



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.

Permit Number: 2017-03-083

Date of Application: **03/24/2017**

Date Permit Issued: **03/24/2017**

Scope of Work: MECHANICAL: c/o one 4-ton HVAC with no ductwork

Comments: None

Project Information

Address: 3607 St. Moritz Street, Belle Isle, FL 32809
 Parcel ID: 17-23-30-4384-02-820
 Property Owner: Cruz, Luis & Janet
 Phone Number: 608 345 3116

Company Name: Carpenter's Appliance & Installation Service LLC
 Contractor Name: Carpenter, Edward
 License Number: RA0024709
 Address: 3609 Ponceau Street, Orlando, FL 32812
 Phone Number: 407-467-1897

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
 Demo \$
 Building \$
 Fence \$
 Driveway \$
 Shed \$
 Window(s) \$
 Door(s) \$
 PrePower \$
 Electrical \$
 Temp Pole \$
 Plumbing \$
 Mechanical \$91.50
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$95.50

Date Paid

4-03-17

CC or Check #

MC 5858

Amount Paid

95.50

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).

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

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)

ROOFING

- 1ST ROOFING Deck Nailing/Dry-in/Flashing _____
- 2nd ROOFING Covering In-Progress _____
- 3rd ROOFING Covering Final _____

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

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

CHECK APPROPRIATE BOX

GAS ___Natural___LP **MECHANICAL** **ELECTRICAL** **LOW VOLTAGE**

- 1st _____ (Rough-In) 2nd _____ (Final)

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 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

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalsciences.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: 3/23/17 PERMIT NUMBER: 2017-03-083

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

Project Address: 3607 St. MORITZ ST. Belle Isle FL 32812
Property Owner: LUIS AND JANET CRUZ Phone: 407-924-2439
Property Owner's Mailing Address: SAME AS PROJECT City: Belle Isle
State: Fl. Zip Code: 32812 Parcel Id Number: 17-23-30-4384-DR-820

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 - Enclosed
- 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 4 Total Tons 4
 Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____

Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's _____ Estimated Cost \$ _____
 Oil Electric Boiler Gas (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) System Equip. Change - Out Estimated Cost \$ 5600

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.

