



**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.**

**Scope of Work:** MECHANICAL: one 2-ton unit change out no ductwork  
**Comments:** None  
**Project Information**  
 Address: 4207 Arajo Ct, Belle Isle, FL 32812  
 Parcel ID: 20-23-30-1646-01-300  
 Property Owner: Garabo, Franklin & Deanna  
 Phone Number: 407-859-8114  
 \*\*\*\*\*  
 Company Name: Del-Air Heating, A/C & Refrigeration Inc  
 Contractor Name: Del Russo, Robert  
 License Number: CAC032448  
 Address: 531 Codesco Way, Sanford, FL 32771  
 Phone Number: 407-585-3004

**Permit Number: 2017-04-075**  
**Date of Application: 04/21/2017**  
**Date Permit Issued: 04/25/2017**

**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**

<b>IMPACT FEES</b>	
School	\$
Traffic	\$
<b>ZONING FEES</b>	
Zoning Fee	\$
<b>UNIVERSAL ENG - BUILDING FEES</b>	
Cert of Occ	\$
Demo	\$
Building	\$
Fence	\$
Driveway	\$
Shed	\$
Window(s)	\$
Door(s)	\$
PrePower	\$
Electrical	\$
Temp Pole	\$
Plumbing	\$
Mechanical	\$73.50
Gas	\$
Roofing	\$
Boat Dock	\$
Screen Encl	\$
Swimming Pool	\$
Sign	\$
<b>SURCHARGE FEES</b>	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.00
<b>TOTAL FEES \$77.50</b>	
<b>Date Paid</b>	4-27-17
<b>CC or Check #</b>	MC 1147
<b>Amount Paid</b>	77.50
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**

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

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)

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 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.



RECEIVED  
APR 21 2017

City of Belle Isle BY:

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://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: 4/21/17

PERMIT NUMBER 2017-04-075

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

Project Address 4207 ARAJO CT Belle Isle FL 32809 32812  
Property Owner FRANKLIN T & DEANNA L GARABO Phone 407-859-8114  
Property Owner's Mailing Address 4207 ARAJO CT City BELLE ISLE  
State FL Zip Code 32812 Parcel Id Number: 20-23-30-1646-01-300

To obtain this information, please visit <http://www.ocpafi.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 2 Total Tons 2  
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 \$ 5019

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) HVAC FULL SYSTEM C/O NO DUCT WORK 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 \_\_\_\_\_ LICENSE # CAC032448

LICENSE HOLDER NAME ROBERT G DELLO RUSSO COMPANY NAME DEL-AIR HEATING & A/C

Street Address 531 CODISCO WAY

City SANFORD State FL Zip Code 32771 Phone Number 407-333-2665

Email Address SALESJOBS@DELAIR.COM

Building Official: <u>[Signature]</u> Date <u>4-25-17</u>	Permit Fee	\$ <u>49.-</u>
Verified Contractor's Licenses & Insurance are on file <u>[Signature]</u> Date <u>4-25-17</u>	Review Fee	\$ <u>24.50</u>
	3% Florida Surcharge	\$ <u>4.00</u>
	Total Permit Fee	\$ <u>77.50</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 \_\_\_\_\_

