



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

**PERMIT CARD – PLEASE POST AT JOB SITE**  
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

**Scope of Work:** MECHANICAL: change ductwork per plans  
**Comments:** Bldg permit 2017-04-027

**Project Information**  
 Address: 6619 Matchett Rd, Belle Isle, FL 32809  
 Parcel ID: 25-23-29-0000-00-127  
 Property Owner: Fotieo Family Trust  
 Phone Number: 407 924 5361  
 \*\*\*\*\*  
 Company Name: B&L AC Services LLC  
 Contractor Name: Garcia, Fabian  
 License Number: CAC1817173  
 Address: 190 Cherrywood Dr, Maitland, FL 32751  
 Phone Number: 407 951 0321

**Permit Number: 2017-04-034**  
**Date of Application: 04/12/2017**  
**Date Permit Issued: 04/13/2017**

**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>	
Traffic	\$
School	\$
<b>ZONING FEES</b>	
Zoning Fee	\$
<b>UNIVERSAL ENG - BUILDING FEES</b>	
Boat Dock	\$
Boat House	\$
Building	\$
Demo	\$
Door(s)	\$
Driveway	\$
Electrical	\$
Fence	\$
Gas	\$
Irrigation	\$
Low Voltage	\$
Mechanical	\$55.50
Plumbing	\$
Pool	\$
Roofing	\$
Screen Encl	\$
Shed	\$
Temp Pole	\$
Window(s)	\$

<b>SURCHARGE FEES</b>	
Surcharge Fee	\$2.00
Surcharge Fee	\$2.00

**TOTAL FEES \$59.50**

**Date Paid** 4-21-17  
**CC or Check #** MC0515  
**Amount Paid** 59.50

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**    **OSHA APPROVED ACCESS MUST BE MADE AVAILABLE TO INSPECTOR**
- 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 [IDScheduling@UniversalEngineering.com](mailto:IDScheduling@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.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>  
 login ID = [cobi@universalengineering.com](mailto:cobi@universalengineering.com)    password = universal13



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
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## 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: 4/10/2017

PERMIT NUMBER: 2017-04-034

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

Project Address 6619 Matchett Road, Belle Isle FL 32809 32812  
Property Owner Fotico Family Trust Phone \_\_\_\_\_  
Property Owner's Mailing Address 6619 Matchett Road City Belle Isle  
State FL Zip Code 32809 Parcel Id Number: \_\_\_\_\_

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 0 Tons Per Unit \_\_\_\_\_ Total Tons \_\_\_\_\_  
Type of System: Water to Air  Chiller  Split System  Package  Heat Pump  Estimated Cost \$ \_\_\_\_\_

Heating: # of Units KWS Per Unit \_\_\_\_\_ Total KWS \_\_\_\_\_ 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 0 Estimated Cost \$ \_\_\_\_\_

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

Others: (Specify) Relocate ducts per architects drawings Estimated Cost \$ 1000.00

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 Fabian Gracia LICENSE # CAC 1817173

LICENSE HOLDER NAME Fabian Gracia COMPANY NAME B&L A/C Service LLC

Street Address 190 Cherrywood Drive

City Maitland State FL Zip Code 32751 Phone Number (407) 951-0321

Email Address blaeservice@yahoo.com

Building Official: [Signature] Date 4-18-17  
Verified Contractor's Licenses & Insurance are on file \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee	\$	<u>37</u>
Review Fee	\$	<u>15.50</u>
3% Florida Surcharge	\$	<u>4</u>
Total Permit Fee	\$	<u>56.50</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 \_\_\_\_\_

