



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, 3-ton changeout</p> <p>Comments: None</p> <p>Project Information Address: 1419 Belle Vista Drive, Belle Isle, FL 32809 Parcel ID: 24-23-29-5306-03-080 Property Owner: Cotter, Kathleen Phone Number: 407-850-9279 ***** Company Name: ACS Home Services Contractor Name: McClellan, Matthew James License Number: CAC1817480 Address: 1024 W. Pine Street, Orlando, FL 32805 Phone Number: 407-219-9750</p>	<p style="text-align: right;">Permit Number: 2015-08-042</p> <p style="text-align: right;">Date of Application: 08/20/2015 Date Permit Issued: 08/21/2015</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>
--	--

BUILDING FEATURES

<p>IMPACT FEES</p> <p>Traffic \$ School \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Boat Dock \$ Boat House \$ Building \$ Demo \$ Door(s) \$ Driveway \$ Electrical \$ Fence \$ Gas \$ Irrigation \$ Low Voltage \$ Mechanical \$82.50 Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p> <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>8-25-15</u></p> <p>Coor Check # <u>VISA 7358</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>	<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>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>ROOFING OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</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>
--	--

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 1pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

CITY OF BELLE ISLE
Permit Application Review Sheet

Permit Number	2015-08-042
Property Owner	Catter, Kathleen
Address	1419 Belle Vista Dr.
Nature of Improvement	Mechanical one 3 ton change out
Received Application	8-20-15
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-21-15
Building Official Approved	
Comments	
1.	Susan 8-20-15 Sent email need credentials
2.	Susan 8-21-15 got all credentials ✓
3.	Susan 8-21-15 WO 500 56080 for Jay
4.	" " Approved!
5.	3 tons x \$6 = 18
6.	37 base fee
7.	55 permit ÷ 2 =
8.	27.50 renewal fee
9.	82.50
10.	4.00
11.	86.50
12.	

JPH. 8/21/15 Typed Permit
Susan 8/21/15 - emailed it's ready



City of Belle Isle

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

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: 8/20/15 PERMIT NUMBER 2015-08-042
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 1419 Belle Vista Dr, Belle Isle FL 32809 32812
Property Owner Kathleen Cotter Phone 407-850-9279
Property Owner's Mailing Address 1419 Belle Vista Dr City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 24-23-29-5306-03-080

To obtain this information, please visit <http://www.ocpafl.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 3 Total Tons 3
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____
Heating: # of Units KWS Per Unit _____ Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric _____ Boiler _____ Gas _____

(A) Estimated Cost Fee \$ 5240

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 \$ _____

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 # CAC1817480

LICENSE HOLDER NAME Matt McCellan COMPANY NAME ACS Home Services

Street Address 1024 W. Pine St

City Orlando State FL Zip Code 32805 Phone Number 407-219-9750

Email Address shella@acshomeservices.com

Building Official: _____	Date _____
Verified Contractor's Licenses & Insurance are on file _____	Date _____

Permit Fee	\$ <u>55.-</u>
Review Fee	\$ <u>27.50</u>
3% Florida Surcharge	\$ <u>4.00</u>
Total Permit Fee	\$ <u>86.50</u>