base 37  
Gx2 12  
49 = 2  
24.50  
73.50

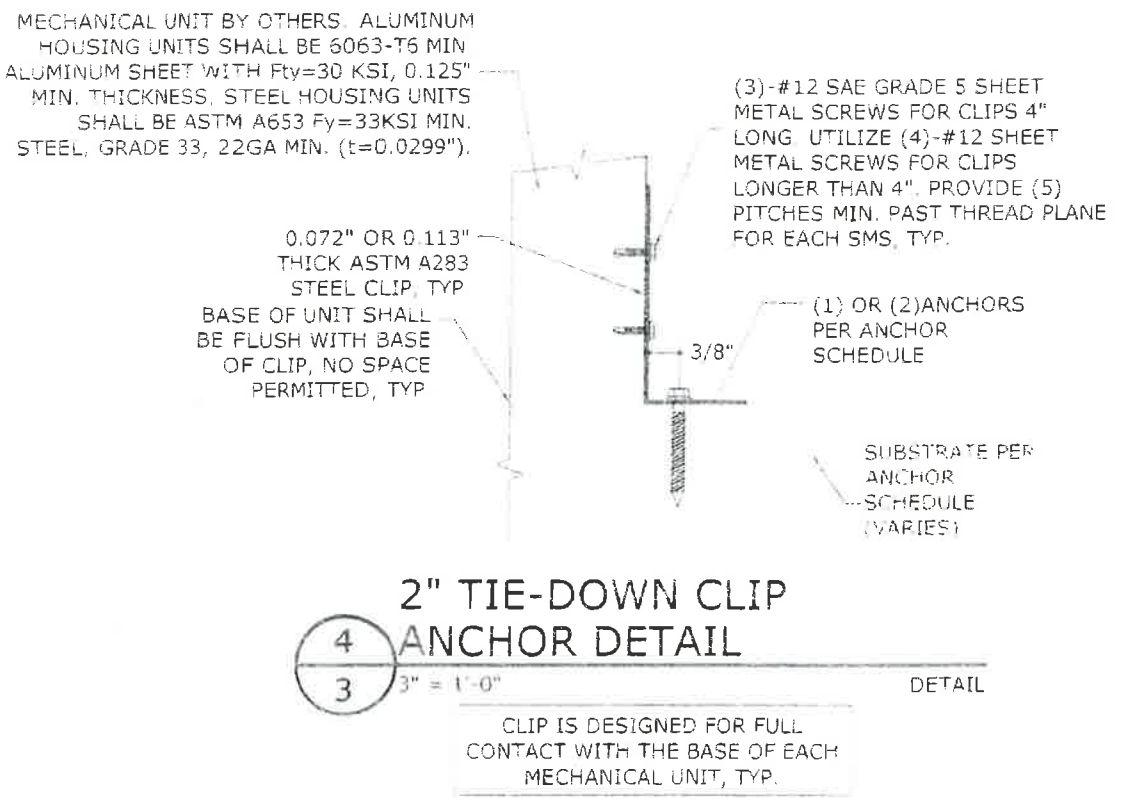
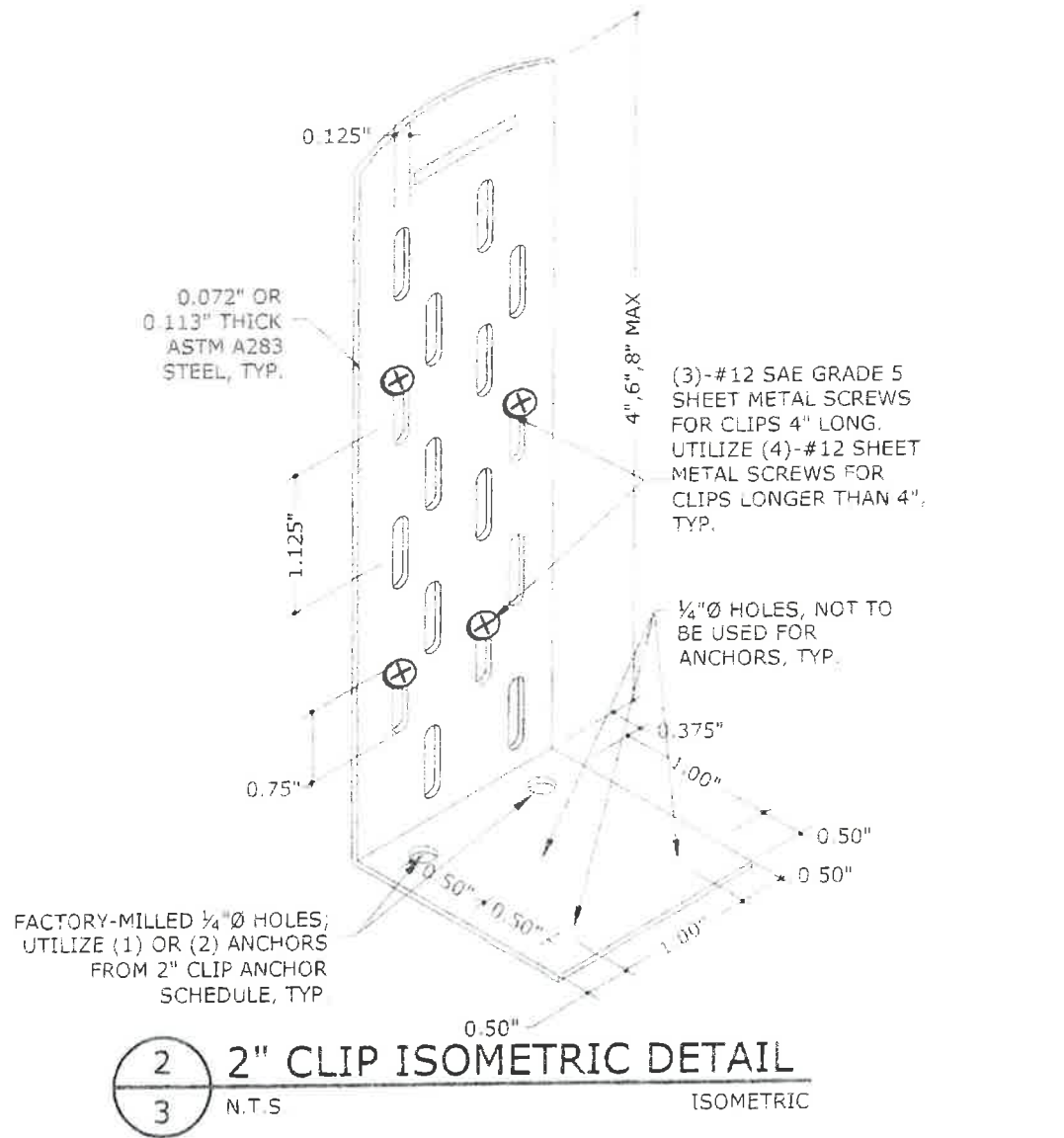