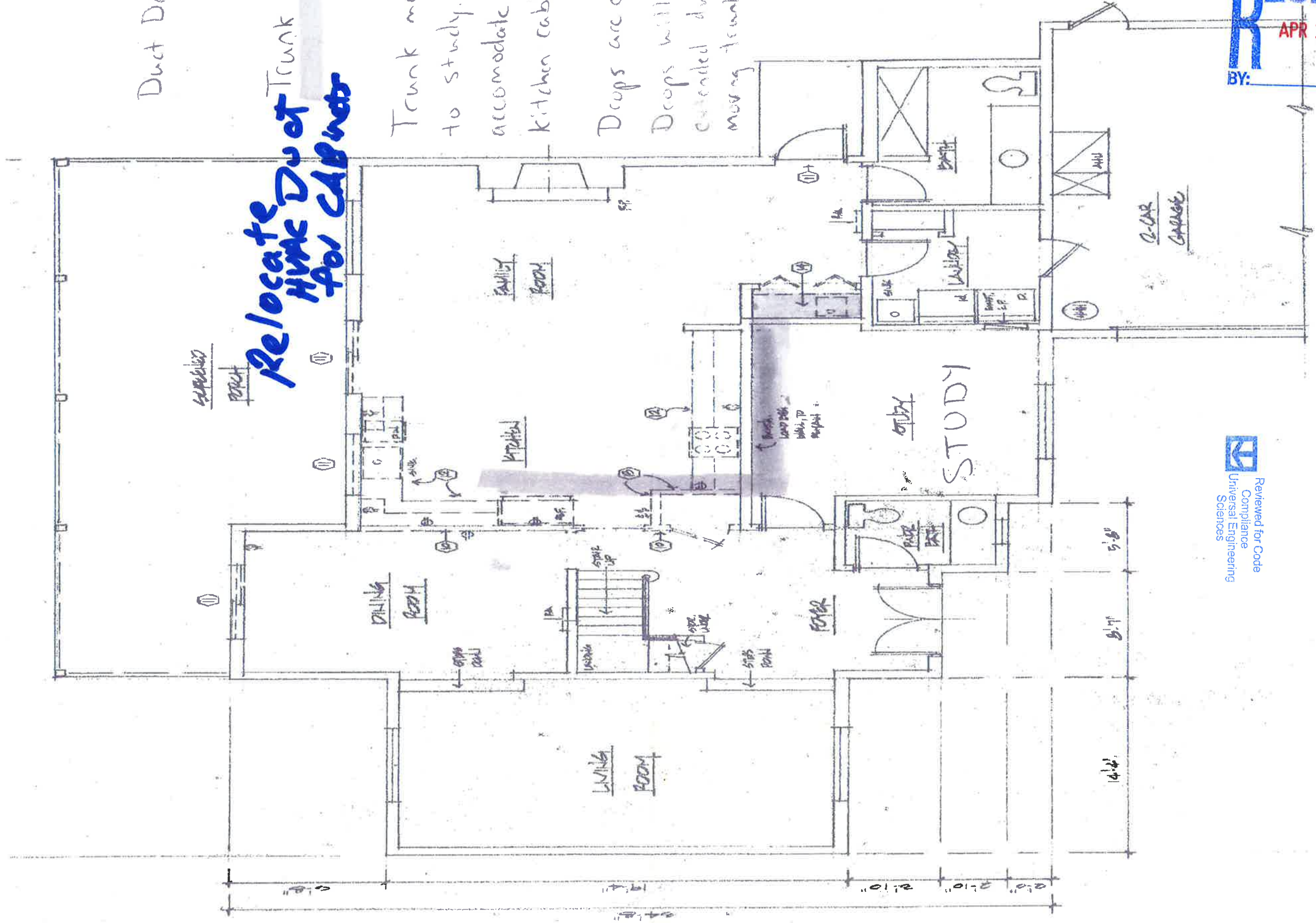
80358 80655



Duct Drops

Relocate HVAC Duct Trunk for Cabinets

Trunk moved to study to accomodate new kitchen cabinets  
Drops are existing.  
Drops will be extended due to moving trunkline



RECEIVED  
APR 20 2017  
BY:

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Sciences

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4-17-17  
CJD



## Licensee Details

### Licensee Information

Name: **GARCIA-DINGERDIS, FABIAN MIGUEL (Primary Name)**  
**B & L A/C SERVICE LLC (DBA Name)**

Main Address: **190 CHERRYWOOD DRIVE**  
**MAITLAND Florida 32751**

County: **ORANGE**

License Mailing:

License Location:

### License Information

License Type: **Certified Air Conditioning Contractor**

Rank: **Cert Air**

License Number: **CAC1817173**

Status: **Current,Active**

Licensure Date: **07/19/2012**

Expires: **08/31/2018**

Special Qualifications	Qualification Effective
<b>Class B</b>	<b>07/19/2012</b>
<b>Construction Business</b>	<b>07/19/2012</b>

### Alternate Names

### [View Related License Information](#)

### [View License Complaint](#)

**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.

**Business Tax Receipt Search Results**  
**12/1/2016 3:15:26 PM**

**\*\*\* CURRENT YEAR PAID \*\*\***

<b>Account #:</b>	<b>Date Established:</b>	<b>Business Phone:</b>	<b>Last Business Tax Year Paid:</b>
006818	05/02/1977	407-951-0321	2017

<b>Business Name:</b>	<b>Business Physical Address:</b>
<b>B + L A/C SERVICE LLC</b>	<b>B + L A/C SERVICE LLC</b>
	<b>2213 WINNEBAGO TRL</b>
	<b>FERN PARK, FL 32730</b>

<b>Owner(s)/Officer(s)/Qualifier(s):</b>	<b>Business Mailing Address:</b>
FABIAN M GARCIA DINGERDIS	B & L A/C SERVICE LLC
	190 CHERRYWOOD DR
	MAITLAND, FL 32751

<b>Business Description:</b>	<b>State License(s):</b>
CONTRACTOR-A/C	CAC1817173

**Status:** Exemptions: N/A

**CURRENT** Comments:

[Altamonte](#)

[Casselberry](#)

[Longwood](#)

[Oviedo](#)

[Winter Springs](#)





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

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

(850) 487-1395

GARCIA-DINGERDIS, FABIAN MIGUEL  
B & L/A/C SERVICE LLC  
190 CHERRYWOOD DRIVE  
MAITLAND FL 32751

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!



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

CAC1817173 ISSUED: 08/06/2014

CERTIFIED AIR COND CONTR  
GARCIA-DINGERDIS, FABIAN MIGUEL  
B & L/A/C SERVICE LLC

IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date : AUG 31, 2016 L1408060001094

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER
CAC1817173

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



GARCIA-DINGERDIS, FABIAN MIGUEL  
B & L/A/C SERVICE LLC  
190 CHERRYWOOD DRIVE  
MAITLAND FL 32751



ISSUED: 08/06/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408060001094







JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\*

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 9/30/2015                      **EXPIRATION DATE:** 9/29/2017

**PERSON:** GARCIA                                      FABIAN

**FEIN:** 592623766

**BUSINESS NAME AND ADDRESS:**

B & L A/C SERVICE

190 CHERRYWOOD DRIVE

MAITLAND                      FL                      32751

**SCOPES OF BUSINESS OR TRADE:**

HEATING, VENTILATION,  
AIR-COND

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a