



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, 4-ton A/C unit changeout</p> <p>Comments: None</p> <p>Project Information Address: 1652 Wind Willow Road, Belle Isle, FL 32809 Parcel ID: 30-23-30-9330-00-820 Property Owner: Mitchell, Joel & Alicia Phone Number: 615-973-2146 ***** Company Name: No Sweat AC & Heating, LLC Contractor Name: Thrift, Alan License Number: CAC1816648 Address: 2798 Pepper Lane, Orlando, FL 32812 Phone Number: 407-497-4259</p>	<p>Permit Number: 2015-07-052 Date of Application: 07/27/2015 Date Permit Issued: 07/30/2015</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>
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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 \$55.50 Plumbing \$ Pool \$ Roofing \$ Screen Encl \$ Shed \$ Temp Pole \$ Window(s) \$</p>	<p>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 1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____ 2nd _____ (Slab) 3rd _____ (Lintel)Wall Reinforcing on Masonry Building) 4th _____ (Exterior Framing)(Roof/Wall Sheathing) 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed) 6th _____ (Insulation to be Made After Roof Installed) 7th _____ (Drywall) 8th _____ (Sidewalk/Driveway) 9th _____ (Other) 10th _____ (Final - After MEP and Other Applicable Finals)</p>
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SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 8-3-15
 CC or Check # MC 1658
 Amount Paid 59.50

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).

CHECK APPROPRIATE BOX
 GAS ___ Natural ___ LP MECHANICAL ELECTRICAL LOW VOLTAGE

1st _____ (Rough-In) 2nd _____ (Final)
 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)
 1st _____ (Underground) 2nd _____ (Sewer)
 3rd _____ (Final)

Inspection requests are to be emailed to BidScheduling@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	2015-07-052
Property Owner	Mitchell Joel & Alicia
Address	1652 Wind Willow Rd
Nature of Improvement	Mechanical - one 4-ton chnageat
Received Application	7-27-15
Sent for Stormwater Review	/
Stormwater Approved	/
Sent for Zoning Review	/
Zoning Approved	/
Applied for Variance	
Variance Approved	
Sent to BO for Review	7/30/15
Building Official Approved	7/30/15 J. Connell
Comments	
1. Susan 7/27/15	Emailed Alan (Contractor) need 2014 fire dums (not job)
2.	
3. JPH. 7/29/15	Sent Reminder Email.
4. JPH. 7/30/15	Rec'd Mec. Fastener Letter, Emailed to J. Connell to Review / WO # 55046.
5. " "	Approved; Typed Permit, Updated Log / Vision, Emailed Client Permit is Ready.
6. " "	
7. " "	
8.	
9.	
10.	
11.	
12.	



UNIVERSAL ENGINEERING SCIENCES

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review

3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 55046

Inspection Report

Project Name: 1652 Wind Willow Road ~ COBI

Date: 07/30/2015 Any any

Address: 1652 Wind Willow Road ~ COBI ,Belle Isle, Orange County,
FL

Permit No: 2015-07-052

Client: City of Belle Isle

Lot No.:

ProjectNo.: 0115.1500668.0000

Contact: Alan Thrift at 407-497-4259

Scope of Inspection: REVIEW mechanical app. for one, 4-ton unit changeout.

Inspection Type: See Scope

Disposition of Inspection: Complete

Comments:

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: John Connell, BN3221

Lisette T. Holt

From: John Connell
Sent: Thursday, July 30, 2015 3:59 PM
To: Lisette T. Holt
Subject: RE: 1652 Wind Willow Rd, REVIEW MEC app, WO#55046

Application is approved
15 minutes

From: Lisette T. Holt
Sent: Thursday, July 30, 2015 3:28 PM
To: John Connell
Cc: CobiPermits
Subject: 1652 Wind Willow Rd, REVIEW MEC app, WO#55046

Hi Jay,

This one is small so if you can fit it in today I'd appreciate it....Thanks!

Regards,

Lisa T. Holt, Executive Asst.
Building Inspections Dept.
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.,
Orlando, Florida 32811
Phone: (407) 423-0504 Ext. 23102