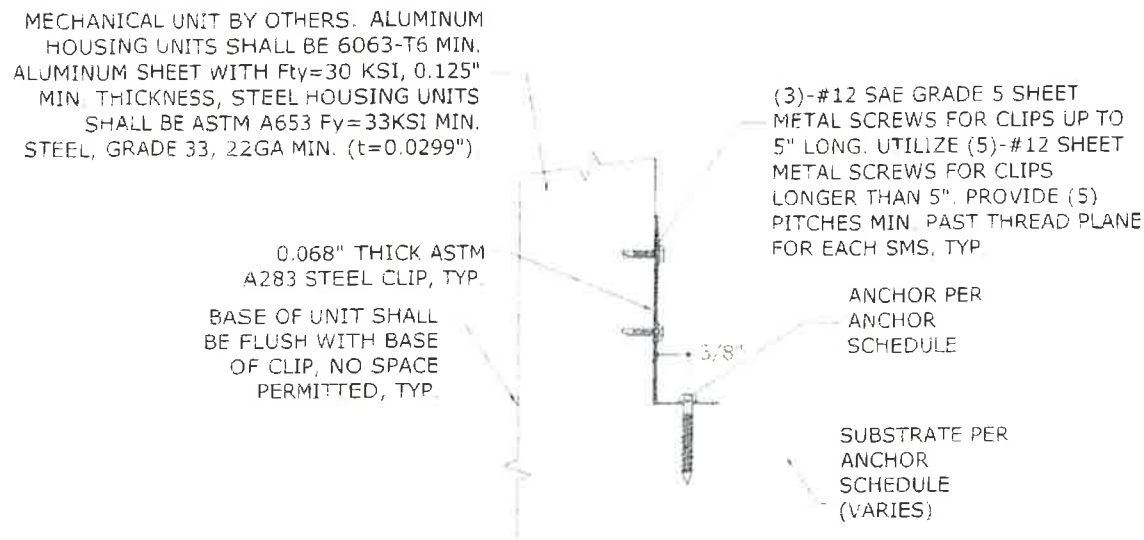
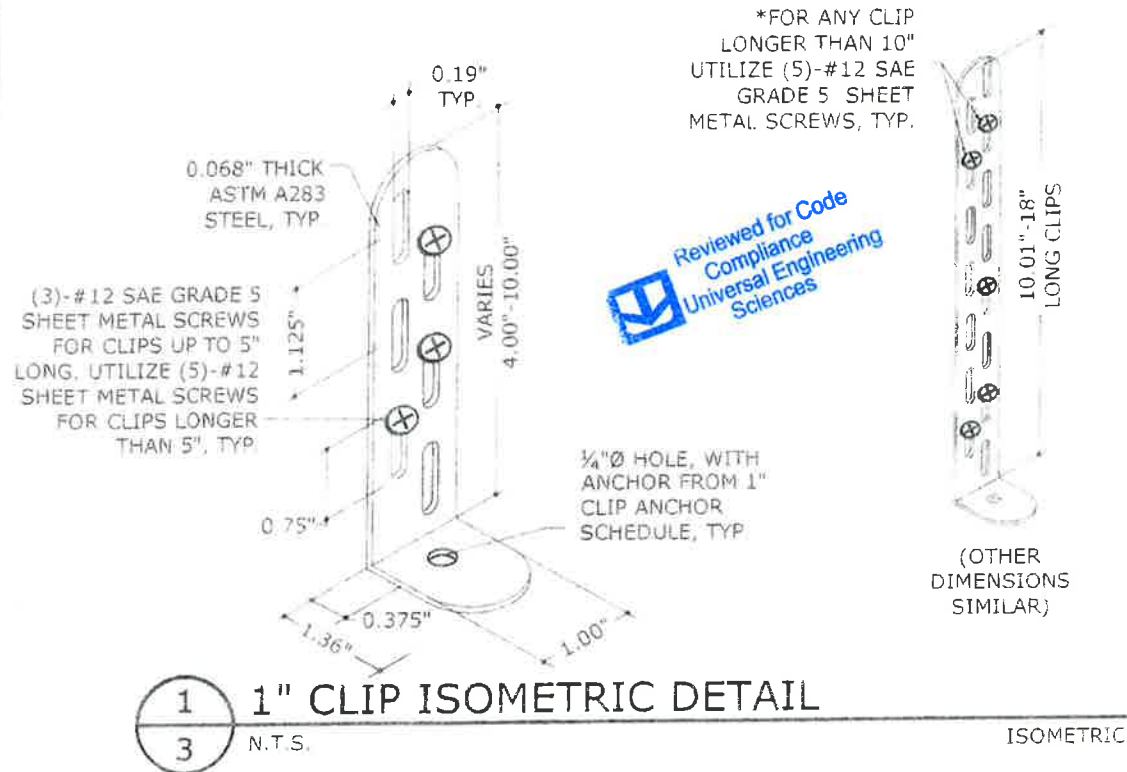