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 _____



Certificate of Product Ratings

AHRI Certified Reference Number: 7849440 Date: 6/23/2015

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

Outdoor Unit Model Number: 214DNA037****A

Indoor Unit Model Number: FB4CNP036L

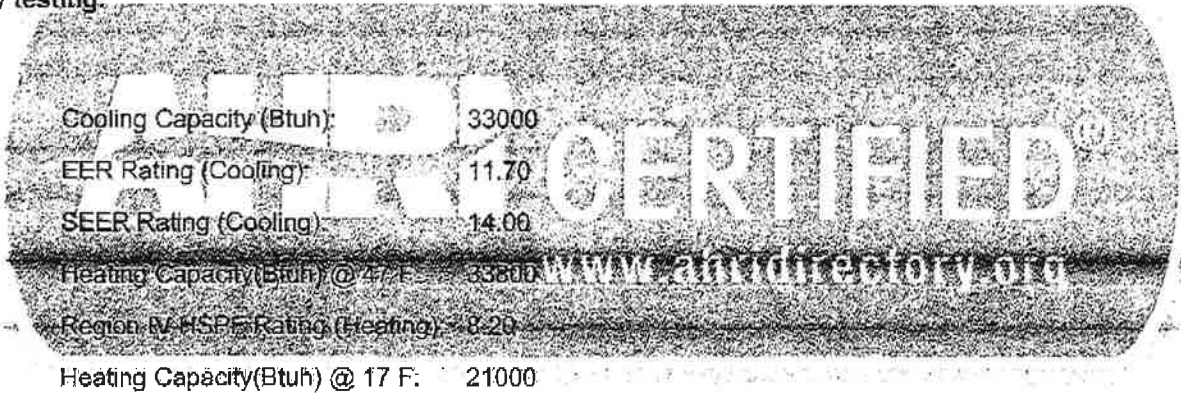
Manufacturer: BRYANT HEATING AND COOLING SYSTEMS

Trade/Brand name: BRYANT HEATING AND COOLING SYSTEMS

Series name: 14 SEER PURON HP

Manufacturer responsible for the rating of this system combination is BRYANT HEATING AND COOLING SYSTEMS

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:



* 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



CERTIFICATE NO.: 130795340889845965



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2015

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 WorkComp Solutions, Inc. P.O. Box 24987 Lakeland, FL 33802	CONTACT NAME:	
	PHONE (A/C, No, Ext):	863-846-4642
www.workcompsolutionsfl.com	FAX (A/C, No):	863-846-3521
	E-MAIL ADDRESS:	
INSURED Accountable Climate Solutions, Inc. ACS Home Services 13540 N. Florida Ave., Suite 205 Tampa FL 33613	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Associated Industries Ins. Co.
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 25272631 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AWC1048728	7/6/2015	7/6/2016	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

