



City of Belle Isle Job Site Card Mechanical PERMIT 2018-04-055

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. **You are responsible for scheduling and keeping track of all your inspections -**

Permit Number: 2018-04-055
Site Address: 1432 Belle Vista Dr 32809
Class: Residential
Description of Work: Change out 3 ton unit

Issue Date: 4/23/2018
Parcel # 24-23-29-5306-01-120
Sub-division:

Issued To: BERG AIR CONDITIONING, INC
Name: HAMMONS, VIRGIL J JR

Business Phone: 407 927-2342
Contractor License #: CAC036890

Payment Date & Method: 4/25 / 2018

Visa Master Card Amex Discover Check / Money Order # 3606

\$ 86.00

**Schedule Inspections via Email at: BIDScheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Business Day**

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

MECHANICAL INSPECTOR DATE COMMENTS

MECHANICAL	INSPECTOR	DATE	COMMENTS
500 Above Ceiling			
510 Rough			
520 Hood Vent			
530 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.universalengineering.com

RECEIVED
BY: **APR 20 2018**

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: 4/16/18

PERMIT NUMBER 2018-04-055

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

Project Address 1432 Belle Vista Drive
Property Owner Joan Hickman, Belle Isle FL 32809 32812
Property Owner's Mailing Address 1432 Belle Vista Drive Phone _____
State FL Zip Code 32808 City Belle Isle
Parcel Id Number: 242329530601120

REQUIRED! To obtain this information, please visit <http://www.ocpafl.org/Searches/ParcelSearch.aspx>

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

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3
Type of System: Water to Air Chiller Split System Packages Heat Pump Estimated Cost \$ 4850
Heating: # of Units KWS Per Unit _____ Total KWS _____ BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor. (A) Estimated Cost Fee \$ _____

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 Virgil J. Hammons LICENSE # CAC036890

LICENSE HOLDER NAME Virgil Hammons COMPANY NAME Berg Air Conditioning Inc.

Street Address 1550 Viburnum Lane

City Winter Park State FL Zip Code 32792 Phone Number 407-927-2342

Email Address preferredpermitting@yahoo.com

Permit Fee	\$ <u>55.-</u>
Review Fee	\$ <u>27.50</u>
1% BCAIB Fee	\$ <u>2. min</u>
1.5% DCA Fee	\$ <u>2. min</u>
Total Permit Fee	\$ <u>86.50</u>

Building Official: SM Date 4-20-18

Verified Contractor's Licenses & Insurance are on file STATE 60066 - KIK 91177 wife Date 4-20-2018

Pending need all credentials emailed to Revd

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

base 37
6x3 18
55.00
27.50
82.50

PAID 4-25-18 VISA 3606

Building Permit Number _____



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

**CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

(850) 487-1395

**HAMMONS, VIRGIL J JR
BERG AIR CONDITIONING, INC
1550 VIBURNUM LANE
WINTER PARK FL 32792**

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. 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**

LICENSE NUMBER	
CAC036890	

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

**HAMMONS, VIRGIL J JR
BERG AIR CONDITIONING, INC
1550 VIBURNUM LANE
WINTER PARK FL 32792**



ISSUED: 08/15/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608150001206



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ample Insurance Company P.O. Box 929 Oakland FL 34760		CONTACT NAME: George Bryant PHONE (A/C, No, Ext): (321) 222-1488 FAX (A/C, No): (321) 222-1487 E-MAIL ADDRESS: certs@ampleins.com	
INSURED BERG AIR CONDITIONING, INC. 1550 VIBURNUM LN WINTER PARK FL 32792		INSURER(S) AFFORDING COVERAGE INSURER A : CYPRESS INSURANCE GROUP INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 10953	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FGL5016884	01/05/2018	01/05/2019	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
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle
 1600 Nela Ave.
 Orlando, 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

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PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY EXEMPTION**



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

EFFECTIVE DATE: 5/1/2016 EXPIRATION DATE: 5/1/2018
PERSON: HAMMONS VIRGIL J JR
FEIN: 454018260

**BUSINESS NAME AND ADDRESS:
BERG AIR CONDITIONING INC**

1550 VIBURNUM LANE
WINTER PARK FL 32792

SCOPES OF BUSINESS OR TRA

IMPORTANT

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 certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

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HEATING, VENTILATION,
AIR-COND



SEMINOLE COUNTY BUSINESS TAX RECEIPT

OFFICE OF THE COUNTY BUSINESS TAX DEPARTMENT
100 N. W. 10th Street, Winter Park, Florida 32789
(407) 869-7330

VALID THROUGH 09/30/18

BERG AIR CONDITIONING INC
1550 VIBURNUM LN
WINTER PARK, FL 32792

Account #: 181656

VIRGIL J HAMMONS JR (PROFESSIONAL)

REGULATED
License # - CAC036890
Qualifier- VIRGIL J HAMMONS

Receipt #: WEB#2017081815192

Amount Paid: \$ 45.00

Date Paid: 08/18/2017

BUSINESS OWNER, PLEASE NOTE THE FOLLOWING:

* DISPLAY THE ABOVE RECEIPT PROMINENTLY: The receipt shall be placed in a conspicuous location on the premises where the business is conducted. In the event of an inspection, the receipt shall be readily available for review. Failure to display the receipt prominently may result in a fine of up to \$500 per month for each day of non-compliance. Payment of the receipt fee does not constitute an admission of liability for any other taxes or fees.

* RENEW THIS TAX BEFORE IT EXPIRES: Business Tax Receipts shall be issued by the Tax Collector Department on or before September 30th of the succeeding year. Once a Business Tax Receipt expires, a new receipt beginning October 1st shall be delinquent and subject to a penalty beginning October 1st. The penalty shall be 5% per month for each month of delinquency, but the total penalty shall not exceed 25% of the original tax for the receipt period. Penalty (Tax Collector's) (Business) 1/1/17

* 25% penalty shall be the maximum penalty for any business tax receipt. A professional will mail the receipt to the Business Tax Department at 100 N. W. 10th Street, Winter Park, FL 32789.

This Business Tax Receipt is not a substitute for any other state or federal tax requirements. It does not constitute any exemption from any other state or federal tax requirements, nor does it exempt the taxpayer from any other required licenses, registrations, qualifications, or permits. Business Tax requirements are subject to change without notice.

* REPORT ALL CHANGES: The holder of this Business Tax Receipt is required to report a change in the following: Change in Business location, change in any other information that would affect the status of the current year's information. This includes, but is not limited to, the loss of or a change in a State or Regulatory license which was used to qualify for the Business Tax fee on the current County Business Tax Receipt. If you have any changes to report, contact the Business Tax Department at 407-869-7330.

BERG AIR CONDITIONING INC
1550 VIBURNUM LN
WINTER PARK, FL 32792