



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: c/o 2ton HVAC with no ductwork
Comments: None
Project Information
 Address: 5107 Oak Island Rd, Belle Isle, FL 32809
 Parcel ID: 18-23-30-7164-00-060
 Property Owner: Heidbrink, Paul
 Phone Number: 407 859 7999

 Company Name: Century A/C & Heating, Inc.
 Contractor Name: Chambers, Steve
 License Number: CAC057740
 Address: 1650 S. Bumby Avenue, Orlando, FL 32806
 Phone Number: 407-894-8417

Permit Number: 2017-04-051
Date of Application: 04/13/2017
Date Permit Issued: 04/14/2017

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

IMPACT FEES	
Traffic	\$
School	\$
ZONING FEES	
Zoning Fee	\$
UNIVERSAL ENG - BUILDING FEES	
Boat Dock	\$
Boat House	\$
Building	\$
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$73.50
Plumbing	\$
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$
SURCHARGE FEES	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.00
TOTAL FEES \$77.50	
Date Paid	4-18-17
CC or Check #	USA 4058
Amount Paid	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

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 **OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**

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)



City of Belle Isle

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

RECEIVED APR 13 2017

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: 4/12/17

PERMIT NUMBER 297-04-051

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

Project Address 5107 OAK ISLAND RD. Belle Isle FL X 32809 32812
Property Owner PAUL HEIDBRINK Phone 407-859-4789
Property Owner's Mailing Address 5107 OAK ISLAND RD. City BELLE ISLE
State FL Zip Code 32809 Parcel Id Number: 18-23-30-7164-00-060

To obtain this information, please visit http://www.ocpafll.org/Searches/ParcelSearch.aspx

Class of Building: Old [x] New [] Type of Building: Residential [x] Commercial [] Other []
Type of Work: New [] Alteration [] Addition [] Repair [x]

- 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 x Package Heat Pump x Estimated Cost \$ 2,169.00

Heating: # of Units KWS Per Unit 1 Total KWS 5 BTU's
Oil 0 Electric 0 Boiler 0 Gas 0 Estimated Cost \$

(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 0 Heat 0 Hoods, Air Intakes 0 Exhaust Fans 0 Dryer Vents 0 Estimated Cost \$ 0

Refrigeration: Number of units 0 Estimated Cost \$ 0

Piping: Air 0 Vacuum 0 Steam 0 Chill Water 0 Estimated Cost \$ 0

Others: (Specify) 0 Estimated Cost \$ 0

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

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE #CAC057740

LICENSE HOLDER NAME STEVE CHAMBERS COMPANY NAME CENTURY A/C & HEATING INC.

Street Address 1650 S. BUMBY AVE.