30 Day Notice of Cancellation applies.

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 Darrell J. Mills

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



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

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

(850) 487-1395

**MCCLELLAN, MATTHEW JAMES
ACS HOME SERVICES
399 SW BOSTON TER
FORT WHITE FL 32038**

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

CAC1817480

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

**MCCLELLAN, MATTHEW JAMES
ACS HOME SERVICES
13540 N FLORIDA AVE SUITE 205
TAMPA FL 33613**



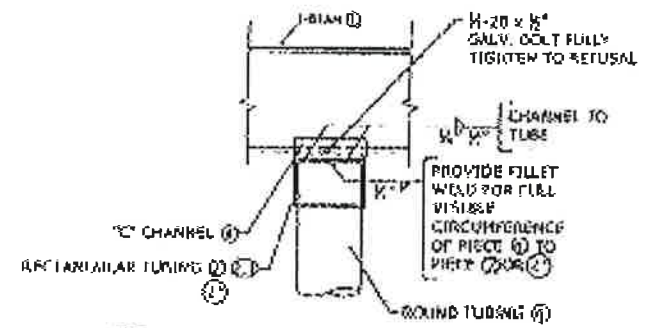
L1407210000685

P. 002/003

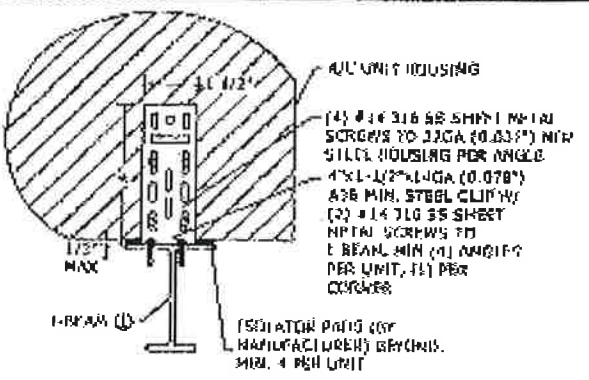
FAX No. 4079301953

AUG/20/2015/THU 12:41 PM ACS

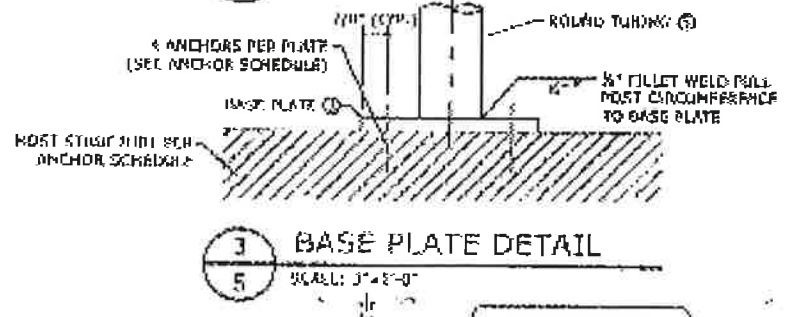
PROJECT: 09-PAP-0001 - 10-20-10



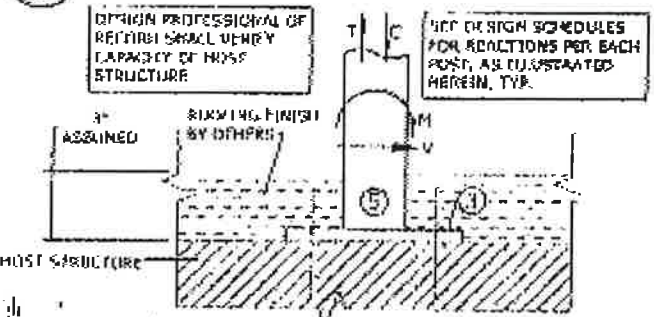
1 FRAME ASSEMBLY DETAIL
SCALE: 3/4" = 1'-0"



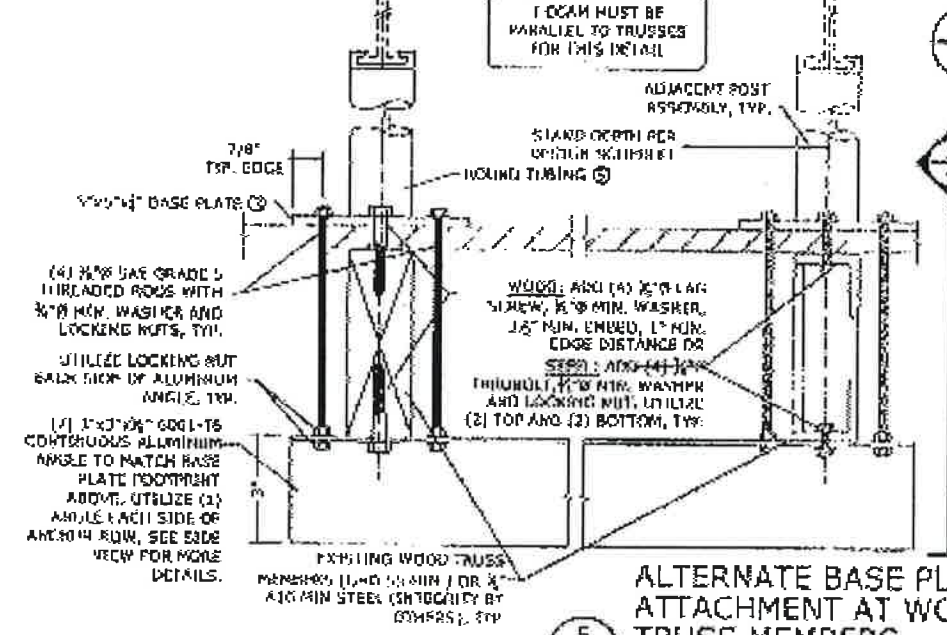
2 A/C UNIT TIE-DOWN DETAIL
SCALE: 3/4" = 1'-0"