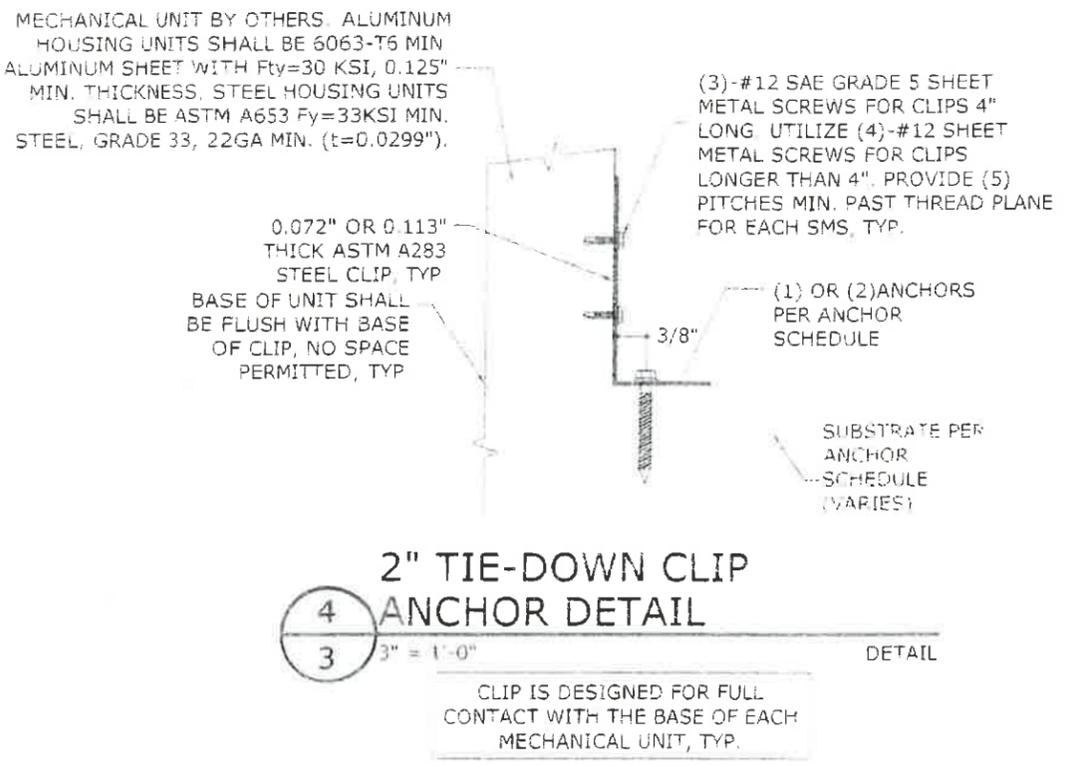
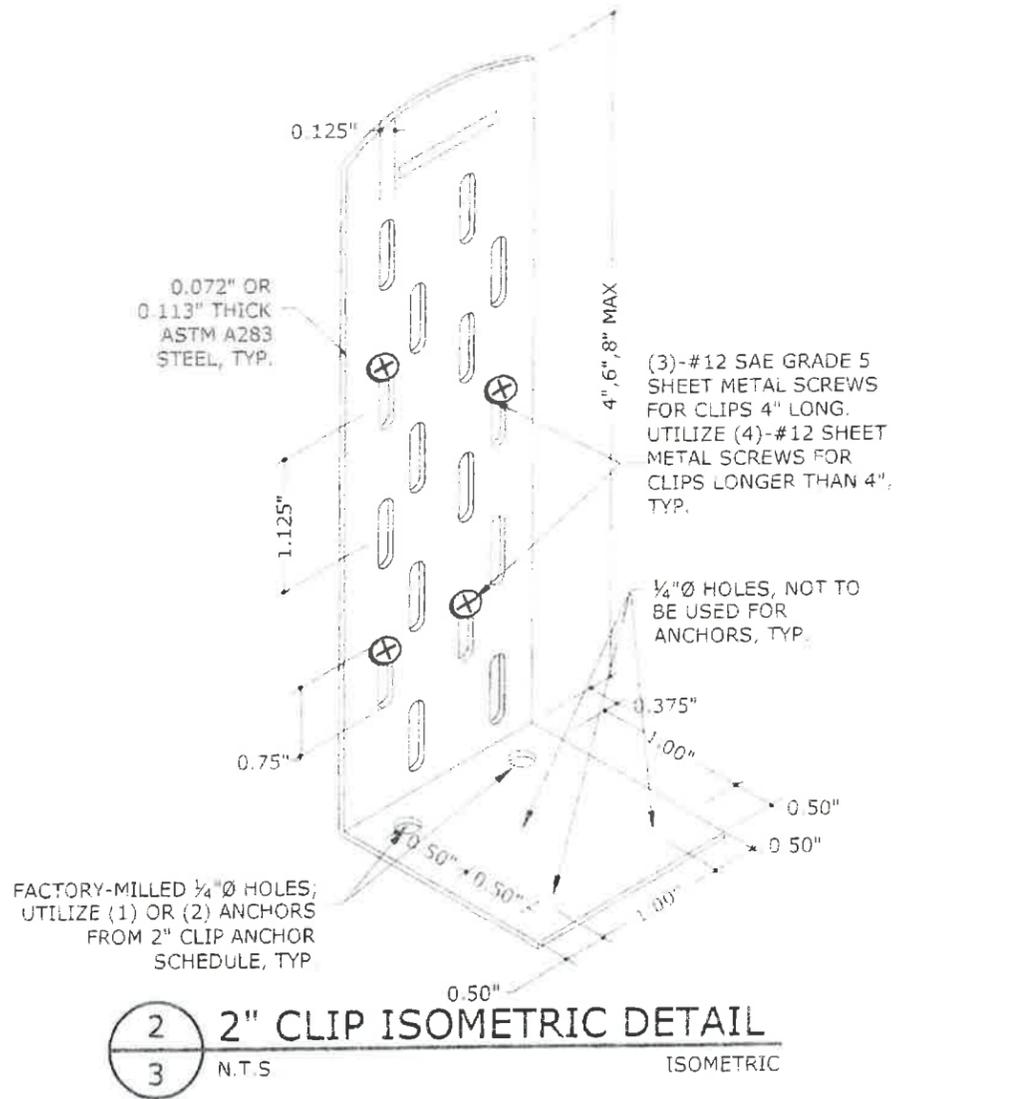
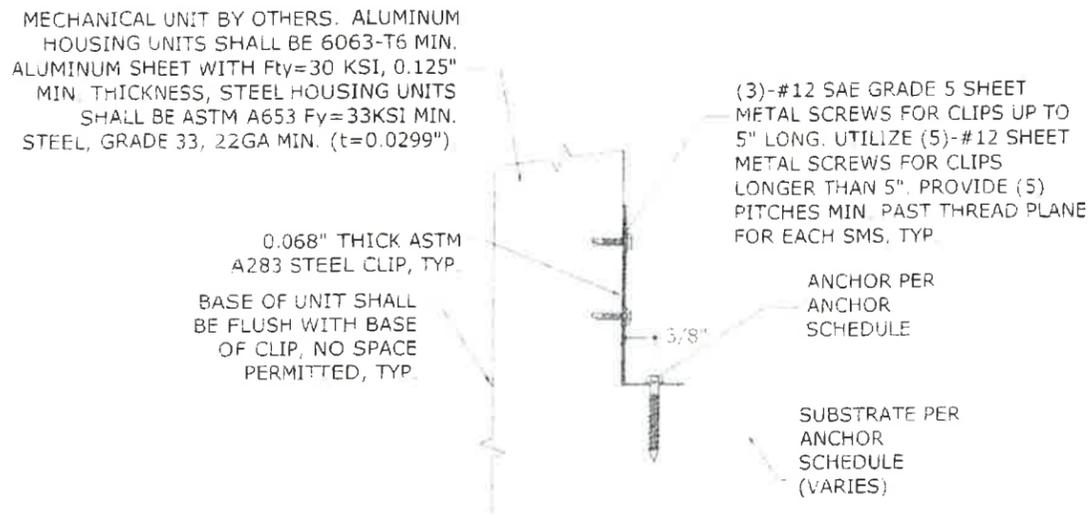
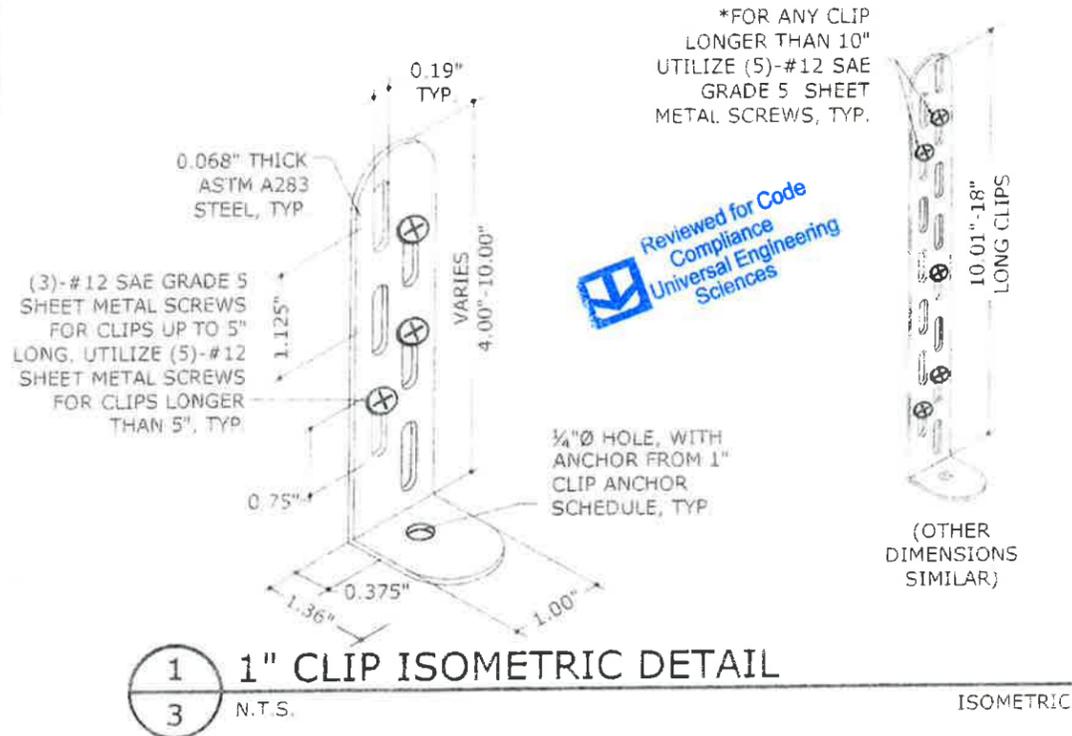
LICENSE HOLDER SIGNATURE: Edward W. Carpenter LICENSE # RA0024709
 LICENSE HOLDER NAME: Edward W. Carpenter COMPANY NAME: Carpenter's Appl. and Install. Service, LLC.
 Street Address: 3609 PONTREAU ST.
 City: ORL. Belle Isle State: FL. Zip Code: 32812 Phone Number: 407-855-8229
 Email Address: EE CARPENTERS@GMAIL.COM

