



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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 TOWN OF WINDERMERE, FLORIDA.**

**Scope of Work:** MECHANICAL: c/o 3ton HVAC with no ductwork

**Comments:** None

**Project Information**

Address: 1615 Idaho Avenue, Belle Isle, FL 32812  
 Parcel ID: 25-23-29-5884-19-181  
 Property Owner: Oylar, Melvin  
 Phone Number: 407-855-6961  
 \*\*\*\*\*  
 Company Name: Heinmiller Heating & Cooling Inc.  
 Contractor Name: Heinmiller-Kelly, Cynthia  
 License Number: CAC1813461  
 Address: 2055 Santa Antilles Road, Orlando, FL 32806  
 Phone Number: 407-422-1064

**Permit Number: 2014-10-012**

Date of Application: 10/09/2013

Date Permit Issued: 10/10/2013

**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 \$

**ZONING FEES**

Zoning Fee \$

**UNIVERSAL ENG - BUILDING FEES**

Demo \$  
 Building \$  
 Fence \$  
 Driveway \$  
 Shed \$  
 Window(s) \$  
 Door(s) \$  
 PrePower \$  
 Electrical Fee \$  
 Temp Pole \$  
 Plumbing Fee \$  
 Mechanical Fee \$109.50  
 Gas Fee \$  
 Roofing \$  
 Boat Dock \$  
 Screen Encl \$  
 Swimming Pool \$

**BUILDING INSPECTOR USE ONLY**

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

1 BUILDING

1<sup>st</sup> Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? \_\_\_\_\_  
 (Footing/Foundation)

2<sup>nd</sup> \_\_\_\_\_  
 (Slab)

3<sup>rd</sup> \_\_\_\_\_  
 (Lintel)(Wall Reinforcing on Masonry Building)

4<sup>th</sup> \_\_\_\_\_  
 (Exterior Framing)(Roof/Wall Sheathing)

5<sup>th</sup> \_\_\_\_\_  
 (Framing) (To be made after Plumbing/ Mechanical/  
 Electrical Rough-ins & Windows/Doors Installed)

6<sup>th</sup> \_\_\_\_\_  
 (Insulation to be Made After Roof Installed)

7<sup>th</sup> \_\_\_\_\_  
 (Drywall)

8<sup>th</sup> \_\_\_\_\_  
 (Sidewalk/Driveway)

9<sup>th</sup> \_\_\_\_\_  
 (Other)

10<sup>th</sup> \_\_\_\_\_  
 (Final - After MEP and Other Applicable Finals)

|| ROOFING

1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing \_\_\_\_\_

2<sup>ND</sup> ROOFING Covering In-Progress \_\_\_\_\_

3<sup>RD</sup> ROOFING Covering Final \_\_\_\_\_

|| PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

1<sup>ST</sup> \_\_\_\_\_  
 (Underground) 2<sup>nd</sup> \_\_\_\_\_ (Sewer)

3<sup>rd</sup> \_\_\_\_\_  
 (Rough-In/Tub Set) 4<sup>th</sup> \_\_\_\_\_ (Final)

CHECK APPROPRIATE BOX

GAS \_\_\_ Natural \_\_\_ LP  MECHANICAL  ELECTRICAL  LOW VOLTAGE

1<sup>st</sup> \_\_\_\_\_ (Rough-In) 2<sup>nd</sup> \_\_\_\_\_ (Final)

**TOTAL FEES \$113.50**

Date Paid 10-15-13

CC or Check # AMEX 21009

Amount Paid 113.50

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).

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto: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

1600 Nela Avenue, Belle Isle, FL 32809

Tel 407-851-7730 \* Fax 407-240-2222 \* [www.cityofbelleislefl.org](http://www.cityofbelleislefl.org)

**Received**  
10-9-13

## 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: 9-27-13 PERMIT NUMBER: 2014-10-012  
PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 1615 Idaho Avenue, Belle Isle FL  32809 32812  
Property Owner Melvin Oyer Phone 407-855-6961  
Property Owner's Mailing Address Sony City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 25-23-29-5284-19-181  
To obtain this information, please visit <http://www.opendata.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 3 Total Tons 3 Estimated Cost \$ \_\_\_\_\_  
Types of System: Water to Air Chiller \_\_\_\_\_ Split System \_\_\_\_\_ Heat Pump  Estimated Cost \$ \_\_\_\_\_  
Heating: # of Units KWS Per Unit 8 Total KWS 8 BTU's 24,000 Estimated Cost \$ \_\_\_\_\_  
ON \_\_\_\_\_ Electric \_\_\_\_\_ Boiler \_\_\_\_\_ Gas \_\_\_\_\_ (A) Estimated Cost Fee \$ 100.00