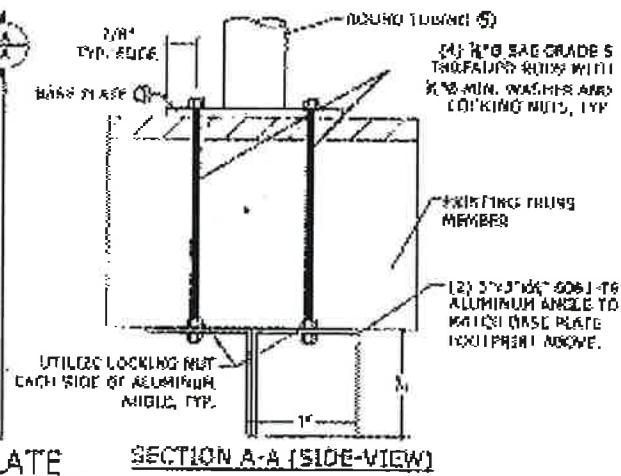
3 BASE PLATE DETAIL
SCALE: 3/4" = 1'-0"



4 BASEPLATE REACTIONS
SCALE: 3/4" = 1'-0"



5 ALTERNATE BASE PLATE ATTACHMENT AT WOOD/STEEL TRUSS MEMBERS
SCALE: 3/4" = 1'-0"



SECTION A-A (SIDE-VIEW)

ANCHOR SCHEDULE
FOOTNOTES WITH DETAILS (1) ONLY

ANCHOR TYPE	HOST STRUCTURE	ANCHOR DESCRIPTION
(1)	CONCRETE	(1) 1/2" THICK PLAIN WELDED-BARS 7 CONTIGUOUS ANCHORS (MIN 3/8" MIN. WASHER, 2 1/2" EMBEDMENT & 7" MIN. TYP. DISTANCE, 2 1/2" SPACING PER 19" TC BASE PLATE, 3 1/2" SPACING PER 19" TC BASE PLATE
(2)	STEEL	(1) 3/8" DIA. GRADE 5 GALVANNEAL BOLTS W/ 1/2" MIN. MIN. WASHER, (2) STRUCTURAL A307 STEEL NUTS W/ 1/2" MIN. MIN. WASHER, (2) 1/2" DIA. SPLIT LOCK WASHERS
(3)	WOOD	(1) 3/8" DIA. SPLIT LOCK WASHERS W/ 1/2" MIN. MIN. WASHER, (2) 1/2" DIA. SPLIT LOCK WASHERS
(4)	STEEL	(1) 1/2" DIA. SPLIT LOCK WASHERS W/ 1/2" MIN. MIN. WASHER, (2) 1/2" DIA. SPLIT LOCK WASHERS

- ANCHOR NOTES:**
- ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.
 - ENSURE MINIMUM FIRE DISTANCE AS NOTED IN ANCHOR SCHEDULE FOR EACH ANCHOR.
 - WOOD HOST STRUCTURE SHALL BE "SOUTHERN PINE" OR GREATER RENSITY. ALL CONCRETE SUBSTRATE SHALL HAVE MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI. CONCRETE SLAB THICKNESS SHALL BE GREATER THAN OR EQUAL TO 2.5X ANCHOR EMBEDMENT. INSTALL CONCRETE ANCHORS TO UNFINISHED CONCRETE ONLY.
 - MINIMUM EMBEDMENT SHALL BE AS NOTED IN ANCHOR SCHEDULE. MINIMUM EMBEDMENT AND EDGE DISTANCE FROM FINISH ROOFING FINISHES.
 - WHERE EXISTING STRUCTURE IS WOOD TRUSSES, EXISTING CONDITIONS MAY VARY. FIELD VERIFY THAT FASTENERS ARE INTO ADEQUATE WOOD TRUSS MEMBERS, NOT INTO PLYWOOD.

09/04/2013

ENGINEERING EXPRESS

PRECISION ALUMINUM PRODUCTS

160 SW 22ND AVENUE, #108
DEERFIELD BEACH, FL 33442
PH: (561) 894-0063 FAX: (561) 894-0063
WWW.ENGPDP.COM

1209 SW 1ST WAY
DEERFIELD BEACH, FL 33441
PH: 354-460-0929

ALUMINUM ANCHORS
WHILE COMPLIANT

09-PAP-0001

107

6

RECEIVED
AUG 20 2015