City ORLANDO State FL Zip Code 32806 Phone Number 407-894-8417

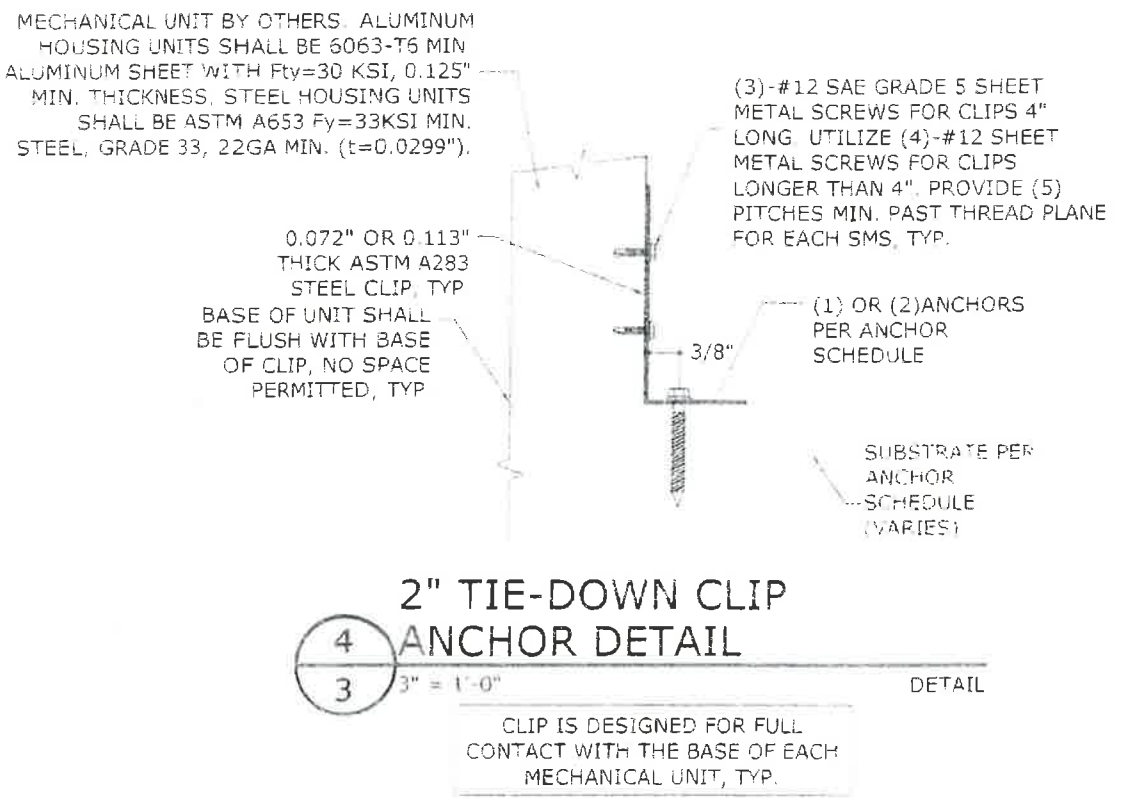