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation: (Number of) Grease \_\_\_\_\_ Heat \_\_\_\_\_ Hoods, Air Intakes \_\_\_\_\_ Exhaust Fans \_\_\_\_\_ Dryer Vents \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Refrigeration: Number of units \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Piping: Air \_\_\_\_\_ Vacuum \_\_\_\_\_ Steam \_\_\_\_\_ Chill Water \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Others: (Specify) \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

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

Building Official: M. Lewis NO DUCT WORK Date 10-09-2013  
Review & Permit Fee \$ 75.00  
3% Florida Surcharge \$ 4.00  
Total Permit Fee \$ 119.50

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 Cynthia Henmiller Kelly LICENSE # CAC 1813461  
LICENSE HOLDER NAME Cynthia Henmiller-Kelly COMPANY NAME Haimiller Htg + clg inc.  
Street Address 1001 E. Michigan St.  
City Orlando State FL Zip Code 32806 Phone Number 407-422-1061

Robbi

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.

PROJECT NUMBER 0115-13-00682.0000

TASK NUMBER 01

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2014-10-012
Property Owner	Dukey
Address	1615 Idaho Ave
Nature of Improvement	Mechanical
Received Application	10-9-13
Sent for Stormwater Review	/
Stormwater Approved	
Sent for Zoning Review	/
Zoning Approved	
Applied for Variance	/
Variance Approved	
Sent to BO for Review	10-9-13
Building Official Approved	10-09-2013
Comments	
1.	10/09/2013 AP. NO DUCT WORK
2.	10-10-13 scq Angie emailing COI + cc auth form
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



# CITY OF BELLE ISLE, FLORIDA

1600 Neta Avenue  
Belle Isle, Florida 32809  
(407) 851-7730 • FAX (407) 240-2222  
www.cityofbelleislefl.org

## POWER OF ATTORNEY

Date: 9/27/2013 Permit #: \_\_\_\_\_

I hereby name and appoint R. Mike Heimiller of \_\_\_\_\_

Heimiller Htg & Ctg inc.  
(company name)

to be my lawful attorney-in-fact to act for

me and apply to the City of Belle Isle Building Department for a MECHANICAL permit

(type of permit)

for work to be performed at the following location:

1615 Idaho Ave. Belle Isle, FL  32809  32812 and  
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: X Cynthia Heimiller - Kelly

License Number: SAC 1813461

Certified Contractor's Signature: X Cynthia Heimiller - Kelly

The foregoing instrument was acknowledged before me this 27<sup>th</sup> days of September of 2013

by Cynthia Heimiller-Kelly who is personally known to me or who produced \_\_\_\_\_ as identification and who did not take an oath.

State of Florida  
County of Orange



Patricia E. Schultz  
Notary Public, Orange County, Florida

(seal)

**Company Info**

Name: Heinmiller heating cooling

Address: 1001 E Michigan St

Location: Orlando, FL 32806

Phone: 407-422-1064

**Client Info**

Building name/description: Residence

Contact name: Melvin Oyer

Address: 1615 Idaho ave

Location: Orlando, Florida, United States

Phone:

**Load Summary**

Total building area:

1,237.0 SqFt

Total cooling load:

35,137.5 BTUH

Total cooling tonnage:

2.9 tons

Total heating load:

37,199.0 BTUH

Total airflow:

1,915.9 CFM

**ACCA-Approved Manual J8 Calculations**

09:56:57 09-30-2013

This software was developed by Carmel Software Corporation.

It has been approved by ACCA for Manual J8 residential HVAC load calculations.



Trane Residential Systems  
 6200 Troup Highway  
 Tyler, TX 75707 U.S.A  
 Tel (903) 581-3200  
 www.trane.com

March 12, 2009

RE: ASCE 7-05 Compliance

To Whom It May Concern:

Based on a review and analysis of the requirements of the Florida Building Code (2007) and ASCE 7-05, the installation of a Trane outdoor condensing unit utilizing the appropriate BAYECMT023 or BAYECMT004 mounting kit complies with the wind resistance and anchoring requirement as specified in 1620.1 and 1620.2 at a maximum wind speed of 150 MPH at a 3-second gust.

This assumes (i) a permanent attachment to the mounting slab, (ii) a ground-level application, and (iii) that the unit is not installed in a location susceptible to channeling effects or buffeting in the wake of upwind obstructions. It is the installer's responsibility to ensure that the slab mounting method meets or exceeds the requirements of local code and is approved by the appropriate local code authority.