Update FL14239 for 2014 Florida Bldg. C. Project dwg



FRANK L. BENNARDO, P.E.  
04/13/2014  
No. 46549  
ENGINEERING EXPRESS  
160 SW 12th Avenue, #106  
Deerfield Beach, FL 33442  
Ph: (954) 354-0660 Fax: (954) 354-0443  
WWW.ENGINEERINGEXPRESS.COM  
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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**

SCALE: N.T.S.

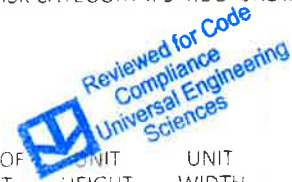
PAGE DESCRIPTION:

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**TABLE 1: Vult=175 MPH, EXPOSURE C**

(FOR USE WITH A RISK CATEGORY II STRUCTURE IN THE HIGH VELOCITY HURRICANE ZONE\*)



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 <sup>2</sup>	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	AT GRADE	AT GRADE	H ≤ 60 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	H ≤ 30 FT	H ≤ 200 FT
6 FT <sup>2</sup>			AT GRADE	H ≤ 40 FT	AT GRADE	H ≤ 200 FT
9 FT <sup>2</sup>	48" MAX	24" MIN	N/A	AT GRADE	AT GRADE	H ≤ 160 FT
12 FT <sup>2</sup>			N/A	AT GRADE	AT GRADE	H ≤ 40 FT
16 FT <sup>2</sup>	48" MAX	24" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT <sup>2</sup>			N/A	AT GRADE	N/A	AT GRADE
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE	N/A	AT GRADE
30 FT <sup>2</sup>			N/A	N/A	N/A	AT GRADE
36 FT <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	AT GRADE

\*THIS TABLE IS PERMISSIBLE TO BE USED WITHIN THE HVHZ WHICH CONTAINS BROWARD AND MIAMI-DADE COUNTIES. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

**TABLE 2 : Vult=175 MPH, EXPOSURE D**

(FOR USE WITH A RISK CATEGORY II STRUCTURE IN THE HIGH VELOCITY HURRICANE ZONE\*)

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 <sup>2</sup>	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	AT GRADE	N/A	H ≤ 30 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	AT GRADE	H ≤ 200 FT
6 FT <sup>2</sup>			N/A	H ≤ 15 FT	AT GRADE	H ≤ 200 FT
9 FT <sup>2</sup>	48" MAX	24" MIN	N/A	AT GRADE	AT GRADE	H ≤ 80 FT
12 FT <sup>2</sup>			N/A	AT GRADE	N/A	AT GRADE
16 FT <sup>2</sup>	48" MAX	24" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT <sup>2</sup>			N/A	AT GRADE	N/A	AT GRADE
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE
30 FT <sup>2</sup>			N/A	N/A	N/A	AT GRADE
36 FT <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	AT GRADE

\*THIS TABLE IS PERMISSIBLE TO BE USED WITHIN THE HVHZ WHICH CONTAINS BROWARD AND MIAMI-DADE COUNTIES. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