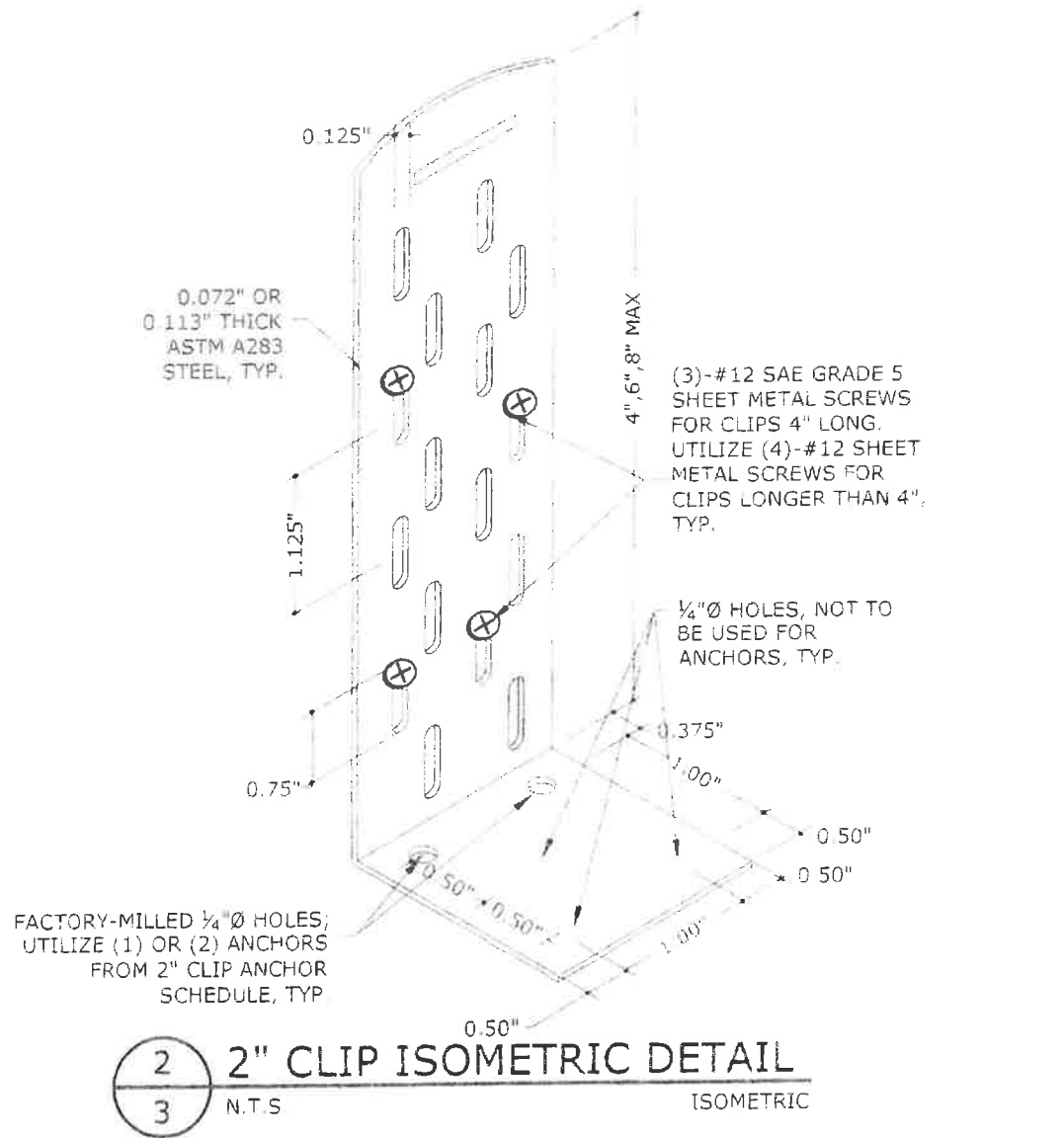
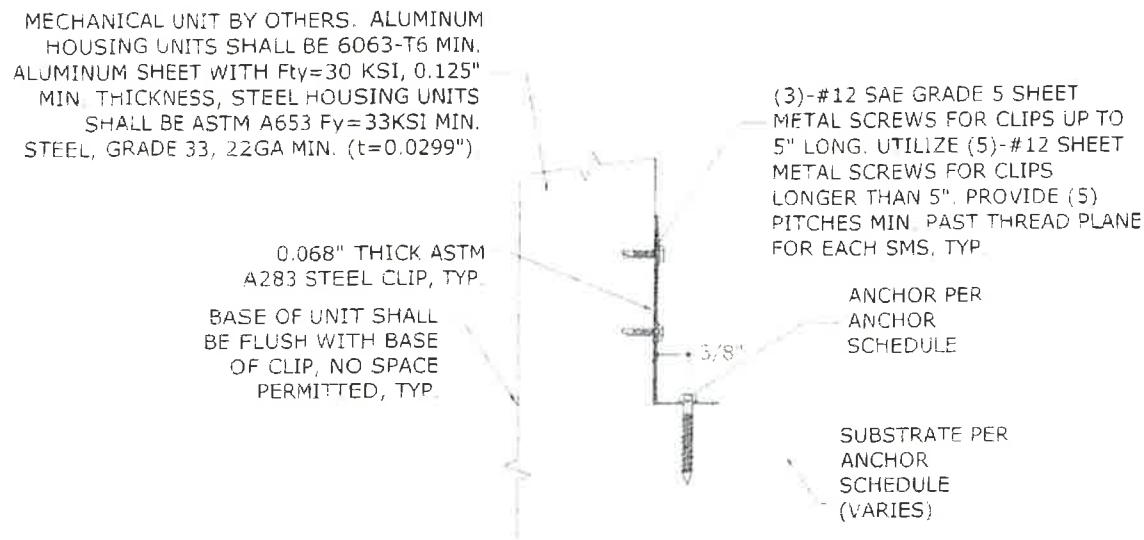