ORLANDO BUSINESS JOURNAL

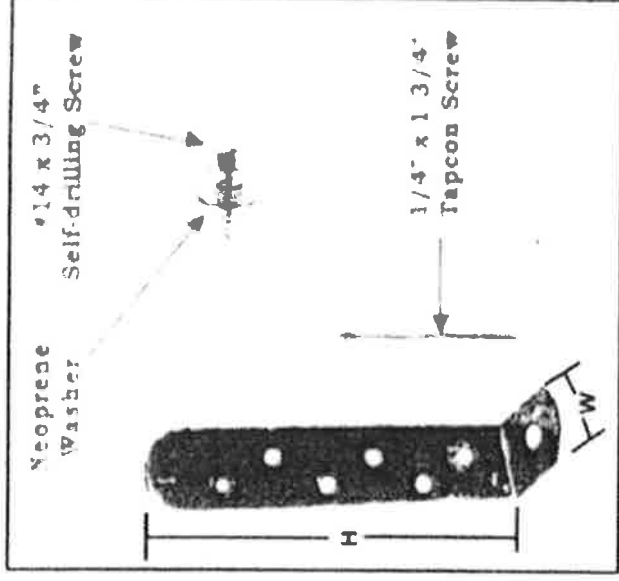


2015 BEST PLACES TO WORK

PLEASE NOTE:

**DUE TO THE HIGH DEMAND FOR OUR SERVICES, THE 1PM CUTOFF TIME
FOR NEXT-DAY INSPECTION REQUESTS WILL BE STRICTLY ENFORCED.
THANK YOU!!**

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



ANCHOR CLIP

ANCHOR CLIP NOTES:

1. The anchor clip are 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
2. 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.
3. 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)
4. 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.
5. 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 INSTALLATION INSTRUCTIONS

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



Jeff Gaither
AR93666

2541 W. DUNNELLON RD DUNNELLON FL 34434	The Metal Shop Ph: (352) 522-0006 Fax:(352) 522-0007 Web: www.metalshop.org	
	ANCHOR CLIP INSTALLATION INSTRUCTIONS (196 MPH 3 SECOND GUST)	
REVISED FOR 2014 F.B.C.		
CONNECTION DETAIL	SCALE: NTS	DATE: 7/1/2015
		SHEET 1 OF 1

DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™



Customer Information

Street Address: 1852 WIND WILLOW ROAD, ORLANDO, FL 32808
 Latitude, Longitude: 29.1462°, -81.0534°
 House Square Footage: 2312 sq. ft.
 Name: Mitchell
 Phone: 615-973-2146
 Email: joelmitchell@gmail.com

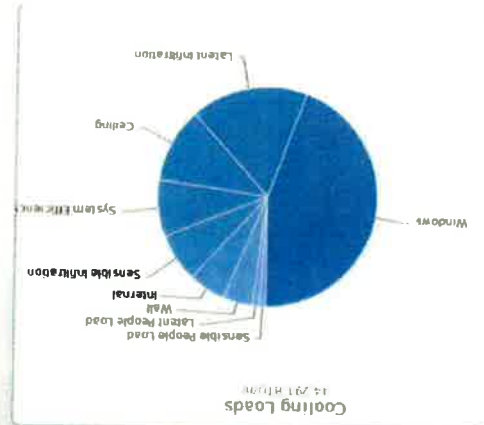
House Information

SHR	.75
Number of residents	3
Ceiling height	9
Wall U-value R-value	0.09 11
Floor U-value R-value	0.2 5
Ceiling U-value R-value	0.053 19
Window U-value	0.5
Window SHGF	0.85
Moisture grains	58
Duct loss %	10
Duct gain %	10
Cooling infiltration (ACH)	0.8
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

Design Conditions

Outdoor		Indoor	
Dry bulb (°F)	90	78	75
Daily range	1		
Relative humidity	50%		
Moisture difference	58		
Indoor temperature (°F)		78	75
Design temperature difference (°F)		33	15
		Heating	Cooling

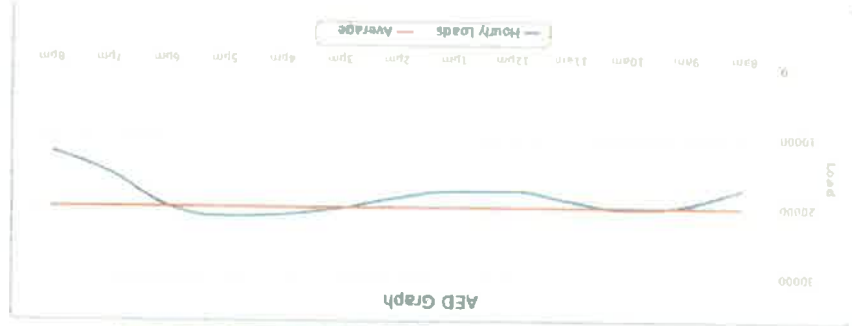
Area	Btuh	% of load
Wall	1880	4.9
Ceiling	4917	11.1
Windows	19630	44.3
Sensible infiltration	3193	7.2
Latent infiltration	7632	17.2
System Efficiency gain	3739	8.5
Internal	2480	5.4
Sensible People Load	460	1
Latent People Load	460	1
Temp	44321	
Sensible load	36199	
Latent load	8032	
SHR	0.82	
Capacity at 75 SHR	4.02 Tons	



