



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.

Scope of Work: MECHANICAL: one 5 ton change out no ductwork

Comments: None

Project Information

Address: 5237 Chiswick Circle, Belle Isle, FL 32809
 Parcel ID: 20-23-30-9373-00-450
 Property Owner: Johnson, Fred & Karen
 Phone Number: None

 Company Name: Service One AC & Plumbing.
 Contractor Name: Gouty, William
 License Number: CAC1813760
 Address: 755 W. State Rd 434, suite D, Longwood, FL 32750
 Phone Number: 407-331-6589

Permit Number: 2017-04-062

Date of Application: 04/19/2017

Date Permit Issued: 04/19/2017

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

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 \$100.50
 Gas \$
 Roofing \$
 Boat Dock \$
 Screen Encl \$
 Swimming Pool \$
 Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
 Surcharge Fee \$2.00

TOTAL FEES \$104.50

Date Paid 4-20-17

CC or Check # VISA 3781

Amount Paid 104.50

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 BIDScheduling@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.universaleengineering.com

RECEIVED
APR 19 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: 04/17/17

PERMIT NUMBER 2017-04-068

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

Project Address 5237 Chiswick Cir Belle Isle, FL 32812-2113 Belle Isle FL 32809 32812
Property Owner Frederick W & Karen C Johnson Johnson, Frederick & Karen Phone _____
Property Owner's Mailing Address 5237 Chiswick Cir City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-450 20-23-30-9373-00-450

To obtain this information, please visit <http://www.ocpaf.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 5 Total Tons 5
Type of System: Water to Air _____ Chiller _____ Split System Package _____ Heat Pump _____ Estimated Cost \$ _____

Heating: # of Units KWS Per Unit 1 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) _____ 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 [Signature] LICENSE # CAC1813760

LICENSE HOLDER NAME William R Gouty COMPANY NAME ServiceOne Air Conditioning & Plumbing

Street Address 755 W SR 434 Suite D

City Longwood State FL Zip Code 32750 Phone Number 407-331-6589

Email Address diana@serviceoneac.com 32750 407-331-6589

diana@serviceoneac.com

Building Official: ucg Date 4-19-17
Verified Contractor's Licenses & Insurance are on file [Signature] Date 4-19-17

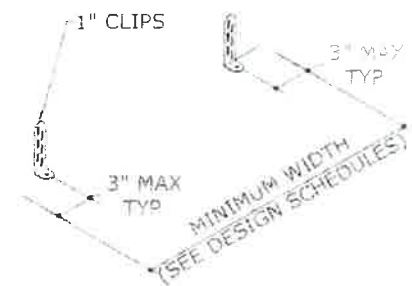
Permit Fee	\$	<u>67.-</u>
Review Fee	\$	<u>33.50</u>
3% Florida Surcharge	\$	<u>4.-</u>
Total Permit Fee	\$	<u>104.50</u>

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
6x5 36
67 ÷ 2
33.50
100.50

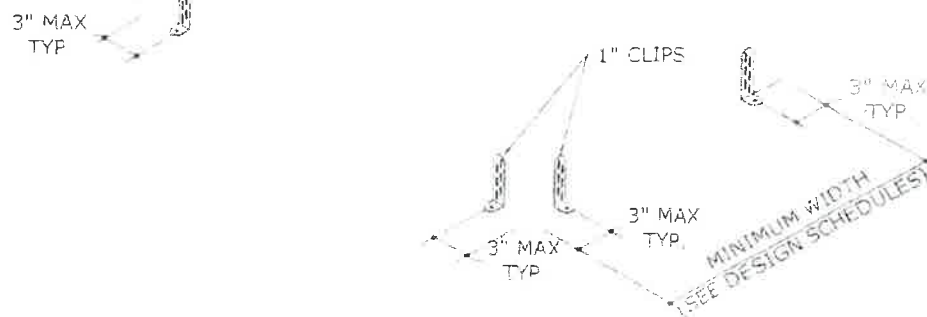


MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



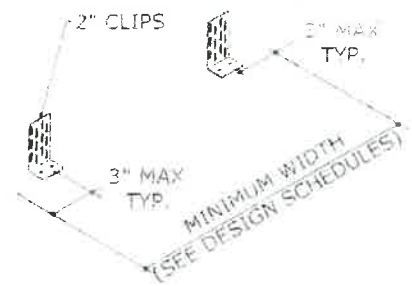
C1 CONNECTION TYPE C1
 1" CLIP - UTILIZE (1) AT EACH CORNER FOR A TOTAL OF (4) PER UNIT

MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



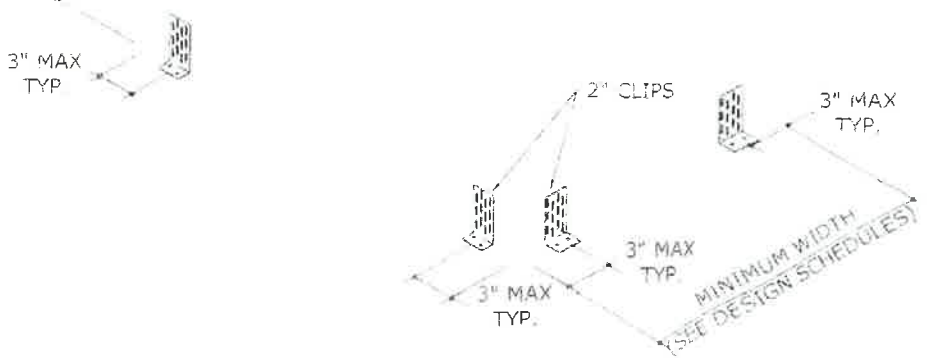
C2 CONNECTION TYPE C2
 1" CLIP - UTILIZE (2) AT EACH CORNER FOR A TOTAL OF (8) PER UNIT

MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



C3 CONNECTION TYPE C3
 2" CLIPS - UTILIZE (1) AT EACH CORNER FOR A TOTAL OF (4) PER UNIT

MAXIMUM UNIT HEIGHT (SEE DESIGN SCHEDULES)