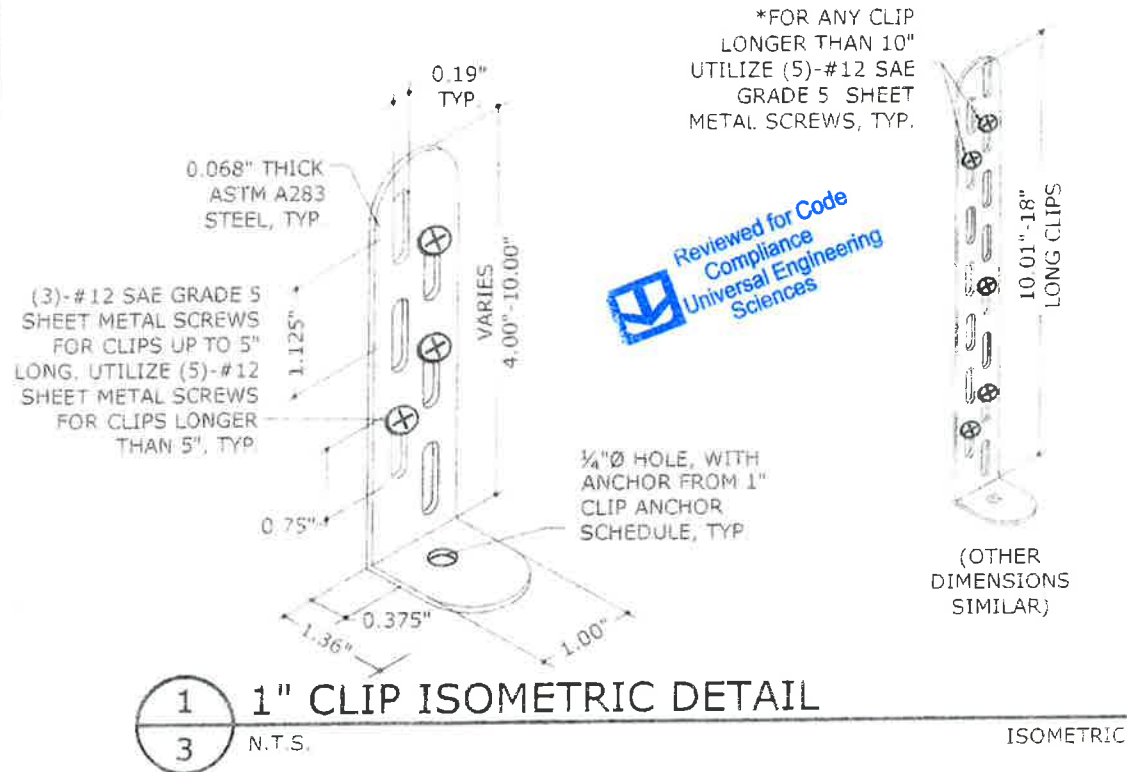
Email Address VICTOR@CENTURY-AC.COM