Building Official: <u>[Signature]</u> Date: <u>3-24-17</u>	Permit Fee	\$ <u>61.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date: <u>3-24-17</u>	Review Fee	\$ <u>30.50</u>
	3% Florida Surcharge	\$ <u>4.-</u>
	Total Permit Fee	\$ <u>95.50</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.

base 32.-
4x6 24
61.-

Update FL14239 for 2014 Florida Bldg. C. Project dwg



FRANK L. BENNARDO, P.E.

04/13/2014

46549

EX ENGINEERING EXPRESS

160 SW 12th Avenue, #106
Deerfield Beach, FL 33442
Ph: (954) 354-0660 Fax: (954) 354-0443
WWW.ENXEXP.COM

CERT. OF AUTH. #9885
A FRANK L. BENNARDO, P.E., INC. INNOVATION

BMP INTERNATIONAL, INC.

4710 28TH STREET NORTH
ST. PETERSBURG, FL 33471
PH: (727) 577-1613

MECHANICAL UNIT STEEL TIE-DOWN CLIPS

FBC 5TH EDITION (2014) PRODUCT APPROVAL FL#14239.1

REMARKS	DRWN	CHKD	DATE
INIT ISSUE (11-BMP-0001)	TSB	FLB	12-11-11
REV FOR UNITS	CSL	TSB	02-15-13
REV FOR FBC 5TH (2014)	RWN	CSL	04-06-15

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15-2378

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PAGE DESCRIPTION:

3

TABLE 5 : Vult=140 MPH, EXPOSURE B

(FOR USE WITH A RISK CATEGORY II STRUCTURE*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C2	C3	C4	C4
6 FT ²	24" MAX	12" MIN	H ≤ 15 FT 60 FT < H ≤ 120 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	AT GRADE	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
4 FT ²	48" MAX	24" MIN	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT ²			H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT ²			AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
12 FT ²			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
16 FT ²			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 100 FT	H ≤ 200 FT
20 FT ²	60" MAX	48" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 180 FT	H ≤ 200 FT
25 FT ²			N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
30 FT ²			N/A	H ≤ 15 FT 60 FT < H ≤ 160 FT	AT GRADE	H ≤ 200 FT
36 FT ²			N/A	AT GRADE 60 FT < H ≤ 80 FT	AT GRADE	H ≤ 200 FT



TABLE 6 : Vult=140 MPH, EXPOSURE C

(FOR USE WITH A RISK CATEGORY II STRUCTURE*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT ²	24" MAX	12" MIN	AT GRADE	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
4 FT ²	48" MAX	24" MIN	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT ²			AT GRADE 60 FT < H ≤ 180 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT ²			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
12 FT ²			N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 140 FT	H ≤ 200 FT
16 FT ²			N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
20 FT ²	60" MAX	48" MIN	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
25 FT ²			N/A	AT GRADE 60 FT < H ≤ 140 FT	AT GRADE	H ≤ 200 FT
30 FT ²			N/A	AT GRADE	N/A	H ≤ 200 FT
36 FT ²			N/A	AT GRADE	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT

TABLE 7 : Vult=140 MPH, EXPOSURE D

(FOR USE WITH A RISK CATEGORY II STRUCTURE*)

MAXIMUM SURFACE AREA OF UNIT'S LARGEST FACE	UNIT HEIGHT	UNIT WIDTH	ALLOWABLE ROOF-TOP HEIGHT (H) TIE-DOWN CONFIGURATION TYPE			
			C1	C2	C3	C4
6 FT ²	24" MAX	12" MIN	N/A	H ≤ 200 FT	H ≤ 30 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 140 FT	H ≤ 200 FT
4 FT ²	48" MAX	24" MIN	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT ²			AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT ²			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
12 FT ²			N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
16 FT ²			N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
20 FT ²	60" MAX	48" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
25 FT ²			N/A	AT GRADE 60 FT < H ≤ 80 FT	N/A	H ≤ 200 FT
30 FT ²			N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
36 FT ²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 200 FT

*AS AN EXAMPLE, THESE TABLES ARE PERMISSIBLE TO BE USED WITHIN BREVARD COUNTY. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

FRANK L. BENNARDO P.E.
 04/11/2015
 No. 46540
 ENGINEERING EXPRESS
 160 SW 12th AVENUE, #106
 DEERFIELD BEACH, FL 33442
 PH: (954) 354-0660 FAX: (954) 354-0443
 WWW.ENGINEERINGEXPRESS.COM
 CERT. OF AUTH. #BES-100000001
 A FRANK L. BENNARDO, P.E., INC. INNOVATION

BMP INTERNATIONAL, INC.
 4710 28TH STREET NORTH
 ST. PETERSBURG, FL 33471
 PH: (727) 577-1613

MECHANICAL UNIT STEEL TIE-DOWN CLIPS
 FBC 5TH EDITION (2014) PRODUCT APPROVAL FL#14239.1

REMARKS	DRWN	CHKD	DATE
INIT ISSUE (14-BMP-0001)	TSB	FLB	12-11-11
REV FOR UNITS	CSL	TSB	02-15-13
REV FOR FBC 5TH (2014)	RWN	CSL	04-08-15

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15-2378

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PAGE DESCRIPTION:



Orange County
Division of Building Safety
Certificate of Competency

Issue date: 09/01/1972

Expiration date: 09/30/2016

State Registration Number: RA0024709

Contractor license trade: **Mechanical**

Company Name: **Carpenter's Appliance and
Installation Service, LLC**

Contractor license type: **Registered M- Air Conditioning
Class B**

Individual Information:

**Edward Walton Carpenter
3609 Ponceau St.
Orlando, FL, 32812**



23-108 Rev 5/2012

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
RA0024709

The CLASS B AIR CONDITIONING CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2017

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

CARPENTER, EDWARD WALTON
CARPENTER'S APPLIANCE AND INSTALLATION SERVICE LLC
3609 PONCEAU STREET
ORLANDO FL 32812



DISPLAY AS REQUIRED BY LAW

SFO # 11507260000646

Open with Adobe PDF



CARPE-1
CERTIFICATE OF LIABILITY INSURANCE

OP ID: CM
DATE (MM/DD/YYYY)
03/23/2017

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 have ADDITIONAL INSURED provisions or 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 Newman Crane & Associates Ins. The Hillb Group of Florida, LLC P. O. Box 568946 Orlando, FL 32856-8946 Huston R. Crane	407-859-3691	CONTACT NAME Huston R. Crane PHONE (A/C No. Ext.) 407-859-3691 FAX (A/C No.) 407-857-0409 EMAIL ADDRESS hcrane@newmancraneins.com	
INSURED Carpenter's Appliance and Installation Service LLC 3609 Ponceau St. Orlando, FL 32812	INSURER(S) AFFORDING COVERAGE		
	INSURER A:	National Builders Ins. Co.	16632
	INSURER B:	Old Dominion Ins. Co.	40231
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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.