C4 CONNECTION TYPE C4
 2" CLIPS - UTILIZE (2) AT EACH CORNER FOR A TOTAL OF (8) PER UNIT

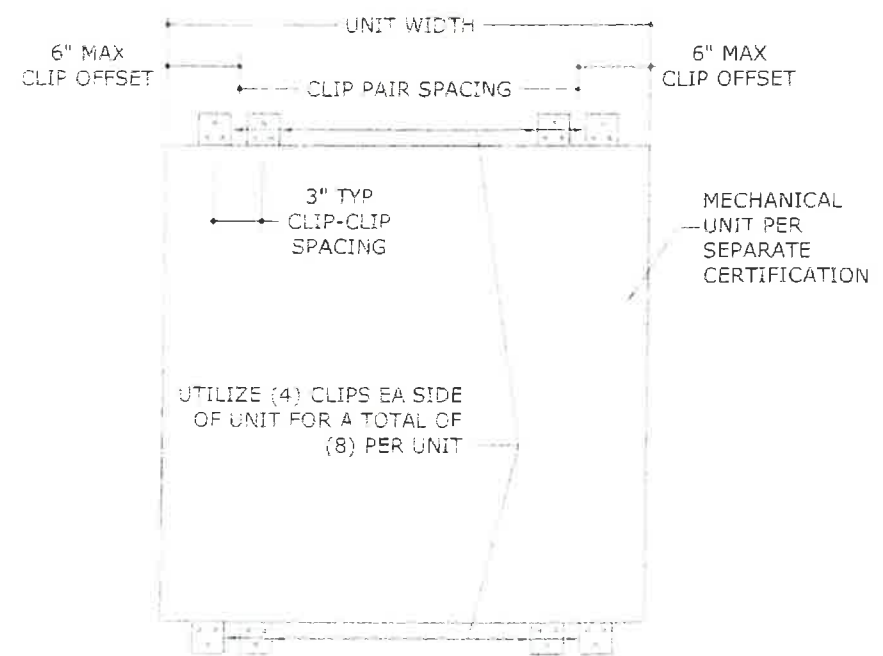
ANCHOR SCHEDULE:
 1" CLIPS

SUBSTRATE	DESCRIPTION
CONCRETE: (4" THICK MIN, 3000 PSI MIN.)	(1)-5/16"Ø CARBON STEEL ITW BUILDDEX TAPCON, 2 1/4" FULL EMBED TO CONCRETE, 3 3/8" MIN EDGE DISTANCE, 3 3/4" MIN SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN THICK, 6061-T6 MIN. ALUMINUM)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO ALUMINUM, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(1)-#14 SAE GRADE 5 SHEET METAL SCREW TO STEEL, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE

2" CLIPS

SUBSTRATE	DESCRIPTION
CONCRETE: (4" THICK MIN, 3000 PSI MIN.)	(1)-5/16"Ø CARBON STEEL ITW BUILDDEX TAPCON, 2 1/4" FULL EMBED TO CONCRETE, 3 3/8" MIN EDGE DISTANCE, 3 3/4" MIN SPACING TO ANY ADJACENT ANCHOR.
ALUMINUM: (0.125" MIN. THICK, 6061-T6 MIN. ALUMINUM)	(2)-#14 SAE GRADE 5 SHEET METAL SCREWS TO ALUMINUM, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE
STEEL: (0.125" MIN. THICK, 33 KSI MIN. STEEL)	(2)-#14 SAE GRADE 5 SHEET METAL SCREWS TO STEEL, PROVIDE (5) PITCHES MIN. PAST THREAD PLANE

1. EMBEDMENT AND EDGE DISTANCE EXCLUDES FINISHES, IF APPLICABLE.
2. ENSURE MINIMUM EDGE DISTANCE AS NOTED IN ANCHOR SCHEDULE.
3. SEE DETAILS ON SHEET 3 FOR ANCHORS ATTACHING TO MECHANICAL UNIT



5 ALTERNATE (8) CLIP DETAIL
 N.T.S. PLAN VIEW

THIS DETAIL MAY BE USED AS AN ALTERNATE GEOMETRIC PATTERN FOR ALL CONNECTION TYPES THAT UTILIZE (2) CLIPS AT EACH CORNER FOR A TOTAL OF (8) CLIPS PER UNIT.

FRANK L. BENNARDO, P.E.
 No. 46549
EX ENGINEERING EXPRESS
 160 SW 12th AVENUE, 11th FL
 DEERFIELD BEACH, FL 33442
 PH: (954) 354-0660 FAX: (954) 354-0488
 WWW.ENGINEERINGEXPRESS.COM
 CERT. OF AUTH. #14411
 A FRANK L. BENNARDO, P.E., INC. (FL) 14411