Area	Btuh	% of load
Wall	4158	11.6
Floor	9616	26.8
Ceiling	4044	11.3
Windows	5462	15.2
Infiltration	9366	26.1
System Efficiency Loss	3265	9.1
Total	35910	



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values

Class (E)	168 sq. ft.
Class (S)	23 sq. ft.
Class (N)	23 sq. ft.
Class (W)	117 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	77°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	37°F
Winter Indoor	70°F
Sensible Cooling	36,189 Btu/h
Latent Cooling	8,092 Btu/h
Required Cooling Airflow	1,645 CFM
Sensible Heating	35,910 Btu/h
Required Heating Airflow	466 CFM

All calculations are based upon approved fixed industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are estimates. Product provided by Energy Design Systems and Data Tree



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2014.

Certificate of Product Ratings

AHRI Certified Reference Number: 6946519

Date: 7/25/2015

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 116BNA048****B

Indoor Unit Model Number: FX4DN(B,F)049L

Manufacturer: BRYANT HEATING AND COOLING SYSTEMS

Trade/Brand name: BRYANT HEATING AND COOLING SYSTEMS

Region: Southeast and North (AL, AR, DC, DE, FL, GA, HI, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, AK, CO, CT, ID, IL, IA, IN, KS, MA, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NY, OH, OR, PA, RI, SD, UT, VT, WA, WV, WI, WY, U.S. Territories)

Region Note: Central air conditioners manufactured prior to January 1, 2015, are eligible to be installed in all regions until June 30, 2016. Beginning July 1, 2016, central air conditioners can only be installed in region(s) for which they meet the regional efficiency requirement.

Series name: LEGACY LINE PURON AC

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:
Rating Capacity (Btuh):

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

IEER Rating (Cooling):

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

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.

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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.

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AIR-CONDITIONING, HEATING,
& REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 130823326107557286

CITY OF ORLANDO

ECONOMIC DEVELOPMENT PERMITTING SERVICES

LOCAL BUSINESS TAX RECEIPT

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

Issued Date: 09/01/2014
Expiration Date: 09/30/2015

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

Business Type(s)
CONTRA 1524 CONTRACTOR DBPR

Case Number: BUS-0032154

Business Owner
NO SWEAT A/C AND HEATING LLC
ALAN THRIFT CAC1916648

Business Location:
2798 Pepper Ln

Fees:
Administration Fee 20.00
2015 Business Tax 187.43
Total Paid \$207.43

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	\$30.00	1	EMPLOYEE	1804-1099862
2014					
	EXPIRES	9/30/2015			
	EMPLOYEE	6000		BUSINESS OFFICE	\$30.00
			1		1
				EMPLOYEE	

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

2798 PEPPER LN (MOBILE)
A - ORLANDO, 32812

PAID: \$60.00 0099-00637095 8/8/2014



THRIFT ALAN

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

RICK SCOTT, GOVERNOR

This receipt is official when validated by the Tax Collector.

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CAC1916648

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

SED # L1405040002160



CERTIFICATE OF LIABILITY INSURANCE

NOSWE-1

OP ID: DAM

DATE (MM/DD/YYYY)
02/10/2015

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
AI Mailins Insurance
3801 Bee Ridge Road, Suite #6
Sarasota, FL 34233
House Account
Phone: 941-377-7283
Fax: 941-927-9461

CONTACT NAME:
PHONE (A/C, No. Ext):
E-MAIL ADDRESS:

FAX (A/C, No):

INSURED
No Sweat Ac and Heating LLC
2798 Pepper Lane
Orlando, FL 32812

INSURER(S) AFFORDING COVERAGE

INSURER A : Cypress Prop & Cas Ins Co MAIC # 10953
INSURER B : Progressive Companies 10192
INSURER C : Markel Insurance Co
INSURER D :
INSURER E :
INSURER F :

COVERAGES

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.

INSURER CLASS	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		20P001372	02/13/2015	02/13/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	ANY AUTO ALL OWNED AUTOS HIRED AUTOS UMBRELLA LIAB EXCESS LIAB DED. RETENTION \$		08413316-0	02/13/2015	02/13/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 60,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 50,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		MWC0044065-01	01/18/2015	01/18/2016	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 800,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

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.

City of Belle Isle
1800 Nela Ave
Belle Isle, FL 32809

AUTHORIZED REPRESENTATIVE

Tom Sato

ACORD 25 (2010/05)

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