Building Official: [Signature] Date 4-17-17
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-14-17

Permit Fee \$ 49.-
Review Fee \$ 24.50
3% Florida Surcharge \$ 4.-
Total Permit Fee \$ 77.50

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

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
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WWW.ENXEXP.COM

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BMP INTERNATIONAL, INC.

4710 28TH STREET NORTH
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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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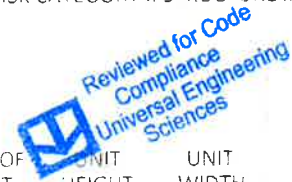
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TABLE 1: Vult=175 MPH, EXPOSURE C

(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 ²	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	N/A	AT GRADE	AT GRADE	H ≤ 60 FT
4 FT ²	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	H ≤ 30 FT	H ≤ 200 FT
6 FT ²			AT GRADE	H ≤ 40 FT	AT GRADE	H ≤ 200 FT
9 FT ²	48" MAX	24" MIN	N/A	AT GRADE	AT GRADE	H ≤ 160 FT
12 FT ²			N/A	AT GRADE	AT GRADE	H ≤ 40 FT
16 FT ²	48" MAX	24" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT ²			N/A	AT GRADE	N/A	AT GRADE
25 FT ²	60" MAX	48" MIN	N/A	AT GRADE	N/A	AT GRADE
30 FT ²			N/A	N/A	N/A	AT GRADE
36 FT ²	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 ²	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	N/A	AT GRADE	N/A	H ≤ 30 FT
4 FT ²	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	AT GRADE	H ≤ 200 FT
6 FT ²			N/A	H ≤ 15 FT	AT GRADE	H ≤ 200 FT
9 FT ²	48" MAX	24" MIN	N/A	AT GRADE	AT GRADE	H ≤ 80 FT
12 FT ²			N/A	AT GRADE	N/A	AT GRADE
16 FT ²	48" MAX	24" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT ²			N/A	AT GRADE	N/A	AT GRADE
25 FT ²	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE
30 FT ²			N/A	N/A	N/A	AT GRADE
36 FT ²	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 ²	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 160 FT	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
4 FT ²	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT ²			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT ²	48" MAX	24" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
12 FT ²			N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
16 FT ²	48" MAX	24" MIN	N/A	AT GRADE	N/A	H ≤ 200 FT
20 FT ²			N/A	AT GRADE	N/A	H ≤ 200 FT
25 FT ²	60" MAX	48" MIN	N/A	N/A	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT
30 FT ²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 180 FT
36 FT ²	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 ²	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
9 FT ²	32" MAX	15" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
4 FT ²	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT ²			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT ²	48" MAX	24" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
12 FT ²			N/A	AT GRADE 60 FT < H ≤ 120 FT	N/A	H ≤ 200 FT
16 FT ²	48" MAX	24" MIN	N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
20 FT ²			N/A	AT GRADE	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
25 FT ²	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 200 FT
30 FT ²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 100 FT
36 FT ²	N/A	N/A	N/A	N/A	N/A	AT GRADE

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

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

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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 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.

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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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SCALE: N.T.S.

PAGE DESCRIPTION:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/26/2016

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).


PRODUCER Lassiter-Ware Insurance of Maitland 2701 Maitland Center Parkway Suite 125 Maitland FL 32751	CONTACT NAME: Anne Edwards PHONE (A/C, No, Ext): (800) 845-8437 E-MAIL ADDRESS: AnneE@lassiter-ware.com FAX (A/C, No): (888) 883-8680
	INSURER(S) AFFORDING COVERAGE
INSURED Century Air Conditioning & Heating, Inc P O Box 568494 Orlando FL 32856	INSURER A: United Fire & Casualty Company NAIC # 13021
	INSURER B: FHM Insurance Company 10699
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** 2016-17 Ren Mast **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 INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					
A	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	60081070	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY					
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	60081070	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>				
A	EXCESS LIAB	CLAIMS-MADE	60081070	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
<input checked="" type="checkbox"/>	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 N/A	WC30600238472016	9/1/2016	9/1/2017	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER City of Belle Isle Att: Kerne 1600 Nela Avenue Belle Isle, FL 32809	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 Paul Ziccardi/ANNEE 

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



LICENSE NUMBER	
CAC057740	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

CHAMBERS, STEVEN THOMAS
CENTURY AIR CONDITIONING & HEATING INC
2535 PERSHING OAKS PLACE
ORLANDO FL 32806



ISSUED: 06/20/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606200000400

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 local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

	2016	EXPIRES 9/30/2017	1804-0962407
1804 CONTR-HARV CLASS B	\$30.00 10	EMPLOYEE 5000 BUSINESS OFFICE	\$30.00 10 EMPLOYEE

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



CHAMBERS STEVEN T
CENTURY AIR CONDIT & HEAT INC
1650 S BUMBY AVE
ORLANDO FL 32806

1650 S BUMBY AVE
A - ORLANDO, 32806

PAID: \$60.00 0099-00720204 7/7/2016

This receipt is official when validated by the Tax Collector.