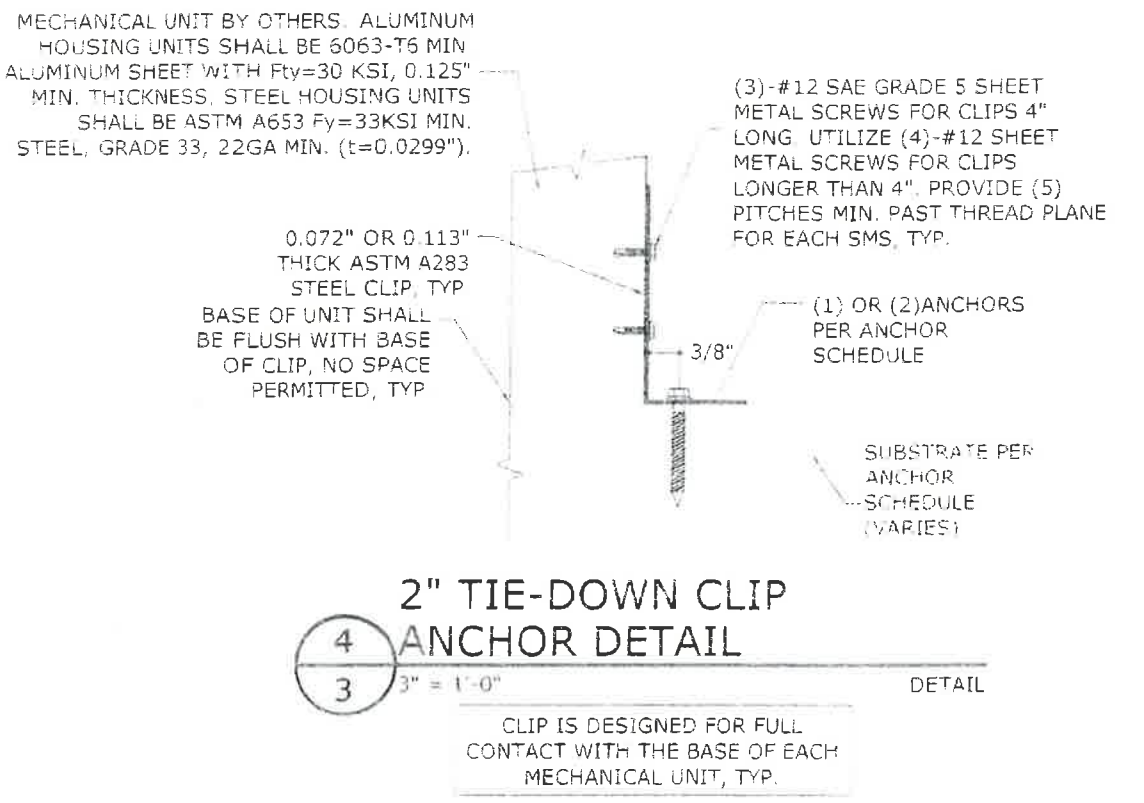
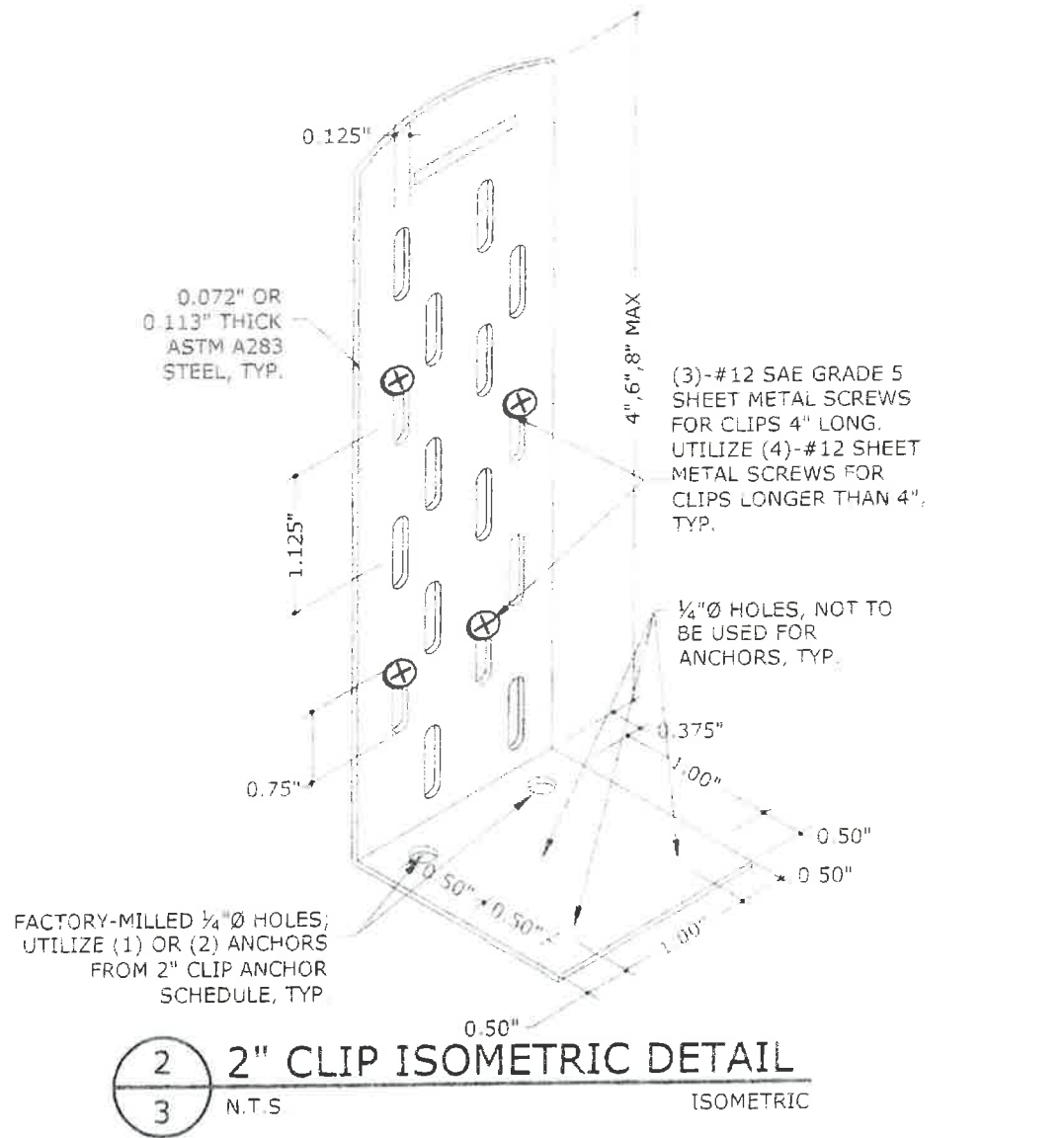
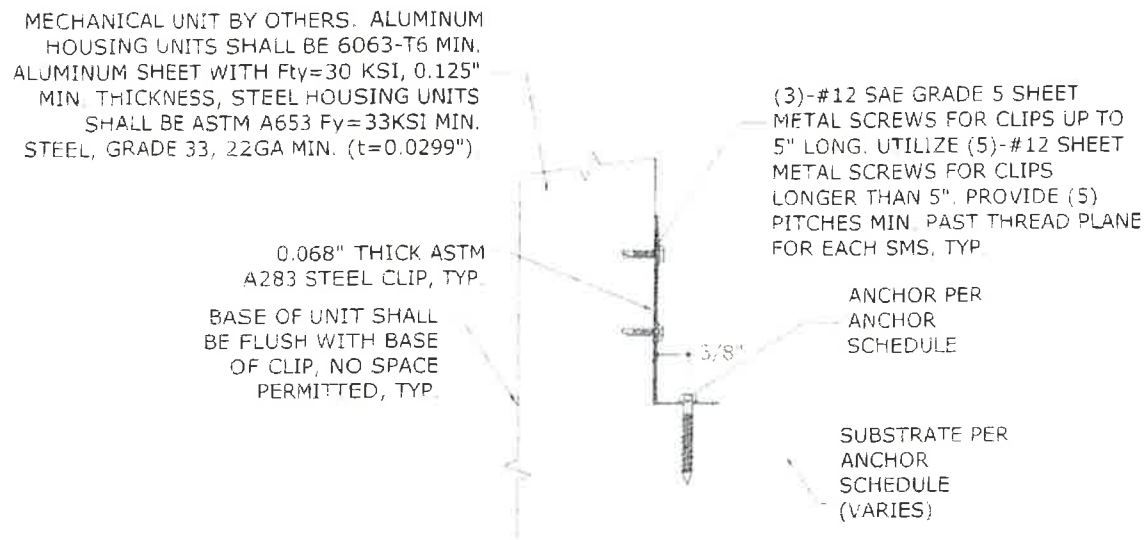