**TABLE 3 : Vult=170 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 <sup>2</sup>	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 160 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	48" MAX	24" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
12 FT <sup>2</sup>			N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
16 FT <sup>2</sup>	48" MAX	24" MIN	N/A	AT GRADE	N/A	H ≤ 200 FT
20 FT <sup>2</sup>			N/A	AT GRADE	N/A	H ≤ 200 FT
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	N/A	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT
30 FT <sup>2</sup>			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 180 FT
36 FT <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	AT GRADE

\*AS AN EXAMPLE, THIS TABLE IS PERMISSIBLE TO BE USED WITHIN PALM BEACH COUNTY. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

**TABLE 4 : Vult=170 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 <sup>2</sup>	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	48" MAX	24" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
12 FT <sup>2</sup>			N/A	AT GRADE 60 FT < H ≤ 120 FT	N/A	H ≤ 200 FT
16 FT <sup>2</sup>	48" MAX	24" MIN	N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
20 FT <sup>2</sup>			N/A	AT GRADE	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
25 FT <sup>2</sup>	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 200 FT
30 FT <sup>2</sup>			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 100 FT
36 FT <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	AT GRADE

\*AS AN EXAMPLE, THIS TABLE IS PERMISSIBLE TO BE USED WITHIN PALM BEACH COUNTY. CHECK WITH LOCAL AUTHORITY HAVING JURISDICTION FOR THE APPLICABILITY OF THIS TABLE WITHIN CERTAIN FLORIDA COUNTIES.

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MECHANICAL UNIT STEEL TIE-DOWN CLIPS

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

REMARKS	DATE
INIT ISSUE (11-BMP-0001)	12-11-11
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**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 <sup>2</sup>	24" MAX	12" MIN	H ≤ 15 FT 60 FT < H ≤ 120 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	AT GRADE	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>			AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
12 FT <sup>2</sup>			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
16 FT <sup>2</sup>			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 100 FT	H ≤ 200 FT
20 FT <sup>2</sup>	60" MAX	48" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 180 FT	H ≤ 200 FT
25 FT <sup>2</sup>			N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
30 FT <sup>2</sup>			N/A	H ≤ 15 FT 60 FT < H ≤ 160 FT	AT GRADE	H ≤ 200 FT
36 FT <sup>2</sup>			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 <sup>2</sup>	24" MAX	12" MIN	AT GRADE	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			AT GRADE 60 FT < H ≤ 180 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
12 FT <sup>2</sup>			N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 140 FT	H ≤ 200 FT
16 FT <sup>2</sup>			N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
20 FT <sup>2</sup>	60" MAX	48" MIN	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
25 FT <sup>2</sup>			N/A	AT GRADE 60 FT < H ≤ 140 FT	AT GRADE	H ≤ 200 FT
30 FT <sup>2</sup>			N/A	AT GRADE	N/A	H ≤ 200 FT
36 FT <sup>2</sup>			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 <sup>2</sup>	24" MAX	12" MIN	N/A	H ≤ 200 FT	H ≤ 30 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>	32" MAX	15" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 140 FT	H ≤ 200 FT
4 FT <sup>2</sup>	48" MAX	24" MIN	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT <sup>2</sup>			AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
9 FT <sup>2</sup>			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
12 FT <sup>2</sup>			N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
16 FT <sup>2</sup>			N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
20 FT <sup>2</sup>	60" MAX	48" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
25 FT <sup>2</sup>			N/A	AT GRADE 60 FT < H ≤ 80 FT	N/A	H ≤ 200 FT
30 FT <sup>2</sup>			N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
36 FT <sup>2</sup>			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

SCALE: N.T.S.  
 PAGE DESCRIPTION:



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2016.

# Certificate of Product Ratings

**AHRI Certified Reference Number: 9139471**

**Date: 4/12/2017**

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

**Outdoor Unit Model Number: 14HPX-024-230-21**

**Indoor Unit Model Number: CBX27UH-024-230\*+TDR**

**Manufacturer: LENNOX INDUSTRIES, INC.**

**Trade/Brand name: LENNOX**

**Series name: MERIT 14HPX SERIES**

**Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.**

**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:**

<b>Cooling Capacity (Btuh):</b>	<b>25200</b>
<b>EER Rating (Cooling):</b>	<b>13.50</b>
<b>SEER Rating (Cooling):</b>	<b>16.00</b>
<b>Heating Capacity(Btuh) @ 47 F:</b>	<b>21800</b>
<b>Region IV HSPF Rating (Heating):</b>	<b>9.00</b>
<b>Heating Capacity(Btuh) @ 17 F:</b>	<b>13700</b>

\* 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](http://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](http://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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we make life better™