INVR LTR	TYPE OF INSURANCE	ADCK SLBR INSO WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B X	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> BODILY INJURY AND PROPERTY DAMAGE <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> UMBRELLA LIAB		MPG12489	02/10/2017	02/10/2018	500,000 500,000 10,000 500,000 1,000,000 1,000,000
B	AUTOMOBILE LIABILITY		B1G12489	02/10/2017	02/10/2018	500,000
B X	UMBRELLA LIAB EXCESS LIAB		CUG12489	02/10/2017	02/10/2018	1,000,000 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY (Mandatory in NH)		WCV001658011	01/01/2017	01/01/2018	100,000 100,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fax 407-240-2222

CERTIFICATE HOLDER City of Belle Isle 1600 Nela Ave. Orlando, FL 32809	CITYB13	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
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CARPE-1
CERTIFICATE OF LIABILITY INSURANCE

OP ID: CM
DATE (MM/DD/YYYY)
03/23/2017

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PRODUCER Newman Crane & Associates Ins. The Hillb Group of Florida, LLC P. O. Box 568946 Orlando, FL 32856-8946 Huston R. Crane	407-859-3691	CONTACT NAME Huston R. Crane PHONE (A/C No. Ext.) 407-859-3691 FAX (A/C No.) 407-857-0409 EMAIL ADDRESS hcrane@newmancraneins.com	
INSURED Carpenter's Appliance and Installation Service LLC 3609 Ponceau St. Orlando, FL 32812	INSURER(S) AFFORDING COVERAGE		
	INSURER A:	National Builders Ins. Co.	16632
	INSURER B:	Old Dominion Ins. Co.	40231
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		



CITY OF BELLE ISLE

OCCUPATIONAL LICENSE

1600 Nela Avenue
Belle Isle, FL 32809

Business License Number:	L6-00300
Effective Date:	10/01/16
Expiration Date:	09/30/17
Fee:	25.00

Business Name:	CARPENTERS APPL & INSTALL SRVC
Location:	3609 PONCEAU ST
Classification:	HEATING & A/C REPAIR SERVICE

**POST IN A CONSPICUOUS PLACE
NOT VALID UNLESS SIGNED BY CITY OFFICIAL**

The person, firm, or corporation named above is hereby granted this license as the receipt for fees paid to the City of Belle Isle for the business described above for the period indicated. Granting of this certificate does not entitle the holder to operate or maintain a business in violation of any law or ordinance. The City of Belle Isle does not guarantee the qualifications of the holder of this certificate.



City Official

LOCAL OCCUPATIONAL LICENSE

City of Belle Isle
1600 Nela Avenue
Belle Isle, FL 32809
Phone: 407-851-7730 Fax 407-240-2222
www.cityofbelleislefl.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2017

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PRODUCER Newman Crane & Associates Ins. The Hllb Group of Florida, LLC P. O. Box 568946 Orlando, FL 32856-8946 Huston R. Crane	407-859-3691	CONTACT NAME: Huston R. Crane PHONE (A/C, No, Ext): 407-859-3691 E-MAIL ADDRESS: hcrane@newmancraneins.com	FAX (A/C, No): 407-857-0409																				
	INSURED Carpenter's Appliance and Installation Service LLC 3609 Ponceau St. Orlando, FL 32812		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>National Builders Ins. Co.</td> <td>16632</td> </tr> <tr> <td>INSURER B:</td> <td>Old Dominion Ins. Co.</td> <td>40231</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Builders Ins. Co.	16632	INSURER B:	Old Dominion Ins. Co.	40231	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER D:																							
INSURER E:																							
INSURER F:																							

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:			MPG12489	02/10/2017	02/10/2018	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 500,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COM/OP AGG	\$ 1,000,000
								\$
B	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1G12489	02/10/2017	02/10/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CUG12489	02/10/2017	02/10/2018	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV001658011	01/01/2017	01/01/2018	<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)
407-851-7361

CERTIFICATE HOLDER City of Edgewood Building Department 405 Larue Ave. Edgewood, FL 32809-3406	CITYE-1	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 