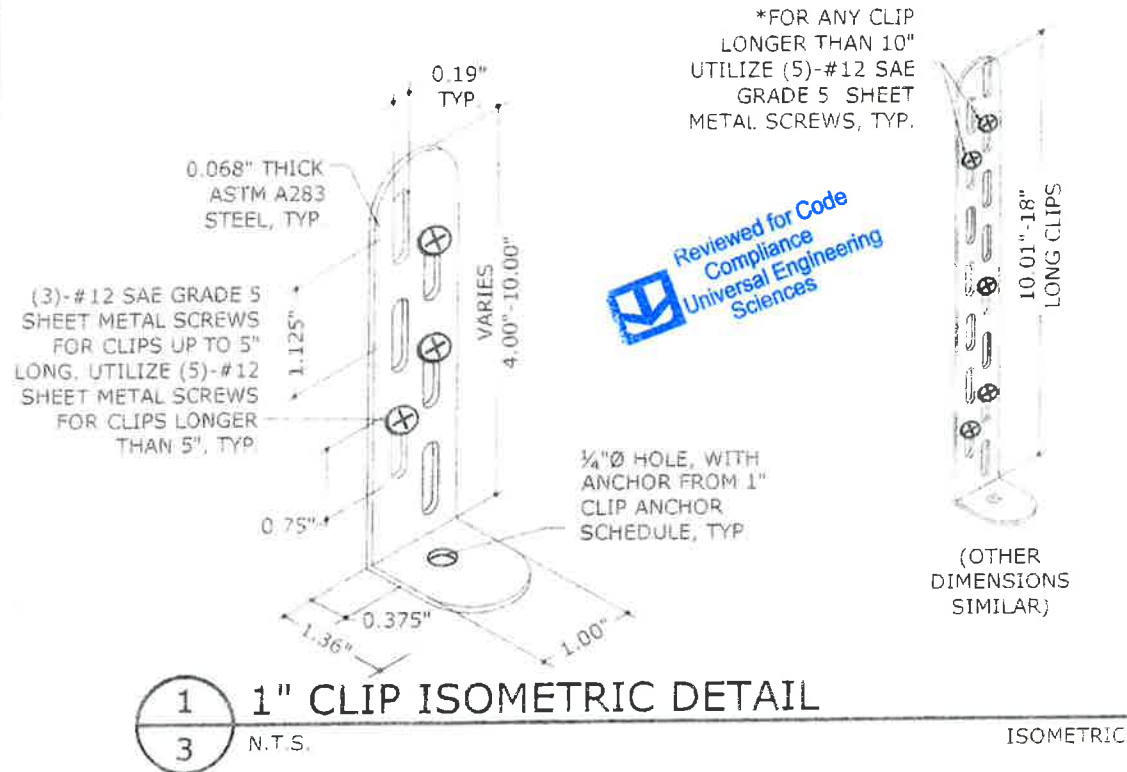
BMP INTERNATIONAL, INC.
 4710 28TH STREET NORTH
 ST. PETERSBURG, FL 33471
 PH: (727) 577-1613
 MECHANICAL UNIT STEEL TIE-DOWN CLIPS
 FBC 5TH EDITION (2014) PRODUCT APPROVAL FL#14239.1