**CERTIFICATE NO.:** 131365065496180600





# DEL-AIR

(888)-831-2665

Heating • Air Conditioning  
Appliances • Electrical

24 Hours - 7 Days a Week

State Cert CAC032448

WWW.DELAIR.COM

### Sales Agreement

FRANK GARABO  
4207 ARAJO CT.  
BELLE ISLE

407-859-8114  
FL 32812

4/12/2017  
Email

MARK UNDERWOOD  
Cell 407-421-4236  
WWW.DELAIR.COM

Description

Size

SEER RATING

LENNOX Merit HEAT PUMP

2.0 Ton

16.0

Lennox Factory Warranty, 1 Year Labor, 10 Years Functional Parts, 10 Years Compressor

For the sum set forth we agree to install and service the following Del-Air comfort system as per the specifications outlined including the equipment and materials listed on proposal. Materials not listed are not included.

Total Including Permit \$ 5,019

### Terms and Conditions

Check or Cash

Homeowners are responsible to stay home for one (1) full day for the Building Department Inspection.

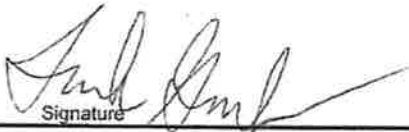
Del-Air gives no guarantee for any existing conditions such as, but not limited to, pre-existing Electrical, Ductwork, Mechanical Equipment & House Structure

### Florida's Lien Law

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001 – 713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND ARE NOT PAID IN FULL HAVE THE RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED, YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

Add Additional Notes Here

X

  
Signature

4/12/2017

I have the authority to order the work outlined above.

FRANK GARABO

4/12/2017

MARK UNDERWOOD

In the event payment is not made promptly in accordance with agreed terms, it shall be seller's option to charge a service charge not exceeding two (2) percent per month. The first service charge will be due 15 days from the date of the billing of our amount due on the job. In the event of collection by an attorney, all attorney fees, court costs, and other legal fees shall be borne by the buyer; in the event of non-payment, purchaser agrees to allow seller on premises to remove equipment installed. This sales agreement shall be binding upon the heirs, successors, and/or assigns of the party hereto.

It is understood that the title of all products and equipment covered by the contract remains solely in the seller until the entire purchase price has been paid in full and the manner of installation and/or attachment to any equipment and/or any portion of the building structure in which the installation is made shall not in any manner jeopardize the seller's title.

Proposal is no longer valid after, 5/12/2017



# DEL-AIR

Heating · Air Conditioning  
Appliances · Electrical

State Cert CAC032448

**(888)-831-2665**

24 Hours - 7 Days a Week

WWW.DELAIR.COM

03/05/2017

FRANK GARABO

407-859-8114

4/12/2017

MARK UNDERWOOD

4207 ARAJO CT.

Email

Call 407-421-4236

BELLE ISLE

FL

32812

WWW.DELAIR.COM

Description	SIZE	SEER	Price	Supervisor Rebate	Adjusted Price
LENNOX Merit HEAT PUMP	2.0 Ton	18.0	5,420	697	4,723
<i>Lennox Factory Warranty, 1 Year Labor, 10 Years Functional Parts, 10 Years Compressor</i>					Residential Use Only
Two Systems Bronze 20 Point Efficiency Agreement			296	QL	1
H X W X D		Heater	Qt	Model	
A/H	49.25 X 21.25 X 20.625	ECB29-10CB	1	CBX27UH-024	
COND	37.25 X 28.25 X 28.25		1	14HPX-024	
HONEYWELL 3htg/2cdg Programmable HP & SC INC Platform Liner & New Top			1	TH6320U1000INC	
Reuse Outdoor Sub Panel			1	-	
Reuse Indoor Sub Panel			1	-	
Replace 3/4 PVC Drain Line not with line set			1	-	
Install New Condenser Pad 40 X 40			1	H022745	
Electrical Permit included			1	H042779	
Dispose Of Old Equipment			1	-	
New In-Line Safety Float Switch			1	-	
Clean Work Area At Job Completion			1	-	
New Code Approved Hurricane Straps			1	-	
Reconnect Existing Supply Plenum to new unit			1	-	
Permit			1	-	

Paying By

Check or Cash

**COMFORT SYSTEM PROPOSAL**

**System Investment**

<p>THIS SYSTEM QUALIFIES FOR THE <del>12%</del> DUKE ENERGY CREDIT. TOTAL IS BEFORE THE CREDIT. MUST CONTACT DUKE ENERGY PRIOR TO THE REPLACEMENT FOR AN ENERGY AUDIT TO QUALIFY..</p>	<b>Total</b>	\$ 4,723
		\$ -
	<b>Optional Items</b>	\$ 296
		\$ -
	No Power Company Rebate	\$ -
		\$ -
	Down Payment	\$ -
	<b>Balance Due</b>	\$ 5,019

Date

4/12/2017

FRANK GARABO

Proposal Valid Until

5/12/2017

MARK UNDERWOOD



 **RICK SINGH, CFA - ORANGE COUNTY PROPERTY APPRAISER**

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)
- [My Favorites](#)

Sign up for e-Notify.

