC CONTRACTOR

Issue Date:

August 22, 2014

September 30, 2015 Expires: Restrictions:

Comments:

MUST COMPLY WITH LOCAL BUSINESS TAX REQUIREMENTS

APPLE AIR CONDITIONING 149 S. WOODLAND

WINTER GARDEN FL 34787

BUSINESS TAX RECEIPT MUST BE POSTED IN CONSPICUOUS PLACE AT ALL TIMES.

PLEASE NOTE THE TOP PORTION IS YOUR <u>2015</u> LOCAL BUSINESS TAX RECEIPT AND IS PAID THRU SEPTEMBER 30, 2015

- 1. Business Tax Year is from October 1 through September 30. Tax fees are prorated after April 1 for a half-year fee.
- 2. All new commercial business tax must be inspected by the Fire Department to meet all applicable state and city code requirements. You will be contacted to make arrangements for your inspection.
- 3. An Orange County Business Tax must be paid AFTER YOU HAVE BEEN ISSUED THE WINTER GARDEN BUSINESS TAX RECEIPT. They are located at 201 S Rosalind Ave, 2nd FL, Orlando, (407) 836-5650.