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

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Update FL14239 for 2014 Florida Bldg. C. Project dwg



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04/13/2014
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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
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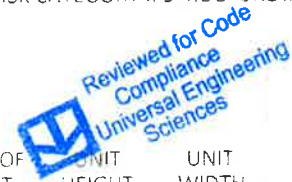
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TABLE 1: Vult=175 MPH, EXPOSURE C

(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 FT²	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	AT GRADE	AT GRADE	H ≤ 60 FT
4 FT²	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	H ≤ 30 FT	H ≤ 200 FT
6 FT²			AT GRADE	H ≤ 40 FT	AT GRADE	H ≤ 200 FT
9 FT²	48" MAX	24" MIN	N/A	AT GRADE	AT GRADE	H ≤ 160 FT
12 FT²			N/A	AT GRADE	AT GRADE	H ≤ 40 FT
16 FT²	48" MAX	24" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT²			N/A	AT GRADE	N/A	AT GRADE
25 FT²	60" MAX	48" MIN	N/A	AT GRADE	N/A	AT GRADE
30 FT²			N/A	N/A	N/A	AT GRADE
36 FT²	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 FT²	24" MAX	12" MIN	N/A	AT GRADE	AT GRADE	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	AT GRADE	N/A	H ≤ 30 FT
4 FT²	48" MAX	24" MIN	AT GRADE	H ≤ 200 FT	AT GRADE	H ≤ 200 FT
6 FT²			N/A	H ≤ 15 FT	AT GRADE	H ≤ 200 FT
9 FT²	48" MAX	24" MIN	N/A	AT GRADE	AT GRADE	H ≤ 80 FT
12 FT²			N/A	AT GRADE	N/A	AT GRADE
16 FT²	48" MAX	24" MIN	N/A	AT GRADE	N/A	AT GRADE
20 FT²			N/A	AT GRADE	N/A	AT GRADE
25 FT²	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE
30 FT²			N/A	N/A	N/A	AT GRADE
36 FT²	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 FT²	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 160 FT	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
4 FT²	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT²			AT GRADE	H ≤ 200 FT	H ≤ 40 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT²	48" MAX	24" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
12 FT²			N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
16 FT²	48" MAX	24" MIN	N/A	AT GRADE	N/A	H ≤ 200 FT
20 FT²			N/A	AT GRADE	N/A	H ≤ 200 FT
25 FT²	60" MAX	48" MIN	N/A	N/A	N/A	H ≤ 30 FT 60 FT < H ≤ 200 FT
30 FT²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 180 FT
36 FT²	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 FT²	24" MAX	12" MIN	N/A	H ≤ 200 FT	AT GRADE 60 FT < H ≤ 80 FT	H ≤ 200 FT
9 FT²	32" MAX	15" MIN	N/A	AT GRADE 60 FT < H ≤ 200 FT	N/A	H ≤ 200 FT
4 FT²	48" MAX	24" MIN	AT GRADE 60 FT < H ≤ 100 FT	H ≤ 200 FT	H ≤ 200 FT	H ≤ 200 FT
6 FT²			N/A	H ≤ 200 FT	H ≤ 15 FT 60 FT < H ≤ 200 FT	H ≤ 200 FT
9 FT²	48" MAX	24" MIN	N/A	H ≤ 15 FT 60 FT < H ≤ 200 FT	AT GRADE	H ≤ 200 FT
12 FT²			N/A	AT GRADE 60 FT < H ≤ 120 FT	N/A	H ≤ 200 FT
16 FT²	48" MAX	24" MIN	N/A	N/A	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
20 FT²			N/A	AT GRADE	N/A	H ≤ 40 FT 60 FT < H ≤ 200 FT
25 FT²	60" MAX	48" MIN	N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 200 FT
30 FT²			N/A	N/A	N/A	AT GRADE 60 FT < H ≤ 100 FT
36 FT²	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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BMP INTERNATIONAL, INC.
 4710 28TH STREET NORTH
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 PH: (727) 577-1613

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.

FRANK L. BENNARDO P.E.
 04/11/2015
 No. 46540
 ENGINEERING EXPRESS
 160 SW 12th AVENUE, #106
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 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:

Certificate of Product Ratings

AHRI Certified Reference Number: 9105492

Date: 4/19/2017

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

Outdoor Unit Model Number: 4TWR5060H1

Indoor Unit Model Number: *AM7B0C60H51

Manufacturer: TRANE

Trade/Brand name: TRANE

Series name: XR15

Manufacturer responsible for the rating of this system combination is TRANE

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:

Cooling Capacity (Btuh):	56500
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	15.00
Heating Capacity(Btuh) @ 47 F:	54000
Region IV HSPF Rating (Heating):	9.00
Heating Capacity(Btuh) @ 17 F:	36200

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

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

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AIR-CONDITIONING, HEATING,
& REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 131370780579985004

Susan Manchester

From: Susan Manchester
Sent: Wednesday, April 19, 2017 11:30 AM
To: Diana Rodriguez
Cc: CobiPermits
Subject: 5237 Chiswick Circle - mechanical permit 2017-04-062 - need insurance certs - Service One AC & Plumbing

Hello,

In a future email I will send the instructions on how to receive your permit via email with a CC auth form attached.