**4207 Arajo Ct** < 20-23-30-1646-01-300 >

**Market:**  
 Garabo Franklin T  
 Garabo Deanna L  
**Multiple Address Guide:**  
 4207 Arajo Ct  
 Belle Isle, FL 32812-2808  
 Incorrect Mailing Address?  
**Physical Street Address:**  
 4207 Arajo Ct  
**County and Zip Code:**  
 Orlando, FL 32812  
**Planning Code:**  
 0103 - Single Fam Class III  
**Municipality:**  
 Belle Isle



View 2016 Property Record Card

- Values, Exemptions and Taxes**
- Property Features
- Sales Analysis
- Location Info
- Market Stats
- Update Information

Note: 2017 values will be available in Spring of 2017.

Property Description

[View Plat](#)

CONWAY EAST 4/122 LOT 130

**Total Land Area** 10,206 sqft (+/-) | 0.23 acres (+/-) GIS Calculated Notice

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class Unit Price	Class Value
0100 - Single Family	R-1-AA	1 LOT(S)	working..	working..	working..	working..

Page 1 of 1 (1 total records)

Buildings

Important Information		Structure				
	<b>Model Code:</b>	01 - Single Fam Residence	<b>Actual Year Built:</b>	1974	<b>Gross Area:</b>	2796 sqft
	<b>Type Code:</b>	0103 - Single Fam Class III	<b>Beds:</b>	4	<b>Living Area:</b>	2270 sqft
	<b>Building Value:</b>	working..	<b>Baths:</b>	2 0	<b>Exterior Wall:</b>	Aluminum Or Vinyl Siding
	<b>Estimated New Cost:</b>	working..	<b>Floors:</b>	1	<b>Interior Wall:</b>	Drywall

Page 1 of 1 (1 total records)

Extra Features

Description	Date Built	Units	XFOB Value
PL2 - Above Average Pool	01/01/1978	1 Unit(s)	working..
SHWV - Shed No Value	12/31/2005	1 Unit(s)	working..

Page 1 of 1 (2 total records)

This Data Printed on 04/12/2017 and System Data Last Refreshed on 04/11/2017



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

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

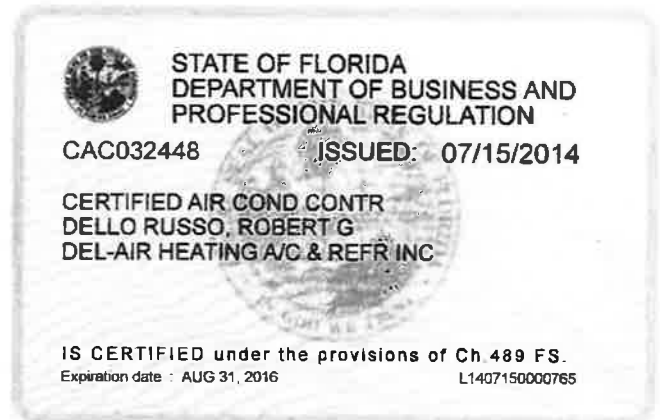
**(850) 487-1395**

**DELLO RUSSO, ROBERT G  
DEL-AIR HEATING A/C & REFR INC  
531 CODISCO WAY  
SANFORD FL 32771**

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](http://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**



<b>LICENSE NUMBER</b>	
CAC032448	

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

**DELLO RUSSO, ROBERT G  
DEL-AIR HEATING A/C & REFR INC  
531 CODISCO WAY  
SANFORD FL 32771**



ISSUED: 07/15/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407150000765





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/23/2016

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> Stahl & Associates Insurance, Inc. 250 International Parkway Suite 128 Lake Mary FL 32746	<b>CONTACT NAME:</b> Karen Hall	
	<b>PHONE (A/C. No. Ext):</b> (407) 833-8998	<b>FAX (A/C. No.):</b> (407) 833-3909
<b>E-MAIL ADDRESS:</b> karen.hall@stahlinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> National Trust Insurance Co.		20141
<b>INSURER B:</b> FCCI Insurance Co.		10178
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1652331944                      **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Add'l Insured's <input checked="" type="checkbox"/> GL Extension Endorsement GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GL0016798	6/1/2016	6/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		10000229401	6/1/2016	6/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ -0-		UMB0019058	6/1/2016	6/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	001WC16A73661	6/1/2016	6/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Contractors Equipment		CM0008203	6/1/2016	6/1/2017	Leased/Rented Equipment: \$50,000