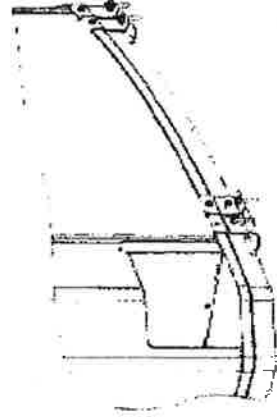
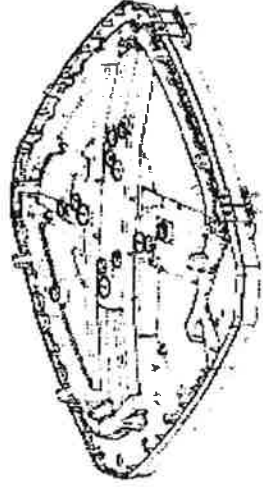
BAYECMT023 and BAYECMT004 must be installed in accordance with the manufacturer's installation instructions provided with the kit, and apply only to the following model families\*:

2/4TTZ	2/4TWZ
2/4TTX	2/4TWX
2/4TTR	2/4TWR
2/4TTB	2/4TWB
2/4TTA	2/4TWA

\*For models 4TTX5048, 4TTX5060, 4TWX5048, 4TWX5060, and all models in the 4TTZ & 4TWZ families, the following hardware from BAYECMT004 is required:

- (8) Base Tab Brackets
- (8) Self-Drilling 12-14 Screws
- (4) Backup Clips
- (4) 12-18 Screws
- (8) 1/4" SAE Grade 5 Bolts
- (8) 1/4" Washers


The quantity of backup clips required remains unchanged. Figures 1 & 2 show the recommended mounting locations.



Figures 1 & 2. Installation of base tab brackets on models 4TTX5048, 4TTX5060, 4TWX5048, 4TWX5060, and all models in the 4TTZ & 4TWZ families

Ingersoll Rand, by its Trane Residential Systems business unit.

MAR 23 2009

Approved By:   
 Jean Bucrosse  
 Florida P.E. 0050867  
 (Seal)

EngLr09129





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/14/2013

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).

<b>PRODUCER</b> Ruykendalel Gardner 1560 Orange Ave Ste 750 Winter Park FL 32789 INSURED Heinmiller Heating & Cooling, Inc. 1001 E Michigan Street Orlando FL 32806	<b>CONTACT</b> Teabel Herbach, ARM, AAI PHONE (407) 894-5431 FAX (407) 629-6378 FAX (Alt. No.) MAILING ADDRESS: INSURER(S) PROVIDING COVERAGE NAIC # INSURER A: Westfield Insurance Co 24112 INSURER B: PHM Insurance Company 10699 INSURER C: INSURER D: INSURER E: INSURER F:
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**COVERAGES** CERTIFICATE NUMBER: 13-14 Master 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	ADDITIONAL INSURED (REBEL/VO)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> LOC		TRA3181406	5/1/2013	5/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 150,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CF AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB RETENTIONS:		TRA3181406	5/1/2013	5/1/2014	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED (Mandatory in NH) If WA, describe under DESCRIPTION OF OPERATION'S below		TRA3181406	5/1/2013	5/1/2014	WC STATUS: <input checked="" type="checkbox"/> OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> (407) 240-2222 City of Belle Isle 1600 Nela Avenue Belle Isle, FL 32809	<b>CANCELLATION</b> 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 Junod/ISABEL 
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AC#6286491

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12082101317

DATE	BATCH NUMBER	LICENSE NBR
08/21/2012	128048331	CAC1813461

The CLASS B AIR CONDITIONING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489, FS.  
Expiration date: AUG 31, 2014

HEINMILLER-KELLY, CYNTHIA  
HEINMILLER HEATING & COOLING INC  
2055 SANTA ANTONILLES RD  
ORLANDO FL 32806

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW



**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.

\*\*\*ORIGINAL\*\*\* 2013 EXPIRES 9/30/2014 1804-0011463  
 1804 CONTR-HEAT/AIR \$40.00 20 EMPLOYEES



TOTAL TAX \$40.00  
 PREVIOUSLY PAID \$40.00  
 TOTAL DUE \$0.00

HEINMILLER B D  
 HEINMILLER HEATING & COOLING I  
 HEINMILLER B D  
 1001 E MICHIGAN ST  
 ORLANDO FL 32806-4704

1001 E MICHIGAN ST  
 A - ORLANDO, 32806

PAID: \$40.00 099-00556751 7/22/2013

This receipt is official when validated by the Tax Collector.

OCT-9-2013 11:26 FROM: HEINMILLER

4074223757

**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.

\*\*\*ORIGINAL\*\*\* 2013 EXPIRES 9/30/2014 3200-0030381  
 3200 RETAIL \$30.00 1 EMPLOYEES 3200 BUSINESS OFFICE \$30.00 1 EMPLOYEE :



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

HEINMILLER B D  
 HEINMILLER HEATING & COOLING  
 HEINMILLER B D  
 1001 E MICHIGAN ST  
 ORLANDO FL 32806-4704

1001 E MICHIGAN ST  
 A - ORLANDO, 32806

PAID: \$30.00 099-00586752 7/22/2013

This receipt is official when validated by the Tax Collector.

TO: 4075810313

P. 2