However – as per the attached – all of the credentials we have on file for you are expired. Please email me the following:

- Copy of Contractor's State License
- Copy of Local Business Tax Receipt from your jurisdiction
- Copy of Proof of Workers' Compensation with the City of Belle Isle 1600 Nela Avenue, Belle Isle, FL 32809 as the Certificate Holder or Exemption thereof
- Copy of General Liability Insurance Coverage with the City of Belle Isle 1600 Nela Avenue, Belle Isle, FL 32809 as the Certificate Holder

Also – I need the VALUE of the job (labor and materials). This line was left blank on the app.

Thank you,

Susan Manchester

Permit Administration
Building Inspection Department
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalengineering.com



**UNIVERSAL
ENGINEERING SCIENCES**

Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Construction Materials Testing • Trenchless Inspection
Building Inspection • Plan Review • Building Code Administration

From: Diana Rodriguez [<mailto:diana@serviceoneac.com>]
Sent: Wednesday, April 19, 2017 9:08 AM
To: CobiPermits
Subject: Permit

Permit application attached. Can i Pay for the permit with a credit card and have it emailed to me once issued?



CERTIFICATE OF LIABILITY INSURANCE

SERVI-1 OP ID: MS

DATE (MM/DD/YYYY)
08/29/2016

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 Insurance and Risk Management of Florida, LLC 755 W SR 434, Suite E Longwood, FL 32750 Bill Hodgkins	CONTACT NAME: Bill Hodgkins PHONE (A/C, No, Ext): 321-214-1990 FAX (A/C, No): 321-710-2501 E-MAIL ADDRESS: BillH@IRMToday.com														
INSURED Serviceone Air Conditioning & Plumbing, LLC 755 W SR 434 Suite D Longwood, FL 32750	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : The Zenith</td> <td>13269</td> </tr> <tr> <td>INSURER B : Old Dominion Insurance Company</td> <td>40231</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Zenith	13269	INSURER B : Old Dominion Insurance Company	40231	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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:		MPG8707A	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		B1G8707A	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 RETENTION \$		CUG8707A	09/01/2016	09/01/2017	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) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A	Z127293502	07/24/2016	07/24/2017	<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)

CERTIFICATE HOLDER <p style="text-align: center;">BELLEIS</p> City of Belle Isle 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
---	--

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2016 - 2017 9/01/16

City of Longwood
175 W. Warren Avenue, Longwood, FL 32750

LOCAL BUSINESS TAX

LOCATION: 755 W SR 434 D

For the Occupation:

SERVICE/11 TO 20 EMP

**SERVICEONE AIR CONDITIONING &
755 W SR 434 D
LONGWOOD FL 32750**

GOUTY, WILLIAM

YEAR: 10/16-09/17



DIRECTOR OF FINANCE

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

Receipt # 17-00010477

STATE #

CITY TAX \$ 125.00

ADMINISTRATIVE FEE \$ 10.00

TRANSFER FEE \$.00

PENALTY % \$.00

COUNTY TAX \$ 45.00

TOTAL\$ 180.00

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CAC1813760

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



GOUTY, WILLIAM RICHARD III
SERVICEONE AIR CONDITIONING & PLUMBING, LLC
755 WEST SR 434 STE D
LONGWOOD FL 32750



ISSUED 07/28/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607280001213

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CFC1428376

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



BAILEY, KENNETH L
SERVICEONE AIR CONDITIONING & PLUMBING, LLC
755 WEST SR 434 STE D
LONGWOOD FL 32750



ISSUED 08/24/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608240002420