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

**CERTIFICATE HOLDER**                      **CANCELLATION**

(407) 581-0313                      smanchester@universalengin  City of Belle Isle 1600 Nela Avenue 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  Robert Bowles/DOOLEY
--	---



## SEMINOLE COUNTY BUSINESS TAX RECEIPT

RAY VALDES, SEMINOLE COUNTY TAX COLLECTOR

PO Box 630 ▪ Sanford, FL 32772-0630 ▪ Telephone: 407-665-1000

www.seminoletax.org

**VALID THROUGH 09/30/17**

**DEL AIR HEATING AC REFRIGERANT INC**  
**531 CODISCO WAY**  
**SANFORD, FL 32771**

**Account #:017508**

**ROBERT G DELLO RUSSO (OFFICER)**

**REGULATED**

**License # - CA C032448**

**Qualifier- DELLO RUSSO ROBERT G**

**\*\*SANFORD CITY LICENSE REQUIRED \*\***

**Receipt #: WEB#2016080813021**

**Amount Paid: \$ 45.00**

**Date Paid: 08/08/2016**

### BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

- **DISPLAY THE ABOVE RECEIPT PROMINENTLY:** This Business Tax Receipt shall be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the business shall be subject to the payment of another business tax for the same business or profession.
- **RENEW THIS TAX BEFORE IT EXPIRES:** Pursuant to Florida Statutes, all Business Tax Receipts shall be issued by the Tax Collector beginning July 1<sup>st</sup> of each year, and it shall expire on September 30<sup>th</sup> of the succeeding year. Those Business Tax Receipts issued as renewal accounts beginning October 1<sup>st</sup> shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total penalty shall not exceed 25% of the business tax for the delinquent establishment (Florida Statute [FS] 205.053 [1]).

A 25% penalty shall be imposed on any individual engaged in any new business or profession without first obtaining a Seminole County Business Tax receipt. ([FS] 205.053 [2])

This Business Tax Receipt is only a receipt for business taxes paid. It does not permit the taxpayer to violate any existing regulatory or zoning laws of the state, county, or municipality, nor does it exempt the taxpayer from any other required licenses, registrations, certifications, or permits. Business Tax requirements are subject to legislative change.

- **REPORT ALL CHANGES:** The holder of this Business Tax Receipt is required to report a change in the following: Ownership, Business Location, Mailing Address, or any other information that would alter the status of the current year's taxes. This includes, but is not limited to, the loss of or a change in a State License which was used to qualify for the business activity and/or occupation identified on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-665-7636.

**DEL AIR HEATING AC REFRIGERANT INC**  
**531 CODISCO WAY**  
**SANFORD, FL 32771**

Country Services Building  
1101 E First Street  
Sanford, FL 32771

Casselberry Office  
104 Wilshire Blvd, Unit 1000  
Casselberry, FL 32707

Oak Grove Shoppes  
995 N SR 434 Suite 505  
Altamonte Springs, FL 32714

ShelMar Prof'l Building  
1490 Swanson Dr #100  
Oviedo, FL 32765

Commons at Primera  
845 Primera Blvd  
Lake Mary, FL 32746



**Data Contained In Search Results Is Current As Of 09/19/2016 09:09 AM.**

## Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Air Conditioning Contractor	<b><u>DEL-AIR HEATING A/C &amp; REFR INC</u></b>	DBA	CAC032448 Cert Air	Current, Active 08/31/2018
	<b>License Location Address*:</b>	531 CODISCO WAY SANFORD, FL 32771		
	<b>Main Address*:</b>	531 CODISCO WAY SANFORD, FL 32771		
Certified Air Conditioning Contractor	<b><u>DELLO RUSSO, ROBERT G</u></b>	Primary	CAC032448 Cert Air	Current, Active 08/31/2018
	<b>License Location Address*:</b>	531 CODISCO WAY SANFORD, FL 32771		
	<b>Main Address*:</b>	531 CODISCO WAY SANFORD, FL 32771		

[Back](#)

[New Search](#)

### \* denotes

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

**2601 Blair Stone Road, Tallahassee FL 32399** :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.